

Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 08/09/2025	Time of Crash 2159 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:								
<div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
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# 25-259-AC				
License # S56405873 St MA DOB/Age 05/20/1983						Reg # 71RV38 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2013 Veh Make LINCOLN Veh Config. 1 21							
Operator SPEIGHT, SYDRICK Last First Middle						Owner SPEIGHT, SYDRICK Last First Middle							
Address 24 PERRY ST						Address 24 PERRY ST							
City AUBURN State MA Zip 01501-2016						City AUBURN State MA Zip 01501-2016							
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 4 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 3 28							
Citation # (If Issued) 628885AD-CN						Type of Test: 2 29							
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24I						Most Harmful Event 2 24 BAC Test Result: 5 30							
Viol. 3: Ch/Sec/Sub 90 13B Viol. 4: Ch/Sec/Sub						Driver Contributing Code 14 25 25 Susp. Alcohol: 1 31 Susp. Drug: 2 32							
Viol. 3: Ch/Sec/Sub 90 13B Viol. 4: Ch/Sec/Sub						Driver Distracted by 1 26 26 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		X	X	1	1	4	0	0	10	1	
Please Select One of the Following:													
<input checked="" type="checkbox"/> Vehicle 20 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # St DOB/Age						Reg # 6ZGG50 Reg Type PC Reg State MA							
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21							
Operator Driverless M.V. Last First Middle						Owner LEROUX, JONATHAN TED Last First Middle							
Address						Address 14 PERRY ST							
City State Zip						City AUBURN State MA Zip 01501-2016							
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Most Harmful Event 2 24 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 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/Occupants		See Above		X	X	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Veh. 1/
post
crash

Parked
Vehicle

Veh. 2/
post
crash

Veh. 2

14 Perry St.

Veh. 1

If Crash Did Not Occur on a Public Way:

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

↑ Arrow

Crash Narrative:

Vehicle one was traveling north on Perry St (public way). Vehicle two was parked and unoccupied on the side of the roadway. Operator of vehicle one struck vehicle two, vehicle two was pushed off of the roadway. After an investigation, operator of vehicle one was found to be under the influence of alcohol (see 25-258-AR); operator also was using his phone.

Both vehicles were towed from the scene. Operator of vehicle one declined medical attention.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/09/2025

Date