

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/26/2026** Time of Crash **0441** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**
 State Police Local Police MBTA Police
 Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 4

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 _____

3 Please Select One of the Following:

 Vehicle **1** #Occupants Hit/Run MopedCrash Report ID# **26-42-AC**License # **SA9091569** St **MA** DOB/Age **07/23/1997**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Operator **ULERIO GUZMAN, DAWIN**

Last _____ First _____ Middle _____

Address **31 HAYNES ST APT 1**City **WORCESTER** State **MA** Zip **01603-2971**Insurance Company **THE HANOVER INSURANCE COM**Vehicle Travel Direction: **N S E X** 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 _____

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

Reg # **4MHX22** Reg Type **PC** Reg State **MA**Veh Year **2015**Veh Make **HONDA**Veh Config. **1** 21

Vehicle Action Prior to Crash	1 22	Damaged Area Code:	1 27 2 27 27
Event Sequence	1 23 23 23 23	Test Status:	1 28
Most Harmful Event	1 24	Type of Test:	0 29
Driver Contributing Code	11 25 25	BAC Test Result:	1 30
Driver Distracted by	0 26 26	Susp. Alcohol:	2 31
		Susp. Drug:	2 32
		Towed from scene?	1 33

7 1 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S32495193** St **MA** DOB/Age **04/25/1957**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Operator **FOSTER, ROBERT ALLEN**

Last _____ First _____ Middle _____

Address **55 STOWE RD**City **MILLBURY** State **MA** Zip **01527-1413**Insurance Company **PLYMOUTH ROCK ASSURANCE C**Vehicle Travel Direction: **N S X 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 _____

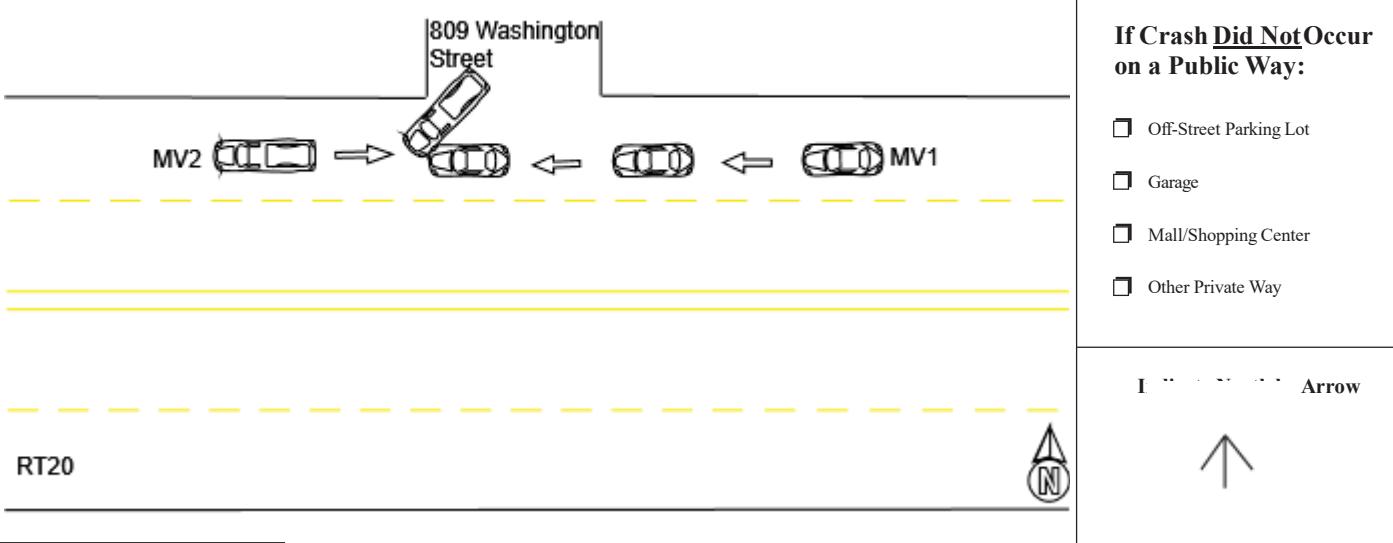
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		Towed from scene?	2 33

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/Occupants	See Above	1 1 4	0	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

Crash Narrative:

Motor vehicle 1 was traveling Westbound on route 20 and traveling straight ahead. As motor vehicle 1 passed the intersection of Appleton and Washington he began to hit the brakes. In the area of 809 Washington a plow truck with its hazards on was reversing into the driveway to continue with clean up. Motor vehicle one's brakes locked up due to snowy conditions. Motor vehicle one made contact with its front right side with motor vehicle two's front left side.

Very Respectfully,

Arek P. Gasiorski #96

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 Arek P Gasiorski

Police Officer Name (Please Print)

Signature

96AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/26/2026

Date