

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/24/2026** Time of Crash **1818** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **25**
 State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

AUBURN ST

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

VINE ST

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# **26-37-AC**License # **SA7801036** St **MA** DOB/Age **02/05/2000**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **N** 20 CDL _____ Endorsement _____Operator **ELIASSAINT, RODELIN**Last **310** First **THOMPSON** Middle **RD APT 414**Address **WEBSTER** State **MA** Zip **01570-4503**Insurance Company **PROGRESSIVE DIRECT INSURA**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 # **6XWB19**Reg Type **PC**Reg State **MA**Veh Year **2018** Veh Make **FORD** Veh Config. **1** 21Owner **ELIASSAINT, RODELIN**Last **310** First **THOMPSON** Middle **RD APT 414**City **WEBSTER** State **MA** Zip **01570-4503**Vehicle Action Prior to Crash **3** 22Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **5** 25 19 25Driver Distracted by **99** 26 26Damaged Area Code: **1** 27 27 27Test Status: **1** 28Type of Test: **1** 29BAC Test Result: **1** 30Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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

Operator

See Above

1 1 4 0 0 10 1 REFUSED

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

License # **S73617628** St **MA** DOB/Age **11/12/1989**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **N** 20 CDL _____ Endorsement _____Operator **VO, CHAU T**Last **176** First **CLOVER** Middle **ST**Address **WORCESTER** State **MA** Zip **01603-1311**Insurance Company **PLYMOUTH ROCK ASSURANCE C**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 # **2BYK77** Reg Type **PC** Reg State **MA**Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1** 21Owner **VO, CHAU T**Last **176** First **CLOVER** Middle **ST**City **WORCESTER** State **MA** Zip **01603-1311**Vehicle Action Prior to Crash **1** 22Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **1** 25 25Driver Distracted by **0** 26 26Damaged Area Code: **5** 27 27 27Test Status: **1** 28Type of Test: **1** 29BAC Test Result: **1** 30Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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

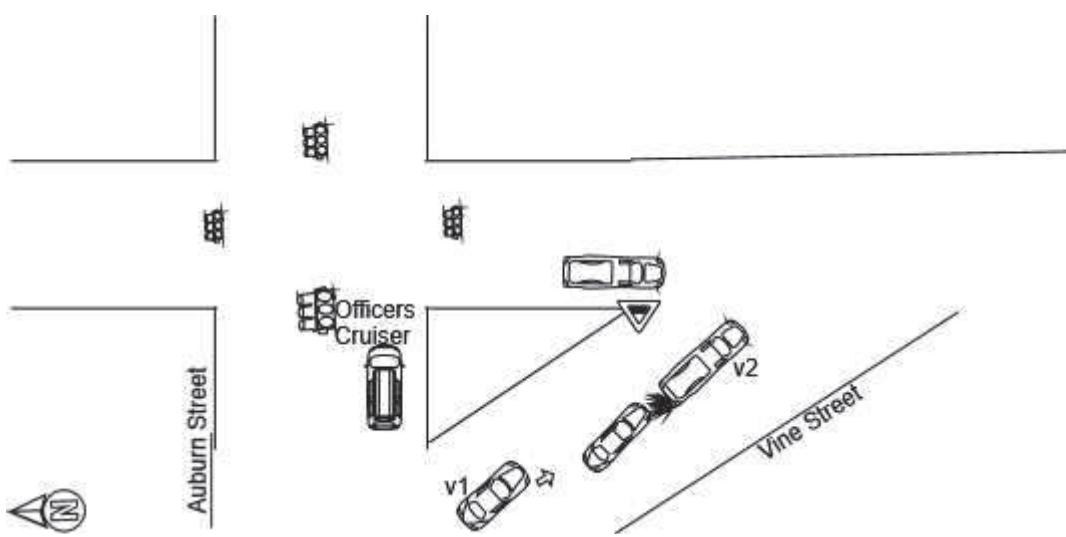
Operator/Occupants

See Above

1 1 4 0 0 10 1 REFUSED

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I _____ Arrow



Crash Narrative:

V2 was stopped at a yield sign for traffic when V1 turned onto Vine Street and struck v2 in the center rear of the vehicle. V1 operator informed me that he saw V2 stopped but thouht they should have started moving already so he drove into the back of the vehicle. I observed the crash and obsevred that V2 was following all roadway signs and was yeilding to oncoming traffic and that V1 struck them.

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

01/24/2026

Date