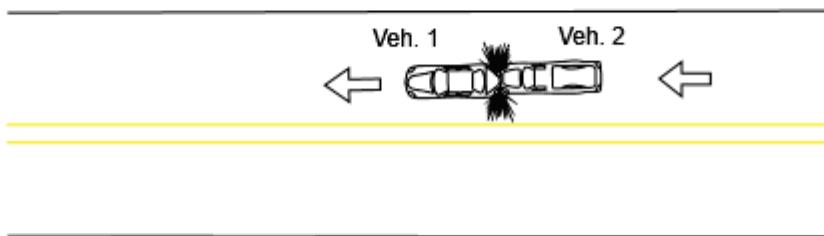


Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report								RMV Document Number				
Date of Crash <b>01/05/2026</b>	Time of Crash <b>2022</b> 24HR	City/Town <b>Auburn</b>	Number Vehicles <b>2</b>	Number Injured <b>2</b>	Speed Limit <b>50</b>	State Police Local Police MBTA Police Campus Police Other:	□ ☒ □ □ □								
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:								
1 <b>4</b>	Route# Direction Name of Roadway/Street  At			475	WASHINGTON ST										
2 <b>2</b>	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with			Route# Direction Address #	Name of Roadway/Street										
3	Route# Direction Name of Intersecting Roadway/Street			Feet <b>N S E W</b> of	• — or										
4 <b>1</b>	Please Select One of the Following:			Feet <b>N S E W</b> of	Mile Marker										
5 <b>2</b>	License # <b>S21848171</b> St <b>MA</b> DOB/Age <b>02/19/1961</b>			Feet <b>N S E W</b> of	Route#		Intersecting Roadway/Street								
6 <b>2</b>	Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____ Endorsement			Feet <b>N S E W</b> of	Landmark										
7 <b>1</b>	Operator <b>TROMBLY, MARK</b> Last _____ First _____ Middle _____ Address <b>9 LAURIE LN</b>			Crash Report ID# <b>26-7-AC</b>											
8 <b>1</b>	City <b>CHARLTON</b> State <b>MA</b> Zip <b>01507</b>			Reg # <b>RN255</b>	Reg Type <b>PC</b>	Reg State <b>MA</b>									
9 <b>2</b>	Insurance Company <b>THE STANDARD FIRE INSURAN</b>			Veh Year <b>2025</b>	Veh Make <b>VOLVO</b>	Veh Config. <b>1</b> 21									
10 <b>2</b>	Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>			Owner <b>TROMBLY, LISA LYNN</b> Last _____ First _____ Middle _____ Address <b>9 LAURIE LN</b>											
11 <b>2</b>	Citation # (If Issued) _____			City <b>CHARLTON</b> State <b>MA</b> Zip <b>01507-1264</b>	Damaged Area Code: <b>5 27 27 27</b>										
12 <b>1</b>	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Event Sequence <b>1 23 23 23 23</b>	Test Status: <b>1 28</b>										
13 <b>1</b>	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Most Harmful Event <b>1 24</b>	Type of Test: <b>0 29</b>										
14 <b>1</b>	Vehicle Distracted by <b>99 26 26</b>			Driver Contributing Code <b>1 25 25</b>	BAC Test Result: <b>1 30</b>										
15 <b>1</b>	Towed from scene? <b>1 33</b>			Driver Distracted by <b>99 26 26</b>	Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>										
16 <b>1</b>	Please fill out for operator and all occupants involved								Medical Facility						
17 <b>1</b>	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				
18 <b>1</b>	<b>Operator</b>	See Above	<b>02/10/1966</b>	<b>F</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>				
19 <b>1</b>	<b>LISA TROMBLY</b>	9 LAURIE LN CHARLTON, MA 01507-1264													
20 <b>1</b>	Please Select One of the Following:								<b>☐ Vulnerable User</b> Complete the Vulnerable User section.						
21 <b>1</b>	License # <b>S73421018</b> St <b>MA</b> DOB/Age <b>03/15/1978</b>			Reg # <b>6TS613</b>	Reg Type <b>PC</b>	Reg State <b>MA</b>									
22 <b>1</b>	Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____ Endorsement			Veh Year <b>2017</b>	Veh Make <b>FORD</b>	Veh Config. <b>1</b> 21									
23 <b>1</b>	Operator <b>PIERCE, STEVEN MICHAEL</b> Last _____ First _____ Middle _____ Address <b>1771 MAIN ST</b>			Owner <b>PIERCE, STEVEN MICHAEL</b> Last _____ First _____ Middle _____ Address <b>1771 MAIN ST</b>											
24 <b>1</b>	City <b>LEICESTER</b> State <b>MA</b> Zip <b>01524-1907</b>			City <b>LEICESTER</b>	State <b>MA</b>	Zip <b>01524-1907</b>									
25 <b>1</b>	Insurance Company <b>THE COMMERCE INSURANCE CO</b>			Vehicle Action Prior to Crash <b>1 22</b>	Damaged Area Code: <b>1 27 27 27</b>										
26 <b>1</b>	Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>			Event Sequence <b>1 23 23 23 23</b>	Test Status: <b>1 28</b>										
27 <b>1</b>	Citation # (If Issued) _____			Most Harmful Event <b>1 24</b>	Type of Test: <b>0 29</b>										
28 <b>1</b>	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <b>5 25 7 25</b>	BAC Test Result: <b>1 30</b>										
29 <b>1</b>	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <b>99 26 26</b>	Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>										
30 <b>1</b>	Please fill out for operator and all occupants involved								Medical Facility						
31 <b>1</b>	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				
32 <b>1</b>	<b>Operator/Occupants</b>	See Above	<b>02/10/1966</b>	<b>F</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>				
33 <b>1</b>	Please fill out for operator and all occupants involved								Medical Facility						

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ♂ = Pedestrian      ⚒ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ♂ → ⚒



475 Washington St.



### 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 one and two were traveling west bound on Rt. 20 (public way). Vehicle one stopped in traffic. Vehicle two failed to slow in time, as a result vehicle two rear ended vehicle one. Both occupants of vehicle one were transported to the hospital. Vehicle one was towed from the scene. Vehicle two operator declined medical attention, vehicle was able to be driven away.

### 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

**01/05/2026**

Date