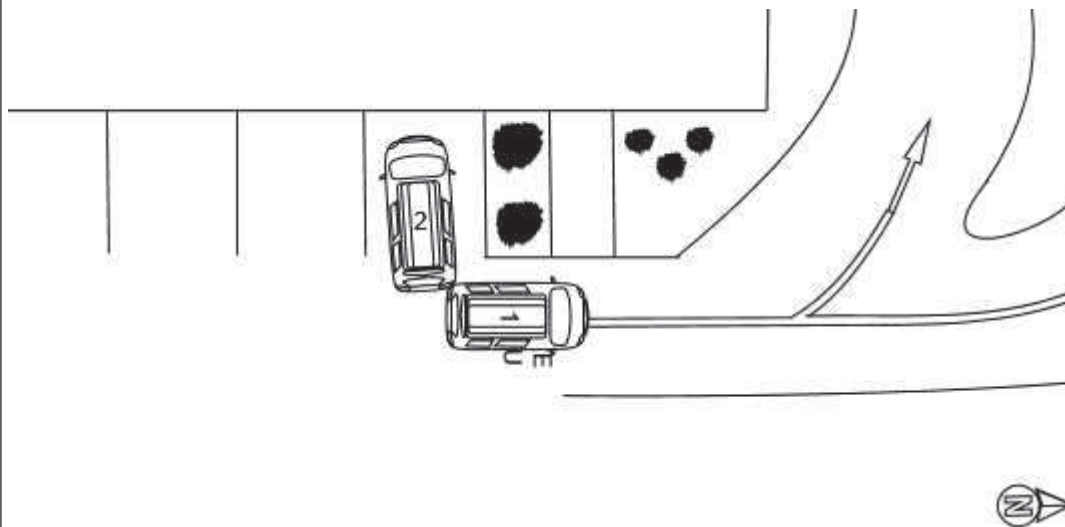


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 02/16/2026		Time of Crash 1449 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 5 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>72 AUBURN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of • or</div> <div>Mile Marker Exit Number</div> <div>7</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>PARKING LOT OF MCDONALDS</div> <div>Landmark</div>													
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# 26-77-AC													
License # S69417604 St MA DOB/Age 08/18/2000 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Operator MARRERO, YAMARIS ISMARIE Address 103 HARTWELL ST APT 1 City SOUTHBRIDGE State MA Zip 01550-2427 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 3BWF31 Reg Type PAN Reg State MA Veh Year 2022 Veh Make MITSUBISHI Veh Config. 2 Owner MARRERO, YAMARIS ISMARIE Address 103 HARTWELL ST APT 1 City SOUTHBRIDGE State MA Zip 01550-2427 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 5 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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: <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 # S20671720 St MA DOB/Age 04/25/1973 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Operator PUNTIERI, ROBERT PAUL Address 2 MARIE ST City AUBURN State MA Zip 01501-1543 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 # 154EG8 Reg Type PAN Reg State MA Veh Year 2005 Veh Make CADILLAC Veh Config. 2 Owner PUNTIERI, ROBERT PAUL Address 2 MARIE ST City AUBURN State MA Zip 01501-1543 Vehicle Action Prior to Crash 10 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 19 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: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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/Occupants See Above						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

I ... Arrow



Crash Narrative:

On February 16, 2026, I was dispatched to the parking lot of McDonalds for a motor vehicle crash. I spoke with the operators of both vehicle who stated that vehicle 1 was in the drive thru line and vehicle two was parking in the parking spot closest to the line. Vehicle 2 began backing up and struck the rear bumper of vehicle 1.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/16/2026

Date