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 Type
11/09/2026	1007 24HR	Auburn	2	2	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: OLD COMMON RD

At

Route# | Direction | Name of Intersecting Roadway/Street: WASHINGTON ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | 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#: 26-423-AC

Vehicle 1

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

Sex: M | Lic. Class: D | Lic. Restrictions: 99 | CDL Endorsement:

Operator: PAGE, WAYNE CLIFTON (Last, First, Middle)

Address: 90 OLD COMMON RD

City: AUBURN | State: MA | Zip: 01501-3209

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S E 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 # 964JN9 | Reg Type: PAN | Reg State: MA

Veh Year: 2018 | Veh Make: JEEP | Veh Config: 1

Owner: PAGE, WAYNE CLIFTON (Last, First, Middle)

Address: 90 OLD COMMON RD

City: AUBURN | State: MA | Zip: 01501-3209

Vehicle Action Prior to Crash: 3

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 99 |

Driver Distracted by: 0 |

Damaged Area Code: 1 8 | Test Status: 1 | Type of Test: 0 | BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2 | Towed from scene? 1

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	[redacted]	[redacted]	1	1	1	0	0	9	2	[redacted]

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

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

Sex: F | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement:

Operator: DEBS, PEGGY ANN (Last, First, Middle)

Address: 4 E MAIN ST

City: WEBSTER | State: MA | Zip: 01570-2384

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S ☒ 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 # 7LRW89 | Reg Type: PAN | Reg State: MA

Veh Year: 2016 | Veh Make: NISSAN | Veh Config: 1

Owner: DEBS, PEGGY ANN (Last, First, Middle)

Address: 4 E MAIN ST

City: WEBSTER | State: MA | Zip: 01570-2384

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 99 |

Driver Distracted by: 0 |

Damaged Area Code: 1 27 27 27 | Test Status: 1 | Type of Test: 0 | BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2 | Towed from scene? 1

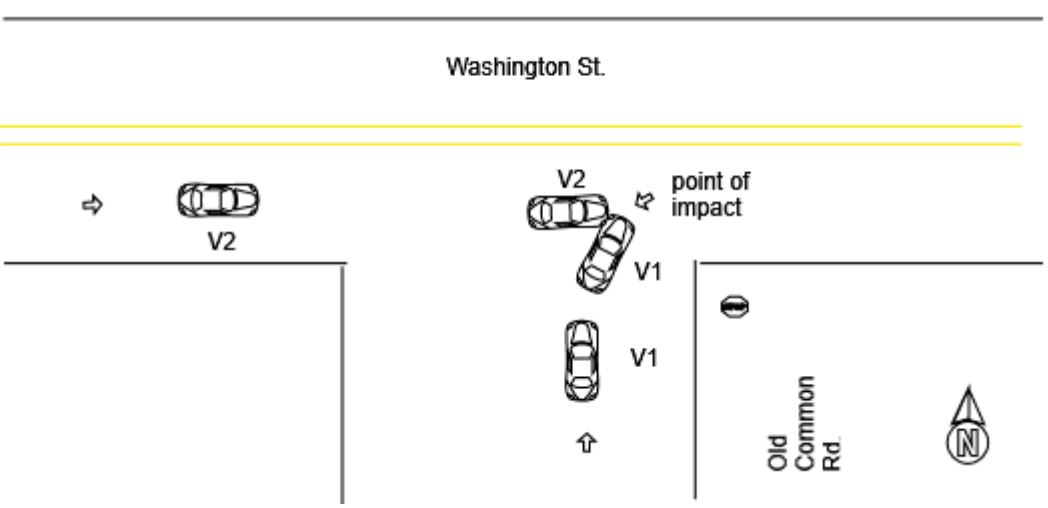
Please fill out for operator and all occupants involved

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	[redacted]	[redacted]	1	1	3	0	0	9	2	[redacted]

= 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:

Vehicle 1 was entering Washington St. (public way) from Old Common Rd.(public way) traveling northeast. Vehicle 2 was traveling eastbound on Washington St. when both vehicles collided. Both operators were transported to different hospitals. Both vehicles towed by Direnzo Towing.

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		75DC	Auburn Police Department		11/09/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date