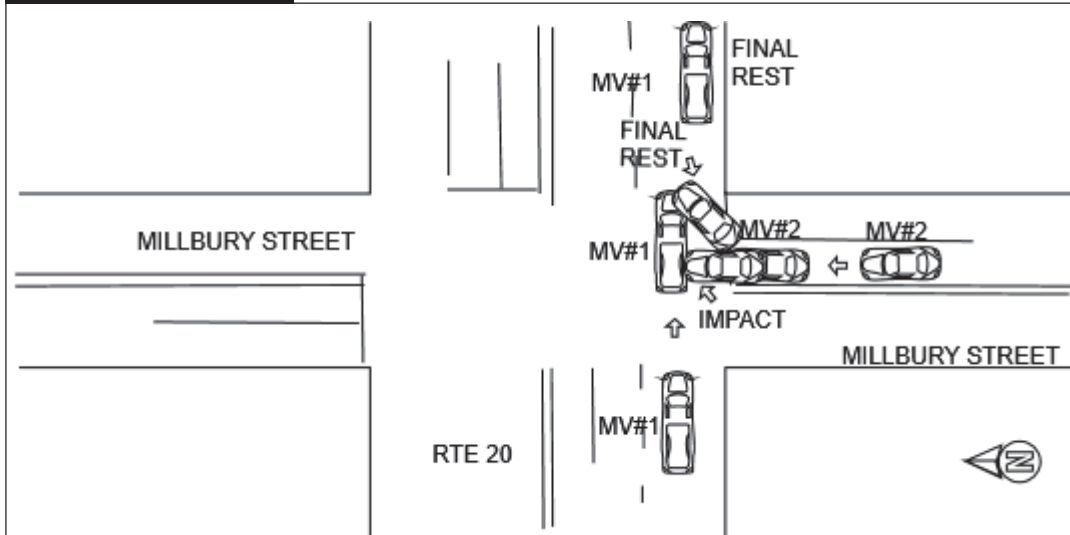


Police Use Only			Commonwealth of Massachusetts						RMV Document Number									
Date of Crash 08/07/2025		Time of Crash 0915 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:										
<div>WASHINGTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>MILLBURY ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>												10
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-255-AC										11
License # SA5990854 St MA DOB/Age 05/30/1997						Reg # Y55221 Reg Type CON Reg State MA												12
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make International Veh Config. 6 21												99
Operator TIPAZ TAMUP, CESAR AUGUSTO						Owner D N VANLINES INC												13
Address 90 NYE ST APT 1						Address 2 BEEMAN RD												14
City NEW BEDFORD State MA Zip 02746-2032						City NORTHBOROUGH State MA Zip 01532-2048												15
Insurance Company COREPOINTE INSURANCE COMP						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 4 27 27												16
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28												17
Citation # (If Issued) 622809AD						Most Harmful Event 1 24 Type of Test: 29												18
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 3 25 25 BAC Test Result: 30												19
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32												20
Please fill out for operator and all occupants involved						Towed from scene? 2 33												21
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																		22
Operator See Above						1 1 4 0 0 10 1												23
																		24
																		25
																		26
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.										27
License # S62363802 St MA DOB/Age 06/09/1960						Reg # 53VR98 Reg Type PAN Reg State MA												28
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make CADILLAC Veh Config. 1 21												29
Operator SHEERIN, MICHELLE RIQUIER						Owner SHEERIN, MICHELLE RIQUIER												30
Address 3 MONTCLAIR DR						Address 3 MONTCLAIR DR												31
City AUBURN State MA Zip 01501-3218						City AUBURN State MA Zip 01501-3218												32
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 2 27												33
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28												34
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29												35
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30												36
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32												37
Please fill out for operator and all occupants involved						Towed from scene? 1 33												38
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																		39
Operator/Occupants See Above						1 1 1 0 0 10 2												40
																		41
																		42
																		43

→ = 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

Insert Arrow



Crash Narrative:

MV#1 WAS TRAVELLING EASTBOUND THROUGH THE INTERSECTION OF MILLBURY STREET/RTE.20. MV#2 WAS TRAVELLING NORTHBOUND ON MILLBURY STREET ACROSS THE INTERSECTION. AS MV#2 ENTERED THE EASTBOUND TRAVEL LANE OF RTE.20 THE FRONT OF THE VEHICLE IMPACTED THE PASSENGER'S SIDE OF THE TRUCK JUST PRIOR TO THE REAR TIRE. THIS INTERSECTION IS CONTROLLED BY A TRAFFIC SIGNAL. DURING THE INVESTIGATION IT WAS CONCLUDED THAT THE OPERATOR OF THE TRUCK TRAVELLING EASTBOUND ON RTE.20 FAILED TO STOP AT THE RED SIGNAL AND CONTINUED THROUGH THE INTERSECTION. THIS WAS DETERMINED BASED ON TWO EYWITNESSES TO THE CRASH AND CORROBORATED BY THE OPERATOR OF THE TRUCK. OPERATOR OF THE TRUCK STATED THAT HE WAS FOLLOWING BEHIND ANOTHER TRUCK THAT HAD BLOCKED HIS VIEW OF THE SIGNAL. AT THIS POINT I AM ATTEMPTING TO RETRIEVE VIDEO OF THE CRASH. OPERATOR OF THE TRUCK WAS CITED FOR FAILING TO STOP/SIGNAL TWO WITNESSES CORROBORATED THE INFORMATION IN THIS INVESTIGATION.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
OLIVER MICHELLE KRISTINA	140 EL DORADO WAY PONTE VEDRA BEACH FL 32082		
BOEHNKE JUSTIN KYLE	14 ROCKLAND ROAD CT AUBURN MA 01501-2054		

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 Miglionico

Police Officer Name (Please Print)

Signature

52JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/07/2025

Date