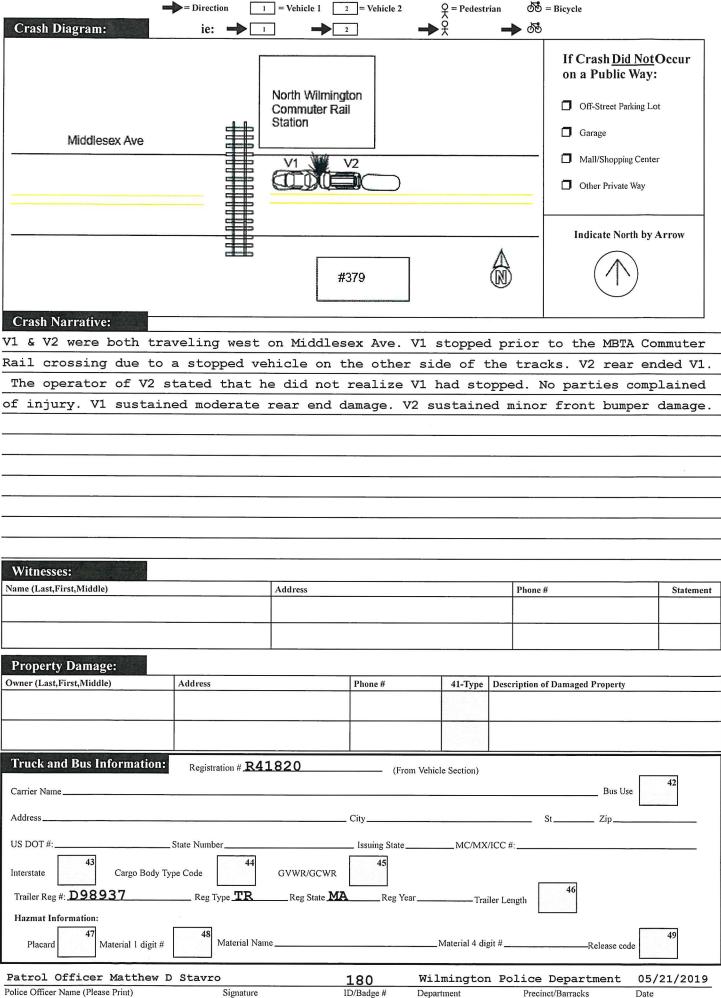
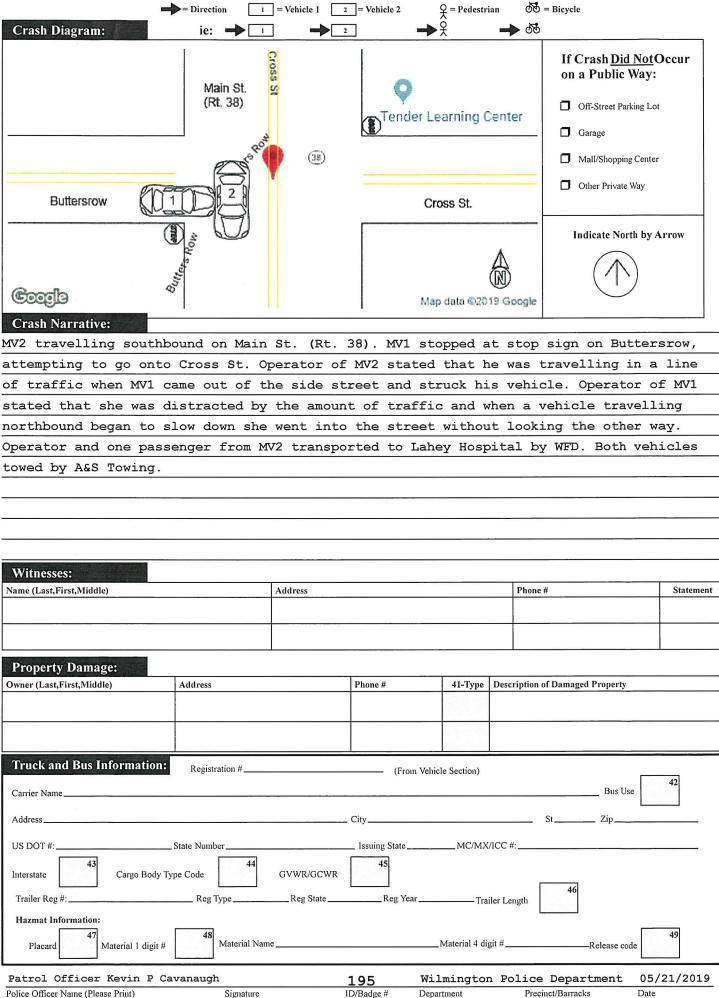
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Please Solved One Cresh Report ID# 19-176-AC							_			Route	e#	Ir	ntersec	ting Ro	oadway/Sti	reet	
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Viol. 1: Ch/See/Sub	Citation # (If Is:	sued)				Most	Harmful Event	1	24					ı. -			
Please fill out for operator and all occupants involved Addess Please fill out for operator and all occupants involved Addess DODINGE Please Select One of the Following: License #, \$49923691 St MA. DOB/Age. Sex M. Lie, Class 19 19 15 15 10 10 10 10 10 10	Viol. 1: Ch/Sec	/Sub	Viol	1. 2: Ch/Sec/Sub -		Drive	r Contributing Cod	L	_	25]		_		Susp. Dru	ng: 2 32	1
Please Select One of the Following: Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moject Modified Pacifity Modified Pa	Viol. 3: Ch/Sec					Drive	r Distracted by	0			Tov	ved fro	om scei		33		_
Please Select One of the Following: Non-Motorist A Type 15	Name (Last First)		t for operator	and all occupants			DOH/Age	Sex	Seat Safe	ty Airbag				Fransp.	Medical	l Facility	
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Sex M Lic, Class D Lic, Restrictions CDL Endorsement Operator BARTON, WILLIAM J Address 42 MAIN ST APT 9 City NORTH READING State MA Zip 01864 Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash V	License # S4					Reg#	R41820			Re	g Type.	СО		Reg	g State M]
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Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: NSE Responding to Emergency? 2 Event Sequence 123 23 23 23 Event Sequence 123 23 23 23 Test Status: 128 Type of Test: 29 BAC Test Result: 30 BAC Test Result: 30 Driver Contributing Code 19 25 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Doubl/Age Sex Set Safety Airtug Fijeet Trap Injury Transp. Name (Last First Middle) Address Doubl/Age Sex Sex Sex Sex Status: 128 Type of Test: 29 BAC Test Result: 30 Susp. Drug: 2 32 Towed from scene? 2 33 Medical Facility Medical Facility	-				64						State	MA.	Zi _I	01	864-	2530	1
