

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/07/2026** Time of Crash **1729** 24HRCity/Town **Auburn**Number Vehicles **1**Number Injured **0**Speed Limit **30**
Latitude _____
Longitude _____State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10 2

1 4 Route# Direction Name of Roadway/Street
At _____Route# Direction Address # Name of Roadway/Street
_____ Feet **N S E W** of _____ • _____ or _____2 2 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____Feet **N S E W** of _____ Route# Intersecting Roadway/Street
Feet **N S E W** of _____ Landmark _____3 3 Please Select One of the Following: Vehicle **21** #Occupants Hit/Run MopedCrash Report ID# **26-12-AC**4 2 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**5 1 Operator **unknown** Last _____ First _____ Middle _____

Owner Last _____ First _____ Middle _____

Address _____

Address _____

6 2 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? _____Test Status: **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: **31** Susp. Drug: **32**

6 2 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

17 3 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**

8 1 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? _____Test Status: **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: **31** Susp. Drug: **32**

9 2 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

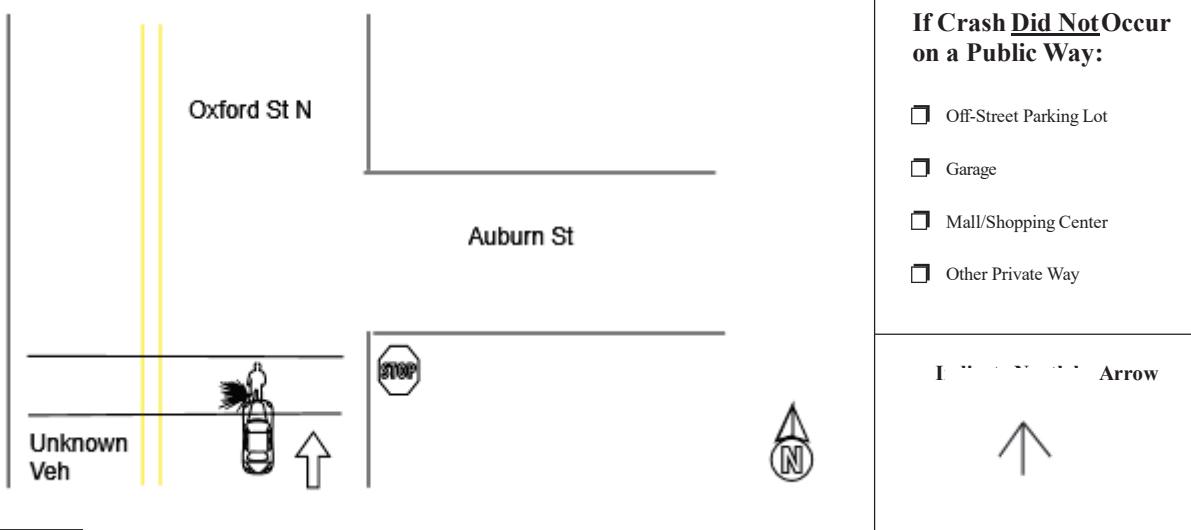
See Above

1

→ = 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 _____ 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

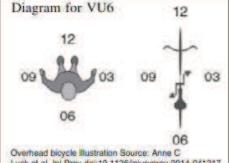
Department

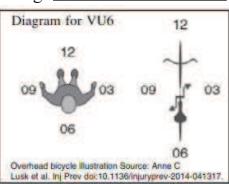
Precinct/Barracks

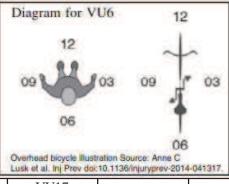
01/07/2026

Date

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

Vulnerable User	Type VU1	Action VU2	Location VU3
VU: DENHAM, CHRISTOPHER PAUL Last <u></u> First <u></u> Middle <u></u> Address <u>2 CAROLINE ST APT 2</u>	Primary Injury Area: 9 VU7		
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-1502</u>	Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 99 VU14 Susp. Drug: 99 VU15		
License # <u>SA7231405</u> St <u>MA</u> DOB/Age <u>12/23/2005</u>	Event Sequence 2 VU8 VU8 VU8 VU8 Contributing Code 99 VU9 VU9 Distracted by 99 VU10 VU10		
Traffic Control Device 97 VU4 Origin/Destination 97 VU5 Contact Point: 09 VU6	 <small>Overhead bicycle illustration source: Anne C. Lusk et al. Inj Prev doi:10.1136/injuryprev-2014-041317.</small>		
Medical Facility			
Vulnerable User	M	99	99
VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code
VU20 Injury Status	VU21 Transp. Code		

Vulnerable User	Type VU1	Action VU2	Location VU3
VU: _____ Last _____ First _____ Middle _____ Address _____	Primary Injury Area: VU7		
City _____ State _____ Zip _____	Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15		
License # _____ St _____ DOB/Age _____	Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10		
Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6	 <small>Overhead bicycle illustration source: Anne C. Lusk et al. Inj Prev doi:10.1136/injuryprev-2014-041317.</small>		
Medical Facility			
Vulnerable User			
VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code
VU20 Injury Status	VU21 Transp. Code		

Vulnerable User	Type VU1	Action VU2	Location VU3
VU: _____ Last _____ First _____ Middle _____ Address _____	Primary Injury Area: VU7		
City _____ State _____ Zip _____	Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15		
License # _____ St _____ DOB/Age _____	Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10		
Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6	 <small>Overhead bicycle illustration source: Anne C. Lusk et al. Inj Prev doi:10.1136/injuryprev-2014-041317.</small>		
Medical Facility			
Vulnerable User			
VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code
VU20 Injury Status	VU21 Transp. Code		