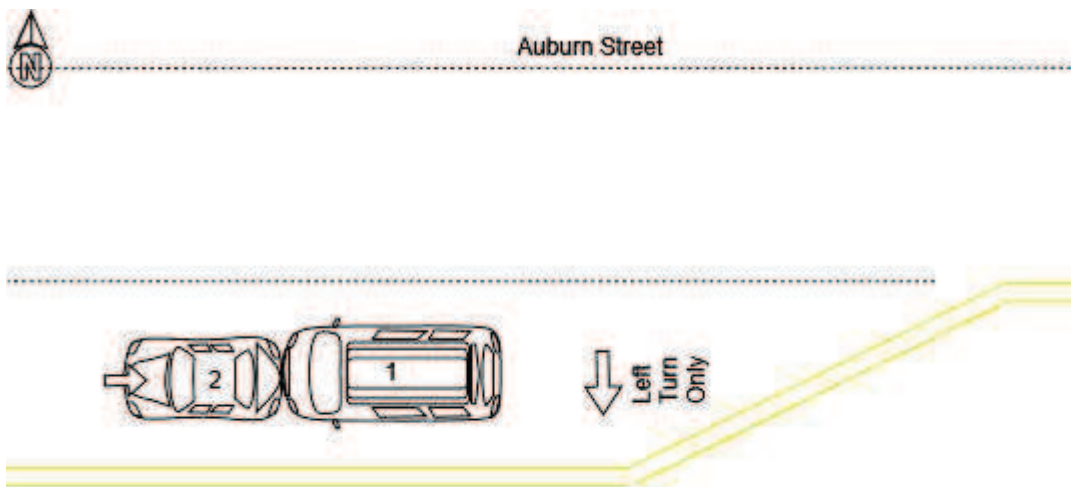


Police Use Only			Commonwealth of Massachusetts						RMV Document Number								
Date of Crash 02/02/2026		Time of Crash 1543 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police _____ Local Police _____ MBTA Police _____ Campus Police _____ Other: _____				
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:											
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>AUBURN ST</div> <div>Feet NSEW of . or</div> <div>Mile Marker Exit Number</div> <div>211</div> <div>Feet NSEW of</div> <div>Route# Intersecting Roadway/Street</div> <div>0 Feet NSEW of</div> <div>AUBURN FIRE STATION</div> <div>Landmark</div>											
						Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-53-AC			
						License # S84303470 St MA DOB/Age 11/17/1984						Reg # 7VF639 Reg Type PAN Reg State MA					
						Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make GMC Veh Config. 2 21					
Operator LANE, NICOLE DANIELLE						Owner LANE, JEFFREY MICHAEL											
Address 200 ROCHDALE ST						Address 200 ROCHDALE ST											
City AUBURN State MA Zip 01501-1108						City AUBURN State MA Zip 01501-1108											
Insurance Company LIBERTY MUTUAL FIRE INSUR						Vehicle Action Prior to Crash 2 22											
Vehicle Travel Direction: NSEX Responding to Emergency? 2						Event Sequence 1 23 23 23 23											
Citation # (If Issued)						Most Harmful Event 1 24											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26											
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											
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # S20346073 St MA DOB/Age 10/26/1953						Reg # 1FRA52 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make NISSAN Veh Config. 1 21											
Operator SUPRENANT, GEORGE N JR						Owner PEREZ, DENISE RUTH											
Address 282 LITTLE ALUM RD						Address 12 PINEBROOK CT											
City BRIMFIELD State MA Zip 01010-9524						City AUBURN State MA Zip 01501-1544											
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 10 22											
Vehicle Travel Direction: NSEX Responding to Emergency? 2						Event Sequence 1 23 23 23 23											
Citation # (If Issued)						Most Harmful Event 1 24											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26											
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											

→ = 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 ... Arrow



Crash Narrative:

On February 2, 2026, I was dispatched to the lobby to speak with a female party about a motor vehicle crash that just occurred. The operator of vehicle one stated she was stationary in the left turn lane at Auburn Street by Southbridge Street. A tractor trailer turned on to Auburn Street cutting into the left turn lane. Due to this, the operator of vehicle two backed up, subsequently striking vehicle one. The operator of vehicle one stated her bumper was pushed out and had a crack on the bottom. I spoke with the operator of vehicle one who stated there was no damage on his vehicle and when asked the operator of vehicle one, she stated to him there was no damage as well.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2026

Date