

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/30/2026		Time of Crash 1051 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction SUMNER ST						Route# Direction Address # Name of Roadway/Street										
At						Feet N S E W of or Mile Marker Exit Number										
Route# Direction OXFORD STREET NO						Feet N S E W of Route# Intersecting Roadway/Street										
Also at Intersection with						Feet N S E W of Landmark										
Route# Direction Name of Intersecting Roadway/Street																
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-293-AC								
License # St. DOB/Age						Reg # 5RWV33 Reg Type PAN Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make JEEP Veh Config. 1 21										
Operator CONTRERAS, DANIEL						Owner CHINCHILLA HERRERA, ABI A										
Address 49 AUSTIN ST						Address 33 VILLA PKWY PH										
City WORCESTER State MA Zip 01609						City SPRINGFIELD State MA Zip 01109-3226										
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 10 27 3 27				
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 40 23 23 23 23						Test Status: 28				
Citation # (If Issued)						Most Harmful Event 24 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				
Please fill out for operator and all occupants involved						Towed from scene? 1 33										
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 5 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 # Reg Type Reg State										
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21										
Operator						Owner										
Address						Address										
City State Zip						City State Zip										
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27				
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28				
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29				
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32				
Please fill out for operator and all occupants involved						Towed from scene? 33										
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										

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Oxford St N

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

↑ Arrow



Crash Narrative:

Mv1 was traveling eastbound on Oxford St N. (a public way) in Auburn. Mv1 had mechanical brake issues and swerved off the road into the guardrail. No injuries occurred. Vehicle was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
				GUARDRAIL

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

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/30/2026

Date