	Police Use Only	Comn	nonwealth -	of Massacl	husetts		R	MV Doci	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number	Speed Lim	nit25	Local Police	1
	08/26/2019 1546 Wil:	mington	Police	Report	2	Injured O	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION·		TION >	- 	<u> </u>	r intel			1
	THE THE BRODE	1011.	, Doca			NOT Z	X X1 \ X X Z Z	MODE C	110111	10
	ADELAID									2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name o	of Roadw	vay/Street	-
1	MIDDIEC	At		Feet N S	E W of			— or _		ļ
	Route# Direction MIDDLES	me of Intersecting Roadw	ay/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection wi	ith	Feet N S	E W of	Route#	Inter	rsecting I	Roadway/Street	
2	Route# Direction Na	me of Intersecting Roadw	av/Stroot	Feet N S	E W of	Rollies	211107		.coad.nay.ou.ou	1
<sup>2</sup> <b>1</b>	Route# Direction Nat	me of intersecting Roadw	ay/Street		***************************************		I	Landmarl	k	1
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Repoi	rt ID# <b>19</b>	-28	3-A	С		
,	of the Pollowing.									-
	License # <b>S18154203</b> St <b>M</b> Say <b>F</b> Lic Class 19 19 License 19 19 19 License 19 19 19 19 19 19 19 19 19 19 19 19 19	DOB/Age	_	# RW12761					2.1	1 12
	Sex Elc. Class D Elc.	Restrictions CI	dorsement	Year <u>2009</u>				Veh	Config. 1	
4	Operator MCGREGOR, LIN	DA CHRISTI	NE Own	er MCGREGOR	, STE	PHEN A	<b>.</b>	М	iddle	
<sup>4</sup> 2	Address 6 ARNOLD AVE		Addr	ess 6 ARNOLI	AVE					
	City <b>READING</b> Stat	e <b>MA</b> Zip <b>01867</b>	<b>-2208</b> City	READING		Sta	ate <b>MA</b>	Zip_ <b>0</b>	1867-2208	
	Insurance Company COMMERCE	INSURANCE	Vehic	cle Action Prior to Cras	sh 3	22 E	Damaged Ar	ea Code:	1 27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23		est Status:		28	
<sup>5</sup> 1	Citation # (If Issued)			Harmful Event 1	24	— Т	ype of Test:	;	29	
				<u> </u>	4 25	25	AC Test Re		30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	-	s	usp. Alcoho		22	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by 99			owed from		2 33	<b>.</b>
_	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator	Se	e Above		1 1	4 0	0 10	1		1
								-		1
							-	-		-
										_
7	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	ition 1	8	Hit/Run Moped	7
<sup>7</sup> 3	of the ronowing:									4
		DOB/Age.	Reg	# 1CYY64		Reg Typ	e PC	R	eg State MA	
	Sex <b>F</b> Lic. Class D 19 Lic.	Restrictions CI	OL Veh	Year <b>2016</b>	. Veh Make <b>L</b>	ONDA		Veh	Config. 1	
8	Operator BURKE, ROBERT			er BURKE , R	OBERTA	R First		M	liddle	
<sup>8</sup> 2	Address 4 HANSON RD			ess 4 HANSON	1 RD					L
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>01887</b>	-3448 City.	WILMINGTO	N	St	ate <b>MA</b>	Zip <b>0</b>	1887-3448	1 14
	Insurance Company <b>SAFETY IN</b>	SURANCE	Vehi	cle Action Prior to Cras	sh <b>1</b>	<b>22</b>	Damaged Ar	ea Code:	3 27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg	tency? 2 Even	t Sequence 23	23 23	23 T	est Status:		28	l
	Citation # (If Issued)			Harmful Event 1	24	— т	ype of Test:	:	29	
<sup>9</sup> 2	,			er Contributing Code	1 25	25	BAC Test Re		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——			26	s	usp. Alcoho	-	22	
		Viol. 4: Ch/Sec/Sub —		er Distracted by		T 36 37	owed from		2 33	4
	Please fill out for operator/no	-	ants involved Address	DOB/Age Ser	Seat Safety	Airbag Eject		ıry Transp.	Medical Facility	
	Operator/Non-Motoris	t Se	e Above	X	1 1	2 0	0 10	1		
	-				1			1		1
							+			-
										4

Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	오 = Pedestria 오	n 0% =	Bicycle	
Crasii Diagraiii:	ie. —					If Crash <u>Did Not</u> on a Public Way	
Middle	esex Ave.					Off-Street Parking L	ot
						☐ Garage	
		020	)			☐ Mall/Shopping Cente	er
	Adelaide St.			(	M)	Indicate North by	Arrow
Crash Narrative:							
MV1 stopped at stop							122 22 d
travelling east on M MV2 must have been i							
MV1. Damage to right	MOV.					Damage to 11	
			20 - 1				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:		ļ.					
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
	+						
Truck and Bus Information	Definition						
Carrier Name	Registration #		(From Ve	ehicle Section)		Bus Use	42
			City			Zip	2 (C.) (2) (4.2) or (2)
Address			2.00				
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		-
Interstate Cargo Body		GVWR/GCWR			1000		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	46	
Hazmat Information:					- 1		40
Placard Material 1 digit	# Material Nam	ne		Material 4 digi	t#	Release code	49
Patrol Officer Kevin P (			100				/26/2019
Police Officer Name (Please Print)	Signature		ID/Badge # De	epartment	Precinc	t/Barracks Date	•

	Police Use Only	Comr	nonwealth (	alth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh		mber hicles	Nun		Speed	Limit_	25		1
	08/26/2019 <b>1659</b> Wiln	nington	Police :	Report		2	incies	1	1	Latituc Longit	ie_+04 ude0	071.19	MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION	>			NO.					TION:	1
											****			2 10
	Route# Direction ALDRICH	RD Name of Roadway/Str	reet	Route# Direct	ion .	Addr	ess #			Nai	me of I	Roadw	/ay/Street	-
1		At												-
	HARDIN			Feet	N S	E W	of		ile Mar		_	or _	Exit Number	
	Route# Direction Nan	Also at Intersection w		Feet	N S	E W	of							2 11
				Feet				Route	e#		Interse	cting R	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nan	ne of Intersecting Roadw	vay/Street								Laı	ıdmark	ζ	-
3	Please Select One Vehicle 14	_#Occupants  Hit/	Run Moped	Crash R	enort	ID#	19	-2	284	1 —	AC	)		1
3	of the rollowing:												- 3/3	-
	License # <b>S83251000</b> St <b>M</b> Sex <b>M</b> Lic. Class D Lic. R	20		6725ZA									2.1	<b>1</b> 12
		E <sub>1</sub>	ndorsement	Year <u>2003</u>				ODG	<del>)</del> Ei			_ Veh	Config. 2	
<sup>4</sup> 1	Operator RICE, JAMES W	First	Middle	er RICE,	ast				irst			Mi	iddle	
Т	Address 66 SHAWSHEEN R			ess 66 SHA			N I							
	City <b>BILLERICA</b> State		_ <b>-5702</b> City	BILLERIC	CA_			22					1821-5702	
	Insurance Company AMICA MUT	UAL INS	Vehic	le Action Prior to			<u> </u>			unaged st Stat	i Area	Code:	1 27 27 27 28	
5	Vehicle Travel Direction: S E W	Responding to Emerg	gency? 2 Even	t Sequence 1	23	23	23	23		pe of T			29	
	Citation # (If Issued)	<del></del>	Most	Harmful Event	1	24				•	st Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub V	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Co	de	19	25	25	Su	sp. Ale	cohol:	2 31	Susp. Drug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	99	26			То	wed fr	om sc	ene?	2 33	
1	Please fill out for opera	tor and all occupants in	volved 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	So	ee Above		X	1	o	4		0		1		
	LISA RIBEIRO	66 SHAWSHEEN RD BILLERICA, MA 01	821-5702	11/02/1982	F	3	0	4	0	0	8		Winchester Hospital	
į					-	6	4	4	0	0	10	1	-	
							-	<u> </u>		-				_
1		1				4	4	<u></u>	0	0	<u> </u>	1	1	4
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action	16 L	ocatio	on	17	Conditi	ion	18		Hit/Run 🔲 Moped	
	License # <b>S94247055</b> St <b>M</b>	A DOB/Age	Reg	398TD7				Re	g Type	PC		R	eg State <b>MA</b>	1
	Sex <b>F</b> Lic. Class D 19 19 Lic. R	testrictions 20 C	DL Veh	Year <b>2013</b>	\	/eh M	ake <b>H</b>	<u>IUY</u>	IDA	I		_ Veh	Config. 21	
	Operator TASTO, URSZUL		ndorsementOwn	er TASTO,	DA	VI	D J							
<sup>8</sup> 1	Address 140 CHESTNUT S	T		ess 140 CH	ES!	PNU	T S	ST "	irst			Mı	iddle	
	City WILMINGTON State	MA Zip 01887	7-0000 City	WILMING	ron				Stat	te <b>M</b> Z	<b>1</b> z	ip <b>0</b> ]	1887-3307	2 14
	Insurance Company <b>LIBERTY M</b>	UTUAL INS	Vehic	ele Action Prior to	Crash		2	22	Da	ımageo	d Area	Code:		
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1	23	23	23	23		st Stat			28 29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	1	24			-	pe of 1	rest: st Resu	ılt:	30	
2	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub —	Drive	er Contributing Co	de	1	25	25	3		cohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Drive	Driver Distracted by 0 26 Towed from scene? 2 33							2 33				
	Please fill out for operator/nor	n-motorist and all occup	ants involved	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-Motorist	Se	ee Above	DOMAge	X Sec	Pos. 1	1	4		O Code		1	wiedien raciny	
	DAVID TASTO	140 CHESTNUT ST WILMINGTON, MA 0	1887-3307	<del>                                     </del>	м	3	1	4	0	0	10	1		1
				1	-	Δ	4	4	0	0	10	1		1
1		<u> </u>			· 	-								-
						6	4	4	0	0	10	1		

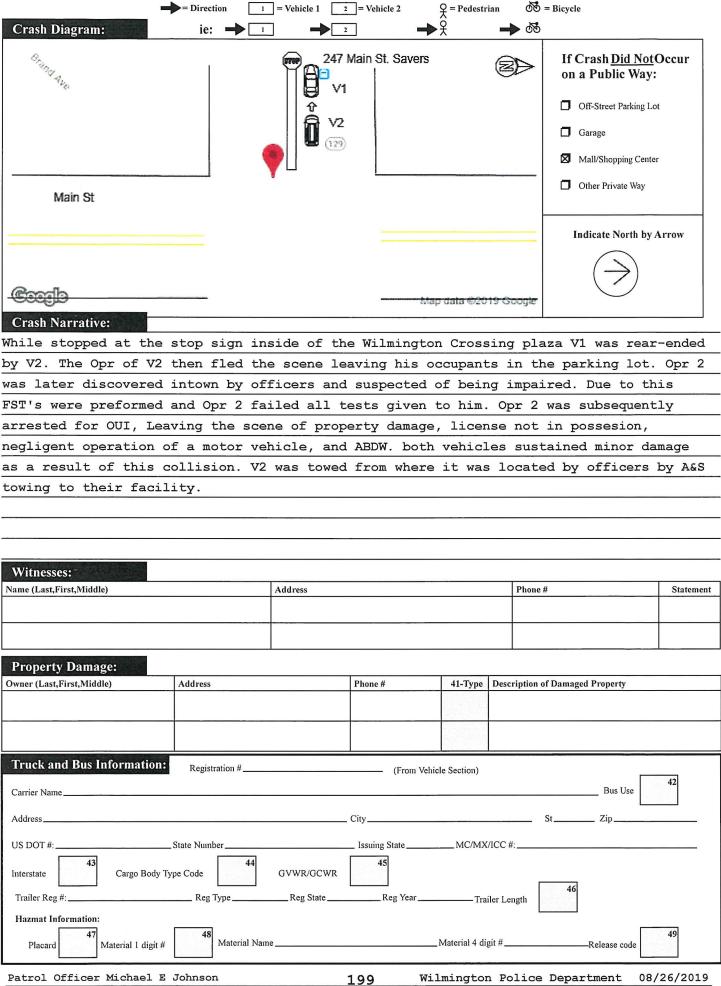
	= Direction 1	= Vehicle 1	2 = Vehicle 2	A = Pedestr	ian 🐠	= Bicycle	
Crash Diagram:	ie: → 1	<b>→</b>	2	>}	→ %		
Hardin Street	#51	Aldr	ich Road			If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage	t
						☐ Mall/Shopping Center	i*
						Other Private Way	
				OD:	)	Indicate North by	Arrow
	#5.	2		Æ	<b>7</b>	7	
Crash Narrative:	7 1		Ideiah Beed	770	-1	J :- 1 tun	
V1 & V2 were both tr V1 rear ended V2. Th							
the vehicle. The ope							
for a short time pri							
sustained mintor rea	end damage.	The front	passenger	in V1 w	as trar	sported to the	
Winchester hospital	by EMS with h	ead and ne	eck pain. No	other	party o	complained of i	njury.
Neither vehicle was	towed.					*	
Witnesses: Name (Last,First,Middle)		Address			Phone	#	Statement
							<u> </u>
Property Damage:			DL #	41 T	Diti	f Damard Burnanti	
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
							_
Truck and Bus Information	Registration #		(From Veh	icle Section)			42
Carrier Name						Bus Use	
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body		GVWR/GCWR	45			46	
	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:  47 Placard Material 1 digit	# 48 Material Nam	ne		_Material 4 di	git #	Release code	49
Patrol Officer Matthew	D Stavro	<u> </u>	180 Wi	.lmingto	n Police	Department 08/	/26/2019

