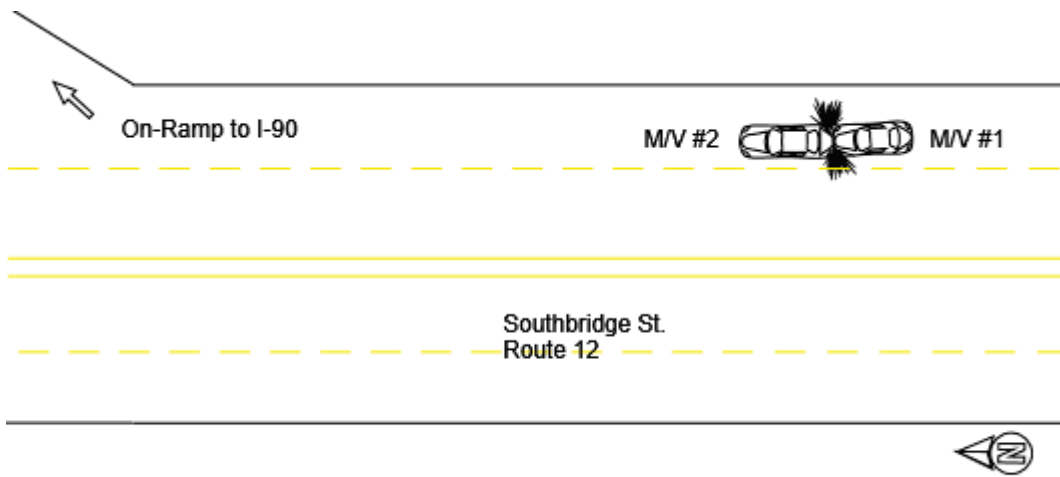


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 12/20/2024		Time of Crash 1637 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:							
<div>15</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>210</div> <div>12 N SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or</div> <div>Mile Marker Exit Number</div> <div>211</div> <div>300 Feet NSEW of</div> <div>Route# Intersecting Roadway/Street</div> <div>I-90 ON-RAMP</div> <div>Landmark</div>								
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# 24-463-AC						
License # S19459821 St MA DOB/Age 12/21/1996						Reg # 4MXL46 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make FORD Veh Config. 1 21								
Operator OPPONG, KENNETH A						Owner OPPONG, KENNETH A								
Address 64 LAKE ST APT 2						Address 64 LAKE ST APT 2								
City WEBSTER State MA Zip 01570-2610						City WEBSTER State MA Zip 01570-2610								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: XSEW Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 1 22								
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						Damaged Area Code: 1 27 27 27								
Operator See Above						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 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 # S04636536 St MA DOB/Age 09/27/2000						Reg # 7VM147 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2011 Veh Make HONDA Veh Config. 1 21								
Operator ALMEIDA, TYLER THONGPUL						Owner THONGPUL, JAMES KUNAVUDHI								
Address 2 EUGENE CIR						Address 2 EUGENE CIR								
City MILFORD State MA Zip 01757-2137						City MILFORD State MA Zip 01757-2137								
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 2 22								
Vehicle Travel Direction: XSEW Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 2 22								
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						Damaged Area Code: 5 27 27 27								
Operator/Occupants See Above						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								

→ = 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

North Arrow



Crash Narrative:

Both involved vehicles were traveling northbound on Southbridge Street approaching the on-ramp to I-90. M/V #2 slowed to a stop for stopped traffic ahead. Operator of #1 was unable to stop in time and struck the rear of #2. Traffic was very heavy at the time and the roads were snow covered and slick.

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 ☐ 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

12/20/2024

Date