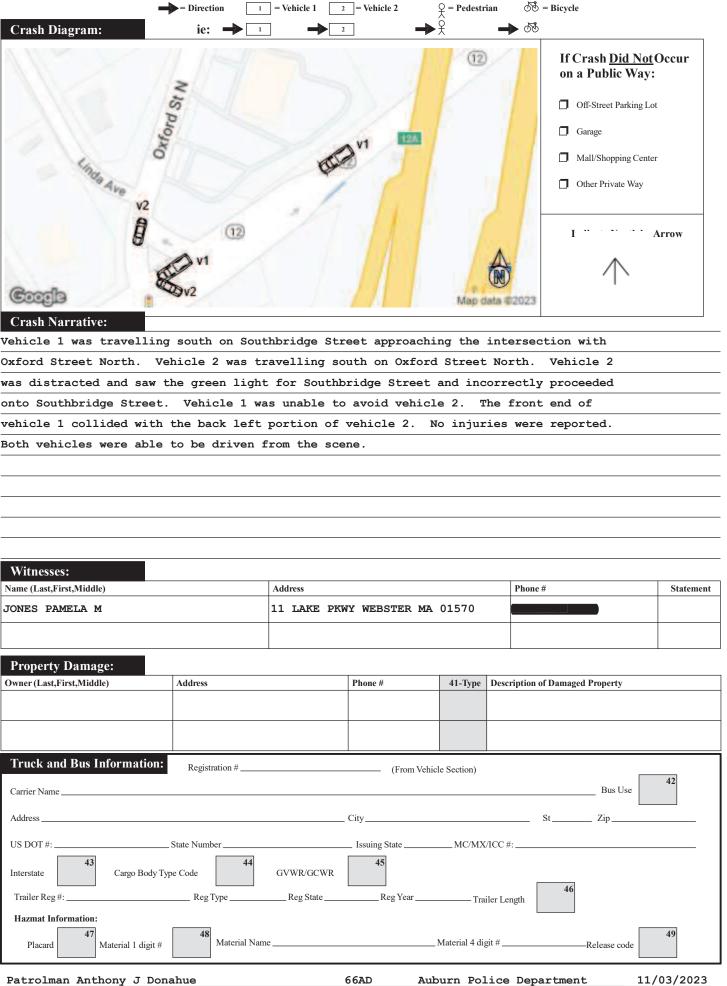
	Police Use Only	Only Commonwealth of Massachusetts RMV Document							ent Number			
	Date of Crash Time of Crash		Iotor Vehi	icle Cra	$sh $ $\begin{bmatrix} N \\ V \end{bmatrix}$		urad	ed Limit _	40	State Police Local Police MBTA Police	<u> </u>	
	11/03/2023 0547 Aubu	rn	Police F	Report	2	0	Lati	tude gitude		Campus Police [Other:	5	
	AT INTERSECTION:		< LOCATION >		>	NOT AT INTERS			ECTI	ON:	٦	
											2	10
	Route# Direction SOUTHBRIDGE ST Name of Roadway/Street			Route# Direct	ion Add	ress #		Name of R	Roadway/S	Street	- -	
¹ 4	At			r . NSFW c								
	Route# Direction OXFORD STREET NO Name of Intersecting Roadway/Street			Feet N S E W of — — or Exit Number								11
	- Notice Direction Name	Also at Intersection with	•		N S E W			Intersecting Roadway/Street			3	
2		Feet N S E W of						cting Road	dway/Street			
² 1	Route# Direction Nan	Landmark										
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	23-3	366-	-AC				
		A DOB/Age 06/14/	1962 n#	1 617PX7		D.	. т D(D C	MZ	┸	
	19 19	20		ar 2020						2.1	_ 1	12
	В	Endors	sement						_ ven Cor	nng.	\vdash	
⁴ 3	Operator MARCHESE DION, MARISA Last First Middle Address 2 RIVERSIDE DR Owner MARCHESE DION, MARISA Last First Middle Address 2 RIVERSIDE DR											
٥	Address 2 RIVERSIDE DR				. 1		015	70 0106	-			
	City WEBSTER State		EBSTER		22		1A Zip 01570-2126 ged Area Code: 8 27 27 27					
	Insurance Company CITIZENS I			e Action Prior to C	23 23	23 23	Test St		oue. 8	28	1	
⁵ 1	Vehicle Travel Direction: N K E W	Responding to Emergency		sequence 1	24	25 25	Туре о		1	29		
_	Citation # (If Issued)	_	Most F	Iarmful Event	<u> </u>	25 2		est Result	1	30	╌	13
	Viol. 1: Ch/Sec/SubV	riol. 2: Ch/Sec/Sub	Driver	Contributing Cod		25 2	Susp. A	Alcohol: 2		usp. Drug: 2 32	1	13
⁶ 1	Viol. 3: Ch/Sec/SubV		Distracted by	0 26			from scen	2	33	$oldsymbol{oldsymbol{oldsymbol{\square}}}$		
	Please fill out for operation Name (Last First Middle)	tor and all occupants involved Addr		DOB/Age	Seat Pos.	35 36 Safety Airbag System Status	37 38 Eject Tra Code Coo	p Injury le Status	40 Transp. Code	Medical Facility		
	Operator	See Al	bove	$\overline{}$	X_1	1 4	0 0	10	1			
		_									\dashv	
											\dashv	
ı				<u> </u>							_	
⁷ 2	Please Select One of the Following:	#Occupants Non-Mo	torist A Type	15 Action	16 Locati	on 17	Condition	18	Hit/	Run Mope	:d	
_	License # S30915604 St M 2	A DOB/Age 04/24/	1995 Reg#			Re	g Type PC		Reg S	state MA	_	
	Sex F Lic. Class D Lic. Re	_	# 2BJX78 Reg Type PC Reg State MA Year 2021 Veh Make SUBARU Veh Config. 1 21									
	Operator WALCZAK, AUTUM	sement	er WALCZAK, AUTUMN									
⁸ 1	Address 125 OLD WEBSTER	ddle	Last First Middle ess 125 OLD WEBSTER RD									
		MA Zip 01540-2		City OXFORD State MA Zip 01540-2707								14
	Insurance Company THE STANDA	e Action Prior to C	`rash	4 22		ed Area C		27 27 27	- I			
	Vehicle Travel Direction: N S N W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Test Status: 1 28								28	'		
_	Citation # (If Issued)	responding to Emergency		Iarmful Event	1 24		Туре о	fTest:		29		
⁹ 2	, , ,					²⁵ 20 ²	=	est Result	. 1	usp Drug 2 32	л I	
	Viol. 1: Ch/Sec/Sub	Driver Contributing Code Driver Distracted by			26 23							
	Viol. 3: Ch/Sec/SubV Please fill out for operator/non		34 35 36 37 38 39 40							-		
	Name (Last First Middle)	Addr		DOB/Age	Sex Seat Pos.	Safety Airbag System Status	Eject Tra Code Coo	p Injury le Status	Transp. Code	Medical Facility	\dashv	
	Operator/Non-Motorist	See Al	bove	\nearrow	X 1	1 4	0 0	10	1			
											\neg	
											\dashv	



Police Officer Name (Please Print) Signature 66AD

Auburn Police Department Department

11/03/2023