

Date of Crash 01/19/2026 Time of Crash 1652 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 45 State Police Local Police MBTA Police Campus Police Other: []

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

Route# Direction Address # Name of Roadway/Street 889 SOUTHBRIDGE ST Feet N S E W of Mile Marker Exit Number

2 10

4 11

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Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 26-30-AC

3

License # St. DOB/Age Reg # 4GH651 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ROBIDOUX, AMANDA LYNN Owner ROBIDOUX, AMANDA LYNN Address 65 OLD N WOODSTOCK RD City SOUTHBRIDGE State MA Zip 01550-2819

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Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 5 22 Damaged Area Code: 3 27 27 27 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 9 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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Table with columns: 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: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, REFUSED

7 1

Please Select One of the Following: [X] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # St. DOB/Age Reg # 3796382 Reg Type CON Reg State IN Sex M Lic. Class D A 19 19 Lic. Restrictions 1 20 CDL X Endorsement Operator BEDOYA, STEVEN Owner R & L TRANSFER INC Address 5 ROBERT ST Address 14949 ST RT 28W City PAWTUCKET State RI Zip 02861 City ALEXANDRIA State IN Zip 46001

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8 3

Insurance Company COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

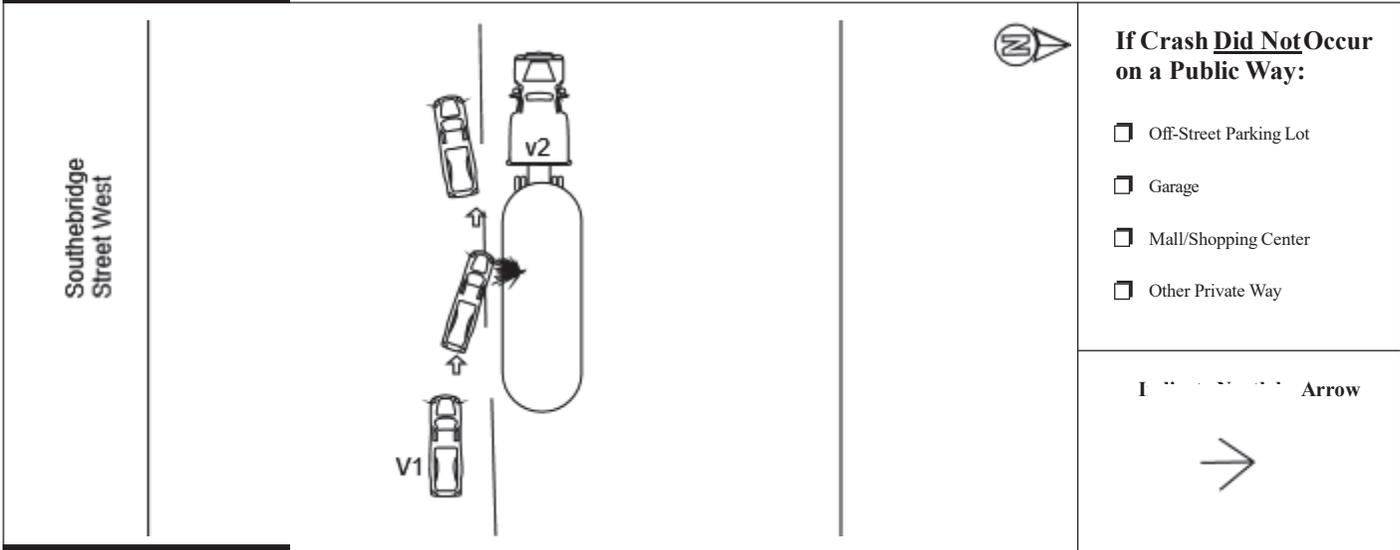
9 2

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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

V1 failed to maintain lane and drifted into lane 1 striking v2 trailer in the left rear TT unit tire. V1 suffered rub damage to right side of vehicle. V2 suffered no visible 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 Jedadiah O Henry 101JH Auburn Police Department 01/19/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date