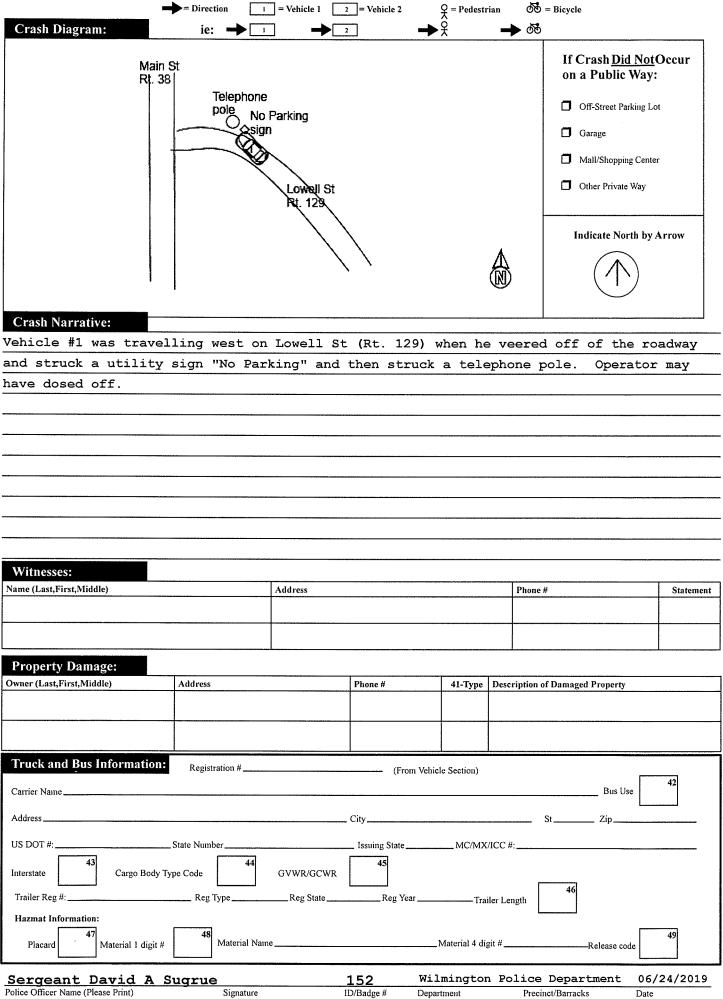
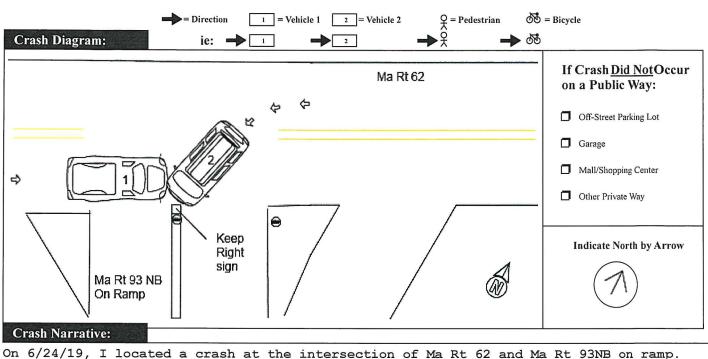
	Police Use Only		nmonwealth	of Massach	usetts		RM	V Document Number	1	
	Date of Crash   Time of Crash   06/23/2019   <b>0338</b>	City/Town Wilmington	Motor Veh		Number Vehicles	Inimad	Speed Limit	MBTA Police	ce 🔲	
	24HR		Police	Report	1	0	Longitude_	Campus Po Other:	lice 🔲	
	AT INTER	SECTION:	< LOCA	TION >		NOT A	INTER	SECTION:		
									2	10
	Route# Direction	ELL ST  Name of Roadway	y/Street	Route# Direction	Address #		Name of	Roadway/Street		
4		At			<del></del>			-		
		N ST	1 (0)	Feet N S	E W of	Mile Ma	rker	orExit Num	ber	11
	Route# Direction	Name of Intersecting Ro		Feet N S	E W of			*****	1	11
				Feet N S		Route#	Inters	ecting Roadway/Stre	et	
1	Route# Direction	Name of Intersecting Ro	adway/Street	7001	<u> </u>		1 -	ndmark		
	Please Select One	le 11 #Occupants	Hit/Run Moped	Crash Report	1 Q	_ 21			************	
	of the rollowing:		Hit/Run   Moped	Crash Report	1D# <b>1</b> 9		)A-#			
	License # <u>\$53796202</u>		1	# <u>9BN621</u>		Reg Type	PC	Reg State MA		12
	Sex M Lic. Class D		CDL Veh	Year <b>2017</b> v	/eh Make <u><b>H</b></u>	YUNDA	I	Veh Config. 1	21 7	
	Operator <u>PIC , PILE</u>	AK AARON		er HERTZ VEH	IICLES	LLC		Middle		
1	Address 27 LEROY S			ess 450 MCCLI	ELLAN	HWY		Middle		
	City <b>LOWELL</b>	State <b>MA</b> Zip <b>018</b>	<b>51-2542</b> City.	BOSTON		Sta	te <b>MA</b>	Zip <b>02128-1</b>	144	
	Insurance Company ACE I	NDEMNITY INS	Vehi	cle Action Prior to Crash	1	<b>22</b> D	amaged Area	a Code: 10 27 2 27	27	
	Vehicle Travel Direction: N	S E Responding to E	mergency? 2 Even	t Sequence 22 23 28		23 To	est Status:	1 28		
	Citation # (If Issued)			Harmful Event 22			pe of Test:	29		
	Viol. 1: Ch/Sec/Sub				21 <sup>25</sup>	25	AC Test Res	<del></del>	32 2	13
					26		isp. Alcohol:	<del>-   -  </del> -	32 2	<u>-</u>
1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub		er Distracted by 99	34 35	36 37	owed from so	40 1 40		
	Name (Last First Middle)	t for operator and an occupant	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Medical Fa		
	Operator		See Above	><X	1 1	4 0	0 10	3 POLICE DEP	ARTMENT	
1	Please Select One of the Following:	le 2#Occupants	Non-Motorist A Type	15 Action 16 L	ocation	Condi	tion 18	Hit/Run	Moped	
<u>-</u>	License #	St DOB/Age	Reg	#	<u> </u>	Reg Type		Reg State		
	Sex Lic. Class	19 Lic. Restrictions 20	]	Year \					21	
	<u></u>	Dic. Restrictions	Endorsement		en iviake			ven Conng		
1	Operator	First	Middle	erlast		First		Middle		
	Address			ess						14
	City	State Zip	•				te2 amaged Area	· +	27 1	
	Insurance Company		Vehic	cle Action Prior to Crash			amaged Area est Status:	28		
	Vehicle Travel Direction: N	Responding to E	nergency? Even	t Sequence 23	23 23		pe of Test:	29		
2	Citation # (If Issued)		Most	Harmful Event	24	В.	AC Test Res	ult: 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25 St	ısp. Alcohol:	31 Susp. Drug	32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	owed from so	cene? 33		
	•	perator/non-motorist and all oc	•	Donu	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)  Operator/Non-Me	otorist	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical Fa	acility	
	operator/11011-1910		550710040		1		<del>                                     </del>			
		•								
	i	1		1				3 I	j	



