

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/02/2026	Time of Crash 0441 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 2	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1
5Route# Direction Name of Roadway/Street
At10
12 S SOUTHBIDGE ST

Route# Direction Address # Name of Roadway/Street

2
1Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with11
3
13
Feet N S E W of Mile Marker or Exit Number
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark

3

Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped

Crash Report ID# 26-51-AC

4
1

License # S70590852 St MA DOB/Age 04/22/1948

12
1 Reg # 1MM827 Reg Type PAN Reg State MASex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Endorsement

Veh Year 2024 Veh Make HYUNDAI Veh Config. 1 21

Operator LESSARD, LEO J
Last First Middle
Address 157 SOUTHBIDGE ST13
12
Owner PERKINS, PATRICIA MARIE
Last First Middle
Address 157 SOUTHBIDGE 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

Test Status: 28

Citation # (If Issued) NONE

Type of Test: 29

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

BAC Test Result: 30

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

Susp. Alcohol: 31 Susp. Drug: 32

Driver Contributing Code 99 25 25
Driver Distracted by 99 26 26
Towed from scene? 1 335
6
1

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 Operator See Above 1 1 4 0 0 8 2 _____

7
1Please Select One of the Following: Vehicle 21 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # M88288 Reg Type MVN Reg State MA

License # S51968702 St MA DOB/Age 01/06/1999
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
Address 31 COLONIAL RDOwner AUBURN TOWN OF
Last First Middle
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

Test Status: 28

Citation # (If Issued) NONE

Type of Test: 29

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

BAC Test Result: 30

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

Susp. Alcohol: 31 Susp. Drug: 32

8
19
2

Please fill out for operator and all occupants involved

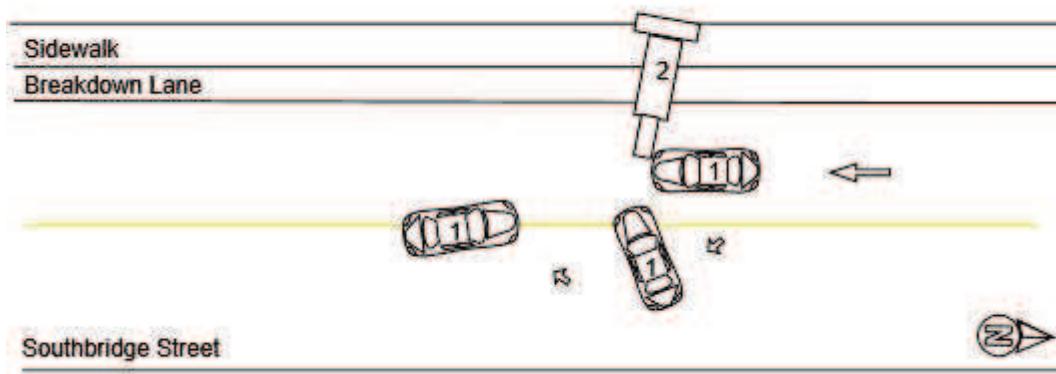
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator/Occupants See Above 1 99 5 0 0 8 2 _____

→ = 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

I → Arrow



Crash Narrative:

The Town of Auburn Depar. 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

02/02/2026

Date