

Date of Crash **04/17/2026** Time of Crash **1534** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** 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# **90** Direction _____ Address # **AUBURN 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 _____

0 Feet **N S X W** of **AUBURN HIGH TOP LOT** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 26-160-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5ZMB31** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **DODGE** Veh Config. **2 21**

Operator **CARDIN, JEFFREY J** Owner **CARDIN, JEFFREY J**

Address **195 HARTNESS RD** Address **195 HARTNESS RD**

City **SUTTON** State **MA** Zip **01590-3827** City **SUTTON** State **MA** Zip **01590-3827**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **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		See Above	X	X	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 # **3JVW58** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **NIEVES, BENJAMIN** Owner **NIEVES, BENJAMIN**

Address **388 N MAIN ST** Address **388 N MAIN ST**

City **UXBRIDGE** State **MA** Zip **01569-1756** City **UXBRIDGE** State **MA** Zip **01569-1756**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **3 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

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Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1

