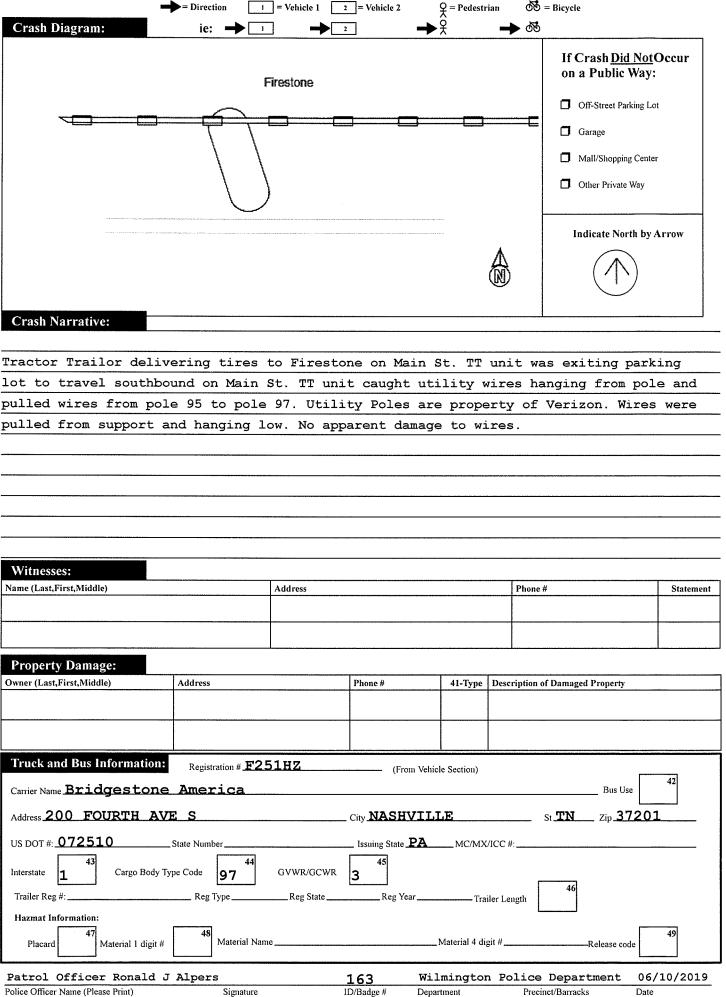
	Police Use Only	Comr	nonwealth (	of Massac	husett	S		RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehicl			Limit 25	Local Police	1
	06/09/2019 1058 Wilm	nington	Police 1	Report	2	es Injured  O	Latitude Longitu			
	AT INTERSECTI	ON:	< LOCA					ERSEC	Other:	1
	ATTATERSECT	.011.	Loca			NOTA	11111	ERSEC	TION	10
	ANDOVER	ST								2
1_	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address	#	Nan	ne of Roadv	vay/Street	
<sup>1</sup> 1		At		Feet N	S E W of			— or _		
	Route# Direction ROUTE 12	25 HWY ne of Intersecting Roady	vay/Street			Mile N			Exit Number	11
		Also at Intersection w		Feet N	S E W of	Route#			Roadway/Street	2
2				Feet N	S E W of	Koute#	11	ntersecting	Koadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roadv	vay/Street					Landmar	k	
3	Please Select One Vehicle 12	_#Occupants  Hit/	Run Moped	Crash Repo	ort ID# <b>1</b> (	9-19	7-7	A.C.		1
3	of the Pollowing:									4
	License # 059253555 St C	T DOB/Age.	Reg	# AA12088		Reg Ty	ре <b>РС</b>	R	eg State CT	12
	Sex <b>F</b> Lic. Class D 19 Lic. R	destrictions C	DL Veh `	Year <b>2007</b>	_ Veh Make	HONDA		Vel	Config. 1	
	Operator ORTIZ, MONICA			er ORTIZ, 1	MONICA	First			liddle	
<sup>4</sup> 3	Address 996 STILLWATER	. RD		ess <u>996 STI</u>	LLWATI			ivi	isduic	
	City <b>STAMFORD</b> State	CT Zip 0690	<b>2</b> City.	STAMFORD		S	tate CT	Zip_ <b>0</b>	6902	
	Insurance Company <b>GEICO Gene</b>	eral Insura		cle Action Prior to Cra		22	Damaged	Area Code:	5 27 6 27 4 27	
	Vehicle Travel Direction: N E W	Responding to Emer		t Sequence 23	23 23	23	Test Statu	is:	28	
<sup>5</sup> <b>1</b>					24		Type of T	est:	29	
	Citation # (If Issued)			Harmful Event 1		25	BAC Test	Result:	30	13
	Viol. 1: Ch/Sec/Sub V	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	<u> </u>	23	Susp. Alc	ohol: 31		1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub v	/iol. 4: Ch/Sec/Sub	Drive	er Distracted by 0	26			om scene?	2 33	
1	Please fill out for opera Name (Last First Middle)	tor and all occupants in	volved Address	DOB/Age Se	34 3 Scat Saf ex Pos. Sys	ety Airbag Eje	et Trap	39 40 Injury Transp. Status Code	Medical Facility	
	Operator	S	ee Above		1 1	4 0	1 1	10 1		1
		996 STILLWATER F			$\rightarrow$	4 0	0	10 1		1
	STEPHEN SCHNEIDER	CONNECTICUT, CT	06902	; M	3 1	4 0		10 1		4
										_
	Please Select One Vehicle 21	#Ossuments D		15 16	<u> </u>	17		18		1
<sup>7</sup> 3	of the Following:	_#Occupants Non	-Motorist A Type	Action	Location	Con	dition		Hit/Run Moped	1
	License # <b>S86727151</b> St <b>M</b>	A_ DOB/Age	Reg	# RT31A		Reg Ty	ре <u>РС</u>	R	Leg State MA	
	Sex <b>F</b> Lic. Class D 19 Lic. R	testrictions 20 C	DL Veh	Year <b>2014</b>	_ Veh Make	NISSA	N	Vel	n Config. 21	
	Operator CHEN, SUWEN L		Own	er CHEN, SU	JWEN I					
<sup>8</sup> 2	Address 16 LANTERN LN	First	Middle	ess 16 LANT		First		M	liddle	
	City <b>SHREWSBURY</b> State	MA 7in 01545		SHREWSBUR			itate MA	Zip <b>0</b>	1545-2006	1 14
	Insurance Company AMICA MUT	-		cle Action Prior to Cra				Area Code		
			_	22	23 23		Test Statu		28	
	Vehicle Travel Direction: N X E W	Responding to Emer		Sequence 1			Type of T	est:	29	
<sup>9</sup> 2	Citation # (If Issued)	<del>_</del>	Most	Harmful Event	24		BAC Test	t Result:	30	
_	Viol. 1: Ch/Sec/Sub — V	Jiol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 <sup>25</sup>	25	Susp. Alc	ohol: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub —	Drive	er Distracted by	9 26		Towed fro	om scene?	2 33	
	Please fill out for operator/nor	n-motorist and all occup			34 3 Seat Sal	ety Airbag Eje	et Trap	39 40 Injury Transp.		1
	Name (Last First Middle)  One was to w/Non Motorist		Address	DOB/Age Se	7	tem Status Co		Status Code	Medical Facility	-
	Operator/Non-Motorist	S	ee Above		1 1	- U		-0 1		4
										1