						ealth	ealth of Massachusetts RMV Document Number							mber			
	Date of Crash 08/26/2019	Time of Crash		ity/Town .ngton	Mot	or Veh	icle Cra	sh			Number Injured	Speed Latitud		40	Local I		
	00/20/2019	24HR	MITIUI	ing con	] ]	Police	Report		2	C		Lantud					
		AT INTERS	SECTIO	N:	<	LOCA	TION	>		N	OT A	T IN	TER!	SECT	ΓΙΟΝ:		
																	2 10
	Route# Dire	ction	Ŋ	Name of Roadway	y/Street		Route# Direct		220 Addre		MIDI				<b>E:</b> ay/Street		
1				At				vi al		_							
	Route# Dire	ction	Noma	of Intersecting Ro	ndway/Street	<del> </del>	Feet	N S	E W	of —	Mile M	arker		or	Exit N	Number	111
	Router Bire	Chon		Also at Intersection			Feet	N S	E W								2
							Feet	N S	E W		oute#		Interse	cting R	Coadway/S	Street	
<sup>2</sup> 1	Route# Dire	ction	Name o	of Intersecting Ro	adway/Street								Laı	ndmark			·
3	Please Select ( of the Followi		. 1 <b>1</b> #0	Occupants	Hit/Run [	Moped	Crash R	Report 1	ID# <b>1</b>	9-	28	5-	AC	:			
<i>-</i>		mg.															
		L1110891 <sup>7</sup>	9	20			# <u>V23229</u>									21	1 12
	Sex M Lic.	Class	Lic. Rest		CDL Endorsement		Year 2019							_ Veh	Config.	<u></u>	
<sup>4</sup> 1	1	AN, DUST	Fir	AMES	Middle			Last			First	NC		Mid	ddle		
т		BODWEL					ess 41 ACC			K DI							
		HESTER			09	City	NORWELL		Г					•		-1614 27 27	
	•	pany <b>FEDER</b>		MUTUAL		Vehi	cle Action Prior to		2			Damage Test Stat		Code:	5 <sup>27</sup>		
5	Vehicle Travel I	Direction: N S	Xw	Responding to Er	mergency? 2	Even	t Sequence 1	23		23 2	1	ype of			29		
	Citation # (If Iss	sued)				Mos	Hannful Event	1	24		E	BAC Tes		ılt:	1 30		12
	Viol. 1: Ch/Sec/	/Sub ———	Vio	l. 2: Ch/Sec/Sub		Drive	er Contributing Co	de	<u> </u>	25	<b>25</b> S	Susp. Al	cohol:	2 31	Susp. D	orug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/	/Sub	Vio	l. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26		Т	owed fi	rom sc	ene?	2 33		
1	Name (Last First N		for operator	and all occupants	s involved Address		DOB/Age	Sex		Safety Ai	36 37 rbag Eject atus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	lical Facility	
	Operat	or			See Above			X		2 4	0	0	10	1			1
												1					1
											+						1
												-					-
												<u> </u>					4
<sup>7</sup> 1	Please Select of the Followi		2 <b>1</b> #0	Occupants	Non-Motorist A	<b>1</b> Туре	15 Action	16 L	ocation	1 1	Cond	ition	18	Ū.	Hit/Run	Moped Moped	
	License # <b>S4</b>	6489125	St_ <b>MA</b> _	_ DOB/Age		Reg	# 5ZJ818				Reg Typ	e PC		Re	eg State	MA	1
	Sex <b>F</b> Lic.	10 1	_	20	CDL		Year <b>2014</b>		eh Mal						Config.	1 21	
		RULLO, N	⊣ MARY I	₹	J Endorsement	Own	er CERULL	٥,	MAF	RY E							
81	Address 29	MEADOW ]	DR Fin	rst	Middle	Addı	ess 29 MEZ	Last <b>NOV</b>	v Di	R	First			Mic	ddle		
	City MIDD	LETON	State <b>N</b>	IA Zip 019	49-2325	City	MIDDLET	ON			St	ate <b>M</b>	<b>A</b> z	ip <b>01</b>	L949	-2325	1 14
	Insurance Comp	oany ARBELI	A MU	rual in	S	Vehi	cle Action Prior to	Crash		L 22	Ε	Damage	d Area	Code:	1 27	27 27	
	Vehicle Travel I	Direction: N S	Xw	Responding to E	mergency? 2	Even	t Sequence 1	23	23	23 2	3 T	est Stat	us:		1 28		ŀ
Q	Citation # (If Iss	sued)				Mos	: Harmful Event	1	24			ype of		,	_ 30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/	/Sub	Vio	1. 2: Ch/Sec/Sub		Drive	er Contributing Co	ode	99 2	25	25	BAC Tes Susp. Al	r		1	orugi 32	
	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub		Drive	er Distracted by	99	26			Towed fi	L		2 33	- ا	
		ease fill out for ope	erator/non-m	notorist and all oc	•	:d				Safety Ai	36 37 rhag Ejec	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M	or/Non-Mo	tariet	T	Address See Above		DOB/Age	Sex	Pos.		atus Code	c Code	Status 10	Code 1	Med	lical Facility	1
	Operui	U1/1 \UIL-1Y1U	ivi ist		Sec Moove				1	-   -	- -	<del> </del>		-			-
												-					4
													<u> </u>				_

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	රාජ = Bicycle	
Crash Diagram:	ie: →	<b>→</b> □	2	▶} -	▶ ₩	
					If Crash <u>Did No</u> on a Public Way	7.0
		Vehicle 1				
					☐ Garage	
,					Mall/Shopping Cent	er
	√ehicle 2				Other Private Way	
					Indicate North by	Arrow
~ ·				A M		
<b>©</b>			2.	lap data ©2019 G	icogle	
Crash Narrative:						
Vehicle 1 was stop	ped in traffic	Vehicle 2	2 rear ende	d vehicle	1.	
	P. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
N	31 - 1 - 11 - 11 - 11 - 11 - 11 - 11 -				1	<u> </u>
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property	
Janet (Last,First, Middle)	Audress		1 Holle #	41-1ype Desi	ription of Damaged 1 Toperty	
Truck and Bus Informat	On: Descioustion #					
Carrier Name	Registration #		(From Ve	hicle Section)	Bus Use	42
Address			_ City		St Zip	
			·		·	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
	ody Type Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ength 46	
Hazmat Information:						
Placard Material 1 d	igit # 48 Material Na	me		Material 4 digit #_	Release code	49
Patrol Officer Rafa						/26/2019
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks Dat	e