Police Officer Name (Please Print)

Signature

	Police Use Only	Com	nonwealth o	of Massac	huse	etts			RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Nu	mber hicles	Number Injured	1 '	Limit.	40	State Police Local Police	08 00 00
	06/24/2019 0708 Will	mington	Police 1	Report	2	- 1	0	Latitu Longi			MBTA Police Campus Police Other:	법
	AT INTERSECT	ION:	< LOCA				NOT A			SECT		
												2 10
	ROUTE 6											_2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Addre	ess#		Na 	me of	Roadw	ay/Street	
		At		Feet N	S E W	of -		•		or		_
	Route# Direction Nar	ne of Intersecting Roady	/ay/Street				Mile M	arker			Exit Number	6 11
		Also at Intersection w	ith	Feet N	S E W	of _	Route#		Interse	ecting R	Roadway/Street	-
<sup>2</sup> 1	Route# Direction Nar	ne of Intersecting Roady	/av/Street	Feet N	S E W	of						
1			ay/oneer						La	ndmark		_
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Repo	rt ID#	19-	-21	5-	AC	•		
	License # <u>NHL16797886</u> St N	The population		4426268				DC	,		o NU	
	10 10	20									21	<b>1</b> 12
	Sex 4.4 Lie. Class D Lie. I	E <sub>1</sub>	ndorsement	ear 2015							Config. 2	l
4 .	Operator BLAKE, STEVEN	First	Middle	er <b>BLAKE</b> , S			First			Mic	ddle	-
<sup>4</sup> 2	Address 462 BAY HILL F			ess 462 BAY	HIL	L R	D					-
	City <b>NORTHFIELD</b> State	e <b>NH</b> Zip <b>0327</b>	<b>64623</b> City	NORTHFIEL	D.			ate N	<b>I</b> 2	Zip <b>03</b>	32764623	_
	Insurance Company <b>GEICO</b>		Vehic	le Action Prior to Cra	sh	1 2	22 I	Damage	d Area	Code:		<u> </u>
-	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Event	Sequence 23	23	23	23	Test Star	tus:		1 28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Most	Harmful Event 1	24			ype of			29	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	35	BAC Te			1 30 Susp. Drug: 2 3	1 1 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	26			Susp. Al Towed f			33 July 2 3	] []
<sup>6</sup> 1		ator and all occupants in		Distracted by U	34	35	36 37	38	39	40 L	1	
	Name (Last First Middle)	and an occupants in	Address	DOB/Age Se	Seat Pos.	Safety System	Airbag Ejec Status Cod	t Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	>>>	( 1	1	4 0	0	10	1		
					_	$\vdash$		+	-			_
									<u></u>			
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants  Non-	-Motorist A Type	15 Action 16	Locatio	n	17 Cond	ition	18	☐ F	Hit/Run 🔲 Mop	ed
<u> </u>		A DOB/A <sub>1</sub>	D	5KB273	J	<u> </u>	 _ Reg Ty <sub>l</sub>	<u>_</u> _		D -	eg State <b>MA</b>	
	19 19	20	_			. 773					_ 21	Τl
			ndorsement	ear 2016				7.		Veh	Config. 1	
<sup>8</sup> 1	Operator ETHTRAN, PHAL	First	Middle	r ETHTRAN ,			First			Mic	ddle	-
	Address 300 WOBURN ST			ss 300 WOB	URN	ST	APT					14
	City WILMINGTON State	e <b>MA</b> Zip <b>0188'</b>	7 City_	WILMINGTO	N		_				L887	_  1
	Insurance Company GEICO GEN	ERAL INS	Vehic	le Action Prior to Cra	sh	4 2	}			Code:		<u> </u>
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 23	23	23	23	est Stat		ŀ	28 29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event 1	24			Type of SAC Te		,1t-	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	Contributing Code	19	<sup>25</sup> 4	25	Susp. Al			Susp. Drug: 2 3	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	Distracted by	9 26			owed f		=	1 33	J
	Please fill out for operator/nor				34	35 Safaty	36 37	38	39	40		-
	Name (Last First Middle)		Address	DOB/Age Se		Safety System	Airbag Ejee Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	f Se	e Above	$\nearrow$	1	1 :	3 0	0	10	1		
										[		
								<del>                                     </del>				
							_	-	-	+		



On 6/24/19, I located a crash at the intersection of Ma Rt 62 and Ma Rt 93NB on ramp. Both operators were wearing seat belts at time of crash. Veh 2 operator reported minor injuries. Wilmington Fire was dispatched, checked out operator and she refused medical assistance. Veh 1 operator reported traveling straight and Veh 2 turned left in front of him. He reported he was unable to stop to avoid crash. Veh 1 suffered damage to front bumper, engine compartment, grill and hood. Veh 2 operator reported she thought Veh 1 traffic light allowed her to go and she turned left. She stated she realised too late that there were no traffic lights. Veh 2 suffered damage to front bumper, front right quarter, hood and grill. There are no traffic lights at this intersection. A stop sign is present but was not for either vehicle. Cains Towing arrived andremoved both vehicles. 1 Mass Highway sign (Keep right) minor damage.

withesses:								
Name (Last,First,Middle)		Address			P	hone #		Statement
	_							
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	tion of Damaged	Property	
COMMONWEALTH OF MASSACHUSETTS	10 PARK PLZ Apt. #	4160 BOSTON MA		1	KEEI	P RIGHT	SIGN/PC	ST
		10						
Truck and Bus Information:  Carrier Name	Registration #		(From Vel	nicle Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:_			
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			42		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Lengt	h 46		
Hazmat Information:								
Placard Material 1 digit #	48 Material Name			_Material 4 di	git #		Release code	49

