

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/20/2025** Time of Crash **1340** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0**

Speed Limit **30** State Police   
 Local Police  MBTA Police   
 Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**LEICESTER ST**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

At \_\_\_\_\_

**ROCHDALE 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# **25-455-AC**License # **SA8691782** St **MA** DOB/Age **12/02/1999**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Operator **PREMPEH, NANA YAW**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **25 HOLLYWOOD ST APT 3**City **WORCESTER** State **MA** Zip **01610-4081**Insurance Company **LIBERTY MUTUAL FIRE INSUR**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 \_\_\_\_\_

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
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**Operator**

See Above

<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>					
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Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.License # **S61947900** St **MA** DOB/Age **09/06/1974**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Operator **COWGILL, CHRISTOPHER MORRIS**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **10 ROYS DR**City **SPENCER** State **MA** Zip **01562**Insurance Company **UNITED SERVICES AUTOMOBIL**Vehicle Travel Direction: **N S X 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 \_\_\_\_\_

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**Operator/Occupants**

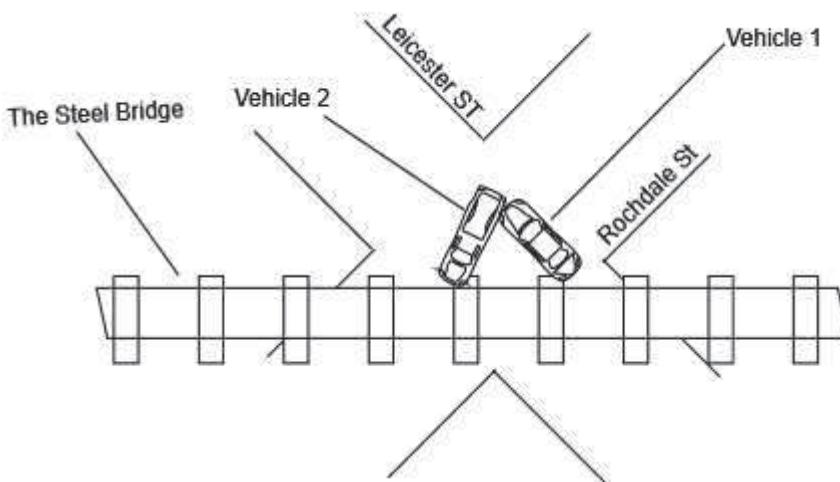
See Above

<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>					
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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 1 was traveling on Leicester Street, while vehicle 2 was traveling on Rochdale Street. The two streets meet beneath the steel bridge. Vehicle 1 was traveling through the intersection while vehicle two began to drive beneath the bridge. The vehicles collided 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 Andrew F Markvenas**

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

12/20/2025

Date