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	
07/15/2026	1541 (24HR)	Auburn	1	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 102 BURNETT 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# 26-269-AC

Vehicle 1

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

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

Operator HAMMOND, ANNE M (Last, First, Middle)

Address 105 OXFORD ST N APT 2

City AUBURN State MA Zip 01501-1775

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

Citation # (If Issued) 400451AE

Viol. 1: Ch/Sec/Sub 90 24(2)(Viol. 2: Ch/Sec/Sub _____

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

Reg # X79548 Reg Type CO Reg State MA

Veh Year 2012 Veh Make DODGE Veh Config. 2

Owner HAMMOND, JEFFREY WILLIAM (Last, First, Middle)

Address 105 OXFORD ST N APT 2

City AUBURN State MA Zip 01501-1775

Vehicle Action Prior to Crash: 1

Event Sequence: 22 30 _ _

Most Harmful Event: 22

Driver Contributing Code: 15 19

Driver Distracted by: 99 _

Damaged Area Code: 2 3 _

Test Status: 1

Type of Test: _

BAC Test Result: _

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			1	1	4	0	0	10	1	

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

Vehicle 2

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____

Operator _____ (Last, First, Middle)

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 _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. _____

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash: _

Event Sequence: _ _ _ _

Most Harmful Event: _

Driver Contributing Code: _ _

Driver Distracted by: _ _

Damaged Area Code: _ _ _

Test Status: _

Type of Test: _

BAC Test Result: _

Susp. Alcohol: _ Susp. Drug: _

Towed from scene? _

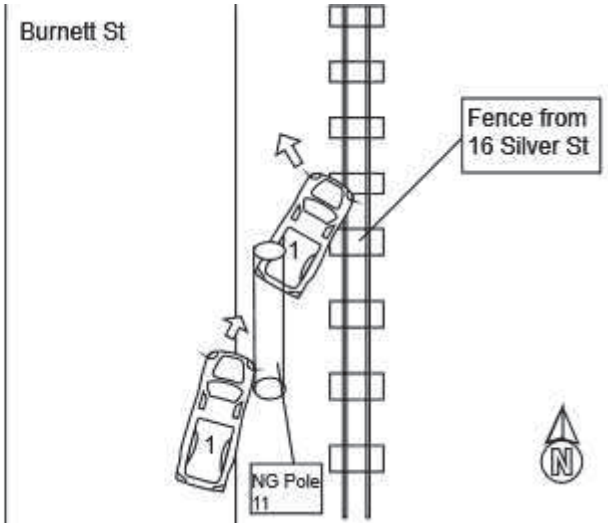
Please fill out for operator and all occupants involved

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			1							

= 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

Indicate North Arrow

Crash Narrative:

Vehicle 1 was traveling north on Burnett St. V1 veered off the road, sideswiped a utility pole, and collided with a fence at 16 Silver St. The operator of the vehicle then left the scene and was stopped by Auburn Police in front of 25 Pinehurst Ave, approximately 1 mile away. The operator stated she was under emotional distress. She was issued citation 400451AE.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SPRING KEAGHAN	102 BURNETT ST AUBURN MA 01501	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBRIDGE ST WORCESTER MA 016			UTILITY POLE
WOOD DARLEEN FRANCES	16 SILVER ST AUBURN MA 01501-1224	[redacted]		WOODEN FENCE

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 Matthew Rodwill		84MR	Auburn Police Department		07/15/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date