

Date of Crash **05/19/2026** Time of Crash **0917** 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**

SOUTHBRIDGE ST
Route# Direction Name of Roadway/Street
At
FAITH AVE
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ or _____
Mile Marker Exit Number
Feet **N S E W** of _____
Route# Intersecting Roadway/Street
Feet **N S E W** of _____
Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 26-196-AC**

1 **12** **1** **13**

License # _____ St. _____ DOB/Age _____ Reg # **1AJ27L** Reg Type **APN** Reg State **MA**
Sex **M** Lic. Class **C** **19** **19** Lic. Restrictions **1** **20** CDL **T** Endorsement
Operator **KOREN, ALAN JEROME** Owner **LEONES LANDSCAPING AND CONSTRUCTION INC**
Address **47 N QUINSIGAMOND AVE APT 2** Address **29 GROVE ST**
City **SHREWSBURY** State **MA** Zip **01545-5142** City **SHREWSBURY** State **MA** Zip **01545-4622**
Insurance Company **UTICA NATIONAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
Vehicle Travel Direction: **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 **1** **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**
Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

8 **1** **14** **1**

License # _____ St. _____ DOB/Age _____ Reg # **Y45781** Reg Type **CON** Reg State **MA**
Sex **M** Lic. Class **C** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2025** Veh Make **MACK** Veh Config. **6** **21**
Operator **POWER, TOBY M** Owner **CASELLA WASTE MANAGEMENT OF MASSACHUSETTS INC**
Address **36 BLOOD RD** Address **49 SWORD ST**
City **CHARLTON** State **MA** Zip **01507-5127** City **AUBURN** State **MA** Zip **01501-2146**
Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **0** **27** **27** **27**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
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Towed from scene? **2** **33**

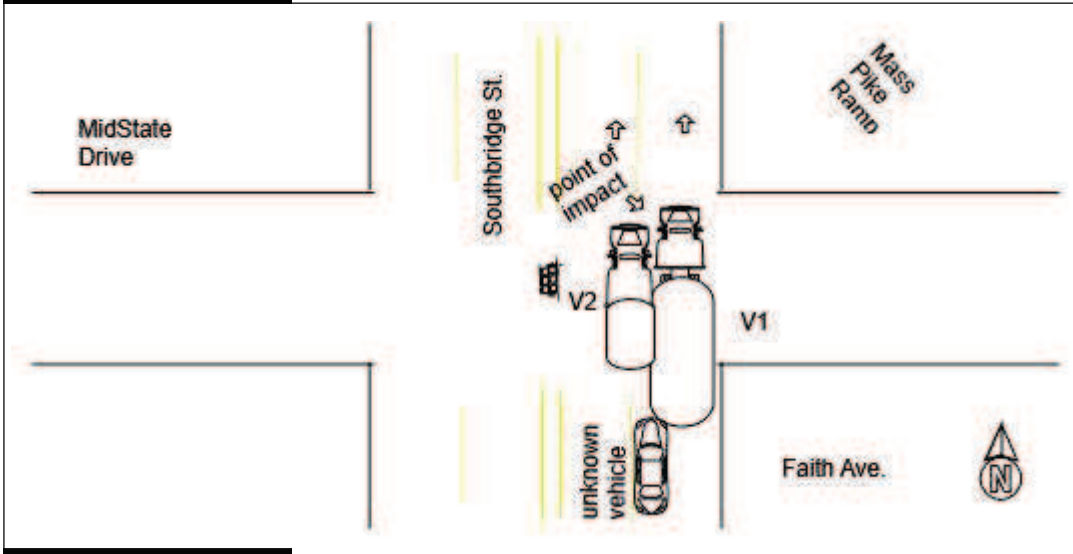
Please fill out for operator and all occupants involved

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	XXXXXX	XXXX	1	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

Legend: Arrow



Crash Narrative:

Vehicle 1 was traveling northbound on Southbridge St. (public way) and Vehicle 2 was also traveling northbound on Southbridge St. when the operator of Vehicle 2 described an unknown vehicle that he swerved to avoid and left his travel lane and struck the mirror 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

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/19/2026

Date