

Date of Crash **02/02/2026** Time of Crash **0441** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	12 S SOUTHBRIDGE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ or _____ _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Route# HAMPTON ST Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 26-51-AC**

License # _____ St. _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator LESSARD, LEO J Address 157 SOUTHBRIDGE ST City AUBURN State MA Zip 01501-2505 Insurance Company MAIN STREET AMERICA PROTE Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) NONE Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1MM827 Reg Type PAN Reg State MA Veh Year 2024 Veh Make HYUNDAI Veh Config. 1 21 Owner PERKINS, PATRICIA MARIE Address 157 SOUTHBRIDGE ST City AUBURN State MA Zip 01501-2505 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33
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Please fill out for operator and all occupants involved		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	8	2	_____

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Sex M Lic. Class B 19 19 Lic. Restrictions 20 CDL _____ Operator COSTA, AARON M Address 31 COLONIAL RD City AUBURN State MA Zip 01501-2155 Insurance Company AMERICAN ALTERNATIVE INSU Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) NONE Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # M88288 Reg Type MVN Reg State MA Veh Year 2011 Veh Make JOHN DEERE Veh Config. 97 21 Owner AUBURN TOWN OF Address 104 CENTRAL ST City AUBURN State MA Zip 01501-2310 Vehicle Action Prior to Crash 97 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved		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	99	5	0	0	8	2	_____

