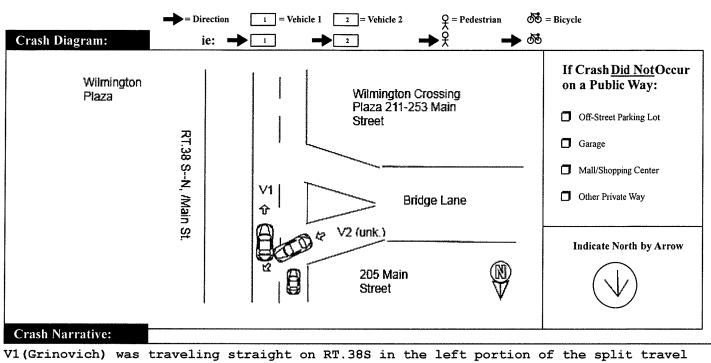
	Police Use Only	Comn	nonwealth	of Massacl	husetts	5	RM	IV Docui	ment Number	
	Date of Crash Time of Crash 05/06/2019 1326 Wiln	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	35	State Police Local Police MBTA Police Campus Police	1
	24HR	ingcon	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	Γ INTER	SECT	TION:	7
				1						2 10
	Route# Direction MAIN ST	Name of Roadway/Stre	eet	Route# Direction	Address #	-	Name of	Roadwa	nv/Street	
¹ 1		At								-
	Route# Direction BRIDGE I		(0.	Feet N S	S E W of	Mile Ma	- • -	or	Exit Number	11
	Route# Direction Nam	e of Intersecting Roadwa Also at Intersection wit	<u> </u>	Feet N S	E W of					7 3 ''
				Feet N S	E W of	Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Nam	e of Intersecting Roadwa	ay/Street				La	andmark		-
3	Please Select One Vehicle 11	#Occupants Hit/R	tun Moped	Crash Repor	_{t ID#} 1 C	-15	9-A(7		
3	of the Ponowing.								3.73	-
	10 10	A DOB/Age	_	# 6WE952					21	1 12
	<u> </u>	Enc	dorsement	Year 2019				Veh (Config.	
⁴ 2	Operator GRINOVICH, NIC	First	Middle	er GRINOVIC	•	First		Midd	dle	
	Address 20 OAKDALE RD	01005		ess 20 OAKDA						
	City WILMINGTON State	-		WILMINGTO					887-1920 27 27 27	
	Insurance Company SAFETY INS			cle Action Prior to Cras		<u> </u>	amaged Area	Code: 6	28	1
⁵ 1	Vehicle Travel Direction: N K E W	Responding to Emerge	ency? 2 Even	t Sequence 1 23		" "	pe of Test:	Ė	29	
	Citation # (If Issued)	_		Harmful Event 1	24		AC Test Res	ult:	30	_ 13
	Viol. 1: Ch/Sec/Sub V	îol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 ²⁵		isp. Alcohol:		Susp. Drug: 2 32	1
⁵ 1	Viol. 3: Ch/Sec/Sub V			er Distracted by	26		owed from so	ے	2 33]
-	Please fill out for operat Name (Last First Middle)	or and all occupants invo	olved 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	
	Operator	See	Above	\times	1 1	4 0	0 10	1		
										1
										1
	Diame Calana One and			15 16		17	. 18			4
⁷ 3	of the Following: Vehicle 21	#Occupants Non-N	Motorist A Type	Action	Location	Condit	tion	₩ н	it/Run Moped	
		DOB/Age	Reg #	<i>+</i>		Reg Type	·	Reg		
	Sex Lic. Class 19 19 Lic. Re		L Veh Y	/ear	Veh Make			Veh C	Config. 21	
₹	Operator unknown			er		First		Midd	lla.	
1	Address			ess		rust		Midd		
	City State	Zip	City_			Sta	te Z	Zip		2 14
	Insurance Company		Vehic	le Action Prior to Crasl	h 4		amaged Area	Code: 2	<u> </u>	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Even	Sequence 23	23 23	23	st Status:	-	28	
,	Citation # (If Issued)	-	Most	Harmful Event 1	24	•	pe of Test: AC Test Resi	ult: -	30	
2	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	4 25	25	sp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	To	wed from sc	ene?	33	
	Please fill out for operator/non- Name (Last First Middle)	*	nts involved	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	1
	Operator/Non-Motorist		Above	DODINGE Sex	Pos. System	99 99	99 99	99	ivicultat racility	1
	Printing Habitation				+-	 		+		1
-					+			\vdash		4
-							<u> </u>			4



V1(Grinovich) was traveling straight on RT.38S in the left portion of the split travel lane in the vicinity of Bridge Lane (205/211 Main Street). V2 possibly a red Subaru sedan(unknown registration), exited Bridge lane and made left turn on to Main Street.

