

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/29/2025** Time of Crash **0336** 24HR

City/Town **Auburn**

Number Vehicles **1** Number Injured **0** Speed Limit **30**
 State Police Local Police MBTA Police
 Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10 2

1 5

Route# _____ Direction _____ Name of Roadway/Street _____
 At _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

2 5

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

Feet **N S E W** of _____ Mile Marker _____ or _____
 Exit Number _____

3 6

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 Feet **N S E W** of _____ Landmark _____

Please Select One of the Following:

Vehicle

1

#Occupants

Hit/Run

Moped

Crash Report ID# **25-470-AC**License # **S43695445** St **MA** DOB/Age **11/03/2001**Reg # **5SDZ69**Reg Type **PC**Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Veh Year **2015**Veh Make **HYUNDAI**Veh Config. **1** 21Operator **IKONYA, KAYCEE WANJIRU**Owner **KARIUKI, RICHARD I**Last **1603** First **FOREST** Middle **PARK DR**Last **1603** First **FOREST** Middle **PARK DR**Address **AUBURN** State **MA** Zip **01501-5513**City **AUBURN**Insurance Company **LM GENERAL INSURANCE COMP**State **MA** Zip **01501-5513**Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22Damaged Area Code: **2** 27 27 27

Citation # (If Issued) _____

Event Sequence **20** 23 23 27 23 23Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Most Harmful Event **27** 24Type of Test: **0** 29

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Contributing Code **1** 25 25BAC Test Result: **1** 30Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **1** 33

Please fill out for operator and all occupants involved

20 13

Medical Facility

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

4

0

0

10

1

1

Please Select One of the Following:

Vehicle

2

#Occupants

Hit/Run

Moped

Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **1** 21

Operator _____

Owner _____

Last **1603** First **FOREST** Middle **PARK DR**Last **1603** First **FOREST** Middle **PARK DR**

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash **22**Damaged Area Code: **27** 27 27Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Event Sequence **23** 23 23 23Test Status: **28**

Citation # (If Issued) _____

Most Harmful Event **24**Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code **25** 25BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **26** 26Susp. Alcohol: **31** Susp. Drug: **32**

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

1

1

1

1

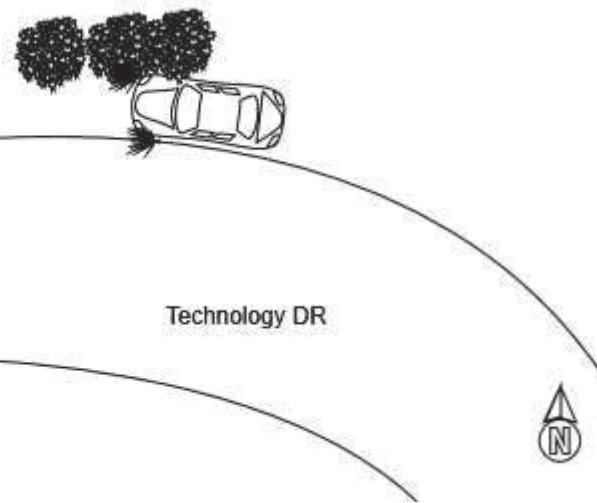
1

1

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

Crash Diagram:

ie:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Crash Narrative:

While I was traveling west on Technology Drive I saw the vehicle in the snow in a ditch off the roadway. There was damage to the front right bumper of the car. She was traveling west on technology drive. When I was traveling on the road my cruiser was sliding due to ice being on the road. When walking to the her car I was slipping since the road was fully coated in black ice.

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 _____

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:

Patrolman Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

12/29/2025

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Date