

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/05/2026	Time of Crash 1519	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other: _____
24HR					Latitude _____	
					Longitude _____	

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

2 10
12 S 746 SOUTHBIDGE ST

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

2 2

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

2 11
Feet _____ N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____

3 2

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 _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped

Crash Report ID# **26-4-AC**

4 1

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 _____

5 1

Address **221 EVERETT ST**Address **221 EVERETT ST**

6 1

City **SOUTHBIDGE** State **MA** Zip **01550-2643**City **SOUTHBIDGE** State **MA** Zip **01550-2643**Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**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 _____

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

6 1

Please fill out for operator and all occupants involved

Driver Contributing Code **99** 25 25 Towed from scene? **2** 33

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Driver Distracted by **99** 26 26 Medical Facility _____

Operator	See Above	1	1	4	0	0	10	1	
_____	_____	F	3	1	4	0	0	10	1

7 1

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

8 1

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**

9 2

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 27Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**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 _____

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

9 2

Please fill out for operator and all occupants involved

Driver Distracted by **99** 26 26 Towed from scene? **2** 33

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

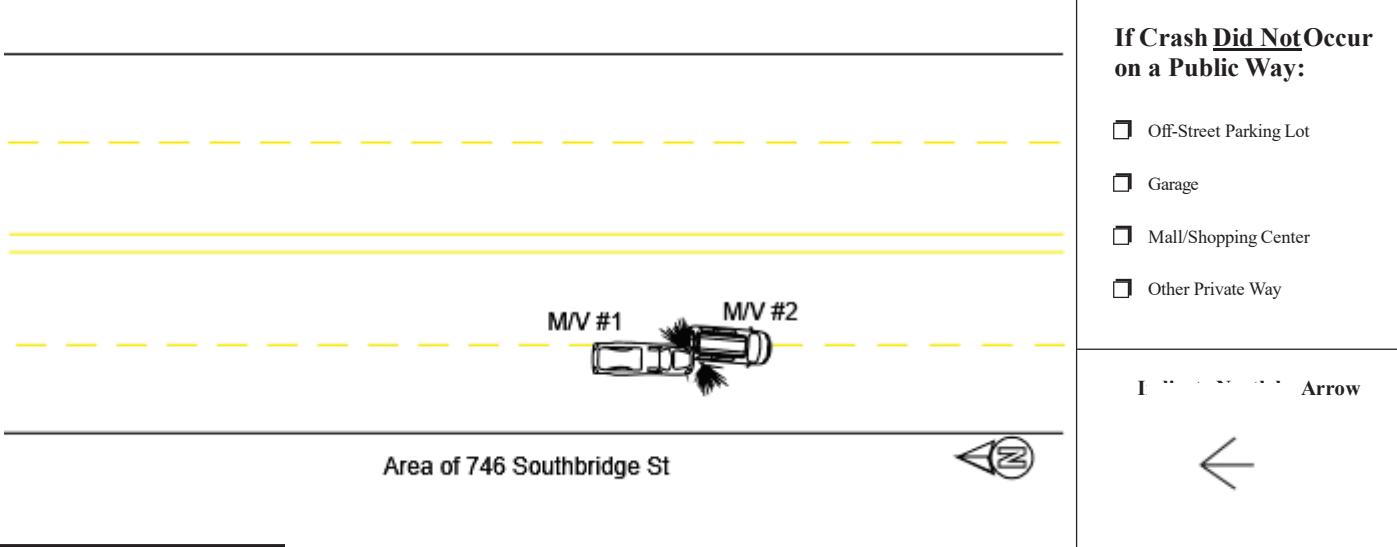
Medical Facility _____

Operator/Occupants	See Above	1	99	4	0	0	10	1	
_____	_____	F	3	1	4	0	0	10	1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → ⚙



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