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
09/05/2026	1527 (24HR)	Auburn	2	1	50			☐ 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 | Address # | Name of Roadway/Street: 2 | | 2 | WASHINGTON ST

_____ 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# 26-345-AC

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

Sex M Lic. Class D 19 / M 19 Lic. Restrictions B 20 CDL Endorsement

Operator COOK, JOSHUA WILLIAM (Last, First, Middle)

Address 55 N STURBRIDGE RD

City CHARLTON State MA Zip 01507-1239

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N 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 # 2Z2542 Reg Type MC Reg State MA

Veh Year 2022 Veh Make HONDA Veh Config. 3 21

Owner COOK, JOSHUA WILLIAM (Last, First, Middle)

Address 55 N STURBRIDGE RD

City CHARLTON State MA Zip 01507-1239

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 | 23 | 23 | 23

Most Harmful Event 1 24

Driver Contributing Code 99 25 | 25

Driver Distracted by 99 26 | 26

Damaged Area Code: 2 27 | 3 27 | 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 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	See Above	[redacted]	[redacted]	1	5	4	1	0	8	1	

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

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

Sex M Lic. Class D 19 / 19 Lic. Restrictions 1 20 CDL Endorsement

Operator ALUGE, JOHN JARVIS (Last, First, Middle)

Address 3 SYDNEY CIR

City CHARLTON State MA Zip 01507-1728

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N 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 # 6MER74 Reg Type PC Reg State MA

Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21

Owner KORSAH, ESI (Last, First, Middle)

Address 3 SYDNEY CIR

City CHARLTON State MA Zip 01507-1728

Vehicle Action Prior to Crash 3 22

Event Sequence 1 23 | 23 | 23 | 23

Most Harmful Event 1 24

Driver Contributing Code 99 25 | 25

Driver Distracted by 99 26 | 26

Damaged Area Code: 6 27 | 27 | 27

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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	4	0	0	10	1	

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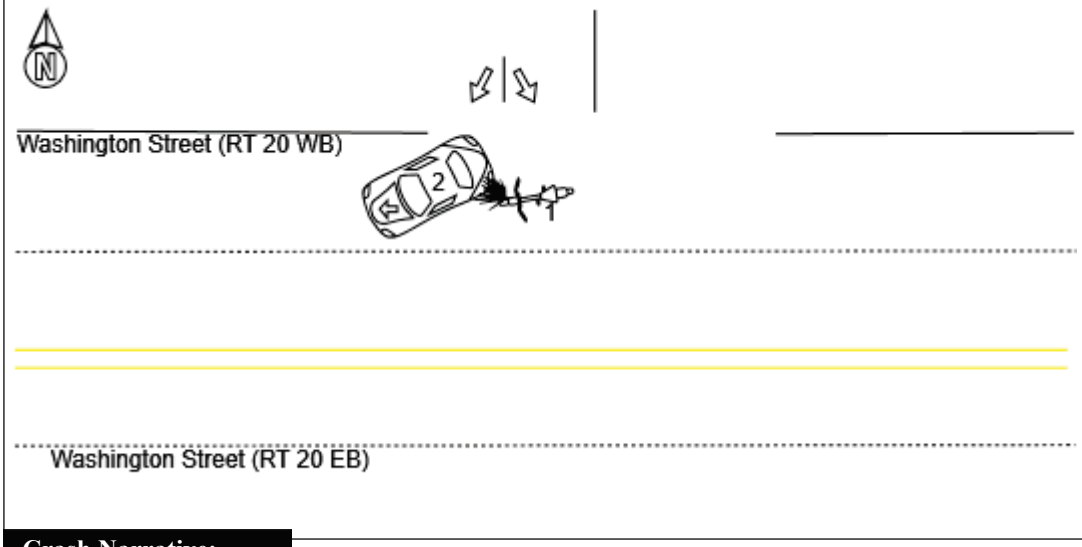
= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

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:

Vehicle 1 was traveling eastbound on Washington Street. Vehicle 2 was turning right onto Washington Street from the parking lot of 2 Washinton Street. As Vehicle 2 pulled out of the parking lot and onto Washington Street, Vehicle 1 reported they did not have enough time to slow down, and subsequently collided with Vehicle 2. The operator of Vehicle 1 reported that they had gone over the handlebars but did not have any serious injuries. The operator was assessesed by the Auburn Fire Department on scene. Vehicle 1 had damage to the front right and the right side. Vehicle 2 has damage to the rear left bumper. Both vehicles were driveable and no vehicle was towed from the scene.

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 Jacques Durocher		104JD	Auburn Police Department		09/05/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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