

Date of Crash **02/01/2024** Time of Crash **1946** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
VINE ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-40-AC**

License # **SA3650366** St **MA** DOB/Age **01/03/1992** Reg # **1AVE72** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2018** Veh Make **BMW** Veh Config. **1**
Operator **BARILLO, JOSEPH N** Owner **BARILLO, JOSEPH N**
Address **175 W MAIN ST** Address **175 W MAIN ST**
City **DUDLEY** State **MA** Zip **01571-3817** City **DUDLEY** State **MA** Zip **01571-3817**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **1**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 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
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

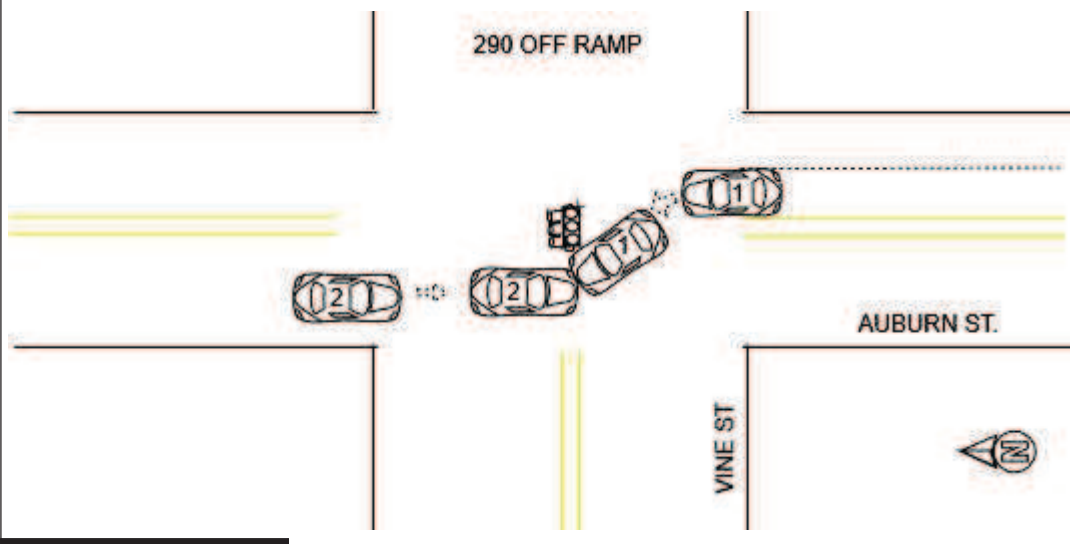
License # **S65039075** St **MA** DOB/Age **05/17/1956** Reg # **7YVX70** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1**
Operator **JEZNACH, THERESA ANN** Owner **JEZNACH, EDWARD JOSEPH**
Address **12 CARRIAGE DR** Address **12 CARRIAGE DR**
City **AUBURN** State **MA** Zip **01501-2714** City **AUBURN** State **MA** Zip **01501-2714**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1**

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	3	1	2	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

Arrow



Crash Narrative:

VEHICLE ONE WAS ATTEMPTING TO TAKE A LEFT TURN FROM AUBURN ST. ONTO VINE ST. THE OPERATOR STATED THAT THE TURN LIGHT TURNED YELLOW AND HE TRIED TO BEAT THE LIGHT. HE BELIEVED THAT VEHICLE TWO WAS GOING TO BE TURNING RIGHT ONTO VINE ST. THE TWO VEHICLES COLLIDED IN THE CENTER OF THE INTERSECTION

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/01/2024

Date