

Date of Crash **05/12/2026** Time of Crash **1628** 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:

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# **502** Direction _____ Address # **WASHINGTON 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 **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-191-AC**

License # _____ St. _____ DOB/Age _____ Reg # **4HA828** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **WILSON, ISABELLA JOANNE** Owner **WILSON, GORETE PEIREZO**

Address **8 WOOD ST** Address **8 WOOD ST**

City **MILFORD** State **MA** Zip **01757-3230** City **MILFORD** State **MA** Zip **01757-3230**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N S E X** 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? **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

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

License # _____ St. _____ DOB/Age _____ Reg # **69SS76** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **JEEP** Veh Config. **1 21**

Operator **NEWMAN, CARLA ROSE** Owner **NEWMAN, CARLA ROSE**

Address **35 SHAWMUT TER** Address **35 SHAWMUT TER**

City **FRAMINGHAM** State **MA** Zip **01702-5975** City **FRAMINGHAM** State **MA** Zip **01702-5975**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N S E X** 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**

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Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1

