

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/15/2026** Time of Crash **1707** 24HRCity/Town **Auburn**Number Vehicles **1** Number Injured **2**Speed Limit **40** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**AUBURN ST**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

At \_\_\_\_\_

**SOUTHBRIDGE ST**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  MopedCrash Report ID# **26-25-AC**License # **S57320203** St **MA** DOB/Age **04/04/1997**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Operator **LOPEZ, MARCEL ISMAEL**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **30 COOLIDGE ST**City **AUBURN** State **MA** Zip **01501-2914**Insurance Company **PLYMOUTH ROCK ASSURANCE C**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**Citation # (If Issued) **958223AD**Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub **90** **14**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **7ZY239**Reg Type **PC**Reg State **MA**Veh Year **2017**Veh Make **FORD**Veh Config. **1**Owner **LOPEZ, MARCEL ISMAEL**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **30 COOLIDGE ST**City **AUBURN**State **MA** Zip **01501-2914**Vehicle Action Prior to Crash **1** 22Damaged Area Code: **1** 27 27 27Event Sequence **23** 23 97 23 23Test Status: **1** 28Most Harmful Event **23** 24Type of Test: **29**Driver Contributing Code **21** 25 **19** 25BAC Test Result: **1** 30Driver Distracted by **99** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **1** 33

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 1 4 0 0 8 2

**KRISTIN JORDAN**

3 CHELSEA ST

WORCESTER, MA 01610-2947

09/13/1993 F 3 1 4 0 0 8 2

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Action Prior to Crash **22**Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_Damaged Area Code: **27** 27 27

Citation # (If Issued) \_\_\_\_\_

Test Status: **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**

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 \_\_\_\_\_

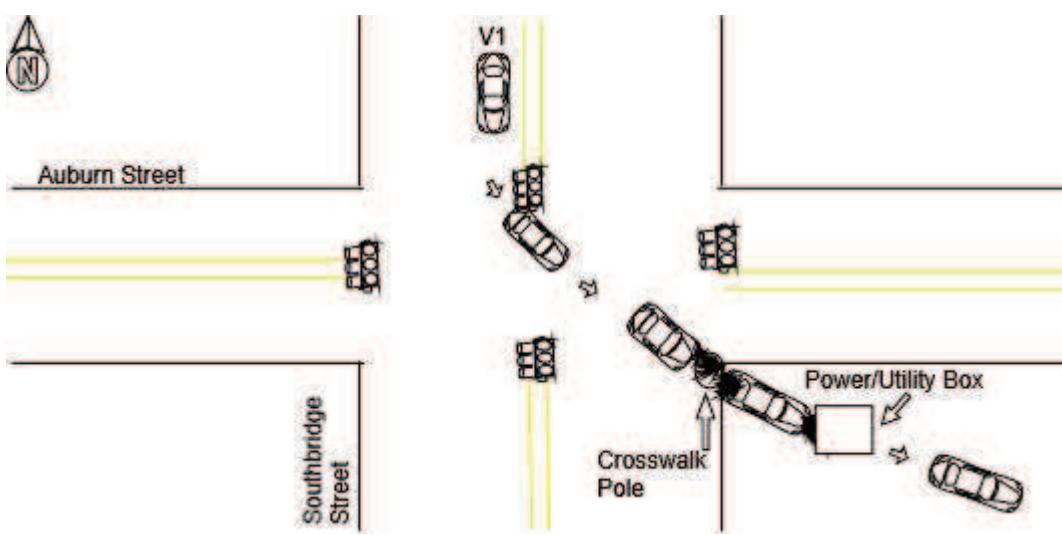
**Operator/Occupants**

See Above

1

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

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I      Arrow



**Crash Narrative:**

Operator and passenger of V1 report that V1 was turning left onto Auburn Street from Southbridge Street. Passenger reported that the operator [REDACTED] hit the crosswalk light pole and ran over the Power and utility box before stopping on the grass. [REDACTED]

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT	SOUTHBRIDGE ST AUBURN MA 01501		1	1 UTILITY BOX
AUBURN DPW	AUBURN ST AUBURN MA 01501		3	CROSSWALK POLE

**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 Jedadiah O Henry**

Police Officer Name (Please Print)

Signature

101JH

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

01/15/2026

Date