

Date of Crash **04/28/2024** Time of Crash **1357** 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:

1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 Route# _____ Direction _____ Name of Roadway/Street _____ Address # _____ 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# **24-125-AC**

License # **S37423918** St **MA** DOB/Age **06/10/1987** Reg # **4SEB68** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2021** Veh Make **LEXUS** Veh Config. **1** **21**

Operator **ORTIZ, THAO THI** Owner **HUYNH, DAO THI**

Address **613 HENSHAW ST** Address **10 TATNUCK TER**

City **ROCHDALE** State **MA** Zip **01542-1215** City **WORCESTER** State **MA** Zip **01602-1734**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1** **33**

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	3	0	2	1	1	XXXXXXXXXX

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

License # **unknown** St _____ DOB/Age **09/19/1992** Reg # **3NDX69** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **1999** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **ZULETA, ANGELO MARQUEZ** Owner **DURAN QUIROZ, OSCAR ALEXI**

Address **14 SUFFOLK ST APT 2** Address **7 PINE ST**

City **WORCESTER** State **MA** Zip **016**** City **LEOMINSTER** State **MA** Zip **01453-3803**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N S W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) **607316AC** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**

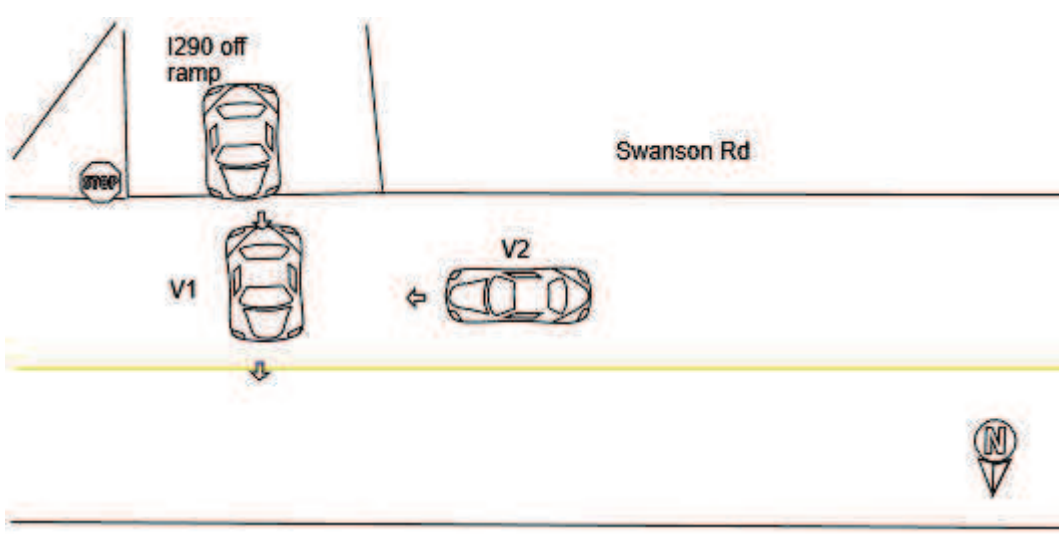
Towed from scene? **1** **33**

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	1	1	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

↓ Arrow



Crash Narrative:

V1 was turning left onto Swanson Rd. V2 was traveling east on Swanson Rd. V1 turned in front of V2. V2 made contact with V1. Operator of V2 was unlicensed and received a citation.

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 Adam D Gustafson **62AG** **Auburn Police Department** **04/28/2024**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date