

Date of Crash **06/08/2026** Time of Crash **1012** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTHBRIDGE ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SWANSON RD
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 Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-224-AC**

License # _____ St. _____ DOB/Age _____ Reg # **6HBM18** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1** **21**
Operator **BRAVO ALFONSO, ARIANNA KIRA** Owner **BRAVO, JOHANNA PAOLA**
Address **45 MARILYN DR** Address **45 MARILYN DR**
City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501-3422**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **1** **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	XXXX	XX	1	1	1	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Reg # **3MMC76** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1** **21**
Operator **ANTONY, ESTHER SHALINI** Owner **ANTONY, CATHERINE SUMA**
Address **149 WINIFRED AVE** Address **149 WINIFRED AVE**
City **WORCESTER** State **MA** Zip **01602-1552** City **WORCESTER** State **MA** Zip **01602-1552**
Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **7** **27** **10** **27**
Vehicle Travel Direction: **N S E** **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **1** **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	XXXX	XX	1	1	1	0	0	10	1	

