

Date of Crash **07/28/2025** Time of Crash **1500** 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:**

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 _____

Route# **541** Direction _____ Address # **SOUTHBRIDGE ST** 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 _____
0 Feet **N S X W** of **CHURCH STREET** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **25-245-AC**

License # **SA6230036** St **MA** DOB/Age **04/18/2005** Reg # **2PZR85** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **ANDERSON, BENJAMIN CHARLES** Owner **ANDERSON, SEBRINA MARIE**
 Address **425 N BROOKFIELD RD** Address **425 N BROOKFIELD RD**
 City **OAKHAM** State **MA** Zip **01068-9627** City **OAKHAM** State **MA** Zip **01068-9627**
 Insurance Company **MAIN STREET AMERICA PROTE** Vehicle Action Prior to Crash **2** Damaged Area Code: **5**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Towed from scene? **2**

Please fill out for operator and all occupants involved		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	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 # **S94550915** St **MA** DOB/Age **10/14/1977** Reg # **T52123** Reg Type **CON** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2024** Veh Make **FORD** Veh Config. **1**
 Operator **PELLETIER, CHAD JOSEPH** Owner **PELLETIER, CHAD JOSEPH**
 Address **113 BREAKNECK RD** Address **113 BREAKNECK RD**
 City **STURBRIDGE** State **MA** Zip **01566-1133** City **STURBRIDGE** State **MA** Zip **01566-1133**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **97** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Towed from scene? **2**

Please fill out for operator and all occupants involved		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	X	X	1	1	4	0	0	10	1

