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
08/20/2026	1217 (24HR)	Auburn	2	0	40			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 #: 746 | Name of Roadway/Street: SOUTHBRIDGE 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#** 26-324-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted] | Reg # 435NC8 | Reg Type PC | Reg State MA
Sex F | Lic. Class D (19/19) | Lic. Restrictions (20) | CDL Endorsement | Veh Year 2017 | Veh Make HONDA | Veh Config. 1 (21) — 1 12

Operator GOULD, JENNIFER MARIE (Last, First, Middle)
4 1 — Address 136 STAFFORD ST APT 2
City WORCESTER | State MA | Zip 01603-1438
Insurance Company SAFETY INSURANCE COMPANY
5 1 — Vehicle Travel Direction: N ☒ E W | Responding to Emergency? 2
Citation # (If Issued) _____
6 1 — Viol. 1: Ch/Sec/Sub _____ | Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ | Viol. 4: Ch/Sec/Sub _____

Owner GOULD, JENNIFER MARIE (Last, First, Middle)
Address 136 STAFFORD ST APT 2
City WORCESTER | State MA | Zip 01603-1438
Vehicle Action Prior to Crash: 1 (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: 3 (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)
Towed from scene? 2 (33)
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** 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | ☐ **Vulnerable User** Complete the Vulnerable User section.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted] | Reg # 4HVG31 | Reg Type PC | Reg State MA
Sex X | Lic. Class D (19/19) | Lic. Restrictions (20) | CDL Endorsement | Veh Year 2022 | Veh Make TOYOTA | Veh Config. 1 (21)

Operator FALARDEAU, REECE KHAZ (Last, First, Middle)
8 2 — Address 9 QUINEBAUG RD APT 2L
City DUDLEY | State MA | Zip 01571-6858
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 _____

Owner FALARDEAU, REECE KHAZ (Last, First, Middle)
Address 9 QUINEBAUG RD APT 2L
City DUDLEY | State MA | Zip 01571-6858
Vehicle Action Prior to Crash: 4 (22)
Event Sequence: 1 (23) | (23) | (23) | (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 4 (25) | (25)
Driver Distracted by: 0 (26) | (26)
Damaged Area Code: 2 (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)
Towed from scene? 2 (33)
1 14

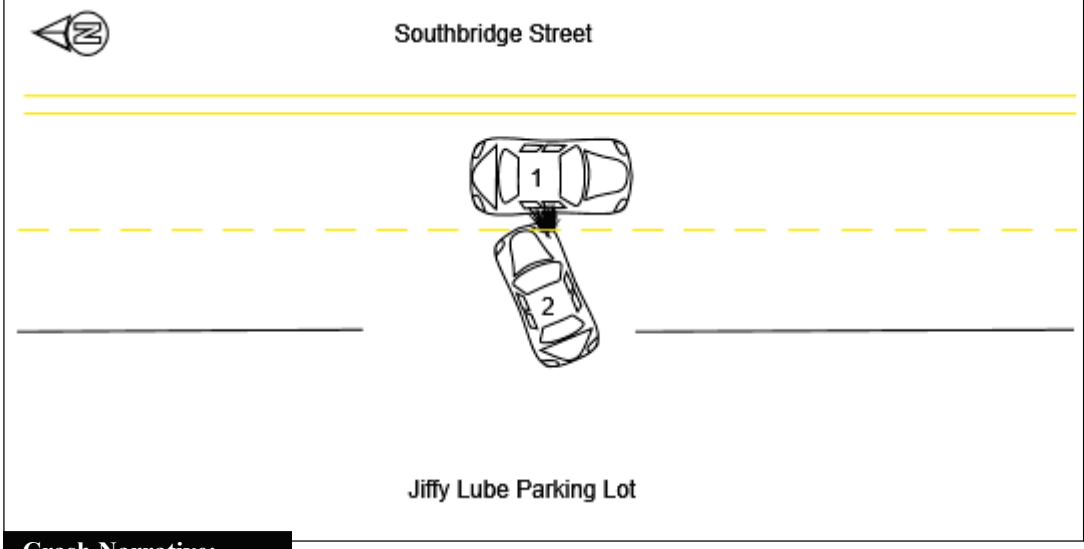
Please fill out for operator and all occupants involved

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	

= 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 traveling southbound on Southbrudge street in the left lane. Vehicle 2 pulled out of the Jiffy Lube parking lot to take a left hand turn onto Southbridge street. Vehicle 2 stated that he was waived on by another vehicle, who was travelling in the right lane. Vehicle 2 pulled out and did not see vehicle 1, causing the crash. Vehicle 1 has damage to the passenger side doors, and vehicle 2 has damage to the front bumper.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		08/20/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date