

Date of Crash 04/12/2025 Time of Crash 0934 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1

Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: [ ] [ ] [ ] [ ] [ ]

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

JEROME AVE
Route# Direction Name of Roadway/Street
At
HAMPTON ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 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: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 25-131-AC

License # S97576526 St MA DOB/Age 06/26/1967
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator NJUGUNA, LEONARD NGUGI
Address 16 BENEFIT ST APT 2RR
City WORCESTER State MA Zip 01610-1559
Insurance Company PILGRIM INSURANCE COMPANY
Vehicle Travel Direction: N S [X] W Responding to Emergency? 2
Citation # (If Issued) 337135AD
Viol. 1: Ch/Sec/Sub 90 17 Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 7PT253 Reg Type PC Reg State MA
Veh Year 2005 Veh Make TOYOTA Veh Config. 1
Owner NJUGUNA, LEONARD NGUGI
Address 16 BENEFIT ST APT 2RR
City WORCESTER State MA Zip 01610-1559
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 2 25 9 25
Driver Distracted by 26 26
Damaged Area Code: 11 27 1 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 1 33

Table with columns: 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, Medical Facility. Row 1: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 8, 2, [REDACTED]

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

License # St DOB/Age
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator
Address
City State Zip
Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency?
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State
Veh Year Veh Make Veh Config.
Owner
Address
City State Zip
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

Table with columns: 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, Medical Facility. Row 1: Operator/Occupants, See Above, [X], [X], 1, [REDACTED]

