

Date of Crash **02/11/2026** Time of Crash **1916** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

OXFORD STREET NO
Route# Direction Name of Roadway/Street
At
CHARLES ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-69-AC**

License # _____ St. _____ DOB/Age _____ Reg # **4DXD62** Reg Type **PC** Reg State **MA**
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **MAZDA** Veh Config. **1**
Operator _____ Owner **O'BRIEN, KEVIN WILLIAM**
Address _____ Address **25 BRIARCLIFF DR**
City _____ State **MA** Zip **01501-1400**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **6** Damaged Area Code: **2 27 27 27**
Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **18 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

| Please fill out for operator and all occupants involved | | 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 | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 |

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

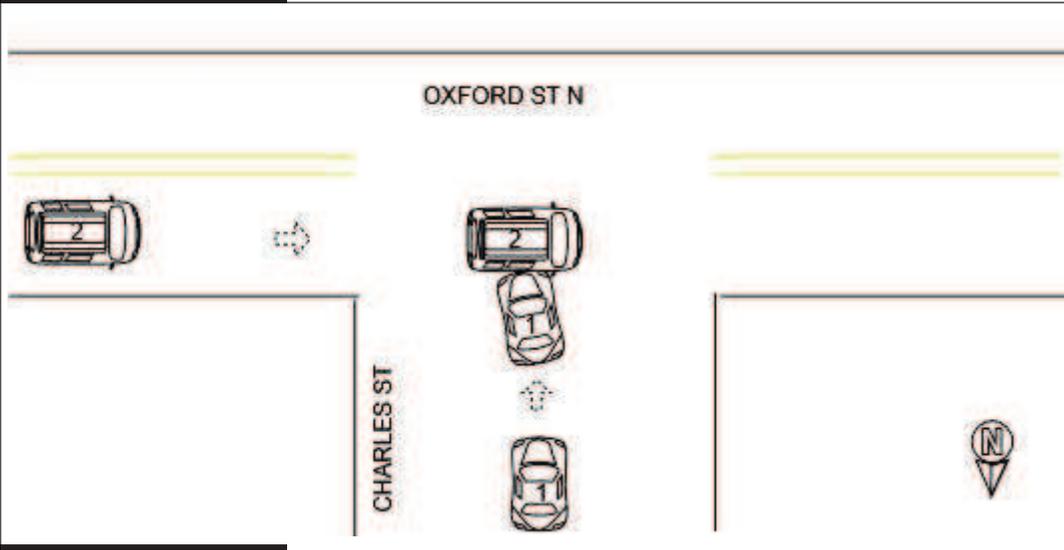
License # _____ St. _____ DOB/Age _____ Reg # **142SW9** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2022** Veh Make **HONDA** Veh Config. **1**
Operator **BITAR, MARTIN MIKHAIL** Owner **BITAR, LAURA MICHEL**
Address **27 KINGLET DR** Address **27 KINGLET DR**
City **SHREWSBURY** State **MA** Zip **01545-4316** City **SHREWSBURY** State **MA** Zip **01545-4316**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
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|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Occupants | | See Above | X | X | 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

↓ Arrow



Crash Narrative:

VEHICLE ONE WAS EXITING CHARLES ST. ONTO OXFORD ST NORTH. AT THE CORNER OF OXFORD ST NORTH AND CHARLES ST THERE IS A LARGE SNOWBANK THAT OBSTRUCTS THE VIEW OF VEHICLES COMING DOWN OXFORD ST NORTH. WHILE ENTERING THE ROADWAY, VEHICLE ONE STRUCK THE SIDE OF VEHICLE TWO AS IT WAS TRAVELING DOWN OXFORD ST. NORTH

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/11/2026

Date