Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
11/08/2026	1740 (24HR)	Auburn	2	0	40			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# / Direction / Name of Roadway/Street: WASHINGTON ST

At

Route# / Direction / Name of Intersecting Roadway/Street: ELM ST

Also at Intersection with

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

NOT AT INTERSECTION:

Route# / Direction / Address # / Name of Roadway/Street:

Feet [N S E W] of — — — • — — Mile Marker or Exit Number

Feet [N S E W] of Route# / Intersecting Roadway/Street

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-422-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator MADISON, COREY MICHAEL (Last, First, Middle)

Address 30 HIGH ST APT C

City MILLBURY State MA Zip 01527-1942

Insurance Company USAA GENERAL INDEMNITY CO

Vehicle Travel Direction: N S ☒ W Responding to Emergency? 2

Citation # (If Issued) 668500AE-CN

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24

Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub

Reg # 1TP512 Reg Type PC Reg State MA

Veh Year 2009 Veh Make HONDA Veh Config. 1

Owner MADISON, COREY MICHAEL (Last, First, Middle)

Address 30 HIGH ST APT C

City MILLBURY State MA Zip 01527-1942

Vehicle Action Prior to Crash: 3

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 14

Driver Distracted by: 99

Damaged Area Code: 8 27 27 27

Test Status: 3

Type of Test: 2

BAC Test Result: 5

Susp. Alcohol: 1 Susp. Drug: 2

Towed from scene? 1

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 3 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D M Lic. Restrictions CDL Endorsement

Operator WATSON, ADAM J (Last, First, Middle)

Address 2 CHICKERING RD

City SPENCER State MA Zip 01562-2813

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S E W 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 # 2XTL61 Reg Type PC Reg State MA

Veh Year 2020 Veh Make NISSAN Veh Config. 1

Owner WATSON, ADAM J (Last, First, Middle)

Address 2 CHICKERING RD

City SPENCER State MA Zip 01562-2813

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 99

Damaged Area Code: 7 27 27 27

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

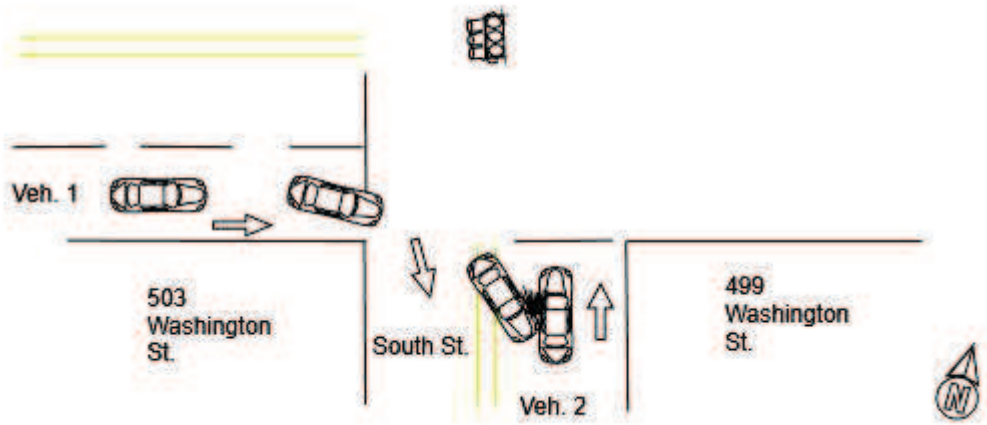
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	3	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	M	6	1	4	0	0	10	1	

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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[illegible] Arrow

Crash Narrative:

Vehicle one was traveling east bound on Washington St (public way). Vehicle two was waiting at a red light to cross Washington St to continue on South St. Vehicle one made a right hand turn onto South St, during that turn vehicle one went over the center line striking vehicle two. Vehicle one continued on before stopping (see 26-406-AR). All parties declined medical attention. Vehicle two was able to drive away on its own, vehicle one was towed from the scene.

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		80SK	Auburn Police Department		11/08/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date