	Police Use Only	Commonwealth of Massachusetts RMV Document Number						
	Date of Crash Time of Crash 10/02/2023 1501 Aubu		Vehicle Crash		inred	d Limit 40	State Police Local Police MBTA Police Campus Police	1
	24HR AUDU	Po	lice Report	3 0		ude gitude	Campus Police Other:	1
	AT INTERSECTION	ON: <	LOCATION >	NO	OT AT IN	TERSEC	TION:]
				000				2 10
	Route# Direction	Name of Roadway/Street	Route# Direction	888 Address #		RIDGE Name of Roadv		-
¹ 1		At	Feet NS	E W c				1
	Route# Direction Nam	ne of Intersecting Roadway/Street	Feet N 3		Mile Marker	• — or	Exit Number	11
		Also at Intersection with	Feet N S		ute#	Totalia di a	Roadway/Street	2
2	Route# Direction Nam	a of Intercepting Deadway/Ctuest	Feet N S	E W of	ute#	Intersecting	Roadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadway/Street				Landmar	ĸ	1
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Crash Report l	D# 23-	328-	AC		
	License # S22287634 St MA		Reg#_ 9VW868	т	ag Tyma PC	y D	ag Stata MA	┺
	19 19	estrictions 1 CDL	Veh Year 2018				21	1 12
	Operator HERNANDEZ IGLESIA	Endorsement						
⁴ 1	Address 27 JUDITH AVE	First Middle	Owner HERNANDEZ Last Address 27 JUDITH		First	М	iddle	
_	City SOUTHBRIDGE State	MA 7in 01550-2331	City SOUTHBRIDG		State N	ΙΔ 7 in Ω	1550-2331	
	Insurance Company GEICO GENE		Vehicle Action Prior to Crash	2 22		ed Area Code:		
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	23	23 23 23	Test St		1 28	
5	Citation # (If Issued)	responding to Emergency:	Most Harmful Event 1	24	Type of	Test:	29	
	· · · · ·			1 25	25	est Result:	30	13
	Viol. 1: Ch/Sec/SubV		_	26		from scene?	22	1
⁶ 1	Viol. 3: Ch/Sec/SubV	tor and all occupants involved	_ Briver Distracted by U	34 35 36	37 38	39 40	2 33	_
	Name (Last First Middle)	Address	DOB/Age Sex	Seat Safety Airb Pos. System State	ag Eject Traj is Code Cod	e Status Transp. Code	Medical Facility	-
	Operator	See Above	\times X	1 1 4	0 0	10 1		
								1
-	Please Select One Vehicle 21	#Occupants Non-Motorist A	T 15 16 1	. 17	Condition	18	Hit/Run Moped	1
⁷ 1	of the Following:	-		Location				4
	19 19	A DOB/Age 07/26/2003		F			21	
	Sex F Lic. Class D Lic. Re	estrictions CDL Endorsement		/eh Make HON		Veh		
⁸ 3	Operator THERRIEN, SAIG	First Middle	Owner THERRIEN,		First		liddle	
3	Address 68 PAIGE HILL R		Address 68 PAIGE					14
	City SOUTHBRIDGE State 1		City SOUTHBRIDG	22				2
	Insurance Company THE COMMER		Vehicle Action Prior to Crash	2	Damag Test St	ed Area Code:	5 27 1 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event Sequence 23	23 23 23	Type of		29	
⁹ 2	Citation # (If Issued)	-	Most Harmful Event 1	24	BACT	est Result:	30	
	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	_ Driver Contributing Code	<u> </u>	Susp. A	alcohol: 2 31	1 5 2	
	Viol. 3: Ch/Sec/SubV	ïol. 4: Ch/Sec/Sub	_ Driver Distracted by 0	26		wed from scene? 2 33]
	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occupants involved Address	DOB/Age Sex	34 35 36 Seat Safety Airb Pos. System State	ag Eject Tra	39 40 Injury Transp. e Status Code	Medical Facility	
	Operator/Non-Motorist	See Above	\rightarrow	1 1 4	0 0	10 1]
								1
		_						-
								-
	İ.	i	1 1	1 1 1	1 1	1 1	1	1