While doing so V2 clipped rear right tire of V1 as it turned behind and or into V1. No injuries observed or reported. V2 stopped momentarily and then left the area on nearby RT.129 towards Billerica without contacting V1 opr or notifying police to identify self. V1 opr contacted police and arrived at station to make report. Damage observed to right rear tire, and tire appeared bent. Opr. will make arrangements for tow. Referred to insurance.

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 Vehicl		Bus Use	42
Address	······································		City		St Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/IC	CC #:	
Interstate 43 Cargo Body Typ		GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	Length	
Hazmat Information:	40				 	
Placard Material 1 digit #	Material Name	∋	N	Aaterial 4 digit	#Release code	49

Patrol Officer Richard DiPerri

173

Wilmington Police Department

05/06/2019

Police Officer Name (Please Print)

Signature

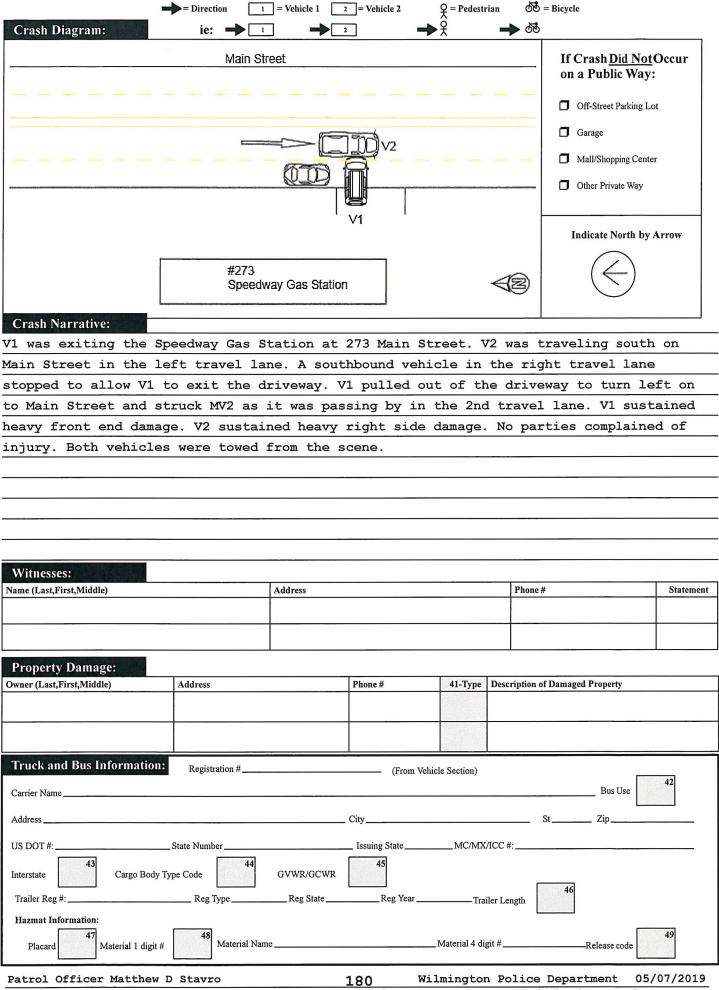
ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Com	monwealth	of Massacl	iusetts	5	RM	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	it 35	State Police Local Police MBTA Police Campus Police	1
	05/07/2019 0737 Wil	mington	Police	Report	2	O	Latitude	-071.18	MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	r inter			1
										2 10
					273	MAIN	ST			
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	f Roadwa	ay/Street	-
				Feet N S	E W of		_ • _	- or		
	Route# Direction Na	me of Intersecting Roady				Mile Ma	arker		Exit Number	3 11
		Also at Intersection v	vith	Feet N S		Route#	Inters	secting R	oadway/Street	
² 1 .	Route# Direction Na	ne of Intersecting Roady	vay/Street	Feet N S	E W of					
							L	andmark		4
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 19	-16	0-A	C		
	License # S94219724 St M	A DOB/Age	Reg	1690KG		Reg Type	e PC	Re	o State MA	1
	19 19	20		Year 2005					21	1 12
	Operator MARINO, PETER	E	ndorsement	er MARINO,				von ·	Comig.	
⁴ 1	Address 132 GROVE AVE	First	Middle	ess 132 GROV		First		Mid	ldie	
-		N/A 0100°							007 2700	
	City WILMINGTON State			WILMINGTO			arnaged Area	-	887-3722	
	Insurance Company LIBERTY M			ele Action Prior to Crasi			amageu Area est Status:	a Code.	28	
5	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Even	t Sequence 1 23		23	pe of Test:	ľ	29	
	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	ult:	30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	4 25	25 Տւ	sp. Alcohol:	2 31	Susp. Drug 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26	To	wed from so	cene?	1 33	
1	Please fill out for opera	ator and all occupants in	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp.	Medical Facility	
	Operator	Se	ee Above	DOB/Age Sex	1 1	4 0	0 10	1	Medical Facility	1
	ope. w.c.				+					1
					 			1		-
⁷ 9	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	ППн	lit/Run Moped]
9	of the rollowing:									1
	19 19	A DOB/Age.	_	99ML11		Reg Type			g State MA 21	
	Sex E Lic. Class D Lic. F	Restrictions Cl	dorsement	ear 2006				Veh (Config. 2	
81	Operator GREENLAND, JE	ANNE KATHL	EEN Owne	er GREENLAN Last	D, DOU	JGLAS First	<u> </u>	Mide	dle	
	Address 10 WALTER ST			ess 10 WALTE	R ST					14
	City TEWKSBURY State	MA Zip 01876	5-2769 City	<u>rewksbury</u>					876-2769	1 '
	Insurance Company SAFETY IN	SURANCE	Vehic	le Action Prior to Crash	1		amaged Area	Code: 3		
	Vehicle Travel Direction: NXEW	Responding to Emerg	gency? 2 Event	Sequence 23	23 23		st Status:	1	L 28 29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test: AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	sp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from so		33	
•	Please fill out for operator/nor	n-motorist and all occupa	nts involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
ŀ	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator/Non-Motorist	Se	e Above		1 1	4 0	0 10	1		-
Ī										



