

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/31/2025** Time of Crash **1745** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **40**State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 4

Route# Direction \_\_\_\_\_ Name of Roadway/Street  
At \_\_\_\_\_2 10  
20 E WASHINGTON ST

Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with \_\_\_\_\_2 11  
100 Feet N S E W of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Route# Direction Name of Intersecting Roadway/Street

2 12  
100 Feet N S E W of \_\_\_\_\_ PROSPECT ST  
Route# Intersecting Roadway/StreetPlease Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  MopedCrash Report ID# **25-478-AC**License # **S79298632** St **MA** DOB/Age **10/23/1992**1 21  
Reg # **5JJL25** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1**Operator **MANGAONKAR, POOJA ASHOK A**  
Last **100** First **E** Middle **MEADOW RD APT 4**Owner **MANGAONKAR, POOJA ASHOK A**  
Last **100** First **E** Middle **MEADOW RD APT 4**Address **LOWELL** State **MA** Zip **01854-1516**City **LOWELL** State **MA** Zip **01854-1516**Insurance Company **GOVERNMENT EMPLOYEES INSU**Vehicle Action Prior to Crash **1** 22Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **5 27 27 27**

Citation # (If Issued) \_\_\_\_\_

Test Status: **1 28**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **0 29**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1 30**

6 1 Please fill out for operator and all occupants involved

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

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **2 33**

DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

Medical Facility \_\_\_\_\_

Operator **Operator** See Above

1 22

7 1 Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.Reg # **2LRA82** Reg Type **PAN** Reg State **MA**License # **SA5031339** St **MA** DOB/Age **10/25/2007**Veh Year **2006** Veh Make **PONTIAC** Veh Config. **1**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_Owner **MUNDELL, ERNEST HUTCHINS III**  
Last **411** First **HIGH ST** Middle **BLDG HOUSE**Address **411 HIGH ST BLDG HOUSE**Address **411 HIGH ST**City **WEBSTER** State **MA** Zip **01570-4340**City **WEBSTER** State **MA** Zip **01570-4340**Insurance Company **PLYMOUTH ROCK ASSURANCE C**Vehicle Action Prior to Crash **1** 22Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **0 27 27 27**

Citation # (If Issued) \_\_\_\_\_

Test Status: **1 28**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **0 29**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1 30**

Please fill out for operator and all occupants involved

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

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **2 33**

DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_

Medical Facility \_\_\_\_\_

Operator/Occupants See Above

1 22

