

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/12/2026	Time of Crash 1447 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

1 1 Route# Direction Name of Roadway/Street
At _____

2 108 ELMWOOD ST
Route# Direction Address # Name of Roadway/Street

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

5 11 Feet **N S E W** of _____ • _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____
Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street
Landmark _____

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

Crash Report ID# **26-70-AC**License # **S20604543** St **MA** DOB/Age **05/03/1986**Reg # **167VJ6** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year **2025** Veh Make **RAM** Veh Config. **2** 21Operator **WALDRON, CARL** Last _____ First _____ Middle _____Owner **WALDRON, CARL** Last _____ First _____ Middle _____Address **11 EATON AVE**Address **11 EATON AVE**City **AUBURN** State **MA** Zip **01501-2501**City **AUBURN** State **MA** Zip **01501-2501**Insurance Company **AMICA MUTUAL INSURANCE CO**State **MA** Zip **01501-2501**Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22

Citation # (If Issued) _____

Damaged Area Code: **7 27 27 27**

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

Test Status: **28**

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

Type of Test: **29**Driver Contributing Code **1 25 25**BAC Test Result: **30**Driver Distracted by **0 26 26**Susp. Alcohol: **31** Susp. Drug: **32**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 1Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **SB1A3ES** Reg Type **SB** Reg State **MA**License # **S26700653** St **MA** DOB/Age **04/02/1975**Reg # **SB1A3ES** Reg Type **SB** Reg State **MA**Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **E** 20 CDL _____
Endorsement _____Veh Year **2022** Veh Make **Truck** Veh Config. **5** 21Operator **RESTREPO, JHON WILMAR** Last _____ First _____ Middle _____Owner **A A TRANSPORTATION CO INC** Last _____ First _____ Middle _____Address **416 LEICESTER ST**Address **605 HARTFORD TPKE**City **AUBURN** State **MA** Zip **01501-1106**City **SHREWSBURY** State **MA** Zip **01545-4103**Insurance Company **NEW YORK MARINE AND GENER**Vehicle Action Prior to Crash **1** 22Vehicle Travel Direction: **N S W** Responding to Emergency? **2**Damaged Area Code: **0 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**

Please fill out for operator and all occupants involved

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

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**RONALD MILLER**

9 SEARS AVE WEBSTER, MA 01570 11/23/1948 M 97 99 4 0 0 10 1

