

Date of Crash **02/18/2026** Time of Crash **1440** 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:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

12 N SOUTHBRIDGE ST
Route# Direction Name of Roadway/Street
At
JEROME AVE
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
Feet **N S E W** of _____ or _____
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: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 26-82-AC**

License # **S20930857** St. **MA** DOB/Age **03/24/1979** Reg # **M1978A** Reg Type **MVN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement **21**
Veh Year **2018** Veh Make **FORD** Veh Config. **13**
Operator **NOBERT, GILBERT G** Owner **AUBURN WATER DISTRICT**
Address **45 NW SCHOOLHOUSE RD** Address **75 CHURCH ST**
City **DUDLEY** State **MA** Zip **01571** City **AUBURN** State **MA** Zip **01501-2200**
Insurance Company **AMERICAN SOUTHERN HOME IN** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **2 27 27 27**
Vehicle Travel Direction: **S E W** Responding to Emergency? **1** 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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	03/24/1979	M	1	99	4	0	0	10	1	
GARRETT MIRABELLA	30 MEADOW RD SPENCER, MA 01562-2014	07/12/2001	M	3	0	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S36667674** St. **MA** DOB/Age **02/22/1995** Reg # **5PDA65** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement **21**
Veh Year **2025** Veh Make **Tesla Motors** Veh Config. **2**
Operator **NKRUMAH, MARVIN ODURO** Owner **NKRUMAH, MARVIN ODURO**
Address **3 CONWAY ST** Address **3 CONWAY ST**
City **WORCESTER** State **MA** Zip **01607-1701** City **WORCESTER** State **MA** Zip **01607-1701**
Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **0 27 27 27**
Vehicle Travel Direction: **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 _____ Driver Contributing Code **5 25 4 25** BAC Test Result: **1 30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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	02/22/1995	M	1	99	4	0	0	10	1	

