

Date of Crash **06/18/2024** Time of Crash **1402** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **11**

**1** **1** **3**

**2** **1**

**3**

Route# Direction **BRYN MAWR AVE** Name of Roadway/Street  
At  
Route# Direction **LEICESTER ST** Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker 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** #Occupants  Hit/Run  Moped **Crash Report ID# 24-198-AC**

**1** **12** **1** **21**

**4** **2**

**5** **1**

**6** **1**

**1** **13**

License # **S38224028** St **MA** DOB/Age **09/13/1963** Reg # **921ND5** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement  
Operator **CULAFI, MELISSA JEAN** Owner **CULAFI, MELISSA JEAN**  
Address **11 PIERCE CIR** Address **11 PIERCE CIR**  
City **PAXTON** State **MA** Zip **01612-1078** City **PAXTON** State **MA** Zip **01612-1078**  
Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **3** **27** **27**  
Vehicle Travel Direction:  **S 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 \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
Viol. 3: 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

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **2**

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

**8** **2**

**9** **2**

**1** **14**

License # **SA1621471** St **MA** DOB/Age **05/21/2006** Reg # **7XTK40** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement  
Operator **SALMAN, MATHEW EMIL** Owner **SALMAN, EMIL ELIAS**  
Address **14 CANNA DR** Address **14 CANNA DR**  
City **SHREWSBURY** State **MA** Zip **01545-4515** City **SHREWSBURY** State **MA** Zip **01545**  
Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **8** **27** **1** **27** **27**  
Vehicle Travel Direction: **N S E**  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 \_\_\_\_\_ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **1** **33**

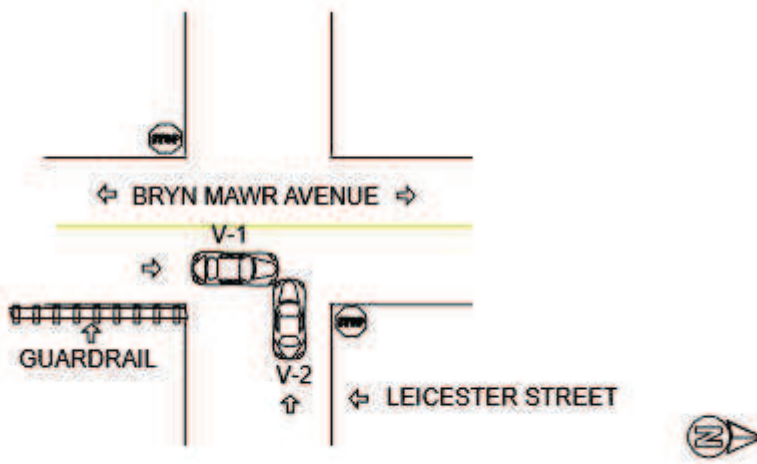
Please fill out for operator and all occupants involved

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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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 (Nissan), was travelling north on Bryn Mawr Avenue approaching the intersection of Leicester Street. Vehicle 2 (Chevrolet), was travelling west on Leicester Street. The operator of vehicle 2 stated he stopped at the stop sign but could not see Vehicle 1 approaching due to the guardrail obstructing his view. Vehicle 2 entered onto Bryn Mawr Avenue and collided with Vehicle 1. Vehicle 1 sustained damage to its passenger side front end, fender, and wheel. Vehicle 2 sustained damage to its driver side front fender, and front end. Both vehicles were towed from the scene. There were no 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

Patrolman John P MacLean

Police Officer Name (Please Print)

Signature

65JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/18/2024

Date