

Date of Crash **02/02/2026** Time of Crash **1552** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MILL ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
WASHINGTON ST
Route# _____ 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** #Occupants Hit/Run Moped **Crash Report ID# 26-55-AC**

License # _____ St. _____ DOB/Age _____ Reg # **DV318B** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2024** Veh Make **JEEP** Veh Config. **2 21**
Operator **PEREZ, CARLOS CRUZ** Owner **PEREZ, CARLOS CRUZ**
Address **128 NEWTON N AVE** Address **128 NEWTON N AVE**
City **WORCESTER** State **MA** Zip **01609-1404** City **WORCESTER** State **MA** Zip **01609-1404**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 1 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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: **2 31** Susp. Drug: **2 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	8	2	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **T41945** Reg Type **CON** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **MACK** Veh Config. **6 21**
Operator **DA SILVA, JEICSON SOUSA** Owner **SERVICE PLUS DISPOSAL INC**
Address **161 CHURCH ST** Address **103 CREEPER HILL RD**
City **THOMPSON** State **CT** Zip **06277** City **NORTH GRAFTON** State **MA** Zip **01536-1432**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
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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	4	0	0	10	1	

