

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/16/2024** Time of Crash **1254** 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:

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

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-21-AC**

License # <b>S49667313</b> St <b>MA</b> DOB/Age <b>08/17/1957</b>	Reg # <b>M6157A</b> Reg Type <b>DC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>B 19 19</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2022</b> Veh Make <b>International</b> Veh Config. <b>13 21</b>
Operator <b>NOZZOLILLO, STEVEN J</b>	Owner <b>AUBURN TOWN OF HIGHWAY DEPT</b>
Address <b>3 BILL GRAHAM LN</b>	Address <b>5 MILLBURY ST</b>
City <b>MILLBURY</b> State <b>MA</b> Zip <b>01527</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3368</b>
Insurance Company <b>HUB INTERNATIONAL</b>	Vehicle Action Prior to Crash <b>10 22</b> Damaged Area Code: <b>6 27 0 27 27</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>99 25 25</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>0 26</b> Towed from scene? <b>2 33</b>

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>XXXX</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 # <b>157087719</b> St <b>CT</b> DOB/Age <b>03/29/1980</b>	Reg # <b>663ZYS</b> Reg Type <b>PAN</b> Reg State <b>CT</b>
Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2012</b> Veh Make <b>GMC</b> Veh Config. <b>1 21</b>
Operator <b>CONNOR, AMY</b>	Owner <b>CONNOR, AMY</b>
Address <b>42 CONTENTMENT ISLAND RD</b>	Address <b>42 CONTENTMENT ISLAND RD</b>
City <b>DARIEN</b> State <b>CT</b> Zip <b>06820</b>	City <b>DARIEN</b> State <b>CT</b> Zip <b>06820</b>
Insurance Company <b>USAA Casualty Insurance C</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>3 27 27 27</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>0 26</b> Towed from scene? <b>2 33</b>

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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