	= Direction	1	= Vehicle 1	= Vehicle 2	A = Pedestri	ian 🐠	= Bicycle	
Crash Diagram:	ie: 🔫	1	<b>→</b> [:		<b>→</b> ♀	→ №		
WIGHT STATE OF THE			1	сагосальноска скароноги (446	ECOLUS SEPONIE DO SEI CAMO POR CAMO	ucided	If Crash <u>Did</u> on a Public V	
		<u></u>	*	Rt 125			Off-Street Park	ing Lot
			Ä				☐ Garage	
							☐ Mall/Shopping	Center
		ΤĖ		************************		_	Other Private W	/ay
	Andover St.		V1 V2				Indicate North	h by Arrow
Crash Narrative:		4.6				<b>V</b>		
V1 stopped at the in	tersection	n of	Andover S	t. and Rt	: 125. Op	er. V2	stated that	she was
looking left in orde								
							-	
Santa de la Augustia de Paris de Maria								
Witnesses: Name (Last,First,Middle)			Address			Phone	<u> </u>	Statement
ivalile (Last, First, Wildlie)			Address			Phone 4	<del>†</del>	Statement
Property Damage:								
Owner (Last,First,Middle)	Address			Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus Information:	Registration #	#		(From	Vehicle Section)			
Carrier Name							Bus Use	42
Address				City			St Zip	
US DOT #:	_State Number			Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	Type Code	44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type		Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:								
Placard 47 Material 1 digit #	48 Mater	rial Name	e		Material 4 dig	git #	Release code	49
Patrol Officer John W	Delorey			185	Wilmington	Police	Department	06/09/2019
Police Officer Name (Please Print)		ature		D/Badge #	Department		nct/Barracks	Date

	Police Use (	Only	Co	ommonv	vealth	of M	assa	chi	ise	tts			RM	V Docu	ment Num		
	1	of Crash	City/Town	Mot	tor Veh	icle (	Cras	sh		nber icles	Numbe Injure	1   5,000	l Limit	10	- Local Po	lice 🔯	
	06/10/2019 125	24HR   W1.1	mington		Police	Repo	rt		1	- 1	0	Lanu	ide itude		MBTA P	Police	
	AT II	NTERSECT	ION:	<		TION	>				NOT	AT IN		SECT			
									***********						***		2 10
	Route# Direction		)	15.		38	S		<u>498</u>		MA	N S		n 1	(0)		
<sup>1</sup> 1	Route# Direction		Name of Road			Route#	Directi	on .	Addre	SS #		Na	ame or	Koadwa	ay/Street		-
							_Feet [	N S I	E W	of -		(	,	ог	Exit Nu		<u></u>
	Route# Direction	Na	me of Intersecting				_ [,	باماء	العام		Mile	Marker			EXII NI	anoer	1 11
			Also at Interse	ection with			_Feet [				Route#		Interse	cting R	.oadway/St	тееt	ļ
<sup>2</sup> <b>1</b>	Route# Direction	Na	me of Intersecting	Roadway/Street			_Feet [	N S I	E W	of	FIR	ESTO	NE				
	n		<u> </u>			<u> </u>								ndmark	<del> </del>	<del></del>	-
<sup>3</sup> 2	Please Select One of the Following:	Vehicle 1.1	#Occupants	Hit/Run	Moped		Crash Re	port I	D# <b>1</b>	.9-	-19	99-	AC	•			
_	License # 266538	99 St I	PA DOB/Ag		Reg	# <b>F25</b> 1	LHZ				_ Reg T	ype <b>ZZ</b>	,	Re	g State <b>T</b>	N	13
	Sex M Lic. Class	10 10	Restrictions 1	20 CDL N		Year <b>20</b>										21	9912
	Operator VINACO			— Endorsemen	t	er BRII											
<sup>4</sup> 1	Last Address 306 STI		First	Middle		ess <u>535</u>	Le	ıst			First			Mid			
			DA 1	0600					<u>. U I .</u>	<u> </u>		- m	<b></b>				
	City <b>READING</b>					NASH			Г		22	State T			27	27 27	
	Insurance Company Te					cle Action			12	23		Test Sta		Code.	28		
<sup>5</sup> <b>1</b>	Vehicle Travel Direction:	NXEW	Responding to	o Emergency? 2	Even	t Sequence	35 4		Ц_	23	23	Type of		ŀ	29		
	Citation # (If Issued)		_		Most	Harmful I	Event	<u>35</u>	24			BAC Te	st Resu	ılt:	30		<u></u>
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/S	ub	Drive	er Contribu	iting Cod	le .	1 2	25	25	Susp. A	lcohol:	31	Susp. Dr	ug: 32	30 <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/S	ub	Drive	er Distracte	ed by	0	26			Towed t	from sc	ene?	2 33		
1		se fill out for oper	rator and all occup							35 Safety	Airbag   E	37 38 jeet Trap	39 Injury	40 Transp.			1
	Name (Last First Middle)  Operator			Address See Above		DOE	M/Age	Sex		System 1	Status C	ode Code	Status 10	Code 1	Medica	d Facility	1
	Operator						$\rightarrow$	$\hookrightarrow$			-	_	-	-			-
													-				_
7	Please Select One	Vehicle 2	#Occupants	Non-Motorist	A Type	15 Acti		16	ocation	T	17 Co	ndition	18	lm,	lit/Run	Moned	1
<sup>7</sup> 9	of the Following:	venicie 2			A Type	Acti			ocatioi	<u> </u>				<b></b> ,		Witopea	-
	License #	St	DOB/Age_	20	Reg	#					_ Reg T	уре		Re	g State	21	
	Sex Lic. Class		Restrictions	CDL	Veh	Year		Ve	eh Mal	ke				Veh	Config.		
<sup>8</sup> 1	Operator		First	Middle	Own	er	La	ıst			First			Mid	idle		
1	Address				Addr	ess											<u></u>
	City	Stat	te Zip		City							State	Z	Zip			1 14
	Insurance Company				Velui	cle Action	Prior to C	Crash		2	22	Damage	ed Area	Code:		27 27	
	Vehicle Travel Direction:	N S E W	Responding to	o Emergency?	Even	t Sequence	2	3 2	23	23	23	Test Sta			28		
g	Citation # (If Issued)				Most	Harmful E	Event		24			Type of		,	30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ——		Viol. 2: Ch/Sec/S	ub	Drive	er Contribu	ting Cod	le		25	25	BAC Te		21	Susp. Dri	32	
	Viol. 3: Ch/Sec/Sub —					er Distracte	Ī	<u>_</u>	26			Towed:			33	"6' <u></u>	
			on-motorist and all				- <u> </u>	Т	34	35 S=6.00	36 Aiston I	37 38	39	40			1
	Name (Last First Middle)	-		Address		DOE	J/Age	Sex		Safety System		ject Trap ode Code	Injury Status	Transp. Code	Medica	al Facility	4
	Operator/No	n-Motoris	St	See Above		<u> </u>	$\leq$	$\Delta$	1								1
							***************************************										
																	1
								+		+	-	<u> </u>	†	$\vdash$			1
			1			1	1	l l	1	- 1	1	- 1	1	1			1



