

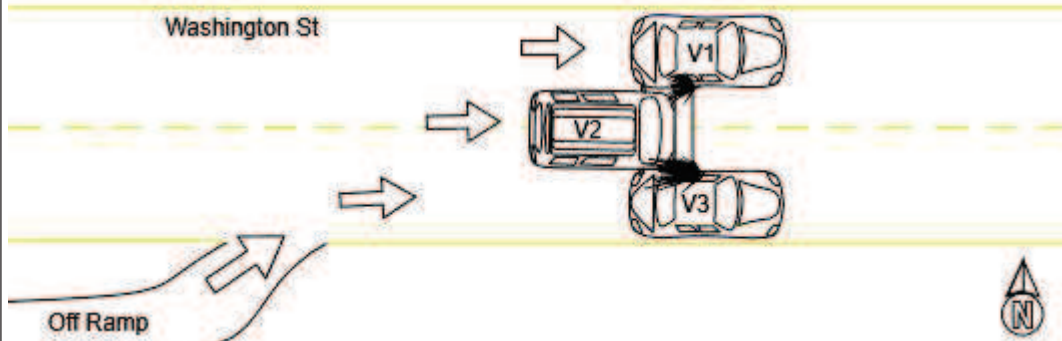
Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 01/19/2026		Time of Crash 1153 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>									
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# 26-29-AC							
License # SA6051753 St MA DOB/Age 03/22/2008						Reg # unknown Reg Type PC Reg State MA									
Sex M Lic. Class 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									
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26									
Please fill out for operator and all occupants involved						Damaged Area Code: 3 27 27 27									
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						Test Status: 1 28									
Operator See Above						Type of Test: 0 29									
						BAC Test Result: 1 30									
						Susp. Alcohol: 2 31 Susp. Drug: 2 32									
						Towed from scene? 2 33									
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 # S53374692 St MA DOB/Age 12/08/1991						Reg # S56212 Reg Type CO Reg State MA									
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make CHEVROLET Veh Config. 2 21									
Operator LOPEZ, ANTONIO JR Last First Middle						Owner BEAR EXCAVATION LLC Last First Middle									
Address 4 CAREY LN						Address 159 OLD WEBSTER RD									
City OXFORD State MA Zip 01540-2714						City OXFORD State MA Zip 01540-2023									
Insurance Company MIDDLESEX INSURANCE COMPA						Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26									
Please fill out for operator and all occupants involved						Damaged Area Code: 9 27 27 27									
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						Test Status: 1 28									
Operator/Occupants See Above						Type of Test: 0 29									
						BAC Test Result: 1 30									
						Susp. Alcohol: 2 31 Susp. Drug: 2 32									
						Towed from scene? 2 33									

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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>669 WASHINGTON ST</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>4</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>2</div> <div>10</div>													
																		<div>4</div> <div>11</div>													
Please Select One of the Following:			<input type="checkbox"/> Vehicle 31 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 26-29-AC																			
License # St DOB/Age						Reg # unknown Reg Type Reg State						12																			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21						1																			
Operator unknown						Owner						5																			
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Vehicle Action Prior to Crash 22						27 27 27																			
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						28																			
Citation # (If Issued)						Most Harmful Event 24						29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						31 32																			
						Towed from scene? 33						1 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						1																			
Please Select One of the Following:			<input type="checkbox"/> Vehicle 4 #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 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config.						21																			
Operator						Owner						14																			
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Vehicle Action Prior to Crash 22						27 27 27																			
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						28																			
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Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						31 32																			
						Towed from scene? 33						1 13																			
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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																			

→ = 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:

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