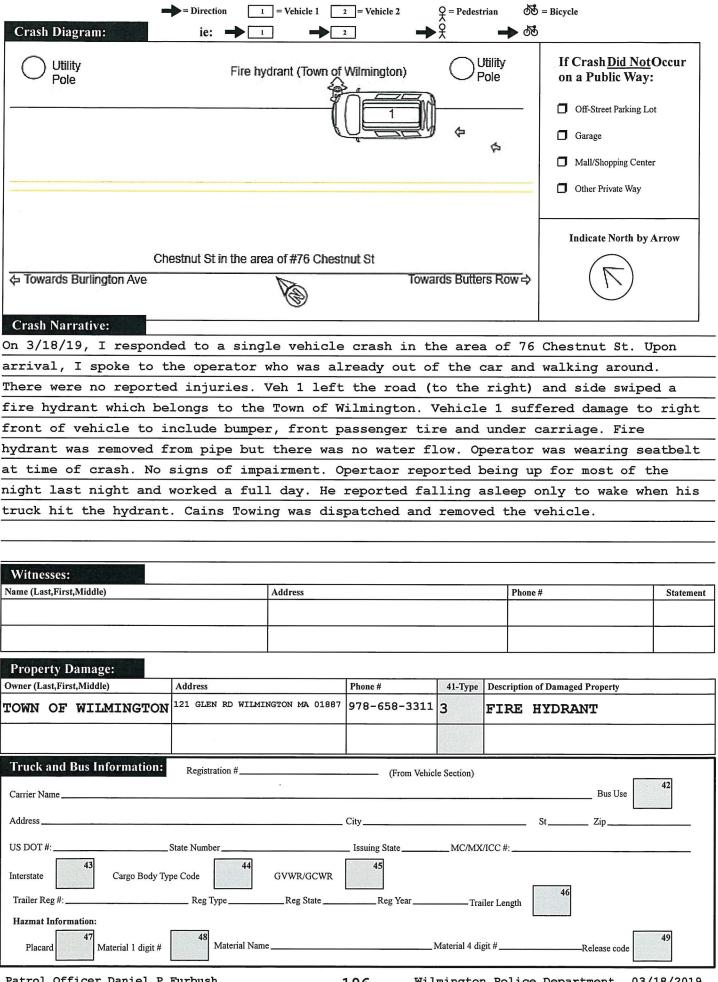
Police Use Only	Commonwea	lth of Massach	usetts	RMV Documen	
Date of Crash   Time of Crash   03/18/2019   1624   Wil	minaton	Vehicle Crash	Number Number Vehicles Injured	Speed Limit ZJ L	tate Policeocal Police ABTA Police campus Police
24HR	Pol	ice Report	1 0	Latitude	Campus Police ther:
AT INTERSECT	TION: <	LOCATION >	NOT A	T INTERSECTIO	N:
			76 CUE	ematrim em	
Route# Direction	Name of Roadway/Street	Route# Direction	76 CHES	STNUT ST Name of Roadway/St	reet
	At	Feet N S	IEW of	or	
Route# Direction Na:	me of Intersecting Roadway/Street		Mile M	arker E	xit Number
	Also at Intersection with	Feet N S	E W ofRoute#	Intersecting Roady	vay/Street
Route# Direction Na	me of Intersecting Roadway/Street	Feet N S	E W of	morseeing road	way/Succe
				Landmark	
Please Select One of the Following:	_#Occupants    Hit/Run    N	Ioped Crash Repor	1D# 19-10	3- <b>A</b> C	
License # <b>S81239278</b> St <b>M</b>	1A DOB/Age	Reg # 67VL24	Reg Typ	e <b>PC</b> Reg Sta	nte MA
Sex M Lic. Class B M Lic. 1	Restrictions CDL	Veh Year <b>2003</b>	Veh Make <b>GMC</b>	Veh Conf	ig. <b>1</b> 21
Operator SANTOS, PHILI	Endorsement  First Middle	Owner SANTOS,	LAURA LEE		
Address 2 ALICE AVE	First Middle	Address 2 ALICE	AVE First	Middle	
City <b>WILMINGTON</b> State	e <b>MA</b> Zip <b>01887-4578</b>	City WILMINGTON	J Sta	ate <b>MA</b> Zip <b>0188</b>	37-4578
Insurance Company NORFLK DE	DHAM MUT	Vehicle Action Prior to Crasl	n <b>1 22</b> D	amaged Area Code: 2	7 27 27
Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event Sequence 35 23	23 23 23 Te	est Status: 1 2	
Citation # (If Issued)		Most Harmful Event 35	24	ype of Test:	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver Contributing Code	25 25	AC ICSI RESUIT. 1	p. Drug: 2 32
Viol. 3: Ch/Sec/Sub		Driver Distracted by	22	owed from scene? 1 3	
Please fill out for opera	ator and all occupants involved		34 35 36 37 Seat Safety Airbag Eject	38 39 40 Trap Injury Transp.	
Name (Last First Middle)  Operator	Address See Above	DOB/Age Sex	Pos. System Status Code  1 1 4 0	Code Status Code  0 10 1	Medical Facility
Operator	See Above			10 1	
ļ <u>.</u>					
Please Select One of the Following:	#Occupants Non-Motorist A T	ype 15 Action 16	Location 17 Condi	tion 18 Hit/R	un Moped
	DOB/Age	Reg #	Pag Turn	Dog Sto	
19 19	Restrictions CDL	Veh Year			21
Operator	Endorsement	Owner	von Marc	ven com	16· [144-44,774-]
Last Address	First Middle	Address	First	Middle	
CityState	e Zin	City	Sta	ate Zip	
Insurance Company	-	Vehicle Action Prior to Crash	22 D	amaged Area Code: 2'	7 27 27
Vehicle Travel Direction: NSEW	Responding to Emergency?	Event Sequence 23	3000 5 FF	est Status: 2	8
Citation # (If Issued)		Most Harmful Event	24	ype of Test:	
Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driver Contributing Code	25 25	AC Test Result: 31	
	Viol. 4: Ch/Sec/Sub	Driver Distracted by	26	usp. Alcohol: 31 Sus owed from scene? 33	7.06
	n-motorist and all occupants involved		34 35 36 37	38 39 40	8
Name (Last First Middle)	Address	DOB/Age Sex	Scat Safety Airbag Eject Pos. System Status Code	Trap Injury Transp. Code Status Code	Medical Facility
Operator/Non-Motorist	t See Above	$\nearrow$ X	1		



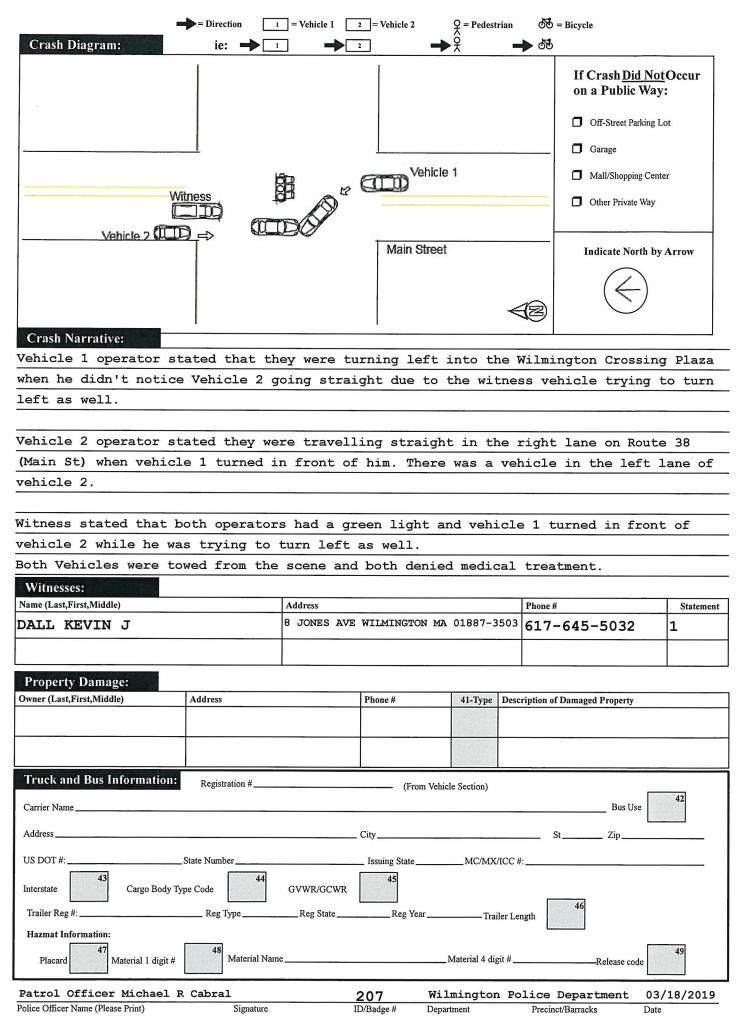
Patrol Officer Daniel P Furbush

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Wilmington Police Department

