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 |
|---|---|---|---|---|---|---|---|---|
| 09/03/2026 | 1651 (24HR) | Auburn | 2 | 0 | 5 | | | Local Police |

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

## AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street: 460 SOUTHBRIDGE ST

2 10

Feet N S E W of — Mile Marker — or Exit Number

99 11

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-342-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F Lic. Class B (19 19) Lic. Restrictions B (20) CDL Endorsement

Operator BRESNAHAN, CYNTHIA LEE (Last First Middle)

4 1 — Address 6 MICHELLE LN

City NORTH OXFORD State MA Zip 01537-1034

Insurance Company THE STANDARD FIRE INSURAN

5 2 — Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

6 1 — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 924B Reg Type PC Reg State MA

7 12

Veh Year 2018 Veh Make MERCEDES-BENZ Veh Config. 1 (21)

Owner BRESNAHAN, CYNTHIA LEE (Last First Middle)

Address 6 MICHELLE LN

City NORTH OXFORD State MA Zip 01537-1034

Vehicle Action Prior to Crash 11 (22)

Event Sequence 2 (23) 23 23 23

Most Harmful Event 2 (24)

Driver Contributing Code 1 (25) 25

Driver Distracted by 0 (26) 26

Damaged Area Code: 6 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

2 13 — Towed from scene? 2 (33)

| Please fill out for operator and all occupants involved | | | | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Name (Last First Middle) | Address | DOB/Age | Sex | | | | | | | | |
| *Operator* | See Above | [redacted] | [redacted] | 1 | 99 | 4 | 0 | 0 | 10 | 1 | NOT TRANSPORTED |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # St DOB/Age

Sex Lic. Class (19 19) Lic. Restrictions (20) CDL Endorsement

Operator unknown (Last First Middle)

8 1 — Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

9 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 # unknown Reg Type Reg State

Veh Year Veh Make Veh Config. (21)

Owner (Last First Middle)

Address

City State Zip

1 14

Vehicle Action Prior to Crash (22)

Event Sequence (23) 23 23 23

Most Harmful Event (24)

Driver Contributing Code (25) 25

Driver Distracted by (26) 26

Damaged Area Code: (27) 27 27

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) Susp. Drug: (32)

Towed from scene? (33)

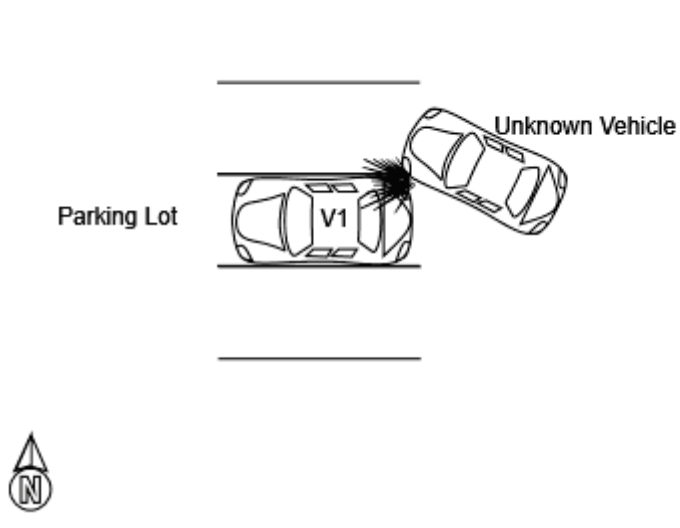
| Please fill out for operator and all occupants involved | | | | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Name (Last First Middle) | Address | DOB/Age | Sex | | | | | | | | |
| *Operator/Occupants* | See Above | [redacted] | [redacted] | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Form No. 10364 CRA-65 08/23

= 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 North Arrow**

## Crash Narrative:

V1 was parked in the parking lot of TD Bank, when an unknown vehicle made contact with the passenger side rear bumper causing minor damage.

## 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 Patrick Montague | | 99PM | Auburn Police Department | | 09/03/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |