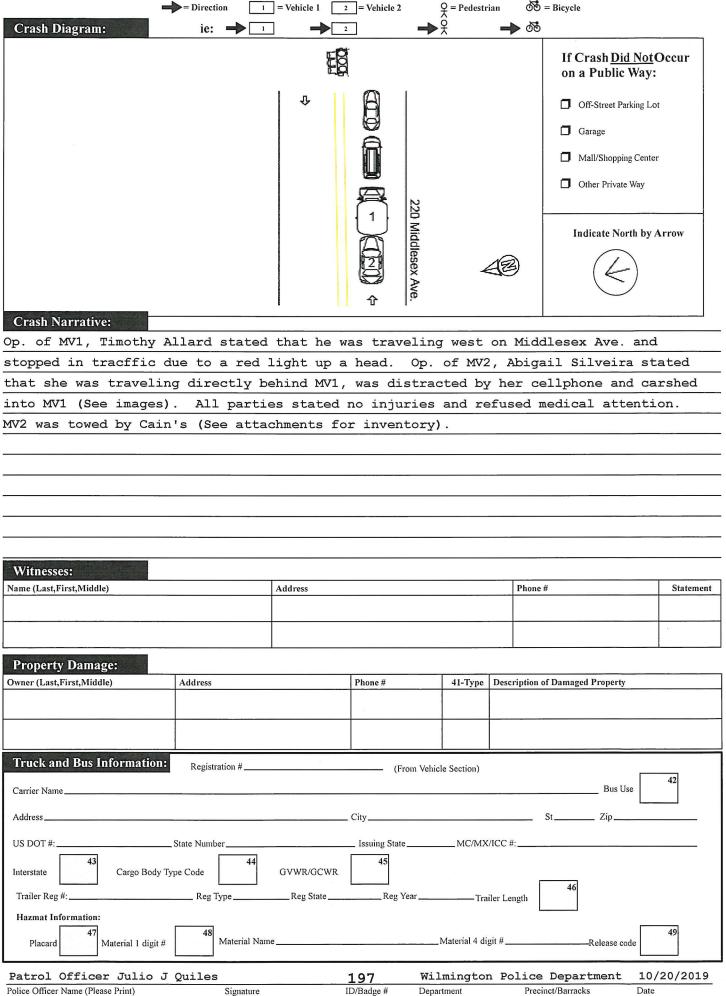
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1		Route# Direc			Name of Roadway/	Street		Route# Direct	tion			<u>M</u>	DD						
South   Direction	<sup>1</sup> 1			· · · · · · · · · · · · · · · · · · ·				***************************************											
Roader   Direction								Feet	N S	E W	of	 Mi	le Ma	• rker	******	or _	Exit N	umber	<u></u>
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Create Section   Webside   1_ #05ccopanes   Marcon   Moped   Create Report   Ibr   1.9 - 3.60 - AC	<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		1 001	[-]						Lat	ıdınark			
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Address BX 951272   Fix   Made		Sex.M Lic.	Class D M	Lic. Res	trictions	CDL	_ Veh Y	rear 2019	\	Veh M	ake <u>C</u>	HEV	/RO	LET	?	_ Veh	Config.	2	
City WILMINGTON   State MA   Zip 01887-2446   City FT WORTH   State TX   Zip 76161-0000   Insurance Company TRAYELERS IND CO   Vehicle Action Prior to Crash   2   21   Test Status:   120   Test St	4	Operator AL	LARD, TI	MOTH	Y F	Middle	_ Own			L	EAS	E I	TD			Mis	ddle		
Insurance Company TRAVELERS IND CO	<sup>3</sup> 3	Address 12	THURSTON	N AVE			_ Addr	ess <u>BX 961</u>	L27	2									
Vehicle Travel Direction:   N   E		City WILM	INGTON	State <b>1</b>	1A Zip 0188	37-2446	City_	FT WORT	H				_ Stat	te <b>T</b>	<b>_</b> z	ip. <u>76</u>	5161-	0000	
Vehicle Travel Direction:   S   E   Responding to Emergency?   Event Sequence   1		Insurance Comp	any <b>TRAVEL</b>	ERS	IND CO		_ Vehic	le Action Prior to	Crash		2	22	Da	ımage	d Area	Code:		27 27	
Viol. 1: Ch/Sec/Sub	5	Vehicle Travel D	Direction: NS	EX	Responding to Em	ergency? 2	_ Event	Sequence 1	23	23	23	23					<del>-</del>		
Viol. 1: Ch/Sec/Sub	<b>1</b>	Citation # (If Iss	ued)				Most	Hannful Event	1	24	·		•	-		14.			
Driver Distracted by		Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de	1	25	25	1				1	ug: 32	1 13
Name (Jase Fiert ModRic)		Viol. 3: Ch/Sec/	Sub	Vic	ol, 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26					-		22	ــــــا	
Please Select One	°1		Please fill out f	or operato	r and all occupants	involved					35 Safety			38 Trap	39 Injury				1
Please Secret One   Vehicle 24								DOB/Age	Sex	1 .	<del>                                     </del>			Code			Medic	al Facility	1
Type Action Location Condition Hit/Run Moped  License # \$221149667 St MA DOB/Age  Sex F Lic Class 19 19 19 Lic Restrictions 1 20 CDL Endorsement  Operator \$SILVEIRA, ABIGAIL JENNA Middle  Address 21 PALMER WAY  City WILMINGTON State MA Zip 01887-1974  Insurance Company \$SAFETY INSURANCE  Vehicle Travel Direction: N S E Responding to Emergency? 2  Viol. 1: Ch/See/Sub 90 13B Viol. 2: Ch/See/Sub Driver Distracted by 1 26 Towed from scene? 1 33 Usup. Drug 2 32  Viol. 3: Ch/See/Sub Doble See Above 1 1 2 4 0 0 0 10 1  Please fill out for operator/Non-Motorist See Above 1 1 2 4 0 0 0 10 1  License # \$221149667 St MA DOB/Age Reg State MA  Veh Config. 1 21  Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21  Owner \$SILVEIRA, JAMES M  Address 21 PALMER WAY  City WILMINGTON State MA Zip 01887-1974  Vehicle Action Prior to Crash 1 22  Damaged Area Code: 1 27 27 27  Test Status: 1 28  Type of Test: 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/See/Sub Driver Distracted by 1 26  Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Address DDIV/Age See Above 1 1 2 4 0 0 0 10 1  Operator/Non-Motorist See Above 1 1 2 4 0 0 0 10 1		Орегин				See Above				1	<del>                                     </del>	1				*			-
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Sex F Lie. Class 19 19 Lie. Restrictions 1 20 CDL Endorsement  Operator SILVETRA ABIGAIL JENNA  Address 21 PALMER WAY  City WILMINGTON State MA Zip 01887-1974 Insurance Company SAFETY INSURANCE  Vehicle Travel Direction: N S EX Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23	3		ng: —																-
