

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 01/24/2026 Time of Crash 1840 24HR City/Town Auburn

Number Vehicles 2 Number Injured 0 Speed Limit 40
 State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10
21
3
Route# Direction _____ Name of Roadway/Street
At _____683 SOUTHBIDGE ST
Route# Direction Address # Name of Roadway/Street2
1
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____11
3
Feet N S E W of _____ • _____ or _____
Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

0 Feet S E W of _____ Route# _____ Intersecting Roadway/Street
IN FRONT OF COLONY LIQUORS Landmark3
Please Select One of the Following: Vehicle 1 #Occupants Hit/Run MopedCrash Report ID# **26-38-AC**License # **S76826557** St **MA** DOB/Age **10/25/1995**Reg # **6JZJ80** Reg Type **PAN** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year **2014** Veh Make **JEEP** Veh Config. **2** 21Operator **KRAPOVA, PAVEL** Last _____ First _____ Middle _____Owner **CHAPMAN, JEFFREY ALLAN** Last _____ First _____ Middle _____Address **7 MALONE AVE**Address **23 WOOD ST**City **WESTFIELD** State **MA** Zip **01085-2757**City **JEFFERSON** State **MA** Zip **01522-1337**Insurance Company **SAFETY INSURANCE COMPANY**Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27Vehicle Travel Direction: S E W Responding to Emergency? **2**Test Status: **1** 28

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Driver Contributing Code **1** 25 25Towed from scene? **2** 33Driver Distracted by **0** 26 26

Please fill out for operator and all occupants involved

Medical Facility

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 _____

Operator _____ See Above _____**1** 1 4 0 0 10 17
1
Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **4CWS88** Reg Type **PAN** Reg State **MA**License # **SA4181412** St **MA** DOB/Age **01/05/1994**Veh Year **2017** Veh Make **SUBARU** Veh Config. **1** 21Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Owner **GAUS, ROBERT GREGG** Last _____ First _____ Middle _____Operator **GAUS, ROBERT GREGG** Last _____ First _____ Middle _____Address **10 PATRICIA DR APT 10**Address **10 PATRICIA DR APT 10**City **NORTH OXFORD** State **MA** Zip **01537-1040**City **NORTH OXFORD** State **MA** Zip **01537-1040**Insurance Company **GARRISON PROPERTY & CASUA**Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **7** 27 27 27Vehicle Travel Direction: N S E Responding to Emergency? **2**Test Status: **1** 28

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Driver Contributing Code **4** 25 25Towed from scene? **2** 33Driver Distracted by **0** 26 26

Please fill out for operator and all occupants involved

Medical Facility

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 _____

Operator/Occupants _____ See Above _____**1** 1 4 0 0 10 1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚰ = Bicycle

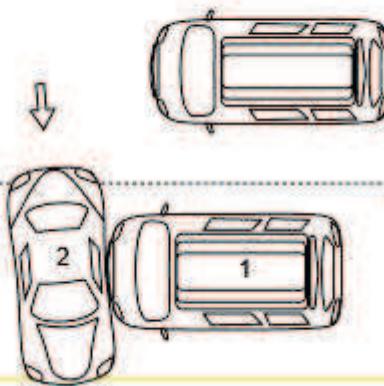
Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚰



Colony Liquors

Southbridge Street



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 January 24, 2026, I was dispatched to Southbridge Street by Colony Liquors for a two car motor vehicle crash. Upon my arrival I spoke with both operators. Vehicle 2 was pulling out of Colony Liquors, attempting to cross both northbound lanes on Southbridge Street to then continue southbound. The crossed the first lane, attempted to cross the second lane and was struck by vehicle one who was already traveling north on Southbridge Street.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/24/2026

Date