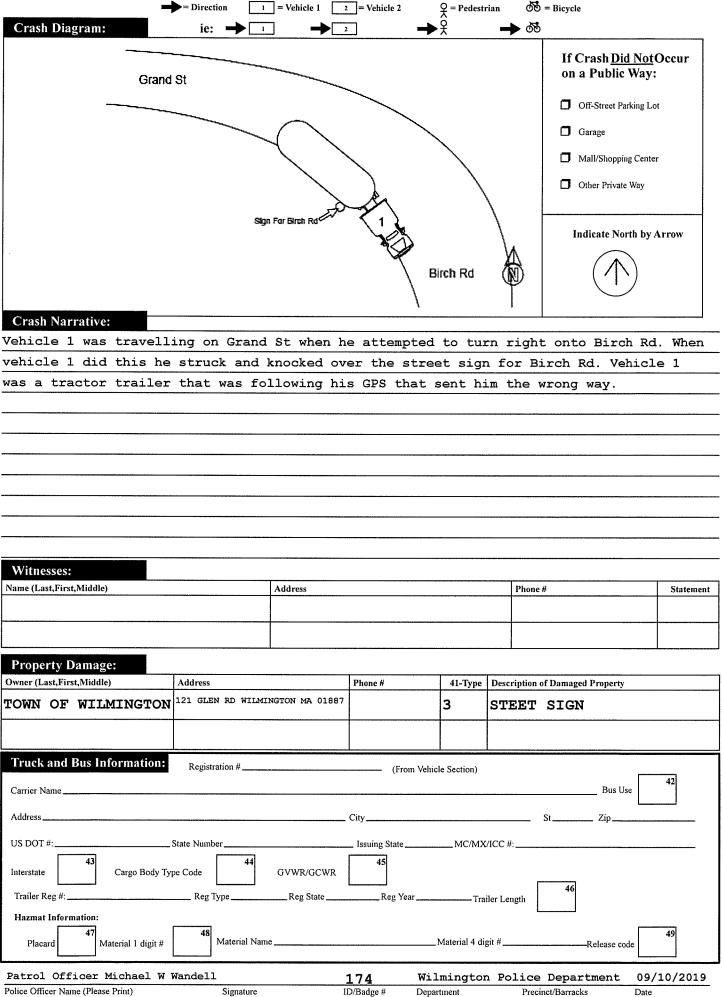
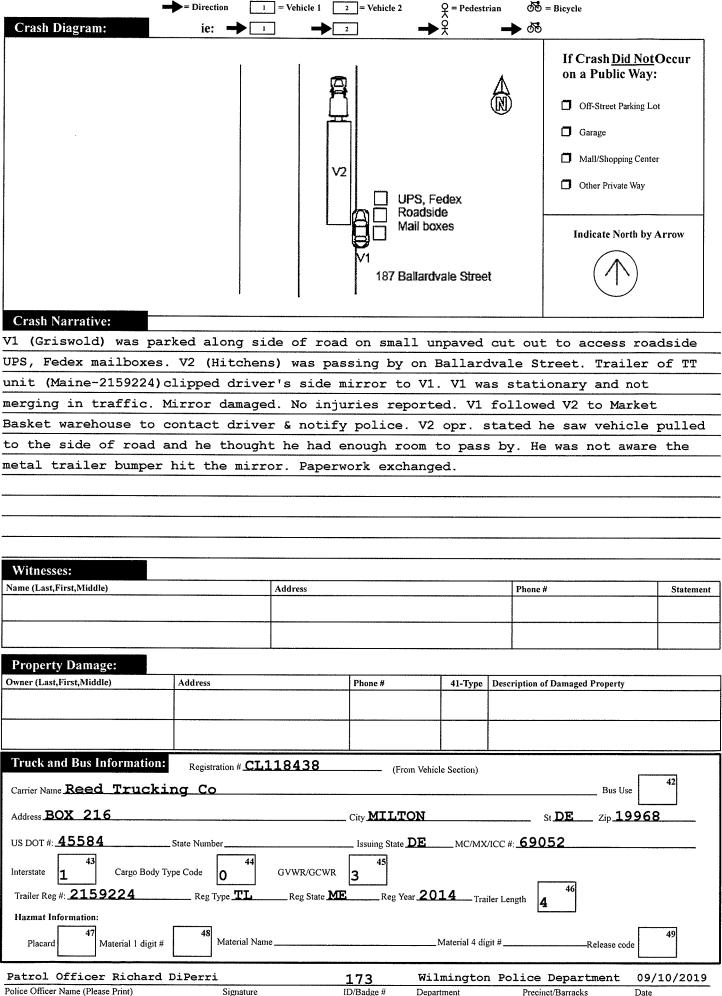
	Police Use Only	Com	monwealth (oi Massach	usetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash 09/10/2019 1210 Wili	City/Town mington	Motor Veh		Number Vehicles	Number Injured	Speed Limit	25	State Police Local Police MBTA Police) Q
	24HR		Police 1	Report	1	0	Latitude Longitude		Campus Police Other:	i
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	I INTER	SECTI	ION:	
										2 10
1	Route# Direction GRAND S	T Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	/Street	_
1		At		- Na	- III					_
	Route# Direction BIRCH R	D ne of Intersecting Roads	vav/Street	Feet N S	E W of	Mile Ma	arker	or	Exit Number	-
		Also at Intersection v		Feet N S	E W of					1
<u> </u>				Feet N S	E W of	Route#	Interse	ecting Roa	ndway/Street	
² 2	Route# Direction Nar	ne of Intersecting Roads	vay/Street				La	ndmark		_
3	Please Select One of the Following:	#Occupants Hit	Run Moped	Crash Report	1D# 19	-29	8-AC	;		
	License # 074801226 St T	N DORAG	l .	B5248HY		D T	7 D		o TIN	
	19 19	20		Year 2014				-	21	5 12
	Operator ANDERSON, TOR	E	ndorsement						onlig.	
⁴ 1	Operator ANDERSON, 10R Last Address 127 CALIFORNIA	First	Middle	er TLD LOGIS Last ess 1300 EVE		First	CES I	Middle	÷	-
					KETT I		mar -	. 270		-
	City OAK RIDGE State			KNOXVILLE			nte TN Z amaged Area		27 27 27 27 27 27	-
	Insurance Company PROTECTIV			cle Action Prior to Crash	23 23		amaged Area est Status:	1	28	
5	Vehicle Travel Direction: N S E	Responding to Emer		t Sequence 28 23			ype of Test:	<u> </u>	29	
	Citation # (If Issued)			Harmful Event 28		B	AC Test Resu		30	. 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code		St	usp. Alcohol:		Susp. Drug: 2 32	10 ¹³
⁶ 1		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		owed from sc		33	
-	Please fill out for opera Name (Last First Middle)	ntor and all occupants in	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	S	ee Above	\times	1 1	5 0	0 10	1		
										1
										4
⁷ 3	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action 16 I	Location	Condit	tion 18	Hit	/Run Mopeo	i
	License # St	DOB/Age	Reg #	1		Reg Type	2	Reg S	State	
	SexLic. Class 19 19 Lic. R		DL Veh \	/ear \					21	
	Operator	E	ndorsement Own	er						_
⁸ 1	Address	First	Middle Addre	Last		First		Middle		_ [
	City State	Zip	City_			Sta	te Z	.ip		1 14
	Insurance Company		·	le Action Prior to Crash		22 D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer		·	23 23	23 Te	est Status:		28	
)	Citation # (If Issued)	. •	Most	Harmful Event	24	_	pe of Test:	.	29	
2	Viol. 1: Ch/Sec/Sub — V	Viol. 2: Ch/Sec/Sub		r Contributing Code	25	25	AC Test Resu		30 Jusp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		isp. Alconol:		33 Drug: 32	
	Please fill out for operator/nor				34 35 Seat Safety	36 37 Airbag Eject	38 39	40		4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	S	ee Above		1					_
										7

