

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/28/2025** Time of Crash **1341** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **1**

Speed Limit **40** State Police
Local Police MBTA Police
Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

Route# Direction _____ Name of Roadway/Street
At _____

20 W 310 WASHINGTON ST
Route# Direction Address # Name of Roadway/Street

2 10

Route# Direction _____ Name of Intersecting Roadway/Street
Also at Intersection with _____

220 Feet N S E W of 220 MILLBURY ST
Route# Intersecting Roadway/Street

1 11

Route# Direction _____ Name of Intersecting Roadway/Street

Landmark _____

3

Please Select One of the Following:

Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **25-468-AC**License # **S32137023** St **MA** DOB/Age **01/26/1989**Reg # **7DK325** Reg Type **PC** Reg State **MA**

7 12

Sex **F** Lic. Class **D** **19 19** Lic. Restrictions **1 20** CDL _____
Endorsement _____

Veh Year **2023** Veh Make **KIA** Veh Config. **1**

1 21

Operator **HENRARD, ASHLEY ELIZABETH**Owner **HENRARD, ASHLEY ELIZABETH**

4 3

Last _____ First _____ Middle _____

Address **18 LINWOOD ST APT C**

Last _____ First _____ Middle _____

Address **18 LINWOOD ST APT C**City **WEBSTER** State **MA** Zip **01570-2968**City **WEBSTER** State **MA** Zip **01570-2968**

7

Insurance Company **PLYMOUTH ROCK ASSURANCE C**State **MA** Zip **01570-2968**

13

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**

5 1

Citation # (If Issued) _____

Test Status: **1 28**

22 13

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

Type of Test: **0 29**

22

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

BAC Test Result: **1 30**

22

Driver Contributing Code **11 25 25**Susp. Alcohol: **2 31** Susp. Drug: **2 32**

22

Driver Distracted by **0 26 26**Towed from scene? **2 33**

13

Please fill out for operator and all occupants involved

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 _____

6 1

Operator

See Above

1	99	4	0	0	9	1
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13

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **BS59631** Reg Type **PAN** Reg State **CT**

7 1

License # **219261877** St **CT** DOB/Age **09/13/1992**
Sex **F** Lic. Class **D** **19 19** Lic. Restrictions **1 20** CDL _____
Endorsement _____

Reg # **BS59631** Reg Type **PAN** Reg State **CT**

21

Operator **MILLER, SARAH ELIZABETH**Owner **MILLER, KEIL CLEGG**

8 1

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address **23 SUNNYSIDE AVE APT 4**Address **23 SUNNYSIDE AVE APT 4**

14

City **PUTNAM** State **CT** Zip **06260**City **PUTNAM** State **CT** Zip **06260-1881**

1

Insurance Company **PROGRESSIVE**Vehicle Action Prior to Crash **4 22** Damaged Area Code: **0 27 27 27**

14

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Test Status: **1 28**

1

Citation # (If Issued) **919307AD**Type of Test: **0 29**

1

Viol. 1: Ch/Sec/Sub **89 9** Viol. 2: Ch/Sec/Sub _____BAC Test Result: **1 30**

1

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

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

1

Please fill out for operator and all occupants involved

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 _____

2 2

Operator/Occupants

See Above

1	1	4	0	0	10	1
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1

→ = 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:

I was on foot inside the Shell Gas at 310 Southbridge St. to witness V1 collide with the guide/anchor cable of pole #40. There was a visible arc on the wires and a brief outage at the store. Operator of V1 stated she was driving west in the right lane of Rt.20 when V2 attempted to pull in front of her; she swerved to avoid it and stuck the wire. Operator of V2 was travelling east and confirmed that she was attempting to pull into the Shell when there was a gap between vehicles. Witness was westbound and observed traffic in the left lane stopped as V2 started to proceed into Shell it stopped one, then pulled forward again as V1 was operating in the open right lane. Operator of V2 given a warning for Failure to Yield right of way.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WILLIAM GREGORY S	63 ELMWOOD ST MILLBURY MA 01527-1926	[REDACTED]	

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 Daniel J Hemingway

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/28/2025

Date