

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/09/2026** Time of Crash **1641** 24HRCity/Town **Auburn**
 Number Vehicles **2** Number Injured **0** Speed Limit **45**
 State Police Local Police
 MBTA Police Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1
4Route# Direction _____ Name of Roadway/Street
At _____Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ • _____ or _____2
1Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____Feet **N S E W** of _____ Route# Intersecting Roadway/Street
0 Feet **N S E W** of _____ Landmark

3

Route# Direction Name of Intersecting Roadway/Street

Crash Report ID# **26-18-AC**4
3License # **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** 21Operator **VANEGAS MORALES, HERNAN F**
Last **Vanegas** First **Mora** Middle **l**Owner **VANEGAS MORALES, HERNAN F**
Last **Vanegas** First **Mora** Middle **l**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** 22Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**Damaged Area Code: **1** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

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

Type of Test: **29**

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

BAC Test Result: **30**Driver Contributing Code **1** 25 25Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Driver Distracted by **0** 26 26Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Medical Facility

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

Operator See Above

Medical Facility

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **3553413** Reg Type **PAN** Reg State **NH**License # **NHL19668657** St **NH** DOB/Age **05/09/1955**Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1** 21Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Endorsement _____Owner **CARON, RICHARD M**
Last **Caron** First **Richard** Middle **M**Operator **CARON, RICHARD M**
Last **Caron** First **Richard** Middle **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** 22Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **8** 27 27 27

Citation # (If Issued) _____

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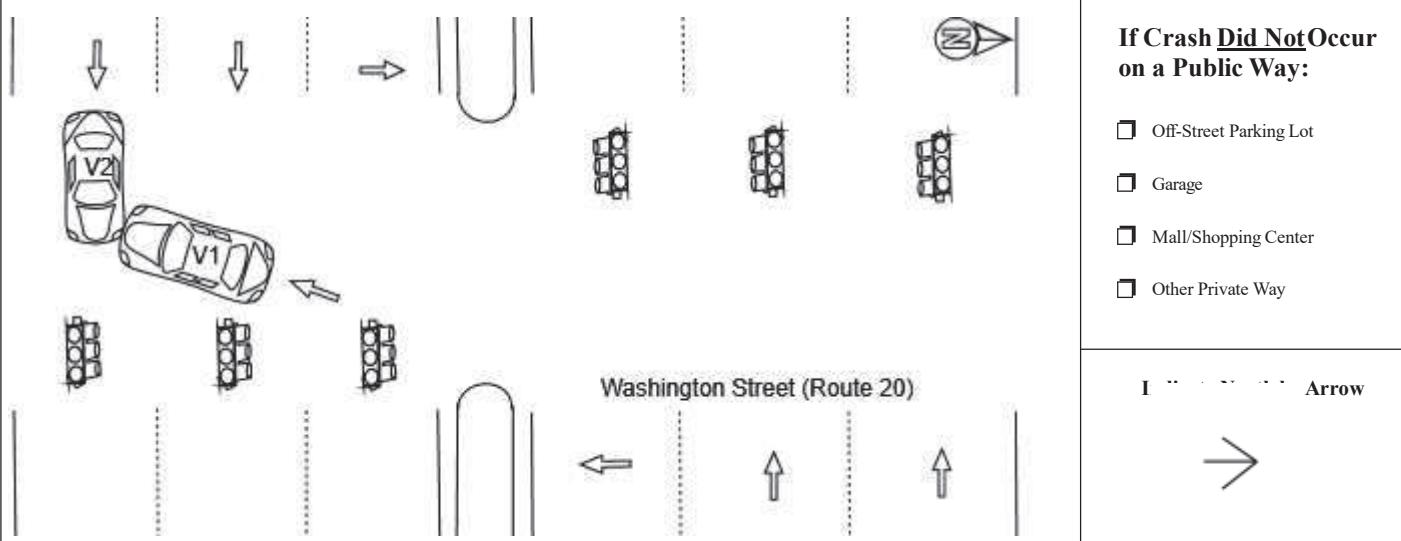
Operator/Occupants See Above

Medical Facility

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚰ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚰



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

01/09/2026

Date