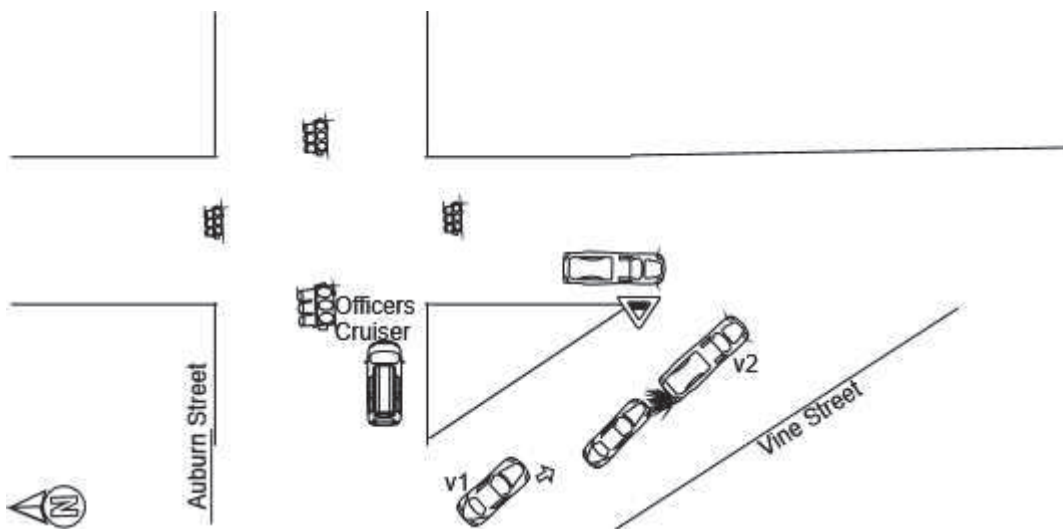


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/24/2026		Time of Crash 1818 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
AUBURN ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
VINE ST																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						Landmark											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-37-AC									
License # SA7801036 St MA DOB/Age 02/05/2000						Reg # 6XWB19 Reg Type PC Reg State MA											
Sex M		Lic. Class D 19 19		Lic. Restrictions N 20		CDL		Veh Year 2018		Veh Make FORD		Veh Config. 1					
Operator ELIASSAINT, RODELIN						Owner ELIASSAINT, RODELIN											
Address 310 THOMPSON RD APT 414						Address 310 THOMPSON RD APT 414											
City WEBSTER State MA Zip 01570-4503						City WEBSTER State MA Zip 01570-4503											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 3						Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E X 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 5 25 19 25						BAC Test Result: 1 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						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						REFUSED					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # S73617628 St MA DOB/Age 11/12/1989						Reg # 2BYK77 Reg Type PC Reg State MA											
Sex M		Lic. Class D 19 19		Lic. Restrictions N 20		CDL		Veh Year 2021		Veh Make TOYOTA		Veh Config. 1					
Operator VO, CHAU T						Owner VO, CHAU T											
Address 176 CLOVER ST						Address 176 CLOVER ST											
City WORCESTER State MA Zip 01603-1311						City WORCESTER State MA Zip 01603-1311											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1						Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S E X 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 1 25 25						BAC Test Result: 1 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						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						REFUSED					

→ = 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

Insert Arrow



Crash Narrative:

V2 was stopped at a yield sign for traffic when V1 turned onto Vine Street and struck v2 in the center rear of the vehicle. V1 operator informed me that he saw V2 stopped but thouht they should have started moving already so he drove into the back of the vehicle. I observed the crash and obsevered that V2 was following all roadway signs and was yeilding to oncoming traffic and that V1 struck them.

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

Precinct/Barracks

01/24/2026

Date