

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 10/17/2025		Time of Crash 0648 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction PAKACHOAG ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At						Feet N S E W of or Mile Marker Exit Number										
Route# Direction CURTIS ST Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										
Also at Intersection with						Feet N S E W of Landmark										
Route# Direction Name of Intersecting Roadway/Street																
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-347-AC								
License # S17900923 St MA DOB/Age 07/24/1982						Reg # 2Z2934 Reg Type MC Reg State MA										
Sex M Lic. Class M 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make HARLEY-DAVIDSON Veh Config. 3										
Operator BLANCHARD, KEVIN G Last First Middle						Owner BLANCHARD, KEVIN G Last First Middle										
Address 48 AUBURN RD						Address 48 AUBURN RD										
City MILLBURY State MA Zip 01527-1409						City MILLBURY State MA Zip 01527-1409										
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27										
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28										
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32										
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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 5 5 0 0 10 0										
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.								
License # SA7861099 St MA DOB/Age 08/28/2008						Reg # 1NTV73 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make HONDA Veh Config. 1										
Operator ZORENA, ALIVIA VICTORIA Last First Middle						Owner ZORENA, AMANDA ELIZABETH Last First Middle										
Address 40 UPLAND ST						Address 40 UPLAND ST										
City AUBURN State MA Zip 01501-3146						City AUBURN State MA Zip 01501-3146										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27										
Vehicle Travel Direction: X S E W Responding to Emergency? 99						Event Sequence 1 23 23 23 23 Test Status: 28										
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 4 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32										
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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										

→ = 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

Indicate Direction of Travel with Arrow



Crash Narrative:

V1 was traveling north on Pakachoag St. V2 was on Curtis St and approached the stop sign at Curtis St and Pakachoag St. V2 turned left onto Pakachoag St. V2 pulled out in front of V1. V1 made contact with V2 in V1's lane of travel. Witness stated V2 slowed but did not stop at stop sign.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PARSLOW MICHAEL A	4 KOSTA ST Apt. #1 WORCESTER MA 01607-1525		

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/17/2025

Date