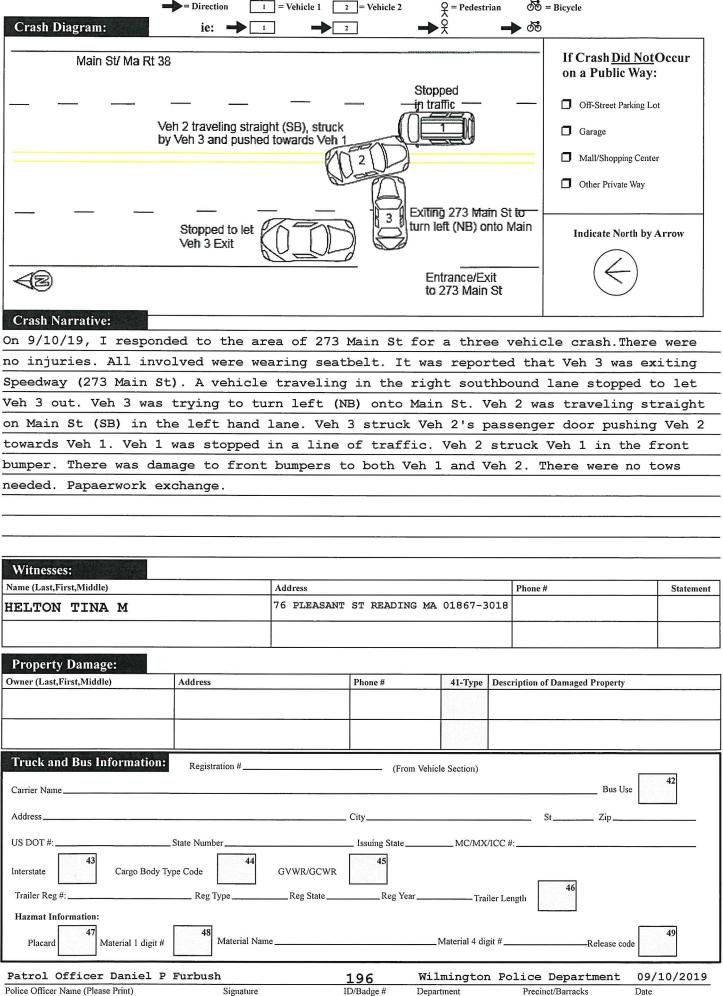


					wealth of Massachusetts					RMV Document Number				
	Date of Crash 09/10/2019	Time of Crash	City/Town Lmington	Motor Veh	icle Cras	h Nu	,	umber njured	Speed		35	State Police Local Police MBTA Police		
	03, 10, 2013	24HR	EMETIG COII	Police	Report	2	0	-	Latitud Longitu			Campus Police	. 5	
		AT INTERSEC	TION:	< LOCA	TION >		NO	OT AT	INT	ERS	SEC	TION:		
							_							2 10
r 	Route# Dire	ction	Name of Roadway/St	reet	Route# Direction	187 n Addre		BALL				ay/Street		
1			At		r		***************************************							
L	Route# Direc	etion N	ame of Intersecting Roady	vav/Straat	Feet N	SEW		 Mile Ma	rker	_	or	Exit Numbe	er	_ 11
	Kouten Biret	toton 14	Also at Intersection v		Feet N	SEW	of							4 ''
-					Feet N	SEW	Ro	ute#	I	Interse	cting R	Roadway/Street		
² 1	Route# Direc	ction N	ame of Intersecting Roads	vay/Street		· · · · · · · · · · · · · · · · · · ·				Lan	ıdmark			
3	Please Select (of the Followi		#Occupants Hit/	Run Moped	Crash Rep	ort ID#	9-	29	9-7	AC				
,				-										
	License # <u>S8</u>	10 10	MA DOB/Age		# <u>793YC9</u>								21	1 12
	Sex F Lic.	E	Е Е	ndorsement	Year 2012				_		_ Veh	Config. 1		
⁴ 1	1	ISWOLD, MI	First	Middle	er GRISWOL			First			Mic	ddle		
T	1	OLDE COAC			Address 100 OLDE COACH RD APT 1									
			ate MA Zip 0183 (0-3353 City	HAVERHIL.	г	22					L830-33		
		any METROPOL	Vehic	cle Action Prior to Cr		11 22		amaged st Statu		Code:	7 27 27			
⁵ 2	Vehicle Travel D	Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23	<u></u>	23 23		pe of T			29		
	Citation # (If Iss	ued)		Most	Harmful Event 1	24		•	AC Test		lt:	30		
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 3	25 2	Su	ısp. Alc	ohol:	2 31	Susp. Drug: 2	32	2 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33											
1	Name (Last First M	-	erator and all occupants in	volved Address	DOB/Age		35 36 Safety Airbo	g Eject	38 Trap		40 Transp.			
٠	Operate		S	ee Above	DOB/Age :		System Statu	S Code		Status 10	Code 1	Medical Faci	ну	
	r				+			+-						
													•	
⁷ 1	Please Select C		#Occupants Non	-Motorist A Type	15 Action 1	6 Location	17	Condit	ion	18	П	lit/Run 🔲 🛚	/loped	
1	License # 05		DB		CT 110420				<u> </u>				-	
		19 19	DE DOB/Age	_	# CL118438			ед Туре				g State DE	21	
	Sex. M Lic. (<u> </u>	E	ndorsement	Year 2018						_ Veh	Config. 10		
⁸ 1	=	ICHENS, HA	First	Middle	er SOUTH W			First	كىلىل		Mid	idle		
		39 MOUNT J			ess 22 CHES	TNOT	ST							14
	City MILLS		ate DE Zip 1996	·	MILTON	Γ	. 22		te DE maged		- г	27 27	27	
		any ECMB OF I	•	_	ele Action Prior to Cr		23 23		imaged st Statu		code:	28	ات	
	Vehicle Travel D	Pirection: SEW	Responding to Emer	gency? 2 Event	t Sequence 1 23	24	23 23		pe of T		ŀ	29		
⁹ 2	Citation # (If Iss	ued)		Most	Harmful Event 1				AC Test	t Resul	it:	30		
\dashv	Viol. 1: Ch/Sec/S	Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25 2	.5 Su	sp. Alc	ohol: 2	31	<u></u>	32	1
ļ	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		r Distracted by				wed fro	om sce		2 33		
	Ple Name (Last First M	•	on-motorist and all occupa	ants involved Address	DOB/Age 5		35 36 Safety Airba System Statu	g Eject S Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Faci	lity	
	Operate	or/Non-Motori:	st Se	ee Above			1 4	0	0	10	1			
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											- 1			



	Police Use Only	Com	monwealth	onwealth of Massachusetts RMV Document Number					
	109/10/2019 1750 Wilmington			nicle Crash	Number Number Vehicles Injured	1 5,500 5,	State Police Local Police MBTA Police Campus Police		
	24HR	rmington	Police	Report	3 0	Latitude Longitude	Campus Police Other:		
	AT INTERSEC	CTION:	< LOCA	ATION >	NOT A	AT INTERSE	CTION:		
								2 10	
1	Route# Direction	Name of Roadway/St	reet		279 <u>MAI</u> Address #	Name of Roa	dway/Street	<u> </u>	
13		At		Feet N S I	e w . c	_			
	Route# Direction	Name of Intersecting Roads	vay/Street	Feet [N[S]]		— • — or Marker	Exit Number	111	
		Also at Intersection v		Feet NSI			D 1 (0)	3	
2	Route# Direction	Name of Intersecting Roady	vav/Stroot	Feet NSI	E W of Route#	intersectin	g Roadway/Street		
² 1	Notice Birection	realize of intersecting Roads	vay/Sirect			Landm	ark		
3	Please Select One of the Following:	#Occupants Hit	Run Moped	Crash Report I	D# 19-30	0-AC			
	License # S10391536 Si	MA_DOB/Age	Reg	# <u>MM1913</u>	Reg T	vne PC	Reg State MA		
	19 19	c. Restrictions 20	DL Veh	Year 2017 Ve			21	1 12	
	Operator GOODWIN, ROE	<u> </u>	ndorsement	ner GOODWIN,					
⁴ 1	Address 124 FRANKLIN	First	Middle	ress 124 FRANK	First		Middle		
	City MELROSE S			MELROSE		State MA Zip	02176-1821		
	Insurance Company COMMERCE			cle Action Prior to Crash		Damaged Area Coo			
_	Vehicle Travel Direction:				23 23 23	Test Status:	1 28		
5	Citation # (If Issued)		- '	· L	24	Type of Test:	29		
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		L	1 25 25	BAC Test Result: Susp. Alcohol: 2	1 30 31 Susp. Drug: 2 32	1 13	
	Viol. 3: Ch/Sec/Sub			<u>_</u>	26	Towed from scene?			
⁶ 1		perator and all occupants in			34 35 36 3 Seat Safety Airbag Ej			i	
	Name (Last First Middle)	_	Address	DOB/Age Sex	Pos. System Status Co	de Code Status Coo	de Medical Facility	İ	
	Operator	S 263 W WYOMING AV	ee Above		1 1 4 0	0 10 1			
	FRANK MCNARY	MELROSE, MA 0217		M 3	3 1 4 0	0 10 1			
	ROBERT MCNARY	18 WINDSOR RD SOMERVILLE, MA (02144-3135	м	1 1 4 0	0 10 1			
⁷ 1	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action 16 Lo	ocation 17 Con	dition 18	Hit/Run Moped		
1	of the Following.							-	
	10 10	MA DOB/Agc	_			/pe PC	_ 21		
	Sex F Lic. Class D Li Operator MORLANI , CAF	E	ndorsement	Year 2004 Ve			eh Config. L		
⁸ 1	Address 7 ELWOOD RD	First	Middle	ress 7 ELWOOD	First	MGETO	Middle		
		tate MA Zip 01887		WILMINGTON		State MA 71 /	01887-2809	1 14	
	Insurance Company SAFETY I	•	•		22	Damaged Area Coo			
	Vehicle Travel Direction: NXE	=		cle Action Prior to Crash t Sequence 23 2	-	Test Status:	1 28	1	
	Citation # (If Issued)	Kesponding to Emer			24	Type of Test:	29		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sas/Sub				BAC Test Result:	1 30 33		
	Viol. 3: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —		<u> </u>	26	Susp. Alcohol: 2 Towed from scene?			
		/non-motorist and all occup			34 35 36 3	7 38 39 40	2		
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Airbag Eje Pos. System Status Co	de Code Status Coc			
	Operator/Non-Motor	ist S	ee Above		1 1 4 0	0 10 1			
			All the second s						

