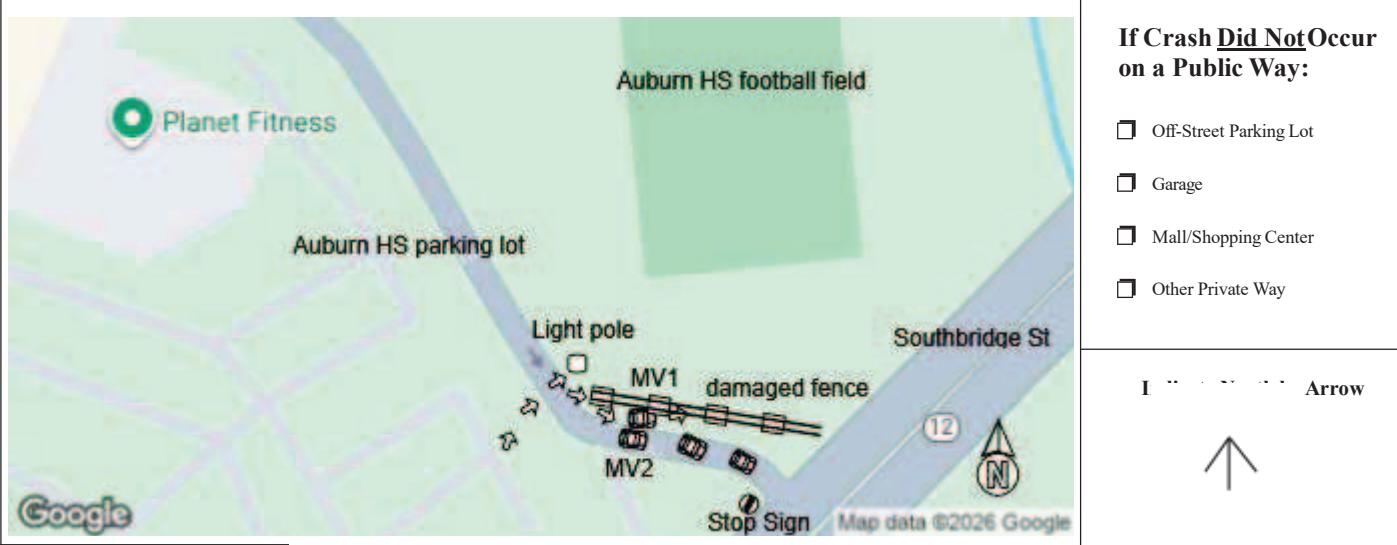


Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report										RMV Document Number									
Date of Crash 01/20/2026	Time of Crash 1407 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 10	State Police Local Police MBTA Police Campus Police Other:																
AT INTERSECTION:			< LOCATION >					NOT AT INTERSECTION:														
			Route#	Direction	Name of Roadway/Street At	Route#	Direction	Address # 99	Name of Roadway/Street AUBURN ST													
								Feet N S E W of	• or Mile Marker													
			Route#	Direction	Name of Intersecting Roadway/Street Also at Intersection with	Route#	Direction	Intersecting Roadway/Street														
			Route#	Direction	Name of Intersecting Roadway/Street	Route#	Direction	AUBURN HIGH SCHOOL PARKING LOT Landmark														
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# 26-31-AC																
License # [REDACTED] St [REDACTED] DOB/Age [REDACTED]			Reg # 6MYS87	Reg Type PC	Reg State MA																	
Sex [REDACTED] Lic. Class 19 19 Lic. Restrictions I 20 CDL _____ Endorsement			Veh Year 2011	Veh Make FORD	Veh Config. 1																	
Operator [REDACTED] Last [REDACTED] First [REDACTED] Middle [REDACTED]			Owner KIRKORTIAN, MELISSA LYNN																			
Address [REDACTED]			Address 7 DIANE AVE																			
City [REDACTED] State [REDACTED] Zip [REDACTED]			City AUBURN State MA Zip 01501-2804																			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 3 22																			
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Damaged Area Code: 7 27 8 27 2 27																			
Citation # (If Issued) _____			Test Status: 1 28																			
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Type of Test: 0 29																			
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			BAC Test Result: 1 30																			
Driver Contributing Code 11 25 12 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Driver Distracted by 7 26 26			Towed from scene? 2 33																			
Please fill out for operator and all occupants involved																						
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
Operator			See Above										X	X	1	1	4	0	0	10	1	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																
License # [REDACTED] St [REDACTED] DOB/Age [REDACTED]			Reg # 5AKV16	Reg Type PC	Reg State MA																	
Sex [REDACTED] Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Endorsement			Veh Year 2021	Veh Make TOYOTA	Veh Config. 1																	
Operator [REDACTED] Last [REDACTED] First [REDACTED] Middle [REDACTED]			Owner LEBLANC, BRADY MATTHEW																			
Address [REDACTED]			Address 72 FORT HILL RD																			
City [REDACTED] State [REDACTED] Zip [REDACTED]			City OXFORD State MA Zip 01540-2381																			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22																			
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Damaged Area Code: 6 27 7 27 8 27																			
Citation # (If Issued) _____			Test Status: 1 28																			
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Type of Test: 0 29																			
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			BAC Test Result: 1 30																			
Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Driver Distracted by 0 26 26			Towed from scene? 2 33																			
Please fill out for operator and all occupants involved																						
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
Operator/Occupants			See Above										X	X	1	1	4	0	0	10	1	
XIANEYLIS GUZMAN			43 WALLACE AVE AUBURN, MA 01501										12/22/2009	F	3	1	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

I _____ Arrow



Crash Narrative:

MV1 operated by [REDACTED] was turning right from her parking spot in an attempt to join the line of cars waiting to exit the Auburn HS parking lot onto Southbridge Street. As the MV1 turned right the driver's side tires went off the pavement and turned onto a snowy area, the operator began to overcorrect MV1 but the front driver's side slid into a light pole damaging the light pole, MV1 then struck the driver's side of MV2 which was stopped and waiting to exit the lot, damaging the driver's side of MV2, then MV1 veered left off the pavement into the snow and slid into a metal fence, damaging the fence. No one reported any Personal Injury at the scene and neither vehicle was towed. The Auburn School Administration was notified of the MVA and the damaged pole and fence.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
AUBURN HIGH SCHOOL	99 AUBURN ST AUBURN MA 01501	508-832-7711		METAL LIGHT POLE
AUBURN HIGH SCHOOL	99 AUBURN ST AUBURN MA 01501	508-832-7711		METAL FENCE

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 Jonathan E O'Brien

Police Officer Name (Please Print)

Signature

50JO

ID/Badge #

Auburn Police Department

Department

01/20/2026

Date