

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 02/10/2026		Time of Crash 1330 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <div>S E W</div> of . or Mile Marker Exit Number</div> <div>Feet <div>N S E W</div> of Route# Intersecting Roadway/Street</div> <div>Feet <div>N S E W</div> of Landmark</div>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-66-AC						
License # SA1950939 St MA DOB/Age 07/23/1979						Reg # 38HL21 Reg Type PC Reg State MA								
Sex F Lic. Class <div>1919</div> Lic. Restrictions <div>20</div> CDL Endorsement						Veh Year 2013 Veh Make FORD Veh Config. <div>221</div>								
Operator KIST, ANGEL LEE Last First Middle						Owner SANTOS, ROBERTO J Last First Middle								
Address 9 HEARD ST						Address 9 HEARD ST								
City AUBURN State MA Zip 01501-3423						City AUBURN State MA Zip 01501-3423								
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash <div>122</div> Damaged Area Code: <div>1272727</div>								
Vehicle Travel Direction: <div>S E W</div> Responding to Emergency? 2						Event Sequence <div>123232323</div> Test Status: <div>128</div>								
Citation # (If Issued)						Most Harmful Event <div>124</div> Type of Test: <div>029</div>								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code <div>992525</div> BAC Test Result: <div>130</div>								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by <div>992626</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div>								
						Towed from scene? <div>233</div>								
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		<div>X</div>	<div>X</div>	1	1	4	0	0	10	1	NOT TRANSPORTED	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # S22637316 St MA DOB/Age 07/08/1946						Reg # 12WN65 Reg Type PC Reg State MA								
Sex F Lic. Class <div>1919</div> Lic. Restrictions <div>20</div> CDL Endorsement						Veh Year 2009 Veh Make TOYOTA Veh Config. <div>121</div>								
Operator ALEXANDROWICZ, ANNA S Last First Middle						Owner ALEXANDROWICZ, ANNA S Last First Middle								
Address 22 MARILYN DR						Address 22 MARILYN DR								
City AUBURN State MA Zip 01501-3424						City AUBURN State MA Zip 01501-3424								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash <div>122</div> Damaged Area Code: <div>5272727</div>								
Vehicle Travel Direction: <div>S E W</div> Responding to Emergency? 2						Event Sequence <div>123232323</div> Test Status: <div>128</div>								
Citation # (If Issued)						Most Harmful Event <div>124</div> Type of Test: <div>029</div>								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code <div>12525</div> BAC Test Result: <div>130</div>								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by <div>02626</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div>								
						Towed from scene? <div>133</div>								
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		<div>X</div>	<div>X</div>	1	1	4	0	0	10	0	NOT TRANSPORTED	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

V&D Variety



Oxford St North

If Crash **Did Not** Occur
on a Public Way:

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

Intersection Arrow



Crash Narrative:

vehicle 2 was traveling down Oxford St North and allowing a vehicle to exit V&D Variety store, Vehicle 1 was traveling down oxford st north and collided with the rear of vehilce 2.

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/10/2026

Date