

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/02/2026** Time of Crash **1543** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit _____
State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 10 **AUBURN ST**

Route# Direction _____ Name of Roadway/Street
At _____

Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____

Feet **N S E W** of _____ • _____ or _____
Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____
0 Feet **N S E W** of _____

AUBURN FIRE STATION
Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run 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**

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

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**

State **MA** Zip **01501-1108**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**

Vehicle Action Prior to Crash **2** **22**

Citation # (If Issued) _____

Damaged Area Code: **1** **27** **27** **27**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Test Status: **1** **28**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Type of Test: **29**

Driver Contributing Code **1** **25** **25**

BAC Test Result: **30**

Driver Distracted by **0** **26** **26**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

6 1 Please fill out for operator and all occupants involved

Towed from scene? **2** **33**

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

1 **1** **4** **0** **0** **10** **1**

7 1 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped 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 **SUPRENTANT, GEORGE N JR**

Owner **PEREZ, DENISE RUTH**

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

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: **N S E W** Responding to Emergency? **2**

Damaged Area Code: **99** **27** **27** **27**

Citation # (If Issued) _____

Test Status: **1** **28**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **29**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **30**

9 2 Please fill out for operator and all occupants involved

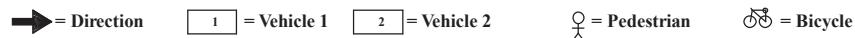
Susp. Alcohol: **99** **31** Susp. Drug: **99** **32**

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

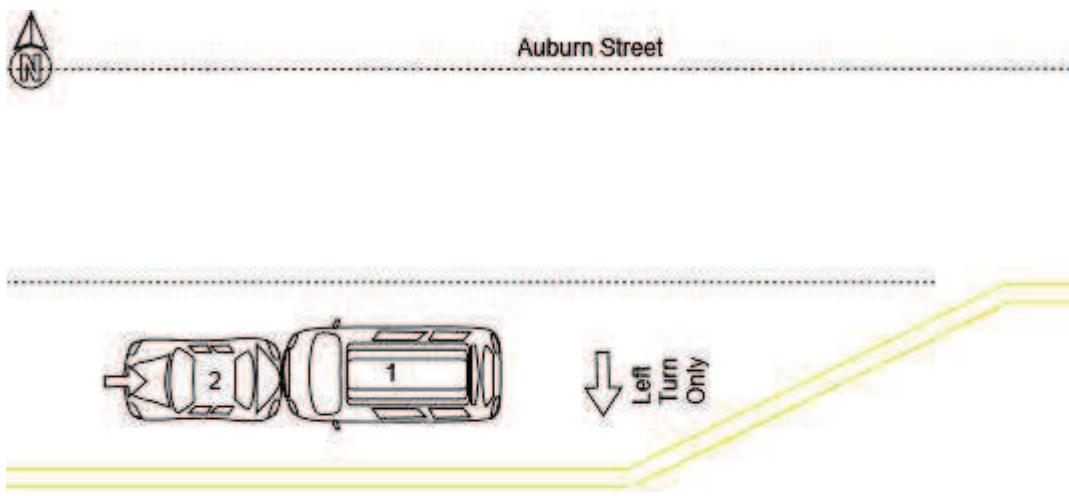
See Above

0 **26** **26**



Crash Diagram:

ie:



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 _____

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

Auburn Police Department

02/02/2026
