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 Agency
09/14/2026	1713 (24HR)	Auburn	2	0	40			Local Police

Police Agency: ☐ 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 | 714 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

_____ 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# 26-355-AC

Vehicle 1

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

Sex [redacted] Lic. Class [redacted] Lic. Restrictions [redacted] CDL Endorsement

Operator [redacted] (Last First Middle)

Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Insurance Company FOREMOST PROPERTY AND CAS

Vehicle Travel Direction: N ☒ 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 # 5VCY38 Reg Type PC Reg State MA

Veh Year 2011 Veh Make BMW Veh Config. 1

Owner HOLTON, MATTHEW STEVEN (Last First Middle)

Address 6 BERLIN ST

City AUBURN State MA Zip 01501-1602

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 99 | |

Damaged Area Code: 8 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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			1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 2 #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 1 CDL Endorsement

Operator GERMANO, TAYLOR MACKENZIE (Last First Middle)

Address 23 RIDGEWOOD DR

City AUBURN State MA Zip 01501-2330

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 # 4YBL75 Reg Type PC Reg State MA

Veh Year 2018 Veh Make TOYOTA Veh Config. 2

Owner GERMANO, JENNIFER BETH (Last First Middle)

Address 23 RIDGEWOOD DR

City AUBURN State MA Zip 01501-3344

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 6 | |

Driver Distracted by: 99 | |

Damaged Area Code: 7 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene: 2

Please fill out for operator and all occupants involved

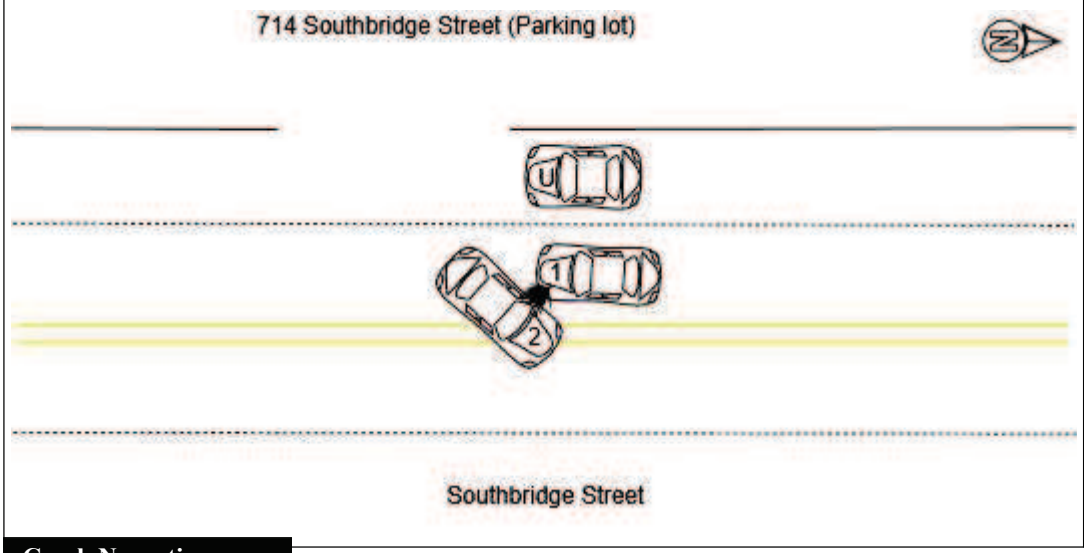
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	
ARIEL FLORES	47 SOLFERINO ST WORCESTER, MA 01604-1721	[redacted]	M	3	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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:

Vehicle 1 was travelling South on Southbridge Street in the left hand lane. Vehicle 2 was turning left onto Southbridge Street from the parking lot of 714 Southbridge Street. V2 states they were waved on by an unknown vehicle, did not see V1, and collided with V1. V1 has damage to the drivers side bumper and headlight. Vehicle 2 has damage to the driver's side door. V1 was towed from the scene by Direnzo's. V2 was driveable.

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 Jacques Durocher		104JD	Auburn Police Department		09/14/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date