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
07/12/2026	1247 (24HR)	Auburn	2	1	30			Local Police

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street: JEROME AVE
At
Route# | Direction | Name of Intersecting Roadway/Street: SOUTHBRIDGE ST
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street:

Route# | Direction | Address # | 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

2 10 — 3 11

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-263-AC

3

License # [redacted] St [redacted] DOB/Age [redacted] Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator GRENON, LISA ELLEN (Last First Middle)
4 2 Address 327 LEICESTER ST
City AUBURN State MA Zip 01501-1432
Insurance Company THE COMMERCE INSURANCE CO
5 2 Vehicle Travel Direction: [X] 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 # 159WF8 Reg Type PAN Reg State MA
Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 21 — 1 12
Owner GRENON, LISA ELLEN (Last First Middle)
Address 327 LEICESTER ST
City AUBURN State MA Zip 01501-1432
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: 2 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? 1 33 — 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	[X]	[X]	1	1	3	0	0	8	2	[redacted]

Please Select One of the Following: ☒ Vehicle 2 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

7 3

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Operator RAMOS, NICOLAS CARLOS (Last First Middle)
8 2 Address 2116 BRIDLEWOOD DR
City LOUISVILLE State KY Zip 402991742
Insurance Company TRAVELERS PROPERTY CASUAL
Vehicle Travel Direction: N S E [X] 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 # BV61216 Reg Type PAN Reg State CT
Veh Year 2025 Veh Make NISSAN Veh Config. 1 21 — 1 14
Owner EAN HOLDINGS LLC (Last First Middle)
Address 14002 E 21ST ST APT 1500
City TULSA State OK Zip 74134
Vehicle Action Prior to Crash 3 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 4 25 25
Driver Distracted by 99 26 26
Damaged Area Code: 8 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? 1 33

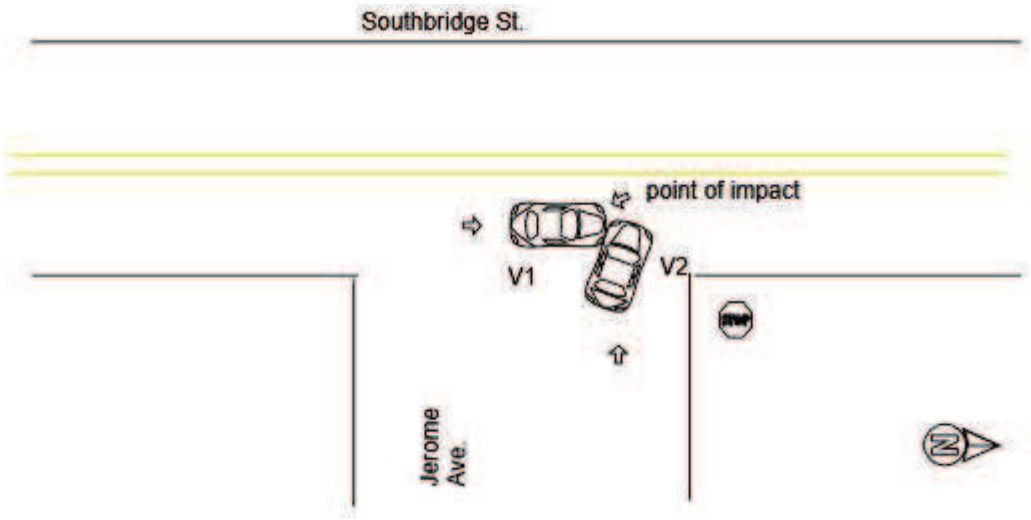
Please fill out for operator and all occupants involved

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	1	3	0	0	10	1	
CHARLES SLOAT	9 CLARK HILL RD NEW BOSTON, NH 03070	[redacted]	M	3	1	3	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 was traveling northbound on Southbridge St. (public way). Vehicle 2 was traveling westbound on Jerome Ave.(public way) and entered onto Southbridge St. striking Vehicle 1. The operator of Vehicle 1 was transported by Auburn EMS to [redacted] [redacted] for minor injuries. No injuries to report from occupants in Vehicle 2. Both vehicles were towed by Direnzo Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
JOUBERT CHERYL ANNE	14 NORCROSS PT SHREWSBURY MA 01545-4549	[redacted]	

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 Derek P Courchaine		75DC	Auburn Police Department		07/12/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date