

Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report								RMV Document Number		
Date of Crash 02/10/2026	Time of Crash 1734 24HR	City/Town Auburn	Number Vehicles 3	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:							
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
WEST ST At SOUTHBRIDGE ST Also at Intersection with			Route# _____ Name of Roadway/Street Feet _____ Feet _____ N S E W of _____ Name of Intersecting Roadway/Street Feet _____ Feet _____ N S E W of _____ Name of Intersecting Roadway/Street Feet _____ Feet _____ N S E W of _____ Landmark				Route# _____ Direction _____ Address # _____ Name of Roadway/Street Mile Marker _____ or _____ Exit Number Route# _____ Intersecting Roadway/Street						
1 4													
2 4													
3	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									
4 3	License # S94083482 St MA DOB/Age 11/26/1994 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator LUGO DIAZ, EDWIN JOEL Last First Middle Address 201 FARNUM DR			Reg # 1XZM33 Reg Type PC Reg State MA Veh Year 2018 Veh Make RAM Veh Config. 1				1 1					
5 1	City HOLYOKE State MA Zip 01040-2807 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> E W Responding to Emergency? 2 Citation # (If Issued) _____			Owner PLUGPV LLC Last First Middle Address 875 BROADWAY				1 1					
6 3	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			City ALBANY State NY Zip 12207-2416 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26				Damaged Area Code: 0 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33					
7 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												
8 2	Operator Operator Driverless M.V. Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> E W 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 _____			Reg # CE10417 Reg Type TRN Reg State NY Veh Year 2022 Veh Make Utility Trailer Veh Config. 8				1 1					
9 2	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												
10 2	Operator/Occupants See Above												

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **02/10/2026** Time of Crash **1734** 24HR City/Town **Auburn**

Number Vehicles **3** Number Injured **0** Speed Limit **40**

State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**WEST ST****1 4**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

**10**

At \_\_\_\_\_

**SOUTHBRIDGE ST****2 4**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_**11**

Also at Intersection with \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_**13****3**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Landmark \_\_\_\_\_

Please Select One of the Following:

Vehicle **32**

#Occupants \_\_\_\_\_



Hit/Run \_\_\_\_\_



Moped \_\_\_\_\_

Crash Report ID# **26-67-AC****12**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 \_\_\_\_\_ Endorsement \_\_\_\_\_Veh Year **2025**Veh Make **SUBARU**Veh Config. **1****1**Operator **SHOBLOM, DONALD R**Owner **SHOBLOM, EARLEEN VIRGINIA****21**

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

Address **68 WEST ST**Address **68 WEST ST**City **AUBURN** State **MA** Zip **01501-1302**City **AUBURN** State **MA** Zip **01501-1302**Insurance Company **AMICA MUTUAL INSURANCE CO**State **MA**Vehicle Travel Direction: **S E W** Responding to Emergency? **2**Zip **01501-1302**

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

Vehicle Action Prior to Crash **4 22**

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**Driver Contributing Code **6 25 4 25**Driver Distracted by **0 26 26**

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

Last **1** 1 4 0 0 10 1**EARLEEN SHOBLOM**68 WEST ST  
AUBURN, MA 01501-1302Address **07/14/1945 F 11 1 4 0 0 10 1**

Please Select One of the Following:

Vehicle **4**

#Occupants \_\_\_\_\_



Hit/Run \_\_\_\_\_



Moped \_\_\_\_\_

**Vulnerable User** Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **1****21**

Operator \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Insurance Company \_\_\_\_\_

Vehicle Action Prior to Crash **22**Vehicle Travel Direction: **S E W** Responding to Emergency? \_\_\_\_\_Damaged Area Code **27 27 27**

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

Test Status **28**

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

Type of Test **29**

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

BAC Test Result **30**

Please fill out for operator and all occupants involved

Susp. Alcohol **31** Susp. Drug **32**

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**

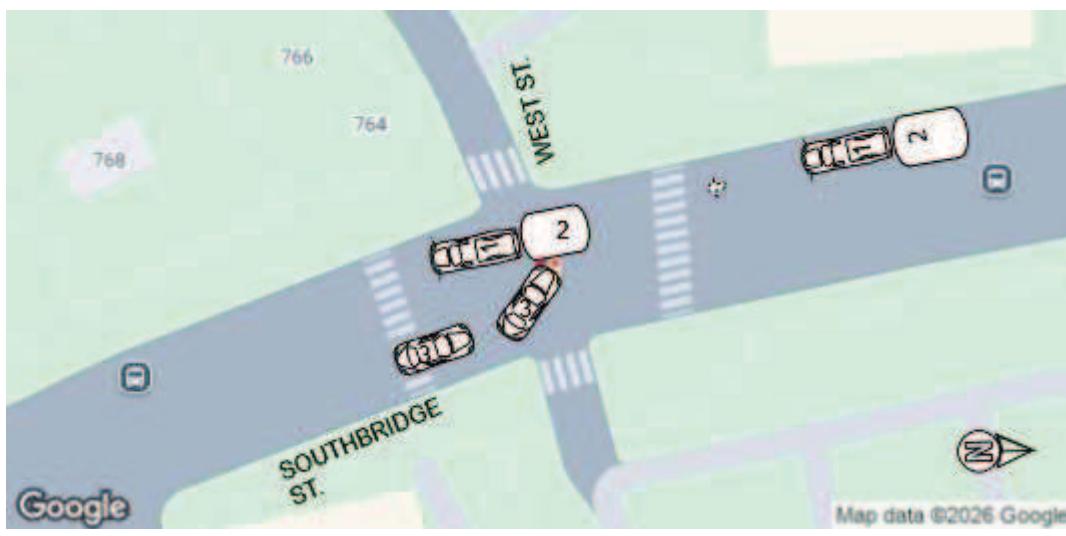
See Above

Last **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

I → Arrow



**Crash Narrative:**

VEHICLE ONE WAS TRAVELING SOUTH ON SOUTHBIDGE 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

**Auburn Police Department**

ID/Badge #

Department

Precinct/Barracks

02/10/2026

Date