

Date of Crash **03/31/2026** Time of Crash **0613** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SOUTHBRIDGE 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 Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-140-AC**

License # _____ St. _____ DOB/Age _____ Reg # **R65405** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1 21**
Operator **LAZARUS, BENNETT JAY** Owner **BRAMAN CHEMICAL ENTERPRISES INC**
Address **19 STONELAND RD** Address **147 ALMGREN DR**
City **WORCESTER** State **MA** Zip **01603-2619** City **AGAWAM** State **MA** Zip **01001-3828**
Insurance Company **SELECTIVE INSURANCE COMPA** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **1 30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

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	X	X	1	1	4	0	0	10	1

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

License # _____ St. _____ DOB/Age _____ Reg # **H25387** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2022** Veh Make **RAM** Veh Config. **1 21**
Operator **ALLEN, TODD MATTHEW** Owner **MERCIER ELECTRIC CO INC**
Address **9 THOMPSON ST** Address **139 SOUTHBRIDGE ST**
City **MONSON** State **MA** Zip **01057-1014** City **AUBURN** State **MA** Zip **01501-2503**
Insurance Company **ALLMERICA FINANCIAL BENEF** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

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	X	X	1	1	4	0	0	10	1

