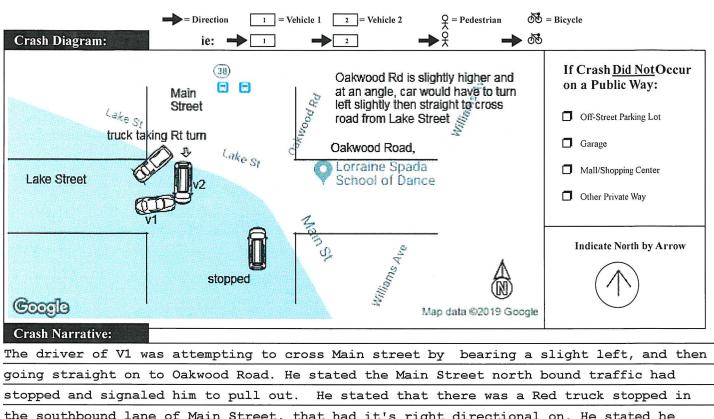
	Police Use Only	Com	monwealth	of Massacl	husetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	05/28/2019 <b>1423</b> W:	ilmington	Police	Report	3	Injured O	Latitude Longitude		MBTA Police Campus Police	
	AT INTERSE	CTION:		TION >	<u> </u>	1 -	INTER	SECT	Other:	1
	ATTIVIERSE	CHON.	LOCA	THON >		HOLA	111122	<u> </u>	ion.	10
					52	MAIN	ST			2
1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #		Name of	Roadway	/Street	
<sup>1</sup> 1		At		Feet N S	S E W of		_ • _	OΓ		
	Route# Direction	Name of Intersecting Road	iwav/Street			Mile Ma		·	Exit Number	11
		Also at Intersection		Feet N S	E W of					2
4				Feet N S	S E W of	Route#	Interse	ecting Roa	adway/Street	
<sup>2</sup> 3	Route# Direction	Name of Intersecting Road	lway/Street				La	ndmark		
	Please Select One Vehicle 1	1 #Occupants Hi	t/Run Moped	Cresh Range	rt ID# 19	_10	2-70	•		1
3	of the Following:	- A					****			_
	,	St <b>MA</b> _ DOB/Age	Reg	# <u>VT40971</u>		Reg Typ	e PC	Reg		1 12
	Sex. M Lic. Class D 19 19	Lic. Restrictions 1 20	CDL Veh	Year <b>2007</b>	Veh Make <u><b>E</b></u>	ORD	···	Veh C	onfig. 21	
	Operator TREVISONE,	TIMOTHY	Endorsement Own	er TREVISON	E, RIC	HARD	J			
<sup>4</sup> 1	Address 1 WEBBER ST	First	Middle Add	ress 1 WEBBE	RST	First		Middle	e	
	City WILMINGTON	State MA Zin 0188		WILMINGTO		Str	nta MZA 1	zis. 018	887-3602	
							amaged Area			
	Insurance Company <b>GEICO G</b>			cle Action Prior to Cras	sh 1 23 23		est Status:	1	28	
5	Vehicle Travel Direction: S E	W Responding to Em	ergency? 2 Ever	nt Sequence 1 23		23	ype of Test:	<u> </u>	29	
	Citation # (If Issued)		Mos	t Harmful Event 1	24	В	AC Test Res	ult: 1	30	
	Viol. 1: Ch/Sec/Sub ————	- Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	1 25	<b>25</b> S	usp. Alcohol:	2 31	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26	T	owed from so	ene? 2	33	H
<sup>6</sup> 2		operator and all occupants			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injusy	40 Transp.		1
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Ser	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator		See Above		1 1	4 0	0 10	1		_
						<del>  </del>	<del></del>			1
								<b> </b>		4
<sup>7</sup> 1	Please Select One of the Following:	1#Occupants \bigcap No	on-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	ні	it/Run Moped	
	License # 06ROM62151	St NH DOB/Age	Pan	# <u>4047515</u>	<u> </u>	Pag Tun	. PC	Pan	State NH	†
	10 10	20	_	Year 2015					2.1	
			Endorsement				<b></b>	Ven C	ontig.	İ
<sup>8</sup> 1	Operator RUGGIERO, M	First	Middle	ner RUGGIERO	•	First		Middl	le	
т	Address 20 LAKESIDE			ress 20 LAKES	SIDE D					_ 14
	City MERRIMACK	State <b>NH</b> Zip <b>030</b> !	<b>54</b> City	MERRIMACK			ate <b>NH</b>			4
	Insurance Company PROGRES	SIVE	Vehi	cle Action Prior to Cra	sh <b>1</b>	<b>22</b>	amaged Area	Code: 1		
	Vehicle Travel Direction: S E	W Responding to Em	ergency? 2 Ever	nt Sequence 1 23	23 23	23	est Status:	1	28	
0	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test:	.	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Driv	er Contributing Code	19 25	25	AC Test Res usp. Alcohol:		Susp. Drug: 2 32	
			n.	er Distracted by	26		owed from so		22	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub - or/non-motorist and all occur		or Distracted by	34 35	36 37	38 39	ene? 2		4
	Please fill out for operations Name (Last First Middle)	ormon-motorist and all occi	Address	DOB/Age Se	Seat Safety	Airbag Eject	Trap Injury		Medical Facility	
	Operator/Non-Moto	rist	See Above	$\rightarrow$	1 1	4 0	0 10	1		
									<u> </u>	1
								++		4
							1			_
					as Lances					

