

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**
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10 2

1 6 Route# Direction Name of Roadway/Street
At _____Route# **294** Direction **ROCHDALE ST** Address # Name of Roadway/Street2 7 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____Feet **N S E W** of _____ Mile Marker _____ or _____
Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

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 MopedCrash Report ID# **26-43-AC**4 1 License # **S51025456** St **MA** DOB/Age **04/19/2001**Reg # **3RLY62** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year **2013** Veh Make **SUBARU** Veh Config. **1** 21Operator **DESRONIERS, EMILY ELIZABETH**Owner **DESRONIERS, EMILY ELIZABETH**Last **4** First **CARLSON** Middle **WAY**Last **4** First **CARLSON** Middle **WAY**Address **AUBURN** State **MA** Zip **01501-1132**City **AUBURN** State **MA** Zip **01501-1132**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash **4** 22Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**Damaged Area Code: **11** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **29**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **30**

6 3 Please fill out for operator and all occupants involved

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Name (Last First Middle) _____ Address _____

Towed from scene? **1** 33**Operator**

See Above

Medical Facility

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. **21**

Operator _____ Last _____ First _____ Middle _____

Owner _____ 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? _____Damaged Area Code: **27** 27 27

Citation # (If Issued) _____

Test Status: **28**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **29**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **30**

9 2 Please fill out for operator and all occupants involved

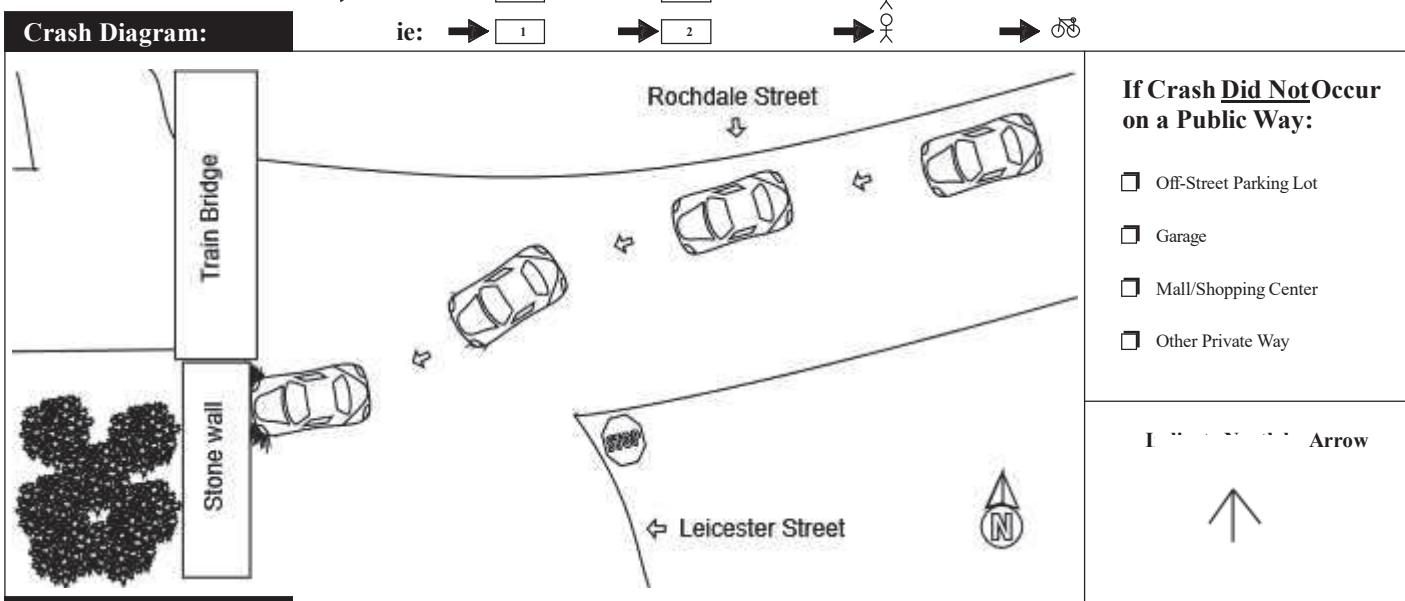
Susp. Alcohol: **31** Susp. Drug: **32**

Name (Last First Middle) _____ Address _____

Towed from scene? **33****Operator/Occupants**

See Above

Medical Facility



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
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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