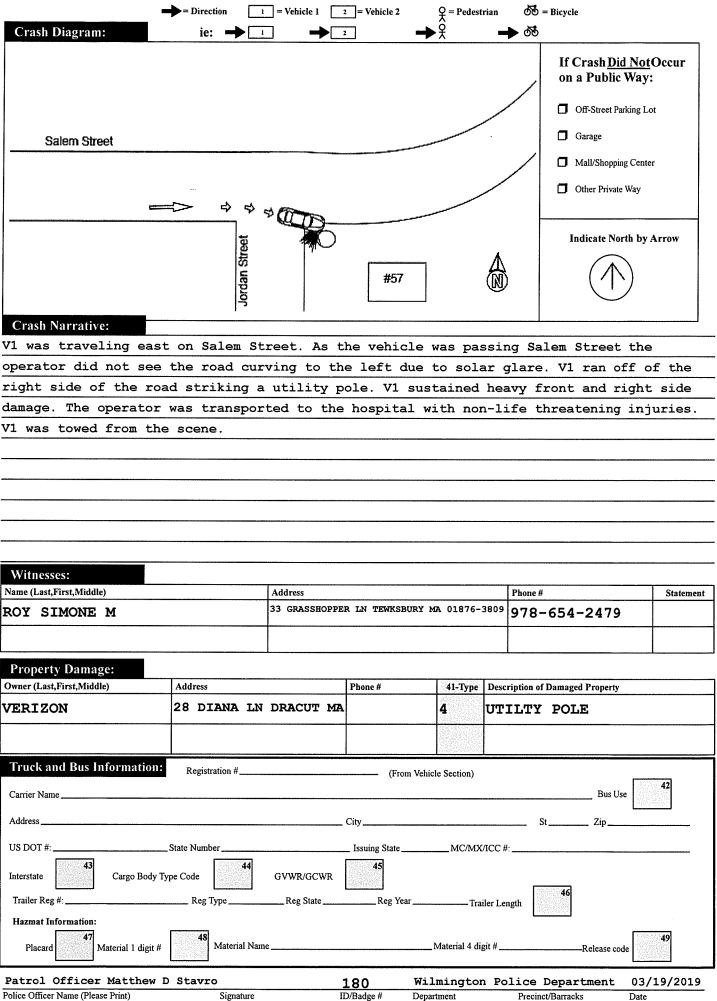
03/18/2019

Date of Crash 03/18/2019 Time of Crash 1740 Wilmington 24HR Wilmington Police Report Police Report State Police Campus Police Report Police Report State Police Campus Police Other:  Route# Direction Name of Roadway/Street  At Feet N S E W of Mile Marker Exit Number Vehicles 1 Number Vehicles 2 0 NoT AT INTERSECTION:  Route# Direction Name of Roadway/Street  At Feet N S E W of Mile Marker Exit Number Exit Number State Number Number State Number Number Number State Number N
AT INTERSECTION:    Collection
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street  At  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street
Route# Direction Name of Roadway/Street  At  Route# Direction Address # Name of Roadway/Street  At  Feet NSEW of
Route# Direction Name of Roadway/Street  Route# Direction Address # Name of Roadway/Street  At  Feet NSEW of
Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Of Mile Marker Exit Number
Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number
Also at Intersection with Feet NSEW of
Route# Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street  Feet NSEW of
Landmark
Please Select One of the Following:  Wehicle 11 #Occupants  Hit/Run  Moped  Crash Report ID# 19-104-AC
License # SA0150259 St MA DOB/Age Reg # 5RX418 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Veh Year 2017 Veh Make MERCEDES-BENZ Veh Config. 1 21
Operator PARSONS, TREVOR WILLIAM Owner PARSONS, TREVOR WILLIAM
Last First Middle Last First Middle Address 106 GALLOUPES POINT RD Address 106 GALLOUPES POINT RD
City <b>SWAMPSCOTT</b> State <b>MA</b> Zip <b>01907-2739</b> City <b>SWAMPSCOTT</b> State <b>MA</b> Zip <b>01907-2739</b>
Insurance Company <b>AIG PROPERTY</b> Vehicle Action Prior to Crash  4 22  Damaged Area Code: 2 27 3 27 27
Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28
Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29   30
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code BAC Test Result: Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 1 33
Please fill out for operator and all occupants involved    34   35   36   37   38   39   40     Seat   Salety   Airbag   Eject   Trap   Injury   Transp.
Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility
Operator         See Above         1         99         3         0         0         10         1
Please Select One of the Following:  Vehicle 2.1 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Mope
21 21 21
Sex M Lic. Class D Lic. Restrictions 99 CDL Veh Year 2015 Veh Make Jeep Veh Config. 1  Operator LASDIN, RICHARD A Owner LASDIN, RICHARD A
Address 185 NORTH ST
City N READING State MA Zip 01864-1346 City N READING State MA Zip 01864-1346
Insurance Company METROPOLITAN PROP  Vehicle Action Prior to Crash  1 22 Damaged Area Code: 8 27 1 27 2 27
Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28
veinde Haver Direction: [17] Responding to Emergency: Event Sequence [1]
Citation # (If Issued) Most Hampful Front 1 24
Citation # (If Issued) Most Harmful Event
Citation # (If Issued) Most Harmful Event
Citation # (If Issued) Most Harmful Event
Citation # (If Issued) Most Harmful Event
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Citation # (If Issued) Most Harmful Event

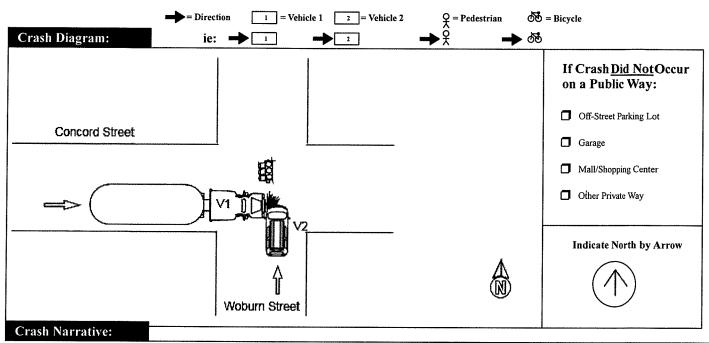


CDP1 11-24-00

	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docu	ment Number	]
	Date of Crash   Time of Crash   03/19/2019   <b>0730</b>   <b>Wil</b> i	City/Town mington	Motor Vel	icle Crash		Injured	peed Limit	42.576	B LOCAL POLICE	1
	24HR	minig con	Police	Report		ם בי	ongitude	071.17	Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >	N	TA TO				]
	SALEM S	ητ								2 10
1_	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of	Roadwa	ny/Street	
1	JORDAN	At		Feet N S	EW of -			or		
		ne of Intersecting Road	way/Street			Mile Mark	er		Exit Number	1 11
		Also at Intersection v	with	Feet NS	R	Loute#	Interse	ecting Re	oadway/Street	F
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Road	way/Street	Feet N S	E W of					
	Please Select One Vehicle 11	#Occupants   Day			10	1 A E		ndmark		1
3	of the Following:		/Run Moped	Crash Report						1
	10 10	A DOB/Age		# <u>7AJ886</u>					21	<b>3</b> 12
		Restrictions   C	Indorsement	Year <u>2016</u> \			***************************************	Veh (	Config. 1	
<sup>4</sup> 1	Operator MCKAY, JASON	First	Middle	er MCKAY, SA		First		Mide	dle	
	Address 3132 EVERGREEN			ess 3132 EVE			3.67°	. 01	007. 117.	
	City WILMINGTON State  Insurance Company GOVT EMPL	-	·	WILMINGTON	100 mm 1 mm	-	MA Z aged Area		887-1176 27 <sub>3</sub> 27 27	
	Vehicle Travel Direction: N S X W		_	cle Action Prior to Crash	4	] T	Status:	1	28	
5	Citation # (If Issued)	Responding to Emer		t Sequence 40 23 22  Harmful Event 22		S	of Test:	3	29	
	Viol. 1: Ch/Sec/Sub	Jiol 2: Ch/Soc/Sub		Talina Dvone 22	13 <sup>25</sup>	25	Test Resu		30	<b>22</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Su			er Distracted by	26		. Alcohol: ed from sc		Susp. Drug. 2 32 33	
<sup>6</sup> 1	Please fill out for opera				34 35 Seat Safety Ai	36 37	38 39	40 Transp.	• `````	<b>,</b>
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System St	atus Code (	Code Status	Code	Medical Facility  ahey Clinic	-
	Operator	8	ee Above		1 1 3	0 0	8	2		1
										-
									<u></u>	
,										
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16 L	ocation 1	7 Condition	18	Пн	it/Run Moped	
	License #St	DOB/Age	Reg #		L	Reg Type_		Reg	2 State	1
	19 19	estrictions 20 C	DL Veh 3	/ear V					21	
	Operator	First	ndorsementOwne	er						
<b>°1</b>	Address	rust		Last		First		Midd	lle	
	City State	Zip	City_			State	z	ip		1 14
	Insurance Company		Vehic	le Action Prior to Crash	22	]	aged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Event	Sequence 23	23 23 2		Status: of Test:		28	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	24	BAC	Test Resu	dt:	30	
_	Viol. 1: Ch/Sec/Sub V	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25 Susp	. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub V			r Distracted by	26		ed from sec	L	33	
	Please fill out for operator/non Name (Last First Middle)	-motorist and all occup	ants involved  Address	DOB/Age Sex	Seat Safety Air	bag Eject 1	38 39 frap Injury code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	ee Above	XX	1					



	Pol	lice Use Only	N. S.	C	ommon	wealth	of Mass	sach	lus	etts	5			RM	V Doc	ument l	Number	
	Date of Crash 03/19/2019	Time of Crash		City/Town ingtor	Mo	otor Vel	icle Cra	ash		lumber ehicles		mber ured	Speed	l Limit de +0	42.55	U 1.	e Police al Police ATA Police popus Police	
Ľ	.3, 13, 2013	24HR	77 <del>1</del> 1111.	Liig coi	1	Police	Report		2		0		Lantu Longi	ae tude_	071.1	Can Oth		
L		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NO	T A	ſ IN′	TER	SEC	TION	V:	
		CONC	OBD -	em														2 10
	Route# Dire			Name of Roa	idway/Street		Route# Dire	ection	Add	ress #			Na	me of	Roady	way/Stre	et	_
1					At		Foot	NS	E W	7] 05								
1	Route# Dire	ction WOBU			ng Roadway/Stree	et	rect	1110	121	J 01	M	lile Ma	rker		01 .	Ex	t Number	- a 11
				Also at Inters	section with		Feet	N S	EW	of	Rou	e#		Interc	ecting	Roadwa	y/Street	3
	Route# Direc	ction	Name	of Intersectin	ng Roadway/Stree	et	Feet	NS	EW	of	Rou	Cir		micis	comg	Roadwa	y/Sacci	
														La	ındmar	·k		4
	Please Select C of the Followi		1#	Occupants	Hit/Run	Moped	Crash	Report	ID#	19	-1	0'	7 –	AC	3			
—[I	icense # <u>09</u>	37558	St <b>DE</b>	DOB/Age		Reg	PVT161	5			Re	ед Турс	AP	•	R	Reg State	OH	_ 12
s	Sex M Lic.	Class A 19 19	Lic. Res	trictions B	20 CDL N	Veh	Year <b>2013</b>		Veh M	fake O	the	-no	t li	ste	i Vel	h Config	10 21	1 "
	Operator MA	DONNA, F	RANC	IS SAN	Endorsem		er <b>M.C.</b>	[AN]	K T	'RAI	1SP	ORT	' II	1C		_		
		Last O W NEWP	F	irst	Middle		ess <b>10134</b>	Last			3	irst			М	liddle		
-	City <b>WILM</b>	INGTON	State <b>I</b>	<b>)E</b> Zip <b>1</b>	.9804352	<b>21</b> City.	WEST CH	EST	ER			Sta	te <b>O</b> I	<b>1</b> 2	Zip <b>4</b>	5069	9	
Ir	nsurance Comp	oany GREAT	WEST	CASU	ALTY IN	<b>S</b> Vehic	le Action Prior t	o Crash	1	1	22	D	amage	d Area	Code	1 27	3 27 27	
v	/ehicle Travel D	Direction: NS	Xw	Responding	to Emergency? 2	2 Even	t Sequence	23	23	23	23	Τe	st Stat	us:		1 28		
L c	Citation # (If Iss	sued) <b>T11516</b>	50			Most	Harmful Event	1	24		*******		pe of			30		
	/iol. 1: Ch/Sec/S	Sub 89 9	Vio	l. 2: Ch/Sec/	Sub	Drive	er Contributing C	Code	3	<sup>25</sup> 1	.3 <sup>2</sup>			st Resi cohol:	,	adistic f	Drug 2 32	1 13
$\sqcup_{v}$		Sub					r Distracted by	0	26					rom sc		1 33	Diug.[2	F
∟		Please fill out fo						1577.23035	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
-	Name (Last First M			<u> </u>	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code		fedical Facility	-
-	Operate	or			See Above	e 		$\Delta$	1	1	4	0	0	10	1			
					······································													
	***																	
	Please Select C of the Followir		2 <b>2</b> #	Occupants	Non-Motoris	st A Type	15 Action	16	Locati	on	17	Condit	ion	18		Hit/Ru	Moped	1
		4919066	s. MA	_ DOB/Age			DFRAIA						BC.	3.51.31	<u> </u>			-
- 1		10 10	1	1000	20	•	DERATA (ear 2019			lake <u>C</u>		g Type				leg State	21	
	ex <b>F</b> Lic. (	NDE, MIC	Lic. Res	3-444	CDL Endorseme	ent	er CONDE								Veh	ı Config	. [2]	
	_	Last WEST ST	Fi	rst	Middle		es 46 WE	Last		بدنع		irst			М	liddle		
_	ity <b>WILMI</b>		State N	17A 7in 0	1887-304		WILMING					Sta	MZ	<b>1</b> 7	· Oʻ	1 22'	7-3040	1 14
- 1	•	any COMMER		•			le Action Prior t			1	22			d Area			27 27	<u> </u>
	ehicle Travel D				to Emergency?_2		Sequence 1	23	23	23	23		st Stat			1 28		
	itation # (If Issu	K.N.	EIWI	Kesponding	to Emergency?		Harmful Event	1	24			Ту	pe of	Test:		29		
:	·	•	¥7.	1 3. Chieii	DL		r Contributing C	<u> </u>	1	25	25	3		t Resu		30	_ [	
		Sub ————			Sub ————		r Distracted by	0	26		70.500E			cohol: om sc		Susp.	Drug 2 32	
L	iol. 3: Ch/Sec/S	ease fill out for opera		I. 4: Ch/Sec/S notorist and a			. Districted by		34	35	36	37	38	39	40	1939		4
-	Name (Last First Mi	iddle)		T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code		fedical Facility	-
	Operato	or/Non-Mot	orist	l	See Above	: 	>>	X	1	1	3	0	0	8	2			
'								F	6	1	3	0	0	8	2	Lahey	Clinic	
																		1
					······································					1		<b></b>		<del>                                     </del>				1



