

Date of Crash 07/05/2024	Time of Crash 0845 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 2	Speed Limit <u>45</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>20</u> Direction <u>W</u> Address # <u>782</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  Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-229-AC**

License # <u>SA0040340</u> St <u>MA</u> DOB/Age <u>06/29/1999</u>	Reg # <u>3CCC86</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2022</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HUYNH, PHUONG HOANG</u> Last First Middle	Owner <u>HUYNH, PHUONG HOANG</u> Last First Middle
Address <u>70 ARLINGTON ST APT 2</u>	Address <u>70 ARLINGTON ST APT 2</u>
City <u>WORCESTER</u> State <u>MA</u> Zip <u>01604-4482</u>	City <u>WORCESTER</u> State <u>MA</u> Zip <u>01604-4482</u>
Insurance Company <u>THE STANDARD FIRE INSURAN</u>	Vehicle Action Prior to Crash <u>99</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" 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> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Towed from scene? <u>1</u> <u>33</u>
Driver Distracted by <u>99</u> <u>26</u> <u>26</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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<del>XXXXXXXXXX</del>

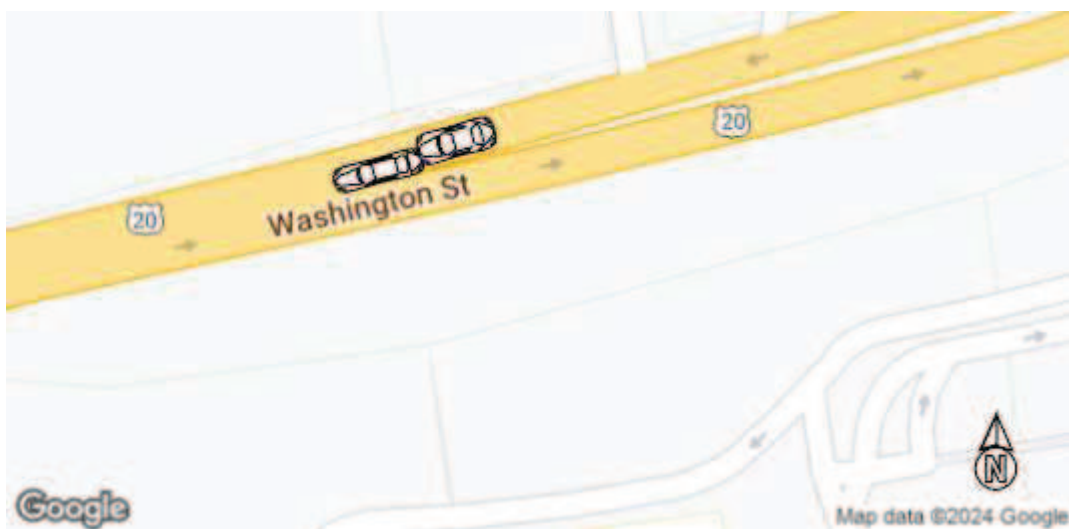
Please Select One of the Following:  Vehicle 2 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # <u>S85812402</u> St <u>MA</u> DOB/Age <u>10/25/1983</u>	Reg # <u>231XN6</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2015</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>OPOKUBUNNA, EMMANUEL</u> Last First Middle	Owner <u>OPOKUBUNNA, EMMANUEL</u> Last First Middle
Address <u>18 SYCAMORE ST FL APT 2</u>	Address <u>18 SYCAMORE ST FL APT 2</u>
City <u>MILLBURY</u> State <u>MA</u> Zip <u>01527-3118</u>	City <u>MILLBURY</u> State <u>MA</u> Zip <u>01527-3118</u>
Insurance Company <u>GREEN MOUNTAIN INSURANCE</u>	Vehicle Action Prior to Crash <u>5</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" 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> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
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Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Towed from scene? <u>1</u> <u>33</u>
Driver Distracted by <u>0</u> <u>26</u> <u>26</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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<u>1</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<del>XXXXXXXXXX</del>

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ☹ = Bicycle

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow



**Crash Narrative:**

PLEASE NOTE BOTH OPERATORS DO NOT SPEAK ENGLISH AS PRIMARY LANGUAGE.

Operator of MV # 1 states that MV # 2 was turning left, or turn left or entered into the left lane cutting him off and caused the collision. Operator of MV # 1 used hand signals to attempt to communicate along with broken English.

MV # 1 has extensive front left damage.

Operator of MV # 2 stated he had made a right turn out of the gas station and as he was travelling in the right lane a black MV was driving at such a high rate of speed he was afraid the car was going to ram into him so he attempted to get out of the lane to avoid being hit, but the MV also changed into that lane and collided with the rear of his MV, causing his MV to spin left over the medium rumble divider and across two lanes of

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
BREWER JEANNE T	14 DEERFIELD CIR AUBURN MA 01501	[REDACTED]	

**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 John E McLaughlin**

Police Officer Name (Please Print)

Signature

**94JM**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**07/05/2024**

Date