Signature

	Police Use Only	Comn	nonwealth (	of Massac	hus	setts				RMV	/ Docu	iment Number	
	1 1	City/Town	<b>Motor Veh</b>	icle Crasl	h	Number Vehicles	Num	. , [~	•	Limit_	25	Local Police	
	08/26/2019 1855 Wilm	ington	Police 1	Report			0		atitud Jongitu	-		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA				NOT	_		_	SEC	TION:	1
													2 10
						47	MA	IN					
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	ı Ac	dress #			Nan	ne of I	Roadw	ay/Street	-
		• • •		Feet N	SE	w of					or _		
	Route# Direction Name	of Intersecting Roadw	ay/Street				Mil	e Marl	ker			Exit Number	2 11
		Also at Intersection w	ith	Feet N		_	Route	<del></del> -	1	nterse	cting R	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadw	av/Street	Feet N	SE	w of						•	
1		or microcomig Roadw	ay/Street							Lar	ıdmark	<u> </u>	1
3	Please Select One of the Following:	Occupants Hit/I	Run Moped	Crash Rep	ort ID#	19	-2	86	5-2	AC	,		
	License # <b>S76073484</b> St <b>MA</b>	DOD/4		   9PJ621				m	DC.			. MA	
	10 10	20										2.1	1 12
	Sex_ Lie. Class D Lie. Re	En	dorsement	rear <u>2005</u>							Veh	Config.	$\vdash$
4	Operator PALARDY, MEGAN	irst	Middle Own	er <b>PALARDY</b> Last	, M	EGAN	I E	st			Mi	ddle	
<sup>4</sup> 2	Address 132 DRACUT ST		Addr	ess 132 DRA	CUI	ST							
	City <b>LAWRENCE</b> State	MA Zip 01843	-2536 City	LAWRENCE				_ State	MA	Z	ip <b>0</b> 1	<u> 1843-2536</u>	1
	Insurance Company <b>GOVT EMPLO</b>	YEE INS	Vehic	ele Action Prior to Cr	ash	2	22	Da	maged	Area	Code:		
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Even	Sequence 23	23	23	23	Tes	t Statu	IS:		1 28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_	Most	Harmful Event 1	24				e of T			29	
	Viol. 1: Ch/Sec/Sub — Viol.	ol 2: Ch/Sag/Sub		r Contributing Code	1	25	25			t Resu آ .   . آ	1	1 30 32	1 13
				r Distracted by		I				onoi:	2 31	22	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Viol. Please fill out for operato			i Distracted by	3	35	36	37	38	39	40	2 33	4
	Name (Last First Middle)	•	Address	DOB/Age	Sex Po	at Safety	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	Se	e Above	$\langle \rangle \langle \rangle$	<b>(</b>   1	99	4	0	0	10	1		
						$\top$							1
						_							-
													_
<sup>7</sup> 3	Please Select One of the Following:	Occupants Non-	Motorist A Type	15 Action 1	Loca	tion	17 C	onditio	on	18		Hit/Run Moped	
<u> </u>		DOD'A		3BS238	ل	<u> </u>		T-	PC			s. M7	-
	19 19	_ DOB/Age	•									eg State MA	
			dorsement	/ear <u>2013</u>							_ Veh	Config. 1	
<sup>8</sup> 1	Operator COLE, DUSTIN R	irst	Middle	er <u>BERNIER</u> Last	•		Fir	st			Mi	ddle	
	Address 4 ROLLINS RD			ess 52 MOON	LIG	HT ]	OR		T I				_ 14
	City WILMINGTON State 1	MA Zip 01887	-3120 City	TEWKSBUR	<u> </u>							L876-2209	1
	Insurance Company <b>GOVT EMPLO</b>	YEE INS	Vehic	le Action Prior to Cr	ash	1	22				Code:	2 27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Event	Sequence 23	23	23	23		t Statu			3 28	
9	Citation # (If Issued) <b>T1153218</b>		Most	Hannful Event 1	24				oe of T			2 <sup>29</sup>	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub <u>90 24J</u> Vio	ol. 2: Ch/Sec/Sub 9	0 11A Drive	r Contributing Code	10	25 1	4 25			t Resu			
		ol. 4: Ch/Sec/Sub 9		T Distracted by					-	om sce	-	3 33	
	Please fill out for operator/non-i	***************************************			3-		36	37	38	39	40		-
	Name (Last First Middle)	•	Address	DOB/Age 5	Se Sex Po		Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	1
	Operator/Non-Motorist	Se	e Above		( 1	99	4	0	0	10	1		
	JOHN ROMANO	87 NESMITH ST LOWELL, MA 01852	-2333	М	99	99	99	0	0	10	1		1
	MARC SOLLAZZO	16 FAIRVIEW AVE		M	99	99	99	0	0	10	1		1
		WILMINGTON, MA 0:	188/	M			-				-		4



Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only	Com	monwealt	ealth of Massachusetts						RMV Document Number						
	Date of Crash Time of Crash	City/Town	Motor V	<i>l</i> ehi	cle Cras	sh		mber nicles	Num Injur	. 10	oeed L		35	State Po Local P MBTA	olice 🔀	
	08/27/2019 0852 Wili	nington	Polic	ce R	Report		2		0	L	atitude ongitu				s Police	
	AT INTERSECT	ION:	< LC	DCAT	ION >	>			TON				ECT	TION:		1
																2 10
	Route# Direction	N	A	-	Disset		603		MA	IN	ST	F T		ay/Street		
<sup>1</sup> 1	Route# Direction	Name of Roadway/S	treet	-	Route# Directi	on	Addre	SS #			Nam	e or k	coadwa	ay/Street		1
_				-	Feet	N S	E W	of -			-		or	F.:. X	lumber	
	Route# Direction Nar	ne of Intersecting Road				اماد			Mil	e Mark	ег			EXIL	umber	2 11
		Also at Intersection v	with	-	Feet [				Route	<del>-</del> -	In	itersec	cting R	oadway/S	Street	
<sup>2</sup> <b>1</b>	Route# Direction Nar	ne of Intersecting Road	way/Street	-	Feet	NISI	E W	of								
					T								dmark	-		┨
3	Please Select One of the Following:	_#Occupants    Hit	t/Run 🔲 Moj	ped	Crash Re	eport	ID# 🛚	L 9	-2	87	-7	4C				
	License # <b>S49664803</b> St <b>M</b>	A DOB/Age		Reg#	2MR151				Reg	Type	PC		Re	g State 1	1A	1
	19 19	_ 20		-	ar <b>2018</b>				_						21	1 12
	Operator WEISS, ALENA	I	Endorsement		WEISS,									Comig.		
<sup>4</sup> 3	Address 2 BRANCH ST	First	Middle		s 2 BRAN	ast			Fin	st			Mid	Idle		
٠		M73 0100					31			C :	MA		<u>^</u>	021		
	City BILLERICA State				ILLERIC		Г		22				p <b>U I</b> Code:	821	27 27	
	Insurance Company COMMERCE				Action Prior to 0			23	23		Status		Code.	28		
<sup>5</sup> 1	Vehicle Travel Direction: N E W	Responding to Eme	rgency? 2	Event S	Sequence 1	.3	Щ.	23	23		e of Te		ļ	29		
	Citation # (If Issued)	<del></del>		Most H	lannful Event	1	24			BAG	C Test	Resul	lt:	30		
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub —		Driver (	Contributing Cod	le	1	25	25	Susp	o. Alco	ohol:	31	Susp. D	rug:2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		Driver l	Distracted by	0	26			Tow	ed fro	m sce	ne?	2 33		
<sup>6</sup> 1	-	ntor and all occupants in			DODU		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-12-26-	1
	Name (Last First Middle)  Operator		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code O C		Status 10	Code 1	Medi	cal Facility	1
	Operator					$\triangle$										1
						М	4	4	4	0 0	) :	10	1			-
															<u> </u>	
													:			
7	Please Select One Vehicle 21	#Occupants No	n-Motorist A Typ		15 Action	16	ocatio	$\Box$	17	Conditio		18		Ji+/Dun	Moped	1
<sup>7</sup> 1	of the Following:						Jocatio	"		onunio	"		· • •	THE REAL PROPERTY.	- Atopea	-
		A DOB/Age		_	SB30901									g State 1	21	
	Sex.M Lic. Class B 19 19 Lic. I	Restrictions $\begin{bmatrix} 1 & 20 \end{bmatrix}$	CDL <b>S</b> Endorsement	Veh Ye	ar <b>2014</b>	\	/eh Ma	ke <b>T</b>	hom	as			_ Veh	Config.	4	
8	Operator RAMOS, TOBIAS		Middle	Owner	NRT BUS	S I	NC		Fir				Mic	idle		
<sup>8</sup> 1	Address 130 SPRUCE ST			Addres	s 55 HAM	PSI	HIR	E F				-			***************************************	
	City_LAWRENCE State	MA Zip 0184	1-1025	City M	ETHUEN					_ State	MA	Zi	iр <b>01</b>	L <b>844</b>		1 14
	Insurance Company <b>PILGRIM I</b>	NSURANCE	<del></del>	Vehicle	Action Prior to	Crash		2	22	Dan	naged.	Area	Code:		27 27	
	Vehicle Travel Direction: NXEW	Responding to Eme	ergency? 2	Event S	Sequence 1 2	23	23	23	23		Status		ļ	1 28		
0	Citation # (If Issued)			Most H	Iarmful Event	1	24				e of Te		.	30		
<sup>9</sup> <b>1</b>	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		Driver (	ا Contributing Cod	ie	20	25	25		C Test	_	1t: 2 31		orug: 2 32	
		Viol. 4: Ch/Sec/Sub —			٠,	99	26	ال			ed fro	-		333	nug.[2	
	Please fill out for operator/no			D.11.01			34	35	36	37	38	39	40			-
	Name (Last First Middle)		Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code		Injury Status	Transp. Code	Medi	ical Facility	4
	Operator/Non-Motoris	t :	See Above		> <	X	1	1	4	0 0	) :	10	1			
										T						
										1	$\neg$					1
																1
											1		1			1

