Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only					

RMV Document Number

Date of Crash	Time of Crash	City/Town
01/05/2026	1536 24HR	Auburn

Number Vehicles **2** Number Injured **0**

Speed Limit **30** Latitude **+042.2056** Longitude **−071.840**

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

AT INTERSECTION: < LOCATION >   **NOT AT INTERSECTION:**

1 1

VINE ST
Route# Direction   Name of Roadway/Street

At

SWANSON RD
Route# Direction   Name of Intersecting Roadway/Street

Also at Intersection with

2 1
Route# Direction   Name of Intersecting Roadway/Street

2 10
Route# Direction Address # Name of Roadway/Street

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

3 11
_____ Feet N S E W of _____
Route# Intersecting Roadway/Street
_____ Feet N S E W of _____
Landmark

3

Please Select One of the Following: ☒ Vehicle 1 **4** #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-5-AC

4 3

License # **S45734696** St **MA** DOB/Age **12/20/1980**
Reg # **4386FP** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D** [19][19] Lic. Restrictions **1** [20] CDL Endorsement
Veh Year **2018** Veh Make **JEEP** Veh Config. **1** [21]

1 12

Operator BEAUREGARD, JEANNINE MARIE
Last First Middle
Owner BEAUREGARD, JEANNINE MARIE
Last First Middle

Address **163 PAXTON RD**
Address **163 PAXTON RD**

City **SPENCER** State **MA** Zip **01562-1425**
City **SPENCER** State **MA** Zip **01562-1425**

5 1

Insurance Company **FARMERS PROPERTY & CASUAL**

Vehicle Action Prior to Crash **1** [22]
Damaged Area Code: **2** [27] **27** [27]

Vehicle Travel Direction: ☒N 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: **0** [29]

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Driver Contributing Code **1** [25] [25]
BAC Test Result: **1** [30]

6 1
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
Driver Distracted by **0** [26] [26]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]

Towed from scene? **2** [33]

1 13

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	
▓▓▓	▓▓▓	▓▓▓	F	3	1	4	0	0	10	1	
▓▓▓	▓▓▓	▓▓▓	M	6	4	4	0	0	10	1	
▓▓▓	▓▓▓	▓▓▓	M	4	4	4	0	0	10	1	

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

8 1

License # **SA6220900** St **MA** DOB/Age **10/12/2002**
Reg # **762CA4** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** [19][19] Lic. Restrictions **1** [20] CDL Endorsement
Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1** [21]

Operator FIGUEROA VAZQUEZ, MATTHEW
Last First Middle
Owner FIGUEROA, LILLIAN VAZQUEZ
Last First Middle

Address **220 STAFFORD ST APT 1**
Address **220 STAFFORD ST APT 1**

City **WORCESTER** State **MA** Zip **01603-1179**
City **WORCESTER** State **MA** Zip **01603-1179**

1 14

9 2

Insurance Company **PROGRESSIVE CASUALTY INSU**

Vehicle Action Prior to Crash **4** [22]
Damaged Area Code: **8** [27] **7** [27] **27** [27]

Vehicle Travel Direction: N ☒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: **0** [29]

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Driver Contributing Code **4** [25] [25]
BAC Test Result: **1** [30]

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
Driver Distracted by **99** [26] [26]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]

Towed from scene? **2** [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	✕	✕	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

Crash Diagram:

= Direction **1 = Vehicle 1** **2 = Vehicle 2** **= Pedestrian** **= Bicycle**

ie: →[1] →[2] →[Pedestrian] →[Bicycle]

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

↑
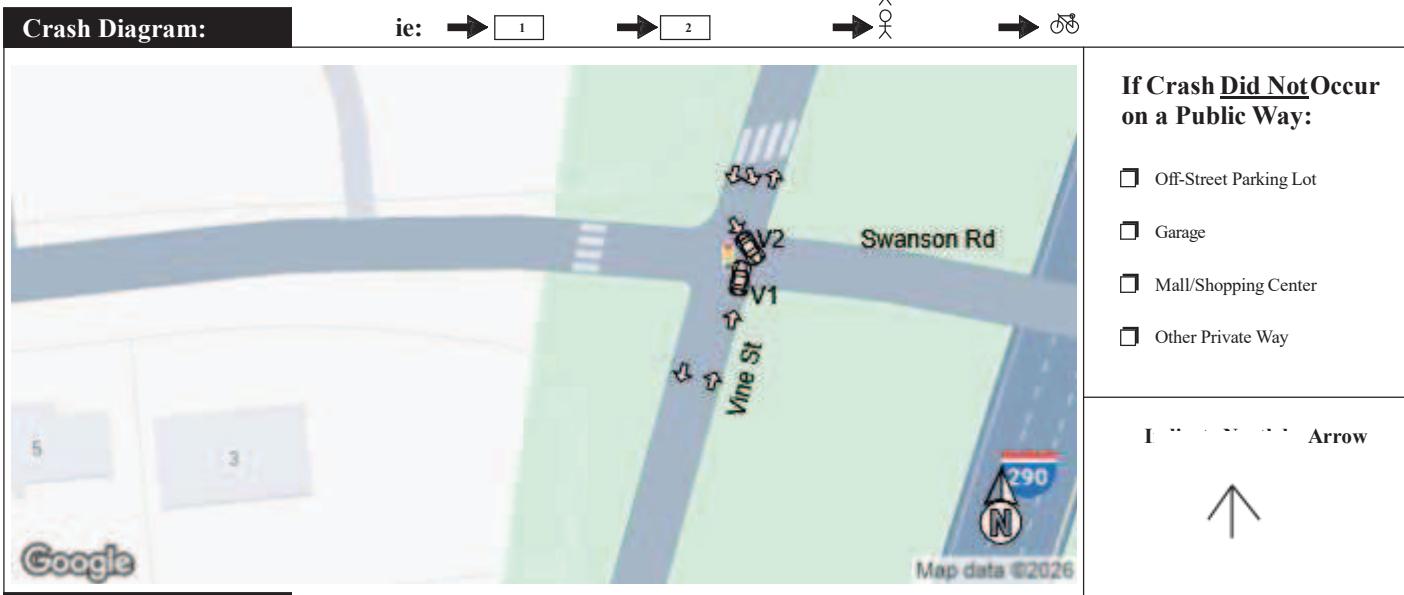
Crash Narrative:

V1 was travelling north on Vine St. through the intersection with Swanson Rd. V2 was travelling south on Vine St., attempting to take a left turn (east) onto Swanson Rd. Both vehicles had a green light and V2 collided with V1, causing damage to each vehicle. The operator of V2 was given a verbal warning for Failure to Yield Right of Way.

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 J Hemingway		100DH	Auburn Police Department		01/05/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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