

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/08/2026** Time of Crash **1343** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **1** Speed Limit **35**  
 State Police  Local Police   
 MBTA Police  Campus Police   
 Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

10

1 1

Route# Direction Name of Roadway/Street  
At

2 1

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

2 2

Route# Direction Name of Intersecting Roadway/Street

2 10

Route# Direction Address # Name of Roadway/Street  
**316 OXFORD STREET NO**

2 11

Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

2 12

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# **26-13-AC**

4 12

License # **S65353041** St **MA** DOB/Age **10/24/1982**Reg # **338KJ9** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_Veh Year **2018** Veh Make **HONDA** Veh Config. **1 21**

4 13

Operator **GERMAIN, MICHAEL FRANCIS**  
Last **GERMAIN** First **MICHAEL** Middle **FRANCIS**Owner **RIVERA, MATILDA**  
Last **RIVERA** First **MATILDA** Middle Address **21 WOODLAND ST**Address **21 WOODLAND ST**

5 14

City **WORCESTER** State **MA** Zip **01610-2425**City **WORCESTER** State **MA** Zip **01610-2425**Insurance Company **SAFECO INSURANCE COMPANY**Vehicle Action Prior to Crash **2 22**  
Damaged Area Code: **5 27 27 27**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Test Status: **28**

Citation # (If Issued) \_\_\_\_\_

Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

6 15

Driver Contributing Code **1 25 25**  
Driver Distracted by **0 26 26**  
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</b>	See Above	<del>1</del> <del>1</del>	<del>4</del>	0	0	10	1				
<b>OSIRIS CESPEDES</b>	21 WOODLAND ST WORCESTER, MA 01610-2425	07/14/1985	F	3	1	4	0	0	9	1	

7 16

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

8 17

License # **S50091637** St **MA** DOB/Age **12/21/1989** Reg # **6HMB48** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_Veh Year **2010** Veh Make **SUBARU** Veh Config. **1 21**

8 18

Operator **VOAS, DAVID MICHAEL**  
Last **VOAS** First **DAVID** Middle **MICHAEL**Owner **VOAS, DAVID MICHAEL**  
Last **VOAS** First **DAVID** Middle **MICHAEL**Address **235 HEARD ST**Address **235 HEARD ST**

9 19

City **WORCESTER** State **MA** Zip **01603-1740**City **WORCESTER** State **MA** Zip **01603-1740**Insurance Company **PILGRIM INSURANCE COMPANY**Vehicle Action Prior to Crash **2 22**  
Damaged Area Code: **1 27 27 27**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Test Status: **28**

Citation # (If Issued) \_\_\_\_\_

Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

9 20

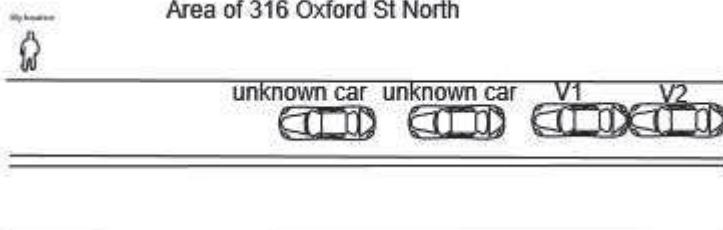
Driver Contributing Code **99 25 25**  
Driver Distracted by **99 26 26**  
Towed from scene? **1 33**

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>1</del> <del>1</del>	<del>1</del>	0	0	10	1				

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ♂ = Pedestrian      ⚙ = Bicycle

**Crash Diagram:**

Area of 316 Oxford St North



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

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

I      Arrow



**Crash Narrative:**

I was working as a police officer in full uniform and just finishing up a call for service when I was standing on the sidewalk waiting to cross the street near 316 Oxford Street North. I observed an unknown car begin to stop in what I interpreted as stopping to let me cross the street. Before I could enter the roadway, my attention was drawn to V2 as I heard sounds consistent with "locking up of brakes". I then observed V2 rear-end V1. At the time of the crash I did observe melted snow on the ground as well. V2 was unable to stop in time.

**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 Matthew Laskes**

Police Officer Name (Please Print)

Signature

**72ML**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**01/08/2026**

Date