Police Use Only							RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit 40	State Police ☐
02/05/2026	0834 24HR	Auburn	3	1	Latitude ___ Longitude ___	Local Police ☒ / MBTA Police ☐ / Campus Police ☐ / Other: ___

LOCATION

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1

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

2 1

Route# ___ Direction ___ Name of Intersecting Roadway/Street ___

2 10
Route# ___ Direction ___ Address # 760 Name of Roadway/Street SOUTHBRIDGE ST
___ Feet ☐N ☐S ☐E ☐W of ___•___ Mile Marker or ___ Exit Number

8 11
___ 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 1** 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID# 26-61-AC**

4 3

License # ▮▮▮ St ▮ DOB/Age ▮▮▮
Sex **F** Lic. Class **D** [19] [19] Lic. Restrictions **97** [20] CDL Endorsement ___
Operator **FERREIRA DA SILVA, GEOVANA MARCELA APAREC**
  Last / First / Middle
Address **41 PRESCOTT ST**
City **EVERETT** State **MA** Zip **02149-1125**
Insurance Company **PROGRESSIVE DIRECT INSURA**
Vehicle Travel Direction: ☐N ☒X ☐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 # **5JHY14** Reg Type **PC** Reg State **MA**
Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** [21]
Owner **COELHO, GUILHERME GUIMARAES**
  Last / First / Middle
Address **55 CENTRAL ST APT 2**
City **HUDSON** State **MA** Zip **01749-1246**

Vehicle Action Prior to Crash **2** [22]
Event Sequence **1** [23] **23** **23** **23**
Most Harmful Event **1** [24]
Driver Contributing Code **1** [25] **25**
Driver Distracted by **0** [26] **26**

Damaged Area Code: **1** [27] **27** **27**
Test Status: **1** [28]
Type of Test: **0** [29]
BAC Test Result: [30]
Susp. Alcohol: **2** [31] Susp. Drug: [32]
Towed from scene? **2** [33]

1 12
1 13

5 1
6 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	See Above	✕	✕	1	1	4	0	0	10	1	

---

7 2 Please Select One of the Following: ☒ **Vehicle 2** 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # ▮▮▮ St ▮ DOB/Age ▮▮▮
Sex **F** Lic. Class **D** [19] [19] Lic. Restrictions **1** [20] CDL Endorsement ___
Operator **TRETHEWAY, JACLYN MARIE**
  Last / First / Middle
Address **2 ANNABERRY LN APT B**
City **AUBURN** State **MA** Zip **01501-1942**
Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle Travel Direction: ☐N ☒X ☐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 # **9GL523** Reg Type **PC** Reg State **MA**
Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1** [21]
Owner **TRETHEWAY, JACLYN MARIE**
  Last / First / Middle
Address **2 ANNABERRY LN APT B**
City **AUBURN** State **MA** Zip **01501-1942**

Vehicle Action Prior to Crash **2** [22]
Event Sequence **1** [23] **23** **23** **23**
Most Harmful Event **1** [24]
Driver Contributing Code **1** [25] **25**
Driver Distracted by **0** [26] **26**

Damaged Area Code: **1** [27] **27** **27**
Test Status: **1** [28]
Type of Test: **0** [29]
BAC Test Result: **1** [30]
Susp. Alcohol: [31] Susp. Drug: [32]
Towed from scene? **2** [33]

1 12
8 1
9 2
2 14

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	✕	✕	1	1	4	0	0	1	1	

Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Police Use Only

Date of Crash	Time of Crash	City/Town
02/05/2026	0834	**Auburn**
	24HR	

Number Vehicles **3** Number Injured **1**

RMV Document Number

Speed Limit **40**
Latitude _____
Longitude _____

☐ State Police
☒ Local Police
☐ MBTA Police
☐ Campus Police
☐ Other: _____

< LOCATION >

AT INTERSECTION: — **NOT AT INTERSECTION:**

1 1

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

2 1
Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

10 2
Route# ____ Direction ____ Address # **760** Name of Roadway/Street **SOUTHBRIDGE ST**
_____ Feet ☐N ☐S ☐E ☐W of ___–___–___ • ___–___ or ____ Exit Number
Mile Marker

