Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only				
Date of Crash 02/12/2026	Time of Crash 1630 24HR	City/Town **Auburn**		

RMV Document Number

Number Vehicles 2	Number Injured 2	Speed Limit **40** Latitude _____ Longitude _____	State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

< LOCATION >

AT INTERSECTION: | **NOT AT INTERSECTION:**

NOT AT INTERSECTION:
Route# ____ Direction ____ Address # **736** Name of Roadway/Street **SOUTHBRIDGE ST**
____ Feet N S E W of — — — • — — or ____ Exit Number
Mile Marker ____ Exit Number

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

Boxes: 10 → 2 | 11 → 3

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 ____

Boxes: 1→1, 2→1

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

Crash Report ID# 26-71-AC

Box: 3

License # **059552995** St **CT** DOB/Age **05/18/1993**
Sex **F** Lic. Class **D** [19][19] Lic. Restrictions **1** [20] CDL Endorsement ____
Operator **VANAMAN, MADISON JEAN** (Last / First / Middle)
Address **500 CHURCH ST**
City **PUTNAM** State **CT** Zip **06260**
Insurance Company **THE STANDARD FIRE INSURAN**
Vehicle Travel Direction: N S ☒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 # **AN15089** Reg Type **PAN** Reg State **CT**
Veh Year **2022** Veh Make **HYUNDAI** Veh Config. **1** [21]
Owner **VANAMAN, MADISON JEAN** (Last / First / Middle)
Address **500 CHURCH ST**
City **PUTNAM** State **CT** Zip **06260**
Vehicle Action Prior to Crash **6** [22]
Event Sequence **1**[23] **23** **23** **23**
Most Harmful Event **1** [24]
Driver Contributing Code **6**[25] **18**[25]
Driver Distracted by **0**[26] [26]

Damaged Area Code: **1**[27] **7**[27] **8**[27]
Test Status: **1** [28]
Type of Test: [29]
BAC Test Result: **1** [30]
Susp. Alcohol: **2**[31] Susp. Drug: **2**[32]
Towed from scene? **1** [33]

Boxes: 12→1, 13→1

Boxes left: 4→2, 5→1, 6→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	✕	✕	1	1	1	0	0	8	2	▇▇▇

Please Select One of the Following: ☒ Vehicle 2 **1** #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User — Complete the Vulnerable User section.

Box: 7→3

License # ▇▇▇ St ▇ DOB/Age ▇▇▇
Sex ▇ Lic. Class ▇ [19][19] Lic. Restrictions [20] CDL Endorsement ____
Operator ▇▇▇ (Last / First / Middle)
Address ▇▇▇
City ▇▇▇ State ▇ Zip ▇▇▇
Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle 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 ____

Reg # **5DNC65** Reg Type **PC** Reg State **MA**
Veh Year **2014** Veh Make **NISSAN** Veh Config. **1** [21]
Owner **MORELLI, GIANNA MARIE** (Last / First / Middle)
Address **7 WESTLAND DR**
City **SPENCER** State **MA** Zip **01562-2932**
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] **11**[27] **27**
Test Status: **1** [28]
Type of Test: **0** [29]
BAC Test Result: **1** [30]
Susp. Alcohol: **2**[31] Susp. Drug: **2**[32]
Towed from scene? **1** [33]

Box: 14→2

Boxes left: 8→1, 9→2

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	✕	✕	1	1	1	0	0	8	2	▇▇▇

Form No. 10364 CRA-65 08/23

Crash Diagram:

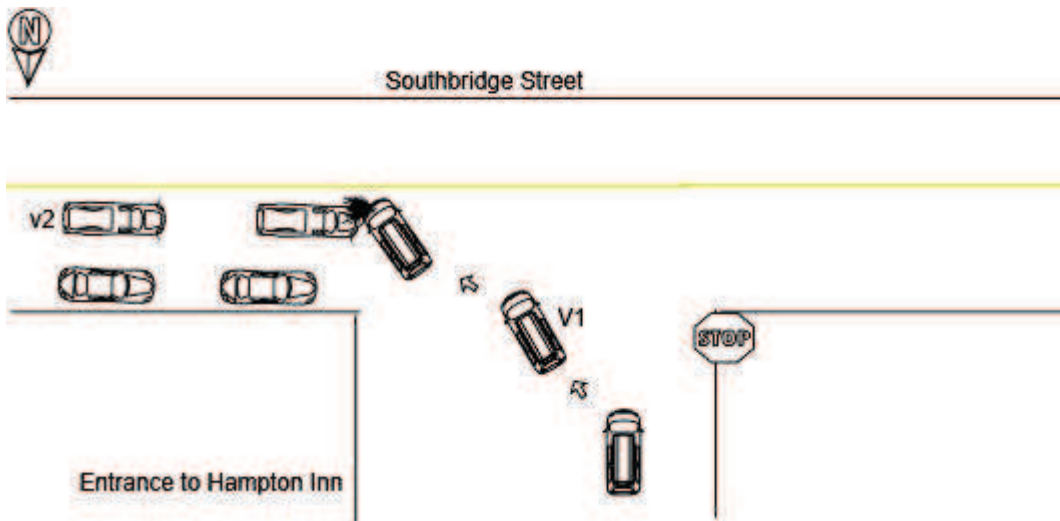**→** = Direction   1 = Vehicle 1   2 = Vehicle 2   ⚥ = Pedestrian   🚲 = Bicycle

ie: → 1   → 2   → ⚥   → 🚲

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

v1 was attempting to enter the Northbound travel lane by cutting accross the Southbound lane. 1 unknown vehicle in lane #1 was stopped but traffic was still flowing in lane 2. V1 struck v2 who did not see or have the time to stop for the vehicle in its lane of travel.

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 Jedadiah O Henry		101JH	Auburn Police Department		02/12/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date