V1 was traveling east on Concord Street. V2 was traveling north on Woburn Street. Woburn Street traffic had a green light. Concord Street traffic had a red light. V1 drove through the intersection in violation of the red light striking V2. The operator of V1 stated that he was unable to see the traffic signal due to solar glare. There are two traffic signals facing each direction suspended above the intersection. V1 sustained heavy front end damage. V2 sustained heavy left side damage. The operator of V2 and the passenger of V2 were transported with non-life threatening injuries. Both vehicles were towed from the scene. V1 was inspected by Trooper Jeff Sullivan of the Massachusetts State Police CMVE Unit. He found no mechanical issues on the truck that would have caused the crash.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
GIANDOMENICO PAUL E	8 BRAEMOOR WOODS RD Apt. #311 SALEM NH 03079	603-818-2863	
REILLY MARYANN	136 ANDOVER ANDOVER MA 01810	978-390-4370	

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
			14.2	
			144 Sept. 155	

Truck and Bus Information:	Registration # PVT1615	(From Veh	nicle Section)		
Carrier Name M C TANK TRA	ANSPORT INC				Bus Use 0
Address 10134 MOSTELLE	ER LN	City WEST CH	HESTER	St <b>OH</b>	Zip <b>45069</b>
US DOT #: <b>81405</b>	State Number	Issuing State	MC/MX/ICC #:	MC-	-1168
Interstate 43 Cargo Body Typ		3			
Trailer Reg #: <b>278326D</b>	Reg Type <b>TR</b> Reg State <b>M</b>	Reg Year	Trailer Length	97	
Hazmat Information:					
Placard 47 Material 1 digit #	Material Name		Material 4 digit #	Re	elease code

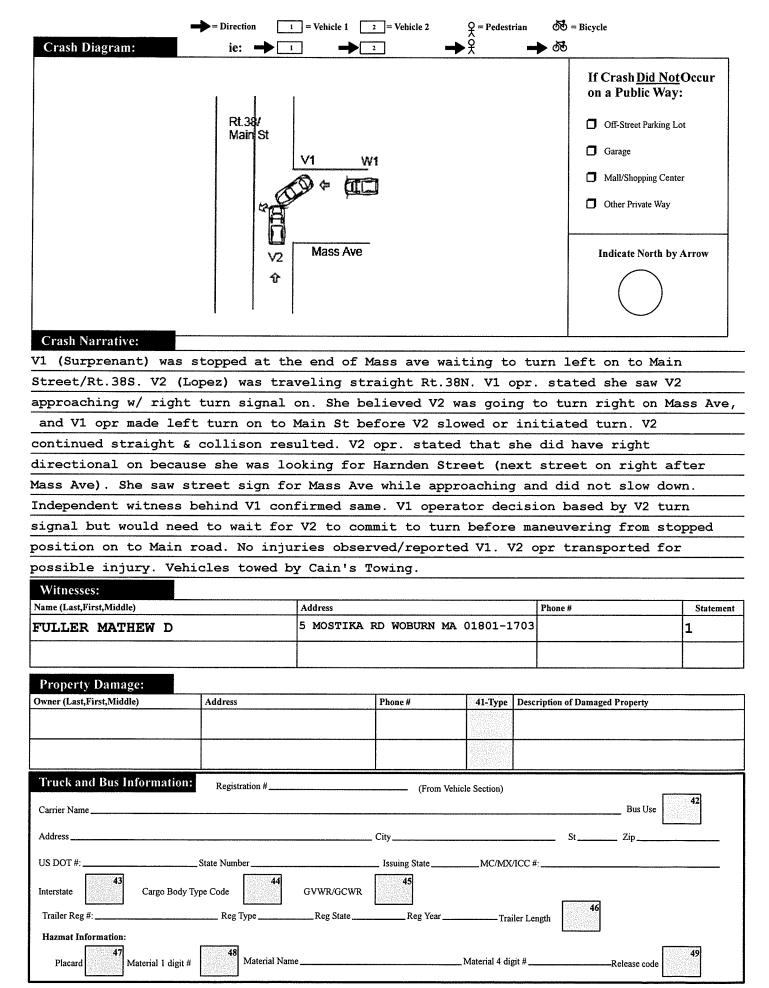
Patrol Officer Matthew D Stavro

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Wilmington Police Department

03/19/2019

Police Use Only	Common	wealth	of Mass	achı	useti	S			RM	V Doc	cument Nu		
Date of Crash   Time of Crash   03/19/2019   1421   Wiln	City/Town Monington		icle Cra	sh	Numb Vehicl	er Nu es In	umber ijured	Spee	d Limi	3.	MBTA	olice 🔯 Police 🔲	
24HR			Report		2	0		1	itude_		Campus Other:	Police	
AT INTERSECTI	ON:	LOCA	TION	>		NC	T A	ΓIN	TER	SEC	CTION:		╀
38 N MAIN ST													2
D	Name of Roadway/Street		Route# Direc	tion	Address	4		N	ame of	Roady	way/Street		_
Route# Direction	At _		Feet	NSE	Elw of	_			_				
Route# Direction MASS AVI	Ene of Intersecting Roadway/Stre	et	reet		31.11 01		Aile M	arker		. 01	Exit N	umber	_
	Also at Intersection with		Feet	NSE	E W of	Day	ıte#		Tertoma		Roadway/S		<b>]</b> 3
Route# Direction Nam	e of Intersecting Roadway/Stree		Feet	NSE	E W of	Kou	Re#		miers	ecung	Koauway/S	treet	
Route# Direction Nam	le of intersecting Roadway/Stree	et							La	ındmar	k		_
Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash F	Report II	D# <b>1</b> 9	<b>)</b> -:	10	8-	AC	3			
	A_DOB/Age	Post	8NB853								<b>.</b>		_
19 19	20											21	1
D. S. Line	estrictions I CDLEndorsem	ent	Year 2008							Vel	i Config.	<u>L</u>	-
Last	AYLA ROSE First Middle			Last	•		First	KOS.	<u> </u>	М	liđdle		İ
	01005 05		ess <u>21 LAF</u>	•	.T.								
City WILMINGTON State			WILMING		28.86	22					1887-	3727 27 27	
Insurance Company PREFERRED			le Action Prior to		4			amage est Sta		Code	1 27 28	2/  2/	
Wehicle Travel Direction: N E W	Responding to Emergency?	Event	Sequence 1	23 2.		23		pe of			29		
Citation # (If Issued)	_	Most	Harmful Event	1	24		-	-	st Resi	ult:	30		<u></u>
Viol. 1: Ch/Sec/Sub V	fiol. 2: Ch/Sec/Sub	Drive	r Contributing Co	de 4	l <sup>25</sup>	2	<b>5</b> Տւ	ısp. Al	cohol:	2 31	Susp. Dr	ug 2 32	1
Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 2	26		To	wed f	rom sc	ene?	1 33	<b>———</b>	
riease in out for operat	or and all occupants involved				34 35 Seat Safe	y Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
Name (Last First Middle)  Operator	Address See Above		DOB/Age		Pos. Syste	m Status	Code 0	Code	Status 10	Code	Medic	il Facility	1
Operator	Sec Autove			M			-	-	╂				4
			<del>- </del>	3	1	4	0	0	10	1			_
Please Select One Vehicle 21	#Occupants Non-Motoris	st A Tyne	15 Action	16 Lo	cation	17	Condit	ion	18		Hit/Run	Moped	1
of the Following:		1 33											4
10 10	DOB/Age '	•	21917				ед Туре		···	R	eg State <b>M</b>	A 21	
Sex_F_ Lic. Class D Lic. Re	estrictions CDL Endorseme	ent	ear <b>2015</b>				ARU			_ Veh	Config.	1	
Operator LOPEZ, ARLENE	First Middle		r <b>LOPEZ</b> ,	ast		I	First			M	iddle		
Address 171 SWANTON ST	APT 21		ess 171 SW	ANT	ON S	T	AP'				***		
City WINCHESTER State	MA Zip 01890-195	<u> </u>	WINCHES!	rer	F-222212					-	Constant Const	1956	2
Insurance Company <b>VERMONT MU</b>	TUAL INS	Vehic	le Action Prior to	Crash	1	22		_		Code:	1	27 27	
Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event	Sequence 1	<b>23</b> 23	3 23	23		st Stat pe of			1 28 29		
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Operator/Non-Motorist	See Above				1 1	4	0	0	9	2	Hospital		-
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Patrol Officer Richard DiPerri

173

Wilmington Police Department

03/19/2019

Police Officer Name (Please Print)

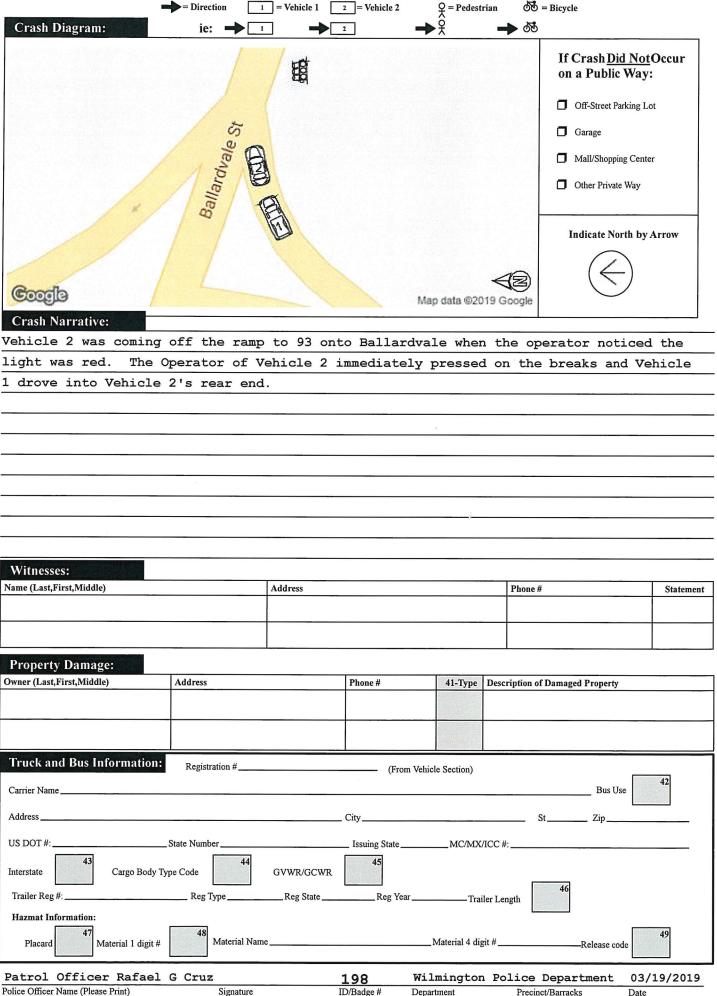
Signature

ID/Badge#

Department

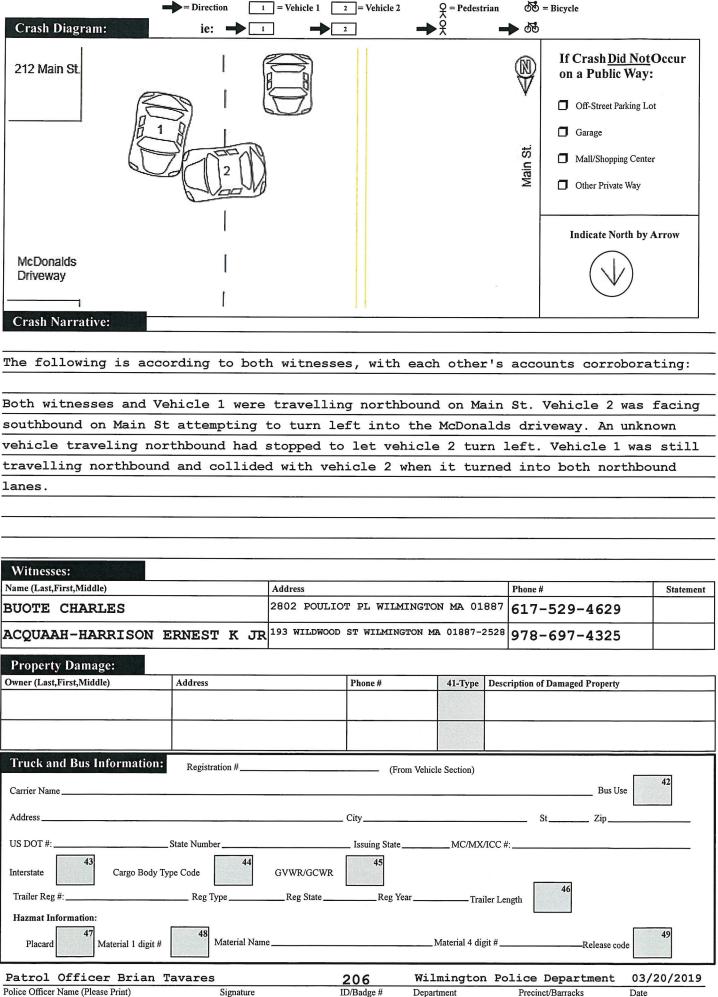
Precinct/Barracks

Police Use Only	Commo	nwealth	of Massa	achi	use	etts				RM	V Doc	ument Nu		
Date of Crash   Time of Crash   03/19/2019   1807   Wilm	City/Town M	lotor Veh	iicle Cra	sh		umber hicles			Speed Latitu	l Limit	20	State Po Local P MBTA	olice 🖪	9
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Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	leport I	D# _	19	-1	.09	<b>)</b> –	AC	;			
License # <b>S26434827</b> St <b>M2</b>	DOB/Aį	Reg	#3BX918				Re	д Туре	PC		Re	eg State <b>M</b>	ÍA.	
Sex M Lic. Class D 19 19 Lic. Ro	estrictions 20 CDL_	Veh '	Year <b>2015</b>									Config.	1 <sup>21</sup>	1
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City N ANDOVER State	MA Zip 01845-36	509 City	N ANDOV	ER				_ Stat	e <b>M</b> Z	<b>A</b> _ 2	Zip <b>0</b> ]	L845-	-0000	
Insurance Company ARBELLA MU	JTUAL INS	Vehic	cle Action Prior to	Crash		2	22						27 27	
Vehicle Travel Direction: SEW	Responding to Emergency?	2 Even	t Sequence	23 2		23	23	Tes	st Stat	us:		1 28		
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			er Distracted by	o -	26	سالت				om sc		33 2 33	<sup>ug</sup> -[2 ]	-
	or and all occupants involved		<u> </u>	157,000 500	34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	لنك		┥
Name (Last First Middle)	Address		DOB/Age		Pos.	System	Status	Code	Code	Status	Code	Medic	al Facility	-
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	MA Zip 01915-35		BEVERLY	ELEC.	AY.	<u>C</u>			MZ		· 01	015	3505	-
Insurance Company CITIZENS I			le Action Prior to	Canah	Ţ,	2	22				Code:		27 27	1
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CDP1 11-24-00

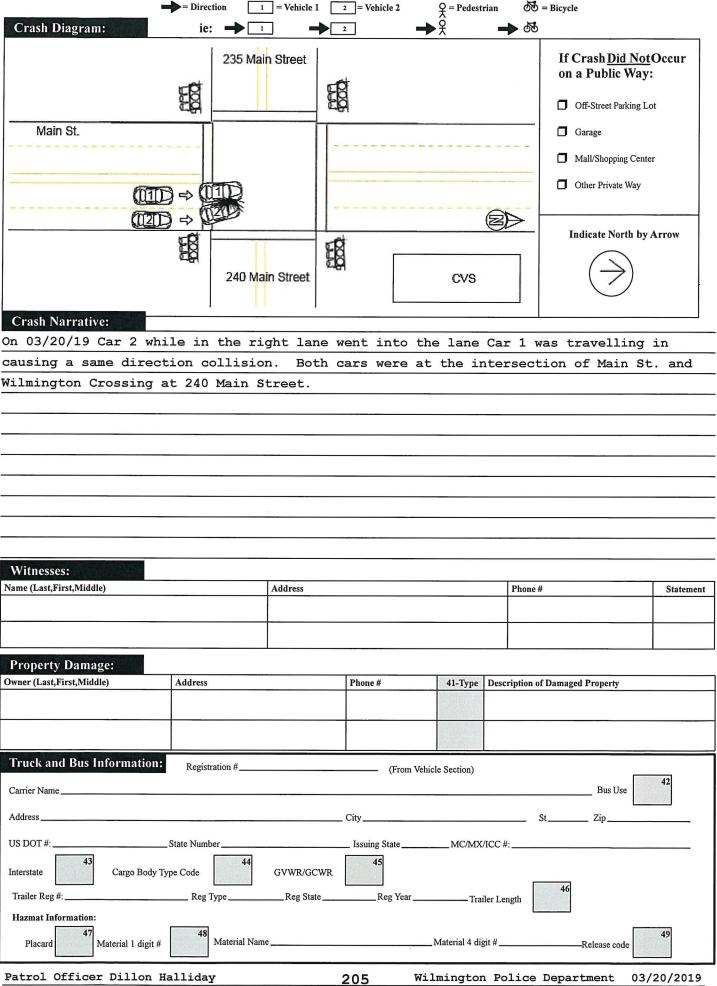
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03/20/2019	Time of Crash 0720 Wil	City/Town Lmington		ehicle Cras	h Nurr Vehi			it 35 State Police Local Police MBTA Police	ice 🔯
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License # 000	0032143343 St ]	NC_ DOB/Age	R	eg# <b>8WN857</b>		Reg T	<sub>гре</sub> <b>РС</b>	Reg State <b>M2</b>	
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Address 97	DECAROLIS	DR		ddress 97 DEC	AROLIS	DR First		Middle	
City <b>TEWK</b>	SBURY Sta	te <b>MA</b> Zip <b>0187</b>	<b>6</b> c	ity <b>TEWKSBUR</b>	Y		State MA	Zip <b>01876</b>	
Insurance Comp	oany PROGRESS	EVE DIRECT	v	ehicle Action Prior to C	rash 1	22	Damaged Are	a Code: 7 27 2	7 27
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Signature

Precinct/Barracks

	Pol	lice Use Only		Con	ımonwe	alth (	of Mass	ach	use	etts			RM	IV Doc	ument N	umber	
	Date of Crash 03/20/2019	Time of Crash	1	City/Town	Motor	· Veh	icle Cra	ash		ımber hicles	Nun	-ad Jope	ed Limi	t3!	Local	Police Police A Police Dus Police	
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4	Operator <b>EG</b>	AN, COU	RTNEY	M irst	Middle	Owne	er EGAN,	COL	JRT	NEY	M Fir	st	•••	м	liddle		
<sup>4</sup> 3	Address <u>107</u>	LOWELI	RD			Addre	ess 107 L	OWE:	LL	RD							
	· ·			MA Zip 018	64-1682	City ]	NORTH R	EAD	INC					-		-1682	
	Insurance Comp	any LM GE	NERAL			Vehic	le Action Prior to	o Crash		<u> </u>	22		ed Area	Code:	8 27 28	27 27	
<sup>5</sup> <b>1</b>	Vehicle Travel D	Direction:	S E W	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23	Test St			29		
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	Name (Last First M		t for operato	r and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Cox	n Injury		Med	lical Facility	
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	Name (Last First M	<u> </u>	ntowin4	<u> </u>	Address		DOB/Age	Sex	Pos.	System	Status	Code Cod	Status	Code	Med	lical Facility	-
	Operato	or/Non-Mo	otorist		See Above			A	1	1	4	0	10	1			_
								ļ					-	ļ			_
														<u> </u>			1



Police Officer Name (Please Print)

