

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash 02/04/2026	Time of Crash 1609 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 1	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

10

1 1

Route# Direction Name of Roadway/Street  
At

2 1

Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with

3

Route# Direction Name of Intersecting Roadway/Street

4 1

Please Select One  
of the Following:  Vehicle 1 1 #Occupants  Hit/Run  Moped

2 2

Crash Report ID# 26-59-AC

5

License # S61010501 St MA DOB/Age 03/03/1986

Reg # 44KX65 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_  
Endorsement

Veh Year 2022 Veh Make CHEVROLET Veh Config. 1 21

6 3

Operator THOMASIAN, JOHN H  
Last First MiddleOwner THOMASIAN, JOHN H  
Last First Middle

Address 1026 WORCESTER RD

Address 1026 WORCESTER RD

7 1

City NEW BRAINTREE State MA Zip 01531-1825

City NEW BRAINTREE State MA Zip 01531-1825

Insurance Company GOVERNMENT EMPLOYEES INSU

State MA Zip 01531-1825

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

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

5 5

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

Test Status: 1 28

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

Type of Test: 1 29

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

BAC Test Result: 1 30

6 3

Driver Contributing Code 19 25 6 25  
Susp. Alcohol: 2 31 Susp. Drug: 2 32Driver Distracted by 0 26 26  
Towed from scene? 1 33

Please fill out for operator and all occupants involved

Medical Facility

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

7 1

Operator Operator  
Last First Middle

See Above 1 1 4 0 0 10 1

7 1

Please Select One  
of the Following:  Vehicle 2 1 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Reg # 5SM982 Reg Type PC Reg State MA

8 1

License # S24486992 St MA DOB/Age 10/18/1988

Veh Year 2025 Veh Make KIA Veh Config. 1 21

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_  
EndorsementOwner FOSTER, MELISSA ANNE  
Last First Middle

Address 34 GILBERT ST APT 1

Address 34 GILBERT ST APT 1

9 2

City NORTH BROOKFIELD State MA Zip 01535-1491

City NORTH BROOKFIELD State MA Zip 01535-1491

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 1 22  
Damaged Area Code: 11 27 27 27

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

Test Status: 1 28

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

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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

10 2

Operator/Occupants See Above 1 1 3 0 0 8 2

