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	
10/31/2026	1620 (24HR)	Auburn	2	1	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: SOUTHBRIDGE ST

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

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

10 Feet [N S E W] of Landmark: PROSPECT ST LIGHT

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-416-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator VILCAPOMA, ABEL M (Last, First, Middle)
Address 36 MAIN ST
City SPENCER State MA Zip 01562-2138
Insurance Company FOREMOST PROPERTY AND CAS
Vehicle Travel Direction: N ☒ E 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 # 2ERS35 Reg Type PAN Reg State MA
Veh Year 2014 Veh Make KIA Veh Config. 1
Owner VILCAPOMA, ABEL M (Last, First, Middle)
Address 36 MAIN ST
City SPENCER State MA Zip 01562-2138
Vehicle Action Prior to Crash: 2
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 99
Driver Distracted by: 99
Damaged Area Code: 5
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

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	8	2	[redacted]

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 Lic. Restrictions CDL Endorsement

Operator PARSEKIAN, JOSHUA ROBERT (Last, First, Middle)
Address 152 WHEELOCK AVE
City MILLBURY State MA Zip 01527-4228
Insurance Company GOVERNMENT EMPLOYEES INSU
Vehicle Travel Direction: N ☒ E 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 # 6AAM48 Reg Type PAN Reg State MA
Veh Year 2007 Veh Make CHEVROLET Veh Config. 2
Owner PARSEKIAN, JOSHUA ROBERT (Last, First, Middle)
Address 152 WHEELOCK AVE
City MILLBURY State MA Zip 01527-4228
Vehicle Action Prior to Crash: 1
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 5
Driver Distracted by: 0
Damaged Area Code: 1
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

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	

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:

On October 31, 2026 I was dispatched to Southbridge Street near Prospect Street for a report of a two car motor vehicle crash. Vehicle 1 was slowing to a stop when vehicle 2 subsequently rear ended vehicle 1 due to the fact that they were unable to stop in time.

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		10/31/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date