

Date of Crash 05/19/2026 Time of Crash 1254 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 15 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street 437 WASHINGTON ST

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-197-AC

License # St. DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions A 20 CDL Endorsement

Reg # SR247V Reg Type CO Reg State MA Veh Year 2013 Veh Make MACK Veh Config. 13 21

Operator CHARETTE, SCOTT M Address 294 BURNSIDE AVE APT 2 City WOONSOCKET State RI Zip 02895

Owner A J LETOURNEAU INC Address 524 ROUTE APT 20 City MILLBURY State MA Zip 01527-2141

Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27 Event Sequence 36 23 23 23 23 Test Status: 1 28

Table with columns: Name, 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 row: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, []

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

License # St. DOB/Age Sex Lic. Class A 19 19 Lic. Restrictions A 20 CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

Operator Address City State Zip Insurance Company

Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: [] N S E W Responding to Emergency? Citation # (If Issued)

Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30

Table with columns: Name, 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 row: Operator/Occupants, See Above, [X], [X], 1, []

