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
09/10/2026	1542 (24HR)	Auburn	2	0	30			Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: MONTCLAIR DR

At

Route# | Direction | Name of Intersecting Roadway/Street: MILLBURY ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | 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# 26-351-AC

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator SULLIVAN, DEREK WILLIAM (Last First Middle)

Address 65 5TH AVE

City WOONSOCKET State RI Zip 02895

Insurance Company GEICO

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 # 1EM365 Reg Type PC Reg State RI

Veh Year 2019 Veh Make SUBARU Veh Config. 1 (21)

Owner SULLIVAN, DEREK WILLIAM (Last First Middle)

Address 65 5TH AVE

City WOONSOCKET State RI Zip 02895

Vehicle Action Prior to Crash 1 (22)

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

Most Harmful Event 1 (24)

Driver Contributing Code 1 (25) (25)

Driver Distracted by 99 (26) (26)

Damaged Area Code: 8 (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)

Towed from scene? 99 (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	☒	☒	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 (19) (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator SHIELDS, PAUL ROBERT (Last First Middle)

Address 10 JADE HILL RD

City AUBURN State MA Zip 01501-3215

Insurance Company UNITED SERVICES AUTOMOBIL

Vehicle Travel Direction: N ☒ 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 # VT39844 Reg Type PC Reg State MA

Veh Year 2025 Veh Make TOYOTA Veh Config. 1 (21)

Owner SHIELDS, PAUL ROBERT (Last First Middle)

Address 10 JADE HILL RD

City AUBURN State MA Zip 01501-3215

Vehicle Action Prior to Crash 4 (22)

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

Most Harmful Event 1 (24)

Driver Contributing Code 1 (25) (25)

Driver Distracted by 99 (26) (26)

Damaged Area Code: 7 (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)

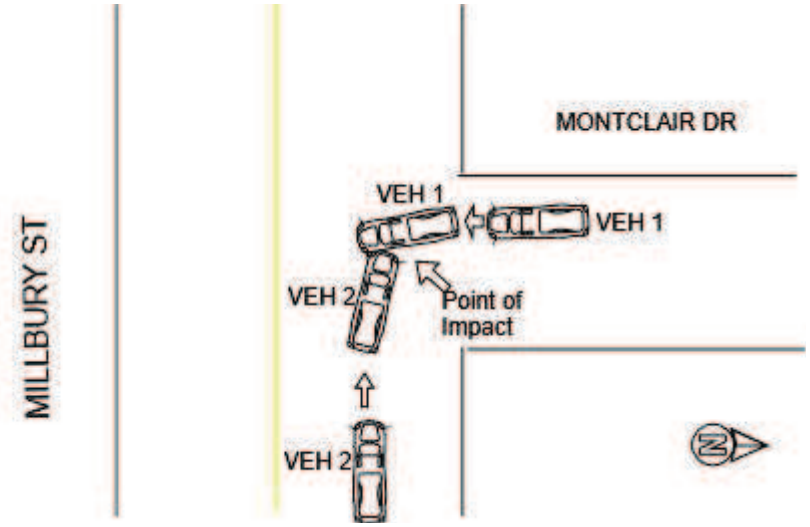
Towed from scene? 2 (33)

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	☒	☒	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... Arrow

Crash Narrative:

VEHICLE 1 WAS TRAVELING SOUTHBOUND ON MONTCLAIR DR (PUBLIC WAY IN THE TOWN OF AUBURN).
VEHICLE 2 WAS TRAVELING WESTBOUND ON MILLBURY ST (PUBLIC WAY IN THE TOWN OF AUBURN).
VEHICLE 1 STOPPED AT THE INTERSECTION AND TOOK A LEFT HAND TURN ONTO MILLBURY ST. AS
VEHICLE 1 TOOK A LEFT HAND TURN IT FAILED TO YIELD TO VEHICLE 2. VEHICLE 2 STRUCK VEHICLE
1 ON THE DRIVER'S SIDE. NEITHER OPERATOR WAS TRANSPORTED, NEITHER VEHICLE WAS TOWED.

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 Nathan Lewos		103NL	Auburn Police Department		09/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date