

Date of Crash **11/14/2023** Time of Crash **1725** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**WASHINGTON ST**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_  
**OLD COMMON RD**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-381-AC**

License # **S58821887** St **MA** DOB/Age **07/04/1984** Reg # **4VML61** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1**  
 Operator **HENCE, CHRISTINE M** Owner **HENCE, CHRISTINE M**  
 Address **12 SAVORY CRSG** Address **12 SAVORY CRSG**  
 City **NORTH OXFORD** State **MA** Zip **01537** City **NORTH OXFORD** State **MA** Zip **01537**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **2** **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) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **4TNK41** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **I** **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **Land Rover** Veh Config. **1**  
 Operator \_\_\_\_\_ Owner **SILVEIRA, ITALO VIGGIANO**  
 Address \_\_\_\_\_ Address **51 OLD COMMON RD**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **AUBURN** State **MA** Zip **01501-3207**  
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** **27** **8** **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 \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **12** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **1** **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