11 8
_____ 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 **3** #Occupants **1** ☐ Hit/Run ☐ Moped

Crash Report ID# 26-61-AC

License # ▮▮▮▮ St ▮▮ DOB/Age ▮▮▮▮

Sex **M** Lic. Class [19 **D** 19] Lic. Restrictions [**1** 20] CDL Endorsement ____

Operator PORTER, JOSHUA MICHAEL
Last — First — Middle

Address 91 OLD EAST NORTH BROOKFIELD RD N

City **NORTH BROOKFIELD** State **MA** Zip **01535**

Insurance Company **THE STANDARD FIRE INSURAN**

Vehicle Travel Direction: ☐N ☒W ☐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 # **7DW436** Reg Type **PC** Reg State **MA**

Veh Year **2009** Veh Make **TOYOTA** Veh Config. [**1** 21]

Owner DESIMONE, PAMELA JEAN
Last — First — Middle

Address **91 OLD E BROOKFIELD RD**

City **NORTH BROOKFIELD** State **MA** Zip **01535-1740**

Vehicle Action Prior to Crash [**2** 22]

Event Sequence [**1** 23] [23] [23] [23]

Most Harmful Event [**1** 24]

Driver Contributing Code [**1** 25] [25]

Driver Distracted by [**0** 26] [26]

Damaged Area Code: [**5** 27] [27] [27]

Test Status: [**1** 28]

Type of Test: [**0** 29]

BAC Test Result: [30]

Susp. Alcohol: [**2** 31] Susp. Drug: [32]

Towed from scene? [**2** 33]

12 1
13 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	See Above	✕	✕	1	1	4	0	0	10	1	

6 1

---

7 2 Please Select One of the Following: ☐ Vehicle **4** #Occupants ____ ☐ Hit/Run ☐ Moped ☐ Vulnerable User   Complete the Vulnerable User section.

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class [19 19] Lic. Restrictions [20] CDL Endorsement ____

Operator ____
Last — First — Middle

Address ____

City ____ State ____ Zip ____

Insurance Company ____

Vehicle Travel Direction: ☐N ☐S ☐E ☐W   Responding to Emergency? ____

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____   Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____   Viol. 4: Ch/Sec/Sub ____

Reg # ____ Reg Type ____ Reg State ____

Veh Year ____ Veh Make ____ Veh Config. [21]

Owner ____
Last — First — Middle

Address ____

City ____ State ____ Zip ____

Vehicle Action Prior to Crash [22]

Event Sequence [23] [23] [23] [23]

Most Harmful Event [24]

Driver Contributing Code [25] [25]

Driver Distracted by [26] [26]

Damaged Area Code: [27] [27] [27]

Test Status: [28]

Type of Test: [29]

BAC Test Result: [30]

Susp. Alcohol: [31] Susp. Drug: [32]

Towed from scene? [33]

8 1
9 2
14 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/Occupants	See Above	✕	✕	1							

Crash Diagram:

➡ = Direction | 1 | = Vehicle 1 | 2 | = Vehicle 2 ☿ = Pedestrian 🚲 = Bicycle

ie: ➡ | 1 | ➡ | 2 | ➡☿ ➡🚲

Southbridge St

West ST

3

2

1

N

If Crash <u>Did Not</u> Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

The light at the intersection was turning red. Vehicle 3 stopped at the light, vehicle 2 stopped at behind vehicle 3, vehicle 1 did not come to a complete stop. Vehicle 1 collided with vehicle 2, then vehicle 2 collided with vehicle 3.

Vehicle 1 was able to drive away from the scene. It wasnt until after all vehicles were cleared from the roadway, I was notified the operator of vehicle one had a MA permit only. There was an adult passnger in vehicle 1. I attempted over 5 times to make contact with the operator/ registered owner to be able to identify a licensed passenger in the vehicle.

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 Andrew F Markvenas		93AM	Auburn Police Department		02/05/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Form No. 10364 CRA-65 08/23