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestrian	💍 = Bicycle	
Crash Diagram:	ie: → 1	<b>→</b> 2	· -	▶} -	→ 55	
	603 Main St.				If Crash <u>Did Not</u> on a Public Way	:
	¢-				☐ Garage	
<b>a</b>		Frank 6	P1 2	1	Mall/Shopping Cent	er
3		CTITIO .	Phi-	#	Other Private Way	
——						
					X 11 ( X 11 )	
					Indicate North by	Arrow
ıF	C					
	Kieman Av			<b>(2)</b>	$\Rightarrow$	
	<b>∡</b> ∢			<u> </u>		
Crash Narrative:		_		N 12 10000		
Vehicle 1 was stoppe						
vehicle was struck f			_			
distracted and his f						
				perwork. I	There were very mind	or
visable scratches or		f vehicle	1.			
no injuries reported	1.					
				×		
				*		
Witnesses:		Address			Phone #	Statement
Name (Last,First,Middle)	•	Address			Phone #	Statement
					_	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Information	Registration #		(From Vel	nicle Section)		
Carrier Name					Bus Use	42
25 20 10 10 10 10 10 10 10 10 10 10 10 10 10					St Zip	
Address			City		St Zıp	
US DOT #:	State Number			MC/MX/ICO	C #:	
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:		Reg State	Reg Year	T-a:11	Langth 46	
Hazmat Information:				I railer I	Length	
Placard Material 1 digit	# Material Nam	ne		Material 4 digit #	Release code	49
Patrol Officer Julie	M Pozzi		167 W:	ilmington I	Police Department 08	/27/2019

Signature

ID/Badge #

Department Precinct/Barracks

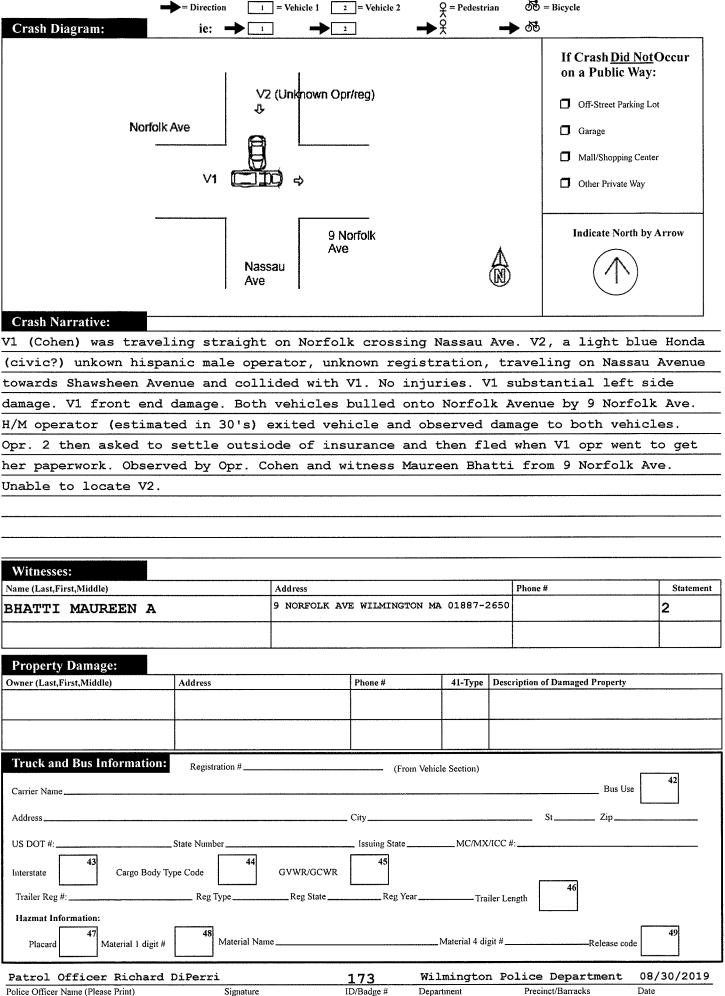
						nonwealth of Massachusetts					RMV Document Number							
	Date of Crash 08/28/2019	Time of Crash	1	•	Mot	or Veh	icle Cra	sh		mber hicles	Num	`ا د ـــ	•	Limit .	10	Local I		]
	08/28/2019	24HR	MITI	.ngton	]	Police 1	Report		2		0	,	Latitud Longiti				s Police	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT	ΓАТ	INT	ERS	SECT	ΓΙΟΝ:		
										_								2 10
	Route# Dire	ction	1	Name of Roadway/S	Street		Route# Direc	tion	490 Addre		MA	IN	S'I Nai		Roadw	ay/Street	**	
<sup>1</sup> 1				At														
	Route# Dire	ction	NI.	CI	1 /6:		Feet	N S	E W	of	— — Mil	le Mar	ker		or	Exit 1	Number	111
	Route# Dire	Cuon		of Intersecting Road			Feet	N S	E W	of .								2 "
							Feet	N S	E W	of	Route				•	loadway/		
<sup>2</sup> <b>1</b>	Route# Dire	ction	Name o	of Intersecting Road	dway/Street						FIE	RES	1OT		PAR ndmark		LOT	
<u> </u>	Please Select	One Vehic	le 1 <b>1</b> #	Occupants Hi	it/Run	Moped	Crash I	Report	ID#	19	-2	88	3 — 3	AC				1
<sup>3</sup> 2	of the Followi			L	L													4
		2818417	19	_ DOB/Age	-		7YWR70										21	<b>1</b> 12
	Sex <b>F</b> Lic.	Class D	Lic. Resi		CDL Endorsement		rear 2011					SW	AGE	iN	_ Veh	Config.	1	
<sup>4</sup> 1	1	STO, CA	Fir	rst	Middle		er <u>MUSTO</u> ,	Last			Fi				Mic	ddle		
1	1	SHAWSH			7-1040		ess <u>522 SI</u>										1.640	
				(A Zip 0188	./-⊥७ <u>4</u> (	-	WILMING		ſ		22				ip <b>O</b> T		27 27	
	·			YEE INS			ele Action Prior to		23	23	23		maged st Stati		Coue:	7 28		
<sup>5</sup> 1		Direction: N		Responding to Em	ergency? 2		t Sequence 1		24	2.5		Tyl	pe of T	Γest:		29		
		sued)					Harmful Event	1		25	25		AC Tes	t Resu		30		_ 13
	Viol. 1: Ch/Sec/	/Sub	Vio	l. 2: Ch/Sec/Sub -			er Contributing Co		23	25	25	Su	sp. Alc	L	31	Susp. D	orug: 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26				wed fr	om sce	ene?	2 33		_
	Name (Last First N		t for operator	and all occupants	Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	
	Operat	or			See Above		><	X	1	1	4	0	0	10	1			
																		]
																		1
																		1
	DI CI I						15	16		<u> </u>	17			18				1
<sup>7</sup> 9	Please Select 0 of the Followi		le 2 <b>1</b> _#	Occupants No	on-Motorist A	A Type	Action	10 1	Locatio	on		Conditi	ion		╙	Hit/Run	Moped	
	License # <u>S5</u>	9768320	<del></del>	DOB/Age.		Reg	237HE4				Reg	з Туре	PC		Re	g State 』		]
	Sex.M Lic.	Class D	Lic. Res	trictions 1 20	CDL Endorsement	Veh	Year <b>2014</b>	\	Veh Ma	ake <b>F</b>	ORD	)			Veh	Config.	1 21	
8	Operator ME	O, JAME	S P		Endorsement		er HOENE,	BE	RN	D	Fi	rsi			1.d:	ddle		
<sup>8</sup> 99		HIGH ST				Addr	ess <b>51 NO</b> I	RTH	WA	RRI					ivii			
	City N BI	LLERICA	State <b>N</b>	IA Zip 0186	2-1613	City_	WOBURN					_ Stat	e <b>M</b> Z	<b>1</b> z	ip <b>01</b>	L801	-4144	1 14
	Insurance Comp	oany <b>HANOV</b>	ER IN	SURANCE		Vehic	ele Action Prior to	Crash	[	10	22				Code:	5 <sup>27</sup> 6	27 27	
	Vehicle Travel I	Direction: N S	S E	Responding to Em	ergency? 2	Even	t Sequence 1	23	23	23	23		st Stati pe of T			28		
<sup>9</sup> 2	Citation # (If Iss	sued)				Most	Hannful Event	1	24					rest: st Resu	ılt:	30		
2	Viol. 1: Ch/Sec/	/Sub	Vio	l, 2: Ch/Sec/Sub -		Drive	er Contributing Co	ode	19	25	25		sp. Alo	Г	31	Susp. D	orug: 32	
	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————					Drive	er Distracted by	99	26			To	wed fr	om sce	ene?	2 33		
	Ple Name (Last First N	•	erator/non-ir	notorist and all occu	ipants involve	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	Mod	ical Facility	]
	****	or/Non-M	otorist		See Above			Ž	1	1			0		1	iviou		1
	1						$\overline{}$		1									1
						<del></del>			-	-								+
				1				ļ	ļ					<u> </u>				4

