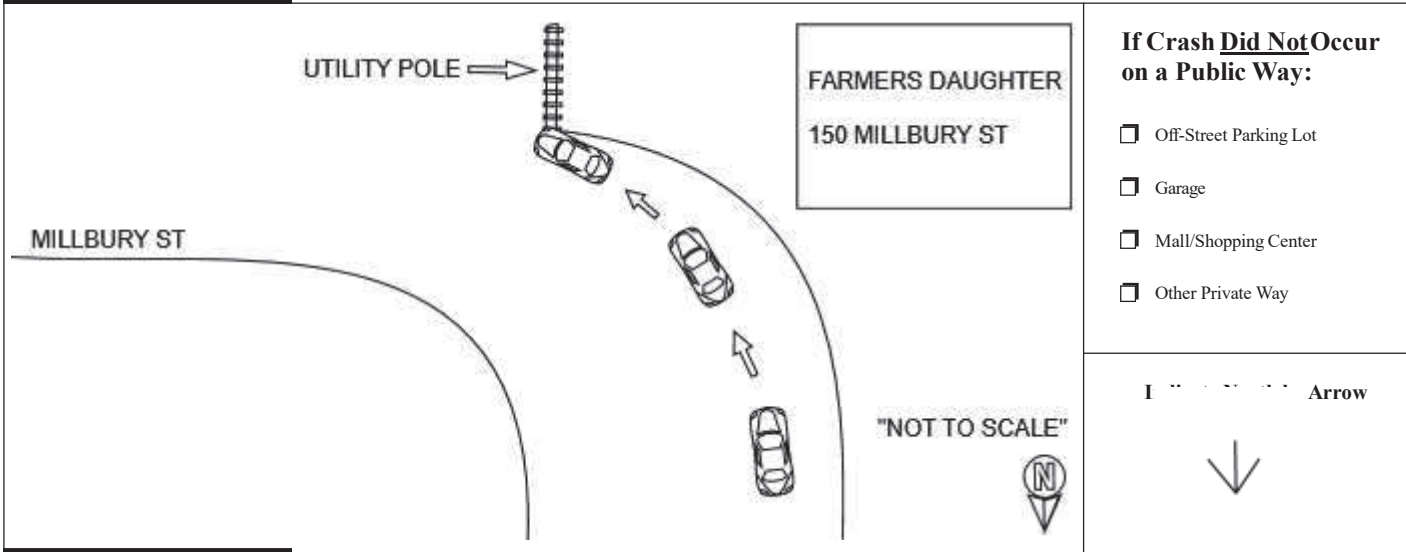


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 12/19/2025		Time of Crash 0553 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:						
<div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-451-AC						
License # S76190150 St MA DOB/Age 07/08/1999						Reg # 9AKH40 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21								
Operator MCDOWELL, ADENA LYNNE						Owner MCDOWELL, ADENA LYNNE								
Address 95 DANA RD						Address 95 DANA RD								
City OXFORD State MA Zip 01540						City OXFORD State MA Zip 01540								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 22 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 22 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 11 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code								
Operator						1 1 4 0 0 10 1								
See Above														
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # St DOB/Age						Reg # Reg Type Reg State								
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21								
Operator						Owner								
Address						Address								
City State Zip						City State Zip								
Insurance Company						Vehicle Action Prior to Crash 22								
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code								
Operator/Occupants						1								
See Above														

→ = 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

↓ Arrow

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 Dorenzo 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