

Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 01/21/2026		Time of Crash 1511 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
WASHINGTON ST														
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street								
At														
APPLETON RD														
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number								
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-33-AC						
License # S68355960 St MA DOB/Age 02/17/1966						Reg # R40074 Reg Type CO Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make GMC Veh Config. 1 21								
Operator MARTIN, WADE						Owner SHAWSHEEN AIR SERVICES LLC								
Address 9 LEICESTER ST						Address 248 MILL RD BLDG 2 ST APT 5								
City NORTH OXFORD State MA Zip 01537-1101						City CHELMSFORD State MA Zip 01824-4148								
Insurance Company GREENWICH INSURANCE COMPA						Vehicle Action Prior to Crash 2 22								
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 6 27 27 27								
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						Test Status: 1 28								
Operator See Above						Type of Test: 0 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # S81325863 St MA DOB/Age 07/18/1990						Reg # 1MFS47 Reg Type PC Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make MERCEDES-BENZ Veh Config. 1 21								
Operator LAMBERT, AARON J						Owner LAMBERT, AARON J								
Address 295 ELM ST						Address 295 ELM ST								
City SOUTHBRIDGE State MA Zip 01550-3009						City SOUTHBRIDGE State MA Zip 01550-3009								
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
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Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 27 27								
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						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 0 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 99 33								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Appleton Rd.

Rt. 20 W/B

Slow/
stopped
vehicles

Veh. 2

Veh. 1

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Intersection Arrow

Crash Narrative:

Vehicle one and two were both traveling westbound on Rt. 20 in the left hand travel lane.

Vehicle one slowed/ stopped for vehicles ahead of it as traffic was moderate. Vehicle two

failed to slow in time, as a result vehicle two rear ended vehicle one. Vehicle one was

able to drive away on its own. Vehicle two was parked, owner was making arrangements to

have his vehicle towed. Both operators declined medical attention.

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

Precinct/Barracks

01/21/2026

Date