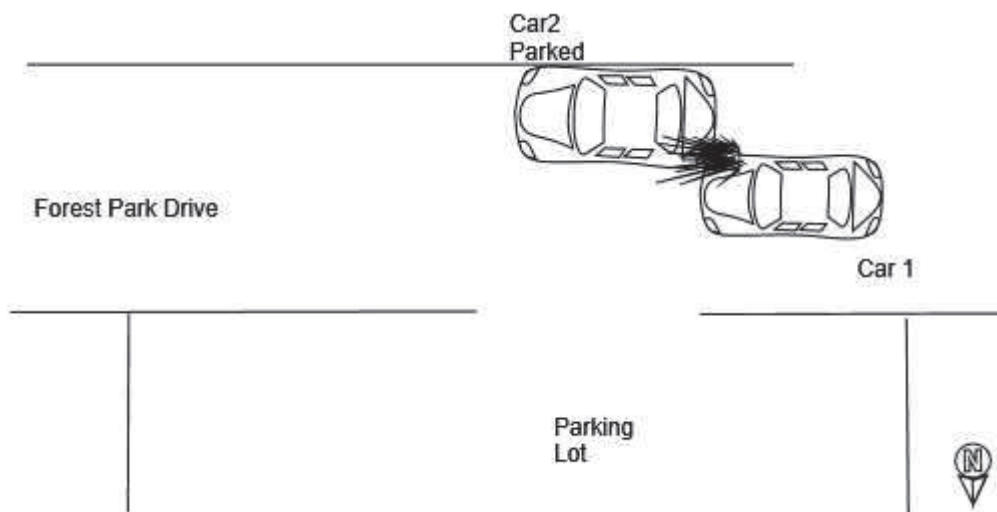


Police Use Only		Commonwealth of Massachusetts										RMV Document Number															
Date of Crash 01/31/2026	Time of Crash 0900 24HR	City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit	State Police	<input type="checkbox"/>													
												Latitude	Local Police	<input checked="" type="checkbox"/>													
												Longitude	MBTA Police	<input type="checkbox"/>													
													Campus Police	<input type="checkbox"/>													
													Other:	<input type="checkbox"/>													
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																					
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street																							
At				Feet N S E W of . or Mile Marker Exit Number																							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street																							
Also at Intersection with				Feet N S E W of Landmark																							
Route# Direction Name of Intersecting Roadway/Street																											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-48-AC																			
License # St. DOB/Age				Reg # 6GEP58 Reg Type PC Reg State MA				Veh Year 2010 Veh Make MERCEDES-BENZ Veh Config. 1																			
Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement				Owner KARIUKI, RICHARD I				Address 1603 FOREST PARK DR																			
Operator Last First Middle				City AUBURN State MA Zip 01501-5513				Vehicle Action Prior to Crash 1 22																			
Address				Event Sequence 2 23 23 23 23				Damaged Area Code: 2 27 27 27																			
City State Zip				Most Harmful Event 2 24				Test Status: 1 28																			
Insurance Company LM GENERAL INSURANCE COMP				Driver Contributing Code 1 25 25				Type of Test: 0 29																			
Vehicle Travel Direction: N S X W Responding to Emergency? 2				Driver Distracted by 0 26 26				BAC Test Result: 1 30																			
Citation # (If Issued)				Towed from scene? 2 31				Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub								2 13																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																											
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				X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # St. DOB/Age				Reg # 1JRN79 Reg Type PC Reg State MA				Veh Year 2013 Veh Make SUBARU Veh Config. 1																			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Owner ZAPARASKAS, JENNIFER LEIGH				Address 701 FOREST PARK DR																			
Operator Driverless M.V.				City AUBURN State MA Zip 01501-5505				Vehicle Action Prior to Crash 11 22																			
Address				Event Sequence 1 23 23 23 23				Damaged Area Code: 6 27 27 27																			
City State Zip				Most Harmful Event 1 24				Test Status: 1 28																			
Insurance Company THE HANOVER INSURANCE COM				Driver Contributing Code 1 25 25				Type of Test: 0 29																			
Vehicle Travel Direction: N S E W Responding to Emergency?				Driver Distracted by 0 26 26				BAC Test Result: 1 30																			
Citation # (If Issued)				Towed from scene? 2 31				Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub								2 14																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																											
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				X		X		1		0		4		3		0		10		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

↓ Arrow

Crash Narrative:

Car 1 was travelling east in front of 501 forest park drive. There were parked cars parked on the side of the road due to snow removal. Car 1 stated a car was sticking out of the parking lot. Car 1 had the sun directly in his eyes and gave the car coming out of the parking lot room, but ended up clipping the rear of car2. Car 1 had damage to the front right and car2 had rear end damage. Both were drivable and a tow was not needed.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/31/2026

Date