

Date of Crash **05/29/2026** Time of Crash **1232** 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:

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# **7** Direction _____ Address # _____ Name of Roadway/Street **DIANE AVE**
 _____ 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# **26-211-AC**

License # _____ St. _____ DOB/Age _____ Reg # **9YN942** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2025** Veh Make **SUBARU** Veh Config. **1 21**
 Operator **KELLER, JUDITH L** Owner **KELLER, JUDITH L**
 Address **10 DIANE AVE** Address **10 DIANE AVE**
 City **AUBURN** State **MA** Zip **01501-2809** City **AUBURN** State **MA** Zip **01501-2809**
 Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **9 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **S E W** 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**
 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
Operator	See Above	XXXX	XX	1	99	4	0	0	10	1	NOT TRANSPORTED

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

License # _____ St. _____ DOB/Age _____ Reg # **Y19976** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2005** Veh Make **GMC** Veh Config. **13 21**
 Operator **WILSON, JOSEPH GRAINS** Owner **NEW LOOK DESIGN INC**
 Address **135 MAPLE ST** Address **2 BLACK POINT RD**
 City **WEST BOYLSTON** State **MA** Zip **01583-1824** City **WEBSTER** State **MA** Zip **01570-3602**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **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. 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
Operator/Occupants	See Above	XXXX	XX	1	99	4	0	0	10	1	NOT TRANSPORTED