Operator SILVEIRA, ABIGAIL JENNA Address 21 PAIMER WAY  City WILMINGTON State MA Zip 01887-1974 Insurance Company SAFETY INSURANCE Vehicle Travel Direction: N S E Responding to Emergency? 2 Citation # (If Issued) T1682713  Viol. 1: Ch/Sec/Sub 90 13B Viol. 2: Ch/Sec/Sub Driver Distracted by T1682 fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Please fill out for operator/Non-Motorist  See Above  Owner SILVEIRA, JAMES M Address 21 PAIMER WAY   Address 21 PAIMER WAY  Address 21 PAIMER WAY   Address 21 PAIMER WAY  Address 21 PAIMER WAY   Address 21 PAIMER WAY  Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY   Address 21 PAIMER WAY    Test Status: 1 28			19 19	9	20												Ĭ		
Part				J		Endorsement										_ Veh	Config.	<u> </u>	
City   WILMINGTON   State   MA   Zip   01887-1974   City   WILMINGTON   State   MA   Zip   01887-1974   Test Status:   1   28   Type of Test:   29   Towed from scene?   1   30   Towed from	<sup>8</sup> 1	-	Last	F	ist OFMM	Middle			Last							Mi	ddle		
Insurance Company SAFETY INSURANCE  Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Type of Test: T						27-1974					INT.			. M7	١ ~	. 01	1007_	1974	1 14
Vehicle Travel Direction: N S E Responding to Emergency? 2  Citation # (If Issued) T1682713  Viol. 1: Ch/Sec/Sub 90 13B Viol. 2: Ch/Sec/Sub Driver Contributing Code 20 25 19 25  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 1 26  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address DOBI/Age Sex Sub Square Square Code Code Code Square Code Code Square Code Code Code Square Code Code Code Square Code Code Code Code Square Code Code Code Square Code Code Code Code Code Code Code Cod		,			•	<u> </u>					_	22				- 1			
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Period Fravel Direction: N S E X Responding to Emergency Event Sequence 1  Most Harmful Event 1 24  Most Harmful Event 1 24  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub						- 2	-				<del></del>	23		-					
Viol. 1: Ch/Sec/Sub 90 13B Viol. 2: Ch/Sec/Sub Driver Contributing Code 20 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility  Operator/Non-Motorist See Above 1 1 4 0 0 10 10 1				XX	Responding to Em	ergency? 2		sequence 1		ــــ			Ту	pe of	Test:		29		
Viol. 4: Ch/Sec/Sub — Driver Distracted by Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility  Operator/Non-Motorist See Above 1 1 1 4 0 0 1 1	<sup>9</sup> 2			~-						ᆫ	25 -	<b>a</b> 25	I		,		1		
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3 1 4 0 0 10 1			•	rator/non-n	notorist and all occi	•		DOB/Age	Sex	Seat	Safety	Airbag	Eject Code	Trap Code	Injury Status		Medic	al Facility	
		Operate	or/Non-Moi	torist		See Above		> <	X	1	1	4	0	0	10	1			
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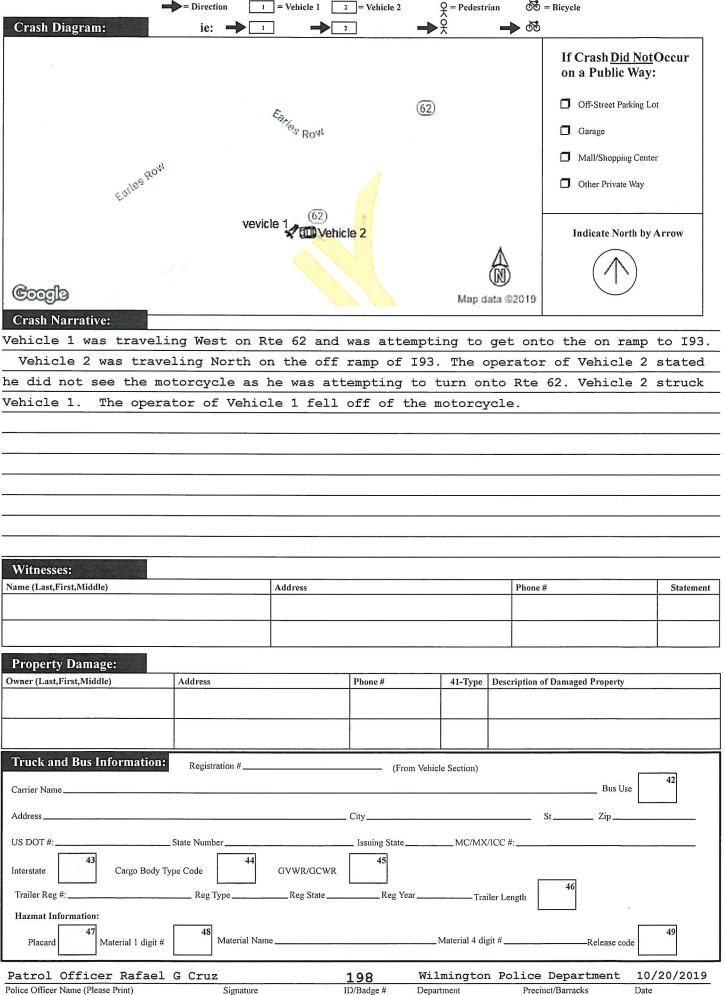
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## Wilmington Police Department Images Associated with 19-360-AC

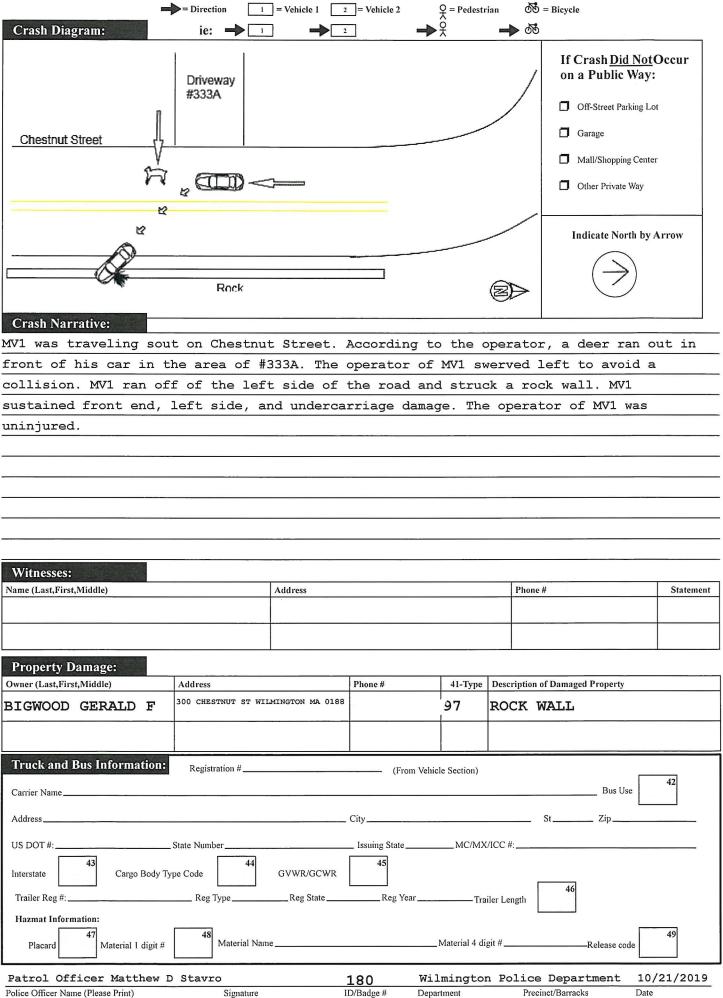




	Police Use Only	Com	monwealth	of Massach	uset	tts			RMV	Docur	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Crash	Num		Number Injured	Speed 1		40	State Police Local Police MBTA Police Campus Police	1
	10/20/2019 1615 Wilm	ington	Police	Report	2	1	· I	Latitud Longitu			MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:		ATION >		N	OT AT			ECT		1
		×					~					<b>2</b> 10
							ROUT					
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Addres	s#		Nan	ne of Re	oadwa	y/Street	_
т_		At		Feet N S	E W o	of				or _		,
	Route# Direction Name	e of Intersecting Road	way/Street				Mile Ma	rker			Exit Number	3 11
		Also at Intersection v	vith	Feet N S	E W o	of	oute#		ntersect	ting Re	oadway/Street	
2	Route# Direction Name	e of Intersecting Road	wow/Stroot	Feet N S	E W o	of		•				
<sup>2</sup> 1	Route# Direction Name	e of intersecting Road	way/Street		****				Lanc	dmark		
3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Report	1D# <b>1</b>	.9-	36:	1-2	AC			
,											1/7	-
