

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash 01/25/2026 Time of Crash 1952 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0

Speed Limit 45 State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

Route# 1 Direction At Name of Roadway/StreetRoute# 2 Direction W Address # 10 Name of Roadway/StreetRoute# 4 Direction At Name of Intersecting Roadway/StreetFeet 0 Miles 0 • 0 or 0 Mile Marker 0 Exit Number 0

Also at Intersection with

Route# 2 Feet 0 Miles 0 Name of Intersecting Roadway/Street OXFORD STREET SORoute# 4 Direction At Name of Intersecting Roadway/StreetFeet 0 Miles 0 • 0 or 0 Landmark 0Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  MopedCrash Report ID# 26-40-ACLicense # S64382521 St MA DOB/Age 09/19/1976Reg # STH548 Reg Type ST Reg State MASex M Lic. Class B 19 19 Lic. Restrictions B 20 CDL 0 EndorsementVeh Year 2017 Veh Make FORD Veh Config. 1 21Operator BEAUDETTE, JEFFREY OMEROwner MASSACHUSETTS DEPARTMENT OF TRANSPORTATIONLast 950 First N Middle WOODSTOCK RDLast 668 First SOUTH AVE Middle 0Address SOUTHBRIDGE State MA Zip 01550-2924City WESTON State MA Zip 02493-1120Insurance Company SELF INSUREDVehicle Action Prior to Crash 8 22Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 1Damaged Area Code: 6 27 27 27

Citation # (If Issued) \_\_\_\_\_

Test Status: 1 28

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: 0 29

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: 1 30

Please fill out for operator and all occupants involved

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

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 1Please Select One of the Following:  Vehicle 2 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.License # S96984800 St MA DOB/Age 07/09/1990Reg # BR27JZ Reg Type PC Reg State MASex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL 0 EndorsementVeh Year 2015 Veh Make JEEP Veh Config. 1 21Operator GALLAGHER, PAUL RICHARDOwner GALLAGHER, PAUL RICHARDLast 15 First BROOK Middle STLast 15 First BROOK Middle STAddress AUBURN State MA Zip 01501-3212City AUBURN State MA Zip 01501-3212Insurance Company PROGRESSIVE DIRECT INSURAVehicle Action Prior to Crash 1 22Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2Damaged Area Code: 2 27 27 27

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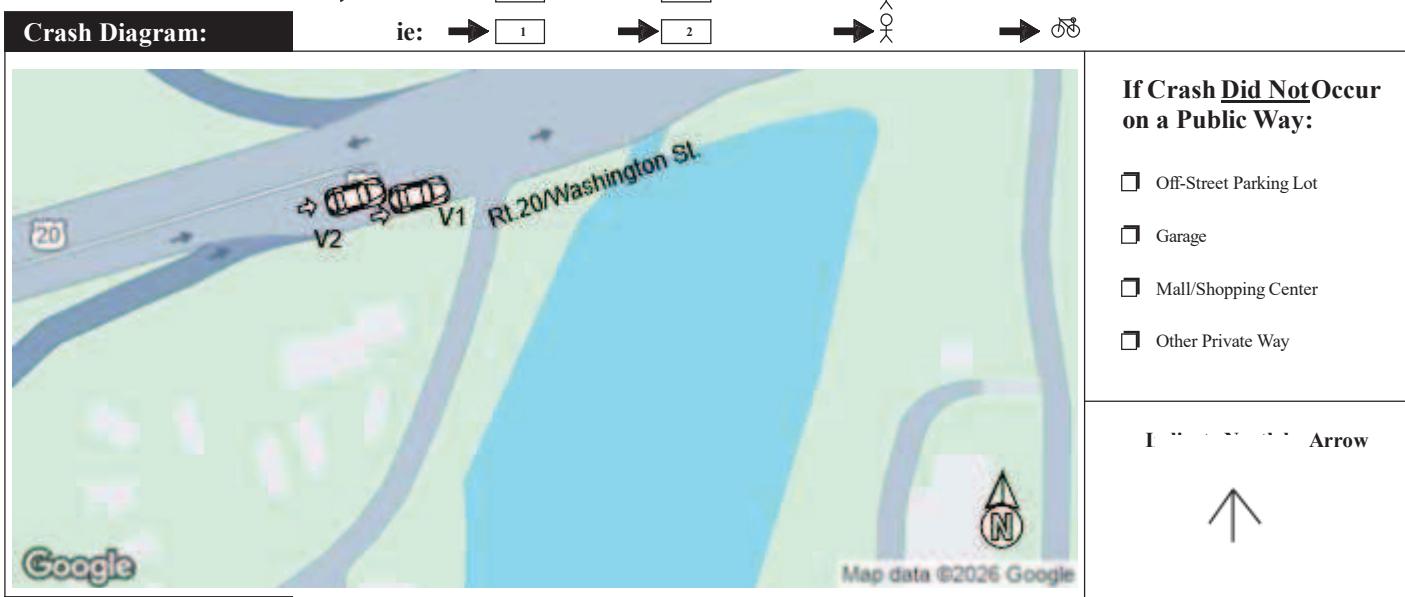
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**Operator/Occupants**

See Above

1 1 4 0 0 10 1



## 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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate	43	Cargo Body Type Code	44	GVWR/GCWR	45
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Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

### **Hazmat Information:**

Placard **47** Material 1 digit # **48** Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code **49**

Patrolman Daniel J Hemingwa

**Police Officer Name (Please Print)**

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Signature

100DH

**Auburn Police Department**

01/25/2026

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