

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/15/2026** Time of Crash **1222** 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 1 Route# Direction Name of Roadway/Street
At

Route# **793** Direction **SOUTHBRIDGE ST** Address # Name of Roadway/Street

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

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____

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

Crash Report ID# **26-24-AC**License # **SA9371109** St **MA** DOB/Age **07/29/1990**Reg # **5PWD63** Reg Type **PAN** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ EndorsementVeh Year **2013** Veh Make **TOYOTA** Veh Config. **1** 21Operator **JEAN, JACKNEL** Last **JEAN** First **JACKNEL** MiddleOwner **JEAN, JACKNEL** Last **JEAN** First **JACKNEL** MiddleAddress **25 PIERCE ST**Address **25 PIERCE ST**City **HYDE PARK** State **MA** Zip **02136-2982**City **HYDE PARK** State **MA** Zip **02136-2982**Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash **5** 22Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **3** 27 27 27

Citation # (If Issued) _____

Test Status: **28**

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

Type of Test: **29**

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

BAC Test Result: **30**Driver Contributing Code **19 25 9 25**Susp. Alcohol: **31** Susp. Drug: **32**Driver Distracted by **0 26 26**Towed from scene? **2** 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**1** 1 4 0 0 10 17 4 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **273CK2** Reg Type **PAN** Reg State **MA**License # **S63118854** St **MA** DOB/Age **05/05/1993**Veh Year **2015** Veh Make **FORD** Veh Config. **1** 21Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ EndorsementOwner **DION, JOHN ALLEN JR** Last **DION** First **JOHN ALLEN JR** MiddleAddress **86 E BAYLIES RD**Address **86 E BAYLIES RD**City **CHARLTON** State **MA** Zip **01507-5119**City **CHARLTON** State **MA** Zip **01507-5119**Insurance Company **THE STANDARD FIRE INSURAN**Vehicle Action Prior to Crash **4** 22Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **7** 27 27 27

Citation # (If Issued) _____

Test Status: **28**

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

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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**1** 1 4 0 0 10 1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚰ = Bicycle

Crash Diagram:

ie: →

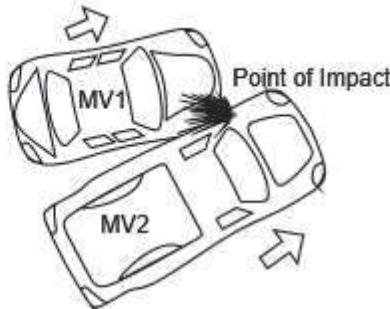
1

→

2

→

→ ⚰



793 Washington St
If Crash Did Not Occur on a Public Way:

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

I → ⚰ Arrow



Crash Narrative:

MV1 was on the far left turn lane traveling eastbound (a public way) on Washington St. MV2 was traveling on the left turn lane traveling eastbound on Washington St. Once the traffic lights turned green both vehicles proceeded to turn left. While turning left MV1 entered MV2's lane, colliding with the left side of the vehicle. No injuries occurred, both vehicle's drivable.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/15/2026

Date