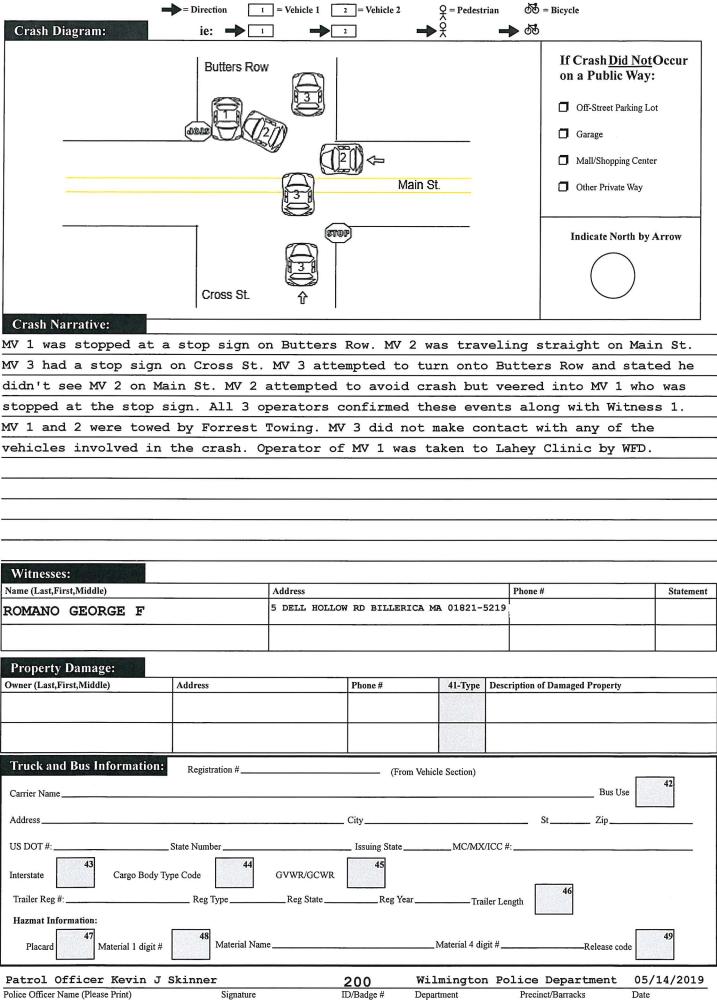
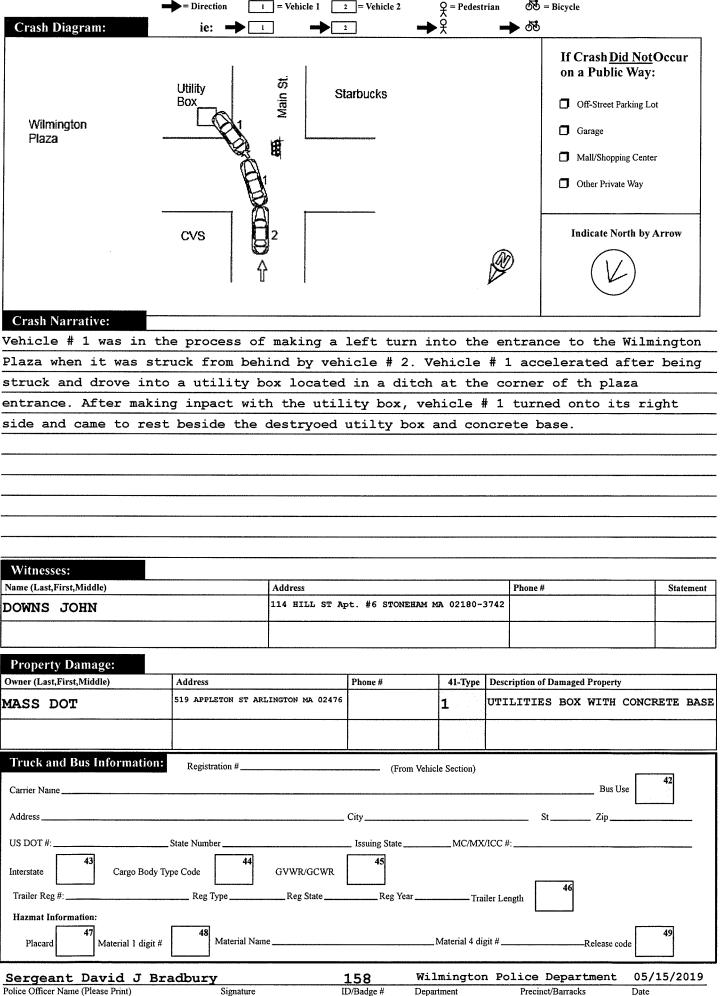
	Police Use Only	Comr	nonwealth	of Massa	chi	usett	S]	RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh	Numbe Vehicle			Speed L		State Police Local Police	
	05/14/2019 1433 Wilr	nington	Police	Report		3	1	11	Latitude Longitud		MBTA Police Campus Police Other:	3
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		Also at Intersection w	rith			E W of	Route	#	In	tersecting	g Roadway/Street	. []
² 2	Route# Direction Nam	ne of Intersecting Roadw	vay/Street	Feet [N S I	E W of						
2			· I							Landma	ark	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Re	eport I	D# 1 S	-1	67	1 – P	7C		
	License # S62978940 St M	A DOB/Age	Reg	#8RHK30			Res	z Type	PC		Reg State MA	
	19 19	20		Year 2010							21	1 12
	Operator SCOLASTICO, D	Er	ndorsement Own	er SCOLAS						,	J	
⁴ 2	Address 14 ELIZABETH D	First	Middle	ess 14 ELI	ist		Fi	rst			Middle	-
	City WILMINGTON State			WILMINGT		/		C4-4-	MΆ	7:- C	1887-3397	-
	Insurance Company COMMERCE						22			Area Cod		, I
				cle Action Prior to C		2 23	23		t Status		1 28	J
⁵ 1	Vehicle Travel Direction: NSWW	Responding to Emerg		t Sequence 1	1	24		Тур	e of Te	st:	29	
_	Citation # (If Issued)	_		ι	- -		25		C Test l	Result:	1 30	13
	Viol. 1: Ch/Sec/Sub \	/iol. 2: Ch/Sec/Sub		er Contributing Cod 1		1 25		Sus		hol: 2	Susp. Drug: 2 32	1
· 2		/iol. 4: Ch/Sec/Sub		er Distracted by	0	26				n scene?	1 33	
	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	olved Address	DOB/Age	Sex	34 35 Seat Safet Pos. System	36 Airbag n Status	37 Eject Code	Trap I	39 40 njury Trans Status Code		
	Operator	Se	ee Above		X	1 1	1	0	1 8	2	Lahey Clinic	
					-		-			-		-
										_		_
	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action	16 Lo	ocation	17	Conditio	on	18	Hit/Run Mope	d
		A_ DOB/Age	Pagi	28J670			Pag	у Туре	PC.		Reg State MA	-
	10 10	20	_	rear 2005		1 363- 1	_				ch Config. 1	-
	<u> </u>		idorsement	er BERGERO						V6	en Config.	
1	Operator PIKE, SABRINA	First	Middle	er <u>BERGERC</u> La ess 19 ALF	st		Fi	rst		1	Middle	-
_	Address 14 MINCHIN DR	NA - 0100:			KLU	ST			34%		1001 1050	14
	•	MA Zip 01801	·	WOBURN			22			Zip _Q Area Code	1801-1958 e 27 27 27 27	, I 1
	Insurance Company GOVT EMPLO		_	ele Action Prior to C		3 23	Щ,		t Status		28	
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	t Sequence 1	1		23		e of Tes		29	
2	Citation # (If Issued)	-	Most	Harmful Event	1	24		BA	C Test I	Result:	1 30	
_	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub —	Drive	r Contributing Cod		L 25	25	Sus	p. Alcol	hol: 3	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0	26		Tov	ved fron	n scene?	1 33	
	Please fill out for operator/non Name (Last First Middle)	•	ints involved Address	DOB/Age	Sex	34 35 Seat Safet Pos. System		37 Eject Code	Trap li	39 40 njury Transp itatus Code		
	Operator/Non-Motorist		e Above		X	1 1				0 1	-	
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¹ 1				At			Feet	NS	EW	of					or					
	Route# Direc	ction	Name	of Intersecting Road	way/Street					-	M	ile Mar	ker		٠	Exit	Number		3 11	
				Also at Intersection	with			NS		_	Route	 e#		Interse	ecting I	Roadway	/Street	-		j
² 2	Route# Direc	ction	Name	of Intersecting Road	way/Street		Feet	NS	EW	of										
	Please Select (000 574													ndmarl	k		\dashv		