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Name (Last First Middle) Address DOB/Age Sex Safety Arthag Eject Trap Injury Transp. Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Code Medical Facility	<u> </u>					Drive	Distracted by	99	34 35		37	38	39	40			_
<i>Operator/14011-14010F1S1</i> See Above 1	Name (Last First M	Middle)		1	Address		DOB/Age	Sex	Pos. Syste	m Status	Code	Code	Status	Code	Medica	l Facility	-
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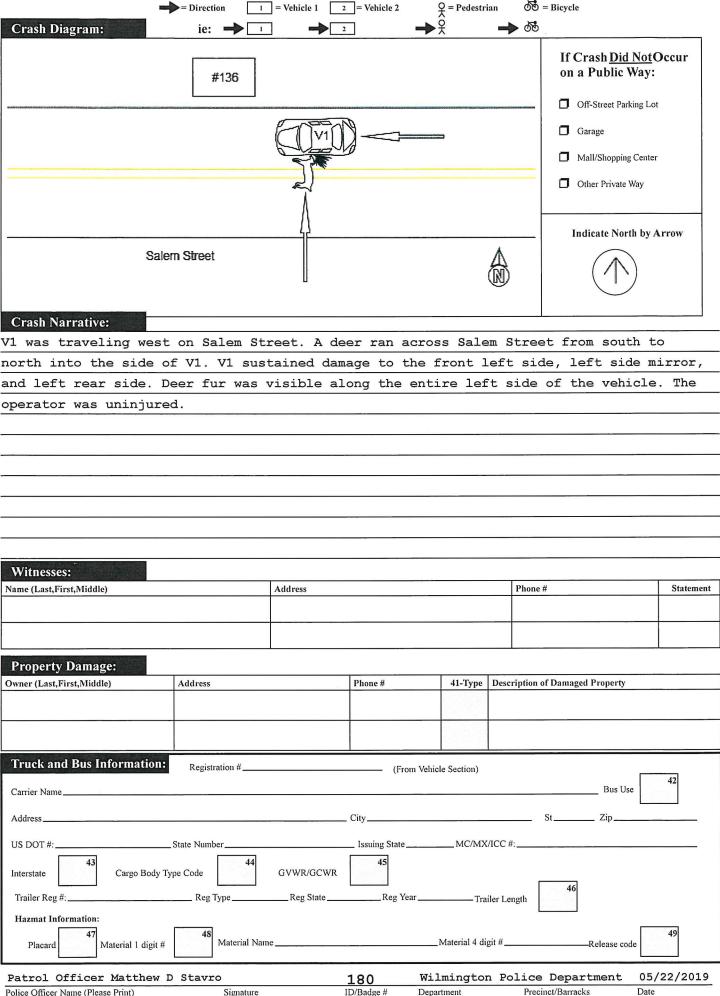


	Police Use Only	Comr	nonwealth	of Massa	chu	setts			RMV	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number	Numbe		Limit.	40	Local Police	
	1 1	ington	Police	Report	.	Vehicles 2	Injured 2	Lamu			MBTA Police Campus Police	
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	AN INTEROBETIO	011.	, Boc.				NOL	KI IIV.	I IJIK	JEC .	1010	10
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¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Directi	ion A	ddress #		Na	ine of I	Roadwa	ay/Street	-
	BUTTERSR			Feet [1	N S E	w of		_ •		or _		
		e of Intersecting Roadw	vay/Street				Mile	Marker		-,	Exit Number	3 11
		Also at Intersection w	rith		N S E		Route#		Interse	cting R	oadway/Street	
² 1	Route# Direction Name	e of Intersecting Roady	/av/Street	Feet	N S E	w of					,	
1	Name Name	or intersecting reads	vay/outeet						Laı	ndmark		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Ro	eport ID	#19	-17	77-	AC	·		
	License # S69724882 St M	DOD/A		# 21RA49			р т	PC			ς Μ Ά	<u></u>
	10 10	20	_				_	-			21	1 12
	Sex E Lic. Class D Lic. Re	E ₁	ndorsement	Year 2007						_ Veh	Config.	
