

Date of Crash 01/09/2026 Time of Crash 1509 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, At, and Intersecting Roadway/Street.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 26-17-AC

Operator and Owner information including License #, Reg #, Veh Year, Veh Make, Address, City, State, Zip, Insurance Company, and Violation details.

Table for operator and occupants involved, with columns for Name, Address, DOB/Age, Sex, and various safety codes (34-40).

Please Select One of the Following: [X] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

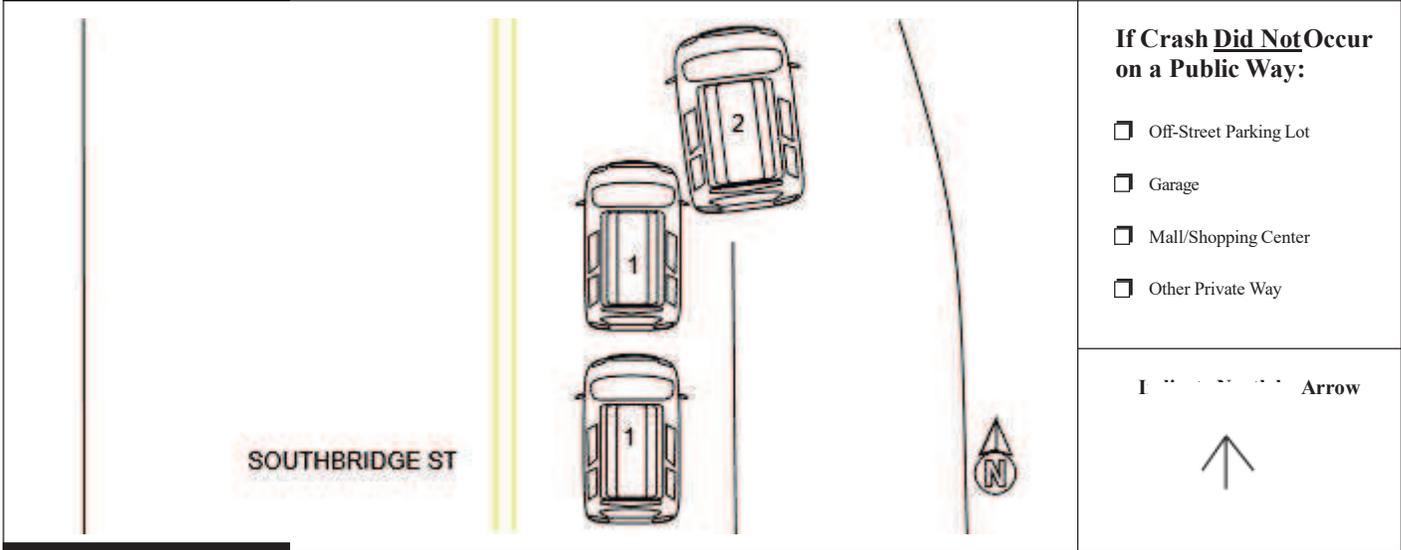
Operator and Owner information for a second vehicle, including License #, Reg #, Veh Year, Veh Make, Address, City, State, Zip, Insurance Company, and Violation details.

Table for operator and occupants involved for the second vehicle, with columns for Name, Address, DOB/Age, Sex, and various safety codes (34-40).

→ = 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 Direction with Arrow



Crash Narrative:

VEHICLE 1 WAS TRAVELING NORTHBOUND ON SOUTHBRIDGE ST. VEHICLE 2'S LANE WAS COMING TO AN END AND BEGAN TO MERGE INTO THE LEFT LANE. WHILE MERGING, VEHICLE 2 STRUCK THE SIDE OF 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 # _____ (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 Brandyn J Geldart 86BG Auburn Police Department 01/09/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date