

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **02/10/2026** Time of Crash **1330** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **30**  
 State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

10  
21  
1Route# Direction Name of Roadway/Street  
At2  
1Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with2  
1

Route# Direction Name of Intersecting Roadway/Street

2  
1Route# Direction Address # Name of Roadway/Street  
**143 OXFORD STREET NO**2  
1Feet  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number2  
1Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street2  
1Feet  N  S  E  W of \_\_\_\_\_ Landmark \_\_\_\_\_

3

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  MopedCrash Report ID# **26-66-AC**4  
1License # **SA1950939** St **MA** DOB/Age **07/23/1979**Reg # **38HL21** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ EndorsementVeh Year **2013** Veh Make **FORD** Veh Config. **2** 215  
2Operator **KIST, ANGEL LEE** Last **9** Heard St First **HEARD** MiddleOwner **SANTOS, ROBERTO J** Last **9** Heard St First **HEARD** Middle6  
1Address **9 HEARD ST**City **AUBURN** State **MA** Zip **01501-3423**7  
1Insurance Company **FARMERS PROPERTY & CASUAL**City **AUBURN** State **MA** Zip **01501-3423**Vehicle Travel Direction:  S  E  W Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22

Citation # (If Issued) \_\_\_\_\_

Damaged Area Code: **1** 27 27 27

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Test Status: **1** 28

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **0** 296  
1BAC Test Result: **1** 30

Please fill out for operator and all occupants involved

Driver Contributing Code **99** 25 25

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Driver Distracted by **99** 26 26Towed from scene? **2** 337  
1Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Medical Facility

8  
1License # **S22637316** St **MA** DOB/Age **07/08/1946**Reg # **12WN65** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ EndorsementVeh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 219  
2Operator **ALEXANDROWICZ, ANNA S** Last **22** Marilyn Dr First **MARYLIN** MiddleOwner **ALEXANDROWICZ, ANNA S** Last **22** Marilyn Dr First **MARYLIN** MiddleAddress **22 MARYLIN DR**Address **22 MARYLIN 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 **1** 22Vehicle Travel Direction:  S  E  W Responding to Emergency? **2**Damaged Area Code: **5** 27 27 27

Citation # (If Issued) \_\_\_\_\_

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **0** 29

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1** 309  
2Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Driver Contributing Code **1** 25 25Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

10  
2Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **0** 26 2611  
8

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

12  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1013  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

14  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1015  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

16  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1017  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

18  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1019  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

20  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1021  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

22  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1023  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

24  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1025  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

26  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1027  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

28  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1029  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

30  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1031  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

32  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1033  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

34  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1035  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

36  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1037  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

38  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1039  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

40  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1041  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

42  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1043  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

44  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1045  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

46  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1047  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

48  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1049  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

50  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1051  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

52  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1053  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

54  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1055  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

56  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1057  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

58  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1059  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

60  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1061  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

62  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1063  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

64  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1065  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

66  
1Operator/Occupants **Operator/Occupants** See AboveDriver Distracted by **1** 10 1067  
1

Please fill out for operator and all occupants involved

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

68  
1

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ♂ = Pedestrian      ⚙ = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → ♂ → ⚙

V&D Variety



Oxford St North



I → ♂ ⚙ 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 vehicle 2.

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