

# 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:

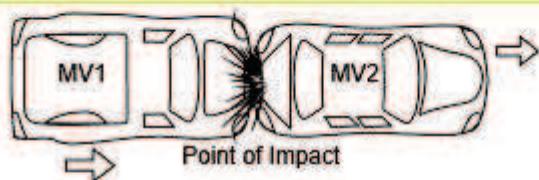
10

1 1  
Route# Direction \_\_\_\_\_ Name of Roadway/Street  
At \_\_\_\_\_2 10  
Route# Direction Address # Name of Roadway/Street  
**475 WASHINGTON ST**2 11  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with \_\_\_\_\_2 11  
Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_2 1  
Route# Direction Name of Intersecting Roadway/Street2 1  
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  MopedCrash Report ID# **25-460-AC**4 1  
License # **249633858** St **CT** DOB/Age **12/23/2002**1 12  
Reg # **C435203** Reg Type **PAN** Reg State **CT**Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_1 21  
Veh Year **2025** Veh Make **CHEVROLET** Veh Config. **1**4 1  
Operator **BARROS, DAJON NATALIO** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_1 1  
Address **5 CROSSWAY ST APT 1**4 1  
City **NORWICH** State **CT** Zip **06360**1 1  
City **TULSA** State **OK** Zip **74134**5 2  
Insurance Company **TRAVELERS PROPERTY CASUAL**1 1  
Vehicle Action Prior to Crash **1 22**5 2  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**1 1  
Damaged Area Code: **0 27 27 27**5 2  
Citation # (If Issued) \_\_\_\_\_1 1  
Test Status: **28**5 2  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_1 1  
Type of Test: **29**6 1  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_1 1  
BAC Test Result: **30**6 1  
Driver Contributing Code **5 25 25**1 1  
Susp. Alcohol: **31** Susp. Drug: **32**6 1  
Driver Distracted by **0 26 26**1 1  
Towed from scene? **2 33**6 1  
Please fill out for operator and all occupants involved1 1  
Medical Facility6 1  
Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_1 1  
DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_1 1  
34 Seat Pos. \_\_\_\_\_ 35 Safety System \_\_\_\_\_ 36 Airbag Status \_\_\_\_\_1 1  
37 Eject Code \_\_\_\_\_ 38 Trap Code \_\_\_\_\_ 39 Injury Status \_\_\_\_\_1 1  
40 Transp. Code \_\_\_\_\_ Medical Facility \_\_\_\_\_6 1  
**Operator** See Above1 1  
**1 1 4 0 0 10 1**7 1  
Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.7 1  
License # **S19803673** St **MA** DOB/Age **07/15/1980**1 21  
Reg # **3GCS80** Reg Type **PAN** Reg State **MA**7 2  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_1 21  
Veh Year **2018** Veh Make **HONDA** Veh Config. **1**8 2  
Operator **O'CONNELL, BRENNAN G** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_1 21  
Address **17 TEMPLE ST APT 3**8 2  
City **SPENCER** State **MA** Zip **01562**1 21  
City **SPENCER** State **MA** Zip **01562-2590**8 2  
Insurance Company **LIBERTY MUTUAL PERSONAL**1 21  
Vehicle Action Prior to Crash **1 22**8 2  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**1 21  
Damaged Area Code: **5 27 27 27**9 2  
Citation # (If Issued) \_\_\_\_\_1 21  
Test Status: **28**9 2  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_1 21  
Type of Test: **29**9 2  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_1 21  
BAC Test Result: **30**9 2  
Driver Contributing Code **1 25 25**1 21  
Susp. Alcohol: **31** Susp. Drug: **32**9 2  
Driver Distracted by **0 26 26**1 21  
Towed from scene? **2 33**9 2  
Please fill out for operator and all occupants involved1 21  
Medical Facility9 2  
Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_1 21  
DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_1 21  
34 Seat Pos. \_\_\_\_\_ 35 Safety System \_\_\_\_\_ 36 Airbag Status \_\_\_\_\_1 21  
37 Eject Code \_\_\_\_\_ 38 Trap Code \_\_\_\_\_ 39 Injury Status \_\_\_\_\_1 21  
40 Transp. Code \_\_\_\_\_ Medical Facility \_\_\_\_\_9 2  
**Operator/Occupants** See Above1 21  
**1 1 4 0 0 10 1**

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

**Crash Diagram:**

ie: → 1 → 2 → ♂ → ⚙



WASHINGTON ST



I → ♂ ⚙ Arrow



**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.

**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