

Date of Crash **12/22/2023** Time of Crash **1404** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **746** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet **N S E W** of _____ of _____ or _____ Mile Marker _____ Exit Number _____

Route# _____ Intersecting Roadway/Street _____

Feet **N S E W** of _____

Route# **AT JIFFY LUBE** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-439-AC**

License # **SA9830865** St **MA** DOB/Age **06/25/1992** Reg # **246ZFK** Reg Type **PAN** Reg State **CT**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **1999** Veh Make **JEEP** Veh Config. **1** **21**

Operator **WAAG, GRETA KATHRYN** Owner **WAAG, RICHARD**

Address **247 OCEAN ST** Address **42 HUBBELL MTN RD**

City **LYNN** State **MA** Zip **01902-3260** City **SHERMAN** State **CT** Zip **06784**

Insurance Company **Progressive Direct Insura** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **10** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **40** **23** **23** **23** Test Status: **1** **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 **1** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	1	1	4	0	0	1		

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **186405462** St **CT** DOB/Age **06/03/1952** Reg # **AS28172** Reg Type **PAN** Reg State **CT**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **LEXUS** Veh Config. **1** **21**

Operator **MENZIGIAN, VIRGINIA** Owner **MENZIGIAN, VIRGINIA**

Address **44 MARCY LN** Address **44 MARCY LN**

City **NORTH GROSVENORDALE** State **CT** Zip **06255-2112** City **NORTH GROSVENORDALE** State **CT** Zip **06255-2112**

Insurance Company **Allstate Fire and Casualt** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **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 **4** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator/non-motorist and all occupants involved		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	XXXXXX	XXXX	1	1	4	0	0	10	1	

