

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **05/22/2023** Time of Crash **1538** 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 _____ At _____	Route# 196 Direction _____ Address # AUBURN ST Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-170-AC**

License # S51791451 St MA DOB/Age 09/24/1969 Reg # 832DN1 Reg Type PC Reg State MA	Veh Year 2018 Veh Make BMW Veh Config. 1
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____	Owner WHOLLY CANNOLI INC
Operator ELIA, RICHARD A	Address 488 GRAFTON ST
Address 6 BEVERLY RD	City WORCESTER State MA Zip 01604-4713
City AUBURN State MA Zip 01501-1614	Insurance Company THE COMMERCE INSURANCE CO
Insurance Company _____	Vehicle Action Prior to Crash 1
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 2
Citation # (If Issued) _____	Event Sequence 1
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 1
Driver Contributing Code 1	BAC Test Result: 1
Driver Distracted by 0	Susp. Alcohol: 2 Susp. Drug: 2
	Towed from scene? 2

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	_____	_____	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S97382983 St MA DOB/Age 07/31/1983 Reg # 5148171 Reg Type PAN Reg State NH	Veh Year 2014 Veh Make HONDA Veh Config. 1
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Owner KARNER HOME IMPROVEMENT LLC
Operator STOTT, JAMES W	Address 13 RED ROOF LN ST APT 201
Address 360 MARGARET ST	City SALEM State NH Zip 03079
City NEW BEDFORD State MA Zip 02744-2032	Insurance Company INTEGRITY INSURANCE AND B
Insurance Company _____	Vehicle Action Prior to Crash 4
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 6
Citation # (If Issued) _____	Event Sequence 1
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 1
Driver Contributing Code 1	BAC Test Result: 1
Driver Distracted by 0	Susp. Alcohol: 2 Susp. Drug: 2
	Towed from scene? 2

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
Operator/Non-Motorist	See Above	_____	_____	1	1	4	0	0	10	1	

