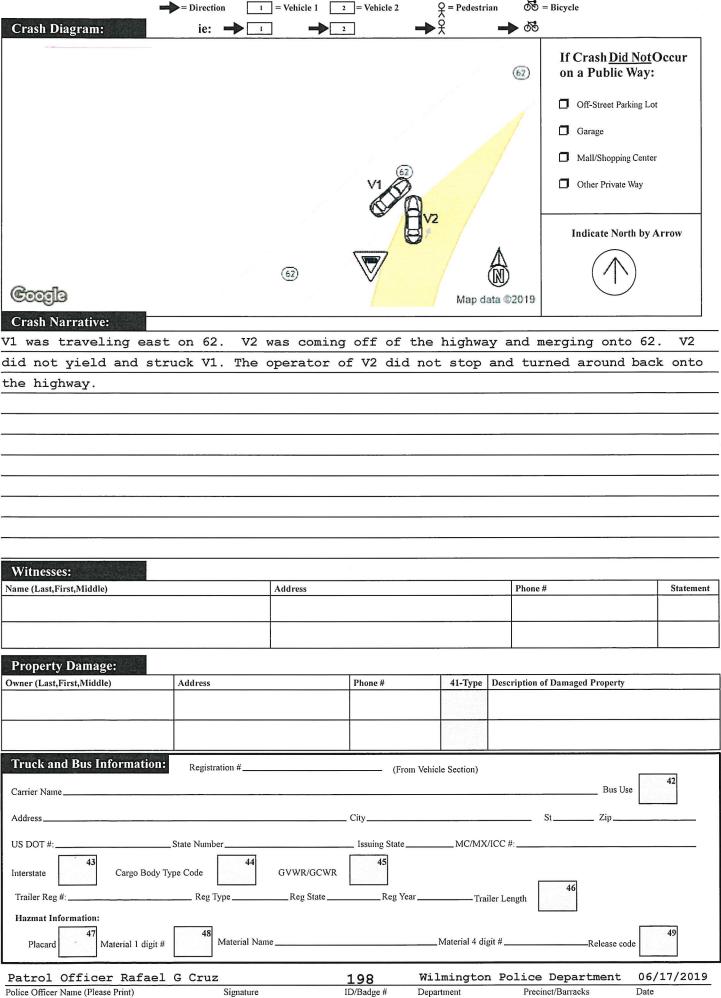
	Police Use Only	Com	monwealth -	of Massacl	nusetts	}	RI	AV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it <u>25</u>	Local Police	
	06/17/2019 1958 Wil	mington	Police	Report	1	O	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >	1-	NOT A				1
										2 10
					1	ROUT	E 62			
¹ 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name o	of Roadw	ay/Street	
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		Also at Intersection	with	Feet N 5		Route#	Inte	secting R	Roadway/Street	
² 1	Route# Direction Na	ine of Intersecting Road	way/Street	Feet N S	E W of					
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3	Please Select One of the Following:	#Occupants	/Run	Crash Repo	rt ID# 1 9	-20	8-A	C		
	License # S68388176 St 1	A DOB/Age	Reg	# 611TY3		Reg Typ	e PC	Re	eg State MA	12
	19 19	20		Year 2016					21	1 12
	Operator BACKLER, ELIZ	I لـــــــــا	Endorsement	er BACKLER,						
⁴ 5	Address 47 WOODLAND P	First	Middle	ress 47 WOOD		First		Mie	ddle	
	City HAVERHILL Sta			HAVERHILL				7in 01	L830-2266	
	Insurance Company GOVT EMPI	· ·	-				amaged Ar			
				cle Action Prior to Cras	23 23		est Status:		1 28	
⁵ 1	Vehicle Travel Direction: NSWW				24	ı	ype of Test		29	
_	Citation # (If Issued)			t Harmful Event 1		B	AC Test Ro	esult:	1 30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —		er Contributing Code	<u> </u>	S	usp. Alcoho	-	Susp. Drug. 2	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from		2 33	
т	Please fill out for ope Name (Last First Middle)	rator and all occupants in	nvolved	DOB/Age Set	34 35 Seat Safety Pos. System		38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator		See Above		1 99	99 0	0 10	1		1
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										4
										-
									<u> </u>	
⁷ 6	Please Select One of the Following:	#Occupants	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 1	8 .	Hit/Run Moped	
ь		DORA	D.	<u>.</u>		D T		<u> </u>	eur Ctoto	1
	19 19	DOB/Age	•	#			e		21	
		Restrictions	Endorsement	Year	_ Veh Make			Veh	Config.	
⁸ 1	Operator	First	Middle	Last		First		Mi	iddle	
	Address			ress						14
	City Sta	teZip					ate Damaged Ar		27 27 27	1
	Insurance Company		Vehi	cle Action Prior to Cra			est Status:	ea Code.	28	
	Vehicle Travel Direction: NSEW	Responding to Eme	ergency? Ever	nt Sequence 23		23	ype of Test	:	29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test R	esult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	25	25 S	usp. Alcoh	ol: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol, 4: Ch/Sec/Sub -	Driv	er Distracted by	26	Т	owed from	scene?	33	
	Please fill out for operator/n	on-motorist and all occu	pants involved	DOB/Age Se	34 35 Seat Safety x Pos. System		38 3 Trap Inji Code Sta	ıry Transp.	Medical Facility	1
	Operator/Non-Motoris	et	See Above) SOUTH SOUT	1	1 Status Cook	Code Sita	ids Civile	predical rations	1
	Special distriction and an article and article article and article and article and article	-	-		\^	 		-		+
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										1



