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 Type
07/22/2026	1356 (24HR)	Auburn	3	0	40			Local Police

Police Type: 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 # 735 | 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

_____ Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-281-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator FRITZE, DEAN ALLAN (Last, First, Middle)
Address 69 GRANT ST
City SPENCER State MA Zip 01562-1616
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: ☒ S ☐ 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 # 4SJG78 Reg Type PAN Reg State MA
Veh Year 2026 Veh Make RAM Veh Config. 1
Owner FRITZE, DEAN ALLAN (Last, First, Middle)
Address 69 GRANT ST
City SPENCER State MA Zip 01562-1616
Vehicle Action Prior to Crash 2
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 1 | |
Driver Distracted by 0 | |
Damaged Area Code: 5 | | |
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
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	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 Lic. Restrictions 1 CDL Endorsement

Operator DUNPHY, JORDAN KRISTOPHER (Last, First, Middle)
Address 323 GRIFFIN RD
City WEST SUFFIELD State CT Zip 06093
Insurance Company ACE AMERICAN INSURANCE CO
Vehicle Travel Direction: ☒ S ☐ 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 # S38076 Reg Type CON Reg State MA
Veh Year 2015 Veh Make FORD Veh Config. 1
Owner ALLIED WASTE SERVICES OF MASSACHUSETTS LLC (Last, First, Middle)
Address 320A CHARGER ST
City REVERE State MA Zip 02151-0000
Vehicle Action Prior to Crash 2
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 1 | |
Driver Distracted by 0 | |
Damaged Area Code: 5 | 1 | |
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
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

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
07/22/2026	1356 (24HR)	Auburn	3	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 Route# | Direction | Name of Intersecting Roadway/Street

2 10 Route# | Direction | 735 Address # | SOUTHBRIDGE ST Name of Roadway/Street
_____ Feet [N S E W] of — — — • — Mile Marker or _____ Exit Number
8 11 _____ Feet [N S E W] of Route# | Intersecting Roadway/Street
_____ Feet [N S E W] of Landmark

3 99 **Please Select One of the Following:** ☒ **Vehicle** 3 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 26-281-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D (19 19) Lic. Restrictions 1 (20) CDL Endorsement
Operator FRIEND, DANIEL R (Last First Middle)
4 1 Address 11 IDLEWOOD DR
City AUBURN State MA Zip 01501-2133
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: [X] S E W Responding to Emergency? 2
5 2 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 # USAP23 Reg Type PAS Reg State MA
Veh Year 2015 Veh Make JEEP Veh Config. 1 (21)
Owner FRIEND, DANIEL R (Last First Middle)
Address 11 IDLEWOOD DR
City AUBURN State MA Zip 01501-2133
Vehicle Action Prior to Crash 1 (22)
Event Sequence 1 (23) 23 23 23
Most Harmful Event 1 (24)
Driver Contributing Code 2 (25) 19 (25)
Driver Distracted by 0 (26) 26
Damaged Area Code: 1 (27) 27 27
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? 2 (33)
1 12 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	

7 1 **Please Select One of the Following:** ☐ **Vehicle** 4 #Occupants ☐ **Hit/Run** ☐ **Moped** ☐ **Vulnerable User** Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class (19 19) Lic. Restrictions (20) CDL Endorsement
Operator _____ (Last First Middle)
8 2 Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
9 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 # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. (21)
Owner _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash (22)
Event Sequence (23) 23 23 23
Most Harmful Event (24)
Driver Contributing Code (25) (25)
Driver Distracted by (26) 26
Damaged Area Code: (27) 27 27
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? (33)
1 14

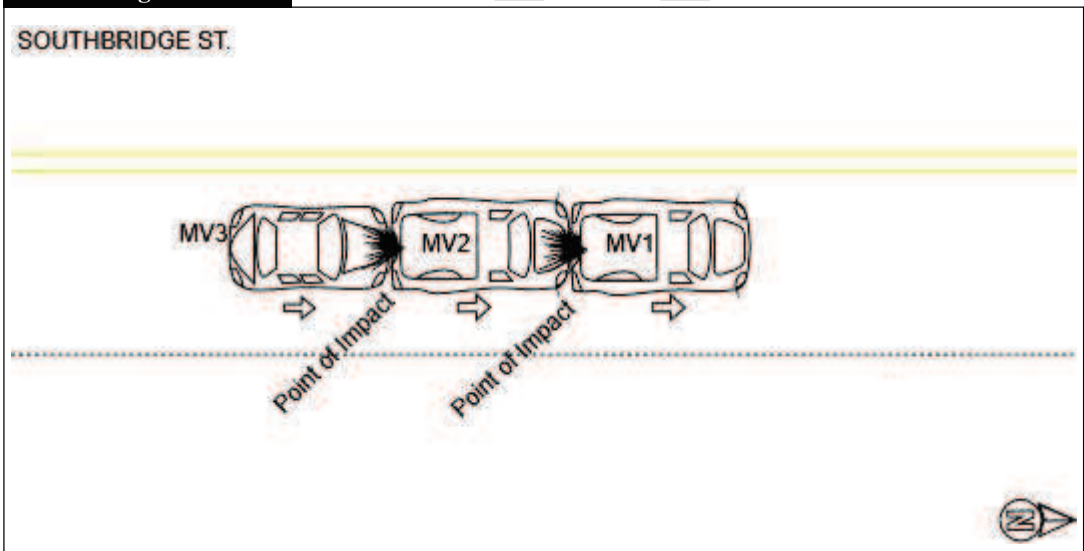
Please fill out for operator and all occupants involved

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							

= 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[illegible] Arrow

Crash Narrative:

MV1, Mv2 and Mv3 were on the left lane traveling northbound on Southbridge St. (a public way). Mv1 and mv2 slowed in traffic. Mv3 collided with mv2's center rear causing mv2 to collide with mv1's center rear. No injuries occurred, all vehicle's drivable.

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		07/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date