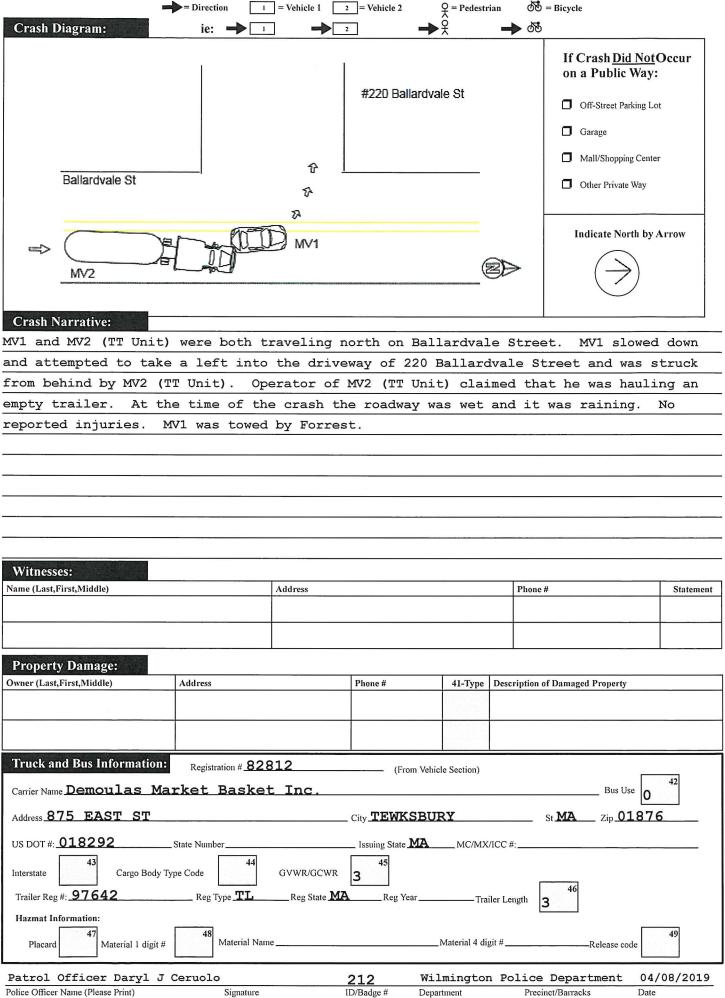
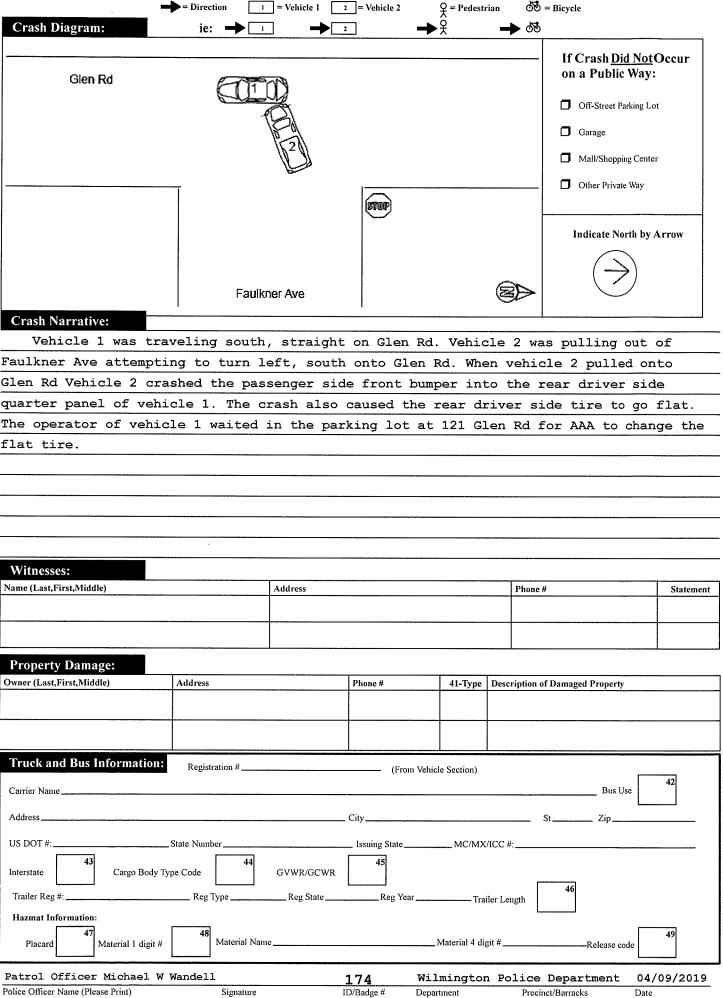
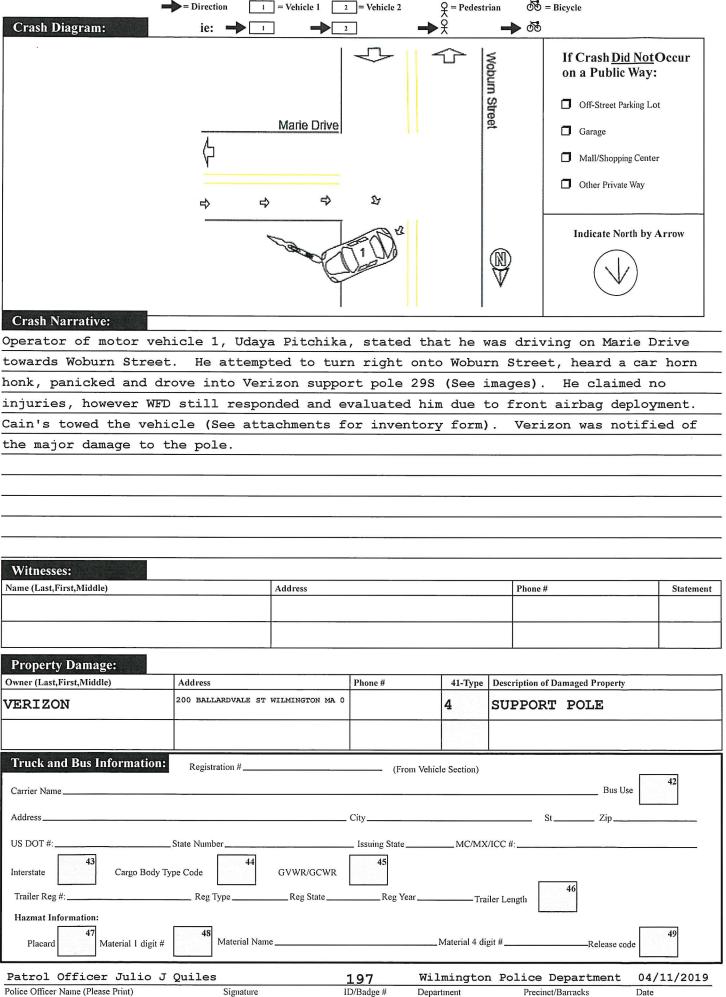
	Police Use	Only	Com	monwealth	of Massacl	husetts	3	RM	IV Docui	ment Number	
	i i	of Crash	City/Town	Motor Vel	nicle Crash	Number		Speed Limi	t_40	State Police Local Police MBTA Police Campus Police	
	04/08/2019 052	24HR W11	mington	Police	Report	2	O	Latitude Longitude _		MBTA Police Campus Police Other:	
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	B the Birth					220	BALI	ARDV			
<sup>1</sup> 4	Route# Direction		Name of Roadway/S	Street	Route# Direction	Address #		Name o	f Roadwa	y/Street	-
-	_		Al		Feet N S	E W of		_ • _	- or		
	Route# Direction	Na	une of Intersecting Road	lway/Street			Mile M	arker		Exit Number	2 11
			Also at Intersection	with	Feet N S	E W of	Route#	Inters	section R	oadway/Street	-
2 3	Route# Direction	No	me of Intersecting Road	huny/Street	Feet N 5	E W of	Route	inter	scotting 1cc	sadway/oneet	
3	Routen Breetion	140	me of intersecting Road	Iway/Siteet				L	andmark		_
3	Please Select One of the Following:	Vehicle 11	_#Occupants	t/Run Moped	Crash Repor	1 ID# 19	-13	3-A	7		
		757 \					******				-
	License # <u>\$87006</u>	19 19 St <b>I</b>	20		# 2EL945				-	21	<b>1</b> 12
	Sex M Lic. Class D		Restrictions 1	CDL Veh Endorsement	Year <b>2013</b>	Veh Make 1	TOYOTA	<b>.</b>	Veh (	Config. 1	
