

Date of Crash **03/08/2026** Time of Crash **1659** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **1** **2** **3** **11**

BRYN MAWR AVE
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
LEICESTER ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Feet **N S E W** of _____ • _____ or _____ Mile Marker _____ Exit Number _____
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# 26-109-AC**

1 **2** **12** **1** **13**

License # _____ St. _____ DOB/Age _____ Reg # **6ACZ28** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **JEEP** Veh Config. **1 21**
Operator **JERMAIN, WILLIS R** Owner **JERMAIN, WILLIS REED JR**
Address **232 LEICESTER ST** Address **232 LEICESTER ST**
City **AUBURN** State **MA** Zip **01501-1408** City **AUBURN** State **MA** Zip **01501-1408**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **T3623061** Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **90 23** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** 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	XXXXXX	XX	1	1	4	0	0	10	1	

7 **2** Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

8 **2** **14** **1** **14**

License # _____ St. _____ DOB/Age _____ Reg # **5HTV18** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2024** Veh Make **TOYOTA** Veh Config. **1 21**
Operator **VEGA, SONIA** Owner **VEGA, SONIA**
Address **1514 MAIN ST** Address **1514 MAIN ST**
City **WORCESTER** State **MA** Zip **01603-1241** City **WORCESTER** State **MA** Zip **01603-1241**
Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
Vehicle Travel Direction: **X S 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: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
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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	XXXXXX	XX	1	1	4	0	0	9	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

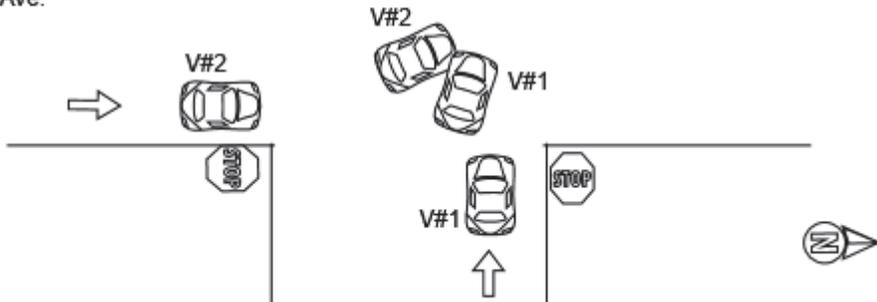
NOTE: All stop signs have solar powered blinking red lights

Bryn Mawr Ave.

Leicester St.

If Crash Did Not Occur on a Public Way:

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



Legend: Arrow



Crash Narrative:

Vehicles issued numbers at random.

V#1 traveling west on Leicester St. Operator stated he stopped at stop sign, and then proceeded and V#2 drove into him failing to stop for stop sign.

V#2 traveling north on Bryn Mawr Ave. Operator stated she stopped at stop sign, and then proceeded and V#1 drove into her failing to stop for stop sign.

V#1 operator issued criminal citation for Op MV w Suspended Drivers License and vehicle towed due to damage.

V#2 was operable enough to be driven home.

EMS refused

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

Sergeant Luis W Santos

53LS

Auburn Police Department

03/08/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date