= Direction

= Vehicle 1

2 = Vehicle 2

ರ್ಠ = Bicycle

	Police Use Only	onwealth o	ealth of Massachusetts				RMV Document Number					
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crasi	h No		Number Injured	1 '	Limit_	25	Local Police	
	06/10/2019   1900   Wilr	nington	Police 1	Report	2	1	)	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECT	ON:	< LOCA	TION >		N	OT A			SECT		1
												2 10
	Route# Direction	Name of Roadway/Stre	et .	Route# Direction	2 Addr		FEDE				ay/Street	
1		At						1141	01 1	LOGUWA	.,, 0	1
L				Feet N	SEW	of —	Mile Ma	•		or _	Exit Number	
	Route# Direction Nam	ne of Intersecting Roadwa		Feet N	SEW	of	IVINC IVI	ar Kor				2 🖺
		Also at intersection wi	(II	Feet N		. F	Route#	]	Interse	cting R	.oadway/Street	
<sup>2</sup> 1	Route# Direction Nan	ne of Intersecting Roadwa	ny/Street	reet [N	SIEW	OI			Lau	ndmark		-
	Please Select One	_#Occupants				1 0	20	^				1
3	of the Following:	_#Occupants   Hit/R	tun Moped	Crash Rep	ort ID#	ТЭ-	-20	U –.	AC	·		_
	License # <b>S76130522</b> St <b>M</b>	<del></del>	Reg #	2E4929			Reg Typ	e MC		Re		12
	Sex M Lic. Class D 19 Lic. F	testrictions 1 20 CD	DL Veh Y	<sub>'ear</sub> 2017	Veh M	ake				_ Veh	Config. 3 21	
	Operator MCCARTHY, KYL		dorsementOwne	MCCARTH	Y, K	YLE	<b>A</b> First			Mid	I.W.	
<sup>4</sup> 3	Address 5 HARVARD AVE	i nat		Last ess <b>5 HARVA</b>	RD A	VE	First			Mid	raic	
	City WILMINGTON State	MA Zip 01887	-2049 City 1	WILMINGTO	ON		Sta	ate MZ	<b></b> z	iр <b>01</b>	887-2049	
	Insurance Company PLYMOUTH	ROCK ASSU	Vehic	le Action Prior to Cr	ash	2 2		amageo		_		
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Event	Sequence 23	23	<u> </u>		est Stat	us:		1 28	
<sup>5</sup> 1	Citation # (If Issued)		·	Harmful Event 1	24			ype of T			29	
	Viol. 1: Ch/Sec/Sub			r Contributing Code		25	25	AC Tes			1 30 32	<b>1</b> 13
				r Distracted by				usp. Ale owed fr	E		Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Please fill out for opera	viol. 4: Ch/Sec/Sub —— tor and all occupants inve		i Distracted by	34	35	36 37	38	39	40	2	-
L	Name (Last First Middle)	•	Address	DOB/Age	Sex Pos.	Safety A	Airbag Eject Status Code	Trap	Injury Status	Transp. Code	Medical Facility	4
	Operator	See	e Above	$\geq > > > > > > > > > > > > > > > > > > >$	1	5 5	0	0	10	1		
												7
						++						1
		<u> </u>	<u> </u>	15 .	1		17		10		<b></b>	-
<sup>7</sup> 1	of the Following: Vehicle 21	_#Occupants Non-	Motorist A Type	15 Action 1	Location	on	Condi	tion	18	ŀ	lit/Run 🔲 Moped	
L	License # <b>S37056505</b> St <b>M</b>	A DOB/Age	. Reg #	3CZ0048			Reg Typ	e PC		Re	g State MD	
	19 19	Lestrictions 1 20 CD	DL Veh Y	<sub>'ear</sub> <u>2008</u>	Veh M	ake AC	URA			_ Veh	Config. 1 21	
	Operator MUSOKE, JONAT	Ene	dorsement	r SSEMAND	<b>А</b> , J	OHN	KATO	ONGO	OLE		<b>L</b>	.
<sup>8</sup> 2	Address 8 JOANNE DR	First	Middle	ess <b>13001</b> G			First			Mid	ldle	. <b>L</b>
L		MA Zip 01721		SILVER S					<b>1</b> z	ip <b>20</b>	904-5322	1 14
	Insurance Company GEICO CHO	-	-	le Action Prior to Cr		2 2	_	amageo				
	Vehicle Travel Direction: N S E	Responding to Emerge	_	Sequence 23	23		_] 23 T	est Stat	us:		1 28	
	Citation # (If Issued)		·	Harmful Event	24	I		ype of		-	29	
<sup>9</sup> 2	•			r Contributing Code		25	25	AC Tes			1 30 32	
<u> </u>	101.21.51.5557515			r Distracted by	26			usp. Ald	L	-	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol, 4: Ch/Sec/Sub		i Distracted by	34	35	36 37	38	39	40	2 33	4
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety A	Airbag Eject Status Code	Trap	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	. Sec	e Above		1	1 4	0	0	10	1		
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		- 1		1	- 1	1	ı			1		1

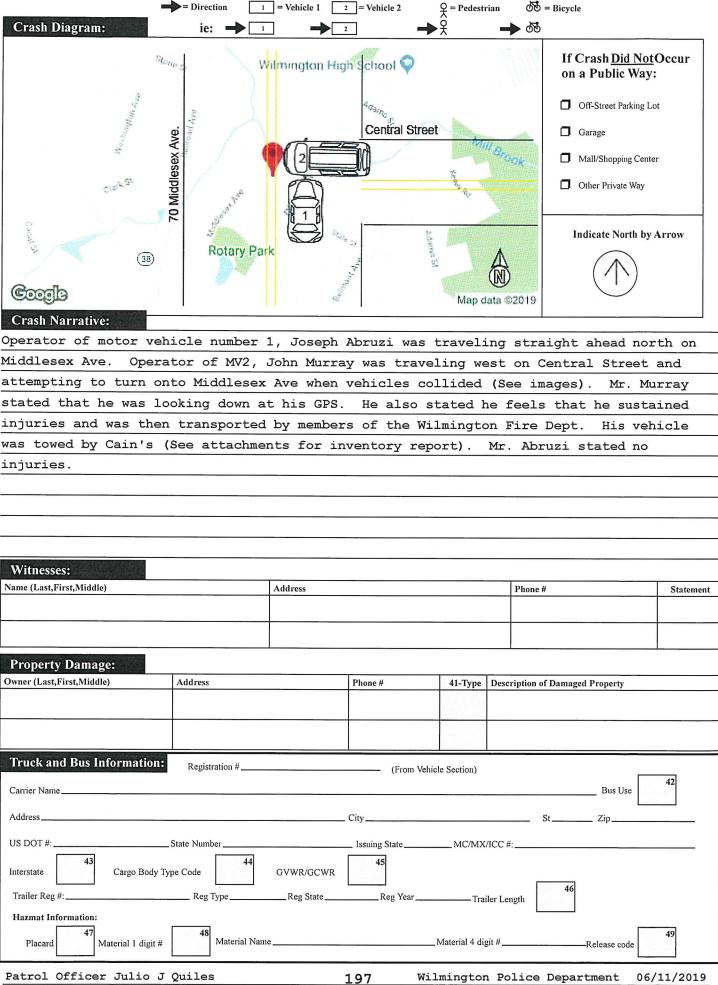
	= D	irectio	n L	1 =	Vehicle 1	2 = Vehicle 2	}	= Pedestr	ian	ØØ = Bic	ycle		
Crash Diagram:		ie:	→[	1	→[	2	→ 9	2		92			
	M							-		(	on a F	sh <u>Did</u> Public V	
	0										<b>]</b> Gara	ige	
	dies			-									
	œX			Y							<b>J</b> Mall	/Shopping	Center
	Middlesex Ave										Othe	er Private W	/ay
- <del></del>		Fea	erar	¥.	V2						Indic	ate Nortl	by Arrow
<b>ල</b> ංලුල්ල			erar <b>s</b>	VI VI				Map da	N N ata ©20	19	(		)
Crash Narrative:								-					
Vehicle 1, Motorcylce	, w	as s	stopp	ed a	at the	red light.	. V	ehicle	2 d:	rove :	into	the :	rear of
vehicle 1.													
Witnesses:													
Name (Last,First,Middle)				Ad	ldress				Ph	one #		-	Statement
Property Damage:													l .
Owner (Last, First, Middle)	Add	ress				Phone #		41-Type	Descript	ion of Dar	naged P	'roperty	
						1							
Truck and Bus Information:	R	egistrat	ion#			(From	ı Vehicle	Section)					
Carrier Name				100								Bus Use	42
Address						City				C+		7in	
US DOT #:	State 1	Number T		1		Issuing State		MC/MX/	/ICC #:				
Interstate 43 Cargo Body Ty	pe Coo	ie	44	G	VWR/GCWR	45							
Trailer Reg #:	1	∟ Reg Ty	ре		_Reg State	Reg Year	r	——Trai	ler Length		46		
Hazmat Information:										Siries "			
Placard 47 Material 1 digit #		48 N	Material N	lame			N	laterial 4 dig	git #		R	elease code	49
Patrol Officer Rafael	G C	ruz				198	Wiln	ingtor	Poli	ce De	parti	nent	06/10/2019

