

Police Use Only

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash **05/14/2025**Time of Crash **1256**
24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **35**State Police
Local Police
MBTA Police
Campus Police
Other: _____**AT INTERSECTION:**

< LOCATION >

NOT AT INTERSECTION:

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

2 10
Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ or _____ Mile Marker Exit Number
Feet **N S E W** of _____ Route# Intersecting Roadway/Street
Feet **N S E W** of _____ Landmark

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

8 11
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____

3 1
Route# Direction Name of Intersecting Roadway/Street
Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped

Crash Report ID# **25-165-AC**

License # **SA0111266** St **MA** DOB/Age **04/08/1997**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ EndorsementOperator **BELALCAZAR, MARIA A** Last **1** First **2** Middle **3**Address **64 CLOVER ST**City **WORCESTER** State **MA** Zip **01603-1931**Insurance Company **GEICO GENERAL INSURANCE C**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Citation # (If Issued) _____

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

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

Reg # **4CJX25** Reg Type **PAN** Reg State **MA**Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1** 21Owner **BELALCAZAR, MARIA A** Last **1** First **2** Middle **3**Address **64 CLOVER ST**City **WORCESTER** State **MA** Zip **01603-1931**Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 3 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **29**Driver Contributing Code **1 25 25** BAC Test Result: **30**Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**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 DOB/Age **1 1 3 0 0 10 1****KEVIN MONTIEL** Address **64 CLOVER ST FRNT WORCESTER, MA 01603-1931** DOB/Age **06/02/1995** Sex **M** 3 1 3 0 0 10 17 1
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped 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 _____ EndorsementOperator **JACKSON, LEE PAUL** Last **1** First **2** Middle **3**Address **458 OXFORD STREET NO**City **AUBURN** State **MA** Zip **01501-1959**Insurance Company **ARBELLA MUTUAL INSURANCE**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Citation # (If Issued) **422770AD**Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub _____

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

Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** 21Owner **JACKSON, LEE PAUL** Last **1** First **2** Middle **3**Address **458 OXFORD STREET NO**City **AUBURN** State **MA** Zip **01501-1959**Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **29**Driver Contributing Code **9 25 19 25** BAC Test Result: **30**Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **1 33**

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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

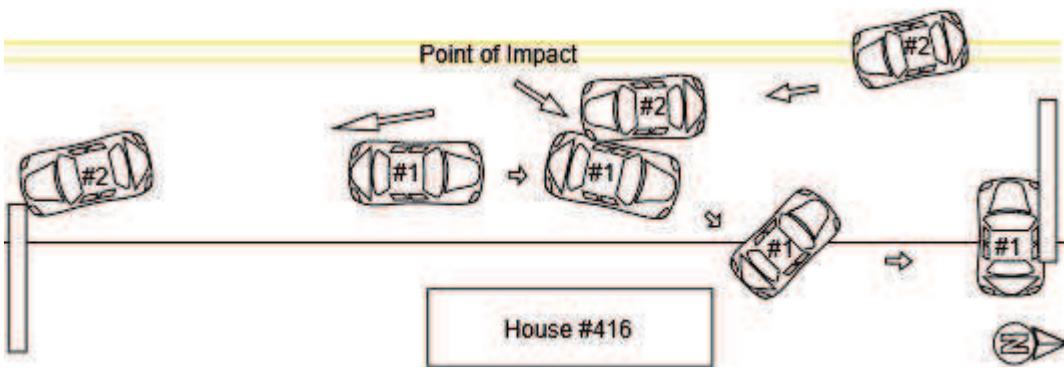
Operator/Occupants See Above DOB/Age **1 1 3 0 0 10 1****VERONICA JACKSON** Address **458 OXFORD ST N AUBURN, MA 01501-1959** DOB/Age **02/05/1953** Sex **F** 3 1 1 0 0 10 1

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

Crash Diagram:

ie: → 1 → 2 → ⚒ → ⚒

Rochdale Street



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I → Arrow

Crash Narrative:

V#1 was traveling soutbound 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