

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

3 10 Route# Direction Address # 355 MIDDLESEX AVE Name of Roadway/Street

3 11 Feet N S E W of Mile Marker Exit Number

3 12 Feet N S E W of Route# Intersecting Roadway/Street

3 13 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 3 #Occupants  Hit/Run  Moped | Crash Report ID# 22-22-AC

License # SA5800951 St MA DOB/Age Reg # STB862 Reg Type ST Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2012 Veh Make FORD Veh Config 1 21

Operator DANG, NINA Owner MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Address 75 4TH AVE Address 668 SOUTH AVE

City LOWELL State MA Zip 01854-2729 City WESTON State MA Zip 02493-1120

Insurance Company SELF INSURED Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27

Vehicle Travel Direction:  S  E  W Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Test Status: 28

Citation # (If Issued) Most Harmful Event 2 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 97 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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			1	99	4	0	0	10	1	
ASHLEY KING	14 WESTCHESTER DR LAWRENCE, MA 0184-3034		F	3	99	4	0	0	10	1	
SAMATH PHATH	55 SARATOGA ST LOWELL, MA 01852-5617		M	4	99	4	0	0	10	1	

Please Select One of the Following:  Vehicle 20 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # St DOB/Age Reg # STC859 Reg Type ST Reg State MA

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2014 Veh Make FORD Veh Config 1 21

Operator Driverless M.V. Owner MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Address City State Zip

Insurance Company Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 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 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved

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/Non-Motorist	See Above			1							

