Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Police Use Only				

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
02/10/2026	2049 24HR	Auburn	2	0

Speed Limit **10**
Latitude _____
Longitude _____

- State Police ☐
- Local Police ☒
- MBTA Police ☐
- Campus Police ☐
- Other: _____

< LOCATION >

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: `[2]` `[10]`

Route# ___ Direction ___ Address # **826** Name of Roadway/Street **SOUTHBRIDGE ST**

____ Feet N S E W of ___—___—___ • ___—___ or ____ Exit Number
Mile Marker

`[3]` `[11]`
____ Feet N S E W of _____ Route# ___ Intersecting Roadway/Street _____
____ Feet N S E W of _____ Landmark

`[1] 5` `[2] 1`

`[3]`

Please Select One of the Following: ☒ Vehicle 1 **1** #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-68-AC

License # ▓▓▓▓ St ▓ DOB/Age ▓▓▓▓
Sex **M** Lic. Class **D** `[19]` `[19]` Lic. Restrictions **1** `[20]` CDL Endorsement ___
Operator **GUERIN, MATTHEW DAVID** (Last / First / Middle)
Address **45 BUFFUM RD**
City **CHARLTON** State **MA** Zip **01507-1406**
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 # **5RPD23** Reg Type **PAN** Reg State **MA** `[7]` `[12]`
Veh Year **2007** Veh Make **FORD** Veh Config. **2** `[21]`
Owner **GUERIN, MATTHEW DAVID** (Last / First / Middle)
Address **45 BUFFUM RD**
City **CHARLTON** State **MA** Zip **01507-1406**

Vehicle Action Prior to Crash **3** `[22]`
Event Sequence **2** `[23]` **23** `[23]` **23** `[23]`
Most Harmful Event **2** `[24]`
Driver Contributing Code **19** `[25]` **25**
Driver Distracted by **99** `[26]` **26**

Damaged Area Code: **3** `[27]` **4** `[27]` **27**
Test Status: **1** `[28]`
Type of Test: `[29]`
BAC Test Result: `[30]`
Susp. Alcohol: **2** `[31]` Susp. Drug: **2** `[32]` `[2] [13]`
Towed from scene? **2** `[33]`

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	99	4	0	0	10	1	

`[4] 1` `[5]` `[6] 1`

`[7] 1`

Please Select One of the Following: ☒ Vehicle 2 **0** #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St ___ DOB/Age _____
Sex ___ Lic. Class ___ `[19]` `[19]` Lic. Restrictions ___ `[20]` CDL Endorsement ___
Operator **Driverless M.V.** (Last / First / Middle)
Address _____
City _____ State ___ Zip _____
Insurance Company **THE STANDARD FIRE INSURAN**
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 # **2KRL62** Reg Type **PAN** Reg State **MA**
Veh Year **2023** Veh Make **TOYOTA** Veh Config. **1** `[21]`
Owner **NGUYEN, HIEN THI** (Last / First / Middle)
Address **14 HENDERSON AVE**
City **WORCESTER** State **MA** Zip **01603-1511** `[1] [14]`

Vehicle Action Prior to Crash **11** `[22]`
Event Sequence **1** `[23]` **23** `[23]` **23** `[23]`
Most Harmful Event **1** `[24]`
Driver Contributing Code **1** `[25]` **25**
Driver Distracted by **0** `[26]` **26**

Damaged Area Code: **7** `[27]` **8** `[27]` **1** `[27]`
Test Status: **1** `[28]`
Type of Test: `[29]`
BAC Test Result: `[30]`
Susp. Alcohol: **2** `[31]` Susp. Drug: **2** `[32]`
Towed from scene? **1** `[33]`

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	0	4	0	0	10	1	

`[8] 1` `[9] 2`

Form No. 10364 CRA-65 08/23

Crash Diagram:

→ = Direction   **1** = Vehicle 1   **2** = Vehicle 2   **⚥** = Pedestrian   **🚲** = Bicycle

ie: **→** 1   **→** 2   **→** ⚥   **→** 🚲

M/V #1

Chili's Parking Lot

M.V #2

N

If Crash Did Not Occur on a Public Way:

☒ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

M/V #2 was parked. Oper. of M/V #1 was pulling out of a parking spot and his rer tire came into contact with the left front corner of M/V #2.

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 P Dyson		73DD	Auburn Police Department		02/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date