

Date of Crash **05/23/2026** Time of Crash **0702** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** 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# **809** Direction _____ Address # **SOUTHBRIDGE 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 **12** #Occupants Hit/Run Moped **Crash Report ID# 26-204-AC**

License # _____ St _____ DOB/Age _____ Reg # **9JM788** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **99 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **ILLINES, SAMIR** Owner **BELANGER, CHRISTINE MARIE**
 Address **131 CLAY ST** Address **10 LAKEVIEW AVE**
 City **NEW HAVEN** State **CT** Zip **06513** City **HAVERHILL** State **MA** Zip **01830-2714**
 Insurance Company **NONE (CANCEL)** Vehicle Action Prior to Crash **99 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) **T3622653** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub **90 34J** Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub **90 9** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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
CHRISTOPHER GUAMAN	52 WEBB ST HAMDEN, CT 06517	_____	M	3	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # **7JV755** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1 21**
 Operator **VICKERS, FREDERICK CHANDLER** Owner **VICKERS, FREDERICK CHANDLER**
 Address **1 ST APT B** Address **1 ST APT B**
 City **DOUGLAS** State **MA** Zip **01516-0000** City **DOUGLAS** State **MA** Zip **01516-0000**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **99 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S X W** 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 **99 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
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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
Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1