	= Direction	1	= Vehicle 1	2	= Vehicle 2	오 = Pedestri	an	Øð = Bicycle	
Crash Diagram:	ie: 👈	1	] <b>→</b> [	2	<b>→</b>	·Ŷ	-	<b>&gt;</b> 65	
Main St								If Crash <u>Did Not</u> C on a Public Way:	Occur
The state of the s								Off-Street Parking Lot	
			······································		***************************************			Garage	
						Cupar			
	N	<b>/</b> [√1				Super Petroleun	1	Mall/Shopping Center	
	ę	II.	<b>D</b>			Gas Pumps		Other Private Way	
		A	}					Indicate North by A	rrow
Firestone Building	Firestone Garage B	ays							
Crash Narrative:									
MV1 was driving	across Fireston	e p	parking l	Lot	after get	ting fu	el a	at Super Petroleum	The
parking lots are	e connected to o	ne	another.	M	V2 was ins:	ide ser	vic	e bay of Firestone	and
mechanic from F	irestone was bac	kir	ng MV2 ou	ıt	of garage l	bay. Ow	ner	of MV2 was inside	lobby
								t of gas pump area	
								side of MV1. Opera	
								MV2 stated that he	did
not see MV1 in	rear view camera	as	he was	ba	cking out	of gara	ge 1	bay.	
								<u></u>	
***************************************									
Witnesses:					***************************************		r		
Name (Last,First,Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last,First,Middle)	Address			1	'hone #	41-Type	Descri	iption of Damaged Property	
Truck and Bus Infor	mation: Registration #				—— (From Vehíc	olo Santian)			
Carrier Name					(From venic	cie Section)		Bus Use	42
Address				c	ity			St Zip	
US DOT #:	State Number				Issuing State	MC/MX/	ICC#:		
43	4	4		Г	45				
	argo Body Type Code	J	GVWR/GCWR	L				46	
Trailer Reg #:	Reg Type		Reg State		Reg Year	Trai	ler Len	gth	
Hazmat Information:	48								40
1 1	ial 1 digit # 48 Material	Name				Material 4 dig	it #	Release code	49
Patrol Officer Ro	onald J Alpers			1	63 Wil	Lmington	Pol	lice Department 08/	28/2019
Police Officer Name (Please Pri		ıre				rtment		Precinct/Barracks Date	