					mmonwealth of Massachusetts RMV Document Number													
	Date of Crash 09/10/2019	Time of Crash 1750		City/Town Motor Ve			icle Cra	sh		umber hicles	Nun	rad l	•	Limit	35	Local I	Police D	
	00, 10, 1015	24HR	W 1 1111.	riig con		Police	Report		3		o ĺ		atituo ongit				is Police 🔲	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	ГАТ	INT	ΓER	SEC	TION:		
									27	0	347	AIN	CIT	7				2 10
¹ 3	Route# Dire	ction		Name of Road			Route# Direc	tion		ess#	1717	7.T.TA			Roadw	/ay/Street		_
3				At			Feet	NS	EW	of			- •		or			
	Route# Direc	ction	Name	of Intersecting	Roadway/Street						Mi	le Marl	ker			Exit N	Yumber	3 11
				Also at Interse	ction with			NS	,		Route)	Interse	ecting F	Roadway/S	Street	
² 1	Route# Direc	ction	Name	of Intersecting	Roadway/Street		Feet	NS	EW	of								
	Please Select (One N/1	. 7		¬	I—,				1 0	_				ndmark	ς		4
3	of the Followi		3 <u>1</u> #	Occupants	Hit/Run	Moped	Crash F	Report	ID#	T 9		00) —.	AC	;			
		6823556		_ DOB/Age		Reg	554RC7				Reg	g Type_	PC		R	eg State 1		. 12
	Sex F Lic.	Class D 19	Lic. Res	strictions	CDL	Veh	Year 2010		Veh M	ake <u></u>	ONE	A			Veh	Config.	1 21	
4		NSON, JE	Fi	A LYNN	Middle	Own	er WONSON	Last	JES	SIC	A I	YNI rst	<u></u>		Mi	ddle		
⁴ 1		GAUDREAU					ess 68 GAT	JDR	EAU	S:	<u> </u>							
	1	LL				4 City	LOWELL										-5514	
	1	oany STANDA		IRE IN	S		ele Action Prior to			b	22		naged t Stati		Code:	1 27	27 27	
5	Vehicle Travel D	Direction: N S	XW	Responding to	o Emergency? 2	Even	t Sequence 1	23	23	23	23		e of T			29		
	1	sued)					Harmful Event	1	24	25	25	BA	C Tes	t Resu	ılt:	1 30		13
	Viol. 1: Ch/Sec/	Sub ———	Vic	ol. 2: Ch/Sec/S	ub		er Contributing Co	_	18 26	²⁵ 4	25				2 31		rug: 2 32	1
6 1	Viol. 3: Ch/Sec/	Sub				Drive	r Distracted by	0	34	35	36	Tow 37	ved fr	om sc	ene?	2 33		_
	Name (Last First M	Please fill out fo	or operator	r and all occup	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	eal Facility	
	Operate	or			See Above		> <	X	1	1	4	0 0	0	10	1			
																		7
																		1
7	Please Select C		4 #	Occupants	Non-Motorist	A Type	15 Action	16	Locatio		17	Conditio		18			Moped	1
⁷ 1	of the Followin	ng: Venicle	·		Non-Motorist	A Type	Action	1	Jocatic	^m		ondine)n			HIT/Kun	Moped	4
	License #	19 19	5	_ DOB/Age_	20	Reg #	·				Reg	Туре_			Re	eg State	21	
	Sex Lic. (Class	Lic. Res	trictions	CDL Endorsemen		/ear		Veh Ma	ake					Veh	Config.		
⁸ 1	Operator	Last	Fi	rst	Middle			Last			Fig	rst			Mie	ddle		
	Address		Ctata	7:-			ess					C		~	,• .			14
	Insurance Compa						le Action Prior to		[22	_ State Dan			Code:	27	27 27	
		Direction: NS			Emergency?				23	23	23		Statu			28		
		ned)		responding (, Emergency .		Harmful Event	一	24			Тур	e of T	est:		29		
⁹ 2	·	Sub ————		d 2: Ch/Sec/Si	ıb		r Contributing Co	L ode	\Box	25	25			t Resu	ılt: 31	30	32	
	Viol. 3: Ch/Sec/S				ıb		r Distracted by		26			-	p. Alc red fro	om sce		Susp. D	rug:	
	Ple	ase fill out for oper							34 Seat	35 Safety	36 Airbag	37	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M	or/Non-Mot	torist		Address		DOB/Age	Sex	Pos.	System	Status			Status	Code	Medi	cal Facility	-
	Operate	/1/1 1 071 - 1710l	or ist		See Above				1			_						-
								<u> </u>				_						4
								ļ										



