

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/04/2026** Time of Crash **1244** 24HR City/Town **Auburn**

Number Vehicles **4** Number Injured **1** Speed Limit **50**

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 X** of _____ • _____ or _____
Mile Marker _____ Exit Number _____

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

4 11 Route# Direction Name of Intersecting Roadway/Street
Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street
Feet **N S E W** of _____ Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-58-AC**License # **S08894521** St **MA** DOB/Age **11/21/1994**Reg # **6MEX83** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Endorsement _____Veh Year **2007** Veh Make **HONDA** Veh Config. **1** 21Operator **PARDO, ADAM** Last _____ First _____ Middle _____Owner **PARDO, ADAM** Last _____ First _____ Middle _____Address **19 RYDBERG TERRACE EXT**Address **19 RYDBERG TERRACE EXT**City **WORCESTER** State **MA** Zip **01607-1751**City **WORCESTER** State **MA** Zip **01607-1751**Insurance Company **USAA GENERAL INDEMNITY CO**State **MA** Zip **01607-1751**Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22

Citation # (If Issued) _____

Damaged Area Code: **11 27 27 27**

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

Test Status: **1 28**

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

Type of Test: **0 29**Driver Contributing Code **1 25 25**BAC Test Result: **1 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

7 1 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **302JKG** Reg Type **PAN** Reg State **ME**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Endorsement _____Veh Year **2025** Veh Make **JEEP** Veh Config. **1** 21Operator **MONTANEZ, TANIA IRIS** Last _____ First _____ Middle _____Owner **THE HERTZ CORPORATION** Last _____ First _____ Middle _____Address **722 CHARLESTOWN MEAD**Address **225 BRAE BLVD**City **WESTBOROUGH** State **MA** Zip **01581-3510**City **PARK RIDGE** State **NJ** Zip **07656**

Insurance Company _____

Vehicle Action Prior to Crash **9 22**Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **1 27 27 27**Citation # (If Issued) **T3623203**Test Status: **1 28**Viol. 1: Ch/Sec/Sub **89 2** Viol. 2: Ch/Sec/Sub _____Type of Test: **0 29**

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

BAC Test Result: **1 30**Driver Contributing Code **5 25 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

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/04/2026	Time of Crash 1244 24HR	City/Town Auburn	Number Vehicles 4	Number Injured 1	Speed Limit 50	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

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

2 10

Route#	Direction	Address #	Name of Roadway/Street
Feet	N S E W	• — —	or
Feet	N S E W	Route#	Intersecting Roadway/Street
Feet	N S E W	Landmark	

3 11

Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 26-58-AC
License # S62285586 St MA DOB/Age 01/04/1996		Reg # CC1160		Reg Type PC	Reg State MA
Sex M	Lic. Class D 19 19	Lic. Restrictions 20	CDL _____	Endorsement	
Operator VESSELLA, ZACHARY FRANCIS		Veh Year 2011		Veh Make SUBARU	Veh Config. 1 21
Address 20 ONSET ST		Last		First	Middle
City WORCESTER State MA Zip 01604-2035		Address 20 ONSET ST		City WORCESTER State MA Zip 01604-2035	
Insurance Company PLYMOUTH ROCK ASSURANCE C		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 27 27	
Vehicle Travel Direction: N S E W		Event Sequence 1 23 23 23 23		Test Status: 1 28	
Citation # (If Issued) _____		Most Harmful Event 1 24		Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub _____		Driver Contributing Code 1 25 25		BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Viol. 2: Ch/Sec/Sub _____		Towed from scene? 1 33		Towed from scene? 1 33	
Viol. 4: Ch/Sec/Sub _____					

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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	4	0	0	10	1	NOT TRANSPORTED		

5 2 13

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
Owner VESSELLA, ZACHARY FRANCIS		Last		First	Middle	City WORCESTER		State MA Zip 01604-2035					
Address 20 ONSET ST		Address 20 ONSET ST		City WORCESTER		State MA Zip 01604-2035							
Vehicle Action Prior to Crash 1 22		Event Sequence 1 23 23 23 23		Damaged Area Code: 3 27 27 27									
Test Status: 1 28		Most Harmful Event 1 24		Type of Test: 0 29									
BAC Test Result: 1 30		Driver Contributing Code 1 25 25		Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Susp. Alcohol: 2 31 Susp. Drug: 2 32		Driver Distracted by 0 26 26		Towed from scene? 1 33									
Towed from scene? 1 33													

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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	4	0	0	10	1	NOT TRANSPORTED		

