

Date of Crash 12/17/2023	Time of Crash 1730 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>20</u> Direction <u>W</u> Address # <u>314</u> Name of Roadway/Street <u>WASHINGTON ST</u>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 23-430-AC**

License # <u>SA3751166</u> St <u>MA</u> DOB/Age <u>12/02/1997</u>	Reg # <u>2PZS75</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____	Veh Year <u>2004</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u>
Operator <u>HADEMINE, BEIBOU</u>	Owner <u>TANTA, MOHAMED</u>
Address <u>8 BOYLSTON ST STE B</u>	Address <u>270 SUNDERLAND RD APT 61</u>
City <u>WORCESTER</u> State <u>MA</u> Zip <u>01605-3548</u>	City <u>WORCESTER</u> State <u>MA</u> Zip <u>01604-2554</u>
Insurance Company <u>THE HANOVER INSURANCE COM</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Citation # (If Issued) <u>344281AC</u>	Most Harmful Event <u>1</u> <u>24</u>
Viol. 1: Ch/Sec/Sub <u>720CMR906B</u> Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>5</u> <u>25</u> <u>4</u> <u>25</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u>
	Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
	Test Status: <u>1</u> <u>28</u>
	Type of Test: <u>29</u>
	BAC Test Result: <u>30</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S25983265</u> St <u>MA</u> DOB/Age <u>05/23/2002</u>	Reg # <u>5JDX81</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____	Veh Year <u>2008</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u>
Operator <u>PHANTHAVONG, TAVEN TAVONE</u>	Owner <u>PHANTHAVONG, VILAYCHITH</u>
Address <u>2 PANARELLI WAY</u>	Address <u>2 PANARELLI WAY</u>
City <u>WEBSTER</u> State <u>MA</u> Zip <u>01570-3500</u>	City <u>WEBSTER</u> State <u>MA</u> Zip <u>01570-3500</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u>
	Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
	Test Status: <u>1</u> <u>28</u>
	Type of Test: <u>29</u>
	BAC Test Result: <u>30</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

