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
10/30/2026	0904 (24HR)	Auburn	2	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street: _____
At
Route# | Direction | Name of Intersecting Roadway/Street: _____

2 1 — Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street: _____

2 10 — Route# | Direction | Address # 318 | Name of Roadway/Street: PAKACHOAG ST

_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number: _____

3 11 — _____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street: _____

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

3 2 — **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 26-414-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____
Operator SMITH, ZACHARY D (Last, First, Middle)
4 1 — Address 376 PAKACHOAG ST
City AUBURN State MA Zip 01501-2425
Insurance Company PLYMOUTH ROCK ASSURANCE C
5 — Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2
Citation # (If Issued) _____
6 1 — Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 4945PI Reg Type PC Reg State MA
Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21
Owner SMITH, ZACHARY D (Last, First, Middle)
Address 376 PAKACHOAG ST
City AUBURN State MA Zip 01501-2425
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: 2 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? 1 33
1 12 — 1 13

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	1	0	0	10	1	

7 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 1 20 CDL Endorsement _____
Operator KONAH, ESTHER MC GILL (Last, First, Middle)
8 1 — Address 35 GARDNER ST APT 1
City WORCESTER State MA Zip 01610-2579
Insurance Company PROGRESSIVE DIRECT INSURA
Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2
9 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 # 5RPP75 Reg Type PC Reg State MA
Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21
Owner KONAH, ESTHER MC GILL (Last, First, Middle)
Address 35 GARDNER ST APT 1
City WORCESTER State MA Zip 01610-2579
Vehicle Action Prior to Crash 4 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 4 25 3 25
Driver Distracted by 0 26 26
Damaged Area Code: 2 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? 1 33
1 14

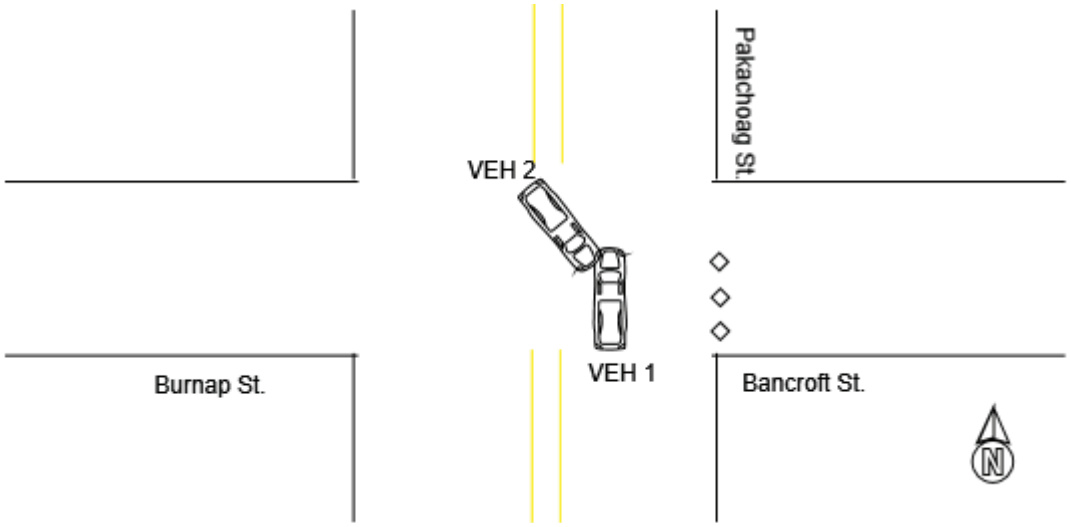
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	1	0	0	8	2	[redacted]

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 NORTHBOUND ON PAKACHOAG ST(A PUBLIC WAY IN THE TOWN OF AUBURN). VEHICLE 2 WAS TRAVELING SOUTHBOUND ON PAKACHOAG ST. AS VEHICLE 2 ATTEMPTED TO MAKE A LEFT HAND TURN ONTO BANCROFT ST, VEHICLE 1 CONTINUED TRAVELING NORTHBOUND. AS THESE EVENTS TRANSPIRED, VEHICLE 2 AND VEHICLE 1 COLLIDED. IT SHOULD BE NOTED, AT THE TIME OF THE CRASH BANCROFT ST WAS CLOSED DUE TO CONSTRUCTION(NUMEROUS CONES WERE PRESENT BLOCKING THE STREET). BOTH VEHICLES WERE TOWED BY DIRENZO'S. THE OPERATOR IN VEHICLE 2 WAS TRANSPORTED [redacted].

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 Nathan Lewos		103NL	Auburn Police Department		10/30/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date