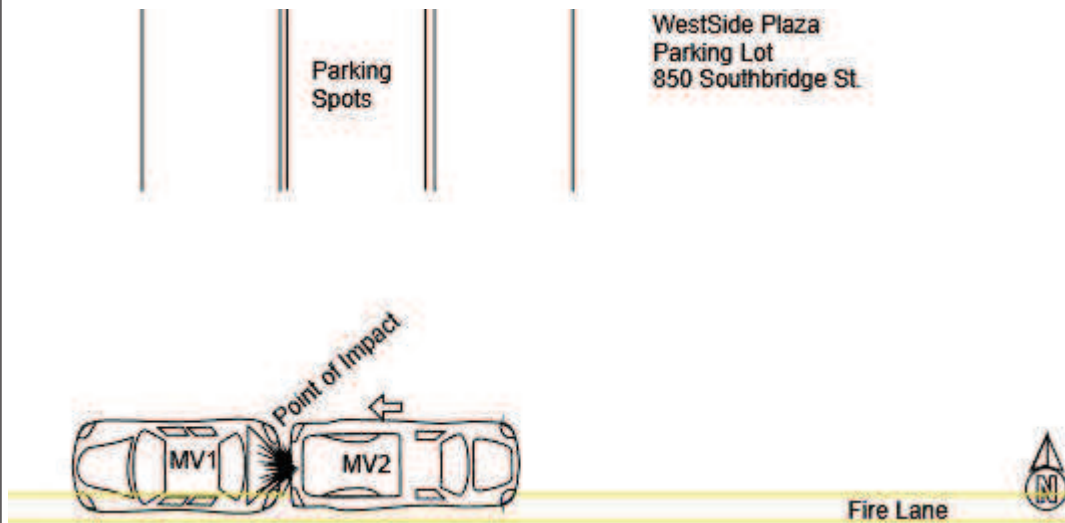


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 01/07/2026		Time of Crash 1134 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 10		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-11-AC								
License # SA4581727 St MA DOB/Age 02/27/1999						Reg # 3DXF58 Reg Type PAN Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21										
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						Vehicle Action Prior to Crash 11 22				Damaged Area Code: 5 27 4 27 27						
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23				Test Status: 28						
Citation # (If Issued)						Most Harmful Event 1 24				Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25				BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26				Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # S36672307 St MA DOB/Age 08/23/1999						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										
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										
Insurance Company UTICA NATIONAL INSURANCE						Vehicle Action Prior to Crash 10 22				Damaged Area Code: 5 27 27 27						
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 2 23 23 23 23				Test Status: 28						
Citation # (If Issued)						Most Harmful Event 2 24				Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 18 25 25				BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26				Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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										

→ = 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:

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

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/07/2026

Date