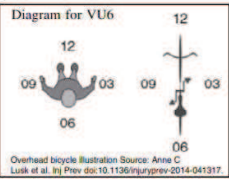
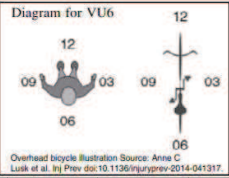
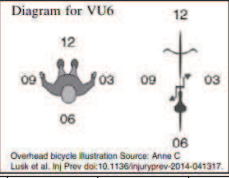


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 02/16/2026		Time of Crash 2034 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 10		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<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>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>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		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								
Operator ROMANO PUNTIER, MARIBEL						Owner ROMANO PUNTIER, MARIBEL								
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								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 3 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 3 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 0 27 27 27								
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						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input checked="" type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # St DOB/Age						Reg # Reg Type Reg State								
Sex Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21								
Operator						Owner								
Address						Address								
City State Zip						City State Zip								
Insurance Company						Vehicle Action Prior to Crash 22								
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 27 27 27								
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						Test Status: 28								
Operator/Occupants See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 31 Susp. Drug: 32								
						Towed from scene? 33								

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

Vulnerable User		Type	Action		Location			
VU: SULLIVAN, SEAN THOMAS <small>Last First Middle</small> Address 51 MCCracken RD City MILLBURY State MA Zip 01527-1526 License # S32843593 St MA DOB/Age 10/29/1990 Traffic Control Device 0 Origin/Destination 97 Contact Point: 12		1	5		5			
Primary Injury Area: 4 Event Sequence 12 19 VU8 VU8 Contributing Code 97 VU9 VU9 Distracted by 1 VU10 VU10				Test Status: 1 Type of Test: 0 BAC Test Result: 1 Susp. Alcohol: 1 Susp. Drug: 2				
								
	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	Action		Location			
VU: _____ <small>Last First Middle</small> Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6		VU1	VU2		VU3			
Primary Injury Area: VU7 Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10				Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15				
								
	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	Action		Location			
VU: _____ <small>Last First Middle</small> Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6		VU1	VU2		VU3			
Primary Injury Area: VU7 Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10				Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15				
								
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

→ = 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

1 = Vehicle 1 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

Precinct/Barracks

02/16/2026

Date