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

	Pol	lice Use Only		Com	monweal	th (of Massa	ach	us	etts	}			RM	V Doc	ument N	lumber	
	Date of Crash 05/10/2019	Time of Crash	1	City/Town ington	Motor V	Veh	icle Cra	sh		umber ehicles			•	1 Limit	3!	Loca	Police Po	1
	03/10/2013	24HR	AA T TIII	riig con	Poli	ce l	Report		2		0		Latitu Longi					
		AT INTER	SECTIO	ON:	< L(OCA	TION	>			NO'	ГАΊ	Γ IN	TER	SEC	TION	:	
						l			<u>58</u>	6	M2	1 T N	s:	יד				2 10
1	Route# Dire	ction		Name of Roadway/St	reet		Route# Direct	tion		ress #	1.17	3714			Roadv	way/Stree	et	
1	_			At		ı	Feet	N S	EW	of					or _			
	Route# Dire	ction	Name	of Intersecting Roady	vay/Street						Mi	le Ma	rker			Exit	Number	4 11
				Also at Intersection v	vith		Feet				Route			Interse	ecting l	Roadway	/Street	
² 2	Route# Direc	ction	Name	of Intersecting Roady	vay/Street		Feet	NS	EW	of								
	Please Select 0	One 🔀	4	" _{(C}						1 0					ndmar	k		1
3	of the Followi		e 1	#Occupants Hit/	Run Mo	ped	Crash R	leport	ID#	T 9	-1	6	2-	AC	;			
	License # S7	3292646	St MA	ہــــــ	-	Reg#	62GA75				Re	g Type	PC	,	R	eg State		12
	Sex F Lic.	Class D	Lic. Re		DLndorsement	Veh Y	Year 2007	···········	Veh M	ake <u>C</u>	HEV	/RO	LE'	<u> </u>	Veh	n Config.	1 21	
4		IN, REB	-		Middle	Owne	er CAIN,	FR/	NK	E	Fi	rst	··········		М	iddle		
⁴ 1		BLACKST					ess 24 BLA			NE	ST		······································					
	l			MA Zip 0188	7	City J	WILMING:	TON			22]						-0000	
	Insurance Comp			OCK ASSU		Vehic	le Action Prior to			9	22		ımage st Stat		Code:	3 27 28	27 27	
5	Vehicle Travel D	<u> </u>	[EW]	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		pe of			29		
	1	sued) T1150		-				1	24	25	25		AC Tes	st Resu	ılt:	30		_ 13
	Viol. 1: Ch/Sec/	Sub 89 4	IA Vie	ol. 2: Ch/Sec/Sub —			r Contributing Co		26	25	25	Su		cohol:			Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —	····	Drive	r Distracted by	0	34	35	36	To:	wed fi	rom sc	ene?	2 33	····	
	Name (Last First M		tor operato	or and all occupants in	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury	Transp. Code	Мо	dical Facility	
	Operate	or		Se	ee Above		><	X	1	1	4	0	0	10	1			
		····																
7	Please Select C		. 21 #	Occupants Non-	-Motorist A Typ		15 Action	16	Locatio		17	Conditi		18		Hit/Run	Moped	
1	of the Followin	ng:							Jocatio	<u>"'L</u>								
	License # <u>\$58</u>	19 1	9	DOB/Age.			12BA28					•	PC			eg State	_ 21	
	Sex F Lic. (<u> </u>		Er	ndorsement						HEV					Config.		
⁸ 1	_	PRENANT	F	HELLE MAR irst	Middle		SUPREN	ast	•		Fir		MA	7KT		iddle		
	Address 103 City LOWEI	FELKER		MA Zip 01852			ss <u>105 FE</u> LOWELL	, LIL	LK.	ST		04-4	. M7		. 01	1052	-5834	1 14
	Ť			NSURANCE	. 3034	=	le Action Prior to	Crash		2	22			Area			27 27	
	Vehicle Travel D		lelw	Responding to Emerg	renew? 2		Sequence 1 2		23	23	23		st Stat			1 28		
	Citation # (If Issu	L_ K	1E W	Responding to Emerg	, ,		· <u>L</u>	1	24			Тур	pe of ?	Test:		29		
2	`	,	Vic	ol. 2: Ch/Sec/Sub —			Contributing Cod	Е	10	25	25			t Resu		30	32	
	Viol. 1: Ch/Sec/S			ol. 4: Ch/Sec/Sub —			j	0	26	ال			-	cohol:	_	Susp. I	Orug: 2 32	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			notorist and all occupa					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First Mi	iddle) Or/Non-Mo	torics		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Med	dical Facility	
	Орегии	/1/1 4 071 - 1410	WISI	Se	e Above			\triangle	1	1	*	°	0	10	1			

Crash Diagram: ie:	= Vehicle 1	ණී = Bicycle ▶ ්රී	
Main St. (R	coute 38)	If Crash <u>Did Not</u> on a Public Way:	
		Off-Street Parking Lo	ot
		☐ Garage	
		Mall/Shopping Cente	er
V2 V2		Other Private Way	
W S S		Indicate North by	Arrow
Crash Narrative:			
Vehicle 1 (Chevy Tahoe) and Vehic	le 2 (Chevy Malibu) were engage	ed in a road rage	
incident prior to the crash. They	were each passing each other	repeatedly and tryi	ng to
pass each other. At the time of t	he crash, V2 was infront of V1	. The operator of V	71
claims that V2 came to a stop in	the road for no reason. V2 driv	ver said she was sl	owing
down because V1 was tailgating,bu	t did not stop. V1 then passed	V2 on the right an	d.
swerved back into the lane of tra	vel. While doing so it the rear	driver's side doo	rof
V1 made contact with the front pa	ssenger side of V2 by the tire	. V1 had a minor de	nt and
slight paint damage to the door.		······	
quarter panel. There were no inju	ries and both driver's admitted	d they had road rag	e and
they should not have been doing wi	hat they were doing.		
Witnesses:	,,		
Name (Last,First,Middle)	Address	Phone #	Statement

Name (Last,First,Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	ription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle	e Section)		Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	/ICC #:	₹	
Interstate 43 Cargo Body Typ Trailer Reg #:	pe Code	GVWR/GCWR	45				
Hazmat Information:						<u></u>	
Placard Material 1 digit #	48 Material Name	e		Material 4 dig	git #	Release code	49

Patrol Officer Emily L Stebbins

Wilmington Police Department

05/10/2019

Police Officer Name (Please Print)

