Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
08/17/2026	1338 (24HR)	Auburn	2	0	40			Local Police

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 603 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

_____ Feet [N S E W] of — — — • — — Mile Marker or _____ 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 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-321-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator NGUYEN, CHUONG (Last, First, Middle)

Address 4 BOOTH RD

City AUBURN | State MA | Zip 01501-3324

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S E ☒W | Responding to Emergency? 2

Citation # (If Issued) _____

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

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

Reg # 25CT16 | Reg Type PC | Reg State MA

Veh Year 2010 | Veh Make HONDA | Veh Config. 1

Owner NGUYEN, CHUONG (Last, First, Middle)

Address 4 BOOTH RD

City AUBURN | State MA | Zip 01501-3324

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 99

Damaged Area Code: 4 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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	☒	☒	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator LOPEZ, HENRY E (Last, First, Middle)

Address 50 KINFIELD ST

City PROVIDENCE | State RI | Zip 02909

Insurance Company ARCH INSURANCE COMPANY

Vehicle Travel Direction: ☒S E W | Responding to Emergency? 2

Citation # (If Issued) _____

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

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

Reg # 614G | Reg Type PC | Reg State MA

Veh Year 2026 | Veh Make HYUNDAI | Veh Config. 1

Owner HERB CHAMBERS HYUNDAI OF AUBURN (Last, First, Middle)

Address 735 SOUTHBRIDGE ST

City AUBURN | State MA | Zip 01501-1311

Vehicle Action Prior to Crash: 5

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 0

Damaged Area Code: 8 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

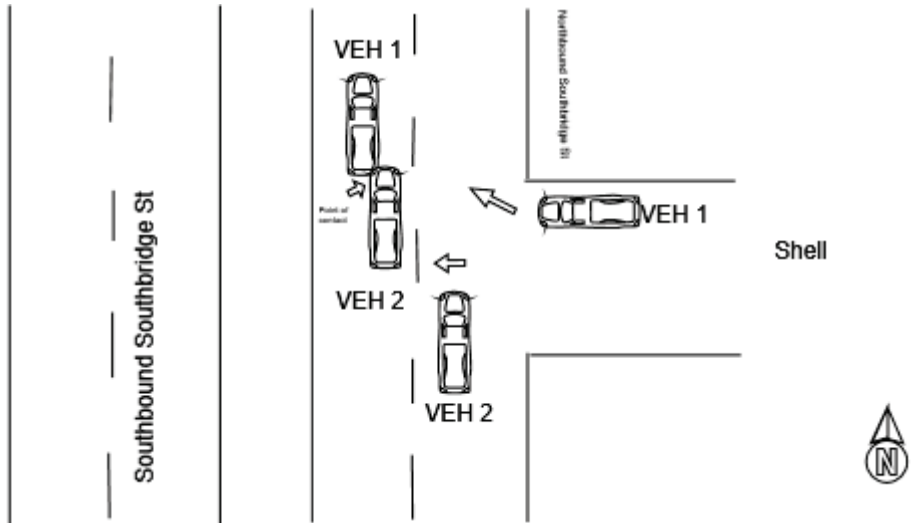
Please fill out for operator and all occupants involved

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	☒	☒	1	1	4	0	0	10	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[illegible] Arrow

Crash Narrative:

Vehicle 1 was traveling Westbound out of Shell. Vehicle 2 was traveling Northbound on Southbridge Street. Vehicle 1 took a right hand turn heading straight into the far left lane. As Vehicle 2 made a left hand lane change Vehicle 2 scraped the rear of Vehicle 1. Neither operator nor passengers were transported to a medical facility. Neither vehicles were towed.

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 Nathan Lewos		103NL	Auburn Police Department		08/17/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date