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 Type
08/23/2026	1552 (24HR)	Auburn	2	0	40			Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 676 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

_____ Feet [N] [X] [E] [W] of — — — • — (Mile Marker) or _____ (Exit Number)

_____ 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 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-329-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator LAFRENIER, SUZANNE RABOIN (Last, First, Middle)
Address 97 EASTWOOD CIR
City GARDNER State MA Zip 01440-3901
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: [N] [X] [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 # 5RHE28 Reg Type PC Reg State MA
Veh Year 2017 Veh Make SUBARU Veh Config. 1

Owner LAFRENIER, SUZANNE RABOIN (Last, First, Middle)
Address 97 EASTWOOD CIR
City GARDNER State MA Zip 01440-3901
Vehicle Action Prior to Crash 5
Event Sequence 1 — — — —
Most Harmful Event 1
Driver Contributing Code 19
Driver Distracted by 0
Damaged Area Code: 2 — — —
Test Status: 1
Type of Test:
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

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	

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 F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator PARO, LAURA BARNAS (Last, First, Middle)
Address 255 CARTER ST
City MANCHESTER State CT Zip 06040
Insurance Company STATE FARM MUT AUTO CO
Vehicle Travel Direction: [N] [X] [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 # RP219 Reg Type PAN Reg State NY
Veh Year 2021 Veh Make Tesla Motors Veh Config. 1

Owner PARO, ROGER (Last, First, Middle)
Address PO BOX 5
City SALEM State NY Zip 12865
Vehicle Action Prior to Crash 1
Event Sequence 1 — — — —
Most Harmful Event 1
Driver Contributing Code 1
Driver Distracted by 0
Damaged Area Code: 8 — — —
Test Status: 1
Type of Test:
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

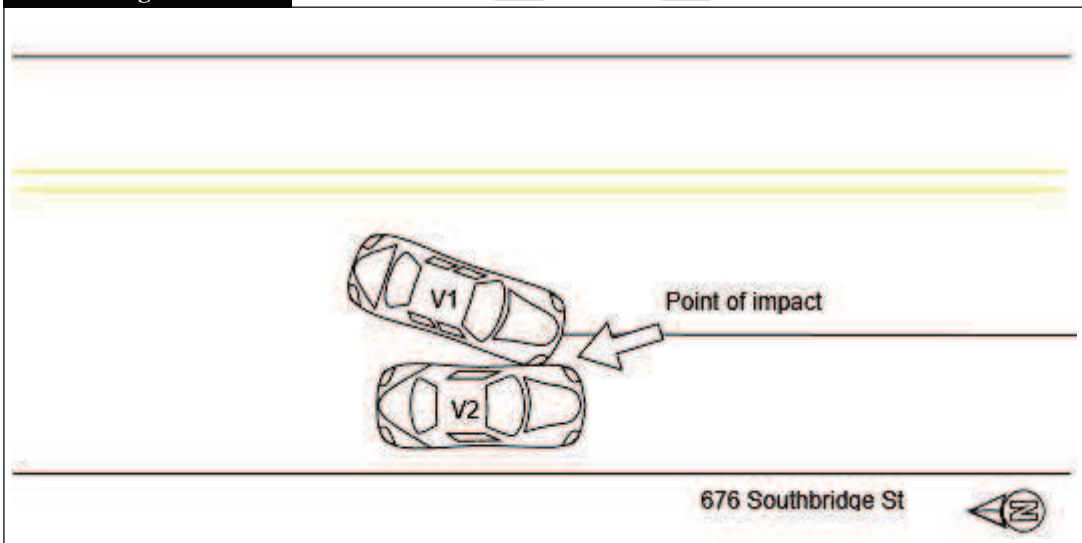
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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:

V1 and V2 were btoh traveling southbound on Southbridge St. in the vicintity of CVS Pharmacy at 676 SOuthbridge St. Prior to the intersection V2 merged into the far right lane after coming off of I-90 (MA PIKE). V1 was traveling in the inside lane. V1 merged into V2 prior to the traffic light next to CVS. V1 required a tire change, and both vehicles were eventually able to both leave the scene under their own power.

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 Jason P Brooks		88JB	Auburn Police Department		08/23/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date