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	
09/01/2026	1127 (24HR)	Auburn	2	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 — Route# | Direction | Name of Roadway/Street: 1
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 — Route# | Direction | Name of Intersecting Roadway/Street: 2

10 — Route# | Direction | Address # 434A | Name of Roadway/Street: SOUTHBRIDGE ST
Feet [N S E W] of Mile Marker — or Exit Number
11 — Feet [N S E W] of Route# | Intersecting Roadway/Street: 7
Feet [N S E W] of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-339-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted] | Sex F | Lic. Class D | Lic. Restrictions B | CDL Endorsement
Reg # 6HFG21 | Reg Type PC | Reg State MA | Veh Year 2017 | Veh Make CHEVROLET | Veh Config. 1
Operator TORRES, DENNISE (Last, First, Middle)
Address 268 PROVIDENCE RD APT B
City SOUTH GRAFTON | State MA | Zip 01560-1144
Insurance Company THE COMMERCE INSURANCE CO
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

Owner TORRES, DENNISE (Last, First, Middle)
Address 268 PROVIDENCE RD APT B
City SOUTH GRAFTON | State MA | Zip 01560-1144
Vehicle Action Prior to Crash: 10
Event Sequence: 1 | | | |
Most Harmful Event: 1
Driver Contributing Code: 19
Driver Distracted by: 99
Damaged Area Code: 4 | | |
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 | Susp. Drug: 2
Towed from scene? 2

4 — 1 | 5 | 6 — 2 | 12 — 1 | 13 — 1

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	☒	☒	1	1	4	0	0	10	1	

7 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted] | Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement
Reg # 5WNC38 | Reg Type PC | Reg State MA | Veh Year 2024 | Veh Make SUBARU | Veh Config. 1
Operator FALK, BLAISE WALTER (Last, First, Middle)
Address 40 FRENCH ST APT 14
City QUINCY | State MA | Zip 02171-3040
Insurance Company THE COMMERCE INSURANCE CO
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

Owner FALK, BLAISE WALTER (Last, First, Middle)
Address 40 FRENCH ST APT 14
City QUINCY | State MA | Zip 02171-3040
Vehicle Action Prior to Crash: 10
Event Sequence: 1 | | | |
Most Harmful Event: 1
Driver Contributing Code: 1
Driver Distracted by: 0
Damaged Area Code: 6 | | |
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 | Susp. Drug: 2
Towed from scene? 2

8 — 99 | 9 — 2 | 14 — 1

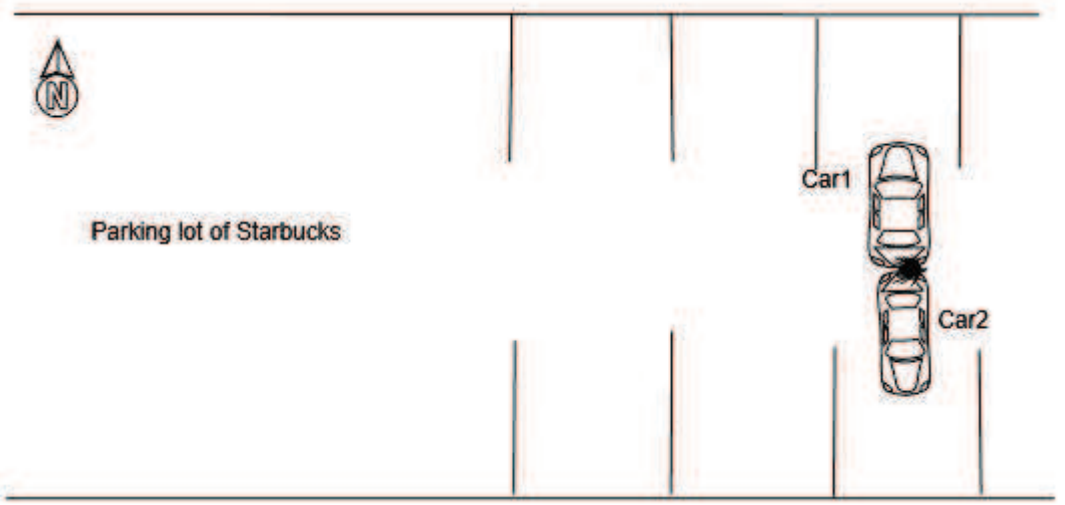
Please fill out for operator and all occupants involved

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	☒	☒	1	1	4	0	0	10	1	

= 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:

Both vehicles were backing out of their parking spots. Car2 saw Car1 backing up he stopped and honked and Car1 continued backing into Car2. Car2 had damage to the left rear. Car1 had damage to the rear. Car1 stated car2 hit the right rear of Car1. Witness stated Car1 accelrated fast out of the spot and was not paying attention.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DERBONNE PATRICIA ROSANNA	23 HAGGERTY RD CHARLTON MA 01507-6526		

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 Grace Griffin		98GG	Auburn Police Department		09/01/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date