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	
08/17/2026	1055 (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 2 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | 567 Address # | SOUTHBRIDGE ST Name of Roadway/Street
_____ Feet [N S E W] of — — — • — — Mile Marker or _____ Exit Number
3 11 — _____ Feet [N S E W] of Route# | Intersecting Roadway/Street
_____ Feet [N S E W] of Landmark

3 1 — **Please Select One of the Following:** ☒ Vehicle 1 **1** #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 26-320-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement
Operator SIMON, DORIS EMMA (Last First Middle)
4 1 — Address 16 CLARK ST
City ROCHDALE State MA Zip 01542-1142
Insurance Company THE COMMERCE INSURANCE CO
5 2 — 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 # 9GM713 Reg Type PC Reg State MA
Veh Year 2014 Veh Make JEEP Veh Config. 1 (21)
1 12 — **Owner** SIMON, DORIS EMMA (Last First Middle)
Address 16 CLARK ST
City ROCHDALE State MA Zip 01542-1142
Vehicle Action Prior to Crash 4 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 19 (25) (25)
Driver Distracted by 99 (26) (26)
Damaged Area Code: 7 (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)
1 13 — Towed from scene? 1 (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	

3 7 — **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 (19) (19) Lic. Restrictions 1 (20) CDL Endorsement
Operator BOUCHER, JUSTINA ANN (Last First Middle)
8 2 — Address 244 MAIN ST
City MILLBURY State MA Zip 01527-2029
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: [W] 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 _____

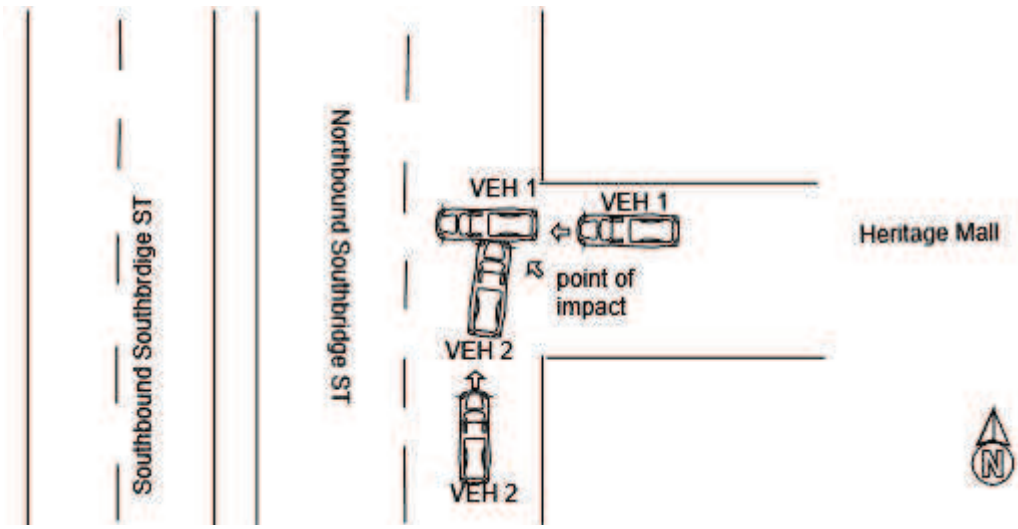
Reg # 1HRB28 Reg Type PC Reg State MA
Veh Year 2010 Veh Make VOLVO Veh Config. 1 (21)
Owner BOUCHER, JUSTINA ANN (Last First Middle)
Address 244 MAIN ST
City MILLBURY State MA Zip 01527-2029
Vehicle Action Prior to Crash 1 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 1 (25) (25)
Driver Distracted by 0 (26) (26)
Damaged Area Code: 8 (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)
1 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

I[illegible] Arrow

Crash Narrative:

Vehicle 1 was traveling Westbound out of Heritage Mall. Vehicle 2 was traveling Northbound on Southbridge Street (Public Way). As Vehicle 1 attempted to make a left hand turn out of the Heritage Mall Vehicle 2 made contact with the left side of Vehicle 1. Neither operator was transported to a medical facility. Vehicle 1 was towed by Direnzo's.

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		08/17/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date