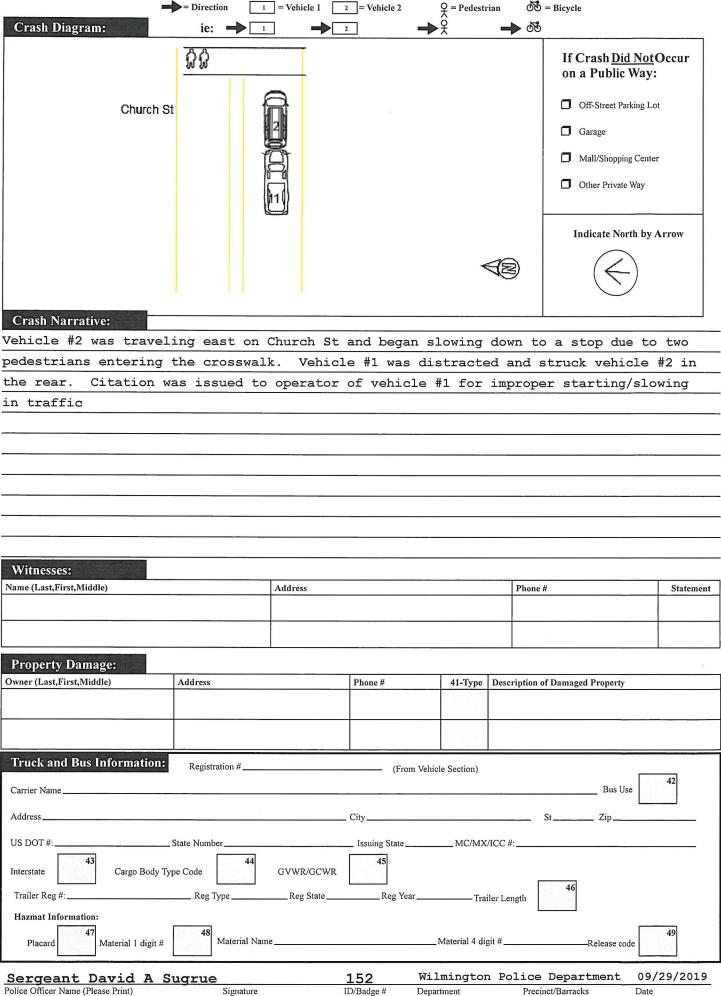
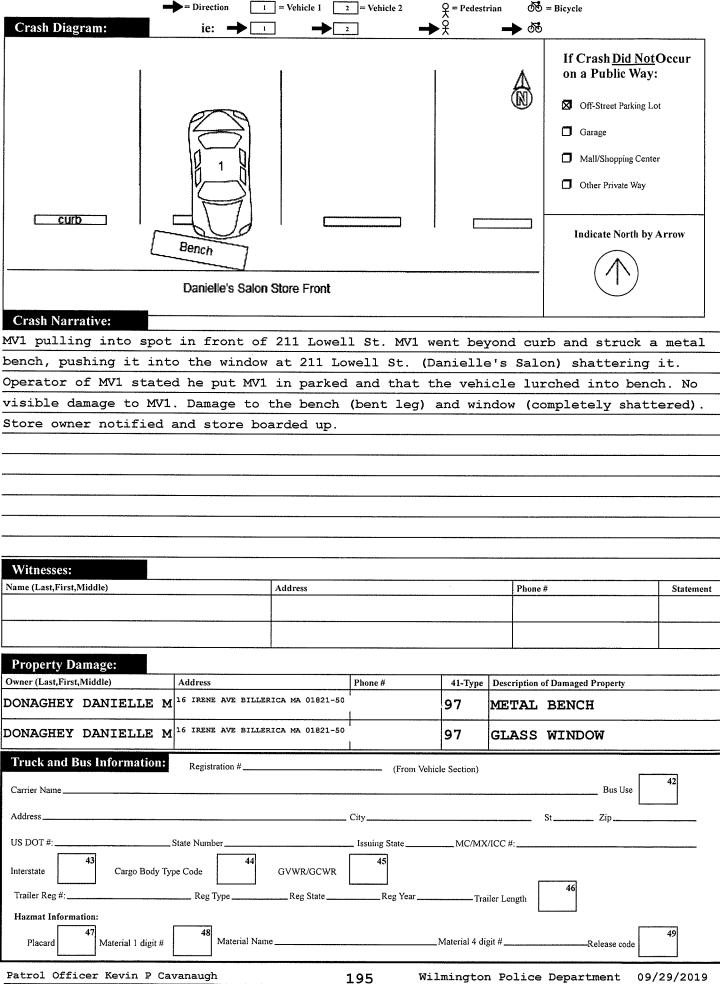
	Police Use Only	Com	monwealth	of Massac	husetts	S]	RMV Doc	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed L		Local Police	1
	09/29/2019 1950 Wil	mington	Police	Report	2	Injured	Latitude Longitud		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A				1
										10
					159	CHUI	RCH S			2
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name	e of Roady	vay/Street	_
*		Al		Feet N	S E W of		_ •	— or .		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile M	arker		Exit Number	2 11
		Also at Intersection w	vith	Feet N	S E W of	Route#	In	tersecting	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N	S E W of	110				
1	Rodion Direction 142	me of intersecting Roads	vay/Street					Landmar	k	1
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 1 9	-32	3- z	/C		
	License # S52305555 St N	(7) popu		# <u>8GF228</u>			- DC	-		-
	70 70	20							21	1 12
		E	ndorsement	Year <u>2008</u>					-	\vdash
4 _	Operator BEVILACOUA, E	BRANDON CHA		er BEVILACO		RANDOI First	1 CH	ARLES	S fiddle	
⁴ 4	Address 13 GRACE DR		Addr	ess 13 GRACI	E DR					
	City WILMINGTON Stat	e MA Zip 0188 7	7-1618 City	WILMINGTO	N		ate MA	Zip 0	1887-1618	
	Insurance Company ARBELLA M	UTUAL INS	Vehic	ele Action Prior to Cra	sh 1	22	amaged A	Area Code:		
-	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23 T	est Status	:	1 28	
⁵ 1	Citation # (If Issued) T0678976		Most	Hannful Event 1	24		ype of Te		29	
	Viol. 1: Ch/Sec/Sub 90 14A			er Contributing Code	19 25	25	AC Test I		1 Susp Drug 32	1 13
				er Distracted by	_ <u></u>		usp. Alco		32	
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants in		a Distracted by	34 35	36 37		39 40	2 33	4
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Se	Seat Safety	Airbag Eject	Trap In	njury Transp. itatus Code	Medical Facility	
	Operator	S	ee Above	>>>	1 1	5 0	0 1	.0 1		
									†	1
						+ + -		- 		-
							-		ļ	4
										_
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion	18	Hit/Run Moped	
		TA DODA			<u>L</u>		P.C.			-
	10 10	DOB/Age 20		# 7KA625					Reg State MA 21	1
	<u> </u>	E	ndorsement	Year <u>2018</u>				Vel:	Config.	
⁸ 1	Operator GRANDGENTSTAN	LEY, JESSIE First	Middle	er_STANLEY, Last		First	BERT	М	fiddle	
	Address 3 STARR W AVE			ess 3 STARR	W AVE					14
	City ANDOVER Stat	e MA Zip 01810	0-4288 City.	ANDOVER					1810-4288	1 "
	Insurance Company METROPOLI	TAN PROP	Vehic	ele Action Prior to Cras	sh 2			Area Code:		
	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	23	est Status		1 28	
9	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Tes		29	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	AC Test I usp. Alcol		 	
		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		usp. Aico owed fror	2	33 33	
	Please fill out for operator/no				34 35	36 37	38	39 40	<u>-</u>	4
	Name (Last First Middle)	- I - I - I - I - I - I - I - I - I - I	Address	DOB/Age Sex	Seat Safety	Airbag Eject		njury Transp. tatus Code	Medical Facility	_
	Operator/Non-Motoris	t Se	ee Above	\times	1 1	4 0	0 9	1		
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							+	-		1
					_		+ +			_



	Police Use Only	Comr	nonwealth (of Massach	ıusetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number	Number	Speed Limit	5	State Police Local Police MBTA Police	1
	09/29/2019 1846 Wil	mington	Police 1	Report	Vehicles 1	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >			r inter	SECTI	<u> </u>	1
						110111		SEC 17		10
					211_	LOWE	LL ST			
¹ 3	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadway	/Street	
<u> </u>		At		Feet N S	E W of			or		
	Route# Direction Na	une of Intersecting Roadw	vay/Street			Mile Ma	irker		Exit Number	1 11
		Also at Intersection w	rith	Feet NS	E W of	Route#	Inters	ecting Ros	adway/Street	
² 1	Route# Direction Na	une of Intersecting Roadw	vov/Street	Feet N S	E W of	110111011	2,11010	eeting root		
1	Troutes Brotton 142	me of intersecting Roads	vay/Birect				La	andınark		1
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	t ID# 19	-32	4-AC	3		
		<u> </u>		# <u>8EJ494</u>					- M7	┨
	10 10	DOB/Age							21	7 12
	<u> </u>	E1	ndorsement	Year <u>2000</u>				Veh Co	onfig.	
4 .	Operator BELLINO, FRAN	CIS R	Middle Own	er <u>BELLINO</u> ,	FRANC	First		Middle	c	
⁴ 1	Address 7 MARJORIE RD		Addr	ess 7 MARJOR	IE RD			***************************************		
	City WILMINGTON Stat	ie MA Zip 01887	7-1709 City	WILMINGTON	¥	Sta	ite MA	Zip 018	<u> 387-1709</u>	
	Insurance Company ELECTRIC	INSURANCE	Vehic	cle Action Prior to Crash	97	22 D	amaged Area	Code: 0	27 27 27	
<u></u>	Vehicle Travel Direction: NEW	Responding to Emerg	gency? 2 Even	Sequence 10 23 35	23 23	23 To	est Status:		28	
3	Citation # (If Issued)			Harmful Event 35			pe of Test:		30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		er Contributing Code	99 25	35	AC Test Res			10 ¹³
	Viol. 3: Ch/Sec/Sub ————			r Distracted by			usp. Alcohol: owed from so		Susp. Drug: 2 32	
⁶ 1		rator and all occupants inv		. Distracted by 33	34 35	36 37	38 39	cene? 2		4
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	><X	1 1	4 0	0 10	1		
							 			1
										-
1					<u> </u>					1
⁷ 1	Please Select One of the Following:	#Occupants	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit	t/Run Moped	
		DOR(A	n 4		<u> </u>				Curt	1
	19 19	DOB/Age	· ·	f		•		-	21	
	L	Restrictions CI	ndorsement	/ear	Veh Make			Veh Co	onfig.	
99	Operator	First	Middle Own	erLast		First		Middle	2	
	Address			ess						14
	City Stat	e Zip	City_				te2		27 27 27	1
	Insurance Company		Vehic	le Action Prior to Crash	1		amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Event	Sequence 23	23 23		est Status: /pe of Test:	F	29	
,	Citation # (If Issued)	Manage of the second of the se	Most	Harmful Event	24	_	AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	sp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from so	L	33	
	Please fill out for operator/no				34 35 Seat Safety	36 37 Airbag Ejeet	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	. 1	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motoris	f Se	ee Above		1					_
									Maria de la comunicación de la c	1
							 			1
					1					1



Patrol Officer Kevin P Cavanaugh

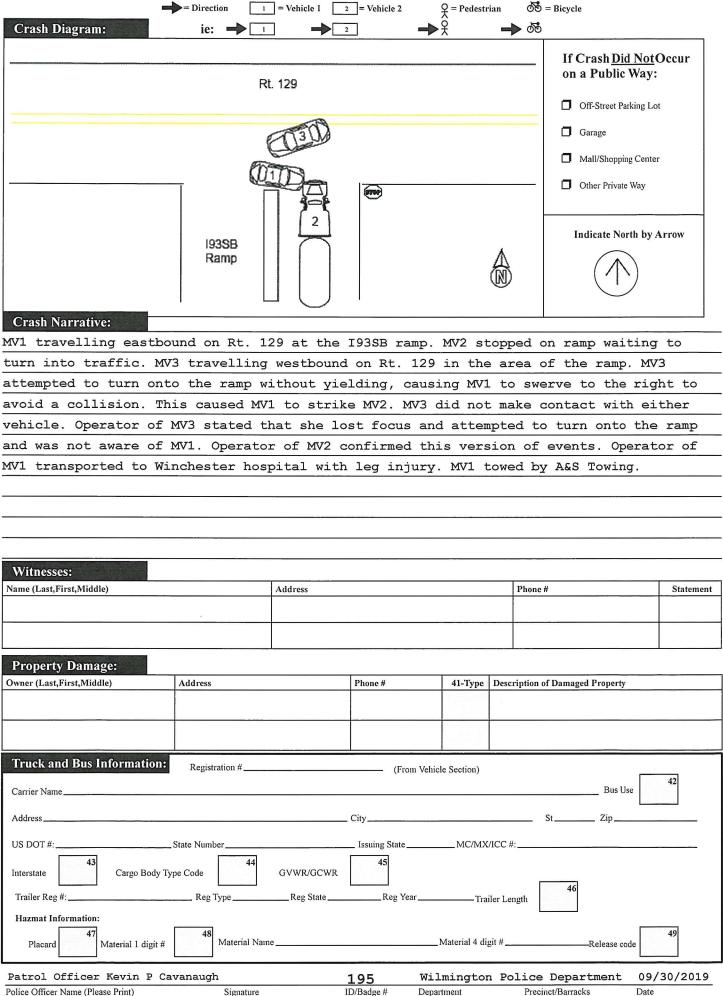
ID/Badge#

Wilmington Police Department

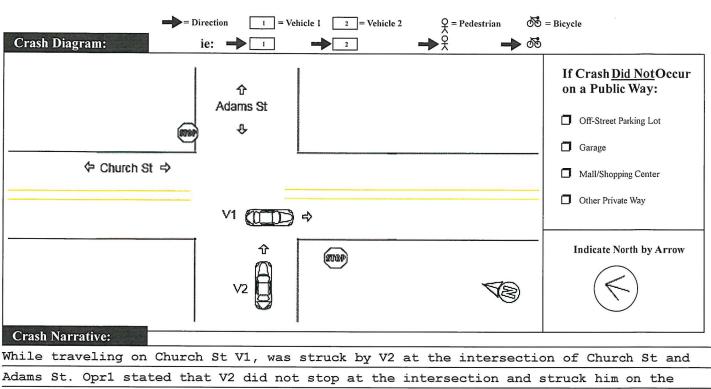
09/29/2019

	Police Use Only	Com	nonwealth -	of Massac	huset	ts	RN	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Numb		opeca Diiii	it <u>35</u>	Local Police	1
	09/30/2019 0904 Wi	lmington	Police 1	Report	3	1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSEC	CTION:	1	TION >		NOT A	T INTE	RSECT	 	1
			200.			1(011		tone.		10
	LOWEL1					. <u>. </u>				2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address	#	Name o	f Roadwa	ay/Street	-
<u> </u>	тазеві	R38 RAMP		Feet N	S E W of		_ • _	- or		
	Route# Direction	Name of Intersecting Roady	vay/Street			Mile N	larker		Exit Number	3 11
		Also at Intersection w	rith	Feet N	S E W of	Route#	Inter	sacting P	Loadway/Street	
2	Route# Direction	Name of Later and David	/0.	Feet N	S E W of	Koute#	inter	secung ix	toadway/Street	
² 1	Rottle# Direction	Name of Intersecting Roady	/ay/Street				L	andmark		
2	Please Select One Vehicle	#Occupants Hit/	Run Moped	Crash Rep	ort ID# $f 1$	9-32	5-A	~]
,	of the ronowing;									4
·	10 10	t MA _ DOB/Age	- Reg	# 4HM851		Reg Ty	ре РС	Re	eg State MA 21	1 12
	Sex F Lic. Class D L	ic. Restrictions C	ndoreament	Year 2012	_ Veh Make	MERCED	ES-BEN	Z Veh	Config. 1	
-	Operator <u>CHRISTOPOUL</u>	OS, CORINA S	Middle Own	er CHRISTO	POULOS	COR	INA S	Mid		
⁴ 2	Address 20 ELM ST	rust		ess 20 ELM	ST	First		Mid	idle	
	City READING	State MA Zip 01867	7-2736 City	READING		S	tate MA	Zip 01	867-2736	
	Insurance Company COMMERC			ele Action Prior to Cr	ash 1		Damaged Are	-		
	Vehicle Travel Direction: NS			1 22	23 23		Test Status:	ľ	28	
⁵ 1				t Sequence 1 23	24		Type of Test:	ŀ	29	
	Citation # (If Issued)	 	Most	Harmful Event 1	·		BAC Test Re	sult:	30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	Susp. Alcoho	2 31	Susp. Drug: 2 32	42 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	•	Towed from s	cene?	1 33	
1		perator and all occupants in				ety Airbag Eje	t Trap Injur	y Transp.		Ī
	Name (Last First Middle) Operator	5.	Address	DOB/Age S		tem Status Coc	e Code Statu	1,	Medical Facility Winchester	1
	Орегию	30	ee Above		1 1	1 0	° °	2 1	Hospital	-
										1
	Bi Ci (O			15 10	<u> </u>	17	110	1		4
⁷ 5	of the Following: Vehicle 21	#Occupants Non-	-Motorist A Type	Action 10	Location	Cond	lition 18	H	Hit/Run Moped	
	License # 02BRM64181 S	NH DOB/Agu	Reg #	AXL-4		Reg Tv	ne AP	Re	g State NH	1
	19 19	20	_	Year 2018	Vob Moles				21	
	Operator BOOMHOWER, 1	——— Eı	idorsement					ven	Comig. 20	
⁸ 2	Last	First	Middle	er AXL INC		First		Mid	idle	
	Address 577 MAIN ST			ess 6 DRAKE						14
	City SANDOWN	State NH Zip 0387	3 City_	GREENLANI	<u> </u>		tate NH	· -		1
	Insurance Company FIREMANS	INSURANCE	CO Vehic	le Action Prior to Cr	ash 2		Damaged Are	a Code:		
ı	Vehicle Travel Direction: SE	N Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23	Test Status:	-	28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		Type of Test: BAC Test Re		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	Susp. Alcohol		Susp. Drug: 2 32	
		Viol, 4: Ch/Sec/Sub —		r Distracted by	26		Towed from s		33 Brug.[2	
		/non-motorist and all occupa			34 3:	5 36 37	38 39	40	4	4
	Name (Last First Middle)	- I - I - I - I - I - I - I - I - I - I	Address	DOB/Age S	Seat Saf iex Pos. Syst	ety Airbag Ejec	t Trap Injur	Transp.	Medical Facility	4
	Operator/Non-Motor	<i>ist</i> Se	e Above	$\langle \rangle$	1 1	4 0	0 10	1		
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	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number	Number	Speed Limit	35	State Police Local Police MBTA Police Campus Police	1
	09/30/2019 0904 Wil	mington	Police	Report	Vehicles 3	Injured 1	Latitude		MBTA Police Campus Police	
	AT INTERSECT	ION.		ATION >		<u> </u>	Longitude_ 「INTER	SECT.	Other:	1
	TAT INTERIORE I	ion.	\ LOC	ATTON >		NOI A	INIEN	SECI	IOIV.	_ 10
	LOWELL	ST								2
11	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address #		Name of	Roadway	y/Street	
1		At		Feet N S	E W of			or		
	Route# Direction I93SBR3	me of Intersecting Roady	way/Street			Mile Ma		<u> </u>	Exit Number	11
		Also at Intersection w	vith	Feet N S	E W of					3
3				Feet N S	E W of	Route#	Inters	ecting Ko	adway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	way/Street				La	ndmark		
3	Please Select One Vehicle 31	_#Occupants Hit/	/Run Moped	Crash Report	1D# 1 Q	-32	5 - AC	4		1
3	of the ronowing:									4
	<u></u>	DOB/Age	Reg	# <u>9TS838</u>		Reg Typ	PC	Reg	State MA 21	12
	Sex F Lic. Class D 19 19 Lic.	Restrictions C	DL Veh	Year 2019 V	eh Make <u>S</u>	<u>UBARU</u>	<u> </u>	Veh C	Config. 1	
	Operator WHICHER, ELIZ			ner WHICHER,	ELIZA	BETH	ADAMS	Middl		
⁴ 2	Address 129 BANCROFT	AVE		ress 129 BANCE	ROFT I	AVE		Middi	le	
	City READING Stat	e MA Zip 01867	7-2103 City	READING		Sta	ite MA 2	Zip 01	867-2103	
	Insurance Company GEICO GEN			icle Action Prior to Crash	4		amaged Area			
	Vehicle Travel Direction: NSE				23 23		est Status:		28	
⁵ 1	Citation # (If Issued) T1153271	Responding to Emer			24		ype of Test:		29	
		·····		t Harmful Event 51	25	25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub 89 8				<u> </u>	Si	.sp. Alcohol:	2 31		42 ¹³
6 1	Viol. 3: Ch/Sec/Sub ———			er Distracted by 5	26	To	owed from so	ene? 2	33	
	Please fill out for oper	rator 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	see Above			4 0	0 10	1	wedical racinty	-
	- F				-					-
							ļļ	ļ		_
-	Please Select One Vehicle 4	#Occupants Day		15 16		17	. 18	<u> </u>		1
[′] 5	of the Following:	_#Occupants Non	n-Motorist A Type	Action	ocation	Condi	tion	Hi	t/Run Moped	1
		DOB/Age	Reg	#		Reg Type	=	Reg		
	Sex Lic. Class 19 19 Lic.		DL Veh	Year V	eh Make			Veh C	Config. 21	
n	Operator	First	ndorsementOwi	ner						
§2	Address	First		Last		First		Middl	le	
	CityStat	e Zip	City			Sta	ite Z	Cio		1 14
	Insurance Company			cle Action Prior to Crash			amaged Area	· _	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerg		,,	23 23		est Status:	F	28	
		Responding to Emer	•	· • • • • • • • • • • • • • • • • • • •	24	T ₃	pe of Test:		29	
2	Citation # (If Issued)	AVIENCE.		t Harmful Event	25	25 B.	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub —	Driv	er Contributing Code		St	isp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from so	<u> </u>	33]
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	ants involved	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 Sc	ee Above		1				,,	1
	F				_			\vdash		-
										-



	Police Use Only	Comn	nonwealth (of Massa	chus	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number Vehicles	Numbe		d Limit	25	Local Police	1
	09/30/2019 1415 Wili	mington	Police 1	Report	2		0	Latiti	ude itude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT			SEC	TION:	7
											*****	2 10
	Route# Direction CHURCH	ST Name of Roadway/Stre	eet	Route# Direction	ion Ade	dress #		N	ame of	Roady	vay/Street	- [
1		At						14		- TOGG	vay/bireet	1
	Route# Direction ADAMS S			Feet	N S E V	V of	— — Mile	Marker	•	or -	Exit Number	<u> </u>
	Route# Direction Nar	ne of Intersecting Roadwa		Feet F	N S E V	v of						3 11
				_	N S E V		Route#		Interse	ecting l	Roadway/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadwa	ay/Street						La	ndmarl	k	-
3	Please Select One Vehicle 11	_#Occupants	Run Moped	Crash Re	enort ID#	19	-32	26-	- <u>a</u>	7		1
J	or the Pollowing.											4
	19 19	A DOB/Age		6KP355							21	1 12
	Sex M Lic. Class D Lic. I	En	dorsement	ear 2018						Veh	Config. 1	
⁴ 2	Operator REPETTO, THOM	First	Middle	r REPETTO	ast		First			М	iddle	
	Address 583 HILLDALE A			ess <u>583 HI</u>					_		1000 101	
	City HAVERHILL State			HAVERHII		,	22				1832-1918 27 27 27 27	
	Insurance Company GEICO GEN			le Action Prior to C		<u> </u>		Damage Test Sta		Code:	3 27 27 27	
⁵ 1	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 1		23	23	Type of			29	
-	Citation # (If Issued)		Most	Harmful Event	1 24			BAC Te	est Resi	ult:	1 30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		25	25	Susp. A	lcohol:	2 31		1 13
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	0 26			Towed t	from sc	ene?	1 33	
	Please fill out for opera Name (Last First Middle)	ntor and all occupants inve	olved Address	DOH/Age	Sex Pos.	35 Safety System	Airbag L	7 38 eet Trap ode Code	lnjury Status	40 Transp. Code	Medical Facility	
	Operator	Sec	e Above	\sim	X_1	99	з о	0	10	1		
								_				_
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												-
		<u> </u>										4
⁷ 3	Please Select One of the Following:	_#Occupants Non-l	Motorist A Type	Action	Locat	ion	Cor	dition	18		Hit/Run Moped	
	License # S12723236 St M	A DOB/Age.	Reg #	8JL349			Reg T	уре <u>РС</u>	;	R	eg State MA	1
	Sex. M Lic. Class 99 D Lic. F	testrictions 1 20 CD	L Veh Y	ear <u>2003</u>	Veh N	1ake F	ORD			Veh	Config. 1 21	
	Operator CHISHOLM, MAT		dorsement Owne	r CHISHOI	М, С	ILL	Α					
1	Address 6 LEONARD LN	First	Middle Addre	ss 87 MIN	KRUN	RD	First			Mi	iddle	
	City WILMINGTON State	MA Zip 01887	-4553 City I	WILMINGT	'ON			State M	A _ z	ip 0 1	1887-4548	1 14
	Insurance Company COMMERCE	INSURANCE	Vehic	le Action Prior to C	Crash	2	22	Damage	d Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Event	Sequence 1 23	3 23	23	23	Test Sta	tus:		1 28	
,	Citation # (If Issued) T1682493	_	Most	Harmful Event	1 24	1		Type of		•	30	
2	Viol. 1: Ch/Sec/Sub 89 9	/iol. 2: Ch/Sec/Sub	Driver	L Contributing Code	e 4	25	25	BAC Te Susp. Al			<u> </u>	
	Viol. 3: Ch/Sec/Sub V	/iol. 4: Ch/Sec/Sub ——	Drive	Distracted by	99 26			Towed f			2 33	
	Please fill out for operator/nor		nts involved		34 Seat	35 Safety	36 3 Airbag Ej	7 38 ect Trap	39 Injury	40 Transp.		-
ŀ	Name (Last First Middle) Operator/Non-Motorist		Address .	DOB/Age	Sex Pos.	System	Status Co	de Code	Status	Code	Medical Facility	-
}	Operator/INON-MOTORISE	See	Above		X^1	99	3 0	0	10	1		-
						-						_
							T					

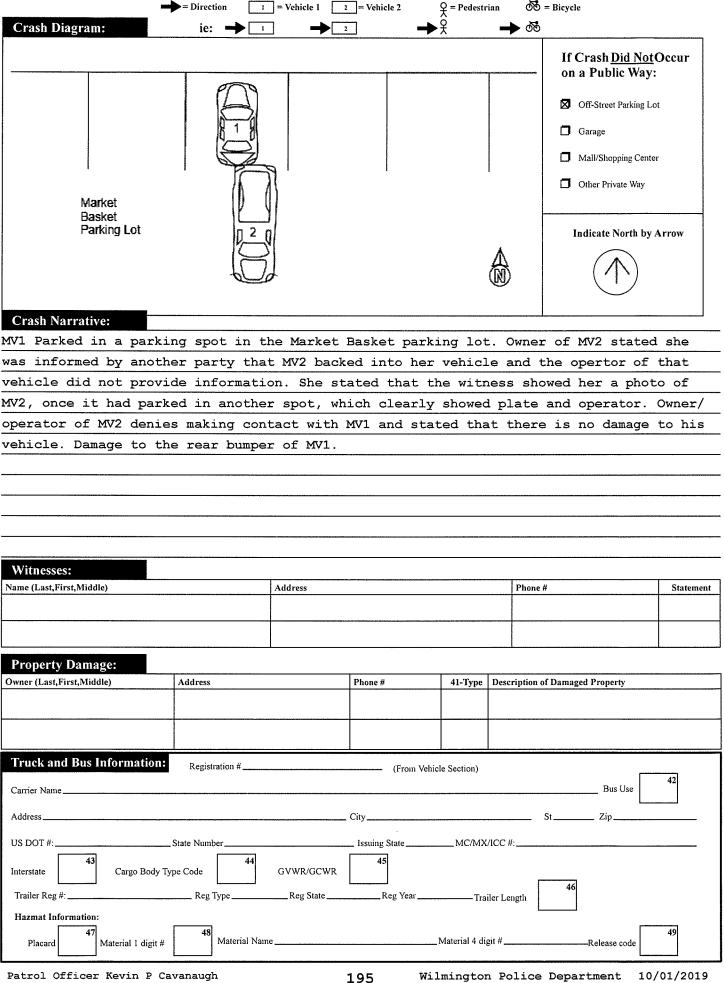


passenger side of his vehicle. Opr2 stated that he did not see V1, entered the intersection and stuck him. A witness to the crash stated that V2 came to a rolling stop that it appeared that the Opr of V2 never stopped, and that the vehicle entered the intersection without caution to oncoming vehicles. No one was injured as a result of this accident, and both Opr's refused medical treatment. V1 was towed from the scene by A&S towing to their facility while V2 was able to drive away from the scene. The Opr of V2 was issued MA citation T1682493 for stop sign violation.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
MAROTTA CLIFFORD		6 FLETCHE	R RD WINDHA	м ин 030	087	2
Property Damage:						·
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Pro	perty
Truck and Bus Information:	registration #		(From Vel		F	Bus Use 42
Address			City		St Zi	p
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo Body Ty	ype Code 44	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	e		_Material 4 dig	git #Relea	ase code 49
Patrol Officer Michael E	Johnson		199 Wi	ilmington	Police Departme	nt 09/30/2019

Department

	Police Use Only	Com	monwealth	of Massacl	nusetts	8		RMV	/ Docu	ıment Nu	nber	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles		1 '	Limit_	5	5 State Po	olice 🔯	
	10/01/2019 1627 Wilr	mington	Police	Report	2	0	Latitud			MBTA Campus Other:	s Police 🔲	
	AT INTERSECT	ION:		ATION >		NOT A			SEC			1
												2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	260 Address #	MAI			Poadw	/ay/Street		
¹ 1	Todae, Diotain	At At	icci	- Notice Direction	Address #		INA	ine or r	Coauw	ayisiicci		
				Feet N S	E W of	Mile M		_	or _	Evit N	lumber	
	Route# Direction Nan	Also at Intersection v		Feet N S	E W of	WHIC W	arker			2		7 11
		ruso at intersection v	vitti	Feet N S		Route#		Intersec	cting R	Roadway/S	treet	
² 1	Route# Direction Nam	ne of Intersecting Roady	vay/Street	Peet 1415	12111 01			Lan	ıdınark			
	Please Select One	_#Occupants	Run Moped		1 0	22	7			`		1
3	of the Following:	_#Occupants Hit/	Run Moped	Crash Repoi	t ID# I S	-32	<i>/</i> –.	AC				
		DOB/Age	Reg	# 3FEY50		Reg Typ	е <u>РС</u>		Re	eg State 💃		12
	Sex Lic. Class 19 19 Lic. F		DL Veh	Year 2013	Veh Make 1	LEXUS			_ Veh	Config.	1 21	7
	Operator Driverless M.			ner GALLANT,	PAUL	A MAR	Œ) (:	iddle		
⁴ 1	Address			ress 7 MANNII	IG ST	rusi			iviic	ddie		
	City State	Zip	City	WILMINGTO	<i>N</i>	St	ate M Z	3 Zi	ip 01	1887-	-3731	
	Insurance Company SAFETY IN	SURANCE	Veh	icle Action Prior to Cras	h 11	22	Damageo	d Area (Code:	4 27	27 27	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Eve	at Sequence 1 23	23 23	23 T	est Stat	us:		28		
5	Citation # (If Issued)			t Harmful Event 1	24		ype of			29		
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	35	BAC Tes Susp. Ale	_		30	rug: 2 32	2 13
	Viol. 3: Ch/Sec/Sub	•		er Distracted by	26		owed fi	-		33 33	ug.[2	
⁶ 1		tor and all occupants in		J. Sistances of	34 35	36 37	38	39	40	<u>Z</u>		1
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System		Trap Code	Injury Status	Transp. Code	Medic	al Facility	-
	Operator	S	ee Above	X	1							
												1
												1
	Please Select One Vivin 21			15 16		17	\perp_{Γ}	18		ΙΤ,	<u>-</u>	1
⁷ 99	of the Following:	_#Occupants Non	-Motorist A Type	Action	Location	Cond	ition		I	Hit/Run [Moped	
		A DOB/A	Reg	# 114BV1		Reg Typ	e <u>PC</u>		Re	eg State <u>N</u>		
	Sex M Lic. Class D 19 Lic. R	testrictions 20 C	DL Veh	Year 2009	Veh Make	TOYOU	١		_ Veh	Config.	1 21	
8	Operator LIMOLI, SANTO			ner LIMOLI,	SANTO	First			Mic	ddle		
⁸ 1	Address 34 ST PAUL ST			ress 34 ST P	UL ST				IVIN	·		L.,
	City WILMINGTON State	MA Zip 01887	7-1854 City	WILMINGTO	Ŋ	St	ate <u>M7</u>	\ Zi	ip 01	1887-	-1854	1 14
	Insurance Company PREFERRED	MUTUAL	Vehi	cle Action Prior to Cras	h 10	22	Damageo	d Area (Code:	o ²⁷	27 27	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Ever	nt Sequence 23	23 23	23	est Stat			28		
9	Citation # (If Issued)		Mos	t Harmful Event 2	24		ype of		,	30		
⁹ 2	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	99 25	25	SAC Tes usp. Ale	_			7110 32	
		/iol. 4: Ch/Sec/Sub —		er Distracted by			owed fr	<u>.</u>		2 33	ue.[2	
	Please fill out for operator/nor				34 35 Scat Safety	36 37	38	39	40 Transp.		***]
	Name (Last First Middle)	-	Address	DOB/Age Sex	Pos. System	Status Code	Code	Status	Code	Medie	eal Facility	1
-	Operator/Non-Motorist	S	ee Above		1 1	4 0	0	10	1			1
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							1					



Department

	Police Use Only	Comi	monwealth	of Massacl	husetts	}	RM	V Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	1	Speed Limit	30	State Police Local Police MBTA Police Campus Police	1
	10/01/2019 1726 Wili	mington	Police	Report	3	Injured O	Latitude Longitude _		MBTA Police Campus Police	
	AT INTERSECT	ION:		ATION >		1	r inter	SECT	Other:	1
						110111		SEC.		10
					490	MAIN				2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	y/Street	-
		At		Feet N S	E W of		_ • _	or		.
	Route# Direction Nam	ne of Intersecting Roady	vay/Street			Mile Ma	arker		Exit Number	2 11
		Also at Intersection w	vith	Feet N S		Route#	Inters	ecting Re	oadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roady	vav/Street	Feet N S	E W of					
1		1			www.au		La	mdmark		1
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Repor	rt ID# 19	-32	8-AC	2		
	License # S80975806 St M	A DOR/Am	D	# RT2412		D - T -	. P.C	D-	. с МА	
		20							21	1 12
		E	ndorsement	Year 2014				Veh (Config.	
⁴ 1	Operator <u>FAY</u> , <u>AMANDA</u> L		Middle	er FAY, AMA		First		Mide	dle	
1	Address 29 1/2 PINEHUR			ess 29 1/2 I	PINEHU					
	City BILLERICA State	MA Zip 01821	L-6032 City	BILLERICA			ate MA	Zip 01	821-6032	
	Insurance Company PLYMOUTH	ROCK ASSU	Vehi-	cle Action Prior to Cras	sh 2		amaged Area	Code: 1		
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:	-	28	
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	24	-	ype of Test:	,	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 25	25	AC Test Res usp. Alcohol:		Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so	L	33	
⁶ 1		tor and all occupants in			34 35	36 37	38 39	40		-
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	4
	Operator	Se	ee Above	\times	1 1	4 0	0 10	1		
										1
								1		-
										4
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	Condi	tion 18	Пн	it/Run Moped	
_	License # S74581393 St M	A DOB/Age	Reg	US23XY	<u></u>	Reg Type	PC	Red	State MA	1
	19 19	20	_	Year 2017			· · · · · · · · · · · · · · · · · · ·		21	
	Operator SPINELLI, JON.	E ₁	ndorsement	er SPINELLI				ven c	Johns.	
⁸ 1	Last	First	Middle	Last	•	First	MARK	Midd	lle	
	Address 19 IRENE AVE	27 01001		ess 19 IRENE	AVE				001 5016	14
	City BILLERICA State			BILLERICA				-	821-5016 27, 27 27	
	Insurance Company USAA GENE	RAL INDEM	Vehic	ele Action Prior to Cras		┵ -	amaged Area	Code: 5	28	
	Vehicle Travel Direction: S E W	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:	-	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	•	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 Տւ	isp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	To	owed from so	ene? 2	33	
	Please fill out for operator/nor	-motorist and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motorist		Address	DOB/Age Sex	/	Status Code	Code Status	Code 1	Medical Facility	-
	Operator/Inon-Motorist		ee Above		1 1	4 0	0 10			_
			W 11 = 00 00 100						·	1
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	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	30	Local Police	7
	10/01/2019 1726 Wil	mington	Police	Report	3	O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:		ATION >	<u> </u>	NOT AT	INTER	SEC	- L	1
									.44	2 10
	Route# Direction	Name of Books (Co			490	MAIN		'D 1	10:	
¹ 1	Kone# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadw	vay/Street	-
				Feet NS	EW of		_ • _	or _	T2 1/2 2/1	
	Route# Direction No.	ame of Intersecting Roads		[s.l.a.]		Mile Ma	irker		Exit Number	2 11
		Also at Intersection v	vith	Feet N S		Route#	Inters	ecting l	Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roady	vay/Street	Feet N S	EW of					_
	DI CALLO TO							andmar	<u>k</u>	-
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	1D# 19	-32	8-A	3		
	License # S32682922 St 1	MA DOB/Age	Reg	# <u>95WL51</u>		Reg Type	PC	R	eg State MA	1
	Sex_F Lic. Class D Lic.	Restrictions B 20		Year 2015 V					21	1 12
	Operator SCEARBO, MEAG	Е Е	ndorsement	er SCEARBO,						
⁴ 1	Address 504 WHIPPLE R	First	Middle	ess 504 WHIPI		First		М	iddle	
-	City TEWKSBURY Sta			TEWKSBURY	A \.l.		, MZ	_{7in} ∩'	1876-2656	
	Insurance Company ARBELLA	•	·				amaged Area			
				t Seguence 23	23 23		est Status:	. Couc.	28	
5 1	Vehicle Travel Direction: SEW		-	1 j	24	i	pe of Test:		29	
_	Citation # (If Issued)		Most	Hannful 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 Տւ	isp. Alcohol	31	Stop: 21tig	1 "
⁶ 1	Viol. 3: Ch/Sec/Sub	***************************************		er Distracted by 0	26		wed from s	cene?	2 33	
	Please fill out for ope Name (Last First Middle)	rator 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		1 1	4 0	0 10	1		1
										1
								<u> </u>		-
								ļ		_
7 -	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18		Hit/Run Moped	
1					L					4
	19 19	DOB/Age	•	¥					21	
		Restrictions C	DL Veh ` ndorsement	Year V	eh Make			Veh	Config.	
³ 1	OperatorLast	First	Middle	er		First		M	iddle	
-	Address			ess						14
	CitySta	teZip	City			1	te	•	27 27 27	1
	Insurance Company		Vehic	cle Action Prior to Crash			amaged Area	ı Code:	27 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence 23	23 23	23	est Status:		29	
2	Citation # (If Issued)		Most	Harmful Event	24	-	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	sp. Alcohol:	24	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	To	wed from so	ene?	33	
	Please fill out for operator/n	on-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motoris	of c	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	+
	Operator/14011-141010113	30			-			-		-
										_
										7

From The State of	= Direction	= Vehicle 1	2 = Vehicle 2	Y = Pedestria	n Ø♥ = Bicycle	
Crash Diagram:	ie: →] →[2	▶ }	→ 65	
	SUPER PETROLEUM				If Crash <u>Did N</u> on a Public Wa	ıy:
					Garage	
	120				☐ Mall/Shopping Ce	enter
					Other Private Way	′
	490 MAIN STREET		***************************************	***	Indicate North l	by Arrow
				\Leftrightarrow		
Crash Narrative:						
4/V's #1,2,and	were all stopped	in traff	ic in the N	orthbound	lane of Main Stree	et,
5. (6)					ck the rear of M/V	
causing a chain	reaction pushing	M/V #2 in	to the rear	of M/V #	3. Operator of M/	V#1
stated that a sr	all black car lig	htly bump	ed into the	rear of	her vehicle startl:	ing her,
causing her to t	ake her foot off	the brake	and drive	into the	rear of vehicle #2	
					2	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Duanauty Damaga	214					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
, , , , , , , , , , , , , , , , , , , ,			T mone #	IX Type D	esemption of Dumaged Property	

Truck and Bus Inform	nation: Registration #		(From Ve	hicle Section)	Г	
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:	
Interstate 43	go Body Type Code	GVWR/GCWR	45		,	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46	
Hazmat Information:						
47	48				Г	
Placard Materia	1 1 digit # Material Nan	ne		Material 4 digit #	#Release code	49

Police Officer Name (Please Print)

Signature

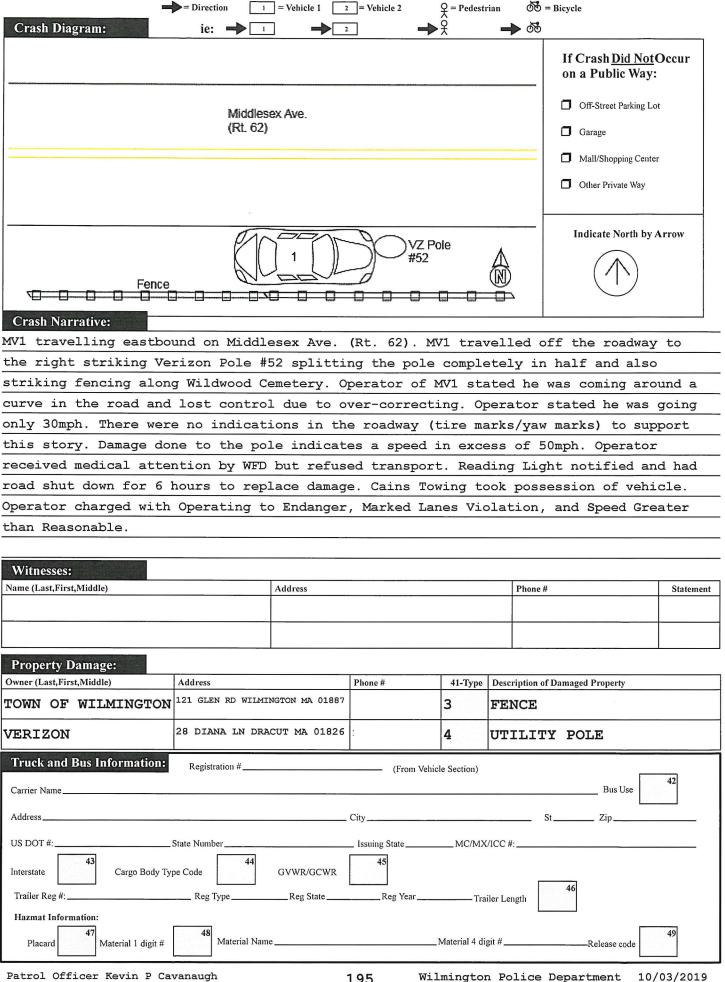
ID/Badge #

Department

Precinct/Barracks

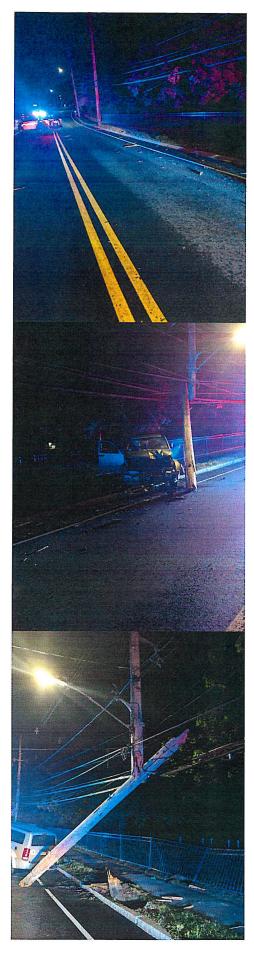
Date

AT INTERSECTION: AT INTERSECTION: COCATION Note of Intersection Name of Roadway/Street Route# Direction Name of Roadway/Street Route# Direction Name of Roadway/Street Ado at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Landmark L	Latitude	AT INTERSECTION: AT INTERSECTION: COCATION NOT AT INTERSECTION:	AT INTERSECTION:	AT INTERSECTION: COATION Note of Readous/Stocet R		Police Use Only	Comr	nonwealth (of Massach	usetts		RMV	V Document Number	
AT INTERSECTION: AT INTERSECTION: Compare Patical Compar	Dongitude	AT INTERSECTION: AT INTERSECTION: COCATION NOT AT INTERSECTION:	AT INTERSECTION:	AT INTERSECTION:			~	Motor Veh	icle Crash		T. S 1	•	35 State Police Local Police	
AT INTERSECTION: Routed Direction Name of Roadway/Street At Section Name of Roadway/Street At Section Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Peet NSEW of Mile Marker or East Number of Roadway/Street Landmark License # S44135012 St MA DOB/Age. Sex M Lie Class 19 19 15 Lie Restrictions 20 CDL Endorsement Operator GENTILE, RICHARD A Models Address 24 WILDWOOD ST City WEBSTER City WEBSTER Vehicle Travel Direction: NSWW Responding to Emergency? 2 Citation # (If Issued) T1153274 Viol. 1: CNSec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 4A Driver Contributing Code 10 28 9 28 10 28 10 10 10 10 10 10 10 10 10 10 10 10 10	TINTERSECTION: DLESEX AVE Name of Roadway/Street Output Intersecting Roadway/Street Landmark 9-AC Reg State MA Veh Config. 1 7 12 3 All Middle 3 ate MA Zip 01570-0000 Damaged Area Code: 11 27 27 27 27 Sest Status: 28 Sype of Test: 29 SAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 99 32 Sowed from scene? 1 33 Transp. Code Medical Facility Medical Facility Medical Facility	AT INTERSECTION: AT INTERSECTION: COATION NOT AT INTERSECTION:	AT INTERSECTION:	AT INTERSECTION:			mington	Police 1	Report		-		MBTA Police Campus Police Other:	
Route# Direction Name of Roadway/Street At	DLESEX AVE Name of Roadway/Street - or	Route# Direction Name of Roadway/Street At	According Deception Name of Read-buy/Street Act Ac	Restor Direction			ION:		_]			*******	
Route# Direction Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Peet N S E W of Feet N S E	Name of Roadway/Street	Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street At Feet NSEW of Mile Marker Exit Number Also at Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark Please Select One of the Following: Vehicle L1_#Occupants	Read											2 10
At	Tarker	At Section Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Please Select One of the Following: Direction Name of Intersecting Roadway/Street Please Select One of the Following: Direction Name of Intersecting Roadway/Street Please Select One of the Following: Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Please Select One of the Following: Direction Name of Intersecting Roadway/Street Landmark Please Select One of the Following: Direction Name of Intersecting Roadway/Street Landmark Crash Report ID# 19 - 329 - AC Reg #9FP715 Reg Type PC Reg State MA Veh Year 2007 Veh Make DODGE Veh Config. 1 21 Operator GENTILLE, RICHARD A Address 24 WILDWOOD ST City BURLINGTON State MA Zip 01803-1408 Insurance Company GOVT EMPLOYEE INS Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 40 23 22 23 23 23 23 Tope of Test: Damaged Area Code 11 27 27 27 27 Wood Harmful Event 22 24 Wood Harmful Event 22 25 Diriver Contributing Code 10 28 9 25 Towed from second: Direction Mile Marker or Exit Number 1 11 1 1	Reade Disection Name of Intersecting Readway/Street	Rouse Direction Name of Intersecting Readway/Street Allow at Intersecting Readway/Street Test NS E W of Mile Malack Section Mile Malack Mile Malack Section Mile Malack Mile Malack Section Mile Malack		Route# Direction	Name of Roadway/Str	root	Pouta# Direction		MIDD			_
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark Please Solect One of the Following: Wehicle 11	Landinark 1 1	Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Peet NSEW of Route# Intersecting Roadway/Street Landmark Please Solect One of the Following: License # \$44135012 St MA DOB/Age. Sex M Lic. Class 19 19 19 Lic. Restrictions 20 CDL Endorsement Operator GENTILE, RICHARD A Address 24 WILDWOOD ST Address 24 WILDWOOD ST City BURLINGTON State MA Zip 01803-1408 Insurance Company GOVT EMPLOYEE INS Vehicle Travel Direction: NSEW Responding to Emergency? 2 Event Sequence 40 23 22 23 23 23 23 Type of Test: 30 Uses Alcohol: 23 Uses Alcohol: 24 Uses Alcohol: 24 Uses Alcohol: 25 Uses Alcohol: 25 Uses Alcohol: 26 Uses Alcohol: 27 Uses Alcohol: 28 Uses Alcoh	Rented Disciclion Name of Intersecting Readway/Street Also at Intersection with Foot St E W of Mile Marker or Rost Number 1 1	Route Direction Name of Intersecting Roadway/Street	¹ 4	2.CONOM						rvame of f	Noauway/Silect	-
Also at Intersection With Also at Intersection with Also at Intersection with Peet NSEW of Route# Direction Name of Intersecting Roadway/Street Landmark Please Select One of the Following Please Select One of the Following Vehicle L1_#Occupants	Landinark 1 1	Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N E W of Intersecting Roadway/Street	Router Direction Rain of Intersecting Roadway/Street Router	Rouse Direction Name of Interesting Roudewy/Street Feet N.S. E. W of Toute# Intersecting Roudewy/Street Endinant					Feet N S	E W of	Mile Ma	rker	orFyit Number	
Route# Direction Name of Intersecting Roadway/Street NSEW Of Intersecting Roadway/Street Landmark	Landmark 9 - AC	Route# Direction Name of Intersecting Roadway/Street N S E W of Intersecting Roadway/Street Landmark	Reduct Direction Name of Intersecting Roadway/Sirved	Router Direction Name of intersecting Rouchway/Street Landinark Land		Route# Direction Na			East N C	E W as	iville lvial	INGI	LAR NUMBER	1 11
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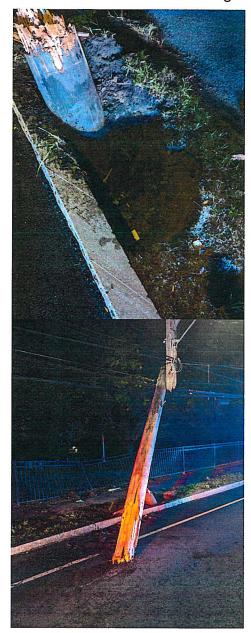
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Wilmington Police Department Images Associated with 19-329-AC





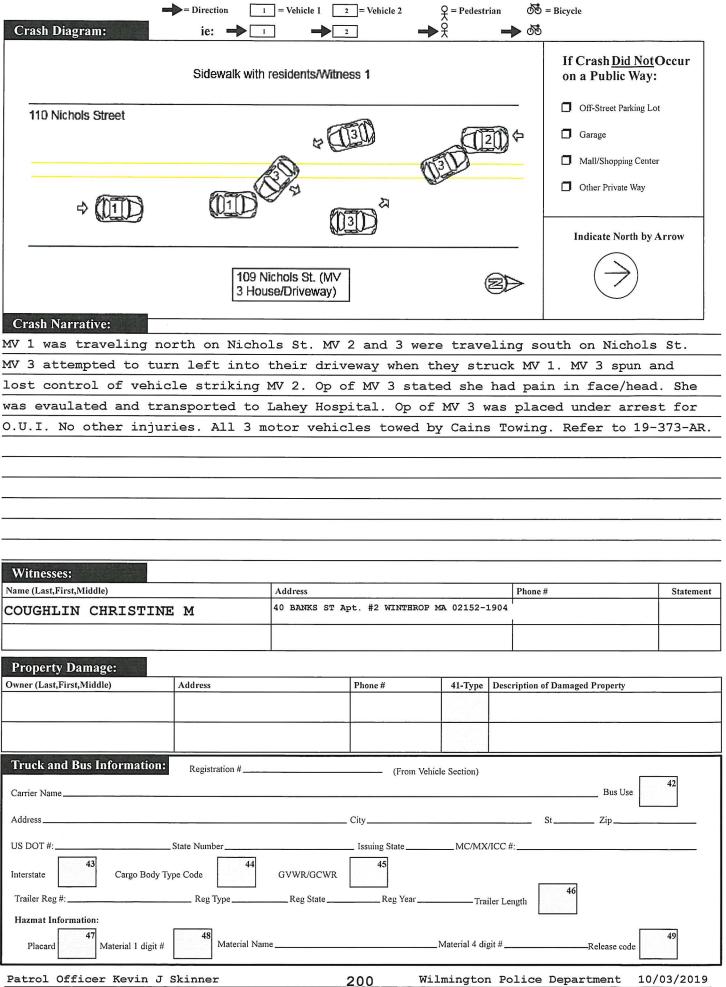
Wilmington Police Department Images Associated with 19-329-AC





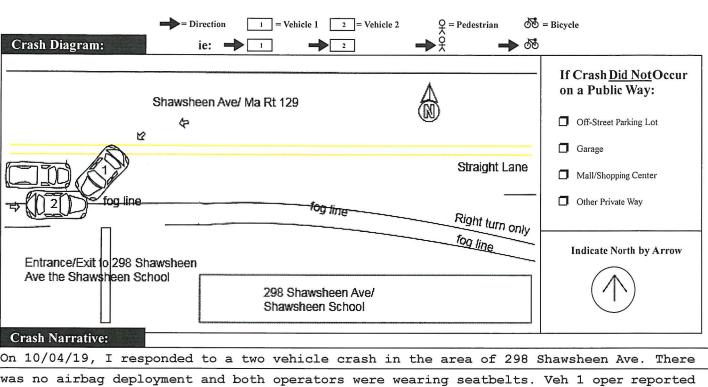
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² 1	Rotte# Direction 19a	me of intersecting Roads	vay/Street							***************************************	Landn	nark		·
3	Please Select One of the Following:	#Occupants Hit.	'Run 🔲 Mop	oed Cra	sh Report	ID#	19	-3	30) — Z	\C			
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	Operator <u>CRAVEN</u> , <u>DANIE</u>	L THOMAS	Middle	Owner <u>CRAV</u>	EN, I	DAN	IEL	TH	IOM2	AS		Middl	le .	
⁴ 1	Address 8 SILVERBIRCH	RD		Address 8 SI	LVER	BIR	CH	RD				Middi		
	City BILLERICA Stat	e MA Zip 0182 :	L-3017	City BILLE	RICA				_ State	MA	Zip_	018	821-3017	
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⁶ 1	Viol. 3: Ch/Sec/Sub			Driver Distracted \	у О			1			n scene		33	ļ
	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Ago	Sex	Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	Trap I	njury Tra	insp. ode	Medical Facility	
	Operator	S	ee Above	\sim		1	1	3	0	0 1	.0 1			
	WENDY TANZELLA	34 DORCHESTER ST WILMINGTON, MA			- > >	4	1	3	0 0	0 1	0 1			1
		34 DORCHESTER ST	?			_						\dashv		-
	KENNETH TANZELLA	WILMINGTON, MA (M 	6	1	3	0 (0 1	0 1			_
	VICTORIA TANZELLA	WILMINGTON, MA (1887-2285	1	F	3	1	3	0 0) 1	0 1			
⁷ 1	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action	16 L	ocatio	n	17 C	onditio	on	18] Hi	t/Run Moped	
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8 1	Operator WELLS, SUSAN			Owner WELL	S, SU	JSAJ	N J	Fir	st			Middle	le	
1	Address 157 PLEASANT S	ST		Address 157	PLEA	SAN	T S		J.			TTHOU		
	City DUNSTABLE State	e MA Zip 0182	7-1716	City DUNST	BLE				_ State	MA	Zip_	018	827-1716	1 14
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	Police Use Only	Com	monwealth	of Massach	usetts		RM	IV Docum	ient Number	
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1	Route# Direction	Name of Intersecting Road	lway/Street	Feet N S	E W of			ŭ	,	
1		The state of the s					L	andmark		1
	Please Select One of the Following:	31 #Occupants Hi	t/Run Moped	Crash Report	1D# 19	-33	0-A	C		
	License # S21024191	St MA DOB/Age		# <u>706WCC</u>					- 1/7	-
	10 10	20	-						2.1	1 12
	Sex E Lic. Class D	·	Endorsement	Year <u>2016</u> \		_		Veh C	onfig.	ļ
	Operator GILBERT , K	First	Middle Own	er GILBERT ,	KRIST	INA F	3	Middle	le	.
1	Address 109 NICHOLS	ST	Addr	ess 109 NICHO	OLS ST	1				
	City WILMINGTON	State MA Zip 0188	7-1631 City.	WILMINGTON		Sta	ate MA	Zip 018	887-1631	.
	Insurance Company GOVT E	MPLOYEE INS	Vehic	cle Action Prior to Crash	4	22 D	amaged Are	a Code: 1	27 7 27 27	
	Vehicle Travel Direction: NS	Responding to Eme	ergency? 2 Even	t Sequence 1 23 42	23 23	23 To	est Status:	2	28	
	Citation # (If Issued)			t Harmful Event 1	24	T	ype of Test:	1	29	
	Viol. 1: Ch/Sec/Sub			<u> </u>	10 ²⁵ 4	25	AC Test Res		30	13
					26		usp. Alcohol		Susp. Drug: 2 32	<u> </u>
1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		er Distracted by 0		36 37	owed from s	cene? 1		-
	Please fill out 10 Name (Last First Middle)	or operator and all occupants in	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp.	Medical Facility	
	Operator		See Above		1 1	4 0	0 9	2 La	ahey Clinic	1
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1	of the Following:	.,,,	n-Motorist A Type	Action	ocation	Condi			o Kun La Woped	╛
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	Viol. 3: Ch/Sec/Sub	Viol, 4: Ch/Sec/Sub —	Drive	er Distracted by	26		owed from s		33	╛
	Please fill out for opera	ator/non-motorist and all occu	pants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airhag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
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Department

	Police Use Only	Comme	onwealth (of Massacl	husetts		RM	V Docume	nt Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit		State Police Local Police MBTA Police Campus Police	1
	10/04/2019 1651 Wil:	mington	Police 1	Report	2	1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA		1	NOT A	ΓINTER			1
										2 10
					298	SHAW	SHEEN			2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name of	Roadway/S	Street	
		At		Feet N 5	S E W of					
	Route# Direction Na	me of Intersecting Roadway/	'Street			Mile Ma	nker		Exit Number	3 11
		Also at Intersection with		Feet N S	S E W of	Route#	Inters	ecting Road	way/Street	
2	Route# Direction Na	me of Intersecting Roadway/	(Stroot	Feet N 5	SEW of	Trouton	1110101	roung roun		
² 1	Route# Direction Na	me of intersecting Roadway/	Street				La	ndmark]
3	Please Select One of the Following:	#Occupants Hit/Run	n Moped	Crash Repo	rt ID# 19	-33	1 – AC	4		
٥										4
	License # S90728327 St M	1A DOB/Age,		157WD5					21	1 12
	Sex F Lic. Class D Lic.	Restrictions CDL	Veh Y	rear <u>2013</u>	Veh Make T	OYOTA	<u> </u>	Veh Cor	nfig. 1	
4	Operator RUSSO, KY	First Mi	Owne	er <u>RUSSO , A</u>	LDO	First		Middle		
⁴ 1	Address 10 AMHERST RD			ess 10 AMHEI	RST RD	rnst		ivilduic		
	City WILMINGTON Stat	re MA Zip 01887-	2673 City	WILMINGTO	N	Sta	ite MA 2	zip <u>018</u>	87-2673	
	Insurance Company COMMERCE	INSURANCE	Vehic	le Action Prior to Cras	sh 4		amaged Area		27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergence		Sequence 23	23 23	Te	est Status:	1	28	
5				Declarate 11	24		ype of Test:		29	
	Citation # (If Issued)			Harmful Event 1		25 B	AC Test Resi	1	30	_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	10	S	usp. Alcohol:		sp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	owed from so	ene? 1	33	
т	Please fill out for oper	rator and all occupants involv	red dress	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	See A			1 1	4 0	0 8	·	ey Clinic	1
	operator				\ <u></u>			-		-
										_
										1
	Please Select One			15 16		17	18		T.,	1
⁷ 1	of the Following: Vehicle 21	#Occupants Non-Mo	otorist A Type	Action	Location	Condi	tion	Hit/l	Run Moped	
	License # S28405494 St M	IA DOB/Age	_ Reg #	1CNA97		Reg Type	PC	Reg Si	tate MA]
	Sex M Lic. Class D Lic. 1	Restrictions 20 CDL	Veh Y	ear 2019	Veh Make N	ISSAN	<u> </u>	Veh Con	nfig. 1 21	
	Operator SPURRELL, CHR	Endor	rsement	r SPURRELL	. CHAR	LES D)		-	
⁸ 1	Address 3 DEMOLAY CT	First Mi	iddle	Last ESS 3 DEMOLA	•	First		Middle		
	City BILLERICA Stat	. MA 7: 01821-		BILLERICA		C4-	MZ	z. 018	21-1499	1 14
	•	•	•				amaged Area			
	Insurance Company LIBERTY M			le Action Prior to Cras			est Status:	<u> </u>	28	
	Vehicle Travel Direction: NSWW	Responding to Emergence	cy? 2 Event	Sequence 1 23	23 23	23	pe of Test:	1	29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event 1	24	В.	AC Test Resi	ılt: 1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code	9 25 1	- 25	ısp. Alcohol:		sp. Drug: 2 32	
	Viol, 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from sc		33	
	Please fill out for operator/no	n-motorist and all occupants	involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	Add		DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motoris	t See A	bove	$\nearrow \nearrow$	1 1	4 0	0 10	1		
			15117-113-113-1							1
					++-			-		1
		1		1	1 1		1 1	1 1		1



On 10/04/19, I responded to a two vehicle crash in the area of 298 Shawsheen Ave. There was no airbag deployment and both operators were wearing seatbelts. Veh 1 oper reported pain to chest possibly from seatbelt. Veh 1 reported trying to turn left to enter Shawsheen School. Red Pickup, operated by witness Hayes, stopped to left Veh 1 enter lot. Veh 1 oper reported Veh 2 tried to pass stopped pick up on right and both vehicles collided. Veh 2 operator reported he was traveling on Shawsheen Ave. Veh 2 oper (uninjured) passed pickup on right to try to enter right turn only lane. Oper of veh 2 admitted to driving down shoulder crossing fog line to cut traffic to enter right lane. Witnesses both reported Veh 2 crossed fog line driving in shoulder and tried to pass line of cars to enter right lane. Heavy traffic conditions. Veh 1 suffered heavy front end damage. Veh 2 suffered heavy drivers side damage. Towed by Forrest Towing.

Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
HAYES SCOTT J	86 HIGH S	T ATHOL MA C	1331-25	523		
SPOTO NICOLE M	5 OLDE HILLSI	DE AVE BILLERICA	MA 01821-1	714		
Property Damage:						
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of Dar	maged Property	
Truck and Bus Information: Carrier Name Address US DOT #: State Num		_ City		St	Zip	
Interstate 43 Cargo Body Type Code Trailer Reg #: Reg Hazmat Information:	GVWR/GCWR Type Reg State	45 Reg Year	———— Trail	ler Length	46	49
Placard Material 1 digit #	Material Name		_Material 4 dig	git #	Release code	49

Patrol Officer Daniel P Furbush

196

Department

Wilmington Police Department

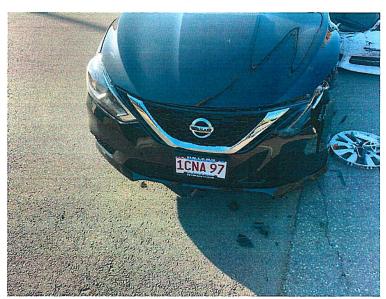
10/04/2019

Wilmington Police Department Images Associated with 19-331-AC

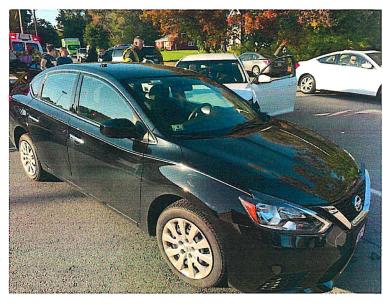












Wilmington Police Department Images Associated with 19-331-AC







	Police Use Only Commonwealth of Massachusetts RMV Document Number						ument Number				
	Date of Crash Time of Crash 10/05/2019 1150 Will:	City/Town	Motor Veh	icle Crash	Numb Vehicle		Speece	d Limit.	35	Local Police	1
	10/05/2019 1150 Wil:	mington	Police	Report	2	0	Laum	ide itude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT.			SEC	TION:	1
											2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	52 Address		N S'		Roadw	/ay/Street	.
¹ 1		At									1
	Route# Direction Na	a flatare tian Banda	151	Feet N S	S E W of	Mile	— • √arker	• —	or _	Exit Number	<u> </u>
	Route# Direction Nai	Also at Intersection w		750 Feet N	E W of		LA	KE	ST		2 11
				Feet N S		Route#		Interse	cting F	Roadway/Street	
² 1	Route# Direction Na	ne of Intersecting Roadw	ay/Street					Lar	ıdmarl	Κ	
2	Please Select One Vehicle 11	_#Occupants Hit/I	Run Moped	Crash Repoi	rt ID# 1 (3-33	12-	AC)		
	of the Following:										-
	10 10	DOB/Age		# 234JW4						21	1 12
	Sex III Lic. Class D	En	dorsement	Year 2007					_ Veh	Config. 1	
1	Operator ESDALE, DANIE	First	Middle	er ESDALE ,		First	EPH		Mi	iddle	
<u> </u>	Address 30 VILLA ROMA			ess 30 VILLA							
	City TEWKSBURY State		<u>-2850</u> City	TEWKSBURY					•	1876-2850	
	Insurance Company COMMERCE	INSURANCE	Vehic	cle Action Prior to Cras			Damage Test Stat		Code:	5 ²⁷ ²⁷ ²⁷ ²⁷	
5	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Even	t Sequence 1 23	23 23	23	Type of			29	
	Citation # (If Issued)		Most	Harmful Event 1	24		BAC Te		lt:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	1 25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1 13
· 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by 0	26		Towed f	rom sce	ene?	2 33	
	Please fill out for opera	ator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safe Pos. Syste	y Airbag Ei	et Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator		e Above	X	1 1	4 0	0		1		
							-				
											-
1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Con	dition	18		Hit/Run Moped	
	License # S23625567 St M	A DOB/Age	Reg #	6NJ496	<u>L</u>	Reg Ty	ne PC		R,	eg State MA	
		20	_		Veh Make_	-	-			Config. 21	
			dorsement	er OUELLETT				ANE		Coming.	
1	Address 13 LAKE ST	First	Middle	ess 13 LAKE	•	First			Mie	ddle	
		MA Zip 01887		WILMINGTO			tate MZ	A 7i	in 0 1	L887-3726	1 14
	Insurance Company SAFETY IN	·	•	le Action Prior to Cras			Damage:				
	Vehicle Travel Direction: N E W	Responding to Emerg	_	Sequence 23	23 23	23	Test Stat			1 28	
	Citation # (If Issued)	responding to 2maig	•	Harmful Event 1	24		Type of	Test:		29	
2	Viol. 1: Ch/Sec/Sub	Jiol 2: Ch/See/Sub		r Contributing Code	20 25	L9 ²⁵	BAC Tes	г		30	
		/iol. 4: Ch/Sec/Sub ——		r Distracted by	26		Susp. Ale Towed fi	Ŀ		Susp. Drug: 2 32	
	Please fill out for operator/nor				34 35	36 3	38	39	40	<u> </u>	1
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safet Pos. Syste		et Trap le Code	Injury Status	Transp. Code	Medical Facility	1
	Operator/Non-Motorist	Sec	e Above	\times X	1 1	1 0	0	10	1		
										*]
						† †		\vdash			1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestria	n 🐠 = Bicycle	
Crash Diagram:	ie: 👈	→	2	→ X	→ 88	
	Main St (Rte 38)				rash <u>Did Not</u> Occur Public Way:
				777)		ff-Street Parking Lot
				-239	_	arage
						all/Shopping Center
					🗓 °	ther Private Way
Glen Rd	/		Williams Ave		Inc	licate North by Arrow
			VIIII211374C			
/ /					~	(\nearrow)
				1 (3>	
Crash Narrative:						
Vehicle 1 was stopp	ed in traffic	heading s	outh bound	on Main S	St (Rte 38).	Vehicle 2 was
traveling behind ve	hicle 1, also	traveling	south bour	nd on Mair	St. The op	erator of
vehicle 2 had 2 dog	s in the vehic	cle locate	d in the ba	ackseat. S	She stated o	ne of the dogs
attempted to jump i	nto the front	seat this	caused her	r to take	her attenti	on off the
roadway and traffic	in front of h	ner, causi	ng her to	crash into	the rear o	f vehicle
lwhich was now stop	ped.					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
				1111111		
Property Damage:			m			
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged	Property
Truck and Bus Information	ne -			La se la mel		
Carrier Name	Registration #		(From V	/ehicle Section)		Bus Use 42
Address			City		St	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
43	44		45			
Interstate Cargo Boo	ly Type Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	
Hazmat Information:						
Placard 47 Material 1 dig	it # 48 Material Nar	me		Material 4 digit	#	Release code 49
Patrol Officer Michael	W Wandell		174 V	Wilmington	Police Depar	tment 10/05/2019
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks	

	Police Use Only Commonwea					ealth of Massachusetts RMV Document Num						ıment Number					
	Date of Crash 10/05/2019	Time of Crash	1	ity/Town	Motor	Veh	icle Cra	sh		umber chicles	Nun Inju	rad	•	Limit	30	State Police Local Police MBTA Police	0000
	10/05/2019	1512 24HR	MITWI	.ngton	Pol	lice]	Report		2		0	ا ا	∠atituc ∠ongit		****	Campus Police Other:	占
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO	ГАТ	INT	ΓER	SEC	ΓΙΟΝ:	
										_							2 10
	Route# Dire	ction	Ŋ	Name of Roadway/Si	treet		Route# Direc	tion	33 Addi	ess#	<u>M</u> 7	IN			Roadw	ay/Street	
¹ 1				At				امارها		1 .							
	Route# Dire	ction	Name (of Intersecting Road	way/Street	[Feet	N S	EW	of	— Mi	le Mar	ker		or _	Exit Number	
	1 House Bire	CHOI		Also at Intersection v			Feet	N S	E W	of							_ 2 ``
12		<u> </u>					Feet	N S	EW	of	Route	#]	Interse	cting R	Roadway/Street	
² 1	Route# Dire	ction	Name o	of Intersecting Road	way/Street									Laı	ıdınark		
3	Please Select (of the Followi	One Vehicle	e 1 2 #	Occupants Hit	/Run	Moped	Crash R	Report	ID#	19	-3	33	3 – 2	AC	1		
		3772823	c. MZ	_ DOB/Age		n 4	9591LF									C MZ	
	Sex M Lic.	10 1	19	20			ear 2015									2	1 1 12 12 12 12 12 12 12 12 12 12 12 12
	1	STIN, J		<u></u>	CDL Endorsement										ven	Conng.	┙┢═┙
⁴ 1	1	Last WESTON	Fin	st	Middle		er <u>AUSTIN</u> ess <u>19 WES</u>	Last			Pi	rst			Mi	ddle	_
_				IA Zip 0186'	7-2046							a	3.47	. ~		L867-204	_
	1			rual ins	7 2030	-	READING			Γ	22				ip U Code:		17
					. 2		ele Action Prior to		23	23	23		st Stati			1 28	-
5		Direction: S		Responding to Emer	rgency?		3equence 1	_	24			Ty	pe of T	Test:		29	
	1	sued)					Harmful Event	1	ᆜ	25	25		C Tes	st Resu		1 30	13
	Viol. 1: Ch/Sec/	'Sub	Viol	l. 2: Ch/Sec/Sub —			r Contributing Co	Γ.	26			Su	-	cohol:		Susp. Drug: 2	1 1
⁶ 1	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	34	35	36	To 37	wed fr	rom sco	ene?	2 33	
	Name (Last First N		for operator	and all occupants in	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operat	or		s	See Above		><	Х	1	1	4	0	0	10	1		
				1				1	6	1	4	0	0	10	1		
									ļ								
								-	 								
	Please Select	0.00 573					15	16	<u> </u>	<u> </u>	17		$\overline{\Gamma}$	18		1,	
⁷ 1	of the Followi	Vehicle	e 2 <u>1</u> #(Occupants Nor	n-Motorist A	Туре	Action	I	Location	on	(Conditi	on		!!! !	Hit/Run Moj	oed
	License # S2	4824343		DOB/Age.		Reg #	1YVK60				Re	з Туре	PC		Re	eg State MA	-
	Sex.M_ Lic.	Class D 19 1	Lic. Rest		CDL	Veh Y	/ear 2011		Veh M	ake T	OYO	ATC			Veh	Config. 2	
8	Operator <u>CR</u>	OTEAU, A	ANDRE		Middle	Owne	er MACQUA	RRI	Œ,	JA		S R	OBE	ERT	Mi	ddle	
⁸ 1	Address 45	BARROWS	RD			Addre	ess 46 DEE	ERI	NG	ST							
	City READ	ING	State <u>R</u>	IA Zip 0186'	7-1506	City_	READING					_ Stat	e M Z	A z	ip <u>01</u>	L867-240	<u>6</u> 1 14
	Insurance Comp	oany QUINC	Y MUT	JAL FIRE		Vehic	le Action Prior to	Crash		1	22	Da	mageo	d Area	Code:	1	27
	Vehicle Travel I	Direction: S	EW	Responding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23		st Stati			28 29	
⁹ 2	Citation # (If Iss	sued)				Most	Hannful Event	1	24				pe of T	rest: st Resu	ılt:	30	
2	Viol. 1: Ch/Sec/	Sub	Viol	. 2: Ch/Sec/Sub —		Drive	r Contributing Co	ode	19	25	25			cohol:		Susp. Drug: 2	32
	Viol. 3: Ch/Sec/	Sub	Viol	. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26			To	wed fr	rom sc	ene?	1 33	_
	Ple Name (Last First N	-	erator/non-m	otorist and all occup	oants involved		DOB/Age	Sex	34 Seat	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
		or/Non-Mo	torist	S	See Above		IA/D//\ge		Pos.	1	4		O Code	10	1	wiedicai Facially	
									<u> </u>					-			
									<u> </u>	-							
								<u> </u>						ļ			
							1	1	1	1							

		= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria	n 05	= Bicycle	
Cr	ash Diagram:	ie: 👈	1 -	2	▶ 윉	→ 86		
	334 Main Street						If Crash <u>Did No</u> on a Public Way	7:
							Off-Street Parking L	ot
							☐ Garage	
							■ Mall/Shopping Cent	er
_							Other Private Way	
							_	
	\Rightarrow \bigcirc \bigcirc \bigcirc \bigcirc		20		Ę	A	Indicate North by	Arrow
					و			
Cr	ash Narrative:							
ALCOHOLD STORY	and 2 were trave	eling north	on Main St	. Op MV 1 s	tated a r	notor v	rehicle stoppe	
	uptly in front of							
	short as well. (
	ended MV 1. MV 2							
CENTRO								
indifference (A.)	tnesses:		Line			751		T 8
Name	(Last,First,Middle)		Address			Phone	#	Statement
	* ****							
Pro	perty Damage:							
Owne	r (Last,First,Middle)	Address		Phone #	41-Type	Description of	of Damaged Property	
				8				
Т	ck and Bus Information:							
1110	ck and bus information:	Registration #		(From Ve	hicle Section)			42
Carri	er Name		101				Bus Use	
Addı	ess			_ City			St Zip	
US I	OOT #:	_ State Number		Issuing State	MC/MX/I	CC #:		
T2-	43	44		45				+
Inter			GVWR/GCWR				46	
	ler Reg #:	Reg Type	Reg State	Reg Year	———Traile	r Length		
Haz	mat Information:	48					-	49
1	Placard Material 1 digit #	Material Na	aine		Material 4 digit	#	Dulance	
	iacard	AND THE STATE OF					Release code	

Department