

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/30/2026** Time of Crash **1020** 24HR

City/Town **Auburn**

Number Vehicles **2**  
Number Injured **0**

Speed Limit **30**  
Latitude **+042.1954**  
Longitude **-071.821**

State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**MILL ST**

1 1 Route# **1** Direction **At** Name of Roadway/Street

20 **W** **WASHINGTON ST**

Route# **2** Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 Route# **1** Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **26-47-AC**License # **SA6671754** St **MA** DOB/Age **06/04/1997**Reg # **4ZAF22** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_

Endorsement

Operator **LADINO BETANCOURT, ANGIE CAROLINA**Last **1** First **2** Middle **21**Address **92 PROSPECT ST**Address **92 PROSPECT ST**City **WORCESTER** State **MA** Zip **01605-3062**City **WORCESTER** State **MA** Zip **01605-3062**Insurance Company **PERMANENT GENERAL ASSURAN**Vehicle Action Prior to Crash **2** 22Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**Damaged Area Code: **6 27 27 27**

Citation # (If Issued) \_\_\_\_\_

Test Status: **1 28**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **0 29**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1 30**Driver Contributing Code **1 25 25**Susp. Alcohol: **2 31** Susp. Drug: **2 32**Driver Distracted by **0 26 26**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 1 4 0 0 10 1**7 3 Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.Reg # **3CRZ63** Reg Type **PC** Reg State **MA**License # **S45638861** St **MA** DOB/Age **05/19/1991**Reg # **3CRZ63** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_Veh Year **2016** Veh Make **HYUNDAI** Veh Config. **1 21**Operator **HUSSAIN, FAHIM REZUANUL**Last **1** First **2** Middle **22**Address **3 SHADOWBROOK LN APT 1**Address **3 SHADOWBROOK LN APT 1**City **MILFORD** State **MA** Zip **01757-1133**City **MILFORD** State **MA** Zip **01757-1133**Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash **1 22**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**Damaged Area Code: **2 27 27 27**

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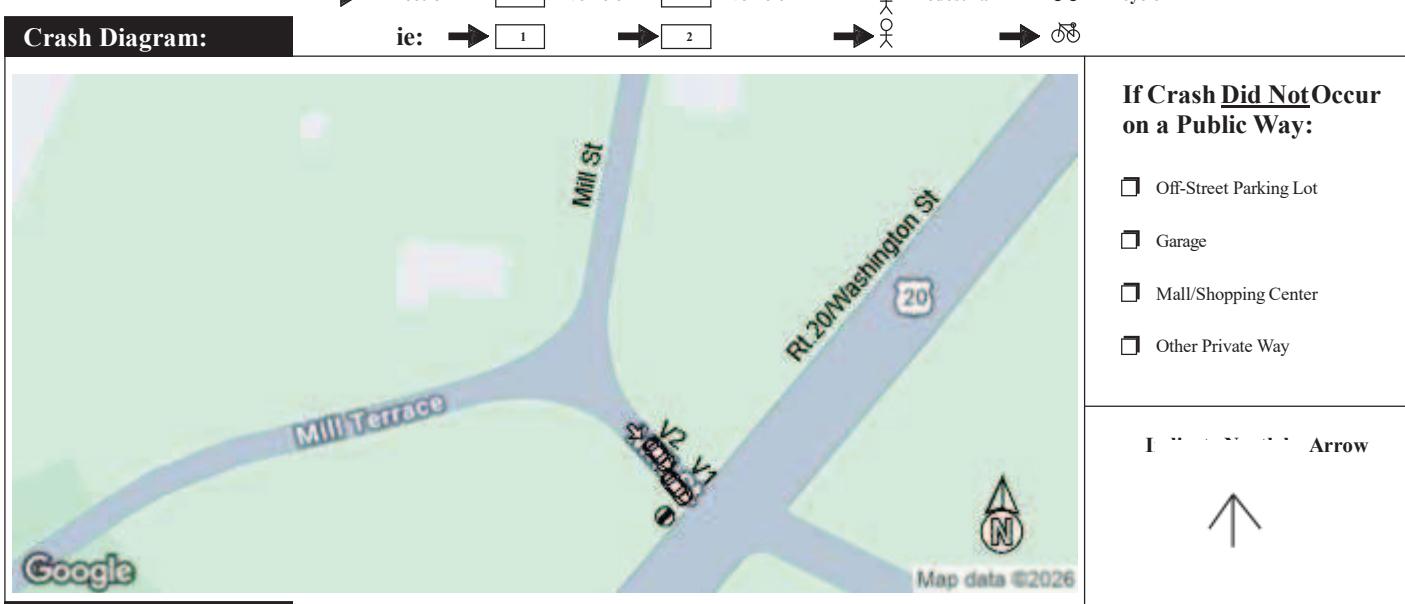
Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

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**



## Crash Narrative:

Both vehicles were travelling south on Mill St. toward the intersection with Rt.20/Washington Rd. V1 was at a stop at the stop sign when V2 collided with it from behind, causing damage to each vehicle. Operator of V2 was given a warning for Following Too Closely.

### **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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate	43	Cargo Body Type Code	44	GVWR/GCWR	45
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Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

### **Hazmat Information:**

Placard **47** Material 1 digit # **48** Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code **49**

Patrolman Daniel J Hemingway

**Police Officer Name (Please Print)**

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Signature

100DH

**Auburn Police Department**

01/30/2026

Date