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 |
|---|---|---|---|---|---|---|---|
| 10/30/2026 | 1315 (24HR) | Auburn | 2 | 0 | 10 | | |

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 #: 385 Name of Roadway/Street: SOUTHBRIDGE ST
_____ 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#: 26-415-AC

### Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted] Sex: F Lic. Class: D (19) (19) Lic. Restrictions: 1 (20) CDL Endorsement: _____

Operator: SHEPARD, TABITHA L (Last, First, Middle)
4 1 — Address: 13 GRANITE ST APT 2
City: WEBSTER State: MA Zip: 01570-2410
Insurance Company: GOVERNMENT EMPLOYEES INSU
5 2 — Vehicle Travel Direction: [X] S E W Responding to Emergency? 2
Citation # (If Issued): _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
6 1 — Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 337P10 Reg Type: PC Reg State: MA
1 12 — Veh Year: 2013 Veh Make: ACURA Veh Config.: 1 (21)

Owner: SHEPARD, TABITHA L (Last, First, Middle)
Address: 13 GRANITE ST APT 2
City: WEBSTER State: MA Zip: 01570-2410

Vehicle Action Prior to Crash: 10 (22)
Event Sequence: 1 (23) (23) (23) (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 99 (25) (25)
Driver Distracted by: 99 (26) (26)

Damaged Area Code: 5 (27) (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
1 13 — Towed from scene? 2 (33)

6 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 | [redacted] | [redacted] | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

### Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted] Sex: F Lic. Class: D (19) (19) Lic. Restrictions: 1 (20) CDL Endorsement: _____

Operator: TAVERAS VARGAS, EMELY MELISSA (Last, First, Middle)
8 4 — Address: 42 WATER ST
City: SOUTHBRIDGE State: MA Zip: 01550-1724
Insurance Company: PROGRESSIVE DIRECT INSURA
Vehicle Travel Direction: N [X] 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 # 8LF964 Reg Type: PC Reg State: MA
Veh Year: 2020 Veh Make: HONDA Veh Config.: 1 (21)

Owner: TAVERAS VARGAS, EMELY MELISSA (Last, First, Middle)
Address: 42 WATER ST
City: SOUTHBRIDGE State: MA Zip: 01550-1724

Vehicle Action Prior to Crash: 1 (22)
Event Sequence: 1 (23) (23) (23) (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 99 (25) (25)
Driver Distracted by: 99 (26) (26)

Damaged Area Code: 8 (27) 1 (27) 2 (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
97 14 — Towed from scene? 2 (33)

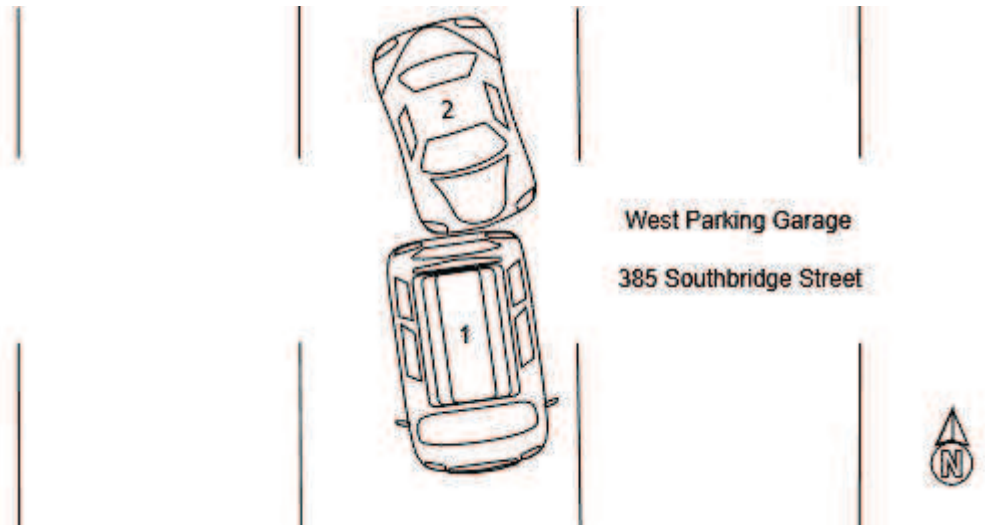
Please fill out for operator and all occupants involved

| 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 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

= 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

**Indicate North Arrow**

## Crash Narrative:

Vehicle 1 was parked in a parking spot in the parking garage. Vehicle 2 was parked in a parking spot in the parking garage. The spots were across from each other. Vehicle 1 and Vehicle 2 seemed to pull out of their parking spots at the same time. Vehicle 2 operator stated she was pulling out of her parking spot when Vehicle 1 started backing up. Operator of Vehicle 1 stated she looked both ways and started backing up out of the spot. Operator of Vehicle 1 stated she observed Vehicle 2 then pull out and hit her vehicle.

## 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 Rachel B Crowley | | 92RC | Auburn Police Department | | 10/30/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |