

Date of Crash **02/20/2026** Time of Crash **2103** 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:

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# **153** Direction _____ Address # **MILLBURY ST** 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 _____

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-85-AC**

License # _____ St. _____ DOB/Age _____ Reg # **1FPX52** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1** **21**

Operator **PELLICANO, ANASTASIA ROSE** Owner **PELLICANO, ANASTASIA ROSE**

Address **7 CRESTWOOD RD** Address **7 CRESTWOOD RD**

City **PAXTON** State **MA** Zip **01612-1363** City **PAXTON** State **MA** Zip **01612-1363**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**

Vehicle Travel Direction: **N X E 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: **0** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **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
_____		_____	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **23** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **6HVJ53** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **FORD** Veh Config. **1** **21**

Operator **FIDALGO, ALEXANDER** Owner **FIDALGO, CATALINA CASANDRA**

Address **12 HARTFORD W AVE** Address **12 HARTFORD W AVE**

City **UXBRIDGE** State **MA** Zip **01569-1368** City **UXBRIDGE** State **MA** Zip **01569-1368**

Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**

Vehicle Travel Direction: **X S E 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: **0** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **3** **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	1	2	0	0	10	1
CATALINA FIDALGO		12 HARTFORD W AVE UXBRIDGE, MA 01569-1368	F	3	1	4	0	0	10	1	
_____		_____	F	6	1	4	0	0	10	1	

