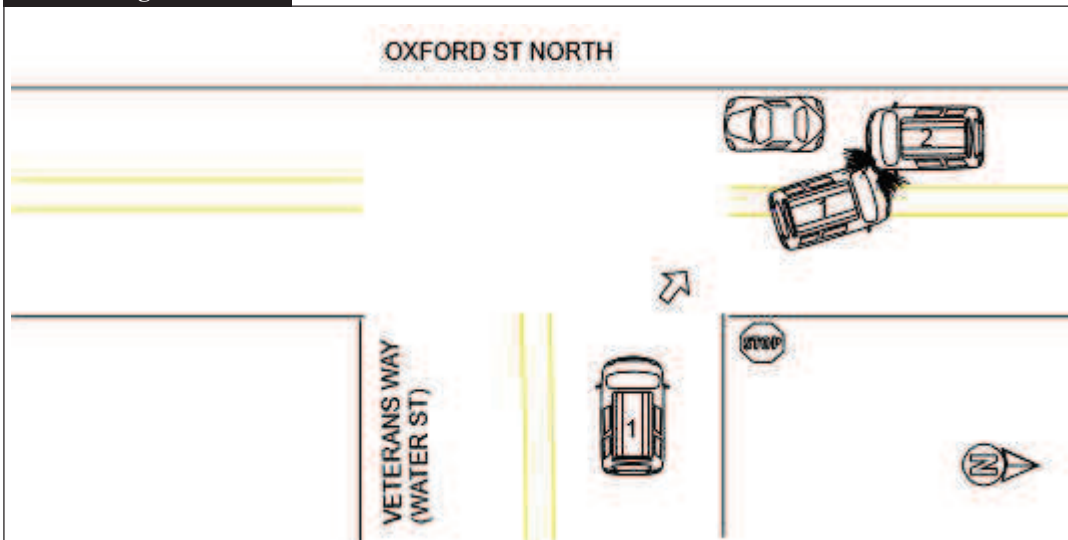


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 12/05/2025		Time of Crash 2029 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
Route# Direction WATER ST						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Mile Marker Exit Number																									
Route# Direction OXFORD STREET NO						Feet N S E W of Route# Intersecting Roadway/Street																									
Also at Intersection with						Feet N S E W of Landmark																									
Route# Direction Name of Intersecting Roadway/Street																															
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# 25-433-AC																							
License # S57476813 St MA DOB/Age 12/13/1961						Reg # 4WBT80 Reg Type PC Reg State MA																									
Sex F		Lic. Class D 19 19		Lic. Restrictions 99 20		CDL		Veh Year 2017		Veh Make CHRYSLER		Veh Config. 1 21																			
Operator KEMP, DONNA L						Owner KEMP, DONNA L																									
Address 62 STREETER RD						Address 62 STREETER RD																									
City PAXTON State MA Zip 01612-1108						City PAXTON State MA Zip 01612-1108																									
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 3 22						Damaged Area Code: 8 27 27 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) 875101AD						Most Harmful Event 1 24						Type of Test: 0 29																			
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 4A						Driver Contributing Code 9 25 25						BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 1 31 Susp. Drug: 2 32																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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		4		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 # S30611907 St MA DOB/Age 07/21/1969						Reg # 4FDH22 Reg Type PC Reg State MA																									
Sex M		Lic. Class D 19 19		Lic. Restrictions 99 20		CDL		Veh Year 2024		Veh Make VOLKSWAGEN		Veh Config. 1 21																			
Operator PITSILLIDES, HARRIS M						Owner PITSILLIDES, HARRIS M																									
Address 6 ROSEVILLE LN						Address 6 ROSEVILLE LN																									
City WORCESTER State MA Zip 01603-1848						City WORCESTER State MA Zip 01603-1848																									
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 8 27 27 27																			
Vehicle Travel Direction: N S X 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 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 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																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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/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

Direction of Travel Arrow



Crash Narrative:

VEHICLE ONE WAS TAKING A RIGHT TURN OFF OF VETERANS WAY ONTO OXFORD ST NORTH. WHILE TAKING THE TURN, THEY CROSSED OVER INTO THE OTHER TRAVEL LANE 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