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
11/11/2026	1110 (24HR)	Auburn	2	0	40			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 # 800 | Name of Roadway/Street: WASHINGTON ST — 2 10

Feet [N S E W] of — Mile Marker — or Exit Number

Feet [N S E W] of Route# Intersecting Roadway/Street — 4 11

Feet [N S E W] of Landmark

3 — **Please Select One of the Following:** ☒ **Vehicle** 1 — 1 #Occupants ☐ **Hit/Run** ☐ **Moped** — **Crash Report ID#** 26-426-AC

Vehicle 1

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

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

Operator FERNANDES DA CONSOLA, RODRIGO (Last First Middle)

4 1 — Address 25 N WOODFORD ST APT 1

City WORCESTER | State MA | Zip 01604-5511

Insurance Company PROGRESSIVE DIRECT INSURA

5 — 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 # 5DMB71 | Reg Type PC | Reg State MA

Veh Year 2017 | Veh Make TOYOTA | Veh Config. 1 21 — 1 12

Owner FERNANDES DA CONSOLA, RODRIGO (Last First Middle)

Address 25 N WOODFORD ST APT 1

City WORCESTER | State MA | Zip 01604-5511

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: 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

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	99	4	0	0	10	1	

7 1 — **Please Select One of the Following:** ☒ **Vehicle** 2 — 2 #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 LERA, MIRELA (Last First Middle)

8 2 — Address 51 WHITETAIL CIR

City SOUTHBRIDGE | State MA | Zip 01550-3193

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N 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 # 875VT2 | Reg Type PC | Reg State MA

Veh Year 2026 | Veh Make TOYOTA | Veh Config. 2 21 — 1 14

Owner LERA, MIRELA (Last First Middle)

Address 51 WHITETAIL CIR

City SOUTHBRIDGE | State MA | Zip 01550-3193

Vehicle Action Prior to Crash: 5 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: 3 27 27 27

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Please fill out for operator and all occupants involved

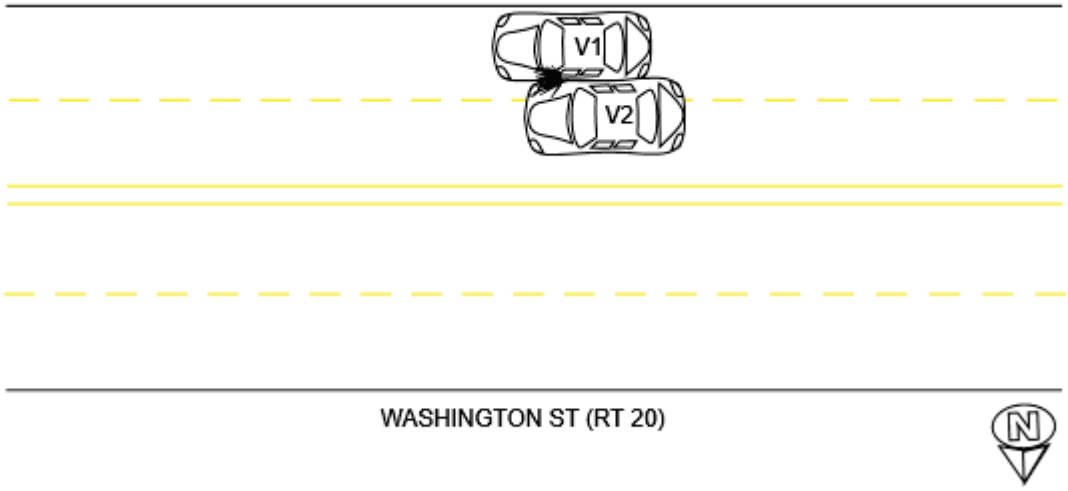
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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 (V1) WAS TRAVELING STRAIGHT AHEAD GOING EAST BOUND ON WASHINGTON STREET (RT 20) IN THE RIGHT TRAVEL LANE. VEHICLE 2 (V2) WAS ALSO GOING EAST BOUND ON WASHINGTON STREET IN THE LEFT TRAVEL LANE. V2 ATTEMPTED TO MAKE A LANE CHANGE FROM THE LEFT TO RIGHT TRAVEL LANE, SIDE SWIPING V1.

V1 AND V2 SUSTAINED MINOR DAMAGE, AND BOTH VEHICLES WERE DRIVEABLE.

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 Carrie Girardin		102CG	Auburn Police Department		11/11/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date