Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police	Local Police	MBTA Police	Campus Police	Other:
01/09/2026	1446 24HR	Auburn	1	0	10		☒			

Latitude ____ Longitude ____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1

Route# ____ Direction ____ Name of Roadway/Street ____

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

Also at Intersection with

2 2

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

Route# ____ Direction ____ Address # 8 Name of Roadway/Street WESTCHESTER DR

2 10

____ Feet N S E W of ___ ___ ___ • ___ or ____ Mile Marker Exit Number

99 11

____ Feet N S E W of ____ Route# ____ Intersecting Roadway/Street

____ Feet N S E W of ____ Landmark

3

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 26-16-AC

4 1

License # 11536913 St SC DOB/Age 05/28/1949 Reg # 1MW855 Reg Type PC Reg State MA

Sex M Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL ____ Endorsement Veh Year 1999 Veh Make CHEVROLET Veh Config. 1 (21)

4 12

Operator STEINBERG, LEE G (Last First Middle) Owner STEINBERG, LEE G (Last First Middle)

Address 654 5TH N AVE Address 654 5TH N AVE

City SURFSIDE BEACH State SC Zip 295753962 City SURFSIDE BEACH State SC Zip 295753962

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Action Prior to Crash 10 (22) Damaged Area Code: 0 (27) (27) (27)

Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2

Event Sequence 3 (23) (23) (23) (23) Test Status: 1 (28)

5

Citation # (If Issued) ____ Most Harmful Event 3 (24) Type of Test: 0 (29)

BAC Test Result: 1 (30)

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____ Driver Contributing Code 1 (25) (25) Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

3 13

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 0 (26) (26) Towed from scene? 2 (33)

6 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
Operator	See Above	X	X	1	1	4	0	0	10	1	

7 1

Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☒ **Vulnerable User** Complete the Vulnerable User section.

8 1

License # ____ St ____ DOB/Age ____ Reg # ____ Reg Type ____ Reg State ____

Sex ____ Lic. Class (19) (19) Lic. Restrictions (20) CDL ____ Endorsement Veh Year ____ Veh Make ____ Veh Config. (21)

Operator ____ (Last First Middle) Owner ____ (Last First Middle)

Address ____ Address ____

City ____ State ____ Zip ____ City ____ State ____ Zip ____

1 14

Insurance Company ____ Vehicle Action Prior to Crash (22) Damaged Area Code: (27) (27) (27)

Vehicle Travel Direction: N S E W Responding to Emergency? ____ Event Sequence (23) (23) (23) (23) Test Status: (28)

Citation # (If Issued) ____ Most Harmful Event (24) Type of Test: (29)

9 2

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____ Driver Contributing Code (25) (25) BAC Test Result: (30) Susp. Alcohol: (31) Susp. Drug: (32)

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by (26) (26) Towed from scene? (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	X	X	1							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User

Type: 1 (VU1) | Action: 2 (VU2) | Location: 97 (VU3)

VU: KIRKLAUSKAS, MARY ANN (Last, First, Middle)

Address: 4 WESTCHESTER DR

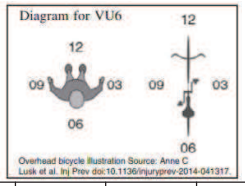
City: AUBURN State: MA Zip: 01501

License # _____ St _____ DOB/Age: 09/03/1946

Traffic Control Device: 0 (VU4)

Origin/Destination: 97 (VU5)

Contact Point: 97 (VU6)



Primary Injury Area: 99 (VU7)

Event Sequence: 7 (VU8), 19 (VU8), VU8, VU8

Contributing Code: 1 (VU9), VU9

Distracted by: 1 (VU10), VU10

Test Status: 1 (VU11)

Type of Test: 0 (VU12)

BAC Test Result: 1 (VU13)

Susp. Alcohol: 2 (VU14)

Susp. Drug: 2 (VU15)

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User		97	10	0	0	9	2	[redacted]

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: _____ (Last, First, Middle)

Address: _____

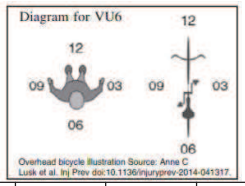
City: _____ State: _____ Zip: _____

License # _____ St _____ DOB/Age: _____

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8, VU8, VU8, VU8

Contributing Code: VU9, VU9

Distracted by: VU10, VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: _____ (Last, First, Middle)

Address: _____

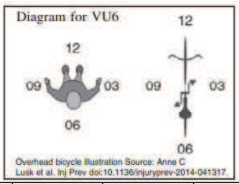
City: _____ State: _____ Zip: _____

License # _____ St _____ DOB/Age: _____

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8, VU8, VU8, VU8

Contributing Code: VU9, VU9

Distracted by: VU10, VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

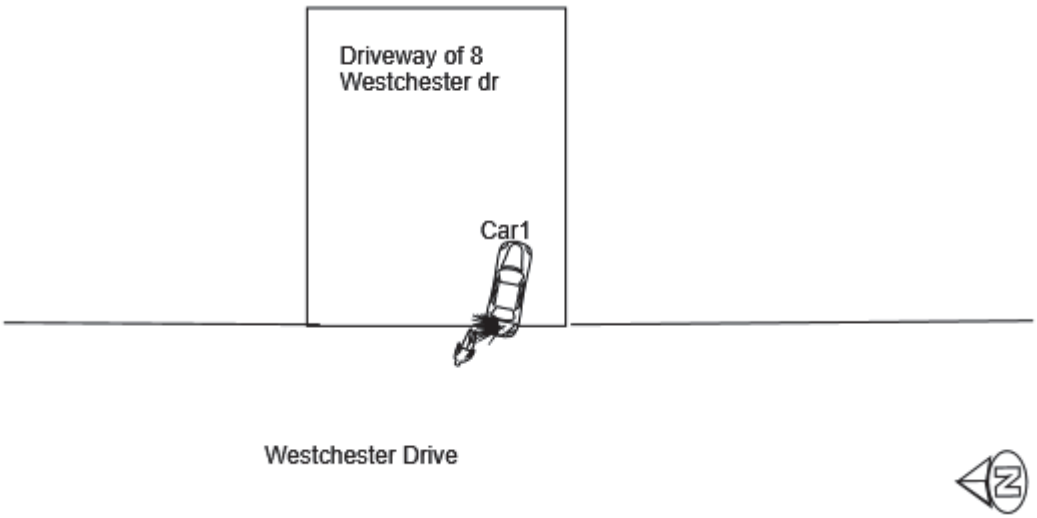
Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

= 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[illegible] Arrow

Crash Narrative:

Car1 was backing out of his driveway. He was not on the gas at it he was rolling. Mary Ann was walking with a walker, when he hit her walker making her fall over backwards.

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		98GG	Auburn Police Department		01/09/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date