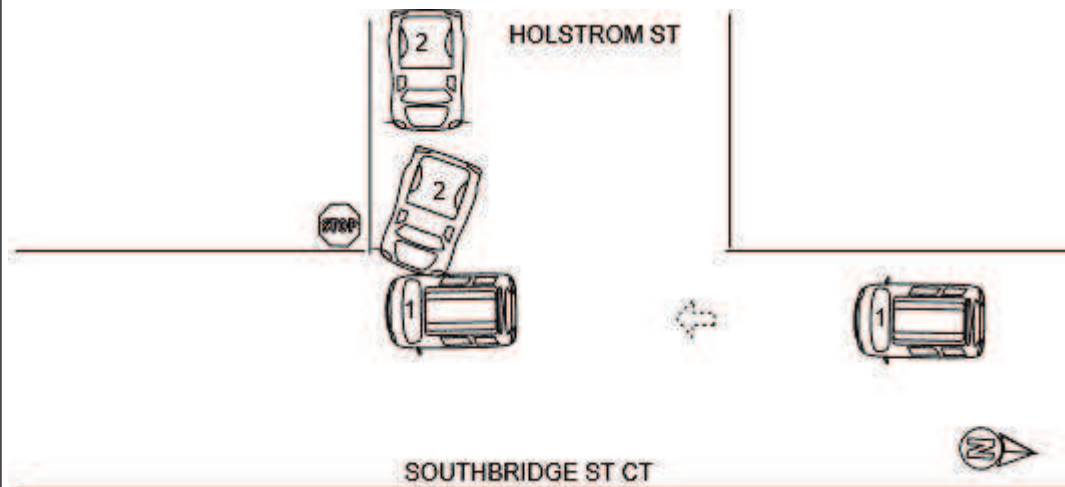


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 07/02/2026		Time of Crash 1708 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police ☐		Local Police ☒		MBTA Police ☐		Campus Police ☐		Other: ☐	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction HOLSTROM CT						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of . or Exit Number																	
Route# Direction SOUTHBRIDGE ST						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of Landmark																	
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:		☒ Vehicle 11 #Occupants				☐ Hit/Run		☐ Moped		Crash Report ID# 26-255-AC													
License # St. DOB/Age						Reg # 3BD835 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2012 Veh Make HONDA Veh Config. 1 21																	
Operator HATFIELD, TYLER ALLEN						Owner JERMYN, PATRICIA MARIE																	
Address 13 SOUTHBRIDGE STREET CT						Address 36 BARBARA AVE																	
City AUBURN State MA Zip 01501-2446						City AUBURN State MA Zip 01501-2922																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 3 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 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											
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						1 1 4 0 0 10 1											
Please Select One of the Following:		☒ Vehicle 21 #Occupants				☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.													
License # St. DOB/Age						Reg # 3HKY66 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2023 Veh Make JEEP Veh Config. 1 21																	
Operator OLIVER, JARRED JAMES						Owner OLIVER, JARRED JAMES																	
Address 40 EUREKA ST						Address 40 EUREKA ST																	
City WORCESTER State MA Zip 01603-1411						City WORCESTER State MA Zip 01603-1411																	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 3 22						Damaged Area Code: 8 27 27 27											
Vehicle Travel Direction: N S X 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 19 25 4 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
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						1 1 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

1 = Direction Arrow



Crash Narrative:

VEHICLE 2 STRUCK VEHICLE ONE WHILE MAKING A RIGHT TURN FROM HOLSTROM COURT ONTO SOUTHBRIDGE ST COURT. VEHICLE ONE WAS TRAVELING STRAIGHT ON SOUTHBRIDGE ST COURT.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/02/2026

Date