

Police Use Only

Commonwealth of Massachusetts Motor Vehicle Crash Police Report

RMV Document Number

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: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1
4

Route#	Direction	Name of Roadway/Street At
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Route#	Direction	Address #	Name of Roadway/Street
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2
102
1

Route#	Direction	Name of Intersecting Roadway/Street Also at Intersection with
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Feet	N S E W	• — or	Mile Marker	Exit Number
------	---------	--------	-------------	-------------

11
1

3

Route#	Direction	Name of Intersecting Roadway/Street
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Feet	N S E W	Route#	Intersecting Roadway/Street
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Landmark

Please Select One
of the Following:

Vehicle

1

#Occupants

Hit/Run

Moped

Crash Report ID# **26-80-AC**License # **SA3181782** St **MA** DOB/Age **08/07/1973**Reg # **6WHJ33** Reg Type **PC** Reg State **MA**7
12Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
EndorsementVeh Year **2021** Veh Make **TOYOTA** Veh Config. **2** 21

1

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

1

Address **36 LAKESIDE AVE**Address **36 LAKESIDE AVE**

1

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

1

Insurance Company **PROGRESSIVE CASUALTY INSU**Vehicle Action Prior to Crash **10** 22
Damaged Area Code: **0** 27 27 27

1

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Test Status: **1** 28

1

Citation # (If Issued) _____

Type of Test: **29**

1

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

BAC Test Result: **30**

1

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

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

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

1

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

1

Operator

See Above

1 1 4 0 0 10 1

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 _____

1

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

1

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
EndorsementVeh Year _____ Veh Make _____ Veh Config. **21**

1

Operator _____ Last _____ First _____ Middle _____

Owner _____ Last _____ First _____ Middle _____

1

Address _____

Address _____

1

City _____ State _____ Zip _____

City _____ State _____ Zip _____

1

Insurance Company _____

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

1

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Test Status: **28**

1

Citation # (If Issued) _____

Type of Test: **29**

1

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

BAC Test Result: **30**

1

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

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

1

Please fill out for operator and all occupants involved

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

1

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

1

Operator/Occupants

See Above

1

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 _____ First _____ Middle _____ Address 51 MCCRACKEN RD	Primary Injury Area:	4	Test Status:	1	Type of Test:	VU11		
City MILLBURY State MA Zip 01527-1526	DOB/Age	10/29/1990	BAC Test Result:	0	Susp. Alcohol:	VU13		
License # S32843593 St MA	Event Sequence	12	Susp. Drug:	1		VU14		
Traffic Control Device 0	VU8	19		2		VU15		
Origin/Destination 97	VU8	VU8						
Contact Point: 12	VU6	VU6						
Medical Facility								
Vulnerable User	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	
	M	97	10	0	0	8	1	

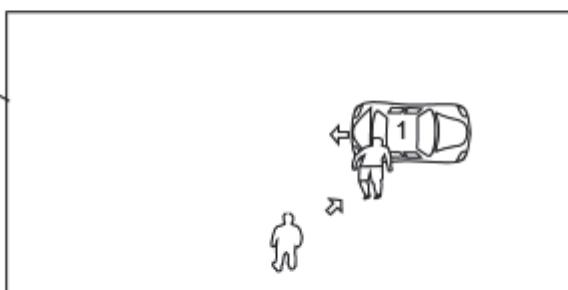
Vulnerable User	Type	VU1	Action	VU2	Location	VU3		
VU: _____ Last _____ First _____ Middle _____ Address _____	Primary Injury Area:	VU7	Test Status:	VU11	Type of Test:	VU12		
City _____ State _____ Zip _____	DOB/Age	_____	BAC Test Result:	VU13	Susp. Alcohol:	VU14		
License # _____ St _____	Event Sequence	VU8	Susp. Drug:	VU15				
Traffic Control Device VU4	VU8	VU8						
Origin/Destination VU5	VU9	VU9						
Contact Point: VU6	VU10	VU10						
Medical Facility								
Vulnerable User	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	

Vulnerable User	Type	VU1	Action	VU2	Location	VU3		
VU: _____ Last _____ First _____ Middle _____ Address _____	Primary Injury Area:	VU7	Test Status:	VU11	Type of Test:	VU12		
City _____ State _____ Zip _____	DOB/Age	_____	BAC Test Result:	VU13	Susp. Alcohol:	VU14		
License # _____ St _____	Event Sequence	VU8	Susp. Drug:	VU15				
Traffic Control Device VU4	VU8	VU8						
Origin/Destination VU5	VU9	VU9						
Contact Point: VU6	VU10	VU10						
Medical Facility								
Vulnerable User	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	

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

Crash Diagram:

Parking lot of
88 Bancroft ST



If Crash Did Not Occur on a Public Way:

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

I → Arrow



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 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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

02/16/2026

Date