

Date of Crash **06/05/2023** Time of Crash **1026** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **3** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SWANSON RD
Route# Direction Name of Roadway/Street
At
SOUTHBRIDGE ST
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 **12** #Occupants Hit/Run Moped Crash Report ID# **23-184-AC**

License # **S85569874** St **MA** DOB/Age **10/02/1994** Reg # **1FHW24** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
Operator **MUSCENTE, KELSEY ANN** Owner **MUSCENTE, KELSEY ANN**
Address **1 BROOK ST** Address **1 BROOK ST**
City **OXFORD** State **MA** Zip **01540-2491** City **OXFORD** State **MA** Zip **01540-2491**
Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2** 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	X	X	1	1	4	0	0	1	
JOHN MUSCENTE	1 BROOK ST OXFORD, MA 01540	01/26/2023	M	6	1	4	0	0	1		

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

License # **S45965751** St **MA** DOB/Age **05/07/1952** Reg # **295GR9** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
Operator **BERGANTI, DAVID PAUL** Owner **BERGANTI, DAVID PAUL**
Address **4 VIVIAN ST** Address **4 VIVIAN ST**
City **WORCESTER** State **MA** Zip **01603-1717** City **WORCESTER** State **MA** Zip **01603-1717**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** 27 27 27
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
Citation # (If Issued) **012180AC** Most Harmful Event **1** 24 Type of Test: **29**
Viol. 1: Ch/Sec/Sub **89** **9** Viol. 2: Ch/Sec/Sub **90** **14** Driver Contributing Code **19** 25 **4** 25 BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2** 33

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
Operator/Non-Motorist		See Above	X	X	1	1	4	0	0	1	

