

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/27/2026	Time of Crash 0049 24HR	City/Town Auburn	Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other: _____
-----------------------------	-------------------------------	---------------------	----------------------	---------------------	-------------------	--

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 6

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

2 10
294 ROCHDALE ST

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 _____

3 License # **S51025456** St **MA** DOB/Age **04/19/2001**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Operator **DESRONIERS, EMILY ELIZABETH**

Last _____ First _____ Middle _____

Address **4 CARLSON WAY**City **AUBURN** State **MA** Zip **01501-1132**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Travel Direction: N 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 # **3RLY62**Reg Type **PC** Reg State **MA**Veh Year **2013** Veh Make **SUBARU** Veh Config. **1** 21Owner **DESRONIERS, EMILY ELIZABETH**

Last _____ First _____ Middle _____

Address **4 CARLSON WAY**City **AUBURN** State **MA** Zip **01501-1132**Vehicle Action Prior to Crash **4** 22Event Sequence **35** 23 23 23 23Most Harmful Event **35** 24Driver Contributing Code **11** 25 7 25Driver Distracted by **99** 26 26Damaged Area Code: **11** 27 27 27Test Status: **1** 28Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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** **3** **0** **0** **10** **1**7 3 Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **1** 21

Operator _____

Last _____ First _____ Middle _____

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** 26Damaged Area Code: **27** 27 27Test Status: **28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **31** Susp. Drug: **32**Towed from scene? **33**

Please fill out for operator and all occupants involved

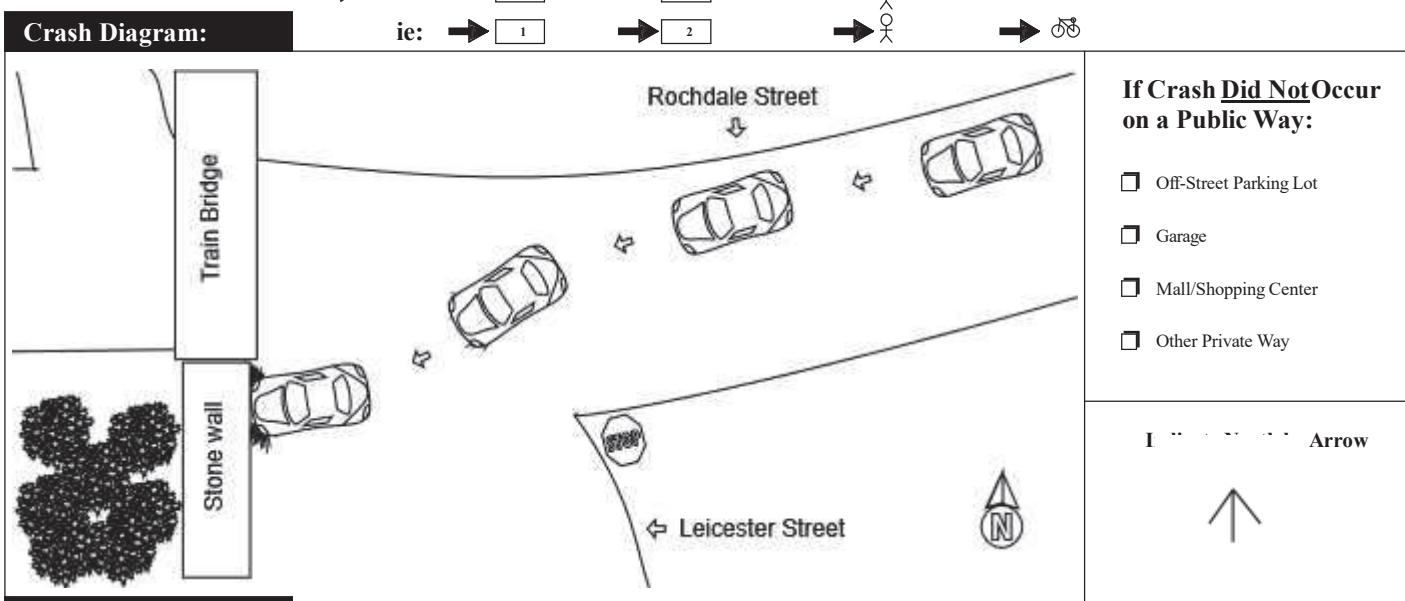
Name (Last First Middle) _____ Address _____

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



Crash Narrative:

Single vehicle was travelling westbound on Rochdale Street. Operator of vehicle stated she was attempting to take a left onto Leicester Street when she hit a patch of snow/ice, lost control of the vehicle, and hit a snowbank and stone wall that is attached to the train bridge at the intersection of Leicester and Rochdale Street. The vehicle had front and side airbag deployment with front end damage. The stone wall was not damaged by the incident.

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 _____

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 _____

Hazmat Information:

Placard **47** Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrolman Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

Auburn Police Department

01/27/2026

Date