Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
07/02/2026	0429 (24HR)	Auburn	1	0

Speed Limit 25 | Latitude +042.1959 | Longitude -071.841

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# | Direction | Address # | Name of Roadway/Street: CHURCH ST

250 Feet [N S E W] of — — — • — Mile Marker or Exit Number

250 Feet [N S E ☒ W] of Route# | Intersecting Roadway/Street: SARATOGA RD

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-254-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F | Lic. Class A | Lic. Restrictions 1 | CDL Endorsement

Operator FRANCISCO ALDUEY, AURY (Last First Middle)

Address 569 HAWTHORNE AVE APT 2

City NEWARK State NJ Zip 07112-1121

Insurance Company AMERICAN INTER FIDELITY E

Vehicle Travel Direction: [N S ☒ W] Responding to Emergency? 2

Citation # (If Issued) 371109AE

Viol. 1: Ch/Sec/Sub 89 4A | Viol. 2: Ch/Sec/Sub

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

Reg # AZ286L | Reg Type APN | Reg State NJ

Veh Year 2019 | Veh Make VOLVO | Veh Config. 10

Owner SUCCESS L OGISTIC CORP (Last First Middle)

Address 7000 MATHEW DR

City APT 7405, ROCKAWAY, State NJ Zip 07866

Vehicle Action Prior to Crash: 1

Event Sequence: 21

Most Harmful Event: 21

Driver Contributing Code: 19

Driver Distracted by: 99

Damaged Area Code: 9

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please fill out for operator and all occupants involved

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

Vehicle 2

License # | St | DOB/Age

Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Operator (Last First Middle)

Address

City State Zip

Insurance Company

Vehicle Travel Direction: [N S E W] Responding to Emergency?

Citation # (If Issued)

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

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

Reg # | Reg Type | Reg State

Veh Year | Veh Make | Veh Config.

Owner (Last First Middle)

Address

City State Zip

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene?

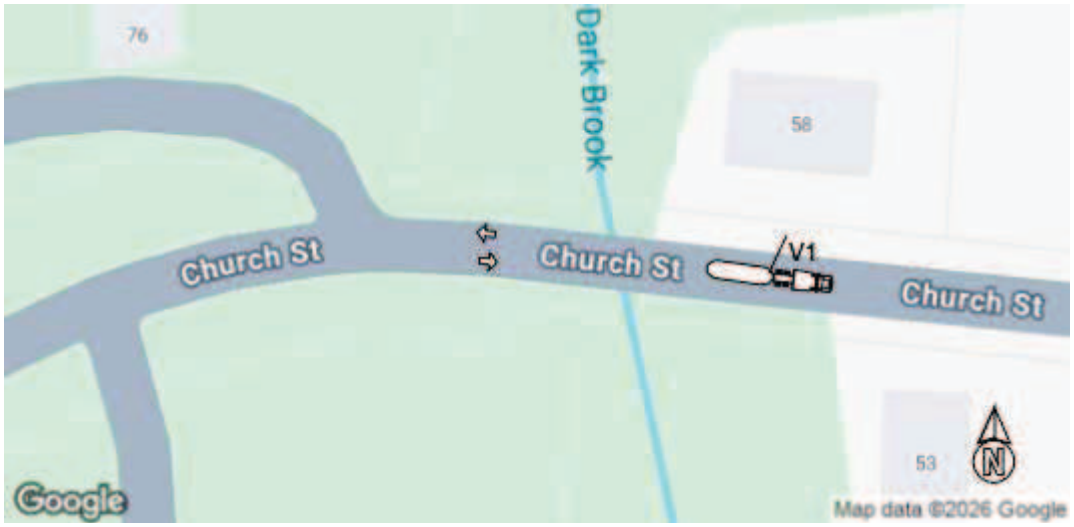
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1							

Form No. 10364 CRA-65 08/23

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → → →



If Crash Did Not Occur on a Public Way:

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

I... Arrow

Crash Narrative:

V1 was travelling east on Church St. toward Central St. when its cab and trailer collided with a large tree branch. The branch was 10-12in in diameter. Damage was caused to the top of the tractor. The branch continued to peel the top of the trailer open and also caused it to collapse to its landing gear. The operator continued to travel approximately 265 feet past the location of the collision while dragging the metal landing gear along the road. The operator stated that she was following her GPS which had sent her on this road. The marks from the trailer showed that the vehicle was operating into the westbound lane at the time of the collision. Operator was issued a citation and advised that both the tractor and trailer were out of service until inspection by the MSP Truck Team. Direnzo's was contacted to assist with removal.

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 # AZ286L (From Vehicle Section)

Carrier Name CMG Logistics LLC Bus Use 42

Address 100 LEWIS ST City PERTH AMBOY St NJ Zip

US DOT #: 3940960 State Number Issuing State MC/MX/ICC #: 146357

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 Daniel J Hemingway		100DH	Auburn Police Department		07/02/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date