

Date of Crash **03/12/2026** Time of Crash **0840** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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 Address # Name of Roadway/Street 2 10
 2 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street 3 11
 2 2 Route# Direction Name of Intersecting Roadway/Street 3 11
 2 2 Route# Direction Name of Intersecting Roadway/Street Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **26-117-AC**

4 3 License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **C379100** Reg Type **PAN** Reg State **CT** 1 12
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2024** Veh Make **CHEVROLET** Veh Config. **1** 21 1 12
 Operator **DUQUETTE, RANDY PAUL** Owner **ACAR LEASING LTD**
 Address **26 KING ST** Address **4001 EMBARCADERO DR**
 City **DANIELSON** State **CT** Zip **06239** City **ALRINGTON** State **TX** Zip **76014**
 Insurance Company **Covenant Insurance Compan** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32 1 13
 Towed from scene? **2** 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	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

8 2 License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **9907ZD** Reg Type **PC** Reg State **MA** 2 14
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2013** Veh Make **CHRYSLER** Veh Config. **1** 21
 Operator **ARIAS BEAUDOIN, CRYSTAL LEE** Owner **ARIAS BEAUDOIN, CRYSTAL LEE**
 Address **6 WESTGATE DR** Address **6 WESTGATE DR**
 City **OXFORD** State **MA** Zip **01540-1622** City **OXFORD** State **MA** Zip **01540-1622**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 27 27
 Vehicle Travel Direction: **N X E 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 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	XXXXXX	X	1	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	6	1	2	0	0	10	0	

