

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/21/2026** Time of Crash **1511** 24HR

City/Town **Auburn**

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 _____

At _____

APPLETON RD

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 MopedCrash Report ID# **26-33-AC**License # **S68355960** St **MA** DOB/Age **02/17/1966**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Operator **MARTIN, WADE**

Last _____ First _____ Middle _____

Address **9 LEICESTER ST**City **NORTH OXFORD** State **MA** Zip **01537-1101**Insurance Company **GREENWICH INSURANCE COMPA**Vehicle Travel Direction: **N S E X** 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 # **R40074**Reg Type **CO**Reg State **MA**Veh Year **2023**Veh Make **GMC**Veh Config. **1**Owner **SHAWSHEEN AIR SERVICES LLC**

Last _____ First _____ Middle _____

Address **248 MILL RD BLDG 2 ST APT 5**City **CHELMSFORD**State **MA** Zip **01824-4148**Vehicle Action Prior to Crash **2**Damaged Area Code: **6 27 27 27**Event Sequence **1 23 23 23 23**Test Status: **1 28**Most Harmful Event **1 24**Type of Test: **0 29**Driver Contributing Code **1 25 25**BAC Test Result: **1 30**Driver Distracted by **99 26 26**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

X

X

1

1

4

0

0

10

1

Please Select One of the Following:

 Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S81325863** St **MA** DOB/Age **07/18/1990**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Operator **LAMBERT, AARON J**

Last _____ First _____ Middle _____

Address **295 ELM ST**City **SOUTHBRIDGE** State **MA** Zip **01550-3009**Insurance Company **GEICO GENERAL INSURANCE C**Vehicle Travel Direction: **N S E X** 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 # **1MFS47**Reg Type **PC**Reg State **MA**Veh Year **2014**Veh Make **MERCEDES-BENZ**Veh Config. **1**Owner **LAMBERT, AARON J**

Last _____ First _____ Middle _____

Address **295 ELM ST**City **SOUTHBRIDGE**State **MA** Zip **01550-3009**Vehicle Action Prior to Crash **1**Damaged Area Code: **1 27 27 27**Event Sequence **1 23 23 23 23**Test Status: **1 28**Most Harmful Event **1 24**Type of Test: **0 29**Driver Contributing Code **19 25 7 25**BAC Test Result: **1 30**Driver Distracted by **99 26 26**Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **99 33**

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Medical Facility

Operator/Occupants

See Above

X

X

1

1

4

0

0

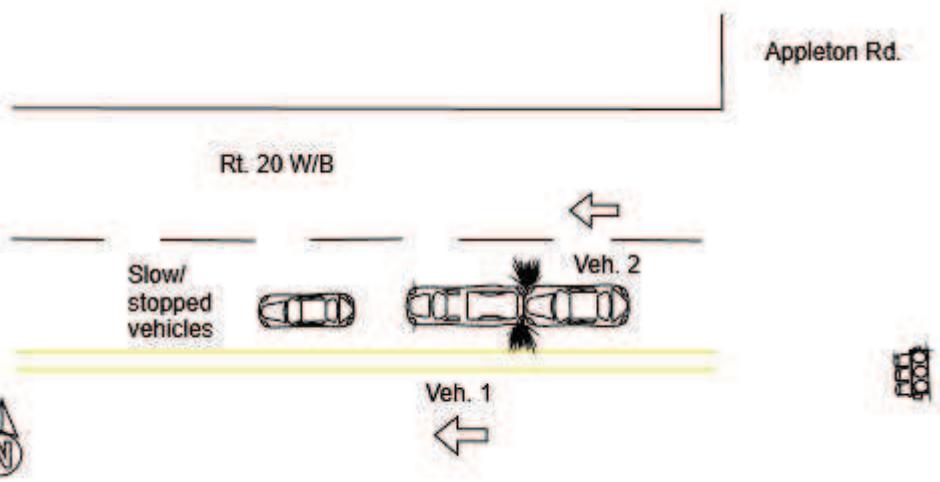
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚒ = Bicycle

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 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