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
07/26/2026	1824 (24HR)	Auburn	2	1	40			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: WASHINGTON ST

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

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 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 26-291-AC

Vehicle 1

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

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

Operator: TOWNE, ANGELIQUE (Last, First, Middle)

Address: 5 GEORGE ST

City: AUBURN | State: MA | Zip: 01501

Insurance Company: USAA

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 # TSS417 | Reg Type: PC | Reg State: VA

Veh Year: 2023 | Veh Make: SUBARU | Veh Config: 1

Owner: TOWNE, ANGELIQUE (Last, First, Middle)

Address: 5 GEORGE ST

City: AUBURN | State: MA | Zip: 01501

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 1, 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | 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	1	2	0	0	8	2	[redacted]

Please Select One of the Following: ☒ Vehicle 2 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

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

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

Operator: SHEETL, RAMI MAZEN (Last, First, Middle)

Address: 4 UPLAND GARDENS DR APT 1

City: WORCESTER | State: MA | Zip: 01607-1670

Insurance Company: SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N S ☒ E W | Responding to Emergency? 2

Citation # (If Issued): 427839AE

Viol. 1: Ch/Sec/Sub: 90 9 | Viol. 2: Ch/Sec/Sub: 90 34J

Viol. 3: Ch/Sec/Sub: 89 9 | Viol. 4: Ch/Sec/Sub:

Reg # 3ZFV37 | Reg Type: PC | Reg State: MA

Veh Year: 2009 | Veh Make: BMW | Veh Config: 1

Owner: MHALHAL, LIQAA (Last, First, Middle)

Address: 4 UPLAND GARDENS DR APT 10

City: WORCESTER | State: MA | Zip: 01607-1670

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19, 3

Driver Distracted by: 0

Damaged Area Code: 1, 27, 27

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved

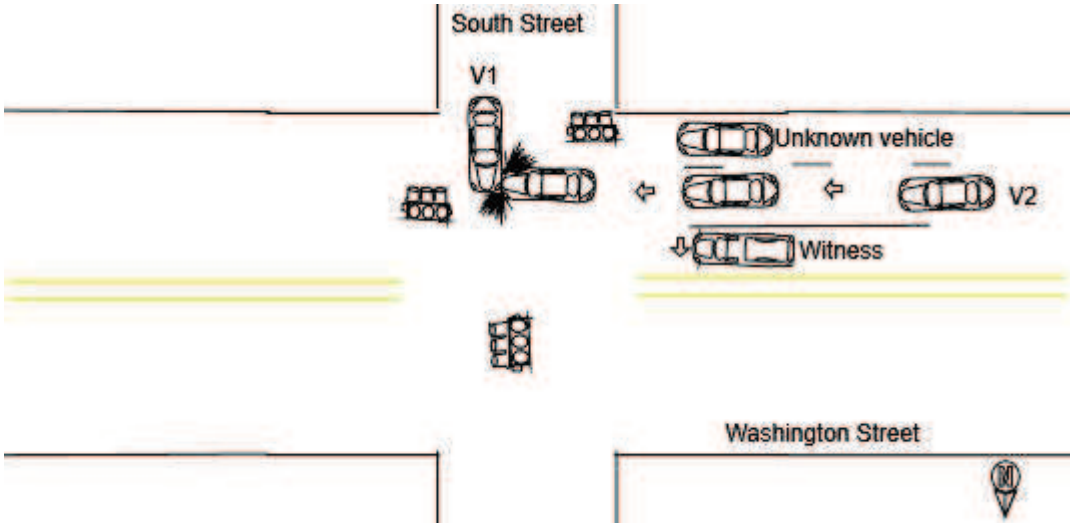
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	☒	☒	1	1	3	0	0	10	1	

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:

V1 was stopped at the redlight at the intersection of South Street and Washington Street. V2 was approaching the intersection and the light had changed to a red light. The witness vehicle and the unknown vehicle came to a stop. V2 drove between them and went through the redlight. At this time, V1 had a greenlight. V2 crashed into V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HOOPER DWAYNE	296 QUADDICK TN FM RD THOMPSON CT	[redacted]	

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		82DL	Auburn Police Department		07/26/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date