

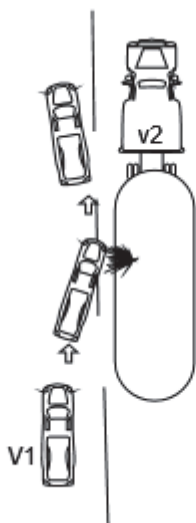
Police Use Only																						
Date of Crash 01/19/2026	Time of Crash 1652 24HR	City/Town Auburn	Commonwealth of Massachusetts Motor Vehicle Crash Police Report							RMV Document Number												
			Number Vehicles 2	Number Injured 0	Speed Limit 45		Latitude _____ Longitude _____		State Police Local Police MBTA Police Campus Police Other:			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>										
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# Direction Address # Name of Roadway/Street Feet N S E W of 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: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 26-30-AC																			
License # S99939248 St MA DOB/Age 02/21/1987 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ROBIDOUX, AMANDA LYNN Address 65 OLD N WOODSTOCK RD City SOUTHBRIDGE State MA Zip 01550-2819 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 4GH651 Reg Type PC Reg State MA Veh Year 2025 Veh Make HONDA Veh Config. 1 21 Owner ROBIDOUX, AMANDA LYNN Address 65 OLD N WOODSTOCK RD City SOUTHBRIDGE State MA Zip 01550-2819 Vehicle Action Prior to Crash 5 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 9 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 2 33																			
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			REFUSED																			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.			License # 40178035 St RI DOB/Age 10/29/1990 Sex M Lic. Class D A 19 19 Lic. Restrictions 1 20 CDL X Endorsement Operator BEDOYA, STEVEN Address 5 ROBERT ST City PAWTUCKET State RI Zip 02861 Insurance Company C COMPANYY Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub										Reg # 3796382 Reg Type CON Reg State IN Veh Year 2025 Veh Make Truck Veh Config. 10 21 Owner R & L TRANSFER INC Address 14949 ST RT 28W City ALEXANDRIA State IN Zip 46001 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 2 33									
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			REFUSED																			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Southbridge
Street West



If Crash **Did Not** Occur
on a Public Way:

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

Impact Arrow



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

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/19/2026

Date