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 Agency
08/01/2026	1444 (24HR)	Auburn	2	0	5			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 368 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

_____ Feet [N S E W] of — — — • — — Mile Marker or _____ 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 1 — 0 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-296-AC

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____

Operator Driverless M.V. (Last First Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: [N S E W] Responding to Emergency? 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 # 5AM329 Reg Type PAN Reg State MA

Veh Year 2021 Veh Make GMC Veh Config. 1

Owner YURSHA, PATRICIA A (Last First Middle)

Address 37 CEDAR ST

City AUBURN State MA Zip 01501-2757

Vehicle Action Prior to Crash: 11

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 3 | | |

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator	See Above			1	0	4	0	0	10	1	

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 | | Lic. Restrictions 1 CDL Endorsement _____

Operator RODRIGUEZ, NATALIE M (Last First Middle)

Address 25 HOOPER ST APT 3F

City WORCESTER State MA Zip 01605-2763

Insurance Company PILGRIM INSURANCE COMPANY

Vehicle Travel Direction: [X S E W] Responding to Emergency? 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 # 7CGN57 Reg Type PAN Reg State MA

Veh Year 2020 Veh Make HONDA Veh Config. 1

Owner RODRIGUEZ, NATALIE M (Last First Middle)

Address 25 HOOPER ST APT 3F

City WORCESTER State MA Zip 01605-2763

Vehicle Action Prior to Crash: 1

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 7 | | |

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

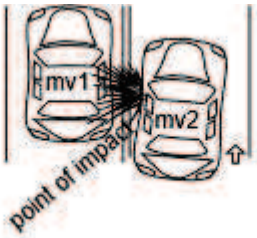
Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



368 Southbridge St. Shaws parking lot

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:

Mv1 was parked in a parking spot driverless. Mv2 was pulling into the parking spot next to mv1. Mv1's door was open and collided with mv2 as mv2 pulled into the parking spot. No injuries, both vehicle's were drivable.

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		08/01/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date