

Date of Crash **05/22/2026** Time of Crash **1903** 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# **826** 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 _____ of _____ Route# _____ Intersecting Roadway/Street _____

Feet **N S E W** of _____ of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-203-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5NRZ75** Reg Type **PC** Reg State **MA**

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

Operator **NANNOZZI, MAYIMUNA SHANITA** Owner **LUBBOBBO, MUSITAPHA**

Address **12 PEARL ST** Address **12 PEARL ST**

City **AUBURN** State **MA** Zip **01501-2021** City **AUBURN** State **MA** Zip **01501-2021**

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 E X** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	X	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **3EYD89** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D M 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2020** Veh Make **VOLKSWAGEN** Veh Config. **2 21**

Operator **VELEZ, HARRY C** Owner **VELEZ, HARRY C**

Address **64 MYRTLE AVE APT 2** Address **64 MYRTLE AVE APT 2**

City **WEBSTER** State **MA** Zip **01570-2839** City **WEBSTER** State **MA** Zip **01570-2839**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **11 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 **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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/Occupants		See Above	X	X	1	1	4	0	0	10	1	

