

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **04/03/2026** Time of Crash **1448** 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# **369** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE ST** Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ 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** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-146-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3CMB54** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1 21**  
 Operator **CAEZ, EVELYN** Owner **MELLENDEZ GONZALEZ, JOSE MANUEL**  
 Address **132 COUNTRY CLUB BLVD APT 504** Address **132 COUNTRY CLUB BLVD APT 504**  
 City **WORCESTER** State **MA** Zip **01605-1560** City **WORCESTER** State **MA** Zip **01605-0000**  
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **5 27 10 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6LFX71** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **JEEP** Veh Config. **1 21**  
 Operator **GAGNON, CORY MARC** Owner **GAGNON, CORY MARC**  
 Address **6 INVERNESS AVE APT 11** Address **6 INVERNESS AVE APT 11**  
 City **WORCESTER** State **MA** Zip **01604-3172** City **WORCESTER** State **MA** Zip **01604-3172**  
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**  
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Please fill out for operator and all occupants involved		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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ☺

Auburn Public Library  
369 Southbridge Street  
Auburn, MA 01501

Southbridge Street

**If Crash Did Not Occur on a Public Way:**

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

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← Arrow

**Crash Narrative:**

V1 and V2 were traveling north on Southbridge Street. Traffic came to a stop. V2 rear ended V1.

**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 David Ljunggren**

Police Officer Name (Please Print)

Signature

**82DL**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**04/03/2026**

Date