

Date of Crash 01/30/2026	Time of Crash 1020 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <b>30</b> Latitude <b>+042.1954</b> Longitude <b>-071.821</b>	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<b>MILL ST</b> Route# Direction Name of Roadway/Street At <b>20 W WASHINGTON ST</b> 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark	
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-47-AC**

License # _____ St. _____ DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Operator <b>LADINO BETANCOURT, ANGIE CAROLINA</b> Address <b>92 PROSPECT ST</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01605-3062</b> Insurance Company <b>PERMANENT GENERAL ASSURAN</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>4ZAF22</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2007</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b> Owner <b>LADINO BETANCOURT, ANGIE CAROLINA</b> Address <b>92 PROSPECT ST</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01605-3062</b> Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>6</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>0</b> <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
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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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # _____ St. _____ DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>B</b> <b>20</b> CDL _____ Operator <b>HUSSAIN, FAHIM REZUANUL</b> Address <b>3 SHADOWBROOK LN APT 1</b> City <b>MILFORD</b> State <b>MA</b> Zip <b>01757-1133</b> Insurance Company <b>PROGRESSIVE DIRECT INSURA</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>3CRZ63</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2016</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> <b>21</b> Owner <b>HUSSAIN, FAHIM REZUANUL</b> Address <b>3 SHADOWBROOK LN APT 1</b> City <b>MILFORD</b> State <b>MA</b> Zip <b>01757-1133</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>0</b> <b>29</b> Driver Contributing Code <b>5</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>99</b> <b>26</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
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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
<b>Operator/Occupants</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

