

Date of Crash 06/17/2026 Time of Crash 1504 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, Address #, Mile Marker, Exit Number, and Landmark.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 26-237-AC

Operator and Owner information including License #, Sex, Lic. Class, Operator Name (Anderson, Dean Wallace), Address (75 Hudson Rd), City (Oxford), State (MA), Zip (01540-1307), Insurance Company (New York Marine and Gener), Vehicle Action Prior to Crash (7), Event Sequence (2), Most Harmful Event (2), Driver Contributing Code (19), Driver Distracted by (99), and various test results.

Table for operator and occupants involved, including Name, Address, DOB/Age, Sex, and various injury codes (34-40).

Please Select One of the Following: [X] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

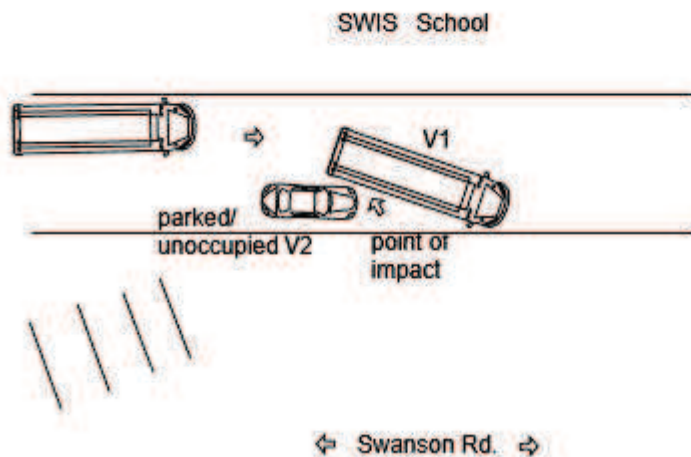
Operator and Owner information for the second vehicle, including License #, Sex, Lic. Class, Operator Name (Driverless M.V.), Address, City, State, Zip, Insurance Company (Liberty Mutual Insurance), Vehicle Action Prior to Crash (11), Event Sequence (2), Most Harmful Event (2), Driver Contributing Code (1), Driver Distracted by (0), and various test results.

Table for operator and occupants involved for the second vehicle, including Name, Address, DOB/Age, Sex, and various injury codes (34-40).

→ = 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

Legend: Arrow



Crash Narrative:

Vehicle 1 was navigating through the property at the Swanson Rd. Intermediate School when it attempted to go around parked vehicle #2. Vehicle 1 struck Vehicle 2 causing damage to Vehicle 2's front driver's side quarter panel. No injuries to report and no tows needed. There were no students on the bus at the time of the crash.

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 # **SB1A8GB** (From Vehicle Section)

Carrier Name **AA Transportation Co. INC** 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 Derek P Courchaine **75DC** **Auburn Police Department** **06/17/2026**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date