	Police Use Only	Comr	nonwealth	of Massach	usetts		RM'	V Document Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Local I Office	0800
	05/28/2019 1423 Wil	mington	Police	Report	3	0	Latitude Longitude	MBTA Police Campus Police Other:	
	AT INTERSECT	TION:		TION >		NOT AT	<u> </u>	SECTION:	
									<b>2</b> 10
					52	MAIN	ST		
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway/Street	
				Feet N S	E W of			or	
	Route# Direction Na	une of Intersecting Roadw			T. T. J	Mile Ma	ırker	Exit Number	2 11
		Also at Intersection w	ith	Feet N S		Route#	Interse	ecting Roadway/Street	
<sup>2</sup> 3	Route# Direction Na	une of Intersecting Roadw	/ay/Street	Feet N S	E W of				
			<u> </u>	· · · · · · · · · · · · · · · · · · ·				ndmark	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# <b>19</b>	-18	2 – <b>A</b> C	2	
	License # <b>S58751907</b> St <b>N</b>	MA DOB/Age	Reg	# 22FX21		Reg Type	e PC	Reg State <b>MA</b>	
	19 19	20		Year <b>2015</b>					21 1 12
	Operator MARTYN, MARY	1 17.	ndorsement	er MARTYN,				_ ven comig. [_	
<sup>4</sup> 1	Address 163 FEDERAL S'		Middle	ess 163 FEDE		First		Middle	
L <u>-</u>	City WILMINGTON Sta						1475 -	- 01007_2E1	
				WILMINGTON			amaged Area	Zip <b>01887-25</b> 1	27
	Insurance Company CITIZENS			cle Action Prior to Crasl	23 23		est Status:	1 28 1 28	
5	Vehicle Travel Direction: SEW	Responding to Emerg		t Sequence 1 23		23	ype of Test:	29	
	Citation # (If Issued)	<del></del>	Most	Hannful Event 1	24		AC Test Resi	ult: 1 30	12
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 <sup>25</sup>	<b>25</b> Sı	usp. Alcohol:	2 31 Susp. Drug: 2	<b>32 1</b> 13
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Te	owed from sc	cene? 1 33	
2	Please fill out for oper	rator and all occupants inv	/olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		
	Operator	Se	ee Above	JOBANGE SIEC	1 1	4 0	0 10	1	
	operator							-	
	COLUMN TO THE COMMUNICATION OF THE COLUMN TO								
7	Please Select One Vehicle 4	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Run Mc	oped
<sup>7</sup> <b>1</b>	of the Following:								
	License # St St St St St	DOB/Age	Reg	#		Reg Type	e	_	21
	Sex Lic. Class Lic.	Restrictions CI	DL Veh '	Year	Veh Make	· · · · · · · · · · · · · · · · · · ·			_
<sup>8</sup> 1	OperatorLast	First	Middle	erl.ast		First		Middle	,
<u> </u>	Address		Addr	ess					
	CityStar	te Zip	City				ite Z		4
	Insurance Company		Vehic	cle Action Prior to Crasl	1		amaged Area	1 0000.	27
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23 23	23	est Status:	28	
<sup>9</sup> 2	Citation # (If Issued)	-	Most	Hannful Event	24	•	ype of Test: AC Test Resi		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25	asp. Alcohol:	31 Susp. Drug:	32
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from sc	<u> </u>	
	Please fill out for operator/ne				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status		<i>r</i>
	Operator/Non-Motoris	ST Se	ee Above		1				
	A STATE OF THE STA								
		1		1	1 1	1	1 1	i I	

52 Main St. On a	rash <u>Did Not</u> Occur
52 Main St. On a	
	Public Way:  ff-Street Parking Lot
М	arage
	all/Shopping Center
	ther Private Way
$\Rightarrow$	not trivate way
(131) (121) (110) (110) (110) (110)	licate North by Arrow
	$(\rightarrow)$
Crash Narrative:	
MV 1,2, and 3 were all traveling north on Main St. All operators informed	me of the same
set of events. MV 1 was attempting to stop when MV 2 rear ended MV 1. MV	
ended MV 2. All involved parties denied medical attention and stated they	were not
injured.	
Witnesses:	
Witnesses: Name (Last,First,Middle) Address Phone #	Statement
	Statement
Secretary Control of the Control of	Statement
	Statement
Name (Last,First,Middle) Address Phone #	
Name (Last,First,Middle)  Address  Phone #  Property Damage:	
Name (Last,First,Middle)  Address  Phone #  Property Damage:	
Name (Last,First,Middle)  Address  Phone #  Property Damage:	I Property
Name (Last,First,Middle)  Property Damage:  Owner (Last,First,Middle)  Address  Phone #  41-Type Description of Damaged  Truck and Rus Information:	
Name (Last,First,Middle)  Property Damage:  Owner (Last,First,Middle)  Address  Phone #  41-Type  Description of Damaged  Truck and Bus Information:  Registration #	I Property  Bus Use  42
Name (Last, First, Middle)  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged  Truck and Bus Information:  Registration #	I Property  Bus Use  42  Zip
Name (Last, First, Middle)  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged  Truck and Bus Information:  Registration #	I Property  Bus Use  42  Zip
Name (Last,First,Middle)	I Property  Bus Use  42  Zip
Name (Last, First, Middle)  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged  Truck and Bus Information:  Registration #	Bus Use 42 Zip

Department

	Police Use Only	Comi	nonwealth (	of Massac	chus	etts			RM	V Docı	ıment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{M} \end{bmatrix}$	umber ehicles	Numb Injure		d Limit	40	Local Police 23	1
	05/28/2019 1701 Wil	mington	Police 1	Report	2	cincies	0	Launi	ıde itude		MBTA Police Campus Police Other:	
	AT INTERSECT	ion:	< LOCA	_			NOT	_ <del>`</del>		SEC'	TION:	1
												2 10
					<u>45</u>		MA:	N S				
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Add	ress#		N	ame of	Roadw	/ay/Street	-
т		Al		Feet N	SEW	of				or _		
	Route# Direction Na	me of Intersecting Roady	vay/Street				Mile	Marker			Exit Number	3 11
		Also at Intersection w	vith	Feet N	SEW	of	Route#	·	Interes	ecting F	Roadway/Street	
2	Devit II Division	CI di Bala		Feet N	SEW	of	Komen		merse	oung 1	Coadway/Street	
<sup>2</sup> 3	Route# Direction Na	me of Intersecting Roads	vay/Street						La	ndmarl	<	]
3	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	19	-18	33-	·ΔC	1		]
3	v		l									4
	License # <u>\$58195506</u> St N		_	8TR954			_				21	<b>1</b> 12
	l   ;	—   r	1	'ear <u>2003</u>	Veh M	lake <u></u>	OND	<b>.</b>		Veh	Config. 1	
	Operator ELGERS, NICHO	LAS WILLIA	M Owne	PIERCE,	NAN	CY	<b>E</b>				iddle	
<sup>4</sup> 1	Address 137 JACKSON ST			ess 137 JAC	KSOL	1 S'				Mı	ddle	
	City METHUEN Stat	te <b>MA</b> Zip <b>0184</b> 4	1-5060 City	METHUEN				State <b>M</b>	<b>A</b> _ 2	Zip <b>0</b>	1844-5060	
	Insurance Company SAFETY IN			le Action Prior to Cr	rach	1	22	Damage				
	Vehicle Travel Direction: NSE					23	23	Test Sta			28	
5			•	Sequence 1	24			Type of	Test:		29	;
	Citation # (If Issued)		Most	Hannful Event	┕			BAC To	est Resi	ult:	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code		25	25	Susp. A	lcohol:	31	Susp. Drug: 32	1 '
6 _	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 <sup>26</sup>			Towed	from sc	ene?	2 33	
<sup>6</sup> 2	•	rator and all occupants in			34 Seat	35 Safety	Airbag E	37 38 ject Trap	39 Injusy	40 Transp.		Ī
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System 1	Status C	ode Code	Status 10	Code 1	Medical Facility	1
	Operator	3	ee Above		$X^1$	<u> -</u>	4 0		10	-		_
					1							
									<b>-</b>			1
				15 1	[6]	누	17		18	I	<u> </u>	1
<sup>7</sup> 2	Please Select One of the Following:	#Occupants  Non	-Motorist A Type	Action	Locati	on	11 Co	ndition	10		Hit/Run Moped	
	License # <b>S78825494</b> St N	<b>1A</b> DOB/Age	Reg #	R78422		-	Reg 7	vne CC	)	R	eg State <b>MA</b>	1
	19 19	20		ear 2015			_				21	
		RED W	ndorsement			iake_	<u> </u>			ven	Colling.	
<sup>8</sup> 1	Last	First	Middle	er RYCA IN	t		First				iddle	
_	Address 8 ENGLEWOOD DI			ess 1768 MZ		5'I' (			PT 2			14
	City WILMINGTON State	te <b>MA</b> Zip <b>0188</b>	7-0000 City	TEWKSBUR	<u>Y</u>						1876-4752	4
	Insurance Company ALLMERICA	FINANCIA	Vehic	le Action Prior to C	rash	1	22	Damage		Code:		
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Event	Sequence 23	23	23	23	Test Sta			28	
9	Citation # (If Issued)		Most	Harmful Event	L 24			Type of		.14.	30	
<sup>9</sup> 2	Viol. 1; Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Drive	□ r Contributing Code	99	25	25	BAC To Susp. A		31	<u> </u>	
			m /	r Distracted by	9 26			Towed		L	33 2 33	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub —		. 2.5.1.40104 by	34	35		37 38	39	40		4
	Name (Last First Middle)	m-motorist and an occup	Address	DOB/Age	Seat Sex Pos.	Safety System	Airbag E	jeet Trap ode Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	st s	ee Above		$\langle 1 \rangle$	1	4 0	0	10	1		
					1							1
							+		+			1
									_			1



The driver of V1 was attempting to cross Main street by bearing a slight left, and then going straight on to Oakwood Road. He stated the Main Street north bound traffic had stopped and signaled him to pull out. He stated that there was a Red truck stopped in the southbound lane of Main Street, that had it's right directional on. He stated he then drove into the intersection, at the same time the red truck was taking it's right turn. He then struck v2. V2 stated that he was driving south on Main Street, when V1 pulled off of Lake Street and struck him. It is unclear If V1 had passed the truck illegally, or if V2 misjudged the timing of the Truck's turn.

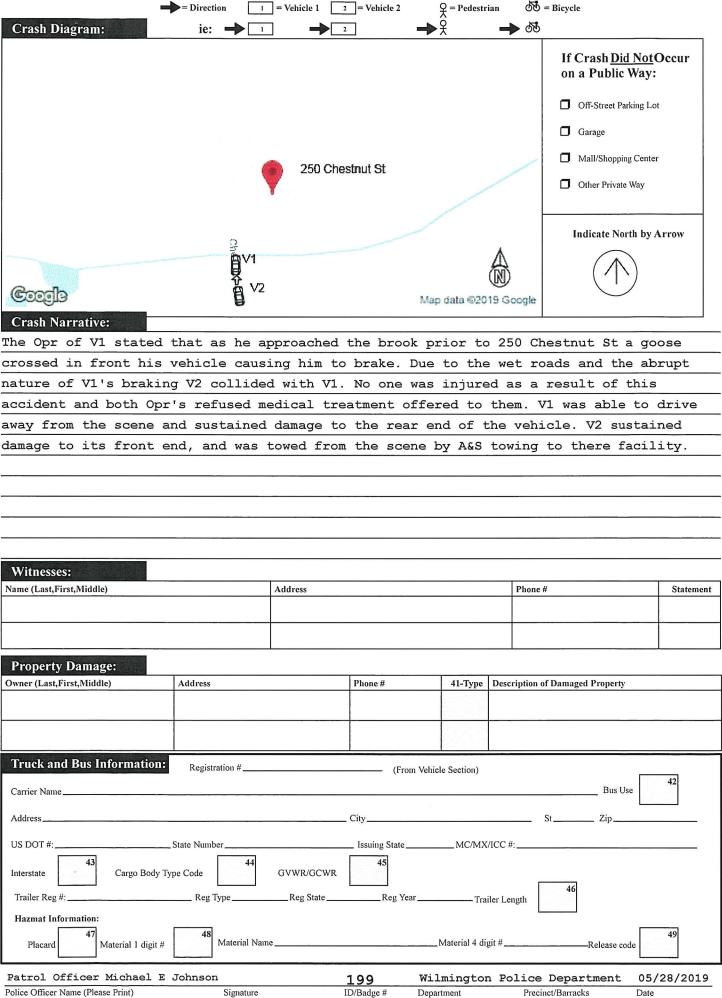
Witnesses:								
Name (Last,First,Middle)		Address			I	Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descri	ption of Damaged	l Property	
Truck and Bus Information:  Carrier Name			(From Veh				Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:_		100	
Interstate 43 Cargo Body Typ		GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Leng	th		
Hazmat Information:  Placard 47  Material 1 digit #	48 Material Name	>		_Material 4 di	git #		-Release code	49

