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
10/26/2026	0641 (24HR)	Auburn	2	1	35			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: 416 | | OXFORD STREET NO

_____ 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# 26-406-AC

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

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

Operator TEDOE, BARRIE SOCRATES (Last, First, Middle)

Address 169 BELMONT ST

City WORCESTER | State MA | Zip 01601

Insurance Company TRUMBULL INSURANCE COMPAN

Vehicle Travel Direction: N S [X] 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 # 5GZR64 | Reg Type PC | Reg State MA

Veh Year 2012 | Veh Make CHEVROLET | Veh Config. 1

Owner TEDOE, BARRIE SOCRATES (Last, First, Middle)

Address 169 BELMONT ST

City WORCESTER | State MA | Zip 01601

Vehicle Action Prior to Crash: 6

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 99

Damaged Area Code: 1

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 1

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	[X]	[X]	1	1	4	0	0	8	2	[redacted]

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 | Lic. Restrictions | CDL Endorsement

Operator GOODRICH, NICOLE ELIZABETH (Last, First, Middle)

Address 9 COLONIAL RD

City AUBURN | State MA | Zip 01501-2131

Insurance Company SAFETY

Vehicle Travel Direction: N [X] 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 # 56SJ72 | Reg Type PC | Reg State MA

Veh Year 2023 | Veh Make BUICKS | Veh Config. 1

Owner GOODRICH, NICOLE ELIZABETH (Last, First, Middle)

Address 9 COLONIAL RD

City AUBURN | State MA | Zip 01501-2131

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 3

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 1

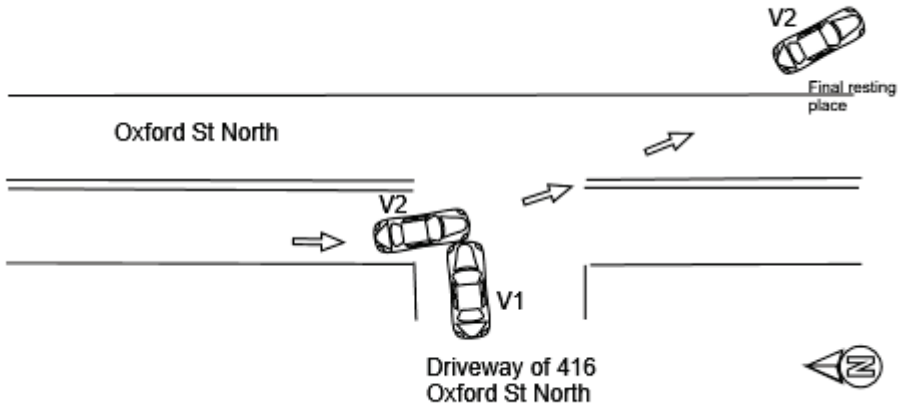
Please fill out for operator and all occupants involved

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	[X]	[X]	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[illegible] Arrow

Crash Narrative:

V1 was exiting the driveway of 416 Oxford Street North when it failed to yield to V2, which was traveling straight on Oxford Street. In addition to both vehicles, minor grass damage to the side of the roadway.

416 Oxford St N. is the Auburn Police Dept. Surveillance video from the incident would later show: V1 exiting the driveway towards the incorrect side (left side), limiting his ability for a clear line of sight of Oxford Street North. He would also never stop while entering onto Oxford St. N. and he drove directly into the path of V2, causing the collision.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN	CENTRAL ST AUBURN MA		3	GRASS

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 Laskes		72ML	Auburn Police Department		10/26/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date