

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/21/2026** Time of Crash **1151** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

SHARON AVE

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

1

At _____

SOUTHBRIDGE ST

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____**2**

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____**3**Please Select One of the Following: Vehicle **1** #Occupants Hit/Run MopedCrash Report ID# **26-32-AC**License # **SA5230405** St **MA** DOB/Age **03/17/1979**Reg # **2NAH69**Reg Type **PAN**Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Veh Year **2016**Veh Make **JEEP**Veh Config. **1**Operator **SIFUENTES HERNANDEZ, PATRICIA**Owner **SIFUENTES HERNANDEZ, PATRICIA**Last **29** First **PROSPECT** Middle **ST**Last **29** First **PROSPECT** Middle **ST**Address **29 PROSPECT ST**City **GILBERTVILLE** State **MA** Zip **01031-9703**City **GILBERTVILLE** State **MA** Zip **01031-9703**Insurance Company **GEICO GENERAL INSURANCE C**State **MA** Zip **01031-9703**Vehicle Travel Direction: S E W Responding to Emergency? **2**Vehicle Action Prior to Crash **2** 22

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

Damaged Area Code: **2** 27 27 27

Name (Last First Middle) _____ Address _____

Test Status: **1** 28

DOB/Age _____ Sex _____

Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **1** 25 25Driver Distracted by **0** 26 26

Please fill out for operator and all occupants involved

Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____

Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **19** 25 25Driver Distracted by **99** 26 26

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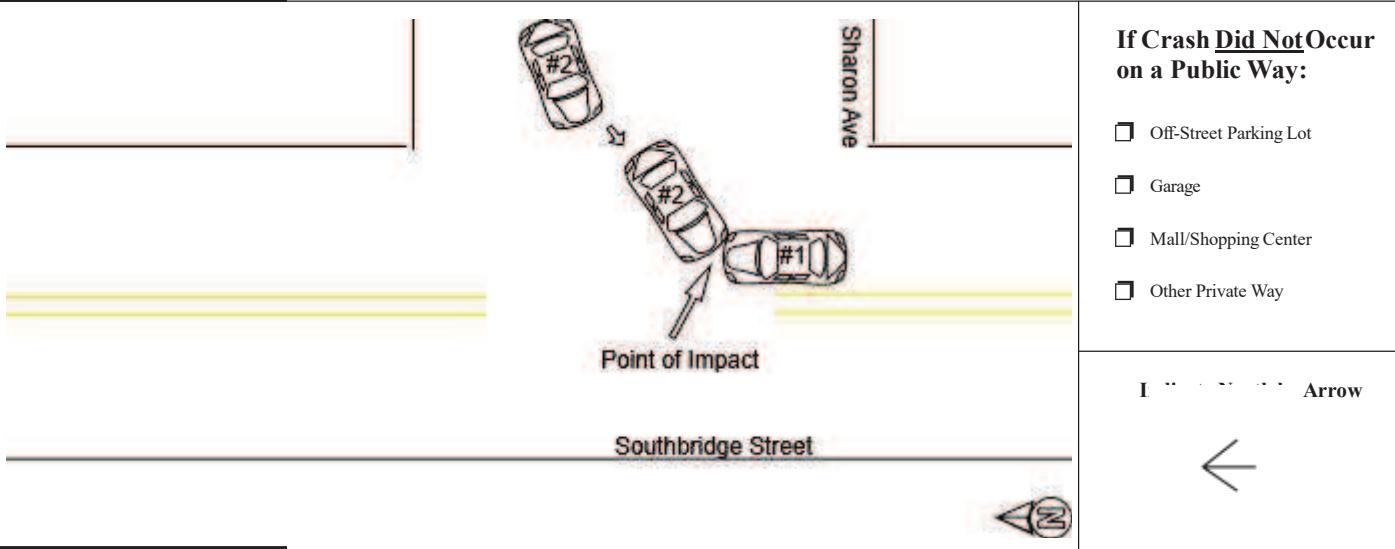
Please fill out for operator and all occupants involved

Name (Last

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚙



Crash Narrative:

V#1 was in the left lane northbound on Southbridge Street (public way). V#1 was waiting to turn left off of Southbridge Street. V#2 was on Sharon Ave (public way) waiting to turn left onto Southbridge Street. V#2 was at the stop sign waiting to turn. V#1 stated that v#2 started to pull out onto Southbridge Street and that's when the impact happened. No vehicles were towed from the scene and no injuries were reported.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

Auburn Police Department

01/21/2026

Department

Precinct/Barracks

Date