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
10/22/2026	1040 (24HR)	Auburn	2	0	40			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 # 850 | Name of Roadway/Street: SOUTHBRIDGE ST
Feet [N S E W] of — — — • — Mile Marker | or Exit Number
8 11 — Feet [N S E W] of Route# | Intersecting Roadway/Street: ALBERT ST
Feet [N S E W] of Landmark

3 2 **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 26-401-AC

4 3 License # [redacted] St [redacted] DOB/Age [redacted] | Sex M | Lic. Class D 19 19 | Lic. Restrictions 1 20 | CDL Endorsement
Operator HALAS, TIMOTHY JOHN (Last, First, Middle)
Address 56 WARD ST APT A3
City NORTH BROOKFIELD State MA Zip 01535-1426
Insurance Company OLD REPUBLIC INSURANCE CO
5 1 Vehicle Travel Direction: N ☒ 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 # Z10166 Reg Type CO Reg State MA
Veh Year 2025 Veh Make Truck Veh Config. 2 21
Owner AMAZON LOGISTICS INC (Last, First, Middle)
Address 410 TERRY N AVE
City SEATTLE State WA Zip 98109-5210
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: 0 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33
1 12 — 1 13

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** 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | ☐ **Vulnerable User** Complete the Vulnerable User section.

8 3 License # [redacted] St [redacted] DOB/Age [redacted] | Sex M | Lic. Class A 19 19 | Lic. Restrictions 1 20 | CDL Endorsement
Operator BUMPUS, BRADFORD ALLAN (Last, First, Middle)
Address 130 EAGLE ST
City WARE State MA Zip 01082-1367
Insurance Company FEDERATED RESERVE INSURAN
Vehicle Travel Direction: N ☒ 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

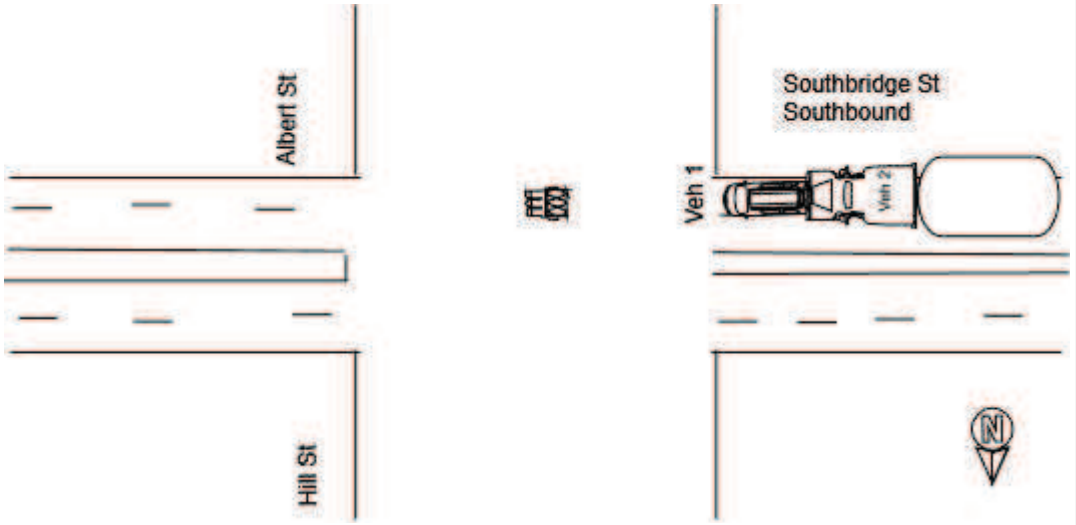
Reg # X18403 Reg Type CO Reg State MA
Veh Year 2014 Veh Make FREIGHTLINER Veh Config. 10 21
Owner HIGGINS ENERGY ALTERNATIVES INC (Last, First, Middle)
Address 140 WORCESTER RD
City BARRE State MA Zip 01005-9345
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28
Type of Test: 0 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33
1 14

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[illegible] Arrow

Crash Narrative:

VEHICLE 1 WAS TRAVELING SOUTHBOUND ON SOUTHBRIDGE ST (A PUBLIC WAY IN THE TOWN OF AUBURN).
VEHICLE 2 WAS ALSO TRAVELING SOUTHBOUND ON SOUTHBRIDGE ST. AS THE TRAFFIC LIGHT AT THE
SOUTHBRIDGE ST, ALBERT ST INTERSECTION CHANGED FROM GREEN TO YELLOW, VEHICLE 1 BEGAN
SLOWING DOWN TO STOP. AS THESE EVENTS TRANSPIRED, VEHICLE 2 STRUCK VEHICLE 1'S REAR END.
NEITHER VEHICLE WAS TOWED, NEITHER OPERATOR WAS TRANSPORTED.

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 Nathan Lewos		103NL	Auburn Police Department		10/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date