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
06/27/2026	1440 (24HR)	Auburn	1	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: < LOCATION > NOT 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

2 10 — Route# | Direction | Address # 10 | Name of Roadway/Street SUMNER ST
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 0 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 26-249-AC

Vehicle 1

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____
Operator Driverless M.V. (Last | First | Middle)
4 1 — Address _____
City _____ State _____ Zip _____
Insurance Company THE STANDARD FIRE INSURAN
Vehicle Travel Direction: ☐N ☐S ☐E ☒W Responding to Emergency? 2
5 — Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
6 1 — Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 2ANE72 Reg Type PC Reg State MA
Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21
1 12 — **Owner** ROBICHAUD, SALLY ANN (Last | First | Middle)
Address 10 SUMNER ST
City AUBURN State MA Zip 01501-1715
Vehicle Action Prior to Crash 11 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: 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
1 13 — 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			1							

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

Vehicle 2

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____
Operator _____ (Last | First | Middle)
8 1 — Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: ☐N ☐S ☐E ☐W Responding to Emergency? _____
9 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 # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 21
Owner _____ (Last | First | Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
1 14 — Towed from scene? 33

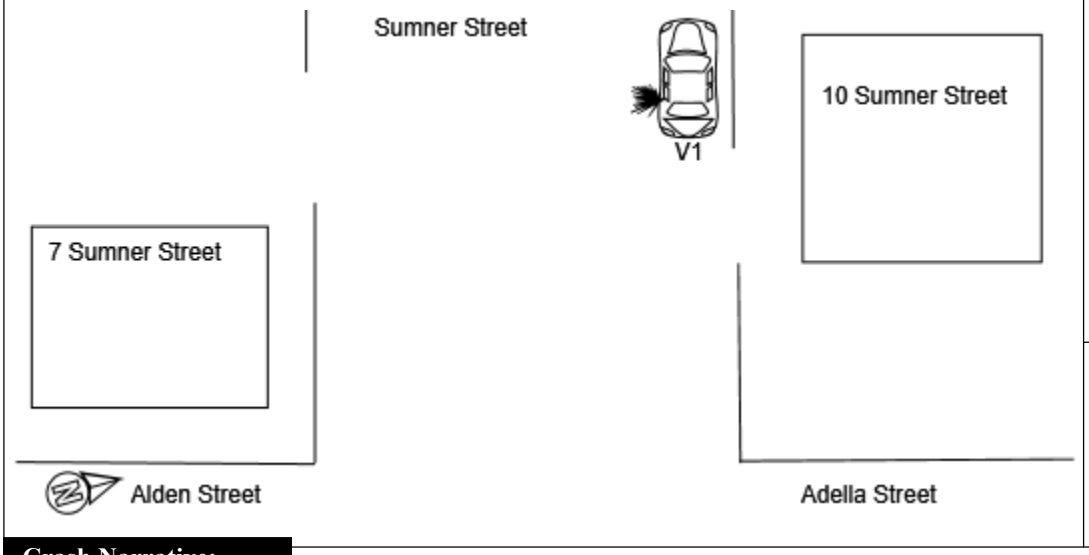
Please fill out for operator and all occupants involved

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							

→ = 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:

V1 was properly parked on Sumner Street. Between Friday, June 26, 2026 at approximatley 2300 hours and Satuday, June 27, 2026 at approximately 1440 hours the vehicle was struck by an unknown vehicle. The unknown vehicle fled the area. The damage on the vehicle was on the rear passenger side. It was crushed in and the rear drivers side door would not open. The estimated damamge was approximately $2000.00

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 David Ljunggren		82DL	Auburn Police Department		06/27/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date