

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 09/08/2026		Time of Crash 1630 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
11 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						210 Route# Direction Address # Name of Roadway/Street Feet N S E W of 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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-347-AC															
License # St. DOB/Age						Reg # 2JGN84 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21																	
Operator FREND, KRYSTAL LEIGH Last First Middle						Owner FREND, KRYSTAL LEIGH Last First Middle																	
Address 32 LAKE ST						Address 32 LAKE ST																	
City UXBRIDGE State MA Zip 01569-1277						City UXBRIDGE State MA Zip 01569-1277																	
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27																	
Vehicle Travel Direction: N S E 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						BAC Test Result: 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Driver Distracted by 0 26 26						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		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # St. DOB/Age						Reg # 6LVD67 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2003 Veh Make MERCEDES-BENZ Veh Config. 1 21																	
Operator BLAKE, JADEN TYLER Last First Middle						Owner BLAKE, TARA E Last First Middle																	
Address 4 COMMONWEALTH AVE						Address 4 COMMONWEALTH AVE																	
City AUBURN State MA Zip 01501-1754						City AUBURN State MA Zip 01501-1754																	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27																	
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																	
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Operator/Occupants		See Above		X		X		1		1		4		0		0		10		1			

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

99 Auburn St.

Point of impact



Auburn Town Pizza

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

↑ Arrow



Crash Narrative:

V1 was traveling east on Auburn st. slowing due to traffic conditions. V2 was also traveling east, did not observe the traffic slowing and crashed into the rear end of V1. No parties were injured, no vehicles were towed form the scene.

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/08/2026

Date