	Police Use Only Commonwealth of Massachusetts RM							RMV Doc	Oocument Number				
	Date of Crash Time of Crash		Motor Veh	icle Cra	sh	Number Vehicles		mad 1	peed Lin	nit 4	Local Police 2	١	
	12/07/2024 1357 Aub	ourn	Police 1	Report	2	<u>2</u>	0	L	atitude _ ongitude	:	MBTA Police Campus Police Other:	3	
	AT INTERSECT	TION:	< LOCA		>		NO'				CTION:	\neg	
			NOTAL INTERSECTION							2 10			
						09	WZ	ASHI		ON S		_ 2 	
1 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion A	ldress #			Name	of Roady	way/Street	_	
1		At		Feet	N S E	w of			• -	— or		_	
	Route# Direction N	Name of Intersecting Roadway/S	Street				Mi	le Mark	er		Exit Number	2 11	
		Also at Intersection with		Feet	N S E	w of	Route		Into	ersecting	Roadway/Street		
2	Route# Direction N	Jame of Intersecting Roadway/S	Stuant	Feet [N S E	w of	reout	211	1110	erseeting	Troudway/Street		
² 1	Route# Direction is	ame of intersecting Roadway/s	Street							Landmar	·k		
2	Please Select One Vehicle 11	#Occupants Hit/Rur	n Moped	Crash R	eport ID#	24	-4	40	- A	C			
3	of the Following:											_	
	License # S83062697 St 1	MA DOB/Age 11/04/	_	193J30							21	- 1 12	
	Sex F Lic. Class D Lic.	Restrictions 1 CDL	Veh Y	ear <u>2008</u>	Veh	Make V	OLV	7 0		Vel	h Config. 1	<u> </u>	
	Operator GRIGARAUSKAS ,			r GRIGAR	AUSK	AS,	JOD	Y L	YNN		fiddle	-	
⁴ 1	l	11131 141		ss 19 BAC	ON S	T	rı	irst		IV.	nadie	_	
	City OXFORD Sta	te MA Zip 01540 -	2729 City	OXFORD				State	MA	Zip 0	1540-2729	_	
	Insurance Company PROGRESSI	VE DIRECT IN	SURA Vehic	le Action Prior to C	`rash	1	22	Dan	naged Are	ea Code:	1 27 27 27 27		
	Vehicle Travel Direction: N S E	_			23 23	23	23	Test	Status:		1 28	*	
5]		Туре	e of Test:	:	o ²⁹		
	Citation # (If Issued)	_	Most	Harmful Event	_		25		Test Re	esult:	1 30	1 13	
	Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod				Susp	. Alcoho	ol: 2 31] 1 "	
⁶ 1	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub -	Drive	r Distracted by	99 26		26	Tow	ed from	scene?	2 33		
1	Please fill out for ope	erator and all occupants involve		DOD!	Sex Po		36 Airbag Status	37 Eject Code	38 39 Trap Inju Code Star	9 40 ury Transp. tus Code		7	
	Operator		Above	DOB/Age	Sex Po	+	4	0 0			Medical Facility	\dashv	
	Орегию	SCCF	Nove		Λ'	. 33	-		, 10	, -		_	
	N 61 40 5			1_								\dashv	
⁷ 1	Please Select One of the Following:	#Occupants Hit/Rur	n Moped	Vulnerab	ole User	Complete	the Vu	lnerable	User sec	ction.			
	License # SA4330467 St 1	MA DOB/Age 03/12/	/2004 Reg#	5GBN67			Reg	g Туре _	PC	R	Reg State MA	_	
	Sex M Lic. Class D Lic.	Restrictions 1 CDL	Veh Y	ear 1997	Veh	Make H	OND	A		Vel	h Config. 1		
	Operator MALDONADO, ME	Endo	rsement	er MALDON									
⁸ 2	Address 480 HAMILTON S	First M	iddle	ess 480 HA	ast		Fi	irst		N	fiddle	-	
	-					OIN S) <u>T</u>			O	1550_1061	- 1 14	
	City SOUTHBRIDGE Sta	-	-	SOUTHBR]			22				1550-1861 - 27 27 27 27	, I	
	Insurance Company SAFETY IN	SURANCE COMP	Yehic	le Action Prior to C		1			Status:	ea Code:	28	l l	
	Vehicle Travel Direction: N S E	Responding to Emergency	y? 2 Event	Sequence 1	23 23	23	23		of Test:	:	$\frac{1}{29}$		
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 24			• •	Test Re		1 30		
2	Viol. 1: Ch/Sec/Sub	_Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e 9:	9 ²⁵	25		. Alcoho		Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub	Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26								
		erator and all occupants involve			3 Se		36 Airbag	37 Eject	38 39 Trap Inju	9 40 ury Transp.		7	
	Name (Last First Middle)	Add	dress	DOB/Age	Sex Po		Status	Code	Trap Inju Code Sta	itus Code	Medical Facility	\dashv	
	Operator/Occupants	See A	Above	\nearrow	X^1	99	4	0 0	10	1			
												\neg	
				1		+				+		-	
	1			- 1		- 1	1		1	- 1	T.	1	

	= Direction 1	= Vehicle 1 2	= Vehicle 2	♀ = Pedestri		
Crash Diagram:	ie:	2		> X	→ 🕉	
					If Crash <u>Did Not</u> on a Public Way:	
					Off-Street Parking Lo	t
		((120) (110	D	☐ Garage	
	☐ Mall/Shopping Cente	r				
	Other Private Way					
	I	I Arrow				
	ERS			☆		
Crash Narrative:						
Wehicle 2 abruptly sto	opped due to a ve	hicle in fr	ont of her s	topping	to avoid another	
vehicle turning into	the parking lot o	f Herb Cham	bers Toyota.	Vehicle	1 was unable to stop	
in time and struck the	e rear of vehicle	2. Both ve	hicles pulle	ed into the	he parking lot after	
the crash. Vehicle 1 v						
own tow from the park:					th parties declined	
getting checked by EMS	s as both parties	declined t	they were inj	ured.		
Witnesses:						
Name (Last,First,Middle)	Address		Phone #	Statement		
Property Damage:			DI #	44.75		
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information	Registration#		— (From Vel	nicle Section)		42
Carrier Name					Bus Use	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	TCC #:	
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length 46	
Hazmat Information:					_	
Placard Material 1 dig	it # 48 Material Nam	e		Material 4 dig	it #Release code	49
Patrolman Dominick Bo	schetto		91DB At	ıburn Pol	ice Department 12,	/07/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date