

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/23/2025** Time of Crash **2136** 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:

1 4

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

2 10
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 809 **WASHINGTON ST**

2 2

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

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

3 4

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 _____

Please Select One of the Following:



Vehicle

1

#Occupants



Hit/Run



Moped

Crash Report ID# **25-463-AC**

License # **SA8641209** St **MA** DOB/Age **03/18/1992**

Reg # **5LGW71** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____
 Endorsement _____

Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1** **21**

Operator **KINGSBURY, MICHAEL RONALD**
 Last **PAUL** First **REVERE** Middle **RD FL APT 2**

Owner **KINGSBURY, MICHAEL RONALD**
 Last **PAUL** First **REVERE** Middle **RD FL APT 2**

Address **62 PAUL REVERE RD FL APT 2**

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City **ARLINGTON** State **MA** Zip **02476-5748**

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Insurance Company **PROGRESSIVE DIRECT INSURA**

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**

Test Status: **1** **28**

Citation # (If Issued) _____

Type of Test: **0** **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**

Driver Contributing Code **1** **25** **25**

Towed from scene? **2** **33**

Driver Distracted by **99** **26** **26**

Medical Facility _____

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

1 **1** **4** **0** **0** **10** **1**

7 1
Please Select One of the Following: **☒** Vehicle **2** **1** #Occupants **☐** Hit/Run **☐** Moped **☐** Vulnerable User Complete the Vulnerable User section.

Reg # **4HZM24** Reg Type **PC** Reg State **MA**

License # **SA7411833** St **MA** DOB/Age **09/23/2006**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____
 Endorsement _____

Veh Year **2023** Veh Make **KIA** Veh Config. **1** **21**

Operator **ASCENIO BRITO, ALBERT**
 Last **ASCENIO** First **BRITO** Middle **ALBERT**

Owner **PELHAM COMMUNITY PHARMACY INC**
 Last **PELHAM** First **COMMUNITY** Middle **PHARMACY INC**

Address **370 ROLLSTONE ST APT 1**

Address **196 BEAR HILL RD**

City **FITCHBURG** State **MA** Zip **01420-4786**

City **WALTHAM** State **MA** Zip **02451-1004**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **1** **22**
 Damaged Area Code: **7** **27** **27** **27**

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

Test Status: **1** **28**

Citation # (If Issued) _____

Type of Test: **0** **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 _____

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

1 **1** **4** **0** **0** **10** **1**