4 _	Operator SILVEIRA, KELI	First	Middle	er SILVEII	ast		First	NN_		Mid	Idle	
⁴ 2	Address 221 CHESTNUT S			ess 221 CH	ESTI	UT :						
	City WILMINGTON State	MA Zip 01887	7-3303 City	WILMING	ON						887-3303	
	Insurance Company QUINCY MUT	UAL FIRE	Vehi	cle Action Prior to	Crash	1	22	Damage		Code:		
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 1	23 23	23	23	Test Stat		ŀ	28	1
⁵ 1	Citation # (If Issued)	_	Mos	Hannful Event	1 24	1		Type of			30	
	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 1	9 25 4	25	BAC Te Susp. Al		\rightarrow		1 13
	Viol. 3: Ch/Sec/Sub V	iol 4: Ch/Sec/Sub —	Driv	er Distracted by	99 20	6		Towed f	L	_	1 33	
⁶ 1	Please fill out for operat				1 7	34 35 eat Safety		37 38	39	40 Transp.		4
	Name (Last First Middle)	· ·	Address	DOB/Age	Sex Po	os. System		jeet Trap ode Code	Injury Status	Code	Medical Facility	_
	Operator	Se	ee Above		X^1	1	4 0	0	10	1		
												1
	Plana Calan Oran Et		F	15	16		17		18		<u></u>	┪
⁷ 2	of the Following: Vehicle 25	#Occupants Non	-Motorist A Type	Action	Loc	ation	Coi	ndition		ŀ	lit/Run Moped	
	License # S19730791 St M	DOB/Age_	Reg	# 642EB4			Reg T	уре <u>Р</u> С		Re	eg State MA	1
	Sex M Lic. Class D Lic. Re	estrictions 20 C	DL Veh	Year 1999	Veh	Make H	OND			Veh	Config. 21	
	Operator BIRU, ZEREJACO	DB E	Own	er PARVEE I	N, J	AMII	АВ					
⁸ 2	Address 23 NEWTOWNE CT	First	Middle	ess 140 HA	ast		First	PT 1	0	Mic	idle	
	City CAMBRIDGE State	MA Zin 0213	9 City	CAMBRIDG	SE.			State MZ	A 7	in 02	2139-2869	1 14
	Insurance Company COMMERCE	-	-	cle Action Prior to		1	22	Damage				H
	Vehicle Travel Direction: N K E W	Responding to Emerg			23 23	=	23	Test Star		Ī	28	
		Responding to Emer	•	it sequence 1	1 2	4		Type of	Test:		29	
⁹ 2	Citation # (If Issued)	_		i	<u> </u>	25	25	BAC Te	st Resu		30	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub		er Contributing Cod				Susp. Al	ı			
		iol. 4: Ch/Sec/Sub —		er Distracted by	U		T 32 T	Towed f	rom sc	<u>, </u>	1 33	_
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupa	ants involved Address	DOB/Age	S	34 35 eat Safety os. System	Airbag E	37 38 jeet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	ee Above			[1	4 0	0	8	2	Lahey Clinic	
	JAMILA PARVEEN	140 HARVARD ST CAMBRIDGE, MA 02	139-2869		£ 3	1	4 0	0	10	1		1
		140 HARVARD ST	***************************************						╂	-	Lahey Clinic	1
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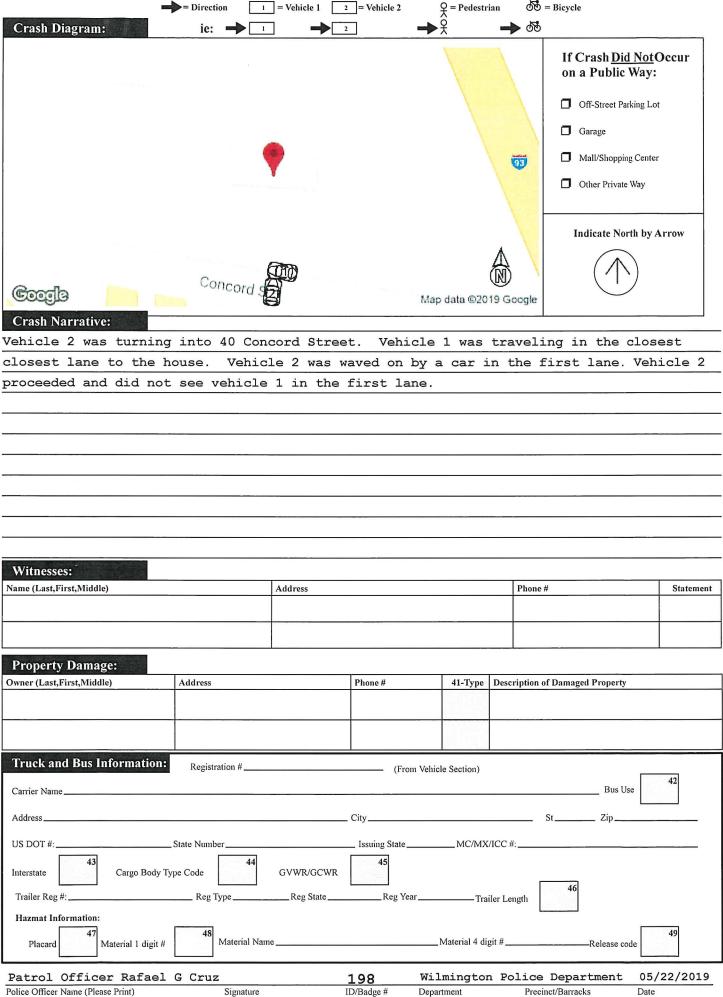


Signature

	Police Use Only	Com	monwealth	of Massach	ıusetts	;	RMV	Document Number	
	Date of Crash Time of Crash 05/22/2019 0850 W :	City/Town ilmington	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Limit . Latitude +04	30 State Police Local Police MBTA Police	00
	24HR	riming con	Police	Report	1	0	Longitude	Campus Police Other:	<u> </u>
	AT INTERSE	CTION:	< LOCA	ATION >		NOT AT	INTER	SECTION:	
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	136 Address #	SALE		Roadway/Street	2 10
1		At		Feet N S	F W .c				
	Route# Direction	Name of Intersecting Road	iway/Street	reet 11/15	1211101	Mile Ma		Exit Number	11
		Also at Intersection	with	Feet N S	E W of	Route#	Interse	cting Roadway/Street	_ 1
² 1	Route# Direction	Name of Intersecting Road	way/Street	Feet N S	E W of	TO WEEK	mense	etting reducting, on our	
1							Lai	ndmark	
3	Please Select One of the Following:	1#Occupants Hi	t/Run Moped	Crash Repor	1D# 19	-17	8- A C	•	
	License # S98272814	St MA DOB/Ag	_ Reg	# <u>7VM413</u>		Reg Type	PC		12
	1 10 1 1		CDL Veh	Year 2006	Veh Make _S	UBARU		_ Veh Config. 2	1
