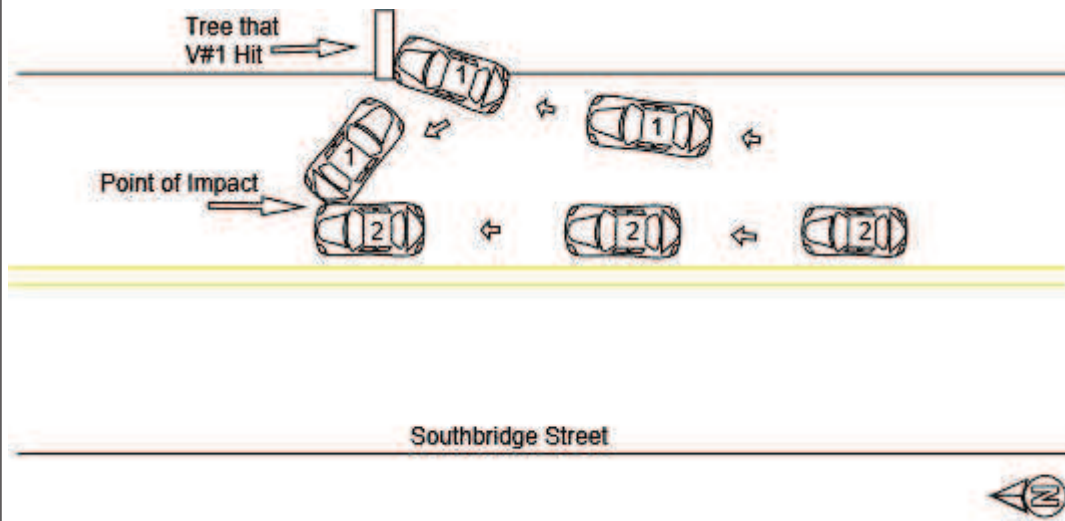


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 04/28/2025		Time of Crash 0857 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-147-AC															
License # S72533465 St MA DOB/Age 12/09/1969 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator TORRES, CARLOS MANUEL Address 2 MAIN ST APT 127 City WORCESTER State MA Zip 01608-1103 Insurance Company Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) 380555AD Viol. 1: Ch/Sec/Sub 90 34J Viol. 2: Ch/Sec/Sub 90 24C Viol. 3: Ch/Sec/Sub 90 9B Viol. 4: Ch/Sec/Sub						Reg # AT15623 Reg Type PAN Reg State MA Veh Year 2014 Veh Make LEXUS Veh Config. 1 Owner LIRETTE, PAUL E JR Address 15 GIFFORD DR City SHREWSBURY State MA Zip 01545-2330 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 21 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 14 25 19 25 Driver Distracted by 99 26 26 Damaged Area Code: 1 27 5 27 2 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 1 32 Towed 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		X		X		1		0		3		0		0		8		2		█	
KRISTEN LEBLANC		150 ORIENT AVE EAST BOSTON, MA 02128-1281		07/09/1986		F		3		0		3		0		0		8		2		█	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S68458074 St MA DOB/Age 07/15/1982 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator BERUBE, JACOB ANDREW Address 76 SOUTHBRIDGE RD City DUDLEY State MA Zip 01571-6923 Insurance Company USAA GENERAL INDEMNITY CO Vehicle Travel Direction: X 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 # 244MS1 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 Owner BERUBE, JACOB ANDREW Address 76 SOUTHBRIDGE RD City DUDLEY State MA Zip 01571-6923 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 3 27 2 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? 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/Occupants		See Above		X		X		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:

V#1 was traveling northbound on Southbridge Street (public way). V#1 traveled off the roadway and hit a tree. The impact against the tree caused V#1 to go backwards into the roadway and hit V#2 who was traveling behind V#1. The operator of V#1 ran away from the crash. After a long search for the male party, he was taken into custody on multiple charges. V#1 and V#2 were both towed from the scene. V#1 operator and passenger were both transported for minor injuries. The operator of V#1 was also issued a second citation (the first citation with the 3 other charges is on the first page) (380588AD) and cited for:

- 1.) 89/4A (marked lanes)
- 2.) 90/23/K (op mv with suspended license)
- 3.) 90/23/G (number plate violation)

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CLARK JOHN W III	199 HEARD ST WORCESTER MA 01603-1752		

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/28/2025

Date