

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/23/2026** Time of Crash **1305** 24HR City/Town **Auburn**

Number Vehicles **1** Number Injured **0** Speed Limit **25**
 State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10 2

1 1 Route# Direction Name of Roadway/Street
At _____

Route# **15** Direction **MOUNT VIEW AVE** Address # Name of Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

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

Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-34-AC**License # **SA3421339** St **MA** DOB/Age **07/22/2003**Reg # **3EW482** Reg Type **APN** Reg State **OK**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Veh Year **2020** Veh Make **FORD** Veh Config. **1** 21Operator **LANDAVERDE, MARLON J**Owner **BUDGET TRUCK RENTAL, LLC**Address **19 HAYNES ST APT 2**Address **300 CENTRE POINTE DR**City **WORCESTER** State **MA** Zip **01603-2674**City **VIRGINIA BEACH** State **VA** Zip **23462**Insurance Company **OLD REPUBLIC INSURANCE**Vehicle Action Prior to Crash **10 22** Damaged Area Code: **8 27 27 27**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Test Status: **1 28**

Citation # (If Issued) _____

Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: **30**

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

Susp. Alcohol: **2 31** Susp. Drug: **2 32**Driver Contributing Code **19 25 25**Towed from scene? **2 33**Driver Distracted by **99 26 26**

Medical Facility _____

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

7 9 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____

Owner _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Test Status: **28**

Citation # (If Issued) _____

Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: **30**

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

Susp. Alcohol: **31** Susp. Drug: **32**Driver Contributing Code **25 25**Driver Distracted by **26 26**Towed from scene? **33**

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

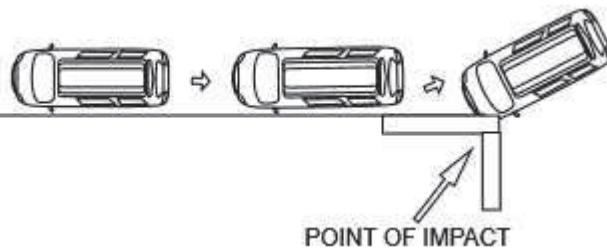
See Above

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→ = 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

Indicates Public Way Arrow



Crash Narrative:

V#1 WAS BACKING OUT OF THE DRIVEWAY AFTER DELIVERING A PACKAGE. WHEN V#1 STARTED TO TURN THE WHEEL BACKING OUT OF THE DRIVEWAY, THE DRIVER CUT THE WHEEL TOO SOON AND COLLIDE WITH THE RETAINING WALL OF THE RESIDENCE. THE VEHICLE WAS NOT TOWED AND THERE WERE NO INJURIES TO REPORT.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
FANNING PETER WILLIAM	15 MOUNT VIEW AVE AUBURN MA 01501			RETAINING WALL

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/23/2026

Date