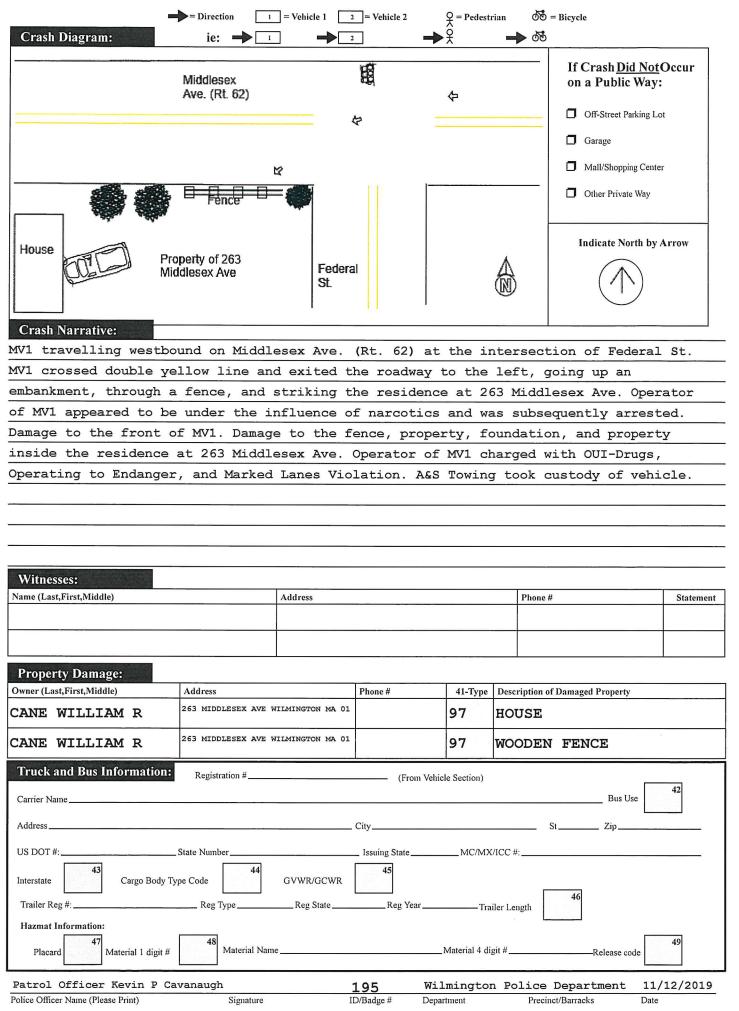
	Police Use Only	Comi	Commonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash		Number Injured	Speed Limit	25	State Police Local Police MBTA Police Campus Police	1
	11/10/2019 1935 Wi	lmington	Police	Report	1 0	•	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSEC	TION:		TION >			INTER	SECT		1
					11	<u> </u>				10
					49 1	WEST				2
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	sy/Street	
4		At		Feet NS	E W of -			or		
	Route# Direction N	lame of Intersecting Roady	vay/Street			Mile Ma	rker		Exit Number	11
		Also at Intersection v	vith	Feet N S	EW of			.: D	1 /0,	
				Feet N S	EW of	oute#	inters	ecting Ko	oadway/Street	
² 1	Route# Direction N	lame of Intersecting Roads	vay/Street		*******		La	ndmark		
3	Please Select One	#Occupants Hit/	Run Moped	Crash Report	1D# 19 -	384	1 – 2	٦		1
3	of the Following:									4
		MA DOB/Age.	Reg	# 1BCH44		Reg Type	PC	Re	g State MA	12
	Sex M Lic. Class D 19 Lic		DL Veh	Year 2017	Veh Make FO	RD		Veh (Config. 1	\perp
	Operator ROMERO, RODO	LFO		er BORGES ,	PEDRO M	IGUE	L			
⁴ 1	Address 419 WOBURN ST	First		ress 112 CLEV	ELAND S	First		Mide	die	
	City WILMINGTON St	ate MA Zin 01887	7-2503 City	MALDEN		Stat	e MA	zin 02	148-6226	
	Insurance Company SAFETY I	•	•	cle Action Prior to Crasl	1 22				27 9 27 97 27	
		_					st Status:		28	
5	Vehicle Travel Direction: N E W	_		t Sequence 40 23 35] _{Ty}	pe of Test:	2	29	
	Citation # (If Issued) T1682845			Harmful Event 35			AC Test Res	ult: 4	30	
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub9	00 24E Drive	er Contributing Code	10 ²⁵ 2	25 Su	sp. Alcohol:	1 31	Susp. Drug: 2 32	30 ¹³
5	Viol. 3: Ch/Sec/Sub <u>89 4A</u>	Viol. 4: Ch/Sec/Sub 9	0 18 Drive	er Distracted by	26	То	wed from so		33	
⁶ 1	· -	erator and all occupants in	volved		34 35 30 Seat Safety Air	bag Fiect	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	·	Address	DOB/Age Sex	Pos. System Sta-	tus Code	Code Status	Code	Medical Facility	1
	Operator	S	ee Above		1 99 3	0	0 10	1		1
					-					
										1
										1
									<u> </u>	1
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16	Location 1	Conditi	ion 18	Н	it/Run Moped	
	License #St_	DOB/Age	Regi	#		Rea Type		Rec	r State	1
	19 19	20							21	1
		. Restrictions C	ndorsement	Year	ven Make			Ven C	oning.	