Patrol Officer Brian D Thornton

Wilmington Police Department

05/28/2019

	Police Use Only	Com	monwealth	of Massach	ıusetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	25	State Police Local Police MBTA Police Campus Police	1
	05/28/2019 1722 Wil	mington	Police	Report	2	O	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	<u> </u>	TION >		NOT A	INTER	SECT		1
						- 1				<b>2</b> 10
					250	CHES	TNUT			
<sup>1</sup> 1	Route# Direction	Name of Roadway/S	street	Route# Direction	Address #		Name of	Roadway	/Street	-
		111		Feet N S	E W of		- • —	or		
	Route# Direction Na	me of Intersecting Road	lway/Street	<u></u>	<del></del>	Mile Ma	ırker		Exit Number	2 11
		Also at Intersection	with	Feet N S		Route#	Interse	ecting Ro	adway/Street	
<sup>2</sup> 3	Route# Direction Na	une of Intersecting Road	lway/Street	Feet N S	E W of				•	
3							La	ndmark		
3	Please Select One of the Following:	#Occupants	t/Run Moped	Crash Repor	t ID# <b>19</b>	-18	4-AC	;		
	License # <b>S57229890</b> St 1	<b>17</b> DOR/A ==	n	# <u>6BN572</u>		D T	. PC	D	MA	
	10 10	20	_						21	1 12
	Sex 22 Lie. Class D Lie.		Endorsement	Year 1994				Veh C	onfig.	
<sup>4</sup> 1	Operator DONAHUE, ANTI	First	Middle	er <b>DONAHUE</b> ,		First	NIEL	Middl	le	
1	Address 26 GERSHOM AV			ess 26 GERSH	OM AVI					
	City <b>LOWELL</b> Sta	te <b>MA</b> Zíp <b>0185</b>	<b>4-2802</b> City	LOWELL					854-2802	
	Insurance Company <b>SAFETY IN</b>	ISURANCE	Vehi	cle Action Prior to Crash	h <b>1</b>		amaged Area	. Code: <u>5</u>		
5	Vehicle Travel Direction: SEW	Responding to Eme	ergency? 2 Ever	it Sequence 1 23	23 23	23	est Status:	1	28	
,	Citation # (If Issued)		Mos	t Hannful Event 1	24	•	ype of Test: AC Test Resi	Je:  -	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	1 25	25	usp. Alcohol:			1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26		owed from sc		22]	$\vdash$
<sup>6</sup> 2		rator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)	1	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator		See Above	$\times$	1 99	4 0	0 10	1		
										]
							<b> </b>			1
	Nove Color Con Ex	I		15 16		17	18	$\vdash$		1
<sup>7</sup> 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	Hi	it/Run Moped	1
	License # <b>S27164575</b> St <b>1</b>	1A DOB/Age	Reg	#_5XZ431		Reg Type	PC	Reg	State MA	1
	Sex M Lic. Class D 19 Lic.	Restrictions 1 20	CDL Veh	Year <b>2013</b>	Veh Make <b>F</b>	ORD		Veh C	Config. 21	
	Operator JEAN, ARAMIS	<sub>1</sub>	Endorsement	er <b>JEAN, AR</b>	AMIS					
<sup>8</sup> 1	Address 1239 LAWRENCE	First ST	Middle	ress <b>1239 LAW</b>		First		Middl	le	
		te <b>MA</b> Zip <b>0185</b>		LOWELL			nte <b>MA</b> 2	in <b>01</b>	852-5543	97 <sup>14</sup>
	Insurance Company COMMERCE	·	-	cle Action Prior to Crasi	h 1		amaged Area			
				22	23 23		est Status:	1	28	
	Vehicle Travel Direction: SEW	Responding to Eme	•	in sequence 1	24	1	ype of Test:	F	29	
<sup>9</sup> 2	Citation # (If Issued)			t Harmful Event 1			AC Test Res	ult: 1	30	
_	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25 S	usp. Alcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by 0	26	·	owed from so	<u> </u>	33	J
,	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occu	pants 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	
	Operator/Non-Motoris	st	See Above		1 99	4 0	0 10	1		1
	Parametric in the second				<del>\                                    </del>					-
					<del>                                     </del>					-



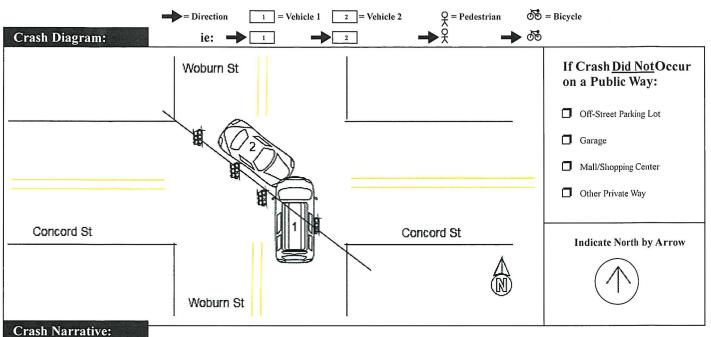
	Police Use Only	Com	monwealth	of Massacl	ıusetts	ı	RM	V Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number	Number	Speed Limi	t <u>35</u>	Local Police	
	05/28/2019 1740 Wil	mington	Police	Report	Vehicles 2	Injured 2	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >	-		INTER	SECT		1
			Doe:			T(OITE				10
					266	LOWE	LL SI			2
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	ny/Street	-
т		A		Feet N S	E W of			- or		
	Route# Direction Na	me of Intersecting Roads	way/Street			Mile Ma	arker		Exit Number	2 11
		Also at Intersection v	vith	Feet N S		Route#	Inters	secting R	oadway/Street	
<sup>2</sup> 3	Route# Direction Na	me of Intersecting Roads	way/Street	Feet N S	E W of			Ü	•	
3		T T T T T T T T T T T T T T T T T T T				***************************************	L	andmark		1
<sup>3</sup> 2	Please Select One of the Following:	#Occupants	/Run Moped	Crash Repor	t ID# 19	-18	5-A(	C		
2	License # <b>S54450632</b> St <b>N</b>	1A DOR/Age	Pag	# <u>5BP716</u>		Reg Typ	, PC	Re	ar State MA	1
	19 10	20		Year 2014					21	1 12
	<u> </u>	E	Indorsement						-	
<sup>4</sup> 1	Operator MOTTA-MORETA	First	Middle	er MOTTA-MO	·	First	TT MC	Mid		
T	Address 550 BROADWAY			ess <u>550 BROA</u>	ADWAY					
	City <b>LAWRENCE</b> Stat	-	_	LAWRENCE					841-2467	
	Insurance Company PROGRESSI	VE DIRECT	Vehi	cle Action Prior to Cras				a Code:	6 <sup>27</sup> 5 <sup>27</sup> 4 <sup>27</sup>	
5	Vehicle Travel Direction: NSWW	Responding to Emer	rgency? 2 Ever	t Sequence 23	23 23	23	est Status:	ŀ	29	
	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test: AC Test Re	anlt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	35	usp. Alcohol	-	Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from s	-	3 33	
<sup>6</sup> 2	ļ	rator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	40 Transp.		4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility Winchester	-
	Operator	1	See Above		1 1	4 0	0 9		Hospital	_
	MARIA MORETA	24 POPLAR ST LAWRENCE, MA 01	841	F	3 1	4 0	0 9		Winchester Hospital	
						1				1
	Please Select One Vivilia 21		Γ	15 16		17	18			1
<sup>7</sup> 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	] <b> </b>	Hit/Run Moped	
	License # NHL19494605 St N	IH_ DOB/Ag	Reg	# <u>4439340</u>		Reg Typ	e PC	Re	_	]
	Sex M Lic. Class D Lic.	Restrictions 20	CDL Veh	Year <b>2014</b>	Veh Make <b>H</b>	ONDA		Veh	Config. 1	
	Operator PORTER, STEPH		Endorsement Owr	er PORTER,	STEPHE		RLE			
<sup>8</sup> 2	Address 19 UPLAND RD	First	Middle Add	ress 19 UPLAN	ID RD	First		Mid	ldie	
	City <b>ATKINSON</b> State	te NH Zip 0381	<b>12543</b> City	ATKINSON		Sta	ate <b>NH</b>	Zip <b>03</b>	88112543	2 14
	Insurance Company			cle Action Prior to Cras	sh <b>1</b>				8 27 1 27 2 27	
	Vehicle Travel Direction: NXEW	Responding to Emer		nt Sequence 23	23 23		est Status:	ľ	28	
	<u> </u>	Responding to Eme		· [=	24		ype of Test:		29	l
<sup>9</sup> 2	Citation # (If Issued)			t Hannful Event 1		B	AC Test Re		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code			usp. Alcoho	-		
	Viol, 3: Ch/Sec/Sub			er Distracted by 99	7	,	owed from s	1	1 33	_
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	oants involved  Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injur Code State	y Transp.	Medical Facility	
	Operator/Non-Motoris	st s	See Above	X	1 1	4 0	0 10	1		]
			***************************************					+		†
						1		-		4
							_	1 1		4

