

Police Use Only

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash 02/02/2026 Time of Crash 0928
24HR

City/Town
Auburn

Number Vehicles	Number Injured	Speed Limit <u>10</u>	State Police <input type="checkbox"/>
<u>2</u>	<u>0</u>	Latitude _____	Local Police <input checked="" type="checkbox"/>
		Longitude _____	MBTA Police <input type="checkbox"/>
			Campus Police <input type="checkbox"/>
			Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route#	Direction	Address #	Name of Roadway/Street
Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of	• — —	or
Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of	Mile Marker	Exit Number
Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of	Route#	Intersecting Roadway/Street
Landmark			

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 26-52-AC
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License # 33758461 St PA DOB/Age 11/06/2000Reg # R3952HY Reg Type APN Reg State TNSex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL T EndorsementVeh Year 2023 Veh Make International Veh Config. 10 21Operator KING, JOE WELEMONGAROwner NEW HORIZONS LEASING INCLast 1212 LUDLOW ST First APT 402 MiddleAddress 7135 CENTENNIAL PLCity PHILADELPHIA State PA Zip 19107City NASHVILLE State TN Zip 37209Insurance Company CUNNINGHAM AND BUTLERVehicle Action Prior to Crash 10 22Vehicle Travel Direction: X S E W Responding to Emergency? 2Damaged Area Code: 0 27 27 27

Citation # (If Issued) _____

Test Status: 28

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

Type of Test: 29

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

BAC Test Result: 30Driver Contributing Code 99 25 25Susp. Alcohol: 2 31 Susp. Drug: 2 32Driver Distracted by 99 26 26Towed 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
Operator	See Above	X	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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License # _____ St _____ DOB/Age _____

Reg # 1XPW13 Reg Type PC Reg State MASex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ EndorsementVeh Year 2018 Veh Make TOYOTA Veh Config. 1 21Operator Driverless M.V.Owner ALVAREZ VEGA, OTHONIEL

Last _____ First _____ Middle _____

Address 340 MILL ST

City _____ State _____ Zip _____

City WORCESTER State MA Zip 01602-3124Insurance Company THE HANOVER INSURANCE COMVehicle Action Prior to Crash 11 22Vehicle Travel Direction: N S E W Responding to Emergency? _____Damaged Area Code: 5 27 27 27

Citation # (If Issued) _____

Test Status: 28

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Operator/Occupants	See Above	X	X	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:



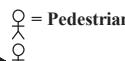
ie: →

1

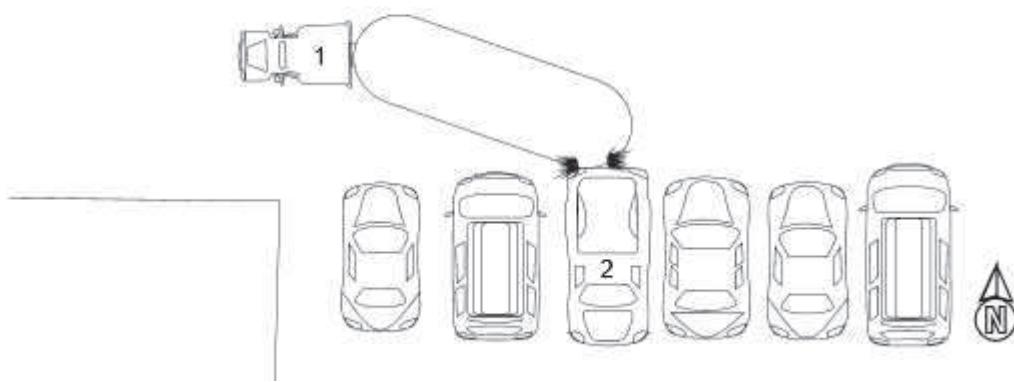
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2

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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