Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only			RMV Document Number

Date of Crash	Time of Crash	City/Town
03/09/2026	1728 (24HR)	Auburn

Number Vehicles: 2
Number Injured: 0

Speed Limit: 30
Latitude: _____
Longitude: _____

State Police ☐
Local Police ☒
MBTA Police ☐
Campus Police ☐
Other: ☐

< LOCATION >

AT INTERSECTION:

[1] 1
Route# ___ Direction ___ Name of Roadway/Street _____
At
Route# ___ Direction ___ Name of Intersecting Roadway/Street _____
Also at Intersection with
[2] 1
Route# ___ Direction ___ Name of Intersecting Roadway/Street _____

NOT AT INTERSECTION:

[10] 2
Route# ___ Direction ___ Address # **10** Name of Roadway/Street **OXFORD STREET NO**
_____ Feet N S E W of ___ — ___ • ___ or _____ Exit Number

[11] 2
_____ Feet N S E W of _____
_____ Feet N S E W of _____ Route# ___ Intersecting Roadway/Street _____
Landmark _____

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[3] Please Select One of the Following: ☒ Vehicle 1 **1** #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-110-AC

License # ▮▮▮▮ St ▮ DOB/Age ▮▮▮▮	Reg # **5LVC57** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** [19][19] Lic. Restrictions [20] CDL Endorsement	Veh Year **2009** Veh Make **HYUNDAI** Veh Config. **1** [21]

[4] 1

Operator **PERRY, RHAEGAN ELIZABETH** (Last / First / Middle)
Owner **CONNOLLY, STEPHEN JOSEPH JR** (Last / First / Middle)

Address **109 SARGENT ST**
Address **109 SARGENT ST**

City **CHERRY VALLEY** State **MA** Zip **01611-3101**
City **CHERRY VALLEY** State **MA** Zip **01611-3101**

Insurance Company **THE COMMERCE INSURANCE CO**

[5] 2

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

Field	Value	
Vehicle Action Prior to Crash [22]	1	
Event Sequence [23]	1	23 23 23
Most Harmful Event [24]	1	
Driver Contributing Code [25]	1	25
Driver Distracted by [26]	0	26

Field	Value	
Damaged Area Code: [27]	5	27 27
Test Status: [28]	1	
Type of Test: [29]	0	
BAC Test Result: [30]	1	
Susp. Alcohol: [31]	2	Susp. Drug: [32]
Towed from scene? [33]	2	

[13] 1

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

[6] 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	See Above	✕	✕	1	1	4	0	0	10	1	

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[7] 1 Please Select One of the Following: ☒ Vehicle 2 **1** #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # ▮▮▮▮ St ▮ DOB/Age ▮▮▮▮	Reg # **8VG996** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** [19][19] Lic. Restrictions **1** [20] CDL Endorsement	Veh Year **2003** Veh Make **TOYOTA** Veh Config. **1** [21]

[8] 1

Operator **LATINO, MATHEW LAWRENCE JR** (Last / First / Middle)
Owner **LATINO, MATHEW LAWRENCE JR** (Last / First / Middle)

Address **65 TROWBRIDGE CIRCUIT APT 1**
Address **65 TROWBRIDGE CIRCUIT APT 1**

City **WORCESTER** State **MA** Zip **01603-2222**
City **WORCESTER** State **MA** Zip **01603-2222**

Insurance Company **LIBERTY MUTUAL PERSONAL I**

[9] 2

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

Field	Value	
Vehicle Action Prior to Crash [22]	1	
Event Sequence [23]	1	23 23 23
Most Harmful Event [24]	1	
Driver Contributing Code [25]	1	25
Driver Distracted by [26]	0	26

Field	Value	
Damaged Area Code: [27]	0	27 27
Test Status: [28]	1	
Type of Test: [29]	0	
BAC Test Result: [30]	1	
Susp. Alcohol: [31]	2	Susp. Drug: [32]
Towed from scene? [33]	1	

[14] 1

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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	

Crash Diagram:

Silver Auto

Vehicle 2

Oxford Street N

Vehicle 1

N

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

Vehicle 2 attempted to slow to move around a pedestrian, vehicle 1 did not slowdown fast

enough and rear-ended the bumper of vehicle 2

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]

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Patrolman Andrew F Markvenas		**93AM**	**Auburn Police Department**		**03/09/2026**