

| | | | | | | | | | | | |
|------------------------------------|--------------------------------------|----------------------------|--|--------------------------------|-------------------------------|-----------------------|---------------------------------------|--|--------------------------------------|--|---------------------------------|
| Date of Crash 06/11/2024 | Time of Crash 1341 24HR | City/Town Auburn | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 2 | Speed Limit 40 | State Police <input type="checkbox"/> | Local Police <input checked="" type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |
| | | | | | | Latitude _____ | | | | | |
| | | | | | | Longitude _____ | | | | | |

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

| | | | | | |
|---|--|--|--|--|--|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | Route# 700 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 _____ Mile Marker _____ or _____ 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 Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-183-AC**

| | |
|--|--|
| License # S78079816 St MA DOB/Age 09/09/1996 | Reg # 1PE482 Reg Type PAN Reg State MA |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ | Veh Year 2015 Veh Make JEEP Veh Config. 1 21 |
| Operator SARNO, KENDRA BRITTANY Last First Middle | Owner LEBOEUF, KENNETH Last First Middle |
| Address 4 RIVERLIN PKWY | Address 7 SYCAMORE ST |
| City MILLBURY State MA Zip 01527-4127 | City MILLBURY State MA Zip 01527 |
| Insurance Company ARBELLA MUTUAL INSURANCE | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 | Event Sequence 1 23 23 23 23 Test Status: 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: 30 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 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 | XXXX | XX | 1 | 1 | 1 | 0 | 0 | ■ | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

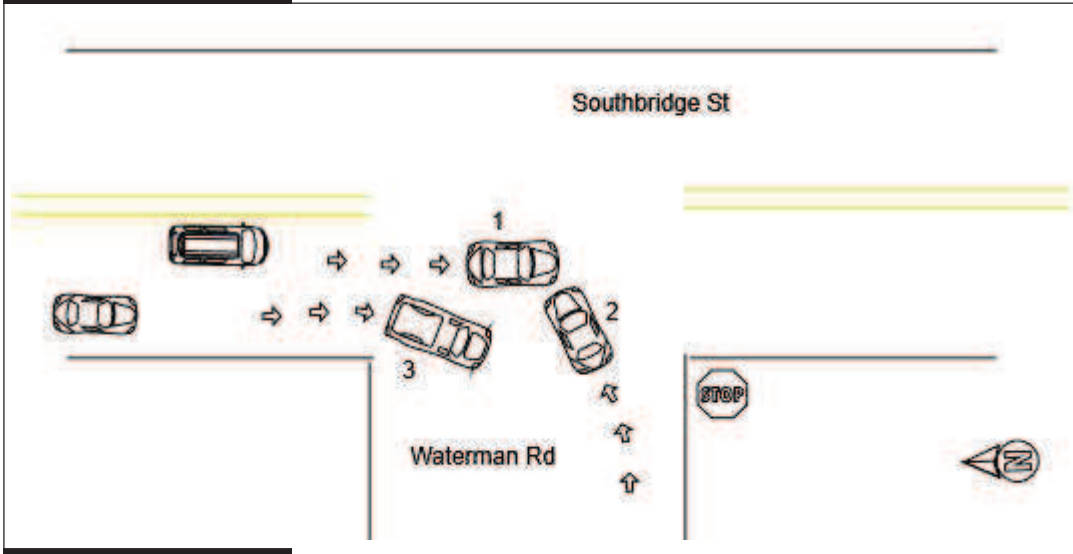
| | |
|--|---|
| License # S63435917 St MA DOB/Age 07/11/1968 | Reg # 7WH944 Reg Type PAN Reg State MA |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ | Veh Year 2013 Veh Make AUDI Veh Config. 1 21 |
| Operator BANDILLA, DEANA IRENE Last First Middle | Owner BANDILLA, DEANA IRENE Last First Middle |
| Address 12 SHERMAN AVE | Address 12 SHERMAN AVE |
| City AUBURN State MA Zip 01501-1852 | City AUBURN State MA Zip 01501-1852 |
| Insurance Company AMICA MUTUAL INSURANCE CO | Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 1 27 27 |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2 | Event Sequence 1 23 23 23 23 Test Status: 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 25 BAC Test Result: 30 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 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/Occupants | See Above | XXXX | XX | 1 | 1 | 1 | 0 | 0 | ■ | 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

Legend Arrow



Crash Narrative:

Vehicle #1 was traveling south on Southbridge St. in the left lane. Vehicle #2 attempted to make a left turn from Waterman Rd onto Southbridge St. and crashed into vehicle #1. Operator of vehicle #2 stated a third vehicle was turning right from Southbridge St to Waterman Rd and obstructed the view of vehicle #2.

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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/11/2024

Date