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	
11/05/2026	0820 (24HR)	Auburn	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # | Name of Roadway/Street: SWANSON RD
Feet [N S E W] of — — — • — — Mile Marker or Exit Number
2 11 — Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

3 — **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 26-420-AC

4 3 — License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator SOL, CATHY AU (Last First Middle)
Address 388 1/2 GREENWOOD ST
City MILLBURY State MA Zip 01527-1522
Insurance Company FARMERS PROPERTY & CASUAL
5 1 — Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued)
6 1 — Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # EVH956 Reg Type PAS Reg State MA
1 12 — Veh Year 2023 Veh Make Tesla Motors Veh Config. 1 21
Owner SOL, CATHY AU (Last First Middle)
Address 388 1/2 GREENWOOD ST
City MILLBURY State MA Zip 01527-1522
Vehicle Action Prior to Crash 2 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: 5 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
1 13 — Towed from scene? 2 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	

7 2 — **Please Select One of the Following:** ☒ Vehicle 2 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

8 1 — License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator VEZEAU, MICHELLE (Last First Middle)
Address 4 MOUNT VIEW AVE
City AUBURN State MA Zip 01501-2313
Insurance Company AMERICAN ECONOMY INSURANC
Vehicle Travel Direction: N S E W Responding to Emergency? 2
9 2 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

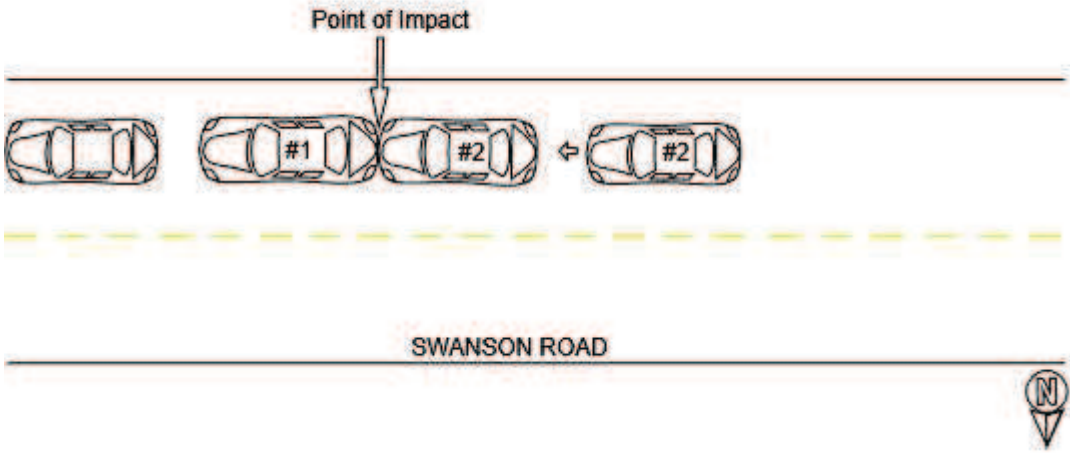
Reg # 1RL593 Reg Type PAN Reg State MA
Veh Year 2016 Veh Make FORD Veh Config. 1 21
Owner VEZEAU, KEITH T (Last First Middle)
Address 4 MOUNT VIEW AVE
City AUBURN State MA Zip 01501-2313
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 21 25 19 25
Driver Distracted by 99 26 26
Damaged Area Code: 1 27 2 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
2 14 — Towed from scene? 2 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/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	6	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:

VEHICLE #1 WAS SLOWING IN TRAFFIC ON SWANSON ROAD(PUBLIC WAY) DUE TO A TRAFFIC LIGHT BEING RED WHERE SWANSON ROAD MEETS RT 12 (SOUTHBRIDGE STREET). VEHICLE #2 WAS TRAVELING THE SAME DIRECTION AND THEN REAR ENDED VEHICLE #1. THE OPERATOR OF VEHICLE #2 STATED THAT SHE HAS BEEN VERY TIRED AND WASNT PAYING ATTENTON AND HIT THE BACK OF VEHICLE #1. NO INJURIES TO REPORT AND BOTH VEHICLES WERE DRIVABLE.

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		11/05/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date