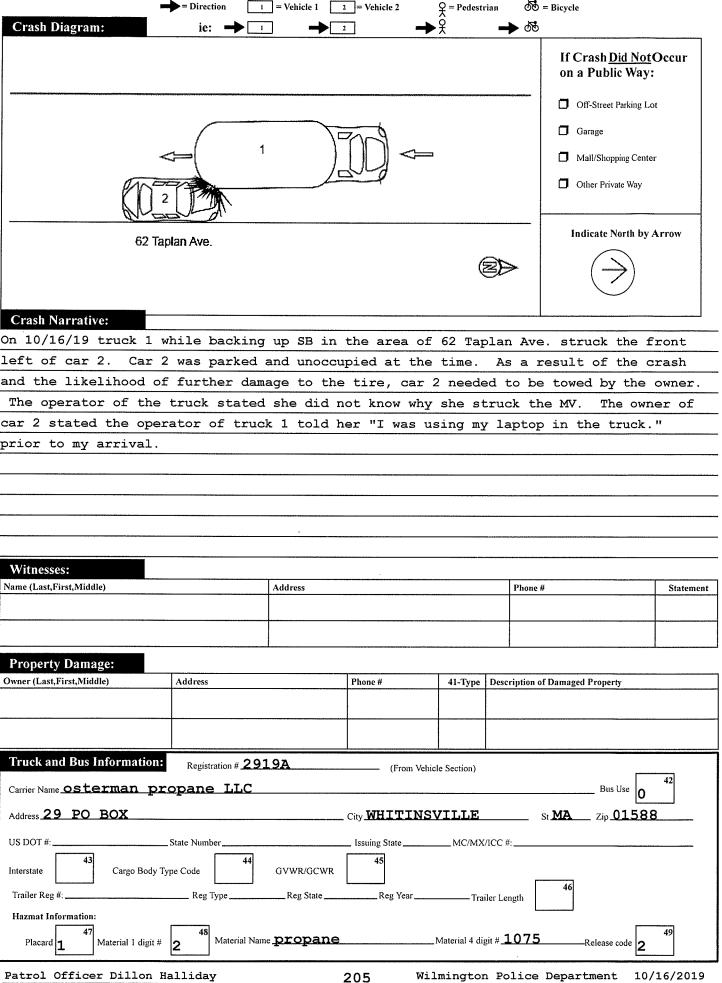
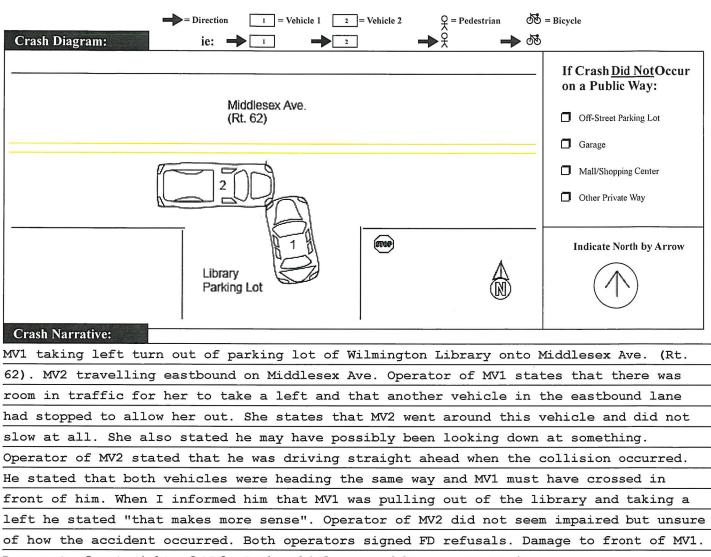
	Police Use Only	Comi	monwealth (of Massa	chu	setts			RMV	Docum	ient Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [Number Vehicles	Number Injured	1 .	Limit_	35	State Police Local Police MBTA Police Campus Police	1
	10/13/2019 1703 Wilr	nington	Police 1	Report		venicies 2	0	Latitud			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			***************************************	NOT A			ECT		1
												2 10
	CHURCH											
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	on Ac	ddress #		Nai	me of R	loadway	//Street	-
	ADAMS S'			Feet N	SE	w of		_ •		or		
		ne of Intersecting Roads	vay/Street				Mile M	arker			Exit Number	3 11
		Also at Intersection v	vith	Feet N	SE	w of	Route#		Intersec	ting Ro	adway/Street	
2	Route# Direction Nan	ne of Intersecting Roady	nou/Street	Feet N	SE	w of	romon	,		ing ito	uonay/onve	
² 1	Rotte# Direction Nan	e of intersecting Roads	vay/Street						Lan	dmark		
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Re	port ID:	# 19	-34	7-	AC			
3	of the Pollowing.											-
	License # S95582597 St M	A DOB/Age	_	62MD01							21	1 12
	Sex M Lic. Class D 19 Lic. F	Restrictions 1 C	DL Veh `	Year 2015	Veh	Make <u>H</u>	ONDA			_ Veh C	Config. 2	
	Operator PARR, CHRISTO		Own	er PARR , C		STOP	HER (3		Middl	le.	
⁴ 2	Address 27 JACQUITH RD	1		ess 27 JAC		'H RI)			Wildu		
	City WILMINGTON State	MA Zip 0188	7-2211 City.	WILMINGT	ON		Sı	ate MZ	 Zi _l	p 01 8	887-2211	
	Insurance Company COMMERCE	·	-	ele Action Prior to C	Crash	10				Code: 8		
	Vehicle Travel Direction: NSWW	Responding to Emer		t Sequence 1 23				est Stat	us:	F	28	
⁵ 1			- ·	r sequence 1				ype of	Test:		29	
_	Citation # (If Issued)		Most	Harmful Event		<u> </u>	25 F	BAC Tes	st Resul	t:	30	13
	Viol. I: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25		Susp. Ale	cohol:	31	Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by	0 26	6	ר	owed fr	rom sce	ne? <u>1</u>	33	
1	•	tor and all occupants in		pon4	Se	14 35 eat Safety	36 37 Airbag Ejec	38 Trap		40 Transp.	M. E1 PBle.	
	Name (Last First Middle) Operator		Address ee Above	DOB/Age		os. System	Status Cod	Code		Code 1	Medical Facility	-
	Орегиног	3	ee Above		Ψ,	L +	4 0	 		+		
	a de la constantina della cons								<u> </u>			1
				15	16	- 	17		18		1_	-
⁷ 2	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action	Loc	ation	Cond	ition	10	Hi	it/Run 🔲 Moped	
	License # S03181262 St M	A DOB/Age	Reg	# 7YP590			Reg Ty	e PC		Reg	State MA	1
	19 19	20		Year 1999	Veh	Make C				_ Veh C	21	- "
	Operator SMITH, RICHAR	E	ndorsement	er SMITH,						0		
⁸ 1	Address 1 JACOBS ST	First	Middle	Las	st		First	***		Middl	le	
		3/3 0100		ess 1 JACOI		5 T					007 1070	14
	City WILMINGTON State	-	/-13/2 City	WILMINGT	ON					_	$\frac{887-1372}{27 27 27 }$	<u> </u>
	Insurance Company SAFETY IN	SURANCE	Vehic	cle Action Prior to C		1	ᆸ .			Code: 2	28 27 27	1
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23	3 23	23	23	Test Stat		-	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 2	4		Type of T		<u>,</u>	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	e 1	9 25	25	Susp. Ale			Susp. Drug: 32	
		Viol. 4: Ch/Sec/Sub		er Distracted by	99 20	6		Towed fr	L		33	
	Please fill out for operator/nor					34 35	36 37	38	39	40		1
	Name (Last First Middle)	•	Address	DOB/Age		eat Safety os. System	Airbag Ejec Status Cod	t Trap e Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	s s	ee Above		X 1	1	4 0	0	10	1		
						+		+				1
												-

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestri	an Øo = Bi	cycle	
Crash Diagram:	ie: 🕕 🔟	2	-	₽Ÿ	→ №		
						If Crash <u>Did Not</u> on a Public Way:	
	<u>l</u> v1	<u> </u>				☐ Garage	
Church Street						_	
	(CIC					Mall/Shopping Center	ř.
		v 2				Other Private Way	
CONTROL STATE AND A CONTROL OF CO				a addition and as an annual		Indicate North by	Arrow
	Adams St.	0		ŀ		\bigcirc	
Crash Narrative:							
The Driver of v1 s	tated that he was	driving	down Chu	rch Stre	et when V	2 drove off	of
Adams Street and c	rashed into the	side of his	s car.	The Dri	ver of V2	stated that	he
had stopped at the	Adams Street Sto	op sign, a	nd then p	roceeded	through	the intersec	tion,
then crashed into	V1						
v2 stated "I have	no idea where he	came from	, I didn'	t even s	ee him".		
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Name (Last, First, Windie)		tuaress			r none #	. ,,	Statement
Property Damage:							
Owner (Last,First,Middle)	Address	F	hone #	41-Type	Description of Da	maged Property	
					***************************************	and the second s	
Truck and Bus Informat	ion: Registration #		— (From V	ehicle Section)			
Carrier Name						Bus Use	42
Address		C	ty		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		<u> </u>
Interstate 43 Cargo B	ody Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	er Length	46	
Hazmat Information:	40				<u> </u>		40
Placard Material 1 d	igit # Material Name_			Material 4 dig	it #	Release code	49
Patrol Officer Brian			 		Police De		/13/2019
Police Officer Name (Please Print)	Signature	ID/	Badge# D	epartment	Precinct/E	Sarracks Date	

