

Date of Crash **01/15/2026** Time of Crash **1222** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** 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# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **793** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE 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# **26-24-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **5PWD63** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1**

Operator **JEAN, JACKNEL** Owner **JEAN, JACKNEL**

Address **25 PIERCE ST** Address **25 PIERCE ST**

City **HYDE PARK** State **MA** Zip **02136-2982** City **HYDE PARK** State **MA** Zip **02136-2982**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **5** Damaged Area Code: **3**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

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

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>10</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 # **273CK2** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **FORD** Veh Config. **1**

Operator **DION, JOHN ALLEN JR** Owner **DION, JOHN ALLEN JR**

Address **86 E BAYLIES RD** Address **86 E BAYLIES RD**

City **CHARLTON** State **MA** Zip **01507-5119** City **CHARLTON** State **MA** Zip **01507-5119**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **7**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

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

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>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

