

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/11/2026 Time of Crash 1916 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 30

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

OXFORD STREET NO

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

1 5

At

CHARLES ST

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____

2 1

Also at Intersection with

Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

3

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Landmark _____

Feet N S E W of _____

Please Select One of the Following:



Vehicle

1

#Occupants



Hit/Run



Moped

Crash Report ID# **26-69-AC**

License # _____ St _____ DOB/Age _____

Reg # **4DXD62** Reg Type **PC** Reg State **MA**Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement _____Veh Year **2022** Veh Make **MAZDA** Veh Config. 1 21

4 1

Operator _____ Last _____ First _____ Middle _____

Owner **O'BRIEN, KEVIN WILLIAM** Last _____ First _____ Middle _____

Address _____

Address **25 BRIARCLIFF DR**

City _____ State _____ Zip _____

City **AUBURN** State **MA** Zip **01501-1400**Insurance Company **PLYMOUTH ROCK ASSURANCE C**Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 27 27Vehicle Travel Direction: N X E W Responding to Emergency? 2Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) _____

Type of Test: 0 29

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

BAC Test Result: 30

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

Susp. Alcohol: 2 31 Susp. Drug: 2 32Driver Contributing Code 18 25 25 25Driver Distracted by 0 26 26 26 Towed from scene? 2 33Driver Contributing Code 18 25 25 25Driver Distracted by 0 26 26 26 Towed from scene? 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

See Above

1 1 4 0 0 10 1

Please Select One of the Following:



Vehicle

2

#Occupants



Hit/Run



Moped

Vulnerable User Complete the Vulnerable User section.

License # **S30533658** St **MA** DOB/Age **09/03/1972**Reg # **142SW9** Reg Type **PC** Reg State **MA**Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement _____Veh Year **2022** Veh Make **HONDA** Veh Config. 1 21Operator **BITAR, MARTIN MIKHAIL** Last _____ First _____ Middle _____Owner **BITAR, LAURA MICHEL** Last _____ First _____ Middle _____Address **27 KINGLET DR**Address **27 KINGLET DR**City **SHREWSBURY** State **MA** Zip **01545-4316**City **SHREWSBURY** State **MA** Zip **01545-4316**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27Vehicle Travel Direction: N S E X Responding to Emergency? 2Event Sequence 1 23 23 23 23 Test Status: 1 28

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Operator/Occupants

See Above

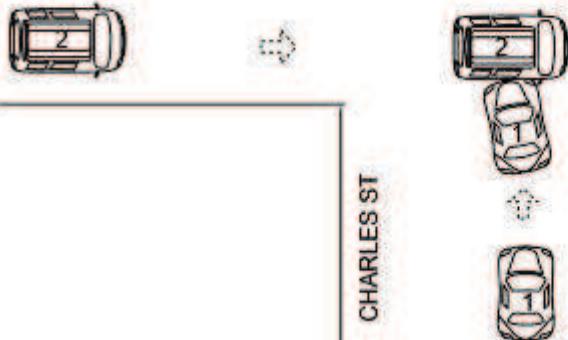
1 1 4 0 0 10 1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚱ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚱

OXFORD ST N



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I _____ 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

Auburn Police Department

ID/Badge #

Department

Precinct/Barracks

02/11/2026

Date