

Date of Crash **02/26/2026** Time of Crash **0630** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

**WASHINGTON ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**MILLBURY ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_  
Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_  
Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 26-93-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **AG65435** Reg Type **APN** Reg State **PA**  
Sex **M** Lic. Class **A 19 19** Lic. Restrictions **99 20** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **FREIGHTLINER** Veh Config. **10 21**  
Operator **MEEKS, RUSSEL DE MOND** Owner **WESTPAC LEASING LLC**  
Address **448 S OHIO AVE** Address **111 FEX WAY**  
City **COLUMBUS** State **OH** Zip **43205** City **WINDBER** State **PA** Zip **15963**  
Insurance Company **ARCH, ACUITY, AND TRAVELER** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **2 27 27 27**  
Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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 |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |

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

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2RKE47** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL \_\_\_\_\_ Veh Year **2024** Veh Make **HYUNDAI** Veh Config. **1 21**  
Operator **SANCHEZ, TYLER J** Owner **SANCHEZ, TYLER J**  
Address **127 MEMORIAL DR** Address **127 MEMORIAL DR**  
City **SHREWSBURY** State **MA** Zip **01545-4030** City **SHREWSBURY** State **MA** Zip **01545-4030**  
Insurance Company **GARRISON PROPERTY & CASUA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**  
Vehicle Travel Direction:  **N S E**  **W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**  
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|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Occupants</b>                               |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>1</b>      | <b>0</b>     | <b>0</b>         | <b>8</b>        | <b>2</b>         |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |

