

Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 05/09/2025		Time of Crash 1149 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 1		Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
WASHINGTON ST Route# Direction Name of Roadway/Street At MILLBURY ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						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 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# 25-156-AC								
License # SA2301372 St MA DOB/Age 04/23/1998 Sex F Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement Operator CALAIS DE MOURA CAST, ANDREZA Address 7 GORHAM AVE APT 13 City CLINTON State MA Zip 01510-1314 Insurance Company INCLINE CASUALTY COMPANY Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 3ZKC16 Reg Type PC Reg State MA Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 Owner CALAIS DE MOURA CAST, ANDREZA Address 7 GORHAM AVE APT 13 City CLINTON State MA Zip 01510-1314 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 3 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33										
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						1 1 4 0 0 10 0										
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 # S52551493 St MA DOB/Age 01/01/1944 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator RAPTOPOULOS, VASSILIOS DIMITRIOS Address 404 BEACON ST APT 2 City BOSTON State MA Zip 02115-1111 Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 2CJG76 Reg Type PC Reg State MA Veh Year 2024 Veh Make MERCEDES-BENZ Veh Config. 1 Owner RAPTOPOULOS, VASSILIOS DIMITRIOS Address 404 BEACON ST APT 2 City BOSTON State MA Zip 02115-1111 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33										
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						1 1 1 0 0 8 0										

→ = 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

Intersection Arrow

↑

Crash Narrative:

Vehicle 1 was turning from Washington St to Millbury St. Vehicle 2 was waiting at the stoplight on Washington St. According to the operator of V1 the green turn arrow was illuminated. According to the operator of V2, he had a solid green light. V1 had made it entirely through the intersection and was struck in the rear right side by V2.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/09/2025

Date