

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/02/2026** Time of Crash **1837** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**

Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT 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 _____

Route# **892** Direction **SOUTHBRIDGE ST** Address # _____ Name of Roadway/Street _____
Feet **N S E W** of _____ or _____
Mile Marker _____ 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 **10** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-1-AC**

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **Driverless M.V.**
Address _____
City _____ State _____ Zip _____
Insurance Company **PROGRESSIVE DIRECT INSURA**
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1RMA75** Reg Type **PC** Reg State **MA**
Veh Year **2015** Veh Make **RAM** Veh Config. **2 21**
Owner **PUPKA, MICHELLE ANNE**
Address **69 LARNED RD**
City **OXFORD** State **MA** Zip **01540-2703**
Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**
Event Sequence **1 23 23 23 23** Test Status: **1 28**
Most Harmful Event **1 24** Type of Test: **29**
Driver Contributing Code **1 25 25** BAC Test Result: **30**
Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
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	See Above	XXXXXX	XXXX	1							

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Endorsement _____
Operator **MASIONIS, MARY BETH**
Address **340 SUNDERLAND RD APT 30F**
City **WORCESTER** State **MA** Zip **01604-2546**
Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
Citation # (If Issued) **929184AD**
Viol. 1: Ch/Sec/Sub **90 24 (2)** Viol. 2: Ch/Sec/Sub **90 24 (2)**
Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub **90 17**

Reg # **94SV91** Reg Type **PC** Reg State **MA**
Veh Year **2020** Veh Make **NISSAN** Veh Config. **1 21**
Owner **MASIONIS, MARY BETH**
Address **340 SUNDERLAND RD APT 30F**
City **WORCESTER** State **MA** Zip **01604-2546**
Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
Event Sequence **2 23 23 23 23** Test Status: **3 28**
Most Harmful Event **2 24** Type of Test: **2 29**
Driver Contributing Code **10 25 25** BAC Test Result: **5 30**
Driver Distracted by **99 26 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**
Towed from scene? **3 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

