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
07/21/2026	0927 24HR	Auburn	2	2	40			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: SOUTHBRIDGE ST (1 1)

At

Route# | Direction | Name of Intersecting Roadway/Street: OXFORD STREET NO

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street (2 1)

NOT AT INTERSECTION: (2 10)

Route# | Direction | Address # | Name of Roadway/Street

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

(3 11)

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# 26-277-AC (3)

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F | Lic. Class D (19) (19) | Lic. Restrictions (20) | CDL Endorsement

Operator BELINSKI, JENNIFER ALICIA (Last, First, Middle)

Address 1391 RIVERSIDE DR B

City N GROSVENORDALE State CT Zip 06255

Insurance Company Progressive Casualty Insu

Vehicle Travel Direction: N ☒E W | Responding to Emergency? 2 (4 3)

Citation # (If Issued) (5 1)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub (6 1)

Reg # BK58736 Reg Type PAN Reg State CT

Veh Year 2018 Veh Make TOYOTA Veh Config. 1 (21) (1 12)

Owner VEAR, JOHN W (Last, First, Middle)

Address 50 E HARTFORD AVE

City N UXBRIDGE State MA Zip 01538-0000

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: (29)

BAC Test Result: (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	☒	☒	1	1	3	0	0	8	2	[redacted]

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section. (7 4)

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class D (19) (19) | Lic. Restrictions (20) | CDL Endorsement

Operator LEUNG, WELLIS SING PAK (Last, First, Middle) (8 1)

Address 141 W 2ND ST APT 105

City BOSTON State MA Zip 02127-1152

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N S E ☒W | Responding to Emergency? 2

Citation # (If Issued) (9 2)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # 6FPG17 Reg Type PAN Reg State MA

Veh Year 2022 Veh Make HONDA Veh Config. 1 (21)

Owner LEUNG, WELLIS SING PAK (Last, First, Middle)

Address 141 W 2ND ST APT 105 (1 14)

City BOSTON State MA Zip 02127-1152

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: 99 (26) (26)

Damaged Area Code: 3 (27) (27) (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33)

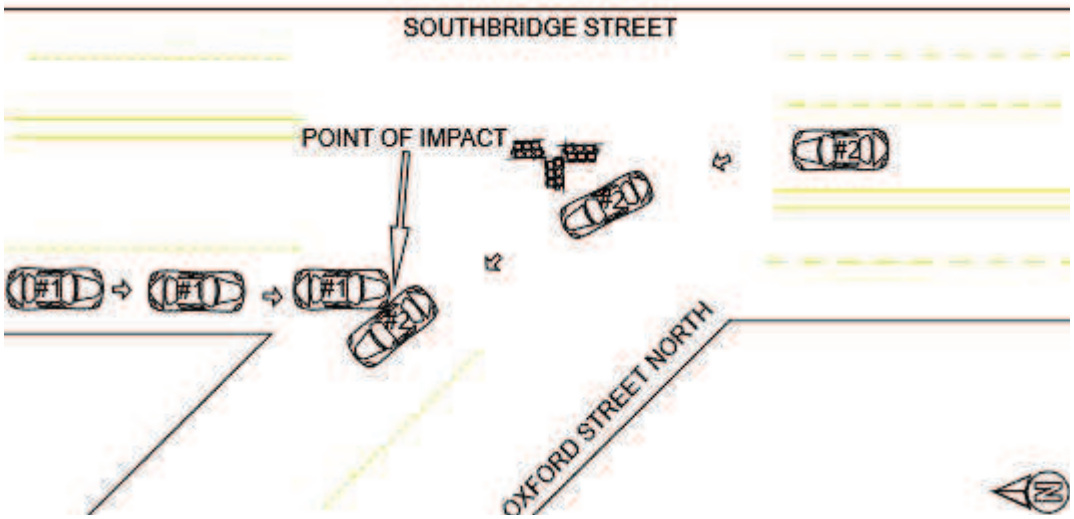
Please fill out for operator and all occupants involved

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	☒	☒	1	1	2	0	0	8	2	[redacted]

= 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:

V#1 WAS TRAVELING SOUTHBOUND ON SOUTHBRIDGE STREET. V#2 WAS TRAVELING NORTHBOUND AND TAKING A LEFT HAND TURN ACROSS SOUTHBRIDGE STREET ONTO OXFORD STREET NORTH. V#1 HAS THE RIGHT OF WAY IN THIS SCENARIO. V#2 HAS A BLINKING YELLOW LIGHT TO TURN LEFT AND HAS TO YEILD TO TRAFFIC TRAVELING SOUTHBOUND ON SOUTHBRIDGE STREET. BOTH VEHICLES WERE TOWED FROM THE SCENE BY DIRENZOS AND BOTH OPERATORS WERE TRANSPORTED FOR APPARENT MINOR INJURIES.

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 Alex K Myers		89AM	Auburn Police Department		07/21/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date