Department

	Police Use Only	monwealth of Massachusetts				RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	Local Police	1
	06/11/2019 1127 Wil	mington	Police	Report	2	0	Latitude Longitude	***************************************	MBTA Police Campus Police Other:	
	AT INTERSECT	TON:	7	TION >		NOT A	r inter	SECT		1
	974-A 76-1989A	<del>41</del>								2 10
	Route# Direction	N			239	ANDO	VER S			
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadwa	ay/Street	-
				Feet N S	E W of		_ • _	ог		
	Route# Direction Na	me of Intersecting Roadw	-	( <del></del>		Mile Ma	arker		Exit Number	3 11
		Also at Intersection w	rith	Feet N S		Route#	Interse	ecting R	oadway/Street	
<sup>2</sup> 3	Route# Direction Na	me of Intersecting Roadw	vay/Street	Feet N S	E W of					
_ ح			<u> </u>					ndmark		-
<sup>3</sup> 2	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	1D# <b>19</b>	-20	1-AC	•		
_	License # NHL19997745 St N	IH_ DOB/Ago	Reg	4329949		Reg Typ	<sub>e</sub> PC	Re	g State NH	1
		20		Year 2018 v					21	1 12
	Operator FRAZIER, JAYI	E <sub>I</sub>	ndorsement	er ROCHESTER					Coming.	
<sup>4</sup> 1	Address 224 BLAKES HI	First	Middle	ess 8 FLAGG		First		Mic	ldle	
	City NORTHWOOD State			ROCHESTER			nte_ <b>NH</b> 2	" na	2067	
		•			L		amaged Area			
	Insurance Company SELECTIVE			cle Action Prior to Crash	23 23		est Status:	Code	28	
5	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	r Sequence 1		23	ype of Test:	ŀ	29	
	Citation # (If Issued)	_	Most	Harmful Event 1	24		AC Test Res	ult:	30	_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	<b>25</b> S	usp. Alcohol;	31	Susp. Drug: 32	1 '
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub ————	Viol. 4; Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from so	ene?	2 33	
	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	volved 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	Se	ee Above		1 1	4 0	0 10	1		1
}								<del>  </del>		1
										-
										_
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16 I	_ocation	17 Condi	tion 18		lit/Run Moped	
	License # NHL17264595 St N	TH DODA		<u> </u>	<u> </u>		· CO		. M7	1
	19 19	20	-						21	
		Restrictions CI	ndorsement	Year 2011 \			TierT	Veh	Config.	
<sup>8</sup> 1	Operator ROY, JOHN A	First	Middle	er DELUCA, M		First		Mid	ldle	
	Address 22 RIVER AVE	NIII		ess 52 BURROI	UGHS I		3/3		064 1155	14
	City <b>HAMPTON</b> State	·	-	N READING					$\frac{.864 - 1157}{4^{27}_{5}^{27}_{6}^{27}_{6}^{27}}$	
	Insurance Company <b>SAFETY IN</b>			ele Action Prior to Crash	TO		amaged Area	Code:	28	
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	t Sequence 1 23		23	pe of Test:	-	29	
<sup>9</sup> 2	Citation # (If Issued)	_	Most	Harmful Event 1	24		AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	18 <sup>25</sup>	25 S	isp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Te	owed from sc	ene?	2 33	J
Ī	Please fill out for operator/no	n-motorist and all occupa	ants 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	
Ţ	Operator/Non-Motoris	t Se	ee Above		1 1	4 0	0 10	1	A-A-WAREN	1
}				<del>                                     </del>				$\vdash$		-
}										-
ļ										1
					1			1		

		= Vehicle 1	2 = Vehicle 2	Q = Pedestriar		
Crash Diagram:	ie: → 1		2	<b>≥</b> X	<b>→</b> 🚳	
	, 2Point O truc	:king <sub>I</sub>			į.	sh <u>Did Not</u> Occur ublic Way:
	239 Andover	st			☐ Off-S	treet Parking Lot
		8	Vehicle parked	d in lot	☐ Gara	ge
		2	near roadside blocking view			Shopping Center
			4-blocking view			
	<b>\</b>	'LL'		)	Other	Private Way
Andove	rst			a majaran maga-anga kanmanan ka maga-anga kan anga kan a	Indica	ate North by Arrow
Crash Narrative:						
Oper.#1 related she	was traveling	straight	on Andover	st., as	she was going	g past 239
Andover st. M/V#2 ba						
Oper.#2 Related he wa						
ne was doing so othe	***				was ok to bad	ck up. As he
lid he backed into 1	M/V#1 that wa	s passing	by. (PWJ/1	42)		TO THE CONTRACT OF THE PARTY OF
			1110000			
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	[ A ] J		Dt //	41 77		
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged P	roperty
Truck and Bus Information:						
Truck and bus information.	Registration #		(From Ve	hicle Section)		42
Carrier Name						Bus Use
Address			_ City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:	
43	44		45			
Interestate 1 1 0 5 1		GVWR/GCWR				
Interstate Cargo Body	Type Code	dvwkocwk			[	
	Type Code Reg Type			Trailer	Length 46	
	Reg Type			Trailer	Length 46	
Trailer Reg #:	Reg Type	Reg State	Reg Year		#Re	lease code
Trailer Reg #:  Hazmat Information:	Reg Type	Reg State	Reg Year		Length	lease code 49

	Police Use Only	Com	monwealth of Massachusetts				RMV Document Number			
	Date of Crash   Time of Crash   06/11/2019   1746   W	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	06/11/2019 1 /46 W	ilmington	Police	Report	2	1	Latitude Longitude _		Campus Police Other:	
	AT INTERSE	CTION:	< LOCA	ATION >	•	NOT A	Γ INTER	SECT	ION:	<u> </u>
										2 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	20 Address #	CENT	'RAL S Name of		y/Street	· <b> </b>
<sup>1</sup> 1		At		[]	1					1
	Route# Direction	Name of Intersecting Road	way/Street	Feet N S	EW of	Mile Ma	arker	or	Exit Number	11
	- Direction	Also at Intersection	<u> </u>	Feet NS	E W of					3
				Feet N S	E W of	Route#	Inters	ecting Ro	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction	Name of Intersecting Road	way/Street				L	ndmark		·]
3	Please Select One of the Following:	1#Occupants	t/Run Moped	Crash Report	1D# 19	-20	2-A(	7		1
J	of the Pollowing.								- 1/7	4
	10 10	St MA DOB/Age 20	_	# <u>625AK3</u>					21	<b>1</b> 12
	Sex M Lic. Class D	L I	Endorsement	Year 2010			)TR.T.	Veh (	Config. L	H
<sup>4</sup> 1	Operator ABRUZI, JOS	First	Middle	er ABRUZI, I		M First		Midd	die	
T	Address 20 MCLAREN F			ess 20 MCLAR					076 061	
	City <b>TEWKSBURY</b>			TEWKSBURY	<u> </u>				876-3317 27 27 27 27	
	Insurance Company COMMERC			cle Action Prior to Crash		ᅼ	oamaged Ares	Code: 1	28	
5	Vehicle Travel Direction: S E	W Responding to Eme	rgency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:	1	29	
	Citation # (If Issued)		Mos	t Harmful Event	24	В	AC Test Res	ult: 1	30	12]
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	<b>25</b> S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	— Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	T	owed from s	cene? 2	2 33	
<u> </u>	Please fill out for Name (Last First Middle)	operator and all occupants in	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator		See Above	X	1 1	4 0	0 10	1		1
	4									-
							<del>  </del>			-
								1 1		4
<sup>7</sup> 3	Please Select One of the Following:	1 #Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	ition 18	н 🛄	lit/Run Moped	
<u> </u>		St <b>MA</b> DOB/Agr	D	# 8MR888		Rag Tro-	e <u>PC</u>	D c	u State MA	1
	19 19	20		# <u>0MR888</u> Year <u>2016</u>	Veh Males E				2.1	
	Operator MURRAY, JOH		Endorsement	er MURRAY,				ven (	conng.	
<sup>8</sup> 1	Operator MOKRAL, SOL Last Address 229 PARK ST	First	Middle	ress 229 PARK		First		Mide	dle	
	City NORTH READING	State MA 75: 0186	<del></del>	NORTH REAL		G.	oto M⊅	zin <b>01</b>	864-3230	1 14
	Insurance Company COMMERC	-	-		_		ate <b>IVIA</b> Damaged Are	-		
			_	cle Action Prior to Crasl	23 23		est Status:	1	28	
	Vehicle Travel Direction: NSE	<u> </u>		t Named Event	24	1	ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)			t Harmful Event 1		25	AC Test Res		L 30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	20 25 4		usp. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		er Distracted by 4	34 35	T 36 37	owed from s	cene? 1	<u> </u>	4
	Please fill out for operat Name (Last First Middle)	or/non-motorist and all occup	pants mvolved Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury	Transp. Code	Medical Facility	_
	Operator/Non-Moto	erist s	See Above	$\times$ X	1 1	4 0	0 9	2	Lahey Clinic	-
									***	1
							<del>                                     </del>			1
										<b>—</b>
	l .	i		1 1	3 I	1 1	1 1	1 1		1



