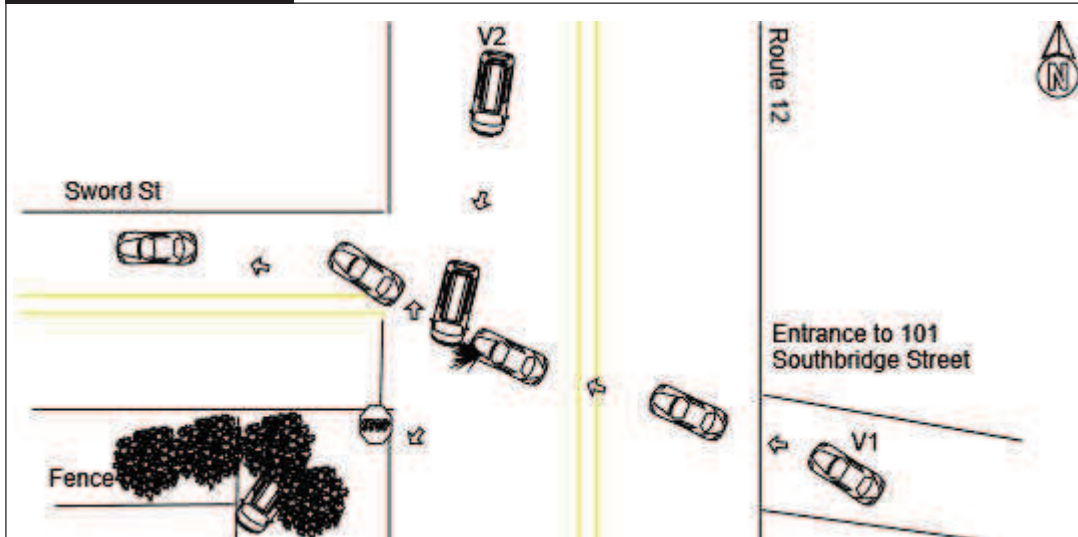


Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 12/10/2025		Time of Crash 2047 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
SOUTHBRIDGE ST																							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At																							
SWORD ST																							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number																	
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-441-AC															
License # S71101915 St MA DOB/Age 05/12/1964						Reg # 8007PT Reg Type PC Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 1995 Veh Make TOYOTA Veh Config. 1 21																	
Operator PARENTEAU, DAVID JOHN						Owner PARENTEAU, DAVID JOHN																	
Address 10 HULBERT RD APT 21						Address 10 HULBERT RD APT 21																	
City WORCESTER State MA Zip 01603-1347						City WORCESTER State MA Zip 01603-1347																	
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 4 22																	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued) 886259AD						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24						Driver Contributing Code 10 25 4 25																	
Viol. 3: Ch/Sec/Sub 89 4A 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																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		4		0		0		10		0		REFUSED MEDICAL CARE	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S07199808 St MA DOB/Age 01/25/1966						Reg # 4HH337 Reg Type PC Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make HONDA Veh Config. 1 21																	
Operator CARVALHO, ROGERIO F						Owner CARVALHO, ROGERIO F																	
Address 50 GREEN HILL PKWY APT 2						Address 50 GREEN HILL PKWY APT 2																	
City WORCESTER State MA Zip 01605-3351						City WORCESTER State MA Zip 01605-3351																	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 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																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1		1		4		0		0		10		0		REFUSED	

→ = 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:

V1 pulled out of 101 Southbridge Street attempting to get towards Sword Street. It pulled in front of V2 when it left its lane of travel causing a collision that sent V2 into a few bushes and a fence. Operator of V1 admitted to alcohol intake and the following investigation led to OUI arrest.

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

Patrolman Jedadiah O Henry

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/10/2025

Date