3	of the Followi		e 3 <u> </u>	#Occupants Hit	/Run	Moped	Crash I	Report	ID#	19	$\frac{-1}{}$.67	/ —.	AC	;					
	License # S2	5263734	_			Reg #	8SN795				Re	g Type	PC		R	eg State		_	12	
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4	Operator SI	NGH , AMZ	ANPRE	ET First	Middle	_ Own	er SINGH,	Al Last	MAN	PRE	ET	rst			Mi	iddle				
⁴ 2		FOREST					ess 83 FO I	RES	T E						·			-		
				MA Zip 0180	1-2469	City	WOBURN										-246	-, I		
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⁵ 2	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26	35	36	Tov	ved fr	om sc	ene?	2 33		$oldsymbol{oldsymbol{eta}}$		
	Name (Last First M		for operato	or and all occupants in	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility			
	Operate	or		S	ee Above		> <	X	1	1	4	0	0	10	1					
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				Zip		•	le Action Prior to		ſ	- 1	22				Code:	27	27 2	- 7		
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		ued)		reoponding to Emer	goney		Harmful Event	r	24			Тур	e of T	est:		29				
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				notorist and all occup					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			\dashv		
	Name (Last First Mi	or/Non-Mo	tories		Address		DOB/Age	Sex	Pos.	System		Code	Code	Status	Code	Med	dical Facility	_		
	Operato	/// \UIL-1Y1U	wist	5	ee Above				1			_						_		
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	Pol	lice Use Only	Com	monwealth	ı of Massa	chus	setts	S		RM	V Docu	ıment Number		
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1	_		At		Feet	NSEV	v of			• —	or			
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			Also at Intersection	with		NSEV	_	Route#		Inters	ecting R	Loadway/Street	-	
² 2	Route# Direc	ction	Name of Intersecting Road	lway/Street	Feet [NSEV	V] of	WIL	MING					
	Please Select (One Mayara 1	#Occupants Hi				10		<u> </u>		ndmark	:		
3	of the Followi	ng: Vehicle L	- #Occupants Hi	t/Run Mope	l Crash Re	eport ID#	19	. — Т (00-	·AC	<u>, </u>			
		10 10	MA DOB/Age		g # RS99AV			_				7	_	1 12
	Sex F Lic.	Class D L	c. Restrictions 2	⊴ndorsement	h Year 2012							Config. 1	ן נ	
⁴ 3	1	RDOOS, GWE	First	Middle	wner MAGUIRE	ıst		First		T I	II Mid	idle		
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			tate MA Zip 0180		ty WOBURN			22			_	.801-161		
			INSURANCE		hicle Action Prior to C		23	23	Damage Test Sta		Code:	1 27 10 27 5 28		
5 1	Vehicle Travel D			• • —		3 35 23 1 2 5 24			Type of		F	29		
	1	ued)			L	33	25	25	BAC Te	est Resi		30	_	_ 13
			Viol. 2: Ch/Sec/Sub —	_	iver Contributing Cod]		Susp. A			Susp. Drug:	32	1
⁵ 1	Viol. 3; Ch/Sec/S		Viol. 4: Ch/Sec/Sub — perator and all occupants in		iver Distracted by	34		36	Towed 1	39	40	1 00		
	Name (Last First M	fiddle)	- I	Address	DOB/Age	Sex Pos		Airbag E	ect Trap ode Code	Injury	Transp. Code	Medical Facility		
	Operate	or	5	See Above		$X \mid 1$	1	2 0	1	10	1			
7_	Please Select C		#Occupants No	n-Motorist A Type	15 Action	16 Locat	ion	17 Con	dition	18	Пн	lit/Run 🔲 Mo	ped	
2	License # S1		MA DOB/Age,		g # 3CVC30	<u></u>	L_	D. T		<u></u>		g State MA	\dashv	
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	Ple: Name (Last First Mi	•	non-motorist and all occup	oants involved	DOB/Age	34 Seat Sex Pos.		Airbag E	7 38 ect Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility		,
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Police Officer Name (Please Print)

