

Date of Crash **04/15/2025** Time of Crash **1846** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 385 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 _____ EAST SIDE PARKING GARAGE Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **25-136-AC**

License # 40156316 St RI DOB/Age 09/18/2003 Reg # 1ZJ639 Reg Type PAN Reg State RI	Veh Year 2022 Veh Make SUBARU Veh Config. 1
Sex M Lic. Class D Lic. Restrictions 20 CDL _____	Owner DEGENNARO, DYLAN RILEY
Operator DEGENNARO, DYLAN RILEY	Address 145 RAILROAD ST APT 3
Address 145 RAILROAD ST APT 3	City MANVILLE State RI Zip 02838
City MANVILLE State RI Zip 02838	Vehicle Action Prior to Crash 11
Insurance Company NATIONWIDE	Damaged Area Code: 2
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 1
Citation # (If Issued) _____	Test Status: 1
Viol. 1: Ch/Sec/Sub _____	Type of Test: 0
Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____	Driver Contributing Code 1
Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 Susp. Drug: 2
Driver Distracted by 0	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
Operator	See Above	XXXXXX	XXXX	1	0	4	0	0	10	1	

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

License # unknown St _____ DOB/Age _____ Reg # 5FSC97 Reg Type PAN Reg State MA	Veh Year 2015 Veh Make NISSAN Veh Config. 1
Sex _____ Lic. Class D Lic. Restrictions 20 CDL _____	Owner AFUTU, SAMUEL AIYKEI
Operator unknown	Address 25 FLORENCE ST APT 3
Address _____	City WORCESTER State MA Zip 01610-4088
City _____ State _____ Zip _____	Vehicle Action Prior to Crash 4
Insurance Company THE COMMERCE INSURANCE CO	Damaged Area Code: 2
Vehicle Travel Direction: <input checked="" type="checkbox"/> N E W Responding to Emergency? 2	Event Sequence 1
Citation # (If Issued) _____	Test Status: 1
Viol. 1: Ch/Sec/Sub _____	Type of Test: 0
Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____	Driver Contributing Code 97
Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 Susp. Drug: 2
Driver Distracted by 0	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
Operator/Occupants	See Above	XXXXXX	XXXX	1	99	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

I ... Arrow



East Side Parking Garage

Crash Narrative:

On April 15, 2025, I, Officer Dominic Walker was dispatched to the East Side Parking Garage at the Auburn Mall for a motor vehicle crash in the parking lot. I spoke with the operator of vehicle 1 who stated he was sitting in his car and the operator of vehicle 2 turned into the parking spot next to him, side swiping his front wheel/fender area. The spoke, exchanged phone number, and the operator of vehicle 2 entered the mall. I was unable to positively ID the operator but did confirm the vehicle information. Mall security was unable to locate the female party in the mall either.

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 Dominic J Walker 87DW Auburn Police Department 04/15/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date