Police Officer Name (Please Print)

Signature

Wilmington Police Department Images Associated with 19-208-AC



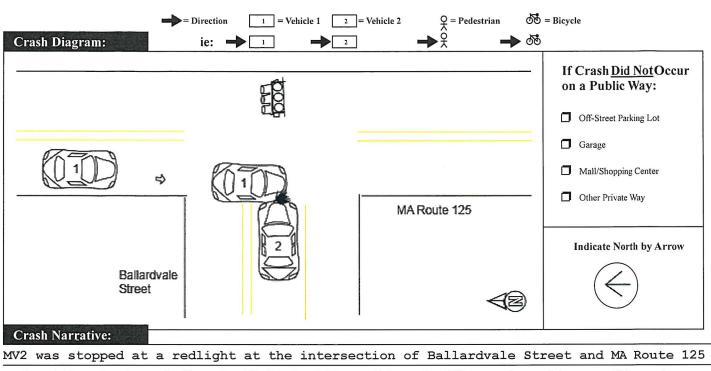


	Pol	lice Use Only	Com	monwealth	of Massac	husett	S		RMV Docu	ıment Number		
	Date of Crash	Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicle		Speed 2		State Police Local Police MBTA Police	00000	
	06/18/2019	24HR	.lmington	Police	Report	2	0	Latitude Longitu		Campus Police Other:	_ 🗖 📗	
		AT INTERSEC	CTION:	< LOCA	TION >		NOT A	T INT	ERSEC	TION:		
												2 10
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1			At									
	Boots# Disc	ction	N. C. C. C. D. J	10.	Feet N	S E W of	Mile N	• Narker	or _	Exit Number	— ļ	- 11
	Route# Dire	CHOIL	Name of Intersecting Road Also at Intersection		Feet N	S E W of						2 "
					Feet N	S E W of	Route#	In	ntersecting F	Roadway/Street		
² 2	Route# Dire	ction	Name of Intersecting Road	lway/Street					Landmark			
3	Please Select		#Occupants Hi	t/Run Moped	Crash Repo	ort ID# 1	9-20	9-7	AC.			
3	of the Followi	ing:								3777		
		L12250050 S	20		# <u>4329964</u>						21	1 12
	Sex F Lic.			Endorsement	Year 2013				Velı	Config.	╛╏	
⁴ 1		BRUYCKERE	First	Middle	Last		First			ddle	— I	
1			WAY APT 31		ress 4 WATER					21020104	_	
	•		State NH Zip 0310	-	MANCHESTE				Zip Area Code:	31028106 - 27 27	27	
	·	pany PROGRES			cle Action Prior to Cra	ash 2		Test Status		28	-	
⁵ 2	ŀ	Direction: N S	_	•	it sequence 1	24		Type of Te	est:	29		
	1	sued)			t Harmful Event 1		25	BAC Test		30	_	_ 13
			- Viol. 2: Ch/Sec/Sub -		er Contributing Code	26 25		Susp. Alco	L	22	32	1
⁶ 1	Viol. 3: Ch/Sec/		- Viol. 4: Ch/Sec/Sub -		er Distracted by 0	34 35		Towed fro	om scene?	2 33		
	Name (Last First N		operator and all occupants is	NVOIVED Address	DOB/Age Se	Seat Safe ex Pos. Syst	aty Airbag Eju	et Trap	Injury Transp. Status Code	Medical Facility		
	Operat	or		See Above	>>>	1 1	4 0	0 :	10 1			
	Please Select	0.5	<u> </u>		15 16	<u> </u>	17		18			
⁷ 1	of the Followi		L#Occupants No	n-Motorist A Type	Action	Location	Con	dition		Hit/Run Mo	oped	
	License # S1		t MA DOB/Age	Reg	# <u>R36583</u>		Reg Ty	ре <u>СО</u>	R	eg State MA	<u> </u>	
	Sex M Lic.	Class D 19 19 L		CDL Veh	Year 2014	_ Veh Make.	ISUZU		Veh	Config. 6	21	
⁸ 1	Operator MA	RTIN, JEF			er MARTIN I Last	DISTRI	BUTIN	G IN	<u>С</u>	iddle		
1	Address 19	APACHE WA	Y	Add	ress 19 APAC	HE WA						14
	City WILM:	INGTON	State MA Zip 0188	7-2692 City	WILMINGTO	ON		tate MA	Zip_ _0 :	1887-269	I	1]
	Insurance Comp	oany SAFETY	INSURANCE	Veh	cle Action Prior to Cra	ash 1			Area Code:	27 27 28	27	
	Vehicle Travel I	Direction: NS	W Responding to Eme	ergency? 2 Ever	nt Sequence 23	23 23	23	Test Statu Type of To		29		
⁹ 2	Citation # (If Iss	sued)		Mos	t Harmful Event 1	24		BAC Test		30		
	Viol. 1: Ch/Sec/	/Sub ————	- Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	19 ²⁵	25	Susp. Alco	ohol: 31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/	/Sub	- Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by			Towed fro		2 33		
	Pl Name (Last First N	-	r/non-motorist and all occu	pants involved	DOB/Age S	Seat Saf ex Pos. Syst	ety Airbag Eje	et Trap	39 40 Injury Transp. Status Code	Medical Facility	, T	
		or/Non-Motor	rist	See Above		1 1	4 0		10 1			
	-				T Y							

