

Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 01/09/2026	Time of Crash 1751 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 45	Latitude	Longitude	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 Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						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:			<input checked="" type="checkbox"/> Vehicle 11 #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 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						Reg # 2WYC28 Reg Type PC Reg State MA Veh Year 2016 Veh Make RAM Veh Config. 1 21 Owner SMITH, KYLE JOHN Address 7 COLONIAL RD City WEBSTER State MA Zip 01570-3610 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 11 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33						
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						1 1 4 0 0 10 1 REFUSED						
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 21 #Occupants						
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 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						Reg # MA305V Reg Type PC Reg State MA Veh Year 2019 Veh Make GMC Veh Config. 1 21 Owner DAY, JAMES PHILIP Address 2 ZABELLE AVE City AUBURN State MA Zip 01501-1551 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 5 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33						
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Operator/Occupants See Above						1 1 4 0 0 10 1 REFUSED						

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



WASHINGTON STREET

UNKNOWN  
VEHICLE

V2

V1

### If Crash Did Not Occur on a Public Way:

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

Insert 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