Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
10/06/2025	1127 (24HR)	Auburn	2	0	15			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | 779 (Address #) | WASHINGTON ST (Name of Roadway/Street)

Feet N S E W of — — — • — (Mile Marker) or (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 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-332-AC

License # S69800492 St MA DOB/Age 11/14/1950

Sex M Lic. Class D Lic. Restrictions B CDL Endorsement

Operator CHANSON, MARK J (Last First Middle)

Address 339B RIVER ST

City LEICESTER State MA Zip 01524-1727

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E 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 # RDSXX9 Reg Type PC Reg State MA

Veh Year 2020 Veh Make HONDA Veh Config. 1

Owner CHANSON, MARK J (Last First Middle)

Address 339B RIVER ST

City LEICESTER State MA Zip 01524-1727

Vehicle Action Prior to Crash 10

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 19

Driver Distracted by 99

Damaged Area Code: 5 — —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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	

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

License # S11458306 St MA DOB/Age 12/29/1974

Sex F Lic. Class D Lic. Restrictions B CDL Endorsement

Operator NGUYEN, SABRINA (Last First Middle)

Address 6 SHERWOOD RD

City AUBURN State MA Zip 01501

Insurance Company GREEN MOUNTAIN INSURANCE

Vehicle Travel Direction: N E 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 # 4AP781 Reg Type PC Reg State MA

Veh Year 2016 Veh Make ACURA Veh Config. 1

Owner TA, KHOI V (Last First Middle)

Address 6 SHERWOOD RD

City AUBURN State MA Zip 01501-1124

Vehicle Action Prior to Crash 1

Event Sequence 1 — —

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 4 — —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

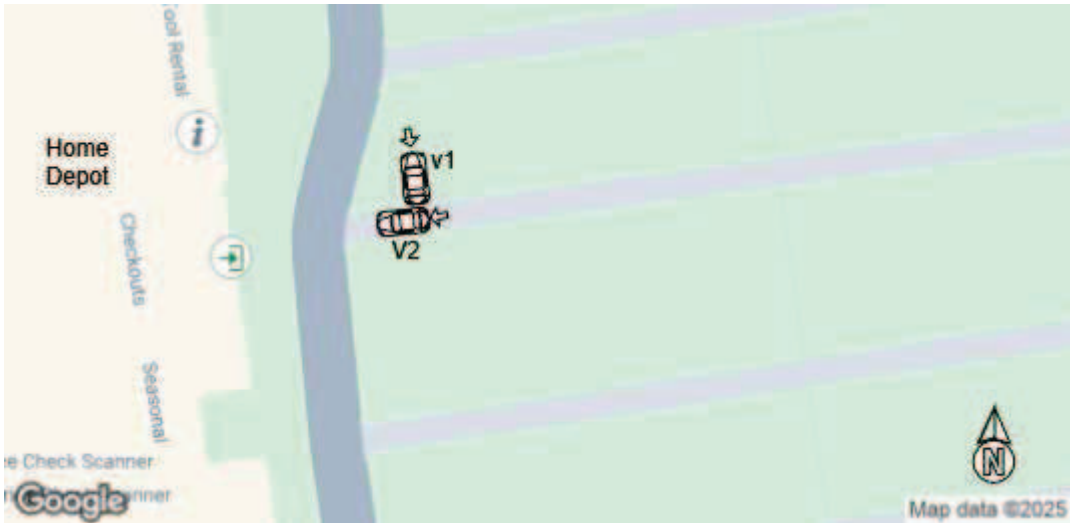
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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

I[illegible] Arrow

Crash Narrative:

V2 was driving through one of the Home Depot parking lot isles, toward the main building. Operator of V1 was backing out of a handicap spot near the front of the building. V1 collided with the right rear of V2, causing damage to each vehicle.

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		10/06/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date