

Date of Crash 05/18/2026 Time of Crash 1054 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 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 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street 39 OXFORD STREET NO Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

2 10

3 11

2 1

3 99

Please Select One of the Following: [X] Vehicle 1 Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 26-195-AC

4 2

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # 3NDT34 Reg Type PAN Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21 Operator CAPIELO SANTOS, JULIO CESAR Owner CAPIELO SANTOS, JULIO CESAR Address 147 STAFFORD ST APT 2R City CHARLTON State MA Zip 01507-1298 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

1 12

5 2

6 1

Table with columns: 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 row: Operator, See Above, [redacted], [redacted], 1, 1, 4, 0, 0, 10, 1, [redacted]

1 13

7 3

Please Select One of the Following: [X] Vehicle 2 Occupants [ ] Hit/Run [ ] Moped [ ] Vulnerable User Complete the Vulnerable User section.

8 2

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # 6AVZ88 Reg Type PAN Reg State MA Sex [redacted] Lic. Class [redacted] 19 19 Lic. Restrictions [redacted] 20 CDL Endorsement Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21 Operator [redacted] Owner DELEON, FRANCISCO J Address [redacted] 33 NARRAGANSETT AVE City WORCESTER State MA Zip 01607-1558 Insurance Company FOREMOST PROPERTY AND CAS Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

1 14

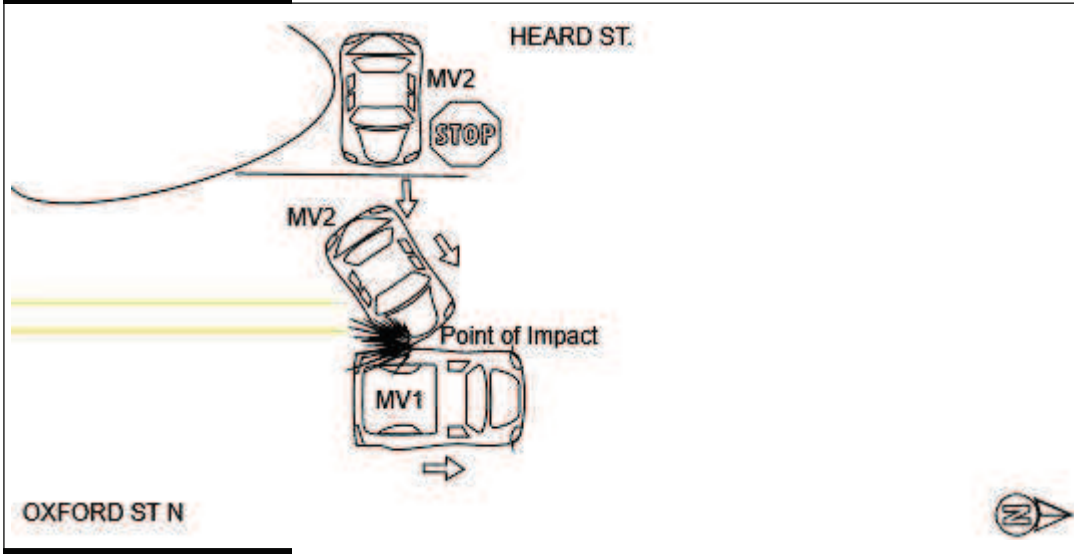
9 2

Table with columns: 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 row: Operator/Occupants, See Above, [redacted], [redacted], 1, 1, 4, 0, 0, 10, 1, [redacted]

→ = 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

Legend: Arrow



**Crash Narrative:**

MV1 was traveling northbound on Oxford St N. (a public way) in the Town of Auburn. MV2 was stopped at the stop sign on Heard St. (a public way) in the Town of Auburn. MV2 took a left onto Oxford St N. and collided with MV1's left rear tire. No one was injured, both operators were evaluated by Auburn EMS, no one transported and both vehicle's were drivable.

**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 Alexander Ortiz-Torres    97AO    Auburn Police Department    05/18/2026  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date