

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 01/06/2026		Time of Crash 1453 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:															
20 W WASHINGTON ST Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of or Mile Marker Exit Number																	
PROSPECT ST Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of Landmark																	
Route# Direction Name of Intersecting Roadway/Street																							
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# 26-8-AC															
License # S52800528 St MA DOB/Age 10/22/1979						Reg # 2CVW11 Reg Type PAN Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2026 Veh Make HONDA Veh Config. 1 21																	
Operator PHILLIPS, COREY RYAN Last First Middle						Owner PHILLIPS, COREY RYAN Last First Middle																	
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 22						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											
						Towed from scene? 1 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		2		0		0		10		1			
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 # S77182564 St MA DOB/Age 09/10/1976						Reg # 5RSC72 Reg Type PAN Reg State MA																	
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make TOYOTA Veh Config. 1 21																	
Operator THOMAS, CHEZ NANETTE ANETA Last First Middle						Owner THOMAS, CHEZ NANETTE ANETA Last First Middle																	
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 22						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											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29											
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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		X		X		1		1		2		0		0		8		2			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<p style="text-align: center;">Washington St. (Route 20)</p> <hr style="border-top: 1px dashed yellow;"/> <div style="text-align: center;"> <p>M/V #1</p> <p>M/V #2</p> </div> <hr style="border-top: 1px dashed yellow;"/> <p style="text-align: center;">Prospect St</p>	<p style="text-align: center;">Prospect St</p> <hr style="border-top: 1px dashed yellow;"/> <div style="text-align: center;"> </div>
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If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

I Arrow

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

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/06/2026

Date