

Police Use Only			Commonwealth of Massachusetts					RMV Document Number			
Date of Crash 01/25/2026	Time of Crash 1952 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 45	Latitude +042.1849	Longitude -071.843	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
<div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>					<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>2112 Feet N S X W of OXFORD STREET SO</div> <div>Feet N S E W of Intersecting Roadway/Street</div> <div>Landmark</div>						
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-40-AC		
License # S64382521 St MA DOB/Age 09/19/1976					Reg # STH548 Reg Type ST Reg State MA						
Sex M Lic. Class B 19 19 M Lic. Restrictions B 20 CDL Endorsement					Veh Year 2017 Veh Make FORD Veh Config. 1 21						
Operator BEAUDETTE, JEFFREY OMER					Owner MASSACHUSETTS DEPARTMENT OF TRANSPORTATION						
Address 950 N WOODSTOCK RD					Address 668 SOUTH AVE						
City SOUTHBRIDGE State MA Zip 01550-2924					City WESTON State MA Zip 02493-1120						
Insurance Company SELF INSURED					Vehicle Action Prior to Crash 8 22						
Vehicle Travel Direction: N S X W Responding to Emergency? 1					Event Sequence 1 23 23 23 23						
Citation # (If Issued)					Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 99 26 26						
Please fill out for operator and all occupants involved					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					1 1 4 0 0 10 1						
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 # S96984800 St MA DOB/Age 07/09/1990					Reg # BR27JZ Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2015 Veh Make JEEP Veh Config. 1 21						
Operator GALLAGHER, PAUL RICHARD					Owner GALLAGHER, PAUL RICHARD						
Address 15 BROOK ST					Address 15 BROOK ST						
City AUBURN State MA Zip 01501-3212					City AUBURN State MA Zip 01501-3212						
Insurance Company PROGRESSIVE DIRECT INSURA					Vehicle Action Prior to Crash 1 22						
Vehicle Travel Direction: N S X W Responding to Emergency? 2					Event Sequence 1 23 23 23 23						
Citation # (If Issued)					Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 99 26 26						
Please fill out for operator and all occupants involved					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					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

↑ Arrow



Crash Narrative:

Heavy snow had been falling throughout the day and there were amounts of snow in the roadway. Both vehicles were travelling east on Rt.20/Washington Rd. in the area of #751. Operator of V1 stated that he had his vehicle's emergency lights activated and was attempted to perform a U-turn to assist with a traffic situation on exit ramp for I-290 on the westbound side of the road. Operator of V2 stated that he attempted to stop for V1 but began to slide until the two vehicles collided. Both vehicles were driven from the scene.

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

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/25/2026

Date