Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Police Use Only						RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit _____	State Police ☐
02/15/2026	1054 24HR	Auburn	2	0	Latitude _____ Longitude _____	Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: _____

< LOCATION >

AT INTERSECTION: | **NOT AT INTERSECTION:**

1 [1]

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # **780** Name of Roadway/Street **WASHINGTON ST** [2] [10]

At

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with

_____ Feet [N S E W] of _____ [2] [11]
_____ Feet [N S E W] of _____
Route# / Intersecting Roadway/Street

2 [1] Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Landmark

3

Please Select One of the Following: ☒ Vehicle 1 __**1**__ #Occupants ☐ Hit/Run ☐ Moped   **Crash Report ID# 26-75-AC**

License # **S65279180** St **MA** DOB/Age **09/20/1967**   Reg # **3275LD** Reg Type **PAN** Reg State **MA** **1** [12]

Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions **1** [20] CDL Endorsement ___   Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1** [21]

4 [3] Operator **CHOINIERE, ROBERT LAWRENCE** (Last First Middle)   Owner **CHOINIERE, ROBERT LAWRENCE** (Last First Middle)

Address **107 JON CIR**   Address **107 JON CIR**

City **WHITINSVILLE** State **MA** Zip **01588-1253**   City **WHITINSVILLE** State **MA** Zip **01588-1253**

Insurance Company **ARBELLA MUTUAL INSURANCE**

	Value	Code
Vehicle Action Prior to Crash [22]	1	
Event Sequence [23]	1 23 23 23	
Most Harmful Event [24]	1	
Driver Contributing Code [25]	20 25	
Driver Distracted by [26]	5 26	

Damaged Area Code [27]:	1 27 27	
Test Status [28]:	1	
Type of Test [29]:	0	
BAC Test Result [30]:	1	
Susp. Alcohol [31]:	2	Susp. Drug [32]: 2
Towed from scene? [33]	2	

[13] **1**

5 [1] Vehicle Travel Direction: [N S E ☒W]   Responding to Emergency? **2**

Citation # (If Issued) _____

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

6 [1] Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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	1	0	0	10	0	

7 [1]

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

License # **S10799057** St **MA** DOB/Age **03/22/1972**   Reg # **4SG822** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions **1** [20] CDL Endorsement ___   Veh Year **2015** Veh Make **JEEP** Veh Config. **1** [21]

8 [1] Operator **GADBOIS, ROBERT GERALD** (Last First Middle)   Owner **GADBOIS, ROBERT GERALD** (Last First Middle)

Address **126 PAKACHOAG ST**   Address **126 PAKACHOAG ST**

City **AUBURN** State **MA** Zip **01501-3128**   City **AUBURN** State **MA** Zip **01501-3128** [14] **1**

Insurance Company **THE COMMERCE INSURANCE CO**

	Value	Code
Vehicle Action Prior to Crash [22]	2	
Event Sequence [23]	1 23 23 23	
Most Harmful Event [24]	1	
Driver Contributing Code [25]	1 25	
Driver Distracted by [26]	0 26	

Damaged Area Code [27]:	5 27 27	
Test Status [28]:	1	
Type of Test [29]:	0	
BAC Test Result [30]:	1	
Susp. Alcohol [31]:	2	Susp. Drug [32]: 2
Towed from scene? [33]	2	

9 [2] Vehicle Travel Direction: [N 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 _____

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	1	4	0	0	10	0	

Form No. 10364 CRA-65 08/23

Crash Diagram:

ie: ➞ | 1 | ➞ | 2 | ➞ ⚥ ➞ 🚲

Washington ST

car1   car2

N

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North Arrow

↓

Crash Narrative:

Both cars were heading westbound on washington st. Car2 was slowed in traffic. Car1 was taking a sip of water when he looked up the car was slowing down infront of him. Car1 airbag deployed.

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		02/15/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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