

Date of Crash **02/25/2026** Time of Crash **0921** 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:**

**1** **1** **2** **11**

**2** **4**

**1** **11**

**2** **4**

**3** **8**

**1** **12**

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**1** **99**

**1** **100**

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 26-90-AC**

License # **S50677767** St. **MA** DOB/Age **08/11/1993** Reg # **4DBZ76** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL Endorsement **1 21**

Operator **TIRRELL, DUSTIN T** Owner **TIRRELL, DUSTIN T**

Address **17 BIXBY RD APT 10** Address **17 BIXBY RD APT 10**

City **SPENCER** State **MA** Zip **01562-2444** City **SPENCER** State **MA** Zip **01562-2444**

Insurance Company **GOVERNMENT EMPLOYEES INSU** 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 \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **SA1011644** St. **MA** DOB/Age **02/11/2006** Reg # **2CLK42** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL Endorsement **1 21**

Operator **SANCHEZ, KEALANY LEE** Owner **GIL-NUNEZ, ALEJANDRO AGUSTIN**

Address **4 FOSTER ST** Address **103 PROVIDENCE STREET FLO APT 1**

City **ROCHDALE** State **MA** Zip **01542-1240** City **WORCESTER** State **MA** Zip **01604-0000**

Insurance Company **GREEN MOUNTAIN INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 2 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**

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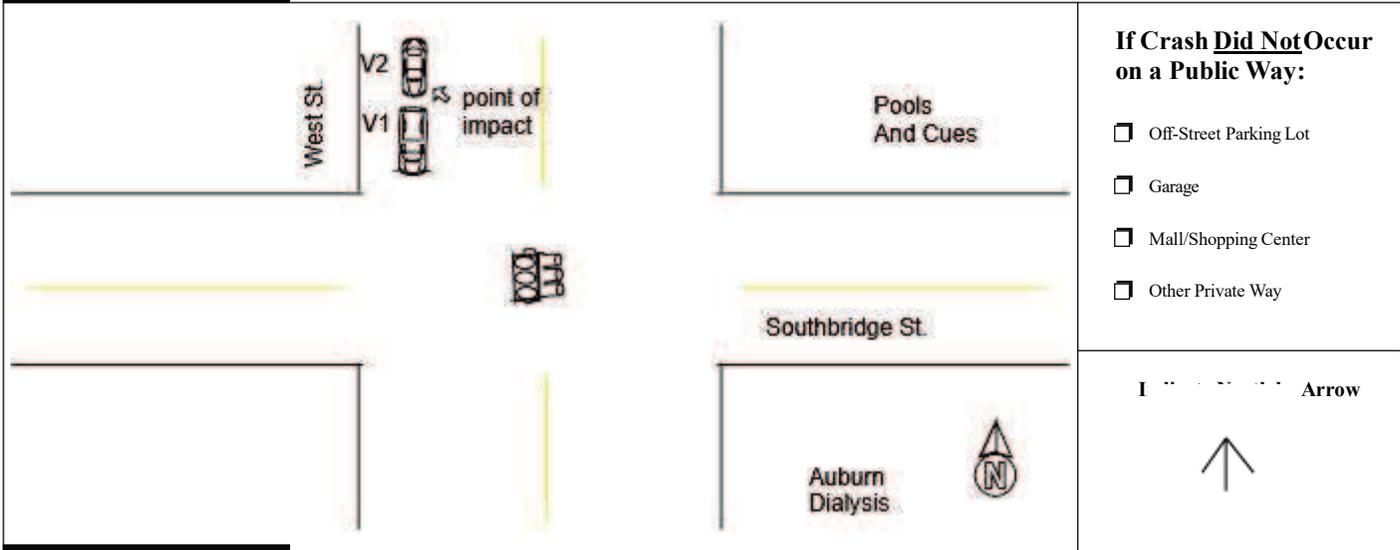
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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:**

Vehicle 1 was stopped at the traffic light of West St. at Southbridge St. (both public ways in the town of Auburn, traveling southbound). Vehicle 2 attempted to stop at the traffic light, but due to the snowy, slushy conditions, slid into the rear of Vehicle 1. No injuries to report and no tows needed.

**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 Derek P Courchaine    75DC    Auburn Police Department    02/25/2026  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date