³ 1	OperatorLast	First	Middle Own	erLast		First		Midd	lle	
	Address		Addr	ess						14
	City Sta	ateZip	City		,	Stat	e 2	Zip		1
	Insurance Company		Vehic	cle Action Prior to Crash	1 22	Da	maged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23 23 23		st Status:	-	28	
3	Citation # (If Issued)		Most	Harmful Event	24	-	pe of Test:	. -	30	
2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	AC Test Res			
				er Distracted by	26		sp. Alcohol:	L	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			. Distracted by	34 35 36		wed from so	40 L		ļ
	Name (Last First Middle)	ion-motorist and all occupa	Address	DOB/Age Sex	Seat Safety Airl Pos. System Stat	nag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motori	st Se	ee Above	\rightarrow	1					
	_					-		+		1
										1

-	= Direction	1	= Vehicle 1 2	= Vehicle 2	♀ Pedestr	rian d	🔊 = Bicycle	
Crash Diagram:	ie: 🗕	▶ []	→ [2	□ →	·Ŷ	→ d	29	
					NE NS HIS NEED TO A CONTRACT OF THE SECOND S		If Crash <u>Did Not</u> on a Public Way	
							Off-Street Parking-L	ot
					_			
							Garage	
MV1 traveling south bound, crashes into rock wall, then rolled over and landed upside down.							☐ Mall/Shopping Cente	er
~~~~	<u></u>	$\overline{}$	مرمر	49 West Street	<del>.</del>		Indicate North by	Arrow
}	S) 3	$\frac{1}{2}$		) Driveway	*	€3		
Crash Narrative:								
Operator of MV1, Mr.	Rodolfo	Rome	ro was tra	veling sout	h bound	l on W	est Street. He	stated
that he looked down a					crashed	linto	the rock wall t	that
was on the side of th							was moved and	
sustained damage (App								
at \$500). MV1 rolled								
direction (North boun								
Vehicle was towed by						-		
He was arrested and						perat	10n of motor ver	nicle,
marked lanes, and spe	eding (S	ee a	rrest repo	rt 19-424-A	R).			
			***************************************					
Witnesses: Name (Last,First,Middle)			Address			Dho	ne#	Statement
Name (Last, First, Windie)			Address			FIIO	HC #	Statement
Property Damage:								
Owner (Last,First,Middle)	Address			Phone #	41-Type	Description	on of Damaged Property	
FITZGERALD KALI E	49 WEST ST	WILMIN	IGTON MA 01887		97	ROCK	WALL	
Truck and Bus Information:	Registration	#		(From Vehic	cle Section)			42
Carrier Name						·····	Bus Use	
Address				City			St Zip	
US DOT #:	State Number			Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	rpe Code	44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type_	I	Reg State	Reg Year	——Tra	iler Length	46	
Hazmat Information:						-		
Placard 47 Material 1 digit #	48 Mate	erial Nam	e		Material 4 di	git #	Release code	49
Patrol Officer Julio J	Quiles			197 Wi	lmingto	n Polic	ce Department 11	/10/2019

	Police Use Only	Com	monwealth -	of Massac	huset	ts		RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehic		- poor		State Police Local Police MBTA Police Campus Police	7
	11/11/2019 2037 Wil:	mington	Police 1	Report	1	1	Latitud Longitu		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A		ERSEC		1
										2 10
					263			EX A		2
¹ <b>4</b>	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address	#	Nan	ne of Road	way/Street	-
4		Al		Feet N	S E W of		- •	or		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile N	larker		Exit Number	<b>1</b> 11
		Also at Intersection w	vith	Feet N	S E W of	Route#		ntersecting	Roadway/Street	
2	Route# Direction Na	no of Intersection D and	St t	Feet N	S E W of	Router	11	merseemg	Roadway/Sirect	
² 1	Rottle# Direction Nam	me of Intersecting Roady	vay/Street				***************************************	Landma	rk	1
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Repo	ort ID# <b>1</b>	9-38	5-7	AC.		1
J	of the Ponoving.									4
	License # NHL14860001 St N	H_ DOB/Age		4638634					21	<b>1</b> 12
	Sex.M Lic. Class D 19 19 Lic.	Restrictions C	DL Veh '	Year <b>2001</b>	_ Veh Make	DODGE		Ve	h Config. 1	
	Operator PARRISH, ROBE	RT JOSEPH		er PARRISH	ROBI	ERT JO	SEPH	<u> </u>	Middle	
⁴ 3	Address 45 HOLMESWOOD	DR		ess 45 HOLM	ESWOO	D DR			niaale	
	City <b>SANDOWN</b> Stat	e <b>NH</b> Zip <b>0387</b>	<b>3</b> City	SANDOWN		S	tate <b>NH</b>	Zip_ <b>_0</b>	3873	
	Insurance Company NONE	•		ele Action Prior to Cra				Area Code	<del></del>	
	Vehicle Travel Direction: N S E	D - 1 - 1 - 1 - 1		,			Γest Statu		28	
⁵ 1	L			t Sequence 42 23	- 1	35 23	Type of To	est:	29	
	Citation # (If Issued) <b>T1683446</b>			Harmful Event 3			BAC Test	Result:	30	12
	Viol. 1: Ch/Sec/Sub 89 4A			er Contributing Code		97 ²⁵	Susp. Alco	ohol: 2 3	1 Susp. Drug: 1 32	<b>97</b> ¹³
6 1	Viol. 3: Ch/Sec/Sub 90 24	Viol. 4: Clı/Sec/Sub —	Drive	er Distracted by	9 26		Towed fro	om scene?	1 33	
1	-	ator and all occupants in			Seat Sa	5 36 37 lety Airbag Ejec	t Trap	39 40 Injury Transp	,,	1
	Name (Last First Middle)		Address	DOB/Age Se	/	tem Status Coc	e Code	Status Code	Medical Facility Lahey Clinic	-
	Operator	So	ee Above		1 1	4 0	0	8 2		4
										1
				<u> </u>						1
										4
⁷ 3	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Cond	lition	18	Hit/Run Moped	
	License #St	DOB/Age	Reg i	<i>t</i>	<u> </u>	Reg Ty	30		Rea State	1
	19 19	20	ū						21	
		Restrictions C.	ndorsement	ear	_ Veh Make		···	ve	h Config.	
⁸ 2	Operator	First	Middle Own	erLast		First		N	Middle	
	Address	***************************************	Addr	ess						14
	City State	2 Zip	City_				tate	Zip		1
	Insurance Company		Vehic	ele Action Prior to Cra	sh	22	Damaged	Area Code		
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	Sequence 23	23 23	23	Fest Statu		28	
	Citation # (If Issued)	-	Most	Harmful Event	24		Type of To		29	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sog/Sub		er Contributing Code	25	25	BAC Test		1 Susp Drug: 32	
					26		Susp. Alco	oo	1 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by		5 36 37		om scene?		4
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age Se	Seat Sa	ety Airbag Ejec tem Status Cod	t Trap	Injury Transp Status Code		
	Operator/Non-Motorisa	f Si	ee Above		1					
	_						+			1
							+			4

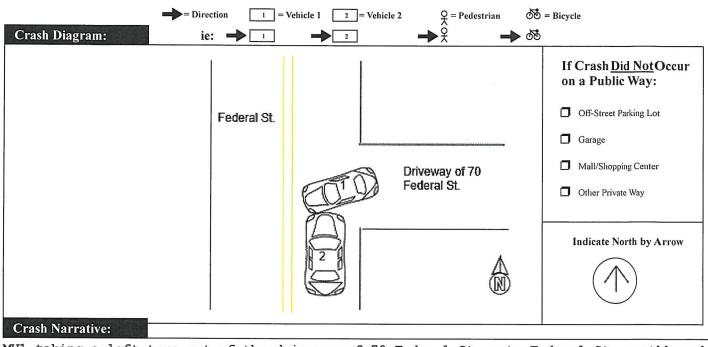


CDP1 11-24-00

	Police Use Only	Comi	mmonwealth of Massachusetts RMV Document Num							
	Date of Crash   Time of Crash   11/12/2019   1741   Will	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Jopeed Billi	25	State Police Local Police MBTA Police Campus Police	[
	11/12/2019 <b>1741 Wil</b> 24HR	mington	Police :	Report	2	0	Latitude Longitude _		Campus Police	i
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	SECT	ION:	
	TANDAN N	Am								<b>2</b> 10
,	Route# Direction WOBURN	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadwa	y/Street	-
¹ <b>4</b>		At		- N	S E W of					
	Route# Direction Na	ST me of Intersecting Roady	vav/Street	Feet N	S E W of	Mile M	larker	or	Exit Number	- 11
		Also at Intersection w		Feet N	S E W of		<u> </u>	.: <b>D</b>	1 (0)	2
2	Route# Direction Na	me of Intersecting Roady	vas /Stara at	Feet N	S E W of	Route#	inters	ecting Ko	oadway/Street	
² 1	Route# Direction Na	ine of intersecting Roady	vay/Street				La	andmark		_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	ort ID# <b>1</b> 9	38	6-A	2		
		A DOB/Age	Reg	2NN877		Reg Tur	» PC	Pac	s State MA	
	19 19	20		Year 2008				_	21	1 12
	Operator BHATNAGAR, GA	E₁	ndorsement	er BHATNAGA				ven c	Coming.	
⁴ 1	Address 11 WALKER RD	First APT 10	Middle	Last ess 11 WALK	•	First	10	Midd	lie	-
_	City N ANDOVER State			N ANDOVER				₇ : 01	845-1961	-
	Insurance Company LM GENERA						Damaged Area		······································	
	Vehicle Travel Direction: SEW		_	t Sequence 23	23 23 23		Геst Status:	1	28	
5		Responding to Emerg		r sequence 1	24	- 1	Гуре of Test:		29	
	Citation # (If Issued)	···········		Harmful Event 1		25	BAC Test Res		. 30	_ 13
	Viol. 1: Ch/Sec/Sub —————			r Contributing Code	10	\$	Susp. Alcohol		Susp. Drug: 2 32	
⁶ 1		Viol. 4: Ch/Sec/Sub —— rator and all occupants inv		r Distracted by	34   35	36 37	Towed from so	ene? 1		_
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age So	Seat Safe	y Airbag Ejec	t Trap Injury		Medical Facility	_
	Operator	Se	ee Above	><	1 1	4 0	0 10	1		
										1
	,							+-+		1
	Please Select One Vivin 1		<u> </u>	15 16	<u></u>	17	18	1		4
⁷ 1	of the Following: Vehicle 21	#Occupants  Non-	-Motorist A Type	Action	Location	Cond	ition	Н	it/Run Mopeo	i
	License # NHL18422833 St N	IH_ DOB/Age_	Reg #	4088104		Reg Ty	pe PC	Reg		.]