	70 70	DOB/Age.	•	# 1W9884							21	1 12
	Sex M Lic. Class M Lic. Ro	estrictions C	Endorsement	Year 2015						Veh (	Config. 3	
4	Operator <u>CUNNINGHAM</u> , SC	COTT JOHN	Ow	ner <u>CUNNINGH</u> Last	M,	sco	TT J	OHN	I	Mide	dle	
<sup>4</sup> 2	Address 35 PLEASANT ST		Add	ress 35 PLEAS	ANT	ST						
	City <b>WAKEFIELD</b> State	MA Zip 0188	0-2442 City	WAKEFIELD			Sta	te <b>MA</b>	Zip	01	880-2442	
	Insurance Company ARBELLA M	JTUAL INS	Veh	icle Action Prior to Crash	4	l <sup>22</sup>	D.	amaged	Area C	Code:	3 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Eme	rgency? 2 Eve	nt Sequence 1 23	23 2	23 23	3 Te	st Statu	ıs:	1	1 28	
<sup>5</sup> 1	Citation # (If Issued)			st Harmful Event	24		ر <sub>T ک</sub>	pe of T	est:	-	29	
				ver Contributing Code	1 2	5	25		t Result		1 30 32	13
	Viol. 1: Ch/Sec/Sub — V			_	26				ohol: 2		Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub V			er Distracted by	34	35 3	36 37	wed ir	om scer	ne? 1	1 55	_
	Please fill out for operat Name (Last First Middle)	or and all occupants in	Address	DOB/Age Sex	Seat 5	Safety Air	rbag Eject atus Code	Trap Code	Injury T	Transp. Code	Medical Facility	
	Operator	S	See Above	$\times$	1	5 5	o	0	8 2		Winchester Hospital	
	***************************************	***************************************	35.4.4.									
												_
<sup>7</sup> 6	Please Select One Vehicle 22	#Occupants No	n-Motorist A Type	15 Action 16	Location	1	7 Condi	tion	18	П	Iit/Run Moped	1
6	of the Following:		L			<u> </u>		<u>_</u> _			1/3	-
	10 10	DOB/Age.	_	# <b>F29355</b>							g State MA	-
	Sex M Lic. Class D Lic. Re	estrictions C	CDL Veh Endorsement	Year 2015	Veh Mak	ce SU	BARU			_ Veh (	Config. 1	
<sup>8</sup> 2	Operator FURRIER, THOMA	AS J First	Ow	ner <u>CAMBRIDGI</u>	E TY	PEW	RITE First	R C	:O I	ENC Mid	ldle	-
2	Address 2 WESTCHESTER	DR	Add	ress 102 MASS	AVE	<u> </u>						- 14
	City N READING State	MA Zip 0186	<b>4-1435</b> City	ARLINGTON	·						474-8623	. 1 '
	Insurance Company SAFETY INS	SURANCE	Veh	icle Action Prior to Crash	. 3	3 22	D	amaged	l Area C	Code:	<del></del>	
	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Eve	nt Sequence 1 23	23 2	23 2	3	est Stati		1	1 28	
0	Citation # (If Issued)	_	Mo	st Harmful Event 1	24	•		pe of T		.	30	
<sup>9</sup> 2	Viol. 1; Ch/Sec/Sub — V	iol 2: Ch/Sac/Sub	Driv	er Contributing Code	99 <sup>2</sup>	2.5	25		t Result		<del>-</del>	İ
				ver Distracted by	26				om scei		33	
	Viol. 3: Ch/Sec/Sub — V  Please fill out for operator/non	iol. 4: Ch/Sec/Sub —		Januared by U	34		36 37	38	39	40	2 33	-
	Name (Last First Middle)	motorist and an occup	Address	DOH/Age Sex	Seat	Safety Ai	rbag Eject atus Code	Trap Code		Transp. Code	Medical Facility	_
	Operator/Non-Motorist	5	See Above	$>\!\!<$ X	1 4	99 4	0	0	10	1		
	ANNE FURRIER	2 WESTCHESTER D NORTH READING,		F	1 9	99 4	0	0	10	1		
										$\dashv$		-
							-	-		_		-



	Police Use Only	Com	monwealth	of Massach	usetts		RN	AV Docu	iment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Crash	Number Vehicles	Number Injured	Speed Lim	042 524	Local Police	
	10/21/2019 0743 Wil	mington	Police	Report	1	O	Latitude	-071.1	MBTA Police Campus Police Other:	
	AT INTERSECT	ion:		ATION >		NOT A				
										2 10
			- 14		333A	CHES	TNUT	ST		
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name o	of Roadw	ay/Street	
т		. Al		Feet NS	E W of			- or _		
	Route# Direction Na	me of Intersecting Roady	way/Street			Mile Ma	arker		Exit Number	1
		Also at Intersection w	vith	Feet NS	E W of	Route#	Inter	secting F	Roadway/Street	
<sup>2</sup> 2	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N S	E W of			Ü	j	
2	Action Direction 14	no or merseering reduct	- Indy/oneon	<u> </u>			1	_andmark	·	1
3	Please Select One of the Following:	_#Occupants Hit/	/Run Moped	Crash Repor	1D# <b>19</b>	-36	2-A	C		
		1A DOB/Age		# 1AZM44		р. т.	. PC	D	S MZ	
	10 10	20	_						21	7 12
	Sex PI Lic. Class D Lic.	Е	indorsement	Year 2018				Veh	Config.	
4 _	Operator <u>DAHDAH</u> , <u>BANDA</u>	LI FAHMI First	Middle	ner <b>DAHDAH</b> ,		I FAF	IMI	Mi	ddle	
<sup>4</sup> 1	Address 1 MULBERRY LN			ress 1 MULBER						
	City <b>BURLINGTON</b> Stat	e <b>MA</b> Zip <b>0180</b> 3	3-1553 City	BURLINGTO	4				1803-1553	
	Insurance Company COMMERCE	INSURANCE	Veh	icle Action Prior to Crasl	h <b>1</b>		amaged Are	ea Code:		
- S	Vehicle Travel Direction: N E W	Responding to Emer	rgency? 2 Eve	nt Sequence 41 23 35	23 23	23	est Status:		28 29	
J	Citation # (If Issued)			t Hannful Event 35			ype of Test: AC Test Re		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	ver Contributing Code	7 25	35	usp. Alcoho		Susp. Drug: 2 32	30 <sup>13</sup>
	Viol. 3: Ch/Sec/Sub			ver Distracted by	26		owed from		33 1 33	<b></b>
<sup>6</sup> 2		rator and all occupants in			34 35	36 37	38 39	40	<u> </u>	1
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Inju Code Stat		Medical Facility	-
	Operator	S	See Above	$\times$	1 1	4 0	0 10	1		
				15 16		17	<del></del>	8		1
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	Action 16	Location	Condi	tion	֓֞֜֞֜֜֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Hit/Run Moped	
~~~~~	License #St	DOB/Age	Reg	#		Reg Typ	e	R	eg State	
	Sex Lic. Class 19 19 Lic.	Restrictions 20	CDLVeh	Year	Veh Make			Veh	Config. 21	
	Operator	E	indorsement Ow	ner						
<sup>8</sup> 1	Last Address	First	Middle	Last ress		First		Mi	iddle	
	CityState	to 7in				St	ate	7in		14
	,	•		icle Action Prior to Cras			amaged Ar	-	27 27 27	
	Insurance Company			23	23 23		est Status:		28	
	Vehicle Travel Direction: N S E W	Responding to Emer		in Sequence	24		ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)			st Harmful Event	25	B	AC Test Re	esult:	30	
-	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code		s	usp. Alcoho	L	5 map 2 mag	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from		33	]
	Please fill out for operator/no	on-motorist and all occup	oants involved	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Inju Code Stat	try Transp.	Medical Facility	
	Operator/Non-Motoris	rt s	See Above	X	1					1
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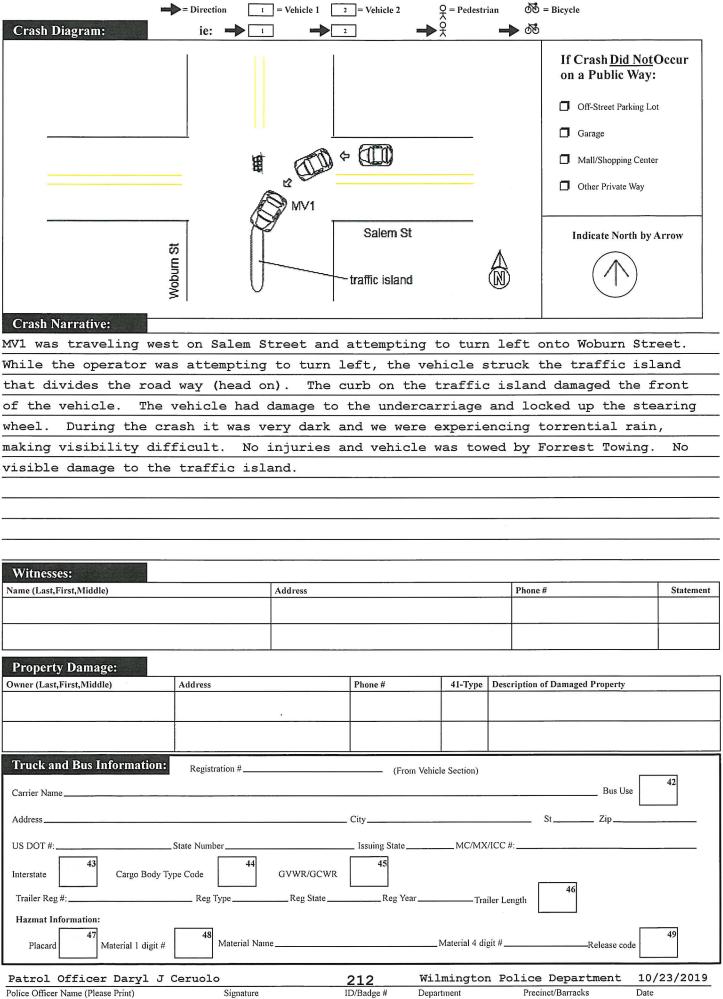
Signature

	Police Use Only	Comi	monwealth	of Massach	nusetts		RM	IV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lim	1_35	Local Police	
	10/23/2019 0635 Wilm	mington	Police	Report	4	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A		RSEC	TION:	1
										2 10
	Route# Direction SALEM S	T Name of Roadway/St	reet	Route# Direction	Address #		Name o	f Roadw	vay/Street	ļ
<sup>1</sup> 5		At		[]	T_T_J					1
	Route# Direction Nam	ne of Intersecting Roady	vav/Street	Feet N S	E W of	Mile Ma		- or _	Exit Number	
		Also at Intersection w		Feet NS	E W of				1 (0)	5 "
2	Route# Direction Nan	ne of Intersecting Roady	1544	Feet NS	E W of	Route#	Inter	secting i	Roadway/Street	
<sup>2</sup> 3	Rottle# Direction (van	ne of Intersecting Roady	vay/Street				L	andmar	k	1
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Report	t ID# 19	-36	4-A	$\mathbf{C}$		
	License # <b>S18842482</b> St <b>M</b>	A DOB/Age	Reg	# <u>4986BJ</u>		Reg Typ	PC	R	eg State <b>MA</b>	
	_ 19 19	20		Year <b>2012</b>					21	1 12
	Operator ANDERSEN, GWE	E	ndorsement	er ANDERSEN						
<sup>4</sup> 1	Address 1113 EVERGREEN	First	Middle	ress <b>1113 EVE</b>		First		М	iddle	
	City <b>WILMINGTON</b> State			WILMINGTON			nte <b>MA</b>	Zip <b>0</b>	1887-2427	
	Insurance Company ARBELLA M			cle Action Prior to Crasl	<u> </u>		amaged Are		<del></del>	
	Vehicle Travel Direction: N S W W	Responding to Emer	gency? 2 Ever	t Sequence 1 23	23 23	23 To	est Status:		28	
5	Citation # (If Issued)	_		Harmful Event 1	24	•	ype of Test:		30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	11 25 1	o 25	AC Test Re usp. Alcoho			<b>1</b> 13
,	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		owed from s	`L	1 33	
<sup>6</sup> 2	-	ntor and all occupants in	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	40 y Transp.		1
	Name (Last First Middle)  Operator		ee Above	DOB/Age Sex	Pos. System  1 1	Status Code	Code State	s Code	Medical Facility	-
	Орегиног	اد			1 -		0 10	<del>-</del>		_
								-		-
										_
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18		Hit/Run Moped	
		A DOB/Age	Rea	# <b>E1</b> 59		Reg Typ	PC	R	eg State <b>MA</b>	1
		20		Year <b>201</b> 8	Veh Make <b>N</b>				21	
	Operator BOWDEN, CAROL	<b>A</b>	ndorsement	er BOWDEN,						
<sup>8</sup> 1	Address 48 FOLSOM ST	First	Middle	ess 48 FOLSO		First		М	iddle	
	City <b>REVERE</b> State	MA Zip 02151	L-4416 City	REVERE		Sta	nte <b>MA</b>	Zip <b>0</b>	2151-4416	<b>4</b> 14
	Insurance Company COMMERCE	INSURANCE	Vehi	cle Action Prior to Crasl	h <b>1</b>	<b>22</b> D	amaged Are	a Code:	8 27 7 27 27	
	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Ever	t Sequence 23	23 23	23	est Status:		28	
<sup>9</sup> 2	Citation # (If Issued)	······································	Mos	t Harmful Event 1	24	•	ype of Test: AC Test Re	sult:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25	usp. Alcoho			
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Te	owed from s	cene?	1 33	
	Please fill out for operator/not	n-motorist and all occup	ants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code State	y Tronsp.	Medical Facility	
	Operator/Non-Motorist	S	ee Above		1 1	2 0	0 10	1		1
				+ $+$						1
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Police Use Only	Com	monwealth	of Massacl	nuse	tts			RMV	Docur	ment Number	
Date of Crash   Time of Crash   10/23/2019   0635   Wiln	City/Town	Motor Vel	icle Crash	Nur Veh	3	lumber njured	Speed I		35	State Police Local Police MBTA Police	
24HR	aring con	Police	Report	4	0		Lantud			Campus Police Other:	<u> </u>
AT INTERSECTI	ON:	< LOCA	TION >		N	OT AT	INT	ERS	ECT	TION:	
CATEN OF	<b>-</b>										2 10
Route# Direction SALEM S'	Name of Roadway/S	treet	Route# Direction	Addre	ss#		Nan	ne of R	Roadwa	ıy/Street	
	At		Feet N S	S F W	of		_		or.		
Route# Direction Nam	ne of Intersecting Road	way/Street	Feet 1715	, Le Le		Mile Ma			01 _	Exit Number	
	Also at Intersection		Feet N S	S E W	of	oute#		ntareae	ting D	oadway/Street	5
District New		/C++	Feet N S	S E W		oute#	1	mersec	ang K	oadway/street	
Route# Direction Nam	ne of Intersecting Road	way/sireet						Lan	dınark		
Please Select One of the Following:	_#Occupants	t/Run Moped	Crash Repo	rt ID# <b>]</b>	L9-	36	4 – 7	AC			
	A DOB/Age	Reg	# <u>7MB934</u>		1	Rea Type	PC		Res	o State <b>MA</b>	
19 19	20		Year 2017							21	1 12 12
Operator ROACH, TIMOTH	I	Endorsement	ner ROACH, T						_ ven v	Comig.	'
Address 17 OLDE COACH	First	Middle	ress 17 OLDE			First			Mide	dle	-
City N READING State			N READING				, MZ	7:	ຸ ດາ	.864-155	- 6
Insurance Company VERMONT M				г	1 <sup>22</sup>		amaged				- I
<u></u>			icle Action Prior to Cras		L 23 23	т.	est Statu			28	_
Vehicle Travel Direction: N S E	Responding to Eme			24			pe of T	est:	L	29	
Citation # (If Issued)	<del></del>		t Harmful Event 1		25	25	AC Tes	_		30	13
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code	26		St	ısp. Alc	L	31	Susp. Drug: 3:	
Viol. 3: Ch/Sec/Sub			er Distracted by 0	34	35 3		owed fro	om sce	ne? 2	2 33	_
Please fill out for opera Name (Last First Middle)	tor and all occupants n	nvolved Address	DOB/Age Ser	Seat	Safety Air System Sta	bag Eject	Trap Code		Transp. Code	Medical Facility	
Operator		See Above	$\rightarrow$	1	1 4	0	О	10	1		
											_
											$\dashv$
						1		10			$\dashv$
Please Select One of the Following:	_#Occupants  No	n-Motorist A Type	15 Action 16	Location	n 1	Condi	tion	18	Н	lit/Run 🔲 Mop	ed
License # <b>S44356990</b> St. <b>M</b>	A DOB/Age	Reg	# <u>38H150</u>			Reg Typ	PC		Re	g State <b>MA</b>	_
Sex F Lic. Class D Lic. F	testrictions 20	CDL Veh	Year <b>2017</b>			JRA			_ Veh (	Config. 21	
Operator SAWYER, SABIN		Endorsement Ow	ner SAWYER,	SAB	INA :	E'					_
Address 14 DEER RUN DR	First	Middle Add	ress 14 DEER	RUN	DR	First			Mid	Idle	
City N READING State	MA Zip 0186	4-1700 City	N READING			Sta	ite <b>MA</b>	Zi	ip <u>01</u>	864-170	<u>o</u> 4 14
Insurance Company USAA CASU	ALTY INS	Veh	icle Action Prior to Cra	sh	1 22	D	amaged	l Area	Code:	7 27 27 2	7
Vehicle Travel Direction: N S E	Responding to Eme	ergency? 2 Eve	nt Sequence 23	23	23 23	T-	est Statu	us:		28	
Citation # (If Issued)	_	Mos	st Harmful Event 1	24			ype of T		.	30	
Viol. 1: Ch/Sec/Sub —	Viol 2: Ch/Sec/Sub =	Driv	ver Contributing Code	1	25	25	AC Tes	Г	1t: 31		2
	Viol. 4: Ch/Sec/Sub —		ver Distracted by	26			owed fr	L		2 33	<b>-</b>
Please fill out for operator/no				34 Sout		6 37	38	39	40 Transp.		
