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	1529 (24HR)	Auburn	3	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 | 820 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

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

75 Feet [X S E W] of _____ Route# WASHINGTON ST 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# 26-282-AC

Vehicle 1 — Operator

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

Operator KENNEDY, JIMMY P (Last, First, Middle)

Address 23 HIGHCREST PARK

City WEBSTER State MA Zip 01570-4357

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N [X] 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 _____

Vehicle 1 — Owner / Vehicle

Reg # 1EEP67 Reg Type PAN Reg State MA

Veh Year 2016 Veh Make JEEP Veh Config. 1

Owner DAKAI, ELLEN M (Last, First, Middle)

Address 17 ASHTON ST APT 3

City WORCESTER State MA Zip 01605-2694

Vehicle Action Prior to Crash 9

Event Sequence 42 | 1 | | | |

Most Harmful Event 1

Driver Contributing Code 10 | 3

Driver Distracted by 99

Damaged Area Code: 2 | 4

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	[X]	[X]	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.

Vehicle 2 — Operator

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

Operator LANDRY, ROBERT WILLIAM (Last, First, Middle)

Address 5 GROVE ST APT 5A

City MILLBURY State MA Zip 01527-2657

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N [X] 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 _____

Vehicle 2 — Owner / Vehicle

Reg # Y32190 Reg Type CON Reg State MA

Veh Year 2018 Veh Make Truck Veh Config. 7

Owner OCONNOR LANDSCAPE CONSTRUCTION & MAINTENANCE (Last, First, Middle)

Address 21 HOOVER RD

City AUBURN State MA Zip 01501-3103

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | | |

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 8 | 2

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	[X]	[X]	1	1	4	0	0	10	1	

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07/22/2026	1529 (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 2 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # 820 | Name of Roadway/Street: SOUTHBRIDGE ST
_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number
4 11 — 75 Feet [N S E W] of Route# | Intersecting Roadway/Street: WASHINGTON ST
_____ Feet [N S E W] of Landmark

3 — **Please Select One of the Following:** ☒ Vehicle 3 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 26-282-AC

4 1 — License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D (19 19) Lic. Restrictions (20) CDL Endorsement
Operator TRAINOR, JEFFREY M (Last First Middle)
Address 7 WILLOW TREE LN
City CHARLTON State MA Zip 01507-1494
Insurance Company SAFETY INSURANCE COMPANY
5 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2
Citation # (If Issued) _____
6 2 — Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # X25354 Reg Type CON Reg State MA
1 12 — Veh Year 2019 Veh Make FORD Veh Config. 2 (21)
Owner NED TRAINOR CONSTRUCTION CO INC (Last First Middle)
Address 8 COLUMBUS AVE
City ASHLAND State MA Zip 01721-1845
Vehicle Action Prior to Crash (22): 1
Event Sequence (23): 1
Most Harmful Event (24): 1
Driver Contributing Code (25): 1
Driver Distracted by (26): 0
Damaged Area Code (27): 8
Test Status (28): 1
Type of Test (29):
BAC Test Result (30):
Susp. Alcohol (31): 2
Susp. Drug (32): 2
Towed from scene? (33): 3
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)
Most Harmful Event (24)
Driver Contributing Code (25)
Driver Distracted by (26)
Damaged Area Code (27)
Test Status (28)
Type of Test (29)
BAC Test Result (30)
Susp. Alcohol (31)
Susp. Drug (32)
Towed from scene? (33)
4 14

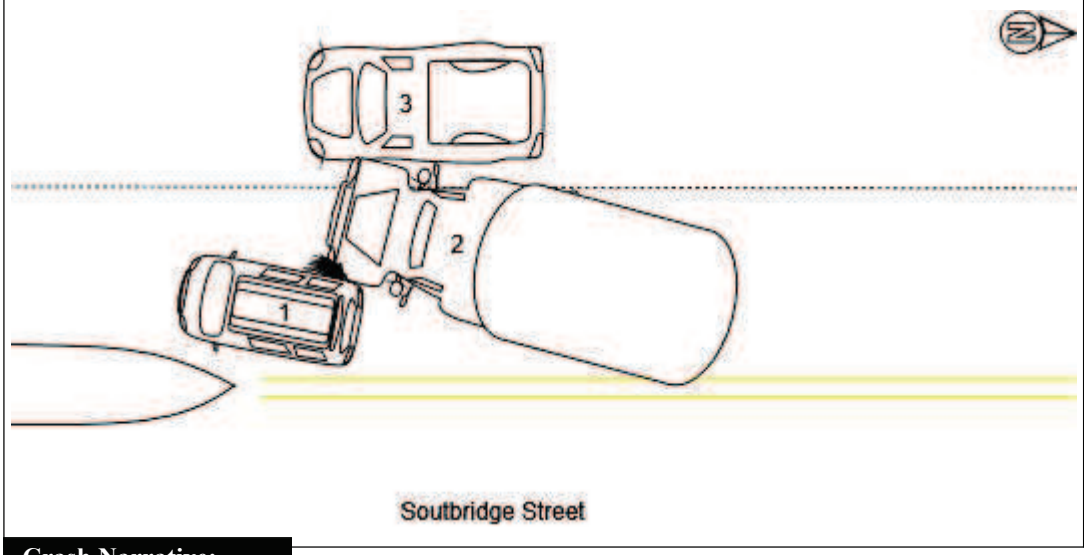
Please fill out for operator and all occupants involved

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 Arrow

Crash Narrative:

On July 22, 2026, I, Officer Dominic Walker was dispatched to a three car motor vehicle crash on Southbridge Street in the area of Taco Bell. Upon my arrival I met with the operator of vehicle two and vehicle three. They advised me that they were traveling south on Southbridge Street and vehicle one came up behind vehicle two passing it on the left. Vehicle one then cut in front of vehicle two prior to the median causing the operator of vehicle two to lock up his brakes. Due to the rain that just occurred, the roadway was wet and vehicle two slid into the side of vehicle three. The operator of vehicle 1 stated that vehicle two and three were "chasing" him and when he switched lanes, vehicle two and three cut him off. Vehicle one had damage to both his left and right side, which was consistent to the story provided by the operator of vehicle two.

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		07/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date