

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/16/2026	Time of Crash 1449 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 5	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10
2

1 1
Route# Direction _____ Name of Roadway/Street
At _____

Route# **72** Direction _____ Address # _____ Name of Roadway/Street
Feet **N S E W** of _____ • _____ or _____

2 1
Route# Direction _____ Name of Intersecting Roadway/Street
Also at Intersection with _____

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

3
Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-77-AC**License # **S69417604** St **MA** DOB/Age **08/18/2000**Reg # **3BWF31** Reg Type **PAN** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
Endorsement _____Veh Year **2022** Veh Make **MITSUBISHI** Veh Config. **2** 21Operator **MARRERO, YAMARIS ISMARIE**
Last _____ First _____ Middle _____Owner **MARRERO, YAMARIS ISMARIE**
Last _____ First _____ Middle _____Address **103 HARTWELL ST APT 1**Address **103 HARTWELL ST APT 1**City **SOUTHBRIDGE** State **MA** Zip **01550-2427**City **SOUTHBRIDGE** State **MA** Zip **01550-2427**Insurance Company **PLYMOUTH ROCK ASSURANCE C**Vehicle Action Prior to Crash **2** 22
Damaged Area Code: **6 27 5 27 27**Vehicle Travel Direction: S E W Responding to Emergency? **2**Test Status: **1 28**

Citation # (If Issued) _____

Type of Test: **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 32**Driver Contributing Code **1 25 25**Driver Distracted by **0 26 26**Driver Distracted by **0 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

7 1
Please Select One of the Following: Vehicle **2** 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S20671720** St **MA** DOB/Age **04/25/1973**Reg # **154EG8** Reg Type **PAN** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
Endorsement _____Veh Year **2005** Veh Make **CADILLAC** Veh Config. **2** 21Operator **PUNTIERI, ROBERT PAUL**
Last _____ First _____ Middle _____Owner **PUNTIERI, ROBERT PAUL**
Last _____ First _____ Middle _____Address **2 MARIE ST**Address **2 MARIE ST**City **AUBURN** State **MA** Zip **01501-1543**City **AUBURN** State **MA** Zip **01501-1543**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash **10** 22
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Operator/Occupants

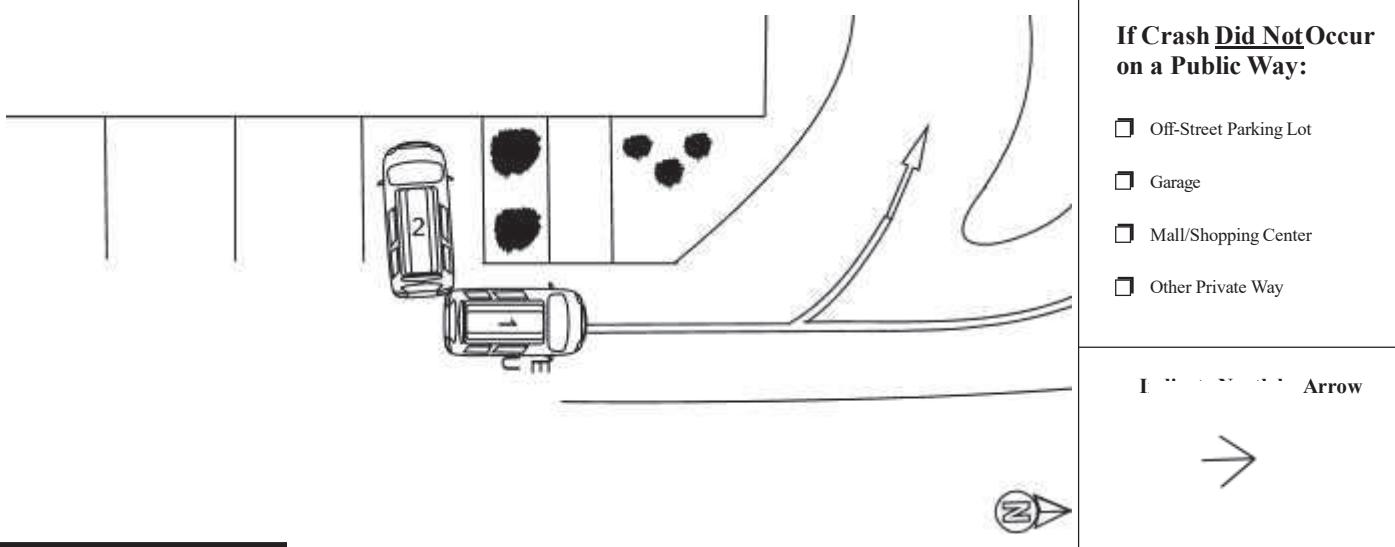
See Above

1 1 4 0 0 10 1

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

Crash Diagram:

ie: → 1 → 2 → ⚒ → ⚒



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