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
07/22/2026	1728 (24HR)	Auburn	2	0	45			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 15 Address # | SOUTHBRIDGE ST 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

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

Crash Report ID# 26-283-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator WAACK, CONNIE LEON (Last First Middle)
Address 159 DENNISON LN
City SOUTHBRIDGE State MA Zip 01550-2125
Insurance Company GOVERNMENT EMPLOYEES INSU
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 # 4PCN66 Reg Type PC Reg State MA
Veh Year 2016 Veh Make HYUNDAI Veh Config. 10
Owner WAACK, CONNIE LEON (Last First Middle)
Address 159 DENNISON LN
City SOUTHBRIDGE State MA Zip 01550-2125
Vehicle Action Prior to Crash 4
Event Sequence 1
Most Harmful Event 1
Driver Contributing Code 99
Driver Distracted by 99
Damaged Area Code: 3 (27 27 27)
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 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	☒	☒	1	1	4	0	0	10	1	

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

License # St DOB/Age
Sex Lic. Class Lic. Restrictions CDL Endorsement
Operator unknown (Last First Middle)
Address
City State Zip
Insurance Company
Vehicle Travel Direction: ☒ 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 # 5WDB54 Reg Type PC Reg State MA
Veh Year 2012 Veh Make SUBARU Veh Config. 2
Owner BROOKS, DAVID GLEN (Last First Middle)
Address 23 LAKE ST APT 2
City SOMERVILLE State MA Zip 02143-3074
Vehicle Action Prior to Crash 1
Event Sequence 1
Most Harmful Event 1
Driver Contributing Code 99
Driver Distracted by 99
Damaged Area Code: 99 (27 27 27)
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

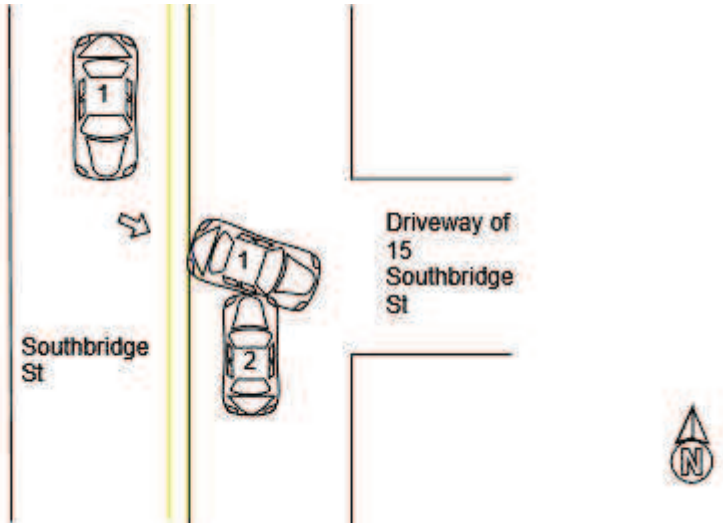
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	☒	☒	1	99	99	99	99	99	1	

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:

Vehicle 1 was traveling South on Southbridge St and attempting to turn left into the driveway of 15 Southbridge St. Vehicle 2 was traveling North on Southbridge St when it collided with V1. The operator of V2 obtained the insurance information from V1 and left the scene prior to giving their information to the operator of V1

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 Matthew Rodwill		84MR	Auburn Police Department		07/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date