# Commonwealth of Massachusetts
## Motor Vehicle Crash
## Police Report

**Police Use Only**

| Date of Crash | Time of Crash | City/Town |
|---|---|---|
| 03/12/2026 | 1047 (24HR) | Auburn |

**RMV Document Number**

| Number Vehicles | Number Injured |
|---|---|
| 3 | 0 |

Speed Limit **40**
Latitude _____
Longitude _____

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

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**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** [2]

Route# ___ Direction ___ Name of Intersecting Roadway/Street _____

Route# ___ Direction ___ Address # **150** Name of Roadway/Street **MILLBURY ST**

_____ Feet ☐N ☐S ☐E ☐W of ___ — ___ • ___ or _____ Exit Number
Mile Marker

**2** [10]

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

_____ Feet ☐N ☐S ☐E ☐W of _____ Landmark

**8** [11]

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**Please Select One of the Following:** ☒ Vehicle 1 **1** #Occupants   ☐ Hit/Run   ☐ Moped

**Crash Report ID# 26-118-AC**

**3** [3]

License # ▮▮▮▮ St ▮▮ DOB/Age ▮▮▮▮
Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions **1** [20] CDL Endorsement ___
Operator **MILOSZ, GRAHAM**
(Last / First / Middle)
Address **18 ATLANTIC RD**
City **GLOUCESTER** State **MA** Zip **01930**
Insurance Company **THE COMMERCE INSURANCE CO**
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 # **5NGT83** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** [21]
Owner **MILOSZ, GRAHAM**
(Last / First / Middle)
Address **18 ATLANTIC RD**
City **GLOUCESTER** State **MA** Zip **01930**

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: **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? **1** [33]

**1** [12]
**1** [13]

**4** [3]
**5** [1]
**6** [2]

**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 | 1 | 1 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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**Please Select One of the Following:** ☒ Vehicle 2 **1** #Occupants   ☐ Hit/Run   ☐ Moped   ☐ Vulnerable User   Complete the Vulnerable User section.

**7** [2]

License # ▮▮▮▮ St ▮▮ DOB/Age ▮▮▮▮
Sex **F** Lic. Class **D** [19] [19] Lic. Restrictions **B** [20] CDL Endorsement ___
Operator **CARPENTER, MARY E**
(Last / First / Middle)
Address **245 MILLBURY ST**
City **AUBURN** State **MA** Zip **01501-3230**
Insurance Company **THE STANDARD FIRE INSURAN**
Vehicle Travel Direction: ☒N ☐S ☐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 # **CRPNTR** Reg Type **PC** Reg State **MA**
Veh Year **2017** Veh Make **LINCOLN** Veh Config. **1** [21]
Owner **CARPENTER, MARY E**
(Last / First / Middle)
Address **245 MILLBURY ST**
City **AUBURN** State **MA** Zip **01501-3230**

Vehicle Action Prior to Crash **2** [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: **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? **2** [33]

**1** [14]

**8** [1]
**9** [2]

**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 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Form No. 10364 CRA-65 08/23

| Police Use Only | | | | | RMV Document Number |
|---|---|---|---|---|---|

| Date of Crash | Time of Crash | City/Town | Number Vehicles | Number Injured | Speed Limit **40** | State Police ☐ |
|---|---|---|---|---|---|---|
| 03/12/2026 | **1047** 24HR | **Auburn** | 3 | 0 | Latitude _____ Longitude _____ | 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 2**
Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

**2** [10]
Route# ____ Direction ____ Address # **150** Name of Roadway/Street **MILLBURY ST**
_____ Feet ☐N ☐S ☐E ☐W of ___ - ___ • ___ or ____ Exit Number
Mile Marker

**8** [11]
_____ Feet ☐N ☐S ☐E ☐W of ____ Route# ____ Intersecting Roadway/Street ____
_____ Feet ☐N ☐S ☐E ☐W of ____
Landmark

**3 3** | Please Select One of the Following: | ☒ Vehicle 3 **1** #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# **26-118-AC** |

**4 3**

License # [redacted] St [redacted] DOB/Age [redacted]
Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions **B** [20] CDL ____ Endorsement
Operator **JOHNSON, PETER A** (Last First Middle)
Address **333 GRANITE ST**
City **WORCESTER** State **MA** Zip **01607-1219**

Reg # **5REF41** Reg Type **PC** Reg State **MA**
Veh Year **2026** Veh Make **TOYOTA** Veh Config. **1** [21] **1** [12]
Owner **JOHNSON, PETER A** (Last First Middle)
Address **333 GRANITE ST**
City **WORCESTER** State **MA** Zip **01607-1219**

**5 1**

Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle Travel Direction: ☐N ☒W ☐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 ____

Vehicle Action Prior to Crash **4** [22]
Event Sequence **1** [23] [23] [23] [23]
Most Harmful Event **1** [24]
Driver Contributing Code **4** [25] [25]
Driver Distracted by **0** [26] [26]

Damaged Area Code: **4** [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]

**6 2**

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 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**7 2** | Please Select One of the Following: | ☐ Vehicle 4 ____ #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section. |

**8 1**

License # ____ St ____ DOB/Age ____
Sex ____ Lic. Class ____ [19] [19] Lic. Restrictions ____ [20] CDL ____ Endorsement
Operator ____ (Last First Middle)
Address ____
City ____ State ____ Zip ____

Reg # ____ Reg Type ____ Reg State ____
Veh Year ____ Veh Make ____ Veh Config. ____ [21] **1** [14]
Owner ____ (Last First Middle)
Address ____
City ____ State ____ Zip ____

**9 2**

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 ____

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 | ✕ | ✕ | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

## Crash Diagram:

ie: → [ 1 ]  → [ 2 ]  → ♀  → 🚲



Washington Street

car1  car3  car2

Millbury Street

N
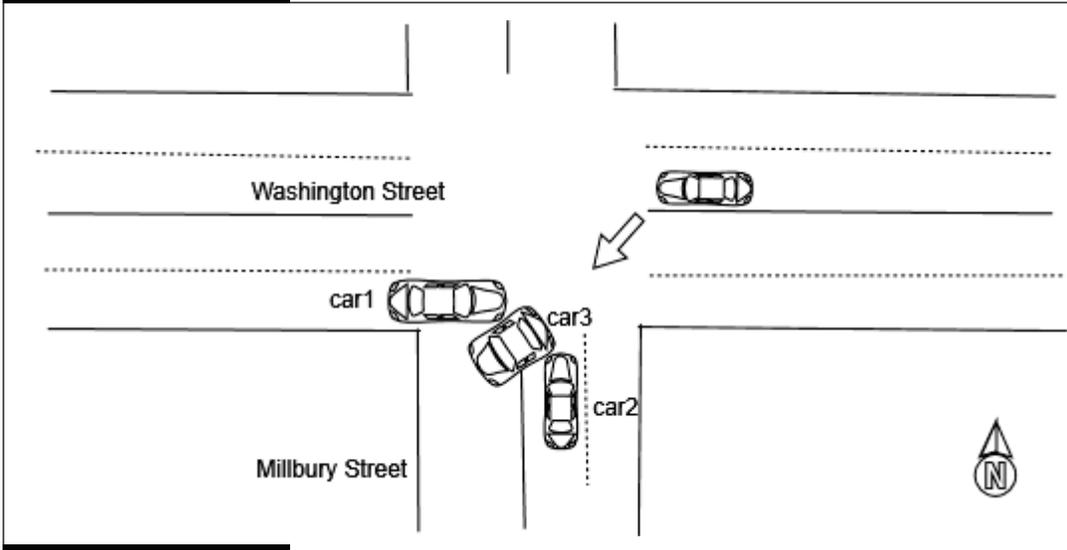
### If Crash **Did Not** Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow

↑

## Crash Narrative:

car1 was traveling east on Washington St. Car3 was turning from Washington St Westbound

onto Millbury St. Car1 and 3 had a green light. Car3 stated he did not see any cars coming

up Washington St. When car3 turned car1 hit car3 rear right and pushed car3 into car2.

Car2 was stopped at the traffic light on Millbury Street. No injuries to any of the

operators. Minimal damage to car2's front left, it was drivable. Car1 had airbag

depolyment and damage to the front end. Car3 had rear right damage. Car 1 and 3 were towed

from the scene.

## 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 Grace Griffin | | 98GG | Auburn Police Department | | 03/12/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

Form No. 10364 CRA-65 08/23