

Date of Crash 04/08/2026 Time of Crash 1358 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0

Speed Limit 20 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 99 AUBURN ST Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street AUBURN HS PARKING LOT Landmark

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 26-154-AC

License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: [X] S E 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 # 5RFT54 Reg Type PC Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1 Owner HOLTON, MATTHEW S Address 6 BERLIN ST City AUBURN State MA Zip 01501-1602 Vehicle Action Prior to Crash 1 Damaged Area Code: 3 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 1 28 Type of Test: 99 29 Most Harmful Event 2 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 26 Towed from scene? 2 33

Table with 10 columns: 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. Row 1: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 99, 1, []

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

License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: [X] S E 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 # 6LXP87 Reg Type PC Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 1 Owner STEELE, SHAWN DAVID Address 275 PROSPECT ST City AUBURN State MA Zip 01501-3344 Vehicle Action Prior to Crash 11 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 0 29 Most Harmful Event 1 24 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

Table with 10 columns: 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. Row 1: Operator/Occupants, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1, []

