

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:

< LOCATION >

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

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 _____

Medical Facility

Operator

See Above

1	1	4	0	0	10	1
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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**Veh Year **2016** Veh Make **HYUNDAI** Veh Config. **1 21**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____

Endorsement

Operator **HUSSAIN, FAHIM REZUANUL**Last **1** First **2** Middle **21**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** 22Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**Damaged Area Code: **2 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**

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Please fill out for operator and all occupants involved

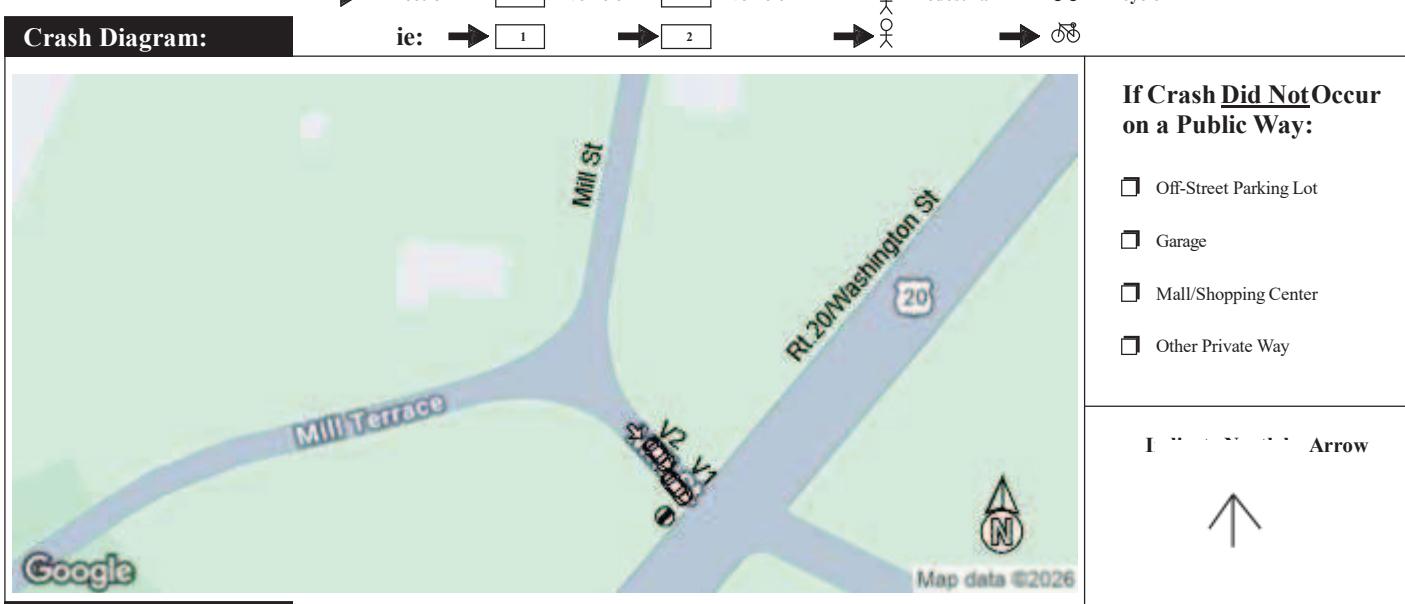
Name (Last First Middle) _____ Address _____

Medical Facility

Operator/Occupants

See Above

1	1	4	0	0	10	1
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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 Hemingwa

Police Officer Name (Please Print)

Signature

100DH

Auburn Police Department

01/30/2026

Date