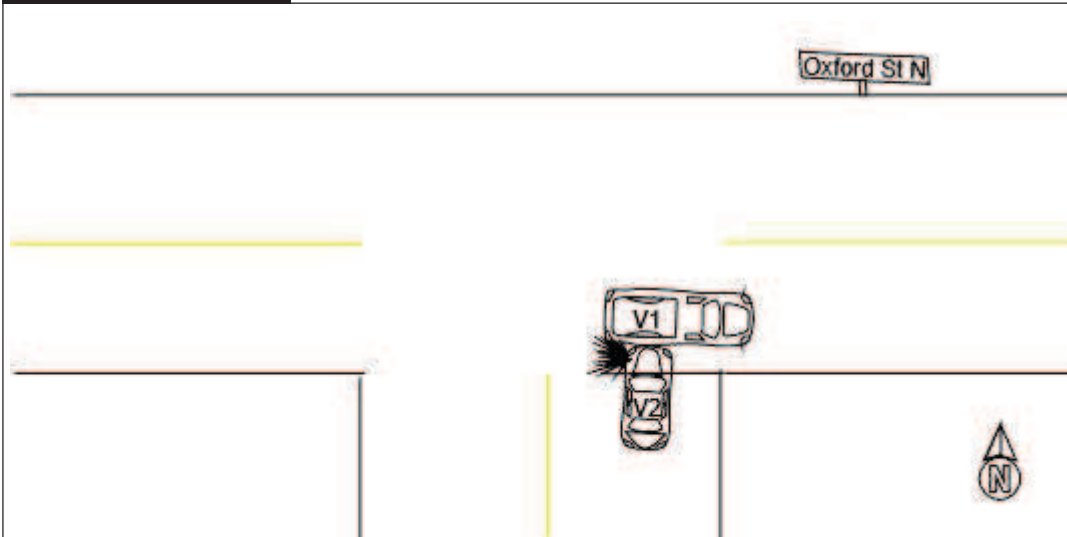


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 01/09/2025		Time of Crash 1100 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
VINAL ST																2		10													
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At																															
OXFORD ST N																3		11													
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of . or Exit Number																									
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																									
Route# Direction Name of 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# 25-15-AC																							
License # S94473917 St MA DOB/Age 07/10/1973						Reg # 9357RE Reg Type PC Reg State MA						1						12													
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21						1						12													
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 22						Damaged Area Code: 4 27 3 27 10 27																			
Vehicle Travel Direction: N S E X 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 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32						1		13											
Towed from scene? 1 33																															
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		3		0		0		10		1			
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 # S20111448 St MA DOB/Age 11/17/1946						Reg # BABCIE Reg Type PAN Reg State MA						1						14													
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make GMC Veh Config. 1 21						1						14													
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 22						Damaged Area Code: 1 27 27 27																			
Vehicle Travel Direction: X 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 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25						BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32						1		14											
Towed from scene? 1 33																															
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						X		X		1		1		4		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

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