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	Police
09/10/2026	1343 (24HR)	Auburn	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# / Direction: — / — Name of Roadway/Street: FAITH AVE
At
Route# / Direction: — / — Name of Intersecting Roadway/Street: SIBLEY ST
Also at Intersection with
2 1 — Route# / Direction: — / — Name of Intersecting Roadway/Street:

Route# / Direction / Address # / Name of Roadway/Street: — / — / — / —
Feet — N S E W of — — — • — Mile Marker or — Exit Number
Feet — N S E W of — Route# — Intersecting Roadway/Street
Feet — N S E W of — Landmark

2 10
5 11

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-350-AC

3

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement —
Operator PINTO CAMINHAS, LUCILEIA GALVAO (Last First Middle)
4 1 Address 140 RIVER RD
City PUTNAM State CT Zip 06260
Insurance Company PROGRESSIVE CASUALTY INSU
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2
5 Citation # (If Issued) —
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —
6 1

Reg # 3PV839 Reg Type PC Reg State MA
Veh Year 2013 Veh Make FORD Veh Config. 2 21
Owner CAMINHAS CARPENTRY INC (Last First Middle)
Address 50 DARTMOUTH ST
City WORCESTER State MA Zip 01604-3031
Vehicle Action Prior to Crash 3 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 99 26 26
Damaged Area Code: 7 27 27 27
Test Status: 1 28
Type of Test: 0 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

1 12
1 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	99	4	0	0	10	1	
ROSIMERI APARE ARMELIN FILGUEIRA	50 DARTMOUTH ST WORCESTER, MA 01604-3031	[redacted]	F	3	99	4	0	0	10	1	

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

7 3

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL T Endorsement —
Operator ANDERSON, RICHARD R (Last First Middle)
8 2 Address 1418 S ABERCORN ST
City URBANA State IL Zip 61802
Insurance Company ATLANTIC SPECIALTY
Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2
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 # 5353407 Reg Type TRN Reg State ME
Veh Year 2024 Veh Make International Veh Config. 8 21
Owner EGO EXPRESS INC (Last First Middle)
Address 1517 N DEE RD
City PARK RIDGE State IL Zip 60068
Vehicle Action Prior to Crash 4 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 99 26 26
Damaged Area Code: 0 27 27 27
Test Status: 1 28
Type of Test: 0 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

1 14

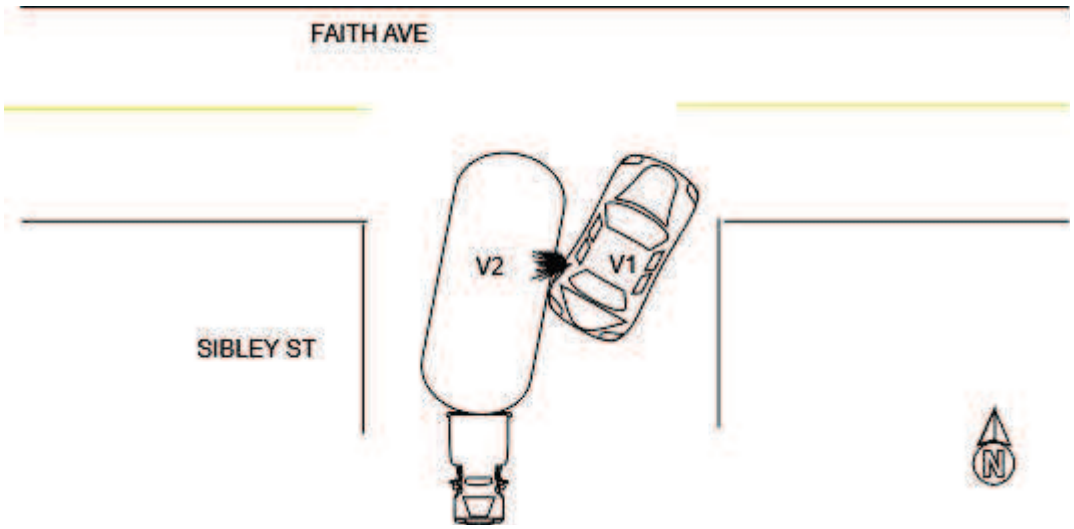
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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... N... Arrow

Crash Narrative:

VEHICLE 1 WAS TURNING RIGHT ONTO FAITH AVE AND VEHICLE 2 WAS TURNING LEFT ONTO SIBLEY ST (BOTH ARE PUBLIC WAYS IN THE TOWN OF AUBURN). AS THE POWER UNIT OF V2(INDIANA REG # 3945625)TURNED LEFT ONTO SIBLEY ST, THE TRAILER MADE CONTACT WITH THE LEFT REAR SIDE OF V1, CAUSING DAMAGE TO THE LEFT REAR DOOR, WHEEL WELL, AND TAIL LIGHT. BOTH VEHICLES WERE DRIVEABLE.

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 Carrie Girardin		102CG	Auburn Police Department		09/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date