Wilmington Police Department Images Associated with 19-300-AC





Wilmington Police Department Images Associated with 19-300-AC

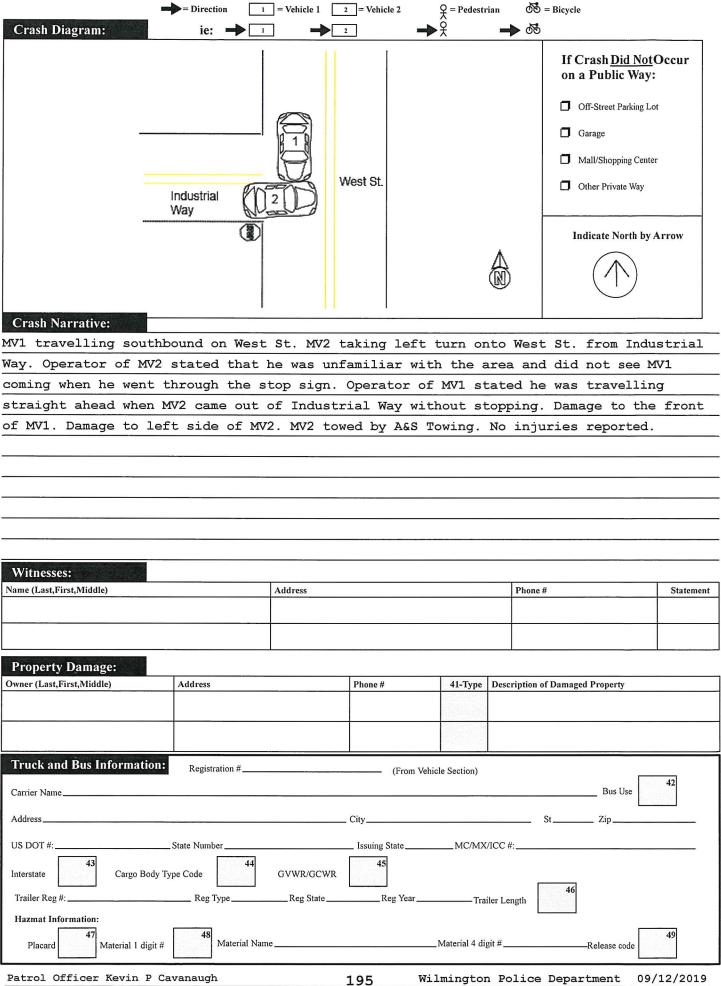




Police Use Only Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicle		ad Dipote	Limit,	25	Local Police	
	09/11/2019 0719 Wil	mington	Police 1	Report	2	0	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN		SEC	TION:	1
			-								2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	357 Address		DDLE:			/E vay/Street	
¹ 1		At									-
				Feet N	S E W of	 Mil	• e Marker		or _	Exit Number	
	Route# Direction Nar	ne of Intersecting Roadw Also at Intersection w		Feet N	S E W of						2 11
					S E W of	Route	#	Interse	ecting I	Roadway/Street	······································
² 1	Route# Direction Na	ne of Intersecting Roadw	vay/Street	1000	<u> </u>	-		La	ndmarl	k	-
_	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repo	1D# 1 (3 – 3	01_				1
3	of the ronowing:										_
	10 10	A DOB/Age		4NG717						21	1 12
	Sex M Lic. Class D M Lic. I	E:	ndorsement	Year <u>2004</u>			ROLE!	<u> </u>	Veh	Config. 1	
4	Operator FAZIO, WILLIA	M P First	Middle Own	er FAZIO, V	VILLIA	M P	st		Mi	iddle	
⁴ 1	Address 16 MARCIA RD		Addr	ess 16 MARC	IA RD						
_	City WILMINGTON State	e MA Zip 01887	7-1465 City.	WILMINGTO	N					1887-1465	
	Insurance Company METROPOLI	TAN PROP	Vehic	cle Action Prior to Cra	sh 2	22	Damage		Code:		
5_	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	Test Sta			28 29	
⁵ 2	Citation # (If Issued)		Most	Harmful Event 1	24		Type of BAC Te		ılt.	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	Susp. Al			Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		Towed f	•		2 33	
⁶ 1	-	ator and all occupants inv			34 35 Seat Safe		37 38 Eject Trap Code Code	39 Injury	40 Transp.		1
	Name (Last First Middle) Operator	Se	Address ee Above	DOB/Age Se	Pos. Systa		Code Code	 	Code 1	Medical Facility	1
	operator .				1-	-					4
								ļ			-
						11					1
⁷ 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 C	ondition	18		Hit/Run Moped	
		A DOB/Ag		BV4840	<u> </u>		Туре РС		<u> </u>	eg State MA	1
		20	_	/ear 2007	Val. Mata					Config. 21	
	Operator LUCOT, KYLEE	Er	idorsement	er LUCOT, C			***		ven	Comig.	
⁸ 1	Address 4131 AVALON DR	First	Middle	ess 19 BIRCI		Fire	st		Mi	iddle	
	City WILMINGTON State			WILMINGTO			State MZ	A 7	in 0 1	1887-1922	1 14
	Insurance Company GEICO GEN	-	•	le Action Prior to Cra		22	Damage				
	Vehicle Travel Direction: N S E	Responding to Emerg	_	Sequence 23	23 23	23	Test Stat	tus:		1 28	
	Citation # (If Issued)	and persons and according	,	Harmful Event 1	24		Type of	Test:		29	
ິ 2	, ,	 Viol. 2: Ch/Sec/Sub		r Contributing Code	5 25	25	BAC Te	г		Susp Drug 2 32	
		Viol. 4: Ch/Sec/Sub —		r Distracted by			Susp. Al Towed f	E		Susp. Drug: 2 32	
	Please fill out for operator/nor				34 35		37 38	39	40	<u></u>	1
	Name (Last First Middle)	,	Address	DOB/Age Se		m Status	Eject Trap Code Code		Transp. Code	Medical Facility	-
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-!				· · · · · · · · · · · · · · · · · · ·	3 1	4 (0	10	1		_
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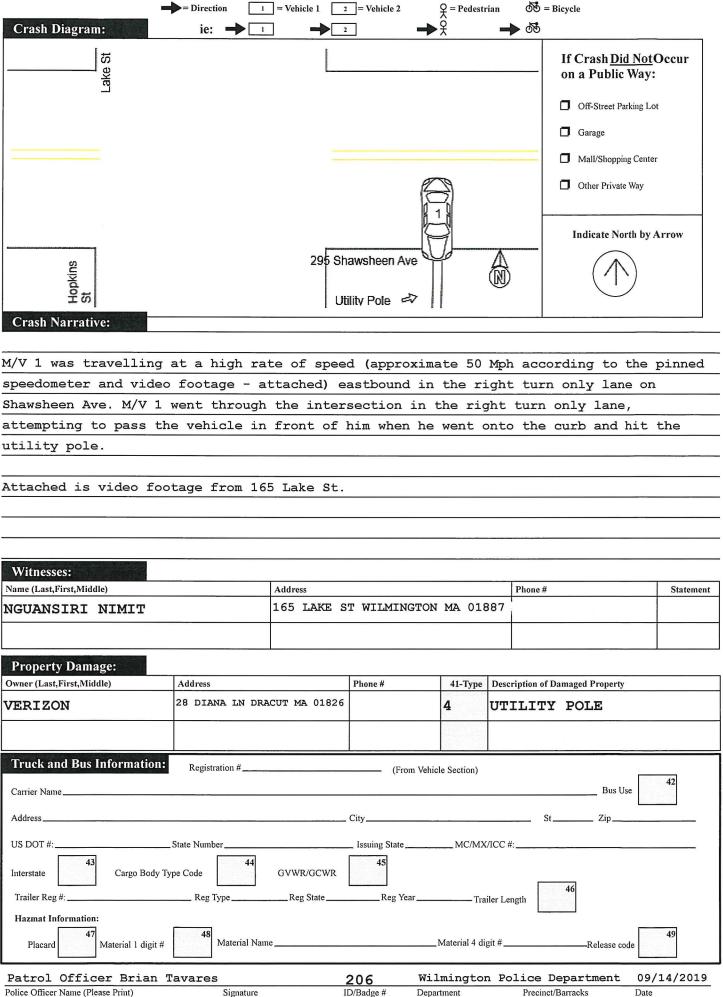
Crash Diagram:	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestr 오	ian 🚳	= Bicycle	
Middlesex Ave R						If Crash <u>Did N</u> on a Public W	
		\$ OT		⇔	W	Off-Street Parking	ng Lot
		MV1	M	/2			ig Lot
1						☐ Garage	
						☐ Mall/Shopping C	Center
WARRANCE CONTROL OF THE STATE O	76546666667A	Page 1	tavad mahasav and kozogopos copropo so stoss per p	***************		Other Private W	ay
			Dunkin Donu	te			
			#357 Middles			Indicate North	by Arrow
						\bigcirc	
Crash Narrative:				-			
MV1 and MV2 were bot	h traveing we	st on Midd	llesex Ave (R62).	MV1 red	luced their s	speed/
stopped as traffic s							
357 Middlesex Ave).	•						
resulted in MV2 hitt							
	his minor cra						
feet away. I did no motor vehicle stop a	t see the cra			ear it.	1 1mm	ediately cle	eared the
motor venicle stop a	nd accended c	o the cras	511.				
	100,000		· · · · · · · · · · · · · · · · · · ·				
			1000				
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	of Damaged Property	
Truck and Bus Information							
Truck and bus information	Registration #		(From Vehi	cle Section)			42
Carrier Name						Bus Use	
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Reg Type		Pag Voor			46	
Hazmat Information:	Keg Type	Neg State	Keg rear	———— Tra	ier Length		
Placard Material 1 digit #	48 Material Nam	ne		_Material 4 di	git #	Release code	49
Patrol Officer Daryl J	Ceruolo		212 Wi	lmingtor	Police	Department	09/11/2019
Police Officer Name (Please Print)	Signature			artment			Date

