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
08/23/2026	1509 (24HR)	Auburn	2	0	40			Local Police

Police Type: ☐ 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 | 489 (Address #) | WASHINGTON 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#** 26-328-AC

Vehicle 1 — Operator

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

Operator PATRAW, JOSHUA A (Last, First, Middle)

Address 146 WALES RD

City BRIMFIELD State MA Zip 01010-9748

Insurance Company GOVERNMENT EMPLOYEES INSU

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 _____

Vehicle 1 — Owner / Registration

Reg # 6LYN94 Reg Type PC Reg State MA

Veh Year 2026 Veh Make CHEVROLET Veh Config. 1

Owner PATRAW, JOSHUA A (Last, First, Middle)

Address 146 WALES RD

City BRIMFIELD State MA Zip 01010-9748

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 0

Damaged Area Code: 3 0

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 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	[redacted]	[redacted]	1	1	4	0	0	10	1	

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

Vehicle 2 — Operator

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

Operator BARRY, LOUISE E (Last, First, Middle)

Address 63 HIGH ST

City MONSON State MA Zip 01057-1021

Insurance Company MAPFRE

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 _____

Vehicle 2 — Owner / Registration

Reg # 205ZCY Reg Type PAN Reg State CT

Veh Year 2025 Veh Make NISSAN Veh Config. 1

Owner NISSAN INFINITI LT LLC (Last, First, Middle)

Address 8900 FREEPORT PKWY

City IRVING State TX Zip 750632438

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 0

Damaged Area Code: 7

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 2

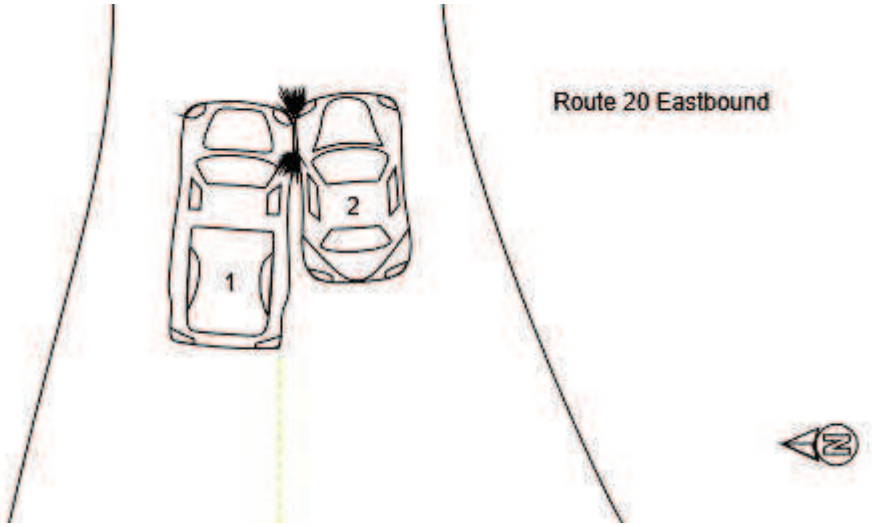
Please fill out for operator and all occupants involved

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	[redacted]	[redacted]	1	1	4	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 and Vehicle 2 were travelling eastbound on Route 20. After the South Street at Route 20 traffic lights. The right and left lane turn into one lane where both sides have to merge in a zipper formation. Operator of Vehicle 1 stated he was in the left lane merging in the single lane. Operator of Vehicle 2 stated she was in the right lane merging into the single lane. Operator of Vehicle 1 stated he was first and should have merged in front of her. Operator of Vehicle 2 stated she did not remember who was in the front but she does not believe she is at fault. The damage on Vehicle 1 is above the front right wheel well. The damage to Vehicle 2 is above the left wheel well as well as the driver's side door.

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 Rachel B Crowley		92RC	Auburn Police Department		08/23/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date