

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/09/2026**Time of Crash **1751**
24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **45**State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 5	Route# Direction _____ At _____	Route# Direction _____ Name of Roadway/Street _____	139 WASHINGTON ST	2 10
2 3	Route# Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet N S E W of _____ Mile Marker _____ or _____ Feet N S E W of _____ Feet N S E W of _____	Route# _____ Intersecting Roadway/Street _____ Landmark _____	2 11
3	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 26-19-AC		

License # **S99327673** St **MA** DOB/Age **09/28/1997**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Operator **SMITH, KYLE JOHN**
Last _____ First _____ Middle _____Address **7 COLONIAL RD**City **WEBSTER** State **MA** Zip **01570-3610**Insurance Company **SAFETY INSURANCE COMPANY**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Citation # (If Issued) _____

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

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

4 1	Reg # 2WYC28 Reg Type PC Reg State MA	5 12
5	Veh Year 2016 Veh Make RAM Veh Config. 1 21	6 2
7 1	Owner SMITH, KYLE JOHN Last _____ First _____ Middle _____	8 1
8 1	Address 7 COLONIAL RD	9 2
9 2	City WEBSTER State MA Zip 01570-3610	10 13
10 1	Vehicle Action Prior to Crash 2 22	11 1
11 1	Event Sequence 1 23 23 23 23	12 1
12 1	Most Harmful Event 1 24	13 1
13 1	Driver Contributing Code 11 25 25	14 1
14 1	Driver Distracted by 0 26 26	15 1
15 1	Towed from scene? 2 33	16 1
16 1	Damaged Area Code: 1 27 27 27	17 1
17 1	Test Status: 1 28	18 1
18 1	Type of Test: 29	19 1
19 1	BAC Test Result: 1 30	20 1
20 1	Susp. Alcohol: 2 31 Susp. Drug: 2 32	21 1
21 1	Medical Facility	22 1

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	REFUSED

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S82829821** St **MA** DOB/Age **06/13/1995**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Operator **DAY, JAMES PHILIP**
Last _____ First _____ Middle _____Address **2 ZABELLE AVE**City **AUBURN** State **MA** Zip **01501-1551**Insurance Company **GARRISON PROPERTY & CASUA**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Citation # (If Issued) _____

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

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

7 1	Reg # MA305V Reg Type PC Reg State MA	8 1
8 1	Veh Year 2019 Veh Make GMC Veh Config. 1 21	9 2
9 2	Owner DAY, JAMES PHILIP Last _____ First _____ Middle _____	10 1
10 1	Address 2 ZABELLE AVE	11 1
11 1	City AUBURN State MA Zip 01501-1551	12 1
12 1	Vehicle Action Prior to Crash 2 22	13 1
13 1	Event Sequence 1 23 23 23 23	14 1
14 1	Most Harmful Event 1 24	15 1
15 1	Driver Contributing Code 1 25 25	16 1
16 1	Driver Distracted by 0 26 26	17 1
17 1	Towed from scene? 2 33	18 1
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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	REFUSED

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

Crash Diagram:



WASHINGTON STREET



If Crash Did Not Occur on a Public Way:

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

Indicates a Turn Arrow:



Crash Narrative:

V1 AND V2 SUDDENLY BRAKED FOR AN UNKNOWN SEDAN THAT SLOWED QUICKLY IN THE ROADWAY. V1 STRUCK THE REAR OF V2. THE ROADWAY WAS WET AND SLIPPERY AND BOTH OPERATORS OF V1 AND V2 REPORTED THAT THE UNKNOWN VEHICLE CAUSED THE ACCIDENT BY QUICKLY SLAMMING ON ITS BRAKES CAUSING ALL VEHICLES BEHIND IT TO REACT BY HITTING THEIR BRAKES AS WELL.

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

01/09/2026

Date