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 |
|---|---|---|---|---|---|---|---|---|
| 11/03/2026 | 1503 (24HR) | Auburn | 2 | 0 | 40 | | | State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: |

## AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# WASHINGTON ST — Direction — Name of Roadway/Street

At

Route# APPLETON RD — Direction — Name of Intersecting Roadway/Street

2 2 — Also at Intersection with — Route# — Direction — Name of Intersecting Roadway/Street

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

3 — Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-419-AC

License # [redacted] St [redacted] DOB/Age [redacted] Sex F Lic. Class 99 (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator MARTEL, MCKENZIE LYNN (Last First Middle)

4 3 — Address 6 SAVORY CRSG

City N OXFORD State MA Zip 01537-1114

Insurance Company PROGRESSIVE DIRECT INSURA

5 1 — Vehicle Travel Direction: N S E W — Responding to Emergency? 2

Citation # (If Issued) 658260AE-CN

6 1 — Viol. 1: Ch/Sec/Sub 90 10 — Viol. 2: Ch/Sec/Sub 89 8

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

Reg # 3VGY15 Reg Type PC Reg State MA

1 12 — Veh Year 2014 Veh Make FORD Veh Config. 1 (21)

Owner MARTEL, TRACEY LYNN (Last First Middle)

Address 6 SAVORY XING

City NORTH OXFORD State MA Zip 01537-1114

Vehicle Action Prior to Crash 4 (22)

Event Sequence 1 (23) (23) (23) (23)

Most Harmful Event 1 (24)

Driver Contributing Code 19 (25) 4 (25)

Driver Distracted by 99 (26) (26)

Damaged Area Code: 4 (27) (27) (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

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

1 13 — 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 | |
| AARON DAVIS | 1 ELIZABETH ST ROCHESTER, NH 03867 | [redacted] | M | 3 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 2 — Please Select One of the Following: ☒ Vehicle 2 — 3 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement

8 1 — Operator DELEON, FRANGEL LEE (Last First Middle)

Address 43 SHATTUCK ST

City WORCESTER State MA Zip 01605-3620

Insurance Company PERMANENT GENERAL ASSURAN

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

9 2 — Citation # (If Issued) 658270AE-CN

Viol. 1: Ch/Sec/Sub 90 34J — Viol. 2: Ch/Sec/Sub 90 9

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

Reg # 6KFM19 Reg Type PC Reg State MA

Veh Year 2016 Veh Make ACURA Veh Config. 1 (21)

Owner LIZARDI, CRISTINA (Last First Middle)

Address 197 EVERETT ST APT 2

City SOUTHBRIDGE State MA Zip 01550-2646

Vehicle Action Prior to Crash 1 (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: 2 (27) 1 (27) (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

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

1 14 — Towed from scene? 1 (33)

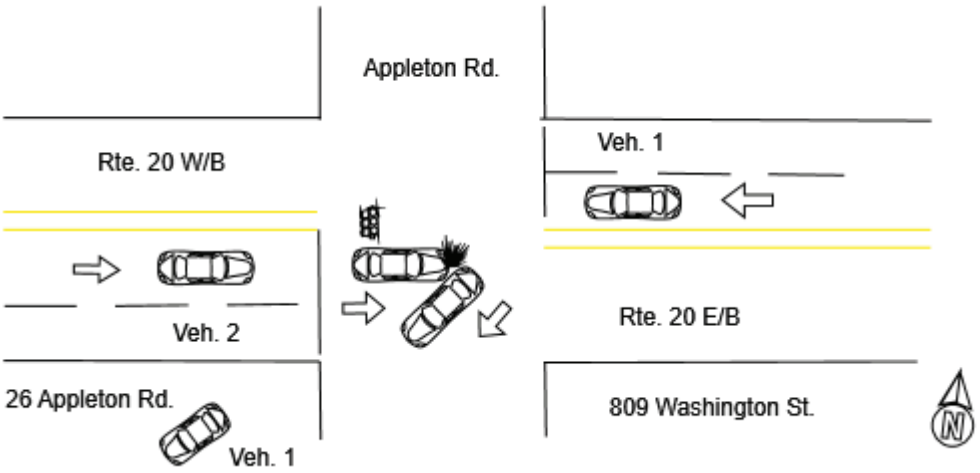
Please fill out for operator and all occupants involved

| 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 | [redacted] | [redacted] | 1 | 1 | 1 | 0 | 0 | 10 | 1 | |
| CRISTINA LIZARDI | 197 EVERETT ST SOUTHBRIDGE, MA 01550-2646 | [redacted] | F | 3 | 1 | 1 | 0 | 0 | 10 | 1 | |
| [redacted] | [redacted] | [redacted] | F | 6 | 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 one was traveling west bound on Rte 20, Vehicle two was traveling east bound on the same road (Rte 20 is a public way in the town of Auburn). Rte 20 had the green light/ right of way. Vehicle one was making a left hand turn to travel south on Appleton Rd. Vehicle two was continuing straight on Rte 20. Vehicle one failed to yield to the right of way traffic. As a result of being in the intersection vehicle two struck vehicle one.

Vehicle one was issued citation for unlicensed operation, failure to yield.
Vehicle two was issued citation for uninsured motor vehicle, unregistered motor vehicle.

All parties declined medical attention, both vehicles were towed from the scene.

## Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|---|---|---|---|
| GOUIN PATRICK | 80 HIGHFIELD DR SOUTHBRIDGE MA 01550 | [redacted] | |
| | | | |

## 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 Stephen Koopman | | 80SK | Auburn Police Department | | 11/03/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |