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
10/29/2026	0653 (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 | Address # | Name of Roadway/Street: — | — | 782 | 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

1 1 | 2 1 | 2 10 | 2 11

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped

Crash Report ID#: 26-410-AC

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

Sex: F | Lic. Class: D (19) (19) | Lic. Restrictions: 1 (20) | CDL Endorsement:

Operator: MATIAS, SAISHA (Last, First, Middle)

Address: 102 HAGGERTY RD

City: CHARLTON | State: MA | Zip: 01507

Insurance Company: PROGRESSIVE DIRECT 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 # 5LTY23 | Reg Type: PC | Reg State: MA

Veh Year: 2025 | Veh Make: KIA | Veh Config.: 1 (21)

Owner: CINTRON, BRANDON JAY (Last, First, Middle)

Address: 102 HAGGERTY RD

City: CHARLTON | State: MA | Zip: 01507-6525

Vehicle Action Prior to Crash: 2 (22)

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

Most Harmful Event: 1 (24)

Driver Contributing Code: 1 (25) (25)

Driver Distracted by: 0 (26) (26)

Damaged Area Code: 6 (27) 5 (27) 4 (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 2 (33)

4 1 | 5 2 | 6 1 | 1 12 | 1 13

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	

Vehicle 2

Please Select One of the Following: ☒ Vehicle 2 | #Occupants: 1 | ☐ 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: 1 (20) | CDL Endorsement:

Operator: LEONE, ANTHONY LORETTO (Last, First, Middle)

Address: 2 SUZANNE DR

City: NORTH OXFORD | State: MA | Zip: 01537-1012

Insurance Company: NORFOLK & DEDHAM MUTUAL F

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 # 1THT45 | Reg Type: PC | Reg State: MA

Veh Year: 2011 | Veh Make: MERCEDES-BENZ | Veh Config.: 1 (21)

Owner: LEONE, ANTHONY LORETTO (Last, First, Middle)

Address: 2 SUZANNE DR

City: NORTH OXFORD | State: MA | Zip: 01537-1012

Vehicle Action Prior to Crash: 1 (22)

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

Most Harmful Event: 1 (24)

Driver Contributing Code: 19 (25) (25)

Driver Distracted by: 99 (26) (26)

Damaged Area Code: 8 (27) 1 (27) 2 (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 2 (33)

7 1 | 8 2 | 9 2 | 2 14

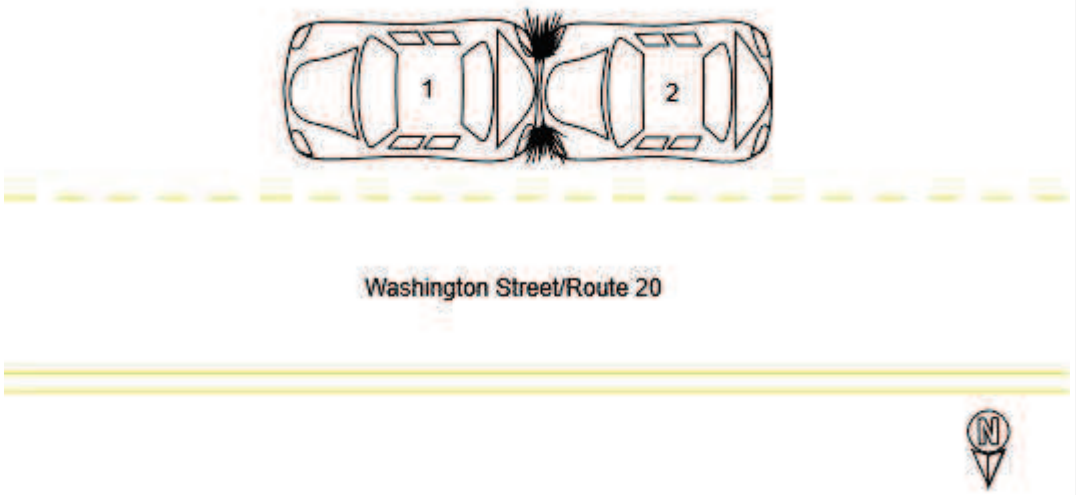
Please fill out for operator and all occupants involved

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 was travelling eastbound on Route 20/Washington Street. Vehicle 2 was travelling behind Vehicle 1 eastbound. Vehicle 1 was slowing down due to traffic conditions. Operator of Vehicle 2 stated that due to a sneeze, he was unable to stop in time and hit the back of 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		10/29/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date