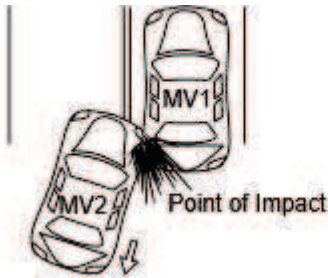


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																
Date of Crash 07/21/2026		Time of Crash 1216 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 20		State Police Local Police MBTA Police Campus Police 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# 26-278-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 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 # V90264 Reg Type CON Reg State MA Veh Year 2022 Veh Make KIA Veh Config. 1 Owner ELECTRONIC SECURITY GROUP INC Address City State Zip Vehicle Action Prior to Crash 11 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 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		X		X		1		0		4		0		0		10		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 1 20 CDL Endorsement Operator VISSER, LYNN MARIE Address 640 GOODRICH ST City LUNENBURG State MA Zip 01462-1622 Insurance Company AMERICAN FAMILY CONNECT P Vehicle Travel Direction: X 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 # 47BW77 Reg Type PAN Reg State MA Veh Year 2005 Veh Make DODGE Veh Config. 1 Owner VISSER, SUSAN ANN Address 640 GOODRICH ST City LUNENBURG State MA Zip 01462-1622 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 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 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		X		X		1		1		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



482 Southbridge St

If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

Mv1 was driverless and parked in a parking spot located on 482 Southbridge St. in the Town of Auburn. Mv2 was parked next to Mv1. Mv2 reversed out of the parking spot and collided with Mv1's left rear side. No injuries occurred, no one transported, both vehicle's drivable.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/21/2026

Date