

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/09/2026** Time of Crash **1638** 24HR

City/Town **Auburn**

Number Vehicles 2	Number Injured 0	Speed Limit _____	State Police <input type="checkbox"/>
		Latitude _____	Local Police <input checked="" type="checkbox"/>
		Longitude _____	MBTA Police <input type="checkbox"/>
			Campus Police <input type="checkbox"/>
			Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1 1 Route# Direction Name of Roadway/Street
At

Route# **2** Direction **AUBURN ST** Address # Name of Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

Feet **N S E W** of _____ • _____ or _____ Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street

0 Feet **N S E W** of **CENTRAL NEW ENGLAND DENTAL** Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-65-AC**

License # **S79128378** St **MA** DOB/Age **06/25/1941**

Reg # **5CXM97** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement

Veh Year **2024** Veh Make **SUBARU** Veh Config. **1** 21

Operator **LOONEY, RAYMOND FRANCIS JR**
Last **LOONEY** First **RAYMOND** Middle **FRANCIS JR**

Owner **LOONEY, RAYMOND FRANCIS JR**
Last **LOONEY** First **RAYMOND** Middle **FRANCIS JR**

Address **18 NANCY DR**

Address **18 NANCY DR**

City **AUBURN** State **MA** Zip **01501-1722**

City **AUBURN** State **MA** Zip **01501-1722**

Insurance Company **SAFETY INSURANCE COMPANY**

State **MA** Zip **01501-1722**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

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

Type of Test: **29**

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

BAC Test Result: **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

Medical Facility

Name (Last First Middle) **Operator** Address **See Above**

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
1	1	4	0	0	10	1			

7 3 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **2BCS74** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Endorsement

Veh Year **2020** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **KANG, MICHAEL MO**
Last **KANG** First **MICHAEL** Middle **MO**

Owner **KANG, MICHAEL MO**
Last **KANG** First **MICHAEL** Middle **MO**

Address **47 PRATTS MILL RD**

Address **47 PRATTS MILL RD**

City **SUDSBURY** State **MA** Zip **01776-2624**

City **SUDSBURY** State **MA** Zip **01776-2624**

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **2** 27 27 27

Vehicle Travel Direction: **N E W** Responding to Emergency? **2**

Test Status: **1** 28

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **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? **1** 33

Name (Last First Middle) **Operator/Occupants** Address **See Above**

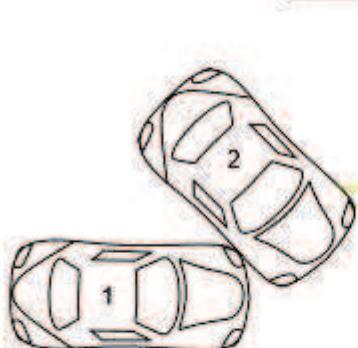
Medical Facility

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚙

Central New England Dental



Auburn Street

If Crash Did Not Occur on a Public Way:

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

I → ⚙ Arrow



Crash Narrative:

On February 9, 2026, I was dispatched to a motor vehicle crash on Auburn Street by Central New England Dental. Upon my arrival, the Auburn Fire Department was on scene and stated they witnessed the accident. They stated that vehicle two was pulling out of CNE Dental on Auburn Street. At the same time, the Auburn Fire Department was responding to a call with their lights and sirens activated on Auburn Street. They stated it appeared to startle the operator of vehicle two, causing him to pull out before the ambulance, causing him to strike vehicle one who was traveling on Auburn Street. The operator of vehicle two stated he did not see vehicle one as he was pulling out. The operator of vehicle one confirmed the fire departments story.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/09/2026

Date