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	
08/10/2026	0729 24HR	Auburn	2	0	40			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 | Address # | Name of Roadway/Street: 717 SOUTHBRIDGE ST

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#: 26-307-AC

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

Sex: F Lic. Class: D 19 19 Lic. Restrictions: B 20 CDL Endorsement

Operator: BLAIS, CYNTHIA MARIE (Last, First, Middle)

Address: 2 PITCAIRN AVE

City: LEICESTER State: MA Zip: 01524-1214

Insurance Company: PLYMOUTH ROCK ASSURANCE C

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 # 431JG0 Reg Type: PC Reg State: MA

Veh Year: 2016 Veh Make: TOYOTA Veh Config: 1 21

Owner: BLAIS, CYNTHIA MARIE (Last, First, Middle)

Address: 2 PITCAIRN AVE

City: LEICESTER State: MA Zip: 01524-1214

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: 4 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? 99 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: F Lic. Class: D 19 19 Lic. Restrictions: B 20 CDL Endorsement

Operator: MARDIROSIAN, SHELBY ELIZABETH (Last, First, Middle)

Address: 152 CENTER DEPOT RD

City: CHARLTON State: MA Zip: 01507-1214

Insurance Company: PREFERRED MUTUAL INSURANC

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 # 4HCK21 Reg Type: PC Reg State: MA

Veh Year: 2018 Veh Make: TOYOTA Veh Config: 1 21

Owner: MARDIROSIAN, SHELBY ELIZABETH (Last, First, Middle)

Address: 152 CENTER DEPOT RD

City: CHARLTON State: MA Zip: 01507-1214

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 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

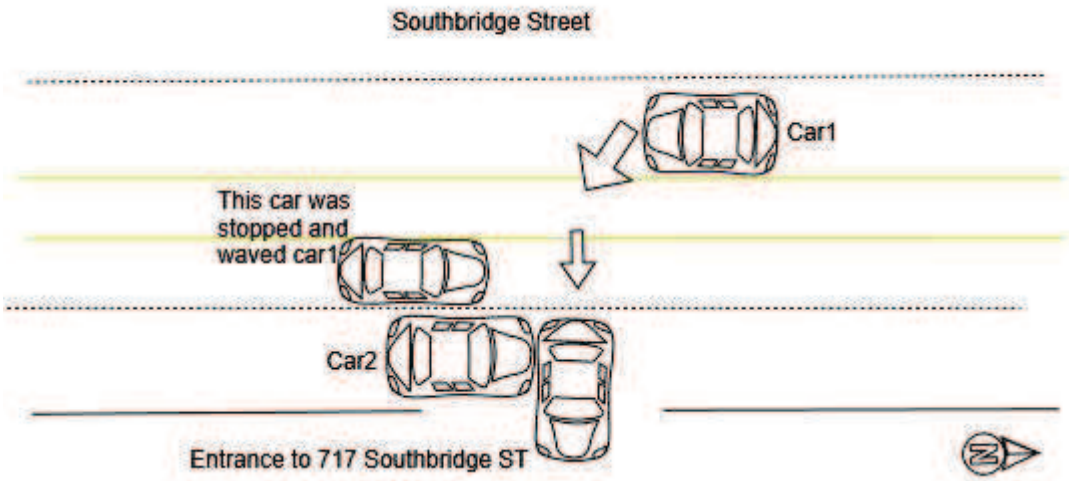
Please fill out for operator and all occupants involved

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/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... Arrow

Crash Narrative:

Car1 was waiting to turn left into 717 Southbridge Street. The vehicle in the left lane of the northbound lane waved car1 to go. Car1 inched into the right northbound travel lane and car2 was traveling north in the right lane. Car2 struck Car1's rear passenger tire. Car2 had damage to the front and Car1 right rear tire had damage. No airbag deployement and neither operator were injured.

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 Grace Griffin		98GG	Auburn Police Department		08/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date