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
10/22/2026	0828 24HR	Auburn	3	0	40			☐ 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 | 809 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# 26-400-AC

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

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator SPRATT, RACHEL E (Last First Middle)

Address 151 ROCKY RD

City WHITINSVILLE State MA Zip 01588

Insurance Company THE COMMERCE INSURANCE CO

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 # 2SFY31 Reg Type PC Reg State MA

Veh Year 2018 Veh Make MAZDA Veh Config. 1

Owner SPRATT, MICHAEL D (Last First Middle)

Address 151 ROCKY RD

City WHITINSVILLE State MA Zip 01588

Vehicle Action Prior to Crash 2

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 5 4 6

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	☒	☒	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.

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

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator KIELY, DANIEL ROBERT (Last First Middle)

Address 6 MARVILL WAY

City EAST BRIDGEWATER State MA Zip 02333-1077

Insurance Company TRAVELERS CASUALTY INSURA

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 # R40743 Reg Type PC Reg State MA

Veh Year 2019 Veh Make HYUNDAI Veh Config. 1

Owner QUICKSERV INC (Last First Middle)

Address 328 CLAPBOARDTREE ST

City WESTWOOD State MA Zip 02090-2908

Vehicle Action Prior to Crash 2

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 1 27 27 27

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

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

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Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 809 WASHINGTON ST

_____ 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 3 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-400-AC

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

Sex M Lic. Class B (19) M (19) Lic. Restrictions M (20) CDL Endorsement N

Operator HUARD, ROBERT MATTHEW (Last, First, Middle)

Address 25 BALIS AVE

City WORCESTER State MA Zip 01604-2603

Insurance Company _____

Vehicle Travel Direction: N S [X] 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 # 3810311 Reg Type TRN Reg State MA

Veh Year 2026 Veh Make Truck Veh Config. 10 (21)

Owner US POSTAL SERVICE TRUCK #3810311 (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash 2 (22)

Event Sequence 1 (23) 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 99 (25) 25

Driver Distracted by 99 (26) 26

Damaged Area Code: 1 (27) 10 (27) 27

Test Status: 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	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 4 _____ #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class (19) (19) Lic. Restrictions (20) CDL Endorsement _____

Operator _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

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 _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. (21)

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

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	[redacted]	[redacted]	1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



Washington Street

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 was travelling in the left lane. Vehicle 2 was travelling in the left lane behind Vehicle 1. Vehicle 3 was travelling in the left lane behind Vehicle 2. Operator of Vehicle 3 came up over the hill on Washington Street and stated that the cars in front of him had slowed down to stop. Operator of Vehicle 3 stated he was unable to stop in time and hit Vehicle 2 which pushed Vehicle 2 into Vehicle 1. Operators of Vehicle 1 and 2 said they were driving slowly/steadily on Route 20 when Vehicle 3 hit Vehicle 2 and pushed it into Vehicle 1

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		10/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date