

Date of Crash **06/04/2026** Time of Crash **1515** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **4** Number Injured **1** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

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

**1** **1** **2** **11**

**OXFORD STREET NO**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**PINEDALE RD**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_  
Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_  
Landmark \_\_\_\_\_

**3** Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped **Crash Report ID# 26-220-AC**

**4** **3** **99** **12**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2KPM11** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **FORD** Veh Config. **1** **21**  
Operator **CAREY-CHILSON, MAVERICK SHEA** Owner **CHILSON, TIMOTHY ERIC**  
Address **34 BRIDGE RD** Address **34 BRIDGE RD**  
City **FLORENCE** State **MA** Zip **01062-1060** City **FLORENCE** State **MA** Zip **01062-1060**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **8** **27**  
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **1** **33**

**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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>SALLY ETMAYESH</b>	<b>2100 AVALON WAY SHREWSBURY, MA 01545-4180</b>	<del>_____</del>	<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **3** Please Select One of the Following:  Vehicle **22** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

**8** **1** **1** **14**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **CC5934** Reg Type **PAS** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **FORD** Veh Config. **1** **21**  
Operator **KING, KHRYSTIAN E** Owner **KING, KHRYSTIAN E**  
Address **9 VICTORIA AVE** Address **9 VICTORIA AVE**  
City **WORCESTER** State **MA** Zip **01607-1505** City **WORCESTER** State **MA** Zip **01607-1505**  
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **6** **27** **4** **27** **2** **27**  
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **2** **33**

**9** **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
<b>Operator/Occupants</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<del>_____</del>	<del>_____</del>	<del>_____</del>	<b>F</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash **06/04/2026** Time of Crash **1515** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **4** Number Injured **1** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **11**

**OXFORD STREET NO**  
Route# Direction Name of Roadway/Street  
At  
**PINEDALE RD**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker Exit Number  
Feet **N S E W** of \_\_\_\_\_  
Route# Intersecting Roadway/Street  
Feet **N S E W** of \_\_\_\_\_  
Landmark

**3** Please Select One of the Following:  Vehicle **31** #Occupants  Hit/Run  Moped **26-220-AC** Crash Report ID#

**4** **3** **99** **12**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **36XG74** Reg Type **PAN** Reg State **MA**  
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1 21**  
Operator **NEWMILLER, AMANDA LYNN** Owner **NEWMILLER, AMANDA LYNN**  
Address **9 S EDLIN ST** Address **9 S EDLIN ST**  
City **WORCESTER** State **MA** Zip **01603-1908** City **WORCESTER** State **MA** Zip **01603-1908**  
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 1 27 2 27**  
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 25 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<del>_____</del>

**7** **3** Please Select One of the Following:  Vehicle **41** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

**8** **1** **1** **14**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **X14895** Reg Type **CON** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **Truck** Veh Config. **97 21**  
Operator **DA SILVA DIAS, MATEUS HENRIQUE** Owner **UG TRANSPORTATION INC**  
Address **73 CLARK ST APT 2** Address **180 UNION AVE**  
City **FRAMINGHAM** State **MA** Zip **01702-6553** City **FRAMINGHAM** State **MA** Zip **01702-8233**  
Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 4 27 5 27**  
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
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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
<b>Operator/Occupants</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

