

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 08/10/2026		Time of Crash 1225 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
CHURCH ST														2 10		
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
SOUTHBRIDGE ST														2 11		
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number										
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of								Landmark		
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-309-AC								
License # St. DOB/Age						Reg # 9FZ716 Reg Type PAN Reg State MA						1 12				
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make FORD Veh Config. 1 21						1				
Operator GUZMAN, CATHERINE SUSAN						Owner GUZMAN, CATHERINE SUSAN										
Address 1 SAVORY XING						Address 1 SAVORY XING										
City NORTH OXFORD State MA Zip 01537-1114						City NORTH OXFORD State MA Zip 01537-1114										
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 0 27 27 27				
Vehicle Travel Direction: X S 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 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						1 13				
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:		☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.								
License # St. DOB/Age						Reg # 984JL1 Reg Type PAN Reg State MA						1 14				
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21										
Operator GORDON, GARY D						Owner GORDON, NANCY L										
Address 23 COACHMAN LN						Address 505 MILL ST APT 151										
City AUBURN State MA Zip 01501-1803						City WORCESTER State MA Zip 01602-2480										
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 5 27 27 27				
Vehicle Travel Direction: X S 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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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/Occupants See Above						1 1 4 0 0 10 1										
NANCY GORDON 505 MILL ST WORCESTER, MA 01602-2480						F 3 1 4 0 0 10 1										

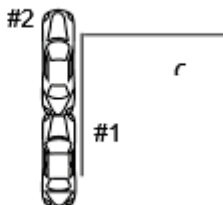
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

southbridge st

Church St



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Insert Arrow



Crash Narrative:

Vehicle #1 collided with the rear bumper of Vehicle #2. No injuries reported. No tow 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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/10/2026

Date