

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/10/2026** Time of Crash **1043** 24HR City/Town **Auburn**

Number Vehicles **3** Number Injured **1** Speed Limit **40**  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 State Police  Local Police  MBTA Police   
 Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1

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

2 10  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S X W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_

11 10  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

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

Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  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** 21Operator **CALLAGHAN, SAMANTHA ANN**Owner **CALLAGHAN, SAMANTHA ANN**Last **113** First **WASHINGTON** Middle **ST APT 27**Last **113** First **WASHINGTON** Middle **ST APT 27**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**State **MA** Zip **01501-3024**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22

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

Damaged Area Code: **1 27 27 27**

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

Test Status: **1 28**

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

Type of Test: **0 29**

Please fill out for operator and all occupants involved

BAC Test Result: **1 30**

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

Towed from scene? **1 33**Last **Operator** First **See Above** Middle \_\_\_\_\_

Medical Facility \_\_\_\_\_

CAROL ARDMAN 11 LAKE AVE WORCESTER, MA 01601

04/20/1941 F 3 1 4 0 0 9 2

7 1  
 Please Select One of the Following:  Vehicle **21** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.13 1  
 Reg # **4ZCM82** Reg Type **PC** Reg State **MA**License # **S93473490** St **MA** DOB/Age **09/22/1974**Veh Year **2016** Veh Make **JEEP** Veh Config. **1** 21Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Owner **CHAUVIN, MICHAEL D**Operator **CHAUVIN, MICHAEL D**Last **25** First **PLANTATION** Middle **RD**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** 22Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **1 27 5 27 27**

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

Test Status: **1 28**

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

Type of Test: **0 29**

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

BAC Test Result: **1 30**

Please fill out for operator and all occupants involved

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **1 33**

DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

Medical Facility \_\_\_\_\_

Last **Operator/Occupants** First **See Above** Middle \_\_\_\_\_

0 26 26

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash 01/10/2026	Time of Crash 1043 24HR	City/Town Auburn	Number Vehicles 3	Number Injured 1	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1

Route#	Direction	Name of Roadway/Street At
Route#	Direction	Name of Intersecting Roadway/Street Also at Intersection with
Route#	Direction	Name of Intersecting Roadway/Street

2 10

Route#	Direction	Address #	Name of Roadway/Street
Feet	N S <input checked="" type="checkbox"/> W	of	• — or
Feet	N S <input checked="" type="checkbox"/> E W	of	Route#
Feet	N S <input checked="" type="checkbox"/> E W	of	Intersecting Roadway/Street
Landmark			

3 1

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>26-20-AC</b>
License #	S23826082	St MA	DOB/Age 08/08/1986	Reg # MA7660
Sex <b>F</b>	Lic. Class <b>D</b> 19 19	Lic. Restrictions <b>1</b> 20	CDL _____	Reg Type PC
Endorsement				Reg State MA
Operator <b>STANKUS, CATHERINE ELIZABETH</b>				Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 21
Last	First	Middle		
Address 16 HIGHLAND AVE				

11 10

Reg # MA7660	Reg Type PC	Reg State MA
Veh Year 2020	Veh Make CHEVROLET	Veh Config. 1 21
Owner <b>STANKUS, JESS E</b>		
Last	First	Middle
Address 16 HIGHLAND AVE		

4 3

City OXFORD	State MA	Zip 01540-1536	City OXFORD	State MA	Zip 01540-1536
Insurance Company <b>THE STANDARD FIRE INSURAN</b>			Vehicle Action Prior to Crash <b>2</b> 22		
Vehicle Travel Direction: <b>N S <input checked="" type="checkbox"/> W</b> Responding to Emergency? <b>2</b>			Damaged Area Code: <b>6 27 27 27</b>		
Citation # (If Issued) _____			Test Status: <b>1 28</b>		
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Type of Test: <b>0 29</b>		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			BAC Test Result: <b>1 30</b>		
Please fill out for operator and all occupants involved			Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>		
Name (Last First Middle) _____ Address _____			Towed from scene? <b>2 33</b>		

12 1

Address 16 HIGHLAND AVE	State MA	Zip 01540-1536
Event Sequence <b>1 23 23 23 23</b>	Driver Contributing Code <b>1 25 25</b>	Driver Distracted by <b>0 26 26</b>
Most Harmful Event <b>1 24</b>	Damaged Area Code: <b>6 27 27 27</b>	
Vehicle Action Prior to Crash <b>2</b> 22	Test Status: <b>1 28</b>	Type of Test: <b>0 29</b>
Driver Contributing Code <b>1 25 25</b>	BAC Test Result: <b>1 30</b>	Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
Driver Distracted by <b>0 26 26</b>	Towed from scene? <b>2 33</b>	

5 1

Please fill out for operator and all occupants involved		
Name (Last First Middle) _____ Address _____		
DOB/Age _____ Sex _____		
Operator <b>Operator</b> See Above		
1	1	4
0	0	0
10	1	

13 1

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 _____
1	1 27 27 27
0	28
1	29
2	30
3	31
4	32

6 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.	
License # _____	St _____	DOB/Age _____	Reg # _____	Reg Type _____	Reg State _____
Sex <b>F</b>	Lic. Class <b>D</b> 19 19	Lic. Restrictions <b>1</b> 20	CDL _____	Endorsement	
Operator _____			Veh Year _____ Veh Make _____ Veh Config. 1 21		
Last	First	Middle			
Address _____					

14 1

Reg # _____	Reg Type _____	Reg State _____
Veh Year _____	Veh Make _____	Veh Config. 1 21
Owner _____		
Last	First	Middle
Address _____		

7 2

City _____	State _____	Zip _____	City _____	State _____	Zip _____
Insurance Company _____			Vehicle Action Prior to Crash <b>2</b> 22		
Vehicle Travel Direction: <b>N S <input checked="" type="checkbox"/> E W</b> Responding to Emergency? _____			Damaged Area Code: <b>6 27 27 27</b>		
Citation # (If Issued) _____			Test Status: <b>1 28</b>		
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Type of Test: <b>0 29</b>		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			BAC Test Result: <b>1 30</b>		
Please fill out for operator and all occupants involved			Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>		
Name (Last First Middle) _____ Address _____			Towed from scene? <b>2 33</b>		

15 2

Address 16 HIGHLAND AVE	State MA	Zip 01540-1536
Event Sequence <b>1 23 23 23 23</b>	Driver Contributing Code <b>1 25 25</b>	Driver Distracted by <b>0 26 26</b>
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Driver Distracted by <b>0 26 26</b>	Towed from scene? <b>2 33</b>	

8 1

Please fill out for operator and all occupants involved		
Name (Last First Middle) _____ Address _____		
DOB/Age _____ Sex _____		
Operator <b>Operator/Occupants</b> See Above		
1	1	
0	0	
10	1	

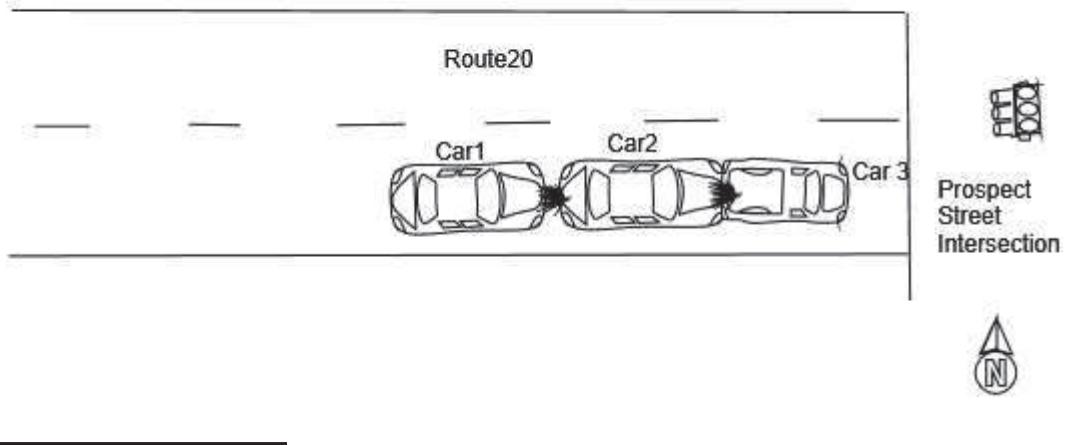
16 1

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 _____
1	1 27 27 27
0	28
1	29
2	30
3	31
4	32

→ = 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:**

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