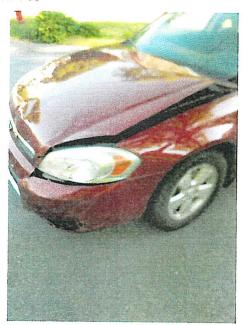
## Wilmington Police Department Images Associated with 19-202-AC



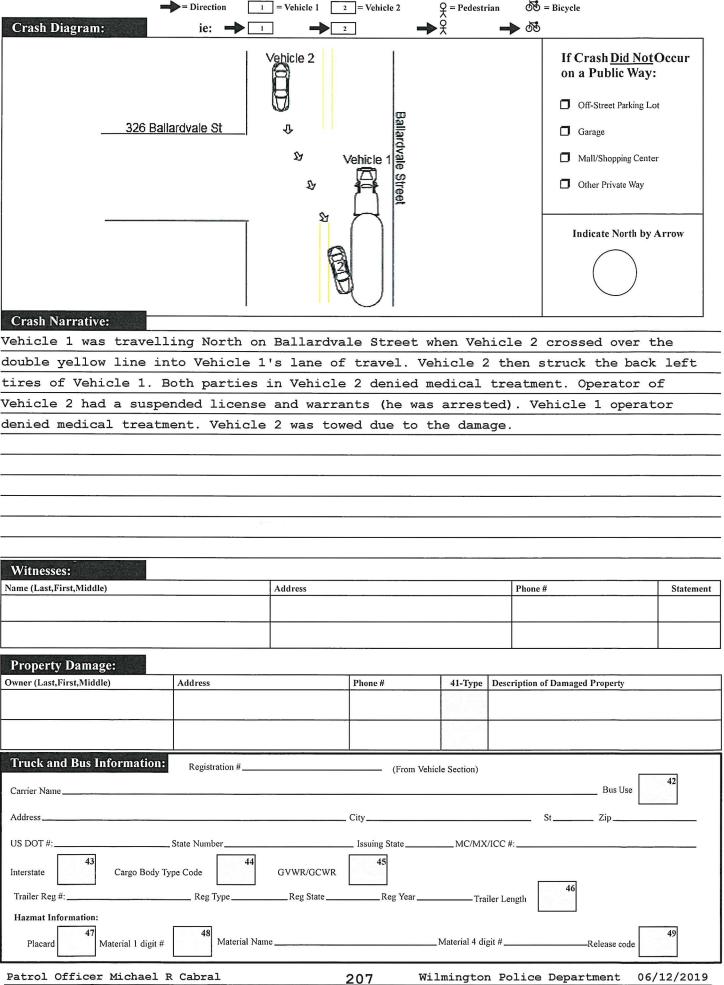


## Wilmington Police Department Images Associated with 19-202-AC





	Police Use Only	Comr	nonwealth (	of Massac	huse	etts			RM	AV Doc	ument Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	1 No	unber hicles	Num Injur	d   5P	eed Lim	it4(	Local Police		
	06/12/2019   <b>0540</b>   <b>Wiln</b>	nington	Police	Report	2	nicies	0	La	titude ngitude .		MBTA Police Campus Polic Other:		
	AT INTERSECTI	ON:	< LOCA				NOT	_			TION:		
				-									<b>2</b> 10
					32		BA	LLA		ALE			
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Addr	ess #			Name o	of Koady	vay/Street		
				Feet N	S E W	of				- or _	E SM. 1		
	Route# Direction Nam	e of Intersecting Roadw		[	a l l		Mil	e Marke	)T		Exit Numb		8 11
		Also at Intersection w	ith	Feet N			Route	<del>-</del> -	Inter	secting	Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roadw	/ay/Street	Feet N	SEW	of							
т.										_andmar	k		İ
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Repo	ort ID#	19	-2	03	-A	C			
	License # <b>S84445053</b> St <b>M</b>	A_DOB/Age	Reg	2834497			Reg	Туре _	'L	R	eg State ME		_ 12
	19 19	20	-	Year 2018								21	1 12
	Operator AGUILAR, QUER	Е:	ndorsement	er MAC TRA									
<sup>4</sup> <b>1</b>	Address 116 CHESTNUT S	First	Middle	ess 3 GATEWA			Fig	st		M	APT E	11	
	City CHELSEA State			NEWARK							7102		
						_	22				7 27 6 27	27	
	Insurance Company EMPIRE FI			cle Action Prior to Cra	ash 23	23	23		Status:	ca code	28		
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23		23	23		of Test:		29		
	Citation # (If Issued)	_	Most	Harmful Event 1	24			BAC	Test Re	sult:	30		_ 13
	Viol. 1: Ch/Sec/Sub V	/iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1_	25	25	Susp	. Alcoho	ol: 31	Susp. Drug:	32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub \	/iol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26			Towe	ed from	scene?	2 33		
1	Please fill out for opera Name (Last First Middle)	tor and all occupants in	olved Address	DOB/Age S	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject T Code C	38 39 Trap Inju Tode Stat	ry Transp.	Medical Fac	ilia	
	Operator	Se	ee Above	)	1	99		0 0			wedten rat	inty	
	Орегиног				<del>\</del>								
	· · · · · · · · · · · · · · · · · · ·												
7	Please Select One Vehicle 22	#Occupants Non	-Motorist A Type	15 Action 16	Location	T	17	ondition	1	8 _	Hit/Run	Moned	
<sup>7</sup> 3	of the Following:				<u></u>					<u> </u>		Мореа	
		A DOB/Age		# <u>4569127</u>							eg State NH	21	
	Sex.M Lic. Class D 19 Lic. R	estrictions 99 C	DL Veh	Year <b>2019</b>	_ Veh M	ake <u>J</u>	eep	<u> </u>	·	Vel	ı Config. 1		
<sup>8</sup> 1	Operator DOHERTY , JEFF	REY M	Own	er <b>EAN HOL</b> Last	DING	SI	LC Fir	st		N	liddle		
1	Address 66 HIGH ST AP	т 2	Addı	ess <u>526 SEC</u>	OND	ST							141
	City WOBURN State	MA Zip 01801	4248 City.	MANCHESTE	ER			_ State_	NH	Zip_ <b>0</b>	3102		1 14
	Insurance Company <b>UNKNOWN</b>		Vehi	cle Action Prior to Cra	ash	97	22	Dam	aged Ar	ea Code	<del></del>	27	
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	t Sequence 23	23	23	23		Status:		28		
Q	Citation # (If Issued) <b>T1152658</b>	<del></del>	Mos	Harmful Event 1	24				of Test:		30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub 90 24	/iol. 2: Ch/Sec/Sub9	0 23 Drive	er Contributing Code	21	25	25		Test Re		<b>├</b> ─ ,	32	
		/iol. 4: Ch/Sec/Sub —		er Distracted by	26			•	d from	···L	33 Drug.		
	Please fill out for operator/nor				34	35	36	37	38 39	40			1
	Name (Last First Middle)	·	Address	DOB/Age S	Seat Pos.	Safety System	Airbag Status	Eject 1 Code C	frap Inju ode Stat		Medical Fac	eility	
	Operator/Non-Motorist		ee Above	$\rightarrow \rightarrow \rightarrow$	1	99	3	0 0	10	1			
	RACHEL ADAMS	501 HURON AVE CAMBRIDGE, MA 02	138-2168	F	3	99	3	0 0	10	1			
						<del> </del>	$\mid - \mid$						1
		1		1	1	1	1 1		1		1		1