Patrol Officer Daniel P Furbush

196

Department

Wilmington Police Department

06/24/2019

## Wilmington Police Department Images Associated with 19-215-AC







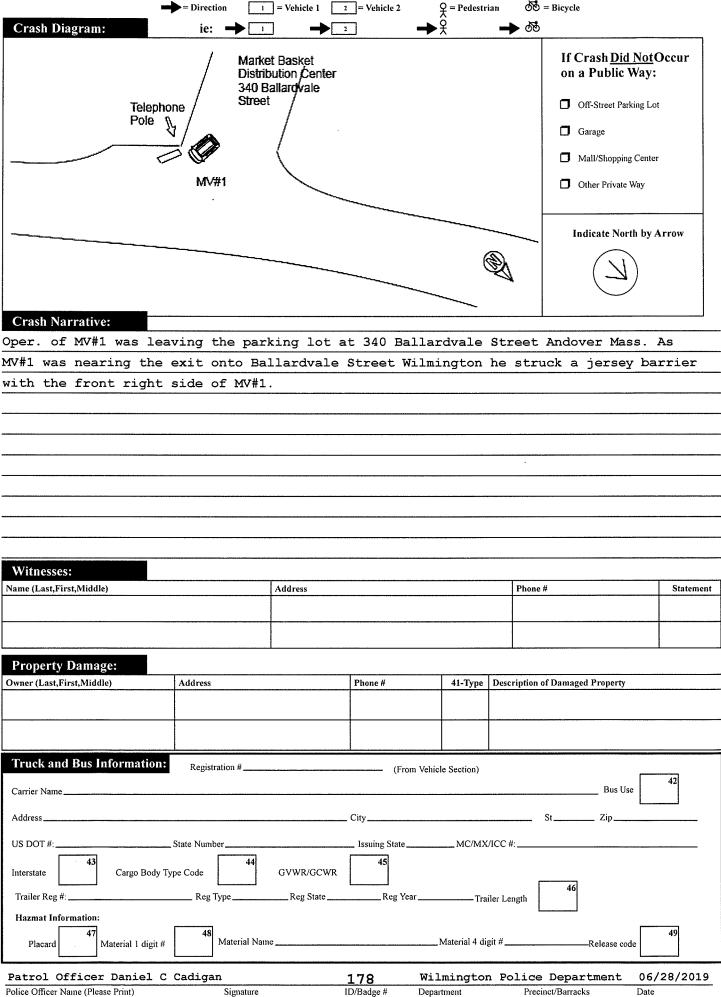
	Police Use Only	Com	nonwealth (	of Massac	chuse	etts			RMV	Docu	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crasl	h Nu		Number Injured	1	Limit_	35	Local Police	
	06/27/2019 <b>1826</b> Wil	mington	Police 1	Report	2	0	-	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOCA			N	OT A			ECT		
												<b>2</b> 10
					2		LOWE					
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	n Addr	ess#	·····	Naı	me of R	Loadwa	ay/Street	
_				Feet N	SEW	of —				or		İ
	Route# Direction N	ame of Intersecting Roadw	ay/Street				Mile Ma	arker			Exit Number	3 11
		Also at Intersection w	ith		SEW	R	oute#		Intersec	ting R	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction N	ame of Intersecting Roadw	/ay/Street	Feet N	SEW	of						
										dmark		-
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Rep	ort ID#	19-	21	6	AC			
	License # <b>S52795608</b> St J	MA DOB/Age	Reg #	BR6417			Reg Typ	e PC		Re	eg State <b>MA</b>	
	10 10	20	-	<sub>Year</sub> 2006							21	<b>1</b> 12
	Operator TOUSSAINT, S'	Er	ndorsement	TOUSSAI						_ ,		
<sup>4</sup> 1	Address 25 WINTHROP S	First	Middle	Last ess 25 WINT			First			Mid	ddle	
										^^	2100 2534	
	City STONEHAM Sta	-	•	STONEHAM		22	1		d Area (		2180-2534	
	Insurance Company LIBERTY I			le Action Prior to Cr		23 23		est Stat			28	
<sup>5</sup> 2	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	Sequence 1 23	<u> </u>	23 2.	1	ype of T			29	
	Citation # (If Issued)		Most	Harmful Event 1	24			AC Tes	st Resul	t:	30	13
	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25 S	usp. Ald	cohol:	31	Susp. Drug: 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		T	owed fr	om sce	ne?	2 33	
1	Please fill out for ope	erator and all occupants inv	/olved	DOB/Age	34 Seat Sex Pos.	Safety Air	hag Eject	38 Trap Code		40 Transp. Code	Medical Facility	
	Operator -		ee Above	100by/Age	1	1 4	o code	0		1	Medical Pacinty	-
	Орегино.							<del> </del>				1
												-
					į							
7	Please Select One Vehicle 21	#Occupants Non-	-Motorist A Type	15 Action 1	6 Locatio	n 1	7 Condi	tion	18		Hit/Run Moped	1
<sup>7</sup> 1	of the rollowing:				<u></u>							4
	License # <b>S09645667</b> St <b>J</b>	MA DOB/Age		417VL9							eg State MA	
	Sex M Lic. Class D Lic.	Restrictions 1 CI	DL Veh Y	<sub>/ear</sub> <u>2018</u>	Veh M	ake <b>NI</b>	SSAN	Ī		_ Veh	Config. 1	
<sup>8</sup> 1	Operator TEEVEN, MATTI	HEW JAMES	Middle Own	er <b>TEEVEN</b> ,	MAT	THEW	JAN First	ŒS		Mid	ddle	
1	Address 29 BRIARWOOD	RD	Addr	ess 29 BRIA	RWOC	D RD	)					14
	City WOBURN Sta	ate <b>MA</b> Zip <b>01801</b>		WOBURN						-	L801-1266	14
	Insurance Company COMMERCE	INSURANCE	Vehic	le Action Prior to Cr	rash	<b>4</b> 22	D	amageo	d Area (	Code:		
	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Even	Sequence 23	23	23 23	1	est Stat		-	28	
9	Citation # (If Issued)		Most	Harmful Event 1	24			ype of T		.	30	1
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	13	25	25	usp. Ale	st Resul cohol:	31		
	Viol. 3: Ch/Sec/Sub			r Distracted by	26	I		•	om sce		2 33	
	Please fill out for operator/n				34 Seat	35 3 Safety Air	6 37 rbag Eject	38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)	.	Address	DOB/Age	Sex Pos.	System Sta	ntus Code	Code	Status	Code	Medical Facility	-
	Operator/Non-Motoris	St Se	ee Above		$\sqrt{1}$	1 4	0	0	10	1		
					PARTITION		-					
								<b> </b>				1
	i e e e e e e e e e e e e e e e e e e e	1		1	1		1	1	, 1			1

	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈 🗆	<b>→</b> □	2	<b>→</b> ĝ -	<b>→</b> 65	
C					If Crash <u>Did</u> on a Public V	
					Off-Street Park	ing Lot
					☐ Garage	
	MINISTRALIA DE CONTRA MINISTRALIA MARTINA DE CONTRA DE C	Affectivity the finishes are a more which the activated are a investigate as a set of	iai,		☐ Mall/Shopping	Center
	-	2 10	well street		Other Private W	Vay
	v1 (1)	∮ v2				
	$\Theta$				Indicate North	h by Arrow
			<u>.</u>	A R		
Crash Narrative:						
The Driver of V1	was travelling s	outh on Lo	well stre	et, when V2	pulled out of a	parking
lot and struck h						
	stated he was pu					
	the gas station l		·····		street. He pul	led out,
and due to sun gi	lare did not see	vl before	hitting i	.t.		
		-				
		A				
Witnesses:		***************************************				
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41.Tuno Do	scription of Damaged Property	
Owner (East, Frist, Wildie)	Address		r none #	41-Type De	scription of Damaged Froperty	
		<del></del>			<del></del>	
Truck and Bus Inform	ation: Registration #		(From	Vehicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICO	C#:	
Interstate 43 Carg	o Body Type Code	GVWR/GCWR	45			
	Reg Type		Pag Van-		46	
Trailer Reg #:	Keg Type	Reg State	Keg Year	Trailer 1	Length	
Placard Material	1 digit # Material Nar	ne		Material 4 digit #	Release code	49
				-		
Patrol Officer Bri Police Officer Name (Please Print)			190 ID/Badge #	Wilmington I	Police Department Precinct/Barracks	06/27/2019 Date

