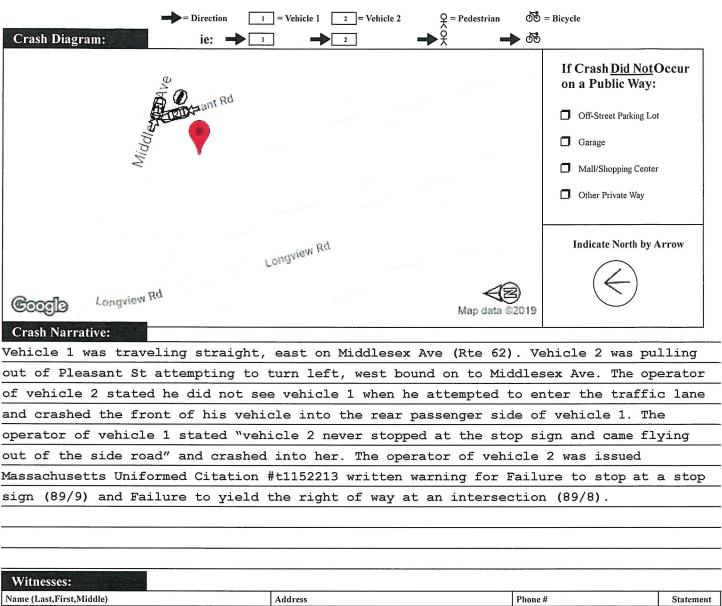
	Police Use Only	Com	monwealth	of Massac	huset	tts		RMV Doc	ument Number	
	1	City/Town		hicle Crasl	Nun Vehi		Opeca	Limit 2:	MBTA Police	
	24HR		<del></del>	Report	2	0	Longit		Other:	1
	AT INTERSECTION	UN:	< LOC	ATION >		NOT	AT INT	TERSEC	TION:	_
	62 E MIDDLESE									2
	Route# Direction	Name of Roadway/S	treet	Route# Direction	Addres	s #	Na	me of Roady	vay/Street	-
	PLEASANT	' RD		Feet N	S E W		Marker	— or .	Exit Number	
	Route# Direction Name	Also at Intersection	· · · · · · · · · · · · · · · · · · ·	Feet N	S E W c		Ividikei		DAI TOMOOT	3
				1	SEW	Route#	-	Intersecting !	Roadway/Street	
1	Route# Direction Name	e of Intersecting Road	way/Street					Landmar	k	
	Please Select One of the Following:	#Occupants Hit	t/Run Moped	Crash Rep	ort ID# $f 1$	9-2	73-	AC	-	
	License # <b>S75813648</b> St <b>M7</b>	DOB/Age	Re	g# 7843CZ		Reg ?	уре <b>РС</b>	R	leg State MA	-
	Sex <b>F</b> Lic. Class D 19 Lic. Re		CDL Ve	1 Year <b>2010</b>	_ Veh Mak	e SUBAI	เบ	Vel	n Config. 21	1
	Operator ANTIMONE, JACO		Endorsement  Middle  Ov	vner RZEPKA,	ERIC	. <b>J</b>		NA.	fiddle	
2	Address 30 ROYAL CREST		Ad	dress 63 STUR	GES I			ĮV.	<del>-</del>	
	City <b>TEWKSBURY</b> State	MA Zip 0187	6-1500 Cit	y READING					1867-3944	
	Insurance Company <b>QUINCY MUT</b>			nicle Action Prior to Cr			Damageo	d Area Code:	4 27 10 27 27	
1	Vehicle Travel Direction: N S W	Responding to Eme	ergency? 2 Ev	ent Sequence 1 23		23 23	Type of		29	
	Citation # (If Issued)	_	Mo	st Harmful Event 1		5 25	BAC Tes	st Result:	30	
	Viol. 1: Ch/Sec/Sub ——— Vi			ver Contributing Code	26	5 25	Susp. Ale		Susp. Drug: 2 32	1
1	Viol. 3: Ch/Sec/Sub Vi			ver Distracted by	34	35 36	Towed fr	rom scene?	1 33	1
	Name (Last First Middle)	or and an occupants in	Address	DOB/Age 5	Seat 3	Safety Airbag I	ject Trap ode Code	Injury Transp.	Medical Facility	-
	Operator		See Above	$\rightarrow$	1 1	L 4 0	0	10 1		
3	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 1	Location	17 Co	ndition	18	Hit/Run Moped	1
	License # <b>S16877583</b> St <b>M</b>	DOB/Age	Re	g# 2HS711		Reg 7	уре <b>РС</b>	R	leg State MA	1
	Sex M Lic. Class D 19 Lic. Re		CDL Ve	1 Year <b>1998</b>	_ Veh Mak	e TOYO	'A	Vel	Config. 21	
1	Operator WILLIS, CAMERO	N CHRIST	OPHER Ov	mer <b>WILLIS</b> ,	CHRI	STOPH	ER C	M	liddle	
1.	Address 192 WOBURN ST		Ad	dress 192 WOB	URN S	ST			······································	<u> </u>
	City <b>WILMINGTON</b> State	MA Zip 0188	<b>7-2104</b> Cit	y <b>WILMINGT</b>	ON				1887-2104	1
	Insurance Company <b>VERMONT MU</b>	TUAL INS	Ve	nicle Action Prior to Cr			Damaged Test Stat	d Area Code	27 2 27 27	
	Vehicle Travel Direction: SEW	Responding to Eme	ergency? 2 Ev	ent Sequence 23		23 23	Type of		29	
2	Citation # (If Issued) <b>T1152213</b>	-		st Harmful Event 1		5 4 25	BAC Tes		30	
	Viol. 1: Ch/Sec/Sub <u>89</u> 8 Vi			ver Contributing Code	- 26	5 4 25	Susp. Ale	<u> </u>	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Vi			ver Distracted by	9 -3	35 36	Towed It	rom scene?	1 33	4
	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occu	Address	DOB/Age 5		Safety Airbag I	ject Trap ode Code	Injury Transp. Status Code	Medical Facility	4
	Operator/Non-Motorist	2	See Above		1 :	1 0	0	10 1		
,		1				1 1	- 1	1 1		1



Traine (Bast, 11st, 11th dute)		Address			1 Hone #	1 Holle #			
Property Damage:									
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damag	ed Property			
Truck and Bus Information:			(From Vel			Bus Use	42		
Address			. City		St	Zip			
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:				
Interstate 43 Cargo Body Ty	121 121 121	GVWR/GCWR	45		46				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	iler Length				
Hazmat Information:									
Placard 47 Material 1 digit #	48 Material Name	3		_Material 4 dig	git #	—Release code	49		

