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
07/08/2026	0855 (24HR)	Auburn	2	0	40			☒ Local Police

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

LOCATION

AT INTERSECTION:

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

At

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

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#: 26-260-AC

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

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

Operator: SULLIVAN, SEAN MICHAEL (Last, First, Middle)

Address: 15 SYCAMORE DR

City: RUTLAND State: MA Zip: 01543-1928

Insurance Company: SELF INSURED

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 # MP9096 Reg Type MVN Reg State MA

Veh Year 2016 Veh Make FORD Veh Config. (21) 1

Owner: WORCESTER CITY OF (Last, First, Middle)

Address: 911 LINCOLN SQ

City: WORCESTER State: MA Zip: 01608-1127

Vehicle Action Prior to Crash (22): 1

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

Driver Contributing Code (25): 1 | (25)

Driver Distracted by (26): 0 | (26)

Damaged Area Code (27): 7 | (27) | (27)

Test Status (28): 1

Type of Test (29):

BAC Test Result (30):

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

Towed from scene? (33): 2

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

Operator: BELLO, VERONICA A (Last, First, Middle)

Address: 126 KENDIG ST APT 2

City: WORCESTER State: MA Zip: 01610-3017

Insurance Company: PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N S E ☒ 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 # RONNIE Reg Type PAV Reg State MA

Veh Year 2001 Veh Make TOYOTA Veh Config. (21) 1

Owner: BELLO, VERONICA A (Last, First, Middle)

Address: 126 KENDIG ST APT 2

City: WORCESTER State: MA Zip: 01610-3017

Vehicle Action Prior to Crash (22): 4

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

Driver Contributing Code (25): 19 | (25)

Driver Distracted by (26): 99 | (26)

Damaged Area Code (27): 2 | (27) | (27)

Test Status (28): 1

Type of Test (29):

BAC Test Result (30):

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

Towed from scene? (33): 2

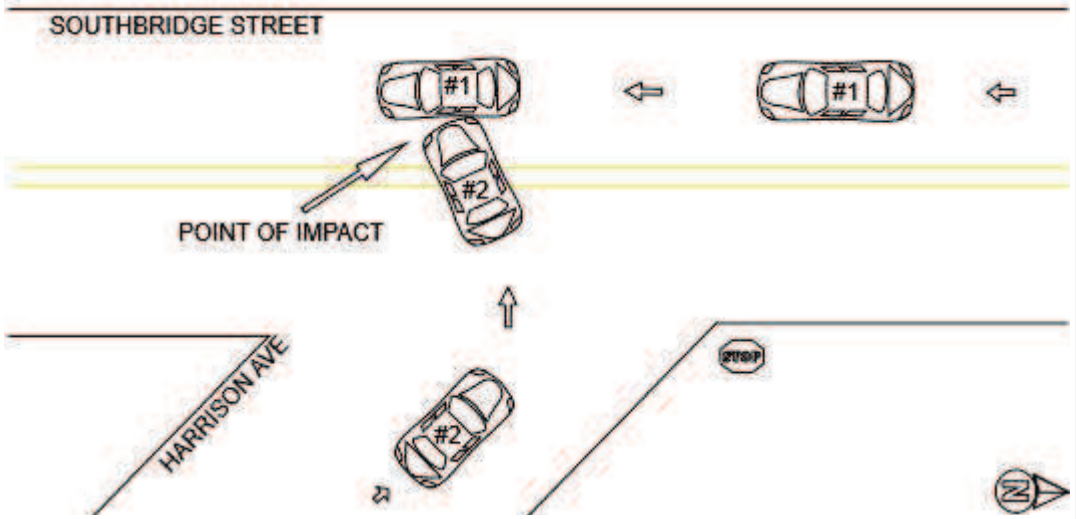
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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:

V#1 WAS TRAVELING SOUTHBOUND ON SOUTHBRIDGE STREET. V#2 WAS TURNING OFF OF HARRISON AVE ONTO SOUTHBRIDGE STREET. THE OPERATOR OF V#2 STATED THAT THEY PULLED OUT AND A VEHICLE WAS TRAVELING NORTHBOUND ON SOUTHBRIDGE STREET AND THEY TRIED TO AVOID THAT CAR AND COLLIDED WITH THE SIDE OF V#1. NO INJUIRES REPORTED AND NO VEHICLES WERE 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 Alex K Myers		89AM	Auburn Police Department		07/08/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date