	Operator GOSS, TIMOT	ну м	Endorsement Owr	ner GOSS, TI	MOTHY	M First		Middle	
⁴ 1	Address 23 VICTOR ST			ress 23 VICTO	R ST	First		Middle	_
	City HAVERHILL	State MA Zip 0183	2-3853 City	HAVERHILL		Sta	ite MA Z	ip 01832-385	3
	Insurance Company LIBERTY	MUTUAL INS	Vehi	cle Action Prior to Cras	h 1	22 D	amaged Area	Code: 7 27 27 2	27
5	Vehicle Travel Direction: NSE	Responding to Eme	ergency? 2 Ever	nt Sequence 5 23	23 23	22	est Status:	1 28	
3	Citation # (If Issued)		Mos	t Hannful Event 5	24		/pe of Test: AC Test Rest	30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	1 25	25	isp. Alcohol:		5 13
6	Viol. 3; Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26		owed from sc		7
⁶ 1		operator and all occupants i			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle) Operator		Address See Above	DOB/Age Sex	Pos. System 1 99	Status Code	Code Status 0 10	Code Medical Facility 1	
	Орегию		See Above		1 33				
⁷ 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Run Mop	ped
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⁸ 1	Last Address	First	Middle Add	Last ress		First		Middle	
	City	StateZip	City			Sta	ite Z	.ip	1 14
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⁹ 2	Citation # (If Issued)		Mos	t Hannful Event	24	•	vpe of Test: AC Test Resi	29 30	
2	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25	25	isp. Alcohol:	····	32
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	Please fill out for operato	or/non-motorist and all occu	•	DOD/A 6 w	34 35 Scat Safety		38 39 Trap Injury Code Status	40 Transp.	\neg
	Operator/Non-Moto	rist	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical Facility	\neg
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Description Type		Police Use Only Commonw					ealth of Massachusetts							RMV Document Number					
AT INTERSECTION:		1			•				sh							25	Local MBT	Police Police A Police	
Route Direction Name of Roadway/Street Roadway/St			24HR	ļ						2		<u> </u>	I	ongit	ude		Other		4
Route Direction Name of Readway/Street All or Intersecting Readway/Street Feet N.S. E.W. of Academ Readway/Street Readwa			AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	ΓAT	INT	ERS	SEC	TION	:	10
Rouged Direction Name of intersecting Rendowy/Street Alio Intersecting Rendowy/Street Rouged Direction Name of intersecting Rendowy/Street Teal Siz W or Intersecting Rendowy/Street Intersectin										$\overline{}$		<u>cc</u>	NC						
Router Direction Name of Intersecting Roadway/Street Pear Selection Name of Intersection With Pear Selection Name of Intersection Roadway/Street Roadway/St	1	Route# Direc	ction	N		Street		Route# Direct	ion	Addr	ess#			Naı	ne of l	Roadw	ay/Stree	t	-
Rouge Direction Name of Intersection Roughey/Street Sign W or Result Intersecting Read-bey/Street Intersect Sign W or Sign								Feet [N S	E W	of					or _	Exit	Number	·
Rected Direction Name of intersecting Readway/Street		Koute# Direc	ction			<u>-</u>		Feet	N S	E W	of								۱ 3
Peace Solect On Webside 1		David Div			CI.	10.						Route	#	1	Interse	eting F	Roadway	/Street	
License # 3.663211728 StMA DOBNA Sex. F. Lie. Class 19 19 Lie. Restrictions 20 CDD. Children 21 1 1	L	Route# Direc	ction	Name o	of Intersecting Road	dway/Street									Laı	ndmark	(
Sec. F Lie. Class 19 19 10 Lie. Restrictions 20 CDL Individend 20 CDL Individe				le 1 <u>1</u> #0	Occupants Hi	it/Run	Moped	Crash R	eport	ID#	19	-1	79) – į	AC	;			
