

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/20/2026** Time of Crash **1407** 24HR City/Town **Auburn**

## Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **10** 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# Direction Address # Name of Roadway/Street  
**99 AUBURN ST**  
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 HIGH SCHOOL PARKING LOT**  
Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **26-31-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **I 20** CDL \_\_\_\_\_  
Endorsement

Reg # **6MYS87** Reg Type **PC** Reg State **MA**  
Veh Year **2011** Veh Make **FORD** Veh Config. **1 21**

Operator \_\_\_\_\_  
Last First Middle

Owner **KIRKORIAN, MELISSA LYNN**  
Last First Middle

Address \_\_\_\_\_

Address **7 DIANE AVE**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City **AUBURN** State **MA** Zip **01501-2804**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **3 22** Damaged Area Code: **7 27 8 27 2 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Event Sequence **23 23 1 23 30 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_

Most Harmful Event **30 24** Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Driver Contributing Code **11 25 12 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Driver Distracted by **7 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

| 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 |
|---------------------------------------------------------|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>                                         |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |
|                                                         |  |           |              |              |                  |                  |               |              |                  |                 |                  |
|                                                         |  |           |              |              |                  |                  |               |              |                  |                 |                  |

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

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **I 20** CDL \_\_\_\_\_  
Endorsement

Reg # **5AKV16** Reg Type **PC** Reg State **MA**  
Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1 21**

Operator \_\_\_\_\_  
Last First Middle

Owner **LEBLANC, BRADY MATTHEW**  
Last First Middle

Address \_\_\_\_\_

Address **72 FORT HILL RD**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City **OXFORD** State **MA** Zip **01540-2381**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 7 27 8 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**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

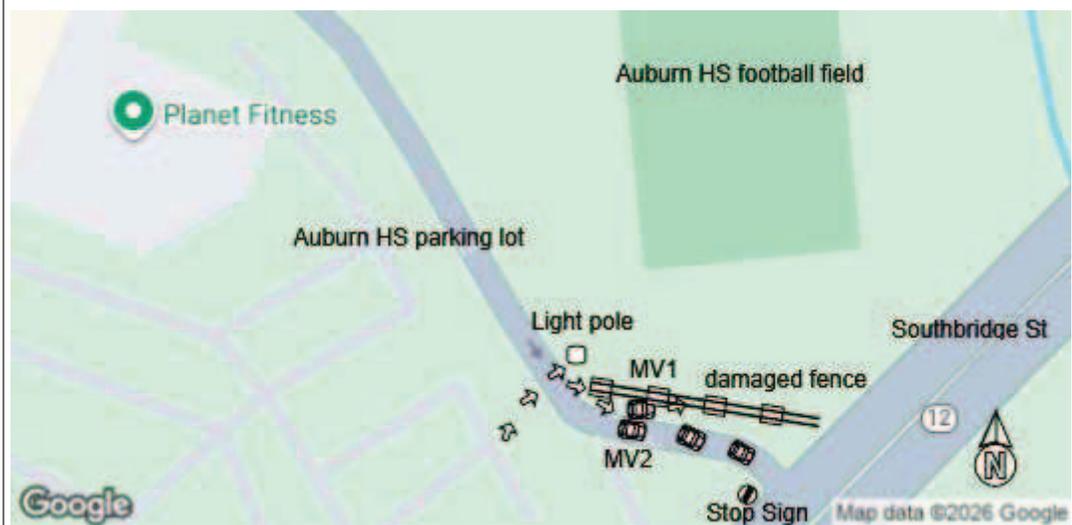
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|---------------------------------------------------------|--|--------------------------------------------|-------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Occupants</b>                               |  | See Above                                  | <del>X</del>      | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |
| <b>XIANELYS GUZMAN</b>                                  |  | <b>43 WALLACE AVE<br/>AUBURN, MA 01501</b> | <b>12/22/2009</b> | <b>F</b>     | <b>3</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |
|                                                         |  |                                            |                   |              |                  |                  |               |              |                  |                 |                  |

→ = 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:**

MV1 operated by [REDACTED] was turning right from her parking spot in an attempt to join the line of cars waiting to exit the Auburn HS parking lot onto Southbridge Street. As the MV1 turned right the driver's side tires went off the pavement and turned onto a snowy area, the operator began to overcorrect MV1 but the front driver's side slid into a light pole damaging the light pole, MV1 then struck the driver's side of MV2 which was stopped and waiting to exit the lot, damaging the driver's side of MV2, then MV1 veered left off the pavement into the snow and slid into a metal fence, damaging the fence. No one reported any Personal Injury at the scene and neither vehicle was towed. The Auburn School Administration was notified of the MVA and the damaged pole and fence.

**Witnesses:**

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
|                          |         |         |           |
|                          |         |         |           |

**Property Damage:**

| Owner (Last,First,Middle) | Address                      | Phone #      | 41-Type | Description of Damaged Property |
|---------------------------|------------------------------|--------------|---------|---------------------------------|
| AUBURN HIGH SCHOOL        | 99 AUBURN ST AUBURN MA 01501 | 508-832-7711 |         | METAL LIGHT POLE                |
| AUBURN HIGH SCHOOL        | 99 AUBURN ST AUBURN MA 01501 | 508-832-7711 |         | METAL FENCE                     |

**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    01/20/2026  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date