

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 12/24/2025 Time of Crash 1231 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 50

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

1 1 Route# Direction Name of Roadway/Street
At2 10 314 WASHINGTON ST
Route# Direction Address # Name of Roadway/Street2 1 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with2 11 Route# Feet N S E W of Mile Marker or Exit Number

2 1 Route# Direction Name of Intersecting Roadway/Street

2 12 Route# Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark3 99 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **25-464-AC**4 1 License # **105962463** St **SC** DOB/Age **03/28/1956**1 12 Reg # **LWS4272** Reg Type **PAN** Reg State **NY**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement1 21 Veh Year **2025** Veh Make **VOLKSWAGEN** Veh Config. **1**4 1 Operator **CARON, ROGER J**
Last First Middle
Address **306 COCKLE LN**1 13 Owner **PV HOLDING CORP**
Last First Middle
Address **23-45 87TH ST**5 2 City **BEAUFORT** State **SC** Zip **29906**1 22 City **EAST ELMHURST** State **NY** Zip **11369**Insurance Company **FOR HIRE SELF-INSURER**1 23 Vehicle Action Prior to Crash **4** Damaged Area Code: **6 27 27 27**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**1 24 Event Sequence **1 23 23 23 23** Test Status: **28**

5 2 Citation # (If Issued) _____

1 25 Most Harmful Event **1 24** Type of Test: **29**

6 1 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

1 26 Driver Contributing Code **6 25 25** BAC Test Result: **30**

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

1 27 Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**

6 1 Please fill out for operator and all occupants involved

1 28 Towed from scene? **2 33**

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

1	1	4	0	0	10	1
----------	----------	----------	----------	----------	-----------	----------

7 1 Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.8 2 License # **SA4450599** St **MA** DOB/Age **09/23/2004**1 21 Reg # **9VT612** Reg Type **PAN** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement1 22 Veh Year **2016** Veh Make **HONDA** Veh Config. **1**8 2 Operator **NIEVES, JOMAR ONIEL**
Last First Middle
Address **21 SPRING ST**1 23 Owner **NIEVES, JOMAR ONIEL**
Last First Middle
Address **21 SPRING ST**9 2 City **WEBSTER** State **MA** Zip **01570-2621**1 24 City **WEBSTER** State **MA** Zip **01570-2621**Insurance Company **LIBERTY MUTUAL FIRE INSUR**1 25 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**1 26 Event Sequence **1 23 23 23 23** Test Status: **28**

9 2 Citation # (If Issued) _____

1 27 Most Harmful Event **1 24** Type of Test: **29**

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

1 30 Driver Contributing Code **1 25 25** BAC Test Result: **30**

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

1 31 Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**

9 2 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

1	1	4	0	0	10	1
----------	----------	----------	----------	----------	-----------	----------

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: →

1

→

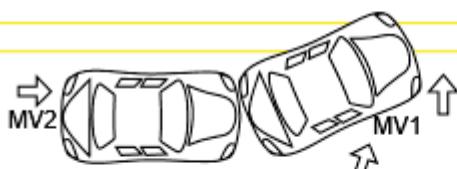
2

→

♂

→ ⚙

Impact
FitnessParking lot



Washington St



I → ⚙ Arrow



Crash Narrative:

MV1 was traveling eastbound on Washington St (a public way) in the Town of Auburn. MV2 was traveling eastbound on Washington St in the Town of Auburn. MV1 was on the right lane and turned left into the Impact Fitness Parking lot. While MV1 was turning left MV2 on the left lane collided with MV1's left side rear bumper. No injuries occurred and both vehicle's were drivable.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/24/2025

Date