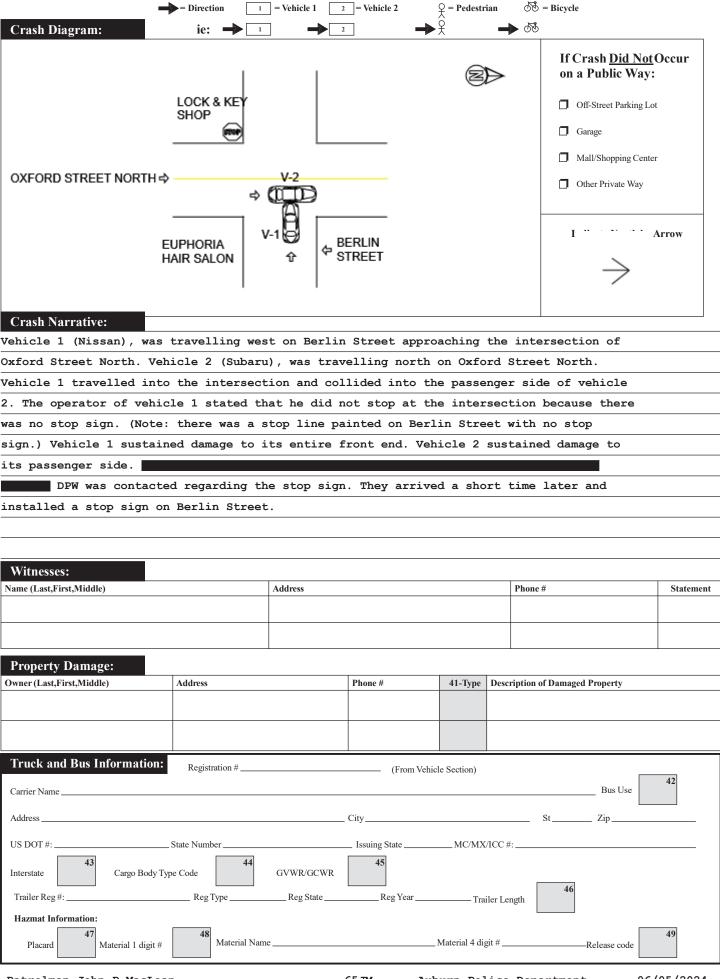
	Police Use Only Commonwealth of Massachusetts RMV Document Number													
	Date of Crash  Time of Crash		otor Veh	icle Cra	sh	Number Vehicles		rod 1	ed Limit	3.	State Police Local Police MBTA Police Campus Police			
	06/05/2024 1302 Aub	urn	Police 1	Report		2	1	Lat	itude ngitude _		Campus Police Other:			
	AT INTERSECTION: < LO		LOCA	TION :	>		NO'	ΓΑΤΙ	T INTERSECTION:					
	OVEODD CHIDEER NO											2	10	
<sup>1</sup> 1	Route# Direction OXFORD STREET NO Name of Roadway/Street			Route# Direct	tion A	ldress #			Name o	f Roadv	way/Street	-	_	
	At			Feet NSEW of or										
	Route# Direction BERLIN ST Name of Intersecting Roadway/Street			Mile Marker Exit Number									11	
	Also at Intersection with			Feet NSEW of Route# Intersecting Roadway/Street									_	
<sup>2</sup> <b>1</b>	Route# Direction N	ame of Intersecting Roadway/Stree		Feet [	merseeing roadway street									
1	Roden Breedon 10	and of intersecting roadway/Succ			Landmark						-			
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	24	-1	69-	-AC					
	License # <b>SA1630660</b> St <b>M</b>	1A DOB/Age 06/02/20	003 Reg#	1AHM30			Reg	g Туре <b>Р</b>	С	R	Reg State <b>MA</b>	_	12	
	Sex M Lic. Class D Lic.	Veh Y	Veh Year 2015 Veh Make NISSAN Veh Config. 1											
	Operator KHATIWADA, BINAYAK Owner KHATIWADA, PAMPHA D													
<sup>4</sup> <b>1</b>	Address 5 WOODRIDGE RD			ess <b>37 BON</b>	<sup>Last</sup> NYBR	OOK	RD Fi	rst		M	fiddle			
	City <b>WORCESTER</b> Stat	te <b>MA</b> Zip <b>01606-22</b>	23 City	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01606-3423</b>										
	Insurance Company THE STAND	ARD FIRE INSUE	RAN Vehic	le Action Prior to C	Crash	1	22	Dama	ged Area	Code:	_			
-	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test S			28			
3	Citation # (If Issued)	_	Most	Harmful Event	1 24				of Test: Test Res	olt.	30			
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le <b>4</b>	25	25	]	Alcohol:	- 24	Susp. Drug: 32	1	13	
6	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 26		26	Tower	d from sc	ene?	2 33		_	
<sup>6</sup> 1	•	erator and all occupants involved		Don't	3 Se		36 Airbag Status	37 3 Eject Tr Code Co	8 39 ap Injury ode Status	40 Transp. Code		7		
	Name (Last First Middle)  Operator	Address See Abov	/e	DOB/Age	Sex Po	s. System	4	0 0	10	1	Medical Facility	+		
	PRASANG RAI	25 UPLAND GARDENS DR		01/12/2004	M 11	. 99	4	0 0	10	1				
		WORCESTER, MA 01607-165	5									-		
	SUREN TAMANG	CINCINNATI, OH 45240		08/16/2002	M 11	. 99	4	0 0	10	1		_		
												_		
<sup>7</sup> 2	Please Select One of the Following:	#Occupants	Moped	Vulneral	ole User	Complete	the Vu	lnerable U	Jser secti	on.				
	License # <b>SA9590542</b> St <b>N</b>	<u>1A DOB/Age 03/12/19</u>	960 Reg #	FW3373			Reg	д Туре <u>Р</u>	С	R	Reg State <b>MA</b>	1		
	Sex <b>F</b> Lic. Class D Lic.	Veh Y	Veh Year <b>2021</b> Veh Make <b>SUBARU</b> Veh Config.											
0	Operator RIVER, ROBIN	nent Own	Owner RIVER, ROBIN ANNE											
<sup>8</sup> 2	Address 39 POINT PLEAS		Address 39 POINT PLEASANT RD											
	City <b>WEBSTER</b> Stat	te <b>MA</b> Zip <b>01570-15</b>		WEBSTER				State <b>_1</b>	<u>AN</u>	Zip <b>0</b>	1570-1530	1 1	14	
	Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash  Damaged Area Code: 3 27 27 27									_	
	Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29										
<sup>9</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	1 24				of Test: Test Res	ult:	30			
2	Viol. 1: Ch/Sec/Sub	Drive	Oriver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32											
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Towed from scene? 1 33										
	Please fill out for ope	erator and all occupants involved		DOB/Age	Sex Po	at Safety	36 Airbag Status	37 3 Eject Tr Code Co	8 39 ap Injury ode Status	40 Transp. Code	Medical Facility	1		
	Operator/Occupants	See Abov	/e		X 1			0 0	•			1		
	_									+		+		
					++					+		+		
										+		+		
	į.	1		1	1 1	1	1		1	1	1	1		



 Patrolman
 John
 P MacLean
 65JM
 Auburn
 Police Department
 06/05/2024

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date