Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
05/16/2025	2031 (24HR)	Auburn	2	0	50			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

13 — 20 | W | WASHINGTON ST (Route# | Direction | Name of Roadway/Street)

At

MILL ST (Route# | Direction | Name of Intersecting Roadway/Street)

Also at Intersection with

21 — Route# | Direction | Name of Intersecting Roadway/Street

10 — Route# | Direction | Address # | Name of Roadway/Street

Feet N S E W of — — — • — Mile Marker or Exit Number

11 — 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 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-168-AC

3

License # S45894088 St MA DOB/Age 08/06/1981

Sex M Lic. Class D (19 | 19) Lic. Restrictions 1 (20) CDL Endorsement

Operator AVRAMIDIS, DAMIANOS (Last | First | Middle)

41 — Address 107 HIGH ROCKS RD

City EAST BROOKFIELD State MA Zip 01515-1538

Insurance Company LIBERTY MUTUAL INSURANCE

5 — Vehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued)

61 — Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 366CY1 Reg Type PC Reg State MA

Veh Year 2016 Veh Make FORD Veh Config. 2 (21)

12 — **Owner** AVRAMIDIS, GEORGIOS D (Last | First | Middle)

Address 107 HIGH ROCKS RD

City EAST BROOKFIELD State MA Zip 01515-1538

Vehicle Action Prior to Crash 2 (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: 5 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

13 — Towed from scene? 2 (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			1	1	4	0	0	10	1	NONE

Please Select One of the Following: ☐ Vehicle 2 — 1 #Occupants ☒ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

7 — 2

License # St DOB/Age

Sex Lic. Class (19 | 19) Lic. Restrictions (20) CDL Endorsement

Operator unknown (Last | First | Middle)

81 — Address

City State Zip

Insurance Company

9 — 2 — Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # unknown Reg Type Reg State

Veh Year Veh Make Veh Config. (21)

Owner (Last | First | Middle)

Address

City State Zip

14 — Vehicle Action Prior to Crash (22)

Event Sequence (23) 23 23 23

Most Harmful Event (24)

Driver Contributing Code (25) 25

Driver Distracted by (26) 26

Damaged Area Code: (27) 27 27

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) Susp. Drug: (32)

Towed from scene? (33)

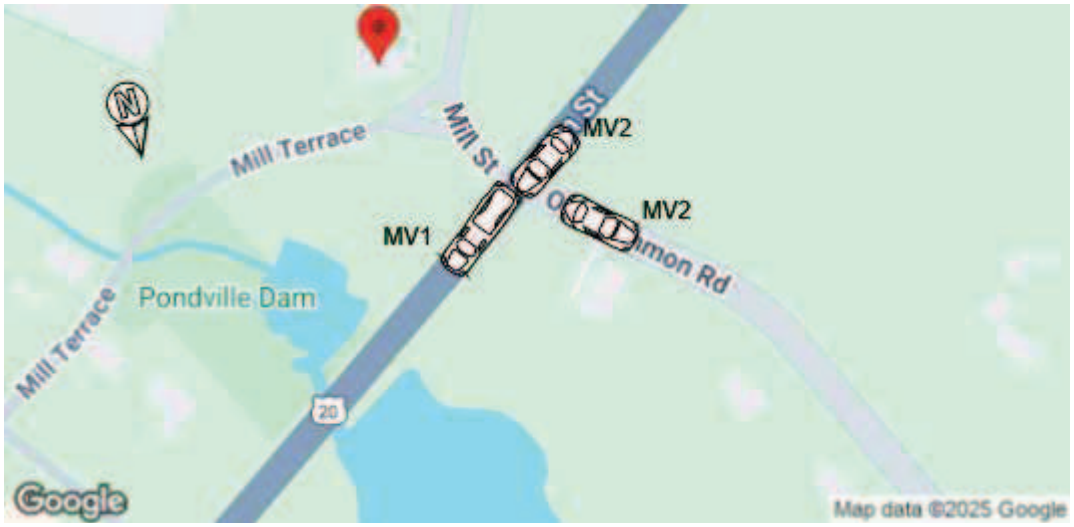
Please fill out for operator and all occupants involved

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			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

Indicate North Arrow

Crash Narrative:

MV1 stopped or slowed in traffic due to congestion from MV accident ahead. MV2 collided with the rear center of MV1, then took a left turn onto Old Common Road and fled the scene.

Minor damage to rear of MV1. Red paint transfer located on MV1. No injuries, no Tow. BOLO put out for suspect MV a red sedan with minor front end damage. Suspect MV not located

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 John E McLaughlin		94JM	Auburn Police Department		05/16/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date