

Date of Crash **03/24/2026** Time of Crash **1801** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

HEARD ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
OXFORD STREET NO
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped **Crash Report ID# 26-132-AC**

License # _____ St. _____ DOB/Age _____ Reg # **2SYG27** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2013** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
Operator **FEYJOO HERNANDEZ, ELLIOT RAFAEL** Owner **FEYJOO HERNANDEZ, ELLIOT RAFAEL**
Address **469 STAFFORD ST** Address **469 STAFFORD ST**
City **CHERRY VALLEY** State **MA** Zip **01611-3308** City **CHERRY VALLEY** State **MA** Zip **01611-3308**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **5 27 27 27**
Vehicle Travel Direction: **N S X 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? **2 33**

Please fill out for operator and all occupants involved		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
_____	_____	_____	M	6	1	4	0	1	10	1	
_____	_____	_____	M	4	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Reg # **2SCR36** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **1 21**
Operator **JOHNSTON, JOSEPH BENJAMIN** Owner **JOHNSTON, JOSEPH BENJAMIN**
Address **92 4TH ST** Address **92 4TH ST**
City **WORCESTER** State **MA** Zip **01602-3132** City **WORCESTER** State **MA** Zip **01602-3132**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **99 27 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **1** Event Sequence **1 23 23 23 23** Test Status: **99 28**
Citation # (If Issued) **15391AE** Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub **90** ^{24 (2)} Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **10 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: **99 31** Susp. Drug: **99 32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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	99	0	99	99	1
_____	_____	_____									
_____	_____	_____									

