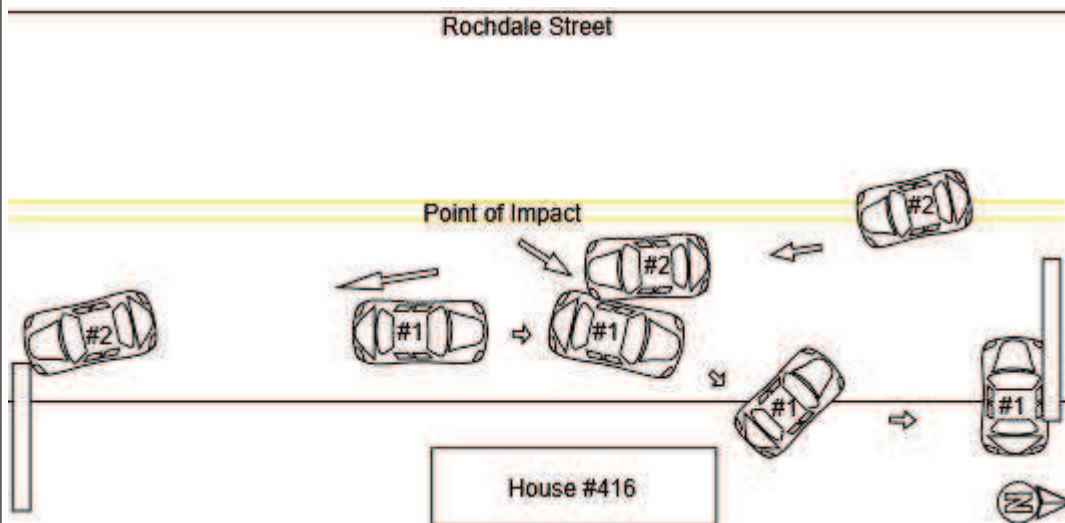


Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 05/14/2025	Time of Crash 1256 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of Landmark</div>							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 25-165-AC						
License # SA0111266 St MA DOB/Age 04/08/1997						Reg # 4CJX25 Reg Type PAN Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21							
Operator BELALCAZAR, MARIA A Last First Middle						Owner BELALCAZAR, MARIA A Last First Middle							
Address 64 CLOVER ST						Address 64 CLOVER ST							
City WORCESTER State MA Zip 01603-1931						City WORCESTER State MA Zip 01603-1931							
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 3 27 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 1 24 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						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26						Towed from scene? 1 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				1	1	3	0	0	10	1	
KEVIN MONTIEL		64 CLOVER ST FRNT WORCESTER, MA 01603-1931		06/02/1995	M	3	1	3	0	0	10	1	
Please Select One of the Following:													
<input checked="" type="checkbox"/> Vehicle 22 #Occupants			<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # S65395301 St MA DOB/Age 11/05/1951						Reg # PH5779 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21							
Operator JACKSON, LEE PAUL Last First Middle						Owner JACKSON, LEE PAUL Last First Middle							
Address 458 OXFORD STREET NO						Address 458 OXFORD STREET NO							
City AUBURN State MA Zip 01501-1959						City AUBURN State MA Zip 01501-1959							
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued) 422770AD						Most Harmful Event 1 24 Type of Test: 29							
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub						BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 9 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 99 26 26						Towed from scene? 1 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/Occupants		See Above				1	1	3	0	0	10	1	
VERONICA JACKSON		458 OXFORD ST N AUBURN, MA 01501-1959		02/05/1953	F	3	1	1	0	0	10	1	

→ = 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

Legend: Arrow



Crash Narrative:

V#1 was traveling southbound on Rochdale Street (public way). The operator of V#1 stated that V#2 was coming into their lane when they were traveling in the opposite direction northbound. V#1 tried to turn out of the way but they were too late. V#2 hit the back left side of V#1 causing them to spin sideways and strike a telephone pole off the roadway. After V#2 hit the back of V#1, it continued down the roadway when it came to a stop after hitting a different telephone pole. The area of impact in the roadway was approximately 4ft from the center line. Both vehicles were towed from the scene. No injuries to report.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/14/2025

Date