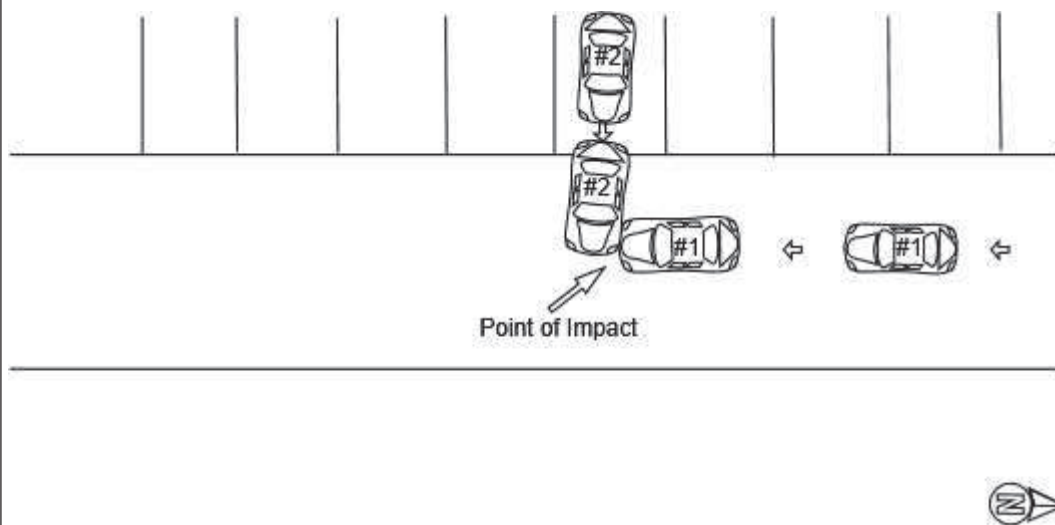


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 06/03/2025		Time of Crash 0921 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>	
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# 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																	
						Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 25-190-AC											
License # S49667313 St MA DOB/Age 08/17/1957 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator NOZZOLILLO, STEVEN JAMES Address 3 BILL GRAHAM LN City MILLBURY State MA Zip 01527-3554 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N X 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 # 3ZTW85 Reg Type PAN Reg State MA Veh Year 2024 Veh Make GMC Veh Config. 1 Owner NOZZOLILLO, STEVEN JAMES Address 3 BILL GRAHAM LN City MILLBURY State MA Zip 01527-3554 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: 1 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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																	
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 # S14129360 St MA DOB/Age 07/24/1970 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator LARBI-APHRAM, DORA AKU SIKA Address 4 CARLA CIR City WEBSTER State MA Zip 01570-3501 Insurance Company SAFETY INSURANCE COMPANY 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 # 3HA848 Reg Type PAN Reg State MA Veh Year 2016 Veh Make SUBARU Veh Config. 1 Owner LARBI-APHRAM, DORA AKU SIKA Address 4 CARLA CIR City WEBSTER State MA Zip 01570-3501 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 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/Occupants						See Above																	

→ = 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

Insert Arrow



Crash Narrative:

V#1 was traveling southbound in the Reliant Medical Group parking lot when V#2 pulled out from a parking space and collided with V#1. The operator of V#1 stated they did not see V#2 and they came out of nowhere very quick. V#2 stated they didnt see the truck coming and thought V#1 was speeding. A witness stated that they saw the operator of V#2 operating "recklessly" and speeding quick in the parking lot behind them when they entered and was cutting through multiple rows of parking spaces as though they were in a rush. The witness saw V#2 pull through a parking spot between 2 other parked cars and pull out in front of V#1. V#2 was towed from the scene. No injuries to report.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
JOHNSON MELISSA MARIE	45 BORDER ST WHITINSVILLE MA 01588-0000		

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/03/2025

Date