

Date of Crash **02/26/2026** Time of Crash **0802** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **547** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

_____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

_____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-94-AC**

License # _____ St. _____ DOB/Age _____ Reg # **2FHW35** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **JEEP** Veh Config. **1 21**

Operator **BARTELS, KERRY ANN** Owner **BARTELS, KERRY ANN**

Address **18 KONKEL AVE** Address **18 KONKEL AVE**

City **WEBSTER** State **MA** Zip **01570-3543** City **WEBSTER** State **MA** Zip **01570-3543**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: **N S E 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: **0 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

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	X	X	1	99	4	0	0	10	1	NOT TRANSPORTED

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

License # _____ St. _____ DOB/Age _____ Reg # **2RBX26** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **CHRYSLER** Veh Config. **1 21**

Operator **INDERWISH, LAUREN ASHLEY** Owner **INDERWISH, LAUREN ASHLEY**

Address **48 STERLING PL** Address **48 STERLING PL**

City **WEST BOYLSTON** State **MA** Zip **01583-1225** City **WEST BOYLSTON** State **MA** Zip **01583-1225**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

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Operator/Occupants		See Above	X	X	1	99	4	0	0	10	1	NOT TRANSPORTED

