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
07/25/2026	1419 (24HR)	Auburn	2	0	30			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

2 10 — Route# | Direction | Address # 90 | Name of Roadway/Street: AUBURN ST

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

1 11 — Feet ☐N ☐S ☐E ☐W of Route# | Intersecting Roadway/Street

0 Feet ☒S of Landmark: EXIT OF MCDONALDS

3 — **Please Select One of the Following:** ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 26-290-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D (19/19) Lic. Restrictions B (20) CDL Endorsement

Operator: DUBY, SCOTT ROBERT (Last, First, Middle)

4 2 — Address: 16 HALL RD

City: DUDLEY State: MA Zip: 01571-5902

Insurance Company: SAFETY INSURANCE COMPANY

5 1 — Vehicle Travel Direction: ☐N ☐S ☐E ☒W Responding to Emergency? 2

Citation # (If Issued)

6 1 — Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

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

Reg # 2GSL91 Reg Type PAN Reg State MA

Veh Year 2016 Veh Make TOYOTA Veh Config. 1 (21)

1 12 — Owner: DUBY, SCOTT ROBERT (Last, First, Middle)

Address: 16 HALL RD

City: DUDLEY State: MA Zip: 01571-5902

Vehicle Action Prior to Crash: 1 (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: 4 (27) 27 27

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

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

1 13 — 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	[redacted]	[redacted]	1	1	4	0	0	10	1	

7 1 — **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 (19/19) Lic. Restrictions (20) CDL Endorsement

8 1 — Operator: MCLAUGHLIN, BRIANNA MARIE (Last, First, Middle)

Address: 6 KIMBALL RD

City: AUBURN State: MA Zip: 01501-2537

Insurance Company: PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: ☐N ☒E ☐W Responding to Emergency? 2

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 # 5PLR65 Reg Type PAN Reg State MA

Veh Year 2021 Veh Make TOYOTA Veh Config. 1 (21)

Owner: MCLAUGHLIN, BRIANNA MARIE (Last, First, Middle)

Address: 6 KIMBALL RD

City: AUBURN State: MA Zip: 01501-2537

Vehicle Action Prior to Crash: 6 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 4 (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)

1 14 — Towed from scene? 2 (33)

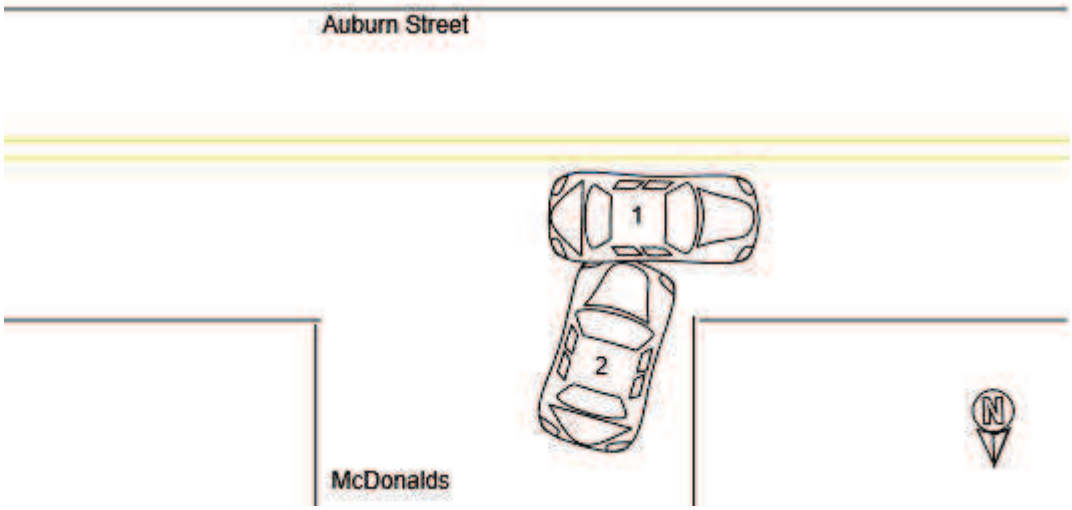
Please fill out for operator and all occupants involved

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/Occupants	See Above	[redacted]	[redacted]	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

I[illegible] Arrow

Crash Narrative:

On July 25, 2026, I was dispatched to Auburn Street by McDonald's for a report of a motor vehicle crash. Vehicle 1 was traveling down Auburn Street and vehicle 2 was pulling out of the exit of McDonald's. Vehicle 2 subsequently struck the side of vehicle 1.

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 Dominic J Walker		87DW	Auburn Police Department		07/25/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date