

Date of Crash **03/17/2026** Time of Crash **1500** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** State Police  Local Police  MBTA Police  Campus Police  Other:

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# **368** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE 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 \_\_\_\_\_ **PARKING LOT OF PLANET FITNESS** Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-126-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **5TXX31** Reg Type **PAN** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2025** Veh Make **JEEP** Veh Config. **2 21**

Operator **Driverless M.V.** Owner **NOECKER, AMY B**

Address \_\_\_\_\_ Address **283 WALLUM LAKE RD**

City \_\_\_\_\_ State **MA** Zip **01516-2605**

Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>

Please Select One of the Following:  Vehicle **21** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **SB47182** Reg Type **SBN** Reg State **MA**

Sex **F** Lic. Class **B 19 19** Lic. Restrictions **M 20** CDL **S** Veh Year **2021** Veh Make **Truck** Veh Config. **4 21**

Operator **STEINHILBER, CHELSEA E** Owner **A A TRANSPORTATION CO INC**

Address **23 BURNETT ST** Address **605 HARTFORD TPKE**

City **AUBURN** State **MA** Zip **01501-1203** City **SHREWSBURY** State **MA** Zip **01545-4103**

Insurance Company **NEW YORK MARINE AND GENER** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **29**

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Towed from scene? **2 33**

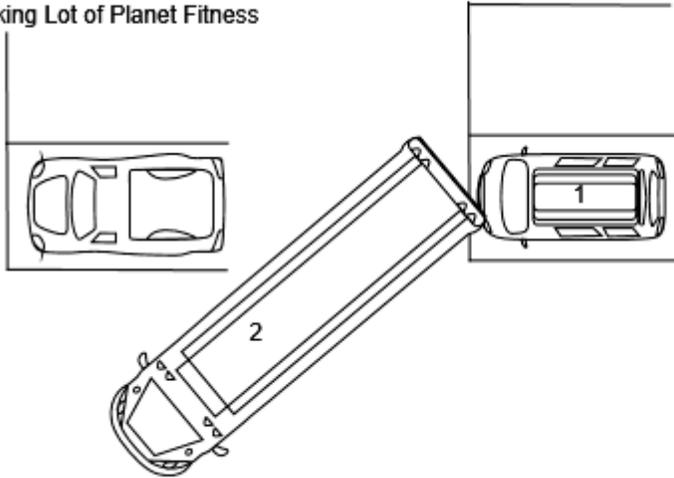
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ☺

Parking Lot of Planet Fitness



**If Crash Did Not Occur on a Public Way:**

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

↑ Arrow



**Crash Narrative:**

On March 18, 2026, I was dispatched to the parking lot of Planet Fitness for a motor vehicle accident involving a bus. I spoke with the operator of the school bus who stated she was backing up to get out of the parking lot. She got stuck between vehicle 1, and the other vehicle in a parking spot right near it. She backed up to turn and struck vehicle 1.

**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 # **SB47182** (From Vehicle Section)

Carrier Name **AA Transportation** Bus Use **1** <sup>42</sup>

Address **605 HARTFORD TPKE** City **SHREWSBURY** St **MA** Zip **01545**

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate <sup>43</sup> Cargo Body Type Code <sup>44</sup> GVWR/GCWR <sup>45</sup>

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length <sup>46</sup>

**Hazmat Information:**

Placard <sup>47</sup> Material 1 digit # <sup>48</sup> Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code <sup>49</sup>

Patrolman **Dominic J Walker**      **87DW**      **Auburn Police Department**      **03/17/2026**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date