

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/13/2026** Time of Crash **1751** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **40**State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 4

Route# Direction _____ Name of Roadway/Street _____
At _____2 10
Route# Direction Address # Name of Roadway/Street
793 **SOUTHBRIDGE ST**2 1
Route# Direction Name of Intersecting Roadway/Street _____
Also at Intersection with _____2 11
Feet **N S E W** of _____ Mile Marker _____ or _____
Exit Number _____3 1
Route# Direction Name of Intersecting Roadway/Street _____
Landmark _____3 11
Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____Feet **N S E W** of _____

Please Select One of the Following:

Vehicle **1**

#Occupants _____

Hit/Run _____

Moped _____

Crash Report ID# **26-74-AC**License # **SA5381140** St **MA** DOB/Age **10/17/2007**Reg # **6SSG38**Reg Type **PC**Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **D** 20 CDL _____
Endorsement _____Veh Year **2011**Veh Make **SUBARU**Veh Config. **1** 214 1
Operator **FITTON, MOLLY ANN**Owner **FITTON, MATHEW M**Last **42** First **NELSON** Middle **ST**
Address **42 NELSON ST**Last **42** First **NELSON** Middle **ST**
Address **42 NELSON ST**City **WEBSTER** State **MA** Zip **01570-1817**City **WEBSTER** State **MA** Zip **01570-1817**Insurance Company **PROGRESSIVE DIRECT INSURA**State **MA** Zip **01570-1817**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Vehicle Action Prior to Crash **6** 22
Damaged Area Code: **7 27 8 27 27**5 5
Citation # (If Issued) _____Test Status: **1 28**

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

Type of Test: **0 29**

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

BAC Test Result: **1 30**6 1
Please fill out for operator and all occupants involvedSusp. Alcohol: **2 31** Susp. Drug: **2 32**

Name (Last First Middle) _____ Address _____

Towed from scene? **1 33****Operator**

See Above

Medical Facility

7 9
Please Select One of the Following: Vehicle **2** #Occupants _____ Hit/Run _____ Moped _____ Vulnerable User Complete the Vulnerable User section.License # **S16549818** St **MA** DOB/Age **10/02/1995**Reg # **6HGP63** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 218 1
Operator **MAISONET, JOSUE**Owner **MAISONET, JOSUE**Last **17** First **ROSE** Middle **ST APT 1**
Address **17 ROSE ST APT 1**Last **17** First **ROSE** Middle **ST APT 1**
Address **17 ROSE ST APT 1**City **SOUTHBRIDGE** State **MA** Zip **01550-2298**City **SOUTHBRIDGE** State **MA** Zip **01550-2298**Insurance Company **NORFOLK & DEDHAM MUTUAL F**Vehicle Action Prior to Crash **1** 22
Damaged Area Code: **1 27 27 27**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**Test Status: **1 28**9 2
Citation # (If Issued) _____Type of Test: **0 29**

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Please fill out for operator and all occupants involved

Towed from scene? **1 33**

Name (Last First Middle) _____ Address _____

Medical Facility

Operator/Occupants

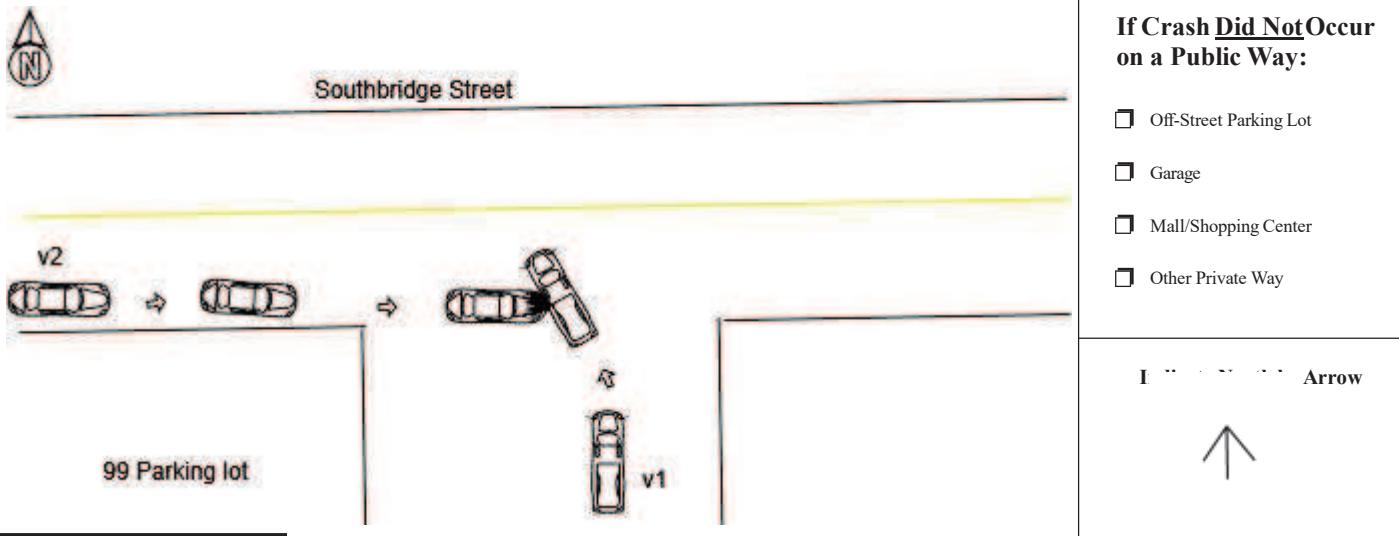
See Above

REFUSED

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚙



Crash Narrative:

v1 pulled out of the 99 parking lot attempting to turn left onto Southbridge Street. v1 did not see v2 coming southbound. v2 struck v1 in the drivers side door.

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 Jedadiah O Henry

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

Auburn Police Department

Department

02/13/2026

Date