Police Use Only Commonw				of Massa	chus	etts	}		RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town N	Iotor Veh	icle Cras	sh [Number Vehicles		Jopee	d Limit	35	Local Police 2	
	24HR	mington	Police 1	Report	2		0	Lann	ude itude _		MBTA Police Campus Police Other:	i
	AT INTERSECT	TION:	< LOCA	TION >			NOT			SEC	TION:	7
												2 10
	Route# Direction	Name of Roadway/Street		Route# Directi	on 12	28 dress#	WE:			Roady	vay/Street	_ []
¹ 1		At				_						-
	Route# Direction Na	CLASSIC POLICE		Feet [1	N S E V	V of		Marker	•	or _	Exit Number	-
	Routes Direction Na	Also at Intersection with	otreet	Feet	N S E V	v of						3 11
					N S E V	_	Route#		Interse	ecting I	Roadway/Street	
² 1	Route# Direction Na	nne of Intersecting Roadway/S	street						La	ındmarl	k	
3	Please Select One Vehicle 11	#Occupants	Moped	Crash Re	enort ID#	19	-31	<u> </u>			***************************************	
3	or the Following.									_		
	License # S61808346 St 1 9 19	20		6CA218							21	1 12
		Restrictions CDL_ Endors	sement	/ear <u>2017</u>					EN	Veh	Config.	
⁴ 2	Operator LABELLA, ROBE	First Mid	ldle	r LABELLA	ıst		First			М	iddle	-
2	Address 7301 INWOOD DI			ess 7301 I	NWOO:	ום ס						-
	City WOBURN Star	-	0157 City 1	WOBURN							1801-5157	1
	Insurance Company COMMERCE		le Action Prior to C		1	22	Damage Test Sta		ı Code:	27 27 27 27		
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emergency	y?_ 2 Event	Sequence 1	3 23	23	23	Type of			29	
	Citation # (If Issued)		Most	Harmful Event	1 24			BAC To		ult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26			Towed	from sc	ene?	2 33	
<u> </u>	Please fill out for oper Name (Last First Middle)	ator and all occupants involve		DOB/Age	Sex Pos.	35 Safety System	Airbag E	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Al	oove		$\sqrt{1}$	1	4 0		10	1		
									+			
									-			
									<u> </u>	ļ		
							<u> </u>					_
⁷ 3	Please Select One of the Following:	#Occupants Non-Mot	torist A Type	Action Action	Locat	ion	17 Co	ndition	18		Hit/Run 🔲 Mope	i
	License # 5902368 St M	TE_ DOB/Age	Reg#	4584WZ			Reg T	уре РС		R	eg State ME	_
	19 19	Restrictions B 20 CDL_Endors		ear 2014							21	
	Operator CARUSO, SALVA	TORE First Mid	Owne	r CARUSO,	SAI	VAI					<u> </u>	_
⁸ 2	Address 30 RIVERBEND F			ss 30 RIV	sı ERBE]	I DE	RD First			Mi	iddle	_
	City WELLS Stat	e ME Zip 04090	City_	WELLS				State M	E 2	Zip Q4	4090	1 14
	Insurance Company PATRIOT I	NSURANCE	Vehic	le Action Prior to C	Crash	4	22	Damage	ed Area	Code:	7 27 27 27	
	Vehicle Travel Direction: N S WW	Responding to Emergency	? 2 Event	Sequence 1 23	3 23	23	23	Test Sta	ıtus:		28	
9	Citation # (If Issued)		Most	Hannful Event	1 24			Type of			30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———	Drive	Contributing Code	e 4	25	25	BAC Te Susp. A			———	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	Distracted by	0 26			Towed t			1 33	
ţ	•	n-motorist and all occupants i		T I	34 Sent	35 Safety	Airbag E	37 38 jeet Trap	39 Injury	40 Transp.		-
ŀ	Name (Last First Middle) Operator/Non-Motoris	Addre		DOB/Age	Sex Pos.	System 1	Status C	ode Code	Status 10	Code 1	Medical Facility	-
}	operator/Tron-Motoris	see Ab			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	 	-	 	1			-
}						<u> </u>			 			_
						<u> </u>						

