

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/24/2025		Time of Crash 1231 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <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						Route# Direction Address # Name of Roadway/Street 314 WASHINGTON ST 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-464-AC									
License # 105962463 St SC DOB/Age 03/28/1956 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CARON, ROGER J Address 306 COCKLE LN City BEAUFORT State SC Zip 29906 Insurance Company FOR HIRE SELF-INSURER Vehicle Travel Direction: N S X W 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 # LWS4272 Reg Type PAN Reg State NY Veh Year 2025 Veh Make VOLKSWAGEN Veh Config. 1 21 Owner PV HOLDING CORP Address 23-45 87TH ST City EAST ELMHURST State NY Zip 11369 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 6 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33											
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	1	4	0	0	10	1			
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 # SA4450599 St MA DOB/Age 09/23/2004 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator NIEVES, JOMAR ONIEL Address 21 SPRING ST City WEBSTER State MA Zip 01570-2621 Insurance Company LIBERTY MUTUAL FIRE INSUR Vehicle Travel Direction: N S X W 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 # 9VT612 Reg Type PAN Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 1 21 Owner NIEVES, JOMAR ONIEL Address 21 SPRING ST City WEBSTER State MA Zip 01570-2621 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33											
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			

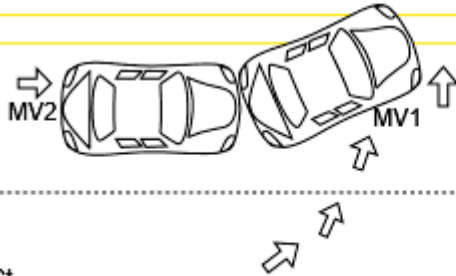
Crash Diagram:

ie: → 1 → 2 → ○ → ○

Impact
Fitness Parking lot

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way



Washington St



Impact Arrow



Crash Narrative:

MV1 was traveling eastbound on Washington St (a public way) in the Town of Auburn. MV2 was traveling eastbound on Washing 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