

Date of Crash 05/30/2026 Time of Crash 1013 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-213-AC

License # St. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # F589 Reg Type MVN Reg State MA Veh Year 2023 Veh Make CHEVROLET Veh Config. 2

Operator MYERS, ALEX KEVIN Last First Middle

Owner AUBURN TOWN PD Last First Middle

Address 416 OXFORD ST N APT 9

Address 416 OXFORD ST N

City AUBURN State MA Zip 01501

City AUBURN State MA Zip 01501

Insurance Company ZURICH AMERICAN

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 3 27 27 27

Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? 1

Event Sequence 31 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 31 24 Type of Test: 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: 31 Susp. Drug: 32

Table with 10 columns: Name, 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. Row 1: Operator, See Above, [X], [X], 1, 1, 5, 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 Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

Operator Last First Middle

Owner Last First Middle

Address

Address

City State Zip

City State Zip

Insurance Company

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency?

Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 24 Type of Test: 29

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

Driver Contributing Code 25 25 BAC Test Result: 30

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

Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

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