

Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 09/21/2024		Time of Crash 1813 24HR		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:																	
<div>1</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>10</div> <div>7 MIDSTATE DR</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																	
						<div>3</div> <div>11</div>																	
						<div>2</div> <div>2</div>																	
						<div>3</div> <div>3</div>																	
Please Select One of the Following: <input type="checkbox"/> Vehicle 11 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-321-AC															
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Last First Middle Address City State Zip Insurance Company PROGRESSIVE CASUALTY Vehicle Travel Direction: N S X 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 # BG77008 Reg Type PAN Reg State CT Veh Year 2018 Veh Make AUDI Veh Config. 1 21 Owner ROSSETTI-RICCITELLI, DEBRA A Last First Middle Address 125 MTN BROOK CIR City CHESHIRE State CT Zip 06410 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 10 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 8 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 99 31 Susp. Drug: 99 32 Towed from scene? 33																	
<div>4</div> <div>1</div>						<div>1</div> <div>12</div>																	
<div>5</div> <div>1</div>						<div>1</div> <div>13</div>																	
<div>6</div> <div>2</div>						<div>1</div> <div>14</div>																	
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		X		X		1		99		4		0		0		99		99			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 21 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S64779903 St MA DOB/Age 11/11/1993 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator BRESSE, TYLER Last First Middle Address 416 OXFORD ST N City AUBURN State MA Zip 01501 Insurance Company SELF INSURED Vehicle Travel Direction: N S E X 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 # 4KMB34 Reg Type PAN Reg State MA Veh Year 2019 Veh Make NISSAN Veh Config. 1 21 Owner TOWN OF AUBURN PD Last First Middle Address 416 OXFORD ST N City AUBURN State MA Zip 01501 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 27 1 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33																	
<div>7</div> <div>1</div>						<div>1</div> <div>14</div>																	
<div>8</div> <div>1</div>						<div>1</div> <div>14</div>																	
<div>9</div> <div>2</div>						<div>1</div> <div>14</div>																	
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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		X		X		1		0		4		0		0		10		1			

### Crash Diagram:

ie: ■

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**1**

2



**If Crash Did Not Occur  
on a Public Way:**

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

**Arrow**



### Crash Narrative:

V1, a stolen vehicle, was stopped in the lot of 7 Midstate Drive. Det. Bresse, driving V2, pulled in front of V1 with marked units also pulling into the lot. V1 drove forward and struck the front driver's side of V2, an unmarked police vehicle. V1 sustained damage to the front driver's side and fled the scene. No pursuit was conducted. Det. Bresse not injured, unknown if operator of V1 injured. V2 towed from the scene with minor front end damage. V1 later found abandoned, no operator located at that time. V1 towed to Auburn PD for processing.

**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 _____
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Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate	43	Cargo Body Type Code	44	GVWR/GCWR	45
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Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

**Hazmat Information:**

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

Detective Sergeant Daniel A Lamoreaux

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Police Officer Name (Please Print)

Signature

64DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/21/2024

Date \_\_\_\_\_