Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other:
02/16/2026	2034 24HR	Auburn	1	0	10			☐	☒	☐	☐	

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# Direction 88 Address # BANCROFT ST Name of Roadway/Street

Feet N S E W of — — — • — or Mile Marker Exit Number

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

Feet N S E W of Landmark

1 4 2 1 2 10 1 11

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 26-80-AC

3

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

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Reg # 6WHJ33 Reg Type PC Reg State MA

Veh Year 2021 Veh Make TOYOTA Veh Config. 2 21

7 12

Operator ROMANO PUNTIER, MARIBEL (Last First Middle)

Address 36 LAKESIDE AVE

City CLINTON State MA Zip 01510-1873

Insurance Company PROGRESSIVE CASUALTY INSU

Vehicle Travel Direction: N S ☒ 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

Owner ROMANO PUNTIER, MARIBEL (Last First Middle)

Address 36 LAKESIDE AVE

City CLINTON State MA Zip 01510-1873

Vehicle Action Prior to Crash 10 22

Event Sequence 3 23 23 23 23

Most Harmful Event 3 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 0 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

4 1 5 6 1 3 13

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	X	X	1	1	4	0	0	10	1	

7 1

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 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

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

Owner (Last First Middle)

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

8 1 9 2 1 14

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	X	X	1							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User

Type: 1 (VU1) | Action: 5 (VU2) | Location: 5 (VU3)

VU: SULLIVAN, SEAN THOMAS (Last, First, Middle)

Address: 51 MCCRACKEN RD

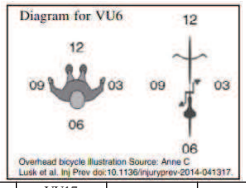
City: MILLBURY State: MA Zip: 01527-1526

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

Traffic Control Device: 0 (VU4)

Origin/Destination: 97 (VU5)

Contact Point: 12 (VU6)



Primary Injury Area: 4 (VU7)

Event Sequence: 12 (VU8), 19 (VU8), VU8, VU8

Contributing Code: 97 (VU9), VU9

Distracted by: 1 (VU10), VU10

Test Status: 1 (VU11)

Type of Test: 0 (VU12)

BAC Test Result: 1 (VU13)

Susp. Alcohol: 1 (VU14)

Susp. Drug: 2 (VU15)

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	97	10	0	0	8	1	

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

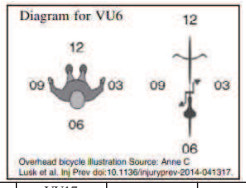
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8, VU8, VU8, VU8

Contributing Code: VU9, VU9

Distracted by: VU10, VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

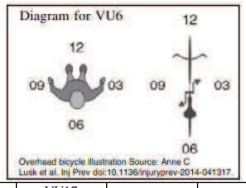
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8, VU8, VU8, VU8

Contributing Code: VU9, VU9

Distracted by: VU10, VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

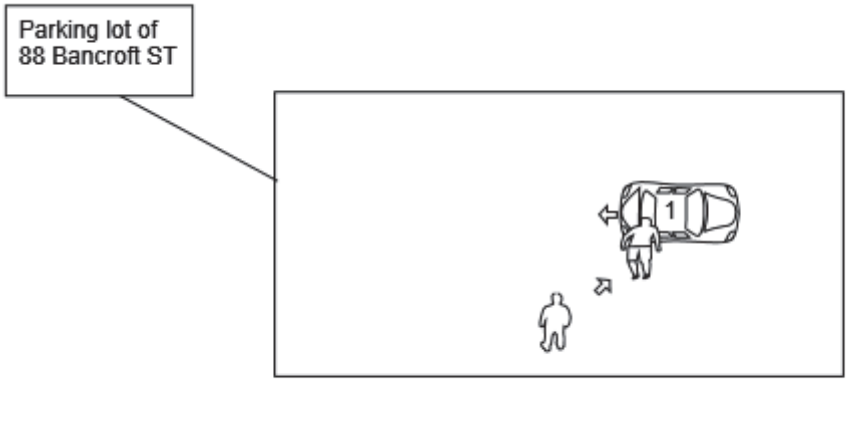
Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

= 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 slowly backing up to pick up a ride share passenger. The Pedestrian was walking from the entrance of 88 Bancroft St. After reviewing video camera footage, The pedestrian was stumbling after leaving the bar, and while V1 was backing up, the pedestrian stumbled into the side of V1, and fell over causing his foot to be run over by the rear passenger side tire.

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 Matthew Rodwill		84MR	Auburn Police Department		02/16/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date