

Date of Crash 05/02/2026 Time of Crash 1027 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 10 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# 5 Direction Address # Name of Roadway/Street Name of Roadway/Street Contour Ln Feet N S E W of Mile Marker 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: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-176-AC

License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator SHUMWAY, CARRIE L Address 25 UNION ST APT 2L City SOUTHBRIDGE State MA Zip 01550-1843 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N S [X] 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 # 9SG929 Reg Type PC Reg State MA Veh Year 2015 Veh Make JEEP Veh Config. 1 Owner SHUMWAY, CARRIE L Address 25 UNION ST APT 2L City SOUTHBRIDGE State MA Zip 01550-1843 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 35 23 23 23 23 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Driver Contributing Code 97 25 25 Driver Distracted by 99 26 26 Towed from scene? 1 33

Table with columns: 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 row: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 2, []

Please Select One of the Following: [] Vehicle 2 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # St. DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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Auburn Police Department
Images Associated with 26-176-AC

