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
09/03/2026	2207 (24HR)	Auburn	1	0	30		

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

14

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

21

Route# | Direction | Name of Intersecting Roadway/Street

10

Route# | Direction | Address # | Name of Roadway/Street

380 SOUTHBRIDGE ST

_____ Feet [N] [S] [E] [W] of — — — • — — or _____

Mile Marker | Exit Number

11

_____ Feet [N] [S] [E] [W] of Route# SWANSON RD Intersecting Roadway/Street

_____ Feet [N] [S] [E] [W] of

Landmark

3

Please Select One of the Following: ☒ **Vehicle** 1 #Occupants: 1 | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 26-344-AC

43

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

Sex M | Lic. Class D | 19 | 19 | Lic. Restrictions | 20 | CDL Endorsement

Operator SPAGNUOLO, GIONNI (Last, First, Middle)

Address 405 PLEASANT ST

City LEICESTER State MA Zip 01524-1221

Insurance Company THE COMMERCE INSURANCE CO

52

Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

61

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 6BM424 Reg Type PC Reg State MA

1 12

Veh Year 2003 Veh Make PONTIAC Veh Config. 1 | 21

Owner SPAGNUOLO, PASQUALE (Last, First, Middle)

Address 405 PLEASANT ST

City LEICESTER State MA Zip 01524-1221

Vehicle Action Prior to Crash: 3 | 22

Event Sequence: 4 | 23 | 23 | 23 | 23

Most Harmful Event: 4 | 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

4 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	99	4	0	0	10	1	NOT TRANSPORTED

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

72

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class | 19 | 19 | Lic. Restrictions | 20 | CDL Endorsement

Operator _____ (Last, First, Middle)

81

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N] [S] [E] [W] | Responding to Emergency? _____

92

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							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User

Type: 2 (VU1) | Action: 2 (VU2) | Location: 2 (VU3)

VU: [redacted] (Last / First / Middle)

Address: [redacted]

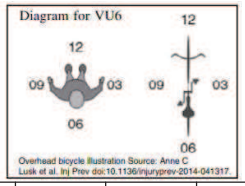
City: [redacted] State: [redacted] Zip: [redacted]

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

Traffic Control Device: 0 (VU4)

Origin/Destination: 99 (VU5)

Contact Point: 12 (VU6)



Primary Injury Area: 2 (VU7)

Event Sequence: 13 (VU8) | VU8 | VU8 | VU8

Contributing Code: 6 (VU9) | 15 (VU9)

Distracted by: 99 (VU10) | VU10

Test Status: 1 (VU11)

Type of Test: 0 (VU12)

BAC Test Result: 1 (VU13)

Susp. Alcohol: 2 (VU14)

Susp. Drug: 2 (VU15)

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	97	99	1	0	8	2	[redacted]

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: _____ (Last / First / Middle)

Address: _____

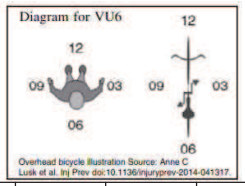
City: _____ State: _____ Zip: _____

License #: _____ St: _____ DOB/Age: _____

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: _____ (Last / First / Middle)

Address: _____

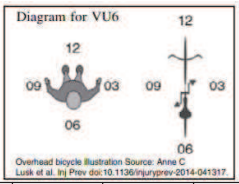
City: _____ State: _____ Zip: _____

License #: _____ St: _____ DOB/Age: _____

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

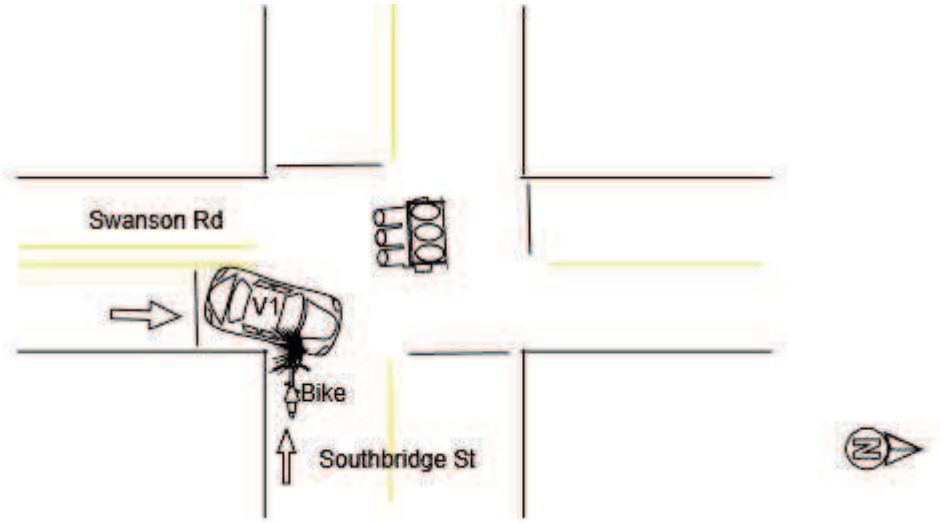
Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

= 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 stopped at the traffic light, then began turning right from Swanson Road onto Southbridge St when the operator of the bicycle was traveling at a high rate of speed in opposing lanes of travel and collided with the side of the car causing damage.The bicycle came to rest on the sidewalk after the collision. The operator of the bicycle was transported from the scene.

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 Patrick Montague		99PM	Auburn Police Department		09/03/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date