

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/14/2026		Time of Crash 1600 24HR		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:																	
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number																	
Route# Direction Name of Intersecting Roadway/Street 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:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-314-AC															
License # St. DOB/Age						Reg # 6YRN94 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 1996 Veh Make MAZDA Veh Config. 2																	
Operator GOMEZ NIEVES, ANGEL LUIS Last First Middle						Owner GOMEZ NIEVES, ANGEL LUIS Last First Middle																	
Address 33 MECHANIC ST APT 2						Address 33 MECHANIC ST APT 2																	
City WEBSTER State MA Zip 01570-3182						City WEBSTER State MA Zip 01570-3182																	
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N S X W 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 0 26 26																	
Please fill out for operator and all occupants involved						Damaged Area Code: 8 27 1 27 2 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	
Operator		See Above		X		X		1		1		1		0		0		10		1			
Please Select One of the Following:		☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # St. DOB/Age						Reg # 6687HC Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2004 Veh Make TOYOTA Veh Config. 1																	
Operator KOULAX, ALEXANDRA Last First Middle						Owner KOULAX, CONSTANTINE Last First Middle																	
Address 35 CUSHING RD						Address 35 CUSHING RD																	
City WEBSTER State MA Zip 01570-2903						City WEBSTER State MA Zip 01570-2903																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 4 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: 3 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	
Operator/Occupants		See Above		X		X		1		1		4		0		0		10		1			
CONSTANTINE KOULAX		35 CUSHING RD WEBSTER, MA 01570-2903		X		M		3		1		4		0		0		9		2			

→ = 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

Intersection Arrow



Crash Narrative:

Vehicle 1 was traveling eastbound on Route 20 towards Worcester. Vehicle 2 was traveling westbound on Route 20 and was waiting at the intersection to take a left onto Millbury Street. Eastbound and westbound lanes both had the green light. Vehicle 1 was travelling straight ahead as Vehicle 2 was taking a left turn. Vehicle 1 and 2 struck eachother in the intersection.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/14/2026

Date