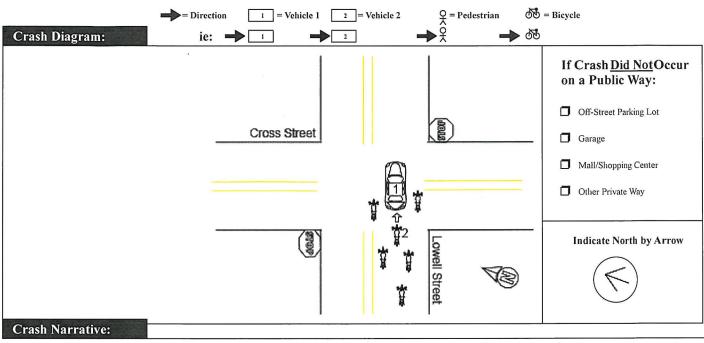
	Police Use Only	Comr	nonwealth (of Massach	ıusetts		RM	V Documen	t Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	<u></u> L	tate Police]
	10/06/2019 1439 24HR	Wilmington	Police 1	Report	2	1	Latitude Longitude	c	ABTA Police Campus Police Dither:	
	AT INTERS	ECTION:	< LOCA	TION >		NOT A	T INTER	SECTIO	ON:	1
										2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	59 Address #	LOWE	LL ST	Roadway/St	reet	\vdash
¹ 1		At								1
				Feet N S	EW of	Mile Ma	— • — nrker		Exit Number	111
	Route# Direction	Name of Intersecting Roady Also at Intersection w		Feet N S	E W of					2 ''
				Feet N S		Route#	Interse	ecting Roads	vay/Street	
² 1	Route# Direction	Name of Intersecting Roady	/ay/Street				La	ndmark		
1	Please Select One Vehicle	11 #Occupants Hit/	Run Moped	Crash Repor	t ID# 1 9	-33	4 – AC	4		1
³ 2	of the Ponowing:									_
	License # 08BDP59141	20		2613400					21	1 12
	Sex M Lic. Class D	」	ndorsement	Year 2016			<u> </u>	Veh Conf	ig.	
⁴ 1	Operator BEANLAND,	First	Middle	er BEANLAND		R J First		Middle		
1	Address 54 HEATHER			ess 54 HEATH	ER CT					
	City NASHUA	State NH Zip 0306	2 City.	NASHUA			ite NH 2	-		
			Vehic	cle Action Prior to Cras		ᆗ "	amaged Area		27 27 27	
5	Vehicle Travel Direction: N S	XW Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:	1 2	_	
	Citation # (If Issued)		Most	Hannful Event 1	24	В	AC Test Res	alt: 1 3	10	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 25	25 S	usp. Alcohol:	2 31 Sus	sp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Te	owed from so	ene? 2 3	13	
1	Please fill out fo	or operator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	S	ee Above	X	1 1	4 0	0 10	1		1
	}									1
										1
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			·····			<u> </u>				4
⁷ 2	Please Select One of the Following:	21 #Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/R	tun 🔲 Moped	
	License # S82855122	St MA DOB/Age	Reg	# 1R6401	1	Reg Typ	e MC	Reg Sta	ate MA	
	Sex M Lic. Class D M	20	_		Veh Make H				21	
	Operator MUISE, JAM	ES A	ndorsement Own	er MUISE, J	AMES A					
⁸ 1	Address 16 FLAGG ST	First	Middle	ess 16 FLAGG		First		Middle		
	City WOBURN	State MA Zip_ 01801	7121 City	WOBURN		Sta	nte MA 2	Zip 018 ()1-7121	1 14
	Insurance Company PROGRE	SSIVE DIRECT	Vehic	cle Action Prior to Crasi	h 1	22 D	amaged Area	Code: 1	27 27 27	
	Vehicle Travel Direction: NS	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23	est Status:	1 2		
9	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Test:		19 50	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 25	25	AC Test Resusse. Alcohol:	1	sp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so		13	
	•	ator/non-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap lnjury	40 Transp.		_
	Name (Last First Middle) Operator/Non-Mot	forist s	Address ee Above	DOB/Age Sex	Pos. System 1 5	Status Code	Code Status	Code Lahe	Medical Facility Py Clinic	-
	Sp. 4.01/11011-1101	J					1			1
										4



Op. of MV1 Peter Beanland, stated that he was traveling straight ahead east on Lowell Street. He observed a group of motorcycles driving behind him, then a motorcycle abruptly stopped in front of him, so he stopped and was rear ended by MC2. Op. of MC2 James Muise stated that he was traveling behind MV1, MV1 came to an abrupt stop, so he crashed into the motor vehicle, and was ejected from the MC. Scott Lauziere was operating one of the other motorcycles, claimed that MV1 was driving erratically and came to an abrupt stop. The other MC operators corroborated Mr. Lauziere's statements. MV1 sustained minor damage to the rear bumper and MC2 sustained minor damage to the front fender (See images). Mr. Beanland refused medical attention and Mr. Muise was transported to Lahey Hospital for suspected injuries. No tow was needed.

withesses:							
Name (Last, First, Middle)	Address			Pho	ne#		Statement
LAUZIERE SCOTT F JR	3 HANSON RD	N READING MA	01864-0	000 '			1
VELLA PAUL J	20 FRANKLI	N ST WOBURN	MA 018	301			1
Property Damage:							
Owner (Last,First,Middle) Address		Phone #	41-Type	Descriptio	n of Damage	d Property	
*							
			4 9 9				
Truck and Bus Information: Registration #		(From Vehicl	e Section)			Bus Use	42
Address		City			St	Zip	
US DOT #:State Number		Issuing State	MC/MX	/ICC #:			
Interstate Cargo Body Type Code Trailer Reg #: Reg Type	GVWR/GCWR	45			46		
Hazmat Information:							
47	ne	1	Material 4 di	git #		Release code	49

197

ID/Badge #

Department

Signature

Wilmington Police Department

Precinct/Barracks

10/06/2019

Date

Patrol Officer Julio J Quiles

Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 19-334-AC





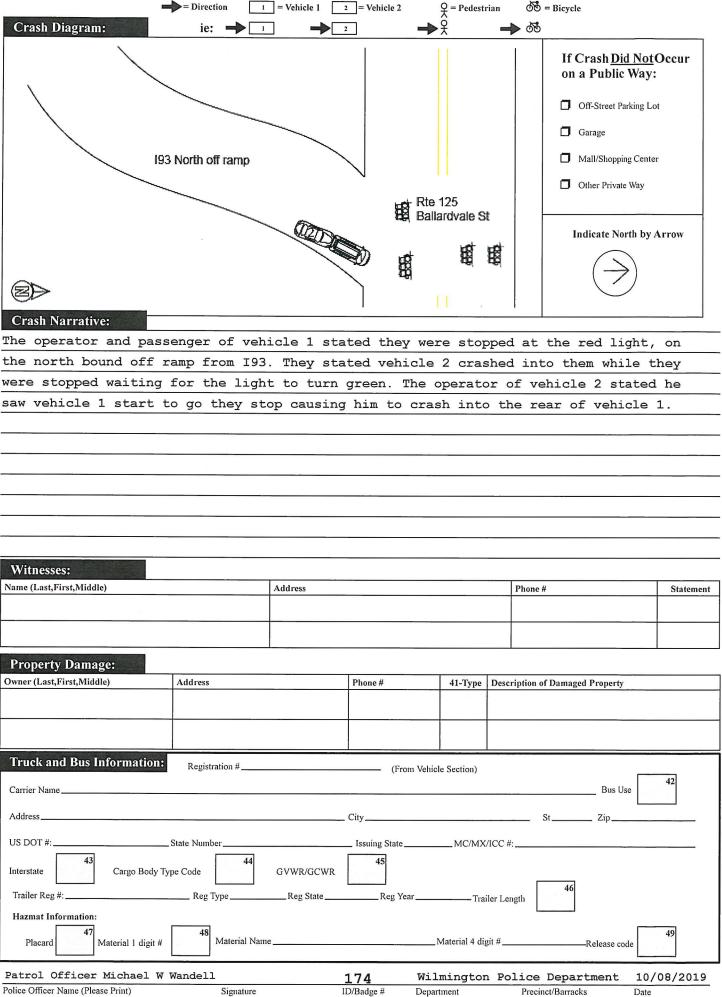
	Police Use Only Commonwea Date of Crash Time of Crash City/Town Motor					ealth e	of Massa	ach	use	etts	;			RM	V Doci	ument N	lumber	
	1	1		ı	Mote	or Veh	icle Cra	sh		umber hicles			•	Limit	35	Local	Police Police A Police	
	10/06/2019	1759 T	Wilmin	gton	F	Police 1	Report		2	incies	0		Latitue Longit			Camp Other	pus Police 🔲	
		AT INTERS	ECTION	:	<	LOCA	TION	>			NO'				SEC	TION		1
																		2 10
	Route# Direc	ction	Nav	ne of Roadway/St	reet		Route# Direc	-tion	32 Addr		<u>M</u> 2	NIA			Roadu	/ay/Stree	t	
¹ 3			. (21)	At									144	ine or	Roadw	rayrunce		
L							Feet	N S	EW	of		ile Ma			or _	Exit	Number	
	Route# Direc	ction		Intersecting Roady			Feet	N S	EW	of	111	10 1710	IKOI					3 11
								N S			Route	e#		Interse	ecting I	Roadway	/Street	
² 1	Route# Direc	etion	Name of I	Intersecting Roady	vay/Street		Feet	115	2111	01				1.0	ndmarl			
	Please Select (. 1 #0c	cupants Hit/	, I	Moped			TD//	1 0		21		**********		`		
3	of the Followi	ng:	1	Cupaints Hit/	Kun L	Moped	Crash F	Report	ID#	т Э) —	AC				
I	License # <u>\$5</u>	Y	_ St MA _ I			Reg #	8XK126				Re	д Туре	PC		R	eg State		12
	Sex M Lic.	Class D 19	Lic. Restric	etions 20 C	DL	Veh Y	rear 2018	···········	Veh M	ake G	MC				Veh	Config.	1 21	1
[a	Operator <u>GO</u>	RMAN, FR	ANCIS First		Middle	_ Owne	GORMAN	, E	FRA	NCI	:S	J irst			Mi	iddle		
⁴ 1	Address 6 C	RESCENT	ST			Addre	ess 6 CRES		NT	ST					IVII			
	City TEWK	SBURY	_ State MA	Zip 01876	5-27 <u>35</u>	City_	TEWKSBU	RY				Stat	e M Z	A z	Zip O	1876	-2735	
	Insurance Comp	any PLYMOU	TH ROC	CK ASSU		Vehic	le Action Prior to	Crash		4	22	Da	unage	d Area	Code:	 	27 27	
5	Vehicle Travel D	Direction: S	E W Re	esponding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28		
3	Citation # (If Iss	ued)				Most	Harmful Event	1	24			•	pe of		1.	29		
	Viol. 1: Ch/Sec/	Sub	Viol. 2	: Ch/Sec/Sub —		Drive	r Contributing Co	ode	4	25	25	1		st Rest	11t: 2 31	1	Drug: 2 32	1 13
	Viol. 3: Ch/Sec/	Sub	— Viol. 4	: Ch/Sec/Sub		Drive	r Distracted by	99	26	!				rom sc		2 33	5(18.2	
⁶ 1				d all occupants in				1	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M			··········	Address		DOB/Age	Sex	Pos.	System	Status	Code	Trap Code	Status	Code	Мс	dical Facility	
	Operate	or 		Se	ee Above			X	1	99	4	0	0	10	1			
7	Please Select C		2 1 #Occ	cupants Non	-Motorist A	Type	15 Action	16	Locatio		17	Conditi		18		Hit/Run	Moned	1
⁷ 1	of the Followin	ng:			-Wiotorist A			'	Jocani	"" <u> </u>								
	License # S3	19 19	_ St MA [DOB/A _Ł			M4E								R	eg State.	MA 21	
	Sex F Lic. (Class D	Lic. Restrict	tions 1 Cl	DL ndorsement		_{ear} 2015				EXU	JS			_ Veh	Config.		
⁸ 1		ISE, MAR	First		Middle		MUISE,	Last				rst			Mi	iddle		
		REYNOLD					ess 301 RE	CYN	OLD	SI	OR_							_ 14
	City SAUGU			_ Zip_ 01906	<u>5-1500</u>	_ City_	SAUGUS				22				•		27 27	1
	Insurance Compa	any COMMER		URANCE		Vehic	le Action Prior to			<u> </u>	22		mageo st Stat		Code:	8 ²⁷	27 27	
	Vehicle Travel D	pirection: N	E W Res	sponding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		pe of 7			29		
⁹ 2	Citation # (If Iss	ued)				Most	Hannful Event	1	24			1	C Tes	st Resu	ılt:	4 30		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2:	: Ch/Sec/Sub —		Drive	r Contributing Co	de	1	25	25	Su	sp. Ale	cohol:	2 31	Susp.	Drug: 2 32	
l	Viol. 3: Ch/Sec/S			: Ch/Sec/Sub			r Distracted by	99	26	,	,	То	wed fr	om sc	ene?	2 33		J
	Ple Name (Last First M	ase fill out for opera	ator/non-moto	orist and all occupa	ants involved Address	d 	DOH/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operate	or/Non-Mot	orist	Se	ee Above		>	X	1	99	4	0	0	10	1			
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							1											

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestria	ın 🕳 = Bicy	cle	
Crash Diagram:	ie: 👈 🔟	→ [2	→ 🖁	→ 56		
Bushin Danish						f Crash <u>Did Not</u> n a Public Way:	
Dunkin Donuts 321 Main St						Off-Street Parking Lo	t
					-	Garage	
		1					
	1	N 477	79			Mall/Shopping Center	
		Bran	Mg ∨Z	i		Other Private Way	
Main St		27				Indicate North by A	Arrow
		5> 1	⇒				
						(\rightarrow)	
Crash Narrative:			*				
Upon my arrival to							
vehicles. The Opr o	***			-			
lot and that V2 slow							
up and the two vehice	cles rubbed ea	ch other	as he turn	ed to trav	vel north	on Main St.	Opr 2
refuted this statmen							
abruptly which led	to the collisi	on. Both	operators	refused me	edical tre	atment and	were
able to drive their	vehicles away	from the	scene.				
						1000	
90							
Witnesses:				8			
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:		10					
Owner (Last, First, Middle)	Address		Phone #	41-Type 1	Description of Dam	aged Property	
Truck and Bus Information	Registration #		(From	Vehicle Section)			
Carrier Name	264					Bus Use	42
Address			C:t-		C.	7:	
			_ City		St	Zip	
	State Number			MC/MX/I	CC #:		
Interstate 43 Cargo Body	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State_	Reg Year	Traila	r Length 4	6	
Hazmat Information:				Traile	. Deligili		
47	48 Material Nam			Material 4 digit	#		49
Placard Material 1 digit	# Iviaterial Nam			iviaterial 4 digit		Release code	7.
Patrol Officer Michael	E Johnson		199	Wilmington	Police Dep	artment 10/	06/2019
Police Officer Name (Please Print)	Signature		1/2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Department	Precinct/Bar		

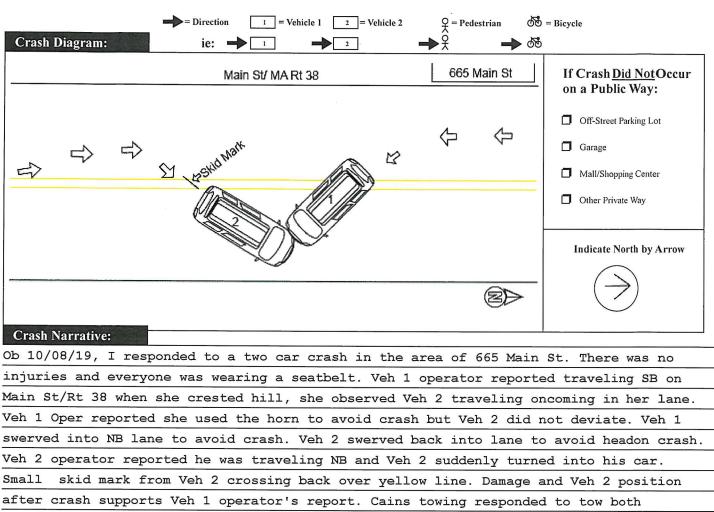
	Police Us	se Only	Co	mmonv	vealth	of Mass	ach	use	etts	3		RM	V Doc	ument Numbe	r	
	1 1	ne of Crash	City/Town	Mot	tor Vel	icle Cra	ash		unber hicles		er Spee	d Limit	45	5 State Police Local Police		1
	10/07/2019 15	24HR W1.	lmington		Police	Report		2	incles	0	Latit	ude _+0 gitude _	071.1	MBTA Police Campus Police Other:	:e 🛄	
	AT	INTERSEC	TION:	<	LOCA	TION	>			NOT				TION:		İ
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	Route# Direction		Name of Roady	vav/Street		Route# Dire	ction	850 Addr		MA	IN S		Roady	vay/Street		
¹ 1			At							***************************************		tame or	Roadi	vay/outet		
						Feet	NS	EW	of	— — Mile	Marker	•	or _	Exit Numb	 er	
	Route# Direction	7	Also at Intersecting			Feet	N S	E W	of	***************************************						2 11
							N S			Route	_	Inters	ecting l	Roadway/Street	,	
² 2	Route# Direction	7	Name of Intersecting	Roadway/Street		1 000	التات		01			I a	ındınar	ւ		
[Please Select One	XI Vehicle 13	#Occupants	Hit/Dun	Moped	Canah	Danaut	104	1 0	_3	36-			K	**	
3	or are ronowing.			1710/Kull		L										
1	License # S1701	10 10	MA DOB/Age	20		# 812SF5									21	1 12
	Sex F Lic. Class	D Lic	. Restrictions	CDL Endorsemen	Veh	Year <u>2009</u>		Veh Ma	ake <u>S</u>	UBA	RU		Veh	Config. 1		
4	Operator FIORE		A J First	Middle	Own	er FIORE ,	, AN	THO	ONY	Firs			M	iddle		
⁴ 1	Address 1 THI	RD AVE			Addr	ess 1 THI	RD :	AVE								
	City WILMING	TON St	ate MA Zip 01	887-225	6 City	WILMING	TON	<u> </u>			State M	A _ 2	Zip O	1887-22	256	
	Insurance Company S	SAFECO I	NSURANCE		Vehic	ele Action Prior to	o Crash		2	22	Damag	ed Area	Code:		27	
5	Vehicle Travel Direction	on: NXEW	Responding to	Emergency? 2	Even	t Sequence 1	23	23	23	23	Test St			1 28		
	Citation # (If Issued)_		***********		Most	Hannful Event	1	24	.,		Type of	Test: est Resi	alte	29		
	Viol. 1: Ch/Sec/Sub -		Viol. 2: Ch/Sec/Su	b —	Drive	er Contributing C	ode	1	25	25	Susp. A			<u> </u>	32	1 13
6	Viol, 3: Ch/Sec/Sub -		Viol. 4: Ch/Sec/Su	b	Drive	er Distracted by	0	26			Towed			2 33		
⁶ 1		ease fill out for op-	erator and all occupa					34 Seat	35 Safety	36 Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.			•
	Name (Last First Middle) Operator			Address See Above		DOB/Age	Sex	Pos.	System 1	Status (Status 10	Code 1	Medical Faei	ity	
	Operator			See Above			$ \wedge $	-			-	-				
							F	4	1	4 0	0	10	1			
							М	6	1	4 0	0	10	1			
⁷ 9	Please Select One of the Following:	Vehicle 21	#Occupants	Non-Motorist	A Type	15 Action	16 L	_ocatio	n	17 Cc	ndition	18		Hit/Run 🔲 🛚	loped	
9	License # S3961	6978 st	MA_DOB/Age_	***************************************) Reg f	431LR3					- DC	•	<u> </u>			
	Sex F Lic. Class	10 10		20 CDI		/ear 2016					ype PC			eg State MA	21	
	Operator COSCI			CDL Endorsement		er COSCIA					<u> </u>		_ ven	Config. 1		
⁸ 1	Address 549 WE	-	First	Middle		ess 549 WI	Last			First	APT	Λ	Mi	iddle	-	
	City LOWELL		ate MA Zip 01		_	LOWELL							i. 01	1851-29	137	1 14
	Insurance Company G		•		·	le Action Prior to	Crach	[.	1	22	Damage				27	
	Vehicle Travel Directio		7	Emergency? 2		Sequence 1			23	23	Test Sta			1 28		
	Citation # (If Issued)_	L V-V] Responding to	Emergency:		Harmful Event	1	24	i		Type of	Test:		29		
⁹ 2	Viol. 1: Ch/Sec/Sub -		V:-1 2: Ct/2/2:1			r Contributing Co		5	25	25	BAC To			1 30		
	Viol. 1: Ch/Sec/Sub -		Viol. 2: Ch/Sec/Sul Viol. 4: Ch/Sec/Sul			r Distracted by	0	26	iL		Susp. A	ı		Susp. Drug: 2	32	
•			ion-motorist and all o			1	<u> </u>	34	35	36	37 38	39	40	2		1
	Name (Last First Middle)			Address		DOB/Age	Sex		Safety System	Airbag I Status C	ject Trap ode Code	Injury Status	Transp. Code	Medical Faci	ity	
	Operator/N	on-Motoris	St	See Above			X	1	1	4 0	0	10	1			
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L													L İ			ı

	= Direction 1	= Vehicle 1	2 = Vehicle 2	주 = Pedestria	n 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🔟	→ [2	· X	→ ∞		
	Main Street					If Crash <u>Did Not</u> (on a Public Way:	Occur
	600	ETTION TO	7579			Off-Street Parking Lot	
	Er a	China C	75/7			☐ Garage	
						■ Mall/Shopping Center	
1					-	Other Private Way	
850 Main Street				€	Þ	Indicate North by A	Arrow
Crash Narrative:							
MV1 & MV2 were both	traveling sou	th on Mair	Stroot MV	1 stenne	d duo	to the mobiele	<u> </u>
front of her was sto							
ended MV1. No partie							
tailgate. MV2 sustai				Ted mode	.race c	amage to the I	
· · · · · · · · · · · · · · · · · · ·							
				-			
Witnesses:						×	
Name (Last,First,Middle)		Address		-	Phone	‡	Statement
6							
Duran out Daniel		1				41.00	
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription o	f Damaged Property	
(,			Thomas is	1 Type D	escription o	Damaged Froperty	
	-						
Truck and Bus Information	Registration #		(From Vehic	ele Section)		Bus Use	42
Carrier Name							
Address			_ City			St Zip	
US DOT #:	_State Number		Issuing State	MC/MX/IC	CC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:			Pag Vaar		Г	46	·
Hazmat Information:	Reg Type	Neg state	Reg fear	——— Trailer	Length		
Placard Material I digit #	48 Material Nam	e		Material 4 digit	#	Release code	49
Potrol Officer Maria							
Patrol Officer Matthew Police Officer Name (Please Print)	D Stavro Signature			mington		Department 10/	07/2019

	Police Use Only	Comm	onwealth	of Massacl	husetts		RM	V Docume	nt Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police	
	10/08/2019 1208 Wil	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT AT	INTER			
							***************************************			2 10
	Route# Direction	Name of Roadway/Stree		125	1	ROUT	E 125		2.	
¹ 1	Roller Direction	At	et	Route# Direction	Address #		Name of	Roadway/S	Street	
	<u> </u>			Feet N S	SEW of			or	E 'AN A	
	Route# Direction Na	me of Intersecting Roadwa	-	0 - 127	ما العالما	Mile Ma	I93		Exit Number	2 11
		Also at Intersection with	h	O_Feet XS		Route#		ecting Road	lway/Street	
² 2	Route# Direction Na	me of Intersecting Roadwa	y/Street	Feet N S	S E W of					
L	Please Select One		I					ındmark		1
3	of the Following:	#Occupants Hit/Ri	un Moped	Crash Repor	rt ID# 19	-33	7-AC			
<u></u>	License # S45157172 St M	A DOB/Age.	Reg	# 142GAF		Reg Type	PC	Reg S	tate MA	12
	Sex F Lic. Class D Lic.		L Veh	Year 2006	. Veh Make M	ERCUR	Y.	Veh Cor	nfig. 1 21	1 '-
	Operator FITZGIBBONS,	T.TTA A	orsement	er FITZGIBB					٠ ــــــــــــا	
⁴ 3	Address 63 MARTIN AVE	First	Middle	ess 63 MARTI	-	First		Middle		
	City N ANDOVER Stat	a M7A zin 01845-		N ANDOVER		Cto	MA	7: Λ1 Ω	45-4318	
	Insurance Company PREFERRED		•	ele Action Prior to Cras			amaged Area			
	Vehicle Travel Direction: X S E W			22	23 23		est Status:		28	
⁵ 1				1 Sequence 1	24	i	pe of Test:	-	29	
	Citation # (If Issued)			Harmful Event 1			AC Test Res	ult:	30	13
	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 Տա	sp. Alcohol:		isp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26	To	wed from sc	ene? 1	33	
т_	Please fill out for oper Name (Last First Middle)	ator and all occupants invol	lved address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator		Above	X	1 1	4 0	0 10	1	Treated Laving	
	MARY MASCOLA	52 BREWSTER ST		F	3 1	4 0	0 10	1		
	**************************************	N ANDOVER, MA 0184	15-5008	1 -		4 0	0 10	1		
⁷ 6	Please Select One Vehicle 21	_#Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/I	Run Moped	
6	of the Following:							<u> </u>		İ
	10 10	A DOB/Age.	_	3ZV292			PC	-	21	
	<u></u>	Restrictions 1 CDL Endo	orsement	/ear 2011				Veh Con	nfig. [1	
8 1	Operator TORRES, ANIBA	First !	Middle Own	er TORRES ,	ANIBAL	First		Middle		
	Address 34 CONGRESS ST			ss 34 CONGR	ESS ST	•				14
	City LAWRENCE State	e <u>MA</u> Zip 01841-	-4454 City	LAWRENCE						1 '"
	Insurance Company GOVT EMPL	OYEE INS	Vehic	le Action Prior to Crasl	h 1		imaged Area			
	Vehicle Travel Direction: SEW	Responding to Emerger	ncy? 2 Event	Sequence 23	23 23	23	st Status:	1	28 29	
⁹ 2	Citation # (If Issued) T1152218	_	Most	Harmful Event 1	24	·	pe of Test: AC Test Resi	ļ	30	ĺ
2	Viol. 1: Ch/Sec/Sub 720 906	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	5 ²⁵ 1	25	sp. Alcohol:		sp. Drug 2 32	ĺ
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26		wed from sc	2 3"	33	
	Please fill out for operator/nor		s involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
}	Name (Last First Middle)		ddress	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	
ļ	Operator/Non-Motorist	See .	Above		1 1	1 0	0 10	1		
ļ										
		1		1	3 1 1	1	1 1	1 1	l	1



	Police Use Only	Com	nonwealth	of Massach	usetts		RM	V Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Liniurad	Speed Limit	45	Local Police	
	10/08/2019 2153 W:	ilmington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSE	CTION:		ATION >	1	NOT AT	INTER	SECT		1
										2 10
	Route# Direction	N- CD 1 (C)			665	MAIN			10	
¹ 4	Rotte# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadwa	ay/Street	1
L	<u></u>			Feet N S	E W of		_ •	or	r tar 1	
	Route# Direction	Name of Intersecting Roadw		- No	Inlant.	Mile Ma	rker		Exit Number	6 11
		Also at Intersection w	oth	Feet N S		Route#	Inters	ecting R	oadway/Street	H
² 2	Route# Direction	Name of Intersecting Roadw	/ay/Street	Feet N S	E W of					
	Please Select One	, ₁₀						ındmark		1
3	of the Following:	1 #Occupants Hit/	Run Moped	Crash Report	1D# 19	-338	S-AC	;		
		St MA DOB/Age	Reg	# 659TZ7		Reg Type	PC	Re		12
	Sex E Lic. Class D		DL Veh	Year 2003	Velı Make <u>C</u>	<u>HEVRO</u>	LET	Veh (Config. 21	1
	Operator POOLE, CHRI		ndorsementOwn	er POOLE, D	ANIEL	D				
⁴ 1	Address 14 COVENTRY	LN		ress 14 COVEN	TRY LI	First J		Mide	dle	
	City WOBURN	State MA Zip 01801	3450 City	WOBURN		Sta	te MA 2	Zip 01	801-0000	
	Insurance Company COMMERC	E INSURANCE		cle Action Prior to Crash	1		amaged Area	_		
	Vehicle Travel Direction: N E	W Responding to Emerg		nt Sequence 23	23 23		st Status:	[1 28	
5	Citation # (If Issued)	-		t Harmful Event 1	24	— Ty	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	11 25 1	35	AC Test Res		1 30 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		sp. Alcohol:		Susp. Drug: 2 32	
⁶ 1		operator and all occupants inv		or Distracted by	34 35	36 37	38 39	40		-
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	\times X	1 1	4 0	0 10	1		
	Please Select One	1 "0		15 16		17	18			1
⁷ 1	of the Following:	L #Occupants Non-	-Motorist A Type	Action	Location	Condit	ion	H	lit/Run Moped	
		ot MA DOB/Age	Reg	# 5FDS20		Reg Type	PC	Reg		
	Sex. M Lic. Class D 19 19	cic. Restrictions CI	DL Veh	Year 2011	Veh Make J	eep		Veh (Config. 21	
8 1	Operator HURST, MICH	AEL A		er HURST , PA	AMELA	J		Mide	dle	
1	Address 18 TOWPATH D	R	Addr	ess 18 TOWPA	TH DR	1 1131		, in the same of t		
	City WILMINGTON	State MA Zip 01887	-3918 City	WILMINGTON	<u> </u>	Stat	te MA 2	Zip 01	887-3918	1 14
	Insurance Company LIBERTY	MUTUAL INS	Vehic	cle Action Prior to Crash	1	22 Da	imaged Area	Code:		
	Vehicle Travel Direction: S E	W Responding to Emerg	ency? 2 Even	t Sequence 1 23	23 23	23	st Status:	1	L 28	
9 _	Citation # (If Issued) T168319	6	Most	Harmful Event 1	24	•	pe of Test: AC Test Resi	14.	29	
⁹ 2	Viol. 1: Ch/Sec/Sub 89 4A	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	9 25 1	25	sp. Alcohol:	 -	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		wed from so	<u> </u>	33	
	•	r/non-motorist and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		†
}	Name (Last First Middle) Operator/Non-Motor	viot S	Address	DOB/Age Sex	Pos. System	Status Code 1 0	Code Status 0 10		Medical Facility	1
	Operator/19011-1910101	56	e Above		1 1	-	10	+		-



vehicles. Veh 1 Suffered front end damage. Veh 2 suffered front end and front quarter (Driver's side) damage. Veh 2 issued citation (Warning) for marked lanes.

Witnesses:						
Name (Last,First,Middle)	Addre	ess		Phone #		Statement
Property Damage:						
Owner (Last,First,Middle) Ad	ldress	Phone #	41-Type	Description of Damaged I	Property	
Carrier Name Address US DOT #: Trailer Reg #: Hazmat Information: 47 Material I digit #	e Number	City	MC/MX/ Trail	St FICC #:	Bus Use	-

Patrol Officer Daniel P Furbush

196 ID/Badge#

Wilmington Police Department

10/08/2019

Wilmington Police Department Images Associated with 19-338-AC









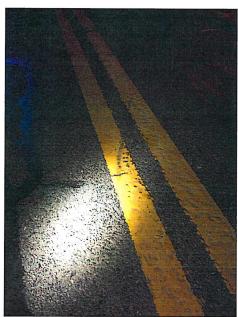




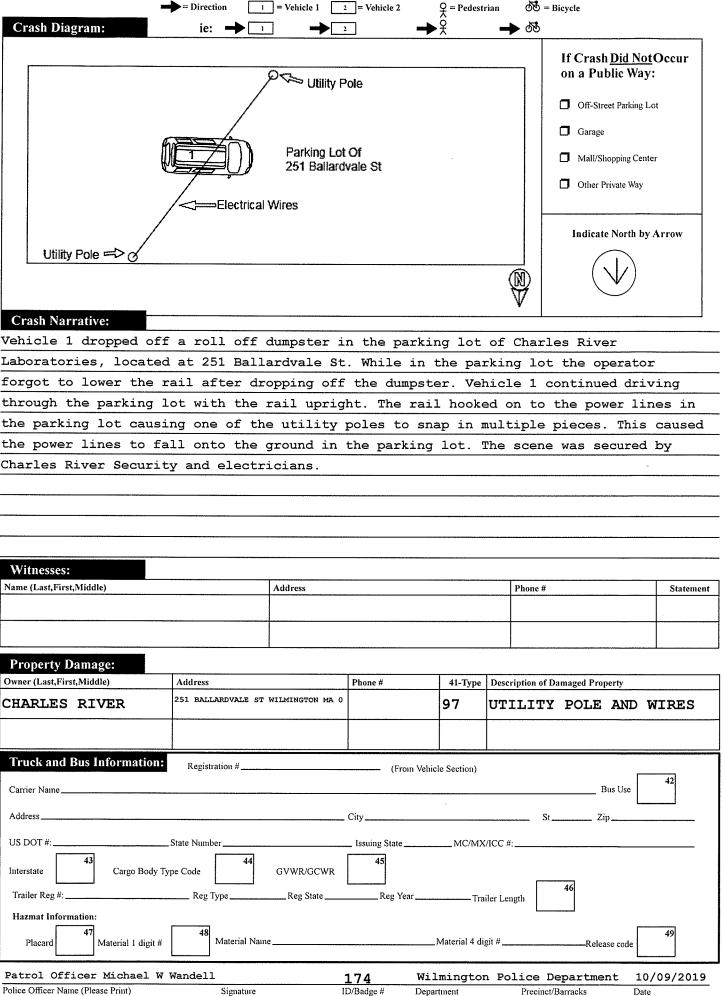
Wilmington Police Department Images Associated with 19-338-AC







	Pol	ice Use Only		Commony	vealth	of Mass	ach	usett	S		RM	V Doc	ument Number	
	Date of Crash 10/09/2019	Time of Crash	City/Town Wilmingto	Mot	tor Vel	icle Cra	sh	Numbe Vehicle		5,500	d Limit	1(State Police Local Police MBTA Police Campus Police	<u> </u>
	10,03,2013	24HR	wriming co		Police	Report		1	0	Lam	ide itude		Campus Police Other:	i
		AT INTERS	ECTION:	<	LOCA	TION	>		NOT	AT IN	TER	SEC	TION:	
								051						2 10
Γ ₁	Route# Dire	ction	Name of R	oadway/Street		Route# Direc		251 Address #		LLAR N			ST vay/Street	
1				At		Feet	NS	FW -c			_			
	Route# Dire	ction	Name of Intersec	ing Roadway/Street		1 601		21.1 01	Mile	Marker		01 _	Exit Number	11
			Also at Inte	ersection with		9000 Feet	X s	E W of	125 Route#		E 1		Roadway/Street	
² 2	Route# Direct	ction	Name of Intersect	ing Roadway/Street		Feet	N S	E W of	10000			· · · · · · · · · · · · · · · · · · ·		
	Plana Caland			I I								ındmar	k	7
3	Please Select (of the Followi		11 #Occupants	Hit/Run	Moped	Crash I	Report I	1D# 1 S	9-3	39-	·AC	7		
<u></u>	License #_ S2		St.MA DOB/A		Reg	# <u>64841</u>			Reg	Туре А	<u> </u>	R		- 12
	Sex M Lic.	Class B 19 19	Lic. Restrictions 1	. CDL	Veh	Year <u>2005</u>	v	eh Make 1	lack	Tru	ck	Veh	Config. 6	7
4	Operator ME	RRILL, D	ENNIS A	Middle	Own	er ALLIED	WAST	E SEF	VICE	SOF	MASS	SACH	HUSETTS LLC	<u>-</u>
⁴ 1	Address 33	BATTIS R	D		Addı	ess <u>385 D</u> T	ISNU	ABLE						-
	City MERR	IMAC	State MA Zip_	01860-1302	2 City	TYNGSBO	ROU	GH					1879-2013	. 1
	Insurance Comp	any ACE AM	ERIÇAN IN	IS	Vehi	ele Action Prior to		1	22	Damage		Code:	0 27 27 27 28	
5	Vehicle Travel D	Direction: N S	E Respondir	g to Emergency? 2	Even	t Sequence 23		23 23	23	Test Sta Type of			29	
		ued)				Harmful Event	23	24		BAC Te		ult:	30	121
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Se	e/Sub		er Contributing Co		19 ²⁵	25	Susp. A	lcohol:	2 31		23 ¹³
⁶ 1	Viol. 3: Ch/Sec/			2/Sub	Drive	er Distracted by	99	34 35	36	Towed 1	from sc	ene?	2 33	
	Name (Last First M		or operator and all oc	Address		DOB/Age	Sex	Seat Safety Pos. System	Airbag 1	Eject Trap Code Code	Injury	Transp. Code	Medical Facility	
	Operate	or		See Above		>>	X	1 0	4 0	0	10	1		
7	Please Select C		2#Occupants	Non-Motorist	A Type	15 Action	16	ocation	17	ndition	18		Hit/Run Mope	
⁷ 9	of the Followin	18								L				
	License #	19 19	. St DOB/Ag	20		-							21	-
	Sex Lic. (Class	Lic. Restrictions	CDL Endorsement	_	lear	Ve	eh Make_				Veh	Config.	
⁸ 1	Operator	Last	First	Middle		er ess	Last		First			Mi	ddle	-
			State Zin			css				State	7	'in		1 14
						le Action Prior to			22	Damage			27 27 27	-
	_	irection: NSI	· 1	g to Emergency?				23 23	23	Test Sta	tus:		28	
9	Citation # (If Iss	ued)				Hamful Event		24		Type of			30	
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec	:/Sub	Drive	r Contributing Co	ode	25	25	BAC Te	ſ	24		
	Viol. 3: Ch/Sec/S	Sub	— Viol. 4: Ch/Sec	:/Sub	Drive	r Distracted by		26		Towed f	1		33 33	
		•	tor/non-motorist and	all occupants involve	ed	200		34 35 Seat Safety	Airbag I	37 38 jeet Trap	39 Injury	40 Transp.		
	Name (Last First Mi	or/Non-Mot	orist	Address See Above		DOB/Age	Sex	Pos. System	s Status C	ode Code	Status	Code	Medical Facility	-
	*							_			+			-
											-			
							++				-			
İ			1			1	1 1			-	1			



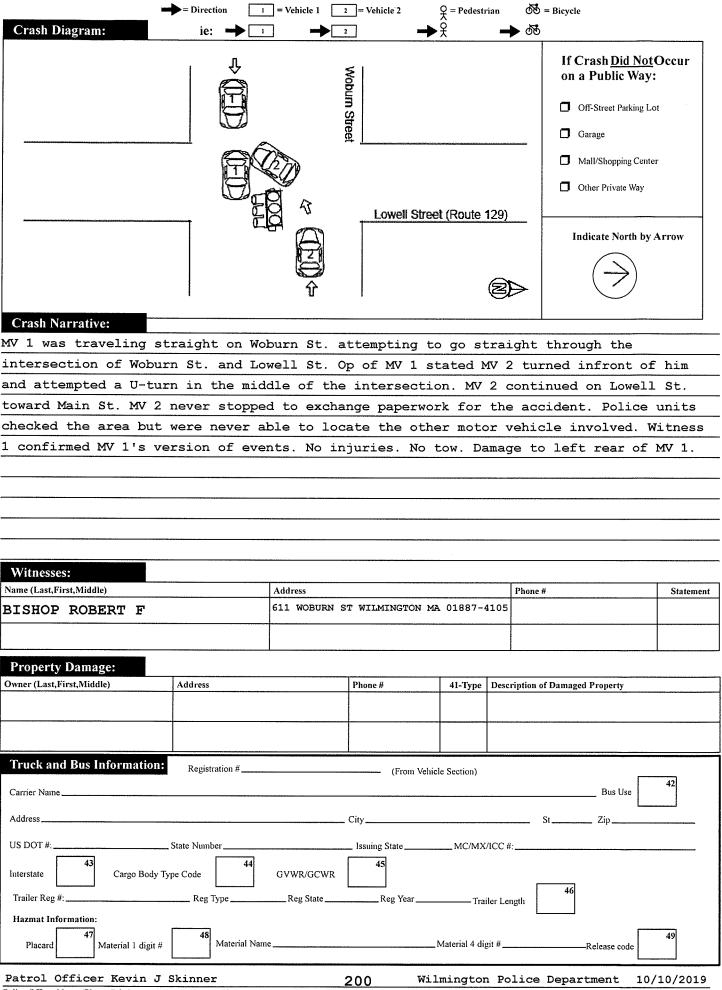
Police Officer Name (Please Print)

ID/Badge#

Precinct/Barracks

	Police Use Only	Comn	nonwealth	of Massach	usetts		RM	V Document		
	Date of Crash Time of Crash 10/10/2019 1033 Wil	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	L	tate Police ocal Police BTA Police ampus Police	1
	24HR	mington	Police	Report	2	0	Latitude Longitude	C	ampus Police	
	AT INTERSECT	ION:	< LOCA	ATION >	•	NOT AT	INTER:	SECTIO	N:]
										2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #	LOWE	LL ST Name of	Roadway/St	reet	.
1		At		- No						
	Route# Direction Na	me of Intersecting Roadw	av/Street	Feet N S	E W of	Mile Ma	ırker	orE	xit Number	11
		Also at Intersection w		Feet NS	E W of	D . //				3 "
2	Route# Direction Na	f.L	10.	Feet NS	E W of	Route#	interse	cting Roadw	/ay/Street	
² 2	Rottle# Direction Na	me of Intersecting Roadw	ay/Street				Lai	ndmark		1
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	1D# 19	-34	0-AC	ı ,		
		IA DOB/Age	Pag	# 1YR242		Pag Type	, PC	Pag Sta	mto MA	1
	19 19	20		Year 2012				-	21	1 12
		En	dorsement	er BEARDSLE					ıg. <u>-</u>	
⁴ 3	Operator BEARDSLEY, MI Last Address 2 SUNSET RD	First		ess 2 SUNSET		First		Middle		
_	City DRACUT Stat	e MA 7 to 01826		DRACUT	***************************************	Sta	nto MA 7	in 0182	26-0000	
	Insurance Company INTEGON N		•	cle Action Prior to Crasl	1		amaged Area			
	Vehicle Travel Direction: N E W	Responding to Emerg		t Sequence 23	23 23		est Status:	1 2	8	
⁵ 1	Citation # (If Issued)		· -	Hannful Event 1	24	— Ty	ype of Test:	25		
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 25	25	AC Test Resu	1-		13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		usp. Alcohol:		p. Drug: 2 32	1
⁶ 1		ator and all occupants inv		I Distracted by	34 35	36 37	38 39	40		4
· · · · · · · · · · · · · · · · · · ·	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator	Se	e Above	\times	1 1	4 0	0 10	1		

										1
	Please Select One	#Occupants Non-	Motorist A Type	15 16	, , , , ,	17 Condit	. 18	N	un Moped	1
⁷ 2	of the Following:	Non-	Motorist A Type	Action	Location	Condi	11011	HIVK	un L Wioped	-
	License # St St	DOB/Age	Reg	#		Reg Type	2	Reg Sta	21	
	Sex Lic. Class Lic. 1	Restrictions CI En	DL Veh 'dorsement	Year	Veh Make			_ Veh Confi		
⁸ 1	Operator unknown Last	First	Middle	erlast	······································	First		Middle		
	Address	×*************************************		ess						14
	City Stat	e Zip	City_				te Z	`	7 27 27	
	Insurance Company		Vehic	cle Action Prior to Crasl	1		amaged Area	2		
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Even	t Sequence 23		23	ype of Test:	29	9	
⁹ 2	Citation # (If Issued)			Harmful Event	24		AC Test Resu	ılt: 30	<u> </u>	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		er Contributing Code	25	25 St	isp. Alcohol:		p. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from sc		3	_
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	t Se	e Above	X	1					
									·	-
										1
										1
						 	1 1			



Police Officer Name (Please Print)

ID/Badge #

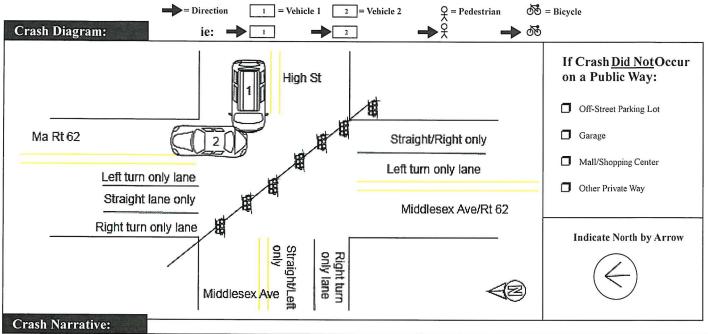
Department Precinct/Barracks

	Police Use Only	Com	monwealth	of Massacl	usett	S		RM	V Docı	ument Number	
	Date of Crash Time of Crash 10/10/2019 1725 Wi	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Popos	l Limit	35	— Local Police 🔀	1
	10/10/2019 1725 Wi	lmington	Police 1	Report	2	0	Latitu			MBTA Police Campus Police Other:	
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	_		SEC'		1
			_								2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	280 Address #	LOW				/ay/Street	
¹ 1		At						inc or	- Codu	ay/sileet	-
				Feet N S	E W of	— — Mile N	— • Narker	-	or _	Exit Number	
	Route# Direction N	Also at Intersection v		Feet N S	EW of						2 11
				Feet N S		Route#	***************************************	Interse	ecting F	Roadway/Street	
² 1	Route# Direction N	lame of Intersecting Roady	vay/Street	reet [14]	12[11] 01			Lo	ndmark		
	Please Select One	#Occupants Hit/			1 C	2/	1			<u> </u>	1
3	of the Ponowing.		Run Moped	Crash Repor	1D# 1 S	7-34	Τ_	AC			
	License # S70552554 St.		Reg #	2ZP879		Reg Ty	ре <u>РС</u>	·	R		12
	Sex M Lic. Class D 19 Lic	Restrictions C	DL Veh '	Year <u>2002</u>	Veh Make _	CHEVR	OLE	Г	Veh	Config. 21	
	Operator CORO, BUJAR	First		er CORO, BU	JAR	First			14	iddle	
⁴ 1	Address 22 PULASKI ST			ess 22 PULAS	KI ST		' D1		MI	ddie	
	City PEABODY St	ate MA Zip 01960	0-3254 City	PEABODY		S	tate M	A z	ip 0]	1960-3254	
	Insurance Company SAFETY I	NSURANCE	Vehic	ele Action Prior to Cras	i 1	22	Damage	d Area	Code:	1 27 27 27	
5	Vehicle Travel Direction: N S W	Responding to Emer	gency? 2 Even	Sequence 23	23 23	23	Test Stat	tus:		28	
5	Citation # (If Issued)	- 		Harmful Event 1	24		Type of			29	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Suh	Drive	r Contributing Code	5 25	25	BAC Te			30	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by			Susp. Al Towed f	Ł		Susp. Drug: 2 32 2 2 33	
⁶ 1		erator and all occupants in		1	34 35	36 37	38	39	40	2	4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System		t Trap le Code	Injury Status	Transp. Code	Medical Facility	4
	Operator	Sı	ee Above	\times	1 1	4 0	0	10	1		
											1
								<u> </u>			1
	Please Select One			15 16	 	17		18			1
⁷ 1	of the Following:	#Occupants Non	-Motorist A Type	Action	Location	Con	lition			Hit/Run Moped	
		MA_DOB/Age	Reg #	451DW8		Reg Ty	ре <u>РС</u>		Re	eg State MA	
	Sex_F Lic. Class D Lic	. Restrictions 20 C	DL Veh \	/ear 2017	Veh Make 1	FORD			Veh	Config. 21	
0	Operator MCNEIL, ALLI	SON P		er MCNEIL,	ALLIS	ON P					
⁸ 2	Address 88 COLLINCOTE	ST		ess 88 COLLI	NCOTE	ST			Mi	ddle	
	City STONEHAM St	ate MA Zip 02180	0-1652 City_	STONEHAM		S	tate MZ	A z	ip <u>02</u>	2180-1652	1 14
	Insurance Company LIBERTY	MUTUAL INS	Vehic	le Action Prior to Crasl	1 2	22	Damage	d Area	Code:	5 27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23	Fest Stat	us:		28	
0	Citation # (If Issued)		Most	Harmful Event 1	24		Type of			29	
⁹ 2	Viol. 1: Ch/Sec/Sub ———	Viol 2: Ch/Sac/Sub		r Contributing Code	1 25	25	BAC Te			Susp Drugge 32	
				r Distracted by	26		Susp. Al Fowed fi	L	_	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub —— non-motorist and all occupa		. Districted by	34 35	36 37	38	39	40	2	4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eje Status Coc	t Trap e Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Motori	St Se	ee Above	$\times X$	1 1	4 0	0	10	1		
					4 4	5 0	О	10	1	-	
ł				<u>, </u>	6 4	5 0	0	10	1		1
Ì											1
1		1			1	1	1	1	1		1

Crash Diagram:	ie:	= Venicie i	_	X = Pedesti	man o	© = Bicycle	
						If Crash <u>Did Not</u> Oon a Public Way:	Occur
						☐ Off-Street Parking Lot	
	Lowell (Garage	
	(Rt. 129))		170			
						Mall/Shopping Center	
	m	1	2	9		Other Private Way	
	W.E					Indicate North by A	rrow
	Through the second and the second an	AND BEST AND THE PROPERTY OF T	99999999999999999999999999999999999999	inakokonakonakonako kond			
Crash Narrative:							
MV2 stopped in traffi						449	
eastbound on Lowell S							
was stop-and-go and t							the
rear bumper of MV2. M	inor damage	to the fro	nt bumper of	MV1.	No in	juries.	
				-		<u> </u>	
							*
Witnesses:							
Name (Last,First,Middle)		Address			Phon	ne#	Statement
•							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	n of Damaged Property	
				No. 15			
					,		
Truck and Bus Information:							
Truck and bus information.	Registration #		(From Vehicl				42
Carrier Name	•					Bus Use	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:			Rag Veer			46	
Hazmat Information:	13pc	Neg Sidic	Neg rear	Trai	ier Length		
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 dig	git #	Release code	49
Patrol Officer Kevin P Ca	vanaugh		195 Wil	mingtor	Polic	e Department 10/	10/2019

Department

	Pol	ice Use Only		Comr	nonw	ealth	of Mass	ach	ıus	etts	\$			RM	V Doc	ument N	umber	
	Date of Crash	Time of Crash	City/To	1	Mot	or Veh	icle Cra	ish	N	lumber ehicles			Speed	l Limit	30	Local	Police Police A Police us Police	1
	10/10/2019	1956 V	Vilming	ton]	Police	Report		2	emeres	Inju O	- 1	Latitu Longi				A Police us Police	
		AT INTERS	ECTION:	<u> </u>	<		TION	>			1				SEC	TION:		1
						200.			L		NO	1 /11			SEC	rion		10
			LESEX A															2
¹ 4	Route# Direc	ction	Name o	of Roadway/Str	reet		Route# Dire	ction	Add	ress#			Na	une of	Roadw	vay/Street		
4		IITCII	CITI	At			Feet	N S	EW	of					Or			
	Route# Direc	HIGH etion		rsecting Roadw	/ay/Street				·	J	Mi	le Ma	rker		·· -	Exit	Number	3 11
			Also at	Intersection w	ith		Feet	N S	EW	of	·					D 1	/G.	3
7 .	B						Feet	N S	EW	of	Route	#		interse	ecting I	Roadway/	Street	
² 2	Route# Direc	etion	Name of Inter	rsecting Roadw	/ay/Street									La	ndmarl	k		-
3	Please Select C		1 3 #Occup	ants Hit/I	Run	Moped	Crash	Renor	t ID#	1 9	3	4	> _	<u>Δ</u> (•			1
	of the Followin	ng:																4
	License #	19 19	. St DOI	B/Age_		_ Reg	8WE973				Reg	у Туре	PC		R	eg State		12
	Sex, Lic. C	Class D	Lic. Restriction		DL	Veh	Year <u>2016</u>		Veh M	iake <u></u>	YUN	DΑ	I		Veh	Config.	1 21	
	Operator	Last	Pirst		Middle		er BISHOI	?, (CAR	RIE	M							
⁴ 3	Address,	Lint			Middle	Addr	ess 7 MOR	Last NIN	GS:	DE		rst			Mi	iddle		
	City_			Σi _Γ		City	N ANDOV	ER				Stat	e M Z	A 7	in 0 :	1845	-1322	
	Insurance Comp	any ESURANO		-			ele Action Prior to			1	22				Code:		27 27	
		Direction: NSI						23	23	23	23		st Stat			1 28		
⁵ 1				nding to Emerg	gency? <u>~</u>		Sequence 1					Ty	pe of	Test:		29		
	Citation # (If Issi	ued)				Most	Harmful Event	1	24			BA	AC Tes	st Resi	ılt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2; Cl	ı/Sec/Sub —		Drive	r Contributing C	ode	1	25	25	Su	sp. Al	cohol:	2 31	Susp. I	orug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub ————	— Viol. 4: Cl	ı/Sec/Sub —		Drive	r Distracted by	0	26			To	wed fi	rom sc	ene?	2 33		
1		Please fill out for	r operator and al	•					34 Seat	35 Safety	36 Airbag	37 Ejeet Code	38 Trap	39 Injury	40 Transp.			1
	Operate				Address		DOB/Age	Sex	Pos.	System	Status		Code	Status	Code	Med	lical Facility	1
	Орегии		7 MOI	NINGSIDE LN	e Above			\triangle	1	1	4	0	0	10	1			-
	CARRIE BISH	IOP		OOVER, MA 018			ı	F	3	1	4	0	0	10	1			
'			,					1	6	1	4	0	0	10	1			1
								+										1
				1		<u> </u>			<u> </u>	<u> </u>				10	ļ			1
⁷ 4	Please Select O of the Followin		1#Occupa	ınts Non-	Motorist A	Туре	15 Action	16	Locati	on	17 C	Conditi	on	18		Hit/Run	Moped Moped	
	License # S74	1668755	St MA DOE	N/Age		Reat	2AS636			<u> </u>	Ran	Type	PC		D.	eg State	MZA	1
	Sex M Lic. C	10 10	Lic. Restriction	20	\.		ear 2014			. 11							_ 21	
- 1		ICALVES,		En	dorsement											Config.	1	
8	-	Last	First	MICHAE.	Middle		GONCAL	Last			Fir		CHA	YE L	Mie	ddle		
		EARLES RO					ess 12 EAI			ROW				•			-	_ 14
	City WILMI	NGTON	State MA 2	Zip <u>01887</u>	<u>-1100</u>	_ City_	WILMING	TON	I						٠,		-1100	1
l	Insurance Compa	my SAFETY	INSURA	NCE		Vehic	le Action Prior to	Crash	V	1	22	Da	mageo	d Area	Code:	-	27 27	
ı	Vehicle Travel Di	irection: SE	Respon	iding to Emerg	ency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28		
9	Citation # (If Issu	ıed)				Most	Hannful Event	1	24				pe of T			29		
⁹ 2	Viol. 1: Ch/Sec/S	ub	Viol 2: Ch	/Sec/Sub		Drive	r Contributing Co	ode	3	²⁵ 4	25			t Resu	- 1		orugi a 32	
	Viol. 3: Ch/Sec/S						r Distracted by	99	26				-	cohol:		Susp. E	лид:[2 32	
ļ	***************************************	ase fill out for operat	- Viol. 4: Ch		nts involve	***************************************	Distracted by	73	34	35	36	37	38	39	40	2		4
Ĺ	Name (Last First Mic	•		•	Address	· · · · · · · · · · · · · · · · · · ·	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	
	Operato	r/Non-Moto	orist	Sec	e Above			X	1	1	4	0	0	10	1			
ļ					***													1
-								-					······					-
-																		1



On 10/10/19, I responded to a two car crash at the 4 way intersection of Middlesex Ave/
High St/ and Rt.62. It was reported that Veh 1 had a green light and proceeded to enter
the intersection. It was reported by both vehicle operators that Veh 2 ran the red light
and entered the inersection. Veh 1 struck Veh 2 as it went through the intersection. Veh
2 operator reported he was distracted by thinking about the day and wasn't paying
attention. He stated he accidently ran the light. There were no injuries. All passengers
and operators were wearing seatbelts. No airbag deployment. No tows were required.
Traffic lights were functioning properly. Veh 1 suffered damage to hood, front pass
quarter panel and pass side of front bumper. Veh 2 suffered damage to rear bumper
passenger side.

11 (ALC + 172.) 12 (ALC + 172.) (Care translation of the color						
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
Property Damage:				•		
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of Damag	ed Property	
			Sec. 1			
Truck and Bus Information: Registration #		(170m voino			Bus Use	42
Address		City		St	Zip	
US DOT #: State Number		Issuing State	MC/MX/	CC #:		
Interstate Cargo Body Type Code 44	GVWR/GCWR	45		46		
Trailer Reg #: Reg Type	Keg State	Keg Year	——— Trail	er Length		
Hazmat Information:						
Placard Material 1 digit # Material Nan	ne		Material 4 digi	t #	—Release code	49

Patrol Officer Daniel P Furbush

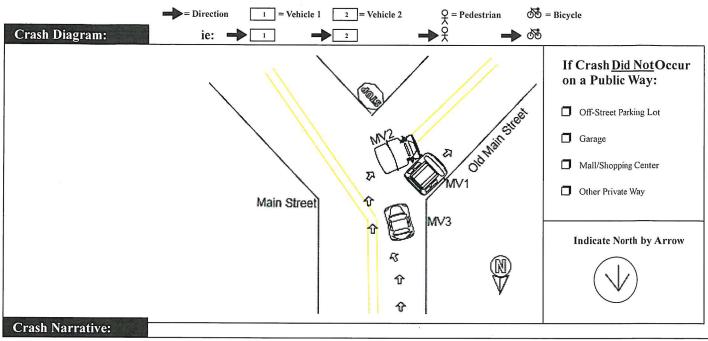
196

Wilmington Police Department

10/10/2019

Department

	Police Use Only	Commo	onwealth (of Massac	huset	ts	RM	IV Docum	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crast	Numb Vehic		opeca Biiii	it 30	State Police Local Police MBTA Police Campus Police	1
	10/11/2019 1/23 WII	mington	Police 1	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	RSECT	ION:	1
										2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	Address		N ST Name o	f Roadwa	y/Street	
1		At		[]	ماجات					
	Route# Direction Na	me of Intersecting Roadway/	Street	Feet N	S E W of	Mile N	arker	- or	Exit Number	111
		Also at Intersection with		Feet N	S E W of					4
2				Feet N	S E W of	Route#	Inter	secting Ro	oadway/Street	
² 3	Route# Direction Na	me of Intersecting Roadway/	Street			***************************************	I.	andmark		·J
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID# 1	9-34	3-A(7		1
³ 2		1A DOB/Age		<u> </u>					- 1/3	-
	10 10	20		336KE5				_	21	1 12
	<u> </u>		sement	Year 2013			N	Veh C	Config. 1	
⁴ 1	Operator SHERMAN, CHRI	First Mi	ddle	er SHERMAN		First		Midd	He	
1	Address 95 CONCORD ST	N/N 01020 1		ess 95 CONC					000 1656	
	City GLOUCESTER State		·	GLOUCESTE					930-1652	
	Insurance Company COMMERCE		_	le Action Prior to Cra			Damaged Are Fest Status:	a Code: 8	28	
5	Vehicle Travel Direction: N E W	Responding to Emergence	•	Sequence 1 23		23	Type of Test:	ľ	29	
	Citation # (If Issued)	-	Most	Harmful Event 1	24		3AC Test Res	sult: 1	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub		r Contributing Code	1 25	25	Susp. Alcohol	2 31	Susp. Drug: 2 32	1
⁶ 2		Viol. 4: Ch/Sec/Sub		r Distracted by	26		Fowed from s	cene? 3	33	
-	Please fill out for oper Name (Last First Middle)	ator and all occupants involve		DOB/Age Sc	34 3 Seat Saf x Pos. Sys	ety Airbag Eje	t Trap Injury e Code Statu		Medical Facility	
	Operator	See A	bove		1 1	4 0	0 10	1		
						-				_
										-
										ļ
⁷ 4	Please Select One of the Following:	_#Occupants Non-Mo	torist A Type	15 Action 16	Location	17 Cond	ition 18	ні 🔲	it/Run Moped	
	License # S58842688 St M	A DOB/Age_	_ Reg #	51CB47		Reg Ty	e PC	Reg	State MA	
		20	_	ear 2016					21	
	Operator ZEMAN, KRISTI	NE	sement Owne	r ZEMAN, F		_				
⁸ 1	Address 94 PATRICK RD	First Mis	ddle	ess 94 PATR		First		Middi	ile	
	City TEWKSBURY Stat	e MA Zip 01876-4	1703 City !	<u> </u>		S	ate MA	Zip 01	876-4703	4 14
	Insurance Company GOVT EMPI	OYEE INS	Vehic	le Action Prior to Cra	sh 1		Damaged Are	· _		
	Vehicle Travel Direction: NXEW	Responding to Emergence	y? 2 Event	Sequence 23	23 23	23	est Status:	1	28	
	Citation # (If Issued)	_		Hamful Event 1	24		ype of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub		r Contributing Code	11 25	- 25	BAC Test Res		30	
		Viol. 4: Ch/Sec/Sub		Distracted by	26		usp. Alcohol owed from s		Susp. Drug: 2 32	
	Please fill out for operator/no				34 3:	5 36 37	38 39	40		-
}	Name (Last First Middle)	Addr		DOB/Age Se			Trap Injury Code Status		Medical Facility	-
	Operator/Non-Motoris	f See Al	oove		1 1	4 0	0 8	1		1
										1



Op. of MV1, Christine Sherman stated she was traveling south on Main St. and turned left on Old Main St. She was struck on her front left side fender and tire area. Op. of MV2 Kristin Zeman stated she was traveling south on Main St., and was 1 car behind MV1. She was behind MV3, observed MV3 stop, she attempted to stop, but was unable due to the wet road. She attempted to avoid crashing into MV3, swerved around that car, lost control of her car and crashed into MV1 (See images for damages). Mrs. Zeman stated her right knee and upper back hurt, but refused medical attention. Mrs. Sherman stated no injuries and also refused medical attention. Mrs. Sherman contacted AAA towing due to her tire. Mrs. Zeman stated that she believes MV3 may have made contact with MV1 and continued to drive away. Mrs. Sherman stated that she was unsure if MV3 made contact with her car, but did have minor damage to her rear right side fender. Only info on MV3

Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last,First,Middle) Address		Phone #	41-Type D	escription of Damaged Property	
Carrier Name Address US DOT #: State Number Interstate	GVWR/GCWR Reg State	City Issuing State45Reg Year	MC/MX/IC Trailer	St Zip	

Patrol Officer Julio J Quiles

197

Wilmington Police Department

10/11/2019

Wilmington Police Department Crash Narrative Case # 19-343-AC

Op. of MV1, Christine Sherman stated she was traveling south on Main St. and turned left on Old Main St. struck on her front left side fender and tire area. MV2 Kristin Zeman stated she was traveling south on Main St., and was 1 car behind MV1. She was behind MV3, observed MV3 stop, she attempted to stop, but was unable due to the wet road. She attempted to avoid crashing into MV3, swerved around that car, lost control of her car and crashed into MV1 (See images for damages). Mrs. Zeman stated her right knee and upper back hurt, but refused medical attention. Mrs. Sherman stated no injuries and also refused medical attention. Mrs. Sherman contacted AAA towing due to her tire. Mrs. Zeman stated that she believes MV3 may have made contact with MV1 and continued to drive away. Mrs. Sherman stated that she was unsure if MV3 made contact with her car, but did have minor damage to her rear right side fender. Only info on MV3 was dark color car.

Wilmington Police Department Images Associated with 19-343-AC





	Police Use Only	Comr	nonwealth	of Massach	usetts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number	Number Injured	Speed Limit	5	— Local Police 🔀	1
	10/11/2019 1853 Wil	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police	
	AT INTERSECT	ION:	TITLE	TION >		NOT A	r inter	SECT		1
										2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	159 Address #	CHUE	Name of		w/Street	.F—
¹ 4		At					ryame of	Noauwa	ay/ Gilleet	1
				Feet N S	E W of	— — — — Mile Ma	— • —	or	Exit Number	<u></u>
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N S	E W of	14111C IVIS			D.III THEODE	1011
		, and at intersection w	****	Feet N S		Route#	Inters	ecting R	oadway/Street	
² 3	Route# Direction Na	me of Intersecting Roadw	vay/Street	reet [14]3	10 111		т	ındınark		
	Please Select One	#Occupants Hit/I			10	24				1
³ 2	of the Following:		Run Moped	Crash Report	1D# 19	-34	4 – AC	<i>-</i>]
	License # S91518476 St N		Reg	SB39143		Reg Type	BU	Re		12
	1 1 1 1 1	3 1 -	DL Veh '	Year 2016	Veh Make <u>T</u>	homas	<u> </u>	Veh (Config. 4	7
	Operator KERBER, DANIE	L PAUL		er NRT BUS	INC	40			_	
⁴ 1	Address 7 BRUCE ST	rust		ess <u>55 HAMPS</u>	HIRE I	First RD		Mid	die	
	City TEWKSBURY Stat	te MA Zip 01876	5-3701 City	METHUEN		Sta	nte MA 2	Zip 01	844	
	Insurance Company PILGRIM I		·	ele Action Prior to Crash	10		amaged Area	_		
	Vehicle Travel Direction: N E W			t Sequence 23	23 23		est Status:		28	
5	Citation # (If Issued)			Hannful Event 2	24		ype of Test:		29	
				er Contributing Code	12 25 1	- 25	AC Test Res		L 30	2 13
	Viol. 1: Ch/Sec/Sub				26		usp. Alcohol:		Susp. Drug: 2 32	2
⁶ 2	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol. 4: Ch/Sec/Sub rator and all occupants inv		er Distracted by 0	34 35	36 37	owed from so	ene? 2	2]	4
	Name (Last First Middle)	and an occupants my	/OIVed Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp. Code	Medical Facility	
	Operator	Se	ee Above	$\times X$	1 1	4 0	0 10	1		
										1
	,									1
										-
								ļ l	···	1
⁷ 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16 I	Location	17 Condit	tion 18	Н	lit/Run Moped	
-	License # S18832897 St M	A DOB/Age	L	UM5910	<u> </u>	Rea Type	PC	Res	p State MA	1
		20	_	/ear 2011	Veh Maka M				21	
	Operator BULDINI, CHRI	En	idorsement	er ZUCCARO,				ven C	comig.	
⁸ 4	Address 28 CENTER ST	First	Middle	Last 28 CENTE		First		Mide	dle	
		e MA Zip 0181 (. 3£		. M7A -	,. A1	810-5837	4 14
	-	•		ANDOVER			te MA 2 amaged Area			
	Insurance Company COMMERCE			le Action Prior to Crash	23 23		est Status:	2000.	28	
	Vehicle Travel Direction: NSEW	Responding to Emerg		Sequence 2	24	23	pe of Test:	-	29	
91	Citation # (If Issued)			Harmful Event 2			AC Test Rest	alt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	25	25 Sı	ısp. Alcohol:	31	Susp. Drug: 32	
ļ		Viol. 4: Ch/Sec/Sub		r Distracted by	26		owed from sc		33]
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris		e Above		1	4 3	0 10	1		1
								\vdash		1
										_

	= Direction	l = Vehicle	e 1 2 = Vehicle 2	♀ = Pedestria	ın 🕳 = F	licycle
Crash Diagram:	ie: 🖚	1	2	→ĝ	→ ॐ	
				Football Fig	eld	If Crash <u>Did Not</u> Occur on a Public Way:
						Off-Street Parking Lot
		_			ă l	☐ Garage
					ingto	☐ Mall/Shopping Center
		and the same			Wilmington High School	Other Private Way
A a m		\$1			gh Sc	Omer invalo way
MV2			_		hoo	Indicate North by Arrow
		٠				
				<		(\leftarrow)
			Acceptance of the control of the con			
Crash Narrative:			4			
Op. of BUS1, Daniel				***************************************		
he was backing up he						
did not sustain any						
unattended. The on	wer of MV2	was notif	fed and pape	r work was e	exchange	d. See images for
damages. Burlington	n High Scho	ol Bus BS	31 2774716.	Caira Aldo	stated ·	that he observed
the bus backing up a	and crash i	nto MV2.				
						A A A A A A A A A A A A A A A A A A A
ARREST LA CONTRACTOR DE CONTRA						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
CAIRA ALDO A JR		188R CH	ESTNUT ST WILMIN	GTON MA 01887-33	307	1
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property
The state of the s						
Truck and Bus Information	Registration #.		(F	om Vehicle Section)		42
Carrier Name						Bus Use
Address			City		St_	Zip
US DOT#:	State Number		Issuing State	MC/MX/i	CC #:	
Interstate Cargo Body	y Type Code	44 GVWR/0	GCWR 45			
Trailer Reg #:				aar m u		46
Hazmat Information:	Kog Type		nuo neg 1	Traile	r Length	
47	48	al Noma		Mak	и	49
Placard Material 1 digit	# Materia	ai ivailie		iviaterial 4 digit	#	Release code
Patrol Officer Julio			197	Wilmington	Police D	epartment 10/11/2019
Police Officer Name (Please Print)	Signat	ture	ID/Badge #	Department	Precinct/l	Barracks Date

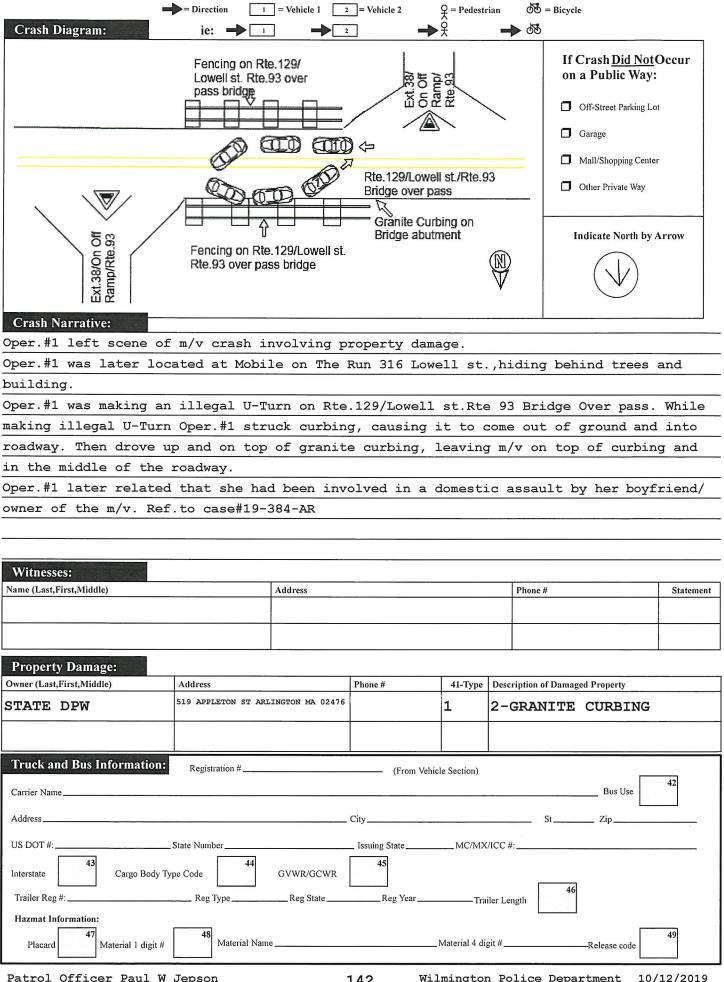
Wilmington Police Department Images Associated with 19-344-AC







	Pol	lice Use Only	Com	monwealth	of Massac	husetts	8	RM	V Docu	ment Number	
	Date of Crash 10/12/2019	Time of Crash	City/Town Llmington	Motor Vel	nicle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police	<u> </u>
	, , , , , , , , , , , , , , , , , , , ,	24HR		Police	Report	1	0	Latitude Longitude _	~~~~	Campus Police Other:	ă
		AT INTERSE	CTION:	< LOC	ATION >		NOT A	T INTER	SECT	ΓΙΟΝ:	
					129 W	316	T OWE	ELL SI	,		2 10
1 4	Route# Dire	ection	Name of Roadway/S	Street	Route# Direction	Address #	TIOME	Name of		ay/Street	
4			At		150 Feet N	s Ww of		_ •	or _	38	_
	Route# Dire	ction	Name of Intersecting Road	lway/Street	***************************************		Mile M	arker		Exit Number	1 11
			Also at Intersection	with		S E W of	Route#	Inters	ecting R	oadway/Street	- 💾
² 4	Route# Dire	ction	Name of Intersecting Road	lway/Street	Feet N	S E W of					_
	Please Select	One NZi		Te.		4 ^	~ ~ 4		ndmark		
³ 2	of the Followi		L #Occupants Hi	t/Run Moped	Crash Repo	rt ID# 19	-34	5 – A(<u> </u>		
·····	i	4067343 s		Reg	# <u>9XW251</u>		Reg Typ	e PC	Re		1 2 12
	Sex F Lic.		ic. Restrictions 20	CDL Veh Endorsement	Year 2012	. Veh Make <u>J</u>	/OLKSW	IAGEN	Veh	Config. 21	3
4		AVEZ, MON	First	Owi	ner ABREU, A	NDY F	First		Mid	Idle	_
⁴ 1		MARIE LAN			ress 27 SUMM	T AVE		1			-
			State MA Zip 0184	City	LAWRENCE		Sta				_
	Insurance Comp	Dany LM GENE		Vehi	icle Action Prior to Cras			amaged Area	Code:	10 ²⁷ 97 ²⁷ 2	<u> </u>
5	Vehicle Travel I			ergency? 2 Ever	nt Sequence 20 23	23 23	23	ype of Test:		29	
		sued) T168330			t Hannful Event 20		В	AC Test Res	ult:	30	12]
	Viol. 1: Ch/Sec/	Sub 89 4A	- Viol. 2: Ch/Sec/Sub	90 24 Driv	er Contributing Code	15 25	25 S	usp. Alcohol	31	Susp. Drug: 3	2 20 ¹³
· 2	Viol. 3: Ch/Sec/		- Viol. 4: Ch/Sec/Sub —		er Distracted by 5	26		owed from s	L	1 33	
	Name (Last First M		perator and all occupants in	nvolved 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	
	Operate	or		See Above	\rightarrow	1 99	1 0	0 10	1		
											_
_	Please Select (One Thursday	#Ossupants D		15 16		17	18		TE	
1	of the Followin		#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	H	Iit/Run Mop	ed
	License #	S	t DOB/Age	Reg	#		Reg Type	÷	Re	g State 21	-
:	Sex Lic. (Class L	ic. Restrictions C	CDL Veh Endorsement	Year	Veh Make	WARRIE - WILLIAM - 1		Veh		
3	Operator	Last	First	Middle Owr	lerLast		First		Mid	klle	-
	Address				ress						14
			State Zip		AUGUST THE TOTAL CONTRACT OF THE TOTAL CONTR	-		ite 2	· r	27 27 2	- <mark>1</mark>
					cle Action Prior to Cras			amaged Area est Status:	Code:	28 27 2	ן נ'
		Direction: NSE	–	•	at Sequence 23	23 23	23	pe of Test:	ŀ	29	
2	,	ued)			t Harmful Event	25	25 B.	AC Test Res	ult:	30	_
			- Viol. 2: Ch/Sec/Sub —		er Contributing Code	26	St	isp. Alcohol:	31	Susp. Drug: 32	2
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		er Distracted by	34 35	36 37	owed from so	L	33	_
	Name (Last First M	liddle)		Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury	Transp. Code	Medical Facility	
	Operate	or/Non-Motor	rist s	See Above	\times	1					
											_



Patrol Officer Paul W Jepson

142

Wilmington Police Department

10/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

	Police Use Only	Com	monwealth	of Massac	chuse	tts		RMV	/ Docun	nent Number	
	Date of Crash Time of Crash 10/12/2019 1414 Wil:	City/Town mington	Motor Veh	icle Cras	h Nui	mber Num		d Limit_	40	State Police Local Police MBTA Police Campus Police	
	24HR	airing coir	Police	Report	2	0	Latit	ude gitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NO	ΓAT IN	TERS	SECT	ION:	
	125 BALLARD	ጥድ ም.ፕልፕለ									2 10
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	n Addre	ss #	N	lame of I	Roadwa	y/Street	
1	DOTTED 1	At		Feet N	SEW	of		•	or		
	Route# Direction ROUTE 1	ne of Intersecting Road	way/Street			Mi	le Marker		·	Exit Number	3 11
		Also at Intersection	with		SEW	Route		Interse	cting Ro	oadway/Street	
² 2	Route# Direction Nat	ne of Intersecting Road	way/Street	Feet N	SEW	of					
	Please Select One Vivia 1	1,	T						ndmark		1
3	of the Following:	_#Occupants	/Run Moped	Crash Rep	ort ID#	L9-3	46-	-AC	,		
	License # S21720065 St M	A_ DOB/Age	_ Reg	# 2619MV		Re	g Туре <u>Р(</u>	3	Reg		12
	Sex M Lic. Class D 19 Lic. 1		CDL Veh	Year 2008	Veh Ma	ke TOY ()TA		_ Veh C	Config. 1 21	
4	Operator MARTIN , ALDEN	PATRICK First		er MARTIN ,			inst		Midd	lle	
⁴ 3	Address 21 NEW MEADOWS		-	ess 21 NEW		OWS R	D				
	City WINCHESTER State	e MA Zip 0189	0-3457 City	WINCHEST	ER					890-3457	
	Insurance Company COMMERCE	INSURANCE	Vehi	cle Action Prior to Cr		L 22	Damag Test St	ed Area	Code: 8	27 27 27 27	
⁵ 1	Vehicle Travel Direction: NSE	Responding to Eme	rgency? 2 Even	t Sequence 1 23	<u> </u>	23 23	Type of		1	29	
	Citation # (If Issued)		Mos	t Harmful Event 1		- 11	BACT	est Resu	ılt:	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code		25 25	Susp. A	dcohol:		Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by				from sce	ᅼ	. 33	
-	Please fill out for opera	ntor and all occupants in	ivolved Address	DOB/Age		35 36 Safety Airbag System Status	37 38 Ejeet Trap Code Cod	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	S	See Above	><	1	1 4	0 0	10	1		
											1
	Please Select One	#0		15 1	6	17	<u></u> Г	18			1
⁷ 3	of the Following:	#Occupants No	n-Motorist A Type	Action	Location	,	Condition		Hi	it/Run Moped	
	10 10	A DOB/Age.								State MA	
	Sex M Lic. Class D Lic. F	Restrictions 1	Endorsement	Year 2010)		_ Veh C	Config. 1	
8 1	Operator RODGER, JAMES	STEELE First	Middle	er RODGER, Last		Fi	rst		Midd	lle	
-	Address 24 ELLIOTT ST			ess 24 ELLI	OTT	ST				0.67 0.00 1	14
	•	MA Zip 0186	•	READING		22		A Zi ed Area		867-3204 27 27 27 27	
	Insurance Company ARBELLA M			cle Action Prior to Cr		23 23	Test St		Code: 8	28	
	Vehicle Travel Direction: SEW	Responding to Emer		t Sequence 1 23	24	23 23	Type of	Test:	=	29	
⁹ 2	Citation # (If Issued)			Harmful Event 1	•	25 19 ²⁵		est Resu		30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	13 -	Jusp. P	dcohol:		Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub Please fill out for operator/no	Viol. 4: Ch/Sec/Sub —		er Distracted by	34	35 36	37 38	from see	40		1
	Name (Last First Middle)		Address	DOl3/Age	Seat	Safety Airbag System Status	Eject Trap Code Code		Transp. Code	Medical Facility	
	Operator/Non-Motorist	f s	See Above	>>>	1	1 4	0 0	10	1		
											1

-	= Direction	= Vehicle 1	2 = Vehicle 2	오 = Pedestrian	Ø ■ Bicycle	
Crash Diagram:	ie: 👈 🛚 1] →□	2	≥ ₹	→ 86	
Rte 125)6	···		Rte 125	If Crash Did Not on a Public Way	:
	<u> </u>	B			On-Street Falking L	01
			C)		☐ Garage	
(01)					☐ Mall/Shopping Center	er
	•				Other Private Way	
		Ballardvale S	t		Indicate North by	Arrow
Crash Narrative:						
Vehicle 1 was traveli	ng staright,	west on H	Rte 125. Ve	hicle 2 wa	as traveling east or	n Rte
125, attempting to tu	rn left, nor	th on to E	Ballardvale	St. The	perator of vehilce	2
stated the traffic si	gnal was a r	ed arrow,	but he was	not payir	ng attention and mad	de the
left turn causing veh	icle 2 to cr	ash into v	rehicle 1.			
			•			
Witnesses:						
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 Ve	hicle Section)		42
Carrier Name					Bus Use	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C #:	
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trailer I	Length 46	
Hazmat Information:					<u></u>	
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 digit #	Release code	49
Patrol Officer Michael W	Wandell		174 W:	ilmington E	Police Department 10	/12/2019
Police Officer Name (Please Print)	Signature			partment	Precinct/Barracks Date	