Patrol Officer Michael W Wandell

174

Wilmington Police Department

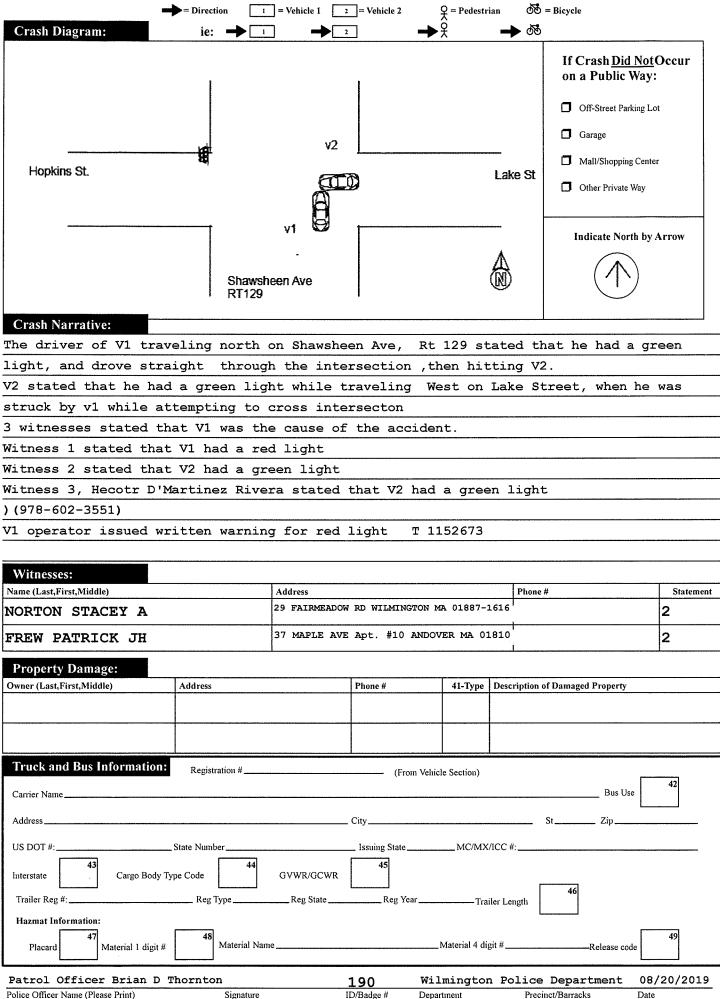
08/18/2019

	Police Use Only	Comn	nonwealth	of Massach	usetts		RM	V Docui	ment 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	
	08/19/2019 0942 Wil:	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	r inter	SECT		1
										2 10
	BALLARD	· · · · · · · · · · · · · · · · · · ·								2
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadwa	ny/Street	
<u> </u>	RTE 125	711		Feet N S	EW of			or		
		ne of Intersecting Roadw	ay/Street	<del></del>		Mile Ma	arker		Exit Number	2 11
		Also at Intersection w	ith	Feet N S		Route#	Inters	ecting R	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	ne of Intersecting Roadw	vav/Street	Feet N S	E W of				•	
1							La	ındmark		4
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Report	1D# 19	-27	4-AC	•		
		A DOB/Age	Pag	# <u>5WV979</u>		Dog Tem	. PC	Pa	a State MA	<u> </u>
	10 10	20							21	1 12
		En	ndorsement	Year 2014				Veh	Config.	
<sup>4</sup> 3	Operator BAILEY, CONNO	First	Middle	er BAILEY, (		First	IARD	Mid	ldle	
3	Address 5 CLAREMON ST			ess 5 CLAREM		***				
	City <b>SOMERVILLE</b> Stat	e <u>MA</u> Zip <u>02144</u>	-2405 City	SOMERVILLE				_	144-2405	
	Insurance Company USAA CASU	ALTY INS	Vehi	cle Action Prior to Crash	2		amaged Area	Code:		
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:		1 28 29	
<sup>5</sup> 1	Citation # (If Issued)		Mos	t Hannful Event 1	24	•	ype of Test: AC Test Res		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp. Alcohol:			1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so		2 33	
<sup>6</sup> 1		ator and all occupants inv			34 35	36 37	38 39	40		
	Name (Last First Middle)	<del>-</del>	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	1
	Operator	Se	ee Above	$\times$ X	1 1	4 0	0 10	1		
										1
										1
						15	10			1
<sup>7</sup> 7	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action 16	Location	Condi	ition 18	H	lit/Run Moped	
•	License # <b>S18146004</b> St <b>M</b>	A DOB/AL	Reg	#_6VWF60		Reg Typ	e PC	Re	g State <b>MA</b>	1
	19 19	20		Year 1996	Veh Make <b>T</b> (				21	
	Operator ABREU, HECTOR		dorsement	er ABREU, DI					Comig.	
<sup>8</sup> 1	Last	First T 14	Middle	ess 63 CENTE		First APT	<b>੭ ਸਾ</b> ਹ.	Mid	idle	
		MA Zip 01844		LAWRENCE	** × *			O1	841-1018	<b>1</b> 14
	•	•	•				ate <u>IVIA</u> Damaged Area	-		
	Insurance Company GOVT EMPI	OYEE INS	Vehi	cle Action Prior to Crash	1 2	ᆜ ㅠ	est Status:	1 Code.	28	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 1 23		23	ype of Test:	ľ	29	
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event 1	24		AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	5 25	25 S	usp. Alcohol	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by 99	26	T	owed from se	cene?	2 33	1
	Please fill out for operator/no	n-motorist and all occupa		DOD/A S.II	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury		Madian Parilies	T
	Name (Last First Middle)  Operator/Non-Motoris	<i>t</i>   c <sub>~</sub>	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	Operator/14on-14otoris	, 36			+ -   -		<del> </del>			1
										-
										]

	= Direction 1	= Vehicle 1 2	= Vehicle 2	옷 = Pedestri	ian 🐠 =	Bicycle	
Crash Diagram:	ie: 👈 🔟	2	] <b>→</b>	웃	→ №		-
						If Crash <u>Did Not</u> on a Public Way:	
uu luu	Ballardvale St					Off-Street Parking Lo	ot
						☐ Garage	
	and the state of t					☐ Mall/Shopping Cente	er .
Ballardvale St (Rte 125)	-1 \$	B	•			Other Private Way	
	Æ					Indicate North by	Arrow
$\Rightarrow$	H.	ğ				$\bigcirc$	
Crash Narrative:							
Vehicle 1 was stopped	at the traf:	fic light e	ast bound.	on Rte	125 (Ba	llardvale St)	(
waiting to turn left of			•				
the light turned greer				27 70			
vehicle 2 stated he sa							
He stated he pressed o							
vehicle 1.							
					49-11-2		
Witnesses:					DI #		C4-4
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of l	Damaged Property	
Truck and Bus Information:	Registration #		— (From Vehic	le Section)			
Carrier Name						Bus Use	42
Address		(	City		St	Zip	
US DOT #:S	tate Number		Issuing State	MC/MX/	'ICC #:		
43	44		45				
Interstate Cargo Body Typ	West and the State of the State	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46	
Hazmat Information:	40						40
Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	sit #	Release code	49
Patrol Officer Michael W W	Jandell	1	74 Wil	mington	Police I	epartment 08,	/19/2019
Police Officer Name (Please Print)	Signature		/ 4	rtment		/Barracks Date	9

CDP1 11-24-00

	Police Use Only	Com	monwealth	of Massac	husetts		RMV	/ Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit	25	State Police Local Police MBTA Police Campus Police	1
	08/20/2019 1554 Wilm	nington	Police	Report	2	O	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:		ATION >		NOT A	INTER:	SECT		1
			500.			110111				10
	SHAWSHEI									2
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address #		Name of	Roadway	y/Street	-
Τ	TAPE CO	At		Feet N	S E W of		_ •	or		
	Route# Direction LAKE ST Nam	ne of Intersecting Roads	way/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection v	vith	Feet N	S E W of	Route#	Interco	oting Po	oadway/Street	
<b>n</b>	-			Feet N	S E W of	Koute#	interse	cing Ro	auwayisiicci	
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roads	way/Street				La	ndmark		
3	Please Select One Vehicle 11	#Occupants Hit.	/Run Moped	Crash Repo	ort ID# <b>19</b>	-27	5-AC	•		
3	of the Following.		<u> </u>							4
	[ 10 10	E_ DOB/Age		# <u>5376VG</u>					21	1 12
	Sex M Lic. Class D 19 19 Lic. R	estrictions 1 C	CDL Veh	Year <b>2003</b>	_ Veh Make <u>T</u>	'OYOTA	1	Veh C	Config. 1	
	Operator CARROLL, ROBE			er CARROLL	ROBER	R <b>T J</b>		Midd	3.	
<sup>4</sup> 3	Address 90 ROGERS RD	rust		ress 90 ROGE	RS RD	First		Middi	ie	
	City_ <b>YORK</b> State	ME Zip 0390	9 City	YORK		Sta	ate <b>ME</b> 2	ip <b>03</b>	909	
	Insurance Company VERMONT M	•	•	icle Action Prior to Cra	Γ.		amaged Area			
	Vehicle Travel Direction: SEW			22	23 23		est Status:	Ē	28	
<sup>5</sup> 1		Responding to Emer		nt Sequence 1 23	24	- 1	ype of Test:		29	
	Citation # (If Issued) <b>T1152673</b>			t Harmful Event			AC Test Resu	ılt:	30	13
	Viol. 1: Ch/Sec/Sub <u>89 9</u> v	/iol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	19 25	25 S	usp. Alcohol:	31	Susp. Drug: 32	1 "
6	Viol. 3: Ch/Sec/Sub ————— \	/iol. 4: Ch/Sec/Sub	Driv	er Distracted by	9 26	T	owed from sc	ene? 1	33	
<sup>6</sup> 1	Please fill out for opera	tor and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age S	Pos. System	Status Code  1 0	Code Status	Code 1	Medical Facility	1
	Operator		See Above		1 1	1 0	10 10	<del>                                     </del>		-
						<del>                                     </del>				1
		I	Г	15 16		17	10	<u> </u> 		1
<sup>7</sup> 2	Please Select One of the Following:	_#Occupants Nor	n-Motorist A Type	Action 16	Location	17 Condi	tion 18	Hi	it/Run Moped	
	License # <b>S85745625</b> St <b>M</b>	A DOB/Age _	Reg	# <u>828AW7</u>		Reg Typ	e PC	Reg	State MA	1
	19 19	20	_	Year 2007					Config. 21	
	Operator MACNEIL, MICH.		Indorsement	ner MACNEIL				von c	John J.	
<sup>8</sup> 1	Last	First	Middle	Lası		First		Midd	lle	
	Address 249 MIDDLESEX			ress 249 MID						14
	City <b>BURLINGTON</b> State	MA Zip 0180:	3-2725 City	BURLINGTO	<u> </u>				803-2725	
	Insurance Company PILGRIM I	NSURANCE	Veh	icle Action Prior to Cra	ısh <b>1</b>		amaged Area	Code: 8	27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emer	rgency? 2 Eve	nt Sequence 1 23	23 23	23	est Status:	-	29	
9	Citation # (If Issued)		Mos	t Hannful Event 1	24		ype of Test: AC Test Rest	<u> </u>	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub \	/iol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	usp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — V			er Distracted by	26		owed from sc		33	
	Please fill out for operator/nor				34 35	36 37	38 39	40		4
	Name (Last First Middle)		Address	DOB/Age S	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	s	See Above	$\langle \rangle \langle \rangle$	1 1	1 0	0 10	1		
										1
							+			1
								-		4
										1

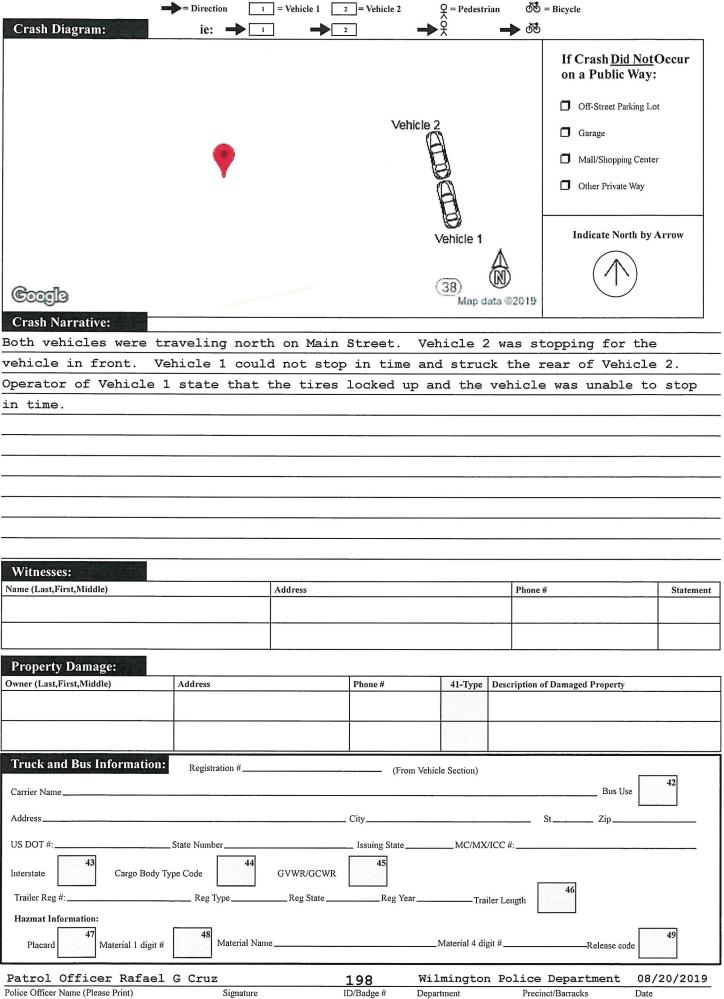


CDP1 11-24-00

	Police Use Only	Com	monwealth -	of Massacl	ıusetts		RMV	/ Docume	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number	Speed Limit_	40	State Police Local Police MBTA Police Campus Police	1
	08/20/2019 1640 Wil	mington	Police	Report	2	Injured 1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	-	TION >		NOT A	Γ INTERS	SECTI		1
										<b>2</b> 10
	D				255	LOWE	LL ST			
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of F	Roadway/	Street	-
	:			Feet N S	E W of			or		
	Route# Direction Na	ime of Intersecting Roady		F. T.		Mile Ma	arker		Exit Number	2 11
		Also at Intersection w	rith	Feet N S		Route#	Intersec	cting Roa	dway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	nne of Intersecting Roady	vay/Street	Feet N S	E W of					
				<u> </u>				ndmark		4
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 19	-27	6-AC			
	License # <b>S68935037</b> St.	A DOB/Age	Reg	# 8VPW80		Reg Typ	e PC	Reg S	State MA	1
	19 19	20	-	Year <b>2007</b>					21	1 12
	Operator BASFORD, JAME	E <sub>1</sub>	ndorsement	er BASFORD,				_ ven co	/img.	
<sup>4</sup> 1	Address 89 OAKLAND RD	First	Middle	ess 89 OAKLA		First	1	Middle		
	City <b>READING</b> Sta				MD RD			. 010	0000	
	İ	ř	•	READING			amaged Area		367-0000 27 27 27 27	
	Insurance Company COMMERCE			cle Action Prior to Cras			est Status:	Code. 1	28	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:	1	29	
	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Resul	lt: 1	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	20 25	25 S	usp. Alcohol:	2 31 S	Susp. Drug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by 5	26	Te	owed from sce	ene? 1	33	
1	Please fill out for ope	rator and all occupants in		DOD!	34 35 Seat Safety	36 37 Airbag Eject Status Code	38 39 Trap Injury	40 Transp.		
	Operator	9,	Address ee Above	DOB/Age Sex	Pos. System	Status Code		Code 1	Medical Facility	
	Орегии	30			1 33			-		-
7	Please Select One Volume 2.1	_#Occupants  Non-	-Motorist A Type	15 Action 16	Location	17 Condi	18	Hit/	/Run Moped	1
<sup>7</sup> 1	of the Pollowing.									-
	License # D253320027506 St C		Reg	# <b>FKK7244</b>		Reg Type	e <u>PC</u>	Reg S	State OC 21	
	Sex M Lic. Class D 19 Lic.	Restrictions 20 C	DL Veh '	Year <b>2012</b>	Veh Make <u>J</u>	eep		_ Veh Co	onfig. 1	
8	Operator DIACANDREOU,			er DIACANDR	EOU, E	MMANU	JEL.	Middle		
<sup>8</sup> 1	Address 5320 RUE NANT	EL.		ess 5320 RUE	NANT	EL ""		Wilduic		
	City <b>SAINT-HUBERT</b> Sta	te <b>QC</b> Zip <b>J3Y9</b> ]	B4 City	SAINT-HUB	ERT	Sta	ate <b>QC</b> Zi	ip <b>J3Y</b>	79B4	1 14
	Insurance Company		Vehic	ele Action Prior to Cras	h 2	<b>22</b> D	amaged Area	Code: 4	27 27 27	
	Vehicle Travel Direction: N S W	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23 To	est Status:	1	28	
0	Citation # (If Issued)	_	Most	Harmful Event 1	24		ype of Test:		29	
<sup>9</sup> 2	Viol. 1; Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		er Contributing Code	1 25	25	AC Test Resul	··· 1	30	
				er Distracted by	26		usp. Alcohol: 2		usp. Drug: 2 32 33	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			. Distracted by	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	Transp. Code	Medical Facility	
	Operator/Non-Motoris	st Se	ee Above	$\times$	1 99	4 0	0 10	1		
										1
							+			1
									· · · · · · · · · · · · · · · · · · ·	
					1 1		1   1			1

