

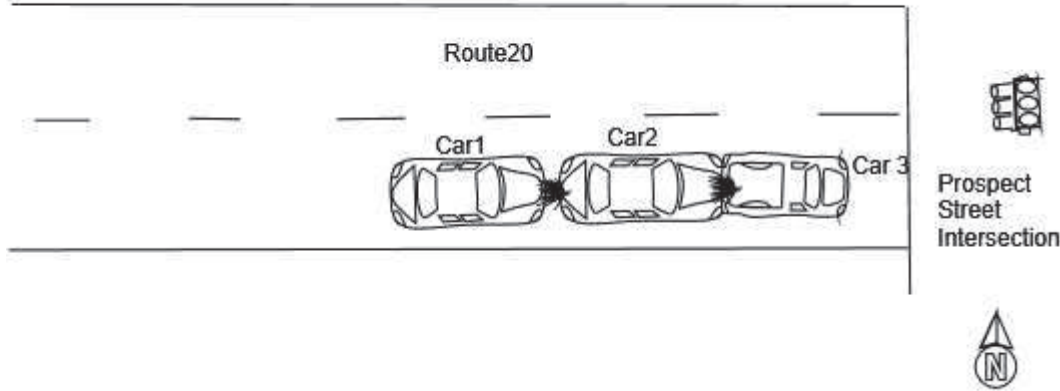
Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 01/10/2026		Time of Crash 1043 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-20-AC								
License # S19231695 St MA DOB/Age 03/07/1979						Reg # 5CFD87 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2003 Veh Make TOYOTA Veh Config. 1 21										
Operator CALLAGHAN, SAMANTHA ANN						Owner CALLAGHAN, SAMANTHA ANN										
Address 113 WASHINGTON ST APT 27						Address 113 WASHINGTON ST APT 27										
City AUBURN State MA Zip 01501-3024						City AUBURN State MA Zip 01501-3024										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22										
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										
Citation # (If Issued)						Most Harmful Event 1 24										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26										
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 1 22										
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						Damaged Area Code: 1 27 27 27										
Operator See Above						Test Status: 1 28										
CAROL ARDMAN 11 LAKE AVE WORCESTER, MA 01601 04/20/1941 F 3 1 4 0 0 9 2						Type of Test: 0 29										
						BAC Test Result: 1 30										
						Susp. Alcohol: 2 31 Susp. Drug: 2 32										
						Towed from scene? 1 33										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # S93473490 St MA DOB/Age 09/22/1974						Reg # 4ZCM82 Reg Type PC Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make JEEP Veh Config. 1 21										
Operator CHAUVIN, MICHAEL D						Owner CHAUVIN, MICHAEL D										
Address 25 PLANTATION RD						Address 25 PLANTATION RD										
City OXFORD State MA Zip 01540-1256						City OXFORD State MA Zip 01540-1256										
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 2 22										
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										
Citation # (If Issued)						Most Harmful Event 1 24										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 2 22										
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						Damaged Area Code: 1 27 5 27 27										
Operator/Occupants See Above						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? 1 33										

[illegible]

→ = 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

Intersection Arrow



Crash Narrative:

Car 3 and Car 2 were stopped at the red light. Car 1 stated that she did not see the light was red and hit car 2. Car2 then was pushed into car3. Car 1 had severe front end damage. Car 2 had severe rear end damage and very minimal front end damage. Car 3 had minimal rear end damage.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/10/2026

Date