

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

| | | | | | | | | | | | |
|------------------------------------|--------------------------------------|----------------------------|--|-----------------------------|----------------------------|-----------------------|---------------------------------------|--|--------------------------------------|--|---------------------------------|
| Date of Crash 01/06/2023 | Time of Crash 1358 24HR | City/Town Auburn | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 3 | Speed Limit 30 | State Police <input type="checkbox"/> | Local Police <input checked="" type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |
|------------------------------------|--------------------------------------|----------------------------|--|-----------------------------|----------------------------|-----------------------|---------------------------------------|--|--------------------------------------|--|---------------------------------|

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | | | | | |
|---|--|--|---|--|--|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ SWANSON RD | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ OFF RAMP I290E Landmark _____ | | |

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped
Crash Report ID# **23-2-AC**

| | |
|---|---|
| License # S67912823 St MA DOB/Age 06/13/1974 | Reg # V91642 Reg Type CO Reg State MA |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ | Veh Year 2019 Veh Make ISUZU Veh Config. 6 21 |
| Operator GARDNER, KESRENE K Last First Middle | Owner RYDER TRUCK RENTAL LT Last First Middle |
| Address 5 LOXWOOD ST | Address 329 JEFFERSON RD |
| City WORCESTER State MA Zip 01604-5541 | City ROCHESTER State NY Zip 14623-0000 |
| Insurance Company ACE AMERICAN INSURANCE CO | Vehicle Action Prior to Crash 1 22 |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2 | Damaged Area Code: 8 27 1 27 2 27 |
| Citation # (If Issued) _____ | Event Sequence 1 23 44 23 23 23 |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Test Status: 28 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Type of Test: 29 |
| Driver Contributing Code 1 25 25 | BAC Test Result: 30 |
| Driver Distracted by 0 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 | 04/25/1975 | M | 3 | 1 | 5 | 0 | 0 | 1 | 1 | |
| STEVE GARDNER | 5 LOXWOOD ST WORCESTER, MA 016** | 04/25/1975 | M | 3 | 1 | 5 | 0 | 0 | 1 | 1 | |

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

| | |
|---|---|
| License # S67687846 St MA DOB/Age 08/14/1953 | Reg # 38AUTM Reg Type PC Reg State FL |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ | Veh Year 2019 Veh Make GMC Veh Config. 1 21 |
| Operator CUTRONI, MARIAN Last First Middle | Owner THE HERTZ CORPORATION Last First Middle |
| Address 10 GREENVILLE ST | Address PO BOX 24130 |
| City SPENCER State MA Zip 01562-2234 | City OKLAHOMA CITY State OK Zip 73134-4130 |
| Insurance Company HERTZ | Vehicle Action Prior to Crash 1 22 |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | Damaged Area Code: 1 27 2 27 27 |
| Citation # (If Issued) _____ | Event Sequence 1 23 23 23 23 |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Test Status: 28 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Type of Test: 29 |
| Driver Contributing Code 1 25 25 | BAC Test Result: 30 |
| Driver Distracted by 0 26 | Susp. Alcohol: 31 Susp. Drug: 32 |
| | Towed from scene? 1 33 |

| 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 | 04/25/1975 | M | 3 | 1 | 5 | 0 | 0 | 1 | 1 | |

