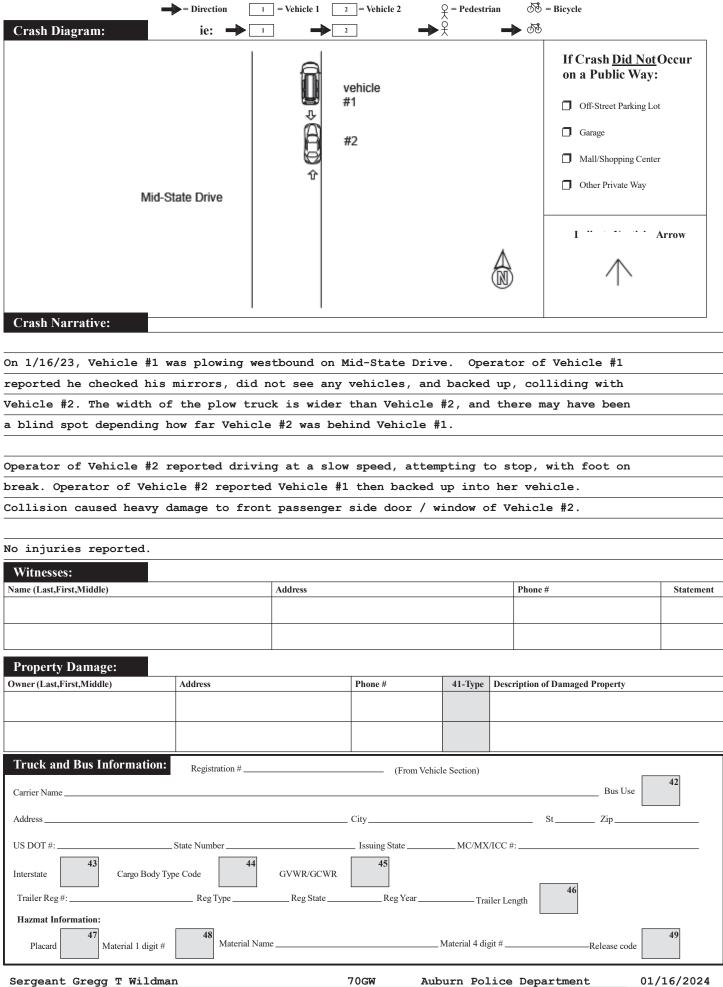
	Police Use Only	Commonwealth of Massachusetts RMV Document Number								ment Number		
	Date of Crash Time of Crash		tor Vehic	cle Cras	\mathbf{sh} $\begin{bmatrix} N \\ V \end{bmatrix}$		inmod	eed Limit	30	State Police Local Police	N	
	01/16/2024 1254 Aubu	rn	Police R	eport	2	0	La	ntitude ongitude		MBTA Police Campus Police Other:	ᆸ	
	AT INTERSECTION	ON: <	LOCAT	ION >	>	NC	T AT I	INTER	SECT	TION:	\neg	
											2 10	
	Route# Direction	Name of Roadway/Street		Loute# Directi	ion Add	ress #	IDST	Name of		y/Street	-	
¹ 1		At										
	Don't Direction	SINA		Feet	N S E W		— — Iile Marke	• — er	or	Exit Number	-	
	Route# Direction Nan	Also at Intersection with	• • • • • • • • • • • • • • • • • • •		N S E W						10 ¹¹	
-			Feet N S			Route# Intersecting Roadway/Street						
² 5	Route# Direction Nam	ne of Intersecting Roadway/Street						La	ndmark			
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport ID#	24-2	21-	AC				
³ 4		A	[~ M7	\dashv	
	19 19	20		16157A						2.1	1 12	
	Sex M Lic. Class B Lic. Restrictions CDL CDL Veh Year 2022 Veh Make Interna Operator NOZZOLILLO, STEVEN J Owner AUBURN TOWN OF HIGHT											
⁴ 1	Last		vner AUBURN TOWN OF HIGHWAY DEPT Last First Middle Middle									
1	Address 3 BILL GRAHAM I		Address 5 MILLBURY ST									
	City MILLBURY State			UBURN	22				tate MA Zip $01501-3368$ ramaged Area Code: $\begin{bmatrix} 2^7 \\ 6 \end{bmatrix}$ $\begin{bmatrix} 2^7 \\ 2^7 \end{bmatrix}$			
	Insurance Company HOB INTERNATIONAL Vehicle Action Prior to Crash							Status:	ode: 6	28		
⁵ 2	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event Se	1 1	24	25 25		of Test:		29		
	Citation # (If Issued)	_	Most Ha	rmful Event		25 2		Test Resul	lt:	30	13	
	Viol. 1: Ch/Sec/SubV	riol. 2: Ch/Sec/Sub	Driver C	ontributing Code		25 2	Susp	. Alcohol:	2 31	Susp. Drug: 2 3	2 1	
⁶ 3	Viol. 3: Ch/Sec/SubV		Driver D	Distracted by	0 26			ed from sce	٤	2 33		
3	Please fill out for operat Name (Last First Middle)	tor and all occupants involved Address		DOB/Age	Sex Pos.	35 36 Safety Airba System Status	g Eject Code C	38 39 Trap Injury Code Status	Transp. Code	Medical Facility		
	Operator	See Above		$\overline{}$	X_1	1 4	0 0	10	1			
								10		Í	_	
⁷ 1	Please Select One of the Following:	#Occupants Non-Motorist	t A Type	Action Action	16 Location	on 17	Condition	18	Н	lit/Run Mop	ed	
_	License # 157087719 St CT	<u>r</u> _{DOB/Age} 03/29/198	80 Reg#	63ZYS		R	eg Type I	PAN	Reg	g State CT	_	
	Sex F Lic. Class D Lic. Re		#_663ZYS Reg Type PAN Reg State CT Year 2012 Veh Make GMC Veh Config. 1									
	Operator CONNOR, AMY	nt Owner_	er CONNOR, AMY									
⁸ 1	Address 42 CONTENTMENT		Last First Middle ress 42 CONTENTMENT ISLAND RD									
	City DARIEN State	City_ D 2	DARIEN State CT Zip 06820									
	Insurance Company USAA Casualty Insurance C Vehic			cle Action Prior to Crash Damaged Area Code: 3 27 27 27								
	Vehicle Travel Direction: N S E	Event Se	Sequence 1 23 23 23 23 Test Status: 1 28									
0	Citation # (If Issued)	_	Most Ha	rmful Event	1 24			of Test:		30		
⁹ 2	Viol. 1: Ch/Sec/SubV	/iol 2: Ch/Sec/Sub	Driver C	l Contributing Code	e 1	25 2	5	Test Resul			2	
	Viol. 3: Ch/Sec/Sub — V				0 26			usp. Alcohol: $\begin{bmatrix} 2 & 31 \end{bmatrix}$ Susp. Drug: $\begin{bmatrix} 2 & 32 \end{bmatrix}$ owed from scene? $\begin{bmatrix} 2 & 33 \end{bmatrix}$			_	
	Please fill out for operator/non-motorist and all occupants involved			Seat Safety Airbag Eject Trap Injury Transp.						-	-	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Status	Code (Code Status	Code	Medical Facility	_	
	Operator/Non-Motorist	See Above		$\nearrow \setminus$	X^1	1 4	0 0	10	1			



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date