	Sex M Lic. Class D 19 Lic.	Restrictions 20 CI	DL Veh Y	/ear <b>2010</b>	_ Veh Make ]	OODGE		Veh C	Config. 2	
8	Operator STEVENS, LANC			TEVENS,	LANC	E P		Midd	n.	-
⁸ 2	Address 75 WARNER HILI	RD		ess 75 WARN	ER HII			Midd	ne	- 🖳
	City <b>DERRY</b> Stat	e <b>NH</b> Zip <b>0303</b>	8 City	DERRY		Si	ate NH	Zip <b>03</b>	038	_ 1 14
	Insurance Company <b>GEICO</b>		Vehic	le Action Prior to Cra	sh 1	22 I	Damaged Area	Code: 5		
	Vehicle Travel Direction: X S E W	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23	Test Status:	1	28	
92	Citation # (If Issued)	-	Most	Harmful Event 1	24		Type of Test: BAC Test Res	ult:	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. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		owed from so	-	33	
•	Please fill out for operator/no	n-motorist and all occupa		5000	34 35 Seat Safet		t Trap Injury	40 Transp.		7
	Name (Last First Middle)  Operator/Non-Motoris	<i>t</i>	Address ee Above	DOB/Age Sc	Pos. Syste	n Status Cod	Code Status  0 10	Code 1	Medical Facility	_
ŀ	Speciality 1011-112010113			+	\ <u>`</u>	-  -		<del>                                     </del>		-
}					-			-		4
ļ							ļļ	<u>  </u>		_
				***						

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: 👈 🗔	_ →□	2	→ ♀	→ №	
				· · ·	If Crash <u>Did</u> on a Public V	
The state of the s					☐ Off-Street Park	ing Lot
					☐ Garage	
	Lowell St				☐ Mall/Shopping	Contor
	- Well St	Y				
					Other Private V	Vay
,	Vehicle To Vehicle	Vehicle 2		(129	Indicate Nort	h by Arrow
@oogle	Vehicle 1	,		(R Map data	©2019 / / /	)
Crash Narrative:						
Vehicles where in		le 2 stopp	ped with	due to the 1	light and vehicle	1 struck
the rear bumper of	vehicle 2.					
					×	
Witnesses:		1			Tn. "	
Name (Last,First,Middle)		Address			Phone #	Statement
	<u> </u>					
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
						Tik.
Twole and Due Informati						
Truck and Bus Informati			(Fro	n Vehicle Section)	Bus Use	42
Address			_ City	-	St Zip	
	State Number				C#:	
43	44		Issuing State_	IVIC/IVIX/ICC	→ fr	
	ody Type Code	GVWR/GCWR			42	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTrailer	Length 46	
Hazmat Information:						
Placard 47 Material 1 di	git # 48 Material Nar	ne		Material 4 digit #	Release code	49
Patrol Officer Rafa	nel G Cruz		198	Wilmington E	Police Department	11/12/2019
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

	Police Use Only	Comn	nonwealth	of Massach	usetts		RM	V Document Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit		0800
	11/13/2019 <b>1244</b> Wil	mington	Police	Report	2	0	Latitude Longitude	MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	_	SECTION:	
									2 10
					70	FEDE	RAL S		2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway/Street	
<u> </u>				Feet N S	E W of			or	
	Route# Direction Na	me of Intersecting Roadw				Mile Ma	rker	Exit Number	3 11
		Also at Intersection wi	th	Feet N S		Route#	Inters	ecting Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet N S	E W of				
							La	andmark	
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	1D# <b>19</b>	-38	7-AC		
	License # <b>SA1420133</b> St <b>N</b>	IA DOB/Age	Reg	# 1RRJ18		Reg Type	PC	Reg State <b>MA</b>	
		20	_	Year 2007					21 1 12
	Operator BABIRYE, NUST	En	dorsement	er COKER, BF				ven comig.	
