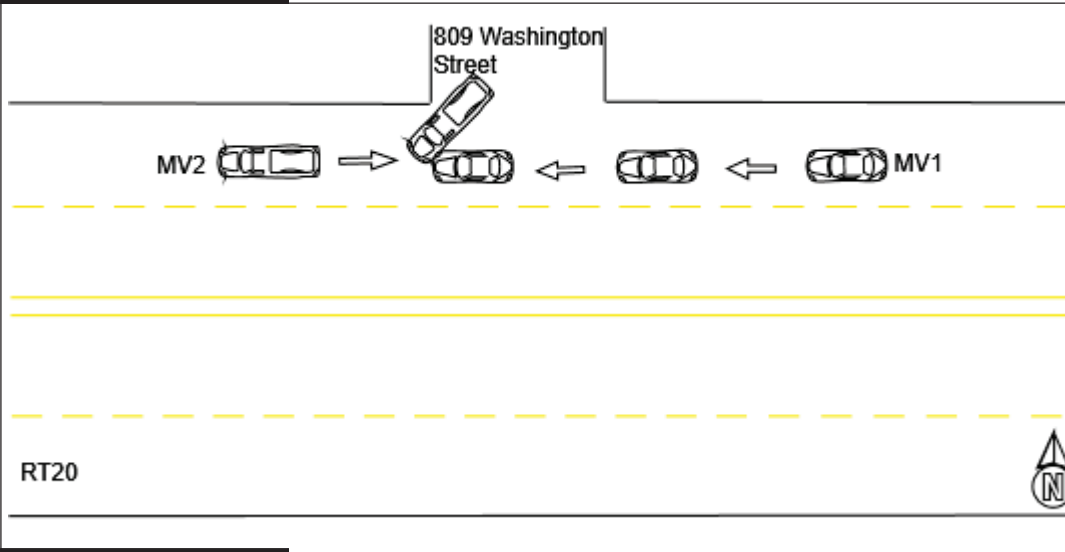


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 01/26/2026		Time of Crash 0441 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >			NOT 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						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash 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 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						Reg # 4MHX22 Reg Type PC Reg State MA Veh Year 2015 Veh Make HONDA Veh Config. 1 21 Owner ULERIO GUZMAN, DAWIN Address 31 HAYNES ST APT 1 City WORCESTER State MA Zip 01603-2971 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 11 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 2 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator See Above						1 1 1 0 0 10 1								
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> 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 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						Reg # 2DZA48 Reg Type PC Reg State MA Veh Year 2016 Veh Make GMC Veh Config. 2 21 Owner FOSTER, ROBERT ALLEN Address 55 STOWE RD City MILLBURY State MA Zip 01527-1413 Vehicle Action Prior to Crash 10 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status 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

↑ Arrow

### 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