

Date of Crash **11/03/2023** Time of Crash **0547** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTHBRIDGE ST**  
Route# Direction Name of Roadway/Street  
At  
**OXFORD STREET NO**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-366-AC**

License # **S12751877** St **MA** DOB/Age **06/14/1962** Reg # **617PX7** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
Operator **MARCHESE DION, MARISA** Owner **MARCHESE DION, MARISA**  
Address **2 RIVERSIDE DR** Address **2 RIVERSIDE DR**  
City **WEBSTER** State **MA** Zip **01570-2126** City **WEBSTER** State **MA** Zip **01570-2126**  
Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**  
Vehicle Travel Direction: **N** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** Susp. Alcohol: **2** Susp. Drug: **2**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** Towed from scene? **2**

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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S30915604** St **MA** DOB/Age **04/24/1995** Reg # **2BJX78** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
Operator **WALCZAK, AUTUMN** Owner **WALCZAK, AUTUMN**  
Address **125 OLD WEBSTER RD** Address **125 OLD WEBSTER RD**  
City **OXFORD** State **MA** Zip **01540-2707** City **OXFORD** State **MA** Zip **01540-2707**  
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **6**  
Vehicle Travel Direction: **N** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub Driver Contributing Code **4** Susp. Alcohol: **2** Susp. Drug: **2**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **5** Towed from scene? **2**

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

