

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/09/2026 Time of Crash 1509 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 35

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction _____

Name of Roadway/Street _____

At _____

Route# Direction _____

320SOUTHBRIDGE ST

Name of Roadway/Street _____

Route# Direction _____

Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# Direction _____

Name of Intersecting Roadway/Street _____

Feet N S E W of _____

Mile Marker _____

or Exit Number _____

Feet N S E W of _____

Route# _____

Intersecting Roadway/Street _____

Feet N S E W of _____

Landmark _____

Please Select One of the Following:



Vehicle

1

#Occupants _____



Hit/Run



Moped

Crash Report ID# 26-17-ACLicense # S57312631 St MA DOB/Age 02/09/1963Reg # 7YMY60Reg Type PCReg State MASex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____

Endorsement _____

Operator NOP, SREYVeh Year 2017Veh Make AUDIVeh Config. 1

1

Address 35 BURNAP STAddress 35 BURNAP STCity AUBURN State MA Zip 01501-2419City AUBURNInsurance Company THE STANDARD FIRE INSURANState MA Zip 01501-2419Vehicle Travel Direction: S E W Responding to Emergency? 2Vehicle Action Prior to Crash 1 22

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Event Sequence 1 23 23 23 23

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Most Harmful Event 1 24

Please fill out for operator and all occupants involved

Driver Contributing Code 1 25 25

Name (Last First Middle) _____ Address _____

Driver Distracted by 0 26 26

DOB/Age _____ Sex _____

DOB/Age 1 99 4 0 0 10 134 Seat Pos. 2 27 27 2735 Safety System 2 27 27 2736 Airbag Status 2 27 27 2737 Eject Code 2 27 27 2738 Trap Code 2 27 27 2739 Injury Status 2 27 27 2740 Transp. Code 2 27 27 27

Medical Facility _____

Last _____ First _____ Middle _____

See Above

Last _____ First _____ Middle _____

See Above

Please Select One of the Following: Vehicle 20 #Occupants _____ Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # LVL9981 Reg Type LVN Reg State MASex 19 Lic. Class 19 Lic. Restrictions 20 CDL _____

Endorsement _____

Operator Driverless M.V.Veh Year 2024 Veh Make CHEVROLET Veh Config. 5

Address _____

City _____ State _____ Zip _____

Owner SOUTHERN WORCESTER CNTY REGION VOCATIONAL SCH

Insurance Company _____

Vehicle Travel Direction: S E W Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash 22

Please fill out for operator and all occupants involved

Event Sequence 23 23 23 23

Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____

Most Harmful Event 2434 Seat Pos. 25 25 25 2535 Safety System 26 26 26 2636 Airbag Status 26 26 26 2637 Eject Code 26 26 26 2638 Trap Code 26 26 26 2639 Injury Status 26 26 26 2640 Transp. Code 26 26 26 26

Medical Facility _____

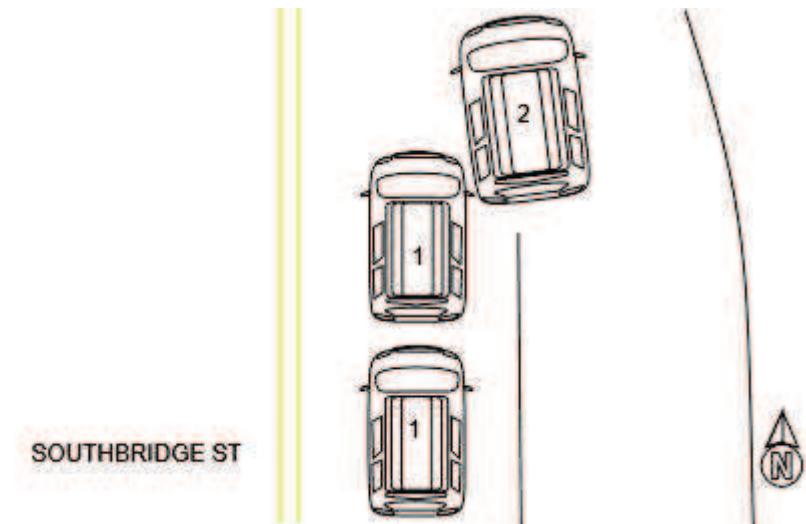
Last _____ First _____ Middle _____

See Above

→ = 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

I → ⚙ Arrow



Crash Narrative:

VEHICLE 1 WAS TRAVELING NORTHBOUND ON SOUTHBIDGE ST. VEHICLE 2'S LANE WAS COMING TO AN END AND BEGAN TO MERGE INTO THE LEFT LANE. WHILE MERGING, VEHICLE 2 STRUCK THE SIDE OF VEHICLE 1.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/09/2026

Date