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
11/01/2026	1038 (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: BROTHERTON WAY
At
Route# | Direction | Name of Intersecting Roadway/Street: AUBURN ST

2 1 — Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # | Name of Roadway/Street
Feet [N S E W] of — — — • — — Mile Marker or Exit Number

2 11 — 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 1 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-417-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D Lic. Restrictions B CDL Endorsement
Operator ANNUNZIATA, SANDRA A (Last, First, Middle)
4 3 — Address 106 MCCARTHY AVE
City CHERRY VALLEY State MA Zip 01611-3264
Insurance Company NORFOLK & DEDHAM MUTUAL F
5 1 — Vehicle Travel Direction: N X E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
6 1 — Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 95JE06 Reg Type PC Reg State MA
Veh Year 2023 Veh Make MAZDA Veh Config. 2
Owner ANNUNZIATA, RICHARD S (Last, First, Middle)
Address 106 MCCARTHY AVE
City CHERRY VALLEY State MA Zip 01611-3264
Vehicle Action Prior to Crash 1
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 1
Driver Distracted by 0
Damaged Area Code: 5 | | |
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2
1 12 — 1 13

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	99	4	0	0	10	1	
RICHARD ANNUNZIATA	106 MCCARTHY AVE CHERRY VALLEY, MA 01611-3264	[redacted]	M	3	99	4	0	0	10	1	

7 3 — 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 M Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator ANTONIAN, PAUL A (Last, First, Middle)
8 2 — Address 8 MOUNT VIEW AVE
City AUBURN State MA Zip 01501-2313
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: N X 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 # T39166 Reg Type CO Reg State MA
Veh Year 2025 Veh Make GMC Veh Config. 2
Owner SMITH, RICHARD FRANCIS (Last, First, Middle)
Address 232 E MAIN ST
City WESTBOROUGH State MA Zip 01581-1742
Vehicle Action Prior to Crash 1
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 19
Driver Distracted by 99
Damaged Area Code: 1 | | |
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2
1 14 —

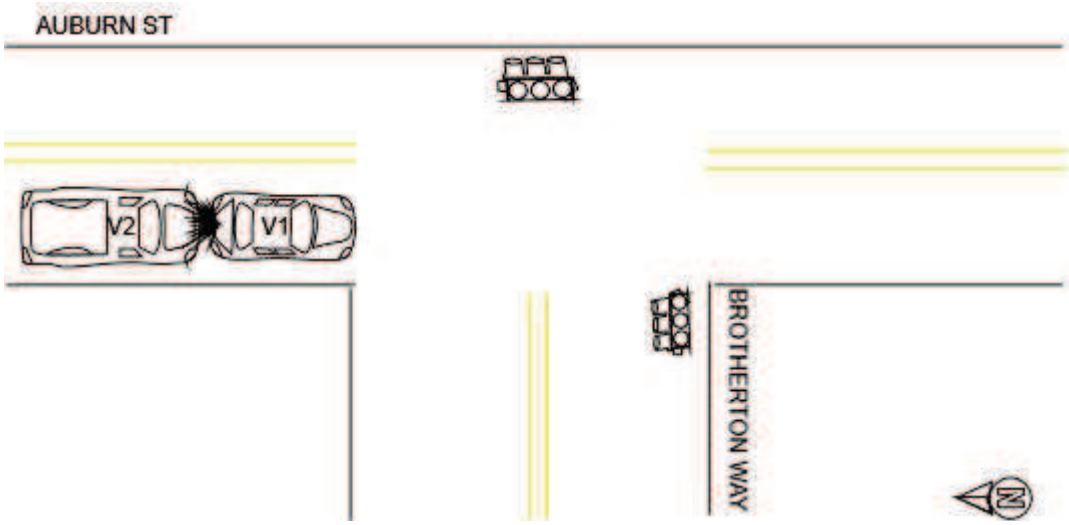
Please fill out for operator and all occupants involved

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	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

I... Arrow

Crash Narrative:

VEHICLE 1 (V1) WAS STOPPED AT THE RED TRAFFIC SIGNAL AUBURN ST AT BROTHERTON WAY FACING SOUTHBOUND. VEHICLE 2 (V2) WAS TRAVELING SOUTHBOUND ON AUBURN ST APPROACHING THE RED TRAFFIC SIGNAL. V2 DID NOT STOP IN TIME AND COLLIDED WITH THE REAR END OF V1.

V1 SUSTAINED MODERATE DAMAGE TO THE BUMPER AND LIFTGATE, AND V2 SUSTAINED MINOR DAMAGE TO THE FRONT END.

BOTH VEHICLES WERE 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 Carrie Girardin		102CG	Auburn Police Department		11/01/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date