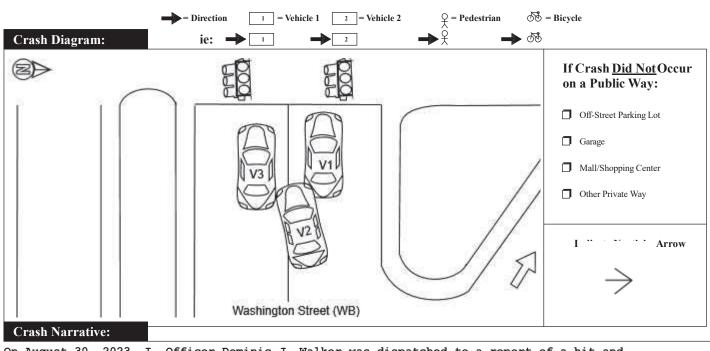
	Police Use Only	Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash		<b>Motor Veh</b>	icle Crasł	Numb Vehic		ı Deca		O State Police Local Police	
	08/30/2023 2025 Aub	urn	Police 1	Report	3	0	Latitud Longit		MBTA Police Campus Police Other:	5
	AT INTERSECT	ION:	< LOCA	TION >		NOT	- U	TERSEC		$\neg$
										<b>2</b> 10
	SOUTHBRIDGE ST			B	A 11		NT.	CD 1	10.	_[
<sup>1</sup> <b>4</b>	Route# Direction Name of Roadway/Street  At			Route# Direction Address # Name of Roadway/Street						
_	WASHINGTON ST			Feet N	S E W of		•	— or	Exit Number	
	Route# Direction Name of Intersecting Roadway/Street									
		Also at Intersection with	n			Route#		Intersecting	g Roadway/Street	-
<sup>2</sup> <b>1</b>	Route# Direction Na	ame of Intersecting Roadwa	y/Street	Feet N	S E W of					_
	Diam Salari Ora			<del></del>				Landma	rk	$\dashv$
3	Please Select One of the Following:	#Occupants   Hit/F	Run Moped	Crash Repor	rt ID# <b>2</b>	3-29	95-2	AC		
	License # <b>S25964814</b> St <b>M</b>	IA DOB/Age 04/12	2/1990 Reg#	G2587		Reg Ty	pe <b>PA</b>	I		- 12
	Sex M Lic. Class D Lic. 19	Restrictions 20 CI	DL Veh Y	Year <b>1974</b>	Veh Make	PONTI	AC	Ve	ch Config. 21	1 "
	Operator PACHECO, VIRG		Own	er PACHECO,	VIRG	INIO	R			
<sup>4</sup> 3	Address 210 W MAIN ST	First	Middle	Ess <b>210 W M</b>		First		M	Middle	
	City <b>MILLBURY</b> Stat	e <b>MA</b> Zin <b>01527</b>		MILLBURY			State MA	Zip O	1527-1423	-
	Insurance Company <b>ESSENTIA</b>		•	le Action Prior to Crasl	_	22		Area Code:		. I
	Vehicle Travel Direction: N S E	Responding to Emerge		Sequence 23	23 23	3 23	Test Statu		1 28	'
<sup>5</sup> <b>1</b>			-		24		Type of T	est:	29	
	Citation # (If Issued)				25	25	BAC Tes		30	13
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26			cohol: 2 3	22	] [1
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub			r Distracted by		35 36 3	Towed from 38	om scene?	2 33	_
_	Please fill out for oper Name (Last First Middle)	rator and all occupants invo	Address	DOB/Age Se	Seat Sa	fety Airbag Ej stem Status Co	ect Trap ode Code	Injury Transp Status Code		
	Operator	Se	e Above	$\rightarrow$	$\left(\begin{array}{c c}1\end{array}\right)$	4 0	0	10 1		
										_
										_
										_
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Con	dition	18	Hit/Run Mope	d
3		DOB/Age	Pag #	BF21128	l l	P.og Ty		<u> </u>	Pag Stata CT	┥
	19 19	_	rg # <b>BF21128</b> Reg Type <b>PAN</b> Reg State <b>CT</b> th Year Veh Make <b>DODGE</b> Veh Config. 1 21							
	Endorsement									
<sup>8</sup> 2	Operator unknown  Last	First	Middle	erLast		First		N	Middle	-
	Address			ess						- I
	City Stat	e Zip				22		Zip	27 27 27 27	- <b> </b>
	. ,			Phicle Action Prior to Crash 1 Dannaged Area Code. 99						1
	Vehicle Travel Direction: NSEW	rent Sequence Type of Test: 29								
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Most	Harmful Event 1	24		BAC Tes	t Result:	30	
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	<b>4</b> 25	3 25	Susp. Alc	cohol: 3	1 Susp. Drug: 32	]
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dr			priver Distracted by 99 26 Towed from scene? 33						
	Please fill out for operator/no	-	ts involved	DOB/Age Se	Seat Sa	35 36 3 fety Airbag Ej stem Status Co	7 38 ect Trap ode Code	39 40 Injury Transp Status Code		7
	Name (Last First Middle)  Operator/Non-Motoris		e Above	DOB/Age Se	1 1 sys	on status C	Code	Samus Code	Medical Facility	$\dashv$
	Specialistical interests				1					_
										_

