

Date of Crash **04/18/2026** Time of Crash **1509** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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# **850** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

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

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

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

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

Crash Report ID# **26-161-AC**

License # _____ St. _____ DOB/Age _____ Reg # **1LKC19** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **HYUNDAI** Veh Config. **1** **21**

Operator **ROSARIO, ISMAEL** Owner **ROSARIO, ISMAEL**

Address **1050 MAIN ST APT 314** Address **1050 MAIN ST APT 314**

City **WORCESTER** State **MA** Zip **01603-2454** City **WORCESTER** State **MA** Zip **01603-2454**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **27** **27**

Vehicle Travel Direction: **N S X 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: **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	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 # _____ St. _____ DOB/Age _____ Reg # **R662** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2021** Veh Make **NISSAN** Veh Config. **1** **21**

Operator **ROBERGE, DONNA MARIE** Owner **ROBERGE, DONNA MARIE**

Address **105 MALDEN ST** Address **105 MALDEN ST**

City **WORCESTER** State **MA** Zip **01601** City **WORCESTER** State **MA** Zip **01601**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **5** **22** Damaged Area Code: **2** **27** **27** **27**

Vehicle Travel Direction: **N S X 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: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **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/Occupants		See Above	X	X	1	1	4	0	0	10	1
CHERYL AUGER	1135 BAY VISTA BLVD ENGLEWOOD, FL 34223		F	3	1	4	0	0	10	1	

