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
08/27/2026	1421 (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 | Address # | Name of Roadway/Street: — | — | 310 | WASHINGTON ST

_____ 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# 26-332-AC

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

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

Operator LEMIRE-RAMOS, FELICIA L (Last, First, Middle)

Address 284 HARTFORD AVE APT 1012

City BELLINGHAM | State MA | Zip 02019-3000

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N S [X] 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 # 2WFJ77 | Reg Type PC | Reg State MA

Veh Year 2020 | Veh Make HYUNDAI | Veh Config. 1

Owner LEMIRE-RAMOS, FELICIA L (Last, First, Middle)

Address 284 HARTFORD AVE APT 1012

City BELLINGHAM | State MA | Zip 02019-3000

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 3

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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	

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 SCOTTI, RICHARD J (Last, First, Middle)

Address 265 COMMUNICATION WAY APT 445

City HYANNIS | State MA | Zip 02601-1972

Insurance Company REPUBLIC-FRANKLIN INSURAN

Vehicle Travel Direction: N [X] 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 # 558K | Reg Type DLN | Reg State MA

Veh Year 2026 | Veh Make MAZDA | Veh Config. 1

Owner PATRICK MAZDA (Last, First, Middle)

Address 189 WASHINGTON ST

City AUBURN | State MA | Zip 01501-3033

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 8

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

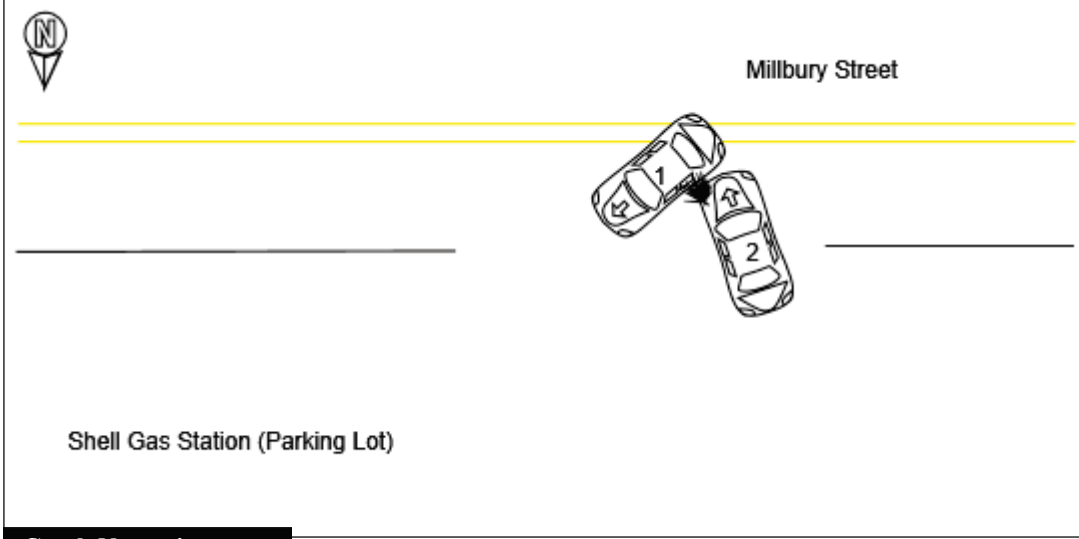
Towed from scene? 2

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	

= 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 east on Millbury Street and turning left into the Shell parking lot. Vehicle 2 was exiting the parking lot and turning left onto Millbury Street. Vehicle 2 subsequently struck the rear driver side passenger door. Vehicle 1 had damage to the rear driver side passenger door, and Vehicle 2 had damage to the driver side front bumper and grill. Both vehicles were driveable, and no vehicle 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 Jacques Durocher		104JD	Auburn Police Department		08/27/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date