

Date of Crash **04/29/2026** Time of Crash **1402** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **11**

**1** **1** **3**

**2** **1**

**3**

Route# Direction **SOUTHBRIDGE ST** Name of Roadway/Street  
At  
Route# Direction **JEROME AVE** 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:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 26-172-AC**

**1** **12** **1** **21**

**4** **2**

**5** **2**

**6** **1**

**1** **13**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3LGP29** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **JEEP** Veh Config. **1 21**  
Operator **DAVIS, STEPHEN EDWARD** Owner **DAVIS, STEPHEN EDWARD**  
Address **46 WORCESTER CT** Address **46 WORCESTER CT**  
City **FALMOUTH** State **MA** Zip **02540-3537** City **FALMOUTH** State **MA** Zip **02540-3537**  
Insurance Company **AMERICAN ECONOMY INSURANC** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Towed from scene? **2 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>NOT TRANSPORTED</b>

**7** **3**

Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

**8** **1** **14**

**9** **2**

**1** **14**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6ML148** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **NISSAN** Veh Config. **1 21**  
Operator **FLUET, KATHLEEN A** Owner **FLUET, KATHLEEN A**  
Address **9 MASSASOIT DR** Address **9 MASSASOIT DR**  
City **LEICESTER** State **MA** Zip **01524-1103** City **LEICESTER** State **MA** Zip **01524-1103**  
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **2 27 27 27**  
Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**  
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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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>NOT TRANSPORTED</b>

