Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other:
08/16/2026	1358 (24HR)	Auburn	2	0				☐	☒	☐	☐	

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 1 1

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 2 1

NOT AT INTERSECTION:

Route# | Direction | Address # 809 | Name of Roadway/Street: WASHINGTON ST — 2 10

_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number — 4 11

_____ Feet [N S E W] of Route# | Intersecting Roadway/Street

_____ Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID#: 26-318-AC — 3

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class B 19 19 | Lic. Restrictions M 20 | CDL Endorsement P

Operator: PERNA, JOHN G (Last, First, Middle)

Address: 49 FOX MEADOW DR — 4 1

City: WORCESTER | State: MA | Zip: 01602-2258

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E ☒ | Responding to Emergency? 2 — 5

Citation # (If Issued): _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ — 6 1

Reg # 3GBE14 | Reg Type PC | Reg State MA

Veh Year 2021 | Veh Make MAZDA | Veh Config. 1 21 — 1 12

Owner: PERNA, JOHN G (Last, First, Middle)

Address: 49 FOX MEADOW DR

City: WORCESTER | State: MA | Zip: 01602-2258

Vehicle Action Prior to Crash: 1 22

Event Sequence: 1 23 | 23 | 23 | 23

Most Harmful Event: 1 24

Driver Contributing Code: 1 25 | 25

Driver Distracted by: 0 26 | 26

Damaged Area Code: 6 27 | 27 | 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 | Susp. Drug: 2 32

Towed from scene? 2 33 — 1 13

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section. — 7 1

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F | Lic. Class D 19 19 | Lic. Restrictions 1 20 | CDL Endorsement

Operator: MODADUGU, PRADHITI LAKSHMI (Last, First, Middle) — 8 1

Address: 6 BAYBERRY CIR

City: NASHUA | State: NH | Zip: 03062

Insurance Company: FARMERS INS

Vehicle Travel Direction: N S E ☒ | Responding to Emergency? 2

Citation # (If Issued): _____ — 9 2

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 5633546 | Reg Type PAN | Reg State NH

Veh Year 2026 | Veh Make HONDA | Veh Config. 1 21

Owner: MODADUGU, NAGENDRA VENKATA (Last, First, Middle)

Address: 6 BAYBERRY CIR

City: NASHUA | State: NH | Zip: 030623084 — 2 14

Vehicle Action Prior to Crash: 5 22

Event Sequence: 1 23 | 23 | 23 | 23

Most Harmful Event: 1 24

Driver Contributing Code: 1 25 | 25

Driver Distracted by: 0 26 | 26

Damaged Area Code: 3 27 | 27 | 27

Test Status: 1 28

Type of Test: 0 29

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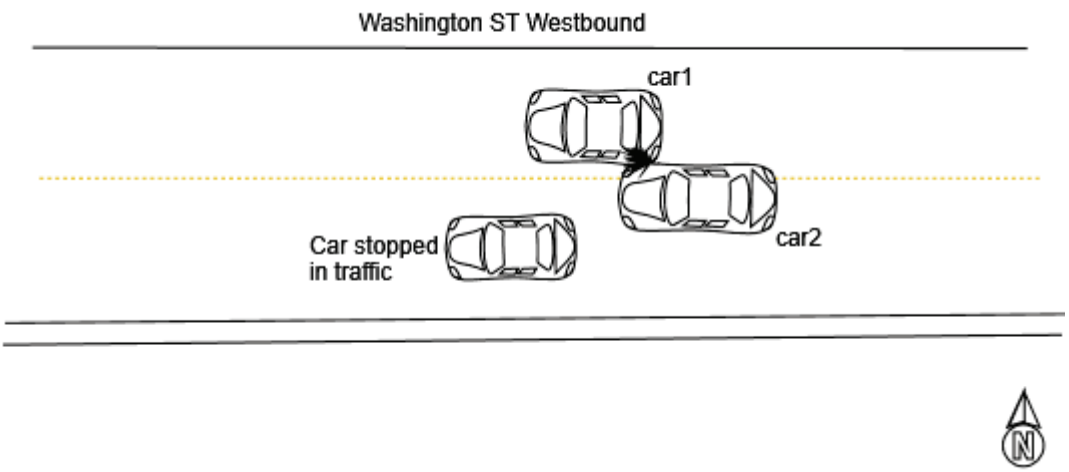
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

- ❒ Off-Street Parking Lot
- ❒ Garage
- ❒ Mall/Shopping Center
- ❒ Other Private Way

I Arrow

Crash Narrative:

Both cars were travelling west on Washington St. Car1 was in the right lane and Car2 was approaching stopped traffic in the left lane. Car2 started moving over and struck Car1 back rear tire with the front right tire. Minimal damage to both vehicles, no apparent injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Grace Griffin		98GG	Auburn Police Department		08/16/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date