

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/05/2026	Time of Crash 2022 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 2	Speed Limit 50	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 4

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

2 10
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____

2 11
Feet _____ N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 12
Feet _____ N S E W of _____ Route# _____ Intersecting Roadway/Street _____
Feet _____ N S E W of _____ Landmark _____

3

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped

Crash Report ID# **26-7-AC**License # **S21848171** St **MA** DOB/Age **02/19/1961**Reg # **RN255** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Endorsement _____Veh Year **2025** Veh Make **VOLVO** Veh Config. **1** 21Operator **TROMBLY, MARK** Last _____ First _____ Middle _____Owner **TROMBLY, LISA LYNN** Last _____ First _____ Middle _____Address **9 LAURIE LN**Address **9 LAURIE LN**City **CHARLTON** State **MA** Zip **01507**City **CHARLTON** State **MA** Zip **01507-1264**Insurance Company **THE STANDARD FIRE INSURAN**Vehicle Action Prior to Crash **2** 22Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **5 27 27 27**

Citation # (If Issued) _____

Test Status: **1 28**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **0 29**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **1 30**Driver Contributing Code **1 25 25**Susp. Alcohol: **2 31** Susp. Drug: **2 32**Driver Distracted by **99 26 26**Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Medical Facility _____

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 _____

7 1
Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Medical Facility _____

License # **S73421018** St **MA** DOB/Age **03/15/1978**Reg # **6TS613** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
Endorsement _____Veh Year **2017** Veh Make **FORD** Veh Config. **1** 21Operator **PIERCE, STEVEN MICHAEL** Last _____ First _____ Middle _____Owner **PIERCE, STEVEN MICHAEL** Last _____ First _____ Middle _____Address **1771 MAIN ST**Address **1771 MAIN ST**City **LEICESTER** State **MA** Zip **01524-1907**City **LEICESTER** State **MA** Zip **01524-1907**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash **1** 22Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **1 27 27 27**

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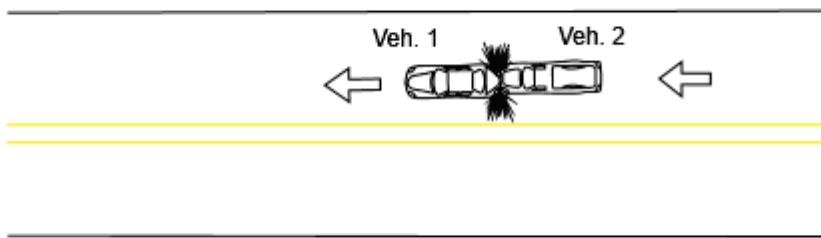
Operator/Occupants **See Above**

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

↑ = North 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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrolman Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/05/2026

Date