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestri		cycle	
Crash Diagram:	ie:	2	-	<b>→</b> X	<b>→</b> 85	If Cuash Did Not	2000
						If Crash <u>Did Not</u> on a Public Way:	
		PIN	PAG			Off-Street Parking Lo	t
<b>&amp;</b>						_	`
						Garage	
	Terretain kalantain tari ta tari kalantain ka ta kata ka ta ka ka ka ta ka Ka ta ka	ein das selle EE Stand in de Afrika vold varhouselle de de Stand Afrika de vold vyn var maar. De lige gelande felik de felik de de de felik vold varhouselle de felik vold de felik de felik vold vold ver d	e desenvende kande at een eerd des dicht dij dan einsendichte de in die een een deschilde is die die 	kanda da Sala da Afrika (17 kana 18 kana 18 kana 18 kana 18 kana (18 kana 18 kana 18 kana 18 kana 18 kana 18 k Maraja da Sala Sala Sala Sala Sala Sala Sala	on the consolidation of halfs for the effect of the control of the	Mall/Shopping Center	r
						Other Private Way	
		4			·		
						Indicate North by A	Arrow
PDINISPECIPERIOLIDISI IN PRO-KISSPECIPI DE LA COMPETA CONTRACTOR DE LA CON			<del>ecumentalista (este</del> ntional) akode		operate and a second	$(\rightarrow)$	
	Lowell St	reet		(2			
Crash Narrative:		***************************************			ļ		
MV1 was traveling	southbound on L	owell Stre	et in heav	y traffi	c. MV2 wa	s also trave	ling
southbound on Lowe							
ahead and did not :						***************************************	
rear of MV1 causing							
the front end of the							
from the scene for							
declined any medica							
occupants were tra	· · · · · · · · · · · · · · · · · · ·				from the	scene, beca	use it
was disabled and wo	ould not longer	start aft	er the acc	cident.			
			1.1.1.111111		···		
					***************************************		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	amaged Property	
Truck and Bus Informati	on: Registration #		(From \	/ehicle Section)	-		
Carrier Name	<del></del>		(	,		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
43	44	CVIVID/CCVID	45		;		
	ody Type Code	GVWR/GCWR				46	
	Reg Type	Keg State	Reg Year_	Trai	ler Length		
Hazmat Information:  47  Placard Material I di	git #   Material Nam	ne		Material 4 die	it #	Release rode	49
i iacaro	5			76			
Patrol Officer Michael Police Officer Name (Please Print)	≥1 A Wilson Signature			Wilmington Department	Police De	*	/28/2019

	Police Use Only	Com	monwealth	of Massact	ıusetts		RMV	/ Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number	Speed Limit_	25	State Police Local Police MBTA Police Campus Police	1
	05/29/2019 1639 Wil	mington	Police	Report	2	Injured  O	Latitude Longitude		MBTA Police Campus Police	İ
	AT INTERSECT	ION:	<u> </u>	TION >			INTERS	SECTI	Other:	1
	ATINTERSECT	1011.	LOCA	MION >		NOT A	INIE	JECTI	1011	10
	MAIN ST	1								2
	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of I	Roadway	/Street	_
1		At		Feet N S	EW of		_ •	or		
	Route# Direction GLEN RD	) nne of Intersecting Road	way/Street	reet [14] s	12[11] 01	Mile Ma		01	Exit Number	11
		Also at Intersection		Feet N S	E W of					8
				Feet N S		Route#	Interse	cting Roa	adway/Street	
<sup>2</sup> 2	Route# Direction Na	nne of Intersecting Road	way/Street		<del></del>		Lar	ndmark		
	Please Select One	#Ossussuts [7]	_		1 0	10				1
3	of the Following:	#Occupants Hit	/Run Moped	Crash Repor	t ID# I 9	-18	6-AC	•		
	License # 38405306 St 5	LX_ DOB/Age _	Reg	#DHR7857		Reg Typ	e PC	Reg	State <b>TX</b>	12
	Sex M Lic. Class D Lic.	Restrictions 20	CDLVeh	Year <b>2010</b>	Veh Make M	ERCUR	Y	Veh Co	onfig. <b>1</b> 21	1
	Operator VENEZUELA, DA	I	Endorsement	er VENEZUEL	A. DAN	ITEL I	AVIS			
<sup>4</sup> 2	Address 225 TOWN CENT	First	Middle	ress 225 TOWN		First		Middle 4100		
					CENT					
	City <b>KELLER</b> Sta	·	City	KELLER			nte <b>TX</b> Z		27 27 27	
	Insurance Company COOPERAT	CVE	Vehi	cle Action Prior to Cras			amaged Area	Code: 2	28	
5	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Ever	nt Sequence 23	23 23	23	est Status:	1	29	
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test: AC Test Resu		30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25	usp. Alcohol:		Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from sec		33	
<sup>6</sup> 1		rator and all occupants in			34 35	36 37	38 39	40		4
	Name (Last First Middle)	- I	Address	DOB/Age Sex	Sear Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	5	See Above	>>>	1 99	4 0	0 10	1		
	***************************************									1
						<del>                                     </del>				1
										-
<sup>7</sup> 3	Please Select One Vehicle 21	#Occupants  No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	☐ Hi	t/Run Moped	
3	of the Following:				<u>      L                              </u>					-
	License # <u>0 9MDC 78051</u> St 1	NH DOB/Age	~	# 3266296			e PC	_	21	
	Sex <b>F</b> Lic. Class D	Restrictions	Endorsement	Year <b>2016</b>				Veh C	onfig. 1	
<sup>8</sup> 1	Operator MACLEOD, CHR			ner MACLEOD,	CHRIS	TINA First	M	Middle	e	
1	Address 62 HORSESHOE	RD	Add	ress 62 HORSE	SHOE					L.,
	City WINDHAM Sta	te <b>NH</b> Zip <b>0308</b>		WINDHAM		St	ate <b>NH</b> Z	ip <u>03(</u>	087	1 14
	Insurance Company TRAVELERS	5	Vehi	cle Action Prior to Cras	h 1	<b>22</b>	amaged Area	Code: 6	27 27 27	
	Vehicle Travel Direction: X S E W		roency? 2 Ever	nt Sequence 23	23 23	23 T	est Status:	1	28	
		responding to 2e		t Harmful Event 1	24	— Т	ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)	<u>.</u>		<u> </u>		25	AC Test Resu		30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code		s	usp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————			er Distracted by	26	, , , , , , , , , , , , , , , , , , , ,	owed from sco	<u> </u>	33	_
	Please fill out for operator/n	on-motorist and all occu	pants involved	DOB/Age Sex	34 35 Seat Safety Pos. System		Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	st s	See Above		1 99	4 0	0 10	1		1
	Spermon ton Brown			+	1	<del>   </del>				4
										_
			Heli							]
	İ	i			1 1	L	1 1			