4	Operator WAN Last	CHEA	First	Owi	ier WAN, CHE	A	First		Mide	fla	
1	Address 9 CORN	ER ST			ress 9 CORNER	ST	riist		Mide	ne	
	City <b>LOWELL</b>	Sta	te <b>MA</b> Zip <b>0185</b>	1-3705 City	LOWELL		Sta	ate <b>MA</b>	Zip <b>01</b>	851-370 <u>5</u>	
	Insurance Company PI	LYMOUTH	ROCK ASSU	Vehi	cle Action Prior to Cras	h 2			• -	27 27 27	
	Vehicle Travel Direction:				nt Sequence 1 23	23 23		est Status:	1	28	
5					n sequence 1	24		ype of Test:		29	l
	Citation # (If Issued)			Mos	t Hannful Event 1			AC Test Res	sult:	30	_ 13
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	<b>25</b> S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 "
2	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26	Te	owed from s	cene? 1	33	
2	Plea: Name (Last First Middle)	se fill out for oper	ator and all occupants in	nvolved Address	DODA	34 35 Seat Safety		38 39 Trap Injury			1
	Operator Party Par			See Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	1
	Operator					1 1	-  -	0 10	+		-
		THE STATE OF THE S									1
	Please Select One	7. a		T	15 16	<u> </u>	17	18			1
3	of the Following:	Vehicle 2.1	#Occupants   No	n-Motorist A Type	Action	Location	Condi	tion	Н	it/Run Moped	
	License # <u>\$50965</u>	790 St M	IA DOB/Ag	Reg	# <u>82812</u>		Reg Type	. TL	Reg	State MA	1
	Sex M Lic. Class	19 19 Lic.	Restrictions 1 20	_	Year <b>2013</b>	Veh Make <b>M</b>				21	
	Operator JOHNSC		I	Endorsement	er DEMOULAS					John G.	
