Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
07/24/2026	0625 (24HR)	Auburn	2	0

Speed Limit 30 | Latitude +042.1942 | Longitude -071.844

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

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: SOUTHBRIDGE ST

Feet [N S E W] of — — — • — Mile Marker or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark

1 1 | 2 1 | 2 10 | 2 11

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

Crash Report ID# 26-286-AC

3

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class D 19 / M 19 | Lic. Restrictions 1 20 | CDL Endorsement

Operator CURTIS, LUKE ABBOTT (Last, First, Middle)

4 5 Address 4 LOUS DR

City DUDLEY | State MA | Zip 01571-6146

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N ☒ E W | Responding to Emergency? 2

5 2 Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

6 1

Reg # 3HRJ21 | Reg Type PAN | Reg State MA

Veh Year 2016 | Veh Make HONDA | Veh Config. 1 21

Owner CURTIS, LUKE ABBOTT (Last, First, Middle)

Address 4 LOUS DR

City DUDLEY | State MA | Zip 01571-6146

Vehicle Action Prior to Crash: 2 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: 5 27 | 27 | 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 | Susp. Drug: 2 32

Towed from scene? 2 33

1 12 | 1 13

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

7 6

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F | Lic. Class D 19 / 19 | Lic. Restrictions 1 20 | CDL Endorsement

Operator BOISCLAIR, DONNA L (Last, First, Middle)

8 1 Address 23 ELM ST APT 2L

City WEBSTER | State MA | Zip 01570-2681

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N ☒ E W | Responding to Emergency? 2

9 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 # 4NR238 | Reg Type PC | Reg State MA

Veh Year 2024 | Veh Make BUICKS | Veh Config. 1 21

Owner BOISCLAIR, DONNA L (Last, First, Middle)

Address 23 ELM ST APT 2L

City WEBSTER | State MA | Zip 01570-2681

Vehicle Action Prior to Crash: 1 22

Event Sequence: 1 23 | 23 | 23 | 23

Most Harmful Event: 1 24

Driver Contributing Code: 5 25 | 19 25

Driver Distracted by: 99 26 | 26

Damaged Area Code: 1 27 | 27 | 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 | Susp. Drug: 2 32

Towed from scene? 2 33

1 14

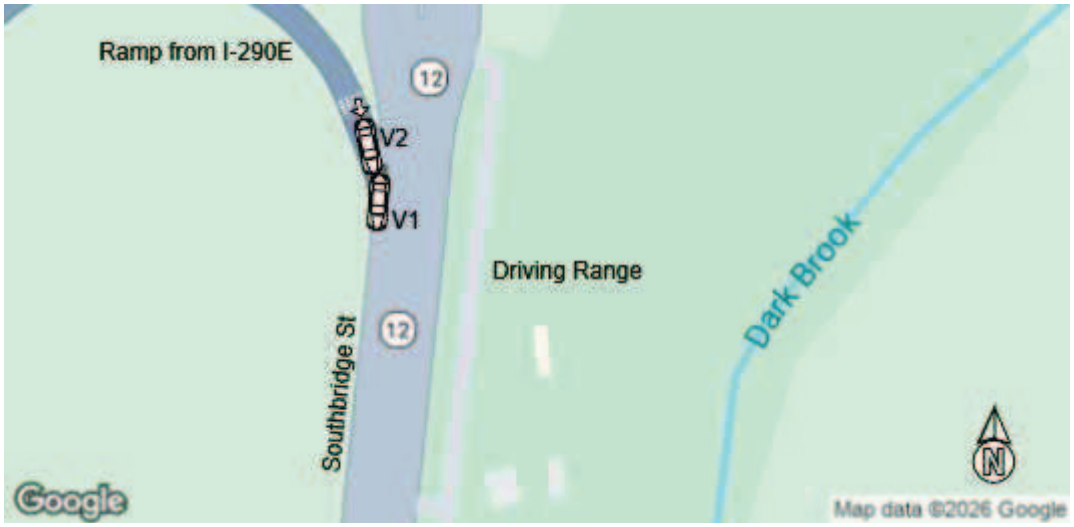
Please fill out for operator and all occupants involved

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	[redacted]	[redacted]	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 North Arrow

Crash Narrative:

Both vehicles were travelling on the ramp from I-290E to Rt.12S/Southbridge St. Operator of V1 stated that he slowed to a stop to yield to traffic. Operator of V2 confirmed that she could not stop in time and collided with the rear of V1.

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 Daniel J Hemingway		100DH	Auburn Police Department		07/24/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date