

Date of Crash **09/13/2023** Time of Crash **1851** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**WASHINGTON ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**OLD COMMON RD**  
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:  Vehicle **12** #Occupants  Hit/Run  Moped **Crash Report ID# 23-309-AC**

License # **S68792513** St **MA** DOB/Age **09/27/1951** Reg # **446SV9** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1** **21**  
Operator **PHAN, CUONG MANH** Owner **VO, LOC THI**  
Address **17 UPLAND GARDENS DR APT 12** Address **17 UPLAND GARDENS DR APT 12**  
City **WORCESTER** State **MA** Zip **01607-1657** City **WORCESTER** State **MA** Zip **01607-1657**  
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **6** **27** **27**  
Vehicle Travel Direction:  N  S  W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
Towed from scene? **1** **33**

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
<b>Operator</b>	See Above	<del>09/27/1951</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>LOC VO</b>	<b>17 UPLAND GARDENS DR WORCESTER, MA 01607-1657</b>	<b>07/02/1958</b>	<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **SA8960428** St **MA** DOB/Age **06/02/1992** Reg # **1PTC99** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **HONDA** Veh Config. **1** **21**  
Operator **CALDWELL, JEDEDIAH JEFFERSON** Owner **CALDWELL, JEDEDIAH JEFFERSON**  
Address **8 SALO TER** Address **8 SALO TER**  
City **MILLBURY** State **MA** Zip **01527-1940** City **MILLBURY** State **MA** Zip **01527-1940**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **97** **22** Damaged Area Code: **2** **27** **4** **27** **27**  
Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
Citation # (If Issued) **180245AC** Most Harmful Event **1** **24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub **90** **20** Viol. 2: Ch/Sec/Sub **89** **8** Driver Contributing Code **19** **25** **4** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
Towed from scene? **1** **33**

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
<b>Operator/Non-Motorist</b>	See Above	<del>06/02/1992</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

