

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/24/2026 Time of Crash 1331 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 10

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

611 SOUTHBIDGE ST
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

2 10

2 1

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____

2 11

2 1

Also at Intersection with _____

Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

2 12

3 1

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

Landmark _____

1 13

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **26-36-AC**License # C05451417101812 St NJ DOB/Age 01/22/1981Reg # M88LTNReg Type PCReg State NJSex U Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____Veh Year 2017Veh Make CHEVROLETVeh Config. 1 21

4 1

Operator CARBONE, CRAIG J Last First Middle Owner CARBONE, CRAIG J Last First Middle Address 560 FRANKLIN AVEAddress 560 FRANKLIN AVECity WYCKOFF State NJ Zip 07481City WYCKOFF State NJ Zip 07481

5 1

Insurance Company _____

Vehicle Action Prior to Crash 10 22Vehicle Travel Direction: N S E X Responding to Emergency? 2Damaged Area Code: 0 27 27 27

Citation # (If Issued) _____

Test Status: 1 28

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

Type of Test: 0 29

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

BAC Test Result: 1 30

6 1

Driver Contributing Code 1 25 25Susp. Alcohol: 2 31 Susp. Drug: 2 32Driver Distracted by 0 26 26Towed from scene? 2 33

Please fill out for operator and all occupants involved

Medical Facility _____

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

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 _____

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Insurance Company PLYMOUTH ROCK ASSURANCE CVehicle Action Prior to Crash 1 22Vehicle Travel Direction: N S E X Responding to Emergency? 2Damaged Area Code: 0 27 27 27

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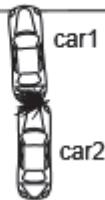
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚒ = Bicycle

Crash Diagram:

ie:



RT12



Shell Gas Station Parking Lot



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I → Arrow



Crash Narrative:

Car 1 was pulling out of the parking lot trying to take a left turn. Car 1 realized he couldnt take a left and realized he was blocking the travel lane of RT12. Car 1 backed up as Car 2 was driving foward. Car 1 backed into Car 2. no damage was apparent to either car.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

01/24/2026

Date