Name (Last First Middle)		Address	DOB/Age Se		System Sta	bag Eject itus Code		Status	Code	Medical Facility	_
Operator/Non-Motorist	f :	See Above	$\nearrow \nearrow \nearrow$	1	1 4	0	0	10	1		_
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图 1 (B) 1 (		= Vehicle 1	vehicle 2	웃 = Pedestriar 오	n Ø5 = B → Ø5	icycle	
Crash Diagram:	ie: 1	3) \$\phi \phi \parts{1}	900	Salem St.		If Crash Did Non a Public Wood a Public Wood a Public Wood a Public Wood and I would be with the work of the Private Washington and the work of the Private Washington and I would be with the work of the Private Washington and I would be with the work of the	g Lot
				đ		Indicate North	by Allow
swiped car 2, car 3 stated it was raining into the other lane treatment. Car 1 and	g heavily and	she hit a	large pudd	le or bo	dy of wa		ent her
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type E	Description of D	amaged Property	
Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  43  Cargo Body  Trailer Reg #:	State Number44 Type Code	GVWR/GCWR	Issuing State	MC/MX/IC	CC #:		
Hazmat Information:  Placard 47  Material 1 digit	# 48 Material Nam	ne				00.000000000000000000000000000000000000	49
Patrol Officer Dillon Police Officer Name (Please Print)	Halliday Signature		200	lmington artment	Police D		10/23/2019 Date

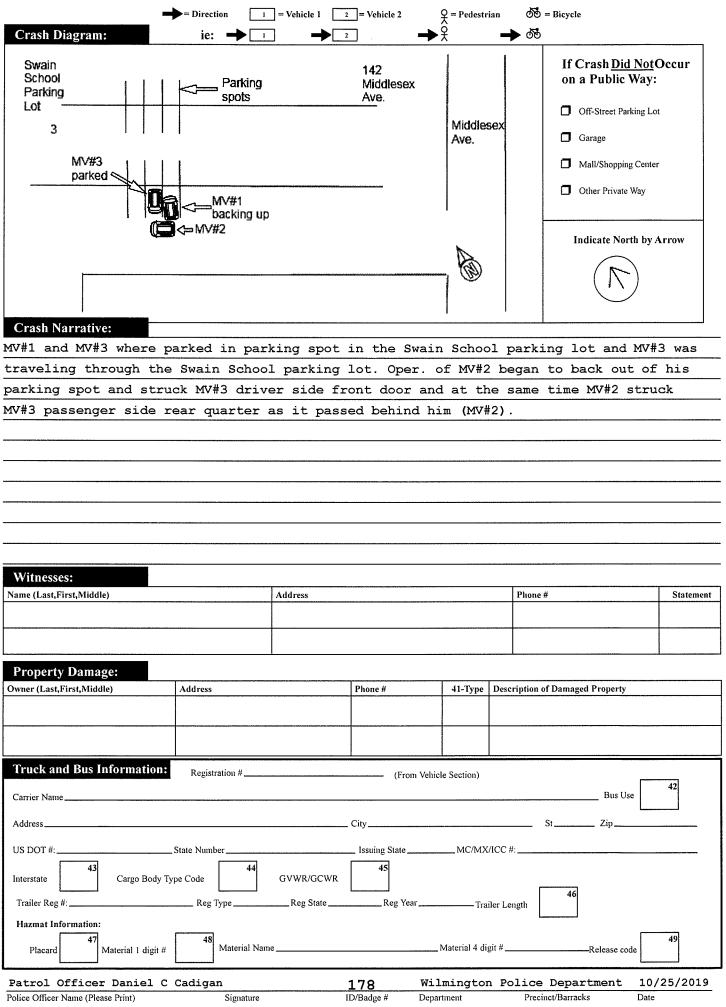
	Police Use Only	Comr	nonwealth	of Massa	chus	etts			RM	V Doc	ument Number	
	Date of Crash   Time of Crash   10/23/2019   <b>0634</b>   <b>Wil</b> :	City/Town	Motor Veh	icle Cras	$\mathbf{h}  \begin{bmatrix} \mathbf{h} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Nur	and Depte	d Limit	35	State Police Local Police MBTA Police	
	10/23/2019 0634 W11	ming con	Police	Report	1		0	Lan	ude gitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >			NO	ΓΑΤ ΙΝ	TER	SEC	TION:	
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1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	43 on Add	ress #	SP	LEM		Roadw	vay/Street	-
¹ <b>2</b>		At		_ [3]	Jalak	81 <u>.</u>						
	Route# Direction Na	ne of Intersecting Roadw	/av/Street	Feet N	SEX	of	Mi	le Marker	• —	or _	Exit Number	11
		Also at Intersection w		Feet N	SEW	of						1
2	Destall Division	CI	(0)	Feet N	SEW	of	Route	Ħ	inters	ecting i	Roadway/Street	
<sup>2</sup> 3	Route# Direction Na	ne of Intersecting Roadw	/ay/Street						La	ındınarl	k	
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Rep	port ID#	19	-3	65-	-A(	3		
	License # <b>S19898164</b> St <b>M</b>	IA DOR/Age	Reg	<u> </u>		·	Pag	Tuna P(	~	D	ag Stata MA	
	19 19	20		Year 2017							21	2 12
	Operator DIBLASI, CARI	Er	ndorsement	er <u>DIBLASI</u>				7111		ven	Conng.	$\vdash$
<sup>4</sup> 1	Address 107 LOWELL RD	First	Middle	er <u>DIBLASI</u> ess <b>107 LOV</b>	si		Fir	rst		Mi	iddle	
	City NORTH READING State	MA 710 01864		NORTH RE				State N	7 <b>2</b> 3.	zi <b>∩</b> '	1864-1682	
	Insurance Company PLYMOUTH			cle Action Prior to C		Γ.	22	State <u></u> Damag				
	Vehicle Travel Direction: N S E	Responding to Emerg		t Sequence 20		23	23	Test St			1 28	
5	Citation # (If Issued)				20 24			Туре о	f Test:		29	
				er Contributing Code	20	25	25		est Res		30	20 <sup>13</sup>
	Viol. 1: Ch/Sec/Sub			er Distracted by				Susp. A	Alcohol: from so		33	
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol. 4: Ch/Sec/Sub ——ator and all occupants inv		Distracted by	34	35	36	37 38	39	40	1 33	┥
	Name (Last First Middle)	T T T T T T T T T T T T T T T T T T T	Address	DOB/Age	Sex Pos.	Safety System	Airbag Status	Eject Traj Code Cod	e Status		Medical Facility	_
	Operator	Se	ee Above		X 1	1	4	0 0	10	1		
												1
	.,,,,,,,,											1
	Please Select One Vehicle 2	#Occupants Non-		15 1	16		17	<u> </u>	18			1
<sup>7</sup> 2	of the Following:	_#Occupants Non-	-Motorist A Type	Action	Locati	on		Condition			Hit/Run Moped	4
	License # St St St	DOB/Age	Reg	#			Reg	Туре		R	eg State	.
	Sex Lic. Class Lic. 1	Restrictions   CI	OL Veh '	Year	Veh N	lake				Veh		
<sup>8</sup> 1	OperatorLast	First	Middle	er	st		Fir	×1		Mi	iddle	·
	Address		Addr	ess								. 14
	CityStat	e Zip	City_				22]	_ State		•	22 22 22	4
	Insurance Company		Vehic	ele Action Prior to C			22	Damag Test St		Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	<u> </u>	23	23	Type o			29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	24			• • •	est Res	ult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25	Susp. A	Alcohol:	31	540p. D146.	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		,		from so	,	33	
	Please fill out for operator/no Name (Last First Middle)	•	ants involved Address	DOB/Age	Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Cod	39 Injury Status		Medical Facility	
	Operator/Non-Motoris		e Above		1						· , , , , , , , , , , , , , , , , , , ,	7
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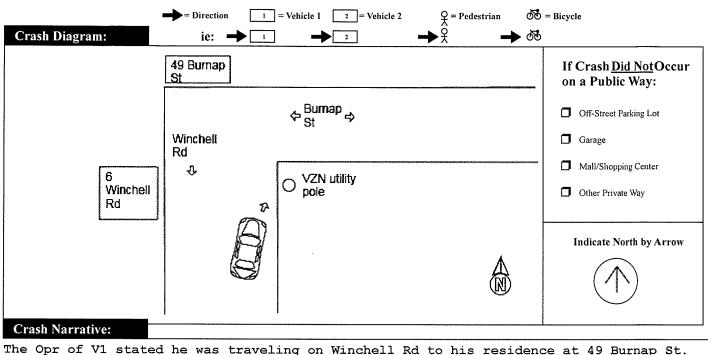
	Pol	lice Use Only		Com	monweal	lth (	of Massa	chi	use	tts			RM	V Docu	ıment Nuı	nber	
	Date of Crash 10/24/2019	Time of Crash	1	City/Town Ington	Motor '	Veh	icle Cras	sh		mber nicles	Numb Injure	[Speci	l Limit.	15	State Po Local P MBTA	olice 🔯	
	10/24/2013	24HR	AATTIII	ing con	Poli	ce ]	Report		3		0	Lann				Police	
		AT INTER	SECTIO	N:	< L	OCA	TION >	·			NOT	AT IN	TER	SEC	TION:		
									142	•	MTI	ODLE	crv	73.57	· Er		2 10
I	Route# Dire	ction	1	Name of Roadway/S	Street		Route# Directi		Addre		MILI				ay/Street		
1				At			Feet F	N S I	E W	of -		<del></del> (		or			
	Route# Dire	ction	Name	of Intersecting Road	lway/Street					-	Mile	Marker			Exit N	lumber	10
				Also at Intersection	with		Feet	N S I	E W	of _	Route#		Interse	cting R	Roadway/S	Street	
<sup>2</sup> <b>1</b>	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	N S	E W	of -							.
