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
08/01/2026	1739 (24HR)	Auburn	2	0	40			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

10 — Route# | Direction | Address # 10 | Name of Roadway/Street: PROSPECT ST

Feet N S E W of — Mile Marker — or Exit Number

4 11 — Feet N S E W of — Route# | Intersecting Roadway/Street

Feet N S E W of — Landmark

2 10

3 — Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-297-AC

Vehicle 1

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

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator PIERRE, CHRISMONORD (Last, First, Middle)

4 1 — Address 39 GRANBY RD APT 2

City WORCESTER State MA Zip 01604-1645

Insurance Company GEICO GENERAL INSURANCE C

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

Citation # (If Issued)

6 1 — Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # 6RGK75 | Reg Type PC | Reg State MA

Veh Year 2014 | Veh Make KIA | Veh Config. 2

Owner TEAM B LLC (Last, First, Middle)

Address 97 CORINTHIAN DR

City LOWELL State MA Zip 01854

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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	

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

Vehicle 2

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

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

8 1 — Operator ARCOUETTE, LEXIE LEIA (Last, First, Middle)

Address 184 RIVER ST

City ROCHDALE State MA Zip 01542-1104

Insurance Company THE COMMERCE INSURANCE CO

9 2 — 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 # 6ZHL63 | Reg Type PC | Reg State MA

Veh Year 2019 | Veh Make BMW | Veh Config. 2

Owner ARCOUETTE, LEXIE LEIA (Last, First, Middle)

Address 184 RIVER ST

City ROCHDALE State MA Zip 01542-1104

Vehicle Action Prior to Crash: 5

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 11

Driver Distracted by: 0

Damaged Area Code: 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

2 14

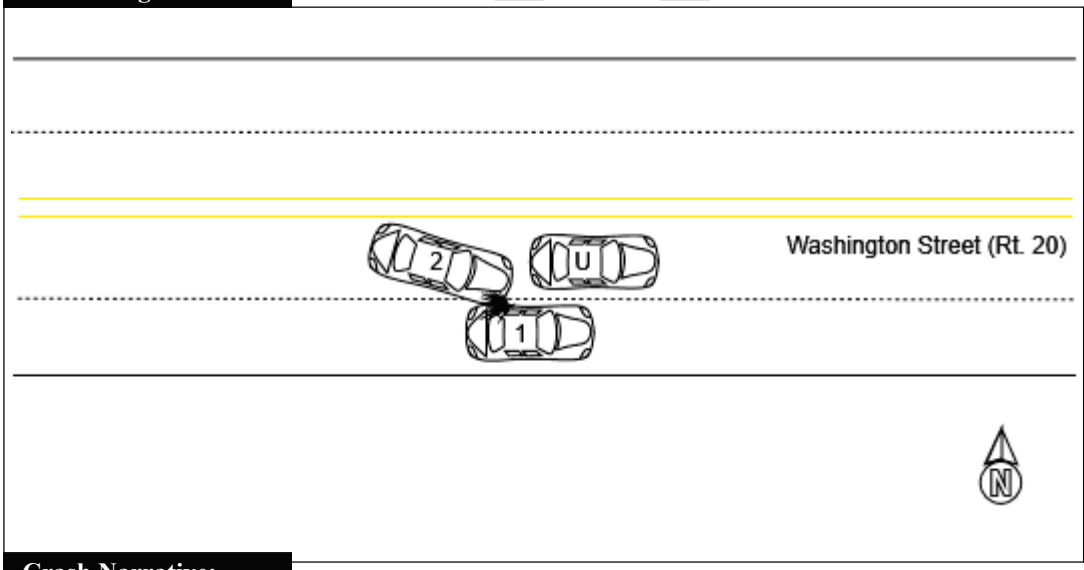
Please fill out for operator and all occupants involved

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 and Vehicle 2 were traveling East on Washington Street. V2 attempted to make a lane change to avoid hitting an unknown vehicle that was stopped trying to make a left turn. V2 collided with V1 while trying to avoid the unknown vehicle.

Officer Rodwill and I were observing traffic on Rt. 20 and witnessed this collision.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GIRARDIN CARRIE A	416 OXFORD ST N AUBURN MA 01501	508-832-7777	
RODWILL MATTHEW JOSEPH	416 OXFORD ST AUBURN MA 01501-1868	508-832-7777	

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 Carrie Girardin		102CG	Auburn Police Department		08/01/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date