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
07/07/2026	1150 (24HR)	Auburn	2	0	30			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 | 165 (Address #) | SOUTH ST (Name of Roadway/Street)

_____ 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#** 26-259-AC

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

Operator OWAKA, BRIAN I (Last, First, Middle)

Address 119 DENNISON XRD

City SOUTHBRIDGE State MA Zip 01550-2161

Insurance Company PROGRESSIVE DIRECT INSURA

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 # 2KZP27 Reg Type PAN Reg State MA

Veh Year 2018 Veh Make SUBARU Veh Config. 1

Owner OWAKA, BRIAN I (Last, First, Middle)

Address 119 DENNISON XRD

City SOUTHBRIDGE State MA Zip 01550-2161

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 1 2

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 1

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	99	1	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 BLOOMQUIST, WAYNE DOUGLAS (Last, First, Middle)

Address 13 STONE ST

City AUBURN State MA Zip 01501-2734

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: N S E ☒ 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 # 4MAA36 Reg Type PAN Reg State MA

Veh Year 2025 Veh Make TOYOTA Veh Config. 97

Owner BLOOMQUIST, WAYNE DOUGLAS (Last, First, Middle)

Address 13 STONE ST

City AUBURN State MA Zip 01501-2734

Vehicle Action Prior to Crash 3

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 4

Driver Distracted by 99

Damaged Area Code: 2 8 1

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 1

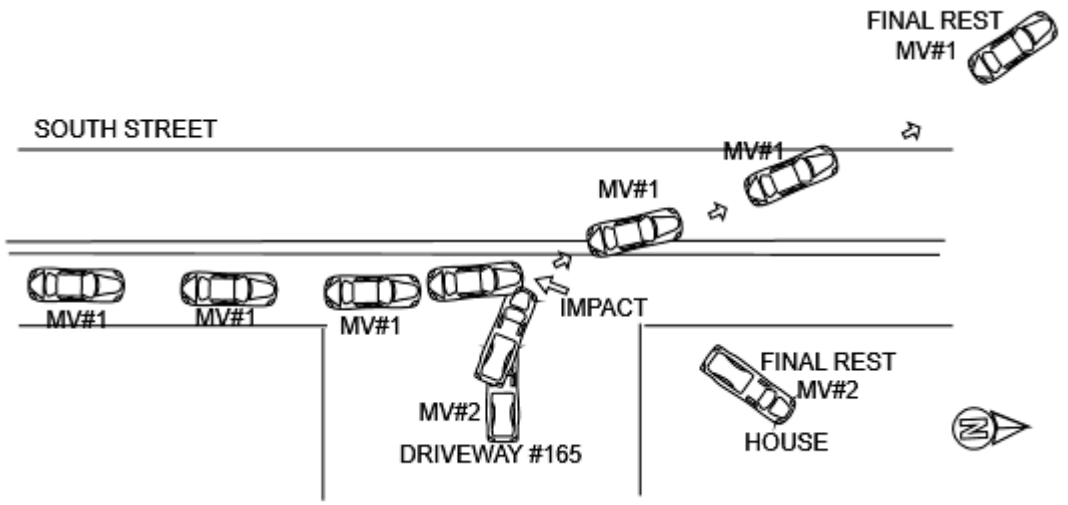
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

→ = 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:

MV#1 WAS TRAVELLING NORTHBOUND ON SOUTH STREET. MV#2 WAS IN THE PROCESS OF PULLING OUT FROM A DRIVEWAY LOCATED ON THE NORTHBOUND SHOULDER OF SOUTH STREET. AS MV#2 CONTINUED TO TURN RIGHT ONTO SOUTH STREET, MV#1 IMPACTED THE LEFT FRONT SIDE OF THE VEHICLE. AFTER INITIAL IMPACT MV#1 CROSSED INTO THE SOUTHBOUND LANE AND ONTO THE SOUTHBOUND SHOULDER. MV#1 CONTINUED TO TRAVEL ONTO THE SHOULDER FOR A SHORT DISTANCE BEFORE IMPACTING A TREE WITH THE CENTER-FRONT OF THE VEHICLE WHERE IT CAME TO FINAL REST FACING IN A NORTHERN DIRECTION. AFTER IMPACT MV#2 ROTATED IN A CLOCKWISE DIRECTION AND TRAVELLED AT AN UNCONTROLLED DISTANCE BEFORE COMING TO FINAL REST FACING IN A NORTHEAST DIRECTION. INVESTIGATION CONCLUDED THAT THE OPERATOR OF MV#2 FAILED TO YIELD THE RIGHT AWAY TO MV#1 WHICH WAS THE DIRECT CAUSE OF THE CRASH. IT SHOULD BE NOTED THAT THERE WERE NO REPORTED INJURIES AT THE TIME OF THE CRASH.

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