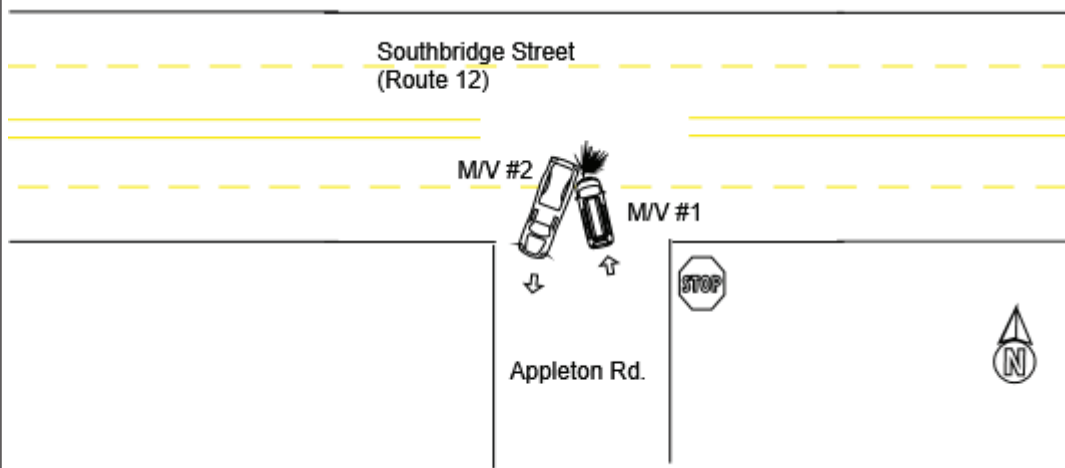


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 12/13/2024		Time of Crash 1412 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
12 N SOUTHBRIDGE ST Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of or Mile Marker Exit Number																									
Route# Direction APPLETON RD Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																									
Also at Intersection with						Feet N S E W of Landmark																									
Route# Direction Name of Intersecting Roadway/Street																															
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# 24-447-AC																							
License # FOREIGN St MA DOB/Age 02/16/1954						Reg # 7BFA40 Reg Type PAN Reg State MA																									
Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make HONDA Veh Config. 1 21																									
Operator BOUTROS, FAHEM Last First Middle						Owner SOLIMAN, SHENOUDA HANNA Last First Middle																									
Address 17 APPLETON RD						Address 17 APPLETON RD																									
City AUBURN State MA Zip 01501						City AUBURN State MA Zip 01501-1334																									
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 2 27 27 27																			
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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 4 25 25						BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						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						X		X		1		99		4		0		0		10		1			
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 # S96033804 St MA DOB/Age 07/25/1986						Reg # 5EFV65 Reg Type PAN Reg State MA																									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make TOYOTA Veh Config. 2 21																									
Operator BOGHOSSIAN, TALINE Last First Middle						Owner HERTZ VEHICLES LLC Last First Middle																									
Address 17 CHESTER ST APT A						Address 450 MCCLELLAN HWY																									
City NEW LONDON State CT Zip 06320						City BOSTON State MA Zip 02128-1144																									
Insurance Company WESTCHESTER FIRE INSURANC						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 6 27 27 27																			
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
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Operator/Occupants						See Above						X		X		1		99		4		0		0		10		1			

→ = 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

↑ Arrow

### Crash Narrative:

M/V #2 was making a left turn from Southbridge Street onto Appleton Rd. M/V #1 was exiting Appleton Rd and attempting to make a left turn when M/V #1 struck the rear driver side wheel area of M/V #2.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SYRIAC TANYA ANNE	97 PLIMPTON ST Apt. #2 SOUTHBIDGE MA 01550-1243		

### 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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/13/2024

Date