Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Police Use Only						

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	RMV Document Number
01/24/2026	1152 (24HR)	Auburn	2	0	

Speed Limit **40**
Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Campus Police ☐
Other: ☐

< LOCATION >

AT INTERSECTION:

1 1

Route# ___ Direction ___ Name of Roadway/Street _____
At
Route# ___ Direction ___ Name of Intersecting Roadway/Street _____
Also at Intersection with

2 1

Route# ___ Direction ___ Name of Intersecting Roadway/Street _____

NOT AT INTERSECTION:

2 [10]

Route# ___ Direction ___ Address # **26** Name of Roadway/Street **SOUTHBRIDGE ST**

_____ Feet N S E W of ___ — ___ • ___ or _____ Exit Number — Mile Marker

4 [11]

_____ Feet N S E W of _____ Route# ___ Intersecting Roadway/Street _____
_____ Feet N S E W of _____ Landmark

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3 — Please Select One of the Following: ☒ Vehicle 1 ___ #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-35-AC

License # ▆▆▆▆▆ St ▆ DOB/Age ▆▆▆▆▆▆
Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions **B** [20] CDL Endorsement ___
Operator **SYLVESTER, JOEL SETH** (Last First Middle)
Address **25 CRESENT ST FL APT 1**
City **WEST BOYLSTON** State **MA** Zip **01583-0000**
Insurance Company **ALLSTATE INSURANCE COMPAN**
Vehicle Travel Direction: ☒N S E 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 # **1CLC61** Reg Type **PC** Reg State **MA**
Veh Year **2022** Veh Make **SUBARU** Veh Config. **1** [21]
Owner **SYLVESTER, JOEL SETH** (Last First Middle)
Address **25 CRESENT ST FL APT 1**
City **WEST BOYLSTON** State **MA** Zip **01583-0000**
Vehicle Action Prior to Crash **3** [22]
Event Sequence **1** [23] **23** **23** **23**
Most Harmful Event **1** [24]
Driver Contributing Code **99** [25] [25]
Driver Distracted by **0** [26] [26]

Damaged Area Code: **3** [27] [27] [27]
Test Status: **1** [28]
Type of Test: [29]
BAC Test Result: [30]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]
Towed from scene? **2** [33]

1 [12]
1 [13]

6 1 — 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	3	0	10	1	

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7 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 **F** Lic. Class **D** [19] [19] Lic. Restrictions **B** [20] CDL Endorsement ___
Operator **LEDUC, GINA MARIE** (Last First Middle)
Address **53 RUSSELL ST APT 1**
City **WORCESTER** State **MA** Zip **01609-3465**
Insurance Company **THE STANDARD FIRE INSURAN**
Vehicle Travel Direction: ☒N S E 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 # **9JH686** Reg Type **PC** Reg State **MA**
Veh Year **2012** Veh Make **SUBARU** Veh Config. **1** [21]
Owner **LEDUC, GINA MARIE** (Last First Middle)
Address **53 RUSSELL ST APT 1**
City **WORCESTER** State **MA** Zip **01609-3465**
Vehicle Action Prior to Crash **9** [22]
Event Sequence **1** [23] **23** **23** **23**
Most Harmful Event **1** [24]
Driver Contributing Code **4** [25] [25]
Driver Distracted by **0** [26] [26]

Damaged Area Code: **7** [27] [27] [27]
Test Status: **1** [28]
Type of Test: [29]
BAC Test Result: [30]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]
Towed from scene? **2** [33]

8 2
99 [14]

9 2

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	
▆▆▆▆	▆▆▆▆	▆▆▆	F	4	4	4	0	0	10	1	

Crash Diagram:

= Direction **1 = Vehicle 1** **2 = Vehicle 2** **☥ = Pedestrian** **🚲 = Bicycle**

ie: → 1 → 2 → ☥ → 🚲

Vicinity of 101 Southbridge Street

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

Operator of Vehicle 1 stated that he was travelling northbound on Southbridge Street and Vehicle 2 was travelling behind him. Operator of Vehicle 1 stated he put his right blinker on, slowed to a stop and attempted to turn right into the Bowlero (101 Southbridge Street) parking lot when Vehicle 2 drove around him on the right side, over the fog line, and swiped the right side of his vehicle and then hit a curb.

Operator of Vehicle 2 stated that she was travelling northbound behind Vehicle 1 when the vehicle came to a stop and put the left blinker on. Vehicle 2 operator stated she started to go around on the right side when Vehicle 1 put its right blinker on and turned right into the Bowlero parking lot and sidewiped Vehicle 2.

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 Rachel B Crowley   **92RC**   **Auburn Police Department**   **01/24/2026**

Police Officer Name (Please Print)   Signature   ID/Badge #   Department   Precinct/Barracks   Date

Form No. 10364 CRA-65 08/23