1	Address 789 VAI	•	First	Middle	Last		First		Midd	lle	
					ess 875 EASI	ST					14
	City <b>LOWELL</b>		•	4-2031 City	TEWKSBURY					876-1469	4
	Insurance Company <b>TF</b>	RAVELERS	IND CO	Vehi	cle Action Prior to Cras	h 1		amaged Are	a Code: 8	27 27 27	
	Vehicle Travel Direction:	SEW	Responding to Eme	rgency? 2 Ever	t Sequence 23	23 23	23	est Status:	크	29	
2	Citation # (If Issued)	****		Mos	t Harmful Event 1	24	•	pe of Test: AC Test Res		30	
2	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	5 25 7	25	isp. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub —		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		owed from s	<del>-</del>	22	
			n-motorist and all occup			34 35	36 37	38 39	40		4
	Name (Last First Middle)			Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	_
	Operator/No	n-Motoris	<b>t</b>   s	See Above	$>\!\!<$ X	1 1	4 0	0 10	1		
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									1		4



	Police Use Only	Comi	nonwealth	of Massac	chuse	etts			RMV	Docur	ment Number	
	Date of Crash   Time of Crash   04/09/2019   1053   Wil	City/Town	Motor Vel	icle Cras	$\mathbf{h}$ $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$		Number injured	Speed		20	State Police Local Police MBTA Police Campus Police	
	24HR W11	mington	Police	Report	2	0	-	Latitud Longitu			MBTA Police Campus Police Other:	
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	Route# Direction GLEN RI			<u> </u>							(a	
<sup>1</sup> 1	Rotte# Direction	Name of Roadway/St	reet	Route# Directio	n Addr	ess#		Nai	me of R	Coadwa	y/Street	-
	FAULKNE	R AVE		Feet N	S E W				_	or		
		ame of Intersecting Roady	/ay/Street				Mile Ma	ırker			Exit Number	3 11
		Also at Intersection w	rith	l <u> </u>	SEW	Ro	oute#		Intersec	ting Ro	oadway/Street	
<sup>2</sup> 2	Route# Direction Na	ime of Intersecting Roady	/av/Street	Feet N	SEW	of						
2									Lan	dmark		1
3	Please Select One of the Following:	#Occupants   Hit/	Run Moped	Crash Rep	ort ID#	19-	13	5-2	AC			
	License # <b>S22704593</b> St 1	<b>(7)</b> DOD(4)	·	# <u>68TP43</u>							- 147	-
		20	_				٠				21	<b>1</b> 12
		— I	ndorsement	Year <b>2002</b>				XY		_ Veh C	Config. 1	
4	Operator PROSPER, MAR	First	Middle Own	er <b>PROSPER</b> Last	, MA	RY L	First			Midd	lle	
<sup>4</sup> 2	Address 95 MAIN ST		Add	ess <u>95 MAIN</u>	ST							
	City <b>TEWKSBURY</b> Sta	te <b>MA</b> Zip <b>01876</b>	5-1708 City	TEWKSBUR	Y		Sta	ite <b>M</b> Z	Zi	p <u>01</u>	876-1708	
	Insurance Company SAFETY IN	ISURANCE	Vehi	cle Action Prior to Ci	rash	1 22	D	amaged	l Area (	Code: 6	27 27 27	
	Vehicle Travel Direction: N X E W	Responding to Emer	zencv? 2 Ever	t Sequence 23		23 23	) To	est Statı	as:	1	28	
<sup>5</sup> 1	Citation # (If Issued)			Harmful Event	24		J T	ype of T	est:		29	
						25	35	AC Tes	_		30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26		Si	usp. Alc			Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by	<u>'</u>	····		owed fro			33	
-	Please fill out for ope Name (Last First Middle)	rator and all occupants in	olved Address	DOB/Age	34 Sent Sex Pos.	35 3 Safety Airl System Sta	nag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	Se	ee Above			1 4	0			1		1
		450 MAIN ST			<del>\</del>		٠,					1
	VALERIE PROSPER	TEWKSBURY, MA 01	876	F	3	1 4	0	0	10	1		4
											11 183	
	Please Select One Selection Vehicle 21	#Occupants D		15 1	6	1'	7	<del>_</del>	18			1
<sup>7</sup> 3	of the Following:	Non-	-Motorist A Type	Action	Locatio	n	Condi	tion		Н	it/Run Moped	]
	( <del></del>	1A DOB/Age	Reg	455VM4			Reg Type	PC		Reg	State <b>MA</b>	
	Sex <b>F</b> Lic. Class D 19 Lic.		DL Veh	Year <b>2011</b>	Veh Ma	ke <b>FO</b>	RD			_ Veh C	Config. <b>1</b> 21	
	Operator HEOS, ERIN N		dorsement Own	er BENTLEY	, ROI	BERT	н					
<sup>8</sup> 1	Address 61 MCDONALD RI	First	Middle Addr	ess 47 FIOR	ENZA	DR	First			Midd	lle	
	City <b>WILMINGTON</b> Sta	e MA Zip 01887	-3810 <sub>City</sub>	WILMINGTO	ОИ		Sta	te MA	. Zir	. 01	887-4421	1 14
	Insurance Company <b>CITATION</b>	,	•	cle Action Prior to Cr	Γ	6 22		amaged	_	_		F
			_	1 22		23 23	1 ~	est Statu		1	28	
	Vehicle Travel Direction: NEW	Responding to Emerg		r sequence 1	24		l	pe of T	est:	F	29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Hannful Event 1	<del></del>			AC Test	t Result	t:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25 St	ısp. Alc	ohol: 2	31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26		To	wed fro	om scei	ne? 2	33	
	Please fill out for operator/no	on-motorist and all occupa			34 Seat	35 36 Safety Airl	ag Eject	38 Trap		40 Fransp.		1
ŀ	Name (Last First Middle)  Oncrator/Non Motoris	4	Address	DOB/Age S	Sex Pos.	System Stat	us Code	Code	Status	Code	Medical Facility	-
	Operator/Non-Motoris	i Se	e Above		1	1 4	0	0	10	1		4
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	Pol	lice Use Only	Com	monwealth	of Massach	RM								
	Date of Crash 04/11/2019	Time of Crash 1653 Wi	City/Town  lmington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t25	State Police Local Police MBTA Police Campus Police	1			
		24HR		Police	Report	1	0	Latitude Longitude _		Campus Police Other:	វ			
		AT INTERSEC	TION:	< LOCA	ATION >		NOT A	T INTER	RSECT	ΓΙΟΝ:				
						1	март	E DR			2 10			
<sup>1</sup> 1	Route# Direc	ction	Name of Roadway/S	treet	Route# Direction	Address #	IMAKI		f Roadwa	ay/Street				
1			At		Feet N S	E W of		_ • _	- or					
	Route# Direc	ction	Name of Intersecting Road	way/Street			Mile Ma	arker		Exit Number	<b>1</b> 11			
			Also at Intersection v	with	Feet NSEW of Route# Intersecting Roadway/Street									
<sup>2</sup> 1	Route# Direc	ction	Name of Intersecting Road	way/Street	Feet N S	E W of								
	Please Select (	One Nivers 1	#Occupants			- 10	10		andmark		1			
3	of the Followi	e.	Hit	/Run Moped	Crash Repor	t ID# 19	-13	6-A(	<u>ئ</u> ــــــــــــــــــــــــــــــــــــ					
	l	10 10	MA_ DOB/Age		# HNA5974					21	- <b>3</b> 12			
	Sex M Lic.	Class D Li	c. Restrictions C	CDL Veh	Year <b>2019</b>	Veh Make <b>N</b>	IAZDA		Veh (	Config. 1	3			
<sup>4</sup> 1	1	Last	AYASURYAKU First	Middle	er PITCHIKA Last	•	First	AKU	Mide	die	-			
Τ		3 AVALON I			ess 4213 AVA						-			
			tate <b>MA</b> Zip <b>0188</b>	7 City	WILMINGTO		Sta				-			
	Insurance Comp		731		cle Action Prior to Crasl		┙ "	amaged Area	a Code:	1 27 2 27 27 28				
5		Direction: NSE	<b>-</b>	rgency? 2 Even	t Sequence 23 23	23 23	~~	ype of Test:	2	29				
		sued)			Harmful Event 23		25 B	AC Test Res	ult: 1	1 30	13			
			Viol. 2: Ch/Sec/Sub —		er Contributing Code	12 <sup>25</sup>	St	isp. Alcohol		Susp. Drug: 2 32	<b>23</b> <sup>13</sup>			
<sup>6</sup> 1	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub — erator and all occupants in		er Distracted by 0	34 35	To 36 37	owed from so	cene? 1	1 33	_			
	Name (Last First M		- I	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility				
	Operate	or	S	ee Above	$\times X$	1 1	1 0	0 10	1					
											7			
7	Please Select C		#Occupants Non	ı-Motorist A Type	15 Action 16	Location	17 Condit	18		lit/Run Moped	,			
´3	of the Followin	ng:							<u> </u>		4			
	License #	19 19	DOB/Age		f					21	-			
	Sex Lic. C	Class Lie		ndorsement	ear	Veh Make			Veh C	Config.				
