

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 02/10/2026		Time of Crash 1734 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 40		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 WEST ST						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Mile Marker Exit Number																									
Route# Direction SOUTHBRIDGE ST						Route# Intersecting Roadway/Street																									
Also at Intersection with						Feet N S E W of																									
Route# Direction						Feet N S E W of																									
Name of Intersecting Roadway/Street						Landmark																									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 14 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-67-AC																							
License # S94083482 St MA DOB/Age 11/26/1994						Reg # 1XZM33 Reg Type PC Reg State MA						Veh Year 2018 Veh Make RAM Veh Config. 1																			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Owner PLUGPV LLC						Address 875 BROADWAY																			
Operator LUGO DIAZ, EDWIN JOEL						City ALBANY State NY Zip 12207-2416						Vehicle Action Prior to Crash 1 22																			
Address 201 FARNUM DR						Event Sequence 1 23 23 23 23						Damaged Area Code: 0 27 27 27																			
City HOLYOKE State MA Zip 01040-2807						Most Harmful Event 1 24						Test Status: 28																			
Insurance Company GEICO GENERAL INSURANCE C						Driver Contributing Code 1 25 25						Type of Test: 29																			
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Driver Distracted by 0 26 26						BAC Test Result: 30																			
Citation # (If Issued)						Towed from scene? 2 31						Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						1 13																			
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			
ROBERT JACKSON						285 MAIN ST OXFORD, MA 01540-3300						10/26/2000		M		11		1		4		0		0		10		1			
LUCAS NOWOSADKO						4 PUTNAM RD DUDLEY, MA 01571-6112						12/27/1994		M		11		1		4		0		0		10		1			
COREY DEROSIER						22 HARWOOD ST OXFORD, MA 01540						07/19/1994		M		11		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # St DOB/Age						Reg # CE10417 Reg Type TRN Reg State NY						Veh Year 2022 Veh Make Utility Trailer Veh Config. 8																			
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Owner PLUG PV LLC						Address																			
Operator Driverless M.V.						City State Zip						Vehicle Action Prior to Crash 1 22																			
Address						Event Sequence 1 23 23 23 23						Damaged Area Code: 10 27 27 27																			
City State Zip						Most Harmful Event 1 24						Test Status: 1 28																			
Insurance Company						Driver Contributing Code 1 25 25						Type of Test: 0 29																			
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Driver Distracted by 0 26 26						BAC Test Result: 30																			
Citation # (If Issued)						Towed from scene? 1 33						Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						1 14																			
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						X		X		1															

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/10/2026	Time of Crash 1734 24HR	City/Town Auburn	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 40	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:	
WEST ST				
Route#	Direction	Name of Roadway/Street		
At				
SOUTHBRIDGE ST				
Route#	Direction	Name of Intersecting Roadway/Street		
Also at Intersection with				
Route#	Direction	Name of Intersecting Roadway/Street		
		Landmark		

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 32 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 26-67-AC
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License # S26005001	St MA	DOB/Age 12/31/1946	Reg # 5718VM	Reg Type PC	Reg State MA	
Sex M	Lic. Class D 19 19	Lic. Restrictions 99 20	CDL	Veh Year 2025	Veh Make SUBARU	Veh Config. 1 21
Operator SHOBLUM, DONALD R			Owner SHOBLUM, EARLEEN VIRGINIA			
Address 68 WEST ST			Address 68 WEST ST			
City AUBURN			City AUBURN			
State MA			State MA			
Zip 01501-1302			Zip 01501-1302			
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 4 22			
Vehicle Travel Direction: X S E W			Responding to Emergency? 2			
Citation # (If Issued)			Event Sequence 1 23 23 23 23			
Viol. 1: Ch/Sec/Sub			Most Harmful Event 1 24			
Viol. 2: Ch/Sec/Sub			Driver Contributing Code 6 25 4 25			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26			
			Damaged Area Code: 8 27 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? 2 33			

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
Operator		See Above		1	1	4	0	0	10	1	
EARLEEN SHOBLUM		68 WEST ST AUBURN, MA 01501-1302	07/14/1945	F	11	1	4	0	0	10	1

Please Select One of the Following:	<input type="checkbox"/> Vehicle 4 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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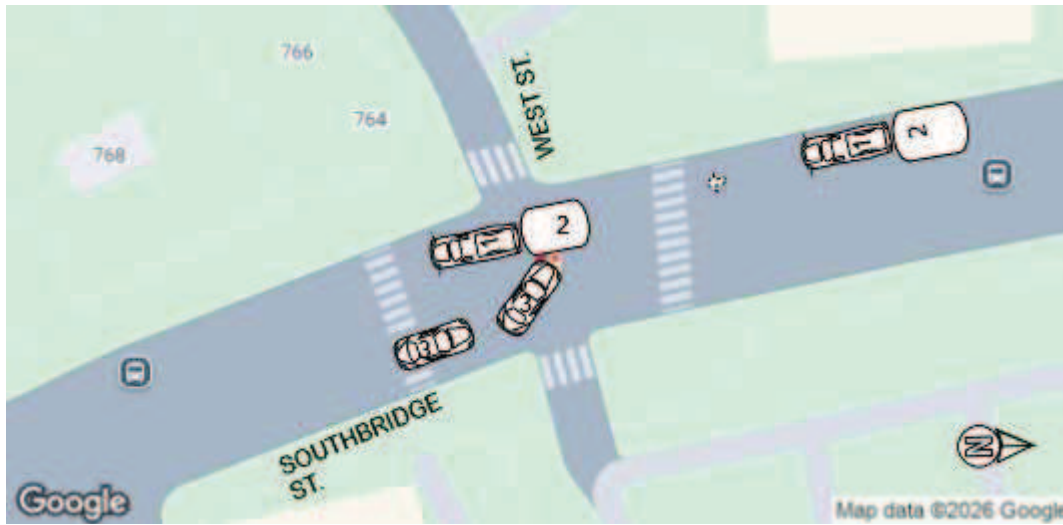
License #	St	DOB/Age	Reg #	Reg Type	Reg State	
Sex	Lic. Class	Lic. Restrictions	CDL	Veh Year	Veh Make	Veh Config.
Operator			Owner			
Address			Address			
City			City			
State			State			
Zip			Zip			
Insurance Company			Vehicle Action Prior to Crash 22			
Vehicle Travel Direction: N S E W			Responding to Emergency?			
Citation # (If Issued)			Event Sequence 23 23 23 23			
Viol. 1: Ch/Sec/Sub			Most Harmful Event 24			
Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 26 26			
			Damaged Area Code: 27 27 27			
			Test Status: 28			
			Type of Test: 29			
			BAC Test Result: 30			
			Susp. Alcohol: 31			
			Susp. Drug: 32			
			Towed from scene? 33			

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
Operator/Occupants		See Above		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

Direction of Travel Arrow



Crash Narrative:

VEHICLE ONE WAS TRAVELING SOUTH ON SOUTHBRIDGE ST, TOWING A TRAILER BEHIND. WHILE PASSING THROUGH THE INTERSECTION, VEHICLE THREE WAS MAKING A LEFT TURN ONTO WEST ST AND STRUCK THE TRAILER BEHIND VEHICLE ONE. THE OPERATOR OF VEHICLE THREE STATED THAT THE LIGHT WAS YELLOW WHEN HE MADE THE LEFT TURN.

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

02/10/2026

Date