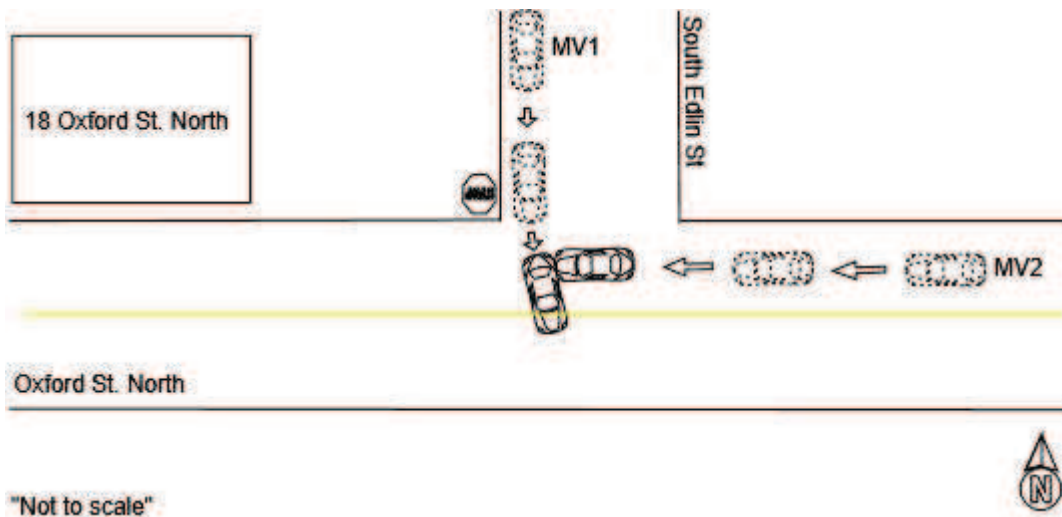


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 06/30/2026		Time of Crash 1442 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTH EDLIN ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Mile Marker Exit Number											
Route# Direction OXFORD STREET NO Name of Intersecting Roadway/Street						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:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-253-AC									
License # St. DOB/Age						Reg # 5WXX57 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make SUBARU Veh Config. 1 21											
Operator FITAL, ANDREW THOMAS Last First Middle						Owner FITAL, ANDREW THOMAS Last First Middle											
Address 16 POWDER HILL RD						Address 16 POWDER HILL RD											
City BOLTON State MA Zip 01740						City BOLTON State MA Zip 01740											
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: N X E 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 18 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					
Please fill out for operator and all occupants involved						Towed from scene? 1 33											
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 3 0 0 8 1											
Please Select One of the Following:		☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.									
License # St. DOB/Age						Reg # 8158KV Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21											
Operator GILANTZIS, NIKOLAOS Last First Middle						Owner GILANTZIS, ANNA Last First Middle											
Address 69 OXFORD ST N						Address 69 OXFORD STREET NO											
City AUBURN State MA Zip 01501-1724						City AUBURN State MA Zip 01501											
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 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)						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					
Please fill out for operator and all occupants involved						Towed from scene? 1 33											
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 1 4 0 0 10 1											
MARIA GILANTZIS 69 OXFORD ST N AUBURN, MA 01501-1760						3 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

↑ Arrow

Crash Narrative:

Motor vehicle number 1 was traveling Southbound on South Edlin St. The vehicle came to the end of the road way and stopped. The operator stated he looked left and right before proceeding onto Oxford St. North. As motor vehicle 1 entered Oxford St. North, motor vehicle 2 was traveling Westbound on Oxford St. North. Motor vehicle 2 made contact with the drive side rear of motor vehicle 1. The area of collision was to the rear of motor vehicle 1's C-Pillar. After the collision both vehicle became disabled and were not drivable. Both vehicles were towed by Dorenzo Towing and the road way was re opened.

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 Arek P Gasiorski

Police Officer Name (Please Print)

Signature

96AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/30/2026

Date