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 | |
|---|---|---|---|---|---|---|---|---|
| 07/25/2026 | 0236 (24HR) | Auburn | 1 | 1 | 40 | | | 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: 826 SOUTHBRIDGE 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#: 26-289-AC

## Vehicle 1

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

Sex: M Lic. Class: D Lic. Restrictions: 1 CDL Endorsement:

Operator: RODRIGUES, JACE MIKEL (Last, First, Middle)

Address: 32 FORESTWOOD DR

City: SMITHFIELD State: RI Zip: 02917

Insurance Company: NATIONWIDE GENERAL INS

Vehicle Travel Direction: [N S E W] Responding to Emergency? 2

Citation # (If Issued): 424888AE

Viol. 1: Ch/Sec/Sub: 90 24 Viol. 2: Ch/Sec/Sub: 90 24

Viol. 3: Ch/Sec/Sub: 89 4A Viol. 4: Ch/Sec/Sub: _____

Reg # 108827 Reg Type: PAS Reg State: RI

Veh Year: 2015 Veh Make: TOYOTA Veh Config: 2

Owner: RODRIGUES, JACE MIKEL (Last, First, Middle)

Address: 32 FORESTWOOD DR

City: SMITHFIELD State: RI Zip: 02917

Vehicle Action Prior to Crash: 1

Event Sequence: 24

Most Harmful Event: 24

Driver Contributing Code: 10

Driver Distracted by: 1

Damaged Area Code: 11

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 1 Susp. Drug: 2

Towed from scene? 1

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 | | | 1 | 0 | 3 | 0 | 0 | 8 | 2 | [redacted] |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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 _____ Lic. Restrictions _____ CDL Endorsement _____

Operator: _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N S E W] Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. _____

Owner: _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash _____

Event Sequence _____

Most Harmful Event _____

Driver Contributing Code _____

Driver Distracted by _____

Damaged Area Code _____

Test Status _____

Type of Test _____

BAC Test Result _____

Susp. Alcohol _____ Susp. Drug _____

Towed from scene? _____

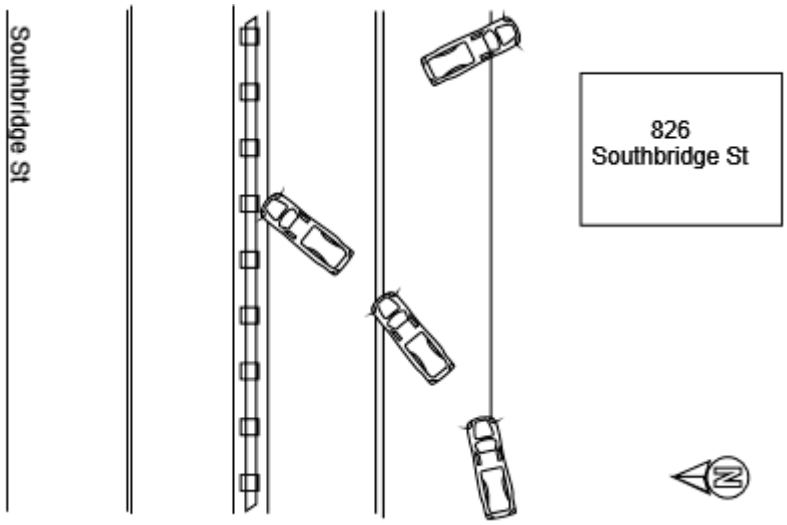
Please fill out for operator and all occupants involved

| 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 | | | 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 was traveling westbound on Southbridge St when it left the roadway went up on to the sidewalk and then came back on to the roadway across both lanes of travel and struck the guardrail in the median. The operator was transported to the hospital due to the injuries that he sustained, and the vehicle was towed due to the amount of damage. The operator was issued citation 424888AE, see 26-154-WA for further detail.

## Witnesses:

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

## Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---|---|---|---|---|
| DOT MASS | 826 SOUTHBRIDGE ST AUBURN MA | | | GUARDRAIL |
| | | | | |

## 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 Kyle Lareau | | 105KL | Auburn Police Department | | 07/25/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |