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
10/27/2026	0005 24HR	Auburn	1	0	30		

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

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

14 — Route# | Direction | Name of Roadway/Street: _____
At
Route# | Direction | Name of Intersecting Roadway/Street: _____
Also at Intersection with
21 — Route# | Direction | Name of Intersecting Roadway/Street: _____

10 — Route# | Direction | Address # | Name of Roadway/Street: 61 | | STONE ST
_____ Feet [N S E W] of — — — • — — Mile Marker or _____ Exit Number
11 — _____ 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 #Occupants: 1 | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 26-407-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]
Sex [redacted] Lic. Class [redacted] (19) (19) Lic. Restrictions [redacted] (20) CDL Endorsement
Operator [redacted] (Last First Middle)
41 — Address [redacted]
City [redacted] State [redacted] Zip [redacted]
Insurance Company: THE COMMERCE INSURANCE CO
Vehicle Travel Direction: [N 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 _____
61 — Please fill out for operator and all occupants involved

Reg # 987YG2 Reg Type PC Reg State MA
Veh Year 2017 Veh Make GMC Veh Config. 1 (21)
7 — 12
Owner KENNEDY, ELIZABETH TAFT (Last First Middle)
Address 10 STONE ST APT 2
City AUBURN State MA Zip 01501-2735
Vehicle Action Prior to Crash (22): 1
Event Sequence (23): 22 23 23 23
Most Harmful Event (24): 22
Driver Contributing Code (25): 9 25
Driver Distracted by (26): 7 26
Damaged Area Code (27): 2 97 27 27
Test Status (28): 1
Type of Test (29): 0
BAC Test Result (30): 1
Susp. Alcohol (31): 2 Susp. Drug (32): 2
Towed from scene? (33): 1
13 — 22

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	

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

Vehicle 2

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class _____ (19) (19) Lic. Restrictions (20) CDL Endorsement
Operator _____ (Last First Middle)
82 — Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____
92 — Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
71 — Please fill out for operator and all occupants involved

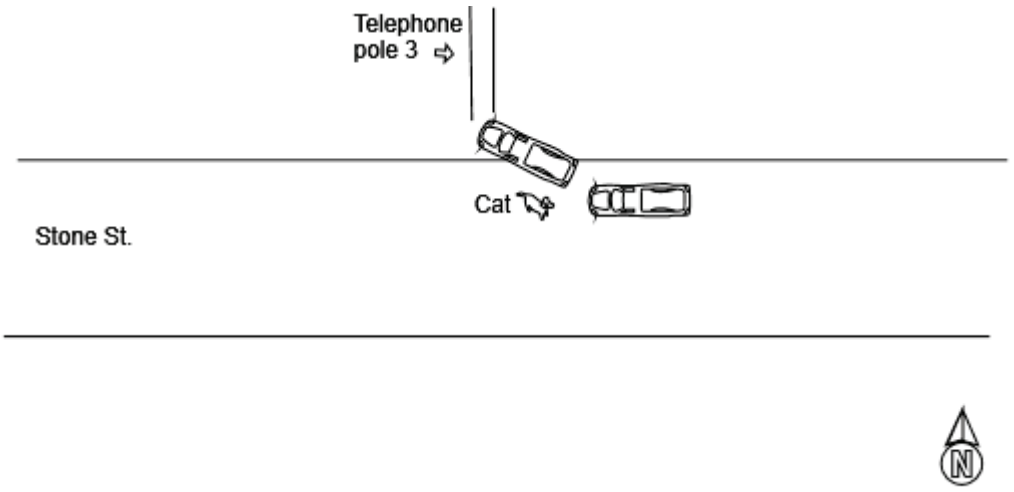
Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. (21)
Owner _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash (22)
Event Sequence (23)
Most Harmful Event (24)
Driver Contributing Code (25)
Driver Distracted by (26)
Damaged Area Code (27)
Test Status (28)
Type of Test (29)
BAC Test Result (30)
Susp. Alcohol (31) Susp. Drug (32)
Towed from scene? (33)
10 — 14

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							

= 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:

Vehicle 1 was traveling westbound on Stone st. Operator stated a cat ran across the road causing her to swerve, lose control and strike telephone pole #3. No injuries were reported. vehicle 1 sustained damage to its front passenger side bumper, mirror and tire. NATIONAL GRID arrived to the scene and advised me there was no damage to the pole or wires.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	SOUTHBRIDGE WORCESTER MA 01601		4	UTILITY WIRES POLE #3

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 Bryan A Porcaro		69BP	Auburn Police Department		10/27/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date