

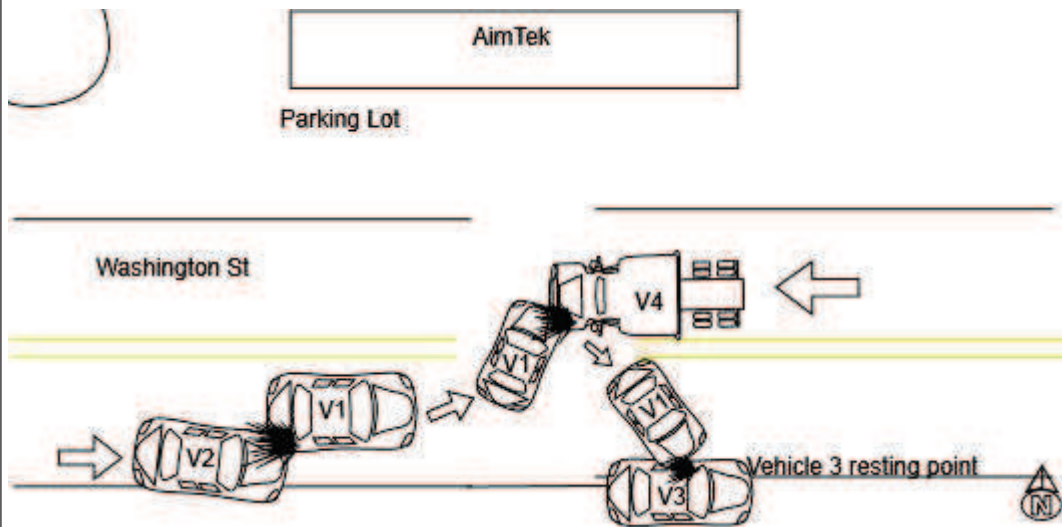
Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 02/04/2026		Time of Crash 1244 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 1	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
<div>1</div> <div>1</div> <div>2</div> <div>1</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div>																	
						Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
						At						Feet N S E W of or Mile Marker Exit Number											
						Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of				Route# Intersecting Roadway/Street													
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> 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 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make HONDA Veh Config. 1 21																	
Operator PARDO, ADAM						Owner PARDO, ADAM																	
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						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 11 27 27 27											
Vehicle Travel Direction: N S 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: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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		X		X		1		1		1		0		0		8		2		[REDACTED]	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S64054790 St MA DOB/Age 08/26/1979						Reg # 302JKG Reg Type PAN Reg State ME																	
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2025 Veh Make JEEP Veh Config. 1 21																	
Operator MONTANEZ, TANIA IRIS						Owner THE HERTZ CORPORATION																	
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						Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued) T3623203						Most Harmful Event 1 24						Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub 89 2 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 25						BAC Test Result: 1 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? 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		X		X		1		99		1		0		0		10		1		NOT TRANSPORTED	

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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #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						Veh Year 2011 Veh Make SUBARU Veh Config. 1 21																	
Operator VESSELLA, ZACHARY FRANCIS Last First Middle						Owner VESSELLA, ZACHARY FRANCIS Last First Middle																	
Address 20 ONSET ST						Address 20 ONSET ST																	
City WORCESTER State MA Zip 01604-2035						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 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: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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		X		X		1		1		4		0		0		10		1		NOT TRANSPORTED	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 41 #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						Veh Year 2022 Veh Make FREIGHTLINER Veh Config. 6 21																	
Operator SPERONI, NATHANAEL PAUL Last First Middle						Owner ALS RUBBISH AND CONTAINER SERVICE INC Last First Middle																	
Address 285 PASCOAG MAIN ST APT C						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 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: 0 29											
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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		X		X		1		1		4		0		0		10		1		NOT TRANSPORTED	

→ = 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 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

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/04/2026

Date