

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/16/2026** Time of Crash **1636** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **45**
 State Police Local Police MBTA Police
 Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street
At

2 10 Route# Direction Address # Name of Roadway/Street
779 **WASHINGTON ST**

2 1 Route# Direction Name of Intersecting Roadway/Street

3 11 Feet **N S E W** of Mile Marker or Exit Number
Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

3 12 Feet **N S E W** of Route# Intersecting Roadway/Street
Feet **N S E W** of Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-78-AC**

4 3 License # **S29060868** St **MA** DOB/Age **12/16/1974**

1 12 Reg # **2MAA35** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement

Veh Year **2026** Veh Make **GMC** Veh Config. **2** 21

4 3 Operator **DUPUIS, LISA MARIE**
Last First Middle

1 13 Owner **DUPUIS, LISA MARIE**
Last First Middle

Address **17 WAKEFIELD ST APT 1**

Address **17 WAKEFIELD ST APT 1**

City **WEBSTER** State **MA** Zip **01570-2312**

City **WEBSTER** State **MA** Zip **01570-2312**

Insurance Company **SAFETY INSURANCE COMPANY**

State **MA** Zip **01570-2312**

5 1 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Vehicle Action Prior to Crash **1** 22
Damaged Area Code: **2** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **2** 29

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **30**

6 1 Driver Contributing Code **99 25 25**

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Driver Distracted by **99 26 26**

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Medical Facility

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

Operator See Above **1** 1 4 0 0 10 1

7 2 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **9JSC70** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement

Veh Year **2018** Veh Make **HONDA** Veh Config. **2** 21

8 1 Operator **PRABUCKI, JAN**
Last First Middle

Owner **PRABUCKA, MARIA**
Last First Middle

Address **57 ENNIS RD**

Address **57 ENNIS RD**

City **NORTH OXFORD** State **MA** Zip **01537-1202**

City **NORTH OXFORD** State **MA** Zip **01537-1202**

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Action Prior to Crash **4** 22
Damaged Area Code: **4** 27 27 27

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Test Status: **1** 28

Citation # (If Issued) _____

Type of Test: **2** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Please fill out for operator and all occupants involved

Medical Facility

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

Operator/Occupants See Above **1** 1 4 0 0 10 1

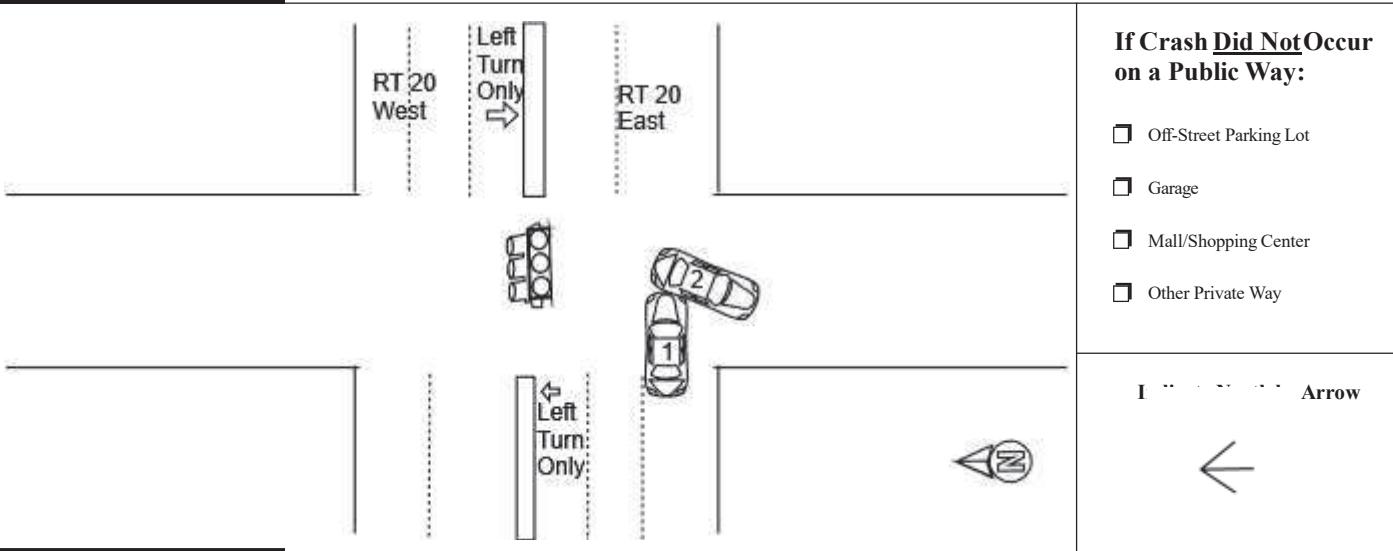
MARIA PRABUCKA 57 ENNIS RD NORTH OXFORD, MA 01537-1202

03/25/1956 M 3 1 4 0 0 10 1

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

Crash Diagram:

ie: → 1 → 2 → ⚰



Crash Narrative:

Vehicle 1 was traveling East on Washington St (RT 20). Vehicle 2 was turning left from RT 20 West to the entrance to 779 Washington St. This intersection has a functioning traffic signal which includes a turn arrow for traffic turning into 779 Washington St. The operator of V1 stated her traffic light was green turning yellow as she entered the intersection. The operator of V2 stated he had a green light. There was a witness who did not remain on scene for police to arrive and could not be spoken to.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/16/2026

Date