

Date of Crash 01/19/2026 Time of Crash 0608 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

2 10

2 11

2

3

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 26-28-AC

4

License # St. DOB/Age Reg # M6290A Reg Type CO Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BUZANOSKI, MARCUS RICHARD Owner AUBURN TOWN OF Address 1181 SCHOOL ST 104 CENTRAL ST City WEBSTER MA 01570-3034 City AUBURN MA 01501-2310 Insurance Company PILGRIM INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 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 Type of Test: 0 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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Table with columns: 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 row: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

7

Please Select One of the Following: [X] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

8

License # St. DOB/Age Reg # 6MYV87 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator GRANVILLE, JEFFREY K Owner GRANVILLE, JEFFREY K Address 52 PLANTATION ST APT 1 52 PLANTATION ST APT 1 City WORCESTER MA 01604-5058 City WORCESTER MA 01604-5058 Insurance Company PROGRESSIVE DIRECT INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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 Type of Test: 0 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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Table with columns: 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/Occupants row: Operator/Occupants, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