	Poli	ce Use Only	C	ommonv	vealth	of Massa	ach	use	tts			RM	IV Doc	ument N	lumber	
ı	of Crash 5/2019	Time of Crash 0922 Wi	City/Town Lmingtor	Mot	tor Vel	icle Cra	sh		mber hicles	Numl Injur	"	ed Limi	t3(Loca	Police I Police A Police) 80 00
	,	24HR	Timiling cor		Police	Report		2		0	Lat	ituae igitude _				<u> </u>
		AT INTERSEC	CTION:	<	LOCA	TION :	>			NOT	AT I	NTER	RSEC	TION	:	
								62		m a	חד דו	.T 78.T	7127			2 10
Route	# Direc	tion	Name of Roa	dway/Street		Route# Direct	tion	Addre	ess#	IA		Name o		vay/Stree	et	
1			A	At		Feet	NS	EW	of -			• —	- or			
Route#	Direc	tion	Name of Intersection	ng Roadway/Street						Mile	Marke	7	· .	Exit	Number	8 11
-			Also at Inters	section with		Feet				Route	-	Inters	secting	Roadway	//Street	- -
1 Route#	Direc	tion	Name of Intersecting	ng Roadway/Street		Feet	N S	EW	of _							
	. C-14 C			_									andmar	k		
	e Select C Followir		#Occupants	Hit/Run	Moped	Crash R	eport	ID#	L 9	-3	48	-A(Z			
License	# <u>\$45</u>	50 <u>68807</u> st	MA_ DOB/Age		Reg	#2919A				Reg	Туре	0	R	Reg State	MA	12
Sex F	Lic. (Class B Li	c. Restrictions	CDL	Veh	Year 2019		Veh Ma	ke Ir	nter	nat:	iona	1_ Vel	n Config.	6	1
	tor FR /	ANCO DIAZ,	SANTA I	Endorsemen Middle		er OSTERM		PRO	OPA					e' 1 15		_
1 Address	s <u>462</u>	FLETCHER	ST	validate	Addi	ess 1 MEMC	Last ORI	AL	so	Firs			M	fiddle		_
City L	OWEI	.L s	State MA Zip 0	1854-343	7 City	WHITINS	VII	LE			State 1	MA	Zip 0	<u>1588</u>	3-3010	2
Insuran	ce Compa	any ACE AMER	RICAN IN	\$	Vehi	cle Action Prior to	Crash		10 ²	22	Dama	ged Are	a Code:	1	27 27	7
Vehicle	Travel D	irection: N E V	N Responding	to Emergency? 2	Even	t Sequence 2	23	23	23	23	Test S			28		
Citation	ı # (If Issı	ued)			Mos	Harmful Event	2	24				of Test: Test Res	eult.	30		
Viol. 1:	Ch/Sec/S	Sub	Viol. 2: Ch/Sec/	Sub	Drive	er Contributing Co	de	19	25	25		Alcohol		Susp.	Drug 32	2 2 13
Viol. 3:	Ch/Sec/S	Sub	Viol. 4: Ch/Sec/	Sub	Drive	er Distracted by	99	26			Towe	d from s	cene?	2 33		-
1	(Last First Mi	Please fill out for or	perator and all occu	•		pan.		34 Seat	35 Safety	36 Airbag	37 3 Eject Tr	ap Injury				
	perato			Address See Above		DOB/Age	Sex	Pos. 1		Status 4	Code Co	de Statu	s Code	Mo	edical Facility	
-7												_				\dashv
																_
												_	-			_
							<u> </u>						<u> </u>		·	_
	Select O Followin		#Occupants	Non-Motorist	A Type	15 Action	16 L	Locatio	n	17 Co	ndition	18		Hit/Run	П Моро	ed
	#	St	DOB/Age		Reg	# 163EJ7				Reg	Type P	C	R	Leg State	MA.	
	Lic. C	19 19	c. Restrictions	20		Year 2014									21	
Operat	or Dri	iverless M	<u> </u>	CDL Endorsement	t	er SPENCE										
1 Address	S	Last	First	Middle		ess 34 BUT	ast			First			М	liddle		
City		S	tate Zip		City.	WILMING	ron	<u> </u>			State 1	IA_	Zip 0	1887	-3341	L 1 14
Insurano	ce Compa	my ELECTRIC	INSURAL	NCE	Vehic	ele Action Prior to	Crash	[:	11 2	22	Dama	ged Are	a Code:	8 27	27 27	<u> </u>
Vehicle	Travel Di	irection: N E V	V Responding	to Emergency? 2	Even	t Sequence 2	23	23	23	23	Test S	tatus:		28		
	ı#(If Issu	ned)			Most	Harmful Event	2	24				of Test:	5.	30		
2 Viol. 1:	Ch/Sec/S	ub ———	Viol. 2: Ch/Sec/	Sub	Drive	er Contributing Cod	de	1	25	25		Test Res Alcohol	21		Drug 32	
		ub				er Distracted by	0	26			•	from s	`	1 33		1
		ase fill out for operator	/non-motorist and a	•	ed			34 Seat	35 Safety	36 Airbag	37 3 Eject Tra	p Injury				7
	(Last First Mic	or/Non-Motor	ist	Address See Above		DOB/Age	Sex	Pos.	System	Status C	Code Co	de Status	Code 1	Mo	edical Facility	
			131	Sec Above			\triangle	1	<u> </u>	-		1.0	1			
												\bot	-			
																1



	Police Use Only	Comr	nonwealth (of Massa	chuse	etts			RMV	/ Docu	iment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h N	umber chicles	Number Injured	Speed		30	— Local Police]
	10/16/2019 1611 Wil:	mington	Police 1	Report	2	- 1	O injured	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA				NOT A			SEC		İ
												2 10
	Route# Direction	Name of Roadway/Str	······································	Route# Direction	17.	5 ess #	MIDE				E ay/Street	
¹ 1	Notice Direction	At		Route# Direction	JII Addi	CSS #		INAI	ille of r	Coadw	ay/Sireer	
				Feet N	SEW	of -	Mile Ma	•		or _	Exit Number	
	Route# Direction Na	ne of Intersecting Roadw	·	5 N	SEW	l _ c	Wille IVI	iikei			LAR NUMBER	3 11
		Also at Intersection w	itn				Route#		Interse	cting R	Roadway/Street	
² 1	Route# Direction Nat	ne of Intersecting Roadw	/ay/Street	Feet IN	SEW	- to I						
	Please Select One						24			ndmark		
3	of the Following:	#Occupants Hit/	Run 🔲 Moped	Crash Rep	port ID#	Т9-	-34	9-	AC	,		
		A DOB/Age	Reg	1JB349			_ Reg Typ	e PC		Re		12
	Sex F Lic. Class D 19 Lic. 1		DL Veh	Year 2017	Veh M	ake HC	ONDA			_ Veh	Config. 21	
	Operator WOODS, TERRI		ndorsementOwn	er WOODS,	TERR	I L	YNNE					
⁴ 2	Address 31 COLUMBIA ST	First	Middle	ess 31 COLU	st		First			Mi	ddle	
	City WILMINGTON Stat			WILMINGT				ite M Z	Zi	ip 0 1	L887-2464	
	Insurance Company METROPOLI	·	·	ele Action Prior to C		6 ²	_	amaged				
	Vehicle Travel Direction: SEW	Responding to Emerg		t Sequence 1 23				est Stati			28	
⁵ 1	Citation # (If Issued)		-	Hannful Event			ط _{T:}	ype of T	Test:		29	
	,			L	<u>-</u>	25	25	AC Tes			30	13
	Viol. 1: Ch/Sec/Sub —			er Contributing Code			S	usp. Alc	-		23	
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			er Distracted by	34	35	36 37	owed fr	om sce	ene?	1 33	ļ
_	Please fill out for oper- Name (Last First Middle)	ator and all occupants inv	/olved Address	DOB/Age	Sex Pos.	Safety 1	Airbag Eject Status Code	Trap Code		Transp. Code	Medical Facility	
	Operator	Se	ee Above		X 1	1 4	4 0	0	10	1		
						+	\dashv					
			ı			-						
					<u> </u>	<u> </u>					·	1
⁷ 9	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	Action 1	Locatio	on	Condi	tion	18	<u> </u>	Hit/Run Moped	
	License # S41627157 St M	A DOB/Age.	Ren i	5814CB			_ Reg Type	. PC		R	eg State MA	1
	19 19	2.0	_	Year 2019							Config. 1	
	Operator STUART, RICHA	RD W	ndorsement	er TRITON								
⁸ 2	Address 4 ISABELLA WAY	First	Middle	er <u>IRIION</u> Las ess 10 MIDI	st		First	APT	1	Mie	ddle	
	Address 4 ISABEILLA WAS City WILMINGTON State			WILMINGT					<u> </u>	n1	L887-2763	14
	·	-	Ť			2				٠,	2 27 3 27 27	
	Insurance Company ARBELLA P	· ·		ele Action Prior to C		<u> </u>		amageo est Stati		Joue.	28	
	Vehicle Travel Direction: NSWW	Responding to Emerg		Sequence 1	24	23	23	ype of T			29	
⁹ 2	Citation # (If Issued)	_	Most	Hannful Event		25		AC Tes	t Resul	lt:	30	
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	29	25	25 Si	usp. Alc	cohol:	2 31		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	99 ²⁶			owed fr			1 33	J
	Please fill out for operator/no	n-motorist and all occupa	ants involved	DOB/Age	34 Seat Sex Pos.		36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	f Se	e Above		1		4 0	0		1		1
	*			+	-							1
						-						-



Damage to front right of MV2. Both vehicles towed by Forrest Towing.

Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
,						
Truck and Bus Information: Carrier Name Address			(From Veine)			42
US DOT #: S Interstate	State Number	GVWR/GCWR	_ Issuing State	MC/MX/IC	C #:	
Placard Material 1 digit #	48 Material Nam	e		Material 4 digit #	Release code	49

Patrol Officer Kevin P Cavanaugh

Wilmington Police Department

10/16/2019

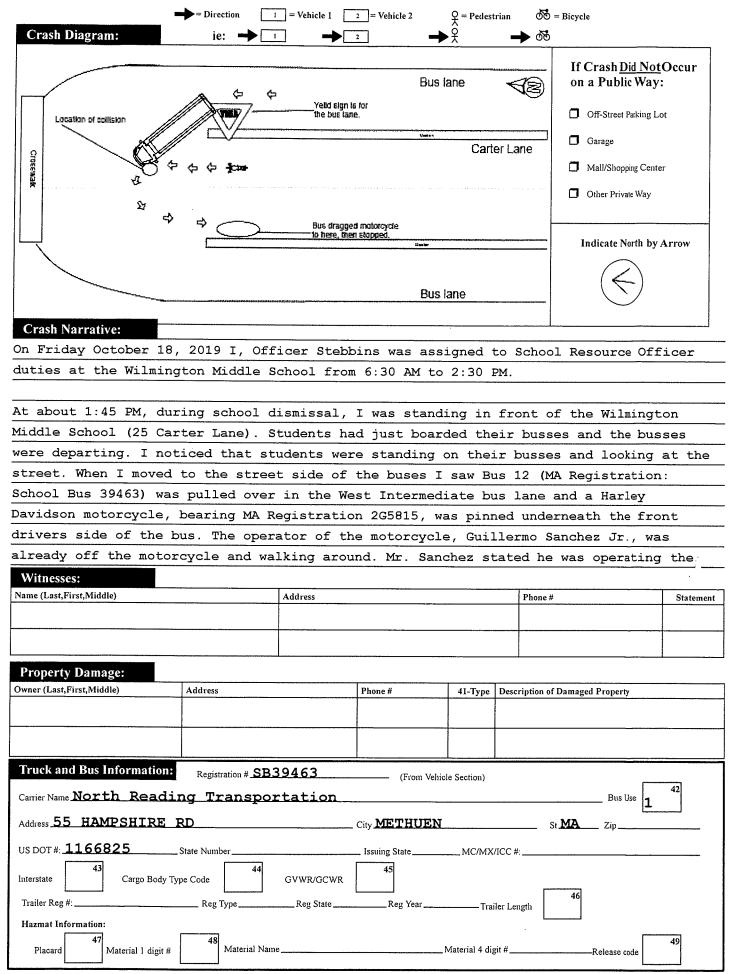
	Pol	lice Use Only		C	ommon	wealth	of Massa	ach	use	etts		1		RMY	V Docu	ıment Number		
	Date of Crash	Time of Crash		City/Town	Mo	tor Vel	icle Cra	sh		unber hicles	Num	. 1		Limit.	25	Local Police	9000	
	10/17/2019	1518 _{24HR}	Wilm:	ington		Police	Report		2	incles	Injur O		_atitud			MBTA Police Campus Polic Other:	e 🖥	
		AT INTERS	ECTIC)N:	<			>			т				SEC	TION:		
			20110	71.0		DOC!					1101		****		obc.	110111		10
				N AVE														2
¹ 1	Route# Dire	ection		Name of Road			Route# Direct	tion	Addr	ess#			Naı	me of	Roadw	ay/Street		
Τ		TIOD!	T110	A [.]	t		Feet	N S	E W	of			- •	_	or			
	Route# Dire	ction HOPK	INS S Name		g Roadway/Street					-	Mil	e Marl	ker			Exit Numbe	er	3 11
				Also at Interse			Feet	N S	E W	of	Route			· · · · · · · · · · · · · · · · · · ·	-ti n) - 1 /54 4		3
2	D		.,,	4.			Feet	N S	E W	of	Koute	FF.		interse	cung K	Roadway/Street		
² 2	Route# Dire	ction	Name	of Intersecting	g Roadway/Street									Laı	ndınark	(
	Please Select		ı 1 #	Occupants	Hit/Run	Moped	Crash R	enort	ID#	1 9	_ 3	50) —	ΔΛ	i			
³ 3	of the Followi	mg.																
		10 10	-	_ DOB/Age		Reg	# <u>8KYF30</u>		•••••		Reg	Type.	PC		Re	eg State MA	21	1 12
	Sex F Lic.	Class D 19	Lic. Res	strictions 1	CDL	Veh	Year 2014	\	Veh M	ake <u>B</u>	MW				_ Veh	Config. 1	21	
	Operator CA	RR, MADI	SON	ANNE	Middle		er CARR,	LOF	RRI	E A						ddle		
⁴ 3	Address 22	THISTLE	RD	irsi	Middle	Add	ess 22 THI	Last ST	LE	RD	Fire	nt .			Mic	ddle		
	City NORTE	H ANDOVE	3 State 1	11A Zip 0	1845-474	5 City	N ANDOV	ER				_ State	. MZ	z	ip 01	L845-00	000	
		oany COMMER		-		•	cle Action Prior to			1	22				Code:		27	
	-	Direction: XS							23	23	23		t Stati			1 28		
⁵ 1		K-3i		-	o Emergency? 2		i sequence 1		24			Тур	e of 7	Test:	Ì	29		
	Citation # (If Iss	sued)				Mos	Harmful Event	1		11		ВА	C Tes	t Resu	dt:	1 30		_ 13
	Viol. 1: Ch/Sec/	'Sub	Vio	ol, 2: Ch/Sec/S	Sub ————	Driv	er Contributing Co	de .	1	25	25	Sus	p. Alc	ohol:	2 31	Susp. Drug: 2	32	1 13
6 _	Viol. 3: Ch/Sec/	/Sub	— Vio	ol. 4: Ch/Sec/S	Sub	Driv	er Distracted by	0	26			Tov	ved fr	om sc	ene?	2 33		
⁶ 2		Please fill out f	or operator	r and all occup					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First N			T	Address		DOB/Age	Sex	Pos.	System			Code	Status	Code	Medical Facil	lity	
	Operate	or		-	See Above			\triangle	1	1	4	0	0	10	1			
l																		
				<u> </u>			15	16	<u> </u>		17			10				
⁷ 2	Please Select C of the Followi		21_#	Occupants	Non-Motorist	t A Type	15 Action	10 L	Locatio	n	17 C	onditio	on	18	l l	Hit/Run 🔲 N	Aoped	
	License # S6	1911883	St MA	_ DOB/Age		Reg	#_6KW114	<u></u>	·····		Reg	Туре	PC		Re	eg State MA		
	Sex M Lic.	10 10	5	trictions 1	20 CDL		Year 2017										21	
		VOTA, JO	J		Endorsemen	nt						U 1112			_ ven	Comig.		
⁸ 1	-	Last	Fi	irst	Middle		er BAVOTA	Last			Fire	st			Mic	ddle		
		CHESTER					ess 84 CHE	STI	ER_	AVE	<u> </u>	·····						_ 14
	City CHELS	SEA	State <u>N</u>	1A Zip 0:	2150-323	2 City	CHELSEA								•	2150-32		1
	Insurance Comp	oany COMMER	CE I	NSURAN	CE	Vehi	cle Action Prior to	Crash		1	22				Code:		27	
	Vehicle Travel D	Direction: NS	Xw	Responding t	o Emergency? 2	Even	t Sequence 1	23	23	23	23		t Statu			28		
9	Citation # (If Iss	sued)				Mos	Hannful Event	1	24				e of T		,	30		
⁹ 2	Viol 1: Ch/Sec/	Sub	Vio	l 2: Ch/Sec/S	ub 	Drive	er Contributing Co	de	1	25	25			t Resu		Susp. Drug:	32	
	Viol. 3: Ch/Sec/S			I. 4: Ch/Sec/S			er Distracted by	0	26					om sce		33 July 12		
		ease fill out for oper						<u> </u>	34	35	36	37	38	39	40			l
	Name (Last First M	•	acommon-li	anu anu an	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject	Trap Code	Injury Status	Transp. Code	Medical Facil	lity	
	Operate	or/Non-Mot	torist		See Above		\rightarrow	X	1	1	4	0	0	10	1			
ļ																		
ŀ											\vdash							
]																		

	= Direction 1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	ØÐ = Bicycle	
Crash Diagram:	ie: → 1	2	►X →	№	
	Hopkins St			If Crash Did Note on a Public Way:	
				☐ Garage	
Shasheen Ave				☐ Mall/Shopping Cente ☐ Other Private Way	г
	(121)	3			
	And Annual Annua			Indicate North by	Arrow
	Lake St		2	$\Rightarrow \bigcirc \bigcirc$	
Crash Narrative:	AND THE PROPERTY OF THE PROPER				
	s stopped at the red li	ght and once	it turned	green she proceede	ed
	on. She stated she neve				
	she was traveling thour				ened.
	attempting to go strai				
front of him was at	ttempting to turn right	onto Hopkin	s St. MV 2	stated he went arc	und MV
3 while it was atte	empting to turn right.	This travel	lane is for	vehicles travelin	ıg
straight only. No	injuries. MV 3 was not	involved in	crash. MV 2	towed by Forrest	Towing.
	MANAGEMENT OF THE PROPERTY OF		***************************************		
Witnesses:					T
Name (Last,First,Middle)	Address		***************************************	Phone #	Statement
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	41-Type Descr	iption of Damaged Property	
Truck and Bus Information	Pon: Registration #	(From V	chicle Section)	Bus Use	42
	A CONTRACTOR OF THE CONTRACTOR				
Address		City		St Zip	
		Issuing State	MC/MX/ICC #		
	dy Type Code GVWR/GCW		•	46	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Len	gth 40	
Hazmat Information:	()				40
Placard 47 Material 1 dig	git # Material Name		Material 4 digit #	Release code	49
Patrol Officer Kevin	J Skinner	200 W	ilmington Po	lice Department 10,	/17/2019
Police Officer Name (Please Print)	Signature		epartment	Precinct/Barracks Date	

	Police Use Only	Comn	onwealth (of Massa	chus	etts			RM	V Doci	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} \mathbf{N} \\ \mathbf{Y} \end{bmatrix}$	umber	Number	Speed	Limit.	30	State Police Local Police MBTA Police Campus Police D	7
	10/18/2019 1015 Wili	mington	Police 1	Report	2	enicies	Injured 0	Latitu	de	071.1	Local Police MBTA Police Campus Police Other:	
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	MIDDLES											2
¹ 1	Route# Direction	Name of Roadway/Stre	et	Route# Directio	on Add	ress #		Na	ine of	Roadw	/ay/Street	-
	62 MIDDLES			Feet N	SEW	of				or _		
		ne of Intersecting Roadwa	ny/Street			,	Mile M	arker			Exit Number	2 11
		Also at Intersection wit	h	Feet N		•	Route#		Interse	ecting I	Roadway/Street	
² 2	Route# Direction Nar	ne of Intersecting Roadwa	ıv/Street	Feet N	SEW	of					•	
2						***********			La	ndmarl	ζ	1
3	Please Select One of the Following:	_#Occupants	un 🔲 Moped	Crash Rep	port ID#	19	-35	1-	AC	•		
	License # S42963402 St M	A DOR/Age	Pos t	8CHS90			D.o. Too	. פר			State M7A	<u> </u>
	10 10	20									21	1 12
	Dic. Class D	1 1	dorsement	ear <u>2017</u>				<u> </u>		Veh	Config.	\vdash
⁴ 3	Operator DISARIO, HAYL	EY R First	Middle	er DISARIO Las	it		P First			M	iddle	
3	Address 60 EMILY RD			ess 60 EMII	LY RI)						
	City TEWKSBURY State	MA Zip 01876	City _	TEWKSBUR	Y						1876-2203	
	Insurance Company GOVT EMPL	OYEE INS	Vehic	le Action Prior to C	rash	2	22	Damage	d Area	Code:		
5	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Event	Sequence 23	23	23	23	est Stat			1 28	
⁵ 1	Citation # (If Issued)		Most	Hannful Event	L 24			ype of			30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	ـــ r Contributing Code	1	25	25	BAC Te	ſ			1 13
	Viol. 3: Ch/Sec/Sub			r Distracted by		!		usp. Al	1	_	2 33	
⁶ 1		ator and all occupants invo		I Distracted by	34	35	36 37	38	39	40	2	4
	Name (Last First Middle)	•	Address	DOB/Age	Sex Pos.	Safety System	Airbag Ejec Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	See	Above	\sim	\times 1	1	4 0	0	10	1		
												1
									<u> </u>			1
	The state of the s							-	ļ			-
								<u></u>	<u></u>			4
⁷ 2	Please Select One of the Following:	_#Occupants Non-N	Motorist A Type	15 Action 1	Locati	on	17 Cond	ition	18		Hit/Run Moped	
		A DOB/Age	n 4	837MH7				. PC			eg State MA	1
	10 10	20									21	
			lorsement	ear 2005			ERCUI	CX		Veh	Config.	
⁸ 1	Operator MARKS, DOROTH	First	Middle	er MARKS ,	t		First			Mi	ddle	
	Address 108 WALNUT RD			ss <u>108 WAI</u>		RD						14
	City TEWKSBURY State	MA Zip 01876	City_	rewksbur	<u>Y</u>						L876-4028	1
	Insurance Company COMMERCE	INSURANCE	Vehic	le Action Prior to C	rash	1		amage		Code:		
	Vehicle Travel Direction: N K E W	Responding to Emerge	ency? 2 Event	Sequence 23	23	23	23	est Stat			1 ²⁸ 29	
⁹ 2	Citation # (If Issued)		Most	Hannful Event	L ²⁴			ype of ' SAC Te:		ılt.	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	97	25	25	usp. Al	r		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub ——	Drive	Distracted by	26	11		owed fi	E		2 33	
	Please fill out for operator/nor				34	35 Safata	36 37	38	39	40		1
}	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety System	Airbag Hjee Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	See	Above		X 1	1	4 0	0	10	1		
ļ								 				
}	The state of the s			 								1
-												

	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: 👈 🔟] →[2	→ } -	→ №	
	Middlesex / (Route 62)				If Crash <u>Did Not</u> on a Public Way	A 1000 COLUMN
					☐ Off-Street Parking L	Lot
					☐ Garage	2004001
•	1	Į	Sault	nosucos		
	18	t E)	☐ Mall/Shopping Cent	er
	4	1	MV1 MV2		Other Private Way	
High Street						
			Mi	ddlesex Avenue	Indicate North by	Arrow
				Δ	4	
				(N		
	Rout	e 62				
Crash Narrative:						
MV1 & MV2 were both						
Street. MV1 stopped	at the red lie	ght at th	e intersect	tion of Mid	dlesex Ave/Route 6	2. MV2
rear ended MV1. The						
but believed that he						
end damage. MV2 sust	ained moderate	e front e	nd damage.	No parties	complained of inju	ury.
Both vehicles were a	ble to be dri	ven from	the scene.			
,						
Witnesses:				00		
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
				2		
Truck and Bus Information	Registration #		(From \	/ehicle Section)		
Carrier Name					Bus Use	42
Addross	a.		City		St Zip	
Address			•			
	State Number			MC/MX/ICC	#:	
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trailer L	ength 46	
Hazmat Information:						
Placard 47 Material 1 digits	48 Material Nam	ie		Material 4 digit #	Release code	49
Patrol Officer Matthew	D Stavro		180	Wilmington P	olice Department 10	/18/2019
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

