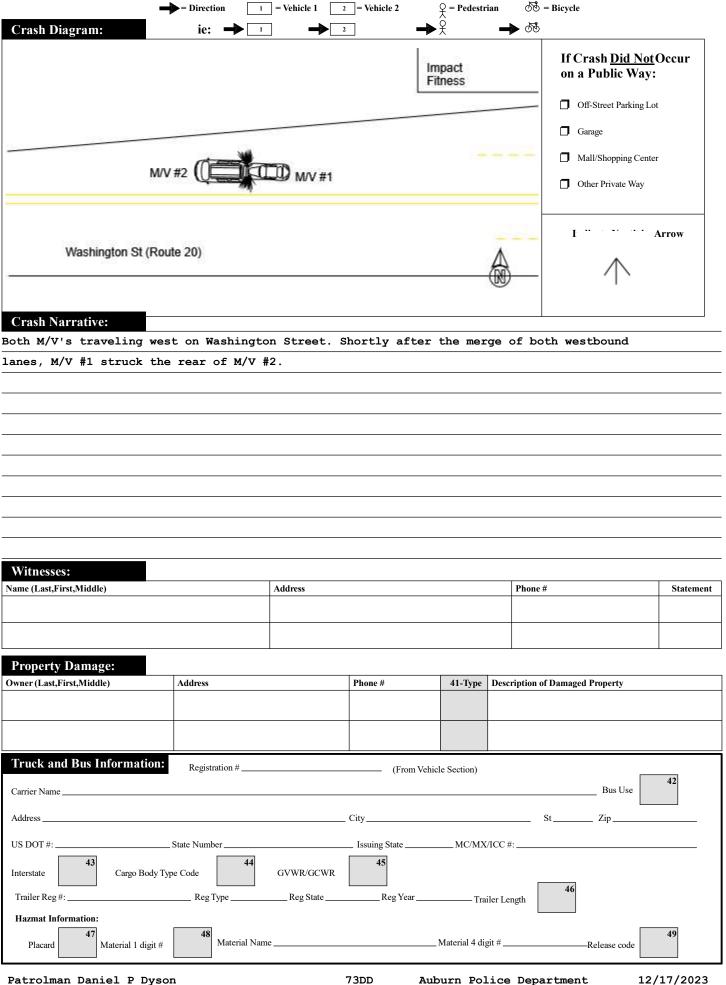
	Police Use Only	Common	onwealth of Massachusetts					RMV Document Number					
	Date of Crash Time of Crash		otor Vehi	icle Cra	sh $\begin{bmatrix} N \\ V \end{bmatrix}$		inmod		O State Police Local Police				
	12/17/2023 1730 Aubu	rn	Police F	Report	2	0	Latit	ude zitude	MBTA Police Campus Police Other:	8			
	AT INTERSECTI	ON:	LOCAT	TION :	>	NO		TERSE					
										2	10		
	Route# Direction	N		20 W Direct	31	4 W.		GTON S		_ _ [_			
¹ 5	Route# Direction	Name of Roadway/Street At		Koute# Direct	ion Add	iess #	1	Name of Road	way/Street				
				Feet	N S E W		— — Iile Marker	• — or	Exit Number				
	Route# Direction Nam	ne of Intersecting Roadway/Stree	et -	F . [N S E W		IIIC WIAIKCI		Exit I tullior	— 2	11		
		Also at Intersection with	-	_	N S E W	Rou	te#	Intersecting	g Roadway/Street		_		
² 3	Route# Direction Nam	me of Intersecting Roadway/Stree	et .	Feet	N S E W	of				_			
	Please Select One VI Vahiala 11	#0 ID		T		00	120	Landma	rK	\dashv			
3	of the Following:	_#Occupants	Moped	Crash Ro	eport ID#	23-4	130-	-AC					
	License # SA3751166 St M	A DOB/Age 12/02/19	997 Reg#_	2PZS75		Re	eg Type P	N 1			12		
	Sex M Lic. Class D Lic. Ro	M Lic. Class D Lic. Restrictions D CDL CDL Endorsement					Year 2004 Veh Make TOYOTA Veh Config. 1 21						
	Operator HADEMINE, BEIR	Owner	wner TANTA, MOHAMED										
⁴ 1	Address 8 BOYLSTON ST S	First Middle		s 270 SU	Last NDERL		First D AP	T 61	Middle	_			
	City WORCESTER State	MA Zip 01605-35		ORCESTE	ER		State M	IA Zip O	1604-255	4			
	Insurance Company THE HANOVE	R INSURANCE (e Action Prior to C		1 22		ed Area Code:		_			
	Vehicle Travel Direction: N S E	Responding to Emergency? 2		Sequence 1	23 23	23 23	Test Sta	atus:	1 28				
5	Citation # (If Issued) 344281AC	reespending to Emergency		Harmful Event	1 24		Type of	fTest:	29				
	720@#D006=	Viol. 2: Ch/Sec/Sub		Contributing Cod	_	²⁵ 4 ²	5	est Result:	30	. I	13		
				· ·	99^{-26}	4		from scene?	22	32 1			
⁶ 2	Viol. 3: Ch/Sec/SubV	tor and all occupants involved	Driver	Distracted by	34	35 36	37 38	39 40	2 33	_			
	Name (Last First Middle)	Address		DOB/Age	Sex Seat Pos.	Safety Airbag System Status	g Eject Traj	p Injury Transp le Status Code					
	Operator	See Abov	/e	><	X	99 4	0 0	10 1					
		_											
				15	16	15		10	<u> </u>				
⁷ 1	Please Select One of the Following:	_#Occupants Non-Motor	rist A Type	15 Action	16 Location	on 17	Condition		Hit/Run Mor	oed			
_	License # S25983265 St M Z	A DOB/Age 05/23/20	002 Reg#	5JDX81		Re	eg Type P	N	Reg State MA				
	Sex M Lic. Class D Lic. Ro	estrictions 20 CDL	Veh Ye	ar 2008	Veh M	ake HON	DA	Ve	ch Config. 2	1			
	Operator PHANTHAVONG, T	Endorsem TAVONE		PHANTH	AVONG	, VIL	AYCHI	TH	-	_			
81 Address 2 PANARELLI WAY			Middle Last First Middle Address 2 PANARELLI WAY										
	City WEBSTER State	WEBSTER State MA Zip 01570-3500							14				
	Insurance Company THE COMMER	-	•	e Action Prior to C	`rash	1 22		ed Area Code:	2= 2= 2	0 2 27			
	Vehicle Travel Direction: N S E	Responding to Emergency? 2			23 23	23 23	Test Sta	atus:	1 28	_			
		Responding to Emergency:			1 24		Type of	f Test:	29				
⁹ 2	Citation # (If Issued)	_		Harmful Event	L	25 2	5	est Result:	30				
	Viol. 1: Ch/Sec/SubV	Susp. Alcohol: 2 31 Susp. Drug: 2 32											
	Viol. 3: Ch/Sec/SubV			Distracted by	0 26	35 36	Towed 37 38	from scene?	2 33	_			
	Please fill out for operator/nor	n-motorist and all occupants invo	ived	DOB/Age	Sex Pos.	Safety Airbag System Status	g Eject Traj	p Injury Transp le Status Code					
	Operator/Non-Motorist	See Abov	/e		X1	99 4	0 0	10 1					
		+											
					1 1				1				



Patrolman Daniel P Dyson73DDAuburn Police Department12/17/2023Police Officer Name (Please Print)SignatureID/Badge #DepartmentPrecinct/BarracksDate