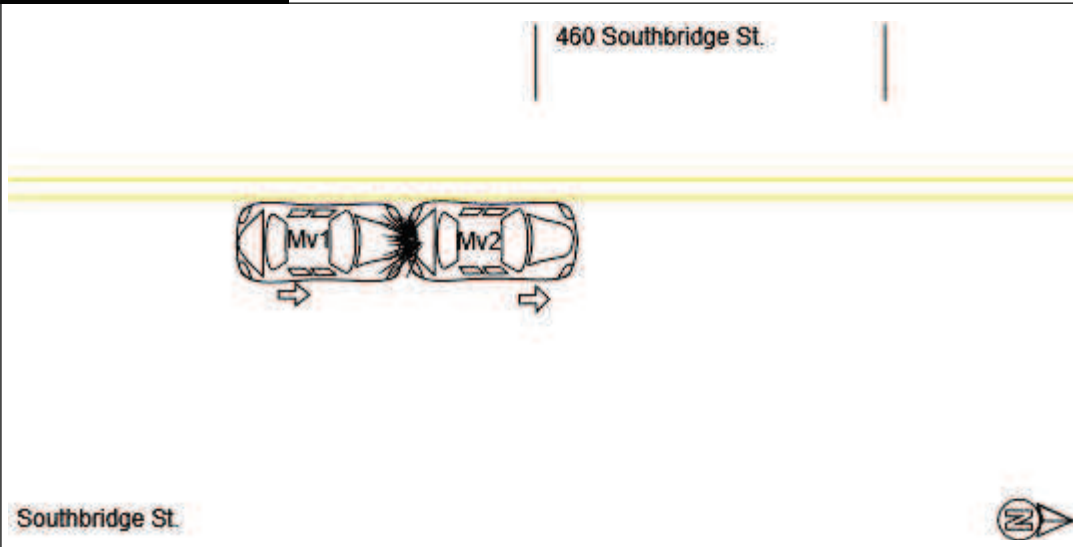


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 08/28/2026		Time of Crash 1800 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< 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 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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-336-AC						
License # St. DOB/Age						Reg # 3NB997 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2013 Veh Make CHEVROLET Veh Config. 1 21								
Operator ROBINSON, JOHN T Last First Middle						Owner ROBINSON, JOHN T Last First Middle								
Address 9 WARWICK ST						Address 9 WARWICK ST								
City AUBURN State MA Zip 01501-2631						City AUBURN State MA Zip 01501-2631								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28								
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 10 25 19 25 BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved						Towed from scene? 1 33								
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 1 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 # 3VYL22 Reg Type PAN Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make HYUNDAI Veh Config. 1 21								
Operator KELLY, BRENDA ANN Last First Middle						Owner KELLY, BRENDA ANN Last First Middle								
Address 12 MANOR RD						Address 12 MANOR RD								
City AUBURN State MA Zip 01501-3137						City AUBURN State MA Zip 01501-3137								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28								
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved						Towed from scene? 2 33								
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

Indicate Direction of Travel with Arrow



Southbridge St.



Crash Narrative:

Mv1 was traveling straight ahead on Southbridge St. (a public way) in the Town of Auburn.

Mv2 was traveling straight ahead on Southbridge St. as well. Mv2 slowed in traffic in order to turn into 460 Southbridge St. when Mv1 collided with Mv2's center rear. Mv1 had significant center front damage. EMS was on scene, all individuals declined medical services. Mv1 was towed from the scene, Mv2 was drivable.

See #26-293-AR for further information.

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

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/28/2026

Date