

Date of Crash 09/03/2023 Time of Crash 1808 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0

Speed Limit 10 State Police Local Police MBTA Police Campus Police Other: [ ] [ ] [ ] [ ] [ ]

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At 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 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: [X] Vehicle 10 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 23-298-AC

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # VTV342 Reg Type PAS Reg State MA Veh Year 2022 Veh Make FORD Veh Config. 1 21

Operator Driverless M.V. Last First Middle

Owner VISCETO, DANIEL J Last First Middle

Address City State Zip

Address 48 COHASSET ST City WORCESTER State MA Zip 01604-4763

Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 11 22

Damaged Area Code: 3 27 27 27

Vehicle Travel Direction: N X E 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: 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: 2 31 Susp. Drug: 2 32

Table with 10 columns: Name, 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. Row 1: Operator, See Above, [X], [X], 1, 0, 4, 0, 0, 10, 1, [ ]

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

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # unknown Reg Type Reg State Veh Year Veh Make Veh Config. 21

Operator unknown Last First Middle

Owner Last First Middle

Address City State Zip

Address 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 Susp. Alcohol: 31 Susp. Drug: 32

Table with 10 columns: Name, 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, [ ], [ ], [ ], [ ], [ ], [ ], [ ]

