Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/17/2025	1744 (24HR)	Auburn	1	0

Speed Limit 30 | Latitude | Longitude

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 2

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # 16 | Name of Roadway/Street: PINEHURST AVE

2 10

Feet [N S E W] of — — — • — — Mile Marker | or Exit Number

1 11

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark: NG POLE #23

3

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 25-351-AC

License # S12502738 | St MA | DOB/Age 03/28/1987

Sex M | Lic. Class D | Lic. Restrictions | CDL Endorsement

Reg # 32HV49 | Reg Type PAN | Reg State MA

Veh Year 2001 | Veh Make FORD | Veh Config. 1

4 12

Operator OUELLETTE, STEVEN L (Last, First, Middle)

4 1

Address 73 MAPLE ST APT 1

City SPENCER | State MA | Zip 01562-2537

Owner OUELLETTE, FRANCIS GERARD (Last, First, Middle)

Address 160 BRYN MAWR AVE

City AUBURN | State MA | Zip 01501-1402

Insurance Company MAIN STREET AMERICA PROTE

Vehicle Travel Direction: N ☒ E W | Responding to Emergency? 2

5

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

6 1

Vehicle Action Prior to Crash: 1

Event Sequence: 40 | 22

Most Harmful Event: 22

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 97

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

4 13 22

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	5	0	0	10	1	

7 1

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

License # | St | DOB/Age

Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Reg # | Reg Type | Reg State

Veh Year | Veh Make | Veh Config.

8 2

Operator (Last, First, Middle)

Address

City | State | Zip

Owner (Last, First, Middle)

Address

City | State | Zip

1 14

Insurance Company

Vehicle Travel Direction: N S E W | Responding to Emergency?

9 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash: 22

Event Sequence: 23 | 23 | 23 | 23

Most Harmful Event: 24

Driver Contributing Code: 25 | 25

Driver Distracted by: 26 | 26

Damaged Area Code: 27 | 27 | 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 | Susp. Drug: 32

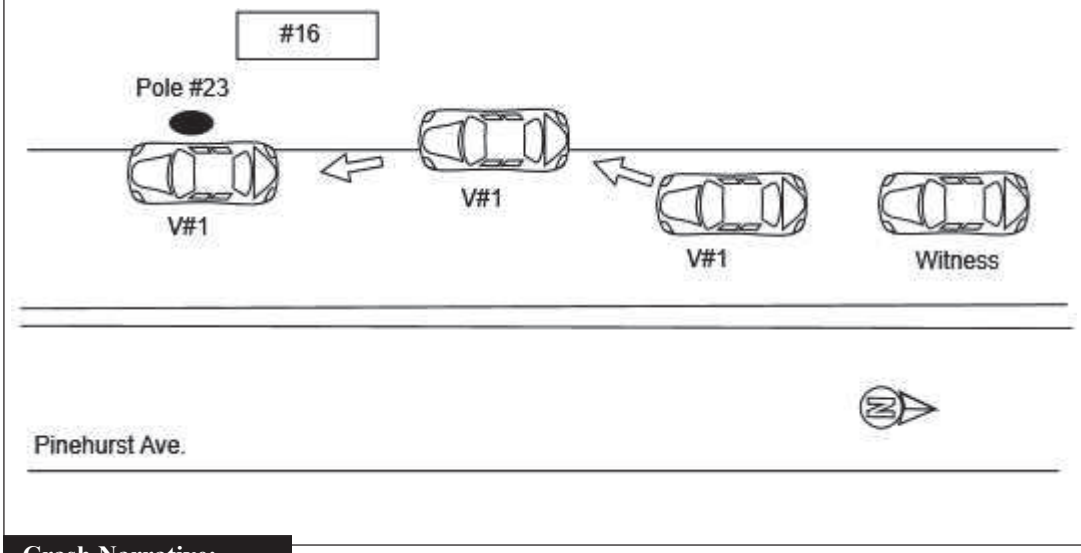
Towed from scene? 33

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							

= 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

I[illegible] Arrow

Crash Narrative:

V#1 and witness vehicle traveling south on Pinehurst Ave. V#1 drove off road to its right, self corrected, but passengers side view mirror struck pole #23 in fron of #16 Pinehurst Ave.

Operator stopped further down the road, inspected his vehicle damage and continued on prior to being stopped by police.

Damage to the vehicle, which only consisted of a broken side view mirror was inconsistent with the damage sustained by the pole as reported by on scene officers and fire personell.

Upon further inspection, and conversation with National Grid employee regarding the discrepency to vehicle and pole damage,I observed and was informed by National Grid employee, that the pole was completely rotted out.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HAMMOND JEFFREY WILLIAM	105 OXFORD ST N Apt. #2 AUBURN MA 01501-1775	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	SOUTHBRIDGE ST WORCESTER MA 01601		4	NATIONAL GRID POLE #23

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

Sergeant Luis W Santos		53LS	Auburn Police Department		10/17/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date