

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/02/2026	Time of Crash 0928 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 10	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10
2

1 1	Route# _____	Direction _____	Name of Roadway/Street At _____
2 1	Route# _____	Direction _____	Name of Intersecting Roadway/Street Also at Intersection with _____
3	Route# _____	Direction _____	Name of Intersecting Roadway/Street

44 2	Route# _____	Direction _____	Address # _____	Name of Roadway/Street	
7 11	Feet _____	Feet _____	Feet _____	Feet _____	• _____ or _____
7 11	Feet _____	Feet _____	Feet _____	Route# _____	Intersecting Roadway/Street
7 12	Feet _____	Feet _____	Feet _____	Landmark _____	

Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped Crash Report ID# **26-52-AC**

License # **33758461** St **PA** DOB/Age **11/06/2000**Sex **M** Lic. Class **A** **19 19** Lic. Restrictions **1 20** CDL **T** EndorsementOperator **KING, JOE WELEMONGAR**

Last _____ First _____ Middle _____

Address **1212 LUDLOW ST APT 402**City **PHILADELPHIA** State **PA** Zip **19107**Insurance Company **CUNNINGHAM AND BUTLER**Vehicle Travel Direction: S 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 # **R3952HY** Reg Type **APN** Reg State **TN**
Veh Year **2023** Veh Make **International** Veh Config. **10 21**

Owner **NEW HORIZONS LEASING INC**
Last _____ First _____ Middle _____
Address **7135 CENTENNIAL PL**

City **NASHVILLE** State **TN** Zip **37209**

Vehicle Action Prior to Crash	10 22	Damaged Area Code:	0 27 27 27
Event Sequence	2 23 23 23 23	Test Status:	28
Most Harmful Event	2 24	Type of Test:	29
Driver Contributing Code	99 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

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
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Operator

See Above

1	1	4	0	0	10	1	
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Please Select One of the Following: Vehicle 20 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ EndorsementOperator **Driverless M.V.**

Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Insurance Company **THE HANOVER INSURANCE COM**Vehicle Travel Direction: S E W Responding to Emergency? _____

Citation # (If Issued) _____

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

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

Reg # **1XPW13** Reg Type **PC** Reg State **MA**Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1 21**Owner **ALVAREZ VEGA, OTHONIEL**
Last _____ First _____ Middle _____Address **340 MILL ST**City **WORCESTER** State **MA** Zip **01602-3124**

Vehicle Action Prior to Crash	11 22	Damaged Area Code:	5 27 27 27
Event Sequence	1 23 23 23 23	Test Status:	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
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		Towed from scene?	2 33

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
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Operator/Occupants

See Above

1	0	4	0	0	10	1	
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:



ie: →

1

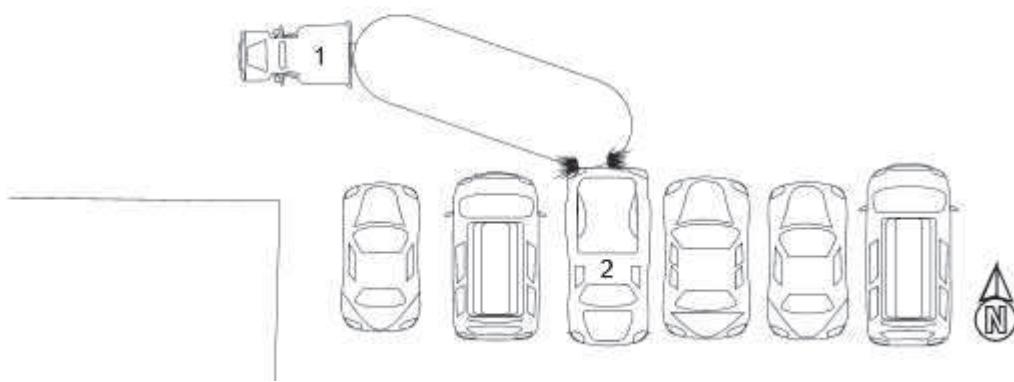
→

2

→



→ ⚙



If Crash Did Not Occur on a Public Way:

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

I → ⚙ Arrow



Crash Narrative:

Vehicle 1 was backing up in the parking lot. Vehicle 2 was parked in the designated employee parking area. Vehicle 1 backed into parked, unoccupied Vehicle 2. No damage was sustained by 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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2026

Date