

Date of Crash **02/12/2026** Time of Crash **1447** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

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

Route# **108** Direction _____ Address # **ELMWOOD ST** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-70-AC**

License # _____ St. _____ DOB/Age _____ Reg # **167VJ6** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____ Veh Year **2025** Veh Make **RAM** Veh Config. **2 21**
 Operator **WALDRON, CARL** Owner **WALDRON, CARL**
 Address **11 EATON AVE** Address **11 EATON AVE**
 City **AUBURN** State **MA** Zip **01501-2501** City **AUBURN** State **MA** Zip **01501-2501**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

| 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 | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

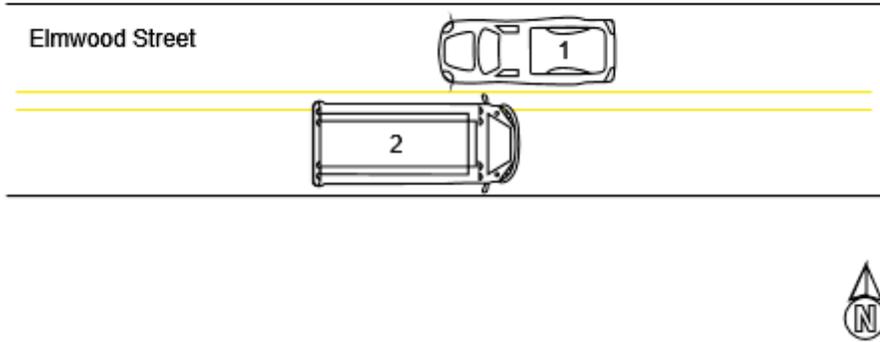
License # _____ St. _____ DOB/Age _____ Reg # **SB1A3ES** Reg Type **SB** Reg State **MA**
 Sex **M** Lic. Class **B 19 19** Lic. Restrictions **E 20** CDL _____ Endorsement _____ Veh Year **2022** Veh Make **Truck** Veh Config. **5 21**
 Operator **RESTREPO, JHON WILMAR** Owner **A A TRANSPORTATION CO INC**
 Address **416 LEICESTER ST** Address **605 HARTFORD TPKE**
 City **AUBURN** State **MA** Zip **01501-1106** City **SHREWSBURY** State **MA** Zip **01545-4103**
 Insurance Company **NEW YORK MARINE AND GENER** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
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| 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 | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 |
| RONALD MILLER | 9 SEARS AVE WEBSTER, MA 01570 | | M | 97 | 99 | 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

↑ Arrow



Crash Narrative:

Vehicle 1 was travelling west on Elmwood Street. Vehicle 2 was travelling east on Elmwood Street. As the vehicles were passing each other the mirrors on the drivers side collided. V1 mirror sustained damage. V2 did not sustain damage. The roadway was narrow due to snow banks on the sides. No injuries and very minor. See supplemental narrative for list of student passengers on V2.

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 # **SB1A3ES** (From Vehicle Section)

Carrier Name **AA Transportation** Bus Use **1** ⁴²

Address **605 HARTFORD TPKE** City **SHREWSBURY** St **MA** Zip **01545**

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 **Randy L McCarthy** Signature **78RM** ID/Badge # **Auburn Police Department** Department **02/12/2026** Date
 Police Officer Name (Please Print) Precinct/Barracks