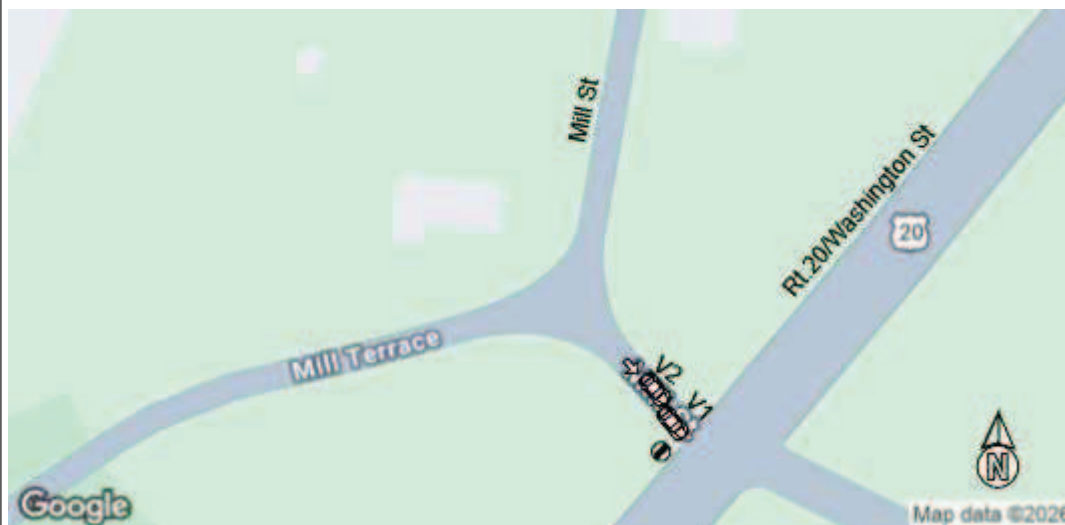


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/30/2026		Time of Crash 1020 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
MILL ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At																	
20 W WASHINGTON ST						Feet N S E W of . or Exit Number											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						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# 26-47-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						Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21											
Operator LADINO BETANCOURT, ANGIE CAROLINA						Owner LADINO BETANCOURT, ANGIE CAROLINA											
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 22 Damaged Area Code: 6 27 27 27											
Vehicle Travel Direction: N X 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											
Please fill out for operator and all occupants involved						Towed from scene? 2 33											
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:		<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 # 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 Endorsement						Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21											
Operator HUSSAIN, FAHIM REZUANUL						Owner HUSSAIN, FAHIM REZUANUL											
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 Damaged Area Code: 2 27 27 27											
Vehicle Travel Direction: N X 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 5 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											
Please fill out for operator and all occupants involved						Towed from scene? 2 33											
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											

→ = 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:

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 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

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/30/2026

Date