

Date of Crash 04/07/2026	Time of Crash 1506 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <b>40</b>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>914</b> Direction _____ Address # <b>SOUTHBRIDGE ST</b> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-149-AC**

License # _____ St. _____ DOB/Age _____	Reg # <b>869LA3</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement _____	Veh Year <b>2017</b> Veh Make <b>ACURA</b> Veh Config. <b>1</b> 21
Operator <b>MEN, SEREYVUTHY</b> Last First Middle	Owner <b>MEN, SEREYVUTHY</b> Last First Middle
Address <b>86 LONGFELLOW RD</b>	Address <b>86 LONGFELLOW RD</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>01602-2718</b>	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01602-2718</b>
Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Vehicle Action Prior to Crash <b>2</b> 22 Damaged Area Code: <b>5</b> 27 27 27
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> 26 26 Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> 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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</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>1BVM31</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement _____	Veh Year <b>2020</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> 21
Operator <b>GREENWICH, JENNIFER A</b> Last First Middle	Owner <b>GREENWICH, JENNIFER A</b> Last First Middle
Address <b>2 BUTTONWOOD LN APT 1</b>	Address <b>2 BUTTONWOOD LN APT 1</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3425</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3425</b>
Insurance Company <b>THE HANOVER INSURANCE COM</b>	Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>1</b> 27 27 27
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>5</b> 25 25 BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> 26 26 Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> 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
<b>Operator/Occupants</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