•	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedesti	ian 🐠 = Bicy	cle
Crash Diagram:	ie: 👈	1 -	2	→ 🖁	→ ∞	
(129)						Crash <u>Did Not</u> Occur n a Public Way:
(0.23)	Lowell St	Vehi	(129)			Off-Street Parking Lot
			THE WILL	ehicle 2	owen St	
				Rd		Garage
				50		Mall/Shopping Center
				Woodland Rd		Other Private Way
						Indicate North by Arrow
					Δ	
@					(N)	
<b>@</b>				Мар с	ata @2019	
Crash Narrative:	CC:				71	
Both Vehicles were i						r of vehicle 1
stated that he spill Vehicle 2 stated tha						
venicie 2 stated tha	t ne was st	opped in	traffic wn	en venicie	I rear end	ed his vehicle.
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Dam	aged Property
Truck and Bus Information	Registration #_		(Fi	om Vehicle Section)		
Carrier Name						Bus Use 42
Address			City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX	:/ICC #:	
43		14 OVIVID 40 C	45			
Interstate Cargo Body		GVWR/GC				16
Trailer Reg #:	Reg Type	Reg Stat	eReg Y	earTra	iler Length	
Hazmat Information: 47	48					49
Placard Material 1 digit #	Material	Name		Material 4 di	git #	Release code
Patrol Officer Rafael			198		n Police Der	<del></del>
Police Officer Name (Please Print)	Signati	ire	ID/Badge #	Department	Precinct/Bar	racks Date

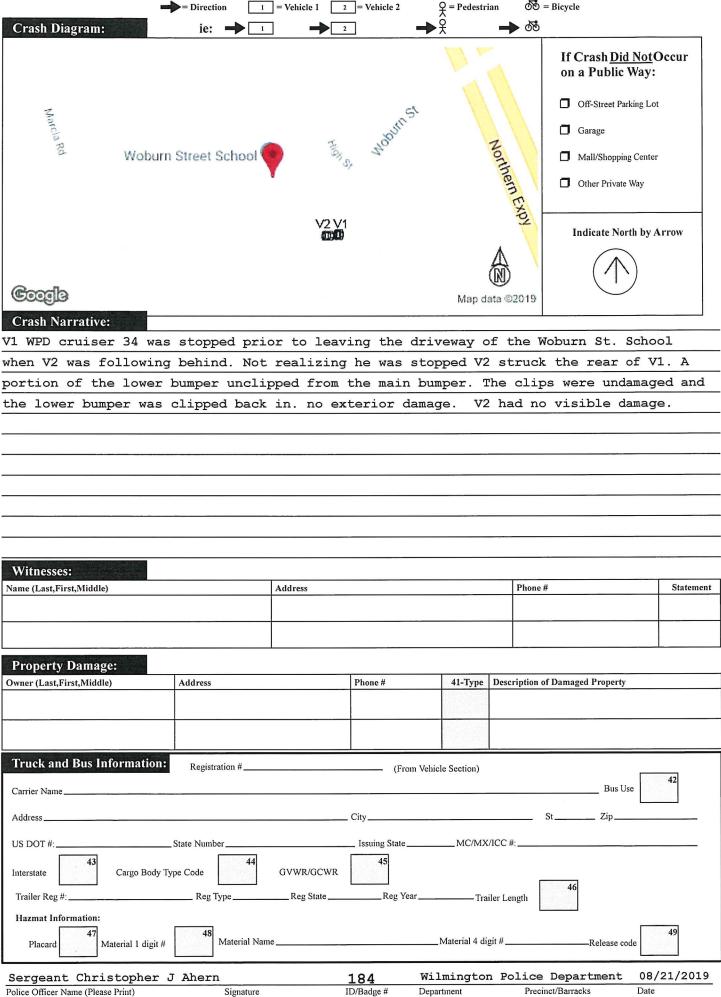
	Pol	lice Use Only	İ	Com	monv	vealth	of Mass	ach	use	etts				RM	V Docı	ument N		
	Date of Crash	Time of Crash	City/1		Mot	tor Veh	icle Cra	sh		unber hicles	Nun	ا د ــ	•	Limit	35	Local	Police I Police A Police pus Police	1
	08/20/2019	2201 W:	ilming	gton	]	Police	Report		2		0	l,	Latitud Longit				pus Police	
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	B. w.			CD 1 (6)					12		<u>M</u> 2	IN			D 1	10.		2
4	Route# Direc	ction	Name	of Roadway/S	Street		Route# Direc	ction	Addr	ess#			Na	me of	Koadw	vay/Stree	<u>t</u>	-
	Route# Direc	ction	Name of Int	ersecting Road	dway/Street				EW			le Mar			or _	Exit	Number	2 1
			Also	at Intersection	with		Feet	N S	EW	of	Route	.#		Interse	ecting I	Roadway	/Street	<u> </u>
1	Route# Direc	ction	Name of Int	ersecting Road	dway/Street		Feet	N S	EW	of		,,,			ndmarl			_
	Please Select ( of the Followi		<b>1</b> #Occu	pants Hi	it/Run	Moped	Crash l	Report	ID#	19	-2	7	7 –	AC	;			
	License # S1	<b>1165367</b>	St MA_ DO	OB/Age		Reg	# 1RCZ41				Reg	з Туре	PC		R	eg State		
	Sex M Lic.	Class D 19 I	Lic. Restriction	ons 20	CDL	Veh	Year <b>2007</b>		Veh M	ake <b>H</b>	ONE	A			Veh	Config.	1 21	1
	Operator MU	NSIE, ANDE	REW RA	YFIELD	Endorsement SCOT		er MUNSIE		AMA	NDA	М							.
1	Address_327	Last BURLINGT	ON AV	E	Middle	Add	ess 327 B	Last URL	ING	TOI		rst <b>VE</b>			Mi	iddle		
	J	INGTON			37-315		WILMING						<sub>a</sub> MZ	<b>A</b> 2	in O	1887	-3157	
		Dany PLYMOUT		•		•				1	22				Code:		27 27	•
	•						cle Action Prior to		23	23	23		st Stat			1 28		
	Vehicle Travel I	Direction: X S E	W Resp	oonding to Eme	ergency? 2	Ever	t Sequence 1	23				Ту	pe of T	Test:		29		
	Citation # (If Iss	sued)	<del></del>			Mos	Hannful Event	1	24				AC Tes	st Resu	ılt:	1 30		ļ,
	Viol. 1: Ch/Sec/	Sub	- Viol. 2: 0	Ch/Sec/Sub -		Driv	er Contributing C	ode	1	25	25	Su	sp. Al	cohol:	2 31	Susp.	Drug: 2 32	1 1
	Viol. 3: Ch/Sec/	Sub	_ Viol. 4: 0	Ch/Sec/Sub _		Driv	er Distracted by	0	26			То	wed fi	om sc	ene?	1 33	<u></u>	
1		Please fill out for	operator and	all occupants i	involved			T	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7
	Name (Lost First N				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Мс	edical Facility	-
	Operate	or			See Above			X	1	99	5	0	0	10	1			
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1	Please Select ( of the Followi	ng: Vemcie 2.	<u> </u>		on-Motorist		Action Action		Locatio			Conditi		18	_		Moped	
	l	10 10	St MA DO	DB/Age		•	# 6TX124									eg State	21	-
	Sex <b>M</b> Lic.	Class D	Lic. Restriction	ons	CDL Endorsement		Year <b>2011</b>		Veh M	ake N	ISS	AN			Veh	Config.	1	
1	Operator <b>LE</b>	BLANC, KY	LE First		Middle	Own	er LEBLAN	IC ,	DI	XIF	<b>M</b>				M	iddle		-
1	Address <b>199</b>	MERRIMAC	K MEA	DOWS L	N	Addı	ess <b>199 M</b>	ERR	IMA	CK			W	S I	N			-
	City <b>TEWK</b>	SBURY	State <b>MA</b>	Zip <b>018</b> 7	76	City	TEWKSBU	RY				_ Stat	e <b>M</b> 7	<b>3</b> z	zip <u>0</u>	1876	5-0000	_ 1
	Insurance Comp	any LM GENE	RAL			Vehi	ele Action Prior to	Crash	ı	2	22	Da	ımageo	d Area	Code:	5 27	27 27	
	Vehicle Travel D	K-7-1		onding to Eme	ergency? 2	Ever	t Sequence	23	23	23	23	Te	st Stat	us:		1 28		
	Citation # (If Iss	<u> </u>					Harmful Event	1	24	l		Ту	pe of	Test:		29		
2		, in the second second								25	25	l		st Resu		1 30		
	Viol. 1: Ch/Sec/	Sub —	– Viol. 2: 0	Ch/Sec/Sub =			er Contributing C		1			Su		cohol:		_	Drug: 2 32	
		Sub ———					er Distracted by	0	26	<del>,</del>	,		<b>,</b>	rom sc	,	2 33	м.	_
	Ple Name (Last First M	ease fill out for operato	or/non-motori	ist and all occu	ipants involve Address	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mu	edical Facility	
	Operate	or/Non-Moto	rist		See Above		>	X	1	99	5	0	0	10	1			
			<del></del>				<u> </u>	+		-					ļ	<u> </u>		-
							1	1	1						1			1



