

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash 12/14/2025 Time of Crash 0308 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 10

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

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 4

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_

2 10  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

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

2 11  
Feet N S E W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

2 12  
Feet N S E W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet N S E W of \_\_\_\_\_ Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped

Crash Report ID# **25-444-AC**License # **13214987** St **RI** DOB/Age **09/19/1993**Reg # **1MQ411** Reg Type **PAN** Reg State **RI**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_Veh Year **2017** Veh Make **HONDA** Veh Config. **1** 21Operator **HIGHTOWER, LAZANDRA E**  
Last  First  Middle Owner **CHU, NORMA JEAN**  
Last  First  Middle Address **100 BROAD ST APT 102**Address **46 PARKWAY AVE**City **PROVIDENCE** State **RI** Zip **02903**City **PROVIDENCE** State **RI** Zip **02908**

Insurance Company \_\_\_\_\_

Vehicle Action Prior to Crash **1** 22  
Damaged Area Code: **1** 27 27 27Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Test Status: **1** 28Citation # (If Issued) **893554AD**Type of Test: **0** 29Viol. 1: Ch/Sec/Sub **90 25** Viol. 2: Ch/Sec/Sub **90 24**BAC Test Result: **1** 30Viol. 3: Ch/Sec/Sub **266 28** Viol. 4: Ch/Sec/Sub \_\_\_\_\_Driver Contributing Code **10 25 1 25**  
Susp. Alcohol: **99 31** Susp. Drug: **99 32**Driver Distracted by **0 26 26**  
Towed from scene? **2** 33

6 3 Please fill out for operator and all occupants involved

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

**Operator** See Above**1** 1 99 0 0 99 17 1 Please Select One of the Following:  Vehicle 2 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.Reg # **F588** Reg Type **MVN** Reg State **MA**License # **S34033002** St **MA** DOB/Age **01/11/1975**Veh Year **2023** Veh Make **CHEVROLET** Veh Config. **1** 21Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **1** 20 CDL **T**  
Endorsement \_\_\_\_\_Owner **TOWN OF AUBURN PD**  
Last  First  Middle Address **416 OXFORD ST**Address **416 OXFORD ST N**City **AUBURN** State **MA** Zip **01501**City **AUBURN** State **MA** Zip **01501**Insurance Company **HUB INTERNATIONAL**Vehicle Action Prior to Crash **2** 22  
Damaged Area Code: **2** 27 27 1 27Vehicle Travel Direction: **N S E X** Responding to Emergency? **1**Test Status: **28**

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

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **31** Susp. Drug: **32**

9 2 Please fill out for operator and all occupants involved

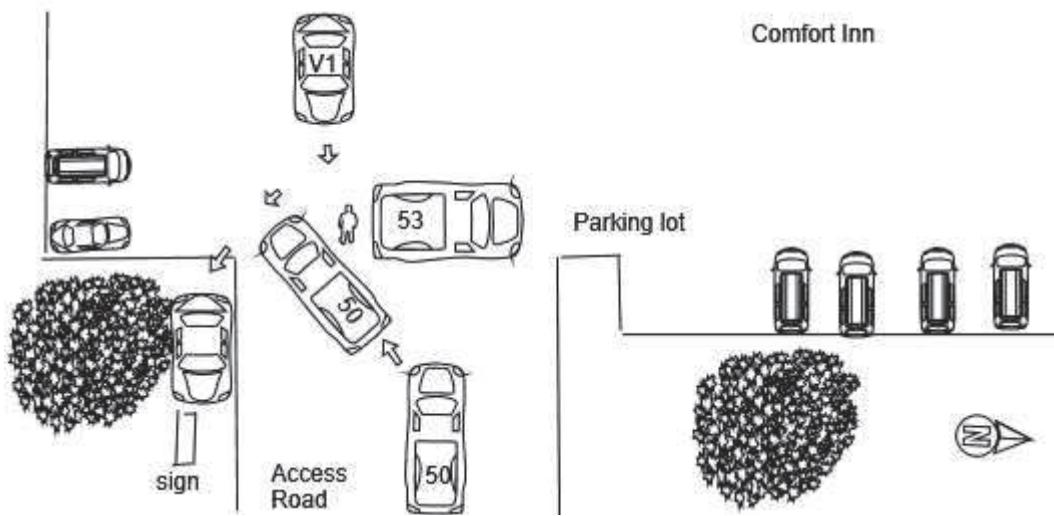
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

**Operator/Occupants** See Above**1** 1 4 0 0 10 1

→ = 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

I → Arrow



**Crash Narrative:**

Vehicle 1 struck Cruiser 50 head on as it was feeling a motor vehicle stop which was being conducted in the parking lot of the Comfort Inn as Vehicle 1 was listed as a stolen vehicle. Vehicle 1 then fled the accident. The operator of Vehicle 1 was later taken into custody following a pursuit with Massachusetts State Police and North Smithfield RI Police.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**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

**Sergeant Adam D Gustafson**

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

12/14/2025

Date