

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **02/07/2026** Time of Crash **2323** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**

State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**SOUTHBRIDGE ST**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

At \_\_\_\_\_

**ELMWOOD ST**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Also at Intersection with \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Landmark \_\_\_\_\_

Please Select One of the Following:

Vehicle **1**

#Occupants \_\_\_\_\_



Hit/Run \_\_\_\_\_



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 **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Veh Year **2009**Veh Make **HONDA**Veh Config. **1**Operator **DRONEY, KYLE RICHARD**Owner **DRONEY, PATRICIA L**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**State **CT** Zip **06477**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Vehicle Action Prior to Crash **4** 22Damaged Area Code: **3** 27 27 27

Citation # (If Issued) \_\_\_\_\_

Test Status: **1** 28

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

Type of Test: **0** 29

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

BAC Test Result: **30**

Please fill out for operator and all occupants involved

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **1** 33**Operator**

See Above

Medical Facility

Please Select One of the Following:  Vehicle **2** #Occupants \_\_\_\_\_  Hit/Run \_\_\_\_\_  Moped \_\_\_\_\_  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Reg # **5RYS43** Reg Type **PC** Reg State **MA**Sex \_\_\_\_\_ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Veh Year **2004** Veh Make **HONDA** Veh Config. **1**Operator **SHOTSBURGER, KYLE M**Owner **SHOTSBURGER, KYLE M**

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** 22Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Damaged Area Code: **1** 27 27 27

Citation # (If Issued) \_\_\_\_\_

Test Status: **1** 28

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

Type of Test: **0** 29

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Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **1** 33**Operator/Occupants**

See Above

Medical Facility

**ARACELY RUIZ**

216C E MOUNTAIN ST

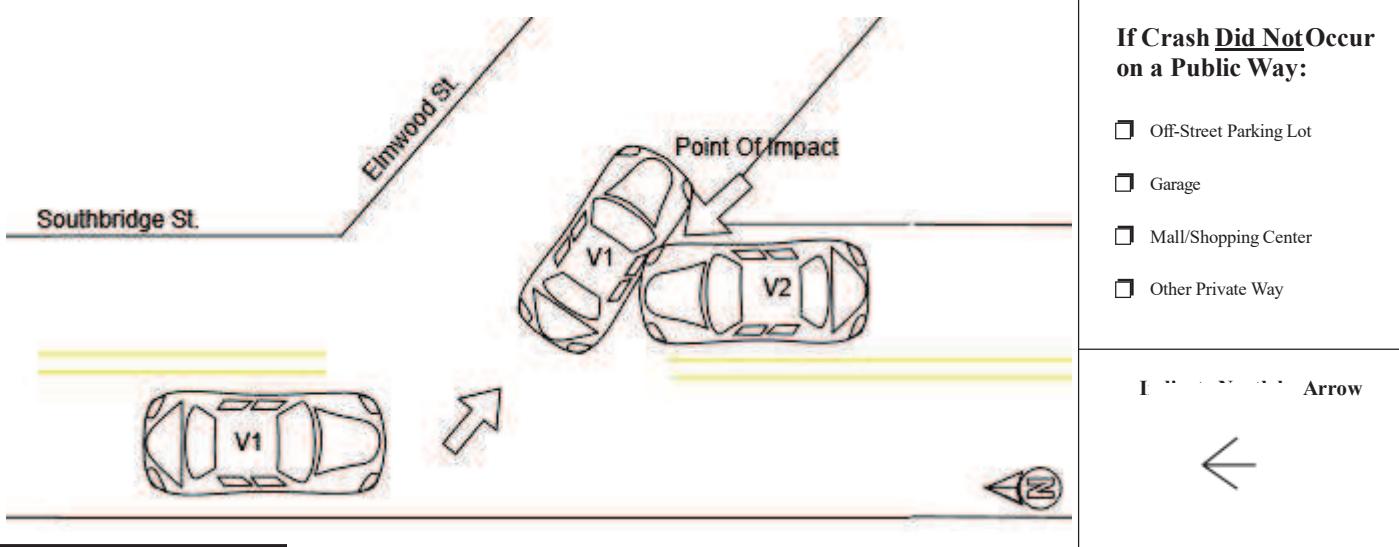
WORCESTER, MA 01601

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 → ⚾



**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 Direnzo'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