

Date of Crash **06/18/2026** Time of Crash **1433** 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:
 Latitude **+042.1874** Longitude **-071.834**

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 _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street **SOUTH ST**
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# **20** **WASHINGTON ST**
 _____ Feet **N S E W** of _____ Intersecting Roadway/Street _____
 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-238-AC**

License # _____ St. _____ DOB/Age _____ Reg # **X17386** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2022** Veh Make **FORD** Veh Config. **1** **21**
 Operator **FAIRBANKS, LOGAN RICHARD** Owner **SUNBELT RENTALS INC**
 Address **7 MUROLO RD** Address **1799 INNOVATION PT**
 City **N GROSVENORDALE** State **CT** Zip **06255** City **FORT MILL** State **SC** Zip **29715-4556**
 Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **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
Operator		See Above	X	X	1	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 _____ Reg # **6680HI** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2009** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **WOLSKI, JOANNA** Owner **WOLSKI, JOANNA**
 Address **751 WASHINGTON ST APT 32** Address **751 WASHINGTON ST APT 32**
 City **AUBURN** State **MA** Zip **01501-2737** City **AUBURN** State **MA** Zip **01501-2737**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **9** **22** Damaged Area Code: **2** **27** **1** **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) **339677AE, 339678AE** Most Harmful Event **1** **24** Type of Test: **0** **29**
 Viol. 1: Ch/Sec/Sub **90** **23** Viol. 2: Ch/Sec/Sub **90** **23** Driver Contributing Code **4** **25** **8** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub **90** **34** Viol. 4: Ch/Sec/Sub **90** **34J** Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **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

