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 Type
07/16/2026	1546 (24HR)	Auburn	2	0	35			Local Police

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: AUBURN ST

At

Route# | Direction | Name of Intersecting Roadway/Street: SOUTHBRIDGE ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | 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 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-270-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D Lic. Restrictions — CDL Endorsement

Operator WEST, DENNIS ALBERT JR (Last, First, Middle)

Address 19 ONSET ST APT 2

City WORCESTER State MA Zip 01604-2013

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N S [X] 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 # 4VPT31 Reg Type PAN Reg State MA

Veh Year 2019 Veh Make RAM Veh Config. 2

Owner WEST, DENNIS ALBERT JR (Last, First, Middle)

Address 19 ONSET ST APT 2

City WORCESTER State MA Zip 01604-2013

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 3

Driver Distracted by: 99

Damaged Area Code: 4

Test Status: 1

Type of Test: 0

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 2 #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 B CDL Endorsement

Operator RODRIGUEZ, RICARDO (Last, First, Middle)

Address 65 OLD LEOMINSTER RD

City FITCHBURG State MA Zip 01420-7216

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 # 3BHR25 Reg Type PAN Reg State MA

Veh Year 2015 Veh Make NISSAN Veh Config. 2

Owner RODRIGUEZ, RICARDO (Last, First, Middle)

Address 65 OLD LEOMINSTER RD

City FITCHBURG State MA Zip 01420-7216

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 1

Test Status: 1

Type of Test: 0

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

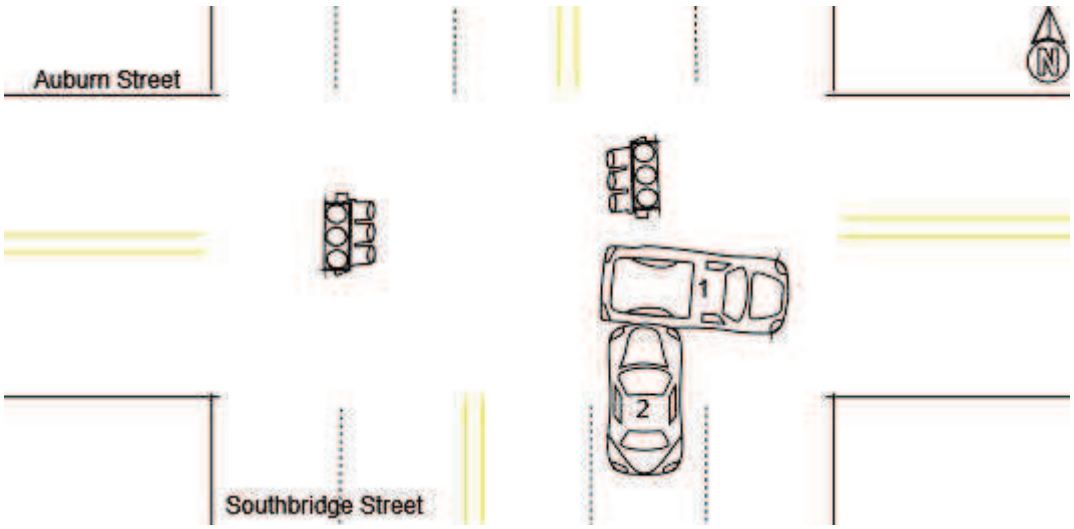
Please fill out for operator and all occupants involved

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	[redacted]	[redacted]	1	1	4	0	0	10	1	
ROBERT GALLAGHER	4 TRACY PL WORCESTER, MA 01603-2242	[redacted]	M	3	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:

On July 16, 2026, I was dispatched to a two car motor vehicle crash at the intersection of Auburn Street and Southbridge Street. Upon my arrival there was a witness on scene who confirmed what was told to me by the operator of vehicle two. The witness and vehicle two operator told me that the northbound lanes on Southbridge Street had a green light. As the operator of vehicle two proceeded into the intersection, the operator of vehicle one ran a red light and was subsequently struck by vehicle two. The operator of vehicle one stated that he had a yellow light and that is why he went.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ATUAHENE JANELL BIO	119 WYOLA DR WORCESTER MA 01603-1632		

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 Dominic J Walker		87DW	Auburn Police Department		07/16/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date