7 1

Please Select One of the Following:											
<input checked="" type="checkbox"/> Vehicle 4 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # 40033384 St RI DOB/Age 12/27/2001		Reg # X39960		Reg Type CO		Reg State MA					
Sex M	Lic. Class D 19 19	Lic. Restrictions 20	CDL _____	Endorsement							
Operator SPERONI, NATHANAEL PAUL		Veh Year 2022		Veh Make FREIGHTLINER		Veh Config. 6 21					
Address 285 PASCOAG MAIN ST APT C		Last		First	Middle	Address 77 PROVIDENCE RD					
City PASCOAG State RI Zip 02859		City SUTTON		State MA Zip 01590-3856							
Insurance Company THE COMMERCE INSURANCE CO		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N S E W		Event Sequence 1 23 23 23 23		Test Status: 1 28							
Citation # (If Issued) _____		Most Harmful Event 1 24		Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub _____		Driver Contributing Code 1 25 25		BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub _____		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Viol. 2: Ch/Sec/Sub _____		Towed from scene? 1 33		Towed from scene? 1 33							

8 1

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	4	0	0	10	1	NOT TRANSPORTED		

9 2 14

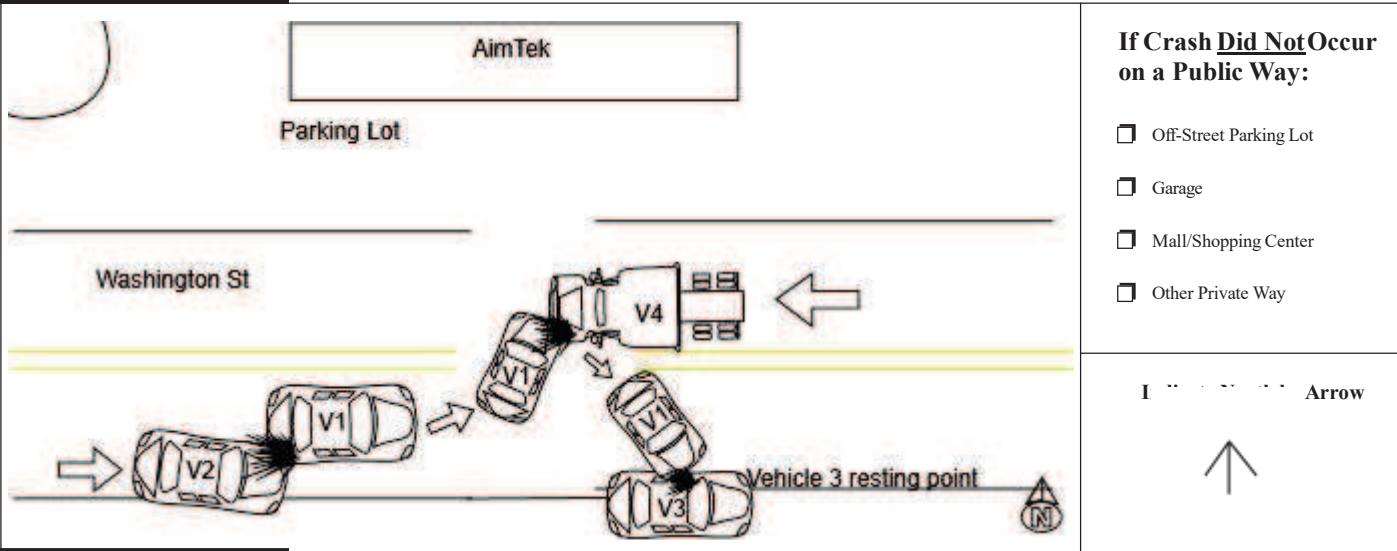
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Owner ALS RUBBISH AND CONTAINER SERVICE INC		Last		First	Middle	Address 77 PROVIDENCE RD							
Address 77 PROVIDENCE RD		City SUTTON		State MA Zip 01590-3856									
Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27											
Test Status: 1 28		Event Sequence 1 23 23 23 23											
Type of Test: 0 29		Most Harmful Event 1 24											
BAC Test Result: 1 30		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		Towed from scene? 1 33											

10 2

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	4	0	0	10	1	NOT TRANSPORTED		

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

Crash Diagram:



Crash Narrative:

Vehicle 1 was on Washington St facing west attempting to make a left hand turn into the business Aimtek. Vehicle 2 passed on the right shoulder and made contact with the passenger side rear of vehicle 1 pushing it into the east bound lane. Once in the other lane the front of vehicle 1 was then hit by Vehicle 4 traveling east bound. When Vehicle 4 hit vehicle 1 it pushed the vehicle back into the west bound lane causing it to make collision with vehicle 3.

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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

Auburn Police Department

ID/Badge #

Department

Precinct/Barracks

02/04/2026

Date