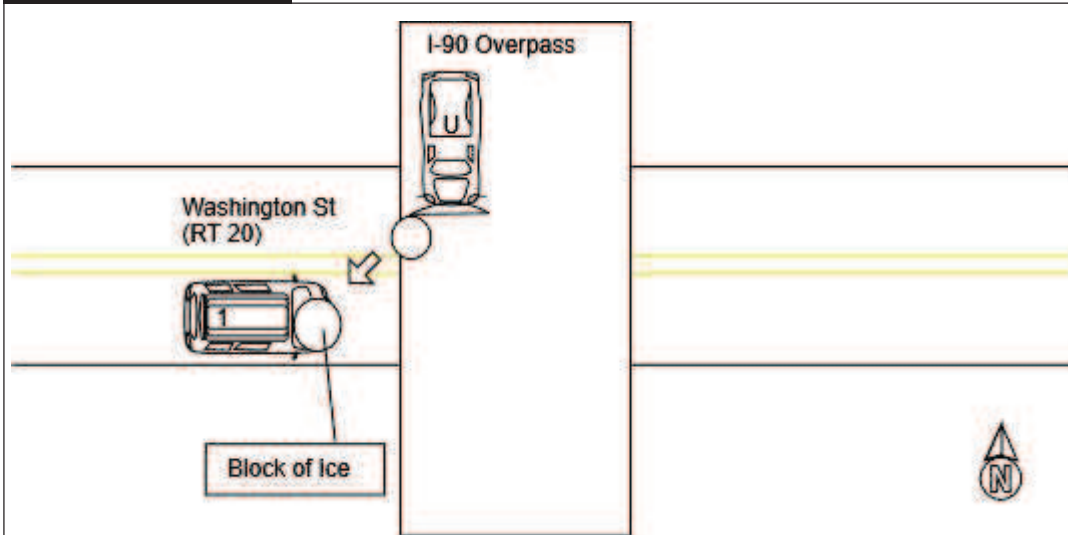


Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 02/07/2026		Time of Crash 1518 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>4 WESTEC DR</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								<div>10</div>	
														<div>11</div>	
														<div>6</div>	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-62-AC							
License # S18216072 St MA DOB/Age 07/21/1986						Reg # 5JBV87 Reg Type PC Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make NISSAN Veh Config. 1 21									
Operator ARNOLD, SUSAN LYN Last First Middle						Owner BORK, MICHAEL CHRISTOPHER Last First Middle									
Address 83 PLEASANT ST						Address 25 FOWLER RD APT A									
City GRAFTON State MA Zip 01519-1016						City NORTHBRIDGE State MA Zip 01534-0000									
Insurance Company USAA GENERAL INDEMNITY CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 97 27 27 27			
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 10 23 23 23 23						Test Status: 1 28			
Citation # (If Issued)						Most Harmful Event 10 24						Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32			
						Towed from scene? 2 33						10 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		X		X	1	1	4	0	0	10	1		
MICHAEL BORK		25 FOWLER RD NORTHBRIDGE, MA 01534-0000		01/06/1971		M	3	1	4	0	0	10	1		
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age						Reg # Reg Type Reg State									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21									
Operator Last First Middle						Owner Last First Middle									
Address						Address									
City State Zip						City State Zip									
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28			
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32			
						Towed from scene? 33						4 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		X		X	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

↑ Arrow

Crash Narrative:

Vehicle 1 was traveling East on RT 20 going under the I-90 Overpass. A DOT plow truck on I-90 was plowing the interstate when a chunk of ice from the overpass was pushed off of the highway and collided with the windshield 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

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/07/2026

Date