

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 Moped Crash Report ID# **26-1-AC**License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
Endorsement _____Reg # **1RMA75** Reg Type **PC** Reg State **MA**4 1 Operator **Driverless M.V.** Last _____ First _____ Middle _____Veh Year **2015** Veh Make **RAM** Veh Config. **2 21**

Address _____

Owner **PUPKA, MICHELLE ANNE** Last _____ First _____ Middle _____

City _____ State _____ Zip _____

Address **69 LARNED RD** 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 _____

Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**6 1 Driver Distracted by **0 26 26** Towed from scene? **2 33**Driver Distracted by **0 26 26** 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

1

7 9 Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.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**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**9 2 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**

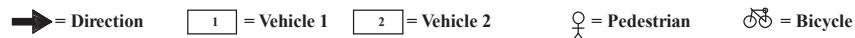
Please fill out for operator and all occupants involved

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

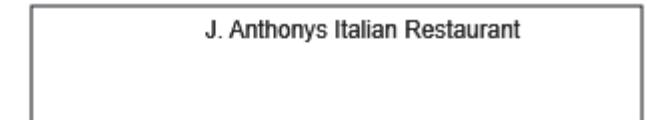
See Above

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Crash Diagram:

ie:



If Crash Did Not Occur on a Public Way:

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

Parking Lot

Washington St (Rt 20)



Introduction



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 _____

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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 #: **46** Reg Type **47** Reg State **48** Reg Year **49**

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

Auburn Police Department

01/02/2026

Date