Signature

210ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Comi	monwealth -	of Massach	usetts	S	RM	MV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it20	Local Police	
	05/10/2019 1253 Wil	mington	Police 1	Report	2	O	Latitude Longitude		MBTA Police Campus Police Other:	}
	AT INTERSECT	TION:	< LOCA			NOT A	TINTE			
										2 10
	David Biration	N CD 1 (G)			586	MAII	1 ST	am 1	<i>(</i> 2)	_
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name o	of Roady	vay/Street	_
				Feet N S	E W of		<u> </u>	- or _	27 '4 X7 - 3	-
	Route# Direction Na	me of Intersecting Roadv	<u> </u>			Mile M	arker		Exit Number	9 11
		Also at Intersection w	rith	Feet N S		Route#	Inter	secting l	Roadway/Street	
² 3	Route# Direction Na	une of Intersecting Roady	vay/Street	Feet N S	E W of	SHEL	L GAS	STA	ATION	_
								andmarl	k	4
³ 2	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	1D# 1 9	-16	3-A	C		
	License # 056394912 St G	A DOB/Age.	Reg /	RPB4217		Reg Typ	e PC	R	eg State GA	
	19 19	Restrictions 1 20 C		/ear 2003 \					21	1 12
	Operator ALARMS DURUM	E E	ndorsement	er ALARMS, D						
⁴ 1	Address 150 HEARD ST	First	Middle	ess 150 HEARI		First		Mi	iddle	
	City CHELSEA State			CHELSEA	- V.L		ate MA	7ic 0'	2150	•
	İ	Zip OZ IS			0.5		ate MFA Damaged Are			•
	Insurance Company NONE			le Action Prior to Crash	23 23		est Status:	a couc.	2 28	
⁵ 2	Vehicle Travel Direction: NEW	Responding to Emerg	gency? 2 Even	Sequence 2		23	ype of Test:		29	
	Citation # (If Issued) T1152567			Harmful Event 2	24		AC Test Re	sult:	30	12]
	Viol. 1: Ch/Sec/Sub 90 34J	Viol. 2: Ch/Sec/Sub 9	0 9 Drive		19 ²⁵	25 S	usp. Alcoho	l: 31	Susp. Drug: 32	2 13
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	Т	owed from s	scene?	1 33	
2	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injur Code Statu	y Transp.	Medical Facility	7
	Operator -		ee Above	DOB/Age Sex	Pos. System	4 0	0 10	1	Medical Facility	1
	Operator				1 3 2					-
							ļļ			_
7	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16 L	ocation	17 Condi	tion 18	10.	Hit/Run Moped	1
99	of the Following:				<u> </u>				I woped	4
	License # S85030885 St M	DOB/Agt		4173EC		Reg Typ	e <u>PC</u>	R	eg State MA 21	
	Sex F Lic. Class D Lic. 1	Restrictions 1 CI	DL Veh Y	ear 2012 V	eh Make <u>K</u>	(IA		Veh	Config. 1	
8 ₉₉	Operator TORO, CHRISTI	NE A First	Middle Owne	r TORO, CHR	ISTIN	IE A		Mi	ddle	
99	Address 2112 EVERGREEN	N DR	Addre	ss 2112 EVE F	RGREE					
	City WILMINGTON State	e MA Zip 01887	-1175 City 1	WILMINGTON		Sta	ite <u>MA</u>	Zip 0 1	<u> 1887-1175</u>	1 14
	Insurance Company METROPOLI	TAN PROP	Vehic	le Action Prior to Crash	11	22 D	amaged Are	a Code:		
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23	est Status:		1 28	
)	Citation # (If Issued)		Most	Harmful Event 2	24		ype of Test:		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	AC Test Res 1sp. Alcohol			
		Viol. 4: Ch/Sec/Sub —		Distracted by	26		owed from s	¨	33 1 33	
	Please fill out for operator/no			<u> </u>	34 35 Sept Suferty	36 37	38 39	40		-
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Status Code	Trap Injury Code Statu	s Code	Medical Facility	4
	Operator/Non-Motoris	t Se	e Above	\times X	1 99	4 0	0 10	1		
		1			1	1 1	1 1	1 1		1

