

Date of Crash **05/19/2026** Time of Crash **1707** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

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

1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 Route# _____ Direction _____ Name of Roadway/Street _____ Address # _____ 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 _____

10 Feet **X S E W** of _____ **KANE SHELL DRIVEWAY** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 26-198-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5GCZ67** Reg Type **PAN** Reg State **MA**

Sex **U** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **JEEP** Veh Config. **1 21**

Operator **DESANTIS, MARIA FRANCES** Owner **DESANTIS, MARIA FRANCES**

Address **403 HERITAGE LN** Address **403 HERITAGE LN**

City **AUBURN** State **MA** Zip **01501-2264** City **AUBURN** State **MA** Zip **01501-2264**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **12 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **12 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	10	1

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

License # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ 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** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**

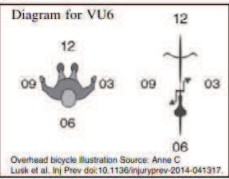
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

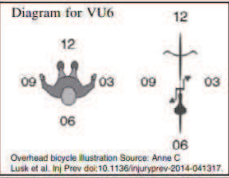
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**

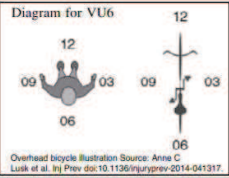
Towed from scene? **33**

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						

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 40px;" type="text" value="9 VU1"/>	Action <input style="width: 40px;" type="text" value="2 VU2"/>	Location <input style="width: 40px;" type="text" value="8 VU3"/>			
VU: <input style="width: 100px;" type="text" value="M"/> Last <input style="width: 100px;" type="text"/> First <input style="width: 100px;" type="text"/> Middle Address <input style="width: 100%; height: 20px;" type="text"/> City <input style="width: 100px;" type="text"/> State <input style="width: 30px;" type="text"/> Zip <input style="width: 100px;" type="text"/> License # <input style="width: 100px;" type="text"/> St <input style="width: 30px;" type="text"/> DOB/Age <input style="width: 100px;" type="text"/>		Primary Injury Area: <input style="width: 40px;" type="text" value="4 VU7"/>		Test Status: <input style="width: 40px;" type="text" value="1 VU11"/> Type of Test: <input style="width: 40px;" type="text" value="0 VU12"/> BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/> Susp. Alcohol: <input style="width: 40px;" type="text" value="2 VU14"/> Susp. Drug: <input style="width: 40px;" type="text" value="2 VU15"/>			
Traffic Control Device <input style="width: 40px;" type="text" value="0 VU4"/> Origin/Destination <input style="width: 40px;" type="text" value="97 VU5"/> Contact Point: <input style="width: 40px;" type="text" value="09 VU6"/>		Diagram for VU6 		Event Sequence <input style="width: 40px;" type="text" value="1 VU8"/> <input style="width: 40px;" type="text" value="4 VU8"/> <input style="width: 40px;" type="text" value="13 VU8"/> <input style="width: 40px;" type="text" value="VU8"/> Contributing Code <input style="width: 40px;" type="text" value="97 VU9"/> <input style="width: 40px;" type="text" value="VU9"/> Distracted by <input style="width: 40px;" type="text" value="1 VU10"/> <input style="width: 40px;" type="text" value="VU10"/>			
Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	8	10	0	2	8	1

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>			
VU: _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/> Type of Test: <input style="width: 40px;" type="text" value="VU12"/> BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/> Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/> Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>			
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/> Origin/Destination <input style="width: 40px;" type="text" value="VU5"/> Contact Point: <input style="width: 40px;" type="text" value="VU6"/>		Diagram for VU6 		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/> Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>			
Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User							

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>			
VU: _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/> Type of Test: <input style="width: 40px;" type="text" value="VU12"/> BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/> Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/> Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>			
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/> Origin/Destination <input style="width: 40px;" type="text" value="VU5"/> Contact Point: <input style="width: 40px;" type="text" value="VU6"/>		Diagram for VU6 		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/> Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>			
Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User							

