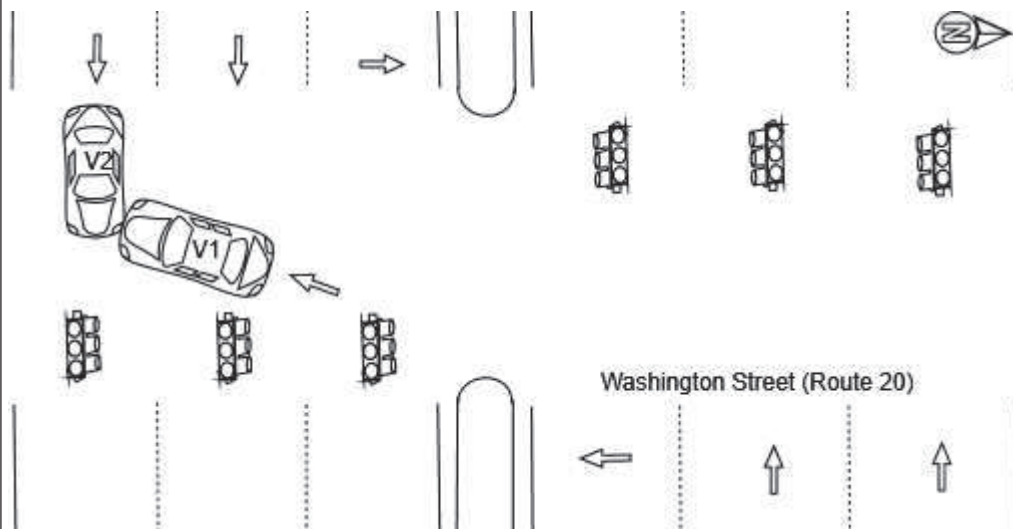


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 01/09/2026		Time of Crash 1641 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 45 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>WASHINGTON ST</div> <div>Feet NSEW of or</div> <div>Mile Marker Exit Number</div> <div>311</div> <div>Feet NSEW of</div> <div>Route# Intersecting Roadway/Street</div> <div>0 Feet NSXW of</div> <div>DRIVEWAY OF HOME DEPOT</div> <div>Landmark</div>								
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# 26-18-AC						
License # S38690193 St MA DOB/Age 01/07/1970						Reg # 5NE115 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2008 Veh Make HONDA Veh Config. 1 21								
Operator VANEGAS MORALES, HERNAN F						Owner VANEGAS MORALES, HERNAN F								
Address 8 CLEARVIEW AVE APT 1						Address 8 CLEARVIEW AVE APT 1								
City WORCESTER State MA Zip 01605-1318						City WORCESTER State MA Zip 01605-1318								
Insurance Company GREEN MOUNTAIN INSURANCE						Vehicle Action Prior to Crash 4 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 27 27								
Name (Last First Middle) Address DOB/Age Sex						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								
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 # NHL19668657 St NH DOB/Age 05/09/1955						Reg # 3553413 Reg Type PAN Reg State NH								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21								
Operator CARON, RICHARD M						Owner CARON, RICHARD M								
Address 94 WESTWOOD DR						Address 94 WESTWOOD DR								
City NASHUA State NH Zip 030623415						City NASHUA State NH Zip 030623415								
Insurance Company STATE FARM INSURANCE						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 3 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 8 27 27 27								
Name (Last First Middle) Address DOB/Age Sex						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								

→ = 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:

On January 9, 2026, I was dispatched to Washington Street in the area of Home Depot for a two car motor vehicle crash. I arrived and spoke with both operators. They stated that vehicle 1 was turning left from Washington Street, west bound, into the Home Depot entrance. The operator of vehicle 2 was traveling east bound in the right travel lane, did not see the red light and continued through the intersection, subsequently striking the front end of vehicle 1.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/09/2026

Date