

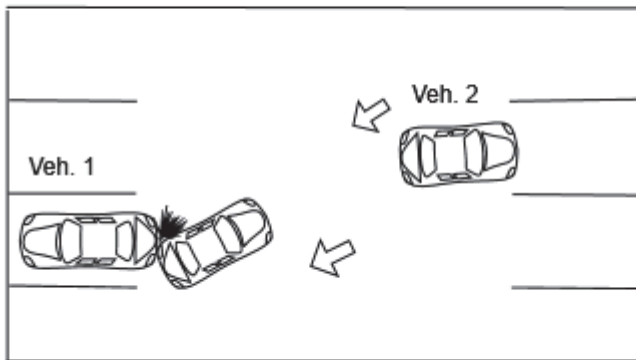
Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 05/12/2025		Time of Crash 1457 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-160-AC															
License # S51635611 St MA DOB/Age 01/12/1988						Reg # BL09453 Reg Type PAN Reg State CT																	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make BMW Veh Config. 1 21																	
Operator OPPONG, HENRY Last First Middle						Owner OPPONG, NICOLE MARIE Last First Middle																	
Address 221 BALLARD RD						Address 221 BALLARD RD																	
City THOMPSON State CT Zip 06277						City THOMPSON State CT Zip 06277-2704																	
Insurance Company Progressive Casualty Insu						Vehicle Action Prior to Crash 11 22 Damaged Area Code: 5 27 27 27																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 2 24 Type of Test: 0 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: 2 31 Susp. Drug: 2 32																	
Please fill out for operator and all occupants involved						Towed from scene? 2 33																	
Name (Last First Middle)		Address		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		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S44491706 St MA DOB/Age 01/18/1966						Reg # 4RVR41 Reg Type PC Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2019 Veh Make HONDA Veh Config. 1 21																	
Operator KOT, ROBERT MICHAEL Last First Middle						Owner KOT, TRACY RENEE Last First Middle																	
Address 10 MANOR RD						Address 10 MANOR RD																	
City AUBURN State MA Zip 01501-3137						City AUBURN State MA Zip 01501-3137																	
Insurance Company LIBERTY MUTUAL INSURANCE						Vehicle Action Prior to Crash 10 22 Damaged Area Code: 6 27 27 27																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 2 24 Type of Test: 0 29																	
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Name (Last First Middle)		Address		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		X		X		1		1		4		0		0		10		1			
ERIC KOT		10 MANOR RD AUBURN, MA 01501		06/08/2000		M		6		1		4		0		0		10		1			

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Parking lot 489  
Washington St.



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

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

↓ Arrow

### Crash Narrative:

Vehicle one was pulling into a parking spot at 489 Washington St. Vehicle two was backing out of a space attempting to leave. While trying to leave, operator of vehicle two was talking with a passenger and was distracted. As a result, vehicle two struck vehicle one.

Both vehicles were able to drive. All parties declined medical attention.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

### 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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/12/2025

Date