

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/13/2026	Time of Crash 1434 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 1 #Occupants Hit/Run Moped2 10
717 SOUTHBIDGE ST

Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ • _____ or _____Feet N S E W of _____ Mile Marker _____ Exit Number _____Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____Feet N S E W of _____ Landmark _____

License # S70750543 St MA DOB/Age 03/02/1974

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

Operator DOKU, ENKELED Last First Middle

Address 45 HILL ST

City AUBURN State MA Zip 01501-3335

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N 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 _____

2 11
Reg # 9FT597 Reg Type PC Reg State MA

Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21

Owner SHAHU, ETHEM Last First Middle

Address 45 HILL ST

City AUBURN State MA Zip 01501-3335

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 97 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 3 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

6 1 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 Operator See Above 1 1 4 0 0 10 0 REFUSED

7 1 Please Select One of the Following: Vehicle 2 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # S98098298 St MA DOB/Age 06/28/1974

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement

Operator MILLETT, ELEANOR M Last First Middle

Address 30 NORTHBORO ST

City WORCESTER State MA Zip 01604-1754

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: N 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 _____

2 21
Reg # 759KT2 Reg Type PC Reg State MA

Veh Year 2011 Veh Make HONDA Veh Config. 1 21

Owner MILLETT, ELEANOR M Last First Middle

Address 30 NORTHBORO ST

City WORCESTER State MA Zip 01604-1754

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

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

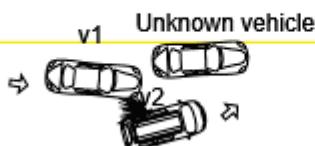
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → ⚙



Southbridge Street



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I → ♂ → ⚙ Arrow



Crash Narrative:

v1 was attempting to get around an unknown vehicle in its lane of travel when v2 attempted to change lanes and enter v1 lane. v2 struck the front right of v1 which was still within in marked lane.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrolman Jedadiah O Henry

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

Auburn Police Department

Department

02/13/2026

Date