See, E. Lic Class Lic Restrictions CDL Confident CDL Confident		License # S6	3211728	St MA	DOB/Ag		Reg #	JF1946				Reg	з Туре .	PC		R	eg State		12
Operator GRASSI NANCY I Address 84 LAKE ST City TEWKSBURY State MA Zip 01876-4472 Insurance Company LIBERTY MUTUAL INS Whitele Travel Direction:			Class D	Lic. Rest	rictions	CDL Endorsement	_ Veh Y	_{(ear} <u>2016</u>		Veh Ma	ake <u>T</u>	OYC	TA			_ Veh	Config.	1 21	1
City TEWKSBURY State MA Zip D1876-4472 Institutance Company Library MUTUAL INS Whitele Action Prior to Crash 1 22 Damaged Area Code 3 27 27 27 Test Status 28 Type of Test Test Status Type of Test Test Status Type of Test Test Status					st			1	l,ast		CY	L	rst			Mi	ddle		
Insurance Company LIBERTY MUTUAL INS Vehicle Travel Direction: NSEX Responding to Emergency? 2. Citation # (If issued) Viol. 2: Chi/See/Sub	L				m 040=	16 4450				ST							1055	4450	
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Citation # (If Issued)		1	-							, 		Ц.				Couc.			
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Viol. 3: Ch/See/Sub Viol. 4: Ch/See/Sub Driver Distracted by 0 26 Towed from scene? 3 33 Please fill out for operator and all occupants involved Address DOB/Age Set Note 1 2 30 38 39 140 140 15 140					. 2: Ch/Sec/Sub -				<u> </u>	1	25	25			г			Drug: 32	1 13
Name class First Modified Non-Modified Non-Motorist Non-Mo								r Distracted by	0	26	IL				E			Drug.[2]	
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped	L			for operator	and all occupants i					Seat	Safety	Airbag	Eject	38 Trap	Injury	Transp.			1
Please Select One of the Following: Vehicle 21_ #Occupants Non-Motorist A Type								DOB/Age	Sex	1							М	dical Facility	
License # \$20199031 St MA DOB/Ag Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator CONRADO, CASSIUS M Address 14 PICARD TER City FRAMINGHAM State MA Zip 01702-7162 City FRAMINGHAM State MA Zip 01702-7162 Insurance Company GOVT EMPLOYEE INS Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 27 Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 Type of Test: 29 Wiol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug 2 32 Susp. Alcohol: 2 31 Susp. Drug 2 32 Susp. Alcohol: 3 31 Susp. Drug 2 32 Susp. Alcohol: 2 31 Susp. Drug 2 32 Susp. Alcohol: 3 31 Susp. Drug 3 32 Susp. Alcohol: 3																			1
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License # \$20199031 St MA DOB/Ag Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator CONRADO, CASSIUS M Address 14 PICARD TER City FRAMINGHAM State MA Zip 01702-7162 City FRAMINGHAM State MA Zip 01702-7162 Insurance Company GOVT EMPLOYEE INS Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 27 Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 Type of Test: 29 Wiol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug 2 32 Susp. Alcohol: 2 31 Susp. Drug 2 32 Susp. Alcohol: 3 31 Susp. Drug 2 32 Susp. Alcohol: 2 31 Susp. Drug 2 32 Susp. Alcohol: 3 31 Susp. Drug 3 32 Susp. Alcohol: 3																			_
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Sex M Lic. Class D Lic. Restrictions CDL Endorsement Operator CONRADO, CASSIUS M Address 14 PICARD TER City FRAMINGHAM State MA Zip 01702-7162 Insurance Company GOVT EMPLOYEE INS Vehicle Action Prior to Crash 1 22 Vehicle Action Prior to Crash 1 12 Vehicle Action Prior to Crash 1 27 Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Veh Year 2016 Veh Make HONDA Veh Config. 1 Owner CONRADO, CASSIUS M Address 14 PICARD TER City FRAMINGHAM State MA Zip 01702-7162 14 14 15 16 17 17 16 17 17 17 19 10 10 11 14 15 15 15 15 15 15 15 15			19			-												21	
