

Police Use Only

Commonwealth of Massachusetts Motor Vehicle Crash Police Report

RMV Document Number

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:

< LOCATION >

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** 21Owner **LOPEZ, MARCEL ISMAEL**

Last _____ First _____ Middle _____

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

Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Endorsement _____

Operator _____ Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Citation # (If Issued) _____

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

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

Reg # _____ Reg Type _____ Reg State _____

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

Owner _____ Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

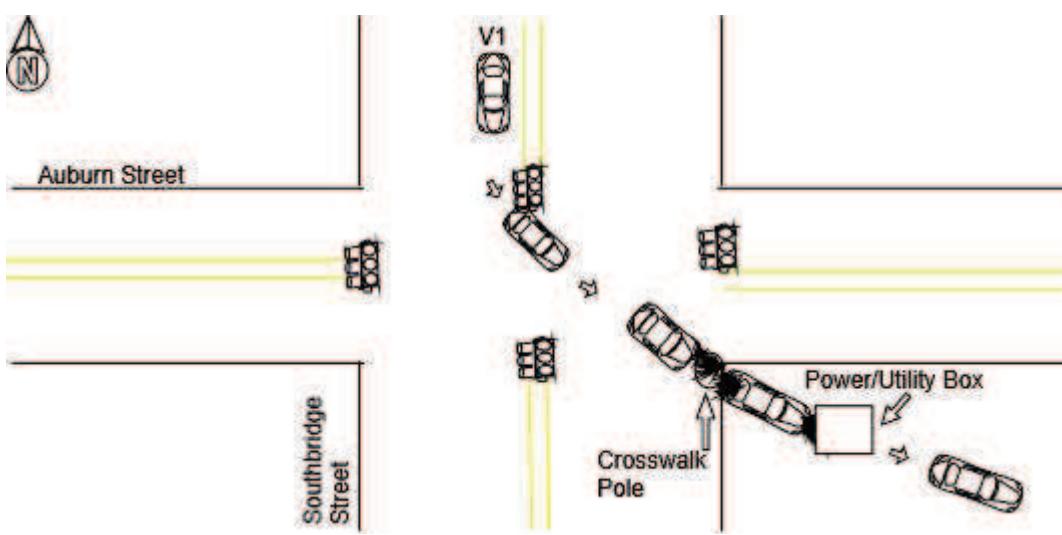
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Please fill out for operator and all occupants involved

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:



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] [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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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