

Date of Crash **11/25/2023** Time of Crash **1400** 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# **711** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet **N S E W** of _____ or _____ 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: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-402-AC**

License # **S47095645** St **MA** DOB/Age **12/15/1956** Reg # **N87291** Reg Type **CO** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Endorsement _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **NORDEN-FOLEY, ERICA ERICA** Owner **FOLEY, KEVIN LAWRENCE**

Address **164 BURLINGAME RD** Address **164 BURLINGAME RD**

City **CHARLTON** State **MA** Zip **01507-5201** City **CHARLTON** State **MA** Zip **01507-5201**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **N S X 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 **99 25 25** BAC Test Result: **1 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? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

License # **S66769173** St **MA** DOB/Age **10/24/1957** Reg # **7EC434** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Endorsement _____ Veh Year **2014** Veh Make **HONDA** Veh Config. **1 21**

Operator **WILSON, MARILYN JOYCE** Owner **WILSON, MARILYN JOYCE**

Address **12A WEST AVE** Address **12A WEST AVE**

City **WEBSTER** State **MA** Zip **01570-2010** City **WEBSTER** State **MA** Zip **01570-2010**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

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Name (Last First Middle)	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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

