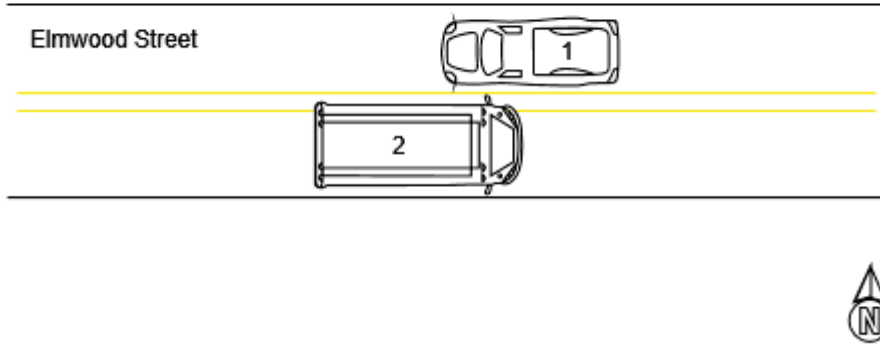


| Police Use Only | | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Crash 02/12/2026 | | Time of Crash 1447 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | | Number Injured 0 | | Speed Limit 30 Latitude Longitude | | State Police Local Police MBTA Police Campus Police Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> | | | | | | <div>2</div> <div>108 ELMWOOD ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div>2</div> <div>1</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 26-70-AC</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>3</div> <div>License # S20604543 St MA DOB/Age 05/03/1986</div> <div>Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator WALDRON, CARL</div> <div>Address 11 EATON AVE</div> <div>City AUBURN State MA Zip 01501-2501</div> <div>Insurance Company AMICA MUTUAL INSURANCE CO</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div> | | | | | | <div>1</div> <div>12</div> <div>Reg # 167VJ6 Reg Type PC Reg State MA</div> <div>Veh Year 2025 Veh Make RAM Veh Config. 2 21</div> <div>Owner WALDRON, CARL</div> <div>Address 11 EATON AVE</div> <div>City AUBURN State MA Zip 01501-2501</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 7 27 27 27</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Towed from scene? 2 33</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>4</div> <div>1</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>X</td><td>X</td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div>5</div> <div>2</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 22 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>6</div> <div>1</div> <div>License # S26700653 St MA DOB/Age 04/02/1975</div> <div>Sex M Lic. Class 19 19 Lic. Restrictions E 20 CDL Endorsement</div> <div>Operator RESTREPO, JHON WILMAR</div> <div>Address 416 LEICESTER ST</div> <div>City AUBURN State MA Zip 01501-1106</div> <div>Insurance Company NEW YORK MARINE AND GENER</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div> | | | | | | <div>1</div> <div>14</div> <div>Reg # SB1A3ES Reg Type SB Reg State MA</div> <div>Veh Year 2022 Veh Make Truck Veh Config. 5 21</div> <div>Owner A A TRANSPORTATION CO INC</div> <div>Address 605 HARTFORD TPKE</div> <div>City SHREWSBURY State MA Zip 01545-4103</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 0 27 27 27</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Towed from scene? 2 33</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Operator/Occupants | See Above | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RONALD MILLER | 9 SEARS AVE WEBSTER, MA 01570 | 11/23/1948 | M | 97 | 99 | 4 | 0 | 0 | 10 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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→ = 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 1 was travelling west on Elmwood Street. Vehicle 2 was travelling east on Elmwood Street. As the vehicles were passing each other the mirrors on the drivers side collided. V1 mirror sustained damage. V2 did not sustain damage. The roadway was narrow due to snow banks on the sides. No injuries and very minor. See supplemental narrative for list of student passengers on V2.

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 # **SB1A3ES** (From Vehicle Section)

Carrier Name **AA Transportation** Bus Use **1** ⁴²

Address **605 HARTFORD TPKE** City **SHREWSBURY** St **MA** Zip **01545**

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 Randy L McCarthy

Police Officer Name (Please Print)

Signature

78RM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/12/2026

Date