³ <b>1</b>	Operator	Last	First	Middle	erLast		First		Midd	ille	•			
		Si	ateZip		ess		Ç+o	te2	7:	***************************************	<b>1</b> 14			
			atc		le Action Prior to Crash			amaged Area		27 27 27	•			
	•	irection: NSEW			Sequence 23	23 23		st Status:	r	28				
		ued)		- •	Harmful Event	24	Ty	pe of Test:		29				
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub —		r Contributing Code	25	25	AC Test Res	<del></del>	Susp Drug 32				
			Viol. 4: Ch/Sec/Sub —		r Distracted by	26		sp. Alcohol:	L	Susp. Drug: 32				
	Plea	ase fill out for operator/	non-motorist and all occup	ants involved	· L	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40		7			
	Name (Last First Mi	or/Non-Motori	of c	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility	4			
	Орегию	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30	CO ADDAC		1					4			
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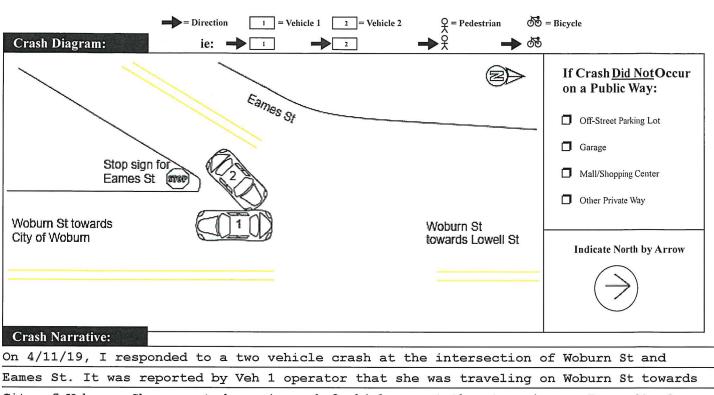


## Wilmington Police Department Images Associated with 19-136-AC





	Pol	ice Use Only	Com	monwealth	wealth of Massachusetts							RMV Document Number					
	Date of Crash 04/11/2019	Time of Crash 1715 Will	Motor Vel	h [	Number Vehicles		ئى لەن.	eed Lin		State Police Local Police MBTA Police	0800						
	04/11/2019	24HR	lmington	Police	Report	2		1	L	ntitude _ ongitude		Campus Police	_ 🛎				
		AT INTERSEC	< LOCATION > NOT AT INTERSECTION														
													<b>2</b> 10				
	Route# Direc	ction <b>EAMES</b>	ST Name of Roadway/St	treet	Route# Direction		ldress #			Name	of Roady	vay/Street	—				
1			At														
	<u> </u>	WOBURN			Feet N S E W of — or Feet N S E W of												
	Route# Direc	ction	Also at Intersection v		reet Mile Marker Exit Number												
					Feet N S E W of Intersecting Roadway/Street												
1	Route# Direc	ction N	lame of Intersecting Road	way/Street													
	Please Select (		#Occupants Hit	/Run Moped	Crash Rep	ort ID#	1 9	_1	37	-Δ	C						
,	of the Followi	<sub>5</sub> .															
		10 10	MA_ DOB/Age		# <u>EV6674</u>								21	1 12			
	Sex <b>F</b> Lic.	Class D Lic		Endorsement	Year 2017				ROL	ET	Vel	Config.					
1	1	BLANC, JIL	First	Middle	er LEBLANC	•		<b>M</b> Firs	st		М	liddle	<del></del>				
2	1	PARKER AVE			ress 49 PARK		AVE						_				
	ł		ate <b>MA</b> Zip <b>0187</b>	6-4463 City	TEWKSBUR	<u> </u>		22			•	27 27	27				
			ROCK ASSU		cle Action Prior to Cr		1			aged Ai	ea Code:	3 27 27					
· 1	Vehicle Travel D	Direction: N E W	Responding to Emer	rgency? 2 Ever	at Sequence 1 23	23	23	23		of Test	:	29					
	Citation # (If Iss	sued)		Mos	t Harmful Event 1	. 24	<u></u>		BAC	Test R	esult:	1 30		_ 13			
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1	25	25	Susp	. Alcoh	ol: 2 31	1	32	1 ''			
· 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub —		er Distracted by		<u> </u>	, ,		ed from		1 33					
	Name (Last First M		erator and all occupants in	nvolved Address	DOB/Age :	Sex Po	at Safety	36 Airbag Status	Eject	38 3 Trap Inj Code Sta	ary Transp.	Medical Facilit	y				
	Operate	or	S	See Above		1	1	4	0 0	10	1						
					F	4	4	4	0 0	10	1						
	1					6	4	4	0 0	9	2	Winchester Hospital					
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						7		17		<del> </del>							
<sub></sub>	Please Select C of the Followin		#Occupants No	n-Motorist A Type	15 Action 1	Loca	tion	17 C	onditio	n		Hit/Run M	oped				
	License # S6	9699143 St	MA DOB/Age	Reg	# 1YC249			Reg	Туре 🕽	PC	R	leg State <b>MA</b>					
	Sex_ <b>F</b> Lic. 0	Class D 19 Lic	. Restrictions 20	CDL Veh	Year <b>2012</b>	Velı	Make <b>E</b>	YUN	DAI		Vel	Config.	21				
,	Operator PR	OVITOLA, M	ADELINE A	Endorsement  Middle  Own	er PROVITO	LA,	MAI			A							
1	Address 712	WOBURN ST	riist I		ess 712 WOE	URN	ST	Firs	st		М	liddle					
	City WILM	<b>INGTON</b> St	ate <b>MA</b> Zip <b>0188</b>	<b>7-3423</b> City	WILMINGTO	N			_ State	MA	Zip <b>0</b>	1887-34	23	1 14			
	Insurance Comp	any COMMERCE	INSURANCE	Vehi	cle Action Prior to Cr	ash	4	22	Dam	aged A	ea Code:	2 27 27	27				
	Vehicle Travel D	Direction: NSWW	Responding to Emer	rgency? 2 Ever	t Sequence 23	23	23	23		Status:		1 28					
) _	Citation # (If Iss	sued)		Mos	t Harmful Event 1	24			• •	of Test Test R		30					
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	19	9 <sup>25</sup> 4	25			ol: 2 31	1 _	32				
	Viol. 3: Ch/Sec/S	Sub —	Viol. 4: Ch/Sec/Sub -	Driv	Driver Distracted by P 26 Towed from scene? 2 33												
	1	•	non-motorist and all occup		Pont	3. Sea	at Safety	36 Airbag	Eject	38 3 Trap Inj	ary Transp.						
