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
11/11/2025	1211 (24HR)	Auburn	2	1	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 1 1

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 2 1

NOT AT INTERSECTION:

Route# | Direction | Address # 567 | Name of Roadway/Street: SOUTHBRIDGE ST — 2 10

____ Feet [N S E W] of — — — • — Mile Marker or Exit Number

____ Feet [N S E W] of Route# | Intersecting Roadway/Street — 3 11

____ Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-394-AC — 3 99

License # NHL13212658 St NH DOB/Age 10/29/2004

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator ROBINSON, CAIRA EVELYN (Last First Middle)

Address 144 N ADAMS ST — 4 1

City MANCHESTER State NH Zip 03104

Insurance Company USAA GENERAL COMPANY

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

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 # 71444 Reg Type PAN Reg State NH

Veh Year 2019 Veh Make VOLKSWAGEN Veh Config. 1 21 — 1 12

Owner ROBINSON, PATRICK DECLAN (Last First Middle)

Address 144 N ADAMS ST

City MANCHESTER State NH Zip 031042322

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: 7 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 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	☒	☒	1	1	2	0	2	9	2	[redacted]

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

License # S51300597 St MA DOB/Age 03/11/1963

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator ABBOTT, KATHRYN EILEEN (Last First Middle)

Address 27 CRANBERRY MEADOW SHORE RD — 8 2

City CHARLTON State MA Zip 01507-3005

Insurance Company UNITED SERVICES AUTOMOBIL

Vehicle Travel Direction: ☒ S E W — Responding to Emergency? 2

Citation # (If Issued) ____ — 9 2

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # 3RYK86 Reg Type PAN Reg State MA

Veh Year 2022 Veh Make SUBARU Veh Config. 1 21

Owner ABBOTT, KATHRYN EILEEN (Last First Middle)

Address 27 CRANBERRY MEADOW SHORE RD

City CHARLTON State MA Zip 01507-3005 — 1 14

Vehicle Action Prior to Crash: 1 22

Event Sequence: 1 23 23 23 23

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Driver Contributing Code: 1 25 25

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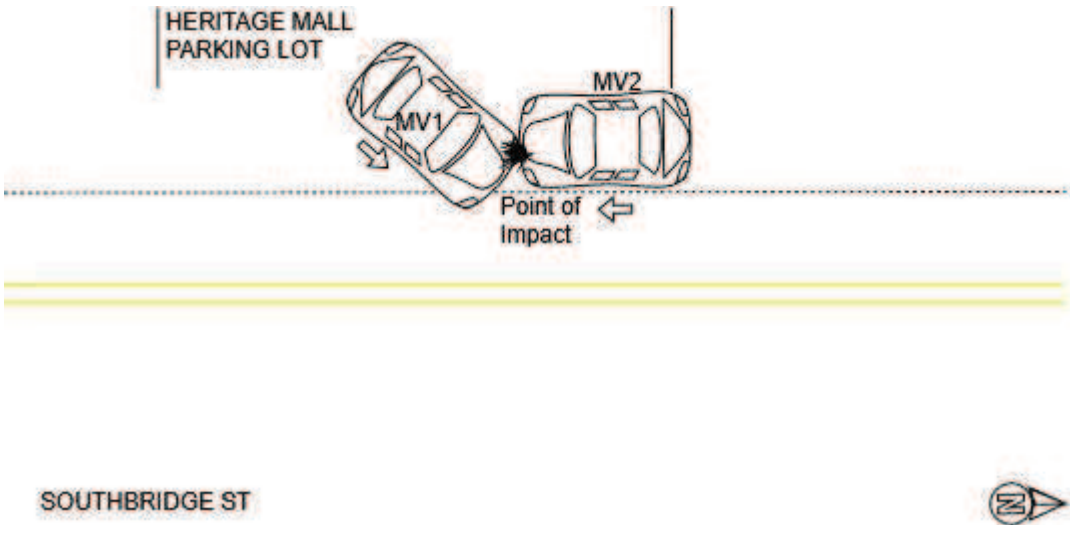
Operator/Occupants	See Above	☒	☒	1	1	3	0	0	10	1	

= 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:

MV1 was exiting the Heritage Mall Parking lot onto Southbridge St (a public way) in Auburn, MA. MV2 was traveling straight ahead, northbound on Southbridge St. Mv1 took a left turn onto Southbridge St, and collided with MV2's center front bumper. Both vehicles were disabled and towed from the scene by Direnzo's Towing Company. Both vehicle's airbags were deployed. [redacted]

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		11/11/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date