	= Direction	1 = Vehicle 1 2 = Vehicle 2	♀ = Pedestria	nn 🕳 = Bicycle	
Crash Diagram:	ie: ->	2	→Ŷ	→ 65	
		Sh MV2	ell Gas Station	If Crash Did N on a Public Wa Off-Street Parking Garage Mall/Shopping Ce Other Private Way	Lot
			(Indicate North	by Arrow
Crash Narrative:					
MV2 parked in t	he Shell Gas Stati	on. MV1 pulled in	nto Shell Ga	as Station and was	
attempting to p	ark in a parking s	spot. Operator of	MV1 pulled	into a spot as ope:	rator of
	her vehicle door.			ing into the parked	···
				or uninsured motor	
and expired reg					
	2001401011.			***	
					<u> </u>
				······································	
Witnesses:					
Name (Last,First,Middle)		Address		Phone #	Statement
			· · · · · · · · · · · · · · · · · · ·		
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	41-Type I	Description of Damaged Property	
Truck and Bus Infor	mation: Registration #	(Fro	m Vehicle Section)		42
Carrier Name				Bus Use	
Address		City		St Zip	
			MC/MX/IC	CC #:	······································
Interstate 43	argo Body Type Code	GVWR/GCWR 45			
Trailer Reg #:	Reg Tyne	Reg State Reg Ye	ar:-	r Length 46	
Hazmat Information:	7.05 xJP0			Lengui	
47	48			Г	49
Placard Mater	ial 1 digit # Material Nan	ne	Material 4 digit	#Release code	
·····				Ĺ	

Police Officer Name (Please Print)

	Pol	ice Use Only		Cor	mmonv	vealth	of Mass	ach	lus	etts	5			RM	V Doc	ument N]
	Date of Crash 05/10/2019	Time of Crash	City Wilmir	y/Town	Mot	tor Veh	icle Cra	ısh		umber chicles		horad	Speec Latitu	l Limit	3	Loca	Police Di Police MA Police	1
		24HR		<u></u>]	Police	Report		2		0		Latitu				pus Police 🔲	
	ļ	AT INTERS	SECTION	I:	<	LOCA	TION	>			NO	T A	'IN	TER	SEC	TION	:	1,5
									<u>75</u>	0	W	OBU	RN	ST	ı			2 10
¹ 1	Route# Direc	ction	Na	me of Roadwa	y/Street		Route# Direc	tion		ress #						way/Stree	t	
<u> </u>	1			At			Feet	N S	EW	of			_ •	. —	or .			
	Route# Direc	ction		Intersecting Ro				N/a	- I - I	1	M	ile Ma	rker			Exit	Number	3 11
			Als	so at Intersection	on with		Feet		EW		Rout	e#		Interse	ecting l	Roadway	//Street	H
² 3	Route# Direc	etion	Name of	Intersecting Ro	oadway/Street		Feet	11/3	EW	or				Ia	ndmar	ŀ		.
3	Please Select (1 1 #Oc	cupants	Hit/Run	Moped	Crash F	Renort	ID#	1 9	_1	6	1 _					1
3	of the Followi	nge -					<u> </u>		_								1.77	-
	Sex F Lic. (4560706	9	20			# <u>9XN328</u>										21	1 12
	1	<u> </u>	Lic. Restric	ctions 1	CDL Endorsement	t	_{'ear} <u>2019</u> er HA, F O		Veh M	ake	<u>ıea</u>	<i>)</i> 3			Veh	i Config.	<u> </u>	
