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	
07/04/2026	1441 (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 # 494 | Name of Roadway/Street: WASHINGTON ST
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 — 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 26-257-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted] | Reg # RS70SK | Reg Type PC | Reg State MA
Sex M | Lic. Class D (19) (19) | Lic. Restrictions 1 (20) | CDL Endorsement | Veh Year 2017 | Veh Make NISSAN | Veh Config. 1 (21) — 1 12
Operator SANTORO, NICHOLAS RALPH (Last, First, Middle)
4 3 — Address 6 KNOLLWOOD CIR
City MILLBURY | State MA | Zip 01527-3606
Insurance Company FARMERS PROPERTY & CASUAL
Vehicle Travel Direction: N 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 —

Owner SANTORO, NICHOLAS RALPH (Last, First, Middle)
Address 6 KNOLLWOOD CIR
City MILLBURY | State MA | Zip 01527-3606
Vehicle Action Prior to Crash 2 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 19 (25) 5 (25)
Driver Distracted by 99 (26) (26)
Damaged Area Code: 1 (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 — 2 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | ☐ **Vulnerable User** Complete the Vulnerable User section.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted] | Reg # MAG902 | Reg Type PC | Reg State MA
Sex M | Lic. Class D (19) (19) | Lic. Restrictions 1 (20) | CDL Endorsement | Veh Year 2022 | Veh Make SUBARU | Veh Config. 1 (21)
Operator VANDEN-BULCKE, SCOTT S (Last, First, Middle)
8 1 — Address 64 KING ST
City WESTFIELD | State MA | Zip 01085-2723
Insurance Company PROGRESSIVE DIRECT INSURA
Vehicle Travel Direction: N 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

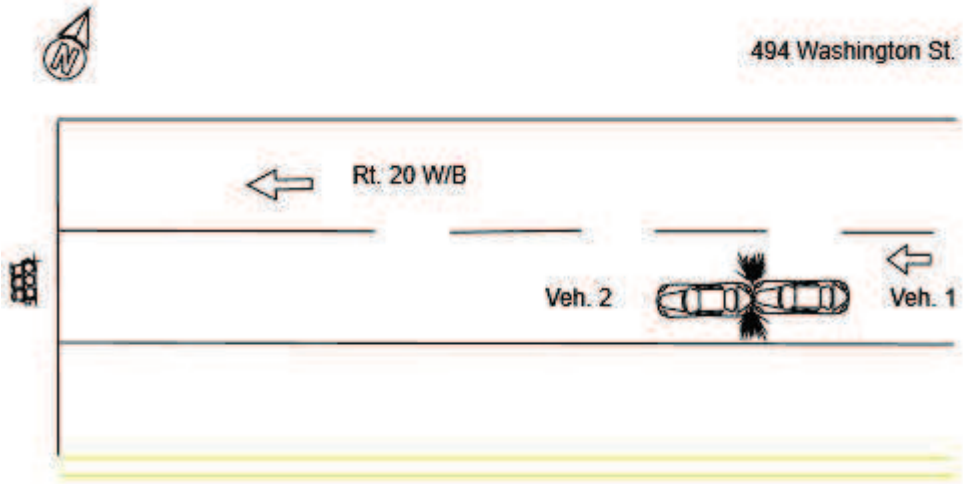
Owner VANDEN-BULCKE, SCOTT S (Last, First, Middle)
Address 64 KING ST
City WESTFIELD | State MA | Zip 01085-2723 — 1 14
Vehicle Action Prior to Crash 2 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 1 (25) (25)
Driver Distracted by 99 (26) (26)
Damaged Area 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)
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/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	
SOPHAT REN	15 STANDISH ST WORCESTER, MA 01604-3211	[redacted]	F	3	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 one was traveling west bound on Rt. 20, Vehicle two was stopped in traffic also traveling west on Rt. 20 (Rt. 20 is a public way, owned and maintained by the MA DOT). Vehicle one failed to slow to vehicle two, as a result vehicle one rear ended vehicle two. All parties declined medical attention. Both vehicles were able to drive away 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		07/04/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date