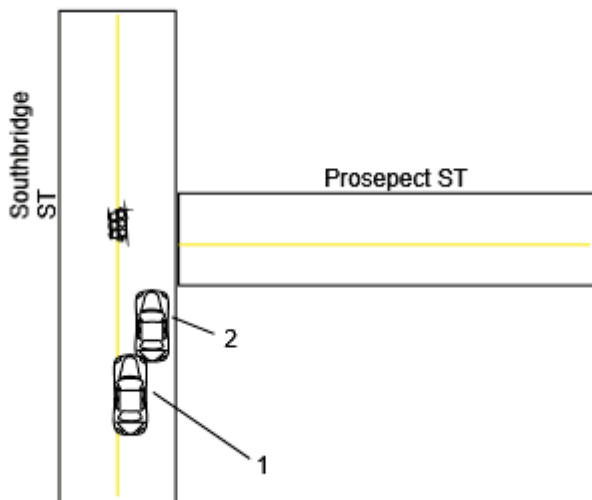


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 07/23/2025		Time of Crash 0820 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
PROSPECT ST														
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street								
At														
SOUTHBRIDGE ST														
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number								
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of 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# 25-237-AC						
License # S15165011 St MA DOB/Age 10/09/1986						Reg # 4ZFJ58 Reg Type PC Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make SUBARU Veh Config. 1 21								
Operator LEKSTROM, RYAN ROBERT						Owner LEKSTROM, RYAN ROBERT								
Address 2 PARKER ST						Address 2 PARKER ST								
City ROCHDALE State MA Zip 01542-1009						City ROCHDALE State MA Zip 01542-1009								
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
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								
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 # S82199962 St MA DOB/Age 10/12/1951						Reg # 2YG836 Reg Type PC Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make SUBARU Veh Config. 1 21								
Operator CULLINA, DENNIS MICHAEL						Owner CULLINA, DENNIS MICHAEL								
Address 192 CENTER DEPOT RD						Address 192 CENTER DEPOT RD								
City CHARLTON State MA Zip 01507-1214						City CHARLTON State MA Zip 01507-1214								
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
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								

→ = 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 2 was stopped at the red light at the intersection, vehicle 1 failed to stop quick enough and hit the rear bumper of vehicle 2.

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

07/23/2025

Date