

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/09/2026** Time of Crash **1316** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**
 State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1

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

487 WASHINGTON ST
 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

11

2

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

9

3

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped

Crash Report ID# **26-14-AC**

12

License # **S86012522** St **MA** DOB/Age **08/11/1992**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____
 Endorsement _____

Reg # **4NA848** Reg Type **PAN** Reg State **MA**

1

Veh Year **2016** Veh Make **SUBARU** Veh Config. **1 21**

4

Operator **HAMEL, JESSICA**
 Last _____ First _____ Middle _____
 Address **25 WASHBURN ST**

Owner **HAMEL, JESSICA**
 Last _____ First _____ Middle _____
 Address **25 WASHBURN ST**

13

City **LEICESTER** State **MA** Zip **01524-1818**City **LEICESTER** State **MA** Zip **01524-1818**

1

Insurance Company **GEICO GENERAL INSURANCE C**State **MA** Zip **01524-1818**

14

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Vehicle Action Prior to Crash **1 22**
 Damaged Area Code: **2 27 27 27**

1

Citation # (If Issued) _____

Test Status: **1 28**

15

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

Type of Test: **29**

1

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

BAC Test Result: **30**

16

Driver Contributing Code **1 25 25**Susp. Alcohol: **2 31** Susp. Drug: **2 32**

1

Driver Distracted by **0 26 26**Towed from scene? **1 33**

17

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	
_____	_____	1	1	4	0	0	10	1	
_____	_____								
_____	_____								
_____	_____								

7

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **6SNR28** Reg Type **PAN** Reg State **MA**

1

License # **S98910247** St **MA** DOB/Age **07/11/1983**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____
 Endorsement _____

Veh Year **2014** Veh Make **FORD** Veh Config. **1 21**

1

Operator **CARABALLO, DANIEL LEE**
 Last _____ First _____ Middle _____Owner **BUBON, AMANDA LEE**
 Last _____ First _____ Middle _____

1

Address **16 WALL ST**Address **60 SCHOOL ST**

18

City **SPENCER** State **MA** Zip **01562-2121**City **AUBURN** State **MA** Zip **01501-2930**

1

Insurance Company **THE HANOVER INSURANCE COM**Vehicle Action Prior to Crash **1 22**
 Damaged Area Code: **8 27 27 27**

19

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Test Status: **1 28**

2

Citation # (If Issued) _____

Type of Test: **29**

3

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

BAC Test Result: **30**

4

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

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

5

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	
_____	_____								
_____	_____								
_____	_____								
_____	_____								

