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
10/26/2026	0839 (24HR)	Auburn	1	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# / Direction / Name of Roadway/Street: _____ At _____

2 1 — Route# / Direction / Name of Intersecting Roadway/Street: _____ Also at Intersection with _____

Route# / Direction / Name of Intersecting Roadway/Street: _____

2 10 — Route# / Direction / Address # / Name of Roadway/Street: _____ / _____ / 176 / LEICESTER ST

_____ Feet N S E W of — — — • — — or _____ (Mile Marker / Exit Number)

1 11 — _____ Feet N S E W of Route# _____ Intersecting Roadway/Street _____

_____ Feet N S E W of Landmark _____

3 — Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-413-AC

4 1 — License # [redacted] St [redacted] DOB/Age [redacted] Sex F Lic. Class D (19 19) Lic. Restrictions 1 (20) CDL Endorsement _____

Operator BUCINSKAS, NICOLE (Last / First / Middle)

Address 182 LEICESTER ST

City AUBURN State MA Zip 01501-1406

Insurance Company GEICO GENERAL INSURANCE C

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

Citation # (If Issued) _____

6 1 — Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

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

Reg # 2AVF78 Reg Type PC Reg State MA

1 12 — Veh Year 2014 Veh Make JEEP Veh Config. 1 (21)

Owner BORGLUND, ERIK IVAN (Last / First / Middle)

Address 19 WOODFORD ST APT 2

City WORCESTER State MA Zip 01604-5507

Vehicle Action Prior to Crash 1 (22)

Event Sequence 22 (23) 21 (23) 23 (23) 23

Most Harmful Event 22 (24)

Driver Contributing Code 99 (25) 25

Driver Distracted by 99 (26) 26

Damaged Area Code: 1 (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? 1 (33)

22 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			1	1	4	0	0	10	1	
IVORY BORGLUND	182 LEICESTER ST AUBURN, MA 01501	08/04/2026	U	4	4	4	0	0	10	2	U-Mass Medical Center

7 1 — Please Select One of the Following: ☐ Vehicle 2 — #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 1 — 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 _____

1 14

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)

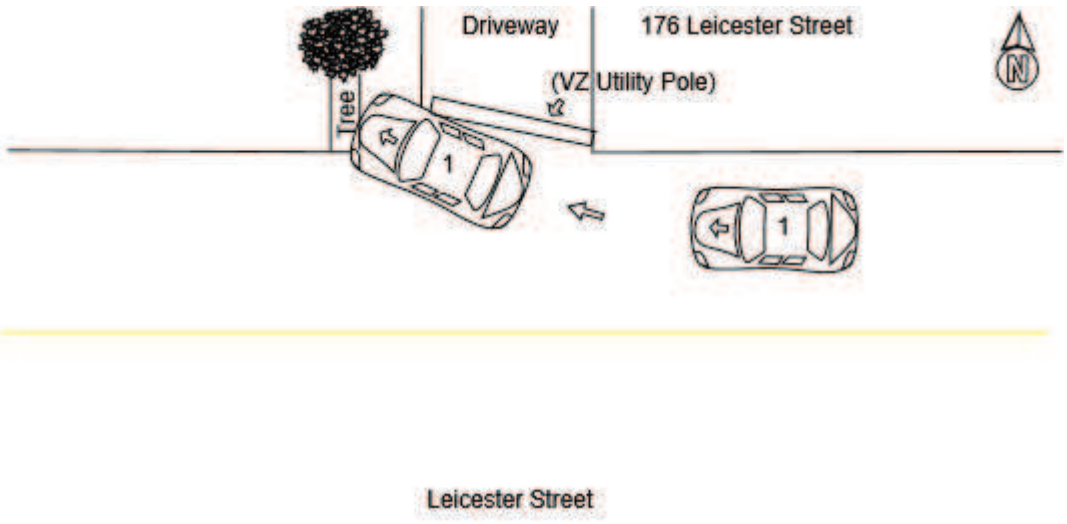
Please fill out for operator and all occupants involved

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			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:

Vehicle 1 was travelling west on Leicester Street. The operator of V1 reports she was blinded by the sun, which caused her to go off the road and crash into a Verizon utility pole and a tree. The vehicle had damage to the front bumper, as well as the undercarriage. As a result of the crash, a utility pole was snapped, and a garbage can belonging to the residents of 176 Leicester Street was destroyed. The operator of the vehicle had minor injuries to her forehead. The passenger of the vehicle was assessed by Auburn Fire and subsequently transported to the hospital for further evaluation. The vehicle was towed by Direnzo's Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
NOBLE MELONIE AUTUMN	179 LEICESTER ST AUBURN MA 01501	[redacted]	
CARLSON GREGORY	179 LEICESTER ST AUBURN MA 01501		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	LEICESTER ST AUBURN MA		4	UTILITY POLE
NIE HYUAN	176 LEICESTER ST AUBURN MA 01501-00		97	PLASTIC GARBAGE BARREL/CAN

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 Jacques Durocher		104JD	Auburn Police Department		10/30/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date