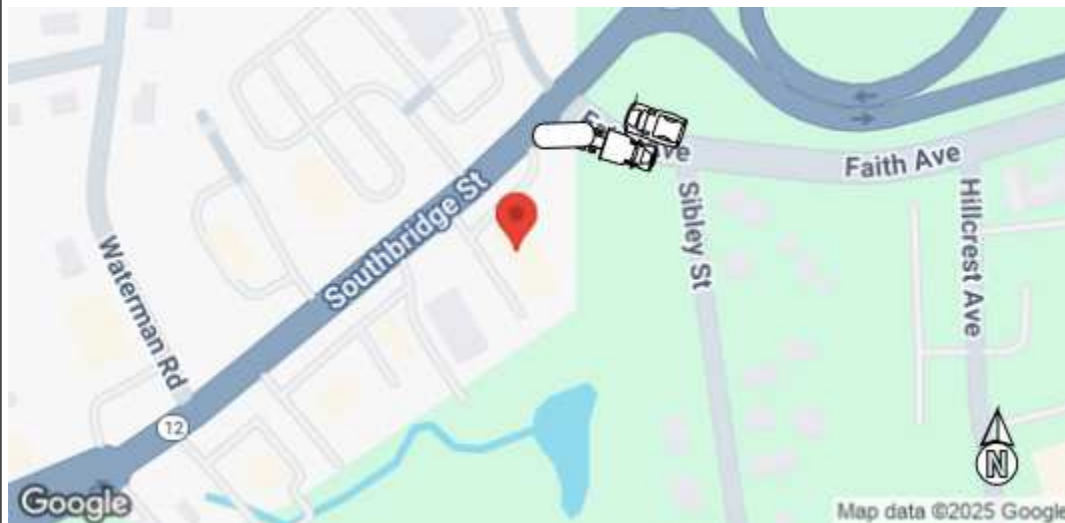


Police Use Only			Commonwealth of Massachusetts					RMV Document Number																							
Date of Crash 01/26/2025		Time of Crash 1250 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 20 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
Route# Direction FAITH AVE Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Mile Marker Exit Number																									
Route# Direction SOUTHBRIDGE ST Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																									
Also at Intersection with						Feet N S E W of Landmark																									
Route# Direction Name of Intersecting Roadway/Street																															
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 14 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-40-AC																							
License # S66058401 St MA DOB/Age 12/19/1957						Reg # EV9008 Reg Type PAN Reg State MA																									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21																									
Operator LEDUC, CYNTHIA ANN Last First Middle						Owner LEDUC, CYNTHIA ANN Last First Middle																									
Address 100 MUMFORD ST						Address 100 MUMFORD ST																									
City DOUGLAS State MA Zip 01516-2110						City DOUGLAS State MA Zip 01516-2110																									
Insurance Company LIBERTY MUTUAL						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 7 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: 0 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Towed from scene? 2 33																									
Driver Distracted by 0 26 26																															
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						X		X		1		1		4		0		0		10		1			
HENRI LEDUC						100 MUMFORD DOUGLAS, MA 01516						10/01/1946		M		3		1		4		0		0		10		0		NONE	
JONAH LEDUC						100 MUMFORD ST DOUGLAS, MA 01516-2110						03/16/1998		M		11		1		4		0		0		10		1		NONE	
JAMES LEDUC						100 MUMFORD ST DOUGLAS, MA 01516-2110						03/16/1998		M		11		1		4		0		0		10		1		NONE	
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 # St DOB/Age						Reg # unknown Reg Type Reg State																									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 10 21																									
Operator unknown Last First Middle						Owner UNKNOWN Last First Middle																									
Address						Address UNK																									
City State Zip						City UNK State MA Zip																									
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27																									
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23 Test Status: 28																									
Citation # (If Issued)						Most Harmful Event 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 25 25 Towed from scene? 33																									
Driver Distracted by 26 26																															
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						X		X		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:

MV# 1 slowed and stopped in heavy traffic.

MV# 2 a large tractor trailer on small narrow clogged side road side swiped MV # 1.

Operator of Mv # 2 did not stop and it is unknown who was operating the MV. A picture of the TT units registration was taken but the equality was poor and at this time the registration is unknown.

The crash was witnessed and the witness stayed on scene to assist and give a statement.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CUNEO JOSHUA MICHAEL	104 SOUTH ST AUBURN MA 01501-2748		

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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/26/2025

Date