

Date of Crash 04/11/2026 Time of Crash 1120 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 20 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# Direction Address # Name of Roadway/Street 64 AUBURN ST Feet N S E W of 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: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-151-AC

License # St. DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 2JX521 Reg Type PC Reg State MA Veh Year 2025 Veh Make MITSUBISHI Veh Config. 1 21

Operator MOFFATT, ROBERT WILSON Last First Middle

Owner MOFFATT, ROBERT WILSON Last First Middle

Address 103 ROCKLAND RD

Address 103 ROCKLAND RD

City AUBURN State MA Zip 01501-2034

City AUBURN State MA Zip 01501-2034

Insurance Company THE COMMERCE INSURANCE CO

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

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

Event Sequence 4 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 4 24 Type of Test: 0 29

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

Driver Contributing Code 1 25 25 BAC Test Result: 1 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

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

Operator Last First Middle

Owner Last First Middle

Address

Address

City State Zip

City State Zip

Insurance Company

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

Vehicle Travel Direction: N S E W Responding to Emergency?

Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 24 Type of Test: 29

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

Driver Contributing Code 25 25 BAC Test Result: 30

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

Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

Table with columns: 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. Row 1: Operator/Occupants, See Above, [X], [X], 1.

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 40px;" type="text" value="9 VU1"/>	Action <input style="width: 40px;" type="text" value="1 VU2"/>	Location <input style="width: 40px;" type="text" value="97 VU3"/>						
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="3 VU7"/>		Test Status: <input style="width: 40px;" type="text" value="1 VU11"/>						
Address _____ City _____ State _____ Zip _____		Event Sequence <input style="width: 40px;" type="text" value="14 VU8"/> <input style="width: 40px;" type="text" value="19 VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="0 VU12"/>						
License # _____ St _____ DOB/Age _____		Contributing Code <input style="width: 40px;" type="text" value="16 VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="1 VU13"/>						
Traffic Control Device <input style="width: 40px;" type="text" value="0 VU4"/>		Distracted by <input style="width: 40px;" type="text" value="1 VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="2 VU14"/>						
Origin/Destination <input style="width: 40px;" type="text" value="2 VU5"/>				Susp. Drug: <input style="width: 40px;" type="text" value="2 VU15"/>						
Contact Point: <input style="width: 40px;" type="text" value="09 VU6"/>										
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility		
Vulnerable User		M	8	6	0	0	8	0		

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/>					
Address _____ City _____ State _____ Zip _____		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>					
License # _____ St _____ DOB/Age _____		Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>					
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>					
Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>				Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>					
Contact Point: <input style="width: 40px;" type="text" value="VU6"/>									
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/>					
Address _____ City _____ State _____ Zip _____		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>					
License # _____ St _____ DOB/Age _____		Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>					
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>					
Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>				Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>					
Contact Point: <input style="width: 40px;" type="text" value="VU6"/>									
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

