

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/31/2025** Time of Crash **1607** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **0**Speed Limit **10**State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1

Route# Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_2 10  
Route# Direction Address # Name of Roadway/Street  
711 **SOUTHBRIDGE ST**2 1  
Route# Direction Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_5 11  
Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_  
Exit Number \_\_\_\_\_

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

Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_3 Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  MopedCrash Report ID# **25-476-AC**4 1  
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_Reg # **5FK163** Reg Type **PC** Reg State **MA**Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_Veh Year **2025** Veh Make **HYUNDAI** Veh Config. **2** **21**5 2  
Operator **Driverless M.V.** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_Owner **LAGASSE, LUCAS ALVA** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

Address **30 ROXBURY ST APT 3**6 1  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_City **WORCESTER** State **MA** Zip **01609-3300**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash **11** **22**Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_Damaged Area Code: **6 27 27 27**

Citation # (If Issued) \_\_\_\_\_

Test Status: **1 28**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **29**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**7 1  
Please fill out for operator and all occupants involvedSusp. Alcohol: **2 31** Susp. Drug: **2 32**

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **2 33****Operator** \_\_\_\_\_ See Above \_\_\_\_\_

Medical Facility \_\_\_\_\_

7 1  
Please Select One of the Following:  Vehicle **21** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

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

8 1  
Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Action Prior to Crash **22**Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_Damaged Area Code: **27 27 27**

Citation # (If Issued) \_\_\_\_\_

Test Status: **28**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Type of Test: **29**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **30**9 2  
Please fill out for operator and all occupants involvedSusp. Alcohol: **31** Susp. Drug: **32**

Name (Last First Middle) \_\_\_\_\_ Address \_\_\_\_\_

Towed from scene? **33****Operator/Occupants** \_\_\_\_\_ See Above \_\_\_\_\_

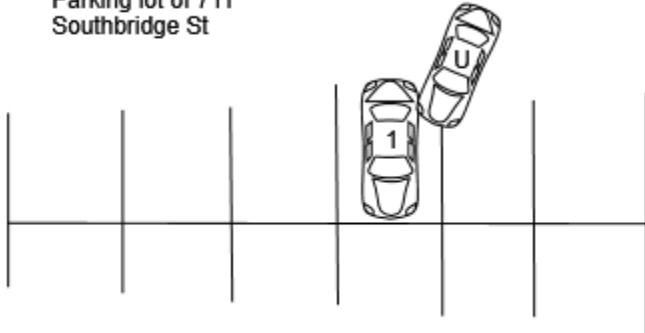
Medical Facility \_\_\_\_\_

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

**Crash Diagram:**

ie: → 1 → 2 → ⚙

Parking lot of 711  
Southbridge St



**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 parked and unoccupied at 711 Southbridge St. When the owner returned, he noticed rear drivers side damage consistent with someone hitting him while attempting to park. There is no suspect information.

**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 Matthew Rodwill**

Police Officer Name (Please Print)

Signature

**84MR**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**12/31/2025**

Date