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	Police Agency
08/22/2026	1827 (24HR)	Auburn	2	0	40			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 823 WASHINGTON ST

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

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

0 Feet [N S X W] of HERTZ RENTAL CAR (Landmark)

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-327-AC

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

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator BROWN, CEDRIC CHARLES (Last First Middle)

Address 4950 GRANT DR

City BROOKHAVEN State PA Zip 19015

Insurance Company

Vehicle Travel Direction: [N S X W] Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # MMH5249 Reg Type PAN Reg State PA

Veh Year 2026 Veh Make HYUNDAI Veh Config. 2 (21)

Owner BROWN, CEDRIC CHARLES (Last First Middle)

Address 4950 GRANT DR

City BROOKHAVEN State PA Zip 19015

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: 5 27 27 27

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 2 (33)

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.

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

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator SAINT-VIL, JEFFERSON (Last First Middle)

Address 21 CHANDLER ST APT 8

City WORCESTER State MA Zip 01609-2428

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: [N S X W] Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # 6LNG57 Reg Type PAN Reg State MA

Veh Year 2019 Veh Make HONDA Veh Config. 1 (21)

Owner SAINT-VIL, JEFFERSON (Last First Middle)

Address 21 CHANDLER ST APT 8

City WORCESTER State MA Zip 01609-2428

Vehicle Action Prior to Crash 1 (22)

Event Sequence 1 23 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 19 (25) 25

Driver Distracted by 99 (26) 26

Damaged Area Code: 1 27 27 27

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33)

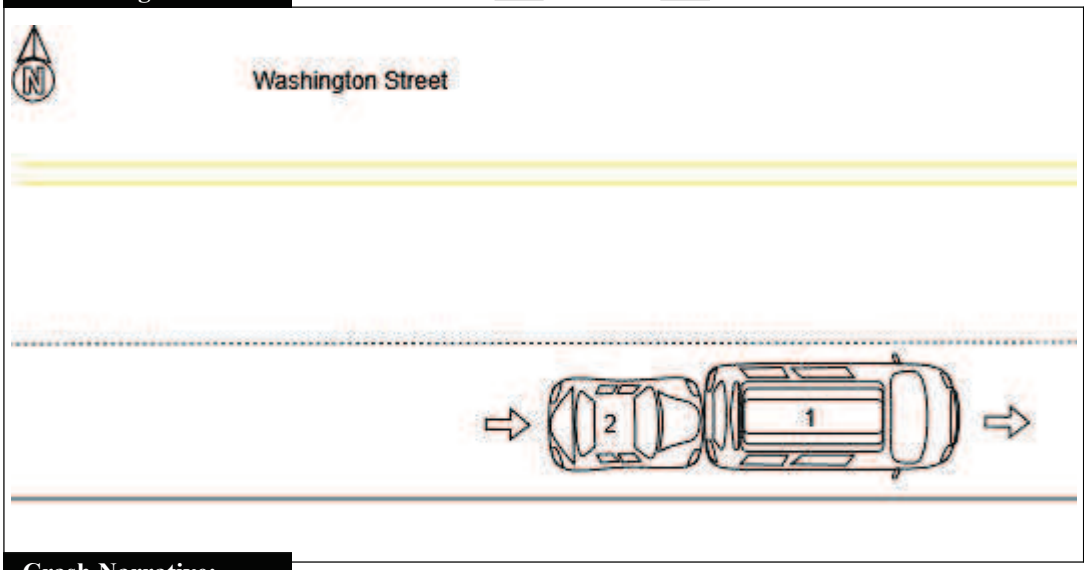
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	1	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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:

Vehicle 1 was traveling east on Washington Street by Hertz Rental Car. Vehicle 2 was also driving east bound at a higher rate of speed and the operator did not appear to be paying attention. The operator of vehicle two subsequently rear ended vehicle 1 as they were both in motion.

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 Dominic J Walker		87DW	Auburn Police Department		08/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date