Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Police Use Only

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

Number Vehicles	Number Injured
4	1

RMV Document Number

Speed Limit __50__
Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Campus Police ☐
Other: ☐

< LOCATION >

AT INTERSECTION:

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

NOT AT INTERSECTION:

2 10
Route# ___ Direction ___ Address # __201__ Name of Roadway/Street __WASHINGTON ST__
_____ Feet N S E ☒(W) of ___ ___ ___ • ___ ___ Mile Marker or _____ Exit Number

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

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3 — **Please Select One of the Following:** ☒ Vehicle 1 __1__ #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-58-AC

4 1

License # ▮▮▮▮▮ St ▮ DOB/Age ▮▮▮▮▮▮
Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions [20] CDL ___ Endorsement
Operator **PARDO, ADAM** (Last / First / Middle)
Address **19 RYDBERG TERRACE EXT**
City **WORCESTER** State **MA** Zip **01607-1751**

Reg # **6MEX83** Reg Type **PC** Reg State **MA**
Veh Year **2007** Veh Make **HONDA** Veh Config. [1] 21
Owner **PARDO, ADAM** (Last / First / Middle)
Address **19 RYDBERG TERRACE EXT**
City **WORCESTER** State **MA** Zip **01607-1751**

12 1

5 2

Insurance Company **USAA GENERAL INDEMNITY CO**
Vehicle Travel Direction: N S E ☒(W) Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash [1] 22
Event Sequence [1] 23 [ ] 23 [ ] 23 [ ] 23
Most Harmful Event [1] 24
Driver Contributing Code [1] 25 [ ] 25
Driver Distracted by [0] 26 [ ] 26

Damaged Area Code: [11] 27 [ ] 27 [ ] 27
Test Status: [1] 28
Type of Test: [0] 29
BAC Test Result: [1] 30
Susp. Alcohol: [2] 31 Susp. Drug: [2] 32
Towed from scene? [1] 33

13 1

6 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	1	0	0	8	2	▮▮▮▮

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7 1 — **Please Select One of the Following:** ☒ Vehicle 2 __1__ #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

8 1

License # ▮▮▮▮▮ St ▮ DOB/Age ▮▮▮▮▮▮
Sex **F** Lic. Class **D** [19] [19] Lic. Restrictions [20] CDL ___ Endorsement
Operator **MONTANEZ, TANIA IRIS** (Last / First / Middle)
Address **722 CHARLESTOWN MEAD**
City **WESTBOROUGH** State **MA** Zip **01581-3510**

Reg # **302JKG** Reg Type **PAN** Reg State **ME**
Veh Year **2025** Veh Make **JEEP** Veh Config. [1] 21
Owner **THE HERTZ CORPORATION** (Last / First / Middle)
Address **225 BRAE BLVD**
City **PARK RIDGE** State **NJ** Zip **07656**

14 1

9 2

Insurance Company _____
Vehicle Travel Direction: N S E ☒(W) Responding to Emergency? **2**
Citation # (If Issued) **T3623203**
Viol. 1: Ch/Sec/Sub **89 2** Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash [9] 22
Event Sequence [1] 23 [ ] 23 [ ] 23 [ ] 23
Most Harmful Event [1] 24
Driver Contributing Code [5] 25 [ ] 25
Driver Distracted by [99] 26 [ ] 26

Damaged Area Code: [1] 27 [ ] 27 [ ] 27
Test Status: [1] 28
Type of Test: [0] 29
BAC Test Result: [1] 30
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	✕	✕	1	99	1	0	0	10	1	NOT TRANSPORTED

Police Use Only						RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	
02/04/2026	1244 24HR	Auburn	4	1	50	Latitude _____ Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Campus Police ☐
Other: _____

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

2 1
Route# ___ Direction ___ Name of Intersecting Roadway/Street ___

2 10
Route# ___ Direction ___ Address # **201** Name of Roadway/Street **WASHINGTON ST**
____ Feet N S E ☒ of ___ — ___ • ___ or ___ Exit Number ___
Mile Marker

4 11
____ Feet N S E W of ___ Route# ___ Intersecting Roadway/Street ___
____ Feet N S E W of ___ Landmark ___

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3 Please Select One of the Following: ☒ Vehicle **3** ___ #Occupants **1** ☐ Hit/Run ☐ Moped   **Crash Report ID# 26-58-AC**

License # ▓▓▓ St ▓ DOB/Age ▓▓▓   Reg # **CC1160**   Reg Type **PC**   Reg State **MA**

1 12

Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions [20] CDL Endorsement   Veh Year **2011**   Veh Make **SUBARU**   Veh Config. [**1**] [21]

4 1
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]

5 2
Vehicle Travel Direction: N S E ☒   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]

6 1
Viol. 3: Ch/Sec/Sub ___ Viol. 4: Ch/Sec/Sub ___   Driver Distracted by [**0**] [26] [26]   Susp. Alcohol: [**2**] [31] Susp. Drug: [**2**] [32]   **1 13**
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	✕	✕	1	1	4	0	0	10	1	NOT TRANSPORTED

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7 Please Select One of the Following: ☒ Vehicle **4** ___ #Occupants **1** ☐ Hit/Run ☐ Moped ☐ Vulnerable User   Complete the Vulnerable User section.

License # ▓▓▓ St ▓ DOB/Age ▓▓▓   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]

8 1
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**   **1 14**

Insurance Company **THE COMMERCE INSURANCE CO**   Vehicle Action Prior to Crash [**1**] [22]   Damaged Area Code: [**1**] [27] [27] [27]

9 2
Vehicle Travel Direction: N S E ☒   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/Occupants	See Above	✕	✕	1	1	4	0	0	10	1	NOT TRANSPORTED

Crash Diagram:

→ = Direction | 1 | = Vehicle 1 | 2 | = Vehicle 2 ⚲ = Pedestrian 🚲 = Bicycle

ie: → | 1 | → | 2 | → ⚲   → 🚲

AimTek

Parking Lot

Washington St

V4

V1

V1

V1

V2

V3   Vehicle 3 resting point

Ⓝ

If Crash <u>Did Not</u> Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

Vehicle 1 was on washington st facing west attemptng to make a left had 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 | | 99PM | Auburn Police Department | 02/04/2026

Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date

Form No. 10364 CRA-65 08/23