

Date of Crash **11/12/2023** Time of Crash **1656** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# **406** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____
 Feet **N S E W** of _____ 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# **23-377-AC**

License # **S70760981** St **MA** DOB/Age **03/05/1970** Reg # **1NZT85** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **MAZDA** Veh Config. **1**
 Operator **NELSON, LAURA MARIE** Owner **NELSON, LAURA MARIE**
 Address **165 ASH ST APT 2** Address **165 ASH ST APT 2**
 City **WALTHAM** State **MA** Zip **02453-5114** City **WALTHAM** State **MA** Zip **02453-5114**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **99 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **1** 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 **99 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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	XXXXXX	X	1	99	99	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 # _____ St _____ DOB/Age _____ Reg # **4107** Reg Type **DLN** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **BMW** Veh Config. **1**
 Operator **Driverless M.V.** Owner **SZYDLIK, MARK H**
 Address _____ Address **5 CLARK ST**
 City _____ State _____ Zip _____ City **DUDLEY** State **MA** Zip **01571-6174**
 Insurance Company **EJ STOCHAJ** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 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	XXXXXX	X	1	0	4	0	0	10	1	

Date of Crash 11/12/2023	Time of Crash 1656 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit <u>5</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>406</u> Direction _____ Address # <u>SOUTHBRIDGE ST</u> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 30 #Occupants Hit/Run Moped **Crash Report ID# 23-377-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # <u>4107</u> Reg Type <u>DLN</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>Driverless M.V.</u> Last First Middle	Owner <u>SZYDLIK, MARK H</u> Last First Middle
Address _____ City _____ State _____ Zip _____	Address <u>5 CLARK ST</u> City <u>DUDLEY</u> State <u>MA</u> Zip <u>01571-6174</u>
Insurance Company <u>EJ STOCHAJ</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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	XXXX	XX	<u>1</u>	<u>10</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____ City _____ State _____ Zip _____	Address _____ City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>33</u>

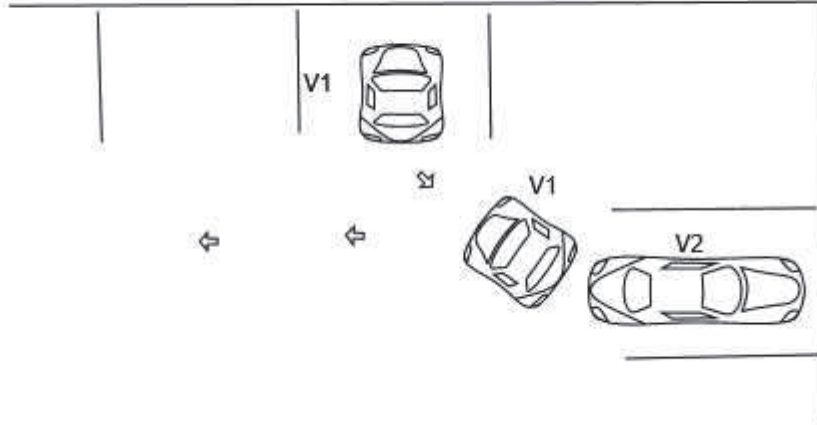
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	<u>1</u>							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☺

Parking lot of 406 Southbridge St



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

North Arrow



Crash Narrative:

V1 and V2 were parked in the parking lot of 406 Southbridge St. V1 backed out of space and struck V2. Witness stated heard vehicles collide and took a picture of the license plate of V1 before it left scene. Operator of V1 later stated via telephone she did not think she had struck another vehicle other wise she would of stayed. Operator of V1 stated there was no damage to her vehicle. Operator of V2 was in restaurant. There was minor damage to drivers side rear bumper of V2.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CIOLOFI NICHOLAS DAVID	14 SUN VALLEY DR WORCESTER MA 01609-1414	[REDACTED]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Adam D Gustafson 62AG Auburn Police Department 11/12/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date