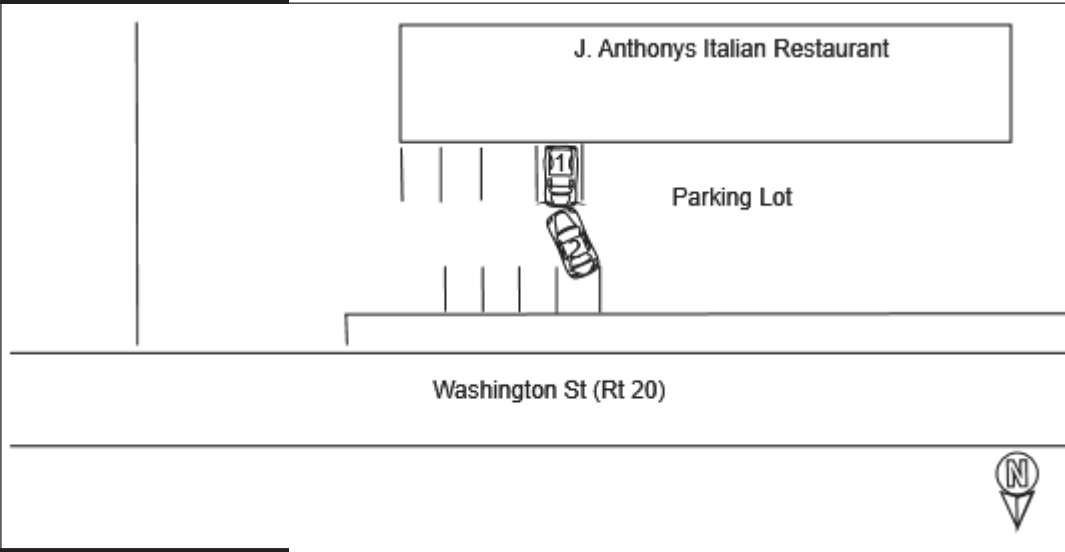


Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 01/02/2026		Time of Crash 1837 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude		State Police Local Police MBTA Police Campus 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 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:		<input checked="" type="checkbox"/> Vehicle 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-1-AC															
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company PROGRESSIVE DIRECT INSURA 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 # 1RMA75 Reg Type PC Reg State MA Veh Year 2015 Veh Make RAM Veh Config. 2 Owner PUPKA, MICHELLE ANNE Address 69 LARNED RD City OXFORD State MA Zip 01540-2703 Vehicle Action Prior to Crash 11 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: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 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		X		X		1															
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S65379290 St MA DOB/Age 05/10/1971 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator MASIONIS, MARY BETH Address 340 SUNDERLAND RD APT 30F City WORCESTER State MA Zip 01604-2546 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) 929184AD Viol. 1: Ch/Sec/Sub 90 24 (2) Viol. 2: Ch/Sec/Sub 90 24 (2) Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub 90 17						Reg # 94SV91 Reg Type PC Reg State MA Veh Year 2020 Veh Make NISSAN Veh Config. 1 Owner MASIONIS, MARY BETH Address 340 SUNDERLAND RD APT 30F City WORCESTER State MA Zip 01604-2546 Vehicle Action Prior to Crash 1 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 10 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 2 27 27 27 Test Status: 3 28 Type of Test: 2 29 BAC Test Result: 5 30 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Towed from scene? 3 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		X		X		1		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

### Crash Narrative:

Vehicle 1 was parked, backed into a spot against the restaurant. Vehicle 2 was pulling out of a parking spot across from V1. A witness stated, V2 accelerated forward and collided with V1, and then fled the parking lot at a high rate of speed. V2 was pulled over and identified further down the road, and arrested for Operating Under the Influence of Liquor. (see 26-4-AR)

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PIERCE DEVANEY THERESA	121 CHARLTON RD SPENCER MA 01562		

### 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 Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/02/2026

Date