

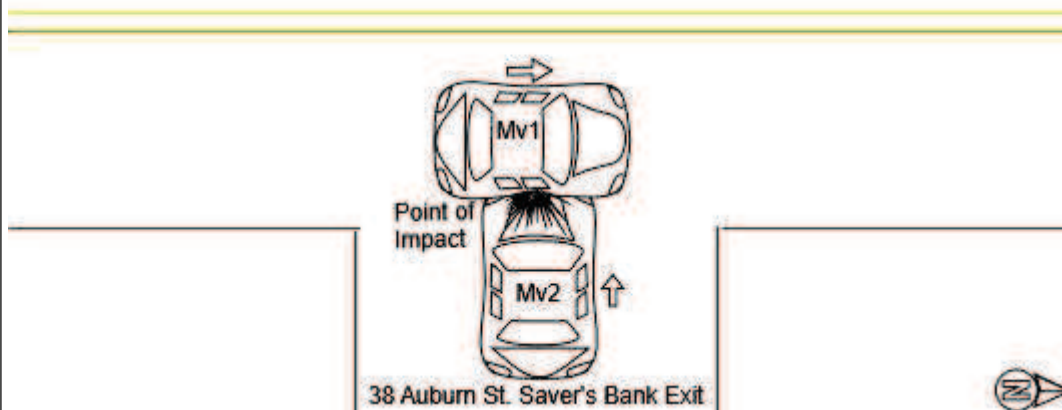
Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/06/2026		Time of Crash 0907 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:																
11 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							210 Route# Direction Address # 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: 399 ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 26-300-AC																			
License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LORICCO, BRIDGIT K Address 835 WAUWINET RD City BARRE State MA Zip 01005-9132 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: X 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 # 9AXX90 Reg Type PAN Reg State MA Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21 Owner LORICCO, BRIDGIT K Address 835 WAUWINET RD City BARRE State MA Zip 01005-9132 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 Driver Distracted by 0 26 26 Damaged Area Code: 3 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 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		X		X		1		1		4		0		0		10		1			
Please Select One of the Following: 73 ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																							
License # St. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BROUSSEAU, WARREN ERVING Address 3 ATLAS ST City WORCESTER State MA Zip 01604-2027 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: X 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 # 1PR221 Reg Type PAN Reg State MA Veh Year 2007 Veh Make CHEVROLET Veh Config. 1 21 Owner BROUSSEAU, WARREN ERVING Address 3 ATLAS ST City WORCESTER State MA Zip 01604-2027 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																
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Operator/Occupants		See Above		X		X		1		1		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Auburn St.



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate Direction of Travel with Arrow



Crash Narrative:

Mv1 was traveling straight, northbound on Auburn St. (a public way) in the Town of Auburn. Mv2 was exiting the Saver's Bank located on 38 Auburn St. in town. Mv2 collided with the right side of Mv1. Mv1 was towed from the scene due to becoming disabled. Mv2 was able to drive. No injuries occurred.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/06/2026

Date