⁴ 1	Address 100 STOW ST	First	Middle	ess 100 STOW		First		Middle	
	City WALTHAM Sta	M73 02/153			21	~	3/7	02452-16	40
		-	_	WALTHAM	- I			Zip <b>02453-16</b> . a Code: 8 27 7 27	27
	Insurance Company PLYMOUTH			cle Action Prior to Crash	23 23		est Status;	28	<u> </u>
5	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Even	Sequence 1		23	pe of Test:	29	
	Citation # (If Issued)		Mos	Harmful Event 1	24		AC Test Res	ult: 30	12
	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	4 25	25 St	ısp. Alcohol:	2 31 Susp. Drug: 2	32 <b>1</b> 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by 99	26	To	owed from so	ene? 2 33	
1	-	ator and all occupants inv		DODU.	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle)  Operator		Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code Medical Facility  1	y
	Орегию	36			1 *	-			
7	Please Select One Vehicle 21	#Occupants Non	Motorist A Type	15 Action 16 L	ocation	17 Condi	ion 18	Hit/Run M	anad
⁷ 9	of the Following:						<u> </u>		opeu
	l	DOB/Age	Reg	1CPE74		Reg Type	PC	Reg State MA	21
		Restrictions CE	DL Veh '	Year <b>2011</b> \	Veh Make <b>H</b>	YUNDA	I	Veh Config. 1	
⁸ 2	Operator <b>NEAGLE</b> , <b>OLIVI</b>	A G First		er <b>NEAGLE</b> , C	LIVIA	<b>G</b> First		Middle	
2	Address 735 E 6TH ST		Addı	ess 735 E 6T	H ST				
	City <b>BOSTON</b> State	e <b>MA</b> Zip <b>02127</b>	-4307 City	BOSTON		Sta	te <b>MA</b> 2	Zip 02127-43	07 1 14
	Insurance Company PLYMOUTH	ROCK ASSURA	NCE C Vehic	ele Action Prior to Crash	1	<b>22</b> D	amaged Area	Code: 8 27 27	27
	Vehicle Travel Direction: SEW	Responding to Emerg	ency?_2 Even	t Sequence 1 23	23 23	23	est Status:	28	
9	Citation # (If Issued)	-	Mosi	Harmful Event 1	24	•	pe of Test:	29 30	
⁹ 2	Viol. 1; Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	AC Test Res isp. Alcohol:	····	32
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		wed from so		
	Please fill out for operator/no				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40	
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical Facility	у
	Operator/Non-Motoris	Z See	e Above		1 1	4 0	0 10	1	
	l .			1			1 1		i



MV1 taking a left turn out of the driveway of 70 Federal St. onto Federal St. southbound. MV2 travelling northbound on Federal St. Operator of MV1 stated that she was pulling out of the driveway and did not notice any vehicles coming. Operator of MV1 stated that MV2 was travelling too fast and did not stop in time. Operator of MV2 stated that she was travelling straight ahead when she observed MV1 pulling out of the driveway quickly. She stated that she began to brake and then continued on when MV1 stopped at the edge of the driveway. As she got closer MV1 pulled out immediately in front of her, not giving her enough time to stop. Witness 1, travelling behind MV2, stated MV1 pulled out fast, and that MV2 braked hard but did not stop in time. Damage to front left and left side of MV1. Damage to front left of MV2. No injuries.

Name (Last,First,Middle)	Address			<del></del>	
CODULL CLOCKE E	19 FERREN DE			Phone #	Statement
GORHAM CASSIE E	I I I I I I I I I I I I I I I I I I I	R BILLERICA MA	01821-32	213	
Property Damage:					
Owner (Last, First, Middle) Address		Phone #	41-Type	Description of Damaged Property	
V.					
Truck and Bus Information:  Registration #  Carrier Name		• • • • • • • • • • • • • • • • • • • •		Bus Use	42
Address		City		St Zip	
US DOT #:State Number		_ Issuing State	MC/MX/I	CC #:	
Interstate Cargo Body Type Code 44	GVWR/GCWR	45			
Trailer Reg #: Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:  47 Placard Material 1 digit # Material Name	3	N	Material 4 digi	t#Release code	49

