

Date of Crash **02/24/2026** Time of Crash **1444** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **11**

1 **2** **1**

1 **11**

2 **1**

Route# Direction **OLD COMMON RD** Name of Roadway/Street
At
Route# Direction **WASHINGTON ST** Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 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 _____
Landmark

3

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 26-88-AC**

1 **12** **1** **21**

4 **1**

License # **SA3500680** St. **MA** DOB/Age **03/23/2004** Reg # **V79665** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL Endorsement **21**
Veh Year **2000** Veh Make **MACK** Veh Config. **6**
Operator **NIVEN, LUKE LISSY** Owner **BELBOYS TRUCKING INC**
Address **7 WHITTIER DR** Address **18 SILVER ST**
City **ACTON** State **MA** Zip **01720-4525** City **AUBURN** State **MA** Zip **01501-1224**
Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **0 27 27 27**
Vehicle Travel Direction: **N S E X** 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

7 **3**

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

8 **1** **2** **14**

9 **2**

License # **S77245073** St. **MA** DOB/Age **04/24/1966** Reg # **4CTT34** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **1 20** CDL Endorsement **21**
Veh Year **2022** Veh Make **SUBARU** Veh Config. **1**
Operator **GRYBKO, MICHAEL LEON** Owner **LEASE PLAN USA LT**
Address **110 GRAY ST** Address **1165 SANCTUARY PKWY**
City **AMHERST** State **MA** Zip **01002-2106** City **ALPHARETTA** State **GA** Zip **30009-0000**
Insurance Company **HARTFORD FIRE INSURANCE C** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **4 27 27 27**
Vehicle Travel Direction: **N S E X** 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**
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Operator/Occupants	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

