

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/30/2025** Time of Crash **1054** 24HRCity/Town **Auburn**Number Vehicles **1**Number Injured **2**

Speed Limit _____

State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1

Route# Direction _____ Name of Roadway/Street
At _____235 MILLBURY ST
Route# Direction Address # Name of Roadway/Street

10

2

Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____Feet **N S E W** of _____ • _____ or _____
Mile Marker _____ Exit Number _____

11

3

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street
Feet **N S E W** of _____ Landmark _____

1

Please Select One of the Following:

Vehicle **12**

#Occupants _____



Hit/Run _____



Moped _____

Crash Report ID# **25-474-AC**License # **S11883647** St **MA** DOB/Age **05/28/1972**Reg # **298KV2**Reg Type **PC**Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year **2000**Veh Make **LEXUS**Veh Config. **1**

12

Operator **SMITH, MICHAEL E**
Last **SMITH** First **MICHAEL** Middle **E**Owner **SMITH, MICHAEL E**
Last **SMITH** First **MICHAEL** Middle **E**Address **102 S LUDLOW ST**Address **102 S LUDLOW ST**City **WORCESTER** State **MA** Zip **01603-1022**City **WORCESTER** State **MA** Zip **01603-1022**Insurance Company **FOREMOST INSURANCE COMPAN**State **MA** Zip **01603-1022**Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22
Damaged Area Code: **1** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

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

Type of Test: **2** 29

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

BAC Test Result: **3** 30

Please fill out for operator and all occupants involved

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

Name (Last First Middle) _____ Address _____

Medical Facility _____

Operator See AboveDOB/Age **02/17/2006** Sex **F** 1 1 1 0 0 8 2**HAILEY SMITH** 4 MCHALE DR GRAFTON, MA 01519

Address _____

7 1 Please Select One of the Following: **Vehicle 2** #Occupants _____ **Hit/Run** **Moped** **Vulnerable User** Complete the Vulnerable User section.

Reg # _____ Reg Type _____ Reg State _____

License # _____ St _____ DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **1**

21

8 1 Operator _____ Last _____ First _____ Middle _____

Owner _____ Last _____ First _____ Middle _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash **22**
Damaged Area Code: **27** 27 27

14

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Test Status: **28**

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

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

2

Please fill out for operator and all occupants involved

Towed from scene? **33**

Name (Last First Middle) _____ Address _____

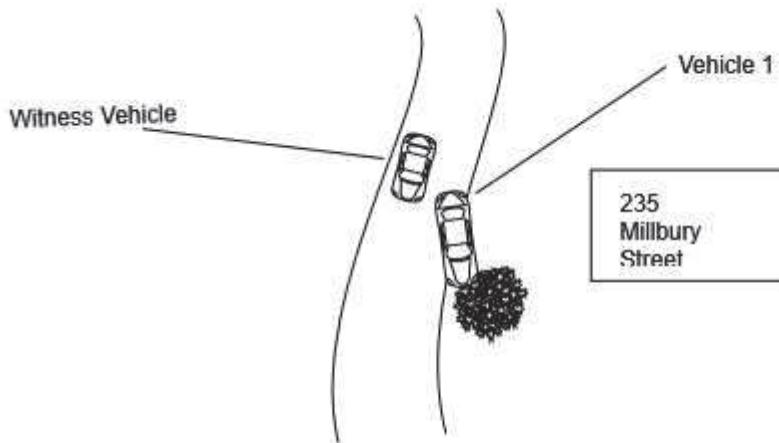
Medical Facility _____

Operator/Occupants See AboveDOB/Age **02/17/2006** Sex **F** 1 1 1 0 0 8 2

→ = 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

I → ⚙ → ⚙ → Arrow



Crash Narrative:

This area of Millbury street is a very dense, heavily trafficked area and windy roadway. Making it virtually impassable in any circumstance. Vehicle 1 illegally passed the witness vehicle while both were traveling in the same direction. After doing so, the operator of vehicle 1 lost control of the vehicle, subsequently going off the roadway and hitting a tree head-on, in front of 235 Millbury Street

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HULTEN VIRGINIA MARIE	18 NORTHSIDE RD CHARLTON MA 01507-1234		

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 Andrew F Markvenas

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/30/2025

Date