

Date of Crash **03/03/2026** Time of Crash **1329** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

LEICESTER ST
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 **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-102-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5RYV83** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2009** Veh Make **BMW** Veh Config. **1 21**
Operator **AMELIN, CHRISTINA M** Owner **AMELIN, CHRISTINA M**
Address **45 RICHARDSON CORNER RD APT E** Address **45 RICHARDSON CORNER RD APT E**
City **CHARLTON** State **MA** Zip **01507-1471** City **CHARLTON** State **MA** Zip **01507-1471**
Insurance Company **PERMANENT GENERAL ASSURAN** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **4 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? **2 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	1	4	0	0	10	1
CLEOPATRA AMELIN	261 W MAIN ST MARLBOROUGH, MA 01752-3800		F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **6NC837** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2018** Veh Make **HYUNDAI** Veh Config. **1 21**
Operator **LAFLASH, NORMAN P** Owner **LAFLASH, NORMAN P**
Address **44 RICHARD ST** Address **44 RICHARD ST**
City **AUBURN** State **MA** Zip **01501-1970** City **AUBURN** State **MA** Zip **01501-1970**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **2 27 27 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 **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 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

