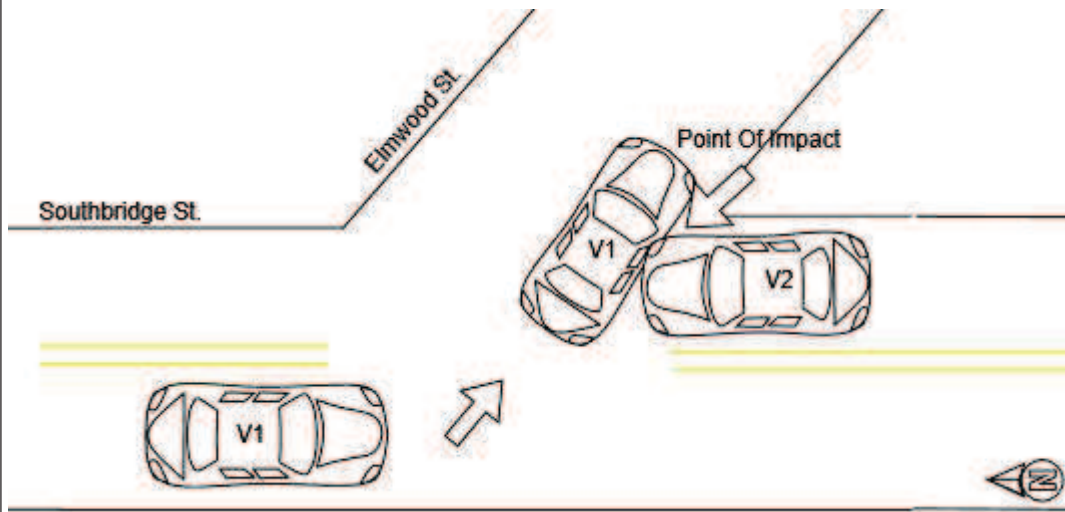


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/07/2026		Time of Crash 2323 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST 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 ELMWOOD 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# 26-63-AC									
License # 089935451 St CT DOB/Age 08/17/2005						Reg # AZ97593 Reg Type PC Reg State CT											
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make HONDA Veh Config. 1 21											
Operator DRONEY, KYLE RICHARD Last First Middle						Owner DRONEY, PATRICIA L Last First Middle											
Address 396 PINETREE DR						Address 396 PINE TREE RD											
City ORANGE State CT Zip 06477						City ORANGE State CT Zip 06477											
Insurance Company PROGRESSIVE CASUALTY INSU						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 3 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: 0 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 2 0 0 10 1											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age						Reg # 5RYS43 Reg Type PC Reg State MA											
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2004 Veh Make HONDA Veh Config. 1 21											
Operator Last First Middle						Owner SHOTSBERGER, KYLE M Last First Middle											
Address						Address 211 W MOUNTAIN ST											
City State Zip						City WORCESTER State MA Zip 01606-2900											
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 2 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: 0 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/Occupants See Above						1 1 1 0 0 10 1											
ARACELY RUIZ 216C E MOUNTAIN ST WORCESTER, MA 01601						01/10/2007 F 1 1 1 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

Insert Arrow



### Crash Narrative:

V1 was making a left turn from Southbridge St. onto Elmwood St. V2 was traveling north on Southbridge St. V2 cashed into the side of V1. V2 stated that they did not observe V1 making the turn. V1 stated that they did not see V2 due to them not having their headlights on. Both vehicles were towed from the scene by Dorenzo's. There were no reported injuries from either vehicle.

### 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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/07/2026

Date