

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/02/2026** Time of Crash **1551** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0**

Speed Limit **45** State Police
 Local Police MBTA Police
 Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

1

Route# _____ Direction _____ Name of Roadway/Street _____
 At _____

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped

2

11

2

12

2

13

1

License # **SA8100997** St **MA** DOB/Age **03/21/2006**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Operator **SEXTON, CODY DAVID** Last _____ First _____ Middle _____Address **451 MAIN ST**City **OXFORD** State **MA** Zip **01540-1714**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Travel Direction: N S E W Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **6KDJ98**Reg Type **PC** Reg State **MA**Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1** 21Owner **SEXTON, CODY DAVID** Last _____ First _____ Middle _____Address **451 MAIN ST**City **OXFORD** State **MA** Zip **01540-1714**Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27Event Sequence **1** 23 23 23 23 Test Status: **1** 28Most Harmful Event **1** 24 Type of Test: **29**Driver Contributing Code **1** 25 25 BAC Test Result: **30**Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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**1** 1 4 0 0 10 1

2 27 27 27

1 28

29

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1 33Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **SA6461162** St **MA** DOB/Age **09/20/1976**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Operator **DA SILVA, JOSE GERALDO** Last _____ First _____ Middle _____Address **41 CLARA BARTON RD**City **NORTH OXFORD** State **MA** Zip **01537-1301**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Travel Direction: N S E W Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **5PMA37** Reg Type **PC** Reg State **MA**Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **2** 21Owner **DA SILVA, JOSE GERALDO** Last _____ First _____ Middle _____Address **41 CLARA BARTON RD**City **NORTH OXFORD** State **MA** Zip **01537-1301**Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 27 27Event Sequence **1** 23 23 23 23 Test Status: **1** 28Most Harmful Event **1** 24 Type of Test: **29**Driver Contributing Code **99** 25 25 BAC Test Result: **30**Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **2** 33

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Operator/Occupants See Above**1** 1 4 0 0 10 1

2 27 27 27

1 28

29

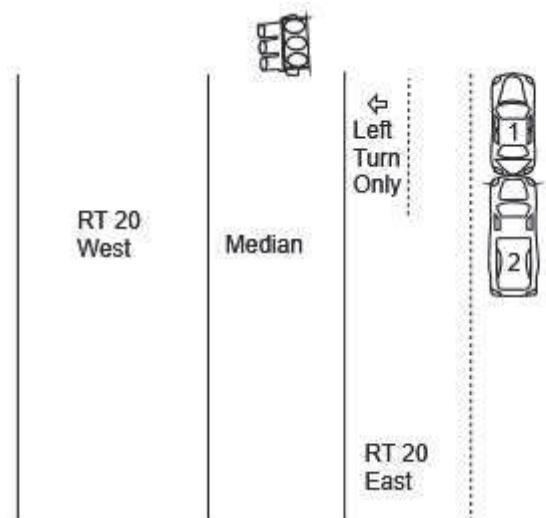
30

1 33

→ = 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

I → ⚙ Arrow



Crash Narrative:

Vehicle 1 was stopped waiting to turn right at the traffic light. Vehicle 2 was slowing to stop at the light. V2 rolled into the rear end of V1 prior to stopping.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2026

Date