	= Direction	1 = Vehicle 1	2 = Vehicle 2	₹ = Pedestri	an $\mathfrak{O}\mathfrak{G}=1$	Bicycle	
Crash Diagram:	ie: 👈		2	→ 🗦	<b>→</b> №		
©oogla			Milliams Ave		1ta ©2019	If Crash Did No on a Public Way  Off-Street Parking I Garage Mall/Shopping Cent Other Private Way  Indicate North by	ot er
			<u> </u>	Widp de	100 92015		
Crash Narrative:			Made -	01 11-1	1- 1		
Vehicle 2 was stoppe		pp sign at l	Main and	Glen. Veh	icle 1 s	truck the re	ar
bumper of Vehicle 2.	•						
						A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Witnesses:		111			DI#		St44
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Dhana #	41 Toma	Description of I	Namaged Buspants	
Owner (Last, First, Wilddie)	Address		Phone #	41-Type	Description of 1	Damaged Property	
Truck and Bus Information	Registration #		(Fro	m Vehicle Section)		-	(0)
Carrier Name						Bus Use	42
A d.l			C:t-:		Ç4	Zip	
Address			City		51	Zip	-
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	y Type Code	GVWR/GCWR	45				
						46	
Trailer Reg #:	Reg Type	Reg State	Reg Ye	arTrai	ler Length		
Hazmat Information:					, <del></del>		
Placard 47 Material 1 digit	# 48 Material N	Vame		Material 4 dig	it #	Release code	49
Patrol Officer Rafae	l G Cruz		198	Wilmington	Police I	epartment 05	5/29/2019
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct	Barracks Dat	е

	Police Use Only	Comi	monwealth -	of Massach	usetts		RM	V Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number	Speed Limit	20	State Police   Day   Local Police   MBTA Police   Campus Police   Day   Campus Police	
	05/30/2019 1057 Wil	mington	Police	Report	2	Injured 1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >		NOT A	r inter	SECT		
										2 10
	CONCORD									2
¹ <b>1</b>	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	y/Street	
<u> </u>	WOBURN			Feet N S	EW of		- • -	or		
		me of Intersecting Roads	vay/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection v	vith	Feet NS	E W of	Route#	Interse	cting Ro	oadway/Street	
2	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N S	E W of				<b>,</b>	
<sup>2</sup> 2	Route# Direction Nat	me of intersecting Roads	way/Street		•		La	ndmark		1
3	Please Select One of the Following:	_#Occupants Hit	/Run Moped	Crash Report	1D# <b>19</b>	-18	7-AC	,		ľ
		<u> </u>		# <u>5BD129</u>			DC.		. 1/7	
	[ 10 10	DOB/Age	_						21	<b>1</b> 12
	Sex_E Lic. Class D Lic.	E	indorsement	Year <b>2017</b> \					Config. 1	
4	Operator <u>JOYCE</u> , <u>AMANDA</u>	M First	Own	er <b>JOYCE , P.F</b>	ATRICK	<b>J</b> First		Midd	lle	
<sup>4</sup> 3	Address 2 CAROLYN RD		Addi	ess 2 CAROLY	N RD					
	City WILMINGTON Stat	e <b>MA</b> Zip <b>0188</b>	<b>7-1438</b> City	N WILMINGT	ом	Sta	ate <b>MA</b> Z	ip <b>01</b>	887-1438	
	Insurance Company LM GENERA	L	Vehi	cle Action Prior to Crash	1	<b>22</b> D	amaged Area	Code: 1		
	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Even	t Sequence 23	23 23	23 Te	est Status:	1	28	ľ
<sup>5</sup> 1	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test:	-	29	
	·	Viol. 2: Ch/Sec/Sub		er Contributing Code	1 25	25	AC Test Resu		30 32	<b>1</b> 13
				er Distracted by	26		usp. Alcohol: owed from sc		Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants in		el Distracted by	34 35	36 37	38 39	40		
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp. Code	Medical Facility	
	Operator	s	ee Above	$>\!\!<$ X	1 1	1 0	0 10	1		
										4
							<del>                                     </del>			1
										-
<sup>7</sup> 2	Please Select One of the Following:	_#Occupants Nor	n-Motorist A Type	15 Action 16 I	Location	17 Condi	tion 18	П н	it/Run Moped	
2		(2)	<u> </u>					<u> </u>	. M7	┨
	19 19	DOB/Age 20	_	# <u>2HF420</u>					21	
		E	indorsement	Year <u>2009</u> v				Veh C	Config. L	
<sup>8</sup> 1	Operator BURKE, JULIA	First	Middle	er BURKE , RO	DBERT	LOUIS First	3	Midd	lie	
<u> </u>	Address 43 PARK ST		Add	ess 43 PARK	ST					14
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>0188</b>	<b>7-1510</b> City	WILMINGTON		_		_		1 "
	Insurance Company METROPOLI	TAN PROP	Vehi	cle Action Prior to Crash	4		amaged Area	Code: 1		
	Vehicle Travel Direction: NEW	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23	23 23	23	est Status:	1	28	
Q	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test:	1	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub -	Driv	er Contributing Code	19 <sup>25</sup> 4	25	AC Test Resuusp. Alcohol:		Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by 99			owed from sc	2	33 Susp. Drug. 2	
	Please fill out for operator/no			1	34 35	36 37	38 39	40		4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	4
	Operator/Non-Motoris	t s	See Above	$\searrow$ X	1 1	3 0	0 8		/inchester /ospital	
										1
							+ + -		***************************************	4



