

Date of Crash **01/13/2025** Time of Crash **1149** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **3** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

WASHINGTON ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
APPLETON RD
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ 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 **Crash Report ID# 25-24-AC**

License # **SA4170266** St **MA** DOB/Age **07/08/1965** Reg # **3TBY34** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2005** Veh Make **Infiniti** Veh Config. **1 21**
Operator **BUGGS, DARRIN D'URVILLE** Owner **RIVERA, VICTOR MANUEL**
Address **21 DILLON ST APT 1107** Address **179 WASHINGTON ST APT 2**
City **WORCESTER** State **MA** Zip **01601** City **WORCESTER** State **MA** Zip **01610-2796**
Insurance Company **FOREMOST INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **122175AD** Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **99 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	XXXX	XX	1	99	99	0	0	8	0	XXXX

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

License # **S27515540** St **MA** DOB/Age **12/14/1997** Reg # **8PD916** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **JEEP** Veh Config. **2 21**
Operator **COURVILLE, AWTUMN VIRGINIA** Owner **COURVILLE, AWTUMN VIRGINIA**
Address **18 LYMAN BARNES RD** Address **18 LYMAN BARNES RD**
City **BRIMFIELD** State **MA** Zip **01010-9621** City **BRIMFIELD** State **MA** Zip **01010-9621**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 5 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 1 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	XXXX	XX	1	99	99	0	0	10	1	

Date of Crash 01/13/2025 Time of Crash 1149 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 3

Speed Limit 40 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

WASHINGTON ST
Route# Direction Name of Roadway/Street
At
APPLETON RD
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Feet N S E W of . or 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: [X] Vehicle 3 #Occupants [] Hit/Run [] Moped Crash Report ID# 25-24-AC

License # S97773690 St MA DOB/Age 10/30/1952 Reg # 2EPJ75 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator ORTIZ, SAMUEL Owner ORTIZ, SAMUEL
Address 28 HARRINGTON RD APT 38 Address 28 HARRINGTON RD APT 38
City CHARLTON State MA Zip 01507-5267 City CHARLTON State MA Zip 01507-5267
Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: N S [X] W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 0 29
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

Table with columns: 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: RAQUEL GONZALEZ, 28 HARRINGTON RD CHARLTON, MA 01507, 10/14/1962, F, 3, 99, 4, 0, 0, 8, 0.

Please Select One of the Following: [] Vehicle 4 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age Reg # Reg Type Reg State
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator Owner
Address Address
City State Zip City State Zip
Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28
Citation # (If Issued) Most Harmful Event 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

Table with columns: 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.

Crash Diagram:

ie: → [1] → [2] → [Pedestrian] → [Bicycle]



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

North Arrow



Crash Narrative:

Vehicle 3 was traveling eastbound on Washington St. and approached the light at Appleton Rd. Vehicle 3 swerved into the left lane and abruptly stopped to attempt to turn left. Vehicle 2 was traveling eastbound behind vehicle 3 and attempted to stop and struck vehicle 3. Vehicle 1 was traveling eastbound and attempted to stop and swerve to avoid vehicle 2 but struck vehicle 2. Vehicle 1 then left the scene and was found later in a parking lot due to the vehicle being disabled. The operator of vehicle 3 complained of neck pain and refused transport. The operator of vehicle 1 complained of stomach pain and refused transport. The operator of vehicle 2 and the passenger of vehicle 3 stated they were uninjured. All vehicles were towed from the scene.

Refer to 25-15-AR.

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/13/2025

Date