

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/16/2026 Time of Crash 1801 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 40

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

SOUTHBRIDGE ST

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

At

OXFORD STREET NO

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Landmark _____

Please Select One of the Following:

Vehicle 1

#Occupants _____



Hit/Run _____



Moped _____

Crash Report ID# **26-26-AC**License # S99878865 St MA DOB/Age 04/30/1978Reg # **5TVT34**Reg Type **PAN**Reg State **MA**Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____Veh Year **2015**Veh Make **CHEVROLET**Veh Config. 1 21Operator BAZINET, SARAH BERNADEANEOwner BAZINET, SARAH BERNADEANE

Last _____ First _____ Middle _____

Address 33 HARRIS ST

Last _____ First _____ Middle _____

Address 33 HARRIS STCity WEBSTER State MA Zip 01570-2704City WEBSTER State MA Zip 01570-2704Insurance Company THE COMMERCE INSURANCE COVehicle Travel Direction: N X 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 _____

Vehicle Action Prior to Crash 1 22Damaged Area Code: 3 27 27 27Event Sequence 1 23 23 23 23Test Status: 1 28Most Harmful Event 1 24Type of Test: 29Driver Contributing Code 1 25 25BAC Test Result: 30Driver Distracted by 0 26 26Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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

38

Trap

Code

39

Injury

Status

40

Transp.

Code

Medical Facility

Operator

See Above

X

X

1

1

4

0

0

10

1

1

1

1

1

1

1

Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # S28043721 St MA DOB/Age 05/04/1971Reg # **LV87984** Reg Type **LVN** Reg State **MA**Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____Veh Year **2016** Veh Make **TOYOTA** Veh Config. 2 21Operator EMUSU, CECILIA EKAYUOwner EMUSU, CECILIA EKAYU

Last _____ First _____ Middle _____

Address 66 LEXINGTON CIR

Last _____ First _____ Middle _____

City HOLDEN State MA Zip 01520-1466City HOLDEN State MA Zip 01520-1466Insurance Company PILGRIM INSURANCE COMPANYVehicle Travel Direction: N S X W Responding to Emergency? 2

Citation # (If Issued) _____

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

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Code

Medical Facility

Operator/Occupants

See Above

X

X

1

1

4

0

0

10

1

1

1

1

1

1

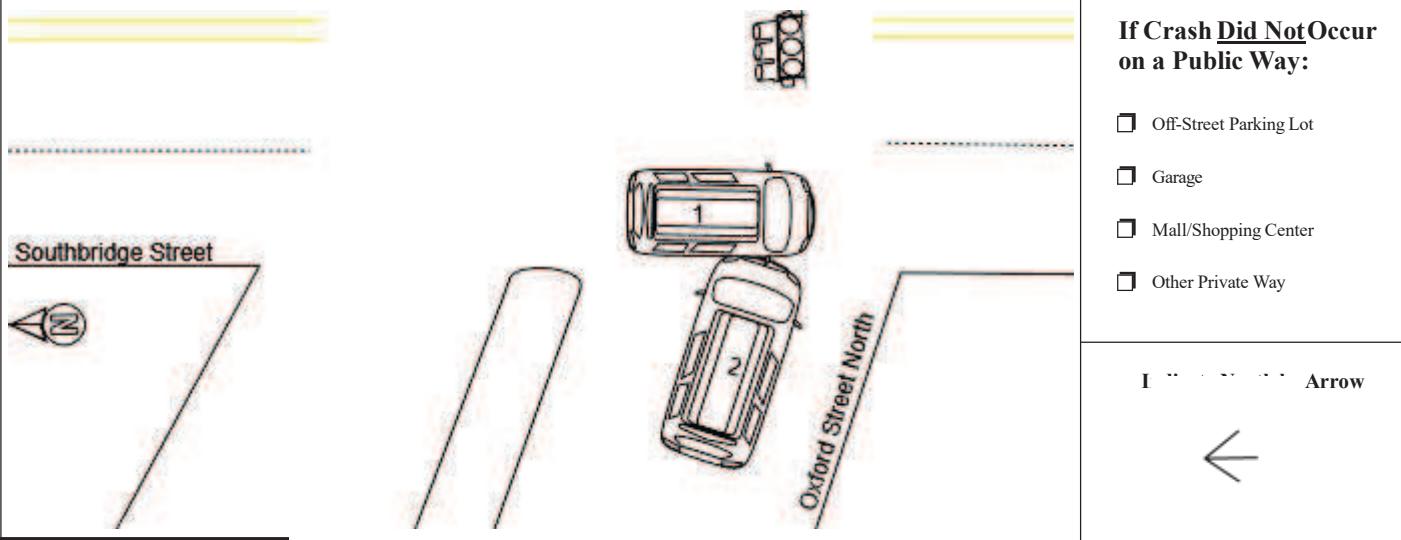
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚙



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