

Date of Crash **01/08/2026** Time of Crash **1343** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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# **316** Direction _____ Address # **OXFORD STREET NO** Name of Roadway/Street _____
 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: Vehicle **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-13-AC**

License # _____ St. _____ DOB/Age _____ Reg # **338KJ9** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1 21**
 Operator **GERMAIN, MICHAEL FRANCIS** Owner **RIVERA, MATILDA**
 Address **21 WOODLAND ST** Address **21 WOODLAND ST**
 City **WORCESTER** State **MA** Zip **01610-2425** City **WORCESTER** State **MA** Zip **01610-2425**
 Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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
OSIRIS CESPEDES	21 WOODLAND ST WORCESTER, MA 01610-2425	_____	F	3	1	4	0	0	9	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **6HMB48** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **SUBARU** Veh Config. **1 21**
 Operator **VOAS, DAVID MICHAEL** Owner **VOAS, DAVID MICHAEL**
 Address **235 HEARD ST** Address **235 HEARD ST**
 City **WORCESTER** State **MA** Zip **01603-1740** City **WORCESTER** State **MA** Zip **01603-1740**
 Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved		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	1	1	0	0	10	1

