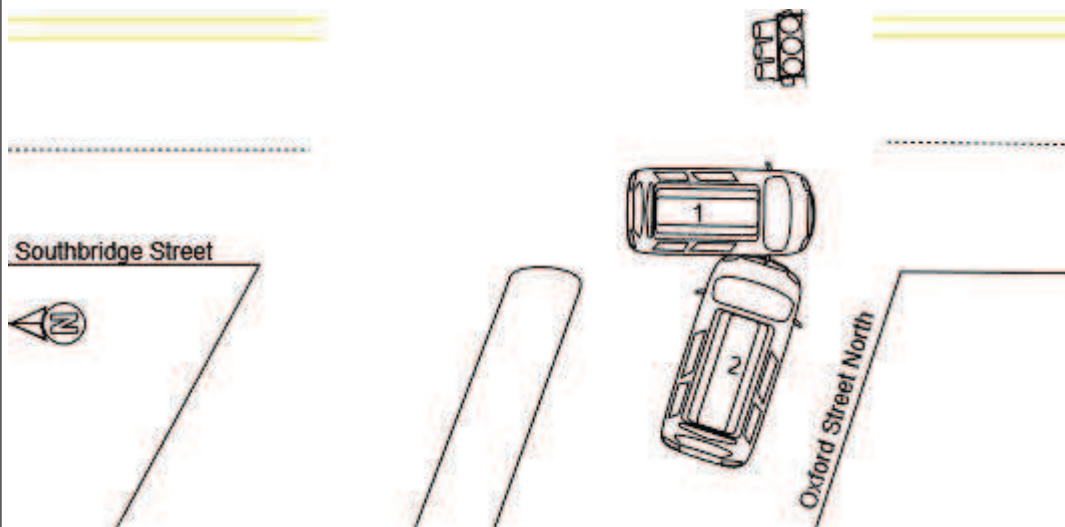


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 01/16/2026		Time of Crash 1801 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										10			
At						Feet N S E W of . or Mile Marker Exit Number										11			
Route# Direction OXFORD STREET NO Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										12			
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										13			
Route# Direction Name of Intersecting Roadway/Street						Landmark										14			
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# 26-26-AC										15	
License # S99878865 St MA DOB/Age 04/30/1978						Reg # 5TVT34 Reg Type PAN Reg State MA										16			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make CHEVROLET Veh Config. 1 21										17			
Operator BAZINET, SARAH BERNADEANE Last First Middle						Owner BAZINET, SARAH BERNADEANE Last First Middle										18			
Address 33 HARRIS ST						Address 33 HARRIS ST										19			
City WEBSTER State MA Zip 01570-2704						City WEBSTER State MA Zip 01570-2704										20			
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27										21			
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										22			
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										23			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30										24			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										25			
Please fill out for operator and all occupants involved						Towed from scene? 2 33										26			
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																27			
Operator See Above						1 1 4 0 0 10 1										28			
																29			
																30			
																31			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.										32	
License # S28043721 St MA DOB/Age 05/04/1971						Reg # LV87984 Reg Type LVN Reg State MA										33			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 2 21										34			
Operator EMUSU, CECILIA EKAYU Last First Middle						Owner EMUSU, CECILIA EKAYU Last First Middle										35			
Address 66 LEXINGTON CIR						Address 66 LEXINGTON CIR										36			
City HOLDEN State MA Zip 01520-1466						City HOLDEN State MA Zip 01520-1466										37			
Insurance Company PILGRIM INSURANCE COMPANY						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 1 27 27 27										38			
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28										39			
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										40			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25 BAC Test Result: 30										41			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										42			
Please fill out for operator and all occupants involved						Towed from scene? 2 33										43			
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																44			
Operator/Occupants See Above						1 1 4 0 0 10 1										45			
																46			
																47			
																48			

→ = 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:

On January 16, 2026, I was dispatched to the rear of Oxford Street North and Southbridge Street for a report of a two car motor vehicle crash. The operator of vehicle one was traveling south on Southbridge Street. The operator of vehicle two was pulling on to Southbridge Street from Oxford Street North and struck the passenger side of vehicle one.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/16/2026

Date