

Date of Crash 06/04/2026	Time of Crash 1725 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 50	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	20 W 189 WASHINGTON ST Route# Direction Address # Name of Roadway/Street
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 26-221-AC**

License # _____ St. _____ DOB/Age _____ Sex M Lic. Class D 19 19 M Lic. Restrictions 1 20 CDL _____ Operator DANDREA, THOMAS JOSEPH JR Address 68 LONG HILL RD City WEST BROOKFIELD State MA Zip 01585-3101 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 # 9WK585 Reg Type PAN Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 2 21 Owner DANDREA, THOMAS JOSEPH JR Address 68 LONG HILL RD City WEST BROOKFIELD State MA Zip 01585-3101 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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 19 25 5 25 BAC Test Result: 30 Driver Distracted by 7 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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Please fill out for operator and all occupants involved		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	99	4	0	0	10	1	
DEBRA DANDREA	68 LONG HILL RD WEST BROOKFIELD, MA 01585	_____	F	3	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Sex F Lic. Class D 19 19 M Lic. Restrictions 1 20 CDL _____ Operator FERREE, MARIE ROSILE Address 557 SW CUTOFF LOT APT 75 City WORCESTER State MA Zip 01607-1748 Insurance Company PREFERRED MUTUAL INSURANC Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 # 591CT8 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HYUNDAI Veh Config. 1 21 Owner FERREE, MARIE ROSILE Address 557 SW CUTOFF LOT APT 75 City WORCESTER State MA Zip 01607-1748 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 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: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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Please fill out for operator and all occupants involved		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	