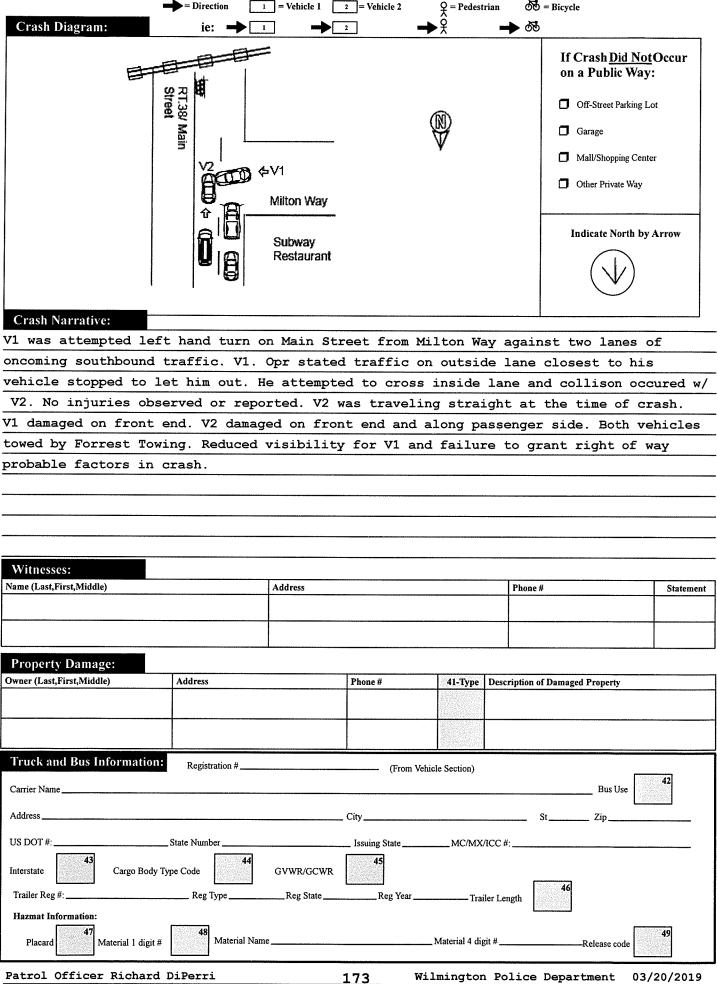
Signature

ID/Badge #

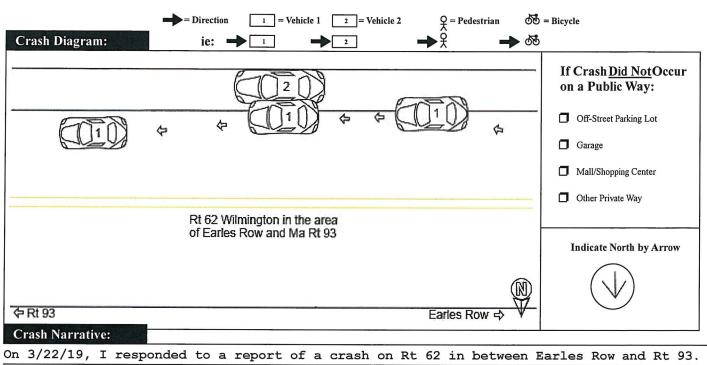
Department

Precinct/Barracks

	Police Use Only	Commonwealth	of Massach	usetts		RM	V Docun	nent Number	
	Date of Crash         Time of Crash         City           03/20/2019         1541         Wilmin	aton	hicle Crash	Number Vehicles	Number Injured	Speed Limi	35	State Police Local Police MBTA Police	1
	24HR	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECTION	< LOC	ATION >		NOT A	T INTER	SECT	ION:	
	20 M MATN OF								2
	Route# Direction MAIN ST Nam	ne of Roadway/Street	Route# Direction	Address #		Name of	Roadway	y/Street	
1		At	Feet NS	E W					
	Route# Direction MILTON WAY Name of I	ntersecting Roadway/Street	- Feet [N]S	c v of -	Mile Ma	ırker	or	Exit Number	<u> </u>
		at Intersection with	Feet N S		- "				3
,	Partell Director No. CI		Feet NS	E W of	Route#	Inters	ecting Ro	adway/Street	
1	Route# Direction Name of I	ntersecting Roadway/Street		_		La	ındmark		1
3	Please Select One of the Following: Vehicle 11 #Occ	cupants Hit/Run Moped	Crash Report I	D# <b>19</b> -	-11	2-AC			
	License # <b>S28455865</b> St <b>MA</b> [	OOR/Age Page	# 2ZH196		Dog Tree	PC	Dag	State MZ	
	Sex M Lic. Class D Lic. Restrict	20	Year <b>2005</b> V				_	21	1
	Operator DECARVALHO, JOSE	Endorsement Endorsement	ner DECARVALH				ven C	oning.	
2	Last First Address 497A SOMERVILLE 1	Middle	Iress 497A SOME	-	First		Middl	e	
	City SOMERVILLE State MA		SOMERVILLE	IIV T TIT			z:- 021	143-0000	
	Insurance Company COMMERCE INS		icle Action Prior to Crash	1 2	_	maged Area		27 27 27	
	<del></del>	_		100000000000000000000000000000000000000	ă l	st Status:	1	28	
1	<b>L.E.Y</b>		in Sequence 1	24	59	pe of Test:		29	
	Citation # (If Issued)		st Hallindi Event		25	AC Test Res	1750	30	1:
	Viol. 1: Ch/Sec/Sub — Viol. 2:		Fall residence of the second s	L <sup>25</sup>	Su	sp. Alcohol:	7.0	Susp. Drug: 2 32 33	1
1	Viol. 3: Ch/Sec/Sub ———— Viol. 4:  Please fill out for operator and		ver Distracted by	34   35	To	wed from so	ene? 1		ļ
	Name (Last First Middle)	Address	DOB/Age Sex	Scat Safety A	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	See Above	$\times$ X	1 1	0	0 10	1		
		/							
	Please Select One XI value 21 #Occ		15 16		17	18			}
3	of the Following: Vehicle 21 #Occ	upants Non-Motorist A Type	Action Lo	cation	Condit	ion	Hit	/Run Moped	
	License # <b>S75165071</b> St <b>MA</b> D	OB/Age Reg	# <u>551VN9</u>		Reg Type	PC	Reg	State <b>MA</b>	1
	Sex <b>F</b> Lic. Class <b>B M</b> Lic. Restriction	ions B CDL Veh	Year <b>2013</b> Ve	h Make <b>FC</b>	DRD		Veh Co	onfig. 21	
	Operator DUARTE, NOAH J		ner CONVERSE,	CARSO	ON F		Middle	-	l
1	Address 64 HAWK HILL RD		ress 64 HAWK H	ILL R			Middle	,	
	City <b>CHARLEMONT</b> State <b>MA</b>	Zip 01339-9769 City	CHARLEMONT		Stat	e <b>MA</b> Z	ip <b>013</b>	339-9769	2 14
	Insurance Company <b>COMMERCE INS</b>	URANCE Veh	icle Action Prior to Crash	4 2	2 Da	maged Area	Code:	27 27 27	
ı	Vehicle Travel Direction: SEW Res	ponding to Emergency? 2 Eve	nt Sequence 23 2	3 23 3		st Status:	1	28	
$\dashv$	Citation # (If Issued)	Mos	t Harmful Event 1	24		pe of Test: AC Test Resi	lt.	30	
2	Viol. 1: Ch/Sec/Sub — Viol. 2:	Ch/Sec/Sub Driv	rer Contributing Code	.8 <sup>25</sup> 4	25	sp. Alcohol:	38.0	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Viol. 4:	Ch/Sec/Sub Driv	er Distracted by	26		wed from sc	,900	33	
ľ	Please fill out for operator/non-motor	•			36 37 irbag Eject	38 39 Trap Injury	40 Transp.		1
}	Name (Last First Middle)  Oncrator/Non-Motorist	Address		Pos. System S	tatus Code	Code Status	Code	Medical Facility	1
	Operator/Non-Motorist	See Above		1 1 4	0	0 10	1		ļ



Police U	Use Only		Co	mmon	wealtl	of M	assac	hus	etts	S			RM	V Doc	cument N	Number	
1 1	me of Crash		City/Town	Mo		ehicle (		1 7	Number Vehicles		mber ured	Speed	d Limi	t4	Loca	Police al Police TA Police	
	24HR	7 ab ab 616.4			Police	e Repo	rt	2	:	0		1	itude			pus Police	_ 6
A7	Γ INTERSI	ECTIO	N:	<	LO	CATION	>			NO	TA.	ΓIN	TER	SEC	TION	l:	
								1		P.	חנות	יהי.	62	HWY	7		
Route# Direction		Ŋ	Name of Roads	<del> </del>		Route#	Direction	Add	dress #						way/Stree	et	
			At				Feet N	SEV	V of				•	· or _			
Route# Direction		Name o	of Intersecting	Roadway/Stree	et	-				М	ile Ma	arker		or .		Number	
		F	Also at Interse	ction with			Feet N	SEV	V of	Rout	e#		Inters	ecting	Roadway	v/Street	
Route# Direction		Name o	of Intersecting	Roadway/Stree	et	_	Feet N	SEV	of	21041	···				11000	,,52000	
			<u> </u>		1									ındmar	k		
Please Select One of the Following:	Vehicle 1	1 <u>1</u> #0	Occupants 🔀	Hit/Run	Mope	i C	rash Repo	rt ID#	19	-1	.1:	3-	AC				
License #		St	_ DOB/Age		R	eg#				Re	д Тур	e		R	leg State		
Sex Lic. Class	19 19	Lic. Rest	rictions	CDL_ Endorsem		h Year										40/950	21
Operator unkn	own		<b>L</b>			wner											[
Address	т.	Fire	st .	Middle		ldress	Last			F	irst			М	liddle		
City		_ State	Zip		Ci	ty					Sta	ite	2	Zip			
Insurance Company_						hicle Action F			1	22				Code:	p	27	27
Vehicle Travel Direct			Responding to	Emergency?	99 Ev	ent Sequence	23	23	23	23	Te	st Sta	tus:		1 28		
Citation # (If Issued)					М	ost Harmful E	201510	24	smars] o	31.1413	-	pe of			29		
Viol. 1: Ch/Sec/Sub		Viol	. 2; Ch/Sec/Su	ıb	Di	iver Contribut	ng Code	10	<sup>25</sup> 1	9 <sup>25</sup>	1		st Resi	ult: 99 31	1 3532	Drug: 99	32
Viol. 3: Ch/Sec/Sub						iver Distracte	1 by 99	97			, 50		rom sc		2 33	Diug. <u>199</u>	
	Please fill out for						100000	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39	40 Transp.			
Name (Last First Middle)  Operator				Address See Above		DOB/.	age Sex		System 99	Status	Code	Code	Status 99	Code 1	Mo	dical Facility	
Operator				500710070			$\forall$	\ <u>`</u>	-	-	_	-	-	-			
									ļ								
Please Select One of the Following:	Vehicle 2	<b>1</b> _#0	Occupants	Non-Motoris	st A Type	15 Actio	16	Locati	on	17	Condit	ion	18		Hit/Run	М	ped
License # <b>S7094</b>	15242	St MA	DOB/Ag		<u>l</u>	g#_6NW1	<u> </u>		1905	Per	Time	PC	3 (5 4 4 4 E		eg State	MZ	-
Sex M Lic. Class	10 10	Lic. Restr	Y8583	20 CDL		h Year <u>201</u>		Val. M	laka T						Config.	400000	21
Operator <b>KEEF</b>			5,000,000,000	Endorseme	ent	vner KEEI								ven	Comig.		
Address 16 SO	ı İ	First	l	Middle		dress 16	Last			Fi	rst ST			Mi	iddle	***************************************	
City <b>TEWKSBU</b>				876-324		y TEWKS						e M7	<b>A</b> 2	in <b>0</b> 1	1876	-324	14
Insurance Company 1			-			hicle Action P		h	11	22				Code:			27
Vehicle Travel Directi				Emergency? 2		ent Sequence	23	23	23	23		st Stat			1 <sup>28</sup>		_
Citation # (If Issued)_		ж	toponum <sub>g</sub> to	zmergeney . <u> </u>		ost Harmful Ev	ent 1	24			Ту	pe of	Test:		29		
Viol. 1: Ch/Sec/Sub -			2: Ch/Sec/Sul	6		ver Contributi		1	25	25			st Resu		1 30	_ [	32
Viol. 3: Ch/Sec/Sub -			4: Ch/Sec/Sul			ver Distracted	1988535	26					cohol:		Susp. 1	Drug: 2	
	ill out for operate						" <u>[</u>	34	35	36	37	38	39	40	12533		_
Name (Last First Middle)				Address		DOB/A	ge Sex	Seat Pos.	Safety System	Status	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility	
Operator/N	√on-Moto	rist		See Above		$\nearrow$	$\searrow X$	1	9	4	3	0	10	1			
						į.											



