

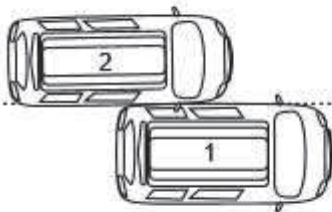
Police Use Only		Commonwealth of Massachusetts						RMV Document Number				
Date of Crash 08/10/2024	Time of Crash 1908 24HR	City/Town Auburn		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						
<div>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>Route# Direction Address # Name of Roadway/Street</div> <div>WASHINGTON ST</div> <div>Feet N S E W of . or Exit Number</div> <div>Mile Marker</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>50 Feet X S E W of HILL STREET</div> <div>Landmark</div>						
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-275-AC				
License # S91255923 St MA DOB/Age 03/31/1989						Reg # 3PXW13 Reg Type PAN Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make FORD Veh Config. 2 21						
Operator GONZALEZ, CHRISTOPHER RAFAEL						Owner GONZALEZ, CHRISTOPHER RAFAEL						
Address 613 CHARLTON ST						Address 613 CHARLTON ST						
City SOUTHBRIDGE State MA Zip 01550-1309						City SOUTHBRIDGE State MA Zip 01550-1309						
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22						
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 9 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						
Please fill out for operator and all occupants involved						Towed from scene? 2 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 10 1						
Please Select One of the Following:		<input type="checkbox"/> Vehicle 21 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.				
License # SA3791764 St MA DOB/Age 11/21/1975						Reg # 4PPM71 Reg Type PAN Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make DODGE Veh Config. 2 21						
Operator PEREIRA DA CUNHA, MARCELO						Owner DA CRUZ, LUIZ CLAUDIO						
Address 2 HARRISON ST APT 2						Address 45 GOLDTHWAITE RD						
City LEOMINSTER State MA Zip 01453						City WORCESTER State MA Zip 01605-1413						
Insurance Company						Vehicle Action Prior to Crash 1 22						
Vehicle Travel Direction: X S E W Responding to Emergency?						Event Sequence 1 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 9 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						
Please fill out for operator and all occupants involved						Towed from scene? 2 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/Occupants See Above						1 99 99 99 99 99 99						

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Southbridge Street



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:

On August 10, 2024, I was dispatched to the lobby of the Auburn Police Department to speak with a male party regarding a motor vehicle hit and run that he was involved in. I spoke with the male party, and operator of vehicle one, who stated he was traveling north bound on Route 20 (Southbridge Street) just passed Hill Street when the rear passenger side of his vehicle was struck by a white Dodge Van (vehicle 2). When he pulled over, a passenger in vehicle two looked at his car and they took off. A license plate was retrieved and I have contacted the Worcester Police Department in hopes of making contact with the owner and or operator of this vehicle. I was able to contact the owner of the vehicle who stated that one of his employees was driving the vehicle, he provided me with his license number (attached) and stated that his employee was unsure of what to do and got scared. He also stated that vehicle one got too close to the center line and struck him.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/10/2024

Date