

Date of Crash 05/01/2026 Time of Crash 1452 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 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# 18 Direction SIBLEY ST Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 26-175-AC

License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 Operator PELOQUIN, JORDAN NICOLE Address 162 DUDLEY RD City OXFORD State MA Zip 01540-2026

Reg # 57N650 Reg Type PC Reg State MA Veh Year 2016 Veh Make VOLKSWAGEN Veh Config. 1 Owner PELOQUIN, JORDAN NICOLE Address 162 DUDLEY RD City OXFORD State MA Zip 01540-2026

Insurance Company LIBERTY MUTUAL PERSONAL I 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

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 10 27 27 Event Sequence 27 23 23 23 23 Test Status: 1 28 0 29 1 30 Most Harmful Event 27 24 BAC Test Result: 1 30 Driver Contributing Code 7 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 1 33

Table with columns: 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. Row 1: 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 D 19 19 Lic. Restrictions 20 Operator Address City State Zip

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip

Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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