

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 11/25/2025	Time of Crash 2059	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other: _____
24HR					Latitude _____	
					Longitude _____	

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 4

Route# Direction _____ Name of Roadway/Street
At _____Route# Direction _____ Name of Intersecting Roadway/Street
Also at Intersection with _____

Route# Direction _____ Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped2 10
820 SOUTHBIDGE ST

Route# Direction Address # Name of Roadway/Street

Feet **N S E W** of _____ • _____ or _____Feet **N S E W** of _____ Mile Marker _____ Exit Number _____Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____Feet **N S E W** of _____ Landmark _____License # **M65813926303042** St **NJ** DOB/Age **03/04/2004**Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____Operator **MORELCHECO, JEAN C** Last **1** First **2** Middle **3**Address **359 HAMILTON AVE APT 209**City **PATERSON** State **NJ** Zip **07501-4219**Insurance Company **CURE INSURANCE**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **C46WBK** Reg Type **PC** Reg State **NJ**Veh Year **2023** Veh Make **ACURA** Veh Config. **1 21**Owner **MORELCHECO, JEAN C** Last **1** First **2** Middle **3**Address **359 HAMILTON AVE APT 209**City **PATERSON** State **NJ** Zip **07501-4219**Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **29**Driver Contributing Code **1 25 25** BAC Test Result: **30**Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **2 33**

6 2 Please fill out for operator and all occupants involved

Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____

5 1 Operator **Operator** See Above

JUAN MORELCASADO 601 W 184TH ST NEW YORK, NY 10033

ASHLEY MORELCHECO 601 W 184TH ST NEW YORK, NY 10033

5 27 27 27

Test Status: **1 28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **2 33**7 3 Please Select One of the Following: Vehicle **22** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S64722111** St **MA** DOB/Age **10/26/1963**Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____Operator **GENEST, MARK D** Last **1** First **2** Middle **3**Address **50 CRAIG ST**City **LEICESTER** State **MA** Zip **01754-2335**Insurance Company **LIBERTY MUTUAL FIRE INSU**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **84BSIJ** Reg Type **PAN** Reg State **FL**Veh Year **2024** Veh Make **HYUNDAI** Veh Config. **2 21**Owner **PV HOLDING CORP** Last **1** First **2** Middle **3**Address **8600 HANGAR BLVD**City **ORLANDO** State **FL** Zip **32827-0000**Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **29**Driver Contributing Code **5 25 25** BAC Test Result: **30**Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **2 33**

9 2 Please fill out for operator and all occupants involved

Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____

Operator/Occupants **Operator/Occupants** See Above

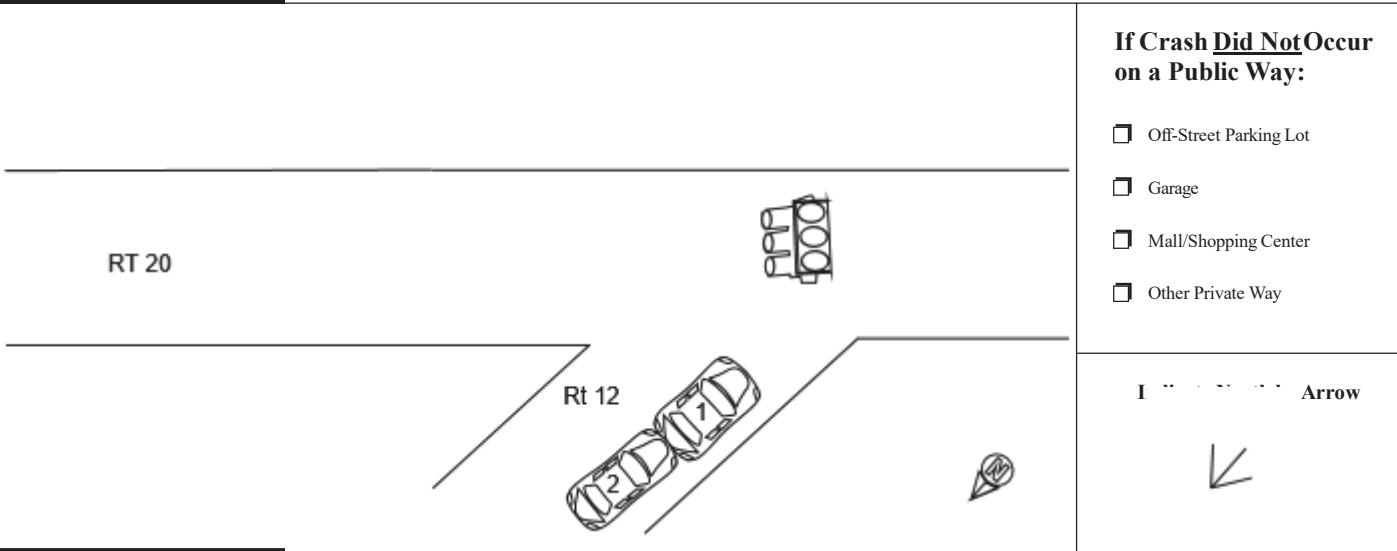
COLLEEN SHEARD 39 CRAIG ST ROCHDALE, MA 01542-1019

Medical Facility

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → ⚙



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