

Date of Crash **01/06/2026** Time of Crash **1453** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 W WASHINGTON ST
Route# Direction Name of Roadway/Street
At
PROSPECT ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **26-8-AC**

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **2CVW11** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **PHILLIPS, COREY RYAN** Owner **PHILLIPS, COREY RYAN**
Address **172 BROOKLINE ST** Address **172 BROOKLINE ST**
City **WORCESTER** State **MA** Zip **01603-1634** City **WORCESTER** State **MA** Zip **01603-1634**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **5 22** Damaged Area Code: **8 27 1 27 27**
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **42 23 1 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **9 25 21 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved		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	XXXX	X	1	1	2	0	0	10	1	

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

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **5RSC72** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **THOMAS, CHEZ NANETTE ANETA** Owner **THOMAS, CHEZ NANETTE ANETA**
Address **119 HOUGHTON ST** Address **119 HOUGHTON ST**
City **WORCESTER** State **MA** Zip **01604-3935** City **WORCESTER** State **MA** Zip **01604-3935**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 8 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
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Towed from scene? **1 33**

Please fill out for operator and all occupants involved		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	XXXX	X	1	1	2	0	0	8	2	[redacted]

