Police Use Only

# Commonwealth of Massachusetts
# Motor Vehicle Crash Police Report

RMV Document Number

| Date of Crash | Time of Crash | City/Town | Number Vehicles | Number Injured | Speed Limit | Latitude | Longitude | Police Agency |
|---|---|---|---|---|---|---|---|---|
| 07/03/2026 | 2107 (24HR) | Auburn | 2 | 1 | 40 | | | Local Police |

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

## LOCATION

**AT INTERSECTION:**

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

**NOT AT INTERSECTION:**

Route# | Direction | Address # | Name of Roadway/Street: 602 SOUTHBRIDGE ST

_____ Feet ☒ S E W of — — — • — Mile Marker or _____ Exit Number

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

_____ Feet N S E W of _____ Landmark

## Vehicle 1

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

Crash Report ID#: 26-256-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex: M | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement: M

Operator: COUTO TRAVASSOS, ALEXANDRE (Last, First, Middle)

Address: 59 COTTAGE ST

City: HUDSON | State: MA | Zip: 01749-1514

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ 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 _____

Reg # 3F4051 | Reg Type: MC | Reg State: MA

Veh Year: 2005 | Veh Make: SUZUKI | Veh Config: 3

Owner: SAPORETTI, EUGENE (Last, First, Middle)

Address: 42 OAK ST

City: ASHLAND | State: MA | Zip: 01721-1009

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7 1

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 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 | [redacted] | [redacted] | 1 | 5 | 4 | 1 | 0 | 8 | 1 | |

## Vehicle 2

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

License # [redacted] St [redacted] DOB/Age [redacted]

Sex: F | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement:

Operator: CERDAN MORENO, CAMILA JIMENA (Last, First, Middle)

Address: 10 WINCHESTER AVE APT 2

City: WORCESTER | State: MA | Zip: 01603-1590

Insurance Company: SAFETY INSURANCE COMPANY

Vehicle Travel Direction: ☒ 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 _____

Reg # 6NBT28 | Reg Type: PC | Reg State: MA

Veh Year: 2020 | Veh Make: CHEVROLET | Veh Config: 1

Owner: CERDAN CIEZA, MANUEL JESUS (Last, First, Middle)

Address: 10 WINCHESTER AVE APT 2

City: WORCESTER | State: MA | Zip: 01603-1590

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 0

Damaged Area Code: 2 27 27 27

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

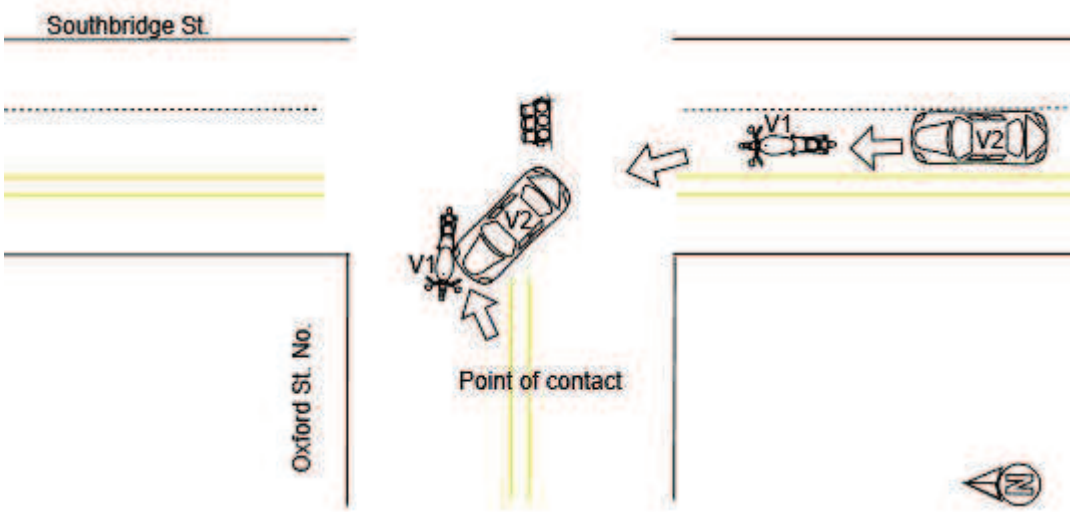
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | [redacted] | [redacted] | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |

Form No. 10364 CRA-65 08/23

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

## Crash Diagram:

ie: → 1 → 2 → → →




**If Crash Did Not Occur on a Public Way:**

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

**I... Arrow**

## Crash Narrative:

V1 and V2 were both travling northbound on southbridge st. V1 and V2 were both making a left turns at the traffic light. While in the turn V2 crashed into the left side of V1 causing the operator to get ejected off the motorcycle. The operator of V1 sustained minor scraped and lacerations to his arms. V1 was towed from the scene by Direnzo's.

## 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 Jason P Brooks | | 88JB | Auburn Police Department | | 07/03/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |