

Date of Crash **06/03/2026** Time of Crash **1609** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 E WASHINGTON ST
Route# Direction Name of Roadway/Street
At
ELM ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **26-218-AC**

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **256FD8** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19 M** Lic. Restrictions **1 20** CDL Endorsement
Operator **BOISVERT, ARIELLE MEAGAN** Owner **BOISVERT, ARIELLE MEAGAN**
Address **134 PROSPECT ST** Address **134 PROSPECT ST**
City **AUBURN** State **MA** Zip **01501-3340** City **AUBURN** State **MA** Zip **01501-3340**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19 25 4 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

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	1	0	0	8	1

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

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **EZA3907** Reg Type **PAN** Reg State **MI**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **ORTEGA, ALEXZANDER** Owner **EAN HOLDINGS LLC**
Address **16 ASHMONT AVE APT 2** Address **14002 E 21ST ST**
City **WORCESTER** State **MA** Zip **01610-2886** City **TULSA** State **OK** Zip **741341424**
Insurance Company **ENTERPRISE RENTAL** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 3 27 27**
Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
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Operator/Occupants		See Above	X	X	1	0	3	0	0	8	2