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	<b></b>		· ·		1	4	4	4	0 0	10	1						
							$\perp$										



On 4/11/19, I responded to a two vehicle crash at the intersection of Woburn St and Eames St. It was reported by Veh 1 operator that she was traveling on Woburn St towards City of Woburn. She reported passing veh 2 which was at the stop sign on Eames St. Oper 1 reported Veh 2 pulled out as she passed, striking the rear passenger side of her vehicle. Veh 2 operator reported that the she stopped at the stop sign at Eames St. She reported Veh 1 was traveling towards Lowell St and side swipped (crashed into) her car somehow still causing damage to passenger side of Veh 1. Damage is more consistant with Oper 1's report of crash. All operators and passengers were wearing the appropriate safety equipment. 1 passenger of veh 1 was transported to Winchester Hospital via Wilmington Fire for possible injury. Veh 1 was towed by Cains Towing. Veh 1 suffered heavy passenger side damage. Veh 2 suffered minor damage to front bumper. see photos

Witnesses:													
Name (Last,First,Middle)		Address				Phone #	Statement						
Property Damage:													
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	iption of Damaged F	Property						
Trailer Reg #:  Hazmat Information:  47	State Number44  pe Code Reg Type	GVWR/GCWR Reg State	City Issuing State	MC/MX.	/ICC #:	St	Zip						
Placard Material 1 digit #	iviaterial Nam	e		_iviaterial 4 dig	git #	R	elease code						

Patrol Officer Daniel P Furbush

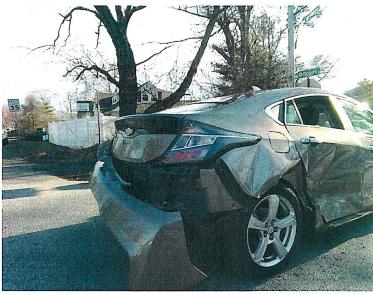
Wilmington Police Department

04/11/2019

Department

## Wilmington Police Department Images Associated with 19-137-AC

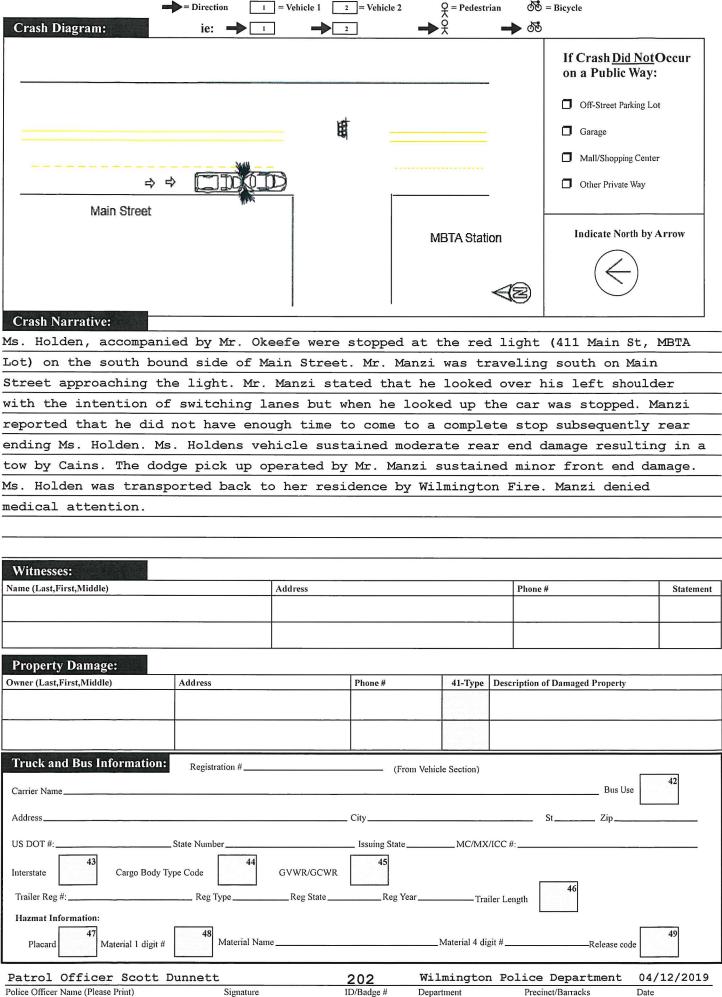








	Police Use Only	Com	ımonwealth (	onwealth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Nun				35	State Police Local Police	0800			
	04/12/2019 0732 24HR	Wilmington	Police 1	Report	2	2	La	titude ngitude		MBTA Police Campus Police Other:	ᆸ			
	AT INTERS	SECTION:	< LOCA	TION >		NO	ΓΑΤΙ	AT INTERSECTION:						
									<b>2</b> 10					
	Route# Direction	Name of Roadway	Street	Route# Direction	411 Addres		AIN	ST Name of	Poodwa	ov/Straat	F			
¹ <b>1</b>	Router Direction	At	Siteet					ivaine or	Koauwa	iy/Sitect				
				Feet N	S E W		— — le Marke		or	Exit Number	_ [			
	Route# Direction	Name of Intersecting Roa		Feet N	e E W		ie marke			Exit (vanioe)	$\dashv$	2 11		
		Also at Intersection	i with			Route		Interse	cting R	- I				
<sup>2</sup> <b>2</b>	Route# Direction	Name of Intersecting Roa	dway/Street	Feet N	SEW	of								
	Please Select One					^ 4	~~		ndmark					
3	of the Following:	e 12#Occupants  H	it/Run Moped	Crash Repo	rt ID#	9-1	.38	-AC						
	License # <b>S85283576</b>		Reg	951TH1		Re <sub>į</sub>	з Туре <b>Е</b>	PC.	Re	g State <b>MA</b>		12		
	Sex <b>F</b> Lic. Class D	Lic. Restrictions 99 20	CDL Veh	Year <b>2014</b>	_ Veh Mal	e MITS	UBI	SHI	Veh (	Config. 2	1	1		
	Operator HOLDEN, CA	AROL ANN	Endorsement Own	er OKEEFE,	DANI	EL J								