	Police Use Only	Com	nonwealth	of Massach	usetts	\$	RM	IV Docum	nent Number	
	Date of Crash Time of Crash 10/18/2019 1350 Will	City/Town	Motor Veh	nicle Crash	Number Vehicles		Speed Limi	t 20	State Police Local Police MBTA Police	1
	10/18/2019 1350 Wil	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	1	ATION >		NOT A	Γ INTER	RSECT	<u> </u>	1
		***************************************								2 10
	Route# Direction	Name of Roadway/Str		Bartall Direction	25	CART	ER LN		10.	
¹ 1	Router Direction	At	eet	Route# Direction	Address #		Name of	f Roadway	//Street	-
				Feet NS	E W of		_ • _	or	P. J. N. T	
	Route# Direction Na	ane of Intersecting Roadw		- 146		Mile M	arker		Exit Number	3 11
		Also at Intersection w	ith	Feet NS		Route#	Inters	ecting Roa	adway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet NS	E W of					
	Please Select One		1					andmark		-
3	of the Following:	_#Occupants Hit/I	Run Moped	Crash Report	1D# 19	-35	2-A(3		
	License # S85171256 St N	A DOB/Age_	Regi	# 2G5815		Reg Typ	. MC	Reg	State MA	12
	Sex M Lic. Class D Lic.		DL Veh	Year 2016 v	eh Make H	ARLEY-I	AVIDSO	N Veh Co	onfig. 3	1 '2
	Operator SANCHEZ, GUII	LERMO RAFA	dorcomous	er SANCHEZ,						
⁴ 5	Address 9 OGUNQUIT RD	First		ess 9 OGUNOU		First		Middle		
	City WILMINGTON State	e MA zin 01887		WILMINGTON		C.	M7A	- 01s	387-4119	
	Insurance Company GEICO IND		•				amaged Area	_		
				ele Action Prior to Crash	23 23		est Status:	1 0000.	28	
⁵ 1	Vehicle Travel Direction: NEW	Responding to Emerg			24	1	pe of Test:	Ė	29	
	Citation # (If Issued) T1683462			Harmful Event 1			AC Test Res	ult:	30	13
	Viol. 1: Ch/Sec/Sub 90 10			r Contributing Code	1 ²⁵	25 Sι	sp. Alcohol:	2 31 S	Susp. Drug: 2 32	1 '
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	26	To	owed from so	ene? 1	33	
<u> </u>	Please fill out for oper. Name (Last First Middle)	ator and all occupants inve	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airhag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		e Above		1 5	5 1	0 10	1	product racing	1
					_					•
70	Please Select One of the Following:	_#Occupants Non-l	Motorist A Type	15 Action 16 Le	ocation	17 Condit	ion 18	Hit	/Run Moped	
2		7 pop()		CB30463		<u></u>		<u> </u>		
	10 10	A_ DOB/Age		SB39463		Reg Type		Reg S	21	
		Enc	lorsement	ear 2014 v		nomas		Veh Co	onfig. 4	
1	Last	DRA A First	Middle	er NRT BUS I		First		Middle		
_	Address			ss 55 HAMPSH	IIRE F					14
	City State	Zip	. City 1	METHUEN				•	344-1112	1
	Insurance Company PILGRIM I	NSURANCE	Vehicl	le Action Prior to Crash			inaged Area	Code: 8	27 27 27 27 28	
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Event	Sequence 23 2	23 23		st Status: pe of Test:	1	29	
1	Citation # (If Issued) T1682459		Most I	Harmful Event	24	_	AC Test Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub 89 1	/iol. 2: Ch/Sec/Sub ——	Driver	Contributing Code	4 ²⁵	25	sp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub	Driver	Distracted by 99	26	То	wed from sc	ene? 2	33	
Ì	Please fill out for operator/nor	•		1000	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
ŀ	Name (Last First Middle) Operator/Non-Motorist	· · · · · · · · · · · · · · · · · · ·	Above	DOB/Age Sex		Status Code	Code Status	Code 1	Medical Facility	
}	Speciator/Tron-110torist	366	1,5010		* *	-	10			
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	-									



Patrol Officer Emily L Stebbins

Wilmington Police Department

10/18/2019

Wilmington Police Department Crash Narrative Case # 19-352-AC

On Friday October 18, 2019 I, Officer Stebbins was assigned to School Resource Officer duties at the Wilmington Middle School from 6:30 AM to 2:30 PM.

At about 1:45 PM, during school dismissal, I was standing in front of the Wilmington Middle School (25 Carter Lane). Students had just boarded their busses and the busses were departing. I noticed that students were standing on their busses and looking at the street. When I moved to the street side of the buses I saw Bus 12 (MA Registration: School Bus 39463) was pulled over in the West Intermediate bus lane and a Harley Davidson motorcycle, bearing MA Registration 2G5815, was pinned underneath the front drivers side of the bus. The operator of the motorcycle, Guillermo Sanchez Jr., was already off the motorcycle and walking around. Mr. Sanchez stated he was operating the motorcycle had no injuries from the crash. I asked if he wanted an ambulance to be checked out just in case and he stated he did. I then checked with the bus a

Wilmington Police Department

Page: 1

PERSONNEL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 19-352-AC

Entered: 10/18/2019 @ 1647 Entry ID: 210 Modified: 10/21/2019 @ 1032 Modified ID: 184 Approved: 10/21/2019 @ 1033 Approval ID: 184

(continued) injuries from the crash. I asked if he wanted an ambulance to be checked out just in case and he stated he did. I then checked with the bus and none of the students onboard or the driver had any injuries. The Fire Department responded for an evaluation of all parties involved. All the students were taken off the bus and school administration brought them back into the building to await parent pick up.

According to Mr. Sanchez, he was traveling north on Carter Lane. When he came to the end of the bus turn around area he slowed down when he noticed that Bus 12 was about to turn. He stated the bus slowed down and appeared to be waiting for him to pass through. As such, he continued on. While in the intersection of Carter Lane and the bus lane area the bus accelerated forward and struck him. Mr. Sanchez was able to jump of his motorcycle and dump it to avoid injury. The motorcycle collided with the front driver's side corner of the bus. It then went under the front bumper and was dragged into the West Intermediate bus lane. Mr. Sanchez thought that the bus was allowing him to continue on and obeying the yield sign that it had.

According to the bus driver, Sandra Dogherty, she was taking a left turn into the West Intermediate bus lane to turn around, as the busses do every day. She stated that she did not see the motorcycle and continued her turn. I asked if she came to a complete stop or slowed down. She stated she did slow down and look at Carter Lane, but she did not see anything. She stated she does know there is a yield sign there for the bus lane.

There was damage to the handlebars, fenders, and chrome all around the motorcycle. It was towed the A&S Towing since it was not believed to be drivable. The bus had a crack on the front driver's side bumper and some small dents in front of the front driver's side wheel well. A mechanic from the bus company came out to see if the bus was drivable, and he said it was. He stated he saw no damage to the undercarriage of the bus.

At about 4:00 PM I discovered that that Mr. Sanchez does not have a motorcycle license through a check of RMV records. I called him and he stated that he has a motorcycle permit. When I asked if he could bring it to the station he stated he could not because he was out with friends. I asked him where it was at the time of the crash and he stated that he had it locked up at home in a safe. I rechecked the RMV records and did not find any indication that Mr. Sanchez had a motorcycle license or permit in Massachusetts or any New England states. I then told Mr. Sanchez that he would need to provide it to me by the following evening (October 19, 2019). He stated he would be able to do so. I called Mr. Sanchez at about 4:30 PM on October 19, 2019, but his phone immediately went to voicemail. I left a message stating he needed to bring his permit to me by 9:00 PM. I tried to call him again at about 7:00 PM, but it again went straight to voicemail.

As of 10:00 PM on October 19, 2019 Mr. Sanchez has not provided me with his motorcycle permit that he claims to have. Since there are no RMV records and Mr. Sanchez failed to provide me with the permit I believe he does not possess a motorcycle permit. As such, I will be charging Mr. Sanchez with Operating a Motor Vehicle in Violation of License Class (MGL c. 90 s. 10). Please refer to 19-393-AR. I attempted to deliver citation #T1683462 to Mr. Sanchez at his home about 10:30 PM on October 19, 2019. Mr. Sanchez was not home, so I will mail the citation to him.

Wilmington Police Department

Page: 2

PERSONNEL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 19-352-AC

The bus driver was given citation #T1682459 for Failure to Yield.

Respectfully Submitted, Officer Emily Stebbins #210

All students that were on the bus were evaluated by the FD and released to their parents.

