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	
07/20/2026	1437 (24HR)	Auburn	1	0	45			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street: _____
At
Route# | Direction | Name of Intersecting Roadway/Street: _____
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street: _____

2 10 — Route# | Direction | Address #: 376 | Name of Roadway/Street: WASHINGTON ST
_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number: _____
1 11 — _____ Feet [N S E W] of Route# | Intersecting Roadway/Street: _____
_____ Feet [N S E W] of Landmark: _____

3 — **Please Select One of the Following:** ☒ **Vehicle** 1 #Occupants: 1 | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#:** 26-276-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]
Sex: F | Lic. Class: D (19 | 19) | Lic. Restrictions: (20) | CDL Endorsement:
Operator: DE ALMEIDA, SIDINY M (Last | First | Middle)
4 1 — Address: 4 OLD COMMON RD
City: AUBURN | State: MA | Zip: 01501-3208
Insurance Company: PROGRESSIVE DIRECT INSURA
5 2 — Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2
Citation # (If Issued):
Viol. 1: Ch/Sec/Sub: _____ Viol. 2: Ch/Sec/Sub: _____
6 1 — Viol. 3: Ch/Sec/Sub: _____ Viol. 4: Ch/Sec/Sub: _____

Reg # 3LXL61 | Reg Type: PC | Reg State: MA
Veh Year: 2018 | Veh Make: NISSAN | Veh Config.: 1 (21)
1 12 —
Owner: SILVA, DANIEL D (Last | First | Middle)
Address: 4 OLD COMMON RD
City: AUBURN | State: MA | Zip: 01501-3208

Vehicle Action Prior to Crash (22): 1
Event Sequence (23): 10 | 23 | 23 | 23
Most Harmful Event (24): 10
Driver Contributing Code (25): 1 | 25
Driver Distracted by (26): 0 | 26

Damaged Area Code (27): 97 | 27 | 27 | 27
Test Status (28): 1
Type of Test (29): 0
BAC Test Result (30): 1
Susp. Alcohol (31): 2 | Susp. Drug (32): 2
Towed from scene? (33): 2
10 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	[redacted]	[redacted]	1	1	4	0	0	10	1	

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

Vehicle 2

License # _____ St _____ DOB/Age _____
Sex _____ | Lic. Class: (19 | 19) | Lic. Restrictions: (20) | CDL Endorsement:
Operator: _____ (Last | First | Middle)
8 1 — Address: _____
City: _____ | State: _____ | Zip: _____
Insurance Company: _____
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W | Responding to Emergency? _____
9 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 # _____ | Reg Type: _____ | Reg State: _____
Veh Year: _____ | Veh Make: _____ | Veh Config.: (21)
Owner: _____ (Last | First | Middle)
Address: _____
City: _____ | State: _____ | Zip: _____
1 14 —

Vehicle Action Prior to Crash (22):
Event Sequence (23): 23 | 23 | 23 | 23
Most Harmful Event (24):
Driver Contributing Code (25): 25
Driver Distracted by (26): 26

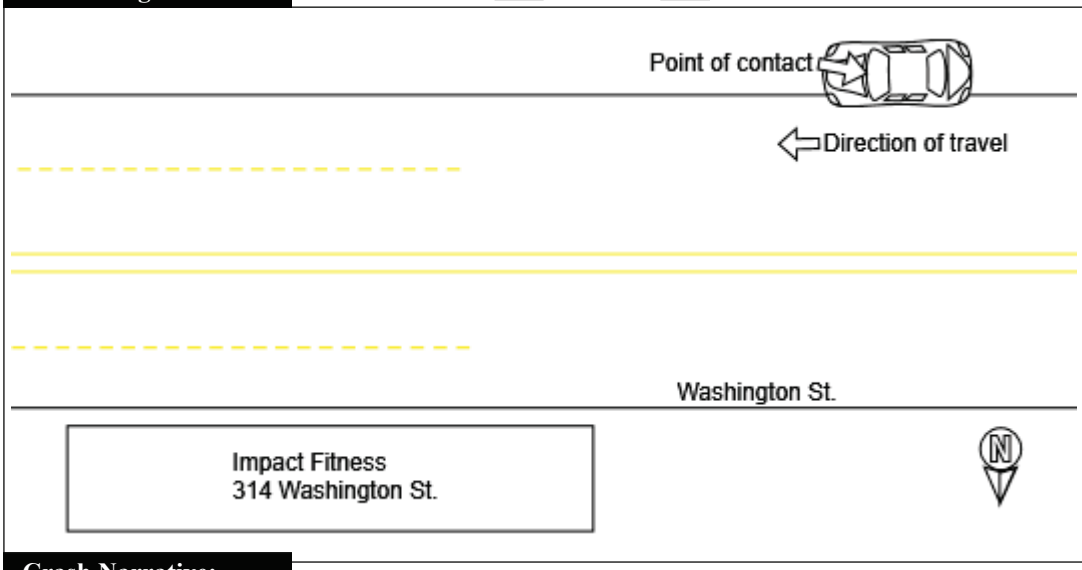
Damaged Area Code (27): 27 | 27 | 27
Test Status (28):
Type of Test (29):
BAC Test Result (30):
Susp. Alcohol (31): | Susp. Drug (32):
Towed from scene? (33):

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	[redacted]	[redacted]	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:

on July 20, 2026 at approximately 2:30PM, I responded in the area of 314 Washington St. (public way) for a report of a single vehicle crash. Upon arrival I spoke with the operator, Sidiny De Almeida. Ms. De Almeida stated while she was operating her vehicle, the vehicle's hood opened and swung back smashing her windshield. Ms. De Almeida refused any medical attention and the vehicle was not towed from the scene.

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 Matthew Rattray		95MR	Auburn Police Department		07/20/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date