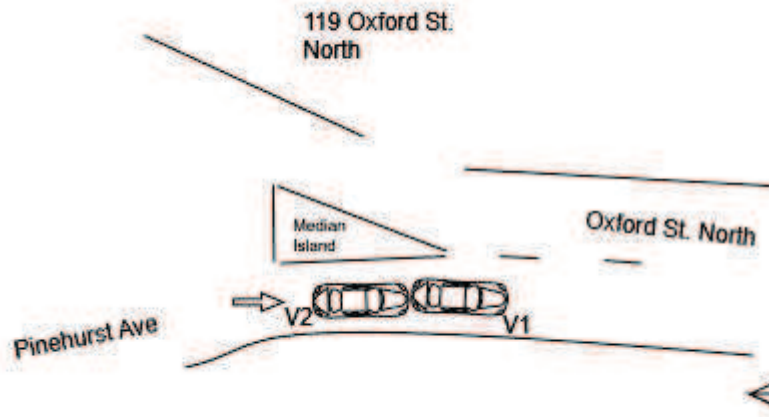


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 07/20/2026		Time of Crash 0804 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 25		State Police ☐		Local Police ☒		MBTA Police ☐		Campus Police ☐		Other: ☐	
AT INTERSECTION:						< LOCATION >		NOT 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						Route# Direction Address # Name of Roadway/Street 119 OXFORD STREET NO 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# 26-275-AC											
License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator RAMOS, LAYLANI MARIVETTE Address 34 EDWARD ST City WORCESTER State MA Zip 01605-2946 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N X 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 # 5ALB16 Reg Type PC Reg State MA Veh Year 2023 Veh Make HONDA Veh Config. 1 Owner RAMOS, LAYLANI MARIVETTE Address 34 EDWARD ST City WORCESTER State MA Zip 01605-2946 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 0 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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																	
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																							
License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator PAIXAO, TAMARA ELIZA Address 22 OTIS ST BSMT APT City EVERETT State MA Zip 02149-2616 Insurance Company FOREMOST INSURANCE COMPAN Vehicle Travel Direction: N X 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 # 1VHE69 Reg Type PC Reg State MA Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 Owner PAIXAO, TAMARA ELIZA Address 22 OTIS ST BSMT APT City EVERETT State MA Zip 02149-2616 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 20 25 25 Driver Distracted by 5 26 26 Damaged Area Code: 0 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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/Occupants						See Above																	

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

North Arrow



Crash Narrative:

V1 was stopped and waiting to turn left into the parking lot of 119 Oxford St. North when it was rear-ended by V2. The operator of V2 stated that a pair of sunglasses fell from her head and distracted her for a moment, causing the collision. V1 had damage to the drivers side door and damage to the left rear bumper. I spoke with the operator of V1 and she stated that both spots were damaged prior to today's crash. She was in the back of an ambulance and was unsure if today's crash caused any damage, which I was not able to find on her vehicle. The operator of V2 stated that she had no damage on her vehicle. The operator of V1 requested that he vehicle remain at her work, 119 Oxford St. North and was transported to the hospital.

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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/20/2026

Date