Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only			
Date of Crash	Time of Crash	City/Town	
02/13/2026	1751 24HR	Auburn	

Number Vehicles	Number Injured
2	0

RMV Document Number

Speed Limit **40**
Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Campus Police ☐
Other: _____

< LOCATION >

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 _____

NOT AT INTERSECTION:

Route# _____ Direction _____ Address # **793** Name of Roadway/Street **SOUTHBRIDGE ST**

_____ Feet | N S E W | of ___ ___ • ___ ___ or _____ Exit Number
Mile Marker

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

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

Crash Report ID# 26-74-AC

License # ▮▮▮▮ St ▮ DOB/Age ▮▮▮▮
Sex **F** Lic. Class **D** [19/19] Lic. Restrictions **D** [20] CDL Endorsement _____
Operator **FITTON, MOLLY ANN** (Last / First / Middle)
Address **42 NELSON ST**
City **WEBSTER** State **MA** Zip **01570-1817**
Insurance Company **PROGRESSIVE DIRECT INSURA**
Vehicle Travel Direction: | N S ☒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 # **6SSG38** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **SUBARU** Veh Config. **1** [21]
Owner **FITTON, MATHEW M** (Last / First / Middle)
Address **42 NELSON ST**
City **WEBSTER** State **MA** Zip **01570-1817**

Vehicle Action Prior to Crash **6** [22]
Event Sequence **1** **23** **23** **23** **23**
Most Harmful Event **1** [24]
Driver Contributing Code **6** [25] **25**
Driver Distracted by **0** [26] **26**

Damaged Area Code: **7** [27] **8** [27] **27**
Test Status: **1** [28]
Type of Test: **0** [29]
BAC Test Result: **1** [30]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]
Towed from scene? **1** [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	REFUSED

Please Select One of the Following: ☒ Vehicle 2 **1** #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

License # ▮▮▮▮ St ▮ DOB/Age ▮▮▮▮
Sex **M** Lic. Class **D** [19/19] Lic. Restrictions **1** [20] CDL Endorsement _____
Operator **MAISONET, JOSUE** (Last / First / Middle)
Address **17 ROSE ST APT 1**
City **SOUTHBRIDGE** State **MA** Zip **01550-2298**
Insurance Company **NORFOLK & DEDHAM MUTUAL F**
Vehicle Travel Direction: | N ☒ E 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 # **6HGP63** Reg Type **PC** Reg State **MA**
Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** [21]
Owner **MAISONET, JOSUE** (Last / First / Middle)
Address **17 ROSE ST APT 1**
City **SOUTHBRIDGE** State **MA** Zip **01550-2298**

Vehicle Action Prior to Crash **1** [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: **1** [27] **27** **27**
Test Status: **1** [28]
Type of Test: **0** [29]
BAC Test Result: **1** [30]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]
Towed from scene? **1** [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	REFUSED

Form No. 10364 CRA-65 08/23

Crash Diagram:

➡ = Direction   1 = Vehicle 1   2 = Vehicle 2   ⚲ = Pedestrian   🚲 = Bicycle

ie: ➡ 1   ➡ 2   ➡⚲   ➡🚲

Southbridge Street

v2

99 Parking lot

v1

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

V1 pulled out of the 99 parking lot attempting to turn left onto Southbridge Street. V1 did not see v2 coming southbound. V2 struck v1 in the drivers side door.

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		101JH	Auburn Police Department		02/13/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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