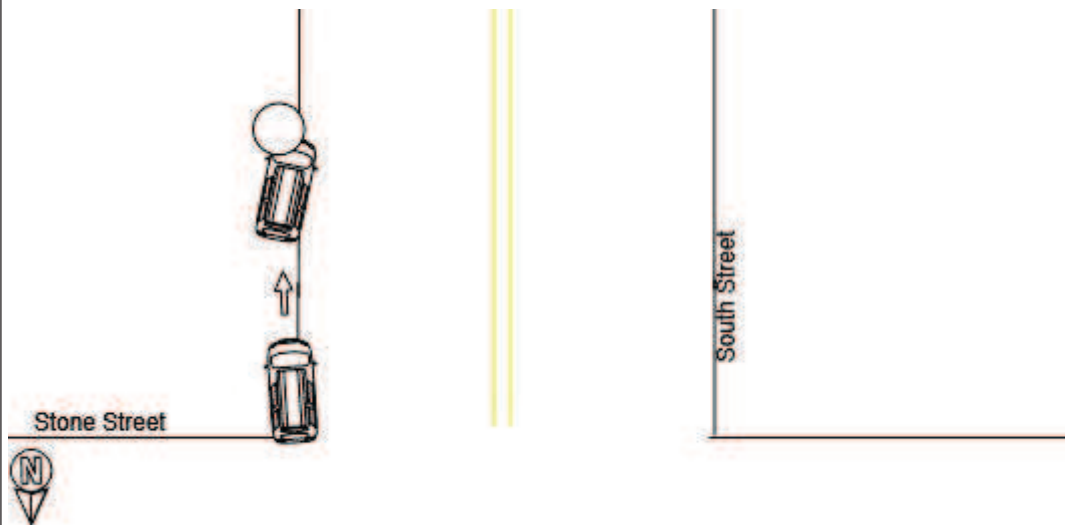


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 04/03/2023		Time of Crash 0130 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>SOUTH ST</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>0 Feet X S E W of</div> <div>AT POLE 30</div> <div>Landmark</div>																	
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# 23-114-AC															
License # S11477905 St MA DOB/Age 10/15/1955						Reg # 96AF50 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1																	
Operator DIMOPOULOS, CHRISTOS						Owner DIMOPOULOS, CHRISTOS																	
Address 252 SOUTH ST						Address 252 SOUTH ST																	
City AUBURN State MA Zip 01501-2727						City AUBURN State MA Zip 01501-2727																	
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 7																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 41 23 23 23 23																	
Citation # (If Issued) 893724AB						Most Harmful Event 22																	
Viol. 1: Ch/Sec/Sub 90 24 (2) Viol. 2: Ch/Sec/Sub 89 4A						Driver Contributing Code 10 25 14 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99																	
Please fill out for operator and all occupants involved						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		0		3		0		0		●		●		●	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15		Action 16		Location 17		Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped							
License # St DOB/Age						Reg # Reg Type Reg State																	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																	
Operator						Owner																	
Address						Address																	
City State Zip						City State Zip																	
Insurance Company						Vehicle Action Prior to Crash 22																	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26																	
Please fill out for operator/non-motorist and all occupants involved						Please fill out for operator/non-motorist 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/Non-Motorist		See Above		X		X		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

I ... Arrow



Crash Narrative:

On April 3, 2023, I, Officer Dominic Walker was dispatched to the area of South Street near Stone Street for a motor vehicle crash into a tree. While en route, I was advised that there were wires down as well. When I arrived on scene I observed MA PAN 96AF50 in the opposite travel lane, pole number 30 broken in half (hanging on by wires) and the operator of the vehicle, Mr. Christos Dimopoulos, standing outside. Christos admitted to have been drinking since around 5pm and "probably shouldn't have been driving." Christos stated he was not sure what happened. I believe, based on the vehicle path, he ran off the road to the left, crossing the center line, and struck pole number 30 without activating his brakes prior to impact. Due to the accident [REDACTED] the vehicle was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBIDGE ST WORCESTER MA 016	800-322-3223	4	TELEPHONE POLE

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/03/2023

Date