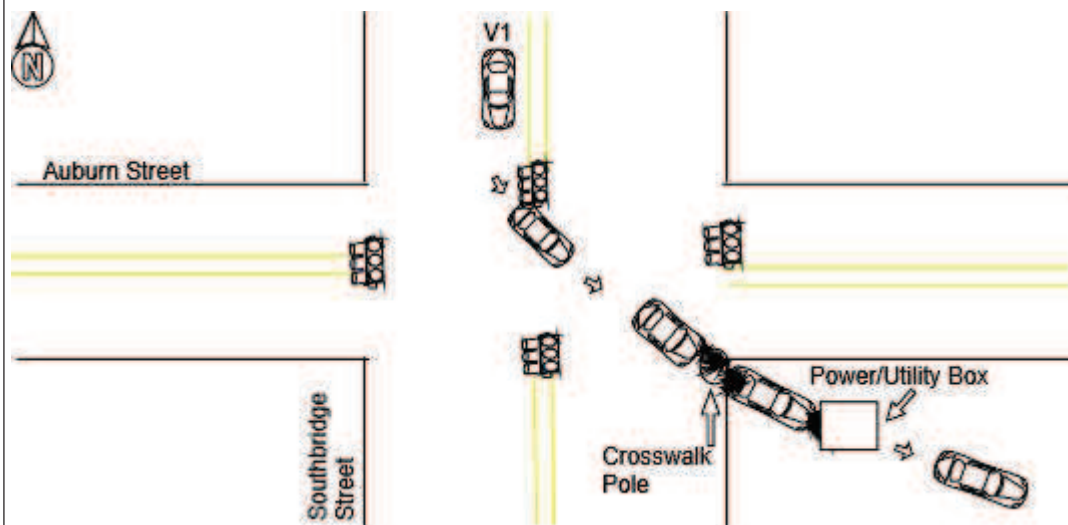


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 01/15/2026		Time of Crash 1707 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 2	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
AUBURN ST														2 10									
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At																							
SOUTHBRIDGE ST														1 11									
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number																	
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of																	
						Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-25-AC															
License # S57320203 St MA DOB/Age 04/04/1997						Reg # 7ZY239 Reg Type PC Reg State MA						2 12											
Sex M Lic. Class D 19 19		Lic. Restrictions 1 20		CDL Endorsement		Veh Year 2017 Veh Make FORD Veh Config. 1 21						1 12											
Operator LOPEZ, MARCEL ISMAEL						Owner LOPEZ, MARCEL ISMAEL																	
Address 30 COOLIDGE ST						Address 30 COOLIDGE ST																	
City AUBURN State MA Zip 01501-2914						City AUBURN State MA Zip 01501-2914																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 23 23 23 23						Test Status: 1 28											
Citation # (If Issued) 958223AD						Most Harmful Event 23 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 14						Driver Contributing Code 21 25 19 25						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Towed from scene? 1 33						23 13											
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		X		X		1		1		4		0		0		8		2		X	
KRISTIN JORDAN		3 CHELSEA ST WORCESTER, MA 01610-2947		09/13/1993		F		3		1		4		0		0		8		2		X	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age						Reg # Reg Type Reg State						21											
Sex Lic. Class D 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year Veh Make Veh Config.						21											
Operator						Owner																	
Address						Address																	
City State Zip						City State Zip																	
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28											
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Towed from scene? 33						14											
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		X		X		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

↑ Arrow



### Crash Narrative:

Operator and passanger of V1 report that V1 was turning left onto Auburn Street from Southbridge Street, Passanger 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	SOUTHBIDGE 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