

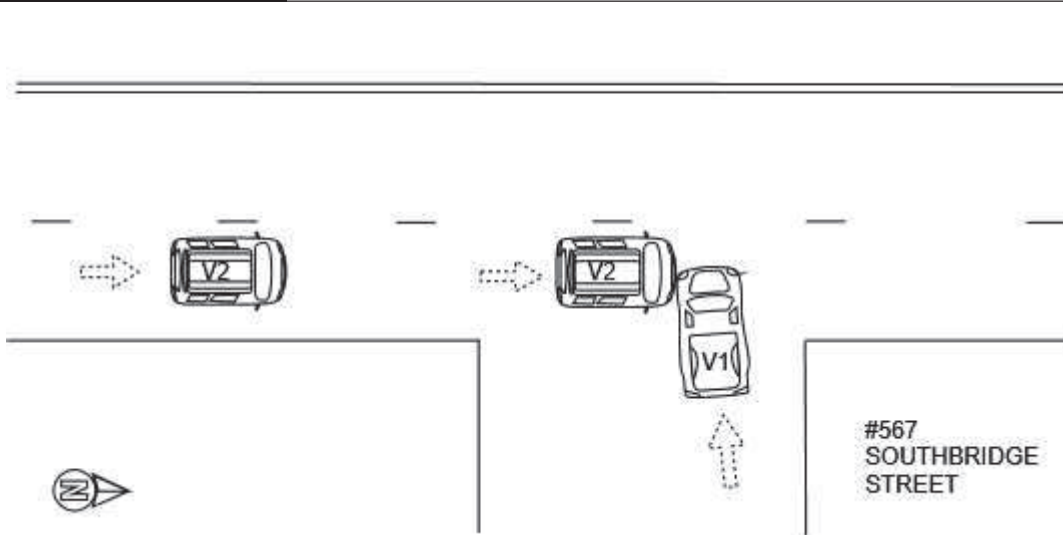
Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 01/27/2026		Time of Crash 1555 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>												<div>10</div>	
																		<div>11</div>	
																		<div>3</div>	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-44-AC											
License # SA4680317 St MA DOB/Age 01/01/2004						Reg # 3SHM94 Reg Type PAN Reg State MA												<div>12</div>	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2008 Veh Make FORD Veh Config. 2 21												<div>1</div>	
Operator KALIL-JOHNSON, CALISTA CECELIA						Owner JOHNSON, ROBERT A												<div>4</div>	
Address 111 DANA RD						Address 111 DANA RD												<div>1</div>	
City OXFORD State MA Zip 01540-1803						City OXFORD State MA Zip 01540-1803												<div>13</div>	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 6 22												<div>1</div>	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>2</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>2</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25												<div>1</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>2</div>	
Please fill out for operator and all occupants involved						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													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # S39144827 St MA DOB/Age 02/11/1973						Reg # USEV37 Reg Type PAS Reg State MA												<div>14</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make NISSAN Veh Config. 1 21												<div>8</div>	
Operator SAMPAIO, SANDRO PEREIRA						Owner SAMPAIO, SANDRO PEREIRA												<div>1</div>	
Address 187 AUBURN ST						Address 187 AUBURN ST												<div>4</div>	
City AUBURN State MA Zip 01501-1643						City AUBURN State MA Zip 01501-1643												<div>9</div>	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22												<div>2</div>	
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>2</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>2</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25												<div>2</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>2</div>	
Please fill out for operator and all occupants involved						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													
REGIANE SOARES						3 NICHOLAS CIR WEBSTER, MA 01570-3154													

Form No. 10364 CRA-65 08/23

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

On Tuesday January 27, 2026 at approximately 1555hrs the Auburn Police Department received a call of a motor vehicle accident in the area of #567 Southbridge Street. V1 was attempting to take a left hand turn on to Southbridge Street south bound. A recent snow storm caused large snow bankings that obscured the driver's view of oncoming traffic on Southbridge Street north bound. V1 believed the way was clear and proceeded forward. V2 was traveling north bound in the right hand lane and did not see V1 start to pull out onto Southbridge Street. V2 could not avoid colliding with V1. No injuries were reported on scene. Both vehicles were driven from the scene.

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 Brandon M Starkus

Police Officer Name (Please Print)

Signature

71BS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/27/2026

Date