

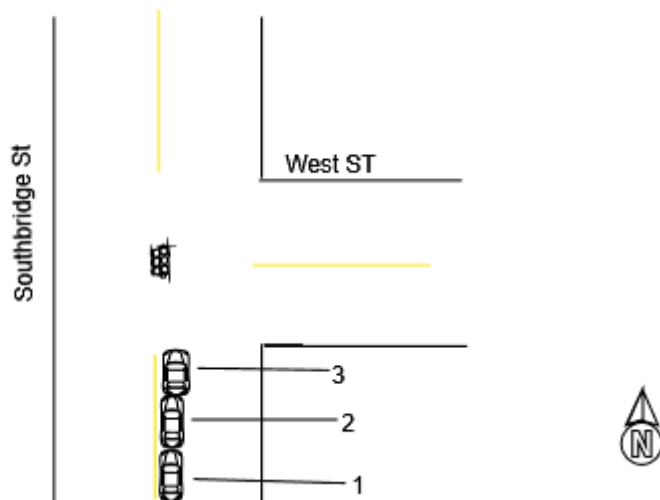
Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 02/05/2026		Time of Crash 0834 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</div> <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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW 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# 26-61-AC						
License # SA7601378 St MA DOB/Age 04/03/2005						Reg # 5JHY14 Reg Type PC Reg State MA								
Sex F Lic. Class D1919 Lic. Restrictions 9720 CDL Endorsement						Veh Year 2012 Veh Make TOYOTA Veh Config. 121								
Operator FERREIRA DA SILVA, GEOVANA MARCELA APAREC						Owner COELHO, GUILHERME GUIMARAES								
Address 41 PRESCOTT ST						Address 55 CENTRAL ST APT 2								
City EVERETT State MA Zip 02149-1125						City HUDSON State MA Zip 01749-1246								
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 222								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 123232323								
Citation # (If Issued)						Most Harmful Event 124								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626								
Please fill out for operator and all occupants involved						Damaged Area Code: 1272727								
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: 128								
Operator See Above						Type of Test: 029								
						BAC Test Result: 30								
						Susp. Alcohol: 231 Susp. Drug: 32								
						Towed from scene? 233								
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 # SA1290307 St MA DOB/Age 05/12/2002						Reg # 9GL523 Reg Type PC Reg State MA								
Sex F Lic. Class D1919 Lic. Restrictions 120 CDL Endorsement						Veh Year 2007 Veh Make TOYOTA Veh Config. 121								
Operator TRETHERWAY, JACLYN MARIE						Owner TRETHERWAY, JACLYN MARIE								
Address 2 ANNABERRY LN APT B						Address 2 ANNABERRY LN APT B								
City AUBURN State MA Zip 01501-1942						City AUBURN State MA Zip 01501-1942								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 222								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 123232323								
Citation # (If Issued)						Most Harmful Event 124								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626								
Please fill out for operator and all occupants involved						Damaged Area Code: 1272727								
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: 128								
Operator/Occupants See Above						Type of Test: 029								
						BAC Test Result: 130								
						Susp. Alcohol: 31 Susp. Drug: 32								
						Towed from scene? 233								

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
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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 Address # Name of Roadway/Street 760 SOUTHBRIDGE ST 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 31 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# 26-61-AC						License # S94742792 St MA DOB/Age 11/18/1981 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PORTER, JOSHUA MICHAEL 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 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																			
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved																									
Operator						See Above						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	
																1		1		4		0		0		10		1			
Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																									
License # St DOB/Age						License # St DOB/Age																									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement																									
Operator						Operator																									
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Insurance Company																									
Vehicle Travel Direction: N S E W Responding to Emergency?						Vehicle Travel Direction: N S E W Responding to Emergency?																									
Citation # (If Issued)						Citation # (If Issued)																									
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Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																									
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved																									
Operator/Occupants						See Above						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	
																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

↑ 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 passneger 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

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/05/2026

Date