	1				[[1		

G I D:			= Vehicle 2	Q = Pedestrian	ØØ = Bicyc	le	
Crash Diagran	ie: -> 1			≯ ₹	<u>→ %</u>		
Woburn Street	230 Lowell Street		10.44			Crash <u>Did Not</u> o a Public Way:	
	ETTO E		MV#1		_	Off-Street Parking Lo	t
	ELLE SE	TA STA		MV#2	_ _	Garage	
						Mall/Shopping Center	
						Other Private Way	
	211 Lowell Street			A R		Indicate North by A	Arrow
Crash Narrativ	/o•						
canno de lacropa en abracação de despedada de la computação de la computação de la computação de la computação	1 and MV#2 where both	traveling	east on I	Lowell Stre	et. As b	oth MV apro	ached
	230 Lowell Street MV#						
200							
						2	
Witnesses:							
Name (Last, First, Midd	lle)	Address			Phone #		Statement
	700 4 65 1/74 0s						
Property Dama			Tm. #		1.1. AD	10	
Owner (Last,First,Mid	dle) Address		Phone #	41-Type De	escription of Dama	nged Property	
Truck and Bus	Information: Registration #		(From \	Vehicle Section)	***		
Carrier Name	5 3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(From v	enicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:		
43	44		45				
Interstate	Cargo Body Type Code	GVWR/GCWR			4	6	
	Reg Type	Reg State	Reg Year_	———Trailer	Length		
Hazmat Information	10				<u>-</u>		49
Placard	Material 1 digit # Material Nam	e		Material 4 digit #		Release code	
	er Daniel C Cadigan		- 7 0	Wilmington 1			18/2019
Police Officer Name (Ple	ease Print) Signature		ID/Badge #	Department	Precinct/Barr	racks Date	

	Pol	ice Use Only		Com	monw	ealth	of Mas	sach	use	etts			RMV	/ Docu	ment Number	
	Date of Crash	Time of Crash	City/To		Mot	or Veh	icle Cr	ash		mber hicles	Numb	a lopeca	Limit_	25	State Police Local Police	
	06/18/2019	1821 W	Ilming	ton	I	Police	Report	Ţ	2	moios	0	Latitu Longi			MBTA Police Campus Police Other:	5
		AT INTERSE	ECTION:		<	LOCA	TION	>			NOT	AT IN		SECT	ΓΙΟΝ:	7
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	B. ++# Bi-		21	-CD - 1 - /C			Route# Di		1		RO	JTE :			Y ay/Street	_F
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							Fe	et NS	E W	of -		•	_	or _	Exit Number	- [
	Route# Dire	ction		rsecting Road				- Ivia	ابدایا		Mile	Marker			EXIT NUMBER	– 3 11
			Also a	t Intersection	with			et NS			Route#		Interse	cting R	toadway/Street	•
² 2	Route# Dire	etion	Name of Inte	rsecting Road	lway/Street		Fe	et N S	EW	of .						
	Diam C. Last		_		T								***************************************	ıdmark		-
³ 3	Please Select of the Followi		1 #Occup	ants Hit	t/Run	Moped	Cras	h Report	ID#	19	-2	10-	AC	,		
	License # S9	4174446	St MA DO	B/Ag.		Reg	# 3GW31	3			Reg	Гуре <u>РС</u>		Re	eg State MA	- 12
	Sex M Lic.	Class D 19 19	Lic. Restriction	ns 20	CDL	Veh	Year 2003	<u> </u>	Veh Ma	ake V	OLK	SWAGI	EN	_ Veh	Config. 1	1 "
	1	YNOLDS, 3	JACOB E		Endorsement	Own	er HODGI	KINS	, F	RAN	KLI	N C				
⁴ 3	l '	Last FIRST ST	First		Middle		ess 39 C	Last			Firs			Mic	ddle	_
	l	OSE		7in 0217	6-4010		TEWKSE					State M	A 7	in 01	L876-0000	_
		oany COMMERC					cle Action Prio			3	22	Damage			,,,,,,,,,,,,,,,,,,,,,	3 I
		<u></u>					г	23	23	23	23	Test Sta			28	,
⁵ 1		Direction: N X I		onding to Eme	ergency? 2		t Sequence	1]	24			Type of	Test:		29	
	Citation # (If Iss	sued)					t Harmful Even	L		25	25	BAC Te	st Resu	ılt:	30	13
	Viol. 1: Ch/Sec/	/Sub ———	— Viol. 2: C	h/Sec/Sub —			er Contributing			²⁵ 2		Susp. Al	L		Susp. Drug: 2 32	1
⁶ 2	Viol. 3: Ch/Sec/	/Sub				Driv	er Distracted b	y 99		,		Towed f	rom sc	,	2 33	_
	Name (Last First N	Please fill out for Middle)	r operator and a	ill occupants in	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operat	or		:	See Above		\sim		1	1	4 (0	10	1		
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⁷ 3	Please Select (of the Followi		2 1 #Occup	oants No	n-Motorist A	A Type	15 Action	16	Locatio	on	17 C	ondition	18		Hit/Run 🔲 Mope	ed be
3			St MA DO	D/4			#_ 4DA57					T PC			eg State MA	\dashv
		10 10		20	an.	_				. 10	_				21	_
	Sex F Lic.	Class D NE-DASILV	Lic. Restrictio	_ L]	CDL Endorsement		Year 2016 her LANE -					TD D'			-	
⁸ 2	l -	Last	First	TE ETT	Middle			Last			Firs		L: L		ddle	-
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	City HAVE		_ State MA	·		<u>City</u>	HAVERH	بليليا			22				1835-7930	_ 1 1
	Insurance Comp	pany PROGRES		DIRECT		Vehi	cle Action Prio آ	r to Crasl		23		Damage Test Sta		Code:	8 27 1 27 2 2	J
	Vehicle Travel I	Direction: NS	W Respo	onding to Eme	ergency? 2	Ever	nt Sequence	1 23	23	23	23	Type of			29	
⁹ 2	Citation # (If Is:	sued)				Mos	t Hannful Ever	ıt 1	24			BAC Te		ılt:	30	
	Viol, 1; Ch/Sec/	/Sub —	Viol. 2: C	Ch/Sec/Sub —		Driv	er Contributing	g Code	1_	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	2
	Viol. 3: Ch/Sec/	/Sub	Viol. 4: C	Ch/Sec/Sub _		Driv	er Distracted b	у 0	26			Towed i	from sc	ene?	2 33	
	P] Name (Last First M	ease fill out for opera	tor/non-motoris	st and all occu	pants involve	ed	DOB/Age	e	34 Seat Pos.	35 Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
		or/Non-Mote	orist		See Above		LAUBIAge	Sex	1	System 1) O		1	Medicai Pacifity	
	Sperat	V1/1 1011-113010	.,					+	+		-		+			
									-				 			_
				-												



