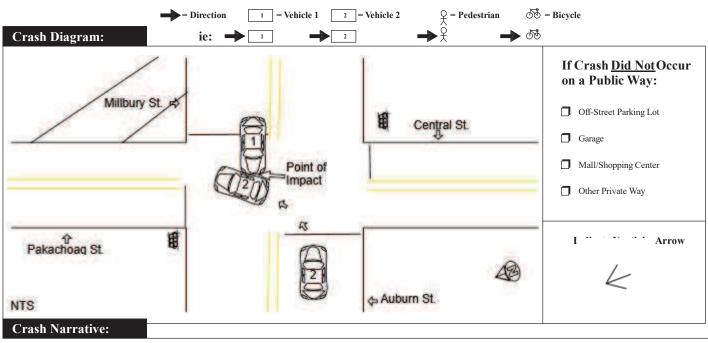
	Police Use Only	Commonwealth of Massachusetts RMV Document Number						ment Number			
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh N		urad	ed Limit	30	— Local Police	
	08/25/2025 1548 Aubu	rn	Police I	Report	2	0	Lat	tude gitude		MBTA Police Campus Police Other:	i
	AT INTERSECTI	ON: <	LOCA	TION :	>	NO	T AT I	NTER	SECT	ΓΙΟΝ:	7
											2 10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	ress #	ENTR!	Name of		nv/Street	-
¹ 1		At								<u>, </u>	1
				Feet	N S E W		— — Iile Marker	• —	or _	Exit Number	- 11
	Route# Direction Nar	ne of Intersecting Roadway/Stree Also at Intersection with	et	Feet	N S E W	of					- 3 ''
				_	N S E W	Rou	te#	Inters	ecting R	Loadway/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadway/Stree	et					La	ndmark		-
2	Please Select One	#Occupants Hit/Run	Moped	Crash Re	eport ID#	25-2	78-	- A C)		1
3	of the Following:										4
	10 10	A DOB/Age 10/02/19	_	5NK355						21	- 1 12
	Sex M Lic. Class D Lic. R	estrictions 2 CDL Endorsem	nent	ear <u>2008</u>						Config. 1	\vdash
⁴ 3	Operator <u>CRUZ ALEGRIA,</u>	First Middle		r CRUZ A	ast		First	<u> </u>	Mid	ldle	
3	Address 9 ABINGTON ST			s 9 ABIN		ST A					
	City WORCESTER State			ORCESTE	ER	22				.603-1101 27 27 27 27	
	Insurance Company ALLSTATE I	NSURANCE COME	PAN Vehicl	e Action Prior to C		1	Dama; Test S	ged Area (Code: 1	1 27 27 27 28	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	23 23		of Test:	1	0 29	
1	Citation # (If Issued)	_	Most I	Harmful Event	1 24		BAC	Гest Resu		1 30	1.
	Viol. 1: Ch/Sec/Sub	√iol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25 2	Susp.	Alcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26	26	Towed	l from sce	ne?	2 33	
Τ	Please fill out for opera	ator and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbay System Status	37 3 Eject Tr Code Co	8 39 ap Injury de Status	40 Transp. Code	Medical Facility	
	Operator	See Abov	/e		X_1	1 4	0 0	10	1	•	
	-										-
		_									_
											_
											_
⁷ 2	Please Select One of the Following:	_#Occupants	Moped	Uulnerab	ole User Co	omplete the V	ulnerable U	ser sectio	n.		
	License # S91369461 St M	A DOB/Age 01/24/19	952 Reg#	9099TC		R	eg Type P	C	Re	g State MA	
	Sex F Lic. Class D Lic. R	estrictions B CDL		ear 2015	Veh N	ake TOY	OTA		_ Veh (Config. 21	
	Operator RYDBERG, LINDA	Endorsem M		RYDBER	G, LI	NDA M					
⁸ 1	Address 121 SOUTHOLD RI	First Middle		ss 121 SO	ast		First		Mid	ldle	.
	City AUBURN State	MA Zip 01501-27	28 City 2	UBURN			State 1	1A z	zip 01	501-2728	1 14
	Insurance Company LIBERTY MUTUAL INSURANCE Vehi			Cehicle Action Prior to Crash Damaged Area Code: 3 27 27 27							
	Vehicle Travel Direction: N S W W	nt Sequence 1 23 23 23 23 Test Status: 1 28									
0	Citation # (If Issued)	_	Most I	Harmful Event	1 24			of Test:		0 29 30	
⁹ 2	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25 2	=	Fest Resul		Susp. Drug: 2 32	
				26 26 26 33							
				34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp.						7	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Status	Code Co	de Status	Code	Medical Facility	_
	Operator/Occupants	See Abov	7e		X^1	1 4	0 0	10	1		_



V1 was at traffic light at the intersection of Auburn/Millbury/Central/Pakachoag/Central
Streets(public ways), coming from Millbury Street. V2 was at the Auburn Street side
behind another motor vehicle. According to both operators, they had green lights at the
time. V1 began to accelerate once given the green light. As V1 entered the intersection,
V2 turned left to enter onto Pakachoag Street, in front of V1. V2 failed to yield to V1
as V1 struck the right rear passenger side door. V2 sustained heavy damage the the rear
passenger area and right rear tire. V2 was towed from the scene as a precaution due to a
damaged panel dangerously close to the tire. V2 was inventoried and towed to Direnzo's.
The operator of V2 was given a courtesy transport to their residence.

Witnesses:										
Name (Last,First,Middle)	Address			Phone #	Statement					
GARMAN BRANDON W	149 CARPENTER HI	LL RD Apt. #8 CHAR	LTON MA 0150	07-5						
Property Damage:										
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Proper	ty				
Truck and Bus Information: Registration #										
Address			City		St Zip_					
US DOT #:S	State Number		Issuing State	MC/MX/	ICC #:					
Interstate Cargo Body Type	e Code	GVWR/GCWR	45							
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trail	ler Length 46					
Hazmat Information:										
Placard Material 1 digit #	48 Material Name	2		Material 4 digi	it #Release	code 49				

Patrolman Detective Matthew Alexandrovich

81MA

Auburn Police Department

08/25/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date