

Date of Crash **05/09/2026** Time of Crash **2326** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

PROSPECT ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
WASHINGTON ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-188-AC**

License # _____ St. _____ DOB/Age _____ Reg # **6MV738** Reg Type **PC** Reg State **MA**
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1 21**
Operator _____ Owner **ANTOINE-JENNINGS, KEISHA NADINE**
Address _____ Address **231 PROSPECT ST APT B**
City _____ State **MA** Zip **01501-3344**
Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 1 27 27**
Vehicle Travel Direction: N 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: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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

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

License # _____ St. _____ DOB/Age _____ Reg # **6SE779** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1 21**
Operator **PERISTERE, VICTOR LONI** Owner **PERISTERE, VICTOR LONI**
Address **28 BEEBE RD** Address **28 BEEBE RD**
City **MONSON** State **MA** Zip **01057-9549** City **MONSON** State **MA** Zip **01057-9549**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 27 27**
Vehicle Travel Direction: N 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved		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	1	4	0	0	10	1
DIANE FITCH	290 DRESSER HILL RD CHARLTON, MA 01507-6552		F	11	1	4	0	0	8	1	

