

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/24/2026** Time of Crash **1152** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**  
 State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

10  
1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_

26 **SOUTHBRIDGE ST**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

11  
2  
1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

12  
4  
1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Landmark \_\_\_\_\_

13  
3

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped

Crash Report ID# **26-35-AC**

14  
4  
1

License # **S63680233** St **MA** DOB/Age **11/17/1994**

Reg # **1CLC61** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Veh Year **2022** Veh Make **SUBARU** Veh Config. **1** 21

Operator **SYLVESTER, JOEL SETH** Last **SYLVESTER** First **JOEL** Middle **SETH**

Owner **SYLVESTER, JOEL SETH** Last **SYLVESTER** First **JOEL** Middle **SETH**

Address **25 CRESENT ST FL APT 1**

Address **25 CRESENT ST FL APT 1**

City **WEST BOYLSTON** State **MA** Zip **01583-0000**

City **WEST BOYLSTON** State **MA** Zip **01583-0000**

Insurance Company **ALLSTATE INSURANCE COMPAN**

State **MA** Zip **01583-0000**

Vehicle Travel Direction:  S E W Responding to Emergency? **2**

Vehicle Action Prior to Crash **3** 22

Citation # (If Issued) \_\_\_\_\_

Damaged Area Code: **3** 27 27 27

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Test Status: **1** 28

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **29**

Driver Contributing Code **99** 25 25

BAC Test Result: **30**

Driver Distracted by **0** 26 26

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

13  
1

Please fill out for operator and all occupants involved

Medical Facility

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 \_\_\_\_\_

**Operator** \_\_\_\_\_ See Above \_\_\_\_\_

**Operator** \_\_\_\_\_ See Above \_\_\_\_\_

14  
7  
1

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

Reg # **9JH686** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Veh Year **2012** Veh Make **SUBARU** Veh Config. **1** 21

Operator **LEDUC, GINA MARIE** Last **LEDUC** First **GINA** Middle **MARIE**

Owner **LEDUC, GINA MARIE** Last **LEDUC** First **GINA** Middle **MARIE**

Address **53 RUSSELL ST APT 1**

Address **53 RUSSELL ST APT 1**

City **WORCESTER** State **MA** Zip **01609-3465**

City **WORCESTER** State **MA** Zip **01609-3465**

Insurance Company **THE STANDARD FIRE INSURAN**

Vehicle Action Prior to Crash **9** 22

Vehicle Travel Direction:  S E W Responding to Emergency? **2**

Damaged Area Code: **7** 27 27 27

Citation # (If Issued) \_\_\_\_\_

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **29**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

Driver Contributing Code **4** 25 25

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Driver Distracted by **0** 26 26

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Medical Facility

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 \_\_\_\_\_

**Operator/Occupants** \_\_\_\_\_ See Above \_\_\_\_\_

**Operator/Occupants** \_\_\_\_\_ See Above \_\_\_\_\_

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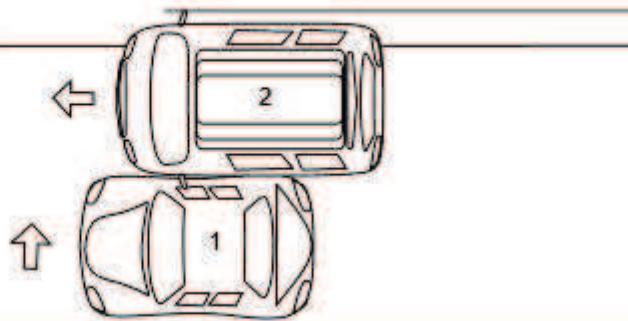
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→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ⚰ = Pedestrian      ⚱ = Bicycle

**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 → ⚰ ← ⚱ Arrow

Vicinity of 101 Southbridge Street



**Crash Narrative:**

Operator of Vehicle 1 stated that he was travelling northbound on Southbridge Street and Vehicle 2 was travelling behind him. Operator of Vehicle 1 stated he put his right blinker on, slowed to a stop and attempted to turn right into the Bowlero (101 Southbridge Street) parking lot when Vehicle 2 drove around him on the right side, over the fog line, and swiped the right side of his vehicle and then hit a curb.

Operator of Vehicle 2 stated that she was travelling northbound behind Vehicle 1 when the vehicle came to a stop and put the left blinker on. Vehicle 2 operator stated she started to go around on the right side when Vehicle 1 put its right blinker on and turned right into the Bowlero parking lot and sidewiped Vehicle 2.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**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 Rachel B Crowley**

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

01/24/2026

Date