Signature

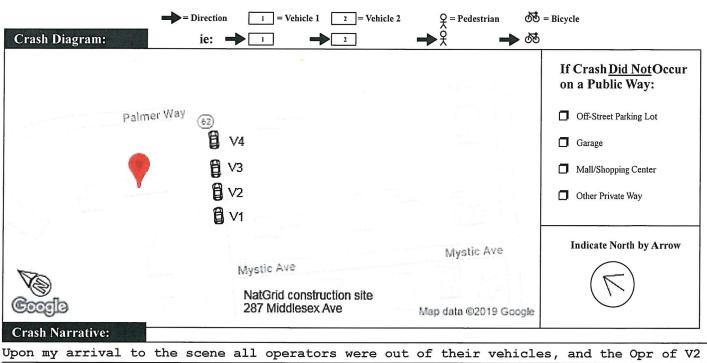
Precinct/Barracks

	Pol	ice Use Only	Cor	nmonweal	lth o	f Massa	ich	uset	tts			RM	V Doc	ument Nui	mber		
	Date of Crash 05/15/2019	Time of Crash 1611 W	City/Town ilmington	Motor '	Vehi	icle Cras	sh	Nun Vehi		umber ijured	1 *	l Limit	25	5 State Po Local Po MBTA	olice 🔯		
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	Dinava Salaat (***************************************	ındmarl	k		-	
3	Please Select (of the Followi		1 #Occupants	Hit/Run Mo	oped	Crash Re	eport I	D# 1	9-:	16	9-	AC					
	License # S1	5512466	St MA DOB/Age.		Reg#_	4XG142			R	eg Type	PC		R	eg State M		1 —	12
	Sex F Lic. 0	Class D 19	Lic. Restrictions 20	CDL Endorsement	Veh Ye	ar <u>2009</u>	V	eh Mak	FOR	D			Veh	Config.	1 21	1	
1	Operator TE	MPESTA, M	ICHELLE M	Middle	Owner	TEMPEST	ra,	MI		LE First	M		Mi	iddle			
⁴ 1	Address 10	RANCH RD	APT B		Addres	s 10 RAN	CH	RD	AP				IVII	udle			
	City WILM	NGTON	State MA Zip 018	87-3217	City_W	ILMINGT	CON			Sta	te M	A 2	Zip 0]	<u> 1887-</u>	3217		
	Insurance Compa	any GEICO G	ENERAL INS		Vehicle	Action Prior to C	Crash	4	22				Code:		27 27	İ	
5	Vehicle Travel D	irection: NS	W Responding to E	mergency? 2	Event S	Sequence 1 2	3 2	23 2	3 23		st Stat			1 28 29			
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	Viol. 1: Ch/Sec/S	Sub	_ Viol. 2: Ch/Sec/Sub		Driver	Contributing Cod	ie [1 25	2	5 Su	sp. Ale	cohol:	2 31	Susp. Dr	ug: 2 32	1	13
⁶ 1	Viol. 3: Ch/Sec/S	Sub	_ Viol. 4: Ch/Sec/Sub		Driver !	Distracted by	0	26		To	wed fr	rom sc	ene?	2 33		H	
1	Name (Last First Mi		operator and all occupant	s involved Address		DOB/Age	Sex	Seat Sa	35 36 afety Airba stem Status		38 Trap Code	39 Injury Status	40 Transp. Code	Medica	ıl Facility		
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	Dia con Calant O					15	16		17			18				4	
⁷ 1	Please Select O of the Followin		#Occupants	Non-Motorist A Typ	ре	Action	Lo	ocation		Condit	ion		I	Hit/Run	Moped		
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3_	Operator TA	IGUAY, DE	VEN MICHAE	Middle	Owner	TANGUAY	Z ,]	DEVI		ICH	AEI	<u>. </u>	Mic	idle			
1	ł	WHITE ST			Address	52 WHI	TE	ST								1	14
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	Pol	lice Use Only		Com	monwe	alth	of Mass	ach	us	etts	3			RM	V Doc	ument Number		
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¹ 1			,	At			_	NIC	re bas	1 _								
	Route# Direc	ction	Name	of Intersecting Road	way/Street		Feet	N S	EW	of	Mi	ile Ma	ker		or _	Exit Number		_ 11
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² 1	Route# Direc	ction	Name	of Intersecting Road	way/Street									La	ndmar	k		
3	Please Select O		11	Occupants Hit	/Run	Moped	Crash l	Report	ID#	19	-1	.70) –.	AC	•			
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⁴ 1	1	Last SALAND RD	F	irst	Middle		es 2 BAL	Last				rst	<u></u>		М	iddle	_	
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	Name (Last First M		горегаю	T and an occupants in	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operate	or		S	ee Above		> <	X	1	99	1	1	0	10	1			
	Please Select O	ne M	.1 "	<u> </u>		_ [15	16	<u> </u>	_	17		$\overline{}$	18	_			
1	of the Followin		**************************************	Non	ı-Motorist A	Туре	Action	L	ocatio	on		Conditi	on		'	Hit/Run L Mo	ped	
	License # <u>S68</u>		St MA	_ DOB/Ag.		Reg#	7HA223				Reg	у Туре	PC		R	eg State MA	_	
	Sex M Lic. C	Class D 19 19	Lic. Res		DLndorsement	Veh Y	ear <u>1998</u>	\	/eh Ma	ake <u>C</u>	HEV	RO]	LET		_ Veh	Config. 1	1	
3 _	Operator PII	ERCE, BRI	CAN Fi	C irst	Middle	Owne	r PIERCE	Last	BRI	AN_	C Fir	rst			Mi	ddle		
1	Address 147	MAIN ST				Addre	ss 147 M	AIN	ST									_ 14
	City N REA	DING	State 1	<u>//A</u> Zip 01864	1-3101	City 👤	N READI	NG								L864-310	I	7 🖺
	Insurance Compa	any HANOVE	NI S	SURANCE		Vehic	le Action Prior to	Crash		2	22				Code:	1 27 5 27 28	27	
	Vehicle Travel D	rirection: NS	W	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		t Statu e of T			29		
2	Citation # (If Issu	ued)				Most	Harmful Event	1	24					t Resu	lt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub		_ Drive	r Contributing Co	ode	99	25	25	Sus	p. Alc	ohol:	2 31	Susp. Drug:2	32	
	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec/Sub		_ Drive	Distracted by	99	26			Tov	ved fr	om sce	ene?	2 33		
	Ple: Name (Last First Mi	•	tor/non-n	notorist and all occupa	ants 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		
		or/Non-Moto	rist	Se	ee Above			X	1	99						Winchester Hospital		
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	Police Use Only	Com	nonwealth	of Massacl	nusetts	S	RM	V Document Nur		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	Lucarit	olice 🔯	1
	05/15/2019 1619 Wil	mington	Police	Report	4	Injured 1	Latitude Longitude _	MBTA F Campus Other:	olice D	
	AT INTERSECT	ION:	< LOCA		1 -	NOT AT		SECTION:		1
										1 10
	D . ((B)	N. CD. I. (G)			310	MIDD	LESEX	AVE		
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadway/Street		
-				Feet N S	E W of		_ •	or		
	Route# Direction Na	me of Intersecting Roadw				Mile Ma	rker	Exit No	imber	2 11
		Also at Intersection w	rith	Feet N S		Route#	Inters	ecting Roadway/Si	reet	
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street	Feet N S	E W of					
<u> </u>								andmark		l
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 1 9	-170	OA-O	3		
	License # S10238222 St M	IA DOB/Ag.	Reg	1TK995		Reg Type	PC	Reg State M	A	
	19 19	20		Year 1999				Γ	21	1 12
	Operator MANNING, JANE	Er	ndorsement	er DERRICKS				ven conng. [-		
⁴ 1	Address 16 WINTER ST	First	Middle	Last ess 16 WINTE		First		Middle		
		N3 - 01007					1/3	01007		
	City WILMINGTON Stat			WILMINGTO				Zip 01887 -	27 27	
	Insurance Company COMMERCE			ele Action Prior to Crasi			amaged Area est Status:	1 Code: 1 5		
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	Sequence 1 23	23 23		pe of Test:	29		
	Citation # (If Issued)		Most	Harmful Event 1	24	BA	AC Test Resi	ult: 1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 Su	sp. Alcohol:	2 31 Susp. Dr	ıg: 2 32	1 13
6 .	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	То	wed from so	ene? 1 33		
⁶ 1	_	ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle) Operator		Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medica	l Facility	
	Operator				1 3					
7	Please Select One	#Occupants Non	Motorist A Type	15 Action 16	Location	17 Condit	18	Hit/Run	Moped	Ì
⁷ 1	of the Following:	14011			Location				- •	
		A DOB/Age	Reg #	8RAJ60		Reg Type	PC	Reg State M	A 21	
	Sex F Lic. Class D Lic. I	Restrictions 1 CI	OL Veh Y	ear 2014	Veh Make N	ISSAN		Veh Config.		
3	Operator EK, MARGARET	C First		er EK, MARG	ARET C	First		Middle		
³1	Address 25 VALE ST		Addre	ess 25 VALE	ST					
	City TEWKSBURY State	MA Zip 01876	-1533 City	TEWKSBURY		Star	te MA 2	Cip 01876 -	1533	7 14
	Insurance Company COMMERCE	INSURANCE	Vehic	le Action Prior to Crasl	ո 2	22 Da	ımaged Area	Code: 5 27	27 27	
	Vehicle Travel Direction: N S WW	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23	st Status:	1 28		
)	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test:	29 30		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1 25	25	AC Test Resu sp. Alcohol:		32	
		Viol. 4: Ch/Sec/Sub		r Distracted by	26		wed from sc	2 22	¹⁸ [2	
	Please fill out for operator/no				34 35	36 37	38 39	40		
	Name (Last First Middle)	-	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Medica	l Facility	
	Operator/Non-Motorist	t Se	e Above	\times X	1 99	4 0	0 10	1		
									manage or or of the	
				1 1			1	1		



