

Date of Crash **05/31/2026** Time of Crash **1146** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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# **782** 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 _____

2 10

4 11

2

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **26-215-AC**

3

License # _____ St. _____ DOB/Age _____ Reg # **2KDS82** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1 21**

5 12

4

Operator **ALVES DOS SANTOS, WESLLYARA** Owner **DE SOUZA ALVES, WESLLEY**
 Last First Middle Last First Middle

Address **172 LINCOLN ST APT 5** Address **147 WORCESTER RD**

City **WORCESTER** State **MA** Zip **01605-3748** City **WEBSTER** State **MA** Zip **01570-2104**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **35 23 23 23 23** Test Status: **1 28**

5

Citation # (If Issued) _____ Most Harmful Event **35 24** Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Susp. Alcohol: **2 31** Susp. Drug: **2 32**

30 13

6

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

7

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 **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

8

Operator _____ Owner _____
 Last First Middle Last First Middle

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**

9

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**
 Susp. Alcohol: **31** Susp. Drug: **32**

1 14

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Towed from scene? **33**

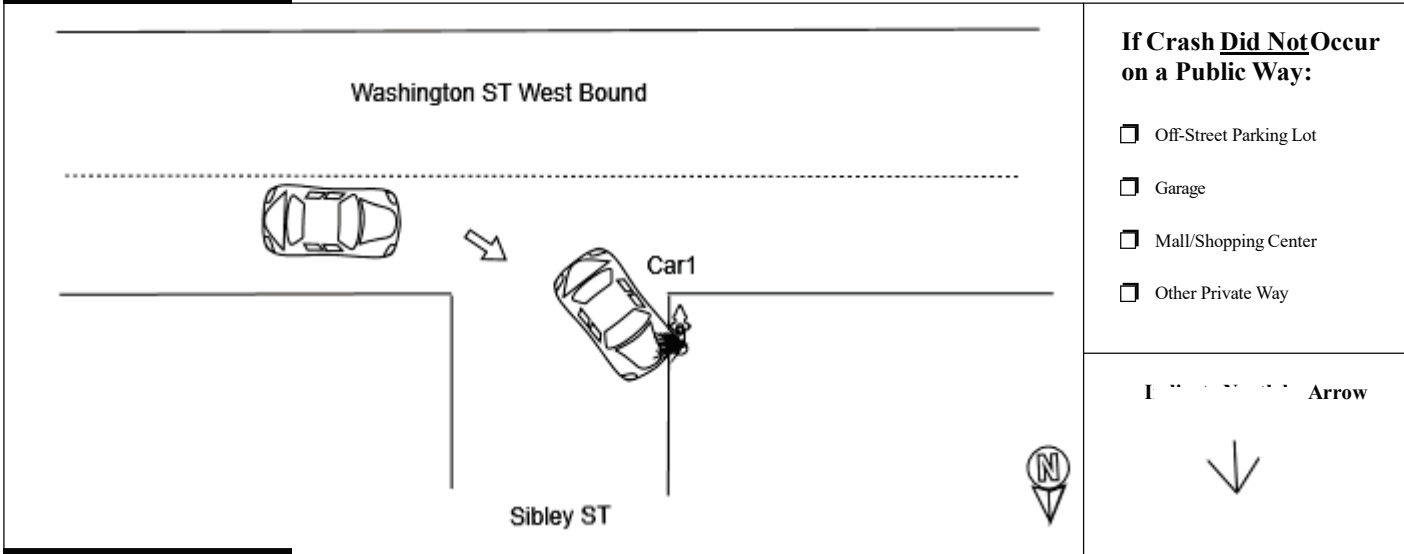
Please fill out for operator and all occupants involved

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/Occupants	See Above	XXXXXX	XXXX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



If Crash Did Not Occur on a Public Way:

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

↓ Arrow

Crash Narrative:

Carl was travelling West on Washington Street, turning right onto Sibley Street. While turning she struck the fire hydrant on the otherside of the road. The car was struck in the brush on the side of the road. There was damage to the fron left of the vehicle. The damage on the rear right was previous damage. She stated no injuries and the vehicle was towed.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN WATER DPT	75 CHURCH ST AUBURN MA			FIRE HYDRANT

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/31/2026

Date