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City FRAMINGHAM State MA Zip 01702-7162 Insurance Company GOVT EMPLOYEE INS Vehicle Travel Direction: SEW Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code Name (Last First Middle) City FRAMINGHAM State MA Zip 01702-7162 1 State MA Zip 01702-7162 1 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Seat Safety Airbag Eject Trap Injury Transp. Status Code Medical Facility	 L		Last	Firs	JS M st	Middle		1	ast			US Fi	rst			Mi	iddle		•
Insurance Company GOVT EMPLOYEE INS Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Most Hammful Event 1 24 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Neme (Last First Middle) Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Seat Safety Airbug Eject Trap Injury Transp. Status Code Medical Facility		i			Zin 0170	2-7162							State	e M Z	7	in 0 :	1702	-7162	14
Vehicle Travel Direction:					•		·			ſ	1	22							`
Citation # (If Issued) Most Hammful Event		Vehicle Travel D	Direction: X 5	EW	Responding to Em	ergency? 2	_ Event	Sequence 1	23			23					<u> </u>		
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 1 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 0 26 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility		Citation # (If Iss	ued)				Most	Hannful Event	1	24						,1+-			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Direct Distracted by Viol. 3: Ch/Sec/Sub Direct Direct Distracted by Viol. 3: Ch/Sec/Sub Direct Direct Distracted by Viol. 3: Ch/Sec/Sub Direct D	<u> </u>	Viol. 1: Ch/Sec/S	Sub	Viol	. 2: Ch/Sec/Sub _		Drive	r Contributing Co	de	1	25	25	1				Susp.	Drug: 2 32	
Name (Last First Middle) Address DOB/Age Sex Set Sofety Airbag Eject Trap Injury Transp. Code Medical Facility		Viol. 3: Ch/Sec/S	Sub —	Viol	. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26			Tov	wed fr	om sc	ene?			
	,			erator/non-m	otorist and all occu	•		DOB/Age	Sex	Seat	Safety	Airbag	Eject	Trap	Injury	Transp.	М	edical Facility	
				otorist		See Above		\sim	X	1						1			
																			
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Signature

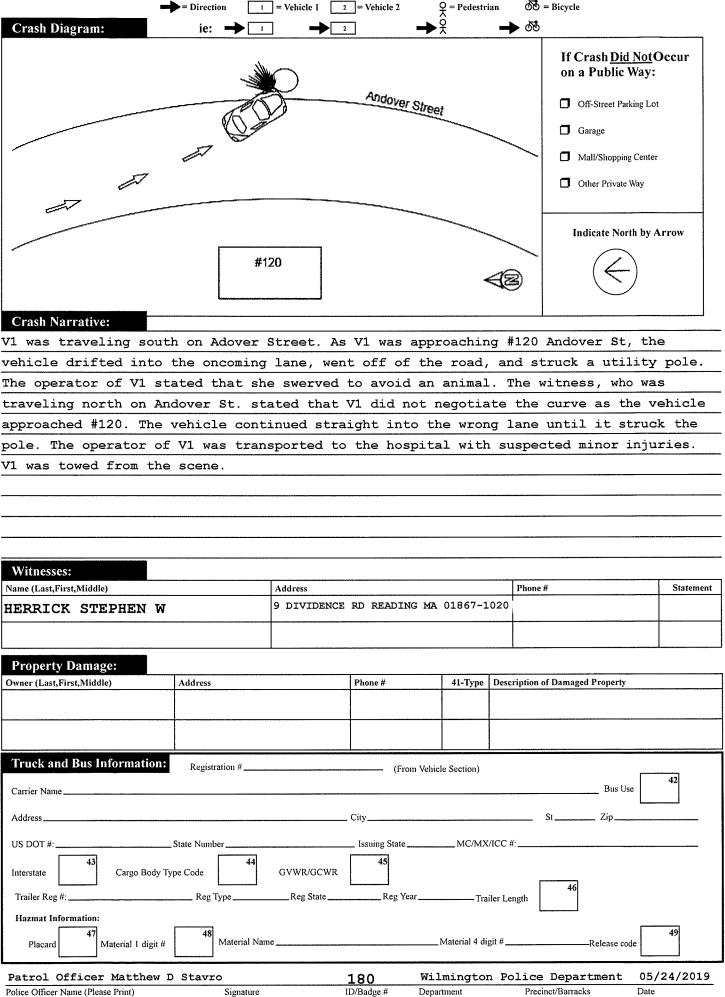
ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Comm	onwealth (of Massach	ıusetts		RM	V Document Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	30 State Police Local Police MBTA Police Campus Police	
	05/24/2019 0837 Wil	mington	Police 1	Report	1	1	Latitude +0 Longitude =	42.5845 MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT AT		SECTION:	
									2 10
	Route# Direction	Name of Roadway/Stree	\	Route# Direction	120 Address #	ANDO	VER S	Roadway/Street	-[
¹ 1	Roder Direction	At	51				Name of	Roadway/Street	-
				Feet N S	E W of	— — – Mile Ma	•	orExit Number	·
	Route# Direction Na	ame of Intersecting Roadway Also at Intersection with		Feet N S	EW of	Wille IVIe	irkei	2	1 1
		Also at Intersection with	•	Feet N S		Route#	Inters	ecting Roadway/Street	'
² 1	Route# Direction Na	une of Intersecting Roadway	y/Street	reet [iv]5	, <u> 12 11 </u> 01		1.	andmark	-
	Please Select One	#Ossuments	<u> </u>		10	10			1
3	of the Following:	#Occupants Hit/Ru	ın Moped	Crash Repor	* ID# T 9	_T8	U-AC	-	
	License # S24194886 St 1		Reg #	5FD784		Reg Type	PC_		12
	Sex F Lic. Class D 19 Lic.	Restrictions CDI	Veh V	Year 2015	Veh Make T	<u>ATOYO</u>	.	Veh Config. 21	
	Operator KNOWLTON, SHA	ANNON		er KNOWLTON	, ROBI	N J		Middle	
⁴ 1	Address 15 TREMONT ST	. 1100		ess 15 TREMO	NT ST	rırsl		MIGGIG	