Wilmington Police Department Images Associated with 19-352-AC





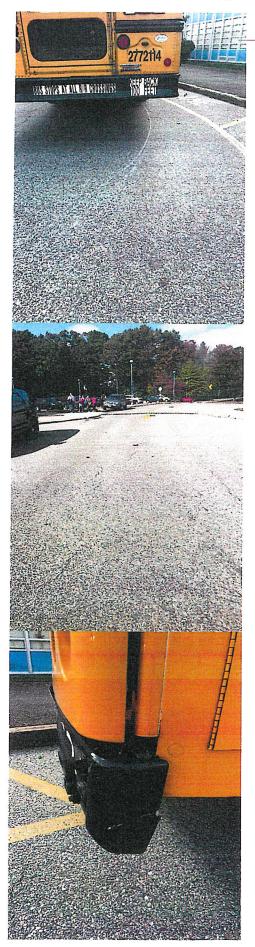


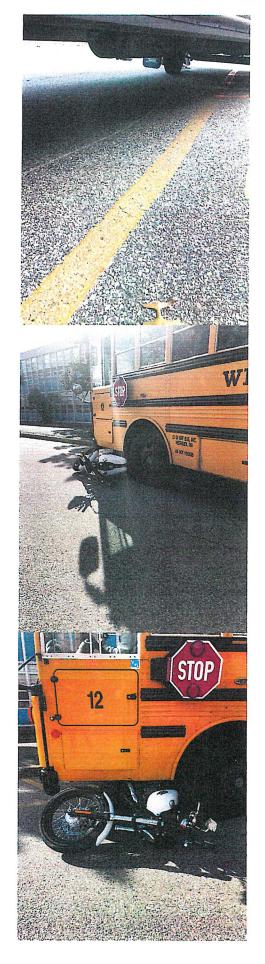






Wilmington Police Department Images Associated with 19-352-AC





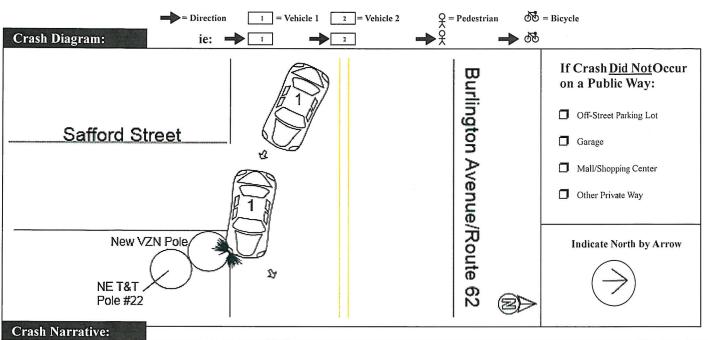
	Police Use Only	Com	monwealth	of Massac	husett	S	RM	V Docui	ment Number	
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	10/18/2019 1615 Wilz	mington	Police	Report	3	2	Latitude Longitude		MBTA Police Campus Police Other:	
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² 1	Route# Direction Nam	ne of Intersecting Road	lway/Street	Feet N	S E W of					_
	Please Select One							ındmark		-
3	of the Following:	#Occupants Hi	t/Run Moped	Crash Repo	ort ID# 19	9-35	3-AC	3		
	License # S72552252 St M	A DOB/A ₁	Reg	# 1FDE71		Reg Typ	e PC	Re		12
	Sex M Lic. Class D 19 Lic. F		CDL Veh	Year 2019	_ Veh Make_	TOYOTA	.	Veh (Config. 1 21	1
	Operator HERNANDEZ, JU		Endorsement Own	er HERNANDE	EZ, JU	LIO CI	ESAR			
⁴ 1	Address 35 ORANGE ST	APT 2	Middle Add	ress 35 ORAN	GE ST	First APT	2	Mide	dle	
	City CHELSEA State	MA Zip 0215	0-2443 City	CHELSEA		St	ate MA 2	Zin 02	150-2443	
	Insurance Company HANOVER I		_	cle Action Prior to Cra	ash 1		Damaged Area	_		
	Vehicle Travel Direction: N S E	Responding to Em		at Sequence 23	23 23		est Status:]	1 28	
5	Citation # (If Issued)	responding to Line			24		ype of Test:		29	
	, , , , , , , , , , , , , , , , , , , ,			t Harmful Event 1		25	BAC Test Res		1 30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	99	S	usp. Alcohol:	$\overline{}$	Susp. Drug: 2 32	
⁶ 1		Viol. 4: Ch/Sec/Sub -		er Distracted by 9	-		owed from so	ene? 1	1 33	1
	Please fill out for opera	itor and all occupants i	nvolved Address	DOB/Age So	34 35 Seat Safet Pos. Syste		Trap Injury	Transp.	Medical Facility	
	Operator		See Above	$\rightarrow \rightarrow$	1 99	4 0	0 8	1		
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⁷ 1	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Cond	ition 18	П н	lit/Run 🔲 Moped	
	License # S76502514 St M	A_ DOB/Ag	Rea	# <u>7HP663</u>	<u> </u>	Reg Typ	PC	Res	g State MA	1
	19 19	20	_	Year 2003				•	Config. 1	
	Operator LYNCH, ZACHAR	L	Endorsement	er LYNCH, 2				ven c	conng.	
⁸ 2	Address 4 RIVERHURST R	First	Middle	ter HINCH, Last Last Tess 4 RIVER		First	IAELD	Mide	dle	
							. N/D -	A1	921-6607	1 14
		MA Zip 0182	-	BILLERICA	[_	821-6607 27 ₂ 27 ₈ 27	
	Insurance Company PROGRESSI		_	cle Action Prior to Cra	23 23 23		est Status:	Code.	2 8	
	Vehicle Travel Direction: NSE	Responding to Eme	ergency? 2 Ever	t Sequence 1 23			ype of Test:	ľ	29	
⁹ 2	Citation # (If Issued)		Mos	Harmful Event	24		AC Test Resi	ult: 1	L 30	
	Viol. 1: Ch/Sec/Sub \	/iol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	99 25	25 S	usp. Alcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	9 26	Т	owed from sc	ene? 1	L 33	_
	Please fill out for operator/nor	n-motorist and all occu	pants involved	DOB/Age Se	34 35 Seat Safet ex Pos. System		38 39 Trap Injury Code Status		Medical Facility	
	Operator/Non-Motorist		See Above		1 99	3 0	0 10	1		1
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					1	ROUT	E 62			2
1,	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway/Stree	<u>t</u>	
1		At		Feet N S	E W of			ог		
	Route# Direction 1	Name of Intersecting Roads	way/Street			Mile Ma	arker	Exit	Number	2 11
		Also at Intersection v	vith	Feet N S	E W of	Route#	Intere	ecting Roadway	/Street	
າ				Feet N S	E W of	Kome#	mers	ceing Roadway	/Sirect	
² 1	Route# Direction	Name of Intersecting Roads	way/Street				La	ndmark		
1	Please Select One Vehicle 31	#Occupants Hit.	/Run Moped	Crash Repor	t ID# 19	-35	3-AC	٧		
5	of the Following:									4
	License # S23269964 St		Reg	# <u>198HR9</u>		Reg Typ	e <u>PC</u>	Reg State		1 12
	Sex F Lic. Class D 19 19 Li		DL Veh	Year 2014	Veh Make <u>H</u>	ONDA		Veh Config.	1 1	
	Operator GURUNG, KAMA			er GURUNG ,	MANKA	First		Middle		
⁴ 1	Address 153 MILK ST	First		ess 153 MIL	ST	First		Middle		
	City WESTBOROUGH S	tate MA Zip 0158:	1-1131 _{City}	WESTBOROU	GH	Sta	ate MA	Zip 01581	-1131	
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6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	T	owed from so	ene? 2 33		
⁶ 1		perator and all occupants in			34 35 Seat Safety		38 39 Trap Injury			[
	Name (Last First Middle)		Address	DOB/Age Sex			1		edical Facility	1
	Operator		ee Above		1 99	4 0	0 8	1		-
		<u> </u>		15 13		17	10		T	1
⁷ 1.	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	Action 16	Location	17 Condi	tion 18	Hit/Run	Moped	
	License #St	DOB/Age	Reg	4		Reg Typ	e	Reg State	<u> </u>	1
	19 19	20	J	Year				•	21	
	<u> </u>	E. Restrictions E	ndorsement		ven make			ven comig.		
8 2	Operator	First	Middle	erLast		First		Middle		
	Address			ess						14
	City S	tateZip	City.				ate2			
	Insurance Company		Vehic	cle Action Prior to Cras	h		amaged Area	<u> </u>	27 27	
	Vehicle Travel Direction: N S E V	Responding to Emer	gency? Even	t Sequence 23	23 23	23	est Status:	28		
9	Citation # (If Issued)	Western Andrews	Most	Harmful Event	24	•	ype of Test:	<u> </u>		
⁹ 2	Viol. 1: Ch/Sec/Sub ———	Viol 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	AC Test Res	un	Drug 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from so		Diug	
		non-motorist and all occup		I I	34 35	36 37	38 39	40		1
	Name (Last First Middle)	motorist and an occup	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury		edical Facility	
	Operator/Non-Motor	<i>ist</i> s	ee Above	>>>	1			**************************************		
					1					1
					 					-
										-

	= Direction 1	= Vehicle I	2 = Vehicle 2	₹ = Pedestrian	ı ØØ =	Bicycle	
Crash Diagram:	ie: 👈 🗓	→ [2	→ ĝ	→ №		
				62		If Crash Did on a Public V	Vay:
						On-Street Parki	ing Lot
						☐ Garage	
	Ve	hicle 1	Vehicle 2			Mall/Shopping	Center
	,,,					Other Private W	√ay
	Veh	icle 3			-	Indicate North	h by Arrow
				į	4	indicate North	a by Allow
					(III	(Λ))
Coords				Map data	V2019		/
Crash Narrative:				IVILLA WALL			
ll three vehicles	were in traffi	c. Vehic	le 3 came t	to a stop.	Vehic	cle 2 drove	into the
ear of Vehicle 1.					, , , , ,		

The state of the s			VIII.		,		
	AMERICA DE LA CASA DE		, ,				
							
	THE PARTY OF THE P						
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
					:		
		1					
Property Damage:	Τ		T				
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of	Damaged Property	
Truck and Bus Information	on:						
Truck and bus information	Registration #		(From V	ehicle Section)			42
Carrier Name	***************************************					Bus Use	
Address			City		Si	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:		
43	44		45				
<u></u>	ody Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length		
Hazmat Information:	40						<u> </u>
Placard 47 Material 1 dig	git # 48 Material Nam	ıe		Material 4 digit	#	Release code	49
							1 1
Patrol Officer Rafa	<u></u>						

