

Date of Crash 02/07/2026 Time of Crash 1518 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 50 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

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

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-62-AC

License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ARNOLD, SUSAN LYN Address 83 PLEASANT ST City GRAFTON State MA Zip 01519-1016 Insurance Company USAA GENERAL INDEMNITY CO Vehicle Travel Direction: N S [X] 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 # 5JBV87 Reg Type PC Reg State MA Veh Year 2023 Veh Make NISSAN Veh Config. 1 21 Owner BORK, MICHAEL CHRISTOPHER Address 25 FOWLER RD APT A City NORTHBRIDGE State MA Zip 01534-0000 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 27 27 27 Event Sequence 10 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 10 24 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 2 33

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1. Row 2: MICHAEL BORK, 25 FOWLER RD NORTHBRIDGE, MA 01534-0000, [X], M, 3, 1, 4, 0, 0, 10, 1.

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

License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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