

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/05/2025** Time of Crash **2029** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **35**
 State Police Local Police
 MBTA Police Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

WATER ST

Route# _____ Direction _____ Name of Roadway/Street _____

At
OXFORD STREET NO
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

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____ Landmark _____License # **S57476813** St **MA** DOB/Age **12/13/1961**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99 20** CDL _____
Endorsement _____Operator **KEMP, DONNA L.** Last _____ First _____ Middle _____Address **62 STREETER RD**City **PAXTON** State **MA** Zip **01612-1108**Insurance Company **FARMERS PROPERTY & CASUAL**Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Citation # (If Issued) **875101AD**Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **89 4A**

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

Reg # **4WBT80**Reg Type **PC** Reg State **MA**Veh Year **2017** Veh Make **CHRYSLER** Veh Config. **1 21**Owner **KEMP, DONNA L.** Last _____ First _____ Middle _____Address **62 STREETER RD**City **PAXTON** State **MA** Zip **01612-1108**Vehicle Action Prior to Crash **3 22** Damaged Area Code: **8 27 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **0 29**Driver Contributing Code **9 25 25** BAC Test Result: **1 30**Driver Distracted by **99 26 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**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

DOB/Age **1 1 4 0 0 10 1**Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S30611907** St **MA** DOB/Age **07/21/1969**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99 20** CDL _____
Endorsement _____Operator **PITSILLIDES, HARRIS M.** Last _____ First _____ Middle _____Address **6 ROSEVILLE LN**City **WORCESTER** State **MA** Zip **01603-1848**Insurance Company **THE STANDARD FIRE INSURAN**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 # **4FDH22** Reg Type **PC** Reg State **MA**Veh Year **2024** Veh Make **VOLKSWAGEN** Veh Config. **1 21**Owner **PITSILLIDES, HARRIS M.** Last _____ First _____ Middle _____Address **6 ROSEVILLE LN**City **WORCESTER** State **MA** Zip **01603-1848**Vehicle Action Prior to Crash **2 22** Damaged Area Code: **8 27 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **0 29**Driver Contributing Code **1 25 25** BAC Test Result: **1 30**Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **2 33**

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Operator/Occupants

See Above

DOB/Age **1 1 4 0 0 10 1**

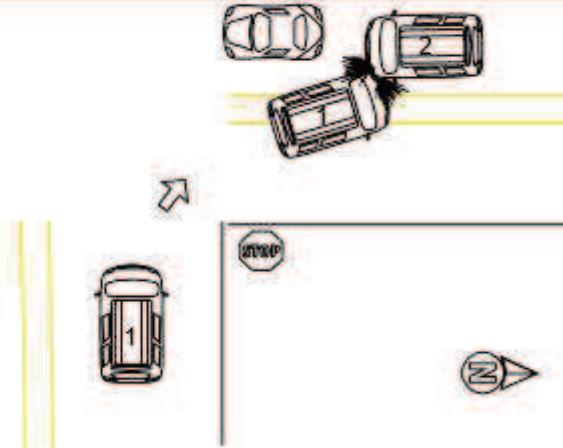
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚒ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚒ → ⚒

OXFORD ST NORTH

VETERANS WAY
(WATER ST)



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I → Arrow



Crash Narrative:

VEHICLE ONE WAS TAKING A RIDE TURN OFF OF VETERANS WAY ONTO OXFORD ST NORTH. WHILE TAKING THE TURN, THEY CROSSED OVER INTO THE OTHER TRAVEL ONE AND STRUCK VEHICLE 2. VEHICLE 2 WAS STOPPED IN THE TRAVEL LANE WAITING FOR THE CAR IN FRONT OF THEM TO TURN LEFT ONTO VETERANS WAY.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/05/2025

Date