Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
11/08/2025	0803 (24HR)	Auburn	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 1

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 2

NOT AT INTERSECTION:

Route# | Direction | Address # 4 | Name of Roadway/Street: FAITH AVE — 10: 2

Feet [N S E W] of — — — • — Mile Marker | or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street — 11: 3

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped — Crash Report ID# 25-388-AC: 99

Vehicle 1

License # S19302957 | St MA | DOB/Age 10/31/1984

Sex M | Lic. Class D 19 19 | Lic. Restrictions B 20 | CDL Endorsement

Operator SEGARRA, GIL A II (Last, First, Middle): 4 1

Address 507 STAFFORD ST APT 8

City CHERRY VALLEY | State MA | Zip 01611-3334

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N S ☒ W | Responding to Emergency? 2: 5 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub: 6 2

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

Reg # 6LNP37 | Reg Type PAN | Reg State MA

Veh Year 2018 | Veh Make JEEP | Veh Config. 1 21: 1 12

Owner SEGARRA, GIL A II (Last, First, Middle)

Address 507 STAFFORD ST APT 8

City CHERRY VALLEY | State MA | Zip 01611-3334

Vehicle Action Prior to Crash: 1 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: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 | Susp. Drug: 32

Towed from scene? 1 33: 1 13

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	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.: 7 3

Vehicle 2

License # SA3871423 | St MA | DOB/Age 10/02/1994

Sex M | Lic. Class D 19 19 | Lic. Restrictions 1 20 | CDL Endorsement

Operator DE MOURA SOMMER, RODRIGO (Last, First, Middle): 8 2

Address 31 TAMPA ST

City WORCESTER | State MA | Zip 01604-1723

Insurance Company PROGRESSIVE CASUALTY INSU

Vehicle Travel Direction: ☒ S E W | Responding to Emergency? 2

Citation # (If Issued): 9 2

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

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

Reg # 5DFR83 | Reg Type PAN | Reg State MA

Veh Year 2016 | Veh Make HONDA | Veh Config. 1 21

Owner DE MOURA SOMMER, RODRIGO (Last, First, Middle)

Address 31 TAMPA ST

City WORCESTER | State MA | Zip 01604-1723: 1 14

Vehicle Action Prior to Crash: 4 22

Event Sequence: 1 23 23 23 23

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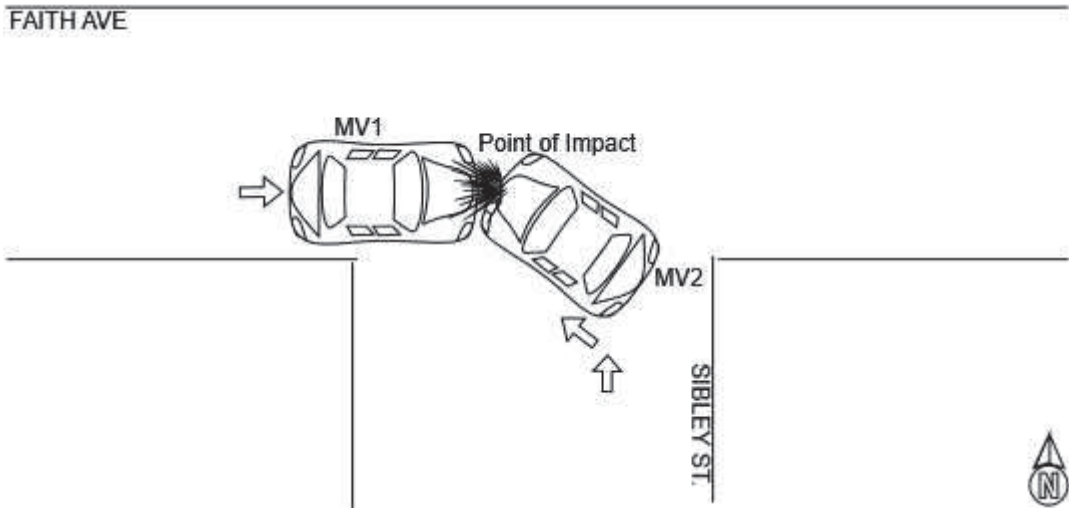
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	1	0	0	10	1	

→ = 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

I[illegible] Arrow

Crash Narrative:

MV1 was traveling eastbound on Faith Ave (a public way) in the Town of Auburn. MV2 was traveling northbound on Sibley St (a public way) in the Town of Auburn. At the end of Sibley St MV2 pulled out taking a left turn onto Faith Ave. Mv2 collided with MV1 as they were traveling straight ahead on Faith Ave. MV1 sustained center front damage, MV2 sustaind center front damage. Both vehicles were disabled and towed from scene by Direnzo's Towing Company. Both vehicle operators were not injured.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DIBBERT JACOB DANIEL	10 SUNNYVIEW HTS WORCESTER MA 01602-0000	[redacted]	

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		11/08/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date