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
07/15/2026	0948 24HR	Auburn	3	1	50			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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: —

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: — 150 MILLBURY ST

Feet [N S E W] of Mile Marker — — — • — — or 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: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-267-AC

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

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement: —

Operator SWIFT, MICHAEL R (Last, First, Middle)

Address 8 ANDERSON LN

City N GRAFTON | State MA | Zip 01536-1550

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N 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 # 7GS615 | Reg Type PAN | Reg State MA

Veh Year 2016 | Veh Make CHEVROLET | Veh Config. 1

Owner SWIFT, MICHAEL R (Last, First, Middle)

Address 8 ANDERSON LN

City N GRAFTON | State MA | Zip 01536-1550

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 1 | 8 | |

Test Status: —

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — | Susp. Drug: —

Towed from scene? 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	3	0	0	8	2	[redacted]

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

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

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement: —

Operator FERNANDES, GERMAINE (Last, First, Middle)

Address 8 BIRCHWOOD CIR

City AUBURN | State MA | Zip 01501-2780

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N 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 # 2LF676 | Reg Type PAN | Reg State MA

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

Owner FERNANDES, GERMAINE (Last, First, Middle)

Address 8 BIRCHWOOD CIR

City AUBURN | State MA | Zip 01501-2780

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 19 | |

Driver Distracted by: 0 | |

Damaged Area Code: 1 | 2 | |

Test Status: —

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — | Susp. Drug: —

Towed from scene? 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/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

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07/15/2026	0948 24HR	Auburn	3	1	50			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 2 — Route# | Direction | Name of Intersecting Roadway/Street

10 2 — Route# | Direction | Address # | Name of Roadway/Street: 150 MILLBURY ST
Feet [N S E W] of — — — • — — Mile Marker or Exit Number
11 1 — Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

3 99 — Please Select One of the Following: ☒ Vehicle 3 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-267-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class 19 D 19 Lic. Restrictions 20 1 CDL Endorsement
Operator SOUCIE, JULIE ANN (Last First Middle)
4 3 — Address 116 PLEASANT ST
City LEICESTER State MA Zip 01524-1400
Insurance Company LIBERTY MUTUAL INSURANCE
5 1 — Vehicle Travel Direction: N 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 # 4XLH57 Reg Type PAN Reg State MA
12 1 — Veh Year 2015 Veh Make CHRYSLER Veh Config. 21 1
Owner SOUCIE, FRANCIS J (Last First Middle)
Address 116 PLEASANT ST
City LEICESTER State MA Zip 01524-1400
Vehicle Action Prior to Crash 22 2
Event Sequence 23 1 23 23 23
Most Harmful Event 24 1
Driver Contributing Code 25 1 25
Driver Distracted by 26 0 26
Damaged Area Code: 27 1 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
13 1 — Towed from scene? 33 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			1	1	4	0	0	10	1	

7 2 — Please Select One of the Following: ☐ Vehicle 4 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator (Last First Middle)
8 2 — Address
City State Zip
Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency?
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 # Reg Type Reg State
Veh Year Veh Make Veh Config. 21
Owner (Last First Middle)
Address
City State Zip
14 1 —
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

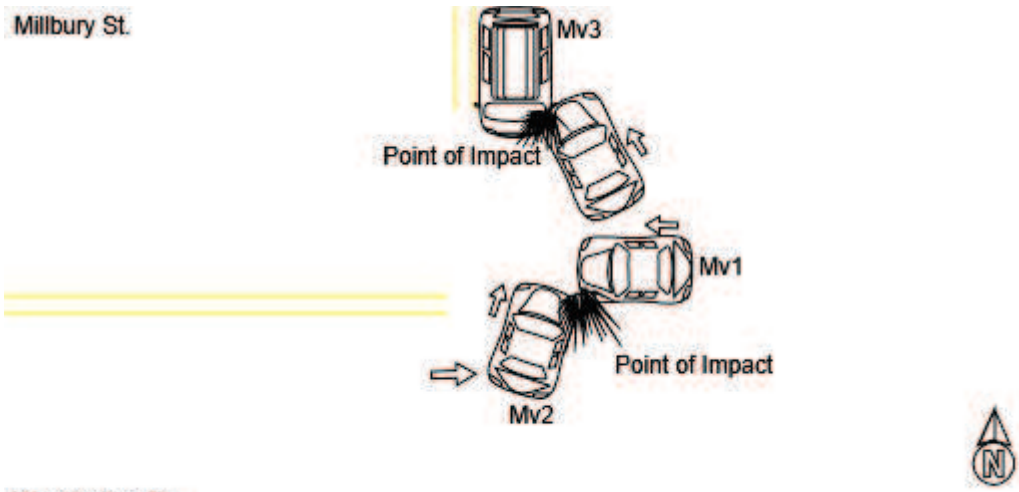
Please fill out for operator and all occupants involved

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			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:

MV1 was traveling westbound on Washington St. (a public way) in the Town of Auburn. Mv2 was traveling eastbound on Washington St. Mv3 was stopped in traffic on Millbury St. Mv2 turned left onto Millbury St. and collided with Mv1's center front. Mv1 ended up collided with Mv3's center front.

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		97AO	Auburn Police Department		07/15/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date