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 Agency
08/01/2026	0913 (24HR)	Auburn	2	0	45			Local Police

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 | 460 (Address #) | SOUTHBRIDGE 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# 26-295-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D (19) M (19) Lic. Restrictions 20 CDL Endorsement
Operator MURPHY, PAUL E (Last First Middle)
Address 216 GREENVILLE ST
City SPENCER State MA Zip 01562-2708
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: ☒ 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 # NZ5054 Reg Type MCN Reg State MA
Veh Year 2000 Veh Make HARLEY-DAVIDSON Veh Config. 3
Owner MURPHY, PAUL E (Last First Middle)
Address 216 GREENVILLE ST
City SPENCER State MA Zip 01562-2708
Vehicle Action Prior to Crash 1
Event Sequence 1 | 23 | 23 | 23 | 23
Most Harmful Event 1
Driver Contributing Code 5 | 19
Driver Distracted by 99
Damaged Area Code: 1 | 3 | 7
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
Towed from scene? 1

Name (Last First Middle) / Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator — See Above	[redacted]	[redacted]	1	5	5	1	0	99	2	[redacted]

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 99 CDL Endorsement
Operator SOOJIAN, PAUL KRIKOR (Last First Middle)
Address 1676 MAIN ST
City LEICESTER State MA Zip 01524-1917
Insurance Company ARGONAUT INSURANCE COMPAN
Vehicle Travel Direction: ☒ 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 # 5PRS71 Reg Type PAN Reg State MA
Veh Year 2024 Veh Make LEXUS Veh Config. 1
Owner SOOJIAN, PAUL KRIKOR (Last First Middle)
Address 1676 MAIN ST
City LEICESTER State MA Zip 01524-1917
Vehicle Action Prior to Crash 2
Event Sequence 1 | 23 | 23 | 23 | 23
Most Harmful Event 1
Driver Contributing Code 1 | 25
Driver Distracted by 99
Damaged Area Code: 5 | 4 | 6
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
Towed from scene? 2

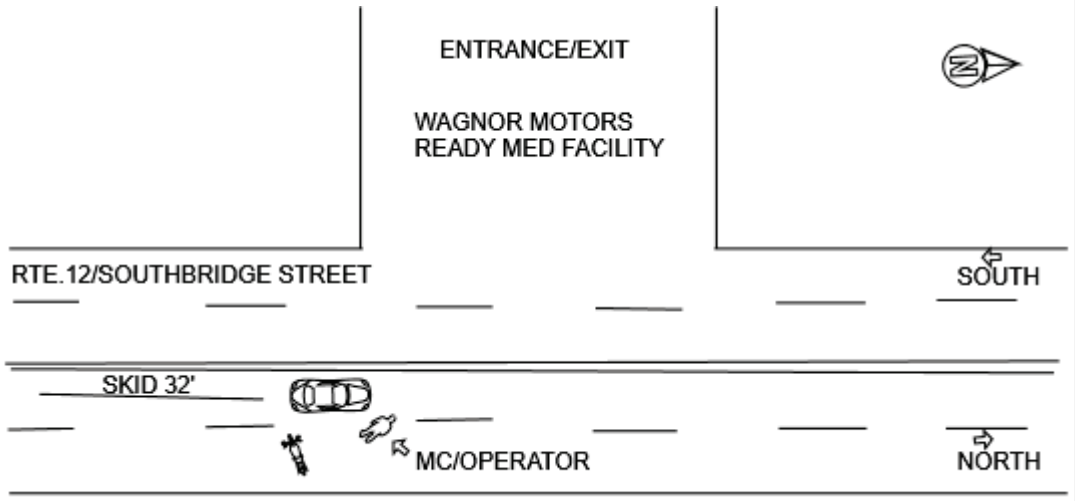
Name (Last First Middle) / Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Occupants — See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

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 Arrow

Crash Narrative:

MV#1 WAS TRAVELLING NORTHBOUND ON RTE.12/SOUTHBRIDGE STREET IN THE FAR RIGHT LANE (LANE NEAREST TO CENTER-LINE). MV#2 WAS STOPPED IN THE FAR RIGHT LANE OF RTE.12/SOUTHBRIDGE AWAITING TO TURN LEFT INTO THE PARKING LOT OF WAGNOR MOTORS AND READY MED. MV#1 CONTINUED TRAVELLING IN THE FAR RIGHT NORTHBOUND LANE OF RTE.12/SOUTHBRIDGE STREET PRIOR TO IMPACTING THE CENTER REAR BUMPER OF VEHICLE #2 WITH THE FRONT TIRE OF THE VEHICLE #1. AS A RESULT OF THE IMPACT THE OPERATOR OF VEHICLE #1 WAS VAULTED OFF HIS VEHICLE AND CAME TO REST TO THE FRONT RIGHT OF THE VEHICLE. WHEN WALKING THE CRASH SCENE I DID OBSERVE A FRESH SKIDMARK IN THE FAR RIGHT NORTHBOUND LANE THAT WAS CREATED BY VEHICLE #1. THIS SKIDMARK WAS STRAIGHT AND MEASURED TO BE 32'IN LENGTH. CONDUCTING A BRIEF INSPECTION OF THE VEHICLES I OBSERVED THE WHEEL-BASE TO BE MINIMIZED DUE TO THE IMPACT WITH THE REAR OF VEHICLE #2. I ALSO OBSERVED THE LEFT REAR DIRECTIONAL ACTIVATED ON VEHICLE#2.UNDER INVEST

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SODEN JULIA ROSE	47 GREEN ST LEICESTER MA 01524-1711		
MEJIAS CHRISTIAN MANUEL	82 ENNIS RD OXFORD MA 01540		

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		08/01/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date