Police Use Only		RMV Document Number

Commonwealth of Massachusetts Motor Vehicle Crash Police Report

Date of Crash	Time of Crash (24HR)	City/Town	Number Vehicles	Number Injured
06/30/2026	1355	Auburn	2	0

Speed Limit 30
Latitude
Longitude

- ☐ State Police
- ☒ Local Police
- ☐ MBTA Police
- ☐ Campus Police
- Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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 ___

Not at Intersection:

Route# ___ Direction ___ Address # 4 Name of Roadway/Street FAITH AVE

___ Feet N S E W of __ __ __ • __ Mile Marker or ___ Exit Number

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

___ Feet N S E W of ___ Landmark

Margin codes: [1] 1, [2] 1, [3] 99, [10] 2, [11] 3

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-252-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D [19] [19] Lic. Restrictions 1 [20] CDL Endorsement ___

Operator BELLIVEAU, MARK ANTHONY (Last First Middle)

Address 96 CUBLES DR

City BRIMFIELD State MA Zip 01010-9714

Insurance Company FOR HIRE SELF-INSURER

Vehicle Travel Direction: N 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 # MBW4526 Reg Type PAN Reg State NY

Veh Year 2026 Veh Make TOYOTA Veh Config. 1 [21]

Owner EAN HOLDINGS LLC (Last First Middle)

Address 14002 21ST STE 1500

City TULSA State OK Zip 74134

Vehicle Action Prior to Crash 1 [22]

Event Sequence 1 [23] [23] [23] [23]

Most Harmful Event 1 [24]

Driver Contributing Code 1 [25] [25]

Driver Distracted by 0 [26] [26]

Damaged Area Code: 1 [27] [27] [27]

Test Status: [28]

Type of Test: [29]

BAC Test Result: [30]

Susp. Alcohol: [31] Susp. Drug: [32]

Towed from scene? 1 [33]

Margin codes: [4] 1, [5] 2, [6] 1, [12] 1, [13] 1

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 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 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D [19] [19] Lic. Restrictions 1 [20] CDL Endorsement ___

Operator YOUNG, ANDREW MICHAEL (Last First Middle)

Address 509 APLINE DR

City VESTAL State NY Zip 13850

Insurance Company TRAVELERS HOME & MARINE

Vehicle Travel Direction: N 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 # LPR4921 Reg Type PAN Reg State NY

Veh Year 2016 Veh Make FORD Veh Config. 1 [21]

Owner YOUNG, ANDREW MICHAEL (Last First Middle)

Address 509 APLINE DR

City VESTAL State NY Zip 13850

Vehicle Action Prior to Crash 4 [22]

Event Sequence 1 [23] [23] [23] [23]

Most Harmful Event 1 [24]

Driver Contributing Code 19 [25] 4 [25]

Driver Distracted by 0 [26] [26]

Damaged Area Code: 8 [27] [27] [27]

Test Status: [28]

Type of Test: [29]

BAC Test Result: [30]

Susp. Alcohol: [31] Susp. Drug: [32]

Towed from scene? 1 [33]

Margin codes: [7] 3, [8] 2, [9] 2, [14] 1

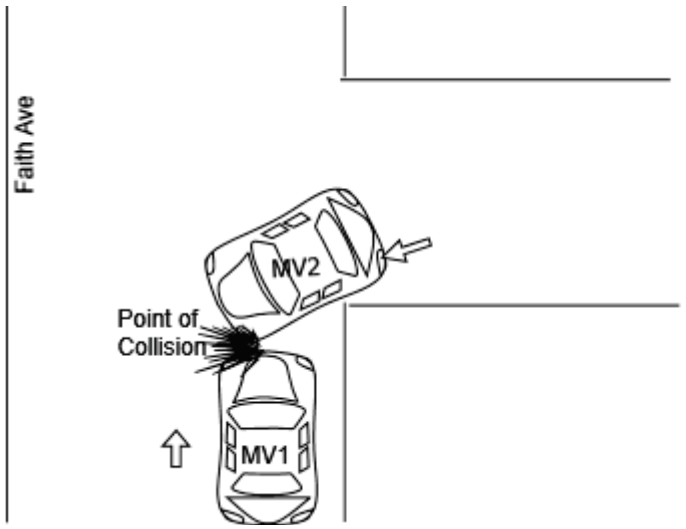
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	1	4	0	0	10	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

I[illegible] Arrow

Crash Narrative:

mv1 was traveling eastbound on Faith Ave. (a public way) in the Town of Auburn. Mv2 was traveling westbound on Sibley St. Mv2 attempted to turn left onto Faith Ave.and collided with Mv1's center front. No injuries occurred, both vehicles towed from the scene.

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		06/30/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date