

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/06/2026** Time of Crash **1453** 24HR

City/Town **Auburn**

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 MopedCrash Report ID# **26-8-AC**License # **S52800528** St **MA** DOB/Age **10/22/1979**Reg # **2CVW11**Reg Type **PAN**Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ EndorsementVeh Year **2026**Veh Make **HONDA**Veh Config. **1**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**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 _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code **9 25 21 25**BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **99 26 26**Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Please fill out for operator and all occupants involved

Towed from scene? **1 33**

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

1	1	2	0	0	10	1
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Please Select One of the Following:

 Vehicle**2**

#Occupants

 Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S77182564** St **MA** DOB/Age **09/10/1976**Reg # **5RSC72**Reg Type **PAN** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ EndorsementVeh Year **2024**Veh Make **TOYOTA**Veh Config. **1**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**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**

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Operator/Occupants

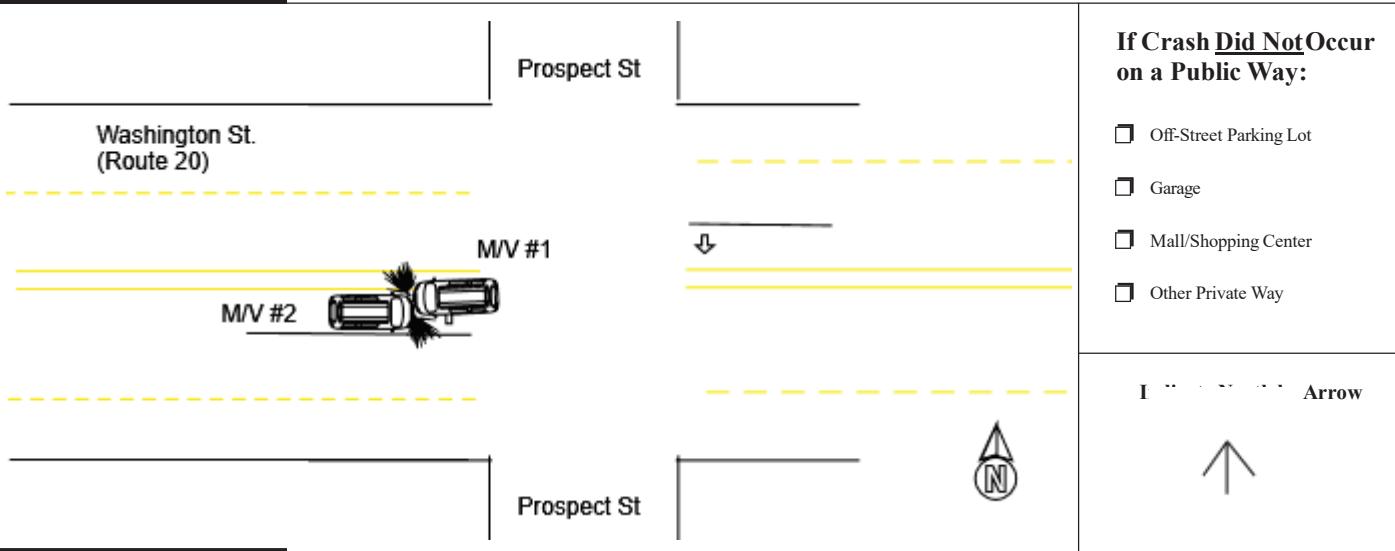
See Above

1	1	2	0	0	8	2
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚙



Crash Narrative:

M/V #2 was traveling east on Washington Street and slowing to stop in the left turn lane. M/V #1 crossed over the double solid centerline and struck the front corner of M/V #2 with the front corner of his vehicle. Oper. of M/V #1 stated he may have fallen asleep while driving.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

Auburn Police Department

ID/Badge #

Department

Precinct/Barracks

01/06/2026

Date