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 Agency |
|---|---|---|---|---|---|---|---|---|
| 10/28/2026 | 1416 (24HR) | Auburn | 2 | 1 | 50 | | | Local Police |

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

## LOCATION

**AT INTERSECTION:**

Route# | Direction | Name of Roadway/Street: WASHINGTON ST

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:

## Vehicle 1

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

Crash Report ID#: 26-409-AC

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

Sex: M Lic. Class: D (19) (19) Lic. Restrictions: (20) CDL Endorsement:

Operator: RODRIGUEZ, ANDY MANUEL (Last, First, Middle)

Address: 7 HADWEN LN APT FL1

City: WORCESTER State: MA Zip: 01601

Insurance Company: OLD REPUBLIC INSURANCE CO

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 # W76548 Reg Type: CO Reg State: MA

Veh Year: 2021 Veh Make: RAM Veh Config.: 2 (21)

Owner: D L PETERSON TRUST (Last, First, Middle)

Address: 10200 GRAND CENTRAL AVE ST APT 400

City: OWINGS MILLS State: MD Zip: 21117-5675

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: 0 (26) (26)

Damaged Area Code: 3 (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* | See Above | [redacted] | [redacted] | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

## Vehicle 2

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: B (20) CDL Endorsement:

Operator: BLUNT, THOMAS M (Last, First, Middle)

Address: 47 WASHINGTON ST

City: AUBURN State: MA Zip: 01501-3000

Insurance Company: SAFETY INSURANCE COMPANY

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 # RUTLND Reg Type: PC Reg State: MA

Veh Year: 2019 Veh Make: NISSAN Veh Config.: 2 (21)

Owner: BLUNT, THOMAS M (Last, First, Middle)

Address: 47 WASHINGTON ST

City: AUBURN State: MA Zip: 01501-3000

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: 0 (26) (26)

Damaged Area Code: 1 (27) 2 (27) 8 (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? 1 (33)

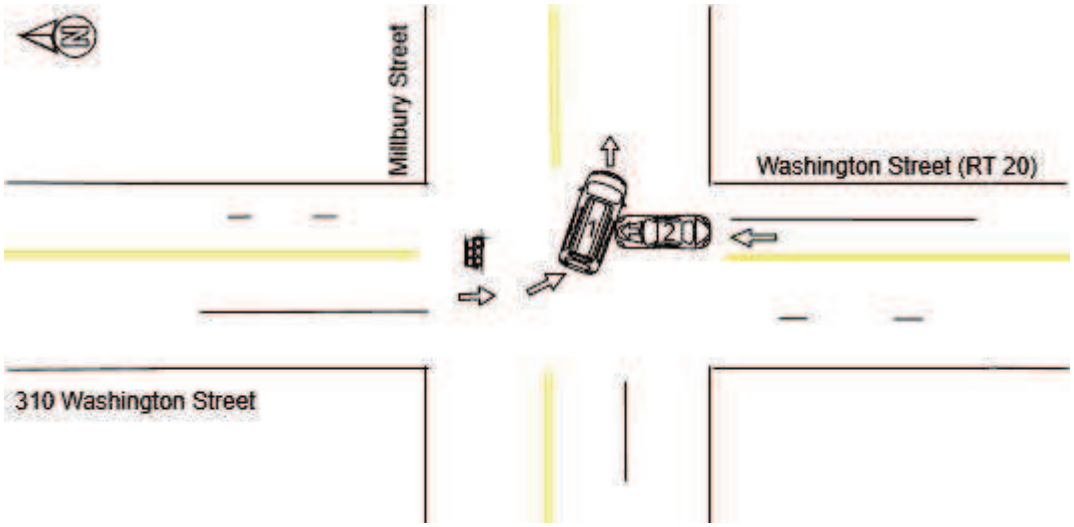
Please fill out for operator and all occupants involved

| 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 | 8 | 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 turning left onto Millbury Street, and Vehicle 2 was travelling eastbound on Washington Street (RT 20). V2 struck the right side of V1 as it was turning left onto Millbury Street. Both operators state that the light was green. Vehicle 1 has damage to the right side. Vehicle 2 has damage to the front end. V2's driver's side airbags deployed. Both operators were assessed by the Auburn Fire Department on scene. The operator of V2 reports minor injuries. V1 was driveable, and V2 was towed by Direnzo's Towing.

## 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 Jacques Durocher | | 104JD | Auburn Police Department | | 10/28/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |