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
09/02/2026	1217 (24HR)	Auburn	2	0

Speed Limit 30 | Latitude | Longitude

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

	Route#	Direction	Name of Roadway/Street
11			SOUTH ST
			At
			BARNES ST
21			Also at Intersection with

Not at intersection: Route# | Direction | Address # | Name of Roadway/Street

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

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

_____ Feet [N S E W] of _____ Landmark

10: 1 | 11: 3 | 12: 99 | 13: 1 | 14: 1

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-340-AC

Vehicle 1

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

Sex M | Lic. Class A (19/19) | Lic. Restrictions 1 (20) | CDL Endorsement

Operator VIEIRA, NELSON (Last, First, Middle)

Address 370 FAIRMOUNT ST APT 1

City WOONSOCKET | State RI | Zip 02895

Insurance Company GREENWICH INSURANCE

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 # 5047068 | Reg Type SMN | Reg State ME

Veh Year 2022 | Veh Make Truck | Veh Config. 8 (21)

Owner A DUIE PYLE INC (Last, First, Middle)

Address 650 WESTTOWN RD

City WEST CHESTER | State PA | Zip 19380

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) | 23 | 23 | 23 | 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 99 (25) | 25

Driver Distracted by: 99 (26) | 26

Damaged Area Code: 0 (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)

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	5	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

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

Sex M | Lic. Class D (19/19) | Lic. Restrictions 1 (20) | CDL Endorsement

Operator STEVENS, MARK EDWARD (Last, First, Middle)

Address 235 MILLBURY ST

City AUBURN | State MA | Zip 01501-3230

Insurance Company NGM INSURANCE COMPANY

Vehicle Travel Direction: N S ☒ 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 # 932420 | Reg Type TRN | Reg State MA

Veh Year 2002 | Veh Make Utility Trailer | Veh Config. 97 (21)

Owner STEVENS, MARK EDWARD (Last, First, Middle)

Address 235 MILLBURY ST

City AUBURN | State MA | Zip 01501-3230

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) | 23 | 23 | 23 | 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 1 (25) | 25

Driver Distracted by: 0 (26) | 26

Damaged Area Code: 6 (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)

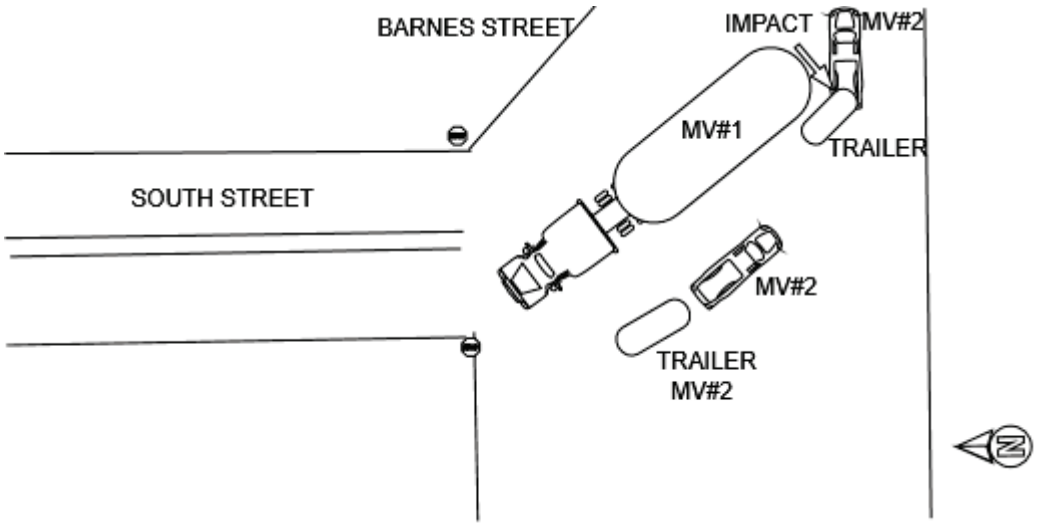
Please fill out for operator and all occupants involved

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	

= 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:

MV#1 WAS TRAVELLING SOUTH ON BARNES STREET PRIOR TO TURNING LEFT ONTO SOUTH STREET. MV#2 WAS TRAVELLING SOUTH ON SOUTH STREET/W A UTILITY-TRAILER PRIOR TO TURNING LEFT ONTO BARNES STREET. AS MV#1 WAS IN THE INTERSECTION IN THE PROCESS OF TURNING LEFT THE OPERATOR WAS SIGNALLED BY A POLICE OFFICER TO STOP DUE TO CONSTRUCTION ON THE ROADWAY. AS MV#1 WAS STOPPED MV#2 WAS SIGNALLED BY A POLICE OFFICER TO CONTINUE THROUGH THE INTERSECTION AND ONTO BARNES ROAD. AS MV#2 WAS IN THE PROCESS OF TRAVELLING ONTO BARNES STREET, MV#1 BEGAN BACKING UP UNDER HIS DESCRETION AND IMPACTED THE LEFT FENDER ON THE TRAILER AS IT WAS IN THE PROCESS OF TRAVELLING ONTO BARNES STREET.THE AREA THAT STRUCK THE FENDER WAS THE REAR-CROSSBAR OF THE TRAILER. AS A RESULT THE FENDER OF MV#2 WAS BENT INTO THE LEFT TIRE OF THE TRAILER. THIS WAS THE ONLY DAMAGE I OBSERVED. NO INJURIES WERE REPORTED.

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 Jason Miglionico		52JM	Auburn Police Department		09/02/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date