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
10/25/2026	0936 (24HR)	Auburn	2	1	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 567 (Address #) | SOUTHBRIDGE ST (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

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-404-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class D | Lic. Restrictions B | CDL Endorsement

Operator PAPADOPULOS, KONSTANTINOS (Last, First, Middle)

Address 19 GALLAIR CIR

City HOLDEN | State MA | Zip 01520-1141

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N ☒ E 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 # HPN439 | Reg Type PAS | Reg State MA

Veh Year 2025 | Veh Make FORD | Veh Config. 1

Owner PAPADOPULOS, KONSTANTINOS (Last, First, Middle)

Address 19 GALLAIR CIR

City HOLDEN | State MA | Zip 01520-1141

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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	
DEMETRIOS GAUZZUS	714 SOUTHBRIDGE ST AUBURN, MA 01501	[redacted]	M	3	1	4	0	0	10	1	

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

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class D M | Lic. Restrictions B | CDL Endorsement

Operator STEVENS, BRYAN S (Last, First, Middle)

Address 158 RAMSHORN RD

City DUDLEY | State MA | Zip 01571-6244

Insurance Company LIBERTY MUTUAL INSURANCE

Vehicle Travel Direction: ☒ S E 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 # 2F8677 | Reg Type MCN | Reg State MA

Veh Year 2006 | Veh Make SUZUKI | Veh Config. 3

Owner STEVENS, BRYAN S (Last, First, Middle)

Address 158 RAMSHORN RD

City DUDLEY | State MA | Zip 01571-6244

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 1 7

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

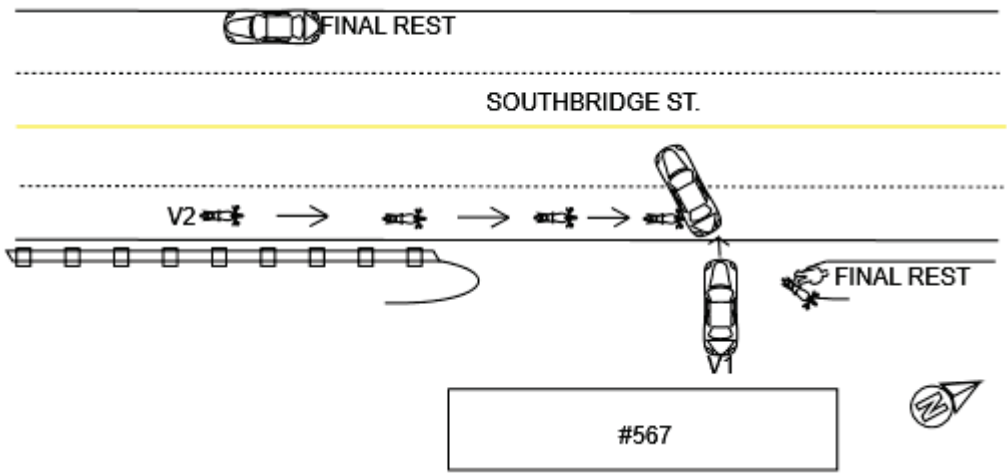
Please fill out for operator and all occupants involved

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	5	5	1	0	8	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

I[illegible] Arrow

Crash Narrative:

On 10/25/2026, Vehicle 2 was traveling north-bound on Southbridge street in Auburn, MA 01501. Vehicle 1 was waiting to exit the Heritage Plaza at 567 Southbridge Street. Vehicle 1 exited the driveway in attempt to head southbound when he struck vehicle 2. The operator of vehicle 2 was ejected off of the motorcycle. Although the operator of the motorcycle appeared to have suffered minor injuries he declined medical attention. The motorcycle was towed from the scene by Direnzo's Towing and Recovery without issue.

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 Nicholas J Tessier		106NT	Auburn Police Department		10/25/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date