

Date of Crash **06/11/2026** Time of Crash **0833** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** 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# **717** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE ST** 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:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-229-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **SB19061** Reg Type **SB** Reg State **MA**  
 Sex **F** Lic. Class **B 19 19** Lic. Restrictions **B 20** CDL **S** Veh Year **2024** Veh Make **FREIGHTLINER** Veh Config. **4 21**  
 Operator **PROVOST, LORI ANN** Owner **SOUTHERN WORCESTER CNTY REGION VOCATIONAL SCH**  
 Address **32 BLOOD RD** Address **57 OLD MUGGETT HILL RD**  
 City **CHARLTON** State **MA** Zip **01507-5127** City **CHARLTON** State **MA** Zip **01507-1331**  
 Insurance Company **NATIONAL UNION FIRE INSUR** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **4 27 27 27**  
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **0 29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 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	
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>NOT TRANSPORTED</b>

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

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **5LT744** Reg Type **PC** Reg State **MA**  
 Sex **U** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 21**  
 Operator **ARCHAMBAULT, LILLIAN ROSE** Owner **ARCHAMBAULT, LILLIAN ROSE**  
 Address **34 ELBRIDGE RD** Address **34 ELBRIDGE RD**  
 City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **9 22** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **0 29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**  
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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	
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>NOT TRANSPORTED</b>

