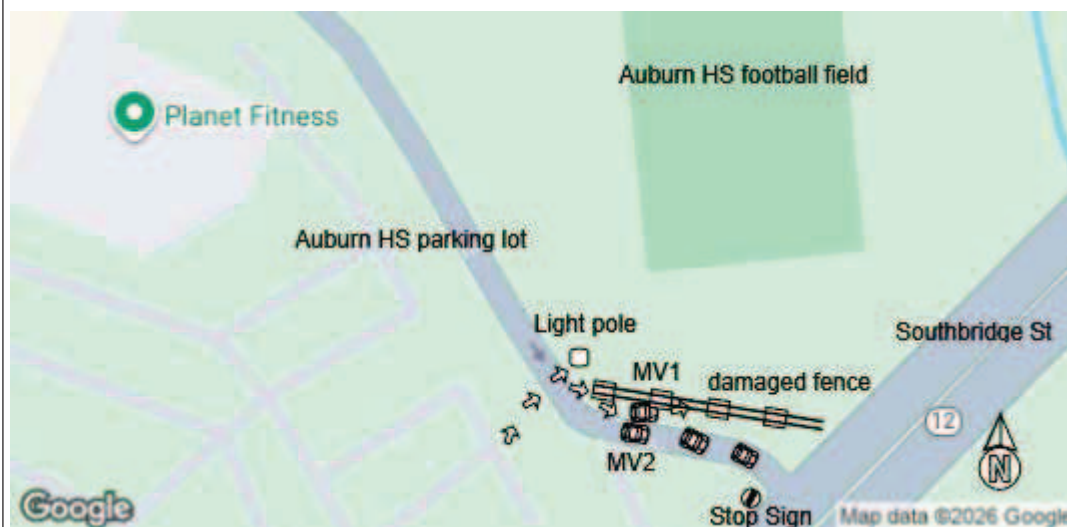


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 01/20/2026		Time of Crash 1407 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 10		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At Route# Direction 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 AUBURN HIGH SCHOOL PARKING LOT Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-31-AC															
License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions I 20 CDL Endorsement Operator Last First Middle Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 6MYS87 Reg Type PC Reg State MA Veh Year 2011 Veh Make FORD Veh Config. 1 Owner KIRKORIAN, MELISSA LYNN Address 7 DIANE AVE City AUBURN State MA Zip 01501-2804 Vehicle Action Prior to Crash 3 22 Event Sequence 23 23 30 23 23 Most Harmful Event 30 24 Driver Contributing Code 11 25 12 25 Driver Distracted by 7 26 26 Damaged Area Code: 7 27 8 27 2 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions I 20 CDL Endorsement Operator Last First Middle Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 5AKV16 Reg Type PC Reg State MA Veh Year 2021 Veh Make TOYOTA Veh Config. 1 Owner LEBLANC, BRADY MATTHEW Address 72 FORT HILL RD City OXFORD State MA Zip 01540-2381 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 7 27 8 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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			
XIANELYS 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

↑ 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

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

Precinct/Barracks

01/20/2026

Date