Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
07/06/2026	1353 (24HR)	Auburn	4	0	45			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 780 (Address #) | WASHINGTON ST (Name of Roadway/Street)

Feet [N S E W] of — — — • — (Mile Marker) or (Exit Number)

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of

Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 26-258-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D Lic. Restrictions B CDL Endorsement

Operator KOENIG, MARK R (Last First Middle)

Address 7 CAMEL HUMP RD

City PETERSHAM State MA Zip 01366-9602

Insurance Company AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: N S [X] W Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # 7CWZ80 Reg Type PAN Reg State MA

Veh Year 2021 Veh Make TOYOTA Veh Config. 1

Owner KOENIG, MARK R (Last First Middle)

Address 7 CAMEL HUMP RD

City PETERSHAM State MA Zip 01366-9602

Vehicle Action Prior to Crash: 1

Event Sequence: 44 | | | |

Most Harmful Event: 44

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 6 | | |

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 1

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 0 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class Lic. Restrictions CDL Endorsement

Operator Driverless M.V. (Last First Middle)

Address

City State Zip

Insurance Company THE COMMERCE INSURANCE CO

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

Citation # (If Issued)

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

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

Reg # 2FTP17 Reg Type PAN Reg State MA

Veh Year 2017 Veh Make CHEVROLET Veh Config. 1

Owner MARDEN, STEPHEN JOSEPH (Last First Middle)

Address 13 CARLSTROM LN

City MILLBURY State MA Zip 01527-1401

Vehicle Action Prior to Crash: 11

Event Sequence: 10 | | | |

Most Harmful Event: 10

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 4 | | |

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 2

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	[redacted]	[redacted]	1	0	5	3	0	10	1	

Form No. 10364 CRA-65 08/23

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Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Police
07/06/2026	1353 (24HR)	Auburn	4	0	45	Local Police ☒

Latitude ____ Longitude ____

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ____

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street ____ (1 1)

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street

Also at Intersection with

Route# ____ Direction ____ Name of Intersecting Roadway/Street (2 2)

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # 780 Name of Roadway/Street WASHINGTON ST (2 10)

____ Feet N S E W of — — — • — — Mile Marker or ____ Exit Number

____ Feet N S E W of Route# ____ Intersecting Roadway/Street (99 11)

____ Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 3 0 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-258-AC (3 99)

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____

Operator Driverless M.V. (Last First Middle) (4 1)

Address ____

City ____ State ____ Zip ____

Insurance Company ____

Vehicle Travel Direction: N S E W Responding to Emergency? ____ (5 2)

Citation # (If Issued) ____

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

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ (6 1)

Reg # *** Reg Type PAN Reg State MA

Veh Year 2026 Veh Make FORD Veh Config. 1 21 (1 12)

Owner IRA FORD (Last First Middle)

Address 780 WASHINGTON ST

City AUBURN State MA Zip ____

Vehicle Action Prior to Crash 11 22

Event Sequence 10 23 23 23 23

Most Harmful Event 10 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33 (2 13)

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	☒	☒	1	0	5	3	0	10	1	

Please Select One of the Following: ☒ Vehicle 4 0 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section. (7 2)

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____

Operator Driverless M.V. (Last First Middle) (8 3)

Address ____

City ____ State ____ Zip ____

Insurance Company ____

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

Citation # (If Issued) ____ (9 2)

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

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

Reg # *** Reg Type PAN Reg State MA

Veh Year 2026 Veh Make FORD Veh Config. 1 21

Owner IRA FORD (Last First Middle)

Address 780 WASHINGTON ST

City AUBURN State MA Zip ____ (1 14)

Vehicle Action Prior to Crash 11 22

Event Sequence 10 23 23 23 23

Most Harmful Event 10 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

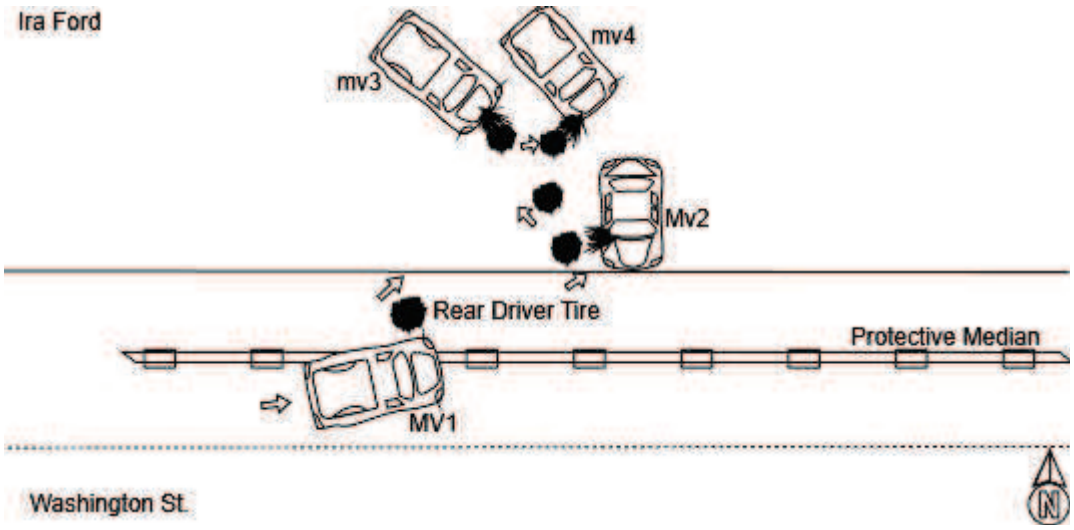
Please fill out for operator and all occupants involved

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/Occupants	See Above	☒	☒	1	0	5	3	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[illegible] Arrow

Crash Narrative:

Mv1 was traveling eastbound on Washington St. (a public way) in the Town of Auburn. While traveling the vehicle's rear driver side tire came off and it rolled onto the parking lot of Ira Ford Dealership. The tire struck parked Mv2, then collided with Mv3 and Mv4. Mv2, Mv3, Mv4 were unnoccupied. Mv1 was towed from the scene, no one was injured.

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 Alexander Ortiz-Torres		97AO	Auburn Police Department		07/06/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date