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	V Docum	ent 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	
	10/18/2019 1909 Wili	mington	Police	Report	1	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >	1-		INTER	SECT		İ
										10
	62 E BURLING									2
¹ 4	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadway	/Street	
4	CAFEODO	At CITI		Feet N S	E W of		_ •	or		
	Route# Direction SAFFORD Nar	ne of Intersecting Roady	vay/Street			Mile Ma	rker		Exit Number	1
		Also at Intersection w	rith	Feet N S	E W of	Route#	Interes	ecting Ros	adway/Street	
2	Route# Direction Nar			Feet N S	E W of	Routen	mers	come no	adway/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadw	vay/Street				La	ndmark		
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Report	1D# 19	-35	4 – AC	•		
3	or the ronowing.									1
	License # S32482880 St M	A DOB/Age.		# <u>9659HZ</u>					21	3 12
	Sex.M Lic. Class D Lic. I	Restrictions C	DL Velandorsement	Year 2017	Velı Make <u></u>	IA		Veh Co	onfig. 1	
	Operator TROXELL, PAUL	First		er TROXELL,	PAUL	E		Middle		
⁴ 1	Address 457 SALEM ST	103		ress 457 SALE	M ST	Pitsi		Middle		
	City WILMINGTON State	MA Zip 01887	7-1210 City	WILMINGTON	ı	Sta	te MA 2	Zip 018	387-1210	
	Insurance Company ARBELLA M			cle Action Prior to Crash	7				27 27 3 27	
	Vehicle Travel Direction: NS W	Responding to Emer					est Status:	_	28	
5	<u></u>			nt Sequence 40 23 22		_ا _{Tي}	pe of Test:		29	
	Citation # (If Issued)	-	Mos	t Harmful Event 22		25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv		<u> </u>	4 ²⁵ Si	ısp. Alcohol:	2 31 5		22 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by 99	26	To	owed from so	ene? 1	33	
<u> </u>	Please fill out for opera	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 (Last Plint Policies)	9,	ee Above	DOBANGE SEX	1 1	4 0	0 10	1	Medical Pacing	
	Орегиног	30	- Above		1 1	" 0				-
	Please Select One			15 16	<u> </u>	17	18	╁ <u>,</u>		1
⁷ 3	of the Following:	_#Occupants Non	-Motorist A Type	Action	Location	Condi	ion	Hit	t/Run Moped	
	License #St	DOB/Age	Reg	#		Reg Type		Reg	State	
	Sex Lic. Class 19 19 Lic. F	Restrictions 20 C	DL Veh	Year '	Veh Make			Veh Co	onfig.	
	Operator	Е		ner					·	
⁸ 2	Last	First	Middle	Last		First		Middle	e	
		7				α.		7'		99 ¹⁴
	City State	•	•		<u> </u>		te2 amaged Area		27 27 27	
	Insurance Company		Vehi	cle Action Prior to Crash	<u> </u>		amaged Area est Status:	Code:	28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Ever	it Sequence 23	23 23	23	pe of Test:	F	29	
⁹ 2	Citation # (If Issued)	<u> </u>	Mos	t Harmful Event	24		AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25	25	sp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	To	wed from so		33	
	Please fill out for operator/nor	n-motorist and all occupa	ants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator/Non-Motorist	Se	ee Above	X	1				···	1
		~~~								1
					<del> </del>					1



MV1 was traveling eastbound on Burlington Avenue/Route 62 towards the intersection with Safford Street. MV1 began drifting towards the right and started to leave the roadway. Operator of MV1 stated that he fell asleep and also suffers from Parkinson's Disease. The witness, Mr. Lyne, was traveling behind MV1. Mr. Lyne stated that he saw MV1 start to leave the roadway and going to strike the utility pole "head-on" so he "slammed on" his car horn. The operator of MV1 stated that the noise of the car horn woke him up, he attempted to brake and swerved to the left in an attempt to avoid colliding with the pole, but was unsuccessful. MV1 struck the new Verizon Utility Pole with its front right side causing minimal damage to the new pole. Due to the collision, MV1 was disabled and was towed from the scene by A&S Towing. The operator of MV1 was evaluated by the Wilmington Fire Department and signed a medical refusal. RMV Medical Evaluation requested

Name (Last,First,Middle)		Address				Phone # S			
LYNE STEPHEN CHRI	STOPHER	15 COMMONWEALTH	AVE Apt. #1 CONCOR	RD MA 01742	2-30				
Property Damage:									
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	tion of Damaged l	Property		
VERIZON	MAIN ST WILMING	TON MA 01887		4	NEW	UTILITY	POLE		
Truck and Bus Information:  Carrier Name	Registration ii		(From Vehic				_ Bus Use	42	
Address			City			St	Zip		
US DOT #:	_State Number		_ Issuing State	MC/MX	/ICC #:_				
Interstate 43 Cargo Body 7 Trailer Reg #:	Type Code  Reg Type	GVWR/GCWR	45 Reg Year	Tuo	ilan I anat	46			
Hazmat Information:		g State		1ra	ner Lengt				
Placard Material 1 digit #	48 Material Nam	e		Material 4 di	git #	R	elease code	49	

Patrol Officer Michael A Wilson

209

Wilmington Police Department

10/18/2019

Department

Witnesses:

	Police Use Only	Comi	monwealth	of Massach	usetts		RM	V Docui	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Crash	Number Vehicles	Number Injured	Speed Limi	35	State Police Local Police MBTA Police Campus Police	
	10/19/2019 0950 Wili	mington	Police	Report	3	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >		NOT A	r inter	SECT		1
										2 10
	CHURCH									2
1 <b>1</b>	Route# Direction	Name of Roadway/St  At	reet	Route# Direction	Address #		Name of	Roadwa	ny/Street	
1	ADELAID			Feet N S	E W of		_ • _	or		
		ne of Intersecting Roady	vay/Street			Mile Ma	ırker		Exit Number	3 11
		Also at Intersection w	vith	Feet N S	E W of	Route#	Inters	ecting R	oadway/Street	
2	Route# Direction Na	no of Interception Dead.		Feet N S	E W of	routen	IIIOI	oomig re	odd.rayr on oot	
² <b>1</b>	Route# Direction Nat	ne of Intersecting Roady	vay/Street				L	andmark		
3	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Report	1D# <b>19</b>	-35	5-A(	7		
,	of the Following:						·			4
	10 10	A DOB/Age		# 1MX713					21	1 12
	Sex M Lic. Class D 19 Lic. 1	Restrictions <b>B</b> C	DL Veh	Year <b>2014</b>	Veh Make <u>M</u>	AZDA		Veh (	Config. 1	
	Operator CHARINI, WILL			ner CHARINI,	WILLI	AM A		Mid	Ale	
⁴ 2	Address 91 MARION ST			ress 91 MARIO	N ST	rust		Wild	uie .	
	City WILMINGTON State	MA Zip 01887	7-3172 City	WILMINGTON	1	Sta	nte MA	Zip <b>01</b>	887-3172	
	Insurance Company <b>GEICO GEN</b>	ERAL INS	Veh	icle Action Prior to Crasl	4		amaged Are	_		
	Vehicle Travel Direction: NSWW	Responding to Emer		nt Sequence 1 23	23 23		est Status:	Ī	28	
⁵ 1	t! × v			in Sequence 1	24	T	ype of Test:	Ī	29	
	Citation # (If Issued)	<del></del>	Mos	t Hannful Event	<del></del>	B	AC Test Res	ult:	30	_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	4 25	s	usp. Alcohol	31	Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	T	owed from s	cene?	1 33	
1		itor and all occupants in		Donu	34 35 Seat Safety		38 39 Trap Injury		M. East Parties	
	Name (Last First Middle)  Operator	C	ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	Орегию	3	ee Above		1 1		10	+		-
										1
	Diama Calant One 🗔			15 16		17	18		T ₋	1
⁷ 3	of the Following: Vehicle 22	_#Occupants Non	-Motorist A Type	Action	Location	Condi	tion	▎ <mark>┃▃┛▐</mark>	lit/Run Moped	
	License # <b>S00411695</b> St <b>M</b>	A DOB/Age	Reg	# CHICKY		Reg Typ	e PC	Re	g State <b>MA</b>	1
	Sex M Lic. Class D Lic. I	Restrictions B C		Year 2010					21	
	Operator ZANNELLI, NIC		ndorsement	ner DIFRAIA-						
⁸ 1	Address 44 WEST ST	First	Middle	Last ress 44 WEST		First		Mid	dle	
		N/3 0100"				_	3.73	_ 01	997-3040	1 14
	City WILMINGTON State	•	7-3040 City	WILMINGTON			amaged Are	_	.887-3040 .27 27 27	
	Insurance Company COMMERCE	INSURANCE	Veh	icle Action Prior to Crasl		ᆜ ㅠ	amaged Are	a Code:	28	
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Eve	nt Sequence 23	23 23	23	ype of Test:	ŀ	29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event 1	24		AC Test Res	ault:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25	usp. Alcohol		Susp. Drug: 32	
	Viol, 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	Т	owed from s	cene?	1 33	
	Please fill out for operator/no		ants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	-	Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	Code	Medical Facility	-
	Operator/Non-Motoris	f S	ee Above	X	1 1	4 0	0 10	1		
!					13 1	4 0	0 10	1		
										1
					-			++		+
										-

	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit	35_	State Police Local Police MBTA Police Campus Police	
	10/19/2019 0950 Wil	mington	Police	Report	3	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	<u> </u>	ATION >		NOT A	INTER	SECTI		1
										2 10
	CHURCH								(0)	
¹1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	···	Name of	Roadway	Street	
	ADELAII			Feet N S	E W of			or	Exit Number	
		ame of Intersecting Road				Mile Ma	arker		Exit Number	3 11
		Also at Intersection	with	Feet N S		Route#	Interse	ecting Roa	ndway/Street	
² 1	Route# Direction Na	ame of Intersecting Road	way/Street	Feet N S	E W of					
			I					ndmark		-
3	Please Select One of the Following:	#Occupants    Hit	/Run Moped	Crash Report	1D# <b>19</b>	-35	5-AC		•	
	License # <b>S55250816</b> St ]	MA DOB/Age	Reg	# 2388VB		Reg Typ	e PC	Reg	State MA	12
	19 19	Restrictions B 20		Year 2013					2.1	1 '2
	Operator KEDDY , AMELIA	н Н	Endorsement	ner KEDDY, AN						
¹ 2	Address 3 CARRIAGE LN	First	Middle	ress 3 CARRIA		First		Middle	2	
	City <b>READING</b> Sta				<del></del>		. M/A -	n1s	367-0000	
		-	_	READING			anaged Area		27 27 27	
