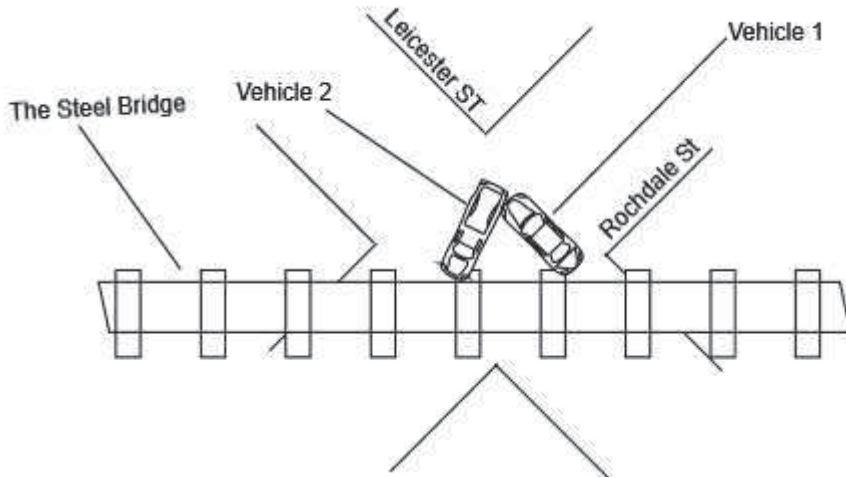


Police Use Only			Commonwealth of Massachusetts						RMV Document Number									
Date of Crash 12/20/2025		Time of Crash 1340 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		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						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash 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 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						Reg # 6XVH69 Reg Type PC Reg State MA Veh Year 2014 Veh Make BMW Veh Config. 1 21 Owner PREMPEH, NANA YAW Address 25 HOLLYWOOD ST APT 3 City WORCESTER State MA Zip 01610-4081 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 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						1 1 4 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 # 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 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						Reg # VT12702 Reg Type PC Reg State MA Veh Year 2025 Veh Make JEEP Veh Config. 1 21 Owner COWGILL, CHRISTOPHER MORRIS Address 10 ROYS DR City SPENCER State MA Zip 01562 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 11 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 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/Occupants See Above						1 1 4 0 0 10 1												

→ = 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

↑ 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