

Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 02/02/2026		Time of Crash 0441 24HR		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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						12 S SOUTHBRIDGE ST								1 10													
						Route# Direction Address # Name of Roadway/Street																					
						Feet N S E W of or Mile Marker Exit Number																					
						Feet N S E W of Route# Intersecting Roadway/Street								3 11													
						Feet N S E W of Route# Intersecting Roadway/Street																					
						Feet N S E W of Route# Intersecting Roadway/Street								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# 26-51-AC																			
License # S70590852 St MA DOB/Age 04/22/1948						Reg # 1MM827 Reg Type PAN Reg State MA						1 12															
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2024 Veh Make HYUNDAI Veh Config. 1 21						1 12															
Operator LESSARD, LEO J Last First Middle						Owner PERKINS, PATRICIA MARIE Last First Middle																					
Address 157 SOUTHBRIDGE ST						Address 157 SOUTHBRIDGE ST																					
City AUBURN State MA Zip 01501-2505						City AUBURN State MA Zip 01501-2505																					
Insurance Company MAIN STREET AMERICA PROTE						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 1 27 27															
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 28															
Citation # (If Issued) NONE						Most Harmful Event 1 24						Type of Test: 29															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 31 Susp. Drug: 32															
						Towed from scene? 1 33						1 13															
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		8		2		[REDACTED]	
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 # S51968702 St MA DOB/Age 01/06/1999						Reg # M88288 Reg Type MVN Reg State MA						1 14															
Sex M Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make JOHN DEERE Veh Config. 97 21																					
Operator COSTA, AARON M Last First Middle						Owner AUBURN TOWN OF Last First Middle																					
Address 31 COLONIAL RD						Address 104 CENTRAL ST																					
City AUBURN State MA Zip 01501-2155						City AUBURN State MA Zip 01501-2310																					
Insurance Company AMERICAN ALTERNATIVE INSU						Vehicle Action Prior to Crash 97 22						Damaged Area Code: 5 27 27 27															
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 28															
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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		99		5		0		0		8		2		[REDACTED]	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Sidewalk

Breakdown Lane

Southbridge Street

If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



Crash Narrative:

The Town of Auburn Depart. of Public Works employees were clearing sidewalks and intersections due to a large amount of snow from a storm the previous week. Vehicle 2 (V2) is a backhoe equipped with a front loader and rear bucket. V2 was perpendicular in the roadway removing snow from the sidewalks with the front loader. Vehicle 1 (V1) was traveling southbound on Southbridge St. The rear bucket of V2 was in the middle of the southbound travel lane. The front right bumper/hood area of V1 collided with the rear bucket of V2. The collision caused the rear boom of V2 to bend. When I arrived on scene, the flashing amber lights of V2 were activated. There were no street lights in this area. Drivers of V1 & V2 suffered minor injuries and were transported to hospital. V1 sustained major front end damage and was towed. V2 suffered major rear damage but could be driven from scene.

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

Lieutenant Justin D Starkus

Police Officer Name (Please Print)

Signature

58JS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2026

Date