

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **05/16/2026** Time of Crash **2121** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 10 Direction _____ Address # PROSPECT ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ 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** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-193-AC**

License # _____ St. _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Reg # 2CW163 Reg Type PAN Reg State MA Veh Year 2015 Veh Make GMC Veh Config. 1 21
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____	Owner MINOR, DEBRA M Last _____ First _____ Middle _____ Address 28 HILLTOP FARM RD City AUBURN State MA Zip 01501-3359
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 8 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S 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 _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 26 Towed from scene? 1 33

Please fill out for operator and all occupants involved		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** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Reg # 6HTD33 Reg Type PAN Reg State MA Veh Year 2020 Veh Make ACURA Veh Config. 2 21
Operator PAULINO, GISSELLE JOSEFA Last _____ First _____ Middle _____ Address 21 VILLAGE DR APT 2 City SOUTHBRIDGE State MA Zip 01550-3140	Owner PAULINO, GISSELLE JOSEFA Last _____ First _____ Middle _____ Address 21 VILLAGE DR APT 2 City SOUTHBRIDGE State MA Zip 01550-3140
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N S <input checked="" type="checkbox"/> 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 _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
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Please fill out for operator and all occupants involved		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	