	City WOBURN Sta	te MA Zip 01801-	-4508 City	WOBURN		Sta	nte MA	Zip 01801-4508	
	Insurance Company PLYMOUTH	ROCK ASSU	Vehic	cle Action Prior to Cras	h 1	22 D	amaged Area	a Code: 1 27 7 27 27	
	Vehicle Travel Direction: N E W	Responding to Emerger		t Sequence 41 23		23 To	est Status:	1 28	
5	Citation # (If Issued)			Hamful Event 22			ype of Test:	29 30	
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	19 ²⁵	35	AC Test Res usp. Alcohol:	tut.	22 ¹³
	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from so		
⁶ 1		rator and all occupants invol			34 35	36 37	38 39	40	┥
	Name (Last First Middle)	· · · · · · · · · · · · · · · · · · ·	ddress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		
	Operator	See	Above	\times	1 1	4 0	0 8	2 Hospital	_
									-
	Please Select One			15 16		17	18		ተ
⁷ 1	of the Following:	#Occupants Non-N	Motorist A Type	Action	Location	Condi	tion	Hit/Run Moped	
	· · · · · · · · · · · · · · · · · · ·	DOB/Age	Reg	4		Reg Typ	e		.
	Sex Lic. Class 19 19 Lic.	Restrictions CDI	Veh '	Year	Veh Make	au		Veh Config. 21	
Ŷ.	Operator			erlast		First		Middle	.
81	Address	r nas		ess		rust		MIGUIC	
	City Sta	te Zip	City			Sta	ate	Zip	_ 1 14
	Insurance Company		Vehic	cle Action Prior to Cras	sh	22 D	amaged Area	a Code: 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerger	ncy? Even	t Sequence 23	23 23	23 To	est Status:	28	
0	Citation # (If Issued)	·	Most	Harmful Event	24		ype of Test:	29 30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————		Drive	er Contributing Code	25	25	AC Test Res	21	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s	L Suspi Brus L	
	Please fill out for operator/n				34 35 Supt Safety	36 37	38 39	40	-
	Name (Last First Middle)	^	ddress	DOB/Age Sex		Airbag Eject Status Code	Trap Injury Code Status		-
	Operator/Non-Motoris	St See	Above	$\nearrow \nearrow X$	1				_



Signature

	Police Use Only	monwealth	wealth of Massachusetts						RMV Document Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h	Number Vehicles	Nun	. 1565	ed Limit	25	Local Police 22	
	05/24/2019 1644 Wilr	nington	Police	Report		2	0	Lati	tude gitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		l.	NO	ΓAT II	TER	SEC	TION:	
												2 10
	Route# Direction	Name of Roadway/S	Street	Route# Directio		55 Address #	CU	<u>IINNI</u>			ray/Street	H
¹ 1		At						•		,		
				Feet N	SE	W of	— — Мі	 le Marker	•	or _	Exit Number	1,1
	Route# Direction Nam	ne of Intersecting Road Also at Intersection		Feet N	SE	W of						3 11
		THE ALTERNATION	,,,,,	Feet N			Route	#	Interse	ecting F	Roadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Road	lway/Street	reet [:-	1512	1 01			La	ndmarl		
	Please Select One Vehicle 11	#Occupants Hit	t/Run Moped	Crash Rej			_1	01.			<u> </u>	
3	of the Following:	Hi										
		A DOB/Age	Reg	# <u>9DC293</u>			Re	g Type P	C	R	eg State MA 21	12
	Sex M Lic. Class D 19 Lic. I	Restrictions 20	CDLVeh	Year 2018	Vel	h Make <u>H</u>	YUN	IDAI		Veh	Config. 1	1
	Operator PIRN, AADU	First		er PIRN, A	ADI	J	jr:	rst		M	iddle	
⁴ 2	Address 190 CHICKERING	RD		ress 190 CH	ICK	ERIN						
	City NORTH ANDOVER State	MA Zip 0184	5-4568 City	NORTH AN	DOV	ÆR_		_ State 1	1A 2	Zip O :	1845-4568	
	Insurance Company GOVT EMPL	OYEE INS	Vehi	cle Action Prior to C	Crash	4	22	Dama	ged Area	Code:		
	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2 Ever	nt Sequence 1 23	3 23	3 23	23	Test S			28	
⁵ 1	Citation # (If Issued) T1152667		Mos	t Hannful Event	1 2	24		• •	of Test:	.14.	30	