	Police Use Only	Com	monwealth	of Massa	ach	use	etts				RMV	V Docu	ıment Number		
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cra	sh		ımber hicles	Nun Inju	rad l		Limit.	35	Local Police	0000	
	06/28/2019 0924 Wil	mington	Police	Report		2	incies	0	į,	Latituc Longit			MBTA Police Campus Police Other:	8	
	AT INTERSECT	ION:	<u> </u>		>			NO				SEC	TION:		
															<b>2</b> 10
	David Division					41		<u>M</u> 7	NIA				10.		
1	Route# Direction	Name of Roadway/S	Street	Route# Direct	lion	Addr	ess #			Nai	me of	Roadw	ay/Street		
				Feet	N S	E W	of					or _	Exit Number		
	Route# Direction Na	me of Intersecting Road			NI C	E W		IVII	le Mar	ker			Exit Number		2 11
		Also at Intersection	with	1	N S		,	Route	#		Interse	cting R	Roadway/Street		J
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Road	lway/Street	Feet	N S	EW	of								
	Please Select One						1 0	_				ndmark	<u> </u>		
3	of the Following:	#Occupants Hi	t/Run Moped	Crash R	(eport	ID#	Т9	-2	11	<b>/</b> –.	AC	,			
	License # <b>S55243982</b> St <b>1</b>	A DOB/Age	Reg	# 787LF6				Re	g Type	PC		Re		7	_ 12
		· · · · ·  — }	CDL Vel	Year <b>2014</b>	v	eh M	ake <u>C</u>	HEV	/RO	LET	1	_ Veh	Config. 2	1	1
	Operator ROGERS , RANDA	LL S	Endorsement  Middle  Ow	ner <u>ROGERS</u>	, R	AN	DAI	LS	3						
<sup>4</sup> 1	Address 20 BROAD ST	First		iress 20 BRC	Last DAD	SI		Fi	rst			Mi	ddle		
	City WILMINGTON Sta	e <b>MA</b> Zip <b>0188</b>	7-1946 Cit	WILMING'	TON				Stat	е <b>М</b>	z	ip <b>0</b> 1	1887-194	6	
	Insurance Company GEICO GEN			icle Action Prior to			2	22				Code:		27	
	Vehicle Travel Direction: N E W					23	23	23		st Stat			1 28		
5	Citation # (If Issued)			st Harmful Event	1	24			Ty	pe of	Γest:		29		
	·	— Viol. 2: Ch/Sec/Sub =		ver Contributing Co		99	25	25			t Resu		30	32	1 13
				ū	99	26					onol: on sc	2 31	Susp. Drug: 2	32	_
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	rator and all occupants i		ver Distracted by	99	34	35	36	37	18	39	40	2 1		
	Name (Last First Middle)		Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator		See Above	$\times$	X	1	1	4	0	0	10	1			
	Please Select One Vehicle 22	#Occupants D N	on-Motorist A Type	15	16			17	Conditi	. [	18	l	Hit/Run Mo	,	
<sup>7</sup> 1	of the Pollowing:	ING	. L	Action		ocatio.						<u></u>		pea	
	License # <b>S32091232</b> St <b>N</b>	DOB/Age	Reg	# <u>RS13PA</u>				Re	д Туре	PC		Re		1	
		Restrictions 1	CDL Vel- Endorsement	Year 2015	V	eh M	ake <b>H</b>	ONI	A			Veh	Config. 1		
3 1	Operator DEVLIN, PAUL	First	Middle	ner <b>DEVLIN</b>	, T	'HO	MAS		rst			Mi	iddle	[	
1.	Address 5 APPLETREE LI	<b>1</b>	Add	iress <b>5 APPI</b>	ETF	REF	L	1							14
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>0188</b>	7-3916 City	WILMING	TON								1887-391	_	99 <sup>14</sup>
	Insurance Company <b>SAFETY IN</b>	SURANCE	Vel:	icle Action Prior to	Crash		2	22				Code:	5   -   -	27	
	Vehicle Travel Direction: NEW	Responding to Eme	ergency? 2 Eve	nt Sequence 1	23	23	23	23		st Stat pe of "			1 28 29		
<sup>9</sup> 2	Citation # (If Issued)	_	Mo	st Harmful Event	1	24			-		t Resu	ılt:	30		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Co	de	1	25	25	Su	sp. Ale	ohol:	2 31	Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Dri	ver Distracted by	0	26			To	wed fr	om sc	ene?	2 33		
	Please fill out for operator/no	on-motorist and all occu	pants involved Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motoris	t	See Above	LAGINGE		1	1	4		O Code	10	1	wiedical Pacifity		
	HANNAH DEVLIN	5 APPLE TREE LN	1	<b>/</b> >	F	3	1	4	0	0	10	1			
		WILMINGTON, MA	01001		-		<u> </u>	-				-			
							_								
											l	1 1			

Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	ØØ = Bicycle  ■ ØØ	
	Main St. (R	oute 38)			If Crash D on a Publi	oid NotOccur c Way:
	M. FOR	T VI			☐ Off-Street	Parking I of
A POST	No & Pro	الضاء			_	arking Lot
					Garage	
					☐ Mall/Shop	oing Center
					Other Priva	ite Way
					Indicate N	forth by Arrow
			3,000			
Crash Narrative:						
V1 and V2 were trave	eling SB on Ma	in St. (Ro	oute 38)	in Wilmingto	n at about 9:2	4 AM. V1
thought that V2 was						
V2 did not switch la						
rear bumper of V2.		***************************************				
damage from this cra						
previous crash. The						
passengers were inju	red, and all	were wear:	ing their	seatbelts.	All vehicles w	ere
drivable.						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
(====,=====,		11441000				Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Damaged Proper	ty
Truck and Bus Information	Registration #		(From	Vehicle Section)		
Carrier Name					Bus	Use 42
Address			_ City		St Zip_	
	State Number			MC/MX/ICC	#:	
Interstate 43 Cargo Body	7 Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	ength 46	
Hazmat Information:	48					49
Placard Material 1 digit	# Material Nam	ne		Material 4 digit #	Release	code
Patrol Officer Emily L			210		olice Department	
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

