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	
10/25/2026	1338 24HR	Auburn	3	1	45			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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:

NOT AT INTERSECTION:

Route# | Direction | Address # 484 | Name of Roadway/Street: WASHINGTON ST
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# 26-405-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement
Operator DUTRA, GUSTAVO GOMES A (Last, First, Middle)
Address 7 WHITETAIL RUN
City AUBURN | State MA | Zip 01501-3258
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

Reg # 4YDY16 | Reg Type PC | Reg State MA
Veh Year 2022 | Veh Make HONDA | Veh Config. 1
Owner DUTRA, GUSTAVO GOMES A (Last, First, Middle)
Address 7 WHITETAIL RUN
City AUBURN | State MA | Zip 01501-3258
Vehicle Action Prior to Crash: 4
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 4
Driver Distracted by: 99
Damaged Area Code: 6 4 3
Test Status:
Type of Test:
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	3	0	0	9	2	[redacted]

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 F | Lic. Class D | Lic. Restrictions | CDL Endorsement
Operator ARDON SILVA, JANAINA P (Last, First, Middle)
Address 88 COBURN AVE
City WORCESTER | State MA | Zip 01604-1176
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: N S ☒ 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 # 5NWS16 | Reg Type PC | Reg State MA
Veh Year 2021 | Veh Make HONDA | Veh Config. 1
Owner ARDON, RUBEN A (Last, First, Middle)
Address 88 COBURN AVE APT 01
City WORCESTER | State MA | Zip 01604-1176
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 27 27 27
Test Status:
Type of Test:
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	3	0	0	10	0	REFUSED

Form No. 10364 CRA-65 08/23

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LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 484 WASHINGTON ST

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

Vehicle 1

Please Select One of the Following: ☒ Vehicle 3 #Occupants 1 | ☐ Hit/Run | ☐ Moped

Crash Report ID#: 26-405-AC

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

Sex: M Lic. Class: D (19) (19) Lic. Restrictions: 1 (20) CDL Endorsement:

Operator: DEWEY, LOWELL B (Last, First, Middle)

Address: 52 PARK PL

City: GENEVA State: NY Zip: 14456

Insurance Company: TRAVELERS PERSONAL INS CO

Vehicle Travel Direction: ☒ 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 # MDB4922 Reg Type: Reg State: NY

Veh Year: 2019 Veh Make: CHEVROLET Veh Config: 1 (21)

Owner: DEWEY, LOWELL B (Last, First, Middle)

Address: 52 PARK PL

City: GENEVA State: NY Zip: 14456

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: 8 (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)

Towed from scene? 1 (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	[redacted]	[redacted]	1	1	99	0	0	10	0	REFUSED

Vehicle 2

Please Select One of the Following: ☐ Vehicle 4 #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 (Last, First, Middle)

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config (21)

Owner (Last, First, Middle)

Address

City State Zip

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)

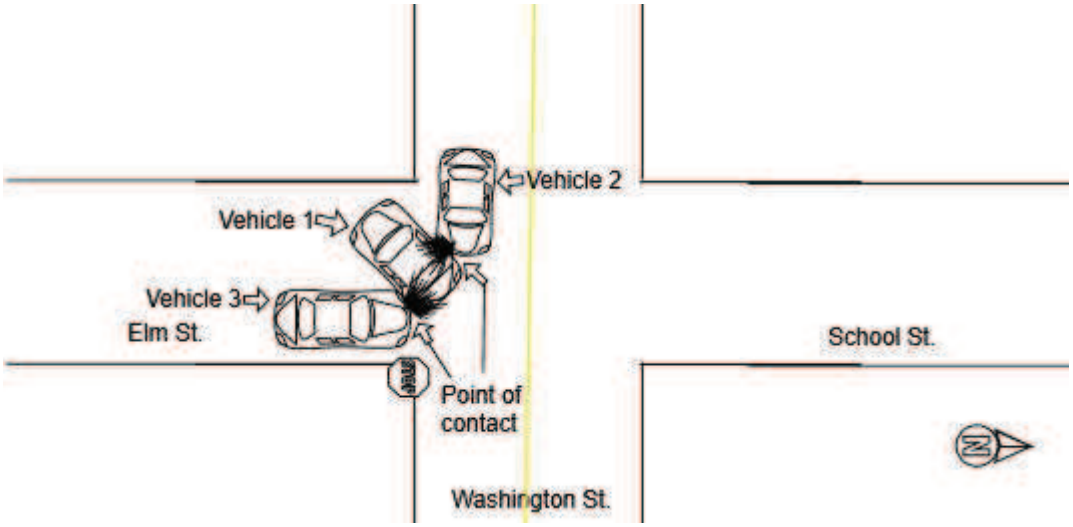
Please fill out for operator and all occupants involved

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							

= 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 Sunday, October 25, 2026 I was dispatched to the area of Washington St. and School St. for a report of a 3 car crash.Upon my arrival I spoke with the operator of Vehicle 1. He stated he was traveling on washington St. and the vehicle in front of him "slammed on their breaks" he then stated he did not have time to stop so attempted to make a left hand turn onto elm st. While attempting to make the left Turn Vehicle 2 did not have time to stop, leading to the first point of contact. Vehicle 1 then hit Vehicle 3 causing the second point of impact. All three of the vehicles were towed from the scene by Direnzo's Towing company and the operator of Vehicle 1 was transported [redacted] The operators for Vehicle 2 and 3 refused transport.

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 Rattray		95MR	Auburn Police Department		10/25/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date