	Insurance Company COMMERCE			icle Action Prior to Crash	23 23		est Status:	B	28	
<u> </u>	Vehicle Travel Direction: N E W	Responding to Eme	rgency? 2 Eve	nt Sequence 1 23		23	ype of Test:		29	
<u> </u>	Citation # (If Issued)		Mos	st Harmful Event 1	24		AC Test Res	ult:	30	12
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25 S	usp. Alcohol:	31 5	Susp. Drug: 32	1 13
5 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	Т	owed from so	ene? 2	33	
1	Please fill out for ope Name (Last First Middle)	erator and all occupants in	nvolved Address	DOB/Assa San	34 35 Seat Safety Pos. System	36 37 Airbag Ejeet Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		See Above	DOB/Age Sex	1 1	4 0	0 10	1	Medical Paciniy	
	Орегию		Sec 7 to ove			-		-		
										_
7	Please Select One Vehicle 4	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Пни	t/Run Moped	1
3	of the Following:		L							-
	License # St St	DOB/Age	Reg	#		Reg Typ	e	Reg	State	
	Sex Lic. Class Lic.	Restrictions   (	CDL Veh Endorsement	Year	Veh Make			Veh Co		
3_	Operatorlast	First	Ow	nerl.ast		First		Middle	e	
1	Address		Add	ress						14
	CitySta	ateZip	City				ate 2	Zip		1 "
	Insurance Company		Veh	icle Action Prior to Crash			amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Eme	rgency? Eve	nt Sequence 23	23 23	23	est Status:	F	28	
)	Citation # (If Issued)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Mos	st Harmful Event	24		ype of Test: AC Test Res		30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	Driv	ver Contributing Code	25	25	usp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from so	$\vdash$	33	
	Please fill out for operator/n				34 35 Seat Safety	36 37 Airbug Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System		Code Status		Medical Facility	-
	Operator/Non-Motoris	57	See Above		1					4
			<del></del>							
					1 1					

	Q = Pedestrian $OO = Bicycle$
Crash Diagram: ie: - 1 - 2	→ 85
CHURCH STRFFT(Rt 62)	If Crash <u>Did Not</u> Occur on a Public Way:
	Off-Street Parking Lot
	Garage
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	
	Mall/Shopping Center
	Other Private Way
	Indicate North by Arrow
	$\triangle$
ADELAIDE	
Crash Narrative:  3 CAR M/V CRASH- M/V #1 WAS TRAVELING WEST ON CHURCH S	TREET M/V #2 WAS TRAVELING FAST
ON CHURCH STREET. M/V#3 WAS STOPPED ON ADELAIDE STREET	
ONTO ADELAIDE STREET, FAILING TO YEILD TO M/V #2 CAUSI	
VEHICLES IN M/V #2'S TRAVEL LANE. AS A RESULT OF THE I	
#1 & #2, M/V #1 REBOUNDED INTO M/V #3 CAUSING A SECOND	
Witnesses:	
Name (Last,First,Middle) Address	Phone # Statemen
Property Damage:	
Owner (Last, First, Middle) Address Phone #	41-Type Description of Damaged Property
Truck and Bus Information: Registration # (From Veh.	
Truck and Bus Information:  Registration # (From Veh)  Carrier Name	nicle Section)  Bus Use  42
(From ven	Bus Use 42
Carrier Name City	Bus Use
Carrier Name	Bus Use
Carrier Name	Bus Use 42 St Zip
Carrier Name	Bus Use 42 St Zip
Carrier Name	
Carrier Name City City Issuing State Issuing State	

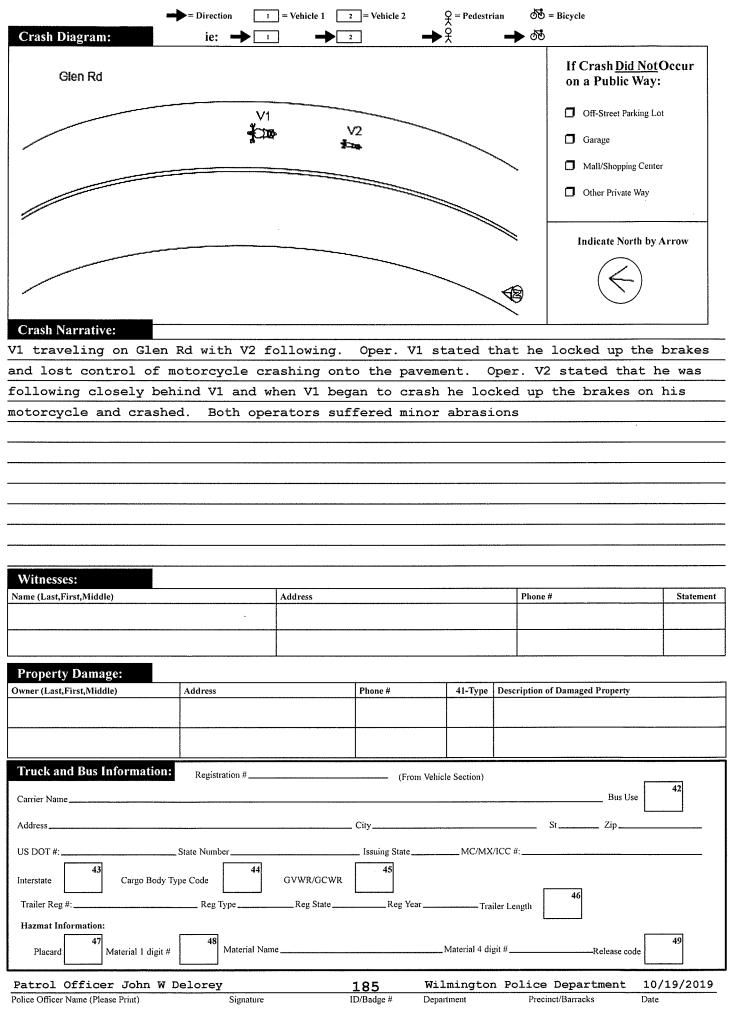
	Police Use Only	Com	nonwealth (	of Massach	usetts		RM	V Document N		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Loca	e Police al Police ATA Police popus Police	
	10/19/2019 1226 Wil	mington	Police	Report	2	0	Latitude Longitude _	Cam Othe	TA Police	
	AT INTERSECT	TION:	< LOCA		<del></del>			SECTION		1
					<u> </u>					2 10
					298	SHAV	SHEEN			
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway/Stre	et	
				Feet N S	E W of		_ • _	or		
	Route# Direction Na	ime of Intersecting Roadw	ay/Street			Mile M	arker	Exi	it Number	3 11
		Also at Intersection w	ith	Feet N S		Route#	Inters	ecting Roadwa	y/Street	
² 1	Route# Direction Na	nne of Intersecting Roadw	ay/Street	Feet N S	E W of					
Τ							La	ındmark		-
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Report	1D# <b>19</b>	-35	6-A(			
	License # <b>S47809023</b> St <b>1</b>	A DOR/Age	Pag	# 108XCH		Pag Typ	, PC	Pag State	. MA	<u> </u>
	19 19	20		Year 2009					21	7 12
		En	dorsement					•	. []	
⁴ 1	Operator KANE, CATHER	First	Middle	er <b>BENOIT</b> ,		First		Middle	<del></del>	
Τ	Address 40 HANOVER ST			ess 40 HANOV		W-144-14-14-14-14-14-14-14-14-14-14-14-14				
	City <b>WILMINGTON</b> Sta	•	<u>-0000</u> City	WILMINGTON					7-2438	
	Insurance Company <b>LIBERTY N</b>	MUTUAL INS	Vehic	cle Action Prior to Crasl	¹   <del>L</del>		amaged Area	Code: 3 27	27 27	
5	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Even	t Sequence 2 23	23 23	23	est Status: ype of Test:	1 29		
	Citation # (If Issued)	_	Most	Harmful Event 2	24		AC Test Res			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcohol:		Drug: 2 32	2 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so		h	
⁶ 1	· ·	rator and all occupants inv	olved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code		Code M	Medical Facility	-
	Operator	Se	e Above		1 0	4 0	0 10	1		-
_	Please Select One Vehicle 21	#Osements D		15 16		17	. 18	M	T	1
⁷ 1	of the Following: Vehicle 2	"Occupants Non-	Motorist A Type	Action	Location	Condi	tion	Hit/Rur	n Moped	1
		DOB/Age	Reg	<i></i>		Reg Typ	e	Reg State		
	Sex Lic. Class   19 19 Lic.	Restrictions 20 CI	OL Veh '	Year	Veh Make			Veh Config	z21	
0	Operator unknown	First En		er						
⁸ 1	Address	t-first		Last		First		Middle		
	City Sta	teZip	City_			Sta	nte 2	Zip		14
	Insurance Company	·	Vehic	ele Action Prior to Crasl	1	22 D	amaged Area	Code: 27	27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Even	Sequence 23	23 23	23 T	est Status:	28		
	Citation # (If Issued)		•	Harmful Event	24	T	ype of Test:	29		
⁹ 2	, ,			er Contributing Code	25	25	AC Test Res		72	
	Viol. 1: Ch/Sec/Sub ————				26	S	usp. Alcohol:		. Drug: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	34 35	36 37	owed from so	40 J		1
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp.	Medical Facility	
	Operator/Non-Motoris	r <b>t</b> Se	e Above	$\times$	1					
										1
										1
										_
										1

Crash Diagram:	ie:	_	venicle 2	关 = Pedestri Q	an 00 = Bicycle	
Crasii Diagraiii.	ie. —			- X	If Crash <u>Did</u> on a Public V	
	Shawsheen Scho				☑ Off-Street Parl	king Lot
	296 Shawsheen A	\ve			☐ Garage	
					☐ Mall/Shopping	Center
					Other Private	
					- Other Frivate	,,ay
					Indicate New	th by A way
					Indicate Nort	II Dy AFFOW
	***************************************		ten hentrida keli namariikki kelika akun aki nada kendala kendala kendala ke	/		
				,		/
Crash Narrative:						
NV 1 was parked at	the Shawsheen	school. Op	was not wi	th moto	r vehicle when it	was
struck. When she re	turned to moto	r vehicle,	she observ	ered si	gnificant damage t	o right
side of vehicle. No	one witnessed	the crash	. Informati	on was	not left by MV 2.	
		1915 t				
	T-774 W-144 (1974)					
***************************************						
Witnesses:		T				
Name (Last,First,Middle)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Informatio	Registration #		(From Vehi	cle Section)		42
Carrier Name					Bus Use	•
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:	
43	44		45			_
	ly Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	ler Length	
Hazmat Information: 47	48					49
Placard Material I digi	t # Material Nan	ne		_Material 4 dig	it #Release cod	e
Patrol Officer Kevin	T Chinner		000 W	1	Police Department	10/10/0010

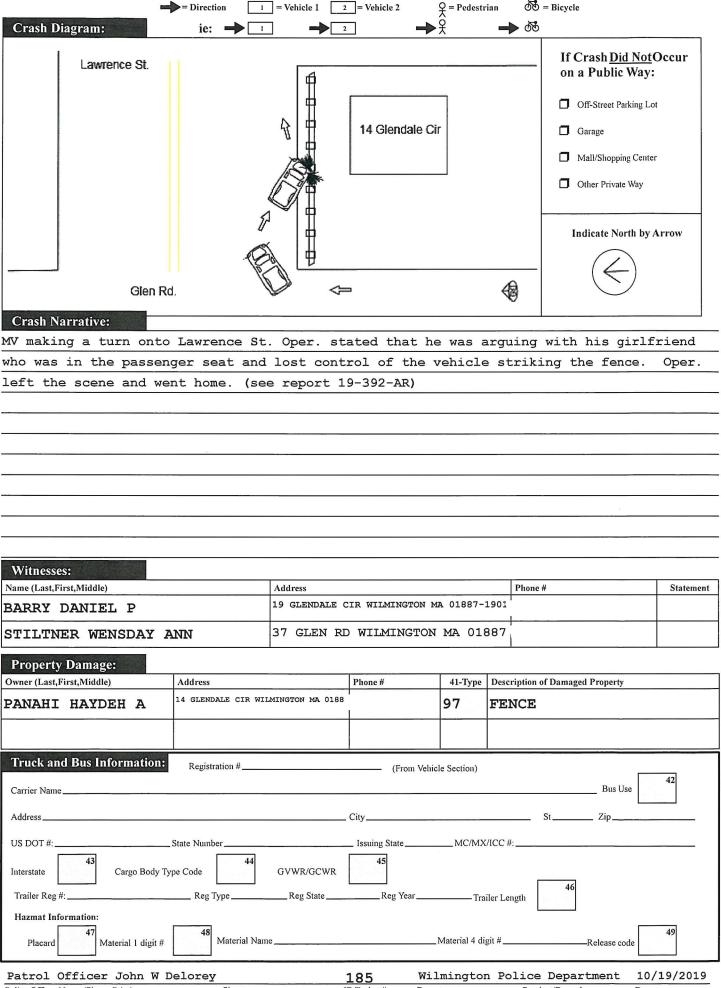
	Police Use Only	Comi	monwealth (	of Massac	huse	etts			RM	V Docu	ıment Numbe		
	Date of Crash   Time of Crash   10/19/2019   1216   W:	City/Town	Motor Veh	icle Crasl	1 Nu	ımber hicles	Number Injured		Limit.	30	State Police Local Police MBTA Polic		
	10/19/2019 <b>1216</b> W:	ilmington	Police 1	Report	2		0	Latitu Longi			Campus Poli	ce d	
	AT INTERSE	CTION:	< LOCA	TION >		I	NOT A	ΓIN	TER:	SEC	TION:		
	MTDDI	ESEX AVE											2 10
I _	Route# Direction	Name of Roadway/St	reet	Route# Direction	Addre	ess#		Na	me of	Roadw	ay/Street		
¹ 1		At		Feet N	SEW	of -		<b></b> .		or			
	Route# Direction CHURC	Name of Intersecting Roady	vay/Street			•	Mile M	arker			Exit Numl	er	2 11
		Also at Intersection w	vith	Feet N	S E W		Route#		Interse	ecting R	Roadway/Stree	t	
² 1	Route# Direction	Name of Intersecting Roady	vay/Street	Feet N	SEW	of _				ndmark			
	Please Select One	1 #Occupants Hit/	Run Moped	Crash Repo		1 0	2 5	7					
3	or the ronowing.	Hit/										***	
	10 10	St MA_ DOB/Age	Reg #	127MB4			_ Reg Typ	e PC		Re	eg State MA	21	12
	Sex <b>F</b> Lic. Class D 19 19	Lic. Restrictions B C	DL Veh Y	Year 2012	_ Veh Ma	ke <b>N</b> J	<u> </u>	<u> </u>		Veh	Config. 1		
4	Operator FRIBERG, JA			er FRIBERG	, JAI	NET	LAUI First	REN		Mie	ddle	<u>-</u>	
⁴ 2	Address 107 LOWELL R	ND		ess 107 LOW	ELL	RD							
	City NORTH READING	State <b>MA</b> Zip <b>01864</b>	1-1682 City	NORTH REA	DING	ž	St	ate <b>M</b> Z	<b>A</b> z	ip <b>01</b>	L864-1	682	
	Insurance Company <b>PLYMOUT</b>	H ROCK ASSU	Vehic	ele Action Prior to Cra	ash .	<b>2</b> 2	22 E	amage	d Area	Code:		27	
-	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Event	Sequence 1 23	23	23	23	est Stat			28		,
⁵ 1	Citation # (If Issued)		Most	Hannful Event 1	24	I		ype of		,	30		
	Viol. 1: Ch/Sec/Sub	<ul><li>Viol. 2: Ch/Sec/Sub —</li></ul>	Drive	ــــا r Contributing Code:	1	25	25	AC Te: usp. Al				32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub	<ul> <li>Viol. 4: Ch/Sec/Sub</li> </ul>	Drive	er Distracted by	26			owed fi	L		2 33		