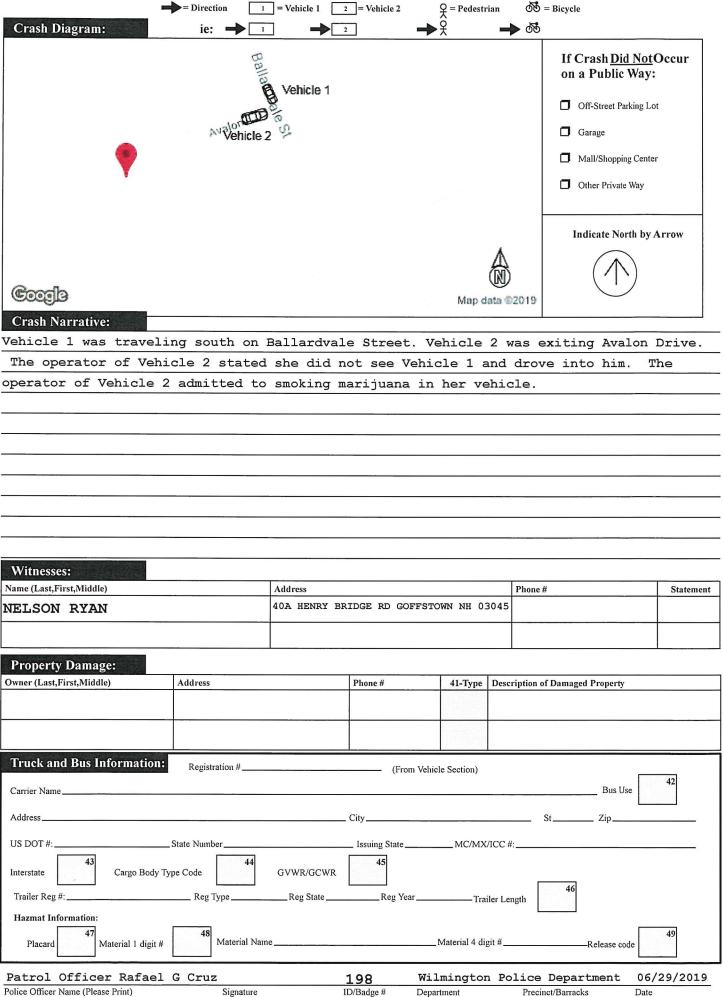
	Police Use Only	Com	monwealth	of Massa	chu	setts			RMV	/ Docu	ment Number		
	Date of Crash   Time of Crash	City/Town	Motor Vel	nicle Cras	sh [	Number Vehicles	Numb	a lopeed	Limit_	15	State Police Local Police MBTA Police		
	24HR	aring con	Police	Report	.	L	1	Latitue Longii			Campus Police Other:		
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT	AT IN	ΓERS	SEC	TION:		,
						40			\**= -	- Tril			2 10
	Route# Direction	Name of Roadway/S	treet	Route# Directi		<b>40</b> Idress #	BA	LLARI Na			ST ay/Street		1
1		At		_ [	viole!								
	Route# Direction Na	ne of Intersecting Road	way/Street	Feet [	N S E	w of	Mile	Marker		or _	Exit Number		_ 11
		Also at Intersection v		Feet [	N S E	w of						[	
<u> </u>				Feet [	N S E	w of	Route#		Interse	cting R	Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Nat	ne of Intersecting Road	way/Street						Lar	ıdınark	(		
3	Please Select One of the Following:	_#Occupants  Hit	/Run Moped	Crash Re	eport ID	<sub>#</sub> 19	-2	18-	AC	) ,			
		DODA.		# <u>CS9762</u>							s MZ		
	10 10	A DOB/Age										21	<b>1</b> 12
			Endorsement	Year 2000						Veh	Config.	╜┠	
<sup>4</sup> 1	Operator ROSARIO, DARW	First	Middle	,,,	ast		First			Mi	ddle		
<u> </u>	Address 27 CARLETON ST			ress 27 CAR				a. 1/1		. 01	1044-42	_	
	City METHUEN State			METHUEN		Γ	22	State Manage			L844-43	27	
	Insurance Company NORFLK DE			cle Action Prior to 0	,	23	23	Test Stat		Coue:	28		
<sup>5</sup> 2	Vehicle Travel Direction: NSWW	Responding to Emer		nt Sequence 10 2				Type of			1 29		
	Citation # (If Issued)			ı	10	<u> </u>	25	BAC Te	st Resu	lt:	1 30		13
	Viol. 1: Ch/Sec/Sub			er Contributing Cod		<del>-     -     -   -   -   -   -   -   -  </del>	25	Susp. Al	L	31	<u>`</u> _	32	<b>10</b> <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by	99 20	<u> </u>	T 77 T	Towed f			1 33		
	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age	Sex Pe	at Safety		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facili	ty	
	Operator	S	See Above		X 1	99	3 9	9 0	9	2	Winchester Hospital		
								_					
			·		10	<u> </u>			10		1		
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants  Nor	n-Motorist A Type	15 Action	Loc:	ation	17 Co	ondition	18		Hit/Run 🔲 M	Ioped	
	License # St	DOB/Age	Reg	#			Reg	Туре		R	eg State		
	Sex Lic. Class 19 19 Lic. I	Restrictions 20		Year	Veh	Make				Veh	Config.	21	
	Operator	E	Endorsement Own	ner							- L		
<sup>8</sup> 1	Last Address	First	Middle	ress	ast		Firs			Mi	iddle		
	City State	e Zip	City	•				State	z	ip			97 <sup>14</sup>
	Insurance Company	•	·	cle Action Prior to 0			22	Damage	d Area	Code:	27 27	27	
	Vehicle Travel Direction: NSEW	Responding to Emer		nt Sequence 2	23 23	23	23	Test Stat	tus:		28	_	
n	Citation # (If Issued)	<u>.</u>		t Hannful Event	24	1		Type of			29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Cod	ie	25	25	BAC Te	г	ilt: 31	Susp. Drugg	32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	20	l		Towed f	L		Susp. Drug:		
	Please fill out for operator/no				3		36 Airbag	37 38	39	40			
	Name (Last First Middle)		Address	DOB/Age	Sex Pe	s. System		Eject Trap Code Code	Injury Status	Transp. Code	Medical Facili	ity	
	Operator/Non-Motoris	t s	See Above		$X^1$								
	——————————————————————————————————————												



