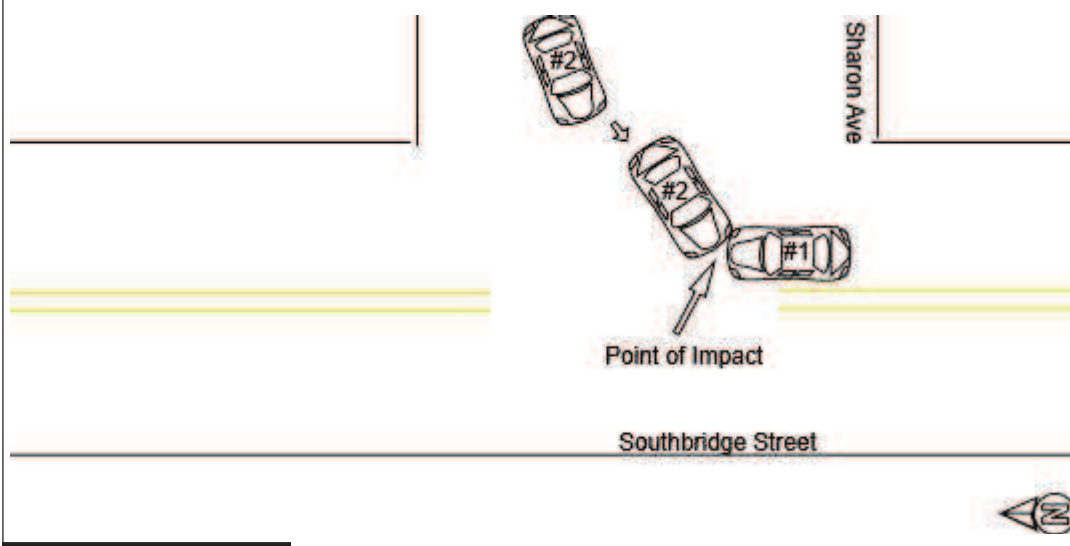


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 01/21/2026	Time of Crash 1151 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
Route# Direction SHARON AVE 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 SOUTHBRIDGE ST 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# 26-32-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 21						
Operator SIFUENTES HERNANDEZ, PATRICIA Last First Middle						Owner SIFUENTES HERNANDEZ, PATRICIA Last First Middle						
Address 29 PROSPECT 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						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 2 27 27 27						
Vehicle Travel Direction: X 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: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 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						
Please fill out for operator and all occupants involved						Towed from scene? 2 33						
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						1 1 4 0 0 10 1						
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # S14619021 St MA DOB/Age 03/24/1941						Reg # 2ZHR39 Reg Type PAN Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2024 Veh Make TOYOTA Veh Config. 1 21						
Operator KNOX, JACQUELINE T Last First Middle						Owner KNOX, JACQUELINE T Last First Middle						
Address 144 CENTRAL ST						Address 144 CENTRAL ST						
City AUBURN State MA Zip 01501-2820						City AUBURN State MA Zip 01501-2820						
Insurance Company QUINCY MUTUAL FIRE INSURA						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27						
Vehicle Travel Direction: N S E X 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: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Please fill out for operator and all occupants involved						Towed from scene? 2 33						
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						1 1 4 0 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

North Arrow



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 thats when the impact happened. No vehicles were towed from the scene and no injuires 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

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/21/2026

Date