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	
10/29/2026	0955 24HR	Auburn	2	0	30			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 | 380 Address # | SOUTHBRIDGE ST Name of Roadway/Street

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# 26-411-AC

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

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator ZAUTNER, KERI ELIZABETH (Last, First, Middle)

Address 1 FANEUFF ST

City AUBURN | State MA | Zip 01501-1914

Insurance Company THE COMMERCE INSURANCE CO

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

Reg # 918CS7 | Reg Type PAN | Reg State MA

Veh Year 2014 | Veh Make FORD | Veh Config. 1

Owner ZAUTNER, KERI ELIZABETH (Last, First, Middle)

Address 1 FANEUFF ST

City AUBURN | State MA | Zip 01501-1914

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 6

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

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 M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator HUMPHRIES, BRUCE PAUL (Last, First, Middle)

Address 12 HERITAGE DR

City OXFORD | State MA | Zip 01540-1762

Insurance Company THE STANDARD FIRE INSURAN

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

Reg # 1ADP40 | Reg Type PAN | Reg State MA

Veh Year 2013 | Veh Make CHEVROLET | Veh Config. 1

Owner HUMPHRIES, BRUCE PAUL (Last, First, Middle)

Address 12 HERITAGE DR

City OXFORD | State MA | Zip 01540-1762

Vehicle Action Prior to Crash: 6

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 0

Damaged Area Code: 1

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

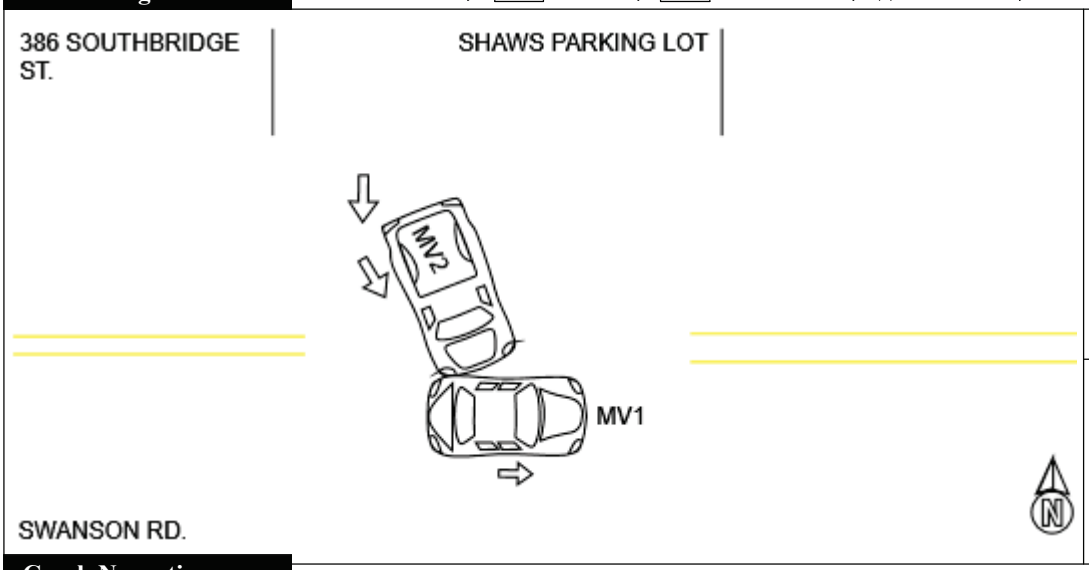
Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	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:

MV1 was traveling eastbound on Swanson Rd. (a public way). Mv2 was exiting the Shaw's parking lot located on 386 Southbridge St. Mv2 entered Swanson Rd. and collided with Mv1's left rear. No one was injured, both vehicle's were drivable.

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		10/29/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date