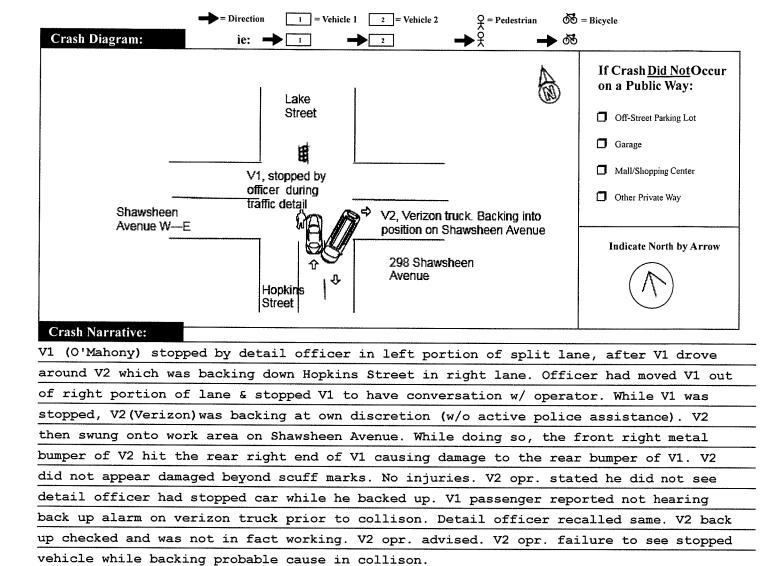


Department

Police Use Only Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash 09/14/2019 0532 Wil	City/Town .mington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	25	State Police Local Police MBTA Police Campus Police	1
	24HR		Police	Report	1	0	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT AT	INTER	SECTI	ON:]
				120 1	202	OIINE	CHERN			2 10
1	Route# Direction	Name of Roadway/St	reet	Route# E Direction	293 Address #	SHAW	SHEEN Name of	Roadway/	Street	-
¹ 4		At		Feet N S	V w		_			1
	Route# Direction No	ame of Intersecting Roads	vay/Street	reet [IV] 5	A · · · or	Mile Ma		or	Exit Number	111
		Also at Intersection v	vith	Feet N S	E W of	Route#	T. 4	D	1	
² 1	Route# Direction No.	ame of Intersecting Roads	vav/Stroot	Feet N S	E W of	Koute#	merse	ecting Koad	dway/Street	
1	Roden Breeden 14	anie of intersecting Roads	vay/Street				La	ndmark		_
3	Please Select One of the Following:	#Occupants Hit.	Run Moped	Crash Report	ID# 19	-30	3-AC	•		
	License # S25926524 St J	MA DOB/Age	Reg	# <u>8WK783</u>		Reg Type	PC	Pag S	tota MA	┨
	19 19	20		Year 2015					21	3 12
	Operator BERZOUZ, YAS:	E	ndorsement	er BERZOUZ,				ven co	inig.	
⁴ 3	Last	First APT 1	Middle	ess 8 EXETER		First 1		Middle		ĺ
		te MA Zip 0185		LOWELL	<u> </u>		M/A 7	∩1 Q	53-0000	
	Insurance Company GOVT EMP		-	ele Action Prior to Crash	-		amaged Area		27 27 27	
	Vehicle Travel Direction: N S W			[23]	23 23		st Status:	<u> </u>	28	
⁵ 1	Citation # (If Issued) T1682649			22 <u> </u>			pe of Test:	_	29	
				Hannful Event 22		- 25	AC Test Resu	I	30	13
	Viol. 1: Ch/Sec/Sub <u>89 4A</u>			er Contributing Code	9 ²⁵ 2		sp. Alcohol:			22 ¹³
⁶ 1		Viol. 4: Ch/Sec/Sub		er Distracted by	34 35	36 37	wed from sc	ene? 1	33	_
	Name (Last First Middle)	rator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	s	ee Above	><X	1 1	з 0	0 10	1		
										1
										1
										1
	Please Select One			15 16		17	18			4
⁷ 1	of the Following:	#Occupants Non	-Motorist A Type	Action L	Location	Condit	ion	Hit/	Run Moped	
		DOB/Age	Reg #	f		_ Reg Type		Reg S	,	1
	Sex Lic. Class 19 19 Lic.		DL Veh Y	/ear\	/eh Make			_ Veh Cor	nfig.	
	OperatorLast	First	ndorsementOwn	er						
1	Address	rnac		ess		First		Middle		
	City Sta	teZip	City_			Stat	te Z	ip		1 14
	Insurance Company		Vehic	le Action Prior to Crash		22 Da	maged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Event	Sequence 23	23 23	23 Te	st Status:		28	
)	Citation # (If Issued)		Most	Harmful Event	24	-	pe of Test:	-	29 30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	25	25	AC Test Resu sp. Alcohol:	21	isp. Drug: 32	
ı	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from sci		33	
	Please fill out for operator/no	****			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp		4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	I Se	ee Above		1					1
Ī										1



Police Use Only Commonwealth of Massachusetts RMV Document Number									
Date of Crash 09/14/2019 0954 Wil	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	25	State Police Local Police MBTA Police Campus Police	1
24HR	Lmington	Police 1	Report	2	0	Latitude Longitude _		Campus Police Other:	
AT INTERSECT	ΓΙΟΝ:	< LOCA	TION >		NOT A	T INTER	SECTI	ON:	1
									1 10
Route# Direction HOPKINS	S ST Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadway/	/Street	_
	At								1
129 E SHAWSHE			Feet N S	E W of	Mile Ma	arker	or	Exit Number	L
Route# Direction N	ame of Intersecting Roady Also at Intersection w		Feet N S	E W of					3 11
			Feet N S		Route#	Inters	ecting Roa	dway/Street	
Route# Direction No.	ame of Intersecting Roadw	vay/Street	7 000 [-]-	v.		T :	andmark		-
Please Select One Vehicle 12	#Occupants Hit/	Run Moped	Crash Report	1D# 1 0	-30				1
of the Following:							····		4
License #. , S	DOB/Age	Reg	9PH616		Reg Typ	e PC	Reg S	State MA 21	1 12
S Lic. Class D Lic.	Restrictions I C	DL Veh	Year <u>2008</u>	Veh Make <u>H</u>	YUNDA	\I	Veh Co	onfig. 1	
Operator Last	First	_ Own	er OMAHONY,	DAVII) J		Middle		
Addres.		Addr	ess 21 ALBAN	Y ST					
Cit Sta	at Zij	City	WILMINGTON	L				87-2261	
Insurance Company GOVT EMP	LOYEE INS	Vehic	ele Action Prior to Crash	2	22 D	amaged Area	Code: 4	27 27 27	1
Vehicle Travel Direction: XSEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:	1	28	
Citation # (If Issued)	· 	Most	Harmful Event 1	24	•	ype of Test:		30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	AC Test Res usp. Alcohol:		usp. Drug: 2 32	1 13
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	or Distracted by	26		owed from so		33	
	erator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40	·	_
Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code		Code	Medical Facility	-
Operator	21 ALBANY ST	ee Above		1 1	4 0	0 10	1		4
JOMARIE OMAHONY	WILMINGTON, MA 0	1887-2261	7	3 1	4 0	0 10	1		1
]
Please Select One Vehicle 21	#Occupants Name	-Motorist A Type	15 Action 16 I	Location	17 Condi	18	Hit/	/Run Moped	1
of the Pollowing:		-Wiotorist A Type	Action	Location	Condi	tion	Hit	Run Moped	4
License # 030ER74091 St]		Reg #	<u> M67249</u>		Reg Typ	e <u>CO</u>	Reg S	State MA 21	
Sex.M Lic. Class A 19 19 Lic.		DL Veh Y	/ear <u>2007</u>	Veh Make E	ORD		Veh Co	onfig. 6	
Operator OUELLETTE , R	AYMOND G	Middle Own	er VERIZON 1	VEW EN	GLANI First	INC	Middle		
Address 30 COMPROMISE	LN	Addr	ess BX 61274	4 220	O W A	IRFIE			
City SANDOWN Sta	ite <u>NH</u> Zip <u>0387:</u>	City_	DALLAS					61-0000	2 14
Insurance Company NATL UNIC	ON FIRE	Vehic	le Action Prior to Crash	10		amaged Area	Code: 2		
Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	Sequence 23	23 23	23	est Status:	1	28	
Citation # (If Issued)		Most	Harmful Event 1	24	-	ype of Test: AC Test Res	nlt:	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	19 ²⁵	25	usp. Alcohol:	····	usp. Drug: 2 32	
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26	To	owed from so		33	
Please fill out for operator/n	on-motorist and all occupa		DOD'A	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	A P 4 5 75	1
Operator/Non-Motoris	st Se	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	1
- F			/ 						+
									-
									_
									1



Witnesses: Name (Last, First, Middle) Address Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 41-Type | Description of Damaged Property Truck and Bus Information: Registration #_____ (From Vehicle Section) Carrier Name_ Address _____ City____ US DOT #-__ State Number_ __ Issuing State _____ MC/MX/ICC #: ___ Interstate Cargo Body Type Code GVWR/GCWR __ Reg Type _____ Reg State _____ Reg Year ____ Trailer Length Trailer Reg #:____ Hazmat Information: _____Material 4 digit #__ Material Name ___ Placard Material 1 digit # ---Release code