<sup>4</sup> 3	Address 10 BURLING	TON AVE APT		ess <b>9 FLYNN</b>	WAY	Fi	rst		Mid	ldle				
	City <b>WILMINGTON</b>	State <b>MA</b> Zip <b>018</b> 8	37-3924 City	WILMINGTO	N		State	<b>MA</b> z	ip <b>01</b>	.887-256	9			
	Insurance Company <b>QUINC</b>			ele Action Prior to Cra	Г	22		aged Area	r		27			
	Vehicle Travel Direction:			t Sequence 1 23		23 23	Test !	Status:		1 28				
<sup>5</sup> 1	Citation # (If Issued)	•	-	Hamful Event 1	24		Type	of Test:		29				
				er Contributing Code	1 2	5 25		Test Resu		1 30	-	13		
	Viol. 1: Ch/Sec/Sub				26			Alcohol:		Susp. Drug: 2	32			
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	for operator and all occupants		r Distracted by	34	35 36		d from sc	ene / 1	1 33				
	Name (Last First Middle)	Tor operator and an occupants	Address	DOB/Age So		Safety Airbag System Status	Eject T	rap Injury ode Status	Transp. Code	Medical Facility				
	Operator		See Above	>>>	( 1	L 4	0 0	9	1		i			
	DANIEL OKEEFE	9 FLYNN WAY WILMINGTON, MA	01887-2569	T 7	3 :	L 4	0 0	9	1					
					<u>                                     </u>							l		
<sup>7</sup> 2	Please Select One of the Following:	21_#Occupants	on-Motorist A Type	Action 16	Location	17	Condition	18	Н	lit/Run 🔲 Mo	ped			
	License #_S62903380	St <b>MA</b> _ DOB/Ag	Reg	252MS6		Rej	Type <b>I</b>	°C	Re	g State <b>MA</b>				
	Sex M Lic. Class D	9 Lic. Restrictions 99 20	CDL Veh '	Year <b>1999</b>	_ Veh Mal	e DOD	E		Veh (	Config. 1	1			
	Operator MANZI, NIC	ا ا	Endorsement	er SHARPE,						<u> </u>				
<sup>8</sup> 1	Address 25 GOVERNO	First	Middle	ess 17 UPLA		Fi	rst		Mid	ldle				
	City BILLERICA			BURLINGTO			State	<b>MA</b> 7	in <b>01</b>	803-143	8	<b>1</b> 14		
	Insurance Company SAFECO	•	•	ele Action Prior to Cra	Γ	22		aged Area			27			
		E W Responding to En	_	t Sequence 23		23 23	Test	Status:		1 28				
	Citation # (If Issued)	<b>X</b>		Hannful Event 1	24		Type	of Test:		29				
<sup>9</sup> 2	, , ,				97 <sup>2</sup>	5 25	l	Test Resu		1 30	20			
	Viol. 1: Ch/Sec/Sub		<b>.</b>	er Contributing Code	3/		Susp	. Alcohol:		Susp. Drug:2	32			
	Viol. 3: Ch/Sec/Sub		er Distracted by 9	34	35 36		d from sc	ene? [2	2 ]					
	Please fill Out for ope Name (Last First Middle)	erator/non-motorist and all occ	Address	DOB/Age So		Safety Airbag System Status	Eject T	rap Injury ode Status	Transp. Code	Medical Facility				
	Operator/Non-Mo	otorist	See Above	$\rightarrow$	1	4.	0 0	10	1			[		
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	Pol	lice Use Only	nwealth of Massachusetts RMV Document Numb								oer							
	04/12/2019  <b>1237  Wilmington</b>					or Veh	icle Cra	sh		unber hicles	Num	-ad		Limit_	30	State Polic Local Poli MBTA Po	ce 🔀	
	04/12/2019	24HR	TTHIT.	ngton	P	olice	Report		2		0		_atituc _ongit			Campus P	olice	
		AT INTERSE	CTIO	٧:	<	LOCA	LOCATION > NOT AT INTERSECTION:											
			210 BALLARDVALE ST												2 10			
	Route# Dire	ection	N	ame of Roadway/S	Street	Route# Direction Address # Name of Roadway/Street												
1				At			Feet	Иsl	E W	of ·			_ •		or			
	Route# Dire	ection		rect	7 1 - 1		01	Mil	e Mar	ker		O' _	Exit Nu	nber	2 11			