was being treated by WFD. The following was related to me by the Opr of V1. She stated that she was traveling and had made her way through the the area of the NatGrid traffic detail. She stated that after doing this V2 stopped abruptly and that she could not stop in time resulting in her rear ended V2. This then caused V2, to strike V3, which stuck V4. The Opr of V2 was taken to the Winchester Hospital for evaluation due to injuries he sustained in the crash. V1, V2, and V3 were all towed from the scene by A&S towing. V4 was able to drive away from the crash. All other involved parties refused medical treatment and arranged transport from the scene.

Witnesses:						,	
Name (Last,First,Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	iption of Damaged Property	
		91					
Truck and Bus Information:	Registration #		(icle Section)			42
Carrier Name						Bus Use	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Leng	gth	
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	>		_Material 4 di	git #	Release code	49
Patrol Officer Michael E	Tohnson		100 Wi	lminator	. Dol	lice Department OF	/15/2010

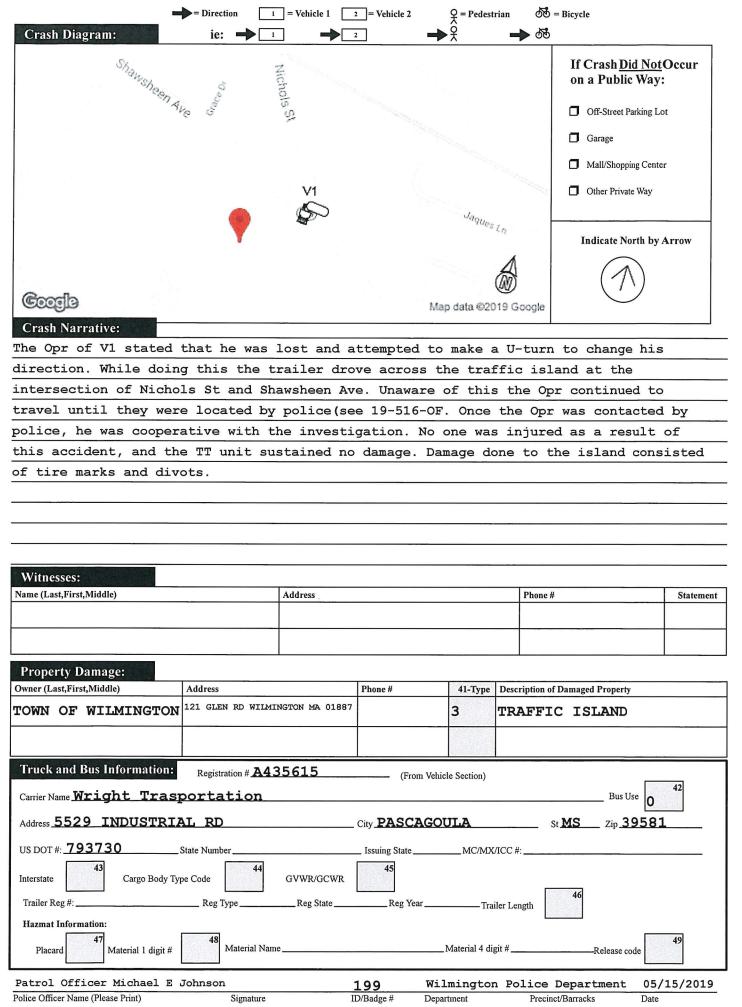
Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

