

Date of Crash **02/21/2026** Time of Crash **0942** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** 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# **310** Direction _____ Address # **WASHINGTON ST** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-86-AC**

License # **S14280355** St. **MA** DOB/Age **05/03/1966** Reg # **856729** Reg Type **CON** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2023** Veh Make **FORD** Veh Config. **1 21**
 Operator **FALKENGREN, CRAIG JON** Owner **FALKENGREN, CRAIG JON**
 Address **29 EDDY ST** Address **29 EDDY ST**
 City **AUBURN** State **MA** Zip **01501-3301** City **AUBURN** State **MA** Zip **01501-3301**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N X 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 **99 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**
 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 # **S77521578** St. **MA** DOB/Age **09/06/1996** Reg # **73692** Reg Type **PAS** Reg State **CT**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2011** Veh Make **AUDI** Veh Config. **1 21**
 Operator **DUMAS, JAYNA L** Owner **DUMAS, JAYNA L**
 Address **12 HERITAGE GREEN DR** Address **12 HERITAGE GREEN DR**
 City **FISKDALE** State **MA** Zip **01518-1269** City **FISKDALE** State **MA** Zip **01518-1269**
 Insurance Company **BRISTOL WAY INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N S X 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 **99 25 25** BAC Test Result: **30**
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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	1	4	0	0	10	1	

