

Date of Crash 10/16/2023	Time of Crash 0841 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 680 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ 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** #Occupants Hit/Run Moped
Crash Report ID# **23-344-AC**

License # S40285213 St MA DOB/Age 11/03/1981	Reg # 43TT76 Reg Type PAN Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2013 Veh Make FORD Veh Config. 1 21
Operator BEMIS, JULIE ELIZABETH Last First Middle	Owner BEMIS, JULIE ELIZABETH Last First Middle
Address 6 THAYER POND DR APT 12	Address 6 THAYER POND DR APT 12
City N OXFORD State MA Zip 01537-1135	City N OXFORD State MA Zip 01537-1135
Insurance Company FOREMOST INSURANCE COMPAN	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: N S 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: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 4 25 18 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 1 33

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

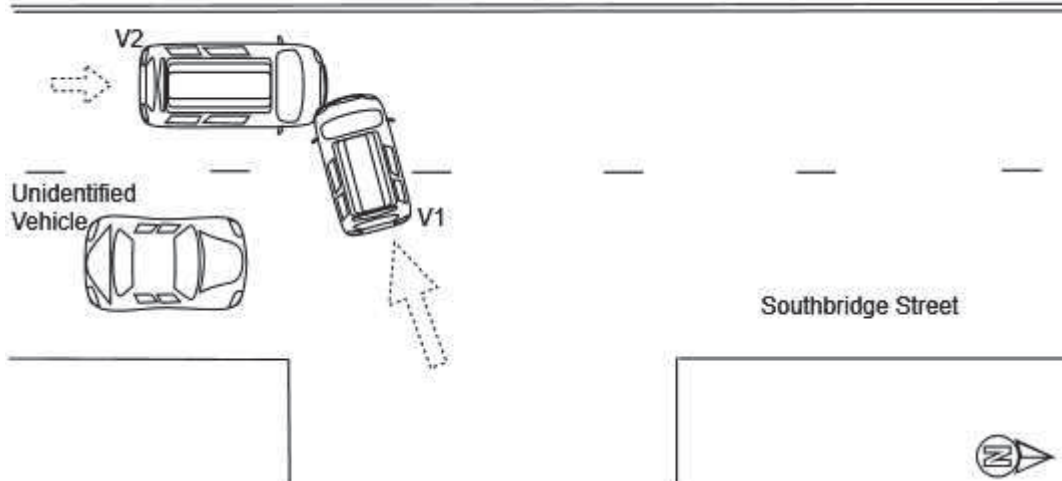
License # MICLE757213SM71J15 St UK DOB/Age 02/02/1998	Reg # SHV1196 Reg Type PAN Reg State TX
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2022 Veh Make FORD Veh Config. 1 21
Operator IONUT, ALEXANDRU Last First Middle	Owner HERTZ VEHICLES LLC Last First Middle
Address 104 TORONTO RD	Address PO BOX 610027
City PORTSMOUTH State UK Zip 00000	City DFW AIRPORT State TX Zip 75261
Insurance Company HERTZ RENTAL INSURANCE	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: S 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: 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 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		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/Non-Motorist	See Above	XXXXXX	XXXX	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 Arrow



Crash Narrative:

On Monday October 16, 2023 at approximately 0841hrs the Auburn Police Department responded to a two car motor vehicle accident in the area of #680 Southbridge Street. V1 was attempting to take a left hand turn from Auburn Pharmacy onto Southbridge Street south bound. An unidentified vehicle was traveling north bound on Southbridge Street in the right hand lane and allowed V1 to proceed in front of it. V2 was traveling north bound on Southbridge Street in the left hand lane and did not see the nose of V1 as it entered his lane. V1 and V2 collided. No injuries were reported on scene. Both vehicles were towed from the scene by Direnzo's Towing of Millbury.

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 Brandon M Starkus

Police Officer Name (Please Print)

Signature

71BS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/16/2023

Date