⁶ 1		operator and all occupants in			34 Seat	35 Safety /	36 37	38	39	40			1
	Name (Last First Middle)		Address	DOB/Age Si	ex Pos.	System	Status Code	Code	Injury Status	Transp. Code	Medical Fa	eility	-
	Operator	S-	ee Above		$\frac{1}{1}$	1 4	4 0	0	10	1			
	Please Select One	1 #Occupants Non	Г	15 16	 i		17		18	 	le-		1
⁷ 3	of the Following:		-Motorist A Type	Action	Locatio		Condi				Hit/Run	Moped	
	License # 000034976431 s	20		1KTL34							eg State MA	21	
			ndorsement	/ear 2017						Veh	Config. 1		
81	Operator KEATING, DA	First	Middle	er KEATING			First			Mic	ddle		
	Address 19130 CHANDL			ess 20 GRAN		'							14
	City CORNELIUS	-	•	WILMINGTO	Г	_ 2				Code:	L887-2		1
	Insurance Company PLYMOUT	-		le Action Prior to Cra	<u>_</u>		~	est Stat		Code.	28		
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Event	Sequence 1 23		23		ype of			29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24			AC Tes	st Resu	ılt:	30		
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	13	25	25 S	usp. Al	cohol:	31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		Т	owed fi	rom sc	ene?	2 33		]
	Please fill out for operato Name (Last First Middle)	or/non-motorist and all occup	ants involved Address	DOB/Age Se	34 Seat ex Pos.		36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fa	eility	
	Operator/Non-Moto	rist s	ee Above		1	1 4	4 0	0	10	1			
}									$\vdash$				1
}		300				$\vdash$		-					1

Crosh Die	gram:				오 = Pedestri 오	ian 🐠 ➡ 🕉	= Bicycle	
Crash Dia	gram:	ie: → I	CH STREET		ж 	<b>→</b> ७७	If Crash Did Not Con a Public Way:	
							Garage  Mall/Shopping Center  Other Private Way	
•		MIDDLESEX AVE					Indicate North by A	rrow
		MIDDLE			<	€2		
	CIP-ETPL NOTINE POP DIED						ACHED M/V #1 FRO	OM THE
Witnesses:			Address			Phone	#	Statement
								,
Property I Owner (Last,Fir	THE RESERVE TO SELECT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA	Address		Phone #	41-Туре	Description	of Damaged Property	
Truck and	Bus Information:	Registration #		(From Vehic	le Section)			42
Carrier NameAddress				City			Bus Use  St Zip	
US DOT #:	43 Cargo Body Ty	pe Code	GVWR/GCWR	45		ſ	46	
Trailer Reg #: _ Hazmat Inform Placard	mation:  47   Material 1 digit #	40				L	Release code	49
Detective	Christopher J	[ Dindo		170 Wil	mingtor	Police	Department 10/	19/2019

				monwealth of Massachusetts RMV Document Number									
	Date of Crash 10/19/2019	Time of Crash 1312 Wi	City/Town	Motor Vel	icle Cras	h Nur	nber Num	,   5,000	Limit_	20	State Police Local Police MBTA Police	0000	
	10/19/2019	24HR	lmington	Police	Report	2	2	Latitu Longi			Campus Police	_ 🗖	
		AT INTERSEC	CTION:	< LOCA	TION >		NOT	AT IN	TERS	SECT	TION:		
													2 10
	Route# Dire	ection	Name of Roadway/	Street	Route# Direction	128 n Addre		EN R		Roadwa	ny/Street	— <del> </del>	
1			At										
	<u> </u>			100	Feet N	SEW		– – • e Marker	· —	or	Exit Number	— <b> </b>	_ 11
	Route# Dire	ction	Name of Intersecting Roa  Also at Intersection		Feet N	SEW	of						1 ''
					I =	SEW	Route	#	Interse	cting R	oadway/Street	Ī	
² <b>1</b>	Route# Dire	ection	Name of Intersecting Roa	dway/Street		· · · · · · · · · · · · · · · · · · ·			Lar	ıdmark			
-	Please Select	One Vehicle 11	#Occupants H	it/Run Moped	Crash Ren	ort ID# 1	.9-3	58-	ΔC	1			
3	of the Followi	mg: —											
			MA DOB/A _ξ		# <u>2G6805</u>							21	<b>1</b> 12
	Sex. <b>M</b> Lic.		c. Restrictions	Endorsement	Year <b>1999</b>						Config. 3	┚╽	
⁴ 1	1	last	SEPH MICHA	Middle	ier HEMENWA Lasi		Fin	MICH.	AEL	Mid	dle	-	
Т	j	PORTER ST			ress 24 PORT			•	•				
	1		tate <b>MA</b> Zip <b>0182</b>		BILLERIC	Г	22				.821-284	27	
	1	-	ROCK ASSU		cle Action Prior to Ci		L	Damage Test Sta		Code:	7 27 3 27 28	<u>-</u>	
⁵ 1	Vehicle Travel I	Direction: SE	Nesponding to Em	ergency? 2 Ever	nt Sequence 97 23		23 23	Type of		ŀ	29		
<u> </u>	Citation # (If Iss	sued)	•	Mos	t Harmful Event	37 ²⁴		BAC Te	st Resu	ılt:	30		12
	Viol. 1: Ch/Sec/	/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	91	25	Susp. A	lcohol:	31		32	97 ¹³
⁶ 1	Viol. 3: Ch/Sec/	/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	9 26		Towed t			1 33		
	Name (Last First N	•	perator and all occupants	involved Address	DOB/Age		35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operat	or		See Above	$\rightarrow$	1	5 5	3 0	8	1			
							$\dashv$						
	Di Cala				15 1	6	17		18			-	
⁷ <b>1</b>	Please Select 0 of the Followi		#Occupants No	on-Motorist A Type	Action	Location	c l'C	ondition	10	Н	Iit/Run 🔲 Mo	ped	
	License # S3	6058742 St	MA DOB/Ag	Reg	# <u>2G3494</u>		Reg	Туре МС	<u>;</u>	Re	g State <b>MA</b>		
	Sex <b>M</b> Lic.	Class D M Li	c. Restrictions 20	CDL Veh Endorsement	Year <b>2019</b>	Veh Mal	e HARLE	Y-DAVI	DSON	Veh (	Config. 3	21	
Q	Operator <u>CA</u>	LLA, SEAN			er CALLA,	SEAN	R			Mid	ln-		
⁸ 2	Address 8 K	ENWOOD AVI	<u> </u>		ress 8 KENWC	OD A		sı		MIG		l	
	City WILM	I <b>NGTON</b> s	tate <b>MA</b> Zip <b>0188</b>	7-3012 City	WILMINGT	ON		State M	<b>A</b> Zi	ip <u>01</u>	887-301	<u> 2</u>	<b>1</b> 14
	Insurance Comp	oany SAFETY I	NSURANCE	Vehi	cle Action Prior to Cr	rash [	22	Damage		Code:	/ 3	27	
	Vehicle Travel I	Direction: SEV	V Responding to Em	ergency? 2 Ever	it Sequence 97 23	23	23 23	Test Sta		ŀ	28		
⁹ 2	Citation # (If Iss	sued)		Mos	t Harmful Event	97 ²⁴		Type of BAC Te		ılt:	30		
2	Viol. 1: Ch/Sec/	Sub ———	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	97 ²	25	Susp. A	г	31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/	'Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	9 ²⁶		Towed f	rom sce	ene?	1 33		
	Ple Name (Last First M	•	non-motorist and all occu	pants involved	DOB/Age		35 36 Safety Airbag System Status	37 38 Eject Trap Code Code		40 Transp. Code	Medical Facility		•
		or/Non-Motor	ist	See Above				3 0	1	1			
						1							
									+				
	İ				]								



	Police Use Only	Comi	monwealth	of Massac	huset	ts		RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Num Vehic		, lobeco	Limit 2.	5 State Police Local Police MBTA Police	
	10/19/2019 1425 Wi	lmington	Police	Report	1	0	Latitud		Campus Police	
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	AT IN	TERSEC	CTION:	7
						**				<b>2</b> 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	14 Address			TE CIP me of Roady		-
¹ 1		At							· · · · · · · · · · · · · · · · · · ·	
				Feet N	S E W o		Marker	or	Exit Number	-
	Route# Direction	Name of Intersecting Roads  Also at Intersection v		Feet N	S E W o	f				<b>]</b> 1 ''
					S E W o	Route#		Intersecting	Roadway/Street	
² 1	Route# Direction	Name of Intersecting Roads	vay/Street			***************************************		Landmar	rk	_
	Please Select One Vehicle 12	#Occupants Hit/	Run Moped	Crash Ren	ort 1D# <b>1</b>	9-35	59-	AC		7
3	of the Ponowing:		<u> </u>							4
	License # <b>S40376974</b> St	20		# <u>B5Y</u>					2.1	<b>1</b> 12
	Sex M Lic. Class D Li	c. Restrictions C	indorsement	Year <b>2011</b>				Ve	h Config. 1	
4	Operator RESENDES, AN	First	Middle	er RESENDE Last		First	P	,	Лiddle	-
⁴ 1	Address 7 CEDARCREST			ess 7 CEDAR						-
	City <b>WILMINGTON</b> S	•	•	WILMINGTO					1887-4019	-
	Insurance Company LIBERTY	_		cle Action Prior to Cr		<del></del>	Damaged Test Stat	d Area Code	2 27 1 27 27	
⁵ 1	Vehicle Travel Direction: NS XV	V Responding to Emer	gency? 2 Ever	t Sequence 30 23		3 23	Type of		29	
1	Citation # (If Issued) <b>T115129</b>	6	Mos	t Harmful Event 3	0 24		• •	st Result:	30	
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	15 ²	5 25	Susp. Ale	cohol: 3	1 Susp. Drug: 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	9 26		Towed fi	rom scene?	2 33	
1	Please fill out for op Name (Last First Middle)	perator and all occupants in	volved Address	DOB/Age S	Seat S	Safety Airbag E	37 38 jeet Trap ode Code	39 40 Injury Transp Status Code		7
	Operator	s	ee Above		1 1		0	10 1		7
	HOLLY EDES	7 CEDARCREST RD WILMINGTON, MA	01887	F	3 1	. 4 0	0	10 1		7
						<u> </u>				-
							_			-
										4
⁷ <b>1</b>	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	15 Action 10	Location	17 Coi	ndition	18	Hit/Run 🔲 Moped	1
_	License # St	DOB/Age	Reg	#		Reg T	уре	I	Reg State	_
	19 19	c. Restrictions 20	CDL Veh	Year					21	
	Operator	Е Е	indorsement Owr	ier						_
⁸ 1	Last Address	First	Middle Add	Last		First			Middle	
	City S	tate Zip	City				State	Zip		_ <b>1</b> 14
	Insurance Company			cle Action Prior to Cr	Г	22	Damage	d Area Code	27 27 27	
	Vehicle Travel Direction: NSEV			nt Sequence 23	23 2	3 23	Test Stat	us:	28	
Q	Citation # (If Issued)		Mos	t Harmful Event	24		Type of		30	
⁹ 2	Viol. 1: Ch/Sec/Sub		Driv	er Contributing Code	2	5 25	Susp. Al	st Result:	<del>                                     </del>	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	<del></del>	•	rom scene?	33	
	Please fill out for operator	/non-motorist and all occup	pants involved		Seat 5	Safety Airbag E	37 38 ject Trap	39 40 Injury Transp		7
	Name (Last First Middle)  Operator/Non-Motor	ict	Address See Above	DOB/Age S	Sex Pos. S	ystem Status C	ode Code	Status Code	Medical Facility	1
	Operator/140n-1410tor	131 5	CC AUUVC	<del> </del>	++		-	-		-
									1	



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

## Wilmington Police Department Images Associated with 19-359-AC











## Wilmington Police Department Images Associated with 19-359-AC

