

Date of Crash **02/16/2026** Time of Crash **1643** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** 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# **143** Direction _____ Address # **WASHINGTON ST** 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 **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-79-AC**

License # _____ St. _____ DOB/Age _____ Reg # **44H930** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **WILBUR, STEVEN A** Owner **WILBUR, STEVEN A**
 Address **228 NORTH MAIN ST RIGHT** Address **228 NORTH MAIN ST RIGHT**
 City **MILLBURY** State **MA** Zip **01527-2028** City **MILLBURY** State **MA** Zip **01527-2028**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **N S X 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? **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	X	X	1	1	4	0	0	10	1

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

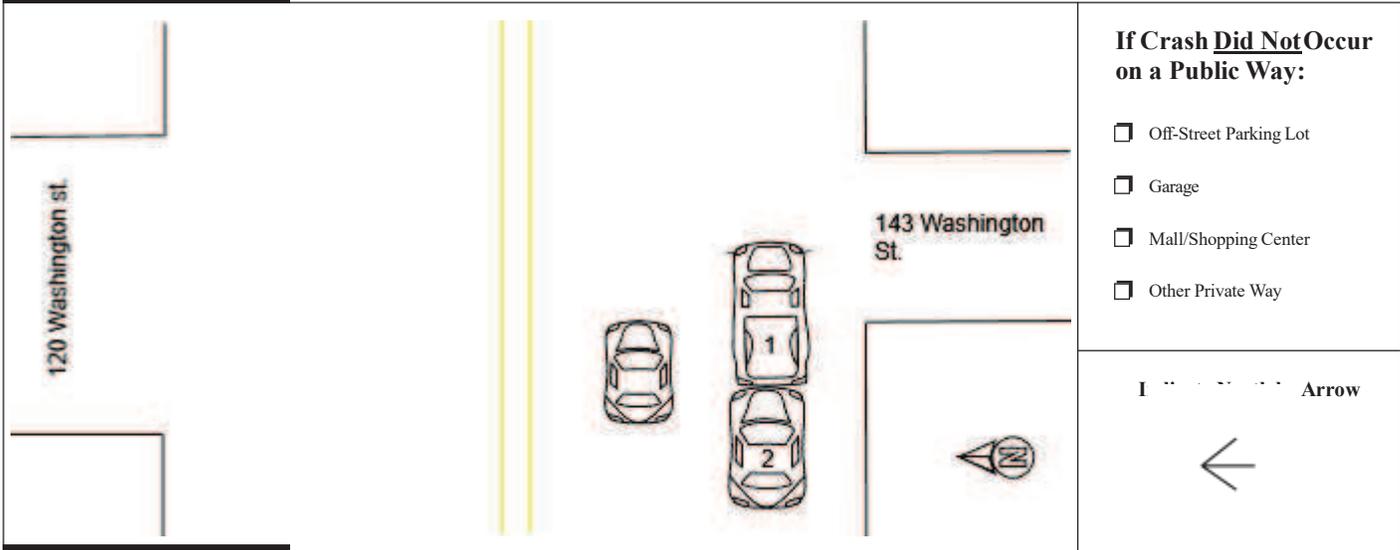
License # _____ St. _____ DOB/Age _____ Reg # **Y21518** Reg Type **CO** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2019** Veh Make **KIA** Veh Config. **1 21**
 Operator **DOE, AMBER L** Owner **LABONTES AUTO SCHOOL LLC**
 Address **63 GRANITE ST** Address _____
 City **UXBRIDGE** State **MA** Zip **01569-1228** City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S X 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**
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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	X	X	1	1	1	0	0	10	1
			F	11	1	1	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

VEHICLE ONE AND TWO WERE TRAVELING EAST ON WASHINGTON ST. VEHICLE ONE STATED THAT THERE WAS A CAR STOPPED IN TRAFFIC, WAITING TO MAKE A LEFT TURN INTO THE PARKING LOT OF 120 WASHINGTON ST. VEHICLE ONE WENT TO PASS ON THE RIGHT AND WAS HIT IN THE REAR BY VEHICLE TWO.

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 # _____ (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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/16/2026

Date