⁴ 1	Operator <u>HA</u> Address 166	Last FOREST	First		Middle		er <u>na, FO</u> ess 166 FO	Last	STF	ST	F	irst			М	liddle		
		IESTER		Zin 018	301		WINCHES					Sta	te MZ	A 7	in O	1801		
		any METROP		-			le Action Prior to			1	22				Code:		27 27	
-		Pirection: XS			mergency? 2			23	23	23	23	Те	st Stat	tus:		1 28		
5	Citation # (If Iss	ued)				Most	Harmful Event	1	24			-	pe of		•.	30		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2	2: Ch/Sec/Sub		Drive	r Contributing Co	ode	1	25	25	1		st Resu cohol:		1	Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/S	Sub	Viol. 4	: Ch/Sec/Sub		Drive	r Distracted by	0	26					rom sc		2 33	وكا	
⁶ 2	Name (Last First M	Please fill out f	or operator an	nd all occupant	s involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		dical Facility	1
	Operate				See Above		DOD/Age	∇	1	1	4	0	0	10	1	IVIC	dicar raciny	
						***************************************			1									
				·														-
																		-
	Please Select C	ine 52	4 110				15	16	<u> </u>	<u> </u>	17			18			1 —	1
⁷ 1	of the Followin		2 1 _#Oco	cupants	Non-Motorist A	A Type	Action	I	Locatio	n	(Conditi	ion			Hit/Run	Moped	1
	License # S20	19 19	St MA I	DOB/Age_	ז		6BK222									eg State	21	
	Sex M Lic. C	Class D	Lic. Restric	tions 1	CDL Endorsement		ear <u>2018</u>				ERC	EDE	S-E	BENZ	Veh	Config.	1	
⁸ 1	•	LIVAN	First	EL S	Middle		PAIMLE	Last	'RU	ST	Fi	rst			Mi	iddle		
	Address Z P.	ARKWAY R		Zip 019) E O		ss <u>BX 685</u> ROANOKE)				a. .	ms		. 74	5262	-0000	14
	•	any LIB MU		_			le Action Prior to	Crach]	4	22				Code:		27 27	
	Vehicle Travel D				mergency? 2		Sequence 1		23	23	23		st Stat			1 28		
	Citation # (If Issu	LL		openemy to an			Harmful Event	1	24				pe of T			29		
⁹ 2	,	lub ————	Viol. 2	: Ch/Sec/Sub			r Contributing Co	de	19	25	25			st Resu cohol:		1 30 Susp. I	Drug: 2 32	
	Viol. 3: Ch/Sec/S	ub	Viol. 4	: Ch/Sec/Sub		Drive	r Distracted by	0	26				-	om sce		1 33	2.08[2]	
	Ple: Name (Last First Mi	ase fill out for open	ator/non-moto	orist and all oc	cupants involve	ed	DOB/Age	Sex	34 Seat Pox.	35 Safety	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		dical Facility	1
	· · · · · · · · · · · · · · · · · · ·	or/Non-Mot	orist		See Above		DOD/Age	Ž	1_	System 1			O Code	10	1	Me	areas rucinty	1
		· · · · · · · · · · · · · · · · · · ·																-
																		-
																		-
			1				Ī	i i	ı		, 1					l		1

