

Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 01/09/2026		Time of Crash 1316 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:							
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-14-AC							
License # S86012522 St MA DOB/Age 08/11/1992						Reg # 4NA848 Reg Type PAN Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make SUBARU Veh Config. 1 21									
Operator HAMEL, JESSICA Last First Middle						Owner HAMEL, JESSICA Last First Middle									
Address 25 WASHBURN ST						Address 25 WASHBURN ST									
City LEICESTER State MA Zip 01524-1818						City LEICESTER State MA Zip 01524-1818									
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 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 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? 1 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									
						F 6 4 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 # S98910247 St MA DOB/Age 07/11/1983						Reg # 6SNR28 Reg Type PAN Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make FORD Veh Config. 1 21									
Operator CARABALLO, DANIEL LEE Last First Middle						Owner BUBON, AMANDA LEE Last First Middle									
Address 16 WALL ST						Address 60 SCHOOL ST									
City SPENCER State MA Zip 01562-2121						City AUBURN State MA Zip 01501-2930									
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 1 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 1 25 25 BAC Test Result: 30									
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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 → ○ → ○

ATS EQUIPMENT

Washington Street

Point of Impact

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Intersection Arrow



Pleasant Street



Crash Narrative:

V#1 WAS TRAVELING WESTBOUND ON WASHINGTON STREET (PUBLIC WAY). V#2 WAS TURNING OFF OF PLEASANT STREET AND TAKING A RIGHT ONTO WASHINGTON STREET. V#1 HAS THE RIGHT OF WAY ON THIS ROADWAY. THE OPERATOR OF V#1 STATED THAT THE OPERATOR OF V#2 PULLED OUT IN FRONT OF THEM. V#2 STATED THEY DID NOT SEE V#1 WHEN PULLING OUT. V#1 WAS TOWED FROM THE SCENE. NO INJURIES TO REPORT.

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

01/09/2026

Date