Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
08/27/2026	1651 (24HR)	Auburn	2	2	40			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# / Direction / Name of Roadway/Street: SOUTHBRIDGE ST

At

Route# / Direction / Name of Intersecting Roadway/Street: WATER ST

Also at Intersection with

Route# / Direction / Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# / Direction / Address # / Name of Roadway/Street:

Feet [N S E W] of — — — • — Mile Marker or Exit Number

Feet [N S E W] of Route# / Intersecting Roadway/Street

Feet [N S E W] of Landmark

Vehicle 1 — Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-333-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class M (19) (19) Lic. Restrictions (20) CDL Endorsement
Operator MAIRO, AMNONG LIONEL (Last First Middle)
Address 26 LEWIS ST APT 2
City WORCESTER State MA Zip 01610-1775
Insurance Company PILGRIM INSURANCE COMPANY
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2
Citation # (If Issued) 505324AE
Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 89 9
Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub

Reg # 4ZMC56 Reg Type PC Reg State MA
Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 (21)
Owner MAIRO, AMNONG LIONEL (Last First Middle)
Address 26 LEWIS ST APT 2
City WORCESTER State MA Zip 01610-1775
Vehicle Action Prior to Crash 4 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 4 (25) (25)
Driver Distracted by 99 (26) (26)

Damaged Area Code: 1 (27) (27) (27)
Test Status: 1 (28)
Type of Test: 0 (29)
BAC Test Result: 1 (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 1 (33)

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			1	1	1	0	0	8	2	
DORCAS LAOKOLE	67 HOLLIS ST WORCESTER, MA 01610-3671	[redacted]	F	3	1	1	0	0	10	1	

Vehicle 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement
Operator TINSLEY, LORI JO (Last First Middle)
Address 32 BIRCH POINT SHRS
City OXFORD State MA Zip 01540-1836
Insurance Company NORFOLK & DEDHAM MUTUAL F
Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 5VR644 Reg Type PC Reg State MA
Veh Year 2023 Veh Make LINCOLN Veh Config. 1 (21)
Owner TINSLEY, LORI JO (Last First Middle)
Address 32 BIRCH POINT SHRS
City OXFORD State MA Zip 01540-1836
Vehicle Action Prior to Crash 1 (22)
Event Sequence 1 (23) (23) (23) (23)
Most Harmful Event 1 (24)
Driver Contributing Code 1 (25) (25)
Driver Distracted by 0 (26) (26)

Damaged Area Code: 8 (27) 7 (27) (27)
Test Status: 1 (28)
Type of Test: 0 (29)
BAC Test Result: 1 (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 1 (33)

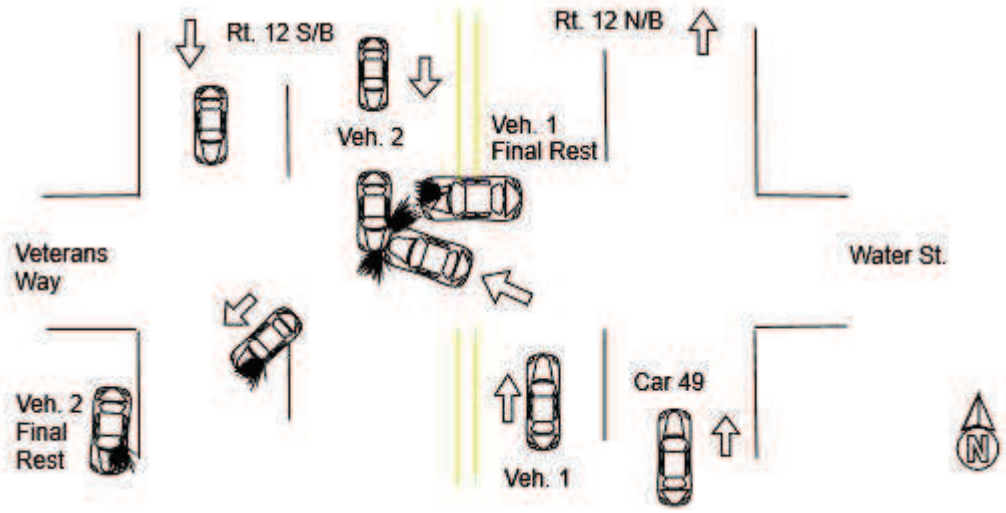
Please fill out for operator and all occupants involved

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			1	1	4	0	0	8	1	

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → → →



If Crash Did Not Occur on a Public Way:

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

I... Arrow

Crash Narrative:

Vehicle one was traveling north bound on Rt 12 (public way). Vehicle two was traveling south bound on Rt. 12. Both vehicles were in the left hand travel lane of their respective direction of travel. Vehicle one made a sudden left hand turn to travel west on Veterans Way, vehicle one failed to yield to on coming traffic. As a result vehicle one struck vehicle two. Vehicle two had the right of way through the intersection. Both vehicles became disabled and needed to be towed from the scene. All occupants were evaluated by medics of the Auburn Fire Department.

Operator of vehicle one was transported to the hospital. He was issued citation for Ch. 90 S. 10, Ch. 90 S. 24 and Ch. 89 S. 8. See report 26-1246-OF.

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 Stephen Koopman		80SK	Auburn Police Department		08/27/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date