

Date of Crash **04/11/2026** Time of Crash **1205** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** 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# **711** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE ST** 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-152-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **AW27388** Reg Type **PC** Reg State **CT**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **FORD** Veh Config. **1 21**

Operator **MCCOY, ANNE B** Owner **MCCOY, ANNE B**

Address **120 FOX HILL RD** Address **120 FOX HILL RD**

City **POMFRET** State **CT** Zip **06258** City **POMFRET** State **CT** Zip **06258**

Insurance Company **Progressive Direct Insura** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction:  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**

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? **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
<b>Operator</b>		See Above	<del>X</del>	<del>X</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  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **5SNJ65** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2026** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **RIZZO, LISA EILEEN** Owner **RIZZO, LISA EILEEN**

Address **7 CRICKET DR** Address **7 CRICKET DR**

City **OXFORD** State **MA** Zip **01540-1947** City **OXFORD** State **MA** Zip **01540-1947**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction:  N  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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<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

