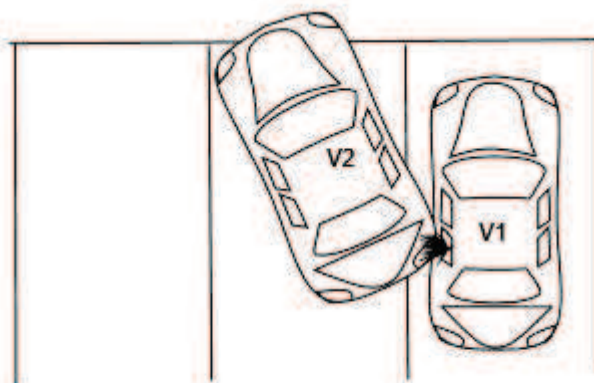


Police Use Only			Commonwealth of Massachusetts					RMV Document Number										
Date of Crash 08/07/2026		Time of Crash 1557 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 15 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐	
AT INTERSECTION:						< LOCATION >		NOT 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						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker 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 10 #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 26-302-AC												
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip 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 # 6XWM69 Reg Type PC Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21 Owner LOPEZ, AUDREY ANN Address 7 NEW ST City WEBSTER State MA Zip 01570-2619 Vehicle Action Prior to Crash 11 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: 7 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 See Above						1												
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																		
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions G 20 CDL Endorsement Operator VANGERVEN, DONNA MARIE Address 128 CHARLTON RD City SPENCER State MA Zip 01562-2725 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N X 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 # 7619ZX Reg Type PC Reg State MA Veh Year 2011 Veh Make LINCOLN Veh Config. 1 21 Owner VANGERVEN, DONNA MARIE Address 128 CHARLTON RD City SPENCER State MA Zip 01562-2725 Vehicle Action Prior to Crash 10 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 19 25 25 Driver Distracted by 99 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? 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 1 4 0 0 10 1												

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



711 SOUTHBRIDGE ST

If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Vehicle 2 backed up into Vehicle 1 while it was parked, hitting its open rear driver's side door. V1's door was stuck open against V2.

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

Police Officer Name (Please Print)

Signature

102CG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/07/2026

Date