

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/02/2026** Time of Crash **1552** 24HR

City/Town **Auburn**

Number Vehicles **2**
Number Injured **1**

Speed Limit **50**
Latitude _____
Longitude _____

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 MopedCrash Report ID# **26-55-AC**License # **S11174995** St **MA** DOB/Age **03/01/1954**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Operator **PEREZ, CARLOS CRUZ**

Last _____ First _____ Middle _____

Address **128 NEWTON N AVE**City **WORCESTER** State **MA** Zip **01609-1404**Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Travel Direction: **N S X W** Responding to Emergency? **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 # **DV318B**Reg Type **PAN**Reg State **MA**Veh Year **2024**Veh Make **JEEP**Veh Config. **2**Owner **PEREZ, CARLOS CRUZ**

Last _____ First _____ Middle _____

Address **128 NEWTON N AVE**City **WORCESTER** State **MA** Zip **01609-1404**Vehicle Action Prior to Crash **2** 22Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **1** 25 25Driver Distracted by **0** 26 26Damaged Area Code: **5** 27 1 27 27Test Status: **1** 28Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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

Trap

Code

39

Injury

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 # **079939006** St **CT** DOB/Age **07/14/1993**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Operator **DA SILVA, JEICSON SOUSA**

Last _____ First _____ Middle _____

Address **161 CHURCH ST**City **THOMPSON** State **CT** Zip **06277**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Travel Direction: **N S X W** Responding to Emergency? **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 # **T41945** Reg Type **CON** Reg State **MA**Veh Year **2016** Veh Make **MACK** Veh Config. **6**Owner **SERVICE PLUS DISPOSAL INC**

Last _____ First _____ Middle _____

Address **103 CREEPER HILL RD**City **NORTH GRAFTON** State **MA** Zip **01536-1432**Vehicle Action Prior to Crash **1** 22Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **99** 25 25Driver Distracted by **0** 26 26Damaged Area Code: **1** 27 27 27Test Status: **1** 28Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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

Trap

Code

39

Injury

Transp.

Code

Medical Facility

Operator/Occupants

See Above

X

X

1

1

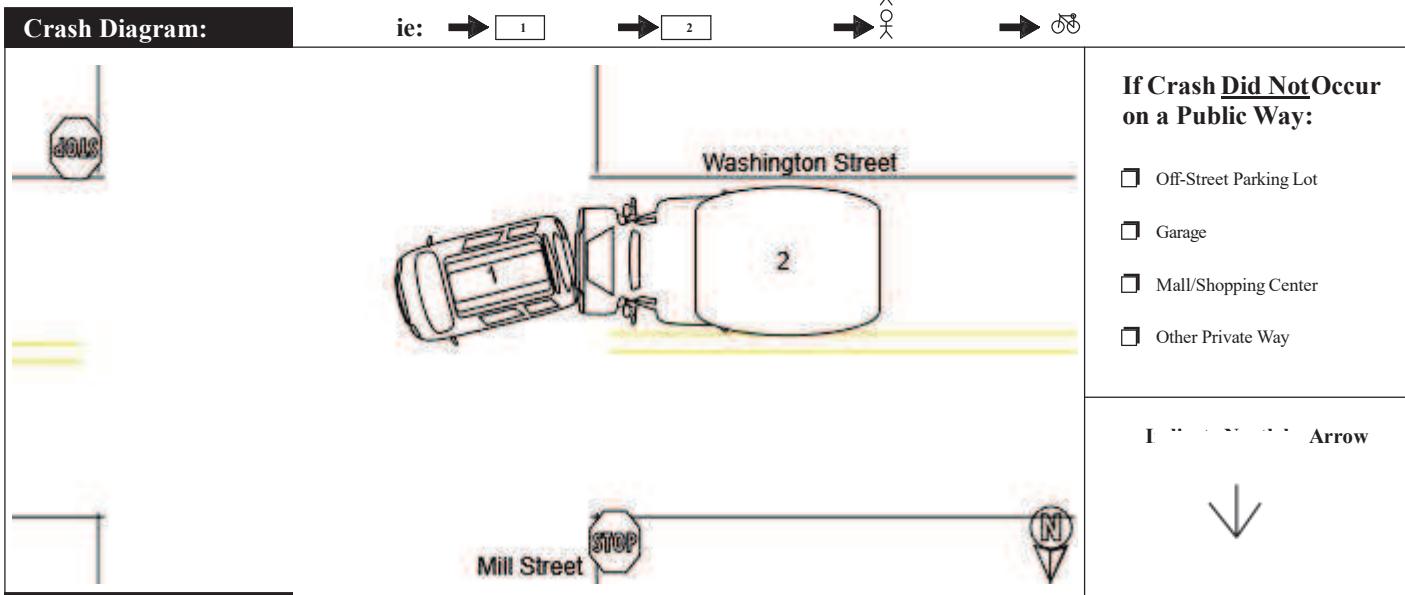
4

0

0

10

1



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 _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Interstate Charge Body Type Code GWR GWR 46

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Hazmat Information: 47 Placard 48 Material 1 digit # _____ Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

Auburn Police Department

02/02/2026

Date