

Date of Crash **02/02/2026** Time of Crash **0928** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **44** Direction _____ Address # _____ Name of Roadway/Street **SOUTHBRIDGE ST**

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 _____

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

Crash Report ID# **26-52-AC**

License # _____ St. _____ DOB/Age _____ Reg # **R3952HY** Reg Type **APN** Reg State **TN**

Sex **M** Lic. Class **A 19 19 D** Lic. Restrictions **1 20** CDL **T** Veh Year **2023** Veh Make **International** Veh Config. **10 21**

Operator **KING, JOE WELEMONGAR** Owner **NEW HORIZONS LEASING INC**

Address **1212 LUDLOW ST APT 402** Address **7135 CENTENNIAL PL**

City **PHILADELPHIA** State **PA** Zip **19107** City **NASHVILLE** State **TN** Zip **37209**

Insurance Company **CUNNINGHAM AND BUTLER** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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	X	X	1	1	4	0	0	10	1

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

License # _____ St. _____ DOB/Age _____ Reg # **1XPW13** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **A 19 19 D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **ALVAREZ VEGA, OTHONIEL**

Address _____ Address **340 MILL ST**

City _____ State _____ Zip _____ City **WORCESTER** State **MA** Zip **01602-3124**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

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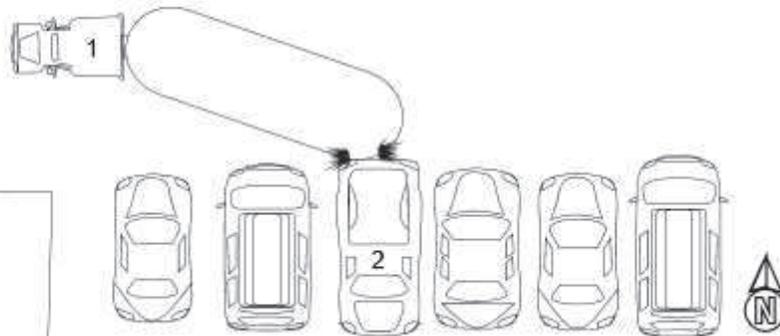
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Operator/Occupants		See Above	X	X	1	0	4	0	0	10	1

→ = 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

↑ Arrow



Crash Narrative:

Vehicle 1 was backing up in the parking lot. Vehicle 2 was parked in the designated employee parking area. Vehicle 1 backed into parked, unoccupied Vehicle 2. No damage was sustained by Vehicle 1.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2026

Date