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
08/21/2026	0826 (24HR)	Auburn	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# AUBURN ST — Direction — Name of Roadway/Street

At

2 2 — Route# CENTRAL ST — Direction — Name of Intersecting Roadway/Street

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# 26-326-AC

License # [redacted] St [redacted] DOB/Age [redacted] Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator LOHRKE, EMMA ROSE (Last First Middle)

4 1 — Address 394 MAUREEN CIR

City MAPLEVILLE State RI Zip 02839

Insurance Company PROGRESSIVE

5 1 — Vehicle Travel Direction: N S E W — Responding to Emergency? 2

Citation # (If Issued)

6 2 — Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 1LR431 Reg Type PC Reg State RI

1 12 — Veh Year 2026 Veh Make KIA Veh Config. 1 21

Owner HYUNDAI LEASE TITLING TRUST (Last First Middle)

Address 394 MAUREEN CIR

City MAPLEVILLE State RI Zip 02839

Vehicle Action Prior to Crash 2 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 5 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

1 13 — Towed from scene? 2 33

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	
EDWARD BIGWOOD	24 CHESTNUT AVE AUBURN, MA 01501	[redacted]	M	3	1	4	0	0	10	1	

7 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator JOHNSON, GEORGE ALBERT (Last First Middle)

8 2 — Address 37 GLENWOOD RD

City RUTLAND State MA Zip 01543-1615

Insurance Company FARM FAMILY CASUALTY INSU

9 2 — Vehicle Travel Direction: N S E W — Responding to Emergency? 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 # T51751 Reg Type CO Reg State MA

Veh Year 2017 Veh Make FORD Veh Config. 2 21

Owner JOHNSON BUILDING AND REMODELING INC (Last First Middle)

Address 37 GLENWOOD RD

City RUTLAND State MA Zip 01543-1615

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 99 26 26

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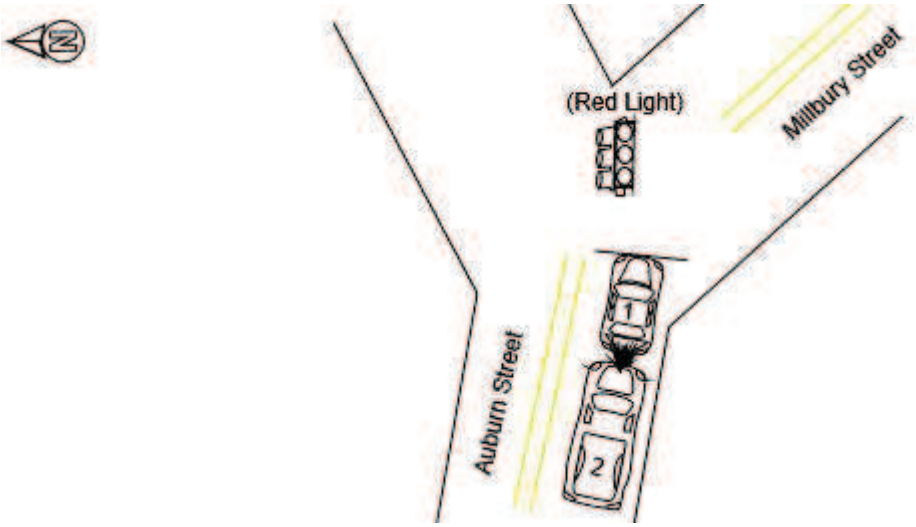
Operator/Occupants	See Above	[redacted]	[redacted]	1							

= 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 1 was stopped at the red light on Auburn Street. Vehicle 2 was directly behind vehicle 1. Vehicle 2 did not realize the light was still red, and subsequently drove foward into the rear of vehicle 1. Vehicle 1 has damage to the rear bumper and trunk. Vehicle 2 did not appear to have much damage. No vehicles were towed from the scene and no injuries were reported.

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 Jacques Durocher		104JD	Auburn Police Department		08/21/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date