	Police Use Only	Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash		<b>Motor Veh</b>	icle Crash	Number Vehicles		Speed Lim	nit <b>40</b>	— Local Police	1
	08/30/2023 2025 Aub	urn	Police 1	Report	3	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSECT		1
										<b>2</b> 10
	Route# Direction SOUTHBR	IDGE ST  Name of Roadway/Stre	et	Route# Direction	Address #		Name	of Roadwa	av/Street	
<sup>1</sup> <b>4</b>	At			Route# Direction Address # Name of Roadway/Street						
	WASHINGTON ST			Feet NSEW of — or Exit Number						
	Route# Direction Na	Also at Intersection with		Feet N S	E W of					2 11
				Feet N S		Route#	Inte	ersecting R	Loadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	ame of Intersecting Roadwa	ny/Street					Landmark		
	Please Select One Vehicle 3.1	#Occupants Hit/F	Run Moped	Crash Repor	t ID# 23	-29				1
3	of the Following:									1
	10 10	DOB/Age 10/1		3JRF15					21	<b>1</b> 12
	Sex <b>F</b> Lic. Class <b>D</b> Lic. 1	Restrictions CI En	DL Veh Y	ear <b>2022</b>	Veh Make <b>E</b>	BMW		Veh	Config. 1	
4	Operator BESHAI, SARA	MARIE First	Middle	er <b>BESHAI</b> ,	SARA N	IARIE First		Mid	ldle	
<sup>4</sup> 3	Address 35 DAVIS RD A	PT J	Addre	ess 35 DAVIS	RD Z	APT J				
	City <b>CHARLTON</b> Stat	e <b>MA</b> Zip <b>01507</b>	-1225 City C	CHARLTON			ate <b>MA</b>	Zip <b>01</b>	507-1225	
	Insurance Company THE STAND	ARD FIRE IN	ISURAN Vehic	le Action Prior to Crash			Damaged Are	ea Code:	3 27 27 27 28	
5 _	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	23	Test Status:  Type of Test:	. :	29	
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_	Most	Harmful Event 1	24		BAC Test Re	-	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	Susp. Alcoho	ol: 31	Susp. Drug: 32	<b>1</b> 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	7	Towed from s	scene?	2 33	
<sup>6</sup> 1	Please fill out for oper	rator and all occupants invo	lved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 t Trap Inju	ary Transp.	Medical Facility	Ī
	Operator Operator		ee Above	DOB/Age Sc	1 1	4 0	0 10		Medical Pacifity	-
	- <b>F</b>									-
										-
										-
<sup>7</sup> 3	Please Select One of the Following:	#Occupants  Non-	Motorist A Type	15 Action 16	Location	17 Cond	ition 1	18 D	Iit/Run Moped	
3		DOB/Age	Pag#			Pag Tym	Δ	D <sub>o</sub>	a State	1
	19 19		g # Reg Type Reg State							
	Operator		dorsement	er				ven v	Connig.	
<sup>8</sup> 2	Last Address	First	Middle	Last		First		Mid	ldle	
	CityStat	e Zin				Si	ate	Zin		<b>1</b> 14
	Insurance Company			le Action Prior to Crash		22	Damaged Are		27 27 27	
	. ,			rent Sequence 23 23 23 23 Test Status: 28						
				Type of Test: 29						
<sup>9</sup> <b>2</b>	,			r Contributing Code	25	25	BAC Test Re	24	Susp Drug: 32	
	Viol. 1. Chibed Sub — Viol. 2. Chibed Sub			iver Contributing Code Susp. Alcohol: Susp. Drug.  Susp. Alcohol: Susp. Drug.  Towed from scene? 33						
	Viol. 3: Ch/Sec/Sub  Please fill out for operator/no			34 35 36 37 38 39 40						1
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System		t Trap Inju	tus Code	Medical Facility	-
	Operator/Non-Motoris	Se Se	ee Above	$\nearrow \nearrow$	1					
										1



On August 30, 2023, I, Officer Dominic J. Walker was dispatched to a report of a hit and run crash on Washington Street near the intersection of Southbridge Street. Upon my arrival I spoke with the operator of vehicle 1, VIRGINIAO PACHECO, who stated that while he was stationary at the red light (at the intersection of Washington Street and Southbridge Street) he saw a vehicle come up behind him at a high rate of speed. There was a vehicle to his left as well. Vehicle 2 attempted to drive between vehicle 1 and 3 to go through the red light and subsequently struck vehicle 1 causing damage to the rear bumper, taillight and quarter pannel and vehicle 3, causing minor damage to the rear passenger wheel well. Vehicle 2 was later identified to be involved in a pursuit from the State Police and was terminated much prior to this crash occurring. The operator of vehicle 3, SARA BESHAI, contacted us when she arrived home to report the damage.

Name (Last,First,Middle)	Address		Phone #	Statement							
VARGAS ALBERTO AMIXER	607 HAINES	AVE DALLAS TX	75208								
Property Damage:											
Owner (Last,First,Middle)		Phone #	ription of Damaged Property								
Truck and Bus Information:  Registration #											
Registration # (From Vehicle Section)  Carrier Name Bus Use											
Address			City		St Zip						
US DOT #:	State Number		Issuing State	MC/MX/IO	CC #:						
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45								
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length 46						
Hazmat Information:											
Placard Material 1 digit #	48 Material Name	e	1	Material 4 digit	#Release code	49					

Department

Witnesses: