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	Speed Limit	Latitude	Longitude	Police Agency
11/11/2026	0840 (24HR)	Auburn	2	0	40			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: MIDSTATE DR

_____ Feet [N S E W] of — — — • — (Mile Marker) or _____ (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: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-425-AC

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

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator MELOSI, RYAN T (Last First Middle)

Address 319 STAR LN

City GLEN CARBON State IL Zip 62034

Insurance Company EAN HOLDINGS

Vehicle Travel Direction: ☒ S ☐ E ☐ 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 # JALC25 Reg Type PAN Reg State FL

Veh Year 2026 Veh Make CHEVROLET Veh Config. 1

Owner EAN HOLDINGS LLC (Last First Middle)

Address 14002 E 21ST ST ST APT 1500

City TULSA State OK Zip 74134-1424

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 5

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 2

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

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

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

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator DELLAROSA, JOHNY LEE (Last First Middle)

Address 378 SUNDERLAND RD APT 24B

City WORCESTER State MA Zip 01604-2518

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S ☐ E ☐ 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 # 5WAM24 Reg Type PAN Reg State MA

Veh Year 2013 Veh Make Infiniti Veh Config. 1

Owner DELLAROSA, JOHNY LEE (Last First Middle)

Address 378 SUNDERLAND RD APT 24B

City WORCESTER State MA Zip 01604-2518

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 0

Damaged Area Code: 1

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

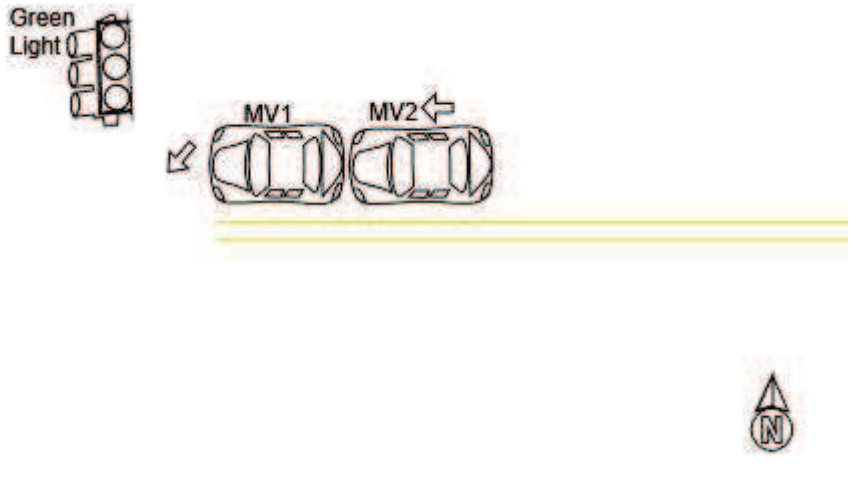
Towed from scene? 2

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

→ = 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[illegible] Arrow

Crash Narrative:

Mv1 was traveling northbound on Southbridge St. (a public way). Mv2 was traveling northbound on Southbridge St. Mv1 slowed in traffic at the green light on the intersection in order to turn left. Mv2 collided with Mv1's center rear. No injuries occurred, 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		97AO	Auburn Police Department		11/11/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date