

Date of Crash **03/11/2026** Time of Crash **1757** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:
 Latitude **+042.2145** Longitude **-071.845**

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **3** **10** **11**

OXFORD STREET NO
Route# Direction Name of Roadway/Street
At
AUBURN ST
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
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

3 Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 26-116-AC**

4 **2** **1** **12** **13**

License # _____ St. _____ DOB/Age _____ Reg # **4XNT43** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **FERREIRA BORGES, GUSTAVO** Owner **OLIVEIRA, FABIO**
 Address **751 WASHINGTON ST APT 2A** Address **105 CHAPIN ST APT 2**
 City **AUBURN** State **MA** Zip **01501-2707** City **SOUTHBRIDGE** State **MA** Zip **01550**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **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 **4 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? **1 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	_____	_____	1	1	1	0	0	10	1	
ENRIQUE HERNANDEZ	1615 E NOME ST TAMPA, FL 33604	_____	M	3	0	1	0	0	8	0	

7 **3** Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

8 **1** **9** **2** **14**

License # _____ St. _____ DOB/Age _____ Reg # **688GJ3** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1 21**
 Operator **DAVIS, KAREN SUE** Owner **DAVIS, MICHAEL WARREN**
 Address **14 WESTWOOD DR** Address **14 WESTWOOD DR**
 City **AUBURN** State **MA** Zip **01501-1226** City **AUBURN** State **MA** Zip **01501-1226**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N** **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 **99 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? **1 33**

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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	_____	_____	1	1	4	0	0	8	2	_____

