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
09/15/2026	1604 (24HR)	Auburn	2	0	40			Local Police

Police Type: 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 # 286 | Name of Roadway/Street: 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 — 2 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-356-AC

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

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator MATHER, SAGE AYSEL (Last, First, Middle)

Address 215 CHAPMAN ST

City CANTON State MA Zip 02021-2068

Insurance Company THE COMMERCE INSURANCE CO

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 # 5WCP97 Reg Type PC Reg State MA

Veh Year 2008 Veh Make TOYOTA Veh Config. 2 21

Owner LEVITAN, JEREMY AKIVAH (Last, First, Middle)

Address 215 CHAPMAN ST

City CANTON State MA Zip 02021-2068

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 18 25 25

Driver Distracted by 0 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	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	6	4	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 F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator DAOUST, COLLYN MAUREEEN (Last, First, Middle)

Address 12 WILLIS ST

City AUBURN State MA Zip 01501-2634

Insurance Company PROGRESSIVE DIRECT INSURA

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 # 4HXB88 Reg Type PC Reg State MA

Veh Year 2015 Veh Make HONDA Veh Config. 2 21

Owner DAOUST, COLLYN MAUREEEN (Last, First, Middle)

Address 12 WILLIS ST

City AUBURN State MA Zip 01501-2634

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

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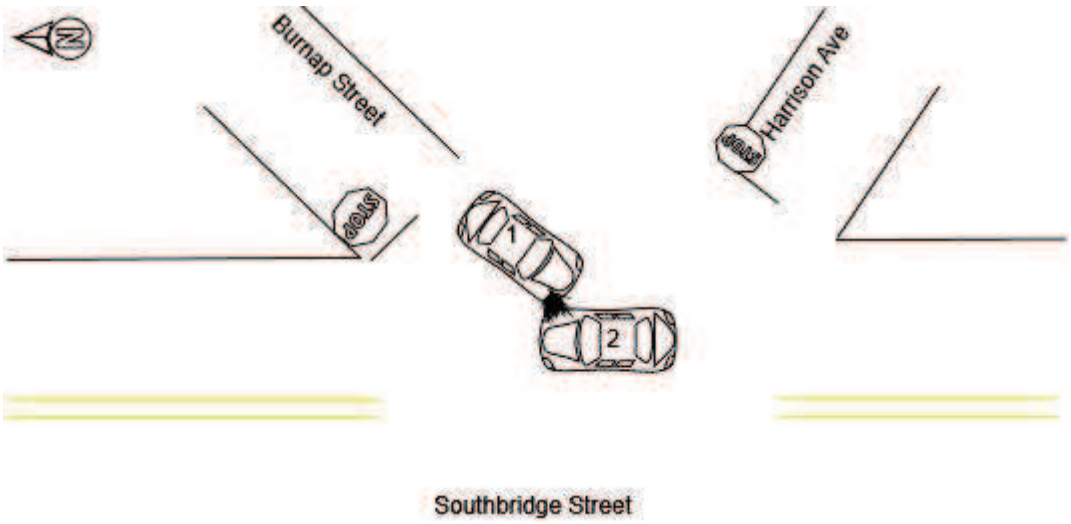
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	2	0	0	10	1	

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 1 was turning left (south) onto Southbridge Street from Burnap Street. Vehicle 2 was traveling north on Southbridge Street. As V1 pulled out to turn on Southbridge Street, they collided with V2. Both vehicles were disabled as a result of the crash. V1 has damage to the front bumper, hood, and grill. V2 has damage to the front right fender, bumper and tire. V2's passenger side airbags were deployed. There were no reported injuries, and both vehicles were 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		09/15/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date