				Feet	N S	E W	of .	Route	<u> </u>	1	Interse	cting B	Roadway/Str	eet				
2 2	Route# Dire	ction	Name of	f Intersecting Road	lway/Street		Feet NSEW of Route# Intersecting Roadway/Street											
	Diam Calant														ndmark			
3	Please Select of the Followi		<b>1</b> _#C	Occupants Hi	t/Run	Moped	Crash R	leport	ID#	19	-1	39	<b>)</b> – į	AC	•			
	License #_S7	1559124	St <b>MA</b>	DOB/Ag		, Reg	# 111XN4				Reg	Туре	PC		Re	eg State M		_ 12
	Sex M_ Lic.	Class D 19	Lic. Restr	rictions 1 20	CDLEndorsement	Veh	Year <b>2010</b>		√eh M:	ake <u>H</u>	OND	A			_ Veh	Config. 1	. 21	1
<u></u>	Operator MI	LCH, NATH	IANIE Firs	L CHARL		_ Own	er MILCH,	NZ	TH.	ANI	EL.	CH	ARI	ES	Mi	ddle		
1	Address 109	AMHERST			Mode	_ Addr	ess 109 AM	ME	RST	RI		NI .			IVII	adje		
	City <b>PELH</b>	AM	State <b>M</b>	A Zip 0100	2-9799	. City.	PELHAM									L002-		
	Insurance Comp	pany AMICA M	<u>IUTUA</u>	L INS		_ Vehic	cle Action Prior to	Crash		2	22				Code:	4 27 5 2	<sup>7</sup> 6 <sup>27</sup>	
5_	Vehicle Travel I	Direction: XSE	W	Responding to Eme	ergency? 2	_ Even	t Sequence 1	23	23	23	23		st Stati			1 <sup>28</sup>		
2	Citation # (If Is:	sued)				Most	Harmful Event	1	24					t Resu	lt:	30		
	Viol. 1: Ch/Sec/	/Sub	— Viol.	2: Ch/Sec/Sub -		Drive	er Contributing Co	de	1	25	25	Sus	sp. Alc	cohol:	31	Susp. Dru	g: 32	<b>1</b> 13
·1	Viol. 3: Ch/Sec/	/Sub ————	Viol.	4: Ch/Sec/Sub =		Drive	er Distracted by	0	26			Tov	wed fr	om sce	ene?	2 33		
	Name (Last First N		operator a	and all occupants i	nvolved Address		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	
	Operat	or			See Above		$\sim$	X	1	1	4	0	0	10	1			
	Dlanas Salast	0-10-5-3					15	16	<u> </u>		17			18		<u> </u>	-1.	
<b>1</b>	Please Sclect of the Followi		<b>1</b> _#0	occupants No	on-Motorist A	Туре	Action	10 1	Locatio	n	r' c	onditi	on		<b>'L</b>	Hit/Run	Moped	
	License # <u>\$7</u>		St <b>MA</b>	DOB/Age		Reg	# <b>LV83681</b>	L			Reg	Туре	RV		R	eg State M		
	Sex.M Lic.	Class D 19	Lic. Restr		CDL Endorsement	_ Veh	Year <u>2006</u>	\	√eh Ma	ake <b>T</b>	OYO	TA			_ Veh	Config. 9	7 21	
3_	Operator FR	ANCOIS, P	PIERR First		Middle	_ Own	er FLEET	INC			Fire	st			Mi	ddle		
'2	Address 46	SAINT LO					ess 30 WAI	ER	ST	SI	<u> </u>	APT						_ 14
	City <b>FRAM</b>	INGHAM	State M	A Zip 0170	2-5911	_ City.	ATTLEBO	RO			201					2703-		1
	Insurance Comp	pany SAFETY	INSU	RANCE		Vehic	cle Action Prior to			Τ	22		maged st Stati		Code:	1 27 2 2 28	27 8 27	
	Vehicle Travel I	<u>KN</u>		Responding to Eme	ergency? 2	_ Even	t Sequence 1	23	23	23	23		oe of T			29		
2		sued) <b>R85729</b>					Harmful Event	1	24	25	25	ВА	C Tes	t Resu	lt:	30		
	Viol. 1: Ch/Sec/	<sub>'Sub</sub> 90 131	B Viol.	2: Ch/Sec/Sub _			er Contributing Co	Γ.	26	25	25		sp. Alo	L	31		g: 32	
	Viol. 3: Ch/Sec/			er Distracted by	1		1.5	76			om sco	,	2 33					
	Ple Name (Last First N	ease fill out for operat	or/non-mo	otorist and all occu	pants 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	
	Operat	or/Non-Moto	orist		See Above		><	X	1	1	4	0	0	10	1			
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