On 3/22/19, I responded to a report of a crash on Rt 62 in between Earles Row and Rt 93.

Upon arrival, I spoke to the operator of Veh 2. He reported that he got a flat tire down the road and pulled over to change the rear driver's tire. He had hazards on He stated he saw another vehicle(veh 1) approach him at a face pace. He reported Veh 1 appeared to be coming directly at him It crossed the fog line and drove at his car. He reported that he managed to jump out of the way as Veh 1 sideswiped his car. His drivers door, which was closed but not latched, was pulled open and was damaged. The door hit the front quarter panel and caused debris from the door to be strewn across the road. Veh 1 took off from the scene. Oper 2 reported he wasn't sure where Veh 1 went. He had no description of Veh 1 (should have passenger side damage). North Reading, Wilmington and State Police checked area but could not locate. Forrest Towing towed vehicle. See 19-279-0 F.

Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
					-		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	of Damaged Property	
				The state of the s			
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	er Length	46	
Hazmat Information:							1
Placard 47 Material 1 digit #	48 Material Name	-		Material 4 dig	it #	Release code	49
					-		

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

3/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Po	lice Use Only	Con	ımonwea	alth o	of Massa	achus	setts			RMV	V Docu	ıment Numb	
Date of Crash 03/22/2019	Time of Crash 2009 Wil	City/Town .mington	1		icle Cra	sh	Number Vehicles	Number Injured		l Limit.	35	State Police Local Police MBTA Pol	e 🗷
	24HR				Report	:	<u>.</u>	0	4	itude		Campus Po	
	AT INTERSECT	ΓΙΟΝ:	<	LOCAT	TION	>		NOT A	T IN	TER	SEC.	TION:	
						3	R	CON	CORI	יפ ח	ηn		
Route# Dire	ction	Name of Roadway	/Street		Route# Direc		dress #					ay/Street	
		At			Feet	N S E	w of				or		
Route# Dire	ction Na	ame of Intersecting Roa	idway/Street	— -		<u></u>		Mile N	farker			Exit Nun	nber
		Also at Intersection	n with		Feet	N S E	W of	Route#	<u></u>	Interse	cting R	loadway/Stre	et
Route# Dire	ction Na	ame of Intersecting Roa	dway/Street	-	Feet	NSE	W of					,	
				<u></u>						Lar	ndmark		
Please Select ( of the Followi		#Occupants	it/Run 🔲 🛚	Moped	Crash R	Report ID#	19	-11	4-	AC	;		
License # <u>\$6</u>	9309231 St 1	<b>(A</b> DOB/Age		Reg#_	189CG5			Reg Ty	pe PC	)	Re	g State MA	
Sex <b>M</b> Lic.	Class A 19 Lic.	Restrictions B 20	CDL X		ear 2012							100	21
	AWFORD, KRI		Endorcement	Owner	CRAWFO	RD,	KRIS	MIC	HAE	L		, L	
	VERNON ST	First	Middle		s 38 VEF	Last		First			Mid	idle	
	RN Sta	te <b>MA</b> Zip <b>018</b> (	01-4445		OBURN			S	tate M2	<b>A</b> z	ip <b>01</b>	801-4	445
	any LIBERTY N	-			Action Prior to	Crash	1				-	8 27 1 27	
-	Direction: N S E					23 23	23	980	Test Stat			28	I
	ued)		3* *3* <u>——</u>		. 5	5 24		<u> </u>	Type of	Test:	ļ	29	
	Sub	Viol 2: Ch/Sec/Sub -			Contributing Co	2000	25	10 nz	BAC Te: Susp. Al	_		30 Susp. Drug	32
	Sub				-	0 26	ji -		Susp. Ai Towed fi	_		33 2 33	2 ]
viol. 3. Claseon		rator and all occupants				34	35	36 37	38	39	40	2000	
Name (Last First M			Address		DOB/Age	Sex Pos	. System	Airbag Ejec Status Cod	e Code	Status	Transp. Code	Medical F	scility
Operate	or		See Above			$X^1$	99	4 0	0	10	1		
									8				
Please Select C		#Occupants N	on-Motorist A	Туре	15 Action	16 Loca	tion I	17 Cond	ition	18		lit/Run	Moped
of the Followi	ig: Venicie 2	IV	on-Motorist A	Туре	Action	Loca	lion	Conc	IIIOII	er Guerr Gegreen	<u> </u>	ii/Kuii [	Mopeu
License #	19 19	DOB/Age		Reg#_				_ Reg Tyl	ne		Re	g State	21
Sex Lic. 0	Class Lic.	Restrictions	CDL Endorsement	Veh Yea	ar	Veh l	⁄Лаке				_ Veh	Config.	
Operator	Last	First	Middle	Owner	I	ast		First			Mid	ldle	
Address				Address	s								
City	Stat	eZip	<del></del>	City			Tagggerenes.		ate		Î r	in an electric	
nsurance Comp	any			Vehicle	Action Prior to	T			Damageo		Code:	27 27 28	27
Vehicle Travel D	irection: NSEW	Responding to Em	ergency?	Event S	Sequence	23 23	23	23	est Stat			29	
				Most H	armful Event	24		F	BAC Tes		lt:	30	
Citation # (If Iss	ued)					5789769	arl .	25			31		23.00
	ued)	Viol. 2: Ch/Sec/Sub -		Driver (	Contributing Cod	de	25		lusp. Ale	conor	31	Susp. Drug	32
Viol. 1: Ch/Sec/S	Sub —————	Viol. 2: Ch/Sec/Sub - Viol. 4: Ch/Sec/Sub -			Contributing Coo	de	25		owed fr	L	110/00/00	Susp. Drug:	32
Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub -	pants involved		Distracted by	26 34 Sea	35 t Safety	36 37 Airbag Ejec	owed fr	om sce	ene?	33	
Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	Subsubase fill out for operator/no	Viol. 4: Ch/Sec/Sub -	ipants involved		-	26 Sex Sex Pos	35 t Safety	36 37	owed fr	rom sce	ne?		
Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub -	pants involved		Distracted by	26 34 Sea	35 t Safety	36 37 Airbag Ejec	owed fr	om sce	ene?	33	

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestria	000 000 000 000000 € 000000 C	
Crash Diagram:	ie: -	<b>→</b>	2	¥	<b>→</b> 55	
<b>\( \begin{align*}                                     </b>			· · · · · · · · · · · · · · · · · · ·		If Crash <u>Did Not</u> on a Public Way	
	OF OF I				Off-Street Parking Lo	ot
<b>(</b>	3000				☐ Garage	
			_		☐ Mall/Shopping Center	er
			⇒		Other Private Way	
			⇔		Indicate North by	Arrow
	Conco	ord Street	[-	Ó		
Crash Narrative:						
MV1 was traveling we						
westbound travel lan						
his vehicle from the	_		8-8			
the deer. MV1 suffer deer was initially k						
of the road. The dee						
was uninjured.	- was severily		ind had to t	e euchan	ized. The operator o	71 1141
					, , , , , , , , , , , , , , , , , , ,	
Witnesses:			-			
Name (Last,First,Middle)		Address		,	Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	_State Number		Issuing State	MC/MX/IC	CC #:	
Interstate Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46	
Hazmat Information:	(0)					· · ·
Placard Material 1 digit #	Material Nam	ne		_Material 4 digit	#Release code	49
Patrol Officer Michael	A Wilson		209 Wi	lmington	Police Department 03/	22/2019

Police Officer Name (Please Print)

