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
10/29/2026	1657 (24HR)	Auburn	2	0	45			Local Police

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 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 481 WASHINGTON ST
Feet [N S E W] of — — — • — — Mile Marker or Exit Number
2 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# 26-412-AC

4 1 — License # [redacted] St [redacted] DOB/Age [redacted] Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator WILSON, STACY MARIE (Last First Middle)
Address 5 WASHINGTON ST APT 92
City AUBURN State MA Zip 01501-3011
Insurance Company PLYMOUTH ROCK ASSURANCE C
5 — Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
6 1 — Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 7ACL74 Reg Type PC Reg State MA
Veh Year 2025 Veh Make MAZDA Veh Config. 2 21
1 12 — Owner WILSON, STACY MARIE (Last First Middle)
Address 5 WASHINGTON ST APT 92
City AUBURN State MA Zip 01501-3011
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 5 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
1 13 — 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			1	99	4	0	0	10	1	
KIMBERLY WILSON	557 SW CUTOFF LOT WORCESTER, MA 01607-1764	[redacted]	F	99	99	4	0	0	10	1	

7 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 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator GIVEN, AUSTIN EP (Last First Middle)
8 2 — Address 12 BROBEUR AVE APT 2
City WEBSTER State MA Zip 01570-0000
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: N S E W Responding to Emergency? 2
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 # 3YER93 Reg Type PAN Reg State MA
Veh Year 2011 Veh Make CHEVROLET Veh Config. 1 21
Owner GIVEN, AUSTIN EP (Last First Middle)
Address 12 BROBEUR AVE APT 2
City WEBSTER State MA Zip 01570-0000
2 14 — Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 5 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? 2 33

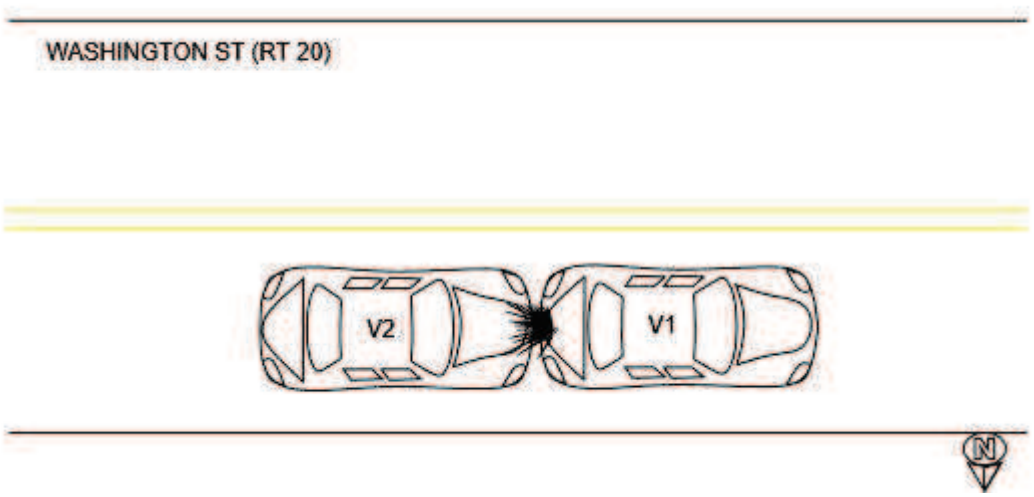
Please fill out for operator and all occupants involved

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			1	99	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[illegible] Arrow

Crash Narrative:

Vehicle 1 (V1) was traveling straight ahead going Westbound on Washington Street (Rt 20) in moderate traffic. Vehicle 2 (V2) was also traveling straight ahead going Westbound on Washington Street directly behind V1. V1 came to a stop due to traffic conditions and V2 rear-ended V1.

V1 had minor damage to the rear bumper, and V2 had moderate damage to the front end / hood.

Both V1 and V2 were driveable.

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 Carrie Girardin		102CG	Auburn Police Department		10/29/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date