Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Police Use Only			
Date of Crash	Time of Crash	City/Town	
01/07/2026	1134 / 24HR	Auburn	

RMV Document Number

Number Vehicles	Number Injured		
2	0	Speed Limit **10**	State Police ☐
		Latitude _____	Local Police ☒
		Longitude _____	MBTA Police ☐
			Campus Police ☐
			Other: _____

< LOCATION >

AT INTERSECTION:

1 — Route# ____ Direction ____ Name of Roadway/Street _____
At _____
Route# ____ Direction ____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
4 — Route# ____ Direction ____ Name of Intersecting Roadway/Street _____

NOT AT INTERSECTION:

2 — 10
Route# ____ Direction ____ Address # **850** Name of Roadway/Street **SOUTHBRIDGE ST**
_____ Feet N S E W of __ __ __ • __ __ or _____ Exit Number (Mile Marker)

7 — 11
_____ Feet N S E W of _____
_____ Feet N S E W of _____ Route# ____ Intersecting Roadway/Street _____
Landmark _____

---

3 — 5 / 1

Please Select One of the Following: ☒ Vehicle 1 **1** #Occupants   ☐ Hit/Run   ☐ Moped   **Crash Report ID# 26-11-AC**

License # ▓▓▓▓ St ▓ DOB/Age ▓▓▓▓   Reg # **3DXF58**   Reg Type **PAN**   Reg State **MA** — 1 / 12
Sex **F** Lic. Class **D** [19] [19]   Lic. Restrictions **B** [20]   CDL Endorsement ____   Veh Year **2016**   Veh Make **TOYOTA**   Veh Config. **1** [21]

4 — 1
Operator **GEE CEVALLOS, ALICE KERLYNE** (Last First Middle)   Owner **GEE CEVALLOS, ALICE KERLYNE** (Last First Middle)
Address **29 EKMAN ST FL APT 2**   Address **29 EKMAN ST FL APT 2**
City **WORCESTER** State **MA** Zip **01607-1513**   City **WORCESTER** State **MA** Zip **01607-1513**
Insurance Company **GOVERNMENT EMPLOYEES INSU**

5 — 2
Vehicle Travel Direction: N S ☒W   Responding to Emergency? **2**
Vehicle Action Prior to Crash **11** [22]   Damaged Area Code: **5** [27] **4** [27] [27]
Event Sequence **1** [23] [23] [23] [23]   Test Status: [28]
Citation # (If Issued) _____   Most Harmful Event **1** [24]   Type of Test: [29]
   BAC Test Result: [30]
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____   Driver Contributing Code **1** [25] [25]   Susp. Alcohol: [31]   Susp. Drug: [32] — 2 / 13

6 — 3
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____   Driver Distracted by **0** [26] [26]   Towed from scene? **2** [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	0	4	0	0	10	1	

---

7 — 1

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

License # ▓▓▓▓ St ▓ DOB/Age ▓▓▓▓   Reg # **T74273**   Reg Type **CON**   Reg State **MA**
Sex **M** Lic. Class **D** [19] [19]   Lic. Restrictions **1** [20]   CDL Endorsement ____   Veh Year **2018**   Veh Make **GMC**   Veh Config. **1** [21]

8 — 99
Operator **LEONE, JONATHAN ELIOT** (Last First Middle)   Owner **LEONES LANDSCAPING AND CONSTRUCTION INC** (Last First Middle)
Address **44 DEPOT RD**   Address **29 GROVE ST**
City **OXFORD** State **MA** Zip **01540-1234**   City **SHREWSBURY** State **MA** Zip **01545-4622** — 3 / 14
Insurance Company **UTICA NATIONAL INSURANCE**

Vehicle Travel Direction: N S ☒W   Responding to Emergency? **2**
Vehicle Action Prior to Crash **10** [22]   Damaged Area Code: **5** [27] [27] [27]
Event Sequence **2** [23] [23] [23] [23]   Test Status: [28]
Citation # (If Issued) _____   Most Harmful Event **2** [24]   Type of Test: [29]
   BAC Test Result: [30]
9 — 2
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____   Driver Contributing Code **18** [25] [25]   Susp. Alcohol: [31]   Susp. Drug: [32]
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____   Driver Distracted by **0** [26] [26]   Towed from scene? **2** [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/Occupants	See Above	✕	✕	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

Crash Diagram:

→ = **Direction**   [1] = **Vehicle 1**   [2] = **Vehicle 2**   👤 = **Pedestrian**   🚲 = **Bicycle**

ie: →[1]   →[2]   →👤   →🚲

Parking Spots

WestSide Plaza Parking Lot 850 Southbridge St.

Point of Impact

MV1   MV2

Fire Lane

N

If Crash <u>Did Not</u> Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

Mv1 was parked on the fire lane of the WestSide Plaza Parking Lot. MV2, a salt truck, was reversing on the fire lane. Mv2 backed into the center rear of MV1. No injuries occurred, both vehicles 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		01/07/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date