Crash Diagram:	ie:		2 = Vehicle 2	Q = Pedestr	ian 🚳	= Bicycle	
	Parking Lot	750 W	/obum St.	(If Crash Did Note on a Public Way Off-Street Parking Land Garage Mall/Shopping Center Other Private Way Indicate North by	tot
Crash Narrative:							
MV 1 was traveling on							
MV 1 stated she had he			cived on sc	ene. Op	of MV 1	signed refusa	1 for
medical treatment. A&S	Towing tow	ed MV 2.					
		0,100					
					a		_
Witnesses:							
Name (Last,First,Middle)	`	Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
					•		
			-				
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:S							
43	ate Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body Type		GVWR/GCWR			0	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	er Length	46	
Hazmat Information:	49					Į ORGANI	40
Placard Material 1 digit #	Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Officer Kevin J Sl	kinner					Department 05/	10/2019

	Pol	lice Use Only		Comi	nonwealt	h of M	lassac	chus	etts	5		RM	V Doc	ument Nui		
	Date of Crash 05/10/2019	Time of Crash		City/Town ington	Motor V	ehicle	Cras	h [Number Vehicles		ad DP	ed Limit	·	State Po Local P MBTA	olice 🔯	
	03/10/2013	24HR	71 ± ±111.	ing con	Polic	e Rep	ort	1		0	1	tude gitude _			Police	
		AT INTERS	SECTIO	ON:	< L0	CATION	>			TON	AT II	TER	SEC	TION:		<u> </u>
								71	53A	₩∩	BURN	ı çm	ı			2 10
¹ 4	Route# Dire	ction		Name of Roadway/Str	reet	Route#	Direction		dress #	110				vay/Street		
4				At			_Feet N	SEV	v of				or _			
	Route# Dire	ction	Name	of Intersecting Roadw	vay/Street			1 1 1		Mil	e Marker			Exit N	umber	1 11
				Also at Intersection w	rith		_Feet N		_	Route	-	Inters	ecting l	Roadway/S	treet	
² 1	Route# Dire	ction	Name	of Intersecting Roadw	/ay/Street		Feet N	SEV	V of							
	Please Select 0	One NZI	.1 .	(O					10	- 1	C E		ındmarl	k		
3	of the Followi		11	Occupants Hit/	Run Mop	ed	Crash Rep	ort ID#	19	—Т	65.	-AC				
L	License # <u>S1</u>	9196764	St MA		F	Reg # RW3	79W			Reg	Туре 🗜	<u> </u>	R	eg State M	ZA 21	12
	Sex M Lic.			Er	DL V	Veh Year <u>20</u>	14	Veh 1	Make <u>E</u>	'ORD			Veh	Config.	1 1	
4		ZZANO, C	F	irst	Middle	Owner PIZ	Last	•		Firs			M	iddle		
⁴ 1	1	BANCROF'				Address 43	BANC	ROF	T A							
				VIA Zip 01867	<u>'-2512</u> (City READ	ING							1867-		
	1			NSURANCE		ehicle Action			1	22	Damag Test St		Code:	2 27 1	27 8 27	
5	Vehicle Travel I	<u> </u>	L	Responding to Emerg		Event Sequenc	لهشقا	- 1	23	23	Type o			29		
	1	sued)				Aost Harmful			25	25		est Res		1 30		13
	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub —		Driver Contrib		26	25			Alcohol:		22	ug: 99 32	21 ¹³
⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —— r and all occupants inv		Driver Distract	ted by 0	34	35	36	Towed	from sc	ene?	2 33		
_	Name (Last First M		or operato	and an occupants inv	Address	DO	B/Age S	Sea Pos	Safety	Airbag	Eject Tra Code Cod	Injury		Medic	al Facility	
	Operate	or		Se	e Above	_>	$\leq angle$	$\sqrt{1}$	99	1 0	0	99	1			