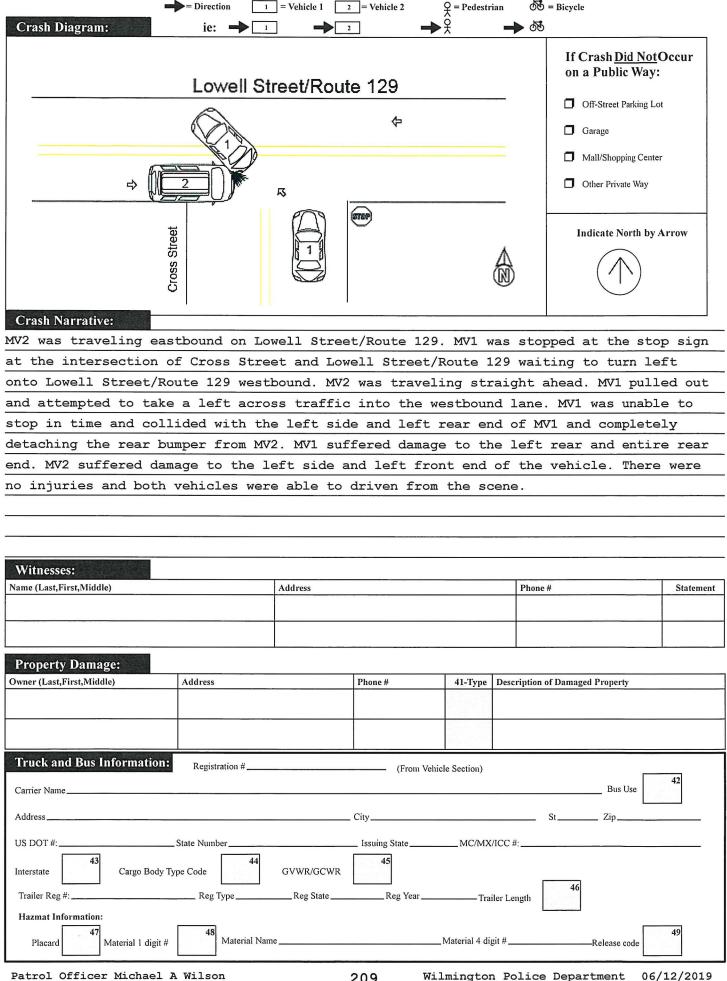
Department

## Wilmington Police Department Images Associated with 19-203-AC





	Police Use Only	Comi	of Massacl	ssachusetts RMV Document Number				nent Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	06/12/2019   1751   Wil:	mington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	-	TION >	1-	NOT A	FINTER	SECT		Ì
		2011.	300			110 2 12		2201		2 10
	LOWELL									2
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	//Street	
т	CROSS S			Feet N S	E W of		- • -	or		
		me of Intersecting Roady	vay/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection w	vith	Feet N S	E W of	Route#	Interse	ecting Ro	adway/Street	
2	Route# Direction Na	me of Intersecting Roady	uay/Street	Feet N 5	E W of	110111011				
<sup>2</sup> <b>1</b>	Router Birection 14a	me of intersecting Roads	vay/siteet	L <u>.</u>			La	ndmark		1
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# <b>19</b>	-20	4 – AC	•		
		(3)	<u></u>			****			- W3	
	10 10	1A DOB/Age		# <u>5AK244</u>					21	1 12
	Sex E Lic. Class D Lic.	Restrictions C	ndorsement	Year <u>2009</u>			<u> </u>	Veh C	Config. 1	
1	Operator REYES, GABRIE	LA A First	Owr	er <b>SANTANA</b> ,	NIEVE	S C First		Middl	le	
<sup>4</sup> 2	Address 83 GREENWOOD S	ST	Add	ress 83 GREEN	MOOD	APT	3			
	City <b>LAWRENCE</b> Stat	e <b>MA</b> Zip <b>0184</b> 1	L-4624 City	LAWRENCE		Sta	ate <b>MA</b> 2	ip <b>01</b>	841-4624	
	Insurance Company PLYMOUTH	ROCK ASSU	Vehi	cle Action Prior to Cras	sh <b>4</b>	22 D	amaged Area	Code: 6	27 5 27 4 27	
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Ever	at Sequence 1 23	23 23	23 T	est Status:		28	
<sup>5</sup> 1	Citation # (If Issued)		-	t Harmful Event <b>1</b>	24	T	ype of Test:		29	
				<u> </u>	4 25	25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	S	usp. Alcohol:		Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from so	ene? 2	33	ļ
-	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age Ser	34 35 Seat Safety Pos. System		Trap Injury	Transp. Code	Medical Facility	
	Operator	S	ee Above	$\searrow$	1 1	4 0	0 10	1		
	MELISSA REYES	83 GREENWOOD ST	241 4524	F	3 1	4 0	0 10	1		
		LAWRENCE, MA 016				·   ·				
								ļļ.		
				***						
7	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П ні	it/Run Moped	]
<sup>7</sup> 3	of the Pollowing:		L					1		4
	[	1A DOB/Age	_	#4LF416			e PC		21	
		Restrictions C	DL Veh	Year <b>2008</b>	Veh Make <b>L</b>	ONDA		Veh C	Config. 1	
8	Operator MENN, DMITRI			ner MENN, DM	IITRI (	First		Midd	lle.	
<sup>8</sup> 2	Address 20 LEGGS HILL	RD	Add	ress 20 LEGG	S HILL					
	City <b>MARBLEHEAD</b> State	e <b>MA</b> Zip <b>0194</b> 5	5-1009 City	MARBLEHEA	D	Sta	ate <b>MA</b>	ip <b>01</b>	945-1009	2 14
	Insurance Company METROPOLI	TAN PROP	Vehi	cle Action Prior to Cras	sh 1	<b>22</b>	amaged Area	Code: 8	27 7 27 1 27	
	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Ever	nt Sequence 23	23 23	23 T	est Status:		28	
	Citation # (If Issued)			t Harmful Event 1	24	— Т	ype of Test:	_	29	
<sup>9</sup> 2				<u></u>	1 25	25	AC Test Res		30	
	Viol. 1; Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —		er Contributing Code	26	S	usp. Alcohol:	<u> </u>	Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by			owed from so	<u> </u>	33	1
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	ants involved  Address	DOB/Age Se:	34 35 Seat Safety Pos. System		Trap Injury		Medical Facility	
	Operator/Non-Motoris	s s	ee Above	X	1 99	4 0	0 10	1		
					1					1
							-			-



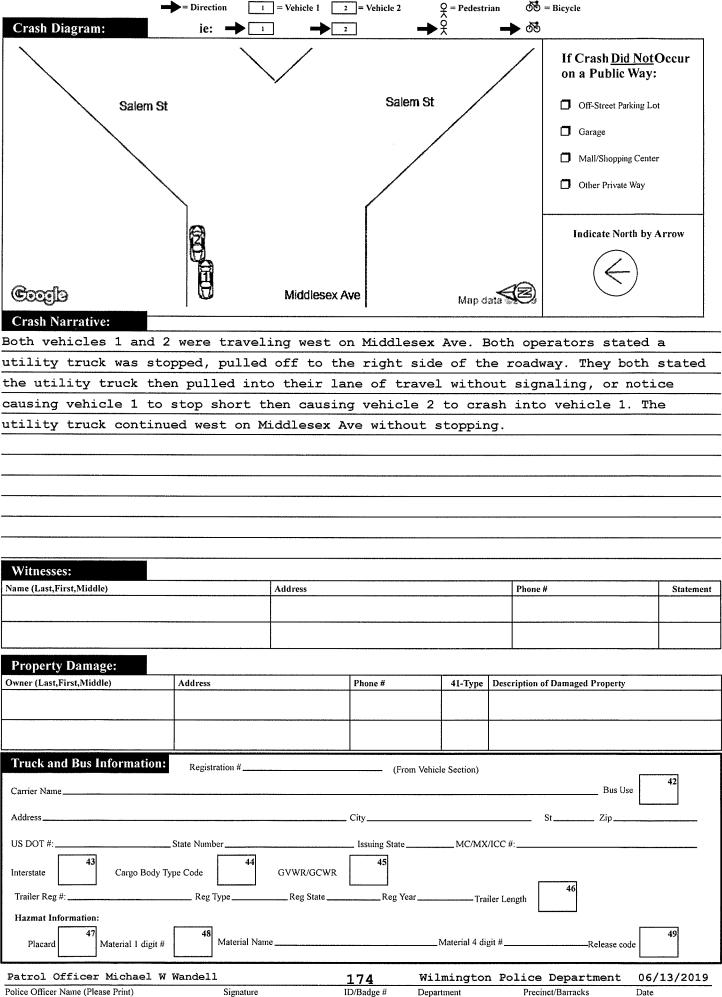
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Wilmington Police Department

