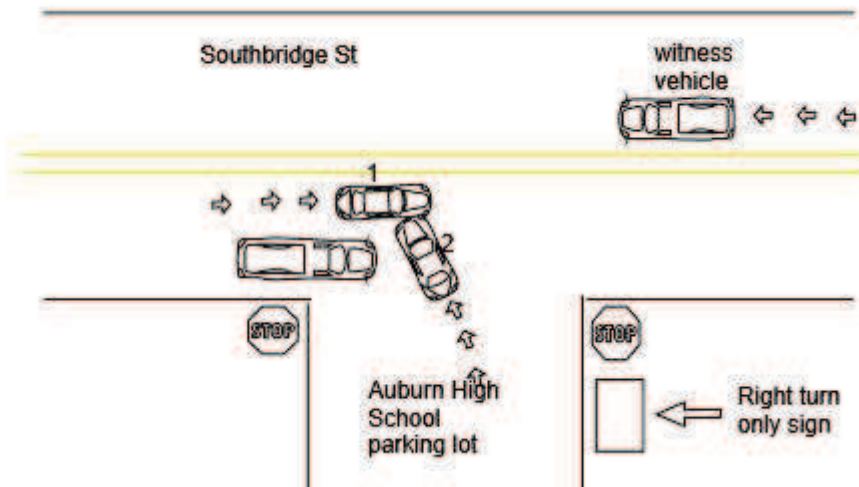


Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 04/11/2023	Time of Crash 1401 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>210</div> <div>Route# Direction 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>							
Please Select One of the Following: 397			<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-121-AC				
License # S46256618 St MA DOB/Age 12/16/1992						Reg # 1YG278 Reg Type PAN Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make HONDA Veh Config. 1 21							
Operator OSORIO, JENIFFER DANIELA						Owner OSORIO, JUAN J							
Address 30 TIRRELL ST APT 1						Address 30 TIRRELL ST APT 1							
City WORCESTER State MA Zip 01603-2617						City WORCESTER State MA Zip 01603-2617							
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 4 27							
Vehicle Travel Direction: N X 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 1 25 25 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32							
Please fill out for operator and all occupants involved						Towed from scene? 1 33							
Name (Last First Middle)		Address		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				1	1	4	0	0			
DANIELA VILLARBERGES		150 E 182ND ST BRONX, NY 10453		01/07/1997	F	3	1	4	0	0	10	1	
Please Select One of the Following: 79			<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15	Action 16	Location 17	Condition 18	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped
License # St DOB/Age						Reg # 4JGX38 Reg Type PAN Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make VOLVO Veh Config. 1 21							
Operator						Owner FUSED ASSET MANAGEMENT LLC							
Address						Address 14 JADE HILL RD							
City State Zip						City AUBURN State MA Zip 01501-3215							
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 1 27 2 27							
Vehicle Travel Direction: N S X 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 3 25 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32							
Please fill out for operator/non-motorist and all occupants involved						Towed from scene? 1 33							
Name (Last First Middle)		Address		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				1	1	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

Legend Arrow



Crash Narrative:

Vehicle #1 was traveling south on Southbridge St in the left lane. Vehicle #2 was attempting to make a left turn out of the High School parking lot. A box truck traveling south in the right lane stopped to allow vehicle #2 to pull out of the High School parking lot. The box truck obstructed the view of both vehicles #1 & #2. Vehicle #2 crashed into vehicle #1 when it pulled out onto Southbridge St. A witness traveling north on Southbridge St confirmed these facts.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GLEASON ROBERT J	146 WILLIAMSVILLE RD BARRE MA 01005		

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

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/11/2023

Date