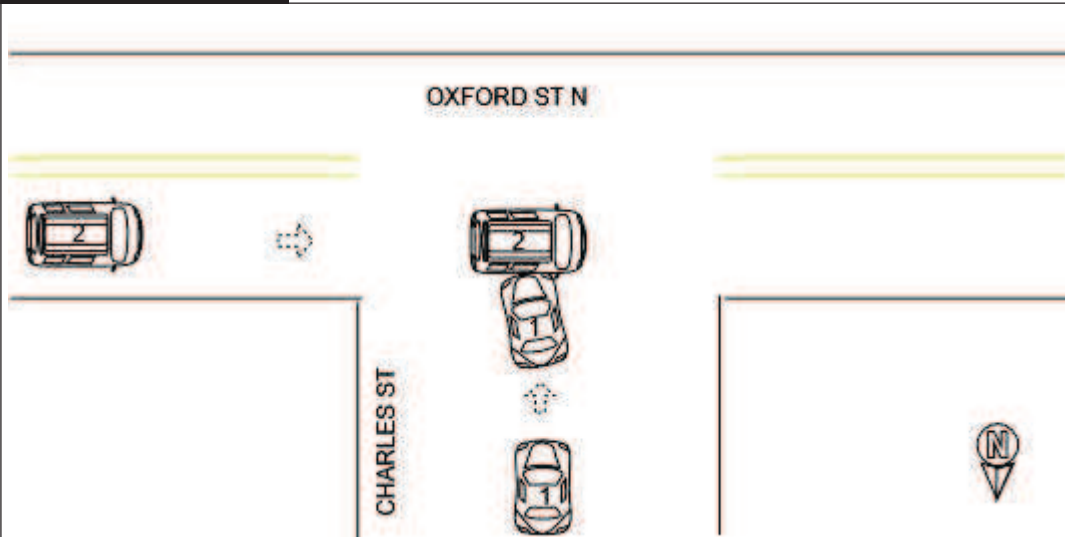


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 02/11/2026		Time of Crash 1916 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
Route# Direction OXFORD STREET NO Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Exit Number																									
Route# Direction CHARLES ST 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# 26-69-AC																							
License # St. DOB/Age						Reg # 4DXD62 Reg Type PC Reg State MA						Veh Year 2022 Veh Make MAZDA Veh Config. 1																			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Owner O'BRIEN, KEVIN WILLIAM Last First Middle						Address 25 BRIARCLIFF DR																			
Operator Last First Middle						City AUBURN State MA Zip 01501-1400						Vehicle Action Prior to Crash 6 22																			
Address						Event Sequence 1 23 23 23 23						Damaged Area Code: 2 27 27 27																			
City State Zip						Most Harmful Event 1 24						Test Status: 1 28																			
Insurance Company PLYMOUTH ROCK ASSURANCE C						Driver Contributing Code 18 25 25						Type of Test: 0 29																			
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Driver Distracted by 0 26 26						BAC Test Result: 30																			
Citation # (If Issued)						Towed from scene? 2 31						Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						1 13																			
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		1			
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 # S30533658 St. MA DOB/Age 09/03/1972						Reg # 142SW9 Reg Type PC Reg State MA						Veh Year 2022 Veh Make HONDA Veh Config. 1																			
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Owner BITAR, LAURA MICHEL Last First Middle						Address 27 KINGLET DR																			
Operator BITAR, MARTIN MIKHAIL Last First Middle						City SHREWSBURY State MA Zip 01545-4316						Vehicle Action Prior to Crash 1 22																			
Address 27 KINGLET DR						Event Sequence 1 23 23 23 23						Damaged Area Code: 3 27 27 27																			
City SHREWSBURY State MA Zip 01545-4316						Most Harmful Event 1 24						Test Status: 1 28																			
Insurance Company THE COMMERCE INSURANCE CO						Driver Contributing Code 1 25 25						Type of Test: 0 29																			
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Driver Distracted by 0 26 26						BAC Test Result: 30																			
Citation # (If Issued)						Towed from scene? 2 31						Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						2 33																			
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		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

↓ Arrow



Crash Narrative:

VEHICLE ONE WAS EXITING CHARLES ST. ONTO OXFORD ST NORTH. AT THE CORNER OF OXFORD ST NORTH AND CHARLES ST THERE IS A LARGE SNOWBANK THAT OBSTRUCTS THE VIEW OF VEHICLES COMING DOWN OXFORD ST NORTH. WHILE ENTERING THE ROADWAY, VEHICLE ONE STRUCK THE SIDE OF VEHICLE TWO AS IT WAS TRAVELING DOWN OXFORD ST. NORTH

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

02/11/2026

Date