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	Police Type
09/11/2026	1132 (24HR)	Auburn	2	0	40			Local Police

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: HAMPTON ST

At

Route# | Direction | Name of Intersecting Roadway/Street: SOUTHBRIDGE ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

Route# | Direction | Address # | 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# 26-352-AC

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D 19 / M 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 2SHP41 Reg Type PC Reg State MA

Veh Year 2019 Veh Make BMW Veh Config. 2 21

Operator BEDI, ABHAYJIT SINGH (Last, First, Middle)

Address 142 SAINT BOTOLPH ST APT 3

City BOSTON State MA Zip 02115-5209

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N ☒ 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

Owner BEDI DENTAL GROUP LLC (Last, First, Middle)

Address 2 BEVERLY DR ST APT 2

City STERLING State MA Zip 01564-2150

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 / 23 / 23 / 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 / 25

Driver Distracted by 99 26 / 26

Damaged Area Code: 2 27 / 27 / 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 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	[redacted]	[redacted]	1	99	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 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # N91248 Reg Type CO Reg State MA

Veh Year 2017 Veh Make International Veh Config. 13 21

Operator GONZALEZ, ANTONIO (Last, First, Middle)

Address 226 DRESSER ST

City SOUTHBRIDGE State MA Zip 01550-4002

Insurance Company NUTMEG INSURANCE COMPANY

Vehicle Travel Direction: N ☒ 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

Owner APPLE TRAILER RENTAL CORP (Last, First, Middle)

Address 510 WASHINGTON ST

City AUBURN State MA Zip 01501-2704

Vehicle Action Prior to Crash 1 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: 7 27 / 27 / 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

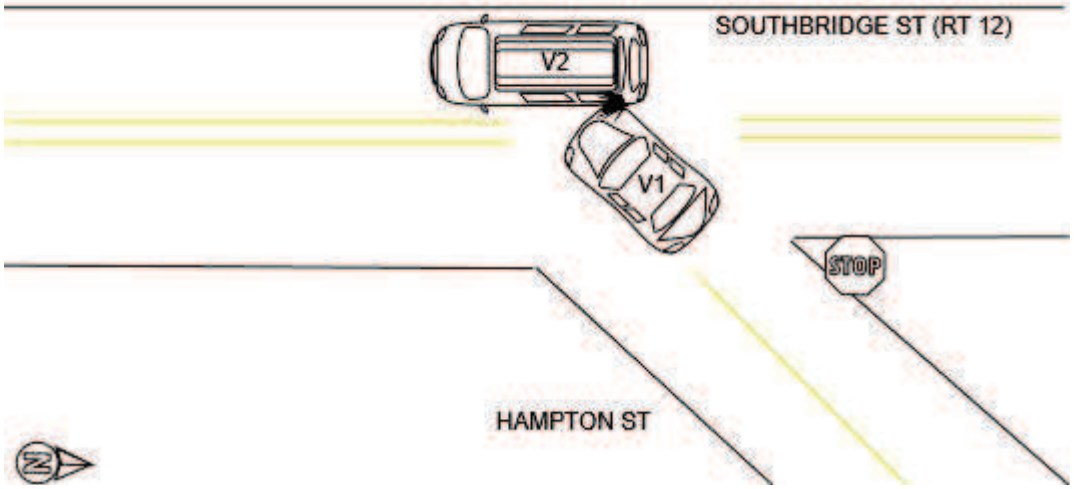
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

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:

VEHICLE 2 WAS TRAVELING STRAIGHT AHEAD ON SOUTHBRIDGE ST (RT 12) GOING SOUTHBOUND WHILE VEHICLE 1 WAS ATTEMPTING TO TURN LEFT ONTO SOUTHBRIDGE ST FROM HAMPTON ST (BOTH ARE PUBLIC WAYS IN THE TOWN OF AUBURN). V1 PULLED OUT INTO ONCOMING TRAFFIC AND FIRST STRUCK THE LEFT REAR TIRE OF V2 AND THEN THE BUMPER. V1 SUSTAINED DAMAGE DUE TO THE COLLISION. VEHICLE 1 WAS TOWED BY DIRENZO'S TOWING AND THERE ARE NO INJURIES TO REPORT.

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 Carrie Girardin		102CG	Auburn Police Department		09/11/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date