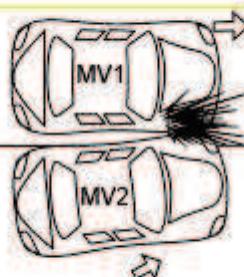


Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report								RMV Document Number								
Date of Crash 02/09/2026	Time of Crash 1143 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:													
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:												
Route# Direction Name of Roadway/Street At			Route# Direction Address #				Name of Roadway/Street												
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of				N	S	E	W	Mile Marker		• — or Exit Number						
N	S	E	W																
Route# Direction Name of Intersecting Roadway/Street			Feet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of				N	S	E	W	Route#		Intersecting Roadway/Street						
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N	S	E	W																
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 26-64-AC																
License # SA7671286 St MA DOB/Age 10/31/2007			Reg # 6HBC51				Reg Type PAN		Reg State MA										
Sex F Lic. Class D <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>19</td><td>19</td></tr></table> Lic. Restrictions 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>20</td></tr></table> CDL _____ Endorsement			19	19	20	Veh Year 2013				Veh Make VOLKSWAGEN		Veh Config. 1							
19	19																		
20																			
Operator MALPASS, ISABELLA Last First Middle Address 300 LEICESTER ST			Owner DEWITTE, ADDAM A Last First Middle Address 11 HIGHLAND ST																
City AUBURN State MA Zip 01501			City AUBURN				State MA		Zip 01501-2019										
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>22</td></tr></table>				1	22	Damaged Area Code: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>27</td><td>27</td><td>27</td></tr></table>				2	27	27	27			
1	22																		
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Vehicle Travel Direction: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>N</td><td>X</td><td>E</td><td>W</td></tr></table> Responding to Emergency? 2			N	X	E	W	Event Sequence <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table>				1	23	23	23	23	Test Status: 28			
N	X	E	W																
1	23	23	23	23															
Citation # (If Issued) _____			Most Harmful Event 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>24</td></tr></table>				24	Type of Test: 29											
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Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>25</td><td>25</td></tr></table>				1	25	25	BAC Test Result: 30									
1	25	25																	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>26</td><td>26</td></tr></table>				0	26	26	Susp. Alcohol: 31 Susp. Drug: 32									
0	26	26																	
Please fill out for operator and all occupants involved							Towed from scene? 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>33</td></tr></table>				33								
33																			
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: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																
License # S29872718 St MA DOB/Age 12/07/1962			Reg # 9FP315				Reg Type PAN		Reg State MA										
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19	19																		
20																			
Operator FLEMING, LAURIE J Last First Middle Address 85 BOYCE ST APT 1			Owner FLEMING, LAURIE J Last First Middle Address 85 BOYCE ST APT 1																
City AUBURN State MA Zip 01501-2179			City AUBURN				State MA		Zip 01501-2179										
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>5</td><td>22</td></tr></table>				5	22	Damaged Area Code: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>8</td><td>27</td><td>27</td><td>27</td></tr></table>				8	27	27	27			
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Operator/Occupants			See Above				1	1	4	0	0	10	1						

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

Crash Diagram:

ie: → 1 → 2 → ⚙



Point of Impact

West St.



If Crash Did Not Occur on a Public Way:

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

I → ⚙ → ⚙ → Arrow



Crash Narrative:

MV1 was traveling southbound on West St. (a public way) on the left lane in the town of Auburn. MV2 was traveling southbound on West St. on the right lane. MV2 proceeded to change lanes and collided with MV1's right front. No injuries occurred, both vehicles drivable.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate

Cargo Body Type Code

GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard

Material 1 digit #

Material Name _____

Material 4 digit # _____

Release code

Patrolman Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/09/2026

Date