

Date of Crash 02/28/2026 Time of Crash 1702 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 50 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, At, Mile Marker, Exit Number, Intersecting Roadway/Street, and Landmark.

Please Select One of the Following: Vehicle 1 Occupants, Hit/Run, Moped, Crash Report ID# 26-100-AC

Operator and Owner information: License # SA6870816, Reg # 5LNL47, Veh Year 2007, Veh Make VOLVO, Operator TOOMEY, DECLAN FRANCIS, Owner TOOMEY, SAMANTHA ANDERSON.

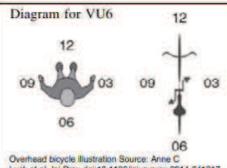
Table for operator and occupants involved, including Name, Address, DOB/Age, Sex, and various safety codes (34-40).

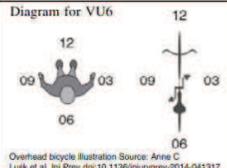
Please Select One of the Following: Vehicle 2 Occupants, Hit/Run, Moped, Vulnerable User Complete the Vulnerable User section.

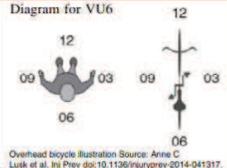
Operator and Owner information for a second vehicle, including License #, Reg #, Veh Year, Veh Make, Operator, and Owner details.

Table for operator and occupants involved for the second vehicle, including Name, Address, DOB/Age, Sex, and various safety codes (34-40).

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 40px;" type="text" value="1 VU1"/>	Action <input style="width: 40px;" type="text" value="1 VU2"/>	Location <input style="width: 40px;" type="text" value="4 VU3"/>					
VU: <u>SANFORD, RICHARD ALAN</u> <small style="display: flex; justify-content: space-between; font-size: 8px;">Last First Middle</small>									
Address <u>47 WASHINGTON ST APT 2</u>									
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3027</u>									
License # <input style="width: 100px;" type="text"/> St. <input style="width: 20px;" type="text"/> DOB/Age <input style="width: 100px;" type="text"/>									
Traffic Control Device <input style="width: 40px;" type="text" value="0 VU4"/>		Origin/Destination <input style="width: 40px;" type="text" value="97 VU5"/>		Contact Point: <input style="width: 40px;" type="text" value="09 VU6"/>					
		Primary Injury Area: <input style="width: 40px;" type="text" value="4 VU7"/>							
Event Sequence <input style="width: 40px;" type="text" value="2 VU8"/> <input style="width: 40px;" type="text" value="19 VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="0 VU12"/>		Test Status: <input style="width: 40px;" type="text" value="1 VU11"/>					
Contributing Code <input style="width: 40px;" type="text" value="16 VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="1 VU13"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="2 VU14"/>					
Distracted by <input style="width: 40px;" type="text" value="99 VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Drug: <input style="width: 40px;" type="text" value="2 VU15"/>							
Medical Facility									
Vulnerable User	Sex M	VU16 Seat Pos. 97	VU17 Safety Equipment 99	VU18 Eject Code 0	VU19 Trap Code 0	VU20 Injury Status 8	VU21 Transp. Code 2	<input style="width: 100px;" type="text"/>	

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: flex; justify-content: space-between; font-size: 8px;">Last First Middle</small>									
Address _____									
City _____ State _____ Zip _____									
License # _____ St. _____ DOB/Age _____									
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>		Contact Point: <input style="width: 40px;" type="text" value="VU6"/>					
		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>							
Event Sequence <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/>					
Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>					
Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>							
Medical Facility									
Vulnerable User	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	<input style="width: 100px;" type="text"/>	

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: flex; justify-content: space-between; font-size: 8px;">Last First Middle</small>									
Address _____									
City _____ State _____ Zip _____									
License # _____ St. _____ DOB/Age _____									
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>		Contact Point: <input style="width: 40px;" type="text" value="VU6"/>					
		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>							
Event Sequence <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/>					
Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>					
Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>							
Medical Facility									
Vulnerable User	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	<input style="width: 100px;" type="text"/>	