	Po	lice Use Only		Com	monw	ealth	of Mass	ach	us	etts	}]	RMV	Docur	ment Numb		
	Date of Crash 05/15/2019	Time of Crash	1	City/Town ington	1		icle Cra	sh		umber chicles		rad 1	eed L		25	State Police Local Police MBTA Poli	e 🗖	
	03, 13, 2013	24HR	***************************************	ing con	P	olice :	Report		1		0		ngitu			Campus Po		
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NOT	[AT]	INT	ERS	ECT	ION:]
				N AVE														1 10
¹ 1	Route# Dire	ction		Name of Roadway/S	Street		Route# Direc	tion	Addı	ess#			Name	e of R	oadwa	y/Street		-
	-	NICH	IOLS				Feet	N S	EW	of			•		or	T 1.37		
	Route# Dire			of Intersecting Road			-	NIC	I E Ivy	١ .	Mil	e Mark	er			Exit Num	iber	1 11
				Also at Intersection	with			N S			Route	# -	In	tersec	ting Ro	oadway/Stre	et	
² 1	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	NS	EW	ot				Lanc	lmark			
3	Please Select of the Followi	One Nehicle	e 1 <u>1</u>	#Occupants Hit	t/Run	Moped	Crash I	Report	ID#	19	-1	71	-Z	7C				
	License # <u>35</u>	76123	St AI	_ DOB/Ag(. Reg#	A43561	5			Reg	Туре 🔏	λP		Reg	g State MS		12
	Sex M Lic.	Class A 19	Lic. Re	strictions 1 20	CDL H Endorsement		Year 2017										21	7 12
4	Operator <u>CL</u>	ARKE, O	LLIE	First	Middle	_ Own	er WRIGHT	TE	RAN	SPC	RTA Fir	TIO	N.	INC	Midd	ile		
⁴ 1		O AIR T				=	ess <u>5509</u>	END	USI	'RIZ	AL I	RD						
	City MOBI	LE	State	AL Zip 3669.	5-6133	City_	PASCAGO	ULA	<u> </u>			_ State			_			
	Insurance Comp	oany GREAT	WEST	CASUALT	<u>Y</u>	_ Vehic	ele Action Prior to			8	22				ode: o	27 27 28	27	İ
5	Vehicle Travel E	Direction: N S	E	Responding to Eme	rgency? 2	Event	t Sequence 35	23	23	23	23		Status of Tes		1	29		
	Citation # (If Iss	sued)		-		Most	Harmful Event	35	24				Test I		:	30		
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	9	25	25	Susp	. Alcol	iol: 2	31	Susp. Drug	2 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	99	26			Towe	d fron	n scen	ie? 2	33		
T	Name (Last First M		for operato	or and all occupants in	ivolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject 1	rap Ir	ijury T	40 ransp. Code	Medical Fa	scility	1
	Operate			S	See Above			X	1	99		0		0 1				
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	Please Select C			<u> </u>			15	16	<u> </u>		17			18				1
⁷ 4	of the Followin		2#	Occupants Nor	n-Motorist A	Туре	Action	I	Locatio	n	C	ondition			Hi	it/Run	Moped	
	License #	19 1	9	DOB/Age		•					-				_		21	
	Sex Lic. (Class	Lic. Res		CDL Endorsement		ear	\	Veh Ma	ıke					Veh C	Config.		
8 1	Operator	Last	F	irst	Middle		er	Last			Firs	1			Middl	le		
			State	Zip								State_		7in				1 14
						•	le Action Prior to				22		aged A	_		27 27	27	
	•	rection: N S		Responding to Emer					23	23	23	Test :	Status:			28		
,		ued)	LLL				Hamful Event	Τ	24				of Tes		L	29		
່ 2	Viol. 1: Ch/Sec/5	Sub	Vic	ol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de		25	25		Test F	_		30 Susp. Drug:	32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —			r Distracted by		26				d fron			33 Drug:	تَــــا	
	Ple	ase fill out for ope		notorist and all occup			-	<u> </u>	34 Seat	35 Safety	36 Airbag		38 rap In		40 ransp.			1
	Name (Last First Mi		toric4		Address		DOB/Age	Sex	Pos.	System	Status		ode St	atus (Code	Medical Fa	cility	
	Operato	or/Non-Mo	wrist	<u> </u>	ee Above				1				\perp	\perp	-			
													_	_	_			