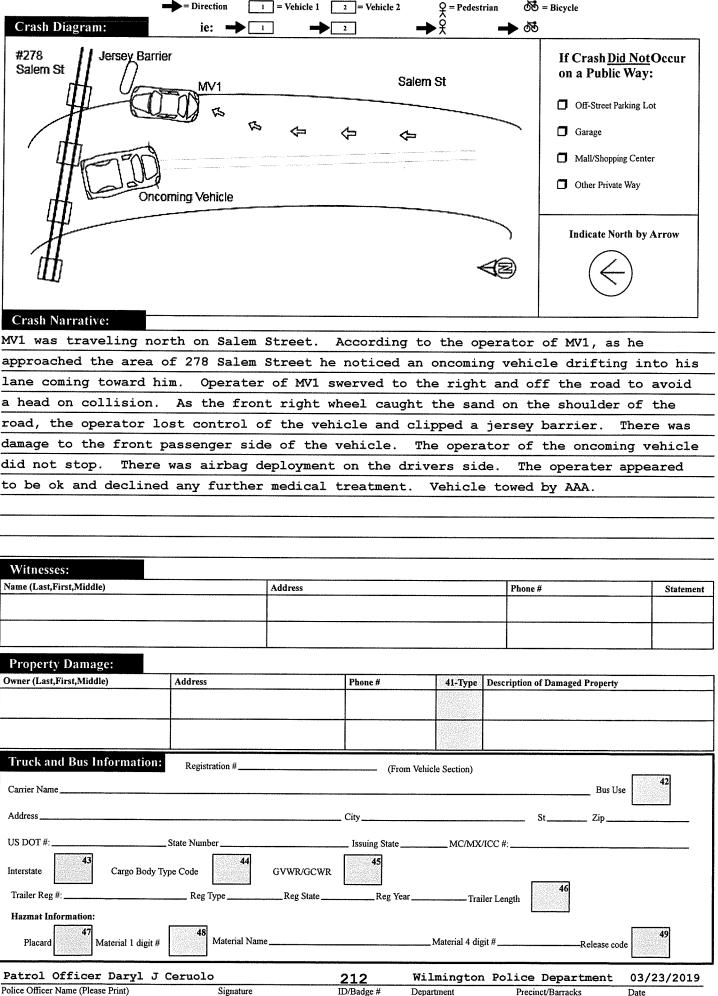
Signature

ID/Badge #

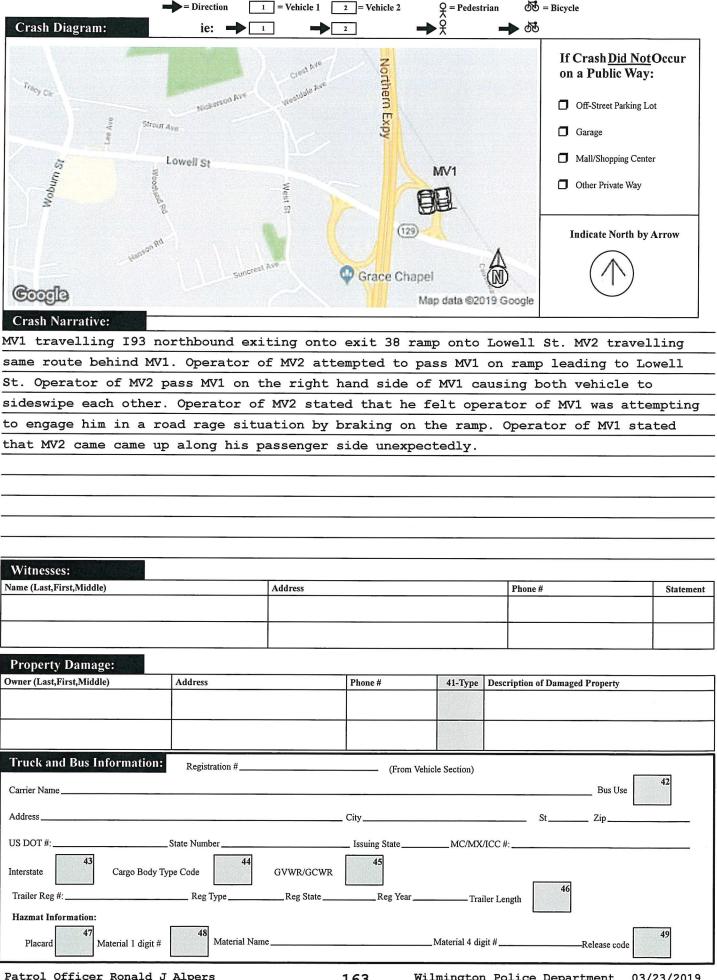
Department

Precinct/Barracks

	Pol	lice Use Only		Co	mmonw	ealth	of Mass	sach	ıus	etts	3	F		RMV	Docu	ment Nu	mber	
	Date of Crash 03/23/2019	Time of Crash		City/Town ington	Mot	or Veh	icle Cr	ash		umber		ا مم	peed I		30	State Po Local F MBTA	olice 🔀	
		24HR	11 T TIE	riig coii	]	Police :	Report		1		0	1	atitude ongitu				s Police	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	AT	INT	ERS	SECT	TION:		
									28	0	92	LEN	/ C'	ηņ				2 10
<sup>i</sup> 1	Route# Dire	ection		Name of Roadwa	ay/Street		Route# Dire	ection		ress #					Roadwa	sy/Street		
<u> </u>	4			At			Feet	NS	EW	of			- •	_	or _			
	Route# Dire	ection	Name	of Intersecting R				NIG	In law	1 _	Mil	e Mark	cer			Exit N	lumber	1 11
				Also at Intersect	ion with			N S		-	Route	<del>-</del> -	In	ntersec	cting R	oadway/S	Street	
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersecting R	oadway/Street	· · · · · · · · · · · · · · · · · · ·	reet	11/3	15 144	J or				Lan	dmark		· · · · · · · · · · · · · · · · · · ·	-
	Please Select	One Vehicle	11 #	Occupants	Hit/Run	Moped	Crash	Renor	· ID#	1 9	-1	15						1
3	of the Followi	mg.					I											4
	License # S8	8313801 [19] 1	9	_ DOB/A <sub>£</sub>	0		# 6619WE										1A 21	<b>5</b> 12
		- 70 [0.5]	J	strictions 1	CDL Endorsement		Year <u>2008</u> er <b>DOYLE</b>					TA			_ Veh (	Config.	<u> </u>	
<sup>4</sup> 1	i	YLE, ERI MILES RD	F	irst	Middle		er <u>DOILE</u> ess 4 MIL	Last		OIV	Fir	st.			Mide	die		
	<u> </u>	SBURY	State 1	MA Zin 018	376-4130		TEWKSBU					State	MA	7iı	<sub>5</sub> 01	876-	-4130	
		oany USAA C		-		•	ele Action Prior t		1	1	22				Code: 2		27 27	
	1	Direction: XS			Emergency? 2			23	23	23	23	Test	Status	s:	1	28		
<sup>5</sup> 2	Citation # (If Iss	sued)				Most	Harmful Event	44070	24	Sanger   nec	111122.2	• •	e of Te			29 30		
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing C	Code	11	25	25		C Test			\$200cc	rug: <sub>2</sub> 32	30 <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub	Vic	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26				ed fro	_		33	- <u>La : </u>	
1	Name (Last First M		or operato	r and all occupan	ts involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury 1 Status	40 Transp. Code	Medic	al Facility	
	Operate				See Above		> South & Control of the Control of	X	1	1		) (			1	Neuro	ar r acincy	
													$\neg$					1
								<b>†</b>				<del>-</del>		$\neg$				1
	Please Select C	One Vehicle	2 #	Occupants	35	_	15	16			17		750	18	<u></u>		<b></b>	1
<sup>7</sup> 1	of the Followin	ng: Venicle		Occupants	Non-Motorist A	Туре	Action		Locatio	on	C	onditio	n		H:	it/Run L	Moped	1
	License #	19 19	]	DOB/Age	<u> </u>	-	1									Ī	21	
	Sex Lic. (	Class	Lic. Res	trictions	CDL Endorsement		ear	· ·	Veh Ma	ake					_ Veh C	Config.		
<sup>8</sup> 1	Operator	Last	Fi	ızı	Middle		er	Last			Firs	1			Midd	lle		
			State	Zin		_	355					State		7ir	,			<b>1</b> 14
		any					le Action Prior to				22		aged A	_ •		27	27 27	
	Vehicle Travel D	Direction: NS	EW	Responding to E	mergency?	Event	Sequence	23	23	23	23		Status			28		
92	Citation # (If Issu	ued)				Most	Harmful Event		24		J		of Test I		. 3	29 30		
2	Viol. 1: Ch/Sec/S	Sub	Vio	1. 2: Ch/Sec/Sub		Drive	r Contributing C	ode		25	25		. Alcol	100	Wasa a	Susp. Dr	ug: 32	
	Viol. 3: Ch/Sec/S	Sub	Vio	l. 4: Ch/Sec/Sub		Drive	r Distracted by		26			Tow	ed fron	n scen	ie?	33		
	Ple: Name (Last First Mi	ase fill out for oper	ator/non-m	otorist and all oc	cupants involved	i	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject 1		njury T	40 Transp. Code	Medic	al Facility	Ī
	Operato	or/Non-Mot	orist		See Above			X	1									1
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Date of Crash	ce Use Only	Com	monwealth			<u> </u>	RM	V Docur	nent Number	
1 1	Time of Crash 1524 Wil	City/Town <b>Lmington</b>		hicle Crash	Number Vehicles		Speed Limi	t <u>30</u>	State Police Local Police MBTA Police	080
	24HR		Police	Report	2	0	Longitude_		Campus Police Other:	Ō
	AT INTERSEC	TION:	< LO0	CATION >		NOT A	T INTER	SECT	ION:	
Route# Direc	tion	Name of Roadway/S	Street	Route# N Direction	Address #		Name of	Roadwa	y/Street	
		At		_ [N]	Irlu .					
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Please Select O	ne Vehicle 11	#Occupants Hit	t/Run Mope	I Crash Repor	t ID# 1 9	-11	6-A(	7		
of the Followin	15.							-		
	3316151 St ]	20		g# <u>6WA853</u>					21	<del> </del>
Sex M Lic. C	-	Restrictions 1	Endorsement	h Year <b>2017</b>				Veh C	Config. 2	] [
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	PROSPECT			Idress 100 PROS	PECT	HILL	DR			
City_TEWKS	BURY Sta	ate <b>MA</b> Zip <b>0187</b>	<b>6-1268</b> Ci	y TEWKSBURY				_	876-126	8
Insurance Compa	any LM GENER	AL	Ve	hicle Action Prior to Cras	h <b>1</b>	S. 14.26	amaged Area	Code: 2		27
Vehicle Travel D	irection: SEW	Responding to Eme	rgency? 2 Ev	ent Sequence 23	23 23		est Status:	1	28	
Citation # (If Issu	ıed)		М	ost Harmful Event 1	24	•	ype of Test: AC Test Res	ult.	30	ı
Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub -	Dı	iver Contributing Code	1 25	25	usp. Alcohol:	20170		32
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		erator and all occupants in		, Lac	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		_
Name (Last First Mic			Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	
Operato	<i>r</i>		See Above		1 1	4 0	0 10	1		
		1		1 1						
Please Select O	10 NZ4 1	VO		15 16		17	18	 	I,	
Please Select O		#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Н	it/Run 🔲 Mop	oed
	g: Venicie 21	#Occupants No		15 Action 16 g# 1JC879	Location	Condi	tion 18		State <b>MA</b>	
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of the Followin  License # S96  Sex M Lic. C  Operator DIN	g: Sente 21  6638432 St 1  Class D 19 19  Lic.  NATALE, DIC  Last  ARCH RD	MA DOB/Age.  Restrictions 1 C	Re CDL Ve Endorsement Ou Middle Ac	Action g# 1JC879 h Year 2013 wher DINATALE	Veh Make <b>J</b> , <b>DION</b> RD	Condi Reg Typ eep S First	e PC	Reg	State MA Config. 21	
of the Followin License # S96 Sex M Lic. C Operator DIN Address 8 M City WILMI	g: Ventcle 21  6638432 St 1  Class D 19 19  Lic.  NATALE, DIC.  ARCH RD  NGTON Sta	MA DOB/Age Restrictions 1 20 CON S First Zip 0188	Re   Re   CDL	g # 1JC879 h Year 2013 vner DINATALE Last dress 8 MARCH	Veh Make J , DION RD	Condi Reg Typ Peep S First Sta	e PC	Reg Veh C	State MA Config. 2 21	
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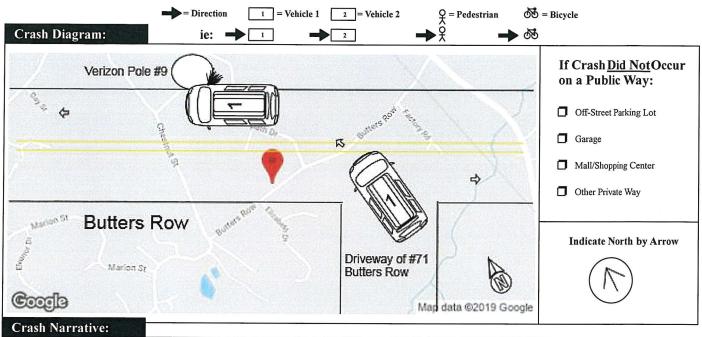
Patrol Officer Ronald J Alpers

