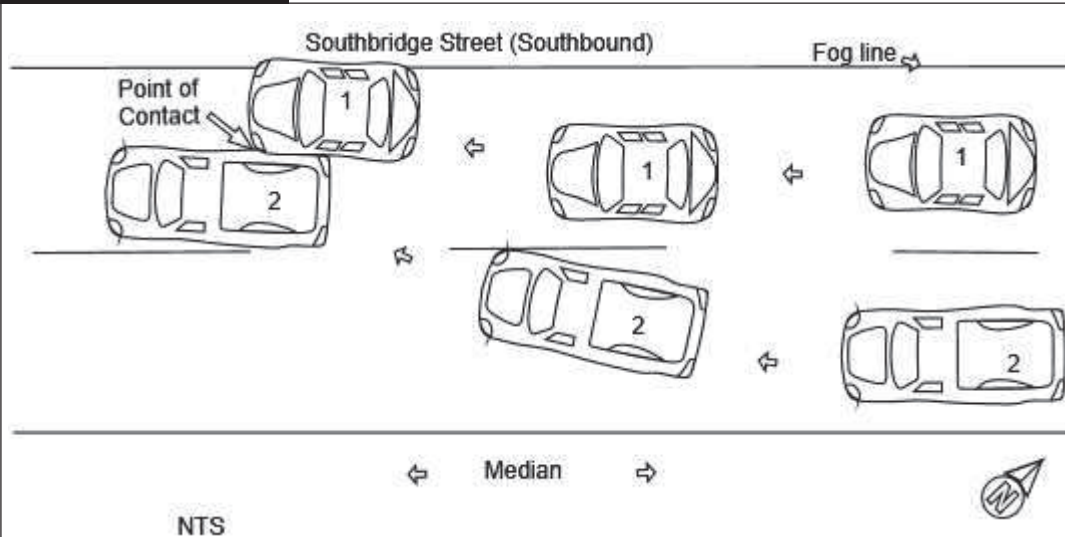


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 04/21/2025		Time of Crash 2147 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>Route# Direction Name of Roadway/Street</div> <div>At</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>								
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# 25-144-AC						
License # S11297477 St MA DOB/Age 02/16/2002						Reg # 3GTA25 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 21								
Operator DEJESUS, AALIYAH MARIE						Owner DEJESUS, AALIYAH MARIE								
Address 9 MYRTLE AVE APT 2						Address 9 MYRTLE AVE APT 2								
City WEBSTER State MA Zip 01570-2504						City WEBSTER State MA Zip 01570-2504								
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued) T3357274						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub 90 24 (2) Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 8 27 27 27								
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						Test Status: 1 28								
Operator See Above						Type of Test: 0 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # S40792670 St MA DOB/Age 05/29/1986						Reg # 8076RU Reg Type PAN Reg State SC								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21								
Operator DESILETS, JONATHAN M						Owner DIPON, LEONID								
Address 691 BRITTON ST						Address 115 ROOSEVELT THOMPSON RD								
City CHICOPEE State MA Zip 01020-4276						City ANDERSON State SC Zip 296215131								
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 4 27 27 27								
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						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 0 29								
VERA DIPON 691 BRITTON ST CHICOPEE, MA 01020-4276 08/11/1986 F 3 1 4 0 0 10 1						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								

➔ = 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

Indicate Arrow



Crash Narrative:

At approximately 9:45pm, on April 21, 2025, I was dispatched to the Cumberland Farms parking lot, located at 200 Southbridge Road in Oxford for the report of a hit and run that occurred in Auburn, in the area of 826 Southbridge Street (public way in Auburn). Southbridge Street in Auburn is a four lane road divided by an unprotected median. Each side of Southbridge Street (North/South) has two dedicated lanes.

V2 operator stated that he had been traveling in the left southbound lane past Chili's, located at 826 Southbridge Street in Auburn. He then executed a lane change to the right southbound lane. Upon doing so, he observed a vehicle approaching his vehicle at a high rate of speed and struck the right side of V2. V1 left the scene without stopping and was eventually stopped by the Oxford Police Department.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DIPON LEONID	115 ROOSEVELT THOMPSON RD ANDERSON			TOYOTA TACOMA

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 Detective Matthew Alexandrovich

Police Officer Name (Please Print)

Signature

81MA

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/21/2025

Date