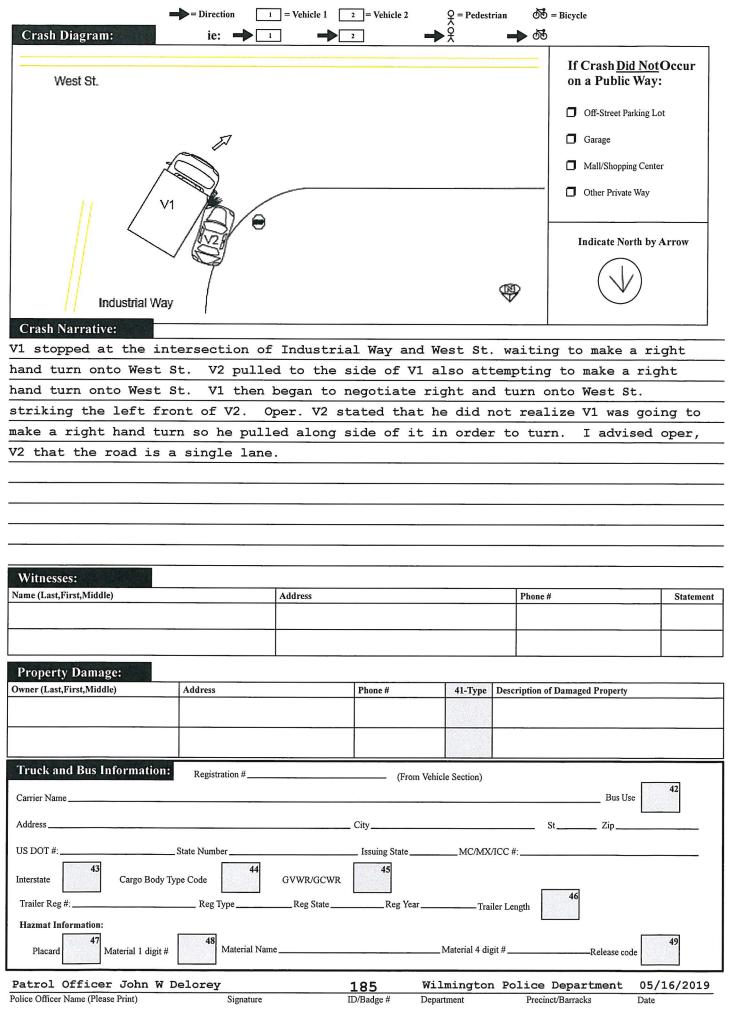


Wilmington Police Department Images Associated with 19-171-AC

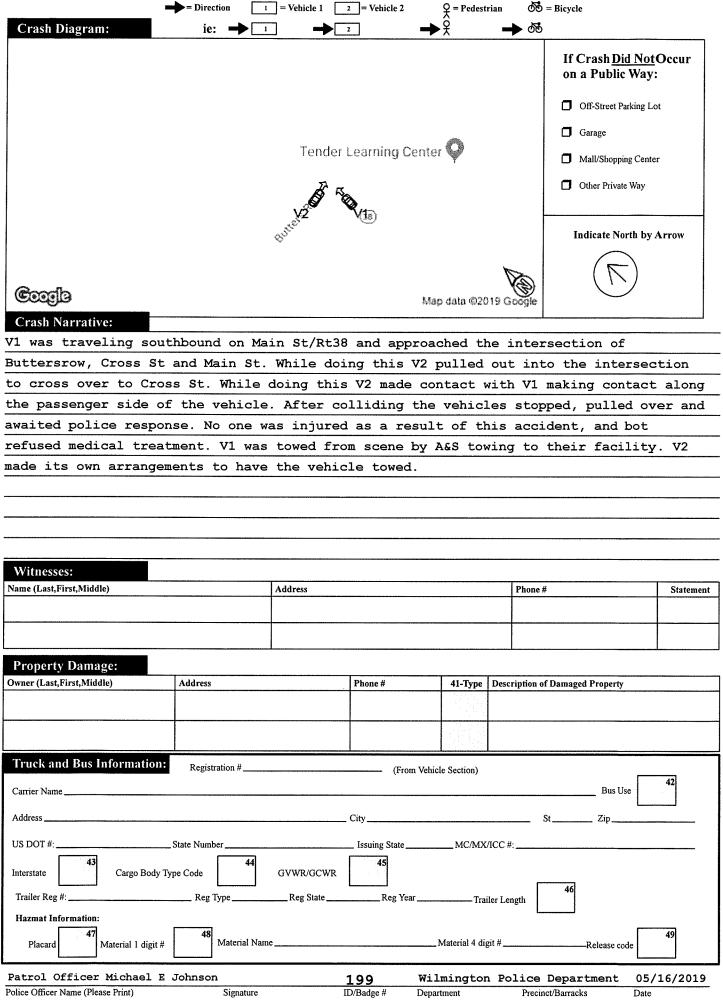




	Police Use Only	Common	nwealth	of Massa	chus	etts			RMV Do	ocument Number		
	Date of Crash Time of Crash 05/16/2019 0916 Wiln	City/Town M	otor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Number Injured	1 .	~~~~	State Police Local Police MBTA Police		
	24HR	nington	Police :	Report	2		0	Latitud Longitu		Campus Police	ä	
	AT INTERSECTI	ON:	LOCA	TION >			NOT A	T INT	ERSE	CTION:		
												2 ¹⁰
	Route# Direction INDUSTR	Name of Roadway/Street		Route# Direction	on Add	ress #		Nar	ne of Road	dway/Street		
¹ 1		At		[5]	.1							
	Route# Direction WEST ST Nam	e of Intersecting Roadway/Stre	-et	Feet N	SEW	/] of -	Mile M	arker	or	Exit Number		. 11
		Also at Intersection with		Feet N	SEW							4
2	Destall Disease	CI		Feet N	SEW	of	Route#	1	ntersecting	g Roadway/Street		
² 1	Route# Direction Nam	e of Intersecting Roadway/Stre	eet			-			Landma	ark		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	port ID#	19	-17	2-2	AC			
	License # S39757896 St M	DOP/Age	Pand	T30636			D T	- CO		D S4.4. M A		
	- 19 19	20		Year 2017						-	21	1 12
	Operator MARTINEZ, JOSI	Endorsen	nent	er MGD INC		аке			V6	en Conng.	┚╽	
⁴ 2	Address 89 CROSS ST	First Middle		Las	it	\D	First		:	Middle		
<u>~</u>	City LAWRENCE State	MA ~ 01841-35		ess ZERO PA		<u> </u>	<u> </u>			1010-00	_	
	Insurance Company PROTECTIVE	-	_	BURLINGT					Area Cod	01810-000	27	
	<u></u>			le Action Prior to Co	,	3		est Statu		28		
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emergency?		Eddence 1				ype of To	est:	29		
	Citation # (If Issued)	-		Harmful Event 1		25	25 B	AC Test	Result:	30	_	_ 13
	Viol. 1: Ch/Sec/Sub ——— V			r Contributing Code			Sı	ısp. Alc		Susp. Drug:	32	1
⁵ 1		iol. 4: Ch/Sec/Sub	Drive	r Distracted by	34	35	36 37	owed fro	om scene?			
	Please fill out for operat Name (Last First Middle)	or and all occupants involved Address		DOB/Age	Seat Pos.	Safety	Airbag Eject Status Code	Trap	Injury Transp Status Code	р.		
	Operator	See Abov	⁄e		1	1 /	4 0	0	10 1			
								\vdash				
	M 61.40 =	<u> </u>		15 1	7		17	┸┯┸	10			
⁷ 3	of the Following: Vehicle 21	#Occupants Non-Motor	ist A Type	Action 1	Location	on	Condit	ion	18	Hit/Run M	ped	
	License # S55705228 St M	DOB/Age	Reg #	7LP368			Reg Type	PC	1	Reg State MA		
	Sex M Lic. Class D 19 Lic. Re	strictions 20 CDL	Veh Y	ear 2018	Veh M	ake TC	OYOTA		Ve	ch Config. 1	21	
,	Operator SANTIAGO, FRAN	Endorsem		FLEET I	NSTA	LLA:		IN				
2	Address 7 CHELMSFORD ST		Addre	ess 65C IND	USTR	RIAL	First WAY			Middle	[
	City METHUEN State	MA Zip 01844-43	33 City 1	WILMINGTO	ON		Sta	te MA	Zip _ O	1887-349	9	1 14
	Insurance Company AMERICAN F	IRE CASU	Vehic	le Action Prior to Cr	rash	3 ²	D:	amaged.	Area Code	e: 8 27 27	27	
	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Event	Sequence 23	23	23	23	st Statu:		28		
	Citation # (If Issued)	-	Most	Harmful Event 1	24		-	pe of Te AC Test		30		
2	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	97	25	25	isp. Alco			32	
	Viol. 3: Ch/Sec/Sub — Vi	ol. 4: Ch/Sec/Sub	Drive	Distracted by	26			•	m scene?	2 33	ᆜ	
	Please fill out for operator/non-	•	olved		34 Scat	35 Safety	36 37 Airbag Eject		39 40 Injury Transp	,	\dashv	
}	Name (Last First Middle) Operator/Non-Motorist	Address See About	a	DOB/Age S	Sex Pos.	System :	Status Code	Code	Status Code	Medical Facility	——	
-	Operator/140m-1410torist	See Abov			$\frac{1}{1}$	1 4	-		10 1			
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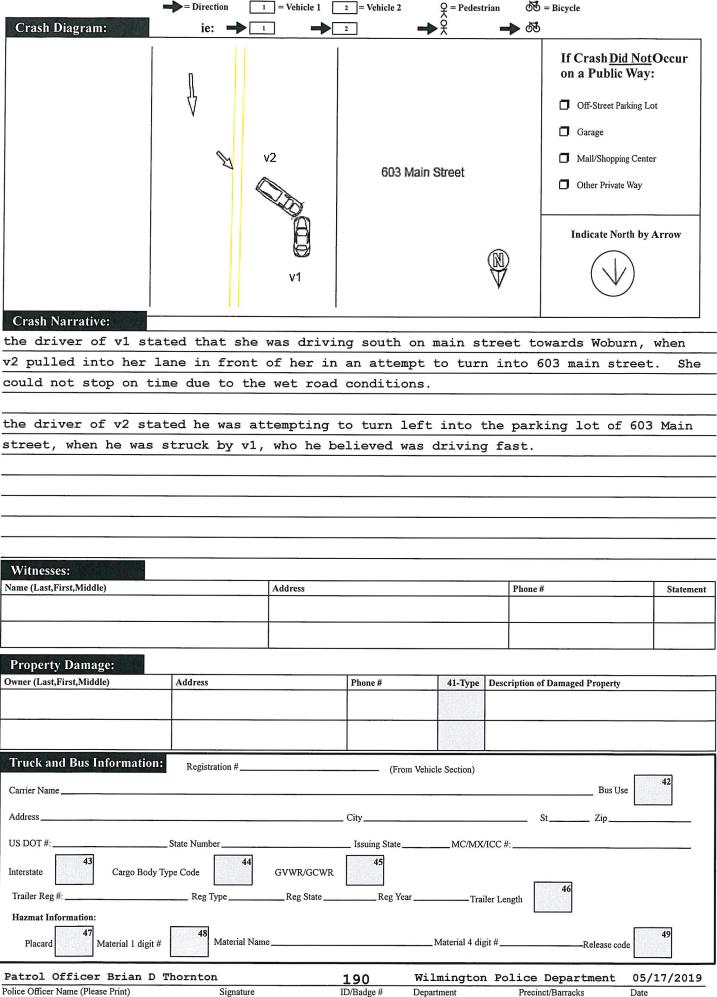
	Police Use Only	Com	monwealth (of Massac	hus	etts	;			RMV	V Docu	ument Number		
	Date of Crash Time of Crash 05/16/2019 1733 W:	City/Town ilmington	Motor Veh	icle Crasl	$h \begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles		-nd		Limit.	35	State Police Local Police MBTA Police	080	
