

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/17/2026** Time of Crash **0715** 24HR

City/Town **Auburn**

Number Vehicles **1**
Number Injured **0**

Speed Limit **30**
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

Route# **768** Direction _____ Address # _____ Name of Roadway/Street **WASHINGTON ST**

11

2

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____

Feet **N S E W** of _____ Mile Marker _____ or _____
Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

4

3

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Landmark _____

12

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run MopedCrash Report ID# **26-27-AC**License # **S79826208** St **MA** DOB/Age **01/29/1983**Reg # **9EE213** Reg Type **PC** Reg State **MA**

4

Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **B** 20 CDL **T** EndorsementVeh Year **2010** Veh Make **FORD** Veh Config. **1** 21

13

Operator **LIND, JOSEPH** Last **LIND** First **JOSEPH** Middle _____Owner **PIZARRO, ESTHER** Last **PIZARRO** First **ESTHER** Middle _____

14

Address **55 FRANCIS ST**Address **55 FRANCIS ST**

15

City **WORCESTER** State **MA** Zip **01606-3119**City **WORCESTER** State **MA** Zip **01606-3119**

16

Insurance Company **PROGRESSIVE CASUALTY INSU**State **MA** Zip **01606-3119**

17

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22

18

Citation # (If Issued) _____

Damaged Area Code: **8** 27 27 27

19

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

Test Status: **1** 28

20

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

Type of Test: **0** 29

21

Please fill out for operator and all occupants involved

BAC Test Result: **1** 30

22

Name (Last First Middle) _____ Address _____

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

23

Operator

See Above

Towed from scene? **1** 33

24

Address _____

Medical Facility _____

25

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

Reg # _____ Reg Type _____ Reg State _____

26

License # _____ St _____ DOB/Age _____

Veh Year _____ Veh Make _____ Veh Config. **1** 21

27

Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **B** 20 CDL _____ Endorsement _____

Owner _____ Last _____ First _____ Middle _____

28

Operator _____ Last _____ First _____ Middle _____

Address _____

29

Address _____

City _____ State _____ Zip _____

30

City _____ State _____ Zip _____

Vehicle Action Prior to Crash **22**

31

Insurance Company _____

Damaged Area Code: **27** 27 27

32

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Test Status: **28**

33

Citation # (If Issued) _____

Type of Test: **29**

34

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

BAC Test Result: **30**

35

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

Susp. Alcohol: **31** Susp. Drug: **32**

36

Please fill out for operator and all occupants involved

Towed from scene? **33**

37

Name (Last First Middle) _____ Address _____

Medical Facility _____

38

Operator/Occupants

See Above

DOB/Age **1** Sex _____

39

34 Seat Pos. **35** Safety System **36** Airbag Status **37** Eject Code **38** Trap Code **39** Injury Status **40** Transp. Code _____

40

Medical Facility _____

