

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/02/2026** Time of Crash **1837** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **10**State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 3

Route# Direction _____ Name of Roadway/Street _____
At _____2 10
Route# Direction Address # Name of Roadway/StreetRoute# Direction Name of Intersecting Roadway/Street _____
Also at Intersection with _____2 11
Feet **N S E W** of _____ Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street _____

2 12
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 **10** #Occupants Hit/Run MopedCrash Report ID# **26-1-AC**

License # _____ St _____ DOB/Age _____

Reg # **1RMA75** Reg Type **PC** Reg State **MA**Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
Endorsement _____Veh Year **2015** Veh Make **RAM** Veh Config. **2** **21**4 1 Operator **Driverless M.V.** Last _____ First _____ Middle _____Owner **PUPKA, MICHELLE ANNE** Last _____ First _____ Middle _____

Address _____

Address **69 LARNED RD** _____

City _____ State _____ Zip _____

City **OXFORD** State **MA** Zip **01540-2703**5 Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Test Status: **1 28**

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

6 1 Please fill out for operator and all occupants involved

Driver Contributing Code **1 25 25** Towed from scene? **2 33**

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Driver Distracted by **0 26 26**Operator **Operator** See AboveDOB/Age **1** _____ Sex **1** _____7 9 Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

License # **S65379290** St **MA** DOB/Age **05/10/1971**Reg # **94SV91** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____
Endorsement _____Veh Year **2020** Veh Make **NISSAN** Veh Config. **1** **21**8 1 Operator **MASIONIS, MARY BETH** Last _____ First _____ Middle _____Owner **MASIONIS, MARY BETH** Last _____ First _____ Middle _____Address **340 SUNDERLAND RD APT 30F**Address **340 SUNDERLAND RD APT 30F** _____City **WORCESTER** State **MA** Zip **01604-2546**City **WORCESTER** State **MA** Zip **01604-2546**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Test Status: **3 28**Citation # (If Issued) **929184AD**Type of Test: **2 29**Viol. 1: Ch/Sec/Sub **90 24 (2) (** Viol. 2: Ch/Sec/Sub **90 24 (2) (**BAC Test Result: **5 30**Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub **90 17**Susp. Alcohol: **1 31** Susp. Drug: **2 32**

9 2 Please fill out for operator and all occupants involved

Driver Contributing Code **10 25 25** Towed from scene? **3 33**

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Driver Distracted by **99 26 26**Operator/Occupants **Operator/Occupants** See AboveDOB/Age **1** _____ Sex **1** _____