Signature

ID/Badge #

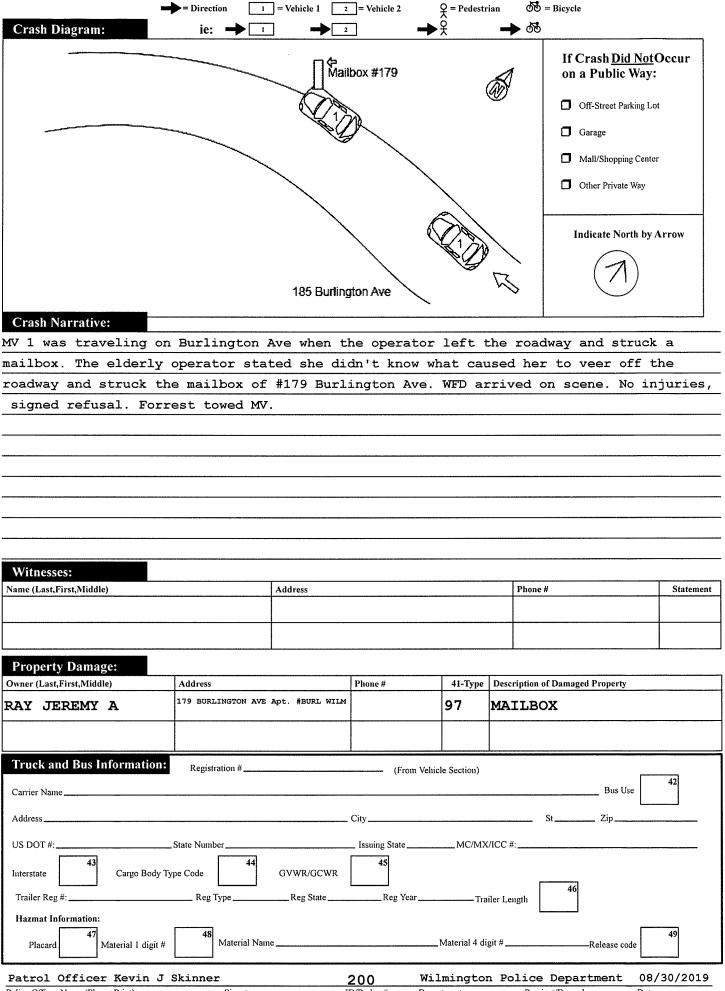
	Police Use Only	Comr	nonwealth	of Massach	usetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number	Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	08/29/2019 1519 Wili	mington	Police	Report	2	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >		NOT A	r inter	SECTI	<del></del>	
										2 10
	NASSAU									
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadway	/Street	
	NORFOLK			Feet N S	E W of		_ •	ог		
	Route# Direction Nat	ne of Intersecting Roadw		1	T	Mile M	arker		Exit Number	3 11
		Also at Intersection w	ith	Feet N S		Route#	Inters	ecting Roa	adway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	ne of Intersecting Roadw	/ay/Street	Feet N S	EW of					
		I						andmark		-
3	Please Select One of the Following:	_#Occupants  Hit/l	Run Moped	Crash Report	1D# <b>19</b>	-28	9-A			
	License # <b>S94168357</b> St <b>M</b>	A DOB/Age	. Reg	# 6AE414		Reg Typ	e PC	Reg	State MA	_ 12
	_ 19 19	20		Year 2018					21	1 12
	Operator COHEN, JAMIE	E-	ndorsement	er COHEN, RO						
<sup>4</sup> 1	Address 6 FITZ TER	First	Middle	ess 6 FITZ T		First		Middle	e	
_	City WILMINGTON State	MA 7 0100		WILMINGTON		G.	. M7	a. ∩10	387-3761	
		•	·			<del>1</del>	amaged Are	F	27 27 27	
	Insurance Company COMMERCE			cle Action Prior to Crash	<u> </u>		est Status:	a Code. 7	28	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 1 23		23	ype of Test:	<u> </u>	29	
	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	sult:	30	121
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	<b>25</b> S	usp. Alcohol	2 31 5	Susp. Drug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Т	owed from s	cene? 2	33	
1	Please fill out for oper: Name (Last First Middle)	ator and all occupants inv	/olved	DOB/Age Sex	34 35 Seat Safety		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Se	ee Above	DOB/Age Sex	Pos. System	4 0	0 10	1	Medical Pacinty	1
	Орегиног				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-		$\vdash$		-
										_
-	Please Select One Vehicle 21	#Occupants   Non	-Motorist A Type	15 Action 16	Location	17 Condi	18	M Hit	t/Run Moned	1
<sup>7</sup> 2	of the Following:	14001-	-Motorist A Type	Action	Location	Condi	tion		/Kun E Wioped	
	·	DOB/Age	Reg	#		Reg Typ	e	Reg	State	
	Sex Lic. Class 19 19 Lic. I	Restrictions CI	DL Veh '	Year	Veh Make <u></u>	ONDA		Veh Co	onfig. 1	
8	Operator unknown	First		erIast		First		Middle	A.	
<sup>8</sup> 2	Address			ess		rusi		whethe	<u> </u>	
	City State	e Zip	City			Sta	ate	Zip		1 14
	Insurance Company		Vehic	cle Action Prior to Crash	1	<b>22</b>	amaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23 23	23 T	est Status:	_	28	
	Citation # (If Issued)		Most	Harmful Event	24		ype of Test:		29	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Soo/Sub	Drive	Er Contributing Code	25	25	AC Test Res		Susp Drug: 32	
				er Distracted by	26		usp. Alcohol owed from s	<u> </u>	Susp. Drug: 32 33	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	·		Jistiacted by	34 35	36 37	38 39	40		ļ
	Name (Last First Middle)	motorist and an occupa	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury	Transp.	Medical Facility	-
	Operator/Non-Motoris	t Se	ee Above	$\times$ X	1					
										1
										1
								-		-



ID/Badge #

Precinct/Barracks

	Police Use Only	Comm	onwealth	of Massacl	ausetts	<b>;</b>	RM	V Docume	nt Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi		State Police Local Police MBTA Police Campus Police	
	08/30/2019 1229 Wil	mington	Police	Report	1	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >	1	NOT A	INTER	h		1
										2 10
	Route# Direction	N (D - 1 /6)			185	BURI	INGTO			
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #		Name of	Roadway/	Street	-
	_			Feet N S	E W of		_ • _		E SM . L.	
	Route# Direction Na	me of Intersecting Roadway		E. La		Mile Ma	arker		Exit Number	1 11
		Also at Intersection with	1	Feet N S		Route#	Inters	ecting Road	dway/Street	
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Roadway	y/Street	Feet N S	E W of					
		1					****	andmark		1
3	Please Select One of the Following:	#Occupants	ın Moped	Crash Repor	1 ID# 19	-29	0-A			
····	License # <b>S47485807</b> St <b>1</b>	IA DOB/Age	Reg	# 2532RY		Reg Typ	e PC	Reg S	State MA	12
		Restrictions 20 CDL		Year <b>1999</b>					21	7 '2
	Operator SGROSSO, JUDI	Endo	orsement	er SGROSSO,			<u> </u>			
<sup>4</sup> 1	Last Address 22 SHERWOOD RI	First 1	Middle	ess 22 SHERW		First		Middle		
	City WILMINGTON State			ess <u>22 SHERW</u> WILMINGTO			. 1471	" N10	87-2832	
	Insurance Company SAFETY IN	-	•			27 27 27				
				cle Action Prior to Cras	h 1		eamaged Area	1 0000.	28	
5	Vehicle Travel Direction: NSE		ncy? 2 Even	t Sequence 31 23		1	ype of Test:	-	29	
	Citation # (If Issued)		Most	Harmful Event 31			AC Test Res	ult: 1	30	12
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 25	25 S	usp. Alcohol	2 31 S	usp. Drug: 2 32	10 <sup>13</sup>
6 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from s	cene? 1	33	
1	Please fill out for oper	ator and all occupants invol	lved ddress	DOB/Age Sex	34 35 Seat Safety Pos. System	Seat Safety Airbag Eject Trap Injury Transp.				1
	Operator		Above	JOGANA SEL	1 1	4 0	0 10	1	Medical Facility	1
					1					1
										-
<sup>7</sup> 1	Please Select One Vehicle 2	#Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Condi	tion 18	☐ Hit/	Run Moped	1
1	of the Following:									-
	19 19	DOB/Age		#		Reg Typ	e	Reg S	State	
	Sex Lic. Class Lic.	Restrictions   CDL	Veh '	Year	Veh Make			Veh Co	nfig.	
<sup>8</sup> 1	OperatorLast	First 1	Middle	erLast		First		Middle		
1	Address		Addr	ess						14
	CityStat	e Zip	City			<del>,</del>	ite			1 "
	Insurance Company	nicle Action Prior to Crash  Damaged Area Code: 27 27 27								
	Vehicle Travel Direction: NSEW	Responding to Emerger	1t Sequence 23 23 23 23 Test Status: 28 Type of Test: 29							
<sup>9</sup> 2	Citation # (If Issued)	******	Most	Harmful Event	24	•	ype of Test: AC Test Res	-	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	usp. Alcohol		usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub		<b>.</b> .	26 7 10 23						
	Please fill out for operator/no			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury		1		
	Name (Last First Middle)		ddress	DOB/Age Sex	Pos. System		Code Status		Medical Facility	4
	Operator/Non-Motoris	I See .	Above	X	1				<del>-</del>	4
								† †		1
	i	1		1	1 1	1 1	1	1 1		1



Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only Comm			Commony	nonwealth of Massachusetts						RMV Document Number						
	Date of Crash 08/30/2019	Time of Crash <b>1523 W</b>	City/Town	Mo	tor Veh	icle Cra	sh		mber nicles	Num Inju	4 l,	•	Limit.	35	Loca .	Police Police A Police us Police	
	08/30/2019	24HR	ilmingto	on	Police :	Report		2		0	ا ا	Latitud Longit				us Police	
		AT INTERSE	ECTION:	<	LOCA	TION	>			NOT	ГΑТ	INT	ERS	SEC	TION:		
											_				2 10		
	Route# Direc	ction	Name of F	Roadway/Street		Route# Direc		603 Addre		MA	IN			Roadw	vay/Street	į	
<sup>1</sup> 1				At													-
	Route# Direc			Feet NSEW of Mile Marker Exit Number									Number	- 11			
	Route# Direc	ction		Feet NSEW of											<b></b>  3 ''		
	Also at Intersection with					Feet NSEW of Intersecting Roadway/Street										/Street	
<sup>2</sup> 1	Route# Direc	ction	Name of Intersec	cting Roadway/Street		Landinark									_		
3	Please Select (	One Vehicle I	1 #Occupant	s Hit/Run	Moped	Crash R	Report	<sub>ID#</sub> 1	19	-2	91	<b>—</b> ;	AC	•			
	of the Followi	"5"															-
		10 10	St MA_ DOB/A	20		4VL728				-						21	1 12
	Sex M Lic.	Class	Lic. Restrictions	CDLEndorsemen	nt	Year 2005								Veh	Config.	<u>T</u>	
<sup>4</sup> <b>1</b>		NEZ, NAHY	N ISSAI.	AH Middle			Last	-	RO	MIN Fi		N		Mi	iddle		•
1	l	BURT RD				ess											•
	City <b>WILM</b>	INGTON	State <b>MA</b> Zip	01887-362	3 City	WILMING'	TON	Г								-3623	.
	· ·	any ARBELLA		INS	Vehic	ele Action Prior to			<u> </u>	22				Code:	1 27 28	27 27	
<sup>5</sup> <b>1</b>	Vehicle Travel I	Direction: N E	Respondi	ing to Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stati oe of T			29		
1	Citation # (If Iss	sued)			Most	Harmful Event	1	24					t Resu	ılt:	30		
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/S	ec/Sub	Drive	er Contributing Co	de	1	25	25	Sus	sp. Alc	cohol:	31	Susp. I	Orug: 32	1 13
6	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/S	ec/Sub	Drive	er Distracted by	0	26			To	wed fr	om sc	ene?	2 33		
<sup>6</sup> 1	NAFilN		operator and all o	ccupants involved		DOMA.			35 Safety	36 Airbag	37 Eject	38 Trap Code	39 Injury Status	40 Transp. Code		dieat Facility	7
	Name (Last First N  Operate			See Above		DOB/Age	Sex		System 1	Status 4	Code 0	Code 0		1	Med	near Facility	
	- P							-									+
																	-
	******																4
<sup>7</sup> 1	Please Select (		1_#Occupants	s Non-Motorist	A Type	15 Action	16 L	ocatio	n	17 c	Conditi	on	18		Hit/Run	<b>Морес</b>	
	License # S5'	7168157	St MA DOB/A	ige	Rega	Reg # <b>7BT622</b> Reg Type <b>PC</b> Reg State <b>MA</b>									1		
	Sex M Lic.	19 19	Lic. Restrictions	20 CDL			v	/eh Ma	ke Cl						Config.	1 21	
		LLAFRANCA	L	Endorsemen	nt										· Comig.		
<sup>8</sup> 2		BEACON S'	First	Middle		Owner VILLAFRANCA, JOSE MARIANO Last First Middle Address 12 BEACON ST											
	City BURL			City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-3802</b>										1 14			
		any <b>CITIZEN</b>	•		•	Vehicle Action Prior to Crash  4 22 Damaged Area Code: 8 27 27 27											
	Vehicle Travel D	K-3-1-	Even	28 Test Status: 28													
0	Citation # (If Iss	ued)			Most	Harmful Event	1	24				oe of T			29		
<sup>9</sup> 2	Viol 1: Ch/Sec/	Sub	Viol. 2: Ch/S	ec/Sub	Drive	er Contributing Co	ode [	4	25	25			t Resu	ılt: <b>31</b>	30 Sun T	)rug: 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 5: Ch/Sec/Sub —				Driver Distracted by O 26 Susp. Alcohol: 31 Susp. Drug: 31 Susp. Drug: 31 Susp. Drug: 31 Susp. Drug: 33 Susp. Drug: 33 Susp. Drug: 33 Susp. Drug: 34 Susp. Drug: 35 Susp. Drug: 37 Susp. Drug: 38 Susp. D							Jrug					
	Please fill out for operator/non-motorist and all occupants involved				ved			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			┥
	Name (Last First M			Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Med	dical Facility	
	Operate	or/Non-Moto	risi	See Above			A	1	1	4	0	0	10	1			
																•	

	= Direction 1	= Vehicle 1	= Vehicle 2	S = Pedestri		Bicycle	
Crash Diagram:	ie: 👈 🛚 1	<b>→</b>	2	<b>→</b> X	→ 86		
		Z S	" " ( <u> </u>			If Crash Did Not on a Public Way:  Off-Street Parking Lot Garage	
						■ Mall/Shopping Center	
→ (((())) =	> <b>\</b>					Other Private Way	
	1					Indicate North by A	Arrow
						$\left( \leftarrow \right)$	
	603 Main	St.: Entrance					
Crash Narrative:					L.		
V1 traveling southbou	nd on Main S	t. V2 tra	eveling in	northbou	nd lane	attempted to	turn
into 603 Main St. Op							
stopped to allow him	to turn. Op	er. V1 tra	aveling in	outer so	uthnound	d lane did not	see
V2 enter the lane res	ulting in the	e crash					
Witnesses							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:	Tools			Г			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #						
	Registration #		——— (From V	ehicle Section)		P. II	42
Carrier Name			80			Bus Use	
Address			_ City		S	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty		GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	ler Length		
Hazmat Information:	40					99200	40
Placard Material 1 digit #	Material Nam	ne		Material 4 dig	sit #	Release code	49
Patrol Officer John W D	elorey		185 V	Vilmington	Police	Department 08/	30/2019

Signature

ID/Badge #

Department Precinct/Barracks