

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

| | | | | | | |
|-----------------------------|-------------------------------|---------------------|----------------------|---------------------|-------------------|--|
| Date of Crash 02/05/2026 | Time of Crash 0834 24HR | City/Town Auburn | Number Vehicles 3 | Number Injured 1 | Speed Limit 40 | State Police Local Police MBTA Police Campus Police Other: _____ |
|-----------------------------|-------------------------------|---------------------|----------------------|---------------------|-------------------|--|

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 1 #Occupants Hit/Run Moped2 10
Route# 760 Direction Address # Name of Roadway/StreetFeet N S E W of _____ • _____ or _____Feet N S E W of _____ Mile Marker _____ Exit Number _____Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____Feet N S E W of _____ Landmark _____

3 License # SA7601378 St MA DOB/Age 04/03/2005

Sex F Lic. Class D 19 19 Lic. Restrictions 97 20 CDL _____ Endorsement

Operator FERREIRA DA SILVA, GEOFANA MARCELA APAREC

Last First Middle

Address 41 PRESCOTT ST

Reg # 5JHY14 Reg Type PC Reg State MA

Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21

4 3 City EVERETT State MA Zip 02149-1125

Insurance Company PROGRESSIVE DIRECT INSURA

5 1 Vehicle Travel Direction: N 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 _____

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 Damaged Area Code: 1 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 1 25 25 BAC Test Result: 0 30

Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 32

Towed from scene? 2 33

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 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 # SA1290307 St MA DOB/Age 05/12/2002

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

8 1 City AUBURN State MA Zip 01501-1942

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N 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 Damaged Area Code: 1 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

9 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

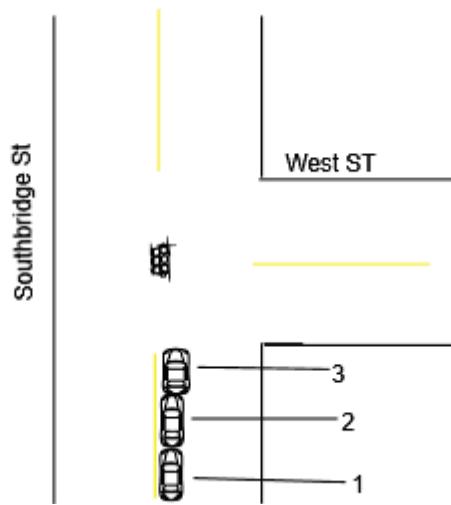
Operator/Occupants Operator/Occupants See Above 1 1 4 0 0 1 1

| | | | | | | | | | | | | | |
|---|---|---------------------|---|---|----------------------------|--|-------------------------------|-----------------------------------|---------------------|-------------------|---------------------|--------------------|------------------|
| Police Use Only | | | Commonwealth of Massachusetts Motor Vehicle Crash Police Report | | | | | | RMV Document Number | | | | |
| Date of Crash 02/05/2026 | Time of Crash 0834 24HR | City/Town Auburn | Number Vehicles 3 | Number Injured 1 | Speed Limit 40 | State Police Local Police MBTA Police Campus Police Other: | ☒ ☒ ☒ ☒ ☒ | | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | NOT AT INTERSECTION: | | | | | | | |
| 1 1 | Route# Direction _____ At _____ | | | Route# Direction _____ | Address # 760 | Name of Roadway/Street SOUTHBRIDGE ST | | | 2 1 | | | | |
| 2 1 | Route# Direction _____ Name of Intersecting Roadway/Street Also at Intersection with _____ | | | Feet _____ | NS E W NS E W NS E W | of _____ | • _____ | or _____ | Mile Marker _____ | Exit Number _____ | 8 1 | | |
| 3 1 | Route# Direction _____ Name of Intersecting Roadway/Street | | | Feet _____ | NS E W NS E W NS E W | of _____ | Route# _____ | Intersecting Roadway/Street _____ | Landmark _____ | | | | |
| 4 3 | Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 3.1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | Crash Report ID# 26-61-AC | | | | | | | | | |
| 5 1 | License # S94742792 St MA DOB/Age 11/18/1981 | | | Reg # 7DW436 | Reg Type PC | Reg State MA | 21 1 | | | | | | |
| 6 1 | Sex M Lic. Class D | 19 19 | Lic. Restrictions 1 Endorsement 20 | CDL _____ | Veh Year 2009 | Veh Make TOYOTA | Veh Config. 1 | 21 1 | | | | | |
| 7 2 | Operator PORTER, JOSHUA MICHAEL Last _____ First _____ Middle _____ Address 91 OLD EAST NORTH BROOKFIELD RD N City NORTH BROOKFIELD State MA Zip 01535 | | | Owner DESIMONE, PAMELA JEAN Last _____ First _____ Middle _____ Address 91 OLD E BROOKFIELD RD City NORTH BROOKFIELD State MA Zip 01535-1740 | | | Damaged Area Code: 5 27 27 27 | | | | | | |
| 8 1 | Insurance Company THE STANDARD FIRE INSURAN | | | Vehicle Action Prior to Crash 2 22 | Test Status: 1 28 | Type of Test: 0 29 | BAC Test Result: 30 | 1 | | | | | |
| 9 2 | Vehicle Travel Direction: N X E W Responding to Emergency? 2 | | | Event Sequence 1 23 23 23 23 24 | Susp. Alcohol: 2 31 | Susp. Drug: 32 | Towed from scene? 2 33 | 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 | X X | 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. | | | | | | | | | | | | | |
| License # _____ St _____ DOB/Age _____ | | | Reg # _____ | Reg Type _____ | Reg State _____ | 21 1 | | | | | | | |
| Sex _____ Lic. Class 19 19 Lic. Restrictions 20 Endorsement _____ | | | Veh Year _____ | Veh Make _____ | Veh Config. _____ | | | | | | | | |
| Operator _____ Last _____ First _____ Middle _____ Address _____ | | | Owner _____ Last _____ First _____ Middle _____ Address _____ | | | Damaged Area Code: 27 27 27 | | | | | | | |
| City _____ State _____ Zip _____ | | | City _____ State _____ Zip _____ | | | Test Status: 28 | | | | | | | |
| Insurance Company _____ | | | Vehicle Action Prior to Crash 22 | Type of Test: 29 | | | | | | 1 | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____ | | | Event Sequence 23 23 23 23 24 | BAC Test Result: 30 | | | | | | 1 | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 24 | Susp. Alcohol: 31 | | | | | | 1 | | | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | | | Driver Contributing Code 25 25 26 | Susp. Drug: 32 | | | | | | 1 | | | |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | | | Driver Distracted by 26 26 | Towed from scene? 33 | | | | | | 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/Occupants | | | See Above | X X | 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

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 passenger 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