

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/19/2026** Time of Crash **1652** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** 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 \_\_\_\_\_

**889** **SOUTHBRIDGE ST**

Name of Roadway/Street

Route# Direction \_\_\_\_\_ Name of Intersecting Roadway/Street

Also at Intersection with \_\_\_\_\_

Route# Direction \_\_\_\_\_ Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  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**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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**

Owner **ROBIDOUX, AMANDA LYNN**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Most Harmful Event **1** 24

Type of Test: **29**

Driver Contributing Code **9** 25 19 25

BAC Test Result: **1** 30

Driver Distracted by **0** 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
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**Operator**

See Above

<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	REFUSED
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Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # **40178035** St **RI** DOB/Age **10/29/1990**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL **X** Endorsement \_\_\_\_\_

Operator **BEDOYA, STEVEN**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **5 ROBERT ST**

City **PAWTUCKET** State **RI** Zip **02861**

Insurance Company **COMPANY**

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**

Owner **R & L TRANSFER INC**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Most Harmful Event **1** 24

Type of Test: **29**

Driver Contributing Code **1** 25 25

BAC Test Result: **1** 30

Driver Distracted by **0** 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
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**Operator/Occupants**

See Above

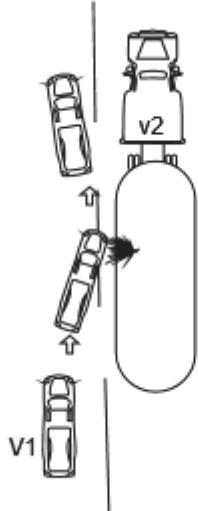
<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	REFUSED
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→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ⚰ = Pedestrian      ⚰ = Bicycle

**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

I → 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

**01/19/2026**

Date