

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/20/2026** Time of Crash **1407** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **10**
Latitude _____
Longitude _____State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10
21
1Route# Direction _____ Name of Roadway/Street
At _____99 **AUBURN ST**
Route# Direction Address # Name of Roadway/Street2
1Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____Feet **N S E W** of _____ • _____ or _____
Mile Marker _____ Exit Number _____3
2

Route# Direction Name of Intersecting Roadway/Street

AUBURN HIGH SCHOOL PARKING LOT
Landmark4
2Please Select One of the Following: Vehicle **1** #Occupants Hit/Run MopedCrash Report ID# **26-31-AC**Reg # **6MYS87** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **FORD** Veh Config. **1** **21**5
1License # _____ St. _____ DOB/Age _____
Sex **D** Lic. Class **19 19** Lic. Restrictions **I 20** CDL _____
Endorsement _____7 **12**
Last _____ First _____ Middle _____6
1Operator _____ Last _____ First _____ Middle _____
Address _____Address **7 DIANE AVE**City **AUBURN** State **MA** Zip **01501-2804**

City _____ State _____ Zip _____

Insurance Company **THE COMMERCE INSURANCE CO**Damaged Area Code: **7 27 8 27 2 27**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Test Status: **1 28**

Citation # (If Issued) _____

Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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 _____

Medical Facility _____

Operator See AboveDOB/Age _____ Sex **1 1 4 0 0 10 1**7
3Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **5AKV16** Reg Type **PC** Reg State **MA**

License # _____ St. _____ DOB/Age _____

Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1** **21**Sex **D** Lic. Class **19 19** Lic. Restrictions **I 20** CDL _____
Endorsement _____Owner **LEBLANC, BRADY MATTHEW**Operator _____ Last _____ First _____ Middle _____
Address _____Address **72 FORT HILL RD**

City _____ State _____ Zip _____

City **OXFORD** State **MA** Zip **01540-2381**Insurance Company **THE COMMERCE INSURANCE CO**Damaged Area Code: **6 27 7 27 8 27**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Test Status: **1 28**

Citation # (If Issued) _____

Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

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Please fill out for operator and all occupants involved

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Name (Last First Middle) _____ Address _____

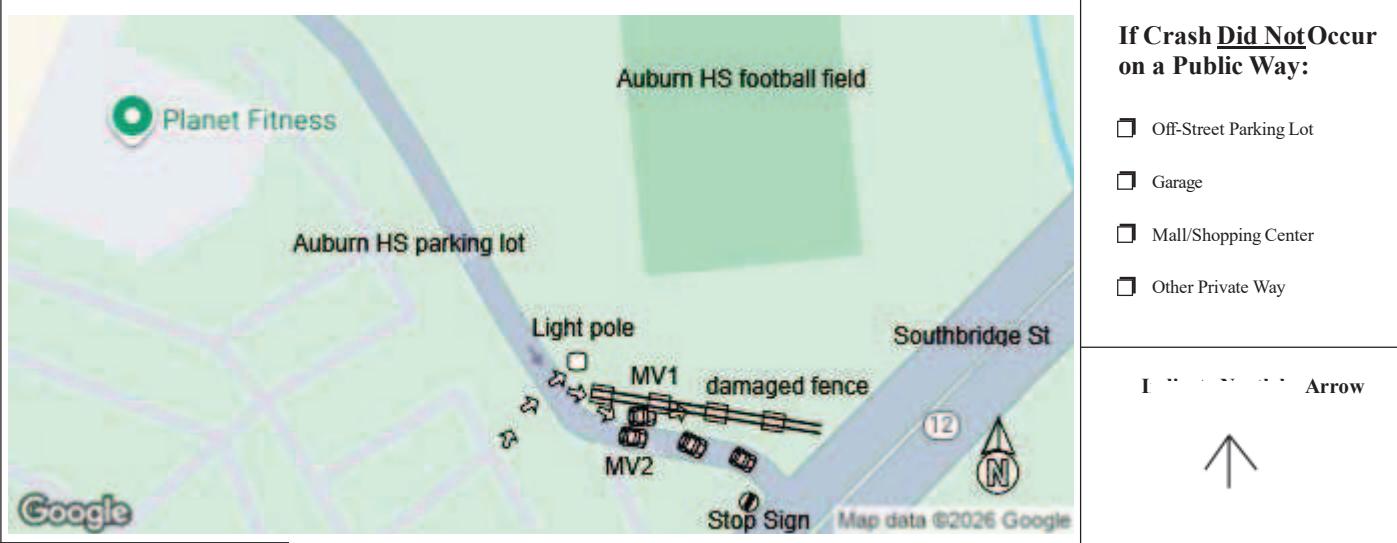
Medical Facility _____

Operator/Occupants See AboveDOB/Age _____ Sex **1 1 4 0 0 10 1****XIANEYLS GUZMAN** **43 WALLACE AVE**
AUBURN, MA 0150112/22/2009 **F** **3 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

I _____ Arrow



Crash Narrative:

MV1 operated by [REDACTED] was turning right from her parking spot in an attempt to join the line of cars waiting to exit the Auburn HS parking lot onto Southbridge Street. As the MV1 turned right the driver's side tires went off the pavement and turned onto a snowy area, the operator began to overcorrect MV1 but the front driver's side slid into a light pole damaging the light pole, MV1 then struck the driver's side of MV2 which was stopped and waiting to exit the lot, damaging the driver's side of MV2, then MV1 veered left off the pavement into the snow and slid into a metal fence, damaging the fence. No one reported any Personal Injury at the scene and neither vehicle was towed. The Auburn School Administration was notified of the MVA and the damaged pole and fence.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
AUBURN HIGH SCHOOL	99 AUBURN ST AUBURN MA 01501	508-832-7711		METAL LIGHT POLE
AUBURN HIGH SCHOOL	99 AUBURN ST AUBURN MA 01501	508-832-7711		METAL FENCE

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 Jonathan E O'Brien

Police Officer Name (Please Print)

Signature

50JO

ID/Badge #

Auburn Police Department

Department

01/20/2026

Date