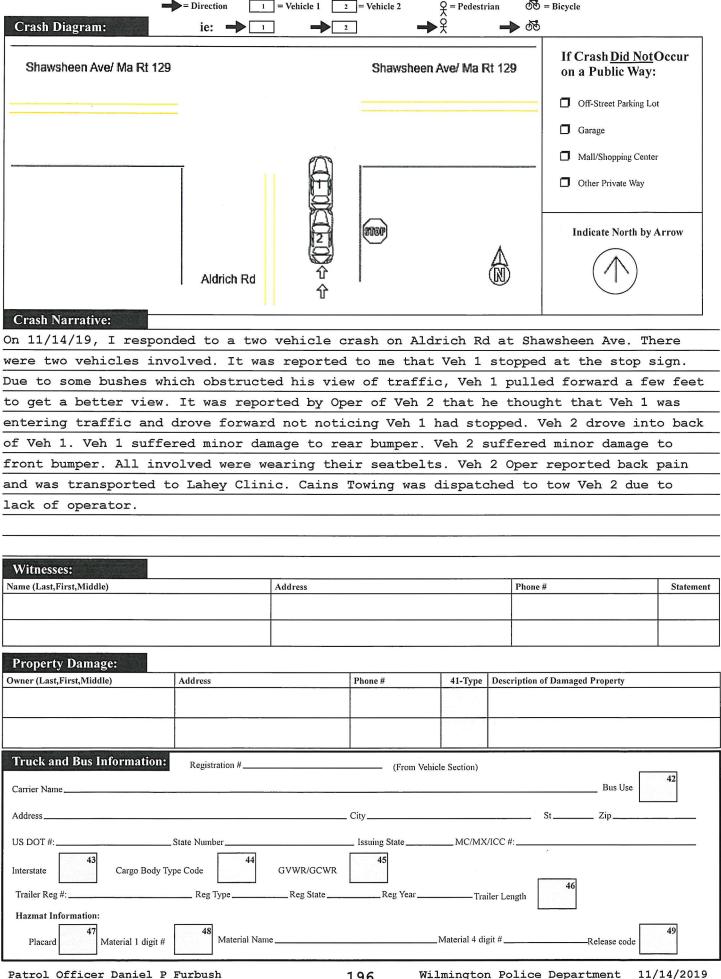
Patrol Officer Kevin P Cavanaugh

195

Wilmington Police Department

11/13/2019

	Police Use Only	Com	monwealth	of Massacl	ıusetts		RM	IV Docur	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t 25	State Police Local Police MBTA Police Campus Police	
	11/14/2019 1758 Wil	mington	Police	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		<u> </u>	r inter			İ
										2 ¹⁰
	SHAWSHE									
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name o	f Roadwa	y/Street	
	ALDRICH			Feet N S	E W of			- or		
		me of Intersecting Roads			T-I-I	Mile Ma	arker		Exit Number	2 11
		Also at Intersection v	vith	Feet N S		Route#	Inters	secting Ro	oadway/Street	
² 2	Route# Direction Na	ane of Intersecting Roads	vay/Street	Feet N S	E W of					
				<u> </u>				andmark		-
3	Please Select One of the Following:	#Occupants Hit	Run Moped	Crash Repor	t ID# 19	-38	8-A	C		
	License # <b>S96259084</b> St 1	A DOB/Age	Reg	# <u>9HL865</u>		Reg Type	e PC	Reg	g State <b>MA</b>	12
	19 19	20		Year <b>2015</b>					21	1 12
	Operator RAO, JOSEPH I	E	ndorsement	er RAO, LAU				,	50mg. <u>–</u>	
⁴ 2	Address 24 RIVEREDGE		Middle	ress 24 RIVER		First	-	Midd	dle	
	City N BILLERICA Sta		·				3/7	O1	062-2020	
		•	·	NORTH BIL	<u> </u>		ate <b>NA</b> amaged Are			
	Insurance Company GEICO GEN			cle Action Prior to Cras			est Status:	a Code.	, 28	
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23			ype of Test:	1	29	
<u> </u>	Citation # (If Issued)		Mos	Harmful Event 1	24		AC Test Res	sult: 1	30 L	12]
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4; Ch/Sec/Sub	Drive	er Distracted by	26	To	owed from s	cene? 2	2 33	
1	Please fill out for oper	rator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu	y Transp. s Code	Medical Facility	
	Operator	S	ee Above	1XXIIX/Qe Sex	Pos. System  1 1	Status Code	0 10	1	Medical Facility	
		24 RIVEREDGE RD			+					
	LAUREN RAO	NORTH BILLERICA	MA 01862-3029	F	3 1	4 0	0 10	1		
				1	-					
7	Please Select One Vahiela 2 1	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18		lit/Run Moped	
⁷ 3	of the ronowing:	1401			Location	Condi	uon_	<u> </u>	Niopeu -	-
		DOB/Age	Reg	# 2TT517		Reg Typ	e <u>PC</u>	Reg	g State MA 21	
	Sex M Lic. Class D M Lic.		DL Veh	Year <b>2018</b>	Veh Make <b>F</b>	ORD		Veh (	Config. 1	
*1	Operator IWANICKI, STE			er <b>IWANICKI</b>	, STEE	PHEN F	RICHA	RD Midd	dle	
1	Address 3 BORDER ST		Addr	ess 3 BORDER	ST					
	City_SALEM Sta	te <b>MA</b> Zip <b>0197</b>	City	SALEM		Sta	ate MA	Zip <b>01</b>	970	1 14
	Insurance Company <b>ARBELLA N</b>	MUTUAL INSU	VEANCE Vehic	ele Action Prior to Cras	h <b>1</b>	<b>22</b> D	amaged Are	a Code: 1	27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	20	est Status:	1	L 28	
Q.	Citation # (If Issued)		Mos	Harmful Event 1	24	•	ype of Test:		30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	ــــــ er Contributing Code	19 25	25	AC Test Resusp. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————		-	er Distracted by 99	26		owed from s	12	33	
	Please fill out for operator/no				34 35	36 37	38 39	40		]
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injur Code Statu	s Code	Medical Facility	-
	Operator/Non-Motoris	st s	ee Above	$\times$	1 0	4 0	0 8	2	-c.e, Clinic	
								1		
					+ + -			++		†
		1		i I	1 1	1	1 1	) I		1



196

## Wilmington Police Department Images Associated with 19-388-AC





	Police U	Jse Only	Com	monwealth -	of Massa	chuset	ts		RMV	Docur	ment Number	
	i i	me of Crash	City/Town	Motor Veh	icle Cras	h Num		, Jopes	Limit_	35	State Police Local Police	2 8 2
	11/14/2019 20	043   Wil	mington	Police	Report	2	les Injure	Latitu Longi			Campus Police	3
