

Date of Crash 04/18/2026 Time of Crash 1550 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# 31 Direction PINEHURST AVE Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

2 10

3 11

2

3

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 26-162-AC

4 1

License # St. DOB/Age Reg # 4JJP22 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ATCHUE, VIOLET MARIE Owner ATCHUE, VIOLET MARIE Address 13 WAYSIDE RD City WORCESTER State MA Zip 01605-1625 Insurance Company THE HANOVER INSURANCE COM Vehicle Action Prior to Crash 6 22 Damaged Area Code: 1 27 27 27 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30 Citation # (If Issued) Most Harmful Event 1 24 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 1 33

1 12

1 13

6 1

Table with columns: 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: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 8, 2, [REDACTED]

7 9

Please Select One of the Following: [X] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

8 2

License # St. DOB/Age Reg # 5VES43 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator NGUYEN, THU TRAN Owner NGUYEN, LONG THANH Address 63 ELEANOR RD City SPRINGFIELD State MA Zip 01108-3452 Insurance Company LIBERTY MUTUAL PERSONAL I Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30 Citation # (If Issued) 177862AE Most Harmful Event 1 24 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 1 33

1 14

9 2

Table with columns: 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: Operator/Occupants, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, [REDACTED]

