

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/31/2026** Time of Crash **0900** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**

Speed Limit _____ Latitude _____ Longitude _____
State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____
At _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **501** Direction _____ Address # **FOREST PARK DR** Name of Roadway/Street _____
Feet **N S E W** of _____ of _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____ of _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____ of _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-48-AC**

License # _____ St. _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company **LM GENERAL INSURANCE COMP**
Vehicle Travel Direction: **N S X 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 _____

Reg # **6GEP58** Reg Type **PC** Reg State **MA**
Veh Year **2010** Veh Make **MERCEDES-BENZ** Veh Config. **1 21**
Owner **KARIUKI, RICHARD I**
Address **1603 FOREST PARK DR**
City **AUBURN** State **MA** Zip **01501-5513**
Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
Event Sequence **2 23 23 23 23** Test Status: **1 28**
Most Harmful Event **2 24** Type of Test: **0 29**
Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

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	XXXXXX	X	1	1	4	0	0	10	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 _____
Operator **Driverless M.V.**
Address _____
City _____ State _____ Zip _____
Insurance Company **THE HANOVER INSURANCE COM**
Vehicle Travel Direction: **N 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 _____

Reg # **1JRN79** Reg Type **PC** Reg State **MA**
Veh Year **2013** Veh Make **SUBARU** Veh Config. **1 21**
Owner **ZAPARASKAS, JENNIFER LEIGH**
Address **701 FOREST PARK DR**
City **AUBURN** State **MA** Zip **01501-5505**
Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**
Event Sequence **1 23 23 23 23** Test Status: **1 28**
Most Harmful Event **1 24** Type of Test: **0 29**
Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

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	XXXXXX	X	1	0	4	3	0	10	1	

