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
07/19/2026	1444 (24HR)	Auburn	2	0	30		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 50 | | PINEHURST AVE
Feet [N S E W] of — — — • — — Mile Marker or Exit Number

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

3 — **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 26-274-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator TAKI, SAM W (Last, First, Middle)
4 1 — Address 50 PINEHURST AVE
City AUBURN State MA Zip 01501-1231
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2
5 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub
6 1

Reg # 4ZBZ22 Reg Type PC Reg State MA
Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21
Owner TAKI, SAM W (Last, First, Middle)
Address 50 PINEHURST AVE
City AUBURN State MA Zip 01501-1231
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 6 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33
1 12 — 1 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	[redacted]	[redacted]	1	1	4	0	0	10	1	

7 1 — **Please Select One of the Following:** ☒ **Vehicle 2** 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | ☐ **Vulnerable User** Complete the Vulnerable User section.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator SHAW, DYLAN THOMAS (Last, First, Middle)
8 2 — Address 304 SLATER HILL RD
City DAYVILLE State CT Zip 06241
Insurance Company Progressive Casualty Insu
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2
9 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 # 893XTX Reg Type PAN Reg State CT
Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21
Owner SHAW, PAMELA JEANNE (Last, First, Middle)
Address 304 SLATER HILL RD
City DAYVILLE State CT Zip 06241-1820
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 19 25 25
Driver Distracted by 99 26 26
Damaged Area Code: 2 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33
1 14

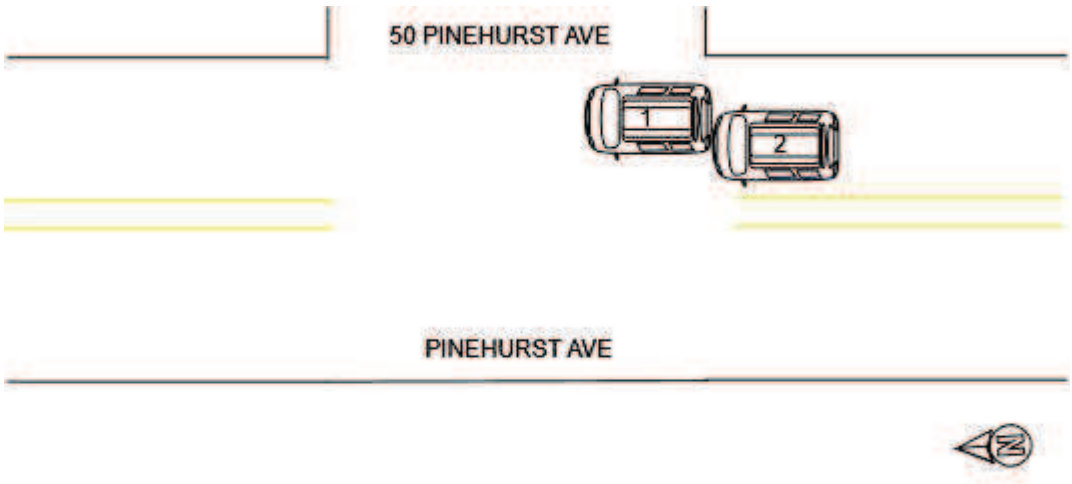
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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:

VEHICLES ONE AND TWO WERE TRAVELING DOWN PINEHURST AVE. VEHICLE ONE SLOWED TO PULL INTO THEIR DRIVEWAY AT #50. DURING THIS TIME, VEHICLE ONE WAS STRUCK BY VEHICLE TWO. THE OPERATOR OF VEHICLE ONE STATED THAT THEY DID HAVE THEIR BLINKER ON, INDICATING THEIR INTENTION TO TURN RIGHT.

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 Brandyn J Geldart		86BG	Auburn Police Department		07/19/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date