	Police Use Only	Commo	onwealth o	of Massa	chus	etts		RM	IV Docu	iment Number	
	Date of Crash Time of Crash		Aotor Veh	icle Cras	h N		in mod	peed Limit	40	Local Police	
	10/02/2023 1501 Aub	urn	Police 1	Report	3	0	, L	atitude ongitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NO	ТАТ	INTER	SEC	TION:	7
											2 10
	Route# Direction	Name of Roadway/Street		Route# Directio	88 n Addr	8 ress #	OUTH	IBRID Name of		ST ay/Street	-
¹ 1	- Roden Breeden	At						Trume o	reductivi	иу/Бисес	-
				Feet N	SEW	of —	— — Iile Mark		or _	Exit Number	
	Route# Direction Na	ame of Intersecting Roadway/S Also at Intersection with	treet	Feet N	SEW						2 11
		7 HSO at Intersection with		_	SEW	Rou	te#	Inter	secting F	Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadway/S	treet					T -	andmark	,	-
	Please Select One	#Occupants Hit/Run		G 1 P	4 IID#	22 2	220			•	1
3	of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID#	23-3	20	JA-			╛
		<u>IA</u> DOB/Age <u>12/30/</u>	1959 Reg #	W83408		R	eg Type <u>(</u>	CO	Re	eg State MA	12
	Sex M Lic. Class D Lic. 1	Restrictions 20 CDL_Endor	Veh Y	Tear 2022	Veh M	ake <u>CHE</u>	VROL	ET	Veh	Config. 13	<u> </u>
	Operator RIVERA, MILTO	N JR		er NICHOLS	ENT	ERPRI	SES	INC	Mic	ddle	
⁴ 1	Address 4 DARTMOUTH ST			ess 125 SOU	THBR	IDGE	RD		IVII		
	City WORCESTER Stat	e MA Zip 01604- 3	3008 City_	CHARLTON			State	MA	Zip 01	L507-5239	
	Insurance Company NEW YORK	MARINE AND G	ENER Vehic	ele Action Prior to Cra	ash	1 22	Dan	naged Area	Code:	_	
5	Vehicle Travel Direction: N S E	Responding to Emergency	? 2 Event	t Sequence 1 23	23	23 23		t Status:		1 28	
5	Citation # (If Issued)		Most	Harmful Event	L 24			e of Test:		30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	18	25 2	=	C Test Resi p. Alcohol:			1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			ved from sc		2 33	<u> </u>
⁶ 1		rator and all occupants involved			34 Seat	35 36 Safety Airba	37	38 39 Trap Injury	40	2	4
	Name (Last First Middle)	Add		DOB/Age	Sex Pos.	System Status	Code	Code Status	Code	Medical Facility	-
	Operator	See A	bove		X 1	1 4	0 (0 10	1		
7	Please Select One Vehicle 4	#Occupants No. Ma	4 T		16	17	Cliti-	18	<u> </u>	Hit/Run Moped	1
⁷ 1	of the Following:	#Occupants Non-Mo	otorist A Type	Action	Location	on	Conditio	on	- '	Moped Moped	1
1	License # St	DOB/Age	Reg #	<u> </u>		R	eg Type _		Re	eg State	
	Sex Lic. Class 19 19 Lic. 1	ch Year Veh Make Veh Config.									
⁸ 3	Operator	First Mi	ddle	er	t		First		Mic	ddle	
3	Address		Addre	ess							14
	City Stat	e Zip	City_						٠ ـ ـ ـ	27 27 27	2
	Insurance Company		Vehic	ele Action Prior to Cra		22		naged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency	? Event	t Sequence 23		23 23		t Status: e of Test:		29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	24			C Test Resi	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 2	5 Susj	p. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dri			priver Distracted by Towed from scene? 33					33		
	Please fill out for operator/no	on-motorist and all occupants in		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbay System Status	37 Eject Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	1
	Operator/Non-Motoris			DOBINGE	1	-jsiii Status	2000	- Diatus	Joac	wicurear racility	1
	- F			\vee							-
									+		-

Crash Diagram:	ie:	= Vehicle 1 2	_	♀ Pedestri ♀	an Ø♥ = Bicycle	
	[3]D(I	2 0 1			If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	:
Southbridge St.						
			888 Southl St.	oridge		Arrow
Crash Narrative:						
Wehicles 1, 2, and 3, we	ere traveling W	lest on Sout	hbridge St in	the ar	ea of 888 Southbridge	
St. Vehicle 1 began to						
slowed to stop. Vehicle				, and re	ear ended V2 pushing	
it into V1 causing mino:	damage to eac	h vehicles	bumpers.			
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:			Phone #	41 T	Description of Description	
Owner (Last,First,Middle)	Address		rnone #	41-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		
Carrier Name_			(From veine)	ie Beetion)	Bus Use	42
Address			City		St Zip	
	_ State Number			MC/MX/	ICC #:	
Interstate 43 Cargo Body T	ype Code	GVWR/GCWR	45			
Trailer Reg#:	Reg Type	Reg State	Reg Year	Trai	ler Length	
Hazmat Information:			<u> </u>	- 1141		
Placard Material 1 digit #	48 Material Name	e	i	Material 4 dig	it#Release code	49
Datrolman Matthew Bodwi	11		QAMD Aub	D-7	igo Donartmont 10/	'02 /2023

Department
Precinct/Barracks

Patrolman Matthew
Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date