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 Agency
07/22/2026	0727 (24HR)	Auburn	2	0	30			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: OLD FARM RD

At

Route# | Direction | Name of Intersecting Roadway/Street: UPLAND ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

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# 26-280-AC

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

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

Operator MELLEN, SOPHIA SARA (Last, First, Middle)

Address 44 RESERVOIR ST

City HOLDEN | State MA | Zip 01520-1225

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 # 3MPX66 | Reg Type PAN | Reg State MA

Veh Year 2018 | Veh Make TOYOTA | Veh Config. 1

Owner LENTI, MARIA SOFIA (Last, First, Middle)

Address 29 TRAHAN AVE

City WORCESTER | State MA | Zip 01604-2353

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 99

Damaged Area Code: 1, 8

Test Status:

Type of Test:

BAC Test Result:

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 | CDL Endorsement

Operator IANNOTTI, BRENDON W (Last, First, Middle)

Address 36 HATHERLY ST

City NORTH PROVIDENCE | State RI | Zip 02911

Insurance Company PROGRESSIVE

Vehicle Travel Direction: ☐ N ☐ 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 # 1RV827 | Reg Type PAN | Reg State RI

Veh Year 1998 | Veh Make HONDA | Veh Config. 1

Owner IANNOTTI, BRAD A (Last, First, Middle)

Address 36 HATHERLY ST

City NORTH PROVIDENCE | State RI | Zip 02911

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 3, 27, 27

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

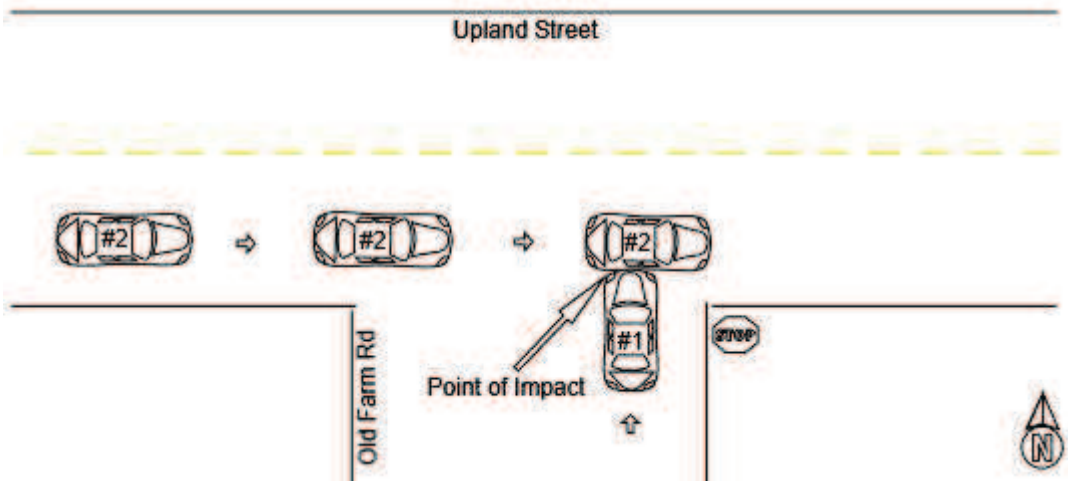
Please fill out for operator and all occupants involved

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 Arrow

Crash Narrative:

V#1 WAS TRAVELING NORTHBOUND ON OLD FARM ROAD. V#2 WAS TRAVELING EASTBOUND ON UPLAND STREET (BOTH PUBLIC WAYS IN TOWN OF AUBURN). V#2 WAS TRAVELING ON UPLAND WHEN V#1 PULLED OUT ONTO UPLAND FROM OLD FARM ROAD. V#2 HAS RIGHT OF WAY AT THIS INTERSECTION AS THERE IS A STOP SIGN AT THE END OF OLD FARM ROAD. THE OPERATOR OF V#1 THOUGHT THEY CAME TO A COMPLETE STOP. NO VEHICLES WERE TOWED FROM THE SCENE AND NO INJUIRES WERE REPORTED.

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 Alex K Myers		89AM	Auburn Police Department		07/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date