

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/31/2026** Time of Crash **1105** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **35**
 State Police Local Police
 MBTA Police Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

1 1

Route# Direction Name of Roadway/Street
At

2 1

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

3

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

245 BRYN MAWR AVE

Route# Direction Address # Name of Roadway/Street

4 2

Feet N S E W of _____Feet S E W of _____Feet N S E W of _____

Mile Marker _____ or _____ Exit Number

9 11

Route# **LEICESTER ST** Intersecting Roadway/Street

Landmark _____

12 1

License # **S19303951** St **MA** DOB/Age **09/24/1960**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____

Endorsement _____

Operator **CARAMIELLO, JOSEPH GINO** Last **1** First **2** Middle **3**Address **318 ROCHDALE ST**City **AUBURN** State **MA** Zip **01501-1007**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Travel Direction: S E W Responding to Emergency? **2**

5 2

Citation # (If Issued) _____

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

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

6 1

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 _____

1 99 4 0 0 10 1 NOT TRANSPORTED

2 21

7 2

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **SA4031005** St **MA** DOB/Age **07/30/1983**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____

Endorsement _____

Operator **AREVALO LEMUS, SANTIAGO** Last **1** First **2** Middle **3**Address **7 WALL ST APT 2**City **WORCESTER** State **MA** Zip **01604-3789**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Travel Direction: N S W Responding to Emergency? **2**

8 1

Citation # (If Issued) _____

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

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

9 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 _____

1 99 4 0 0 10 1 NOT TRANSPORTED

10 2

2 21

11 9

Route# **LEICESTER ST** Intersecting Roadway/Street

Route# _____ Address _____

Feet N S E W of _____Feet S E W of _____Feet N S E W of _____

Mile Marker _____ or _____ Exit Number

12 1

Route# **318 ROCHDALE ST** Intersecting Roadway/Street

Route# _____ Address _____

Feet N S E W of _____Feet S E W of _____Feet N S E W of _____

Mile Marker _____ or _____ Exit Number

13 1

Route# **TOYOTA** Veh Make _____Veh Year **2025** Veh Make **TOYOTA** Veh Config. **1**

14 1

Reg # **69SS87** Reg Type **PC** Reg State **MA**Veh Year **2025** Veh Make **TOYOTA** Veh Config. **1**

15 1

Owner **CARAMIELLO, JOSEPH GINO** Last **1** First **2** Middle **3**Address **318 ROCHDALE ST**City **AUBURN** State **MA** Zip **01501-1007**State **MA** Zip **01501-1007**Vehicle Action Prior to Crash **1** **22**Event Sequence **1** **23** **23** **23** **23**Most Harmful Event **1** **24**Driver Contributing Code **1** **25** **25**Driver Distracted by **0** **26** **26**Damaged Area Code: **1** **27** **27** **27**Test Status: **1** **28**Type of Test: **0** **29**BAC Test Result: **1** **30**Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**Towed from scene? **1** **33**

16 1

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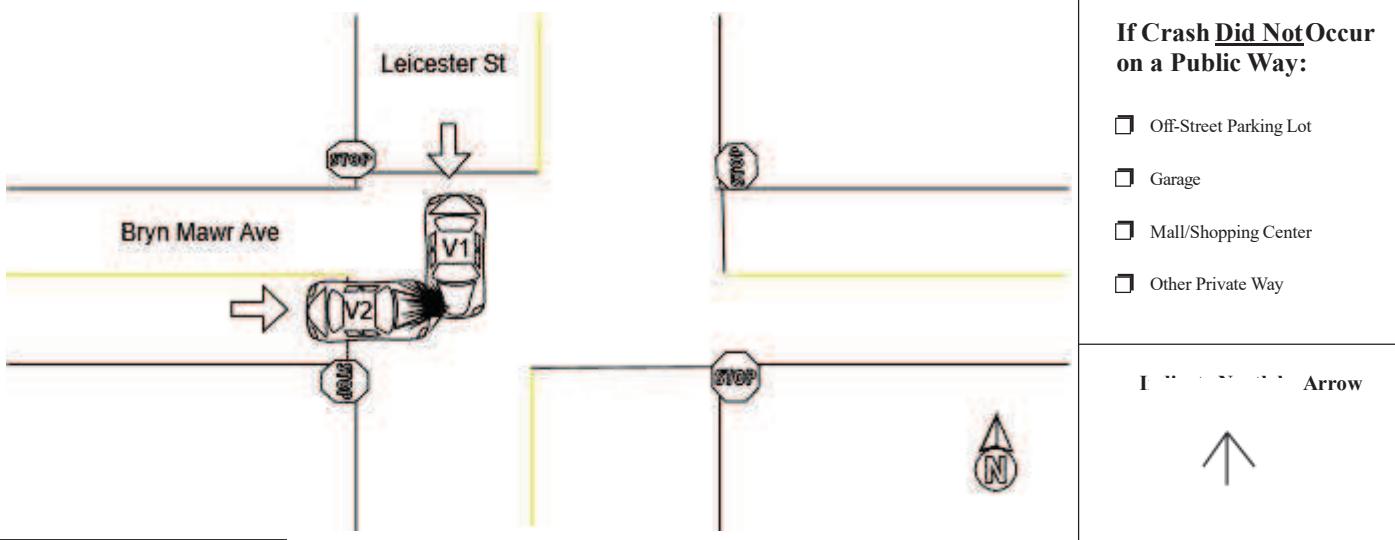
192 1

193 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 _____ Arrow



Crash Narrative:

Vehicle 1 was traveling down Leicester St and crossing over Bryn Mawr Ave, Vehicle 2 was traveling on Bryn Mawr Ave when it made collision with Vehicle 1. Operator of Vehicle 2 claimed he did not stop at the stop sign when going through the intersection causing the collision.

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

Auburn Police Department

ID/Badge #

Department

Precinct/Barracks

01/31/2026

Date