

Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 08/03/2026		Time of Crash 1041 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT 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						Route# Direction Address # Name of Roadway/Street 206 AUBURN ST Feet N S E W of or Mile Marker Exit Number Feet N S E W of OXFORD STREET NO Feet N S E W of Intersecting Roadway/Street Landmark																	
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-299-AC															
License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FIGUEROA, JULINETTE Address 118 NEWBURY ST City FRAMINGHAM State MA Zip 01701-4536 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: ☒ 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 # 5CHC67 Reg Type PC Reg State MA Veh Year 2021 Veh Make JEEP Veh Config. 1 21 Owner TORRES, JEANETTE Address 118 NEWBURY ST City FRAMINGHAM State MA Zip 01701-4536 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 19 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 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		See Above		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # St. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LAURENCE, PAUL GERARD Address 3B JOHN WILLIAM DR City AUBURN State MA Zip 01501-1252 Insurance Company GOVERNMENT EMPLOYEES INSU 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						Reg # 36BE86 Reg Type PAN Reg State MA Veh Year 2016 Veh Make JEEP Veh Config. 1 21 Owner LAURENCE, PAUL GERARD Address 3B JOHN WILLIAM DR City AUBURN State MA Zip 01501-1252 Vehicle Action Prior to Crash 4 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: 8 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																	
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Operator/Occupants		See Above		X		X		1		1		4		0		0		10		1			

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

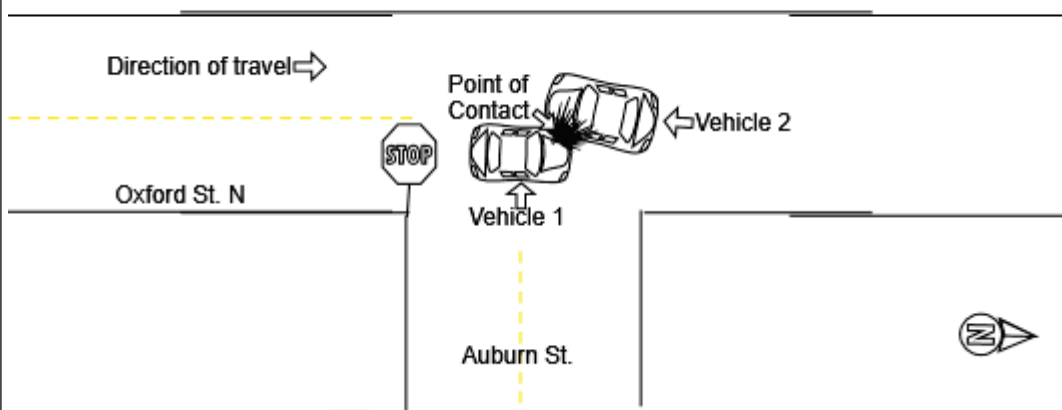
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate Direction of Travel with Arrow



Crash Narrative:

On August 8, 2026, I responded to a motor vehicle accident that occurred in the area of Oxford St. N and Auburn St. (public ways in the Town of Auburn).

I spoke with the operator of vehicle 1, She stated she did not stop in time at the stop sign and due to weather conditions her vehicle slide through the intersection, colliding with vehicle 2.

I spoke with the operator of vehicle 2, He stated he was attempting to make a left hand turn from Oxford St. N onto Auburn St. when Vehicle 1 struck his vehicle.

No injuries on scene and no one was transported to the hospital.

Vehicle 2 was towed from the scene.

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 Rattray

Police Officer Name (Please Print)

Signature

95MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/03/2026

Date