

Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 11/25/2025		Time of Crash 2059 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 40		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>14</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or</div> <div>Mile Marker Exit Number</div> <div>Feet NSEW of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet NSEW of</div> <div>Landmark</div>															
						<div>211</div>															
						<div>2</div>															
						<div>2</div>															
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-423-AC													
License # M65813926303042 St NJ DOB/Age 03/04/2004						Reg # C46WBK Reg Type PC Reg State NJ															
Sex M Lic. Class D1919 Lic. Restrictions 120 CDL Endorsement						Veh Year 2023 Veh Make ACURA Veh Config. 121															
Operator MORELCHECO, JEAN C						Owner MORELCHECO, JEAN C															
Address 359 HAMILTON AVE APT 209						Address 359 HAMILTON AVE APT 209															
City PATERSON State NJ Zip 07501-4219						City PATERSON State NJ Zip 07501-4219															
Insurance Company CURE INSURANCE						Vehicle Action Prior to Crash 222															
Vehicle Travel Direction: NNEW Responding to Emergency? 2						Event Sequence 123232323															
Citation # (If Issued)						Most Harmful Event 124															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626															
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved															
Operator						See Above															
JUAN MORELCASADO						601 W 184TH ST NEW YORK, NY 10033 05/31/1982 M 3 1 4 0 0 10 1															
ASHLEY MORELCHECO						601 W 184TH ST NEW YORK, NY 10033 07/06/2006 F 4 1 4 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 # S64722111 St MA DOB/Age 10/26/1963						Reg # 84BSIJ Reg Type PAN Reg State FL															
Sex M Lic. Class D1919 Lic. Restrictions 120 CDL Endorsement						Veh Year 2024 Veh Make HYUNDAI Veh Config. 221															
Operator GENEST, MARK D						Owner PV HOLDING CORP															
Address 50 CRAIG ST						Address 8600 HANGAR BLVD															
City LEICESTER State MA Zip 01754-2335						City ORLANDO State FL Zip 32827-0000															
Insurance Company LIBERTY MUTUAL FIRE INSU						Vehicle Action Prior to Crash 222															
Vehicle Travel Direction: NNEW Responding to Emergency? 2						Event Sequence 123232323															
Citation # (If Issued)						Most Harmful Event 124															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 52525															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 992626															
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved															
Operator/Occupants						See Above															
COLLEEN SHEARD						39 CRAIG ST ROCHDALE, MA 01542-1019 07/13/1981 F 3 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:

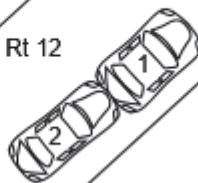
- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Intersection Arrow



RT 20

Rt 12



Crash Narrative:

Vehicle 1 was stopped at the stop light at the intersection of RT 12 and Rt 20. Vehicle 2 was approaching stopped traffic at the same intersection. V2 did not stop in time and collided with V1.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/25/2025

Date