

Date of Crash **01/11/2026** Time of Crash **1340** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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# **385** Direction _____ Address # **SOUTHBRIDGE ST** 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 Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-22-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5BLB77** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **BMW** Veh Config. **1 21**
 Operator **MARA, TARA L** Owner **DAMBRA, CHERYL ELAINE**
 Address **11 GREEN FARMS RD** Address **32 GREEN FARMS RD**
 City **WORCESTER** State **MA** Zip **01605-1001** City **WORCESTER** State **MA** Zip **01605-1048**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N S E X** 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **12 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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	X	X	1	1	4	0	0	10	0	REFUSED

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

License # _____ St. _____ DOB/Age _____ Reg # **6JX858** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **NOYST, ASHLEY NICOLE**
 Address _____ Address **61 FRATERNAL AVE APT 2**
 City _____ State _____ Zip _____ City **WORCESTER** State **MA** Zip **01606-2258**
 Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**
 Vehicle Travel Direction: **N S E X** 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
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Operator/Occupants		See Above	X	X	1	1	4	0	0	10	0	REFUSED