	24HR	LIMING CON	Police 1	Report	2		0		Latitud Longit			Campus Police	. .	
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1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Addı	ress #			Naı	me of l	Roadw	ay/Street		
11	, name	At		Feet N	SEW	of			- •		or			
	Route# Direction BUTTE	Name of Intersecting Road	way/Street				Mil	le Mari	ker			Exit Numbe	er	3 11
		Also at Intersection	with	Feet N		-	Route	#]	Interse	cting R	Roadway/Street		
² 3	Route# Direction	Name of Intersecting Road	way/Street	Feet N	SEW	of								
	Please Select One	1 10 10				1 ^	a				ndmark			1
3	of the Following: Vehicle 1.	L_#Occupants Hit	/Run Moped	Crash Repo	ort ID#	T 9	<u>-1</u>	73	5 – 2	AC	;			
	License # S56819395 S	t MA DOB/Age	Reg #	7306HW			Reg	Type	PC		Re	eg State MA	21	12
	[CDL Veh Y	Year 2011	_ Veh M	ake <u>K</u>	IA				_ Veh	Config. 1	21	
4	Operator <u>CASALINUOVO</u> Last	First	Middle	er CASALIN Last			Fir		L P	.	Mic	ddle		
⁴ 2	Address 3 ARCHSTONE			ess 3 ARCHS	TONE									
	City READING	-	7-3799 City	READING								L867-37	27	
	Insurance Company GOVT EM			le Action Prior to Cra		22	22		naged t Stati		Code:	3 27 27		
⁵ 1	Vehicle Travel Direction: S E		•	Sequence 23	23	23	23		e of T		ľ	29]
_	Citation # (If Issued)			Harmful Event 1		25	25			t Resul		1 30		13
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26					ohol:		Susp. Drug: 2	32	1
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — perator and all occupants in		r Distracted by	34	35	36	Tov	ved fro	om sce	ene?	1 33		
	Name (Last First Middle)	T T T T T T T T T T T T T T T T T T T	Address	DOB/Age Se	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facil	ity	
	Operator	S	ee Above	\rightarrow	1	0	4	0 (0	10	1			
7_	Please Select One of the Following:	#Occupants Non	n-Motorist A Type	15 Action 16	Locatio	on	17 C	onditio	on	18	П	lit/Run 🔲 N	loped	
′3	of the Ponowing.	MA_DOB/Age		EV522N]			Т		لــــــــــــــــــــــــــــــــــــــ		eg State MA		
	19 19	20	_	ear 2018			_						21	
	Operator DEVINCENTIS,	E	ndorsement	r GORITYAI								Connig.		
3.	Address 12 SAUNDERS	First	Middle	Last ess 321 MAD	,		Firs	st			Mid	idle		
	City SALEM	State MA Zip 0197 0	0-3955 City_	SHREWSBUR	Y			_ State	MA	Zi	ip 01	545-42	86	2 14
	Insurance Company LM GENER	RAL	Vehic	le Action Prior to Cra	sh	1	22				Code:		27	
	Vehicle Travel Direction:	W Responding to Emer	gency? 2 Event	Sequence 23	23	23	23		t Statu		-	1 28		
	Citation # (If Issued)		Most	Harmful Event 1	24				e of T	est: Resul	lt: .	30		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	4	25	25			ohol:		Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26			Tow	ved fro	om sce	ne?	1 33		
Ì	Please fill out for operator	/non-motorist and all occup	ants involved	DOB/Age Se:	34 Seat x Pos.	35 Safety System	36 Airbag Status		38 Trap Code		40 Transp. Code	Medical Facil	ity	
Ì	Operator/Non-Motor	rist s	ee Above			0					1			
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	Police Use Only	Comi	monwealth	of Massach	usetts	3	RM	V Documen		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	i	State Police Local Police MBTA Police	1
	05/16/2019 1812 Will	mington	Police :	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter			1
										2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	175 Address #	MIDD	LESEX	AVE Roadway/S	traet	F
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				Feet N S	E W of	Mile Ma		or	Exit Number	
	Route# Direction Nam	ne of Intersecting Roady Also at Intersection w		Feet N S	E W of	14110 1410	urci		J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 11
		ruso at intersection w		Feet N S		Route#	Inters	ecting Road	way/Street	
² 1	Route# Direction Nam	ne of Intersecting Roady	vay/Street	reet [N]5	2 11 01		T.	ndmark		:
	Please Select One	#Occupants Hit/			1 O	17				1
