

Police Use Only			Commonwealth of Massachusetts						RMV Document Number								
Date of Crash 05/06/2025		Time of Crash 1237 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 1		Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>161 SOUTHBRIDGE ST</div> <div>Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>										<div>10</div>	
																<div>11</div>	
																<div>3</div>	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-152-AC									
License # S05002678 St MA DOB/Age 10/31/1937						Reg # 3ELF11 Reg Type PC Reg State MA										<div>12</div>	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make KIA Veh Config. 1 21										<div>1</div>	
Operator DAMELIO, MARTIN JOSEPH						Owner DAMELIO, MARTIN JOSEPH										<div>4</div>	
Address 10 CHURCH ST APT 209						Address 10 CHURCH ST APT 209										<div>1</div>	
City AUBURN State MA Zip 01501-2306						City AUBURN State MA Zip 01501-2306										<div>5</div>	
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22										<div>2</div>	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										<div>27</div>	
Citation # (If Issued)						Most Harmful Event 1 24										<div>1</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25										<div>13</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26										<div>1</div>	
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											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # 7114475 St RI DOB/Age 08/27/1955						Reg # 268520F Reg Type TRN Reg State ME										<div>14</div>	
Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2006 Veh Make Veh Config. 8 21										<div>8</div>	
Operator ESCOBAR, JOSEPH						Owner ESCOBAR'S TRANSPORTATION INC										<div>9</div>	
Address 79 MAGILL ST APT 1						Address 43 DESMAR CT										<div>2</div>	
City PAWTUCKET State RI Zip 02860						City WARWICK State RI Zip 02889										<div>1</div>	
Insurance Company NATIONAL INDEMNITY						Vehicle Action Prior to Crash 10 22										<div>4</div>	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										<div>27</div>	
Citation # (If Issued)						Most Harmful Event 1 24										<div>28</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 97 25 25										<div>29</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										<div>30</div>	
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											

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

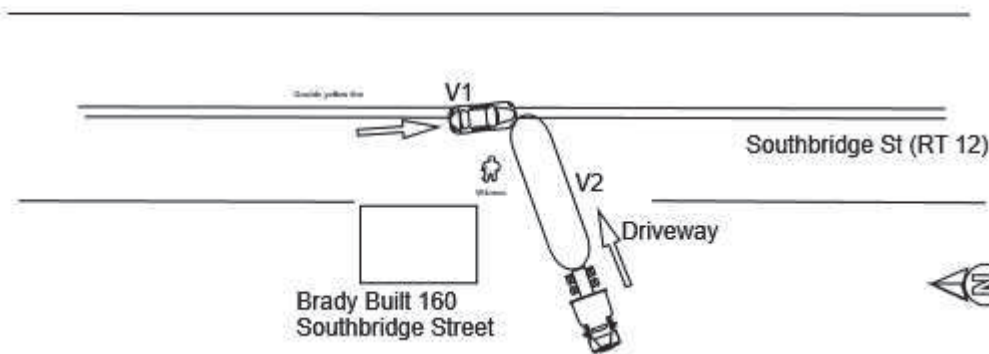
### Crash Diagram:

ie: → 1 → 2 → ○ → ○

### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot  
☐ Garage  
☐ Mall/Shopping Center  
☐ Other Private Way

Indicate Direction of Travel with Arrow



### Crash Narrative:

V1 was traveling South on Southbridge Street in front of 160 Southbridge Street when it collided with V2. V2 was backing out of the driveway of 160 Southbridge Street. The witness, an employee of Brady Built, was standing in the road backing the truck out onto Southbridge Street. He stated that he waved to try and stop V1 but it collided with V2. The operator of V2 stated that he was watching the witness help back him out and stopped as soon as the witness told him to stop. Southbridge Street is a state roadway and the operator of V2 received a warning for backing out onto a state roadway. [REDACTED] He called the police station and at the time of this report he has not returned my call.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RODRIGUEZ LUIS A	63 EDGEWORTH ST WORCESTER MA 01605	[REDACTED]	

### 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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/06/2025

Date