	Police Use Only	Comr	nonwealth (	of Massa	chus	etts			RMV	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	h N	lumber ehicles	Numl Injur	ad Deter	l Limit.	25	— Local Police	7
	08/21/2019 1011 Wil	mington	Police 1	Report	2	emeies	o injur	Latitu Long			MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA				_	AT IN		SECT		7
	AN INTERODOT	10111	1 2007				1101	182 811	1 210	-		10
					35	6	MI	DDLE	SEX	AV	E	2
1 <b>1</b>	Route# Direction	Name of Roadway/Str	eet	Route# Directio	n Add	ress#		N	ame of	Roadwa	ay/Street	_
1		At		Feet N	SEW	of			. —	or		
	Route# Direction Na	me of Intersecting Roadw	/ay/Street		1 1 1			e Marker			Exit Number	2 11
		Also at Intersection w		Feet N	SEW	of	-		Ţ.,	. 5	Loadway/Street	2
				Feet N	SEW	of	Route	Ŧ	interse	cting K	toadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadw	/ay/Street						La	ndmark		-
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Re	nort ID#	1 9	-2	78-	ΔΛ	•		
3	of the Pollowing: —											4
	p	A DOB/Age	Reg	1YNB41			Reg	Туре <b>РС</b>		Re	eg State MA	12
	Sex <b>F</b> Lic. Class D Lic.		DL Veh '	Year <u>2019</u>	Veh N	1ake <u>T</u>	OYO	TA		_ Veh	Config. 21	1
	Operator CURCIO, JUDI	DENISE	Own	er CURCIO,	JUL	I D	ENI	SE				
<sup>4</sup> 1	Address 35 CHURCH ST	First		ess 35 CHUI	RCH S	ST	Fir	it		Mic	ddle	
	City <b>WILMINGTON</b> Stat	te M7A 7 in 01887		WILMINGT				State M	<b>A</b> 7	in 01	L887-2701	
	Insurance Company PLYMOUTH					_	22	Damag				
:				cle Action Prior to C	rasn 3 23	23	23	Test Sta			28	
5	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	t Sequence 1	<del></del>		23	Type of		1	29	
	Citation # (If Issued)		Most	Harmful Event	1 24			BAC To	est Resu	ılt:	30	<u> </u>
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	e <b>1</b>	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	O <sup>26</sup>			Towed			2 33	
<sup>6</sup> 1	Please fill out for oper	rator and all occupants in	volved		34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status	Code Code	Status	Code	Medical Facility	$\dashv$
	Operator	So	ee Above		$X^1$	1	4	0 0	10	1		_
						╅──						$\dashv$
									<u></u>			4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants    Non	-Motorist A Type	Action 1	Locat	ion	17 C	ondition	18		Hit/Run Moped	1
		<b>1A</b> _ DOB/Age,	D	4EM883				T D(	<del></del>	D.	eg State <b>MA</b>	1
	19 19	20	-				_				21	-
	<u> </u>	E <sub>1</sub>	ndorsement	Year 2005				- caus	DEIN	<b>≟</b> Veh	Config.	
<sup>8</sup> 1	Operator SANA, SURAYYA	First	Middle	er <b>SHAHZAD</b> Las	st		Fir			Mie	ddle	-
Т	Address 439R MIDDLESE	X AVE APT	<b>201</b> Addr	ess <u>439R M</u>	IDDL	ESE:	K A					- 14
	City <b>WILMINGTON</b> State	te <b>MA</b> Zip <b>0188</b> '	7 City.	WILMINGT	ON						L887-1105	- 1 '"
	Insurance Company <b>LM GENER</b>	\L_	Vehic	cle Action Prior to C	Crash	1	22	Damag	ed Area	Code:	=	
	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Even	t Sequence 1 23	3 23	23	23	Test Sta	itus:		1 28	
	Citation # (If Issued) <b>T1682683</b>		Most	Harmful Event	1 24			Type of			29	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub 90 23			er Contributing Code	e 19	25	25	BAC T			30	
				т				Susp. A			Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub			er Distracted by	33	25	1.0	Towed		ene?	3 33	_
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupa	ants involved  Address	DOB/Age	Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	st Se	ee Above		X 1	1	4	0 0	10	1		
					4	4	4	0 0	10	1		$\dashv$
ļ					4	4	-	<u> </u>	10			4

	= Direction	1 = Vehicle 1	= Vehicle 2	子 = Pedestrian	1 ØØ = Bid	cycle	
Crash Diagram:	ie: →	<b>→</b>	·	웃	<b>→</b> %		
356 Middle	sex Ave					If Crash <u>Did Not</u> on a Public Way:	
MV1_		MV2				Off-Street Parking Lo	ot
♦ []						☐ Garage	
						•	
* white is an example of the second s				Annual to the territory		■ Mall/Shopping Cente	r
						Other Private Way	
-						Indicate North by	Arrow
				Í		$\bigcirc \!\!\!\! \bigwedge$	
Crash Narrative:							
4V1 and MV2 were bot	th traveling v	west on Mid	dlesex Ave.	MV1 be	gan to s	low down/sto	p due
to traffic ahead on	the roadway.	MV2 did n	ot slow down	n/stop i	n time a	nd rear ende	ed MV1.
No injuries, minor	damage to bot	th vehicles	. An RMV c	neck sho	wed that	the operato	or of
M2 had a suspended							
Motor Vehicle with S		ver's Licen	se 90/23 (C:	itation	T1682683	). MV2 was	towed
from scene by Cains	Towing.						
Witnesses							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							<u> </u>
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Da	maged Property	
Truck and Bus Information	Registration #		(From Vehic	ele Section)			
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		<del></del>
Interstate 43 Cargo Body	7 Type Code	GVWR/GCWR	45		<u></u>	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	46	
Hazmat Information:	48				<b>L</b>		49
Placard Material 1 digit		me		Material 4 digit	#	Release code	
Patrol Officer Daryl	J Ceruolo		212 Wi	Lmington	Police De	_	/21/2019
Police Officer Name (Please Print)	Signature		ID/Badge # Depa	rtment	Precinct/B	arracks Date	

