

Date of Crash **03/11/2026** Time of Crash **1220** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **2** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTHBRIDGE ST**  
Route# Direction Name of Roadway/Street  
At  
**WATERMAN RD**  
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 **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-114-AC**

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **3WNE54** Reg Type **PAN** Reg State **MA**  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement  
Operator **ARDON MELENDEZ, ALBA E** Owner **ARDON MELENDEZ, ALBA E**  
Address **481 PLEASANT ST** Address **481 PLEASANT ST**  
City **LEICESTER** State **MA** Zip **01524-1262** City **LEICESTER** State **MA** Zip **01524-1262**  
Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**  
Vehicle Travel Direction:  N  E  W 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**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		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	
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	[redacted]

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

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **2ZHR39** Reg Type **PAN** Reg State **MA**  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement  
Operator **KNOX, JACQUELINE T** Owner **KNOX, JACQUELINE T**  
Address **144 CENTRAL ST** Address **144 CENTRAL ST**  
City **AUBURN** State **MA** Zip **01501-2820** City **AUBURN** State **MA** Zip **01501-2820**  
Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **1** **27** **7** **27** **27**  
Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** **23** **1** **23** **22** **23** **23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9** **25** **25** BAC Test Result: **30**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
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Please fill out for operator and all occupants involved		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	
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	[redacted]

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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTHBRIDGE ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**WATERMAN RD**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

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

Please Select One of the Following:  Vehicle **3** #Occupants  Hit/Run  Moped **Crash Report ID# 26-114-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **8MG478** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **VOLKSWAGEN** Veh Config. **1 21**  
Operator **MCDONALD, DAVID JOSEPH II** Owner **MCDONALD, DAVID JOSEPH II**  
Address **25 INWOOD RD** Address **25 INWOOD RD**  
City **AUBURN** State **MA** Zip **01501-1142** City **AUBURN** State **MA** Zip **01501-1142**  
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **2 27 27 27**  
Vehicle Travel Direction:  S  E  W 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**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4 25 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **4** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

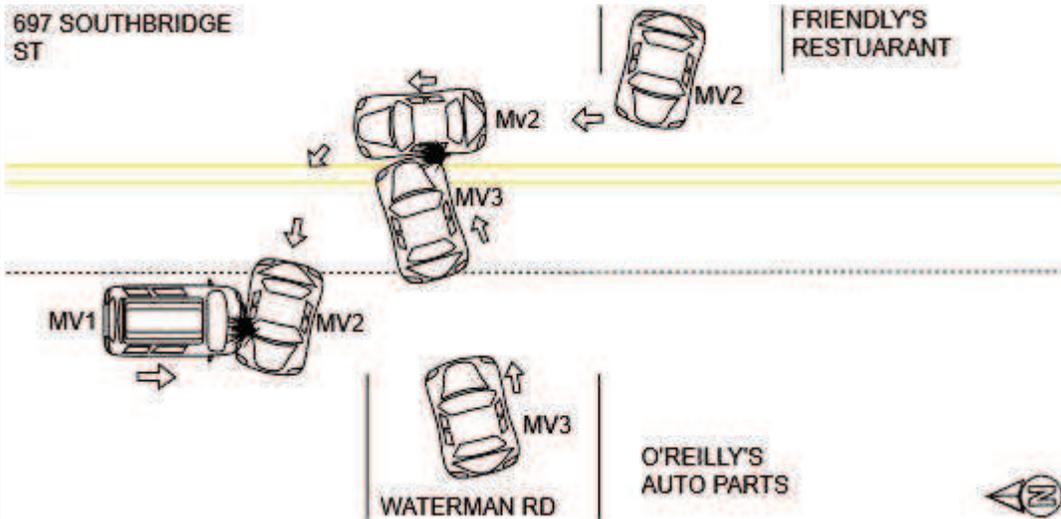
License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
Operator \_\_\_\_\_ Owner \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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<b>Operator/Occupants</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							

→ = 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

Insert Arrow



**Crash Narrative:**

MV1 was traveling southbound on Southbridge St (a public way) in the Town of Auburn. MV2 was turning right onto Southbridge St heading northbound. MV3 was turning left onto Southbridge St from Waterman Rd (a public way) also heading northbound and struck MV2's driver side. MV2 was sent onto MV1. MV2 and MV1 were both towed from the scene by Dorenzo's Towing. Positive airbag deployment by MV2 and MV1. Operator's of MV2 and MV1 were transported by Auburn EMS [REDACTED]. MV3's operator sustained no injuries.

**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 Alexander Ortiz-Torres    97AO    Auburn Police Department    03/11/2026  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date