

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/23/2025** Time of Crash **0924** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **50**  
 State Police  Local Police  MBTA Police   
 Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1	Route# Direction Name of Roadway/Street			Route# Direction Address #	Name of Roadway/Street				
	At								
2 1	Route# Direction Name of Intersecting Roadway/Street			Feet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of	N	S	E	W	Mile Marker _____ or Exit Number _____
	N	S	E		W				
Also at Intersection with									
3 99	Route# Direction Name of Intersecting Roadway/Street			Feet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of	N	S	E	W	Route# Intersecting Roadway/Street
	N	S	E		W				
Landmark _____									

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **25-460-AC**

License # **249633858** St **CT** DOB/Age **12/23/2002** Reg # **C435203** Reg Type **PAN** Reg State **CT**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement

Operator **BARROS, DAJON NATALIO** Last **1** First **2** Middle **3**  
 Address **5 CROSSWAY ST APT 1** Address **14002 E 21ST ST STE 1500**

City **NORWICH** State **CT** Zip **06360** City **TULSA** State **OK** Zip **74134**

Insurance Company **TRAVELERS PROPERTY CASUAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **0** 27 27 27  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Event Sequence **1** 23 23 23 23 Type of Test: **29**  
 Most Harmful Event **1** 24 BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** 25 25 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 26 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
<b>Operator</b>	See Above	<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 **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # **S19803673** St **MA** DOB/Age **07/15/1980** Reg # **3GCS80** Reg Type **PAN** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement

Operator **O'CONNELL, BRENNAN G** Last **1** First **2** Middle **3**  
 Address **17 TEMPLE ST APT 3** Address **17 TEMPLE ST APT 3**

City **SPENCER** State **MA** Zip **01562** City **SPENCER** State **MA** Zip **01562-2590**

Insurance Company **LIBERTY MUTUAL PERSONAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Event Sequence **1** 23 23 23 23 Type of Test: **29**  
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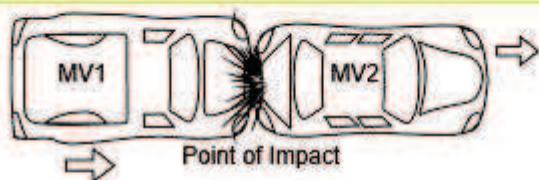
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<b>Operator/Occupants</b>	See Above	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>			

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

**Crash Diagram:**

ie: → 1 → 2 → ♂ → ⚙



WASHINGTON ST

**Crash Narrative:**

MV1 was traveling eastbound on Washington St (a public way), in the Town of Auburn. MV2 was traveling eastbound on Washington St. While traveling eastbound MV1 was behind MV2 and collided with MV2's center rear. No injuries occurred and both vehicles were drivable.

I → ♂ ⚙ Arrow



**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

12/23/2025

Date