	Pol	lice Use Only	monwealth	nwealth of Massachusetts RMV Document Numbe					ument Number		
	Date of Crash 08/21/2019	Time of Crash 1245 Wi	City/Town Lmington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed I	,111111	5 State Police Local Police MBTA Police	0 8 0
	00,21,2019	24HR	LIIIIII CON	Police	Report	2	0	Latitude Longitu		Campus Police Other:	ᆸ
		AT INTERSEC	TION:	< LOCA	ATION >		NOT A	T INT	ERSEC	TION:	
						005					2 10
<u></u>	Route# Dire	ction	Name of Roadway/S	treet	Route# Direction	227 Address #	WOBU	JRN Nam	ST ne of Roadw	vay/Street	_
<sup>1</sup> 1			At		Feet N S	EW c		_			
	Route# Direc	ction N	ame of Intersecting Road	way/Street	Feet [N 3	E W of	Mile M	arker	or _	Exit Number	1011
			Also at Intersection v		Feet N S	E W of				0 1 /6.	_ 10
2	Route# Direc	ation N	ame of Intersecting Road		Feet N S	E W of	Route#			Roadway/Street	
<sup>2</sup> 1	Rolle# Direc	ction	ame of Intersecting Road	way/Street			WOBUI	XIV 2	Landmar		
3	Please Select ( of the Followi		#Occupants	/Run Moped	Crash Report	1D# 19	-27	9-2	AC		
			MA_DOB/Age	Pag	# MPD 679	'	Dag Tun	. T.F	D	ag Stata MA	
	Sex M Lic.	19 19	Restrictions 20	CDI Vah	Year 2017					21	<b>1</b> 12
	1	RUOLO, DAR		Endorsement	er WILMINGTO				Ven	Connig.	
<sup>4</sup> 1	1	Last DELAIDE ST	First	Middle	ess 1 ADELAI		First		М	iddle	_
			ate <b>MA</b> Zip <b>0188</b>		WILMINGTON			MZ	z:- ∩'	1887-2719	_
		oany SELF INS			cle Action Prior to Crash				Area Code:		-, I
	-	Direction: NSXW	_		- 22	23 23		est Status		1 28	<b>-</b>
5		sued)			1 Sequence 1	24		ype of Te	est:	29	
					Harmful Event 1		B	AC Test		30	13
			Viol. 2: Ch/Sec/Sub —		er Contributing Code	26 25	S	usp. Alco	L	Susp. Drug: 32	
<sup>6</sup> 1	Viol, 3; Ch/Sec/		Viol. 4: Ch/Sec/Sub — erator and all occupants in		er Distracted by	34 35	36 37	owed fro	m scene?	2 33	_
	Name (Last First M	7	crator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap	Injury Transp. Status Code	Medical Facility	
	Operate	or	S	ee Above	$\times$ X	1 1	4 0	0 :	10 1		
	Please Select (	D. 53		Г	15 16		17		18	 	
<sup>7</sup> 9	of the Followin		#OccupantsNor	n-Motorist A Type	Action	Location	Condi	tion		Hit/Run Mope	ed
	License # S1		MA DOB/Age	Reg	973XE3		Reg Typ	e PC	R	eg State <b>MA</b>	_]
	Sex M Lic. 0	Class D 19 Lic		DL Veh	Year <u>2015</u> v	Veh Make <b>H</b>	ONDA		Veh	Config. 21	
8	Operator GR	IFFIN, ROY			er GRIFFIN,	ROY J	AMES		1.0	iddle	_
<sup>8</sup> 4	Address 92	DEVIR ST			ess 92 DEVIR	ST	rust		IVII	idate	
	City <b>MALDE</b>	<b>EN</b> Sta	ate <b>MA</b> Zip <b>02148</b>	3-7245 City.	MALDEN		Sta	ate <u>MA</u>	Zip _ <b>Q</b> 2	2148-7245	5 1 14
	Insurance Comp	any LIBERTY 1	MUTUAL INS	Vehic	ele Action Prior to Crash	1	<b>22</b> D	amaged.	Area Code:	<del>  -   -   -   -   -   -   -   -   -   -</del>	]
	Vehicle Travel D	Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23	est Status		28	
<sup>9</sup> 2	Citation # (If Iss	ued)		Most	Harmful Event 1	24		ype of Te AC Test		30	
2	Viol. 1: Ch/Sec/S	Sub ———	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 <sup>25</sup>	25	usp. Alco			1 I
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	T	owed fro	ın scene?	2 33	1
Ì		•	on-motorist and all occup		10004	34 35 Scat Safety	36 37 Airbag Eject	38 Trap 1 Code 3	39 40 Injury Transp.		7
	Operate	or/Non-Motoris	st s	ee Above	DOB/Age Sex	Pos. System  1 1	Status Code		Status Code	Medical Facility	$\dashv$
	- Sperime	I TAULUI II							-  -		-
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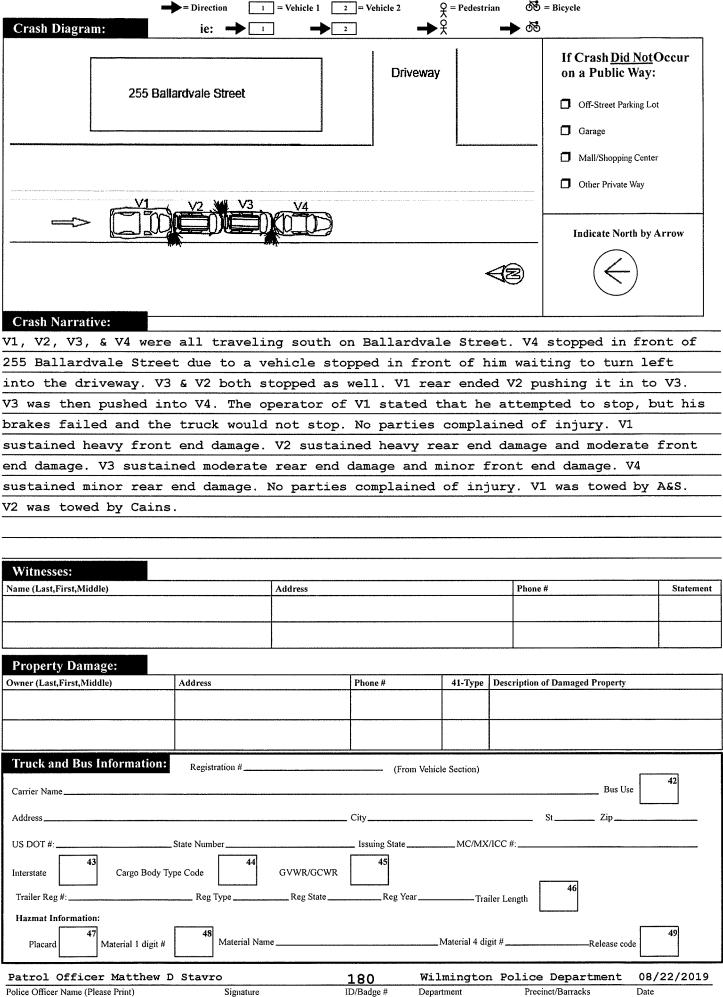
	Police Use Only	Comi	monwealth	of Massacl	nusetts		RM	V Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	08/21/2019 1605 Wil	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A	INTER	SECT		
						110111	11111111			2 10
	MAIN ST									2
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	y/Street	
<u> </u>	BRIDGE			Feet N S	E W of			or		
		ne of Intersecting Roady	vay/Street			Mile Ma	ırker		Exit Number	3 11
		Also at Intersection w	rith	Feet N S	E W of	Route#	Intere	acting Re	oadway/Street	
<u> </u>	Destall District	CT D. I	(0)	Feet N S	E W of	Koute#	inters	ecting ixt	Jadway/Street	
<sup>2</sup> 3	Route# Direction Nar	me of Intersecting Roads	vay/Street				La	ındmark		
n	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repor	t ID# 1 9	-28	$0-\Delta C$	7		
<sup>3</sup> 2	of the Pollowing:									-
	10 10	A DOB/Age,	Reg	# <u>R99498</u>		Reg Typ	<u>CO</u>	Reg	g State MA 21	1 12
	Sex.M Lic. Class D 19 19 Lic. 1		DL Veh	Year <b>2015</b>	Veh Make <b>E</b>	ORD		Veh (	Config. 2	
	Operator ZANDERS, JESS			er ARI FLEE	T LT					
<sup>4</sup> 1	Address 186 SUFFOLK ST	rirst		ess 4001 LEF	DENHA	First RD		Midd	dle	
	City <b>LOWELL</b> Stat	MA Zip 01854	1-4259 City	MT LAUREL		Sta	nte NJ	Zio <b>08</b>	054-0000	
	Insurance Company NATL UNIO			cle Action Prior to Cras	[		amaged Area			
				22	23 23		est Status:	1	28	
<sup>5</sup> 1	Vehicle Travel Direction: N S W	Responding to Emer	-	r bequence 1	24	1	ype of Test:	f	29	
	Citation # (If Issued)		Most	Hannful Event 1			AC Test Res	ult: 1	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 25	25 S	usp. Alcohol:	2 31	Susp. Drug: <sub>2</sub> 32	1 13
6_	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by 99	<sup>26</sup>	T	owed from so	cene? 2	33	
<b>2</b>		ator and all occupants in			34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury		******	
	Name (Last First Middle)		Address	DOB/Age Sex		Status Code	11	Code 1	Medical Facility	1
	Operator	3	ee Above		1 99	4 0	0 10	-		
			····	15 16	<u> </u>	17	10	<u>                                     </u>	1_	1
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action 16	Location	Condi	tion 18	н	it/Run Moped	
	License # <b>S17822457</b> St M	A_ DOB/Age.	Reg	84BX50		Reg Typ	PC	Res	g State MA	1
		20	_	Year <b>2017</b>	Vah Maka s				21	
			ndorsement	er ENDICOTT		_		von c	Johnig.	
§ 1	Last	First	Middle	Last		First		Midd	ile	
	Address 5234 EVERGREEN			ess <b>5234 EVE</b>						14
	City WILMINGTON State	MA Zip 01887	7-0000 City.	WILMINGTO	<u> </u>				887-0000	1
	Insurance Company <b>VERMONT</b> M	UTUAL INS	Vehic	ele Action Prior to Cras	h <b>1</b>		amaged Area	Code: 3		
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:	1	28	
)	Citation # (If Issued)		Most	Hamful Event 1	24	`	ype of Test:		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 25	25	AC Test Res usp. Alcohol:		Susp. Drug: 2 32	l
				er Distracted by			owed from so		221	
	Viol. 3: Ch/Sec/Sub — Please fill out for operator/no	viol. 4: Ch/Sec/Sub —			34 35	36 37	38 39	40	<u>-                                    </u>	1
	Name (Last First Middle)		Address	DOB/Age Sex	Scat Safety	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motorist	t s	ee Above	$\times$	1 99	4 0	0 10	1		
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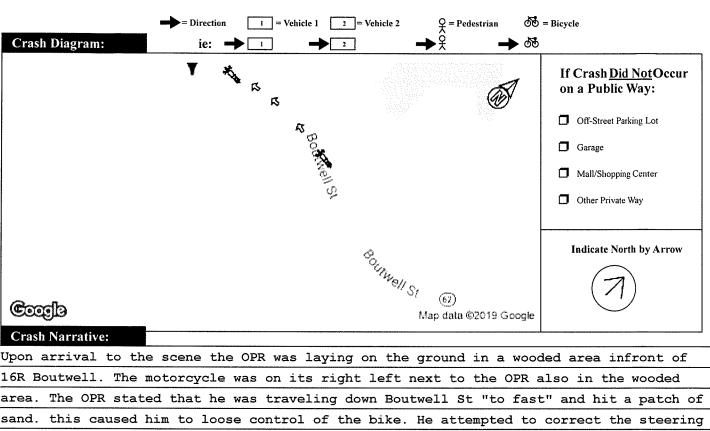
Police Officer Name (Please Print)