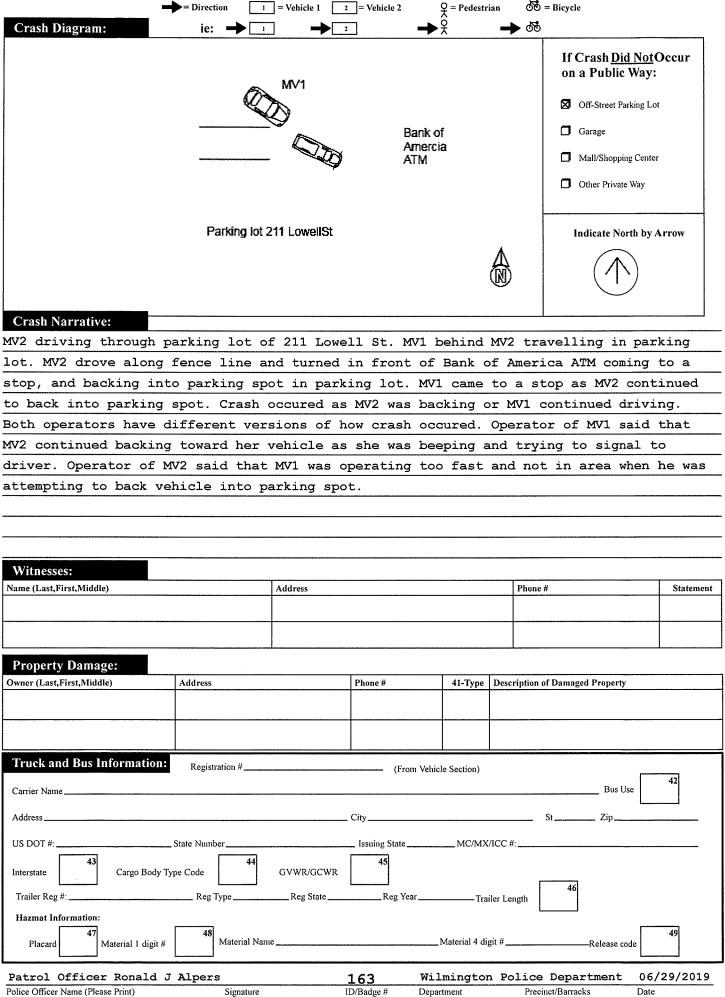
	Police Use Only	Comn	10nwealth	of Massac	chuse	etts			RMV	/ Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nu		umber	Speed	Limit_	25	— Local Police	
	06/28/2019 1627 Wil	Lmington	Police	Report	2	1	njured	Latitud Longit			MBTA Police Campus Police Other:	<b>!</b>
	AT INTERSEC	ΓΙΟΝ:		TION >		N(	 )T AT			SECT	rion:	┪
												2 10
					<u>50'</u>		<u>IOBU</u>					2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	n Addre	ess#		Naı	me of I	Roadwa	ay/Street	_
		711		Feet N	S E W					or _		-
	Route# Direction N	ame of Intersecting Roadwa	y/Street				Mile Ma	rker			Exit Number	3 11
		Also at Intersection wit	h		S E W	Ro	ute#		Interse	cting R	toadway/Street	
<sup>2</sup> 1	Route# Direction N	ame of Intersecting Roadwa	v/Street	Feet N	SEW	of				Ü	·	
1	A Control of the Cont	ame of intersecting readwa	y/Street						Lar	ndmark		
3	Please Select One of the Following:	#Occupants	un Moped	Crash Rep	ort ID#	19-	21	9-:	AC	,		
	License # <b>S49330236</b> St ]	MA DORAN		 #_ <b>1</b> H7290			· ~	MC		D.	. c MA	
	10 10	20									21	1 12
	<u> </u>		lorsement	Year_ <b>2012</b>				'KT		_ Veh	Config. 3	
<sup>4</sup> 1	Operator RIPIANZI, AL	First	Middle	er <b>RIPIANZ</b> Last			First			Mic	Jdle	-
1.	Address 55 ASHWOOD AV			ess 55 ASHW	100D	AVE						-
	City WILMINGTON St.	ate <b>MA</b> Zip <b>01887</b>	-4403 City	WILMINGTO	NC						L887-4403	1
	Insurance Company PROGRESS	IVE DIRECT	Vehic	cle Action Prior to Ci	ash	1 22	D	amageo	d Area	Code:		
5	Vehicle Travel Direction: XSEW	Responding to Emerge	ency? 2 Even	t Sequence 23	23	23 23		est Stati			1 28	
<sup>5</sup> 2	Citation # (If Issued)		Most	Harmful Event 1	24		•	pe of T		.	29 30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	ــــ er Contributing Code	99	25	25	AC Tes isp. Ald			<u>.                                      </u>	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub				9 26			owed fr	L	-	2 33 2 33	
<sup>6</sup> 1		erator and all occupants invo	<del> </del>	J. Distracted 6)	34	35 36	37	38	39	40	2	4
	Name (Last First Middle)	•	Address	DOB/Age	Sex Pos.	Safety Airb System Stat		Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	See	Above		$\backslash 1$	0 5	2	0	8		Winchester Hospital	
												4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants  Non-I	Motorist A Type	15 Action 1	6 Locatio	n 17	Condit	tion	18	☐ F	Hit/Run 🔲 Mope	i
	License # <b>S57357940</b> St ]	MA DOB/Age	Peg	# 1YBY11			an Type	. PC		P.	eg State <b>MA</b>	-
	19 19	20	_	Year 2005							21	-
	Operator SHEERIN, MIC	Enc	lorsement							ven	Config. 1	
<sup>8</sup> 1	Last	First	Middle	er SHEERIN	•		First	KIC	~W	Mic	ddle	-
_	Address 507 WOBURN ST			ess <u>507 WOE</u>					_			14
	City <b>WILMINGTON</b> Sta	•	City	WILMINGTO	ſ	22					1887-2534	i 1
	Insurance Company <b>SAFETY I</b>	NSURANCE	Vehic	cle Action Prior to Cr		10 22		amaged est Stati		Code:	3 <sup>27</sup> 27 27 28	
٠	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23	23 23		pe of T			29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event 1	. 24		-	AC Tes		ılt:	1 30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	ısp. Alc			Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26			wed fr	Ľ		2 33	
	Please fill out for operator/n	on-motorist and all occupar	its involved		34 Seat	35 36 Safety Airb	ag Eject	38 Trap	39 Injury	40 Transp.	***************************************	7
	Name (Last First Middle)		Address	DOH/Age	Sex Pos.	System State	is Code	Code	Status	Code	Medical Facility	-
	Operator/Non-Motoris	St See	Above		1	99 4	0	0	10	1		4
												_
							1	1				1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: 👈 🗔	<b>→</b>	2	<b>→</b> X -	<b>→</b> №	
					If Crash <u>D</u> on a Publi	id NotOccur c Way:
					☐ Off-Street	Parking Lot
					☐ Garage	
					☐ Mall/Shop	oing Center
		Y 5			Other Priva	
	<b>(</b>	Vehicle 1			_	
	Vehicle 2	Vehicle 1			Indicate N	orth by Arrow
				<b>A</b>		
O				(N	Ď   (1	`)
ලාලුල				Map data	©2019	
Crash Narrative: Vehicle 2 was backi	ng out of deal	******** *****	niale 1		annd the second	n Doth
Operators did not s						r. Both
***						
		VI 1				
						•
						<u> </u>
Witnesses:		1			T "	
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:				Federal with the		
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Proper	ty
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/ICO	C#:	
43	44		45			
	dy Type Code	GVWR/GCWR			46	
	Reg Type	Reg State	Reg Year	Trailer I	Length	
Hazmat Information: 47	48					49
Placard Material 1 dig	it # Material Na	ine		Material 4 digit #	Release	code
Patrol Officer Rafa	el G Cruz		198	Wilmington E	Police Department	06/28/2019
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

