

Date of Crash **06/11/2026** Time of Crash **1957** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** 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
BRYN MAWR AVE
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# **26-230-AC**

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **3D5449** Reg Type **MCN** Reg State **MA**
Sex **M** Lic. Class **M 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **COUTURE, RYAN DANIEL** Owner **COUTURE, RYAN DANIEL**
Address **17 WHITE TER** Address **17 WHITE TER**
City **AUBURN** State **MA** Zip **01501-1729** City **AUBURN** State **MA** Zip **01501-1729**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **1 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	5	5	1	0	8	2	[redacted]

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

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **3CYP28** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **RICHARDSON, ELISE MARIE** Owner **RICHARDSON, ELISE MARIE**
Address **14 PAUL ST** Address **14 PAUL ST**
City **AUBURN** State **MA** Zip **01501-2812** City **AUBURN** State **MA** Zip **01501-2812**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 8 27 9 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **1 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/Occupants		See Above	X	X	1	1	4	0	0	10	1	

