

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/19/2026** Time of Crash **1153** 24HR

City/Town **Auburn**

Number Vehicles **3** Number Injured **0** Speed Limit **35**  
 State Police  Local Police  MBTA Police   
 Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street  
At \_\_\_\_\_

2 10 Route# Direction Address # Name of Roadway/Street  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

2 2 Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with \_\_\_\_\_

4 11 Route# Direction Name of Intersecting Roadway/Street  
Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped

Crash Report ID# **26-29-AC**

License # **SA6051753** St **MA** DOB/Age **03/22/2008**

Reg # **unknown** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **CETIN, LIAM** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Owner **CETIN, DIANE CAROLE** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **7 WASHINGTON ST**

Address **50 HARRINGTON RD**

City **MILLBURY** State **MA** Zip **01527-1919**

City **CHARLTON** State **MA** Zip **01507-5233**

Insurance Company **LIBERTY MUTUAL INSURANCE**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 27 27

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Test Status: **1** 28

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

Type of Test: **0** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1** 30

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

Susp. Alcohol: **2** 31 Susp. Drug: **2** 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** **NOT TRANSPORTED**

6 2 Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Reg # **S56212** Reg Type **CO** Reg State **MA**

License # **S53374692** St **MA** DOB/Age **12/08/1991**

Veh Year **2007** Veh Make **CHEVROLET** Veh Config. **2** 21

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Owner **BEAR EXCAVATION LLC** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Operator **LOPEZ, ANTONIO JR** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **159 OLD WEBSTER RD**

Address **4 CAREY LN**

City **OXFORD** State **MA** Zip **01540-2023**

City **OXFORD** State **MA** Zip **01540-2714**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **97** 27 27 27

Insurance Company **MIDDLESEX INSURANCE COMP**

Test Status: **1** 28

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Type of Test: **0** 29

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

BAC Test Result: **1** 30

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

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

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** **0** **4** **0** **0** **10** **1** **NOT TRANSPORTED**

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/19/2026**Time of Crash **1153**  
24HRCity/Town **Auburn**Number Vehicles **3**Number Injured **0**Speed Limit **35**State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_2 10  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_4 11  
Feet \_\_\_\_\_ N  S  E  W  of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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

2 2  
Feet \_\_\_\_\_ N  S  E  W  of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet \_\_\_\_\_ N  S  E  W  of \_\_\_\_\_ Landmark \_\_\_\_\_3 Please Select One of the Following:  Vehicle **3.1** #Occupants  Hit/Run  MopedCrash Report ID# **26-29-AC**4 5  
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_1 12  
Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**Operator **unknown**  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_Owner \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
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? \_\_\_\_\_Test Status: **28**

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

Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

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

Susp. Alcohol: **31** Susp. Drug: **32**6 2  
Please fill out for operator and all occupants involvedTowed from scene? **33**

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Driver Distracted by **26 26**  
Medical Facility \_\_\_\_\_**Operator** See AboveDOB/Age \_\_\_\_\_ Sex \_\_\_\_\_ **1** \_\_\_\_\_7 6  
Please Select One of the Following:  Vehicle **4** #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 \_\_\_\_\_Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**Operator \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_Owner \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_

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

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

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

Vehicle Action Prior to Crash **22**  
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Please fill out for operator and all occupants involved

Towed from scene? **33**

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

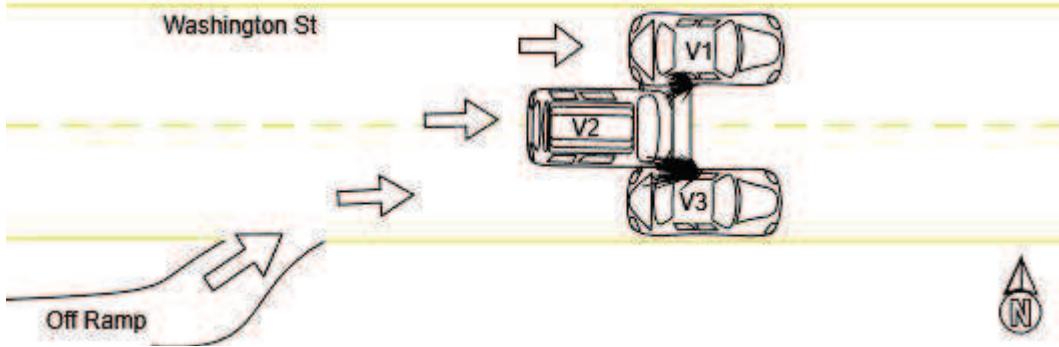
DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_ **1** \_\_\_\_\_**Operator/Occupants** See Above

Medical Facility \_\_\_\_\_

→ = 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

I → ⚙ → ⚙ → Arrow



**Crash Narrative:**

Vehicle 1 was traveling East, in lane one of Washington St when Vehicle 2 exited the highway off-ramp and began traveling East on Washington St in Lane two next to vehicle 1. Vehicle 3, an unknown vehicle exited the second highway off-ramp, failed to yield and merged into Vehicle 2's lane hitting the snow plow. Due to vehicle 3 hitting the snow plow it pushed vehicle 2 over into vehicle 1 lane causing the snow plow to hit the passenger rear door of vehicle 1.

**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 Patrick Montague**

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

01/19/2026

Date