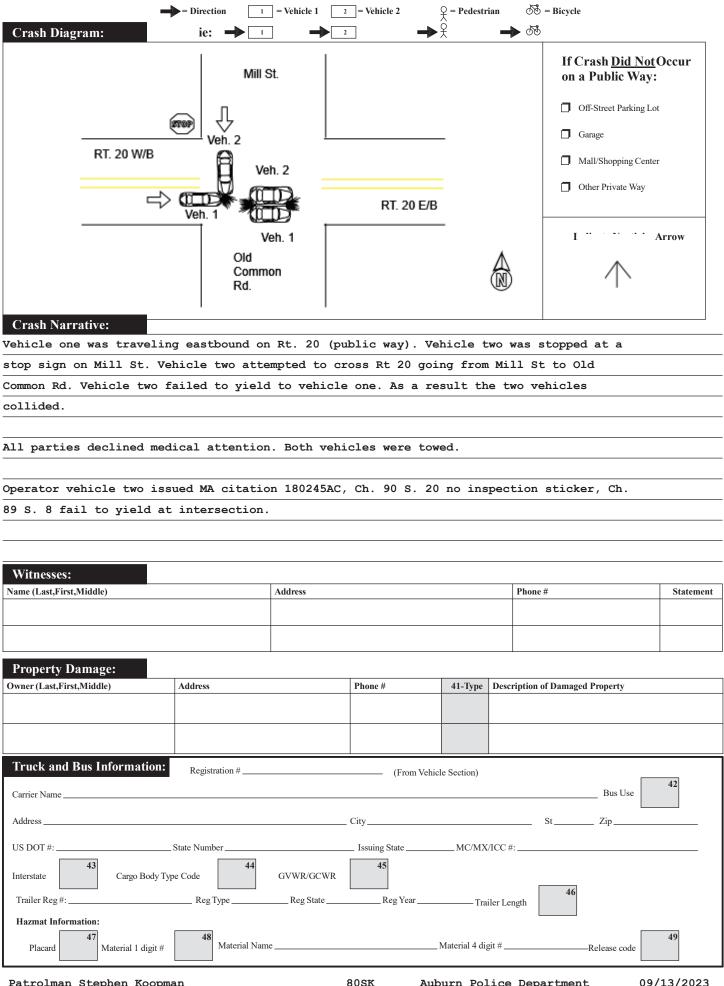
	Police Use Only Commonwealth of Massachusetts RMV Docum										Number		
			Motor Vehi	cle Cra	sh N		howing	-		Loca	e Police al Police TA Police		
	09/13/2023 1851 Aubur	rn	Police R	Report	2	0		Latitude Longitu			npus Police		
	AT INTERSECTION:		< LOCATION >		>	NOT AT INTERSECTION				V:			
	LIA CULTIVOTIONI CIT											2	10
	Route# Direction WASHINGTON ST Name of Roadway/Street			Route# Directi	ion Add	ress#		Nar	me of Roa	adway/Stree		╫	
¹ 3			Feet N S E W of or										
	Route# Direction OLD COMMON RD Name of Intersecting Roadway/Street			Feet N 5 E W of or Exit Number								3	11
	Also at Intersection with			Feet N S E W of Intersecting Roadway/Street									
2	Route# Direction Name	e of Intersecting Roadway	y/Street	Feet NSEW of				merseeing roadway street					
² 2	Routen Breeton Prante	of merseeing Roadway	y/Succi						Landn	nark		1	
3	Please Select One of the Following:	#Occupants Hit/R	un Moped	Crash Re	eport ID#	23-	309	9-1	AC				
	License # S68792513 St MA		7/1951 Reg#	446SV9		R	leg Type	PC		Reg State	MA	┺	-10
	Sex M Lic. Class D Lic. Res		#_446SV9 Reg Type PC Reg State MA 1 Year 2014 Veh Make TOYOTA Veh Config. 1									12	
	Operator PHAN, CUONG MANH Owner VO, LOC THI												
⁴ 2	Address 17 UPLAND GARDE	irst	Middle	s 17 UPL	ast		First D	R	APT	Middle 12			
	City WORCESTER State 1	-1657 City W	WORCESTER State MA Zip 01607-1657										
	Insurance Company PLYMOUTH RO	OCK ASSURA	NCE C Vehicle	Action Prior to C	Crash	1 22	Da	amaged.	Area Cod	le: 8 27	6 27 27		
_	Vehicle Travel Direction: N S W W	Responding to Emerger	ncy? 2 Event S	Sequence 2	23 23	23 23	Te	est Status	s:	28	<u> </u>		
⁵ 1	Citation # (If Issued)		Most H	armful Event	1 24		-	pe of Te		30			
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver	Contributing Code	e 1	25	25		Result:		Drug: 2 32	1	13
(Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99 26	ı.			om scene?	2.2	8 2	\vdash	
⁶ 2	Please fill out for operato				34 Seat	35 36 Safety Airba	ag Eject	38 Trap	Injury Trai			7	
	Name (Last First Middle) Operator		Address e Above	DOB/Age	Sex Pos.	System Statu	o Code		Status Co	ode M	fedical Facility	-	
	-	17 UPLAND GARDENS I	DR	07/00/1050								-	
	LOC VO	WORCESTER, MA 0160	7-1657	07/02/1958	F 3	1 4	0	0	10 1			4	
												4	
												_	
⁷ 2	Please Select One of the Following:	Occupants Non-N	Motorist A Type	15 Action	16 Location	on 17	Condit	ion	18	Hit/Rur	n Moped		
	License # SA8960428 St MA	I 	2/1992 Reg#	1PTC99		R	leg Type	PC		_ Reg State	MA	1	
	19 19	trictions B CD	_	ar 2018							21		
	Operator CALDWELL, JEDEI		lorsement RSON Owner	CALDWEI	LL, J	EDEDI	AH	JEF:	FERS	ON			
⁸ 1	Address 8 SALO TER	Middle Address	Last First Middle Iress 8 SALO TER										
	City MILLBURY State 1	-1940 City M	MILLBURY State MA Zip 01527-1940									14	
	Insurance Company THE COMPERCE INSURANCE CO Vehicle Action Prior to Crash 97								4 27 27	F			
	Vehicle Travel Direction: N K E W Responding to Emergency? 2 Event Sequence 23 23 23 23 Test Status: 28 29												
⁹ 2	Citation # (If Issued) 180245AC		Most H	armful Event	1 24	·		pe of Te AC Test		30			
2	Viol. 1: Ch/Sec/Sub 90 20 Viol. 2: Ch/Sec/Sub 89 8 Driver Contributing Code 19 25 4 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									Drug: 2 32			
	Viol. 3: Ch/Sec/SubViol.	Driver	99 26				m scene?	22					
	Please fill out for operator/non-n		s involved	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airba System Statu	ag Eject	38 Trap Code	39 4 Injury Tran Status Co		fedical Facility		
	Operator/Non-Motorist		e Above		1	1 4	0		10 1	191			
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	l .	1			i I	1 1	1	1 1	1	1		1	



Patrolman Stephen Koopman

80SK

Auburn Police Department

09/13/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date