

Date of Crash **01/28/2026** Time of Crash **1222** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **11**

1 **1** **8**

2 **1**

Route# Direction **APPLETON RD** Name of Roadway/Street
 At
 Route# Direction **WASHINGTON ST** 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 _____ or _____
 Mile Marker Exit Number
 Feet **N S E W** of _____
 Route# Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **26-45-AC** Crash Report ID#

1 **12** **1** **13**

4 **3** License # _____ St. _____ DOB/Age _____ Reg # **3ZZP91** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **LEXUS** Veh Config. **1 21**
 Operator **ROSSETTIE, MICHAEL P** Owner **ROSSETTIE, MICHAEL P**
 Address **42 FEDERAL HILL RD** Address **42 FEDERAL HILL RD**
 City **AUBURN** State **MA** Zip **01501-3357** City **AUBURN** State **MA** Zip **01501-3357**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 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: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 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? **1 33**

Please fill out for operator and all occupants involved

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	See Above	XXXX	XX	1	99	2	0	0	10	0	NOT TRANSPORTED

7 **2** Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

8 **1** **14** **1** **14**

9 **2** License # _____ St. _____ DOB/Age _____ Reg # **WRTA937** Reg Type **ATN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **FORD** Veh Config. **5 21**
 Operator **ABDULRAZAO, MOHANAD K** Owner **WORCESTER REGIONAL TRANSIT AUTHORITY**
 Address **5 CLAREMONT ST APT B1** Address **60 FOSTER ST**
 City **WORCESTER** State **MA** Zip **01610-1401** City **WORCESTER** State **MA** Zip **01608-1305**
 Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **X S E 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: **0 29**
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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	See Above	XXXX	XX	1	99	4	0	0	10	1	NOT TRANSPORTED