MV2 was stopped at a redlight at the intersection of Ballardvale Street and MA Route 125 and waiting to turn left onto MA Route 125 northbound. MV1 was traveling southbound on Route 125 and attempting to turn right onto Ballardvale Street. The roadway was wet and slippery from earlier rain and MV1 was traveling too fast for the conditions and to safely navigate the right turn. The operator of MV1 stated that he turned the wheel to the right and braked, but the vehicle kept traveling straight ahead. MV1 missed the right turn onto Ballardvale Street and slid into MV2, who was still stopped at the redlight in the left turn lane. MV1 collided with MV2 and slid across the front end of MV2 finally coming to rest. MV2 suffered front end damage and MV1 suffered damage to its front right side and right side of the vehicle. There were no injuries and both vehicles were driven drom the scene.

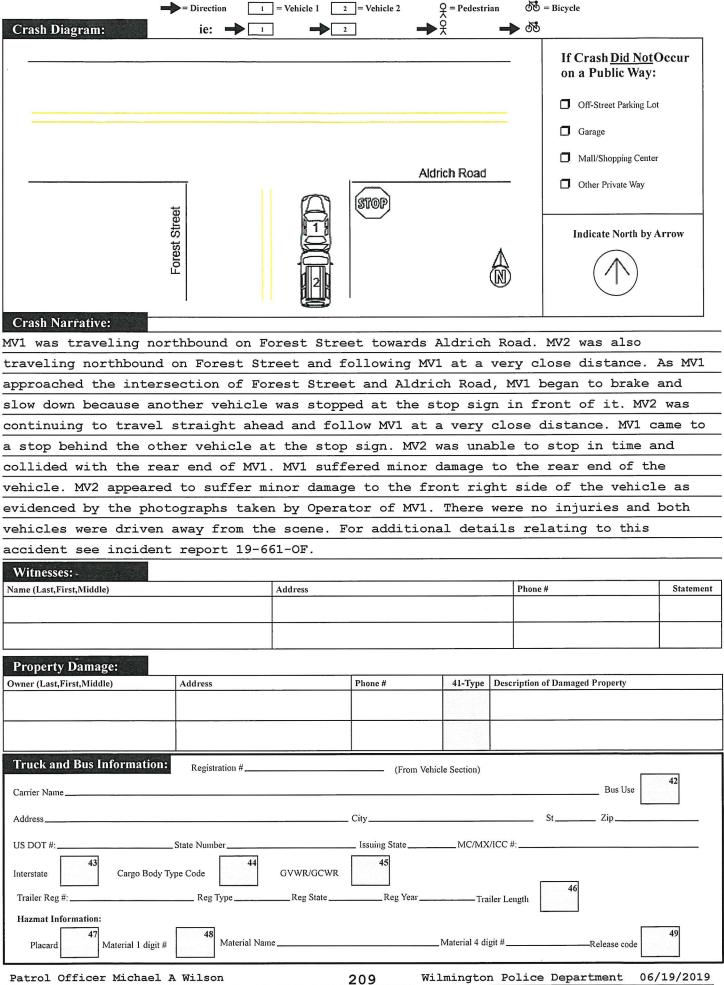
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damage	d Property	
Truck and Bus Information: Carrier Name Address US DOT #: S Interstate Cargo Body Typ Trailer Reg #: Hazmat Information: 47 Placard Material 1 digit #	State Number	GVWR/GCWRReg State	CityIssuing State	MC/MX	I/ICC #:	agth 46	Zip	