	A	T INTERSECT	TION:	< LOCA				AT IN		ECT	Other:	_
		. IIII DAOLE I	. 1011.	. 1002			1101	A1 111	112103	ECI	1011.	10
						279	MA:					_ 2
¹ 4	Route# Direction		Name of Roadway/St	reet	Route# Directio	n Address	; #	Na	me of R	loadwa	ıy/Street	_
4			At		Feet N	SEW	f <u> </u>	_ •		or		
	Route# Direction	Na	ame of Intersecting Roady	way/Street				Marker			Exit Number	2 11
			Also at Intersection v	vith	Feet N	S E W of	Route#		T-+	tin a D	oadway/Street	2
2	Boutoff Diseastion	N1.	Ci di Di i	101	Feet N	S E W o	Konte#		mersec	ang K	oadway/Street	
² 1	Route# Direction	Na	une of Intersecting Roads	way/Street					Land	dmark		
3	Please Select One of the Following:	Vehicle 11	#Occupants	/Run Moped	Crash Rep	oort ID# 1	9-38	39-	AC			
,		F1000 -		l								$\dashv$
		10 10	1A DOB/Age	_	1GFM15		_			_	21	<b>1</b> 12
	Sex M Lic. Class	S D Lic.	Restrictions C	CDL Veh '	Year <u>2017</u>	Veh Make	NISSI	N		_ Veh C	Config. 1	
4	Operator <b>DWAN</b>	, RONALD	S First	Own	er <b>DWAN , R</b>	ONALD	S First	•		Midd	·····	-
⁴ 3	Address 28 MA			Addr	ess 28 MAIN	ST	1 11.01			Wilde		_
	City WILMING	<b>GTON</b> Sta	te <b>MA</b> Zip <b>0188</b>	7-1703 City.	WILMINGT	ON		State <b>M</b>	A Zi	01	887-1703	<u>.</u>
	Insurance Company	SAFETY IN	SURANCE CO	MPANY Vehic	le Action Prior to C	rash 2	22	Damage	d Area C	Code: 5	27 27 27	
		tion: NXEW			Sequence 23		<del></del>	Test Sta	tus:	1	28	1
⁵ 1	Citation # (If Issued)				<del></del>	24		Type of	Test:		29	
						<u>-</u>	25	BAC Te			30	13
			Viol. 2: Ch/Sec/Sub —		r Contributing Code	<u> </u>		Susp. Al	-		Susp. Drug: 2 32	
⁶ 1	<u> </u>		Viol. 4: Ch/Sec/Sub		r Distracted by	<u></u>		Towed f			2 33	
<u> </u>	Name (Last First Middle)	Please fill out for oper	rator and all occupants in	volved Address	DOB/Age	Seat S	niety Airbag E	37 38 ject Trap ode Code		40 Fransp. Code	Medical Facility	
	Operator		S	ee Above		1 1	4 0	0	10			7
												$\dashv$
								<u> </u>		_		
7	Please Select One	Vehicle 21	#Occupants Non	-Motorist A Type	15 Action 1	Location	17 Ca	ndition	18		it/Run Mope	_
⁷ 1	of the Following:		- Non	-Wotorist A Type	Action	Location	Col	idition		н	it/Run La Mope	
	License # <b>S321</b>	,	<b>IA</b> DOB/Age	Reg #	875ZR4		Reg T	ype <b>PC</b>		Reg	g State MA	-
	Sex <b>M</b> Lic. Class	19 19 Lic.		DL Veh Y	_{ear} 2007	Velı Make	Jeep			. Veh C	Config. <b>1</b> 21	
0	Operator <b>DIGI</b>	AMBATTIST	A, JOHN P		DIGIAMB	ATTIS'		OHN ]	P			_
81	Address 56 WA	SHINGTON	AVE		ess 56 WASH	INGTO	N AVE			Midd	lie	
	City WILMING	<b>GTON</b> Stat	te <b>MA</b> Zip <b>0188</b> 7	7-2307 City	WILMINGT	ON		State MZ	A Zip	01	887-2307	1 14
	Insurance Company	CITIZENS	INSURANCE (	COMPAN Vehic	le Action Prior to Ci	rash 1	22	Damage		_		, I I
	Vehicle Travel Direct	- K-2	Responding to Emer		Sequence 23		3 23	Test Stat	us:	1	28	
	Citation # (If Issued)		responding to Emer	•	· <u> </u>	24	<u></u>	Type of	Test:		29	
⁹ 2	,				Hannful Event 1	<u>-                                      </u>	25	BAC Te			30	,
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —		r Contributing Code	35		Susp. Al	_		Susp. Drug: 2 32	
			Viol. 4: Ch/Sec/Sub —		r Distracted by			Towed f	,		33	╛
	Please f	ill out for operator/no	on-motorist and all occup	ants involved Address	DOB/Age	Seat Sa	ifety Airbag E	37 38 ject Trap ode Code		40 Fransp. Code	Medical Facility	
		Non-Motoris	t s	ee Above		1 1	4 0	0	10 1		- Admity	7
	F				+	+-						-
												_

Crash Diagram:	ie:	= Vehicle 1 2	Vehicle 2	오 = Pedestria 오 오	in 010 = → 515	Bicycle	
Crash Diagram.	1	arking Lot		^ 		If Crash <u>Did Not</u> on a Public Way:	
						Off-Street Parking Lo	ot
						☐ Garage	
						☐ Mall/Shopping Cente	r
						Other Private Way	
		₹	FTT NY 12	<b>M</b> .			
