Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude
08/14/2026	1530 (24HR)	Auburn	2	0	30		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street

10 2 — Route# | Direction | Address # | Name of Roadway/Street: PINEHURST AVE
Feet [N S E W] of — — — • — (Mile Marker) or (Exit Number)
11 4 — Feet [N S E W] of Route# | Intersecting Roadway/Street
0 Feet [N X E W] of Landmark: OXFORD ST N

3 — **Please Select One of the Following:** ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 26-313-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted] Sex F Lic. Class D (19/19) Lic. Restrictions B (20) CDL Endorsement

Operator DANIELS, KALI ALEXIS (Last, First, Middle)
4 1 — Address 157 OXFORD STREET NO APT 1
City AUBURN State MA Zip 01501-1547
Insurance Company THE COMMERCE INSURANCE CO
5 — Vehicle Travel Direction: N X E W | Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub
6 1 — Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # KIK1 Reg Type PC Reg State MA
Veh Year 2021 Veh Make FORD Veh Config. 2 (21)
1 12 —

Owner DANIELS, KALI ALEXIS (Last, First, Middle)
Address 157 OXFORD STREET NO APT 1
City AUBURN State MA Zip 01501-1547

Vehicle Action Prior to Crash: 1 (22)
Event Sequence: 1 (23) | 23 | 23 | 23
Most Harmful Event: 1 (24)
Driver Contributing Code: 1 (25) | 25
Driver Distracted by: 0 (26) | 26

Damaged Area Code: 8 (27) | 27 | 27
Test Status: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
1 13 — Towed from scene? 2 (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	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

7 1 — **Please Select One of the Following:** ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D (19/19) Lic. Restrictions B (20) CDL Endorsement

Operator ZECCO, FRANCIS A JR (Last, First, Middle)
8 1 — Address 75 OXFORD STREET NO
City AUBURN State MA Zip 01501-1760
Insurance Company MAIN STREET AMERICA PROTE
Vehicle Travel Direction: N X E W | Responding to Emergency? 2
9 2 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # 45VD72 Reg Type PC Reg State MA
Veh Year 2011 Veh Make HONDA Veh Config. 1 (21)
1 14 —

Owner ZECCO, FRANCIS A JR (Last, First, Middle)
Address 75 OXFORD STREET NO
City AUBURN State MA Zip 01501-1760

Vehicle Action Prior to Crash: 9 (22)
Event Sequence: 1 (23) | 23 | 23 | 23
Most Harmful Event: 1 (24)
Driver Contributing Code: 10 (25) | 25
Driver Distracted by: 99 (26) | 26

Damaged Area Code: 4 (27) | 27 | 27
Test Status: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 2 (33)

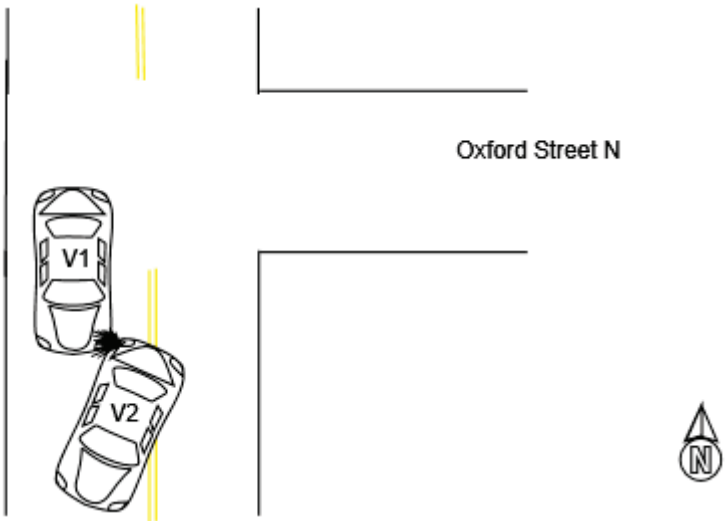
Please fill out for operator and all occupants involved

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	[redacted]	[redacted]	1	99	4	0	0	10	1	

= 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

I[illegible] Arrow

Crash Narrative:

Vehicle 1 turned left from Oxford St N onto Pinehurst Ave traveling South bound. Vehicle 2 also turned left from Oxford St N onto Pinehurst Ave, crossing over the double solid and taking over V1. When attempting to fully get in the travel lane, V2 hit V1. This was confirmed by witness statements and was also reported that V2 was becoming impatient with V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
[redacted]	[redacted]		

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 Carrie Girardin		102CG	Auburn Police Department		08/14/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date