

| Police Use Only                                                                                                                                                          |  |                                                           | Commonwealth of Massachusetts |                                  |  |                                                               |  | RMV Document Number                                                            |                         |                                                    |                                         |  |                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|-------------------------------|----------------------------------|--|---------------------------------------------------------------|--|--------------------------------------------------------------------------------|-------------------------|----------------------------------------------------|-----------------------------------------|--|------------------------------------------------------------------------|--|
| Date of Crash<br>10/07/2026                                                                                                                                              |  | Time of Crash<br>1208<br>24HR                             |                               | City/Town<br>Auburn              |  | Motor Vehicle Crash<br>Police Report                          |  |                                                                                | Number<br>Vehicles<br>2 | Number<br>Injured<br>0                             | Speed Limit 45<br>Latitude<br>Longitude |  | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |  |
| AT INTERSECTION:                                                                                                                                                         |  |                                                           |                               | < LOCATION >                     |  | NOT AT INTERSECTION:                                          |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| <div>1</div> <div>1</div> <div>2</div> <div>1</div> <div>3</div>                                                                                                         |  |                                                           |                               |                                  |  | <div>2</div> <div>10</div> <div>4</div> <div>11</div>         |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  | Route# Direction Name of Roadway/Street                       |  |                                                                                |                         | Route# Direction Address # Name of Roadway/Street  |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  | At                                                            |  |                                                                                |                         | Feet N S E W of or Mile Marker Exit Number         |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  | Route# Direction Name of Intersecting Roadway/Street          |  |                                                                                |                         | Feet N S E W of Route# Intersecting Roadway/Street |                                         |  |                                                                        |  |
| Also at Intersection with                                                                                                                                                |  |                                                           |                               |                                  |  | Feet N S E W of Route# Intersecting Roadway/Street            |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Route# Direction Name of Intersecting Roadway/Street                                                                                                                     |  |                                                           |                               |                                  |  | Landmark                                                      |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Please Select One of the Following:                                                                                                                                      |  | <input checked="" type="checkbox"/> Vehicle 11 #Occupants |                               | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped                                |  | Crash Report ID# 26-385-AC                                                     |                         |                                                    |                                         |  |                                                                        |  |
| License # St. DOB/Age                                                                                                                                                    |  |                                                           |                               |                                  |  | Reg # 3ABR32 Reg Type PC Reg State MA                         |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement                                                                                                            |  |                                                           |                               |                                  |  | Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21                |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Operator ALTEAS, ANIUS<br>Last First Middle                                                                                                                              |  |                                                           |                               |                                  |  | Owner ALTEAS, ANIUS<br>Last First Middle                      |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Address 215 MARCY ST APT 2                                                                                                                                               |  |                                                           |                               |                                  |  | Address 215 MARCY ST APT 2                                    |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| City SOUTHBRIDGE State MA Zip 01550-2357                                                                                                                                 |  |                                                           |                               |                                  |  | City SOUTHBRIDGE State MA Zip 01550-2357                      |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Insurance Company NATIONAL GENERAL INSURANC                                                                                                                              |  |                                                           |                               |                                  |  | Vehicle Action Prior to Crash 5 22                            |  |                                                                                |                         | Damaged Area Code: 3 27 27 27                      |                                         |  |                                                                        |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2                                                                                                             |  |                                                           |                               |                                  |  | Event Sequence 1 23 23 23 23                                  |  |                                                                                |                         | Test Status: 1 28                                  |                                         |  |                                                                        |  |
| Citation # (If Issued)                                                                                                                                                   |  |                                                           |                               |                                  |  | Most Harmful Event 1 24                                       |  |                                                                                |                         | Type of Test: 0 29                                 |                                         |  |                                                                        |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                  |  |                                                           |                               |                                  |  | Driver Contributing Code 9 25 25                              |  |                                                                                |                         | BAC Test Result: 1 30                              |                                         |  |                                                                        |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                  |  |                                                           |                               |                                  |  | Driver Distracted by 99 26 26                                 |  |                                                                                |                         | Susp. Alcohol: 2 31 Susp. Drug: 2 32               |                                         |  |                                                                        |  |
| Please fill out for operator and all occupants involved                                                                                                                  |  |                                                           |                               |                                  |  | Towed from scene? 1 33                                        |  |                                                                                |                         | 1 13                                               |                                         |  |                                                                        |  |
| 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                                                |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  |                                                               |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  |                                                               |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  |                                                               |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Please Select One of the Following:                                                                                                                                      |  | <input checked="" type="checkbox"/> Vehicle 21 #Occupants |                               | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped                                |  | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                         |                                                    |                                         |  |                                                                        |  |
| License # St. DOB/Age                                                                                                                                                    |  |                                                           |                               |                                  |  | Reg # 1AK59T Reg Type APN Reg State MA                        |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement                                                                                                          |  |                                                           |                               |                                  |  | Veh Year 2006 Veh Make MACK Veh Config. 10 21                 |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Operator GOMEZ, LES<br>Last First Middle                                                                                                                                 |  |                                                           |                               |                                  |  | Owner SERVICE PLUS DISPOSAL IN WORCESTER<br>Last First Middle |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Address 36 WINTER ST APT 1                                                                                                                                               |  |                                                           |                               |                                  |  | Address PO BOX 1032                                           |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| City FITCHBURG State MA Zip 01420-4449                                                                                                                                   |  |                                                           |                               |                                  |  | City WORCESTER State MA Zip 01613                             |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
| Insurance Company                                                                                                                                                        |  |                                                           |                               |                                  |  | Vehicle Action Prior to Crash 1 22                            |  |                                                                                |                         | Damaged Area Code: 0 27 27 27                      |                                         |  |                                                                        |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2                                                                                                             |  |                                                           |                               |                                  |  | Event Sequence 1 23 23 23 23                                  |  |                                                                                |                         | Test Status: 1 28                                  |                                         |  |                                                                        |  |
| Citation # (If Issued)                                                                                                                                                   |  |                                                           |                               |                                  |  | Most Harmful Event 1 24                                       |  |                                                                                |                         | Type of Test: 0 29                                 |                                         |  |                                                                        |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                  |  |                                                           |                               |                                  |  | Driver Contributing Code 1 25 25                              |  |                                                                                |                         | BAC Test Result: 1 30                              |                                         |  |                                                                        |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                  |  |                                                           |                               |                                  |  | Driver Distracted by 0 26 26                                  |  |                                                                                |                         | Susp. Alcohol: 2 31 Susp. Drug: 2 32               |                                         |  |                                                                        |  |
| Please fill out for operator and all occupants involved                                                                                                                  |  |                                                           |                               |                                  |  | Towed from scene? 2 33                                        |  |                                                                                |                         | 1 14                                               |                                         |  |                                                                        |  |
| 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 1 4 0 0 10 1                                                |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  |                                                               |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  |                                                               |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |
|                                                                                                                                                                          |  |                                                           |                               |                                  |  |                                                               |  |                                                                                |                         |                                                    |                                         |  |                                                                        |  |