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 |
|---|---|---|---|---|---|---|---|
| 09/09/2026 | 0741 (24HR) | Auburn | 2 | 0 | 30 | | |

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 | Address # | Name of Roadway/Street: 41 | CHURCH ST

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

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**Please Select One of the Following:** ☒ Vehicle 1 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 26-348-AC

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

Sex: M | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement

Operator: KAPERONIS, SPIROS (Last, First, Middle)

Address: 416 OXFORD ST N

City: AUBURN | State: MA | Zip: 01501

Insurance Company: AMERICAN ALTERNATIVE INSU

Vehicle Travel Direction: N 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 # MPA744 | Reg Type: DC | Reg State: MA

Veh Year: 2013 | Veh Make: FORD | Veh Config: 1

Owner: AUBURN TOWN OF PD (Last, First, Middle)

Address: 416 OXFORD STREET NO

City: AUBURN | State: MA | Zip: 01501-1930

Vehicle Action Prior to Crash: 10

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 7

Damaged Area Code: 0

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 | [redacted] | [redacted] | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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**Please Select One of the Following:** ☒ Vehicle 2 — #Occupants: 4 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

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

Sex: F | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement

Operator: VEZEAU, MICHELLE (Last, First, Middle)

Address: 4 MOUNT VIEW AVE

City: AUBURN | State: MA | Zip: 01501-2313

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N 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 # 1RL593 | Reg Type: PAN | Reg State: MA

Veh Year: 2017 | Veh Make: HONDA | Veh Config: 1

Owner: VEZEAU, KEITH T (Last, First, Middle)

Address: 4 MOUNT VIEW AVE

City: AUBURN | State: MA | Zip: 01501-2313

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 0

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

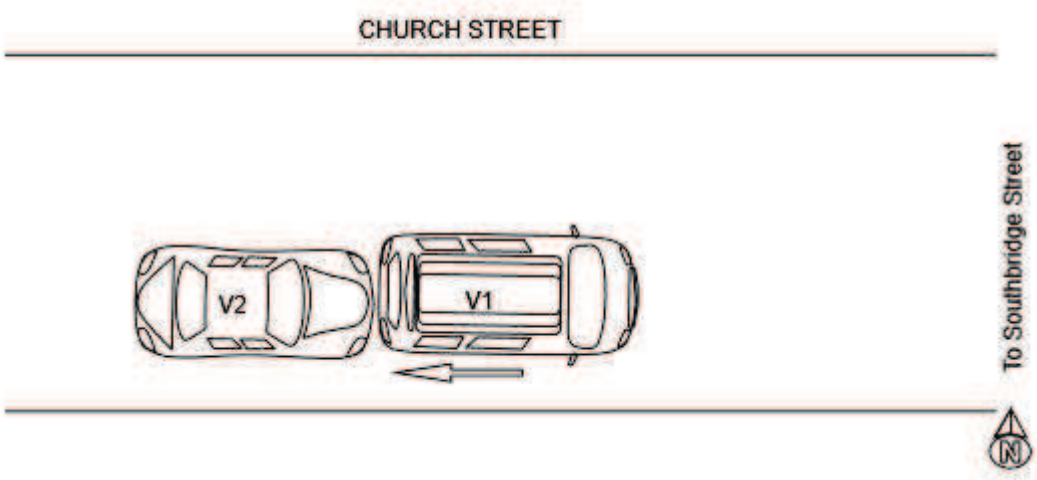
Please fill out for operator and all occupants involved

| 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/Occupants* | See Above | [redacted] | [redacted] | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| [redacted] | [redacted] | [redacted] | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | |
| [redacted] | [redacted] | [redacted] | F | 4 | 1 | 4 | 0 | 0 | 10 | 1 | |
| [redacted] | [redacted] | [redacted] | F | 6 | 4 | 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

**I[illegible] Arrow**

## Crash Narrative:

Vehicle two was traveling east on Church Street and subsequently stopped for vehicle one. Vehicle one, activity working a construction detail, backed into vehicle two at a very slow speed. There was no damage to either vehicle nor any injuries reported.

## 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

| Lieutenant Stephanie L Hayward | | 68SS | Auburn Police Department | | 09/09/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |