

Police Use Only

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash **02/10/2026** Time of Crash **1734** 24HRCity/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**

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 _____

Please Select One of the Following: Vehicle **14** #Occupants Hit/Run MopedCrash Report ID# **26-67-AC**License # **S94083482** St **MA** DOB/Age **11/26/1994**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Operator **LUGO DIAZ, EDWIN JOEL**

Last _____ First _____ Middle _____

Address **201 FARNUM DR**City **HOLYOKE** State **MA** Zip **01040-2807**Insurance Company **GEICO GENERAL INSURANCE C**Vehicle Travel Direction: **N X 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 # **1XZM33**Reg Type **PC**Reg State **MA**Veh Year **2018**Veh Make **RAM**Veh Config. **1**Owner **PLUGPV LLC**

Last _____ First _____ Middle _____

Address **875 BROADWAY**City **ALBANY**State **NY** Zip **12207-2416**Vehicle Action Prior to Crash **1** 22Damaged Area Code: **0 27 27 27**Event Sequence **1** 23 23 23 23Test Status: **28**Most Harmful Event **1** 24Type of Test: **29**Driver Contributing Code **1** 25 25BAC Test Result: **30**Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **2** 33

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

1**1****4****0****0****10****1****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: Vehicle **20** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # **CE10417** Reg Type **TRN** Reg State **NY**Sex **M** Lic. Class **D** 19 19Lic. Restrictions **1** 20 CDL _____ Endorsement _____Veh Year **2022**Veh Make **Utility Trailer**Veh Config. **8**Operator **Driverless M.V.**

Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Damaged Area Code: **10 27 27 27**Vehicle Travel Direction: **N X E W**Test Status: **1 28**Responding to Emergency? **2**Most Harmful Event **1** 24Type of Test: **0 29**Driver Contributing Code **1** 25 25BAC Test Result: **0 30**Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **1** 33

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

1

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24HRCity/Town **Auburn**Number Vehicles **3** Number Injured **0**
Speed Limit **40** State Police
Local Police MBTA Police
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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 _____

Please Select One of the Following: Vehicle **32** #Occupants Hit/Run MopedCrash Report ID# **26-67-AC**License # **S26005001** St **MA** DOB/Age **12/31/1946**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____
Endorsement _____Operator **SHOBLOM, DONALD R**

Last _____ First _____ Middle _____

Address **68 WEST ST**City **AUBURN** State **MA** Zip **01501-1302**Insurance Company **AMICA MUTUAL INSURANCE CO**Vehicle Travel Direction: S 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 # **5718VM**Reg Type **PC**Reg State **MA**Veh Year **2025**Veh Make **SUBARU**Veh Config. **1**Owner **SHOBLOM, EARLEEN VIRGINIA**

Last _____ First _____ Middle _____

Address **68 WEST ST**City **AUBURN**State **MA** Zip **01501-1302**Vehicle Action Prior to Crash **4** 22Damaged Area Code: **8** 27 27 27Event Sequence **1** 23 23 23 23Test Status: **1** 28Most Harmful Event **1** 24Type of Test: **0** 29Driver Contributing Code **6** 25 **4** 25BAC Test Result: **1** 30Driver Distracted by **0** 26 **26**Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)

Address

DOB/Age

Sex

34
Seat
Pos.35
Safety
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator

See Above

X

X

1

1

4

0

0

10

1

EARLEEN SHOBLOM68 WEST ST
AUBURN, MA 01501-1302

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 **99** 20 CDL _____
Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **1**

Operator _____

Last

First

Middle

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

Name (Last First Middle)

Address

DOB/Age

Sex

34
Seat
Pos.35
Safety
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator/Occupants

See Above

X

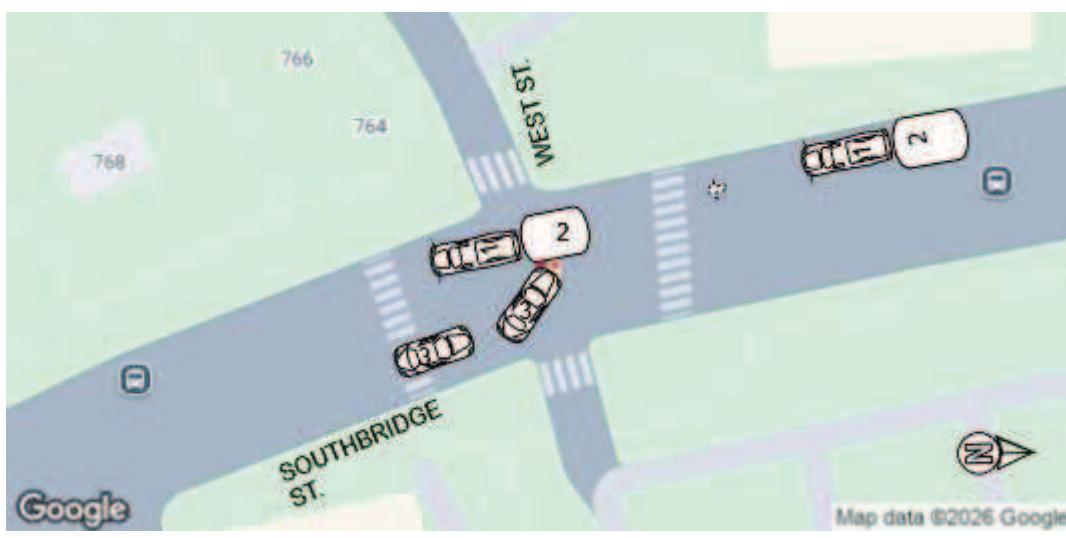
X

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

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/10/2026

Date