

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 11/27/2025		Time of Crash 1532 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
CHURCH ST														2 10		
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At						Feet N S E W of or Mile Marker Exit Number										
CENTRAL ST														3 11		
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										
Also at Intersection with						Feet N S E W of										
Route# Direction Name of Intersecting Roadway/Street						Landmark										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-425-AC								
License # 8145281 St AL DOB/Age 06/18/1989						Reg # 50B194A Reg Type PAN Reg State AL						1 12				
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2024 Veh Make DODGE Veh Config. 1 21						1				
Operator ALARCON, ELISEO						Owner UNKNOWN										
Address 134 KIGHT CIR						Address UNKNOWN										
City BOAZ State AL Zip 35957-4610						City UNKNOWN State AL Zip										
Insurance Company UNKNOWN (UNINSURED)						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 1 27 7 27 8 27				
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 28				
Citation # (If Issued) 865057AD						Most Harmful Event 1 24						Type of Test: 29				
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub 90 17						Driver Contributing Code 10 25 2 25						BAC Test Result: 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 5 26 26						Susp. Alcohol: 31 Susp. Drug: 32				
Please fill out for operator and all occupants involved						Towed from scene? 1 33						1 13				
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 99 3 0 0 10 1										
JASHUA THOMPSON DE LEON 140 KIGHT CIR BOAZ, AL 35957-4610						04/18/1987 M 3 99 3 0 0 10 1										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # S34324235 St MA DOB/Age 01/11/1974						Reg # 7HF228 Reg Type PC Reg State MA						1 14				
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21						1				
Operator ALLEN, KRISTEN N						Owner BECK, NORMAN R										
Address 48 LORING ST						Address 48 LORING ST										
City AUBURN State MA Zip 01501-2852						City AUBURN State MA Zip 01501-2852										
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 3 27 27				
Vehicle Travel Direction: N S E X 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				
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Please fill out for operator and all occupants involved						Towed from scene? 1 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										
BENJAMIN ROLOCUT 48 LORING ST AUBURN, MA 01501-2852						04/15/2004 M 3 1 4 0 0 10 1										

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Central Street

Church Street

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

I-84 Arrow

↓

### Crash Narrative:

The operator of V1 was engaged in a pursuit with the Massachusetts State Police beginning on I-84 and eventually entering onto I-90 eastbound towards Auburn. V1 exited I-90 and onto Southbridge Street, Rt-12 (a public way in the Town of Auburn) and was operating at speed in excess of 100 MPH on Southbridge Street in a posted 40MPH zone. V1 turned onto Church Street and continued to operate at a high rate of speed. As it approached the intersection of Central Street the vehicle attempted to turn left onto Central Street, still operating at a high rate of speed and struck V2 which was traveling westbound on Central Street. V1 did not stop at the posted stop sign according to V2. The operator from V1 fled on foot and was taken into custody a short time later. The Mass State Police have filed criminal charges and issued motor vehicle citations in addition to mine in regards to the matter. See MSP report 2025-CTrp-10472/1 and Auburn Police Report 25-1808-OF

### 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

Lieutenant Michael Tarckini

Police Officer Name (Please Print)

Signature

85MT

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/27/2025

Date