	Police Use Only	monwealth of Massachusetts						RMV Document Number			ber		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	$\mathbf{h}  \begin{bmatrix} \mathbf{N} \\ \mathbf{v}_i \end{bmatrix}$	umber ehicles	Nun Inju		ed Limi	t 4(		ice 🔯	
	08/22/2019 0850 Wiln	nington	Police 3	Report	4		0	Lo:	itude <u>+0</u> ngitude <u>-</u>	-071.1	.62 MBTA Po Campus F Other:	Police	
				TION >			NO				TION:		1
													<b>2</b> 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	25 Add	5 ess #	<u>B</u>	LLA			ST vay/Street		
<sup>1</sup> 1		At											
	D. W. Division			Feet N	S E W	of	 Mi	— — le Marke	• ——	or _	Exit Nu	mber	1,1
	Route# Direction Nam	way/Street with	Feet NSEW of									2 11	
				Feet N S E W of Intersecting Roadway/Street									
<sup>2</sup> <b>1</b>	Route# Direction Nam	e of Intersecting Road	way/Street	Landmark									
3	Please Select One Vehicle 11	#Occupants Hit	t/Run Moped	Crash Rep	ort ID#	1 9	-2	ู่ 21				·	
3	of the Ponowing.												ł
	License # <b>S19946556</b> St <b>M</b>	20		# <u>M91557</u>								21	<b>1</b> 12
	Sex M Lic. Class D Lic. R	I	Endorsement	Year <u>2008</u>							- L	<u>:</u>	$\vdash$
<sup>4</sup> 1	Operator FLYNN-KELLY,	BRIAN D	Middle	er <b>FEENEY</b>			Fi	EXCA rst	VATI		LLC liddle		
т	Address 88 MINOT ST			ess 103 CLA		ı S							
	City <b>DORCHESTER</b> State	· ·	Ť	DORCHESTE		<u> </u>	22				2122-	2738 27 27	
	Insurance Company FEDERAL I			ele Action Prior to Cr		T			iged Area	a Code:	28	·''	
5	Vehicle Travel Direction: N E W	Responding to Eme	rgency? 2 Even	t Sequence 1 23	23	23	23	4	of Test:		29		
	Citation # (If Issued)		Most	Harmful Event 1				BAC	Test Res	sult:	30		_ 13
	Viol. 1: Ch/Sec/Sub — V	/iol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	22	25	25	Susp.	Alcohol	2 31		g 2 32	1 13
6 1	Viol. 3: Ch/Sec/Sub — V			r Distracted by		·,	,	Towe	d from s		1 33		
	Please fill out for opera Name (Last First Middle)	tor and all occupants in	nvolved Address	DOB/Λge S	34 Seat lex Pos.	35 Safety System	36 Airbag Status	37 Eject T Code C	8 39 ap Injury xde Status		Medical	l Facility	
	Operator	\$	See Above	$\rightarrow$	1	99	1	0 0	10	1			
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										1			
						<u> </u>			-	+			
	N. C. L. C.	<u> </u>		15 16	<u> </u> a	<u> </u>	17		10	11_	<u> </u>		1
<sup>7</sup> 9	of the Following: Vehicle 22	#Occupants No	n-Motorist A Type	Action 16	Locati	on	17	Condition	18		Hit/Run	Moped	
	License # <b>S35830160</b> St <b>M</b>	A DOB/Age.	Reg #	7GD686			Reg	Туре <b>Е</b>	C	R	eg State M		
	Sex.M Lic. Class D 19 19 Lic. R	estrictions 20	CDL Veh Y	/ear <b>2015</b>	_ Veh M	ake <u>J</u>	eer	)		Vel	ı Config.	2 21	
8	Operator KELLY, RYAN J		Owner KELLY, RYAN JAMES										
<sup>8</sup> 1	Address 8 ROLLING HILL	RD		Address 8 ROLLING HILL RD									
	City <b>BILLERICA</b> State	MA Zip 0182	1-2898 City	BILLERICA	<b>1</b>			_ State ]	MA_	Zip <b>0</b>	1821-	<u> 2898</u>	14
	Insurance Company COMMERCE	INSURANCE	Vehic	chicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 1 27 27								27 27	
	Vehicle Travel Direction: NXEW	ent Sequence 1 23 23 23 23 Test Status: 1 28											
<sup>9</sup> 2	Citation # (If Issued)	ost Harmful Event Type of Test: 29  BAC Test Result: 30											
								Alcohol			ıg: 2 32		
	Viol. 3: Ch/Sec/Sub — V	Drive	26					1 33	:J				
	Please fill out for operator/non-motorist and all occupants involved			DON:	34 Seat	35 Safety	36 Airbag	Eject Tr	8 39 ap Injury			T. 310	
	Name (Last First Middle)  Operator/Non-Motorist		Address See Above	DOB/Age S	ex Pos.	System 99	Status 4	Code Co	de Status	1	Medical	l Facility	
	JOSEPH WALLACE	2 SUNSET AVE		<b>/</b> ✓/	3			0 0	10	1			
	OODEEN HADDAGE	NORTH READING,	MA U1864	1			-	-		+			1
						ļ				_			

