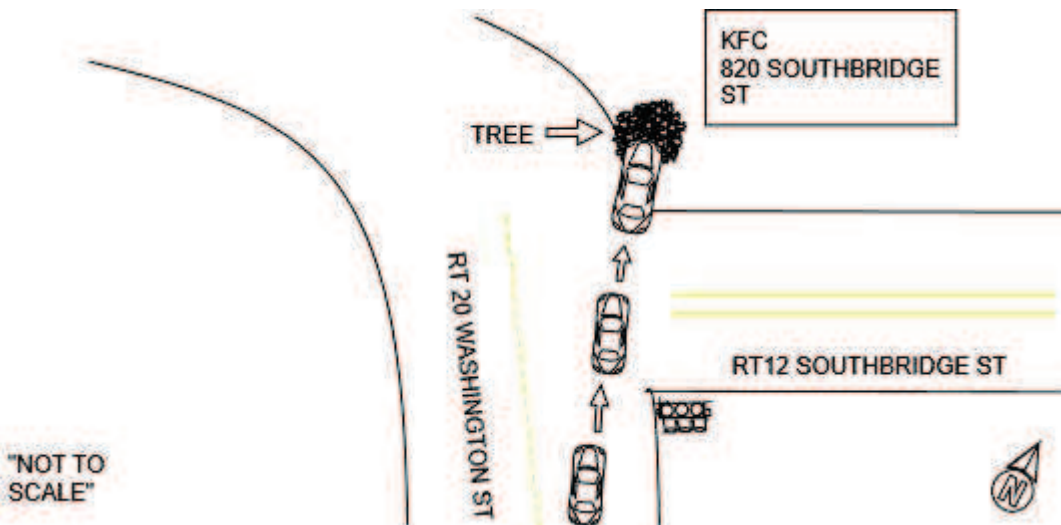


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 06/25/2025		Time of Crash 0230 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:																
<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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-212-AC															
License # SA5671158 St MA DOB/Age 09/27/2005						Reg # 2LRS12 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make CHRYSLER Veh Config. 1 21																	
Operator CHAPARRO-RIVERA, MILEIDYS CRYSTAL						Owner CANALES, CRISTIAN OMAR IV																	
Address 6 COLUMBUS ST APT 1						Address 51 GATES ST APT 2																	
City WORCESTER State MA Zip 01603-2254						City WORCESTER State MA Zip 01610-3666																	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 20 23 21 23 23 23																	
Citation # (If Issued) 526092AD						Most Harmful Event 21 24																	
Viol. 1: Ch/Sec/Sub 90 24E Viol. 2: Ch/Sec/Sub 90 17E						Driver Contributing Code 10 25 25																	
Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26																	
Please fill out for operator and all occupants involved						Damaged Area Code: 11 27 27 27																	
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		3		0		0		8		2		█	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 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																	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																	
Operator						Owner																	
Address						Address																	
City State Zip						City State Zip																	
Insurance Company						Vehicle Action Prior to Crash 22																	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26																	
Please fill out for operator and all occupants involved						Damaged Area Code: 27 27 27																	
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

Indicate Direction of Travel with Arrow



Crash Narrative:

The sole motor vehicle was traveling at a high rate of speed Westbound on Rt20. The motor vehicle went through the intersection of Rt20 and Rt12. The motor vehicle lost control due to high rate of speed and continued traveling straight despite the roadway curving left. The motor vehicle left the roadway striking the curb and becoming airborne. The vehicle then struck a tree in the front of 820 Southbridge St where it was severed in half and came to its final resting position. The operator of the vehicle was the sole occupant.

Massachusetts Uniform Citation #526092AD
Direnzo towed vehicle from scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KFC/TACO BELL	820 SOUTHBRIDGE ST AUBURN MA 01501		1	TREE

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 Arek P Gasiorski
Police Officer Name (Please Print)

Signature

96AG
ID/Badge #

Auburn Police Department
Department

Precinct/Barracks

06/25/2025
Date