

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/19/2025** Time of Crash **0553** 24HR

City/Town **Auburn**

Number Vehicles **1**

Number Injured **0**

Speed Limit **25**

State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4	Route# _____ Direction _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
2 3	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Feet _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Feet _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____
3	<p>Please Select One of the Following:</p> <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	

License # **S76190150** St **MA** DOB/Age **07/08/1999**

Sex **F** Lic. Class **D** **19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator **MCDOWELL, ADENA LYNNE**  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **95 DANA RD**

City **OXFORD** State **MA** Zip **01540**

Insurance Company **THE COMMERCE INSURANCE CO**

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

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

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

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

4 1	Reg # <b>9AKH40</b> Reg Type <b>PC</b> Reg State <b>MA</b>
5	Veh Year <b>2015</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b>
6 2	Owner <b>MCDOWELL, ADENA LYNNE</b> Last _____ First _____ Middle _____ Address <b>95 DANA RD</b>
7 1	City <b>OXFORD</b> State <b>MA</b> Zip <b>01540</b>
8 1	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>2 27 27 27</b> Test Status: <b>1 28</b> Type of Test: <b>0 29</b> BAC Test Result: <b>1 30</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Driver Contributing Code <b>11 25 25</b> Driver Distracted by <b>0 26 26</b> Towed from scene? <b>1 33</b>
9 2	Please fill out for operator and all occupants involved
10 3	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 _____
11 4	<b>Operator</b> See Above
12 5	
13 6	
14 7	
15 8	
16 9	
17 10	
18 11	
19 12	
20 13	
21 14	
22 15	
23 16	
24 17	
25 18	
26 19	
27 20	
28 21	
29 22	
30 23	
31 24	
32 25	
33 26	

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 **D** **19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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 \_\_\_\_\_

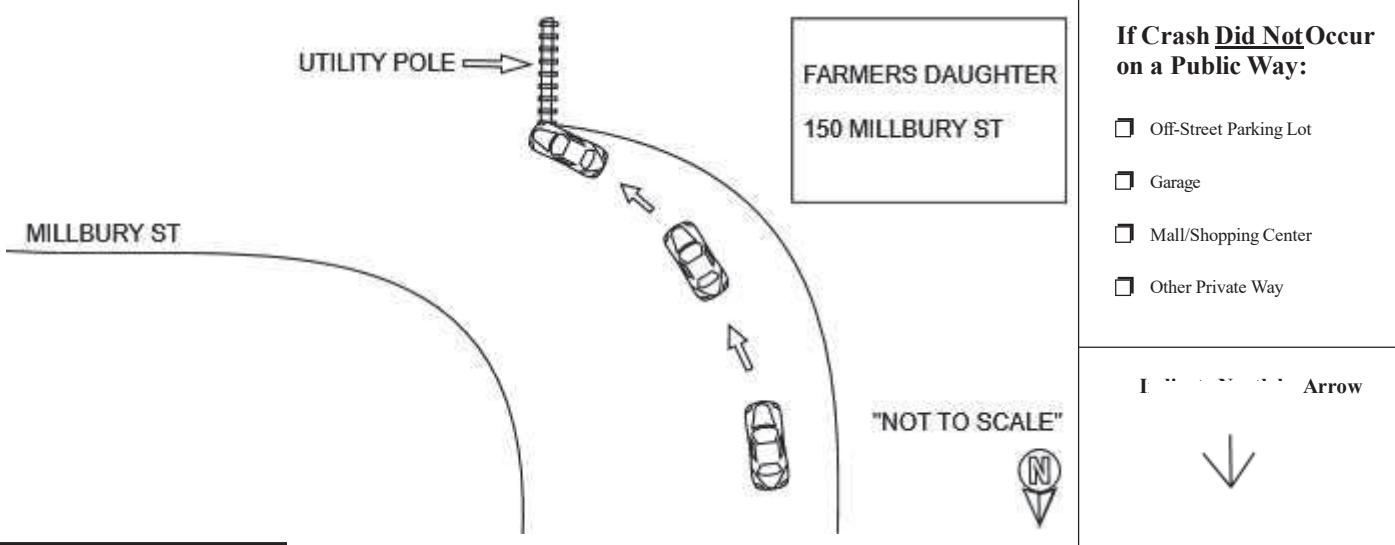
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

7 1	Reg # _____ Reg Type _____ Reg State _____
8 1	Veh Year _____ Veh Make _____ Veh Config. <b>1 21</b>
9 2	Owner _____ Last _____ First _____ Middle _____ Address _____
10 3	City _____ State _____ Zip _____
11 4	Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Driver Contributing Code <b>25 25</b> Driver Distracted by <b>26 26</b> Towed from scene? <b>33</b>
12 5	Please fill out for operator and all occupants involved
13 6	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 _____
14 7	<b>Operator/Occupants</b> See Above
15 8	
16 9	
17 10	
18 11	
19 12	
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32 25	
33 26	

→ = 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

**Crash Narrative:**

Sole motor vehicle was traveling Eastbound on Millbury St when it approached the curve in the roadway. The operator was directly in front of 150 Millbury St. The operator stated she came around the corner a little to fast and the vehicle began to under steer. The operator attempted to correct it but was unsuccessful. The front passenger side of the vehicle made contact with the utility pole. The pole sustained no damage. The vehicle became disabled and was towed by Direnzo Towing.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BERTRAND CYNTHIA GRACE	148 MILLBURY ST AUBURN MA 01501		97	STONE WALL

**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 Arek P Gasiorski**

Police Officer Name (Please Print)

Signature

**96AG**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**12/19/2025**

Date