

Date of Crash **05/26/2026** Time of Crash **0937** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **0** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT 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 _____

Route# **99** Direction _____ Address # **AUBURN ST** 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 _____ **AUBURN HS PARKING LOT** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-206-AC**

License # _____ St. _____ DOB/Age _____ Reg # **M5577A** Reg Type **DC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **97 21**
 Operator **LINDBERG, ERIC RAYMOND** Owner **AUBURN TOWN OF SCHOOL DEPT**
 Address **113 EVERGREEN ST** Address **5 WEST ST**
 City **E BROOKFIELD** State **MA** Zip **01515-3201** City **AUBURN** State **MA** Zip **01501-1300**
 Insurance Company **ARCH INSURANCE COMPANY** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **4VNR80** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2025** Veh Make **SUBARU** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **FORGUE, SARAH ANN**
 Address _____ Address **916 STONY HILL RD**
 City _____ State _____ Zip _____ City **WILBRAHAM** State **MA** Zip **01095-2253**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
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Please fill out for operator and all occupants involved		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						

→ = 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:

MV#1 was backing up into a parking spot in the upper lot of the Auburn HS parking lot and accidentally struck the front bumper of MV#2, while MV#2 was parked and driverless. The owner of MV#2 was notified and came down to the scene. No personal injury was reported and no vehicles were towed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CRONIN BRITTANY	13 MANOR RD AUBURN MA 01501	[REDACTED]	

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 Jonathan E O'Brien 50JO Auburn Police Department 05/26/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date