

Date of Crash **06/24/2024** Time of Crash **0854** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

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

Route# **717** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE ST** 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  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-210-AC**

License # **S70744093** St **MA** DOB/Age **02/23/1954** Reg # **3PS678** Reg Type **PAN** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **FORD** Veh Config. **1**  
 Operator **DEMAS, BARRY EVAN** Owner **DEMAS, ROBIN DALE**  
 Address **10 CHURCH ST APT 115** Address **10 CHURCH ST APT 115**  
 City **AUBURN** State **MA** Zip **01501-2347** City **AUBURN** State **MA** Zip **01501-2347**  
 Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **2**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **1**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** BAC Test Result: **1**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1**

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

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

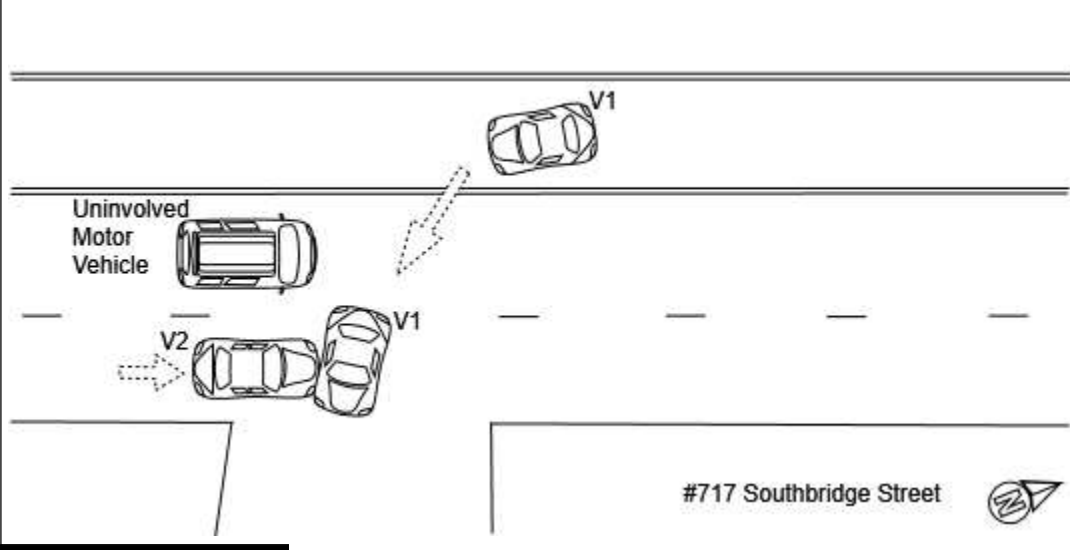
License # **SA1580134** St **MA** DOB/Age **02/24/2003** Reg # **2KRE49** Reg Type **PAN** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **AUDI** Veh Config. **1**  
 Operator **ALMONLA, YASMIN R** Owner **ALMONLA, RAMEZ M**  
 Address **82 BALDWIN ST** Address **82 BALDWIN ST**  
 City **LEICESTER** State **MA** Zip **01524-2201** City **LEICESTER** State **MA** Zip **01524-2201**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**  
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **1**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **1**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2**

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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</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

I ... Arrow



**Crash Narrative:**

On Monday, June 24, 2024 at approximately 0854hrs the Auburn Police Department responded to a two car motor vehicle accident in the area of #717 Southbridge Street. V1 was attempting to take a left hand turn into the driveway of #717 Southbridge Street. An unidentified vehicle stopped in the lefthand lane of the north bound lanes of Southbridge Street. As V1 proceeded forward it did not see V2 traveling north bound on Southbridge Street in the right hand lane. V2 was unable to avoid colliding with V1. No injuries were reported on scene. V1 was towed away from the scene by Dierenzo'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    71BS    Auburn Police Department    06/24/2024  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date