Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
08/28/2026	1432 (24HR)	Auburn	2	0	40			Local Police

Police Type: State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 310 (Address #) | WASHINGTON ST (Name of Roadway/Street)

_____ Feet [N S E W] of — — — • — (Mile Marker) or _____ (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 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-335-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class C (19/19) Lic. Restrictions (20) CDL Endorsement
Operator TISDELL, JOHN JOSEPH (Last First Middle)
Address 107 EUREKA ST
City WORCESTER State MA Zip 01603-1412
Insurance Company ARBELLA PROTECTION INSURA
Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # LV278 Reg Type PC Reg State MA
Veh Year 2022 Veh Make LINCOLN Veh Config. 2
Owner JONATHAN J NOZZOLILLO (Last First Middle)
Address 76 W MOUNTAIN ST
City WORCESTER State MA Zip 01606-1347
Vehicle Action Prior to Crash: 4
Event Sequence: 1 | 23 | 23 | 23 | 23
Most Harmful Event: 1
Driver Contributing Code: 4 | 25 | 25
Driver Distracted by: 99 | 26 | 26
Damaged Area Code: 3 | 27 | 27 | 27
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D (19/19) Lic. Restrictions (20) CDL Endorsement
Operator BURKE, JOHN HENRY (Last First Middle)
Address 20 CLEARVIEW TER
City MILLBURY State MA Zip 01527-2066
Insurance Company THE STANDARD FIRE INSURAN
Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 2YCM38 Reg Type PC Reg State MA
Veh Year 2024 Veh Make FORD Veh Config. 2
Owner BURKE, JOHN HENRY (Last First Middle)
Address 20 CLEARVIEW TER
City MILLBURY State MA Zip 01527-2066
Vehicle Action Prior to Crash: 1
Event Sequence: 1 | 23 | 23 | 23 | 23
Most Harmful Event: 1
Driver Contributing Code: 1 | 25 | 25
Driver Distracted by: 0 | 26 | 26
Damaged Area Code: 8 | 27 | 27 | 27
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

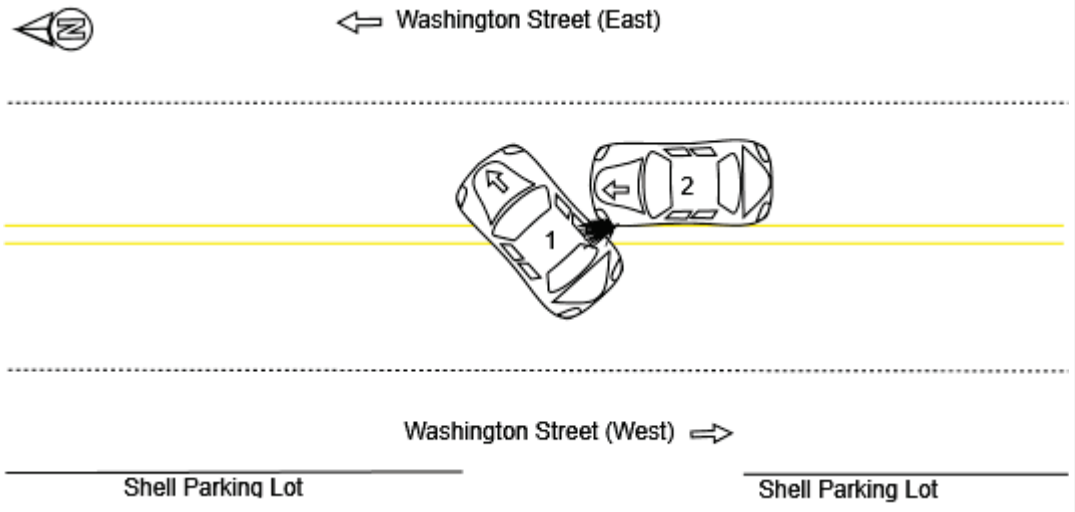
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

→ = Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | ♀ = Pedestrian | 🚲 = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♀ → 🚲



If Crash Did Not Occur on a Public Way:

- ❒ Off-Street Parking Lot
- ❒ Garage
- ❒ Mall/Shopping Center
- ❒ Other Private Way

I[illegible] Arrow

Crash Narrative:

Vehicle 2 was travelling eastbound on Washington Street(RT 20). Vehicle 1 was turning left onto Washington Street from the Shell gas station parking lot. Vehicle 2 has the right of way in this instance, as vehicle 1 was pulling into oncoming traffic. Vehicle 1 did not see Vehicle 2 did not see vehicle 2 before pulling out, therefore causing the crash. Vehicle 1 has damage to the passenger side doors, and vehice 2 has damage to the driver side front fender and headlight. Both vehicles were driveable, and no vehicle was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Jacques Durocher		104JD	Auburn Police Department		08/28/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date