

Date of Crash **05/02/2026** Time of Crash **1202** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
VINE ST
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: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 26-177-AC**

License # _____ St. _____ DOB/Age _____ Reg # **4JAM42** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **CHRYSLER** Veh Config. **1**
Operator **DONOFRIO, REANNAN Y** Owner **DONOFRIO, REANNAN Y**
Address **1 HICKORY LN** Address **1 HICKORY LN**
City **AUBURN** State **MA** Zip **01501-2307** City **AUBURN** State **MA** Zip **01501-2307**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **1** **27** **8** **27**
Vehicle Travel Direction: 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 **19** **25** **5** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **1** **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	0	4	0	0	99	0

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

License # _____ St. _____ DOB/Age _____ Reg # **6RER60** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2024** Veh Make **SUBARU** Veh Config. **1**
Operator **BOLDUC, CHRISTOPHER SEAN** Owner **BOLDUC, CHRISTOPHER SEAN**
Address **65 ROCKLAND RD** Address **65 ROCKLAND RD**
City **AUBURN** State **MA** Zip **01501-2056** City **AUBURN** State **MA** Zip **01501-2056**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **6** **27** **4** **27** **5** **27**
Vehicle Travel Direction: 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**
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

