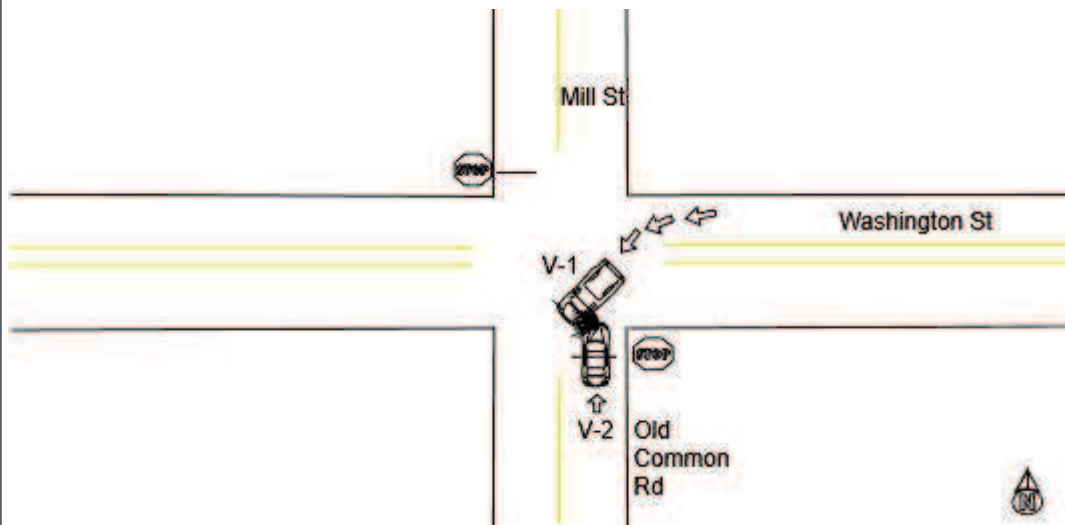


Police Use Only			Commonwealth of Massachusetts						RMV Document Number									
Date of Crash 07/09/2025		Time of Crash 1823 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 50 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:										
WASHINGTON ST Route# Direction Name of Roadway/Street At OLD COMMON RD 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-226-AC										
License # S39446551 St MA DOB/Age 03/13/2000 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator LECLAIRE, BENJAMIN M Address 38 WILDFOWER DR City SUTTON State MA Zip 01590-3117 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: N S E X 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						Reg # 5DCY23 Reg Type PC Reg State MA Veh Year 2025 Veh Make TOYOTA Veh Config. 1 Owner LECLAIRE, BENJAMIN M Address 38 WILDFOWER DR City SUTTON State MA Zip 01590-3117 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 8 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 6 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33												
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 4 0 0 10 1												
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.										
License # S13237885 St MA DOB/Age 02/12/1957 Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement Operator KEENAN, MICHAEL ANTHONY Address 25 ELM CT City MILLBURY State MA Zip 01527-2613 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: X S E 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						Reg # 194Z90 Reg Type PC Reg State MA Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 Owner KEENAN, MICHAEL ANTHONY Address 25 ELM CT City MILLBURY State MA Zip 01527-2613 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 1 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33												
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												
JUDYTH KEENAN 25 ELM CT MILLBURY, MA 01527-2613 04/13/1957 F 3 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

↑ Arrow



Crash Narrative:

Vehicle 1 was traveling west bound on Route 20. Vehicle 2 was stopped at a stop sign at the intersection of Old Common Rd and RT 20. Vehicle 1 was turning left heading South bound onto Old Common Rd. Vehicle 2 was waiting to cross RT 20 to travel North on Mill St. While Vehicle 1 was making a left hand turn onto Old Common Rd it took the turn to sharp and as a result collided with Vehicle 2.

Both Vehicles needed to be towed from the scene and were removed by Dorenzo's Towing. All parties declined medical attention.

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 PATRICK MONTAGUE

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/09/2025

Date