	Diago Calant	A. E.									_			ndmark			-
3	Please Select of the Follow		le 1 <u>1</u> #	Occupants Hi	t/Run M	oped	Crash Re	eport I	ID# ]	L 9	-3	66-	AC	;			
	License #		_ St	DOB/Age_		Reg /	2RFS60				_ Reg T	Гуре РС	<u>;                                    </u>	R	eg State 💃		12
	Sex _ Lic.	Class D	Lic. Res		CDL Endorsement	Veh Y	Year <b>2012</b>	v	eh Ma	ke <u><b>T</b>(</u>	OYO	ra		Veh	Config.	1 21	
	Operator	Last	Fi		Middle —	Own	er <b>SULLIV</b> L	AN,	DC	ANC	LD First	P		Mi	ddle		
<sup>4</sup> 1	Addres:					Addr	ess 3 BEVE	RLY	7 A	VE						<del></del>	
	City	_	State	Zip.		City	WILMINGT	'ON	ŗ							1716	
	Insurance Comp	oany COMME	RCE I	NSURANCE		Vehic	ele Action Prior to C		<u>L</u>	TO	22	Damage Test Sta		Code:	5 27 8 28	27 27	
5 2	Vehicle Travel I	Direction: N S	s X w	Responding to Eme	ergency? 2	Even	t Sequence 2	<u> 1</u>	23	23	23	Type of			29		
	Citation # (If Is:	sued)				Most	Harmful Event	<u> </u>	24	2=1	25	BAC Te		dt:	30		13
	Viol. 1: Ch/Sec	/Sub	Vio	l. 2: Ch/Sec/Sub -		Drive	er Contributing Cod I	L	<u> </u>	25	25	Susp. A		31	——————————————————————————————————————	rug: 32	1 '
6 1	Viol. 3: Ch/Sec			l. 4: Ch/Sec/Sub -		Drive	er Distracted by	99	34	35	26	Towed	from sc	ene?	2 33		
	Name (Last First )		for operator	and all occupants i	nvolved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag I	37 38 Eject Trap Code Code	Injury	Transp. Code	Media	cal Facility	
	Operat	or			See Above		$\sim$	X	1	1	4 0	0	10	1			
		***************************************	•														1
-	Please Select	One X Vahiel	a 2 1 #	Occupants No	on-Motorist A Ty	,, [	15 Action	16	ocatio		17 Co	ndition	18		Hit/Run	Moped	1
<sup>7</sup> 1	of the Follow	ng:											<u>]</u>				-
		2897574	19	_ DOB/Age_		•	# 512XP1				-				eg State 🛕	1A 21	
	Sex <b>F</b> Lic.	Class D	Lic. Res	trictions	CDL Endorsement		Year 2008					JAT		Veh	Config.	<u>T</u>	
<sup>8</sup> 99		YA, MAC Last LONGVIE	Fi	e AGNES	Middle		er <b>ZAYA</b> , T ess <b>10 LON</b>	ast			First			Mi	ddle		
				1A Zip 0188	7-1470		ess <u>IO LON</u> WILMINGI			<u>L/T</u>		State M	<b>A</b> 7	in O	1887-	-1470	14
	Insurance Comp		State <u>*</u>	<u> </u>		•	ele Action Prior to (		Г	1	22	Damage				27 27	
	Vehicle Travel I		S E W	Responding to Eme	ergency? 2		t Sequence 1		23	23	23	Test Sta	itus:		28		
		sued)		twoponumg to zim			· ·	1	24			Type of			30		
<sup>9</sup> 2	·			l. 2: Ch/Sec/Sub -		Drive	ا er Contributing Cod	le	<u> </u>	25	25	BAC To Susp. A	1	ılt: 31		<sub>1110</sub> 32	
	Viol. 3: Ch/Sec			l. 4: Ch/Sec/Sub -		Drive	er Distracted by	0	26			Towed			2 33		
	Pl	ease fill out for op		notorist and all occu	pants involved		1		34 Sent	35 Safety	Airbag 1	37 38 Eject Trap	39 Injury	40 Transp.		<b>**</b>	1
	Name (Last First M	or/Non-Mo	ntoriet	1	Address See Above		DOB/Age	Sex	Pos.	System 1	Status 0	Code Code	Status 10	Code 1	Medi	cal Facility	-
	Operal		otorisi ————		Jee Audve			$\triangle$	1	*	-		1	-			-
													-				
													4				
								1									

	Police Use Only	Com	monwealth	of Massac	husetts	8	RN	AV Docu	iment Number	
	Date of Crash   Time of Crash   10/24/2019   1436   Wil	City/Town mington	Motor Vel	nicle Crash	Number Vehicles		Speed Lim	it15	State Police Local Police MBTA Police	
	24HR	mrng con	Police	Report	3	0	Latitude Longitude.		Campus Police	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTE	RSEC	TION:	
										2 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	142 Address #		Name o	of Roadw		-
¹ <b>1</b>		At								
	Route# Direction Na	me of Intersecting Road	avay/Street	Feet N	S E W of	Mile M		— or _	Exit Number	
		Also at Intersection		Feet N	S E W of					1011
				Feet N	S E W of	Route#	Inter	secting F	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Road	way/Street				I	_andmark		_
3	Please Select One of the Following:	#Occupants Hit	t/Run Moped	Crash Repo	ort ID# <b>1</b> 9	-36	6-A	С		
	or the ronowing.	11	<u> </u>						a M7	_
	19 19	DOB/Age		# <u>7SJ119</u>					21	<b>1</b> 12
		Restrictions	Endorsement	Year 2012				Veh	Config.	
