

Date of Crash **05/22/2026** Time of Crash **1531** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **45** State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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# **198** Direction \_\_\_\_\_ Address # **WASHINGTON 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 \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-201-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **VT5H94** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **MAZDA** Veh Config. **1 21**  
 Operator **RAMIREZ, KENIA IVETTE** Owner **RAMIREZ, KENIA IVETTE**  
 Address **5 BROUGHTON RD** Address **5 BROUGHTON RD**  
 City **WORCESTER** State **MA** Zip **01607-1607** City **WORCESTER** State **MA** Zip **01607-1607**  
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**  
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>

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

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **4ZJD72** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **1998** Veh Make **CHEVROLET** Veh Config. **1 21**  
 Operator **CHENARD, WILLIAM DAVID** Owner **CHENARD, WILLIAM DAVID**  
 Address **460 GREEN ST APT 1** Address **460 GREEN ST APT 1**  
 City **NORTHBOROUGH** State **MA** Zip **01532-1055** City **NORTHBOROUGH** State **MA** Zip **01532-1055**  
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
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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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

