

Date of Crash **08/25/2023** Time of Crash **1322** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# **1** Direction _____ Name of Roadway/Street _____ At _____

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

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

Route# **519** Direction **WASHINGTON ST** 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 _____

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-287-AC**

License # **1** St **MA** DOB/Age **50** Reg # **8JW757** Reg Type **DC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **FORD** Veh Config. **1**

Operator **KAPERONIS, SPIROS G** Owner **AUBURN TOWN OF PD**

Address **416 OXFORD ST N** Address **416 OXFORD STREET NO**

City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**

Insurance Company **NATIONAL UNION FIRE INS** Vehicle Action Prior to Crash **4** Damaged Area Code: **7**

Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **2**

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	XXXXXX	XXXX	1	1	2	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S08986088** St **MA** DOB/Age **07/21/1966** Reg # **171WG7** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **JEEP** Veh Config. **1**

Operator **BEGONIS, ROBERT W JR** Owner **BEGONIS, ROBERT W JR**

Address **47 CRESTWOOD RD** Address **47 CRESTWOOD RD**

City **LEICESTER** State **MA** Zip **01524-1601** City **LEICESTER** State **MA** Zip **01524-1601**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**

Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) **T2397474** Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **720CMR906B** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**

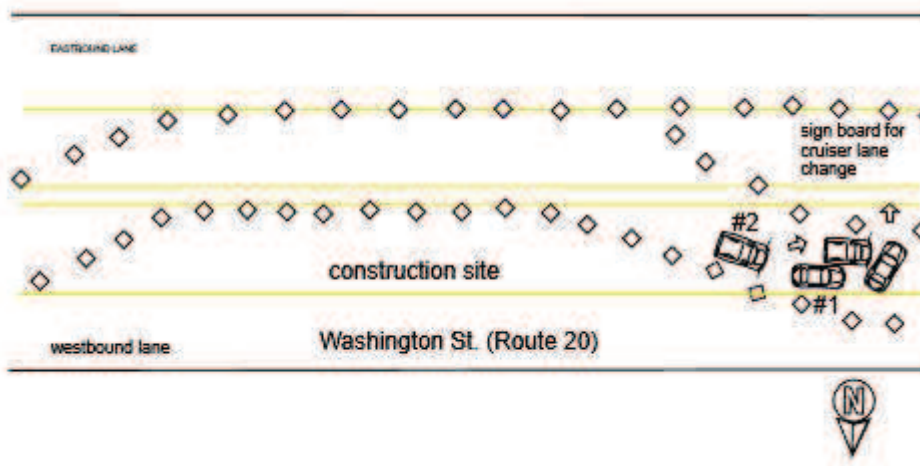
Towed from scene? **2**

Please fill out for operator/non-motorist 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/Non-Motorist	See Above	XXXXXX	XXXX	1	1	2	0	0	10	1	

→ = 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:

Operator of Vehicle #1 reported entering the construction site (westbound) and activating the cruiser's emergency lights as he prepared to maneuver the cruiser into a designated area for his detail. Operator #1 reported he approached the designated area (lane closure), and turned left into the assigned cruiser spot in the construction zone. Operator of Vehicle #1 reported Vehicle #2 then struck Vehicle #1's driver's door (side air bag deployed). Operator #2 reported travelling behind the Vehicle #1 (westbound) and observed Vehicle #1 activate the cruiser's emergency blue lights. Operator of Vehicle #2 reported Vehicle #1 then turned abruptly into his path. Operator #2 reported he did not have time to stop in time and collided with the drivers side door of Vehicle #1. Operator #2 reported rain may have been a factor. No injuries reported.

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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/25/2023

Date