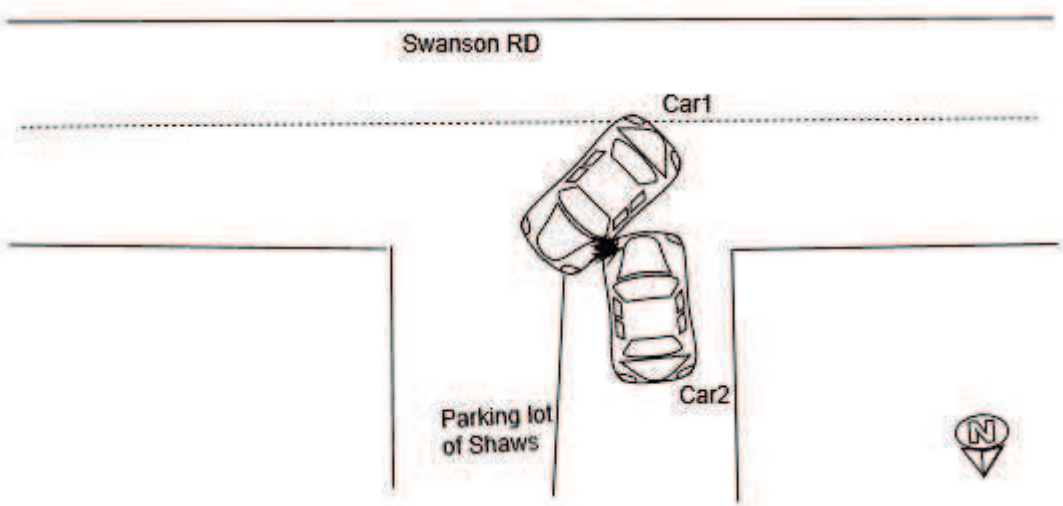


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/19/2026		Time of Crash 0959 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 20		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At						Feet N S E W of or Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										
Also at Intersection with						Feet N S E W of Landmark										
Route# Direction Name of Intersecting Roadway/Street																
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-272-AC								
License # St. DOB/Age						Reg # J2P Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2015 Veh Make LEXUS Veh Config. 1 21										
Operator SULLIVAN, LINDA Last First Middle						Owner SULLIVAN, DANIEL FRANCIS Last First Middle										
Address 7 JEFFREY AVE						Address 7 JEFFREY AVE										
City AUBURN State MA Zip 01501						City AUBURN State MA Zip 01501-1949										
Insurance Company TRUMBULL INSURANCE COMPAN						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 7 27 27 27				
Vehicle Travel Direction: N S X 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 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32				
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:		☒ Vehicle 23 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.								
License # St. DOB/Age						Reg # AZ02254 Reg Type PAN Reg State CT										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make SUBARU Veh Config. 1 21										
Operator MORLEY, RYAN EDWARD Last First Middle						Owner MORLEY, DAVID M Last First Middle										
Address 117 COLONY ST						Address 117 COLONY ST										
City HAMDEN State CT Zip 06518-3301						City HAMDEN State CT Zip 06518-3301										
Insurance Company Progressive Casualty Insu						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 8 27 27 27				
Vehicle Travel Direction: N X 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 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32				
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										
TYLER CUSANO						37 SODERMAN WAY CHESHIRE, CT 06410										
EMILY VALIN						404 IVES ST HAMDEN, CT 06518										

→ = 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

↓ Arrow

Crash Narrative:

Car2 was stopped trying to exit the Shaw's parking lot. Car1 was taking a left into the parking lot. Car1 was over the yellow line in the parking lot exit. Both vehicles were drivable and no reported injuries. There was damage to the left headlight of Car2. Car1 had damage on the left side of the vehicle.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/19/2026

Date