

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash 01/07/2026 Time of Crash 1110 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 35

State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street  
At

2 10 Route# Direction Address # Name of Roadway/Street  
Feet  S  E  W of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

2 4 Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with

9 11 Route# Direction Name of Intersecting Roadway/Street  
Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street  
Feet  N  S  E  W of \_\_\_\_\_ Landmark \_\_\_\_\_

3 5 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped

Crash Report ID# **26-10-AC**

License # **S71033653** St **MA** DOB/Age **08/18/1949**

Reg # **5CM164** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Endorsement

Veh Year **2016** Veh Make **FORD** Veh Config. **2** 21

Operator **SNYDER, CLARENCE ROLAND** Last **SNYDER** First **CLARENCE** Middle **ROLAND**

Owner **SNYDER, JANE P** Last **SNYDER** First **JANE** Middle **P**

Address **12 GAY RD**

Address **12 GAY RD**

City **BROOKFIELD** State **MA** Zip **01502**

City **BROOKFIELD** State **MA** Zip **01506-1821**

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 27 27 27

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

Event Sequence **1** 23 23 23 23 Test Status: **1** 28

Citation # (If Issued) \_\_\_\_\_

Most Harmful Event **1** 24 Type of Test: **0** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Driver Contributing Code **1** 25 25 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Driver Distracted by **0** 26 26 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** See Above

**1** 99 **4** 0 0 10 1 **NOT TRANSPORTED**

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

Reg # **244MA9** Reg Type **PC** Reg State **MA**

License # **S09082745** St **MA** DOB/Age **05/08/1961**

Veh Year **2018** Veh Make **FORD** Veh Config. **2** 21

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Endorsement

Owner **BRAUNS, ALLEN JAMES** Last **BRAUNS** First **ALLEN** Middle **JAMES**

Address **81 PARADISE LN**

Address **81 PARADISE LN**

City **FISKDALE** State **MA** Zip **01518-1000**

City **FISKDALE** State **MA** Zip **01518-1000**

Insurance Company **GOVERNMENT EMPLOYEES INSU**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27

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

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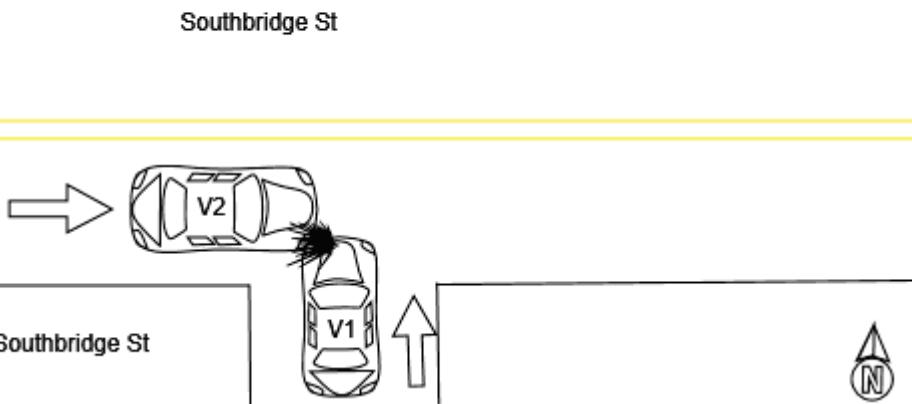
**Operator/Occupants** See Above

**1** 99 **4** 0 0 10 1 **NOT TRANSPORTED**

→ = 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 was exiting 207 Southbridge St turning left, due to poor road conditions vehicle 1 began to slide out of the exit and into the roadway. Vehicle 2 was traveling past 207 Southbridge St when vehicle 1 slid into the roadway, both vehicles were unable to stop due to road conditions causing the accident.

**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 Patrick Montague**

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

01/07/2026

Date