

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/12/2026** Time of Crash **2023** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **30**
 State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 5 Route# Direction _____ Name of Roadway/Street
 At _____

2 10 Route# **38** Direction Address # Name of Roadway/Street
 _____ Feet **N S E W** of _____ • _____ or _____

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

8 11 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street
 _____ Feet **N S E W** of _____ Landmark _____

3 99 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-72-AC**

License # **S22166780** St **MA** DOB/Age **05/21/1990**

Reg # **6KDW41** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____

Veh Year **2025** Veh Make **HONDA** Veh Config. **1** 21

4 1 Operator **TORRES ORTIZ, ANGEL JOEL**
 Last **TORRES** First **ANGEL** Middle **JOEL**

Owner **TORRES ORTIZ, ANGEL JOEL**
 Last **TORRES** First **ANGEL** Middle **JOEL**

Address **95 TACOMA ST**

Address **95 TACOMA ST**

City **WORCESTER** State **MA** Zip **01605-3518**

City **WORCESTER** State **MA** Zip **01605-3518**

Insurance Company **PROGRESSIVE DIRECT INSURA**

State **MA** Zip **01605-3518**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Vehicle Action Prior to Crash **2** 22
 Damaged Area Code: **8** 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: **30**

Driver Contributing Code **1** 25 25

Susp. Alcohol: **31** Susp. Drug: **32**

Driver Distracted by **0** 26 26

Towed from scene? **2** 33

6 1 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

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7 3 Please Select One of the Following: Vehicle **2** 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **unknown** Reg Type _____ Reg State _____

License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____
 Endorsement _____

Veh Year _____ Veh Make _____ Veh Config. **21**

8 2 Operator **unknown**
 Last **unknown** First **unknown** Middle **unknown**

Owner _____ Last _____ First _____ Middle _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash **22**
 Damaged Area Code: **27** 27 27

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Test Status: **28**

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **31** Susp. Drug: **32**

9 2 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

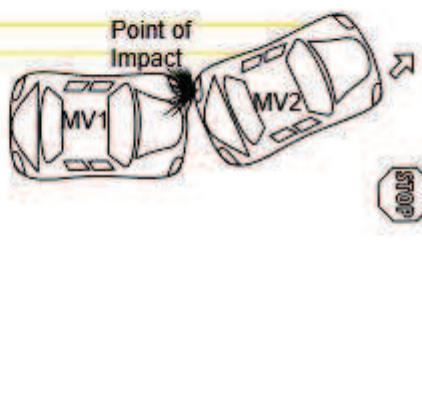
See Above

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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:

MV1 was traveling southbound on Heard St (a public way), when they stopped at the stop sign of Oxford St N. MV2 was in front of MV1 and was stopped at the stop sign of Heard St at Oxford St N. MV2 reversed and collided with MV1's left front bumper. MV2 drove away and did not stop. MV1 was drivable, 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

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/12/2026

Date