

Date of Crash 12/19/2025	Time of Crash 1553 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# 754 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____		
			Landmark _____		

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

Crash Report ID# **25-452-AC**

License # S84283701 St MA DOB/Age 01/31/1962	Reg # 4RGA51 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2010 Veh Make DODGE Veh Config. 2 21
Operator BOISVERT, DONALD EDGAR JR Last First Middle	Owner BOISVERT, DONALD EDGAR JR Last First Middle
Address 3 WENDY PL	Address 3 WENDY PL
City ROCHDALE State MA Zip 01542-1024	City ROCHDALE State MA Zip 01542-1024
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W 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: 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 4 25 25 BAC Test Result: _____
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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # S66740728 St MA DOB/Age 07/18/1980	Reg # 2BMK15 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2025 Veh Make TOYOTA Veh Config. 2 21
Operator HERNANDEZ, LISA JANE Last First Middle	Owner HERNANDEZ, LISA JANE Last First Middle
Address 14 LAURIE LN	Address 14 LAURIE LN
City CHARLTON State MA Zip 01507-1263	City CHARLTON State MA Zip 01507-1263
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W 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: 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: _____
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/Occupants	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

