

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/19/2026		Time of Crash 0959 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
1 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						2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of or 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:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-323-AC															
License # St. DOB/Age						Reg # 9834LX Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make FORD Veh Config. 2																	
Operator MATEIKO, THEODORE R						Owner MATEIKO, THEODORE R																	
Address 10 CHURCH ST APT 308						Address 10 CHURCH ST APT 308																	
City AUBURN State MA Zip 01501-2349						City AUBURN State MA Zip 01501-2349																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 35 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 35 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						Please fill out for operator and all occupants involved																	
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		X		X		1		1		4		0		0		10		2		X	
Please Select One of the Following:		☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # St. DOB/Age						Reg # Reg Type Reg State																	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																	
Operator						Owner																	
Address						Address																	
City State Zip						City State Zip																	
Insurance Company						Vehicle Action Prior to Crash 22																	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26																	
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved																	
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		X		X		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

↑ Arrow



Rt. 12
Southbridge Street



Crash Narrative:

Vehicle 1 was traveling South bound in the area of 760 Southbridge Street (Rt. 12). I observed V1 continuously hitting the curb, as well as bystanders actively trying to stop the vehicle. V1's front right tire had a slash in it and both passenger side doors had visible scratch marks. The operator was transported to the hospital for a medical evaluation and a medical immediate threat will be filed with the Registry of Motor Vehicles.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CUMMINGS SETH ALLEN	95 THOMPSON PIKE DAYVILLE CT 06241		

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 Carrie Girardin

Police Officer Name (Please Print)

Signature

102CG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/19/2026

Date