

Date of Crash 05/19/2026 Time of Crash 1912 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 35 State Police Local Police MBTA Police Campus Police Other: [ ]

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

WARREN RD
Route# Direction Name of Roadway/Street
At
BRYN MAWR AVE
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: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 26-199-AC

License # St. DOB/Age
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 8739PZ Reg Type PC Reg State MA
Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21

Operator BOISSEAU, MICHAEL RICHARD
Last First Middle

Owner BOISSEAU, MICHAEL RICHARD
Last First Middle

Address 11 AMHERST DR

Address 11 AMHERST DR

City AUBURN State MA Zip 01501-2167

City AUBURN State MA Zip 01501-2167

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

Event Sequence 23 23 23 23 23 Test Status: 3 28

Citation # (If Issued) 261063AE

Most Harmful Event 23 24 Type of Test: 2 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code 10 25 25 BAC Test Result: 5 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Driver Distracted by 99 26 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32

Table with 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, 1, 3, 1, 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
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State
Veh Year Veh Make Veh Config. 21

Operator Last First Middle

Owner Last First Middle

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

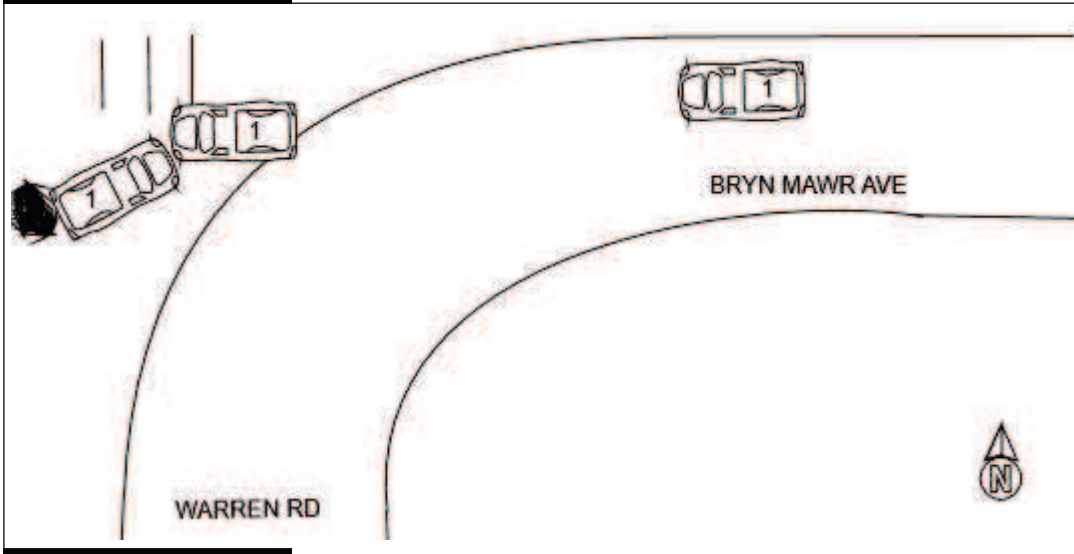
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Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Occupants, See Above, [X], [X], 1.

→ = 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:**

VEHICLE ONE WAS TRAVELING DOWN BRYN MAWR AVE APPROACHING THE CORNER WHERE THE ROAD CHANGES INTO WARREN RD. VEHICLE ONE DID NOT MAKE IT THROUGH THIS TURN AND STRUCK YELLOW CONCRETE PILLARS. THE VEHICLE WAS SPUN AROUND AND THEN STRUCK A LARGE ROCK.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN	CENTRAL ST AUBURN MA			CONCRETE PILLARS

**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

05/19/2026

Date