

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash 01/09/2026	Time of Crash 1431 24HR	City/Town Auburn	Number Vehicles 1	Number Injured 0	Speed Limit 10	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_

2 10  
4 BROTHERTON WAY  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

2 1  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

2 11  
Feet \_\_\_\_\_ N S E W of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

2 1  
Also at Intersection with \_\_\_\_\_

2 12  
Feet \_\_\_\_\_ N S E W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

2 1  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Landmark \_\_\_\_\_

3 99  
Please Select One of the Following:  Vehicle 10 #Occupants  Hit/Run  Moped

Crash Report ID# 26-15-AC

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Reg # 3KWN79 Reg Type PAN Reg State MA  
1 21

Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Endorsement

4 1  
Operator **Driverless M.V.** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Veh Year 2023 Veh Make NISSAN Veh Config. 1 21

5 2  
Insurance Company **THE HANOVER INSURANCE COM**Vehicle Travel Direction:  S 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 \_\_\_\_\_

Owner SHERBLOM, LYNN ALISON Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address 1600 NEWBURY DR APT 1622

City HOLDEN State MA Zip 01520-1575

6 1  
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 \_\_\_\_\_

Vehicle Action Prior to Crash 11 22  
Damaged Area Code: 5 27 27 27

Event Sequence 1 23 23 23 23  
Test Status: 28

Most Harmful Event 1 24  
Type of Test: 29

Driver Contributing Code 1 25 25  
BAC Test Result: 30

Driver Distracted by 0 26 26  
Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

7 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

8 99  
Operator \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Travel Direction:  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 \_\_\_\_\_

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 \_\_\_\_\_

Vehicle Action Prior to Crash 22  
Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23  
Test Status: 28

Most Harmful Event 24  
Type of Test: 29

Driver Contributing Code 25 25  
BAC Test Result: 30

Driver Distracted by 26 26  
Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ⚰ = Pedestrian      ⚰ = Bicycle

**Crash Diagram:**

ie: →

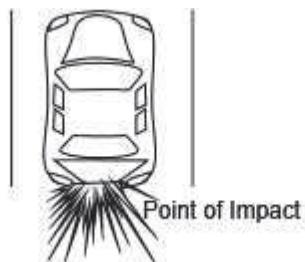
1

→

2

→

→ ⚰



Reliant Medical Parking Lot

**If Crash Did Not Occur on a Public Way:**

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

1      Arrow



**Crash Narrative:**

MV1 was parked in a parking spot unoperated. A vehicle struck MV1 and they drove away, committing a hit and run. No one was injured and the vehicle was drivable. See Incident # 26-41-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 Alexander Ortiz-Torres**

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

**Auburn Police Department**

Department

01/09/2026

Date