

Date of Crash 06/18/2026 Time of Crash 1631 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: []

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 Address # Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 26-239-AC

License # St. DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 6SYB68 Reg Type PC Reg State MA Veh Year 2016 Veh Make MAZDA Veh Config. 1 21

Operator CHABOT, KAITLYN ARLENE

Owner CHABOT, KAITLYN ARLENE

Address 7 LINDA VISTA LN

Address 7 LINDA VISTA LN

City DUDLEY State MA Zip 01571-5967

City DUDLEY State MA Zip 01571-5967

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 10 27 1 27 27

Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? 2

Event Sequence 36 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 36 24 Type of Test: 0 29

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

Driver Contributing Code 19 25 25 BAC Test Result: 1 30

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

Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Table with columns: Name, 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

Please Select One of the Following: [] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

Operator Address City State Zip

Owner Address City State Zip

Insurance Company Vehicle Travel Direction: [N][S][E][W] Responding to Emergency?

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Citation # (If Issued)

Event Sequence 23 23 23 23 Test Status: 28

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

Most Harmful Event 24 Type of Test: 29

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

Driver Contributing Code 25 25 BAC Test Result: 30

Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

Table with columns: Name, 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. Row 1: Operator/Occupants, See Above, [X], [X], 1.

