| Police Use Only | Commonwealth of Massachusetts | RMV Document Number |
|---|---|---|

# Motor Vehicle Crash Police Report

| Date of Crash | Time of Crash | City/Town | Number Vehicles | Number Injured | Speed Limit | State Police | Local Police | MBTA Police | Campus Police | Other: |
|---|---|---|---|---|---|---|---|---|---|---|
| 01/07/2026 | 1729 24HR | Auburn | 1 | 0 | 30 | ☐ | ☒ | ☐ | ☐ | |

Latitude ____ Longitude ____

**AT INTERSECTION:** < LOCATION > **NOT 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 ____

Route# ____ Direction ____ Address # ____ OXFORD STREET NO 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

**Please Select One of the Following:** ☐ Vehicle 2 1 #Occupants ☒ Hit/Run ☐ Moped **Crash Report ID#** 26-12-AC

License # unknown St ____ DOB/Age ____ Reg # unknown Reg Type ____ Reg State ____

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL ____ Endorsement Veh Year ____ Veh Make ____ Veh Config. 21

**Operator** unknown (Last First Middle) **Owner** ____ (Last First Middle)

Address ____ Address ____

City ____ State ____ Zip ____ City ____ State ____ Zip ____

Insurance Company ____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? ____ Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) ____ Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____ Driver Contributing Code 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 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 | X | X | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # ____ St ____ DOB/Age ____ Reg # ____ Reg Type ____ Reg State ____

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL ____ Endorsement Veh Year ____ Veh Make ____ Veh Config. 21

**Operator** ____ (Last First Middle) **Owner** ____ (Last First Middle)

Address ____ Address ____

City ____ State ____ Zip ____ City ____ State ____ Zip ____

Insurance Company ____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? ____ Event Sequence 23 23 23 23 Test Status: 28

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Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

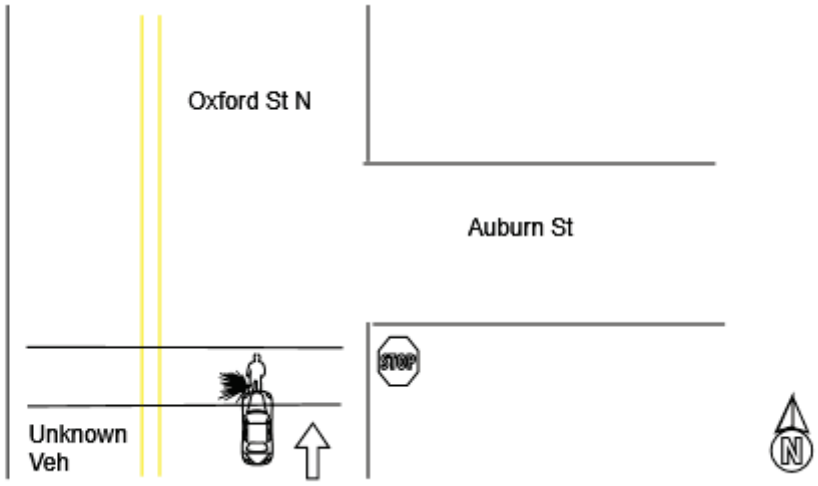
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | X | X | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Form No. 10364 CRA-65 08/23

= 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:

Pedestrian crossing Oxford St N. Unknown vehicle approached the intersection, it stopped at the stop sign. While the pedestrian was still in the cross walk, the vehicle proceeded forward striking the pedestrian (see 26-26-OF). Vehicle stopped, operator asked if the pedestrian was ok then left.

## 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 Stephen Koopman | | 80SK | Auburn Police Department | | 01/07/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

**Please complete a section for each vulnerable user involved in the crash.**

## Vulnerable User

Type: 1 (VU1) | Action: 1 (VU2) | Location: 1 (VU3)

VU: DENHAM, CHRISTOPHER PAUL (Last, First, Middle)

Address: 2 CAROLINE ST APT 2

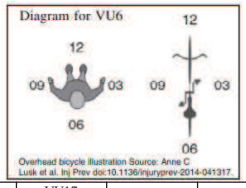
City: AUBURN State: MA Zip: 01501-1502

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

Traffic Control Device: 97 (VU4)

Origin/Destination: 97 (VU5)

Contact Point: 09 (VU6)




Primary Injury Area: 9 (VU7)

Event Sequence: 2 (VU8) | VU8 | VU8 | VU8

Contributing Code: 99 (VU9) | VU9

Distracted by: 99 (VU10) | VU10

Test Status: 1 (VU11)

Type of Test: 0 (VU12)

BAC Test Result: 1 (VU13)

Susp. Alcohol: 99 (VU14)

Susp. Drug: 99 (VU15)

| | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|
| Vulnerable User | M | 99 | 99 | 0 | 0 | 8 | 2 | [redacted] |

## Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

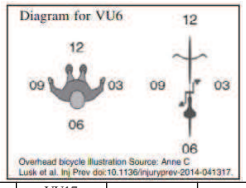
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6




Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

| | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|
| Vulnerable User | | | | | | | | |

## Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

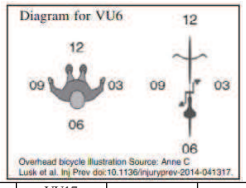
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6




Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

| | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|
| Vulnerable User | | | | | | | | |