

Date of Crash **02/10/2026** Time of Crash **1734** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# _____ Direction _____ Address # _____ 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 **14** #Occupants Hit/Run Moped **Crash Report ID# 26-67-AC**

License # _____ St. _____ DOB/Age _____ Reg # **1XZM33** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2018** Veh Make **RAM** Veh Config. **1** **21**
Operator **LUGO DIAZ, EDWIN JOEL** Owner **PLUGPV LLC**
Address **201 FARNUM DR** Address **875 BROADWAY**
City **HOLYOKE** State **MA** Zip **01040-2807** City **ALBANY** State **NY** Zip **12207-2416**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **0** **27** **27** **27**
Vehicle Travel Direction: N E 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**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **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		1	1	4	0	0	10	1	
ROBERT JACKSON	285 MAIN ST OXFORD, MA 01540-3300		M	11	1	4	0	0	10	1	
LUCAS NOWOSADKO	4 PUTNAM RD DUDLEY, MA 01571-6112		M	11	1	4	0	0	10	1	
COREY DEROSIER	22 HARWOOD ST OXFORD, MA 01540		M	11	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **20** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **CE10417** Reg Type **TRN** Reg State **NY**
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **Utility Trailer** Veh Config. **8** **21**
Operator **Driverless M.V.** Owner **PLUG PV LLC**
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **10** **27** **27** **27**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **0** **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: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **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/Occupants		See Above		1							

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

Route# _____ Direction _____ Address # _____ 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 **3** #Occupants Hit/Run Moped **Crash Report ID# 26-67-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5718VM** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2025** Veh Make **SUBARU** Veh Config. **1 21**
Operator **SHOBLOM, DONALD R** Owner **SHOBLOM, EARLEEN VIRGINIA**
Address **68 WEST ST** Address **68 WEST ST**
City **AUBURN** State **MA** Zip **01501-1302** City **AUBURN** State **MA** Zip **01501-1302**
Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **6 25 4 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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				1	1	4	0	0	10	1	
EARLEEN SHOBLOM	68 WEST ST AUBURN, MA 01501-1302		F	11	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ 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** Damaged Area Code: **27 27 27**
Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **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/Occupants				1							

