

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/27/2025** Time of Crash **0851** 24HR

City/Town **Auburn**

Number Vehicles **1** Number Injured **0** Speed Limit **30**
 Latitude **+042.1969** Longitude **-071.816** State Police
 Local Police MBTA Police
 Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1	Route# Direction Name of Roadway/Street			Route# Direction Address #	Name of Roadway/Street		
	At				Feet N S E W of		
2 4	Route# Direction Name of Intersecting Roadway/Street			Also at Intersection with			Mile Marker
	Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Exit Number
3	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-467-AC			

License # **SA1540223** St **MA** DOB/Age **01/28/2003**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
EndorsementOperator **DIPADUA, JEFFREY LOUIS**Last **16** First **MILL** Middle **ST**Address **16 MILL ST**City **AUBURN** State **MA** Zip **01501-3202**Insurance Company **GEICO GENERAL INSURANCE C**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Citation # (If Issued) **917344AD**Viol. 1: Ch/Sec/Sub **90** 17 Viol. 2: Ch/Sec/Sub **89** 4A

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

Reg # **5CCZ83**Reg Type **PAN**Reg State **MA**Veh Year **2017** Veh Make **GMC** Veh Config. **1** 21Owner **DIPADUA, JEFFREY LOUIS**Last **16** First **MILL** Middle **ST**City **AUBURN** State **MA** Zip **01501-3202**Vehicle Action Prior to Crash **1** 22Event Sequence **1** 23 23 23 23Most Harmful Event **10** 24Driver Contributing Code **7** 25 25Driver Distracted by **99** 26 26Damaged Area Code: **3** 27 27 27Test Status: **1** 28Type of Test: **0** 29BAC Test Result: **1** 30Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **1** 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

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

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

Operator _____ Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Citation # (If Issued) _____

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

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

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. **21**

Owner _____ Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash **22**Event Sequence **23** 23 23 23Most Harmful Event **24**Driver Contributing Code **25** 25Driver Distracted by **26** 26Damaged Area Code: **27** 27 27Test Status: **28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **31** Susp. Drug: **32**Towed from scene? **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

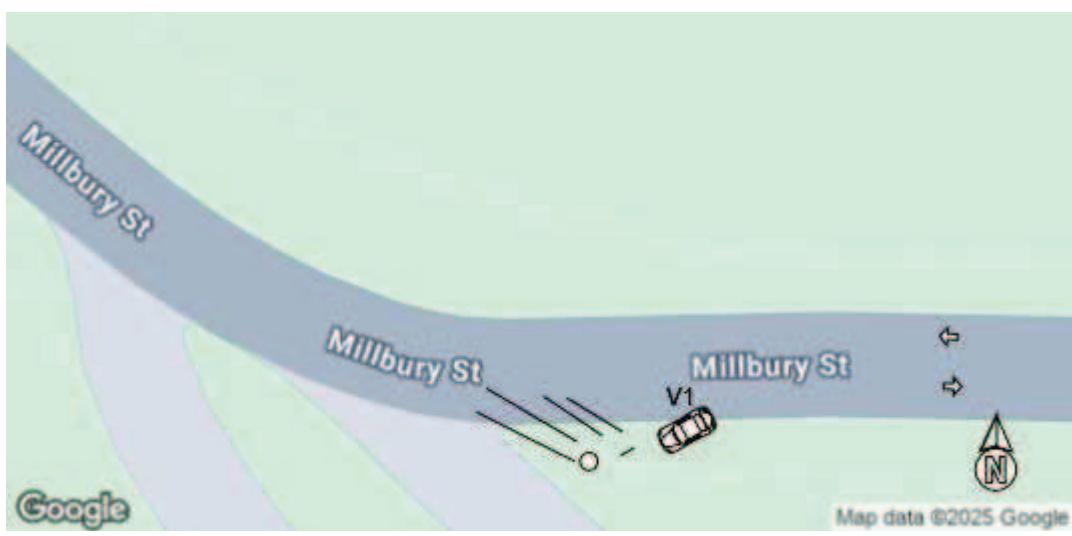
See Above

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

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚰ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚰



If Crash Did Not Occur on a Public Way:

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

I → ⚰ → ⚰ → Arrow



Crash Narrative:

There had been snow overnight and there was still a coating of snow on Millbury St. V1 was travelling east on Millbury St from Rt.20/Washington St. Operator stated that he started to slide off the right side of the roadway. The right rear corner of the vehicle collided with a large boulder. The vehicle then rotated clockwise and struck a plywood Christmas tree sign that was mounted on two metal t-posts. The metal posts were bent. The property owner was asked for an approximate value of the damaged sign and stated \$1500. The operator was issued a written warning for Speed Greater than Reasonable and Marked Lanes Violation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BERTRAND CYNTHIA GRACE	148 MILLBURY ST AUBURN MA 01501	██████████	1	PLYWOOD TREE SIGN AND METAL POSTS

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 Daniel J Hemingway

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/27/2025

Date