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
10/24/2026	1440 (24HR)	Auburn	2	0	10		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 10 — Route# | Direction | Address #: 779 | Name of Roadway/Street: WASHINGTON ST
Feet [N S E W] of — — — • — — Mile Marker | or Exit Number
3 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 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 26-403-AC

Vehicle 1

License #: [redacted] St: [redacted] DOB/Age: [redacted]
Sex: M | Lic. Class: D (19/19) | Lic. Restrictions (20) | CDL Endorsement
Operator: PENA, VICTOR M (Last, First, Middle)
4 2 — Address: 159 DEWEY ST APT 1
City: WORCESTER | State: MA | Zip: 01610-1341
Insurance Company: THE COMMERCE INSURANCE CO
Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2
5 1 — Citation # (If Issued):
Viol. 1: Ch/Sec/Sub: | Viol. 2: Ch/Sec/Sub:
Viol. 3: Ch/Sec/Sub: | Viol. 4: Ch/Sec/Sub:
6 1 —

Reg #: 4KF154 | Reg Type: PC | Reg State: MA
Veh Year: 2016 | Veh Make: JEEP | Veh Config.: 1 (21)
Owner: PENA, VICTOR M (Last, First, Middle)
Address: 159 DEWEY ST APT 1
City: WORCESTER | State: MA | Zip: 01610-1341
Vehicle Action Prior to Crash (22): 3
Event Sequence (23): 1
Most Harmful Event (24): 1
Driver Contributing Code (25): 19 | 99
Driver Distracted by (26): 99
Damaged Area Code (27): 8 | Test Status (28): 1 | Type of Test (29): 0 | BAC Test Result (30): 1
Susp. Alcohol (31): 2 | Susp. Drug (32): 2
Towed from scene? (33): 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	[redacted]	[redacted]	1	1	4	0	0	10	1	

7 1 — Please Select One of the Following: ☒ Vehicle 2 — 4 #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 (19/19) | Lic. Restrictions (20) | CDL Endorsement
Operator: DEV, SHIVENDRA (Last, First, Middle)
8 1 — Address: 121 BAILEY ST APT A1
City: WORCESTER | State: MA | Zip: 01602-2235
Insurance Company: ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: ☒ S ☐ 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:

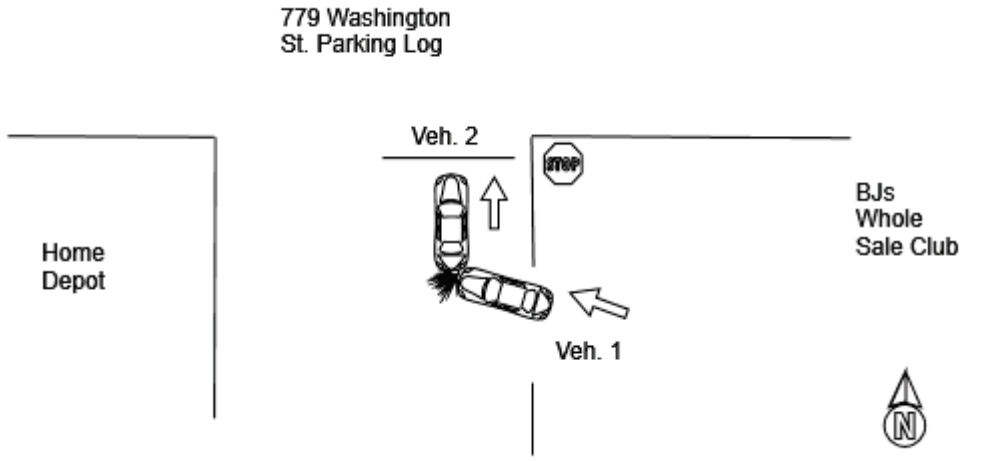
Reg #: 27A780 | Reg Type: PC | Reg State: MA
Veh Year: 2010 | Veh Make: TOYOTA | Veh Config.: 1 (21)
Owner: DEV, SHIVENDRA (Last, First, Middle)
Address: 121 BAILEY ST APT A1
City: WORCESTER | State: MA | Zip: 01602-2235
Vehicle Action Prior to Crash (22): 2
Event Sequence (23): 1
Most Harmful Event (24): 1
Driver Contributing Code (25): 99
Driver Distracted by (26): 99
Damaged Area Code (27): 4 | Test Status (28): 1 | Type of Test (29): 0 | BAC Test Result (30): 1
Susp. Alcohol (31): 2 | Susp. Drug (32): 2
Towed from scene? (33): 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	[redacted]	[redacted]	1	1	4	0	0	10	1	
SHWETA SINGH	121 BAILEY ST WORCESTER, MA 01602	[redacted]	F	3	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	M	6	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	4	4	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[illegible] Arrow

Crash Narrative:

Vehicle one and vehicle two were exiting the parking lot of 779 Washington St (Home Depot). The parking lot is private property, not maintained by the Town of Auburn. While vehicle two was coming to a stop at a posted stop sign, vehicle one rear ended vehicle two.

All parties declined any medical attention. Both vehicles were driveable and left on their own.

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 Stephen Koopman		80SK	Auburn Police Department		10/24/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date