On 5/30/19, I responded to a two vehicle crash at the intersection of Concord St and Woburn St.It was reported there were minor injuries. All involved were wearing seatbelts at time of crash. Vehicle 1 was traveling northward on Woburn St heading towards Park St, Veh 2 was heading in a southward direction and was turning left onto Concord St towards Rt. 93. Witnesses reported both vehicle crashed in intersection. Witness 1, who was behind Veh 2 reported Veh 2 turned left in front of Veh 1 as it was traveling straight and Veh 1 and 2 collided. Veh 1 stopped further up on Woburn St and Veh 2 spun facing northward. Veh 1 had front airbags go off and front end damage. Veh 2 had front and side airbags deployed and front and right front end damage. Veh 2 operator trasported by Action Ambulance to Winchester. Veh 1 operator not injured. Cains towing towed both cars.

Traffic lights functioning properly. Speed on Concord St 30mph Speed on Woburn St 20mph

Witnesses:								
Name (Last,First,Middle)		Address				Phone #		Statement
FERREIRA AUSTIN D		151 FEDERAL	ST WILMINGTON 1	MA 01887-	2511			2
HARRINGTON RACHEL	ISABEL	5 TEWKSBURY	ST LEXINGTON M	4A 02421-	4603			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damage	d Property	
Carrier NameAddress			(				Bus Use	42
US DOT #:	44	GVWR/GCWR	Issuing State	MC/MX	/ICC #:	46	_	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Len	gth		
Placard Material 1 digit #	48 Material Nam	e		_Material 4 di	git #		Release code	49
Patrol Officer Daniel P	Furbush		196 Wi	lmingto	n Po	lice Depar	tment 05	/30/2019

Department

## Wilmington Police Department Images Associated with 19-187-AC







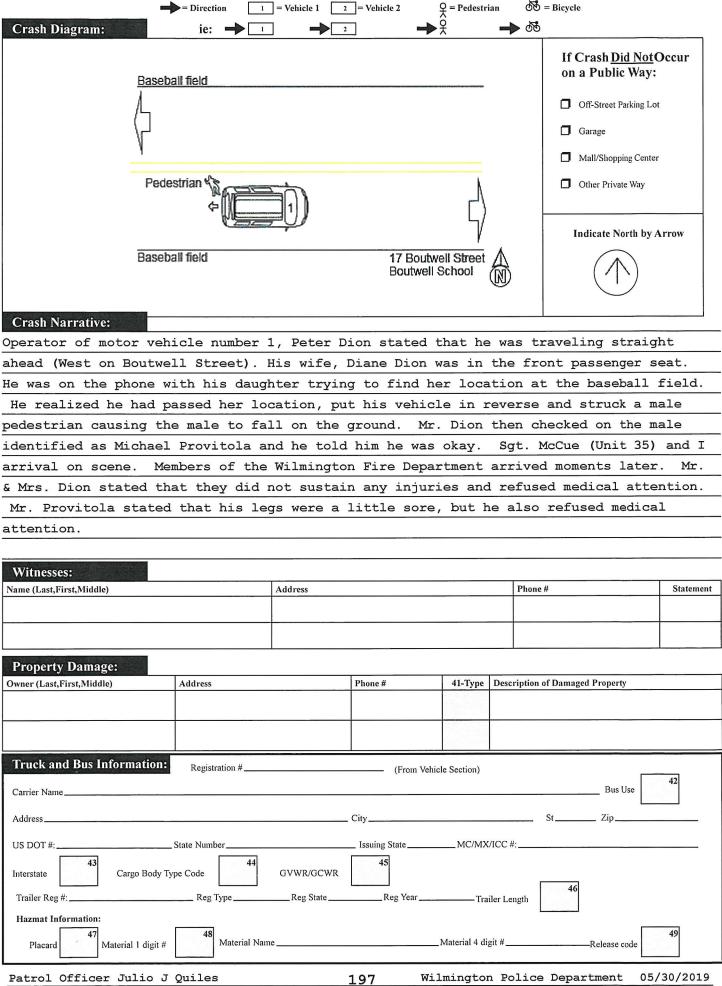




## Wilmington Police Department Images Associated with 19-187-AC



	Police Use Only	Com	monwealth	of Massacl	husetts	3	RMV	V Document Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	1 LOCAL I ONCC	1
	05/30/2019 1739 Wil	lmington	Police	Report	1	Injured  O	Latitude Longitude	MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	*	TION >	1-			SECTION:	7
	THE INTERCEOR	11011.	THE REPORT OF THE PERSON OF TH			110171	INILK	JAJC TAOTTI	10
					17	BOUT	WELL	ST	2
1 .	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #			Roadway/Street	]
1		At		Feet N S	S E W of		_ • _	or	
	Route# Direction N	ame of Intersecting Road	wav/Street		1-1-10	Mile M		Exit Number	11
	**************************************	Also at Intersection		Feet N S	S E W of				
				Feet N S	S E W of	Route#	Interse	ecting Roadway/Street	
<sup>2</sup> 1	Route# Direction N	ame of Intersecting Road	way/Street				Lai	ndmark	-
	Please Select One Volume 12	#Occupants Hi	t/Run  Moped	Crash Repo	ID# 1 C	1 2	8-20		1
<sup>3</sup> 2	of the Pollowing: —			i					_
	License # <b>S97402968</b> St ]		Reg	# <u>687₩J3</u>		Reg Typ	e PC	Reg State MA	. 12
	Sex.M Lic. Class D 19 Lic		CDL Veh	Year <b>2017</b>	Veh Make I	FORD		Veh Config. 1	
	Operator DION, PETER	0		er DION, PE	TER O				
<sup>4</sup> 1	Address 410 SALEM ST	First APT 806	Middle	ress 410 SALI		First <b>APT</b>	806	Middle	
	City <b>WAKEFIELD</b> Sta			WAKEFIELD				ip <b>01880-4980</b>	
	Insurance Company NORFLK D	·				22	ance Z		
		_		cle Action Prior to Cras	23 23		est Status:	28	
5	Vehicle Travel Direction: N S E	Responding to Eme	ergency? 2 Ever	it Sequence 3 23		1	ype of Test:	29	
	Citation # (If Issued)		Mos	t Harmful Event 3	24		AC Test Resu	ılt: 1 30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	19 <sup>25</sup>	<b>25</b> S	usp. Alcohol:	2 31 Susp. Drug: 2 32	3 <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26	Т	owed from sc	ene? 2 33	
<sup>6</sup> 1	·	erator and all occupants i			34 35 Seat Safety		38 39 Trap Injury Code Status	40 Transp.	7
	Name (Last First Middle)		Address	DOB/Age Se:		n Status Code		Code Medical Facility	4
	Operator		See Above		1 1	4 0	0 10	1	_
	DIANE DION	410 SALEM ST WAKEFIELD, MA (	1880	; F	3 1	4 0	0 10	1	
									7
						<del>                                     </del>			1
						150			4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type 1	Action 2	Location 4	17 Cond	ition 18	Hit/Run Moped	·
	License # <b>04 PAM53201</b> St	NH DOR/Age	Pag	#	Li	Rea Tva	<u> </u>	Reg State	┪
	19 19	20	_					21	
	Sex M Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Conf						ven Config		
<sup>8</sup> 1	Operator PROVITOLA, M	First	Middle Owr	Last		First		Middle	
	Address 5 S COVE RD			Address					- 14
	City WAKEFIELD Sta	ate <b>NH</b> Zip <b>0387</b>	<b>72</b> City				ate Z		. 1
	Insurance Company			Vehicle Action Prior to Crash  22 Damaged Area Code: 27 27 27					
	Vehicle Travel Direction: NSEW Responding to Emergency?								
9	Citation # (If Issued)		Mos	t Harmful Event	24		ype of Test:	120	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub =	Driv	er Contributing Code	25	25	AC Test Resu	1	
				Driver Contributing Code Susp. Alcohol: 2 31 Susp. Drug: 2 Driver Distracted by 26 Towed from scene? 33					
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved				34 35	36 37	38 39	40	-
	Name (Last First Middle)	I I I I I I I I I I I I I I I I I I I	Address	DOB/Age Se	Seat Safety Pos. System			Transp. Code Medical Facility	_
	Operator/Non-Motori	st	See Above	$>\!\!<$	$\left( \begin{array}{c c} 1 \end{array} \right)$		10	1	
									1
					+ + -				-
					_	-			4



