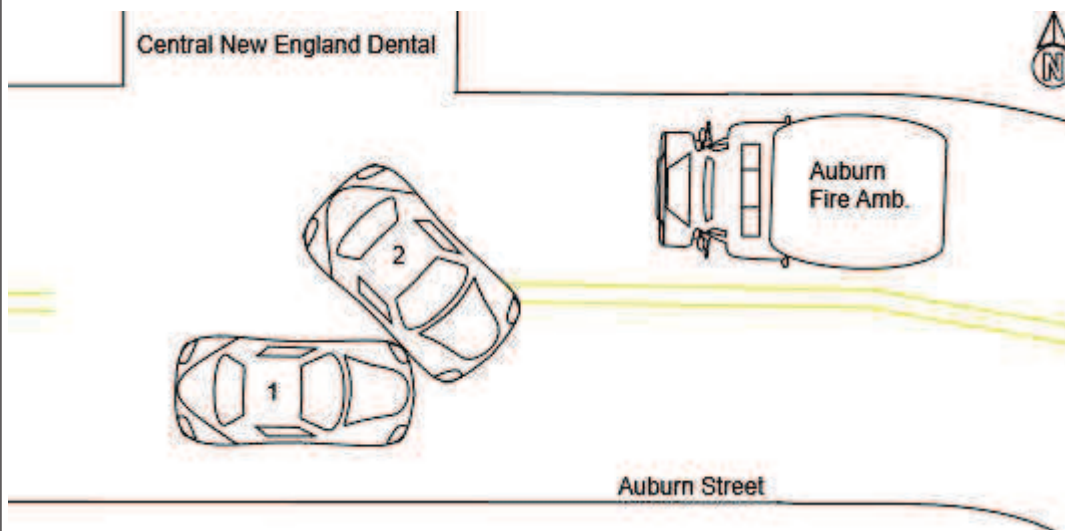


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																								
Date of Crash 02/09/2026		Time of Crash 1638 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police Local Police MBTA Police Campus Police Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																					
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# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ Route# _____ Intersecting Roadway/Street _____ 0 Feet <table><tr><td>N</td><td>S</td><td>X</td><td>W</td></tr></table> of _____ CENTRAL NEW ENGLAND DENTAL Landmark _____										N	S	E	W	N	S	E	W	N	S	X	W										
						N	S	E	W																												
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 26-65-AC																															
License # S79128378 St MA DOB/Age 06/25/1941 Sex M Lic. Class <table><tr><td>D</td><td>19</td><td>19</td></tr></table> Lic. Restrictions <table><tr><td>20</td></tr></table> CDL _____ Endorsement _____ Operator LOONEY, RAYMOND FRANCIS JR Last First Middle Address 18 NANCY DR City AUBURN State MA Zip 01501-1722 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <table><tr><td>N</td><td>S</td><td>X</td><td>W</td></tr></table> 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 _____						D	19	19	20	N	S	X	W	Reg # 5CXM97 Reg Type PAN Reg State MA Veh Year 2024 Veh Make SUBARU Veh Config. 1 Owner LOONEY, RAYMOND FRANCIS JR Last First Middle Address 18 NANCY DR City AUBURN State MA Zip 01501-1722 Vehicle Action Prior to Crash 1 Event Sequence <table><tr><td>1</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table> Most Harmful Event 1 Driver Contributing Code 1 Driver Distracted by 0 Damaged Area Code: <table><tr><td>1</td><td>27</td><td>27</td><td>27</td></tr></table> Test Status: <table><tr><td>1</td><td>28</td></tr><tr><td>29</td></tr><tr><td>30</td></tr></table> BAC Test Result: _____ Susp. Alcohol: 2 Susp. Drug: 2 Towed from scene? 2										1	23	23	23	23	1	27	27	27	1	28	29	30	
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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: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																																					
License # S70094467 St MA DOB/Age 12/12/1990 Sex M Lic. Class <table><tr><td>D</td><td>19</td><td>19</td></tr></table> Lic. Restrictions <table><tr><td>B</td><td>20</td></tr></table> CDL _____ Endorsement _____ Operator KANG, MICHAEL MO Last First Middle Address 47 PRATTS MILL RD City SUDBURY State MA Zip 01776-2624 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <table><tr><td>N</td><td>X</td><td>E</td><td>W</td></tr></table> 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 _____						D	19	19	B	20	N	X	E	W	Reg # 2BCS74 Reg Type PAN Reg State MA Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 Owner KANG, MICHAEL MO Last First Middle Address 47 PRATTS MILL RD City SUDBURY State MA Zip 01776-2624 Vehicle Action Prior to Crash 6 Event Sequence <table><tr><td>1</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table> Most Harmful Event 1 Driver Contributing Code 4 Driver Distracted by 0 Damaged Area Code: <table><tr><td>2</td><td>27</td><td>27</td><td>27</td></tr></table> Test Status: <table><tr><td>1</td><td>28</td></tr><tr><td>29</td></tr><tr><td>30</td></tr></table> BAC Test Result: _____ Susp. Alcohol: 2 Susp. Drug: 2 Towed from scene? 1										1	23	23	23	23	2	27	27	27	1	28	29	30
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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

↑ Arrow



### Crash Narrative:

On February 9, 2026, I was dispatched to a motor vehicle crash on Auburn Street by Central New England Dental. Upon my arrival, the Auburn Fire Department was on scene and stated they witnessed the accident. They stated that vehicle two was pulling out of CNE Dental on Auburn Street. At the same time, the Auburn Fire Department was responding to a call with their lights and sirens activated on Auburn Street. They stated it appeared to startle the operator of vehicle two, causing him to pull out before the ambulance, causing him to strike vehicle one who was traveling on Auburn Street. The operator of vehicle two stated he did not see vehicle one as he was pulling out. The operator of vehicle one confirmed the fire departments story.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/09/2026

Date