

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **12/21/2023** Time of Crash **1651** 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:

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# **72** Direction _____ Address # **AUBURN 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 **15** #Occupants Hit/Run Moped **Crash Report ID# 23-438-AC**

License # **S94513548** St **MA** DOB/Age **04/01/1965** Reg # **WRT528** Reg Type **ATN** Reg State **MA**

Sex **M** Lic. Class **A M** Lic. Restrictions **20** CDL **P** Endorsement _____ Veh Year **2010** Veh Make **Truck** Veh Config. **4**

Operator **GONZALEZ, ANDY** Owner **WORCESTER REGIONAL TRANSIT AUTHORITY**

Address **40 ELLIOT ST** Address **60 FOSTER ST**

City **WORCESTER** State **MA** Zip **01605-2953** City **WORCESTER** State **MA** Zip **01608-1305**

Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **6** Damaged Area Code: **8**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

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 | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 |
| DAVID SURRETTE | 11 LAKE AVE WORCESTER, MA 01604-5821 | 04/17/1964 | M | 12 | 99 | 5 | 0 | 0 | 10 | 1 | |
| JUANITA CARTAGENA HERNANDEZ | 976 MAIN ST WORCESTER, MA 016** | 06/21/1954 | F | 12 | 99 | 5 | 0 | 0 | 10 | 1 | |
| ROXANNA HERNANDEZ | ***UNKNOWN*** AUBURN, MA 01501 | 07/03/1972 | F | 12 | 99 | 5 | 0 | 0 | 10 | 1 | |

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S21793082** St **MA** DOB/Age **07/26/1965** Reg # **19DL** Reg Type **TAN** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1**

Operator **EISENBERG, ARTHUR M** Owner **WACHUSETT TAXI AND LIVERY SERVICE INC**

Address **70 SOUTHBRIDGE ST APT 304** Address **10 VALLEYVIEW CIR**

City **WORCESTER** State **MA** Zip **01608** City **RUTLAND** State **MA** Zip **01543**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **9** Damaged Area Code: **4**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2**

| 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 | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 |
| [REDACTED] | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

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

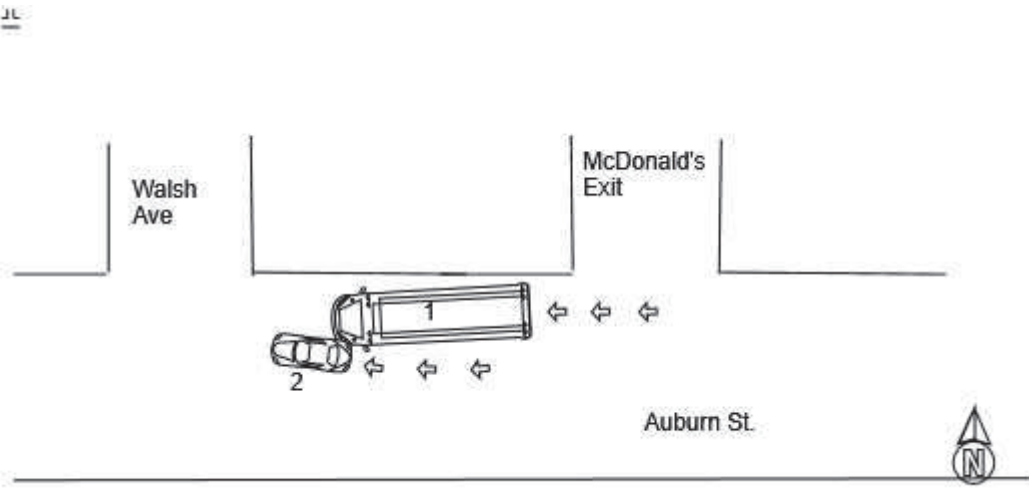
Crash Diagram:

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 (Bus) had just picked up passengers in front of McDonald's and was merging back into traffic. Vehicle #2 was in the process of passing vehicle #1 when it began to merge back into traffic. The front left corner of vehicle #1 made contact with the right rear corner of vehicle #2.

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 **Tod J Kuchnicki** 49TK Auburn Police Department 12/21/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date