Patrol Officer Michael A Wilson

Wilmington Police Department

06/18/2019

	Police Use Only	Com	monwealth (of Massacl	huse	tts		RMV	Docum	ient Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Nun	nber Num icles Inju	3 1 -	Limit_	25	State Police Local Police MBTA Police Campus Police	
	06/19/2019 2029 Wil	mington	Police 1	Report	2	0	Latitue Longit			MBTA Police Campus Police	
	AT INTERSECT	TION:	< LOCA			NO.	ΓAT IN		ECT		
											2 10
	FOREST										
¹3	Route# Direction	Name of Roadway/St	reet	Route# Direction	Addre	ss #	Na	me of R	oadway	y/Street	
	ALDRICH			Feet N	S E W	of — -	•	_	or	T '21 1	
	Route# Direction Na	nne of Intersecting Roads		- F-T		•	le Marker			Exit Number	2 11
		Also at Intersection v	vith	Feet N		Route		Intersect	ting Ro	oadway/Street	
² 1	Route# Direction Na	nme of Intersecting Roads	way/Street	Feet N	SEW	of					
									dmark		İ
3	Please Select One of the Following:	#Occupants	/Run Moped	Crash Repo	rt ID# 1	.9-2	11-	AC			
	License # S88343798 St 1	MA DOB/Age	Reg #	2MP754		Reg	туре РС		Reg	State MA	12
	Sex M Lic. Class D Lic.	Restrictions 20	CDL Veh Y	Year 2010	Veh Mal	ke BMW			_ Veh C	Config. 21	1 '2
	Operator DELUCA, ANTHO	E	indorsement	er DELUCA,							
⁴ 2	Address 41 DONALD RD	First	Middle	ess 41 DONA		Fi	rst		Midd	le	
	City BURLINGTON Sta	MA 7: 0180		BURLINGTO			State M7	A 7i.	. 01:	803-1512	
	Insurance Company GEICO GEI				-	22			_	27 5 27 4 27	
				ele Action Prior to Cra		23 23	Test Stat		8	28	
⁵ 1	Vehicle Travel Direction: SEW		•	a sequence 1	24		Type of	Test:	-	29	
<u>-</u>	Citation # (If Issued)		Most	Harmful Event 1		25 25	BAC Te			30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	<u> </u>	25 25	Susp. Al	cohol: 2	31	Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by 3	26		Towed f			33]
<u> </u>	Please fill out for ope	erator and all occupants in	volved Address	DOB/Age Se		35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 Injury T Status	40 Fransp. Code	Medical Facility	
	Operator	s	See Above		7	99 4	0 0	10			
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											_
⁷ 3	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 16	Location	17	Condition	18	П н	it/Run Moped	
3			<u>L</u> _	7DPM20	1		<u>_</u>	1		. M7	ł
	19 19	MA DOB/Age.	•	7RZM20			у Туре РС			State MA 21	
		Restrictions B C	Endorsement	Year 2007					_ Veh C	Config. 1	
⁸ 2	Operator MELONAS, SHE	RRI L First	Middle	er MELONAS		CRRI I	irst		Midd	lle	
	Address 81 DEBRA DR			ess 81 DEBR							14
	City TEWKSBURY Sta	ate MA Zip 0187	6-2708 City	TEWKSBURY	Г						
	Insurance Company OCCIDENT	AL FIRE	Vehic	cle Action Prior to Cra		1 22	Damage Test Sta		Code: 2	27 1 27 27	
	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Even	t Sequence 1 23	23	23 23	Type of		F	29	
⁹ 2	Citation # (If Issued)		Most	Hannful Event 1	24		BAC Te		t:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	5	²⁵ 20 ²⁵	Susp. Al	icohol: 2	31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		Towed f	rom scer	ne? 2	33	
	Please fill out for operator/r	on-motorist and all occup		Denote I	34 Seat	35 36 Safety Airbag	37 38 Eject Trap		40 Transp.	\$4,45115	1
	Name (Last First Middle) Operator/Non-Motori,	ct S	Address See Above	DOB/Age So	7	System Status 99 4	Code Code	1 "	Code 1	Medical Facility	
	Operator/Indit-Motoria	31	SEC ABOVE	$+ \sim$	1	³	- -		-		-
											-



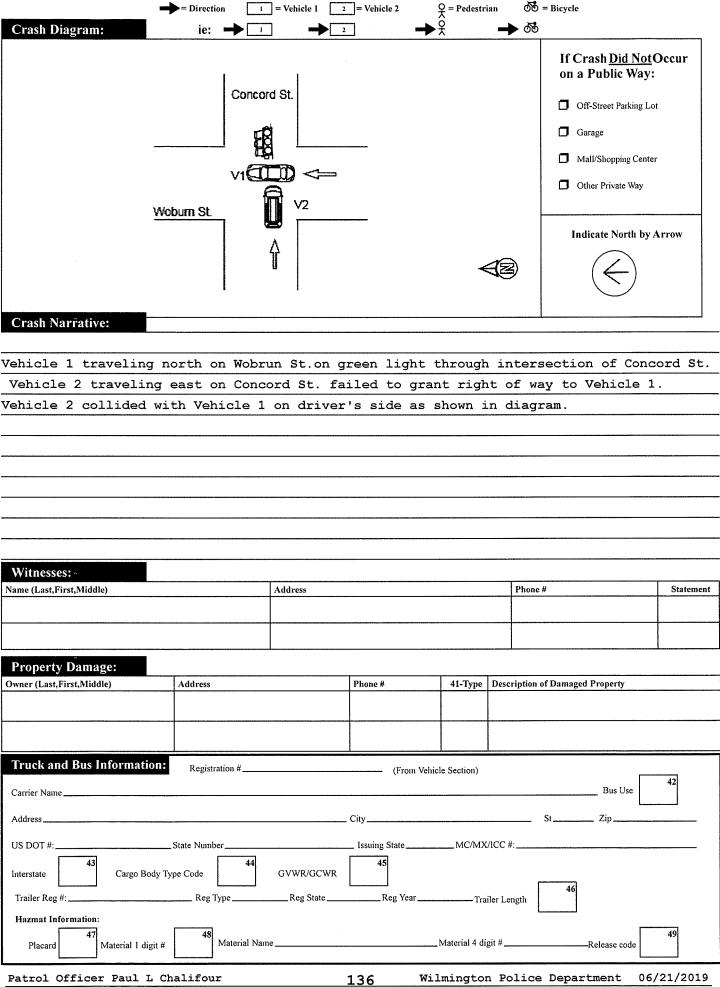
Patrol Officer Michael A Wilson

Department

06/19/2019

Signature

	Police Use Only	Comn	onwealth (of Massacl	husetts		RMV	/ Docume	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number	1	Speed Limit		State Police Local Police MBTA Police Campus Police	
	06/21/2019 1453 Wil	mington	Police 1	Report	Vehicles 2	Injured 1	Latitude		MBTA Police Campus Police	
	AT INTERSECT	ION	< LOCA		- 		Longitude INTERS		Other:	
	AT INTERSECT	IOIN.	· Loca			NOTA	INIBA	32011	O.v.	10
	CONCORD	ST								2
¹ 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of I	Roadway/	Street	
1	rioniinii	At		Feet N S	S E W of		_ • _	or		
	Route# Direction WOBURN Nan	ST ne of Intersecting Roadwa	ay/Street			Mile Ma	ırker		Exit Number	3 11
		Also at Intersection wi	th	Feet N S	S E W of	Route#	Interse	cting Rose	dway/Street	
2	D. A. H. F.Y. C. N.		10:	Feet N S	S E W of	Router	incisc	eting Roa	away/Street	
² 2	Route# Direction Nat	ne of Intersecting Roadwa	ay/Street				Laı	ıdmark		
3	Please Select One Vehicle 13	#Occupants Hit/R	tun Moped	Crash Repo	rt ID# 1 9	-21	2-AC			
3	of the Following:									ł
	License # 08DTM81011 St N		_	# <u>3673211</u>				-	21	1 12
	Sex F Lic. Class 99 99 Lic. 1	Restrictions 99 CE	DL Veh 'dorsement	Year 2014	_ Veh Make <u>1</u>	ISSAN		_ Velı Co	onfig. 1	
	Operator DOGGETT, MEAG	HAN E	Own	er DOGGETT,	MATTI	IEW AI	AN	Middle		
⁴ 3	Address 4 HILLSIDE RD			ess 4 HILLS	IDE RD					
	City KINGSTON Stat	e NH Zip 03848	City	KINGSTON		Sta	ate NH Z	ip 038	348	
	Insurance Company TRAVELLER	.s	Vehic	cle Action Prior to Cra	sh 1	22 D	amaged Area	Code: 7	27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Even	t Sequence 1 23	23 23	23 T	est Status:		28	
⁵ 1	Citation # (If Issued)		•	Harmful Event 1	24		ype of Test:		29	
					25	35	AC Test Resu		30	13
		Viol. 2: Ch/Sec/Sub ——		er Contributing Code	26	S	usp. Alcohol:		Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub ————			er Distracted by			owed from sc	···· <u> </u> 2	33	ļ
<u>.</u>	Please fill out for oper Name (Last First Middle)	ator and all occupants inve	olved Address	DOB/Age Se	Seat Safety N Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above		1 1	2 0	0 10	1		
	1				4 4	2 0	0 7	1		-
					* *	2 0	 	*		-
					6 4	4 0	0 10	1]
7	Please Select One Vehicle 21	#Occupants Non	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	☐ Hit,	/Run Moped	1
⁷ 2	of the Following:		Wiotorist A Type	Action	Location	Condi	tion		/Kull Wloped	1
		A DOB/Age	Reg	# <u>\$29388</u>		Reg Typ	e <u>CO</u>	Reg	State MA 21	
	Sex. M Lic. Class 99 99 Lic. 1	Restrictions 99 CD	OL Veh	Year 2016	_ Veh Make_	ORD		Veh Co	onfig. 2	
0	Operator ABREU, JOHN J			er ENTERPRI	SE FM	TRUST		Middle		
⁸ 1	Address 111 FRIENDSHIE	ST		ess 600 COR	PORATE	PK D	R	Middle	;	
	City BILLERICA Stat	e MA Zip 01821	-3803 City	ST LOUIS		Sta	ate MO 2	ip 631	L05-0000	1 14
	Insurance Company SELECTIVE	•	·	cle Action Prior to Cra	sh 1		amaged Area			
	Vehicle Travel Direction: N S W W	Responding to Emerg	_	t Sequence 23	23 23	T	est Status:	-	28	
	<u> </u>	Responding to Emerg	•	·	24	Т	ype of Test:		29	
⁹ 2	Citation # (If Issued)			Harmful Event 1		B	AC Test Resu	ılt:	30	
·····	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	7 25 4	s s	usp. Alcohol:	2 31 5	Susp. Drug: 2 32	
	Viol, 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26		owed from sc	15	33]
	Please fill out for operator/no	•	nts involved	DOB/Age Se	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris		e Above	30000	1 1	4 0	0 10	1		1
	per atoria ione and to the				\ -		 	-		1
							1			-



