

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/11/2026** Time of Crash **1340** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run MopedCrash Report ID# **26-22-AC**4 1 License # **S58456920** St **MA** DOB/Age **10/28/1976**Reg # **5BLB77** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ EndorsementVeh Year **2017** Veh Make **BMW** Veh Config. **1** 21Operator **MARA, TARA L.**Owner **DAMBRA, CHERYL ELAINE**Last First Middle Address **11 GREEN FARMS RD**Last First Middle Address **32 GREEN FARMS RD**City **WORCESTER** State **MA** Zip **01605-1001**City **WORCESTER** State **MA** Zip **01605-1048**Insurance Company **THE STANDARD FIRE INSURAN**Vehicle Action Prior to Crash **10** 22Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **2 27 27 27**

Citation # (If Issued) _____

Test Status: **1 28**

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

Type of Test: **29**

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

BAC Test Result: **1 30**

6 1 Please fill out for operator and all occupants involved

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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

REFUSED7 9 Please Select One of the Following: Vehicle **2** 0 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # **6JX858** Reg Type **PC** Reg State **MA**Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ EndorsementVeh Year **2015** Veh Make **TOYOTA** Veh Config. **1** 21Operator **Driverless M.V.**Owner **NOYST, ASHLEY NICOLE**

Last First Middle Address _____

Last First Middle Address **61 FRATERNAL AVE APT 2**

City _____ State _____ Zip _____

City **WORCESTER** State **MA** Zip **01606-2258**Insurance Company **NORFOLK & DEDHAM MUTUAL F**Vehicle Action Prior to Crash **11** 22Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **6 27 27 27**

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Operator/Occupants

See Above

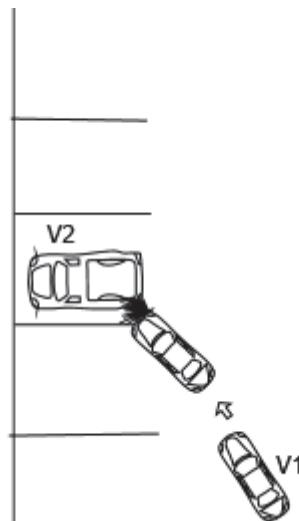
REFUSED

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

Crash Diagram:

ie: → 1 → 2 → ⚙

MALL PARKING LOT
NEAR POLE 62



If Crash Did Not Occur on a Public Way:

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

I → ⚙ Arrow



Crash Narrative:

OPERATOR OF V1 REPORTED THAT SHE WAS TURNING INTO A PARKING SPOT AND STRUCK V2 IN THE LEFT REAR CORNER. V1 OPERATOR ADMITTED FAULT AND SAID SHE WAS DRIVING HER DAUGHTERS VEHICLE.

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

01/11/2026

Date