

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/03/2026		Time of Crash 1503 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐	
AT INTERSECTION:						< LOCATION >		NOT 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						Route# Direction Address # Name of Roadway/Street 194 OXFORD STREET NO Feet N S E W of . or Mile Marker Exit Number											
						Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of JUST PAST DRIVEWAY TO ST. JOSEPHS CHURCH Landmark											
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-380-AC									
License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CARD, ANN M Address 19 EL CANEY RD City WORCESTER State MA Zip 01603-1005 Insurance Company AMICA MUTUAL INSURANCE CO 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						Reg # 2VNN78 Reg Type PAN Reg State MA Veh Year 2021 Veh Make MITSUBISHI Veh Config. 2 21 Owner CARD, ANN M Address 19 EL CANEY RD City WORCESTER State MA Zip 01603-1005 Vehicle Action Prior to Crash 1 22 Event Sequence 4 23 23 23 23 Most Harmful Event 4 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 7 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? 3 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		X		X		1	1	4	0	0	10	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 D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? 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 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											
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									

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type	9 VU1		Action	2 VU2		Location	4 VU3	
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VU: _____

Last
First
Middle

Address _____

City _____ State _____ Zip _____

License # _____ St _____ DOB/Age **01/21/2012**

Traffic Control Device **0 VU4**

Origin/Destination **97 VU5**

Contact Point: **12 VU6**

Diagram for VU6

Overhead bicycle illustration Source: Anne C. Lusk et al. In: Prev doi:10.1136/injuryrev-2014-041317

Primary Injury Area: **4 VU7**

Event Sequence **16 VU8** **19 VU8** **VU8** **VU8**

Contributing Code **16 VU9** **2 VU9**

Distracted by **99 VU10** **VU10**

Test Status: **1 VU11**

Type of Test: **0 VU12**

BAC Test Result: **1 VU13**

Susp. Alcohol: **2 VU14**

Susp. Drug: **2 VU15**

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	8	6	3	0	7	2	

Vulnerable User		Type	VU1		Action	VU2		Location	VU3	
-----------------	--	------	-----	--	--------	-----	--	----------	-----	--

VU: _____

Last
First
Middle

Address _____

City _____ State _____ Zip _____

License # _____ St _____ DOB/Age _____

Traffic Control Device **VU4**

Origin/Destination **VU5**

Contact Point: **VU6**

Diagram for VU6

Overhead bicycle illustration Source: Anne C. Lusk et al. In: Prev doi:10.1136/injuryrev-2014-041317

Primary Injury Area: **VU7**

Event Sequence **VU8** **VU8** **VU8** **VU8**

Contributing Code **VU9** **VU9**

Distracted by **VU10** **VU10**

Test Status: **VU11**

Type of Test: **VU12**

BAC Test Result: **VU13**

Susp. Alcohol: **VU14**

Susp. Drug: **VU15**

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User		Type	VU1		Action	VU2		Location	VU3	
-----------------	--	------	-----	--	--------	-----	--	----------	-----	--

VU: _____

Last
First
Middle

Address _____

City _____ State _____ Zip _____

License # _____ St _____ DOB/Age _____

Traffic Control Device **VU4**

Origin/Destination **VU5**

Contact Point: **VU6**

Diagram for VU6

Overhead bicycle illustration Source: Anne C. Lusk et al. In: Prev doi:10.1136/injuryrev-2014-041317

Primary Injury Area: **VU7**

Event Sequence **VU8** **VU8** **VU8** **VU8**

Contributing Code **VU9** **VU9**

Distracted by **VU10** **VU10**

Test Status: **VU11**

Type of Test: **VU12**

BAC Test Result: **VU13**

Susp. Alcohol: **VU14**

Susp. Drug: **VU15**

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

VEHICLE 1 (V1) WAS TRAVELING STRAIGHT AHEAD ON OXFORD STREET NORTH GOING SOUTH. VULNERABLE USER 1 (VU1) WAS TRAVELING NORTH ON OXFORD ST NORTH. VU1 TURNED LEFT INTO THE SOUTH BOUND TRAVEL LANE, CROSSING OVER THE DOUBLE SOLID LINES, STRIKING THE REAR DOOR OF V1. THE OPERATOR OF VU1 SUSTAINED MAJOR INJURIES AND WAS TRANSPORTED TO UMASS LAKE AVE. V1 AND VU1 WERE TOWED FROM THE SCENE BY DIRENZO'S.

CEMLEC CRASH RECONSTRUCTION RESPONDED TO THE SCENE, SEE REPORT.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
NERONHA JACK THOMAS	199 LIBERTY RD EXETER RI 02822		

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 Carrie Girardin

Police Officer Name (Please Print)

Signature

102CG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/03/2026

Date