<sup>4</sup> 1	Operator <u>Driverless M.</u> Last			ner GRACE , Last		First		Mi	ddle	
	Address			ress 18 ASHW			1.77	^-	1007 4400	
	CityStar	-		WILMINGTO		22	ate <b>MA</b> Damaged Are		27 27 27 27	
	Insurance Company COMMERCE			icle Action Prior to Cra			est Status:	ea Code:	28	
<sup>5</sup> 2	Vehicle Travel Direction: N S E W		rgency? Eve	nt Sequence 23		23	ype of Test:		29	
	Citation # (If Issued)			t Hannful Event	24		AC Test Re	sult:	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25	<b>25</b> S	usp. Alcoho	ol: 31		1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by	26	, ,	owed from :		33	
<u></u>	Please fill out for oper Name (Last First Middle)	ator and all occupants in	nvolved Address	DOB/Age So	34 35 Seat Safety Pos. System		38 39 Trap Injus Code State	ry Transp.	Medical Facility	
	Operator		See Above	$\rightarrow$	1				·	
						1-1-				1
	•									1
							1 1			-
					1			- I	T T	4
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Cond	ition 1	י <b>ו</b> ם  °	Hit/Run Moped	
	License #St	DOB/Age	Reg	#		Reg Typ	e	Re	eg State	
	Sex Lic. Class 19 19 Lic.	Restrictions 20	CDL Veh	Year	_ Veh Make _			Velı	Config. 21	
	Operator		Endorsement Own	ner					- [	
<sup>8</sup> 99	Last Address	First	Middle	Last ress		First		Mi	ddle	
	CityStat	e Zip	City			St	ate	Zip		14
	Insurance Company	·	Veh	icle Action Prior to Cra	ısh	<b>22</b>	Damaged Arc	ea Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Eme	ergency?Eve	nt Sequence 23	23 23	23 T	est Status:		28	
0	Citation # (If Issued)			t Harmful Event	24		ype of Test:		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub =		er Contributing Code	25	25	BAC Test Re usp. Alcoho	- 24		
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from	``	33 Susp. Drug: 52	
	Please fill out for operator/no				34 35 Seat Safety	36 37	38 39	40		-
	Name (Last First Middle)		Address	DOB/Age So	ex Pos. System		Trap Inju: Code State		Medical Facility	-
	Operator/Non-Motoris	<i>t</i>   3	See Above		1					4
										7



CDP1 11-24-00

Po	lice Use Only	Com	monwealt	h of Massac	hu <u>s</u> ett:	S	RM	AV Docur	ment Number	
Date of Crash 10/26/2019	Time of Crash	City/Town mington	Motor V	ehicle Crash	Numbe Vehicle		Speed Lim	<sub>it</sub> 25	State Police Local Police MBTA Police Campus Police	
10,20,2013	24HR	ming con	Polic	e Report	1	0	Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< L0	CATION >		NOT A	T INTEI	RSECT	TON:	
					6	TATE NI	CHELL	חם		1
Route# Dire	ection	Name of Roadway/S	Street	Route# Direction	Address #			f Roadwa	ıy/Street	
		At		Feet N	S E W of		······ -	– or		
Route# Dire	ection Na	une of Intersecting Road	lway/Street			Mile M	arker		Exit Number	1
		Also at Intersection	with	Feet N	S E W of	Route#	Inter	secting Ro	oadway/Street	<u> </u>
Route# Dire	ection Na	une of Intersecting Road	lway/Street	Feet N	S E W of					_
								andmark		-
Please Select of the Follow		#Occupants	t/Run	oed Crash Repo	rt ID# <b>1</b> 9	-36	7-A	C		
License # <b>S6</b>	3096044 st 1	1A DOB/Age.		Reg # BYEOIL		Reg Typ	e <u>CO</u>	Re		
Sex M Lic.	Class D 19 Lic.	Restrictions 1 20	CDL Endorsement	Veh Year <b>2013</b>	_ Veh Make_			Veh (	Config. 1	3
Operator AN	DREEV, STO	L K	Endorsement	Owner ADVANCEI	INTE		VE LL	C		
	BURNAP ST	t.H2f		Address 49 BURN	AP ST	First		Mide	ле	
City <b>WILM</b>	INGTON Sta	te <b>MA</b> Zip <b>0188</b>	7-3713	City <b>WILMINGTO</b>	N	St	ate <b>MA</b>	Zip <b>01</b>	887-3713	-
Insurance Comp	pany <b>SAFETY IN</b>	ISURANCE		Vehicle Action Prior to Cra	sh 1		Damaged Are	ea Code:		
Vehicle Travel I	Direction: SEW	Responding to Em	ergency? 2	Event Sequence 22 23	23 23	23	est Status:	1	1 <sup>28</sup> 29	
Citation # (If Is	sued) <b>T1682498</b>			Most Harmful Event 2:	2 24		Type of Test: BAC Test Re	<b>⊢</b>	30	
Viol. 1: Ch/Sec.	/Sub 90 13	Viol. 2: Ch/Sec/Sub _	<del></del>	Driver Contributing Code	20 <sup>25</sup>	25	Susp. Alcoho		Susp. Drug: 2 32	22
Viol. 3: Ch/Sec	/Sub	Viol. 4: Ch/Sec/Sub -		Driver Distracted by 5	26	٦	owed from	scene?	1 33	
Name (Last First )		rator and all occupants i	nvolved Address	DOB/Age So	34 35 Seat Safet x Pos. Syste		38 39 1 Trap Inju: 2 Code State	ry Transp.	Medical Facility	1
Operat			See Above	100,000	1 0	4 0	0 10			1
										1
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										4
Please Select of the Follow		#Occupants No	on-Motorist A Typ	e 15 Action 16	Location	17 Cond	ition	<b>ВПО</b> Н	Iit/Run Moped	ı
License #	St	DOB/Age		Reg#		Reg Ty	e	Re	g State	_
Sex Lic.	Class 19 19 Lic.	Restrictions 20		Veh Year	_ Veh Make_		,	Veh (	Config. 21	
Operator	Last	First	Endorsement	Owner		First		Mid	LU.	-
Address	Last	FHSI		Address		rust		MIO		-
City	Sta	te Zip		City		S1	ate	Zip		_ 1
Insurance Comp	pany			Vehicle Action Prior to Cra	sh		Damaged Are	ea Code:	27 27 27	
Vehicle Travel I	Direction: NSEW	Responding to Em	ergency?	Event Sequence 23	23 23	23	Test Status: Type of Test:		28	l
Citation # (If Is	sued)			Most Harmful Event	24		BAC Test Re	H	30	
Viol. 1: Ch/Sec.	/Sub	Viol. 2: Ch/Sec/Sub -		Driver Contributing Code	25	25	Susp. Alcoho	ol: 31	Susp. Drug: 32	
Viol. 3: Ch/Sec.	/Sub	Viol. 4: Ch/Sec/Sub -		Driver Distracted by	26	-	Towed from	scene?	33	
Pl Name (Last First )	lease fill out for operator/n	on-motorist and all occu	pants involved	DOB/Age Se	34 35 Seat Safe x Pos. Syste				Medical Facility	
10.11	or/Non-Motoris	st	See Above		1		- Jan			7
						<del>                                     </del>		+ +		1
						-	+ -	+	<del></del>	_
						_				_
		1								



The Opr of V1 stated he was traveling on Winchell Rd to his residence at 49 Burnap St. He stated that while driving he spilled water in his lap causing him to drive in to the utility pole. Due to the collision, the utility pole suffered serious damage and was split in half. The vehicle was still against the pole and could not be moved until RMLD and Verizon arrived to brace the pole. The Opr stated he was only traveling 5mph at the moment of impact. Please note that the damage done to the pole is not consistant with an impact speed of 5mph, and it is believed that he was traveling faster when he struck the pole. The vehicle was moved off the pole and towed from the scene by Cains to their facility. The Opr was issued Ma citation T1682498 for impeded operation.

Witnesses:				······································			
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Туре	Description of D	ımaged Property	
VERIZON	1 DIANA LN DRAG	CUT MA 01826		4	UTILITY	POLE	
Truck and Bus Information:	Registration #		(2.10111.741114)			Bus Use	42
Address			City		St	Zip	
US DOT #:S	State Number		_ Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length	46	
Hazmat Information:	70						
Placard Material 1 digit #	48 Material Name	2	1	Material 4 dig	zit #	Release code	49

Patrol Officer Michael E Johnson

199

Wilmington Police Department

10/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date