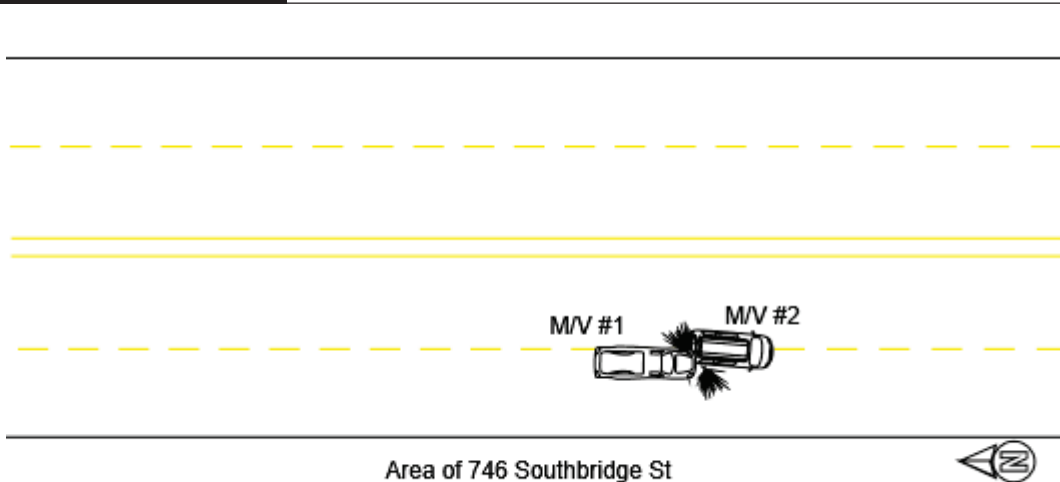


Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 01/05/2026		Time of Crash 1519 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>1</div> <div>1</div> <div>2</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>1</div>						<div>2</div> <div>10</div> <div>2</div> <div>11</div> <div>1</div> <div>12</div> <div>1</div> <div>13</div> <div>2</div> <div>14</div>																	
						Route# Direction Name of Roadway/Street				12 S 746 SOUTHBRIDGE ST				Route# Direction Address # Name of Roadway/Street									
						At				Feet N S E W of . or				Mile Marker Exit Number									
						Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of				Route# Intersecting Roadway/Street									
Also at Intersection with				Feet N S E W of				Route# Intersecting Roadway/Street				Landmark											
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-4-AC															
License # S68857085 St MA DOB/Age 11/10/1985						Reg # 5ABZ66 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make HONDA Veh Config. 2 21																	
Operator BENNETT, LISA D Last First Middle						Owner BENNETT, LISA D Last First Middle																	
Address 221 EVERETT ST						Address 221 EVERETT ST																	
City SOUTHBRIDGE State MA Zip 01550-2643						City SOUTHBRIDGE State MA Zip 01550-2643																	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 8 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 2 33																	
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		1		4		0		0		10		1			
						F		3		1		4		0		0		10		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 # SA2500326 St MA DOB/Age 03/02/1998						Reg # 3EEG48 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21																	
Operator BOZIL, MARC DJENA Last First Middle						Owner BOZIL, MARC DJENA Last First Middle																	
Address 143 SUNDERLAND RD						Address 143 SUNDERLAND RD																	
City WORCESTER State MA Zip 01604-2446						City WORCESTER State MA Zip 01604-2446																	
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 4 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 2 33																	
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		99		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

Insert Arrow



### Crash Narrative:

Both M/V's traveling south on Southbridge St in heavy traffic. Oper of M/V #1 stated that operator of #2 intentionally hit her brakes causing the collision. Following the collision, operator of M/V #2 left the scene. After contacting her via telephone, she reported to the police station with the vehicle. She stated that following the collision she pulled over but stated the other operator began yelling at her and she became frightened and left the scene. She stated upon calling her father, he directed her to contact police.

### 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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/05/2026

Date