	Police Use Only Commonwealth of Massachusetts RMV Docum						
			or Vehicle Crash	Number Number Vehicles Injured	Speed Limit 40 State Police Local Police MBTA Police	<u> </u>	
	12/22/2023 <b>1404</b> Aubu:	rn P	Police Report	2 1	Latitude MBTA Police Campus Police Other:	_	
	AT INTERSECTION	ON: <	LOCATION >	NOT A	Γ INTERSECTION:	$\neg$	
						<b>2</b> 10	
	Route# Direction	Name of Roadway/Street	Route# Direction	746 Address #	PHBRIDGE ST  Name of Roadway/Street	- -	
<sup>1</sup> 1		At			·		
		CV D. 1. (G.	Feet [N]	S E W of Mile Ma	erker or Exit Number		
	Route# Direction Name	e of Intersecting Roadway/Street Also at Intersection with	Feet N	S E W of		3 "	
				Route#	Intersecting Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Name	e of Intersecting Roadway/Street		AT J	Landmark	—	
2	Please Select One Vehicle 11	#Occupants Hit/Run	Moped Crash Repor	t ID# 23-43	9-AC		
3	of the Following: License # SA9830865 St MA	06/25/1003				_	
	10 10	DOB/Age 06/25/1992	_		PAN Reg State CT	<b>1</b> 12	
		strictions 99 CDL Endorsement			Veh Config. 1	_	
<sup>4</sup> <b>1</b>	Operator WAAG, GRETA KA	THRYN First Middle	Owner WAAG, RI	First	Middle	-	
1	Address 247 OCEAN ST		Address 42 HUBBE			-	
	City <b>LYNN</b> State <b>J</b>				ate <b>CT</b> Zip <b>06784</b>	27	
	Insurance Company <b>Progressive</b>	<u> Direct Insura</u>		1 <b>1</b> 1	est Status: 1 27 10 27 1 28		
5	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Event Sequence 23	10 23 23 23 T	type of Test:		
	Citation # (If Issued)	-	Most Harmful Event 1	B	AC Test Result: 30	12	
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver Contributing Code		usp. Alcohol: 2 31 Susp. Drug: 2	<b>1</b> 32 <b>1</b> 13	
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Driver Distracted by	<b>26</b>	lowed from scene? 1 33		
1	Please fill out for operato	or and all occupants involved	DOB/Age Se	34 35 36 37 Seat Safety Airbag Eject Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code Medical Facility		
	Operator	See Above		1 1 4 0	0 • 1		
	_						
						_	
						_	
<sup>7</sup> 9	Please Select One of the Following:	#Occupants Non-Motorist A	Type Action 16	Location 17 Condi	tion 18 Hit/Run Mo	ped	
	License # 186405462 St CT	DOB/Age 06/03/1952	2 Reg# <b>AS28172</b>	Reg Type	PAN Reg State CT		
	Sex <b>F</b> Lic. Class D Lic. Res	strictions CDL	Veh Year <b>2016</b>	Veh Make <b>LEXUS</b>	Veh Config. 1	21	
	Operator MENZIGIAN, VIR	Endorsement GINIA	Owner <b>MENZIGIA</b>	N, VIRGINIA			
<sup>8</sup> <b>1</b>	Address 44 MARCY LN	irst Middle	Address 44 MARCS	First	Middle		
	City NORTH GROSVENORDALE State	CT Zip 06255-2112	City NORTH GROS	SVENORDALE Sta	ate <b>CT</b> Zip <b>06255-211</b>	<u>.2</u> 1	
	Insurance Company Allstate F:			6 22 D	Damaged Area Code: 5 27 27	27	
	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	Event Sequence 23	23 23 23 T	est Status: 28	_	
Q	Citation # (If Issued)	-	Most Harmful Event 1	24	Type of Test: 29		
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub ————————Vi	ol. 2: Ch/Sec/Sub	Driver Contributing Code	25 25	AC Test Result: 30 usp. Alcohol: 2 31 Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub ————————Vi		Susp. Aconor. 2 Susp. Drug. 2				
		motorist and all occupants involved		34 35 36 37 Seat Safety Airbag Eject	38 39 40 Trap Injury Transp.	-	
	Name (Last First Middle)	Address	DOB/Age Se	X Pos. System Status Code	Code Status Code Medical Facility		
	Operator/Non-Motorist	See Above		1 1 4 0	0 10 1		

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	= Pedestri	an 📆 =	= Bicycle	
Crash Diagram:	ie: 1	2	<b>→</b>	₹	<b>→</b> ₩		
Jiffy Lub		South	nbridge Street ————			If Crash Did Note on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	t
				_		→ · · · · · · · · · · · · · · · · · · ·	Arrow
					$\otimes$		
Crash Narrative:							
On December 23, 2023, I,	Officer Domin	ic J. Walke	r was dispatch	ned to a	a motor	vehicle crash	
on Southbridge Street in							
of vehicle 1. She stated							
oulled out of the Jiffy							
striking her rear bumper							
confirmed the crash expl						<u> </u>	
John Line of the Chapt				7011202			
Witnesses:		l					Statement
Name (Last,First,Middle)		Address			Phone #	Phone #	
Duon outri Domogos							1
Property Damage: Owner (Last, First, Middle)	Phone # 41-Type Description			Description of	of Damaged Property		
· · · · · · · · · · · · · · · · · · ·	Address						
Truck and Bus Information:	Registration #		/E X71:1	· Castini)			
	тодышын		——— (From Vehicl	e section)		Due II-	42
Carrier Name						Bus Use	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interested Corres Body Typ	na Coda	CVWD/CCWD	45				
Interstate Cargo Body Typ		GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length		
Hazmat Information:	40				_		40
Placard Material 1 digit #	Material Name	e	N	Material 4 dig	it #	Release code	49
Patrolman Dominic J Wal	ker		87DW Aub	urn Pol	ice Depa	rtment 12/	/22/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date