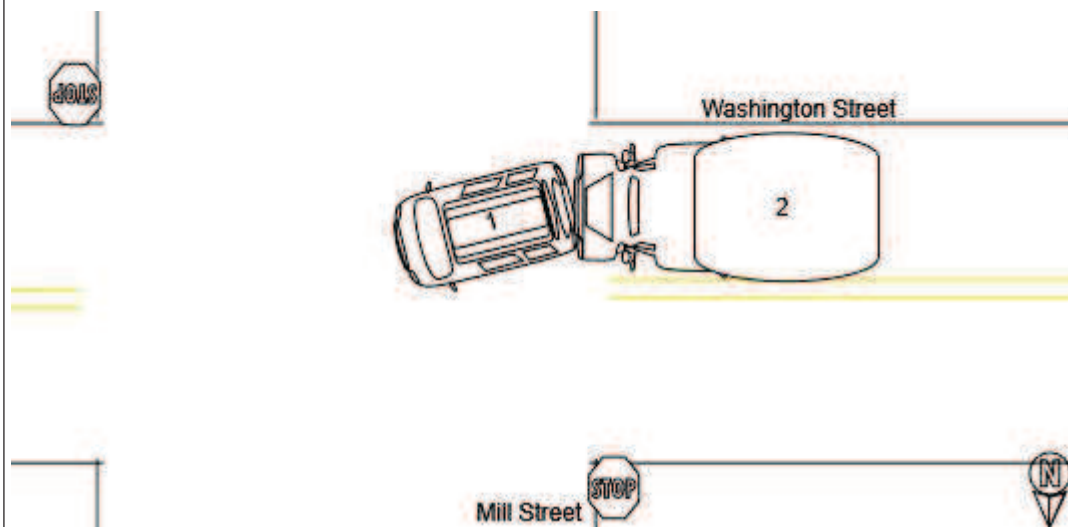


Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 02/02/2026		Time of Crash 1552 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 50		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction MILL ST						Route# Direction Address # Name of Roadway/Street																			
At						Feet N S E W of . or Mile Marker Exit Number																			
Route# Direction WASHINGTON ST						Feet N S E W of Route# Intersecting Roadway/Street																			
Also at Intersection with						Feet N S E W of Landmark																			
Route# Direction Name of Intersecting Roadway/Street																									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-55-AC															
License # S11174995 St MA DOB/Age 03/01/1954						Reg # DV318B Reg Type PAN Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						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						BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Driver Distracted by 0 26 26						Towed from scene? 2 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						See Above						X		X	1	1	4	0	0	8	2	[REDACTED]			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # 079939006 St CT DOB/Age 07/14/1993						Reg # T41945 Reg Type CON Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						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																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Driver Distracted by 0 26 26						Towed from scene? 2 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						X		X	1	1	4	0	0	10	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 ... Arrow



### Crash Narrative:

On February 2, 2026, I was dispatched to the intersection of Mill Street and Washington Street for a report of a motor vehicle crash. I spoke with the operator of vehicle one who stated he was traveling east on Washington Street and went to turn left on to Mill Street when he was rear ended by vehicle two. I spoke with the operator of vehicle two who stated he was traveling east on Washington Street when vehicle one slowed down to turn left but broke too quickly, not allowing him adequate time to stop his vehicle and causing him to rear end vehicle one.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2026

Date