

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/14/2026** Time of Crash **2023** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **5**

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 5

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

2 10
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

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

2 11
Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____

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

2 12
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** #Occupants Hit/Run Moped

Crash Report ID# **26-23-AC**

License # **unknown** St **01/01/1993** DOB/Age

Reg # **5SY612** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____

Veh Year **2014** Veh Make **ACURA** Veh Config. **1** 21

Operator **FRANCO, ANA SOFIA**

Owner **FRANCO, ANA SOFIA**

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address **3 EDDY ST APT 3**

Address **3 EDDY ST APT 3**

City **WEBSTER** State **MA** Zip **01570-1983**

City **WEBSTER** State **MA** Zip **01570-1983**

Insurance Company **THE STANDARD FIRE INSURAN**

State **MA** Zip **01570-1983**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Vehicle Action Prior to Crash **10** 22
Damaged Area Code: **6** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **29**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **1** 30

Driver Contributing Code **97** 25 25

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

Driver Distracted by **99** 26 26

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Medical Facility

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 _____

Operator See Above

1 99 4 0 0 10 1

7 9
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **4KLG13** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____

Veh Year **2021** Veh Make **FORD** Veh Config. **1** 21

Operator **COURNOYER, CASMERE**

Owner **COURNOYER, CASMERE**

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address **11A CARROLL RD**

Address **11A CARROLL RD**

City **NORTH GRAFTON** State **MA** Zip **01536-1628**

City **NORTH GRAFTON** State **MA** Zip **01536-1628**

Insurance Company **PROGRESSIVE DIRECT INSURA**

Vehicle Action Prior to Crash **11** 22
Damaged Area Code: **7** 27 27 27

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**

Test Status: **1** 28

Citation # (If Issued) _____

Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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

Please fill out for operator and all occupants involved

Medical Facility

Name (Last First Middle) _____ Address _____

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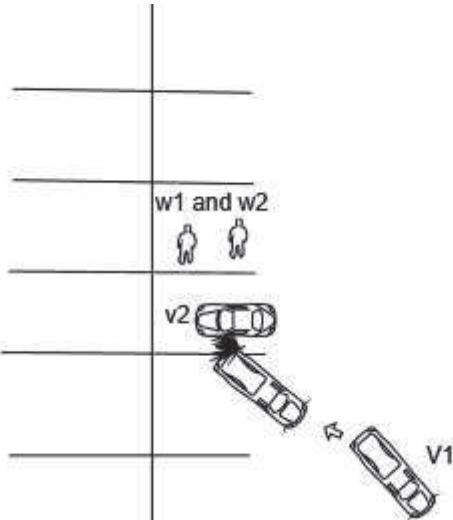
Operator/Occupants See Above

1 1 4 0 0 10 1 **PARKED MOTOR VEHICLE**

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚙



Planet Fitness parking lot

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I → ⚙ ← Arrow



Crash Narrative:

v1 backed into v2 which was parked. V1 left rear struck the left side of vehicle 2.

Vehicle 1 was then witnessed fleeing the scene by 2 people. Operator of V1 admitted to being in the area but denied hitting another vehicle.

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

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

Auburn Police Department

Department

01/14/2026

Date