

Date of Crash **04/08/2026** Time of Crash **1409** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **20** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **12** Direction **S** Address # **99** Name of Roadway/Street **AUBURN ST**
 Route# **12** Direction **S** Address # **99** Name of Roadway/Street **AUBURN ST**
 At _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____
IN FRONT OF AUBURN HS
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-150-AC**

License # _____ St. _____ DOB/Age _____ Reg # **SB1A5EL** Reg Type **SB** Reg State **MA**
 Sex **M** Lic. Class **B 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2022** Veh Make **Truck** Veh Config. **4 21**
 Operator **HILL, WILLIAM FRANCIS** Owner **A A TRANSPORTATION CO INC**
 Address **1 BLACK POINT RD** Address **605 HARTFORD TPKE**
 City **WEBSTER** State **MA** Zip **01570** City **SHREWSBURY** State **MA** Zip **01545-4103**
 Insurance Company **NEW YORK MARINE AND GENER** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N X E 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: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 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	XXXXXX	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.

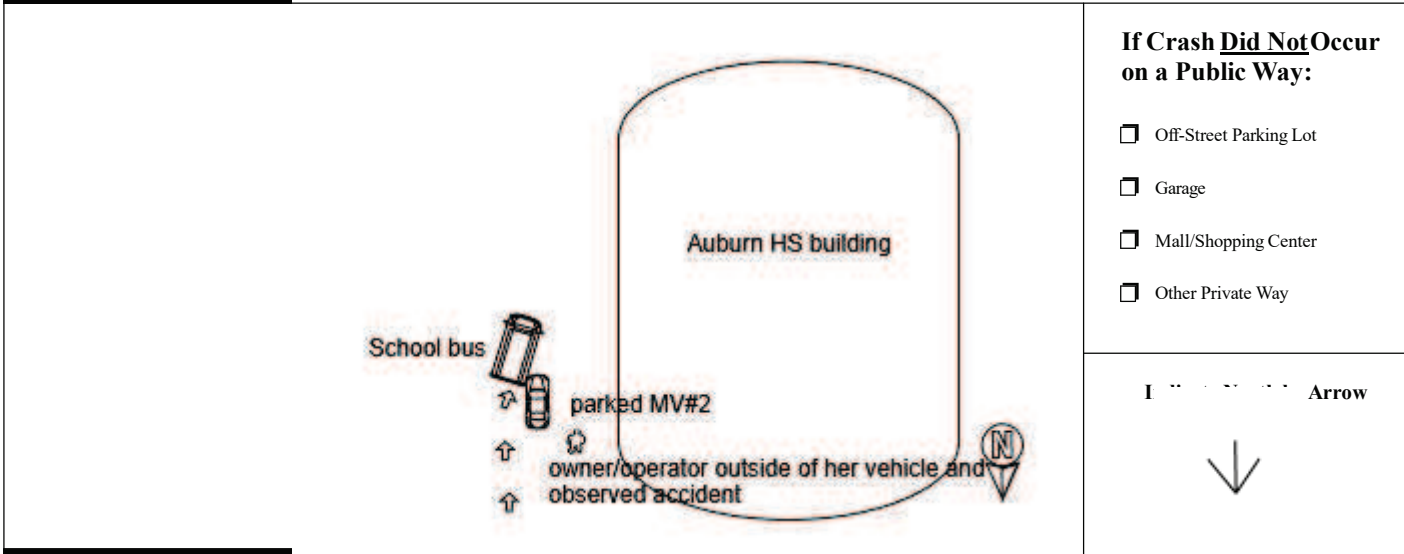
License # _____ St. _____ DOB/Age _____ Reg # **8MH350** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **1 21**
 Operator **WHITING, JESSICA LEE** Owner **WHITING, WILLIS ROBERT III**
 Address **8 BREEZY BEND** Address **8 BREEZY BEND**
 City **AUBURN** State **MA** Zip **01501-3002** City **AUBURN** State **MA** Zip **01501-3002**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N X 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: **1 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/Occupants	See Above	XXXXXX	X	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

School bus was turning right and parking in space in front of Auburn HS. The School bus struck (side swiped in the same direction) the parked MV#2 while it was parked with no one inside the the vehicle in front of AHS. There were no students on the bus during the collision. The owner/operator of MV#2 was just outside of their vehicle and observed the collision. No one was injured at the scene and no vehicles were towed. The School Administration was notified about the accident.

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 # **SB1A5EL** (From Vehicle Section)

Carrier Name **AA TRANSPORTATION**

Bus Use **1** ⁴²

Address **605 HARTFOR TPKE**

City **SHREWSBURY**

St **MA** Zip **01545**

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 Jonathan E O'Brien

50JO

Auburn Police Department

04/08/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date