Patrol Officer Richard DiPerri

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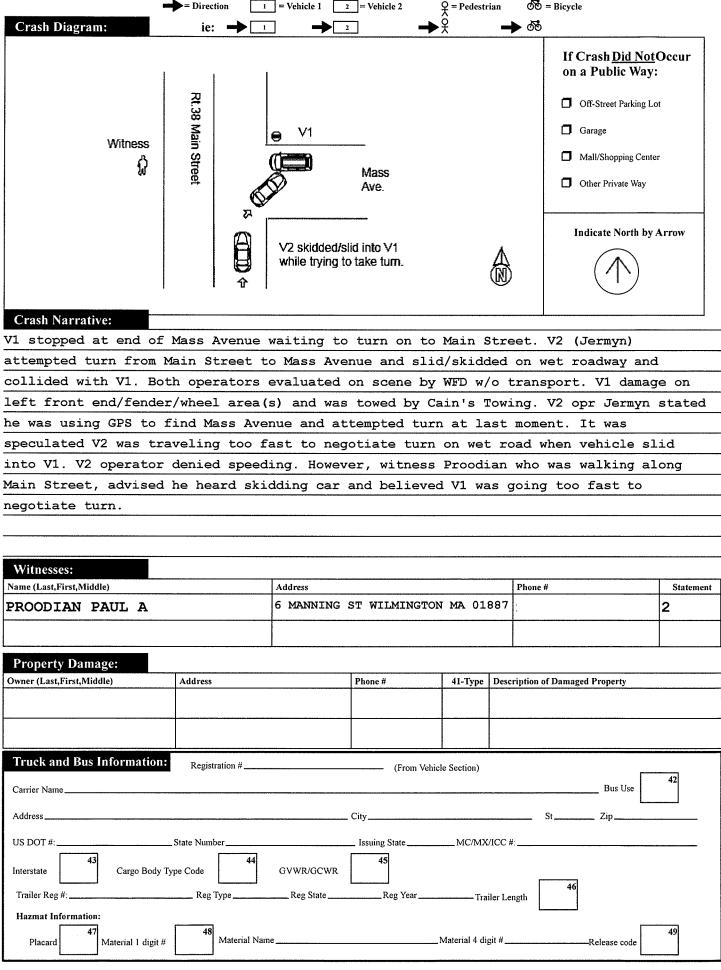
Wilmington Police Department

09/14/2019

Department

Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash	City/Town Motor Vehicle Crash Number Vehicles Injured Latitude Latitude				35	State Police Local Police	0000				
	09/14/2019 1527 Wili	mington	Police 1	Report	2		1	Latitu	ide itude		MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:	< LOCA	TION >			NOT	AT IN		SEC		
												2 10
	38 N MAIN ST	Name of Roadway/St	reet	Route# Direction	Ad	dress #	_	N/	ame of	Roadw	ray/Street	_F_
¹ 1	- Teacher Breater	At At						146	ine or	Roadw	аульнее	
	MASS AV			Feet N	SEV	v of		– – • e Marker	-	or _	Exit Number	
	Route# Direction Nan	ne of Intersecting Roady Also at Intersection w	<u> </u>	Faat N	SEV	V of	17111	c marker				3 11
		7 H30 at Intersection 4	7111	_	SEV	_	Route	4	Interse	cting R	Roadway/Street	
² 2	Route# Direction Nan	ne of Intersecting Roady	vay/Street	Teet [-	12121	<u>.,</u> 01			I as	ndmark		
	Please Select One Valvehiele 17	#Occupants Hit/	Run Moped	Crash Re		10	_ 3	<u> </u>			***************************************	
³ 3	of the Pollowing.	Hill										
	10 10	DOB/Age,	Reg	5EPT40			Reg	Туре РС	<u>.</u>	Re	eg State MA	1 12 12
	Sex M Lic. Class D 19 19 Lic. I	Restrictions 1 C	DL Veh '	Year 2014	Veh l	Make <u>T</u>	OYO	TA		Veh	Config. 1	
1	Operator JOTHIMANI , GE	ORGE SELVA	RAJ Own	er JOTHIMA Las		GEC	RGE	SEL	VAR	AJ Mie	ddle	-1
⁴ 2	Address 78A GLEN RD		Addr	ess 78A GLI		D						_
	City WILMINGTON State	e MA Zip 0188	7-1877 City	WILMINGT	ON						L887-187	, I
	Insurance Company GEICO GEN	ERAL INS	Vehic	le Action Prior to C	Crash	2	22	Damage		Code:	<u> </u>	7
⁵ 1	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	Sequence 1 23	3 23	23	23	Test Sta			1 ²⁸ 29	
1	Citation # (If Issued)		Most	Harmful Event	1 ²⁴			Type of BAC Te		ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	e 1	25	25	Susp. Al			Susp. Drug: 2 3	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	0 26			Towed f	rom sc	ene?	1 33	-
⁶ 2	Please fill out for opera Name (Last First Middle)	ator and all occupants in		DOD/A	34 Sea	t Safety	36 Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.	M. E 1 P 115	
	Operator	s	Address ee Above	DOB/Age	Sex Pos			Code Code	Status 9	Code 1	Medical Facility	
	- 1								-			
									-			_
									ļ			
									<u></u>			
⁷ 3	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action	16 Loca	tion	17 C	ondition	18		Hit/Run 🔲 Mop	ed
<u> </u>		A DOB/Ag	Peg	P1104			Pag	Туре РС		D.	eg State MA	
	19 19	20	_	/ear 2009	Val. ?	Maka S			<u>'</u>		Config. 1	T
	Operator JERMYN, JONAT	E	ndorsement	er LOMBARD						veii	Config.	J
⁸ 1	Address 33 HANCOCK ST	First	Middle	Las ess 33 HANC	st		Firs			Mis	ddle	
		MA Zip 02180		STONEHAM				State M	A 7	in 02	2180-263	6 4 14
	Insurance Company LIBERTY M	•	·	le Action Prior to C		3	22	Damage				
	Vehicle Travel Direction: SEW	Responding to Emer		Sequence 1 23		23	23	Test Sta			1 28	_
	Citation # (If Issued)	responding to 2mer	-	Harmful Event	1 24			Type of	Test:		29	
2	Viol. 1: Ch/Sec/Sub ———	Wiel 2: Ch/Seg/Sub		r Contributing Code		25 1	9 ²⁵	BAC Te	г		30	12
		Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —		Ī	4 26			Susp. Al Towed f	L		Susp. Drug: 2 3	
	Please fill out for operator/no				34		36 Airban	37 38	39	40		
	Name (Last First Middle)	·	Address	DOB/Age	Sex Pos	. System	Airbag Status	Eject Trup Code Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	! S	ee Above		X^1	1	4 (0	10	1		

											,, ,	



Patrol Officer Richard DiPerri

173 ID/Badge # Wilmington Police Department

09/14/2019