06/12/2019

Department

	Police Use Only	Com	monwealth	husetts	S	RMV Document Number				
	Date of Crash   Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	24HR	mington	Police	Report	2	0	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	r inter	SECT	ION:	7
		.,				ï				2 10
	Route# Direction	Name of Roadway/S	Street	Route# Direction	482 Address #	MIDI	LESEX Name of			-
1		At								
	Route# Direction Nar	CI.	1	Feet N S	E W of	Mile M	• arker	or	Exit Number	111
	Route# Direction [Val	ne of Intersecting Road Also at Intersection		500 Feet N S	E of		SALEN	1 ST		2 ''
				Feet N S	E W of	Route#	Inters	ecting Ro	oadway/Street	
<sup>2</sup> 2	Route# Direction Nar	ne of Intersecting Road	dway/Street		<del></del>		La	ndmark		-
2	Please Select One Vehicle 11	#Occupants Hi	t/Run Moped	Crash Repor	t ID# 1 Q	-20	5-AC	•		1
<sup>3</sup> 3	or the Following.			i					3.23	4
	10 10	A_ DOB/Age		# <b>54L430</b>					21	1 12
	Sex E Lic. Class D Lic. I		Endorsement	Year 2016				Veh C	Config. 1	
<sup>4</sup> 1	Operator DERRICO, LYNN	First	Middle	er <b>DERRICO</b> ,		First	_	Midd	lle	
т	Address 189 LITTLETON			ress 189 LITT						
	City CHELMSFORD State		•	CHELMSFOR				_	824-2658	
	Insurance Company ARBELLA M	UTUAL INS		cle Action Prior to Cras		ᅟᆜ	amaged Area	Code: 4	27 3 27 27	
5	Vehicle Travel Direction: NSE	Responding to Eme	ergency? 2 Ever	t Sequence 1 23	23 23	23	ype of Test:	1	29	
	Citation # (If Issued)		Mos	t Harmful Event 1	24	B	AC Test Res	ult:	30	12
	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
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26	Т	owed from so	ene? 2	33	
2	Please fill out for opera	ator and all occupants i	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	7
	Operator		See Above	X	1 1	4 0	0 10	1	producti i delliti	1
										1
								$\vdash$		-
							-			_
1			<u></u>		<u> </u>			<u> </u>		4
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants  No	on-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П н	it/Run Moped	· [
	License # <b>S74343398</b> St <b>M</b>	A DOB/Age	Rea	#_3GM393		Reg Tyn	e <b>PC</b>	Ren	State MA	
	19 19	20		Year <b>2002</b>	Veh Make			Veh C	21	
	Operator JEAN-FRANCOIS		Endorsement Own	er <b>JEAN-FRA</b>				EL (	CHESNEL	
<sup>8</sup> 1	Address <b>9 GEARTY ST</b>	First	Middle	ess 9 GEARTY		First		Midd		_
	City <b>WILMINGTON</b> State	MA Zip 0188	<b>7-1346</b> City	WILMINGTO	N	Sta	ate <b>MA</b> 2	Zip <b>01</b>	887-1346	<b>1</b> 14
	Insurance Company AMICA MUT	UAL INS	Vehi	cle Action Prior to Cras	h 1	<b>22</b>	amaged Area	Code: 8	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Eme	ergency? 2 Even	t Sequence 1 23	23 23	23 T	est Status:	1	28	
0	Citation # (If Issued)	_	Mos	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	1 25	25	AC Test Resuusp. Alcohol:	_	Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub -		er Distracted by	26		owed from so	<u> </u>	33 Susp. Drug. 2	
	Please fill out for operator/nor	n-motorist and all occu	pants involved		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	Code	Medical Facility	-
	Operator/Non-Motorist		See Above		1 1	4 0	0 10	1		_
			· · · · · · · · · · · · · · · · · · ·							



Signature

= Direction

Ø = Bicycle

	Police Use Only	Comi	monwealth	of Massac	huse	etts			RMV	V Doci	ıment Number	
	Date of Crash  Time of Crash	City/Town	Motor Veh	icle Crasl	1 No	imber hicles	Numbe	Speed	Limit_	25	State Police Local Police MBTA Police Campus Police	1
	06/14/2019   <b>1611</b>   <b>Wil</b> :	mington	Police	Report	1		1	Latitud Longit	de	071.1	MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >			NOT.	AT IN				
						_						2 10
,	Route# Direction	Name of Roadway/St	reet	Route# Direction	10 Addr		BUF	RLING Na			VE vay/Street	
<sup>1</sup> 1		At		[]	0 1 11 1111	1						
	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N	S E W	of -	Mile	— • Marker		or _	Exit Number	_ 11
	Total Director 14a	Also at Intersection v		Feet N	s e w							1
2				Feet N	S E W	of	Route#		Interse	cting F	Roadway/Street	
<sup>2</sup> <b>2</b>	Route# Direction Na	me of Intersecting Roads	vay/Street			_			Lar	ndmark	ζ	1
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Repo	ort ID#	19	-20	06-	AC	ļ		
		1A DOB/Age	. <u> </u>	#BC10AM	·						State MA	
	19 19	20		Year 2017							21	<b>3</b> 12
	Operator DONOVAN, SHAW	<b>——</b> Е	ndorsement	er <b>DONOVAN</b>						_ Veh	Conng.	
<sup>4</sup> 1	Address 7 EMERSON RD	First	Middle	er <u>DONOVAN</u> Last ess <b>6 EMERS</b>			First	ZOKT(	<u> </u>	Mi	iddle	
	City BILLERICA State	MA 2: 01821				<u> </u>		a. M2	۰ -	. 0.	10211126	
				BILLERICA		-	22	State <u>MA</u> Damage			1821-1436 27 27 27 27	
	Insurance Company ALLSTATE			cle Action Prior to Cra	ash 23	23	23	Test Stat		Joue.	28	
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: N S E			t Sequence 24 23				Type of	Test:		29	
	Citation # (If Issued)			Harmful Event 2	<u> </u>	25	25	BAC Te	st Resu		30	<b>24</b> <sup>13</sup>
	Viol. 1: Ch/Sec/Sub —————			er Contributing Code	26			Susp. Al	Ŀ	31	Susp. Drug: 32	24
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by 5	34	35	36	Towed fi	rom sce	ene?	1 33	_
	Name (Last First Middle)	ator and all occupants in	Address Address	DOB/Age S	Seat ex Pos.	Safety	Airbag E	ject Trap ode Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	s	ee Above		1	1	4 0	0	9	1		
												1
	Please Select One			15 10	<u> </u>		17		18	 		1
<sup>7</sup> 1	of the Following:	_#Occupants Non	-Motorist A Type	Action	Location	on	Coı	ndition			Hit/Run Moped	]
	<del></del>	DOB/Age	Reg	#			Reg T	ype		R		
	Sex Lic. Class 19 19 Lic. 1	Restrictions 20 C	DL Veh	Year	_ Veh M	ake				Veh	Config. 21	
8	Operatorlast	First		erLast			First			NA:	iddle	
81	Address			ess			1.llpf			IVII		
	City Stat	e Zip	City					State	z	ip		1 14
	Insurance Company		Vehi	cle Action Prior to Cra	ash		22	Damage		Code:		
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence 23	23	23	23	Test Stat			28	
<sup>9</sup> 2	Citation # (If Issued)	_	Mos	Harmful Event	24			Type of BAC Tes		ılt:	30	
2	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25	Susp. Al	ſ	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		-	Towed fi	rom sco	ene?	33	
	Please fill out for operator/no	on-motorist and all occup		POP/A	34 Seat	35 Safety	Airbag E	37 38 ject Trap	39 Injury	40 Transp.	M.P. J.P. W.	1
	Name (Last First Middle)  Operator/Non-Motoris	<i>t</i> S	ee Above	DOB/Age S	Pos.	System	Status C	ode Code	Status	Code	Medical Facility	1
	Operator/1 ton-120toris	-			+			-				1
												-
												_