163

Wilmington Police Department

03/23/2019

Date of Crash 03/23/2019 1739 Wilmington 24HR Police Report Police Polic	Config. 1
Route#   Direction   Name of Roadway/Street   Also at Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Feet   N S E W of of the Following:   Vehicle   1 #Occupants   Hit/Run   Moped   Crash Report ID# 19-117-AC	ay/Street  Exit Number  coadway/Street  g State MA  Config. 1 21
Route# Direction Name of Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Directi	Exit Number  oadway/Street  g State MA  Config. 1 21
Route# Direction Name of Roadway/Street  At Feet NSEW of Mile Marker  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Roadway  Mile Marker  Route# Direction Address # Name of Log Log Log Log Log Log Log Log Log Log	Exit Number  oadway/Street  g State MA  Config. 1
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Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Please Select One of the Following:  Vehicle L1 #Occupants Hit/Run Moped Crash Report ID# 19-117-AC  License # \$\frac{\$40194772}{\$}\$ St \$\frac{{MA}}{\$}\$ DOB/Age Reg # \$\frac{\$R13892}{\$}\$ Reg Type \$\frac{{CO}}{\$}\$ Reg # \$\frac{{Route#}}{\$}\$ Poperator \$\frac{{MEJIA}}{\$}\$, JESUS \$\frac{{MARIA}}{\$}\$ First Middle Address \$\frac{{100}{\$}}{\$}\$ Address \$\frac{{110}{\$}}{\$}\$ BRIDGE ST  City LOWELL State \$\frac{{MA}}{\$}\$ Zip \$\frac{{0185}{\$}}{\$}\$ -1262  Ushicle Action Prior to Crash \$\frac{{22}}{\$}\$ Damaged Area Code: 2	g State MA Config. 1
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Feet NSEW of Fe	g State MA Config. 1
Route# Direction Name of Intersecting Roadway/Street  Please Select Onc of the Following:  Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# 19-117-AC  License # \$\frac{9}{20}\$ Lic. Restrictions CDL Endorsement  Operator MEJIA, JESUS MARIA  Last First Middle  Address 1107 BRIDGE ST  City LOWELL State MA Zip 01850-1262  Insurance Company COMMERCE INSURANCE  Route# Intersecting Roadway/Street  Route# N S E W of Cash Report ID# 19-117-AC  Reg # R13892 Reg Type CO Reg  Veh Year 2019 Veh Make FORD Veh COMMERCE INSURANCE  Owner FINALLY FLOWERS LLC  City LOWELL State MA Zip 01850-1262  City LOWELL State MA Zip 01850-1262  Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2	g State <b>MA</b> Config. <b>1</b>
Route# Direction Name of Intersecting Roadway/Street    Please Select One of the Following:   Vehicle   1 #Occupants   Hit/Run   Moped   Crash Report ID# 19-117-AC	g State <b>MA</b> Config. <b>1</b>
Please Select One of the Following:  License # \$\frac{840194772}{20} \text{ St MA} \text{ DOB/Age} \tag{CDL} \text{ Reg # R13892} \text{ Reg Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type CO} \text{ Address Total College Type College Type CO}  Address Total College Type College Type College	g State <b>MA</b> Config. 1 21
License # S40194772 St MA DOB/Age Reg #R13892 Reg Type CO Reg Sex M Lic. Class D D D Lic. Restrictions CDL Endorsement Operator MEJIA, JESUS MARIA Address 1107 BRIDGE ST Owner FINALLY FLOWERS LLC Last First Middle Address 770 STEVENS ST  City LOWELL State MA Zip 01850-1262 City LOWELL State MA Zip 01850-1262 Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2	Config. 21
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement  Operator MEJIA, JESUS MARIA  Address 1107 BRIDGE ST Owner FINALLY FLOWERS LLC  City LOWELL State MA Zip 01850-1262 City LOWELL  Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2	Config. 21
Operator MEJIA, JESUS MARIA  Address 1107 BRIDGE ST  City LOWELL  Insurance Company COMMERCE INSURANCE  Over FINALLY FLOWERS LLC  First Middle  Address 770 STEVENS ST  City LOWELL  Owner FINALLY FLOWERS LLC  First Middle  Address 770 STEVENS ST  City LOWELL  Output  Out	Config. 1
Operator MEJIA, JESUS MARIA  Address 1107 BRIDGE ST  City LOWELL  Insurance Company COMMERCE INSURANCE  Owner FINALLY FLOWERS LLC  First Middle  Address 770 STEVENS ST  City LOWELL  Other FINALLY FLOWERS LLC  First Middle  City LOWELL  State MA Zip 01850-1262  Vehicle Action Prior to Crash  Owner FINALLY FLOWERS LLC  First Middle  First Middle  City LOWELL  State MA Zip 01850-1262  Damaged Area Code: 2	dle
Address 1107 BRIDGE ST       Address 770 STEVENS ST         City LOWELL       State MA Zip 01850-1262       City LOWELL       State MA Zip 01850-1262         Insurance Company COMMERCE INSURANCE       Vehicle Action Prior to Crash       6 22 Damaged Area Code: 2	dle
Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash 6 Damaged Area Code: 2	
Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash 6 Damaged Area Code: 2	851-4907
	28
Citation # (If Issued) Most Harmful Event 22 24 Type of Test:	30
BAC Test Result:	Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 1	23
Please fill out for operator and all occupants involved 34 35 36 37 38 39 40	• 000)
Name (Last First Middle)  Address  DOB/Age  Sex Pos. System Status Code Code Status Code	Medical Facility
Operator         See Above         1         99         4         0         0         10         1	
Please Select One Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 7 Condition 18 Hi	lit/Run Moped
or the ronowing:	
License # St DOB/Age Reg # Reg Type Reg Ty	21
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Co	Config,
OperatorOwner  Last First Middle Last First Middle  Owner	ile
Address Address	
CityStateZipCityStateZip Insurance Company  Vehicle Action Prior to Crash  Damaged Area Code:	27 27 27
Insurance Company Vehicle Action Prior to Crash Salary and Local Test Status	28
Type of Test:	29
BAC Test Result:	30
Viol. 1: Ch/Sec/Sub Susp. Alcohol: Susp. Alcohol: 31 Susp. Alcohol	Susp. Drug: 32
Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Dilver Distracted by	33
Please fill out for operator/non-motorist and all occupants involved    Address   Addr	Medical Facility
Operator/Non-Motorist See Above	



MV1 was turning left out of the driveway of 71 Butters Row. As MV1 was turning left and entering the eastbound travel lane, another vehicle was approaching from the westbound travel lane. The operator of MV1 said that the other car was approaching at a high rate of speed and he feared the other vehicle would collide with him. The operator of MV1 stated that he accelerated and swerved to the right to avoid the collision. MV1 then over-steered and struck the Verizon Utility Pole #9, that was located on the right shoulder, with the passenger sideview mirror and front right tire. MV1's front right tire popped and the vehicle became disabled. MV1 also suffered damage to the front right side of the vehicle. The other vehicle continued on. The operator of MV1 was not injured, but MV1 was towed from the scene.

Witnesses:								
Name (Last,First,Middle)		Address			Ph	one#		Statement
	-			v				
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descript	ion of Damage	ed Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)				
Carrier Name							Bus Use	42
Address			City			St	Zip	
US DOT #:S	State Number		Issuing State	MC/MX/	ICC #:			
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45					
Trailer Reg #;	Reg Type	Reg State	Reg Year	———Trai	ler Length	46		
Hazmat Information:								
Placard Material 1 digit #	48 Material Name		-	_Material 4 dig	rit #		-Release code	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

03/23/2019

Police Use Onl		monwealth	of Massach	usetts		RM	V Docum	ent Number	
Date of Crash Time of C 03/23/2019 1938	rash City/Town Wilmington		icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police	9
2	4HR	<del> </del>	Report	2	0	Lantude Longitude		Campus Police Other:	ī
AT INT	ERSECTION:	< LOCA	ATION >		NOT A	INTER	SECTI	ON:	
129 E L	OWELL ST								2
Route# Direction	Name of Roadway/	Street	Route# Direction	Address #		Name of	Roadway/	/Street	
129 W I	At		Feet NS	EW of		_ • _	or		_
Route# Direction I	93SBR38 RAMP Name of Intersecting Roa	dway/Street			Mile Ma	rker		Exit Number	- 2
	Also at Intersection	with	Feet N S		Route#	Inters	ecting Roa	idway/Street	<u> </u>
Route# Direction	Name of Intersecting Roa	dway/Street	Feet N S	E W of					
							ndmark		4
Please Select One of the Following:	ehicle 11 #Occupants H	it/Run Moped	Crash Report	ID# <b>19</b>	-118	B-AC	;		
License # <b>S109584</b>		_ Reg	4SD290		Reg Type	PC	Reg S	State <b>MA</b>	
Sex M Lic. Class D	Lic. Restrictions 20	CDL Veh	Year <u>2009</u> V	eh Make MI	ERCEDE	S-BEN	Z Veh Co	onfig. <b>1</b> 21	1
Operator BORSELL	I, STEPHEN B	Endorsement Own	er BORSELLI,	STEP					_
L Address 12 PAUL	AVE		ess 12 PAUL A	AVE	First		Middle		_
City <b>WOBURN</b>	State <b>MA</b> Zip <b>018</b> 0	01-3734 City	WOBURN		Sta	te <b>MA</b> 2	ip <b>018</b>	01-3734	-
Insurance Company PLY	MOUTH ROCK ASSU	Vehic	ele Action Prior to Crash	1	22 Da	ımaged Area	Code: 2	27 27 27	
Vehicle Travel Direction:	N S W Responding to Em	ergency? 2 Even	Sequence 23	23 23	23	st Status:	iš	28	
Citation # (If Issued)		Most	Harmful Event 1	24	·	pe of Test: AC Test Resi	.14.	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	sp. Alcohol:	2.00	usp. Drug: 32	1
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Drive	r Distracted by	26		wed from sc		33	$\vdash$
i i	l out for operator and all occupants			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
Name (Last First Middle)  Operator		Address See Above	DOB/Age Sex		Status Code	Code Status 0 10	Code 1	Medical Facility	-
Operator		500710070			-   -		_		4
					_				4
Please Select One of the Following:	chicle 2.1 #Occupants No	on-Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18	Hit/	Run Moped	i
License # S898273	55 St MA DOB/Age	Reg #	78HD99	1000	Reg Type	PC	Reg	State MA	$\dashv$
Sex <b>F</b> Lic. Class D	19 20		ear <b>2015</b> v	eh Make <b>S</b> U			Veh Co	21	
Operator LEBLANC	24/4/24/4/2010	Endorsement	LEBLANC,				_		
Address 6 MIDDLE	First	Middle	Last Last Sess 6 MIDDLES		First		Middle		
City <b>READING</b>	State <b>MA</b> Zip <b>0186</b>		READING			e <b>MA</b> 2	in 018	67-2528	1 1
-	MERCE INSURANCE		le Action Prior to Crash	4 2	_	maged Area		27 27 27	
	N S E Responding to Eme	_		Cartes Control of	23 Te	st Status:		28	
Citation # (If Issued)		-	Harmful Event 1	24	-	pe of Test:	1969	29	
Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub _	Drive	r Contributing Code	4 25 1 9	25	C Test Resu sp. Alcohol:	Nina.	30 usp. Drug: 32	
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _			26	je dan	wed from sc	E(-075/8)	33 Stug. 33	
	r operator/non-motorist and all occu	pants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39	40 Transp.	20%	-
Name (Last First Middle)	Matariat	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
Operator/Non-	violorist	See Above		1 1	1 0	0 10	1		4
									1