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Use Only Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number		Speed Limit,	30	State Police Local Police	
		mington		Report	Vehicles	Injured  O	Latitude		State Police Local Police MBTA Police Campus Police	
	24HR		_		2		Longitude_	~~~~	Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	INTER:	SECT	ION:	
					107	VTDE	TECES	<b>3.</b> T T T		2 10
	Route# Direction	Name of Roadway/St	treet	Route# Direction	187 Address #	WIDI	LESEX Name of			
<sup>1</sup> 1		At						<u> </u>		İ
				Feet N S	E W of		<u> </u>	or	Exit Number	L
	Route# Direction Na	me of Intersecting Road	way/Street			Mile M	arker		Exit Number	3 11
	:	Also at Intersection v	vith	Feet N S		Route#	Interse	ecting Ro	adway/Street	
2				Feet NSEW of				included in grand and gran		
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Road	way/Street				La	ndmark		
	Please Select One Vehicle 1 1	_#Occupants  Hit.	/Run Moped	Crash Range	rt ID# 19	_12	0 – A C	•		
3	of the Following:		/Kun   Wiopeu	Crasii Kepoi	тъ# Т Э		y AC			
	License # <b>S17255693</b> St <b>N</b>	A DOB/Age	Reg	# <u>47JG78</u>		Reg Typ	e PC	Reg		12
	Sex <b>F</b> Lic. Class D Lic.	Restrictions 20	CDL Veh	Year <b>2016</b>	Veh Make	eep		Veh C	onfig. 21	1
	Operator MAKHOLM-LAVIN	E	Indorsement	er MAKHOLM-						
<sup>4</sup> 3	Last	First	Middle	Last		First	10 1 0	Middl	le	
3	Address 114 LAKESHORE			ress 114 LAKE						
	City <b>GEORGETOWN</b> Star	te <b>MA</b> Zip <b>0183</b>	3-1927 City	GEORGETOW	N			`	833-1927	
	Insurance Company GOVT EMPI	OYEE INS	Vehi	cle Action Prior to Cras	sh 1	22	amaged Area	Code: 1		
	Vehicle Travel Direction: NS W	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23	23 23	23 T	est Status:	L	28	
<sup>5</sup> <b>1</b>			<u>-</u>	<u> </u>	24	— Т	ype of Test:		29	
	Citation # (If Issued)			t Hannful Event 1	7	25	AC Test Resu		30	_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code		S	usp. Alcohol:	2 31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Т	owed from sc	ene? 1	33	
<sup>6</sup> 1	Please fill out for oper	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		ľ	
	Name (Last First Middle)	·	Address	DOB/Age Sex		Status Code	Code Status	Code	Medical Facility	1
	Operator	S	See Above		1 1	4 0	0 10	1		
										1
						-	+			-
7	Please Select One Vehicle 21	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Cond	tion 18	Пн	it/Run Moped	
<sup>7</sup> 2	of the ronowing:		, L							-
		DOB/Age.	Reg	# <u>5JC342</u>		Reg Typ	e <u>PC</u>	Reg	State MA 21	
	Sex M Lic. Class D 19 Lic.	Restrictions 20	CDL Veh	Year <b>2018</b>	Veh Make	[eep		Veh C	Config. 1	
	Operator BAILEY, DAVII	Own	ner BAILEY,	LAURIE	BETH				1	
<sup>8</sup> 2	Address 30 OAKDALE RD	First	Middle	ress 30 OAKD		First		Middl	le	
	* *	. MA 7: 0188				٠.	MZ 2	7in () 1 1	887-4016	1 14
	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4016</b>			City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4016</b>						
	Insurance Company PLYMOUTH ROCK ASSU Ve			Vehicle Action Prior to Crash 4						
	Vehicle Travel Direction: N E W	Responding to Eme	rgency? 2 Ever	nt Sequence 1 23	23 23	23	ype of Test:	F	29	
9 _	Citation # (If Issued)		Mos	t Harmful Event 1	24		AC Test Resi	,,, <u> </u>	30	l
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driv	er Contributing Code	4 25 1	0 25				
				Driver Contributing Code 4 19 19 Susp. Alcohol: 2 31 Susp. Drug 2 32  Driver Distracted by 99 26 Towed from scene? 1 33						
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved				34 35	36 37	38 39	40		1
	Name (Last First Middle)	on-motorist and an occup	Address	DOB/Age Ser	Seat Safety	Airbag Eject	Trap Injury	Transp. Code	Medical Facility	
	Operator/Non-Motoris	st s	See Above		1 1	4 0	0 10	1		
							1 1	TT		1
							-			-
										_

