

Date of Crash 02/17/2026	Time of Crash 1222 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <b>30</b>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>177</b> Direction _____ Address # <b>AUBURN ST</b> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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# **26-81-AC**

License # _____ St. _____ DOB/Age _____	Reg # <b>7GS475</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>B</b> <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2018</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>FENBY, LEONA FRANCES</b> Last First Middle	Owner <b>FENBY, LEONA FRANCES</b> Last First Middle
Address <b>1 OLD MEETINGHOUSE RD</b>	Address <b>1 OLD MEETINGHOUSE RD</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3312</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3312</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>1</b> <b>27</b> <b>2</b> <b>27</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>4</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> <b>26</b> Towed from scene? <b>1</b> <b>33</b>

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # _____ St. _____ DOB/Age _____	Reg # <b>1NCJ19</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2012</b> Veh Make <b>LEXUS</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>PADENI, LAURIE J</b> Last First Middle	Owner <b>PADENI, JAMES J</b> Last First Middle
Address <b>6 SHELTER RIDGE RD</b>	Address <b>6 SHELTER RIDGE RD</b>
City <b>LEICESTER</b> State <b>MA</b> Zip <b>01524-1279</b>	City <b>LEICESTER</b> State <b>MA</b> Zip <b>01524-1279</b>
Insurance Company <b>THE STANDARD FIRE INSURAN</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

