

Date of Crash **02/20/2026** Time of Crash **1132** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

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 _____

Route# **669** Direction _____ Address # **WASHINGTON ST** Name of Roadway/Street _____
 _____ Feet N S W of _____ • _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 26-84-AC**

License # _____ St. _____ DOB/Age _____ Reg # **75X940** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1** **21**
 Operator **BRISBOIS, SARA JANE** Owner **BRISBOIS, SARA JANE**
 Address **28 BROOKSIDE AVE** Address **28 BROOKSIDE AVE**
 City **WEBSTER** State **MA** Zip **01570-3000** City **WEBSTER** State **MA** Zip **01570-3000**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **27** **8** **27** **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **0** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **6** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		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	99	3	0	0	8	2	

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

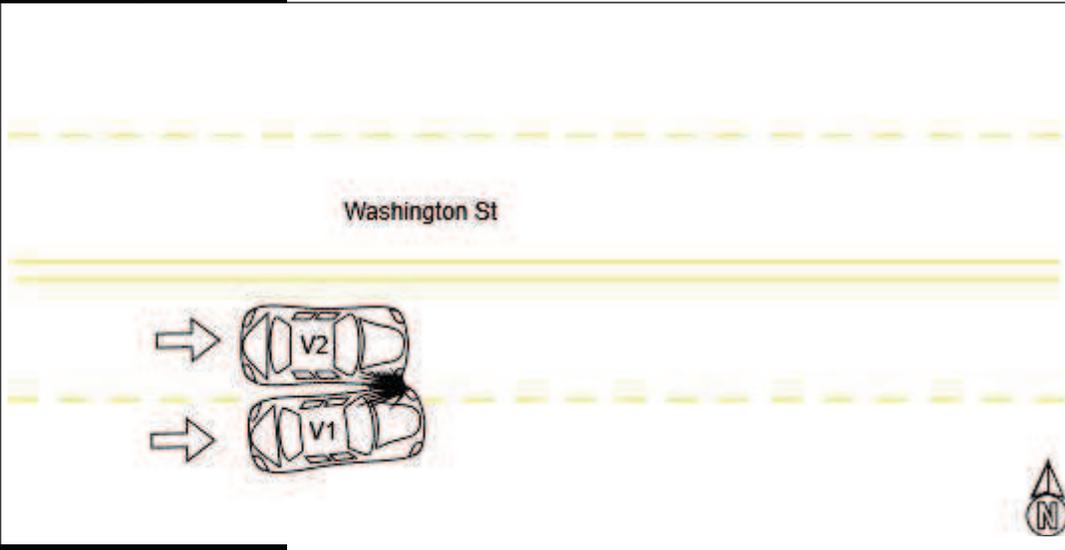
License # _____ St. _____ DOB/Age _____ Reg # **VT16846** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **AUDI** Veh Config. **1** **21**
 Operator **HIBBLER, BRIAN** Owner **HIBBLER, BRIAN**
 Address **91 HAGGERTY RD** Address **91 HAGGERTY RD**
 City **CHARLTON** State **MA** Zip **01507-6527** City **CHARLTON** State **MA** Zip **01507-6527**
 Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **3** **27** **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **0** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		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	99	3	0	0	10	1	NOT TRANSPORTED

→ = 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

↑ Arrow



Crash Narrative:

Vehicle 1 was traveling East on Washington St in the right hand lane. Vehicle 2 was traveling next to Vehicle 1 in the left lane. Vehicle 1 then entered Vehicle 2's lane and made collision. Operator of Vehicle 2 explained he believed operator of vehicle 1 was attempting to make a U-turn on Washington St.

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 Patrick Montague

99PM

Auburn Police Department

02/20/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date