7	Please Select C		2 #	Occupants Non-	Motorist A Type	15 Act	ion 10	Locat	ion	17 _C	ndition	18		Hit/Run	Moped	
⁷ 1	of the Followin	ığ:								<u>.</u>	L				Moped	
	License #	19 19	5	DOB/Age		Leg #				_				Ī	21	
	Sex Lic. (Class	Lic. Res		dorsement	eh Year		_ Veh N	1ake				Veh	Config.		
⁸ 1	Operator	Last	Fi	ıst	Middle)wner	Last			Firs			Mi	iddle		
	Address		State	Zip		ddress					State					99 ¹⁴
ĺ				Σιρ		ehicle Action		ash	Γ	22	Damag		•	27	27 27	
	•	Pirection: NS		Responding to Emerg		vent Sequenc	72	23	23	23	Test St	atus:		28		
0		ued)			•	lost Harmful	<u> </u>	24			Type o			29		
⁹ 2	,	,		il. 2: Ch/Sec/Sub		river Contrib	L uting Code	一	25	25		est Resu		30 Susp. Dr	32	
				I. 4: Ch/Sec/Sub	_	river Distract		26			•	from sc		33	5	
	Ple	ase fill out for oper		notorist and all occupa	nts involved			34 Seat	35 Safety	Airbag :	37 38 Eject Traj	Injury	40 Transp.			1
	Name (Last First M	or/Non-Moi	torist		Address e Above	DOI	B/Age S	ex Pos.		Status	Code Cod	e Status	Code	Medica	al Facility	
	Operate	/1/1 TOIL=1 Y1 OI	viisi	l se	0.1100YG		\rightarrow	\'	 							
									-				$\ \cdot \ $			
									-			-				

•	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestri	an 🐠 :	Bicycle	
Crash Diagram:	ie: →	<u>ı</u>	2	₽Š	→ №		
			\$	¢		If Crash Did Not on a Public Way Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	: ot
						Other Filvate way	
Woburn Street		and the state of t				Indicate North by	Arrow
					√ 3		
Crash Narrative:							
Witness stated he obs	erved the V	Vehicle afte	er it had cr	ashed i	nto the	tree. He sta	ted
that he observed seve	eral males p	oush the vel	hicle down t	he stre	et.		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
MCLAUCHLAN JOSEPH	R	753A WOBUR	N ST WILMINGTO	N MA 018	87		
							<u> </u>
Property Damage:							
Owner (Last,First,Middle)	Address	1	Phone #	41-Type	Description of	Damaged Property	
Tours I and Dua Information							
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		Bus Use	42
Address			City			Zip	
		1		MC/MX/I	CC #:		
Interstate 43 Cargo Body Ty	ype Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	46	
Hazmat Information:	·	<u> </u>		ITalic			
47	48 Material N	Jame		Material A dicie	+ #	F	49
Placard Material 1 digit #	Iviaterial N			maioriai 4 digil	· 16	Release code	
Patrol Officer Rafael	G Cruz		198 Wil	Lmington	Police	Department 05/	10/2019
Police Officer Name (Please Print)	Signature	•		rtment	Precino	t/Barracks Date	