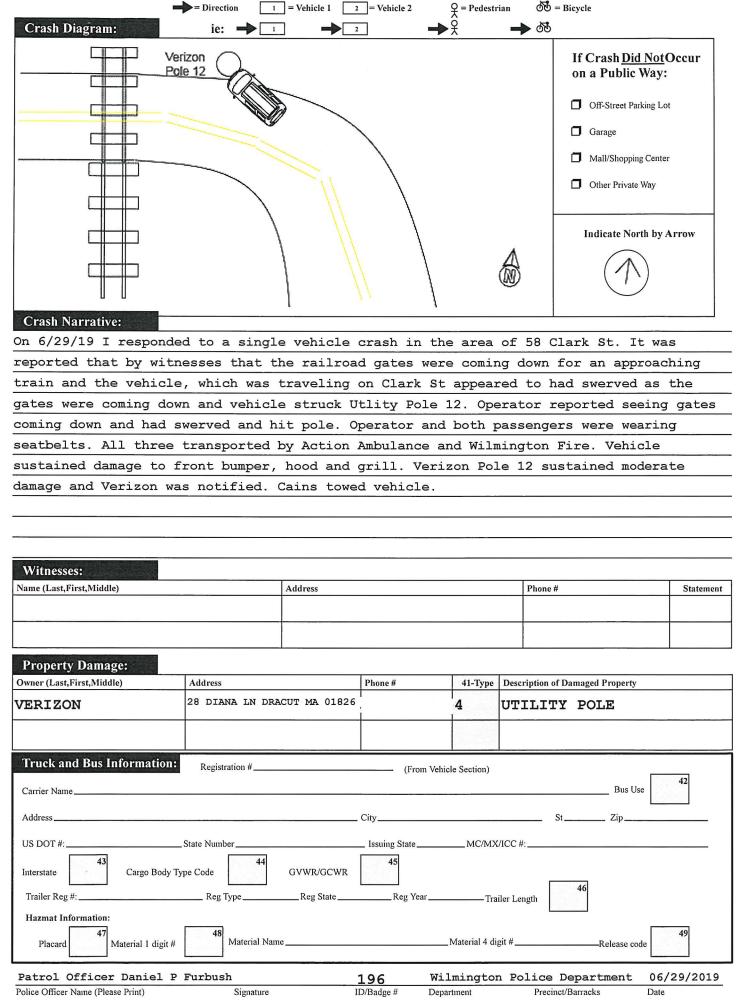
	Police Use Only	Comi	nonwealth	of Massacl	nusetts		RM.	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t20	Local Police	
	06/29/2019 0959 Wil	mington	Police	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	ΓINTE	RSECT		1
			-							<b>2</b> 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	AVAI	ON DE	<b>R</b> oadwa	av/Street	
<sup>1</sup> 1		At					- rume e			
				Feet N S	E W of	Mile Ma	• arker	- or _	Exit Number	
	Route# Direction Na	me of Intersecting Roady  Also at Intersection w		Feet N S	E W of					3 11
				Feet N S		Route#	Inter	secting R	oadway/Street	
<sup>2</sup> <b>2</b>	Route# Direction Na	me of Intersecting Roadv	vay/Street	1000			1	andmark		
_	Please Select One Vehicle 1 1	#Occupants Hit/	Run Moped	Crash Repor	. ID# 1 Q	-22				1
<sup>3</sup> 3	or the ronowing.		I							-
	License # <b>S73494888</b> St <b>N</b>	DOB/Age	_	# <u>842BW2</u>					21	<b>1</b> 12
	Sex M Lic. Class D 19 19 Lic.	Restrictions   C	DL Veh	Year <b>2016</b>	Veh Make M	ITSUE	ISHI	Veh	Config. 1	
4	Operator BELDING, HENE	Y M First	Own	er BELDING,	HENRY	M First		Mid	idle	
<sup>4</sup> 1	Address 25 PARKER ST		Addr	ess 25 PARKE	ER ST					
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>01887</b>	7-4100 City	WILMINGTO	ИИ			-	887-4100	
	Insurance Company PLYMOUTH	ROCK ASSU	Vehi	ele Action Prior to Cras	h <b>1</b>		amaged Are	a Code:		
5	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	***	est Status:		1 <sup>28</sup> 29	
	Citation # (If Issued)		Most	Harmful Event 1	24	-	ype of Test: AC Test Re	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 <sup>25</sup>	25	usp. Alcoho		Susp. Drug: 99 32	1 13
6	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	<b>)</b> <sup>26</sup>		owed from s	-	1 33	
<sup>6</sup> 2	Please fill out for oper	ator and all occupants in		DOB/Age Sex	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	y Transp.		1
	Operator	Se	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	S Code	Medical Facility	-
	орогило.				\			-		_
										-
										_
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants  Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	¶ <b>□</b> ⊦	Hit/Run Moped	
3		A DOB/Age	D	3WE943		D T	e PC	J]	eg State <b>MA</b>	1
		20	_	Year 2011	V1.V1. III				_ 21	
	Operator GERARDI, SARI	Eı	ndorsement	er GERARDI,				ven	Config. 1	
<sup>8</sup> 2	Address 8 EVERGREEN A	First	Middle	Last ess 8 EVERGE		First		Mid	Idle	
		e MA Zip 01803		BURLINGTO			MZ	7in 01	803-2304	<b>1</b> 14
	Insurance Company PLYMOUTH	•		ele Action Prior to Cras				-	1 27 8 27 2 27	
	Vehicle Travel Direction: N E W			22	h <b>1</b>		est Status:	ľ	1 28	
	L	Responding to Emerg	•	i sequence 1	24		ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)	<del></del>		Hamful Event 1		25	AC Test Re		1 30	
	Viol. 1: Ch/Sec/Sub		·	er Contributing Code	25	Si	usp. Alcoho	-	Susp. Drug: 1 32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by 99	34 35	To 36 37	owed from s	cene?	1 "]	4
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injur	y Transp. S Code	Medical Facility	
	Operator/Non-Motoris	t Se	ee Above	$\searrow$ X	1 0	3 0	0 8	2	Lahey Clinic	
										1
	WANTED TO THE PROPERTY OF THE									1
		1		1 1	1 1		1 1			1



