

Date of Crash **06/19/2026** Time of Crash **1622** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** 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 _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **714** 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 _____ Landmark _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-241-AC**

License # _____ St. _____ DOB/Age _____ Reg # **IC39VG** Reg Type **PAS** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator **COLTON, JOEYANNA LYNN** Owner **COLTON, JOEYANNA LYNN**
 Address **14 JACKSON LN** Address **14 JACKSON LN**
 City **BARRE** State **MA** Zip **01005-9574** City **BARRE** State **MA** Zip **01005-9574**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**
 Vehicle Travel Direction: **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: **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: **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
RICHARD ZUSCAK	211 BARRE PAXTON RD RUTLAND, MA 01543-1268		M	3	1	4	0	0	10	1	
			M	6	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **6TNZ41** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **MALDONADO, JESSALYN KATIRIA** Owner **MALDONADO, JESSALYN KATIRIA**
 Address **17 GARLAND ST APT 4** Address **17 GARLAND ST APT 4**
 City **WORCESTER** State **MA** Zip **01603-2917** City **WORCESTER** State **MA** Zip **01603-2917**
 Insurance Company **FOREMOST INSURANCE COMPAN** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **1** **27** **5** **27** **27**
 Vehicle Travel Direction: **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: **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: **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
RICHARD LINEHAN	19 GREEN ST AUBURN, MA 01501-1504		M	3	1	4	0	0	10	1	

Date of Crash 06/19/2026 Time of Crash 1622 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 40 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 31 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-241-AC

Operator and Owner information: License #, Reg #, Sex, Lic. Class, Operator SEMBATYA, MICHAEL MOSES, Address 242 JAMES ST, City WORCESTER, State MA, Zip 01603-1023.

Table for operator and occupants involved, including Name, Address, DOB/Age, Sex, and various vehicle status codes (34-40).

Please Select One of the Following: [] Vehicle 4 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

Operator and Owner information for a second individual, including License #, Reg #, Sex, Lic. Class, Operator, Address, City, State, Zip.

Table for operator and occupants involved for a second individual, including Name, Address, DOB/Age, Sex, and various vehicle status codes (34-40).

