

Date of Crash **06/05/2024** Time of Crash **1302** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **10**
1 **1** **3** **11**
2 **1** **3** **1**
3 **1** **12**

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-169-AC**

4 **1** **5** **6** **1** **13**

License # **SA1630660** St **MA** DOB/Age **06/02/2003** Reg # **1AHM30** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** **21**
Operator **KHATIWADA, BINAYAK** Owner **KHATIWADA, PAMPHA D**
Address **5 WOODRIDGE RD APT 2** Address **37 BONNYBROOK RD**
City **WORCESTER** State **MA** Zip **01606-2223** City **WORCESTER** State **MA** Zip **01606-3423**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **N** **S** **E** **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 **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: **31** Susp. Drug: **32**
Towed from scene? **2** **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
Operator		See Above		1	99	4	0	0	10	1	
PRASANG RAI	25 UPLAND GARDENS DR WORCESTER, MA 01607-1655	01/12/2004	M	11	99	4	0	0	10	1	
SUREN TAMANG	642 BRUNNER DR CINCINNATI, OH 45240	08/16/2002	M	11	99	4	0	0	10	1	

7 **2** **8** **2** **9** **2** **14**

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **SA9590542** St **MA** DOB/Age **03/12/1960** Reg # **FW3373** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2021** Veh Make **SUBARU** Veh Config. **1** **21**
Operator **RIVER, ROBIN ANNE** Owner **RIVER, ROBIN ANNE**
Address **39 POINT PLEASANT RD** Address **39 POINT PLEASANT RD**
City **WEBSTER** State **MA** Zip **01570-1530** City **WEBSTER** State **MA** Zip **01570-1530**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **27** **27**
Vehicle Travel Direction: **S** **E** **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 **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **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
Operator/Occupants		See Above		1	99	4	0	0	■	■	

