

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/07/2026		Time of Crash 1110 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>205 SOUTHBRIDGE ST</div> <div>Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of</div> <div>Landmark</div>											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> 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 <div>1919</div> Lic. Restrictions B <div>20</div> CDL Endorsement						Veh Year 2016 Veh Make FORD Veh Config. <div>2</div> <div>21</div>											
Operator SNYDER, CLARENCE ROLAND						Owner SNYDER, JANE 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 <div>3</div> <div>22</div>											
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence <div>1</div> <div>23</div> <div>23</div> <div>23</div> <div>23</div>											
Citation # (If Issued)						Most Harmful Event <div>1</div> <div>24</div>											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code <div>1</div> <div>25</div> <div>25</div>											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by <div>0</div> <div>26</div> <div>26</div>											
Please fill out for operator and all occupants involved						Damaged Area Code: <div>8</div> <div>27</div> <div>27</div> <div>27</div>											
Name (Last First Middle) Address DOB/Age Sex <div>34</div> Seat Pos. <div>35</div> Safety System <div>36</div> Airbag Status <div>37</div> Eject Code <div>38</div> Trap Code <div>39</div> Injury Status <div>40</div> Transp. Code Medical Facility						1 99 4 0 0 10 1 NOT TRANSPORTED											
Operator See Above																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # S09082745 St MA DOB/Age 05/08/1961						Reg # 244MA9 Reg Type PC Reg State MA											
Sex M Lic. Class <div>1919</div> Lic. Restrictions <div>20</div> CDL Endorsement						Veh Year 2018 Veh Make FORD Veh Config. <div>2</div> <div>21</div>											
Operator BRAUNS, ALLEN JAMES						Owner BRAUNS, ALLEN 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 <div>1</div> <div>22</div>											
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence <div>1</div> <div>23</div> <div>23</div> <div>23</div> <div>23</div>											
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Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by <div>0</div> <div>26</div> <div>26</div>											
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Operator/Occupants See Above																	

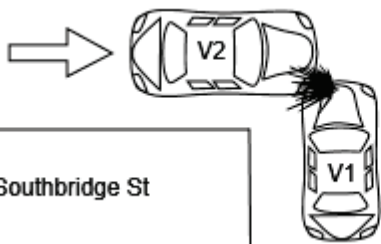
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Southbridge St

207 Southbridge St



If Crash Did Not Occur on a Public Way:

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

↑ 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 road way. vehicle 2 was traveling past 207 Southbridge St when vehicle 1 slid into the roadway, both vehicles where 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