

Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 12/28/2025		Time of Crash 1341 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 1		Speed Limit 40 Latitude +042.1986 Longitude -071.818		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
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						20 W 310 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number 220 Feet N S X W of MILLBURY ST Feet N S E W of Route# Intersecting Roadway/Street Landmark										2 10
																1 11
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-468-AC								
License # S32137023 St MA DOB/Age 01/26/1989 Sex F Lic. Class D 19 19 M Lic. Restrictions 1 20 CDL Endorsement Operator HENRARD, ASHLEY ELIZABETH Address 18 LINWOOD ST APT C City WEBSTER State MA Zip 01570-2968 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S E X 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						Reg # 7DK325 Reg Type PC Reg State MA Veh Year 2023 Veh Make KIA Veh Config. 1 21 Owner HENRARD, ASHLEY ELIZABETH Address 18 LINWOOD ST APT C City WEBSTER State MA Zip 01570-2968 Vehicle Action Prior to Crash 1 22 Event Sequence 22 23 23 23 23 Most Harmful Event 22 24 Driver Contributing Code 11 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33										7 12
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 Operator See Above X X 1 99 4 0 0 9 1										22 13
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # 219261877 St CT DOB/Age 09/13/1992 Sex F Lic. Class D 19 19 M Lic. Restrictions 1 20 CDL Endorsement Operator MILLER, SARAH ELIZABETH Address 23 SUNNYSIDE AVE APT 4 City PUTNAM State CT Zip 06260 Insurance Company PROGRESSIVE Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) 919307AD Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # BS59631 Reg Type PAN Reg State CT Veh Year 2024 Veh Make SUBARU Veh Config. 1 21 Owner MILLER, KEIL CLEGG Address 23 SUNNYSIDE AVE APT 4 City PUTNAM State CT Zip 06260-1881 Vehicle Action Prior to Crash 4 22 Event Sequence 97 23 23 23 23 Most Harmful Event 97 24 Driver Contributing Code 4 25 19 25 Driver Distracted by 99 26 26 Damaged Area Code: 0 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33										1 14
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 Operator/Occupants See Above X X 1 1 4 0 0 10 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

↑ 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		

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