

Date of Crash **01/09/2025** Time of Crash **1100** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

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

**VINAL ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**OXFORD ST N**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 25-15-AC**

License # **S94473917** St **MA** DOB/Age **07/10/1973** Reg # **9357RE** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1**  
Operator **KAPERONIS, SPIROS** Owner **KAPERONIS, SPIROS**  
Address **34 LAKE DR** Address **34 LAKE DR**  
City **LEICESTER** State **MA** Zip **01524** City **LEICESTER** State **MA** Zip **01524**  
Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **4 27 3 27 10 27**  
Vehicle Travel Direction:  **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

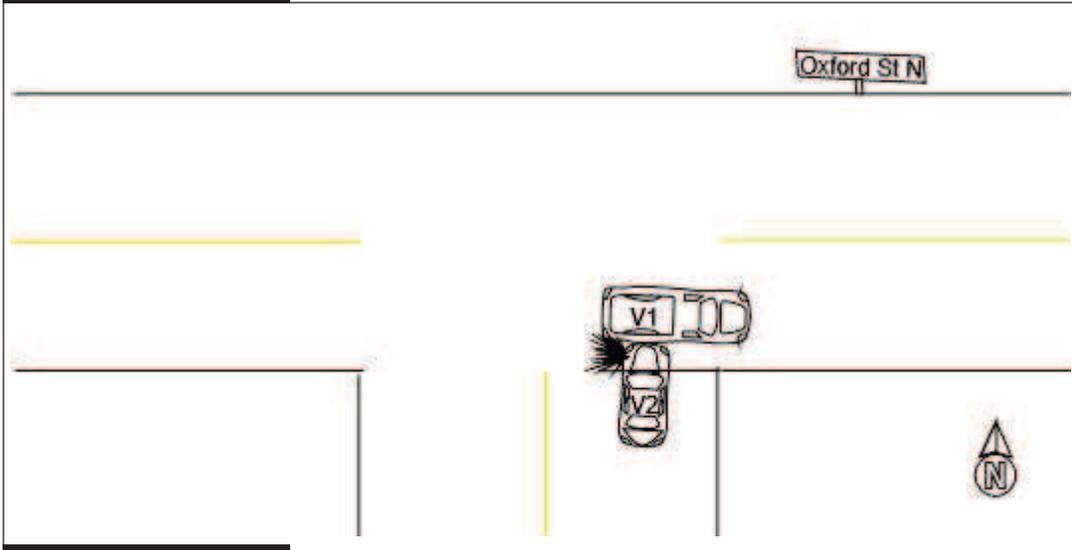
License # **S20111448** St **MA** DOB/Age **11/17/1946** Reg # **BABCIE** Reg Type **PAN** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2024** Veh Make **GMC** Veh Config. **1**  
Operator **CHAMPAGNE, PATRICIA E** Owner **CHAMPAGNE, PATRICIA E**  
Address **223 OXFORD ST N** Address **223 OXFORD ST N**  
City **AUBURN** State **MA** Zip **01501-1526** City **AUBURN** State **MA** Zip **01501-1526**  
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**  
Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) **113913AD-CN** Most Harmful Event **1 24** Type of Test: **0 29**  
Viol. 1: Ch/Sec/Sub **89 8** Driver Contributing Code **4 25 25** BAC Test Result: **1 30**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

→ = 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:**

At approx 1100 hours on 01/09/2025 the Auburn Police Department responded to an accident in the area of Oxford St N and Vinal St. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) whom stated he was traveling Westbound on Oxford St N at approx 30MPH prior to the accident. This operator advised V2 pulled out of Vinal St and struck his passengers-side rear. The Operator of Vehicle: 2 (V2) advised she was pulling onto Oxford St N and struck the passengers-side rear of V1. The Operator of V2 was cited for Chapter 89 Section 8- Failure to yield at an intersection (113912AD-CN). The Operator of V1 was traveling straight and had the right-of-way on Oxford St N. The Operator of V2 was expected to stop before entering the active roadway. Both operators declined seeking medical attention at the time of the collision. Both vehicles were deemed inoperable and were towed by Dorenzo's Towing and Recovery.

**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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/09/2025

Date