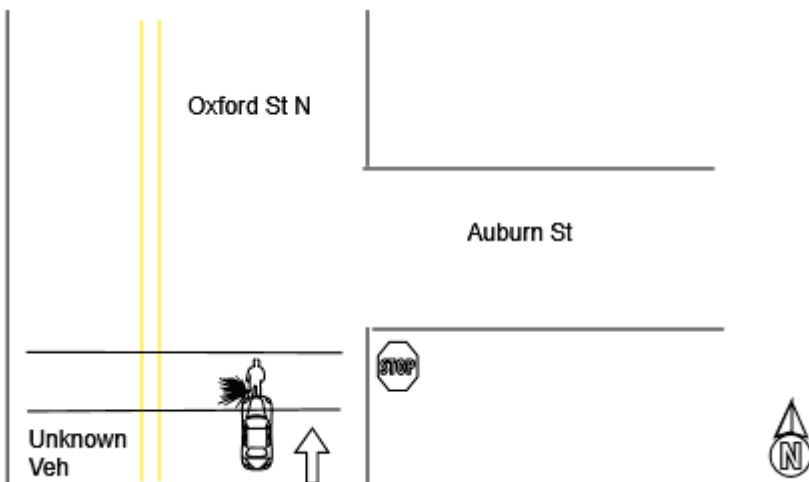


| | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|-------------------------------|--|--|--|----------------------|--|-------------------------|------------------------|-------------------|--|--|--|---|--|
| Police Use Only | | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | |
| Date of Crash 01/07/2026 | | Time of Crash 1729 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 1 | Number Injured 0 | Speed Limit 30 | | State Police Local Police MBTA Police Campus Police Other: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 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: <input type="checkbox"/> Vehicle 21 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# 26-12-AC | | | | | | 2 | | | | 10 | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| License # unknown St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Last First Middle Address City State Zip Insurance Company 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 # unknown Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33 | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | 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 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input checked="" type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | | | | | | | | | | | | |
| License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Last First Middle Address City State Zip Insurance Company 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 # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33 | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | 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 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

→ = 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

Intersection 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

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

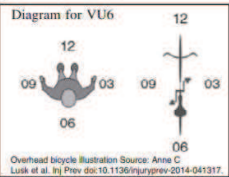
Department

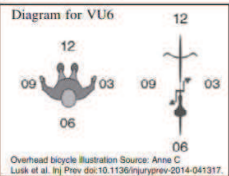
Precinct/Barracks

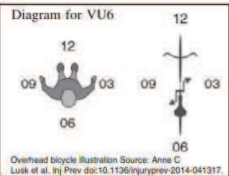
01/07/2026

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 | | | | | | | | | | | | | |
| Address 2 CAROLINE ST APT 2 | | | | | | | | | | | | | |
| City AUBURN State MA Zip 01501-1502 | | | | | | | | | | | | | |
| License # SA7231405 St MA DOB/Age 12/23/2005 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Medical Facility | | | | | | | | | | | | | |
| Vulnerable User M 99 99 0 0 8 2 | | | | | | | | | | | | | |

| Vulnerable User | | Type | VU1 | | Action | VU2 | | Location | VU3 | |
|--|--|------|-----|--|--------|-----|--|----------|-----|--|
| VU: _____ | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Medical Facility | | | | | | | | | | |
| Vulnerable User _____ | | | | | | | | | | |

| Vulnerable User | | Type | VU1 | | Action | VU2 | | Location | VU3 | |
|---|--|------|-----|--|--------|-----|--|----------|-----|--|
| VU: _____ | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Medical Facility | | | | | | | | | | |
| Vulnerable User _____ | | | | | | | | | | |