

Date of Crash **03/14/2026** Time of Crash **0854** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** 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# **768** Direction **WASHINGTON ST** Address # _____ 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# **26-122-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5RXX13** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2011** Veh Make **GMC** Veh Config. **1 21**
 Operator **CHAMPAGNE, CHANTAL BRIGETTE** Owner **BACON, SCOTT RICHARD**
 Address **31 LORING ST** Address **9 LELAND ST**
 City **AUBURN** State **MA** Zip **01501-2831** City **GRAFTON** State **MA** Zip **01519-1414**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 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	XXXX	XX	1	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Reg # **257HY8** Reg Type **PAN** Reg State **MA**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **GMC** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **POIRIER, NATHAN CHARLES**
 Address _____ Address **35 MACARTHUR DR**
 City _____ State _____ Zip _____ City **MILLBURY** State **MA** Zip **01527-3541**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 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/Occupants	See Above	XXXX	XX	1							

