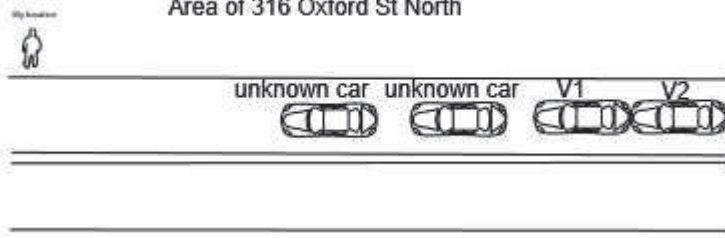


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 01/08/2026		Time of Crash 1343 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 1		Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
AT INTERSECTION:						< LOCATION >		NOT 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						Route# Direction 316 OXFORD STREET NO 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																									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-13-AC																					
License # S65353041 St MA DOB/Age 10/24/1982 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator GERMAIN, MICHAEL FRANCIS Address 21 WOODLAND ST City WORCESTER State MA Zip 01610-2425 Insurance Company SAFECO INSURANCE COMPANY Vehicle Travel Direction: X 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 # 338KJ9 Reg Type PC Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 Owner RIVERA, MATILDA Address 21 WOODLAND ST City WORCESTER State MA Zip 01610-2425 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 Driver Distracted by 0 Damaged Area Code: 5 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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						See Above						X		X		1		1		4		0		0		10		1			
OSIRIS CESPEDES						21 WOODLAND ST WORCESTER, MA 01610-2425						07/14/1985		F		3		1		4		0		0		9		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																					
License # S50091637 St MA DOB/Age 12/21/1989 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator VOAS, DAVID MICHAEL Address 235 HEARD ST City WORCESTER State MA Zip 01603-1740 Insurance Company PILGRIM INSURANCE COMPANY Vehicle Travel Direction: X 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 # 6HMB48 Reg Type PC Reg State MA Veh Year 2010 Veh Make SUBARU Veh Config. 1 Owner VOAS, DAVID MICHAEL Address 235 HEARD ST City WORCESTER State MA Zip 01603-1740 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 99 Driver Distracted by 99 Damaged Area Code: 1 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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/Occupants						See Above						X		X		1		1		1		0		0		10		1			

→ = 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:

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