	Police Us	e Only	C	Commony	vealth (of Massa	ach	use	tts			RM	V Docu	ment Number	
	1	e of Crash	City/Town	Mot	tor Veh	icle Cra	sh		mber	Numbe	, Jopes	d Limit.	30	Local Police	1
	06/21/2019 15	07 W1.Li	mingto	n]	Police 1	Report		1	illeies	0	Laut	ıde itude		MBTA Police Campus Police Other:	
	AT	INTERSECT	ION:	<	LOCA	_	>			NOT			SECT	TION:	1
			***************************************					270	<u> </u>		DLE	SEX	AV	E	2 10
¹ 1	Route# Direction		Name of Ro	adway/Street At		Route# Direc	tion	Addr	ess#		N	ame of	Roadwa	ay/Street	-
<u></u>	Route# Direction	Nai		ng Roadway/Street		Feet					—— Marker		or _	Exit Number	1 11
			Also at Inter	section with		Feet	N S	E W	of .	Route#		Interse	eting R	loadway/Street	
2	Route# Direction	Na.	af Intarrati	ng Roadway/Street	······	Feet	N S	E W	of	Rodica		merse	.ciiig iv	toadway/bireet	
² 3	Rottle# Direction	ivai	me of intersecti	ing Koadway/Street								La	ndmark		1
3	of the Pollowing:	Vehicle 11			Moped	Crash R									
	License # 15328		O DOB/Ag	20		<u> 2288149</u>								21	3 12
	Sex M Lic. Class	L	Restrictions 1	CDLEndorsemen	Veh '	Year <u>2016</u>	······· '	Veh Ma	ike				Veh	Config. 10	
	Operator <u>VOEL</u>	PEL, EDWA	RD WIL	LIAM Middle	Own	er SCHNEI	DEF	R N	ATI	ONA.	CA	RRI	ERS	INC	
⁴ 3	Address 3115 (GLENARM F	RD LOT		Addr	ess 7101 V	V 1	7 T H	Αĭ	/E					
	City COLORADO	SPRINGS Stat	te CO Zip S	809119739	City_	GARY					State I	N _ z	ip 46	5406	
	Insurance Company C	OLD REPUB	LIC IN	SURANCE	Vehic	le Action Prior to	Crash		3	22	Damag	ed Area	Code:	3 27 27 27	
	Vehicle Travel Direction	on: NSKW	Responding	g to Emergency? 2	Even	t Sequence 28	23	23	23	23	Test Sta	itus:		1 28	
⁵ 1	Citation # (If Issued)_			,			28	24			Type of	Test:		29	
				/C 1		er Contributing Co			25	25	BAC T		1	1 30	23 ¹³
	Viol. 1: Ch/Sec/Sub -					_		26	_ L_		Susp. A			12]	23
⁶ 2	Viol. 3: Ch/Sec/Sub -			****	Drive	er Distracted by	0	34	35	36	Towed	irom sc	ene?	2 33	4
	Pl Name (Last First Middle)	ease fill out for oper	ator and all occ	upants involved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag E	ject Trap	Injury	Transp. Code	Medical Facility	
	Operator			See Above			X	1	1	4 0	o	10	1		
							 	 							1
							-	-						TERROTT .	-
⁷ 3	Please Select One of the Following:	Vehicle 2	#Occupants	Non-Motorist	A Type	15 Action	16	Locatio	n	17 Co	ndition	18		Hit/Run Moped	
	License #	St	DOB/Ag	Δ	Regi	4				Reg 3	vne		Re	eg State	1
	Sex Lic. Class	19 19	Restrictions	20 CDL		Year					•			21	`
	1	L. Lic. I	Restrictions	Endorsemen	t			ven m	ike				ven	Comig.	
⁸ 1	Operator		First	Middle			Last			First			Mic	ddle	
	Address					ess						_			14
	City	Stat	te Zip_							22	State Damag			27 27 27	
	Insurance Company				Vehic	cle Action Prior to					Test Sta		Code:	28	
	Vehicle Travel Direction	on: NSEW	Responding	g to Emergency?	Even	t Sequence	23	23	23	23	Type of			29	
⁹ 2	Citation # (If Issued)_				Most	Harmful Event		24			BAC T		ılt:	30	
	Viol. 1: Ch/Sec/Sub -		Viol. 2: Ch/Sec	/Sub	Drive	er Contributing Co	ode		25	25	Susp. A	lcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub -		Viol. 4: Ch/Sec	/Sub	Drive	er Distracted by		26			Towed	from sc	ene?	33	
	1	ll out for operator/no	on-motorist and	•	red			34 Seat	35 Safety	Airbag I	37 38 ject Trap		40 Trunsp.		7
	Name (Last First Middle)	Non-Motoris	.,	Address See Above		DOB/Age	Sex	Pos.	System	Status C	ode Code	Status	Code	Medical Facility	-
	Operator/I		•	See Above			ightharpoons	╀-			_				_
															_
															1