	Police Use Only	monwealt	nonwealth of Massachusetts RMV Document Number							lumber			
Date of Crash Time of Crash City/Town			Motor Vo	Motor Vehicle Crash Number Number Unjured Injured			Speed Limit 40 Latitude +042.5953 Latitude -071.162  State Police Local Police MBTA Police Campus Police						
	08/22/2019 0850 Wili	mington	Polic	e Report		4	0	Latitud Longitu	ide071	Cam Othe	pus Police		
	AT INTERSECTION:		< L0	CATION >	>		NOT A			CTION	l:		
						***************************************						<b>2</b> 10	
	Route# Direction	Name of Roadway/S	Street	Route# Directi		ddress #	BAL			E ST adway/Stree	et .		
<sup>1</sup> 1		At									-		
				Feet [1	N S E	W of	— — Mile M		or	rExi	t Number		
	Route# Direction Nar	ne of Intersecting Road Also at Intersection		Feet	N S E	Wof						2 11	
		7 LSO de Mersechon	***************************************	Route# Intersecting Roadway/Street  Feet N S E W of									
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Road	lway/Street	Landmark									
	Please Select One	#Occupants Hit				. 1 0	20	1 .		iiaik		1	
3	of the Following: Vehicle 31	_#Occupants Hit	t/Run Mope	ed Crash Re	eport ID	# ТЭ	-28	T	AC			]	
	[ <del></del>	A DOB/Age.	7R	eg# <b>1AEY53</b>			Reg Typ	e PC		Reg State		12	
	Sex M Lic. Class D 19 Lic. F		CDL V	eh Year <u>2016</u>	Veh	Make <u>H</u>	ONDA			Veh Config	2 21	1	
	Operator SANTOS, DAVE			wner SANTOS	, DA	VE F							
<sup>4</sup> 1	Address 28 REXFORD ST	riist		ddress 28 REX	FORI	ST	First			Middle			
	City <b>MATTAPAN</b> State	MA Zip 0212	<b>6-2132</b>	ity <b>MATTAPAN</b>	1		St	ate <b>MA</b>	Zip_	02126	5-2132		
		Insurance Company GOVT EMPLOYEE INS								ode: 5 27		1	
	Vehicle Travel Direction: NXEW	Responding to Eme		Vent Sequence 1	23 23	23	23	est Statu	is:	1 28			
5	Citation # (If Issued)	, -		· <u>+</u>	1 2	4		ype of T	est:	29			
	Viol. 1: Ch/Sec/Sub			river Contributing Cod		25	25		t Result:	30	_ 32	13	
						<del></del>			ohol: 2 om scene	- 22	Drug: 2 32		
<sup>6</sup> 1		Viol. 4: Ch/Sec/Sub —		river Distracted by	<u> </u>	34 35	36 37	38		2 33		ļ	
	Name (Last First Middle)	nor and an occupants in	Address	DOB/Age	S	eat Safety os. System	Airbag Ejec Status Code	Trap	Injury Tra	nsp.	edical Facility		
	Operator		See Above	$\sim$	$X^{1}$	99	4 0	0	10 1				
												1	
								┸┯┸			<b>T</b>	1	
<sup>7</sup> 9	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action	16 Loc	ation	17 Cond	ition	18	Hit/Rur	Moped		
	License # <b>S09943323</b> St <b>M</b>	A DOB/Age	R	eg# 17N950		<u> </u>	Reg Typ	e PC		Reg State	MA	1	
	19 19	20		eh Year 2007		Make <b>H</b>					21		
	Operator ROSARIO, JOAN	I	Endorsement	wner ROSARIO						ven Comig			
<sup>8</sup> 1	Address 22 CARLTON ST	First	Middle	ddress 22 CAR	ast		First	2		Middle			
					LITOI	A ST				0104	1_4206	14	
	·	MA Zip 0184		City METHUEN         State MA         Zip 01844-4306           Vehicle Action Prior to Crash         2         22           Damaged Area Code: 5         27         27									
	Insurance Company PREFERRED	_	78										
	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2 E	vein sequence 1	23	<u> </u>	23	ype of T		29			
<sup>9</sup> 2	Citation # (If Issued)		N	fost Harmful Event	1 24	35		AC Tes	t Result:	30	_		
	Viol. 1: Ch/Sec/Sub		Susp. 7 House, 2										
	Viol. 3; Ch/Sec/Sub		river Distracted by	0 20	<u> </u>			om scene			]		
	Please fill out for operator/no	n-motorist and all occur	pants involved  Address	DOB/Age	S	34 35 eat Safety os. System	36 37 Airbag Ejec Status Code	38 Trap Code	Injury Tra	i0 msp. ode M	ledical Facility		
	Operator/Non-Motorist	t s	See Above			99	4 0	1	10 1			1	
					<del>-                                      </del>							1	
					_	_						-	
												_	
										l			



	Police Use Only	nonwealth	onwealth of Massachusetts					RMV Document Number		
	Date of Crash   Time of Crash   08/24/2019   1721   William	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Local	Police I Police A Police pus Police	
	08/24/2019 1721 Wil:	mington	Police	Report	1	1	Latitude Longitude		A Police pus Police	
	AT INTERSECT	ION:	< LOCA	TION >	[	NOT AT	INTER	SECTION	:	1
			_	:					<del> </del>	2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	16 Address #	BOUT		ST Roadway/Stree	·t	
<sup>1</sup> 1		At	·				1 tanie or	roadway/onee		
				Feet N S	E W of	Mile Ma	•	or	Number	
	Route# Direction Na	Also at Intersection w		Feet NS	E W of	***************************************				1 11
		Also at Intersection with Feet NSEW of Route# Intersecting Roadway.  Feet NSEW of							//Street	
<sup>2</sup> <b>1</b>	Route# Direction Nat	me of Intersecting Roadw	/ay/Street	reet [11]5	12141 01			ndmark		
	Please Select One	#Occupants Hit/I			1 0	20				1
3	of the Following: Vehicle 11	#Occupants   Hit/	Run Moped	Crash Repor	1D# <b>19</b>	-28	Z-AC	<u>;                                    </u>		]
		A DOB/Age	Reg	# <u>2G6827</u>		Reg Type	MC	Reg State		12
	Sex M Lic. Class M Lic. 19 Lic. 1		DL Veh	Year <b>1992</b>	Veh Make H	ARLEY-I	AVIDSO	Veh Config.	3 21	
	Operator HOWARD, JOSEP			er HOWARD ,	JOSEPH	BRAD	Y			
<sup>4</sup> 1	Address 26 TOPLIFF ST	1 1151		ess 26 TOPLI	FF ST	First		Middle		
	City <b>BILLERICA</b> Stat	e <b>MA</b> Zip <b>01821</b>	_ <b>-5117</b> City	BILLERICA		Sta	te <b>MA</b> 2	Zip <b>01821</b>	-5117	
	Insurance Company PROGRESSI			cle Action Prior to Crasl				Code: 10 27	27 27	
_	Vehicle Travel Direction: N S W	Responding to Emerg		t Sequence 41 23	23 23	23 Te	est Status:	1 28	•	
5	Citation # (If Issued)			Harmful Event 26	24	-	pe of Test:	29		
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	<del></del>	~ 25	AC Test Res		. 32	<b>21</b> <sup>13</sup>
				er Distracted by			isp. Alcohol:	2 22	Drug: 2 32	
<sup>6</sup> 5	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants inv		Distracted by 33	34 35	36 37	38 39	40   1 33		<u> </u>
	Name (Last First Middle)	To and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		edical Facility	
	Operator	Se	ee Above	$\times$	1 5	5 99	0 8	2 Lahey	Clinic	
			***************************************							1
					1					1
									1	1
<sup>7</sup> 1	Please Select One of the Following:	#Occupants  Non-	-Motorist A Type	Action 16	Location	Condi	tion 18	Hit/Run	Moped	
	License # St	DOB/Age	Reg	#		Reg Type	·	Reg State		1
	19 19	20	·	Year				-	21	
	Operator	En	ndorsement	er					<u></u>	
<sup>8</sup> 1	Last	First	Middle	Last		First		Middle		
	City State	a 7in				Sto	to 3	Zia.		<b>4</b> 14
			·	City						
	Insurance Company	nicle Action Prior to Crash  23 23 23 23 25 Test Status: 28								
	Vehicle Travel Direction: NSEW	ent Sequence 23 23 23 Type of Test: 29								
<sup>9</sup> 2	Citation # (If Issued)			Harmful Event			AC Test Res	ult: 30		
	Viol. 1: Ch/Sec/Sub ————	Drive	Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug:							
Ì	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — —			Driver Distracted by			wed from so			]
	Please fill out for operator/no Name (Last First Middle)	•	ants involved 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 Me	edical Facility	
	Operator/Non-Motoris	t Se	e Above	X	1					
				<b>/</b>						1
										1
										-



Upon arrival to the scene the OPR was laying on the ground in a wooded area infront of 16R Boutwell. The motorcycle was on its right left next to the OPR also in the wooded area. The OPR stated that he was traveling down Boutwell St "to fast" and hit a patch of sand, this caused him to loose control of the bike. He attempted to correct the steering but was unsuccessful in this endeavor. The motorcycle drove through the lawns of 12, 14, 16, and 16R before landing in a dense thicket of bushes. The OPR was taken from the scene by WFD to the Lahey Hospital from medical treatment. The motorcycle was towned from the scene to their facility. No damage was done to the yards/lawns the bike traveled across before crashing into the wooded area.

Witnesses:							
Name (Last,First,Middle)	Address		Phone #	Phone #			
Property Damage:							
Owner (Last,First,Middle)	Address	Phone # 41-7			Description of Damaged	Property	
				:			
Truck and Bus Information:	Registration #		•			Bus Use	42
Address			City		St	Zip	
US DOT #:S	tate Number		_ Issuing State	MC/MX/I	ICC #:		
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45		[		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length		
Hazmat Information:							
Placard Material 1 digit #	48 Material Name	B		Material 4 digi	it #	Release code	49

Patrol Officer Michael E Johnson

199

Wilmington Police Department

08/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date