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
09/10/2026	1151 (24HR)	Auburn	2	0	50			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT 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

Route# | Direction | Address # | Name of Roadway/Street: WASHINGTON ST

Feet N S 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#** 26-349-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class A Lic. Restrictions M CDL Endorsement

Operator KENNEDY, PATRICK J (Last, First, Middle)

Address 52 DWINELL RD

City MILLBURY State MA Zip 01527-1549

Insurance Company AMICA MUTUAL INSURANCE CO

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 # 6CRZ10 Reg Type PC Reg State MA

Veh Year 2006 Veh Make TOYOTA Veh Config. 1

Owner KENNEDY, LILLY T (Last, First, Middle)

Address 52 DWINELL RD

City MILLBURY State MA Zip 01527-1549

Vehicle Action Prior to Crash: 1

Event Sequence: 10 | | | |

Most Harmful Event: 10

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 10

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

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	99	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.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F Lic. Class D Lic. Restrictions B CDL Endorsement

Operator KOULAX, ANGELA (Last, First, Middle)

Address 75 WARNER AVE

City WORCESTER State MA Zip 01604-3149

Insurance Company AMICA MUTUAL INSURANCE CO

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 # 6KFD29 Reg Type PC Reg State MA

Veh Year 2025 Veh Make MAZDA Veh Config. 2

Owner KOULAX, ANGELA (Last, First, Middle)

Address 75 WARNER AVE

City WORCESTER State MA Zip 01604-3149

Vehicle Action Prior to Crash: 1

Event Sequence: 10 | | | |

Most Harmful Event: 10

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

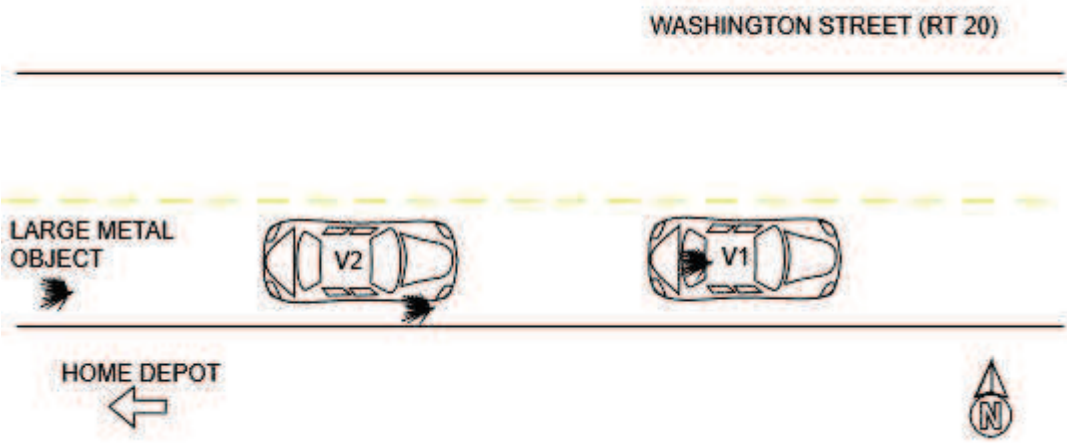
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

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... Arrow

Crash Narrative:

VEHICLE 1 AND VEHICLE 2(TRAVELING EASTBOUND) HIT A LARGE PIECE OF METAL DEBRIS IN THE RIGHT TRAVEL LANE (WASHINGTON ST.) ON A PUBLIC WAY IN THE TOWN OF AUBURN. V1'S FUEL TANK WAS PUNTURED, RESULTING IN THE VEHICLE BEING DEEMED INOPERABLE AND REQUIRING IT TO BE TOWED BY DIRENZO TOWING. V2'S FRONT RIGHT TIRE WAS GASHED, AND THE TIRE WAS REPLACED WITH A SPARE BY AUBURN FIRE AND RESCUE.

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 Carrie Girardin		102CG	Auburn Police Department		09/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date