

Date of Crash **05/27/2026** Time of Crash **1930** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** 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# **366** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE ST** 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:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-208-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3CWJ24** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2025** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **THACH, AN HOANG** Owner **THACH, AN HOANG**

Address **64 CHESTNUT AVE** Address **64 CHESTNUT AVE**

City **AUBURN** State **MA** Zip **01501-1741** City **AUBURN** State **MA** Zip **01501-1741**

Insurance Company **COMMERCE INS** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **3** **27** **27** **27**

Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2** **24** Type of Test: **0** **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** **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		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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6VNK88** Reg Type **PAN** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2024** Veh Make **CHEVROLET** Veh Config. **1** **21**

Operator **Driverless M.V.** Owner **ST VIL, ESTHER**

Address \_\_\_\_\_ Address **657 WORCESTER ST APT 1906**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **SOUTHBRIDGE** State **MA** Zip **01550-1375**

Insurance Company **PROGRESSIVE DIRECT INS** Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **8** **27** **27** **27**

Vehicle Travel Direction:  **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**

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? **1** **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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>						