3	of the Following:	Hit/	Run Moped	Crash Report	1D# 19	-	JA-P			1
		A DOB/Age	Reg	2VF227		Reg Type	PC	Reg Sta		12
	Sex F Lic. Class D 19 19 Lic. F	testrictions 99 C	DL Veh	Tear <u>2015</u> 1	Veh Make <u>N</u>	ISSAN		Veh Conf	fig. 2 21	
	Operator CORNELL, JESS			er CORNELL,	JESSI	CA L		Middle		
⁴ 1	Address 3 RING AVE			ess 3 RING A	VE	rust		Middle		
	City WILMINGTON State	MA Zip 01887	7-4002 City	WILMINGTON		Sta	te MA 2	ip 0188	37-4002	
	Insurance Company GEICO GEN	ERAL INS	Vehic	le Action Prior to Crash	4	22 Da	amaged Area	Code: 1 2	7 27 27	
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	Sequence 23	23 23	23	est Status:		8	
3	Citation # (If Issued)		Most	Harmful Event 1	24	_	pe of Test:	. 2	9	
	Viol. 1: Ch/Sec/Sub \	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	AC Test Resunsp. Alcohol:	III.	sp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from sc		7.5.08.	
⁶ 1	Please fill out for opera				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Sex	Pos. System		Code Status	Code	Medical Facility	-
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7	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16 L	ocation	17 Condit	18	☐ U:+/D	un Moped	1
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	19 19	A DOB/Ag	_	1JEY11			PC	Reg Sta	ate MA 21	
	Sex Lic. Class D Lic. R	estrictions 99 CI	dorsement	ear <u>2005</u> V				Veh Conf		
3 ₁	Operator TAYLOR, ASHLE	First	Middle	er TAYLOR, D	IANE	CAROL First		Middle		
	Address 16 CHARLOTTE R			ss 16 CHARLO	OTTE E					14
	·	MA Zíp 01876	-3202 City_	<u> </u>					6-3202	1
	Insurance Company CITIZENS	INSURANCE	Vehic	le Action Prior to Crash	<u> </u>	ᆜ, "	maged Area	Code: 3 2		
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	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	Distracted by	26	То	wed from sc	ene? 2 3	3	
Ī	Please fill out for operator/non	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
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	Date of Crash 05/17/2019	Time of Crash		City/Town ington	Motor Vo	ehicle Cra	ash		umber ehicles		rad	•	Limit	35	Local I	Police Police A Police		
	03/17/2019	24HR	A T TIII-	riigton	Police	e Report		2		0	ŀ	Latitu Longi				us Police	=	
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	Route# Direc	otion	Nama	of Intersecting Roady	uar/Straat	Feet	NS	EW	of	Mi	ile Mar	− • rker		or _	Exit 1	Number	- -	11
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² 3	Route# Direc	ction	Name	of Intersecting Roadv	vay/Street				-				La	ndmarl	k			
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	Viol. 1: Ch/Sec/S	Sub	Vio	l. 2: Ch/Sec/Sub	D ₁	river Contributing Co	ode	<u> </u>	25	25	Sus	sp. Ale	cohol:	31	Susp. D	rug: 3	2 1	L 13
⁶ 2	Viol. 3: Ch/Sec/S	Sub	Vio	l. 4: Ch/Sec/Sub	Di	river Distracted by	99	26			Tov	wed fr	om sc	ene?	2 33			
	Name (Last First M		operator	and all occupants inv	olved 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	Medi	ical Facility		
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, 1	Please Select O of the Followin		1 _#0	Occupants Non-	Motorist A Type	Action	16	Locatio	n	17	Conditio	on	18	<u> </u>	Hit/Run	Мор	ed	
	License #_S34	1804938	St MA	DOB/Age	Re	g # 3DM970				Reg	Type	PC		Re	eg State 1	MA.		
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1	Address 9 F	ANEUIL DE	3	76		idress 9 FANI	EUI:	L D	R	Fir	rst.			Mi	ddle		_	
	City WILMI	NGTON	State M	IA Zip 01887	-2034 Ci	ty WILMING	TON	<u> </u>			_ State	<u>M7</u>	z	ip 0 1	1887-	-2034	4 4	l 14
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	Plea Name (Last First Mic	•	or/non-m	otorist and all occupa	nts 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	36.0	ical Facility		
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Police Officer Name (Please Print)

Signature

ID/Badge#

Precinct/Barracks

Date