

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/10/2026** Time of Crash **2049** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **10**
 State Police Local Police
 MBTA Police Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1
5

Route# _____ Direction _____ Name of Roadway/Street _____
 At _____

Route# **826** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

1

2
1

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

Feet **N S E W** of _____ Mile Marker _____ or _____
 Exit Number _____

3

3

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 Feet **N S E W** of _____ Landmark _____

11

Please Select One of the Following:

Vehicle **1**

#Occupants _____



Hit/Run _____



Moped _____

Crash Report ID# **26-68-AC**License # **SA1781674** St **MA** DOB/Age **02/19/2007**Reg # **5RPD23**Reg Type **PAN**Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Veh Year **2007**Veh Make **FORD**Veh Config. **2**

7

Operator **GUERIN, MATTHEW DAVID**Owner **GUERIN, MATTHEW DAVID**

12

Last **45** First **BUFFUM RD** Middle _____Last **45** First **BUFFUM RD** Middle _____City **CHARLTON** State **MA** Zip **01507-1406**City **CHARLTON** State **MA** Zip **01507-1406**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **3** 22Damaged Area Code: **3 27 4 27 27**

Citation # (If Issued) _____

Event Sequence **2 23 23 23 23**Test Status: **1 28**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Most Harmful Event **2 24**Type of Test: **29**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Contributing Code **19 25 25**BAC Test Result: **30**

Please fill out for operator and all occupants involved

Driver Distracted by **99 26 26**Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Name (Last First Middle) _____ Address _____

Towed from scene? **2 33**

Medical Facility _____

Operator See Above

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
1	99	4	0	0	10	1			

2

6
1

Please Select One of the Following: **X** Vehicle **20** #Occupants **0** Hit/Run **0** Moped **0** Vulnerable User Complete the Vulnerable User section.

Reg # **2KRL62** Reg Type **PAN** Reg State **MA**

13

License # _____ St _____ DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Veh Year **2023** Veh Make **TOYOTA** Veh Config. **1**

21

Operator **Driverless M.V.**Owner **NGUYEN, HIEN THI**

1

Last **14** First **HENDERSON AVE** Middle _____

Address _____

Last **14** First **HENDERSON AVE** Middle _____

City _____ State _____ Zip _____

City **WORCESTER** State **MA** Zip **01603-1511**

14

Insurance Company **THE STANDARD FIRE INSURAN**Vehicle Action Prior to Crash **11** 22Damaged Area Code: **7 27 8 27 1 27**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Event Sequence **1 23 23 23 23**Test Status: **1 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: **2 31** Susp. Drug: **2 32**

2

9
2

Please fill out for operator and all occupants involved

Towed from scene? **1 33**

Name (Last First Middle) _____ Address _____

Medical Facility _____

Operator/Occupants See Above

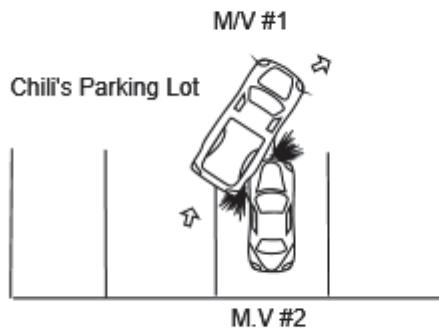
DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
1	0	4	0	0	10	1			

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

I → ⚙ Arrow



Crash Narrative:

M/V #2 was parked. Oper. of M/V #1 was pulling out of a parking spot and his rear tire came into contact with the left front corner of M/V #2.

Witnesses:

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

Property Damage:

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

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/10/2026

Date