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
09/12/2026	1220 (24HR)	Auburn	2	1	50			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 1 1

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 2 1

NOT AT INTERSECTION:

Route# | Direction | Address # 444 | Name of Roadway/Street: WASHINGTON ST — 2 10

_____ Feet [N S E W] of — — — • — — Mile Marker or _____ Exit Number — 4 11

_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street

_____ Feet [N S E W] of Landmark

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped — 3 99

Crash Report ID# 26-354-AC

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

Sex M | Lic. Class M 19 19 | Lic. Restrictions 1 20 | CDL Endorsement

Operator KIMMERLY VENTRIS, DAVID WILLIAM (Last First Middle) — 4 1

Address 994 HILL ST

City WHITINSVILLE State MA Zip 01588-1045

Insurance Company GEICO INDEMNITY COMPANY

Vehicle Travel Direction: N S E W | Responding to Emergency? 2 — 5 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ — 6 1

Reg # 2W1672 | Reg Type MCN | Reg State MA

Veh Year 2025 | Veh Make KAWASAKI | Veh Config. 3 21 — 1 12

Owner KIMMERLY VENTRIS, DAVID WILLIAM (Last First Middle)

Address 994 HILL ST

City WHITINSVILLE State MA Zip 01588-1045

Vehicle Action Prior to Crash: 9 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: 7 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 — 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	5	5	0	0	8	1	

Vehicle 2

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section. — 7 1

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

Sex F | Lic. Class D 19 19 | Lic. Restrictions 1 20 | CDL Endorsement

Operator SHENETTE, PORTIA JEANINE (Last First Middle) — 8 2

Address 129 SOUTH ST

City AUBURN State MA Zip 01501

Insurance Company THE HANOVER INSURANCE COM

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

Citation # (If Issued) _____ — 9 2

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # AB22 | Reg Type COR | Reg State MA

Veh Year 2019 | Veh Make NISSAN | Veh Config. 1 21

Owner SHENETTE, JOSEPH EUGENE (Last First Middle)

Address 129 SOUTH ST

City AUBURN State MA Zip 01501-2767 — 1 14

Vehicle Action Prior to Crash: 3 22

Event Sequence: 1 23 23 23 23

Most Harmful Event: 1 24

Driver Contributing Code: 3 25 19 25

Driver Distracted by: 0 26 26

Damaged Area Code: 2 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

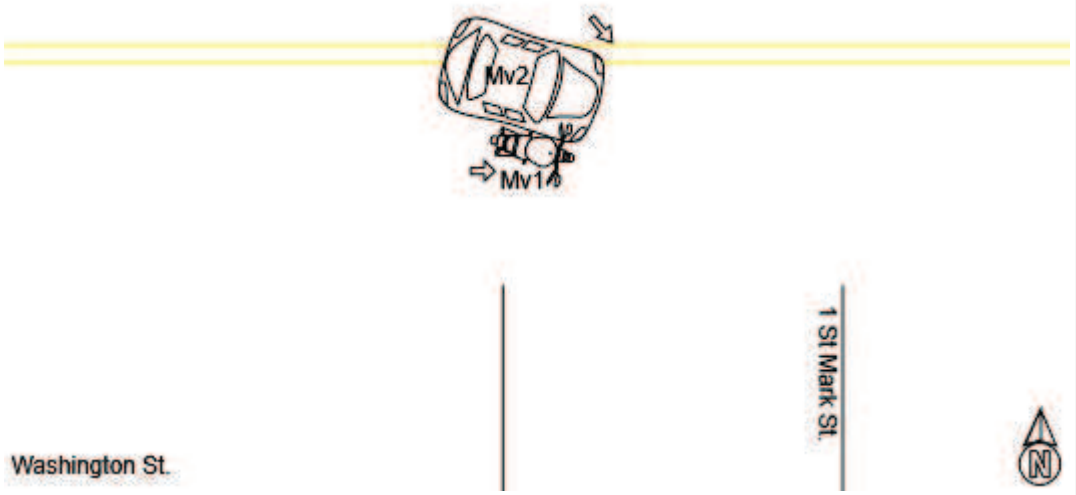
Please fill out for operator and all occupants involved

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:

Mv1 exited the Motorsport International parking lot, located on 444 Washington St. Mv1 began to travel eastbound on Washington St. (a public way). Mv2, was infront of MV1, traveling eastbound. Mv2, drove on the double yellow line and took a right turn into the parking lot of 1 St Mark St. without a turn signal. Mv1 attempted to pass her and both collided. Mv1 was evaluated by Auburn EMS and refused transport. Mv2 was drivable and operator had no injuries. Mv1 was disabled and operator was informed to call for a ride.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TALBOT RACHAEL M	221 SOUTH ST AUBURN MA 01501	[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 Alexander Ortiz-Torres		97AO	Auburn Police Department		09/12/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date