	Poli	ice Use Only	Com	monwealth (	of Massa	chu	setts	·		RMV	Docu	ment Numbe		
	Date of Crash	Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	sh [	Number Vehicles	Numbe	. Jopeen	Limit_	20	- Local Police		
	06/28/2019	1341 Wi	lmington	Police 1	Report	:	2	0	Latitud Longit			MBTA Polic Campus Pol Other:	ice 🚨	
		AT INTERSEC	TION:	< LOCA	TION >			NOT	AT IN		SECT			
	-		**************************************											<b>2</b> 10
	Route# Direc	-tion	Name of Roadway/St	raat	Route# Directi		11 ddress#	LOW	ELL		2 oadwa	ay/Street		
<sup>1</sup> 1	Routes Direc	ction	At	reet	Kone# Directi	OII A	uuiess #		INA	ine or r	Noauwa	ay/Sireet		
					Feet	N S E	w of	Mile	— • Marker		or	Exit Num	her	<u> </u>
	Route# Direc	etion 1	Name of Intersecting Road			N S E	w c	ivilie	viai kei			LAR INGIN	001	2 11
			Also at Intersection v	vith	_			Route#		Interse	cting R	oadway/Stree	et	
<sup>2</sup> <b>1</b>	Route# Direc	etion 1	Name of Intersecting Road	way/Street	Feet [	N S E	of of	PARI	KING					
	Please Select (	)no 574 4					4 ^				ndmark			
<sup>3</sup> 2	of the Followin		#Occupants Hit	/Run Moped	Crash R	eport ID	# <b>19</b>	-22	<u> </u>	AC				
	License # S10	0260888 st	MA DOB/Ag	Reg #	33MB72			Reg T	уре <u>РС</u>		Re	g State <b>MA</b>		_ 12
	Sex_ <b>F</b> Lic. (	Class <b>D</b> 19 Li	c. Restrictions 1 20	DLVeh	(ear <u>2005</u>	Veh	Make <u>T</u>	royo'	Ά	*******	Veli	Config. 1	21	1
	Operator <b>WO</b>	LFE, JANET		indorsement  Own	er WOLFE,	JAN	ET I	EE						
<sup>4</sup> 1	Address 1 F	AIRVIEW AV	First <b>/E</b>		ess 1 FAIR	ust VIEV	V AV	First			Mid	ddie		
	City <b>WILM</b>	ENGTONs	tate <b>MA</b> Zip <b>0188</b>	7-2444 City	WILMING	ON			State M7	<b>A</b> z	ip <b>01</b>	L887-2	444	
			EDHAM MUT		ele Action Prior to		3	22	Damage		-			
	-	Direction: NS XV	_			23 23		23	Test Stat	tus:		28	<b></b>	
<sup>5</sup> <b>1</b>		ued)	<b>-</b>	•	Harmful Event	1 24	4		Type of	Test:		29		
							Q 25	25	BAC Te	-		30	22	13
		Sub ———			er Contributing Coo		<u>-</u>		Susp. Al	L	31	Susp. Drug:	32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub —		r Distracted by	<u> </u>	34   35	36	Towed fi	rom sco	ene?	2 33		ļ
	Name (Last First M	•	perator and all occupants in	Address	DOB/Age	S	eat Safety os. System	Airbag E	eet Trap ode Code	lnjury Status	Transp. Code	Medical Fa	neility	
	Operate	or	S	ee Above	><	$X^{1}$	1 1	4 0	0	10	1			
							-							
		<u> </u>				1								1
<sup>7</sup> 99	Please Select ( of the Followin		#Occupants No	n-Motorist A Type	15 Action	16 Loc	ation	17 Co	ndition	18	<b> </b>	Hit/Run 🔲	Moped	
	License # <b>S1</b>	7687834 St	MA DOB/Age	Reg	8WA886			Reg T	vpe PC		Re	eg State <b>MA</b>		1
	Sex M Lic. 0	19 19	20	_	Year 2018								21	
		NG, DANIEI		indorsement	er KING,				•		,	COB		
<sup>8</sup> 1	_	Last 1 HORSESHO	First	Middle	ess 2111 H	ast		First			Mic	ddle		
			tate MA Zip 0188		WILMING'				Ctata M7	<b>A</b> 7	: O1	L887-3	096	97 <sup>14</sup>
	•		•	·				22	Damage					
	_		LOYEE INS	_	ele Action Prior to	Crash 23 23	23	23	Test Stat			28	<u> </u>	
	Vehicle Travel D	Pirection: NSXV	V Responding to Eme	•	sequence 1	1 2	<u> </u>		Type of	Test:	Ì	29		
<sup>9</sup> 2	Citation # (If Iss	ued)	<del></del>	Most	Harmful Event	1 2		25	BAC Te	st Resu	ılt:	30		
_	Viol. 1: Ch/Sec/	Sub ————	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Co	ـــاـــــــــ	ـــالــــــ	25	Susp. Al	lcohol:	31	Susp. Drug	32	
	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by	0 20		,	Towed f	.,	<u>,</u>	2 33		]
	Ple Name (Last First M	•	non-motorist and all occup	pants involved	DOB/Age	s	34 35 leat Safety os. System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical F	acility	
		or/Non-Motor	ist s	See Above			1 1	4 0	0		1		·	1
	4							+						1
						-		-						4
														-



	Police Use Only	of Massach	RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Local I O	ice 🔯	İ
	06/29/2019 1727 Wil	mington	Police 1	Report	1	3	Latitude Longitude _	MBTA Po Campus I Other:	Police	:
	AT INTERSECT	ION:	< LOCA			NOT AT		SECTION:		
			····							<b>2</b> 10
	Route# Direction	Name of Roadway/St	roat	Route# Direction	58 Address #	CLAR	Name of	Roadway/Street		
<sup>1</sup> 1	Notice Direction	At	ieet				- Name of	Roadway/Sirect		
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with			Feet NSEW of — or Exit Number						_ 11
		vitii	Route# Intersecting Roadway/Street Feet N S E W of					reet		
<sup>2</sup> 1	Route# Direction Na	vay/Street	//Street Feet [N 5 2 W 61			Landmark				
	Please Select One	#0I			1.0	20				
3	of the Following:	#Occupants Hit/	Run Moped	Crash Repor	1D# <b>19</b>	-22	2-A(	<u> </u>		ĺ
		A DOB/Age	Reg	#6RH684		Reg Typ	e <u>PC</u>	Reg State M		12
	Sex M Lic. Class D Lic.		DL Veh	Year <b>2018</b>	Veh Make H	YUNDA	I	Veh Config. 1	L 21	1
	Operator KINITI, LAWRE		ndorsement Own	er COOPERAT	IVE FO	R HUN	MAN SE	ERVICES	INC	
<sup>4</sup> 8	Last         First         Middle         Last         First         Middle           Address         105         FELKER         ST         APT         9         Address         420         BEDFORD         ST         ST         APT         100									
	City <b>LOWELL</b> Stat	e <b>MA</b> Zip <b>0185</b> 2	2-5831 City.	LEXINGTON		Sta	nte <b>MA</b>	Zip <b>02042-</b>	0000	
	Insurance Company PHILADELP	HIA INDEM		cle Action Prior to Crasi			amaged Are		27 27	
	Vehicle Travel Direction: NSE	Responding to Emer		t Sequence 23	23 23	23 T	est Status:	1 28		
<sup>5</sup> 1	Citation # (If Issued)			Harmful Event 1	24	T <sub>1</sub>	ype of Test:	29		
	1			er Contributing Code	19 <sup>25</sup> 1	. 25	AC Test Res		32	<b>1</b> 13
	Viol. 1: Ch/Sec/Sub			er Distracted by			usp. Alcohol owed from s	22	ıg: 2 32	
<sup>6</sup> 2	Viol, 3: Ch/Sec/Sub ————————————————————————————————————		Distracted by 93	34 35	36 37	38 39	40		ļ	
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Statu	s Code Medica	l Facility	
	Operator	s	ee Above	$\times$	1 1	4 0	0 9	2 Lahey Cli	nic	
	RICHARD ROSENBERGER	19 INDEPENDENCE WOBURN, MA 01801		м	3 1	4 0	0 9	2 Lahey Cli	.nic	
	DANIEL PHIPPS	292 MIDDLESEX AV		'M	6 1	4 0	0 9	2 Lahey Cli	.nic	
			<u> </u>	15 16		17	18			<u> </u>
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action	Location	Condi	tion	Hit/Run	Moped	
	License # St DOB/Age Reg # Reg Type Reg State									
	Sex Lic. Class 19 19 Lic. 1	DL Veh								
	Operator	ndorsement Own								
<sup>8</sup> 1	Lasi Address	First	Middle Addr	Last ess		First		Middle		
	City Stat	eZip	City			Sta	ate	Zip		4 14
	Insurance Company Vel			nicle Action Prior to Crash  22  Damaged Area Code: 27 27 27						
	Vehicle Travel Direction: NSEW	Responding to Emer		t Sequence 23	23 23	23 T	est Status:	28		
	Citation # (If Issued)	reopending to Emer		Harmful Event	24		ype of Test:	29		
<sup>9</sup> 2					25	25	AC Test Re		23	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————			Susp. Alcohol: 31 Susp. Drug: 32						
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved			Driver Distracted by Towed from scene? 53						j
	Name (Last First Middle)	n-motorist and all occup	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injur	Transp.	ıl Facility	
	Operator/Non-Motoris	<i>t</i> s	ee Above	$\times$	1					
					+		+ + -			1
					-	-	+			1



CDP1 11-24-00