	Viol. 1: Ch/Sec/Sub 89 8		Driv	er Contributing Code	e 4	25	25	1	Fest Resi Alcohol:			1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	99 2	26		-	I from sc		33 1 33	
⁶ 1	Please fill out for opera			, <u>, , , , , , , , , , , , , , , , , , </u>	T	34 35	36	37 3	39	40		1
	Name (Last First Middle)	•	Address	DOB/Age	Sex	Seat Safety Pos. System	Status	Eject Tr Code Co	de Status	Transp. Code	Medical Facility	
	Operator		See Above		\mathbf{X}	1 1	4	0 0	10	1		
									1	 		1
_	Please Select One X Valida 2 A	#Occurants		15	16		17		18		, , , , , , , , , , , , , , , , , , ,	†
⁷ 3	Please Select One of the Following:	No No	on-Motorist A Type	Action	Lo	cation		Condition			Hit/Run Moped	
		A DOB/Age.	Reg	# <u>9KD943</u>			Re ₁	g Type P	<u>C</u>	R	eg State MA	
	Sex F Lic. Class D 19 19 Lic. F	Restrictions 1 20	CDL Veh Endorsement	Year 2015	Ve	h Make <u>C</u>	HE	ROLE	ET	Veh	Config. 2	
8	Operator TAVARES, LIND		Owr	ner TAVARES	5,_ F	ROBEI	RT C	JOSE	PH .	N4	idele	
⁸ 1	Address 197 MIDDLESEX	AVE		ress 197 MII	DDL	ESEX	AV	E				
	City WILMINGTON State	e MA Zip 0188	7-2551 City	WILMINGT	ОИ			State 1	<u>1A</u> 2	Zip 0 :		1 14
	Insurance Company LM GENERA	L	Vehi	cle Action Prior to C	Crash	1	22		ged Area	Code:		
	Vehicle Travel Direction: NSWW	Responding to Eme	ergency? 2 Ever	nt Sequence 1 23	3 23	3 23	23	Test S			28	
⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event	1 2	24	-		of Test: Test Res	ult:	30	
2	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	e 1	L 25	25	Ì	Alcohol:			
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	0 2	26		•	l from so		2 33	
	Please fill out for operator/no					34 35 Seat Safety	36 Airbag	37 3 Eject Tr	K 39	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos. System	Status	Code Co		Code	Medical Facility	1
	Operator/Non-Motorist	1 .	See Above		\rightarrow	1 1	4	0 0	10	1		-
ļ		<u> </u>			3	3 1	4	0 0	10	1		
,					6	5 1	4	0 0	10	1		
	44654400				4	1 4	4	0 0	10	1		

	= Direction 1	= Vehicle I	= Vehicle 2	Pedestria	n 🐠 = Bic	ycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	· Ř	→ ॐ		
			Cu	nningham S		f Crash <u>Did Not</u> on a Public Way:	
			-		1	Off-Street Parking Lo	ıt
] Garage	
	v2					·	
						Mall/Shopping Cente	r
			<u>namisakkon suuriksi kiriksi kan kan kan kan kan kan kan kan kan kan</u>	TOTAL COLUMN TO THE COLUMN TO		Other Private Way	
	3						
				_	_	Indicate North by	Arrow
	Beeching Ave	û		(L		\bigcirc	
Crash Narrative:							
The drvier of V1 st	ated that he s	topped at	the end of	Beeching	g, with th	ne intention	s of
	stated that h						
drove onto Cunningh	am, crashing i	nto v2.	issued cita	tion war	ning, fa	ilure to Yie	ld
Oriver of V2 stated	she was drivi	na down Ci	inningham w	hen V1 c	irove into	crashed in	to her
rehicle	DITE WED GEEVE	ing down or	illizingilam, w	THE TOTAL CONTRACTOR	1000 1110	- Cradited III	100
Witnesses:		1					T -
Name (Last,First,Middle)		Address			Phone #		Statement
							<u></u>
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Dan	naged Property	
						10110	
Truck and Bus Informatio	D: Pagistration #			1 0 1)			
Carrier Name	registration #		(From Vehi	cie Section)		Bus Use	42
			0.4		C.		
Address			_ City			Zip	
US DOT #:			Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	46	
Hazmat Information:							
Placard 47 Material I digi	t # 48 Material Nat	ne		_Material 4 digit	#	Release code	49
Patrol Officer Brian I					Police De		/24/2019
Police Officer Name (Please Print)	Signature		ID/Badge # Depa	artment	Precinct/Ba	rracks Date	