

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/27/2026	Time of Crash 1555 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
At _____

2 2
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____

3 3
Route# Direction Name of Intersecting Roadway/Street
Landmark _____

2 10
Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ • _____ or _____ Mile Marker _____ Exit Number _____

3 11
Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

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

License # **SA4680317** St **MA** DOB/Age **01/01/2004**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____

Crash Report ID# **26-44-AC**

Reg # **3SHM94** Reg Type **PAN** Reg State **MA**
Veh Year **2008** Veh Make **FORD** Veh Config. **2** 21

4 1
Operator **KALIL-JOHNSON, CALISTA CECELIA**
Last _____ First _____ Middle _____
Address **111 DANA RD**

Owner **JOHNSON, ROBERT A**
Last _____ First _____ Middle _____
Address **111 DANA RD**

5 5
City **OXFORD** State **MA** Zip **01540-1803**

City **OXFORD** State **MA** Zip **01540-1803**

Insurance Company **THE COMMERCE INSURANCE CO**

State **MA** Zip **01540-1803**

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

Vehicle Action Prior to Crash **6** 22
Damaged Area Code: **8** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

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

Type of Test: **29**

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

BAC Test Result: **1** 30

6 2
Please fill out for operator and all occupants involved

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

Towed from scene? **2** 33

Name (Last First Middle) _____ Address _____

Driver Contributing Code **4** 25 25
Driver Distracted by **0** 26 26

Operator **Operator** See Above

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

7 9
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **USEV37** Reg Type **PAS** Reg State **MA**

License # **S39144827** St **MA** DOB/Age **02/11/1973**

Veh Year **2024** Veh Make **NISSAN** Veh Config. **1** 21

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

Owner **SAMPAIO, SANDRO PEREIRA**
Last _____ First _____ Middle _____
Address **187 AUBURN ST**

8 1
Address **187 AUBURN ST**

City **AUBURN** State **MA** Zip **01501-1643**

City **AUBURN** State **MA** Zip **01501-1643**

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

Insurance Company **PLYMOUTH ROCK ASSURANCE C**

Test Status: **1** 28

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

Type of Test: **29**

Citation # (If Issued) _____

BAC Test Result: **1** 30

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

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

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

Towed from scene? **2** 33

9 2
Please fill out for operator and all occupants involved

Driver Contributing Code **1** 25 25
Driver Distracted by **0** 26 26

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

DOB/Age Sex 1 1 4 0 0 10 1

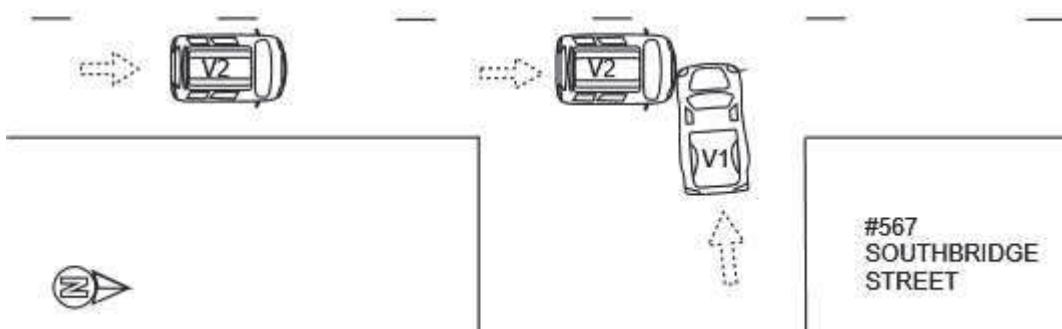
REGIANE SOARES 3 NICHOLAS CIR WEBSTER, MA 01570-3154

07/29/1967 F 3 1 4 0 0 10 1

→ = 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:

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