Crash Diagram: ie	: 🔫 🔟 '	2	- X	→ ॐ	
	270 Middlesex Ave.			If Crash <u>D</u>	id NotOccur c Way:
				☐ Off-Street	Parking Lot
	ES			Garage	
	Œ ₽				
				☐ Mall/Shop	oing Center
1	l.	п		Other Priva	ate Way
Traffic Control Box	*	Federal Si			
		<u>a</u>		Indicate N	orth by Arrow
		#		\wedge	
					\mathcal{F}
Crash Narrative:					
MV 1 was traveling on Midd	llesex Ave and	d was attemp	ting to tur	n right on Feder	al St. Op 1
stated he thought he had e					
Frailer was unable to make					
the box. The town was noti					
Insurance company: Old Rep	oublic Insurar	nce Company			
307 North Michigan Ave					
Chicago, IL 60601					
Witnesses:	Address			Phone #	Statement
rame (oasis nsiprature)	, Audites				
Property Damage:				T	
Owner (Last,First,Middle) Address	S	Phone #	41-Type	Description of Damaged Proper	
121 GT	א אחת אודא מים אים.	11887			
TOWN OF WILMINGTON 121 GI	EN RD WILMINGTON MA	A 01887	3	TRAFFIC CONTRO	
TOWN OF WILMINGTON 121 GI	EN RD WILMINGTON M	A 01887	3	TRAFFIC CONTRO	
TOWN OF WILMINGTON				TRAFFIC CONTRO	
TOWN OF WILMINGTON	stration # 2288149) (Fi	om Vehicle Section)		
Truck and Bus Information: Region	stration# <u>2288149</u> nal Carrier) (Fi	om Vehicle Section)		Use 42
Truck and Bus Information: Region Carrier Name Schneider Nation Address 7101 W 17TH AVE	stration# <u>2288149</u> nal Carrier	City GRA	om Vehicle Section)	Bus St_ IN Zip_	Use 42
Truck and Bus Information: Regin Carrier Name Schneider Natio	stration # 2288149 nal Carrier nber 44	City GRA	om Vehicle Section)	Bus	Use 42
Truck and Bus Information: Register Name Schneider Nation Address 7101 W 17TH AVE US DOT #: State Num Address Cargo Body Type Code	stration # 2288149 nal Carrier nber	City GRAY Issuing State GCWR 3	om Vehicle Section)	BusStZip V/ICC #:46	Use 42
Truck and Bus Information: Carrier Name Schneider Natio Address 7101 W 17TH AVE US DOT #: State Nur Interstate	stration # 2288149 nal Carrier nber	City GRAY Issuing State GCWR 3	om Vehicle Section)	BusStZip V/ICC #:46	Use 42
Truck and Bus Information: Regis Carrier Name Schneider Natio Address 7101 W 17TH AVE US DOT #: State Nur Interstate 43 Cargo Body Type Code	stration # 2288149 nal Carrier nber	City GRAY Issuing State GCWR 3 Reg Y	om Vehicle Section) MC/MX	BusStZip V/ICC #:46	Use 42 06406
Truck and Bus Information: Carrier Name Schneider Natio Address 7101 W 17TH AVE US DOT #: State Num Interstate	stration # 2288149 nal Carrier nber	City GRAY Issuing State GCWR 3 Reg Y	om Vehicle Section) MC/M> fear Tra Material 4 d	Bus St _IN _ Zip_ VICC #: ailer Length 46	Use 42 06406 code 49