Crash Diagram:	ie:	= Vehicle 1 2		₹ = Pedestria ⊋	in Ø♥ = Bicycle  → Ø♥		
DEMING WAY	OUAROR	BURLING		(		Crash Did Not Ca Public Way:  Off-Street Parking Lot Garage  Mall/Shopping Center Other Private Way	
Crash Narrative:							
Operator of M/V #1	stated he was	traveling	west on Burl	ington	Avenue who	n he hecam	
distracted with som		Terr eye ca	ausing nim t	0 TOOK	up for a se	econa,resu	rting
in him striking the	Guardrail.						
	VENEZUE						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:	T		I				
Owner (Last,First,Middle)	Address		Phone #		Description of Damage	ed Property	
IOWN OF WILMINGT	ON 121 GLEN RD WILMI	INGTON MA 01887	978-658-3311	3 (	GUARDRAIL		
Truck and Bus Informatio	n: Registration #		(From Vehicl	e Section)			
			(Fioni venici			5	42
Carrier Name						Bus Use	
Address			City		St	Zip	
LIC DOT #	C1-1-31 1		Inches Co.	10000	CC #.		
	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Boo	ly Type Code	GVWR/GCWR	45				
	Reg Type	Dan State	Pag Vo-		46		
	Keg Type	Reg State	Reg rear	Traile	er Length		
Hazmat Information:							40
Placard 47 Material 1 digi	it # 48 Material Nam	ne	P	Material 4 digi	t#	Release code	49
Detective Christophe	r J Dindo		170 Wil	mington	Police Depar	rtment 06/	14/2019
Police Officer Name (Please Print)	Signature		D/Badge # Depart	tment	Precinct/Barrac	ks Date	

	Police Use Only	Comn	nonwealth -	of Massacl	husetts		RM	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t <u>15</u>	State Police Local Police MBTA Police Campus Police	1
	06/15/2019 1014 Wil	mington	Police 1	Report	2	0	Latitude Longitude_		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA		1	NOT A	T INTER			1
									***************************************	2 10
					211_	LOW	ELL ST			
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name o	f Roadwa	ay/Street	-
				Feet N S	S E W of		- • -	- or		
	Route# Direction Na	me of Intersecting Roadwa	ay/Street			Mile M	arker		Exit Number	4 11
		Also at Intersection wi	th	Feet N S		Route#	Inter	secting R	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadwa	av/Street	Feet N S	SEW of			Ü	•	İ
Т							L	andmark		4
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repoi	rt ID# <b>19</b>	-20	7-A	C		
	License # <b>S46144757</b> St <b>N</b>	TA DORA-	P	4564A		D . T	. 7A TD	р.	. c MA	┖
	19 19	20		Year 2018					21	1 12
	В	End End	dorsement					Veh	Config.	
<sup>4</sup> 1	Operator OBRIEN, JOSEE	Pirst	Middle	er RYDER TR		First	LT	Mid	dle	
1	Address 121 SOUTH ST		Addr	ess 329 JEFF	ERSON				·	
	City <b>AUBURN</b> Stat	ie <b>MA</b> Zip 01501	<b>-2728</b> City.	ROCHESTER				-	623-0000	
	Insurance Company <b>ARBELLA</b>	ROTECTION	Vehic	ele Action Prior to Cras	sh <b>2</b>	22	amaged Are	a Code:		
_	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 23	23 23	23	est Status:		28	
<sup>5</sup> 2	Citation # (If Issued) R7136636		Most	Harmful Event 1	24		ype of Test:	H	30	
	Viol. 1: Ch/Sec/Sub 89 4A		Drive	er Contributing Code	9 25	25	AC Test Re			1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		usp. Alcoholowed from s	``	Susp. Drug: 32	
<sup>6</sup> 1		rator and all occupants invo		J. Distracted by 0	34 35	36 37	38 39	40	2	4
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injur Code Statu		Medical Facility	_
	Operator	Ser	e Above	$\rightarrow$	1 99	4 0	0 10	1		
										]
										1
							1	-		-
							<u> </u>			_
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants  Non-	Motorist A Type	15 Action 16	Location	17 Cond	ition 18	🗀 H	Iit/Run 🔲 Moped	
		1A DOB/Age		 # <u>VB9716</u>		D = T	. PC	JI Po	g State <b>MA</b>	-
	10 10	20		Year 2019					21	
	<u> </u>	End End	dorsement					Veh	Config. 2	
<sup>8</sup> 1	Operator AMENDOLA, CHF	First	Middle	er <u>AMENDOLA</u>	•	First	<u>s M</u>	Mid	dle	
	Address 6 DARTMOUTH AV			ess 6 DARTMO						14
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>01887</b>	-2952 City	WILMINGTO:	<u> </u>				.887-2952	
	Insurance Company UNITED SE	RVICES	Vehic	cle Action Prior to Cras			Damaged Are	a Code:	8 <sup>27</sup> 27 27 27 28	
	Vehicle Travel Direction: X S E W	Responding to Emerge	ency? 2 Even	t Sequence 23	23 23	2.5	est Status:  ype of Test:	-	29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Hammful Event 1	24		SAC Test Re	F	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp. Alcoho		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		owed from s	-	2 33	
	Please fill out for operator/no				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	40		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	-
	Operator/Non-Motoris	t See	e Above	$\times$	1 99	4 0	0 10	1		
	SAME SAME SAME									1
					<del></del>		+			-
		1		1		1	1 1	1 1		1

	= Direction 1	= Vehicle 1	2 = Vehicle 2	₹ = Pedestrian	ØØ = Bicycle		
Crash Diagram:	ie: 👈 🛚 1	<b>→</b> □	2	→ ♀ -	→ 85		
	Lowell Street				If Crash <u>Did N</u> on a Public W		
	Route 129				on a rubite wa	<i>ay</i> .	
					Off-Street Parkin	g Lot	
Necessary					☐ Garage		
	Left lan	e has	6	Right lane has arrow	☐ Mall/Shopping C	enter	
200 000 00	arrow marking	7.00		marking on	Other Private Wa	y	
211 Lowell St	ground		V#1 <b>⇒</b>	ground to turn right			
Lucci's Parking	left			1r − MV#2	Indicate North	by A rrow	
Lot			,	<b>A</b>	Indicate North	Andrease North By Arrow	
				Dunkin (N	$(\Lambda)$		
				Donuts			
Crash Narrative:							
Oper. of MV#1 pulled	up to the Luc	cis Park	ing lot e	xit for Lowe	ell Street where t	here are	
yellow arrow marked o	n the pavemen	t indica	ting left	turn. MV#2	pull up to the Lu	ccis	
Parking lot exit for	Lowell Street	where the	here are	yellow arrow	s marked on the p	avement	
indicating right turn	. MV#1 then b	egan to	turn righ	t from the l	ane where you are	suppose	
to turn left and stru	ck MV#2 drive	rside fr	ont fende	r, hood and	rim. Oper of MV#1	also	
indicated that he had	not put on h	is blink	er to tur	n right.			
į.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	Statement	
Duonouty Domogo							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Damaged Property		
						***	
Truck and Bus Information:	Registration #		(Froi	n Vehicle Section)			
Carrier Name					Bus Use	42	
			C'A		C. 7:		
Address			_ City		St Zip		
	State Number	1-11-1		MC/MX/ICC	C #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	nrTrailer I	Length 46		
Hazmat Information:					The second secon		
Placard 47 Material 1 digit #	48 Material Name			Material 4 digit #	Release code	49	
Patrol Officer Daniel C	Cadigan		178	Wilmington F	Police Department	06/15/2019	
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Date	