

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/16/2026** Time of Crash **2034** 24HR

City/Town **Auburn**

Number Vehicles **1** Number Injured **0** Speed Limit **10**
 State Police Local Police MBTA Police
 Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 4 Route# Direction _____ Name of Roadway/Street
 At _____

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

2 1 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with _____

1 11 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street
 _____ Feet **N S E W** of _____ Landmark _____

3 Route# Direction Name of Intersecting Roadway/Street

Crash Report ID# **26-80-AC**

License # **SA3181782** St **MA** DOB/Age **08/07/1973**

Reg # **6WHJ33** Reg Type **PC** Reg State **MA**

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

Veh Year **2021** Veh Make **TOYOTA** Veh Config. **2** 21

4 1 Operator **ROMANO PUNTIER, MARIBEL**
 Last _____ First _____ Middle _____

Owner **ROMANO PUNTIER, MARIBEL**
 Last _____ First _____ Middle _____

Address **36 LAKESIDE AVE**

Address **36 LAKESIDE AVE**

City **CLINTON** State **MA** Zip **01510-1873**

City **CLINTON** State **MA** Zip **01510-1873**

Insurance Company **PROGRESSIVE CASUALTY INSU**

Vehicle Action Prior to Crash **10** 22
 Damaged Area Code: **0** 27 27 27

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

Test Status: **1** 28

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

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

6 1 Please fill out for operator and all occupants involved

Driver Contributing Code **1** 25 25
 Driver Distracted by **0** 26 26
 Towed from scene? **2** 33

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**

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

Reg # _____ Reg Type _____ Reg State _____

License # _____ St _____ DOB/Age _____
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
 Endorsement _____

Veh Year _____ Veh Make _____ Veh Config. **21**

8 1 Operator _____ Last _____ First _____ Middle _____

Owner _____ Last _____ First _____ Middle _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

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

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Test Status: **28**

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

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

9 2 Please fill out for operator and all occupants involved

Driver Contributing Code **25** 25
 Driver Distracted by **26** 26
 Towed from scene? **33**

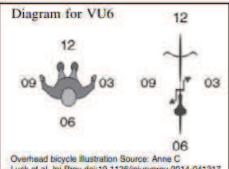
Name (Last First Middle) _____ Address _____

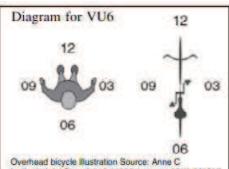
DOB/Age _____ Sex _____ 34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____ 37 Eject Code _____ 38 Trap Code _____ 39 Injury Status _____ 40 Transp. Code _____ Medical Facility _____

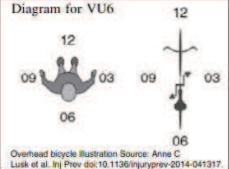
Operator/Occupants See Above

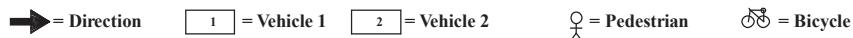
1

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User	Type VU1	Action VU2	Location VU3							
VU: SULLIVAN, SEAN THOMAS Last <u>51</u> First <u>MCCRACKEN</u> Middle <u>RD</u> Address <u>MILLBURY</u> State <u>MA</u> Zip <u>01527-1526</u>	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Primary Injury Area: 4 VU7</p> <p>Event Sequence 12 19 VU8 VU8 VU8</p> <p>Contributing Code 97 VU9 VU9</p> <p>Distracted by 1 VU10 VU10</p> </div> <div style="flex: 1; text-align: right;"> <p>Test Status: 1 VU11</p> <p>Type of Test: 0 VU12</p> <p>BAC Test Result: 1 VU13</p> <p>Susp. Alcohol: 1 VU14</p> <p>Susp. Drug: 2 VU15</p> </div> </div>									
Traffic Control Device 0 VU4	 <p>Diagram for VU6 Overhead bicycle illustration source: Anne C. Link et al. Inj Prev doi:10.1136/injuryprev-2014-041317</p>									
Origin/Destination 97 VU5										
Contact Point: 12 VU6										
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility		
Vulnerable User	M	97	10	0	0	8	1			

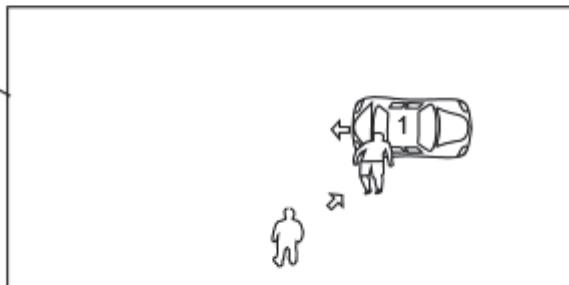
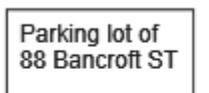
Vulnerable User	Type VU1	Action VU2	Location VU3							
VU: _____ Last _____ First _____ Middle _____ Address _____	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Primary Injury Area: 4 VU7</p> <p>Event Sequence VU8 VU8 VU8 VU8</p> <p>Contributing Code VU9 VU9</p> <p>Distracted by VU10 VU10</p> </div> <div style="flex: 1; text-align: right;"> <p>Test Status: VU11</p> <p>Type of Test: VU12</p> <p>BAC Test Result: VU13</p> <p>Susp. Alcohol: VU14</p> <p>Susp. Drug: VU15</p> </div> </div>									
Traffic Control Device VU4	 <p>Diagram for VU6 Overhead bicycle illustration source: Anne C. Link et al. Inj Prev doi:10.1136/injuryprev-2014-041317</p>									
Origin/Destination VU5										
Contact Point: VU6										
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility		
Vulnerable User										

Vulnerable User	Type VU1	Action VU2	Location VU3							
VU: _____ Last _____ First _____ Middle _____ Address _____	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Primary Injury Area: 4 VU7</p> <p>Event Sequence VU8 VU8 VU8 VU8</p> <p>Contributing Code VU9 VU9</p> <p>Distracted by VU10 VU10</p> </div> <div style="flex: 1; text-align: right;"> <p>Test Status: VU11</p> <p>Type of Test: VU12</p> <p>BAC Test Result: VU13</p> <p>Susp. Alcohol: VU14</p> <p>Susp. Drug: VU15</p> </div> </div>									
Traffic Control Device VU4	 <p>Diagram for VU6 Overhead bicycle illustration source: Anne C. Link et al. Inj Prev doi:10.1136/injuryprev-2014-041317</p>									
Origin/Destination VU5										
Contact Point: VU6										
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility		
Vulnerable User										



Crash Diagram:

ie:



If Crash Did Not Occur on a Public Way:

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

Introduction



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Crash Narrative:

Vehicle 1 was slowly backing up to pick up a ride share passenger. The Pedestrian was walking from the entrance of 88 Bancroft St. After reviewing video camera footage, The pedestrian was stumbling after leaving the bar, and while V1 was backing up, the pedestrian stumbled into the side of V1, and fell over causing his foot to be run over by the rear passenger side tire.

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 **43** Cargo Body Type Code **44** GVWR/GCWR **45**

Trailer Reg #: **46** Reg. Date: **Reg. State: **Reg. Year:****

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

Auburn Police Department

02/16/2026

Date