

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash <b>02/07/2026</b>	Time of Crash <b>1518</b> 24HR	City/Town <b>Auburn</b>	Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>50</b>	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1

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

2 10

Route#	Direction	Address #	Name of Roadway/Street
Feet	N S E W	•	or
Feet	N S E W	Mile Marker	Exit Number
Feet	N S E W	Route#	Intersecting Roadway/Street
		Landmark	

6 11

3

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>12</b> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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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 \_\_\_\_\_ EndorsementVeh Year **2023** Veh Make **NISSAN** Veh Config. **1** 21Operator **ARNOLD, SUSAN LYN** Last **ARNOLD** First **SUSAN** Middle **LYN**Owner **BORK, MICHAEL CHRISTOPHER** Last **BORK** First **MICHAEL** Middle **CHRISTOPHER**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**Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_

Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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**

See Above

**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:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ EndorsementVeh 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? \_\_\_\_\_Test Status: **28**

Citation # (If Issued) \_\_\_\_\_

Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Susp. Alcohol: **31** Susp. Drug: **32**Towed from scene? **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**

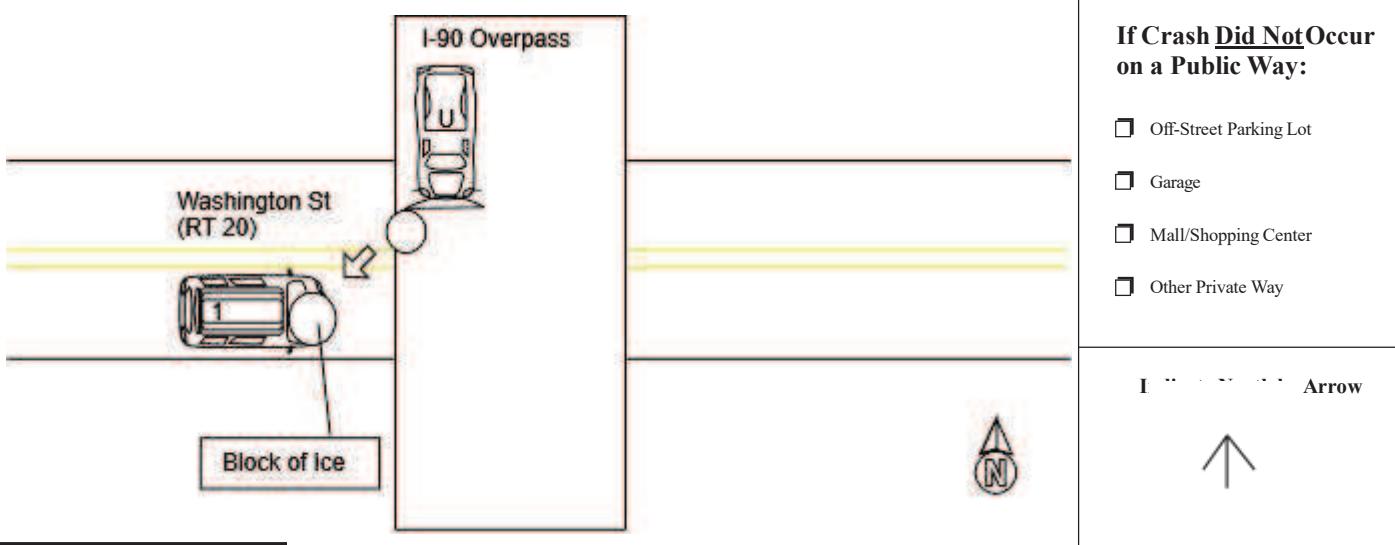
See Above

**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-90 Overpass 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