	8-12	<b>\$</b>		9		Indicate North by	Arrow
			279 Maii	n Stre <b>e</b> t		()	
4799444							
Crash Narrative:  V 1 and 2 were traveli	ng south o	n Main St	MV 1 stated	l ho was	setoppo	d at the red	light
on Main St. MV 2 stated							
going to turn into. MV							
- 141							
			****				
					· · · · · · · · · · · · · · · · · · ·		
Witnesses:	-	T					4
Name (Last, First, Middle)		Address	***************************************		Phone #		Statement
							L
Property Damage:			T "				
Owner (Last, First, Middle) A	ddress		Phone #	41-Type I	Description of I	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle	e Section)			
Carrier Name						Bus Use	42
Address			City		St.	Zip	
US DOT #:Sta	te Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Type 6	Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	r Length	46	
Hazmat Information:					L		
Placard Material I digit #		e		Material 4 digit	#	Release code	49
Patrol Officer Kevin J Sk.	inner		200 Wil	mington	Police D	epartment 11,	14/2019

	Police Use Only	monwealth o	ealth of Massachusetts					RMV Document Number						
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	sh	Number Vehicles				Limit.	35	State Police Local Police	0800	
	11/15/2019 0712 Wil	mington	Police 1	Report		2	0		Latituc Longit			MBTA Police Campus Police Other:	법	
	AT INTERSECT	TION:	< LOCA			<u> </u>	NO		_	_	SEC'	TION:		
													2	10
	Route# Direction	N CD 1 (G)		B . # B' .'		340	<u>M</u> 7	<u>NIA</u>						
¹ 1	Rolle# Direction	Name of Roadway/St	reet	Route# Direction	on A	Address #			Nai	me of	Roadw	/ay/Street		
				Feet [N	N S E	w of					or _		_	
	Route# Direction Na	nne of Intersecting Roads			.1.1"		Mi	le Mai	rker		**********	Exit Number	2	11
		Also at Intersection v	vith	Feet [N			Route	e#		Interse	cting F	Roadway/Street	_	_
² 1	Route# Direction Na	ame of Intersecting Roads	vay/Street	Feet	N S E	W of	WI	LMI	NGI	CON	BU	JILDERS		
		T									ndmark	<b>(</b>		
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Re	port II	» <b>19</b>	-3	9(	) —	AC	;			
	License # <b>S95290747</b> St 1	MA DOB/Age	Reg #	64TZ74	<del></del>		Res	7 Type	PC		R	eg State <b>MA</b>		
	19 10	20	_	ear <u>2005</u>								2	1 1	12
	Operator DOYLE, ROBERT		ndorcoment				_					Comig.	J	
⁴ 1	Address 39 WATER ST	First	Middle Own	er DOYLE, Ess 39 WATI	st ED	em Sem	Fi	irst			Mi	iddle		
		NO 01074										1056 400	_	
	City <b>TEWKSBURY</b> Sta	-	<u> </u>	TEWKSBUR	<u>. Y</u>		22					1876-433	7	
	Insurance Company PROGRESSI		INSURA Vehic	le Action Prior to C		1	Щ,		ımagec st Statı		Code:	2 27 27 2		
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Event	Sequence 1		Ц	23		pe of T			29		
	Citation # (If Issued)	****	Most	Hannful Event	<u>.                                    </u>	24		. BA		t Resu	ılt:	30		
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub -	Drive	r Contributing Cod	e 9	9 ²⁵	25	Su	sp. Alc	cohol:	2 31	Susp. Drug: 2	32 <b>1</b> 1	13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 ²	26				om sce		2 33	_	
⁶ 1	· ·	rator and all occupants in			- 1:	34 35 Seat Safety	36 Airbag	37 Eject Code	38 Trap Code	39 Injury	40 Transp.		7	
	Name (Last First Middle)  Operator	· c	ee Above	DOB/Age		Pos. System  1 1	Status 4	Code 0	Code 0	Status	Code 1	Medical Facility		
	Operation	3	ee Above		$\downarrow$	1 -	*	0	0	10	-		_	
7	Please Select One Vehicle 23	#Occupants No.		15	16		17			18			$\exists$	
⁷ 1	of the ronowing:	Non	-Motorist A Type	Action	Loc	cation		Conditi	on		<u> </u> ''	Hit/Run Mor	ed	
		MA_DOB/Age_	Reg #	6104YT			Re	g Type	PC		R	eg State MA	<del>.</del>	
	Sex M Lic. Class D 19 Lic.		DL Veh Y	ear 2004	Vel	lı Make <b>H</b>	ONE	A			_ Veh	Config. 2	<u>'</u>	
8	Operator JOHNSON, STEE			r JOHNSON	<u>, s</u>	STEPH	EN Fi		RAF	D.	JR	ddle		
81	Address 20 1ST ST	144		ess 20 1ST	ST		rı	rsı			MI	adie		
	City <b>TEWKSBURY</b> Stat	te <b>MA</b> Zip <b>0187</b> 6	6-4199 City	<u>rewksbur</u>	Y			_ Stat	e <b>M</b>	z	ip <b>0</b> 1	<u> 1876-419</u>	9 1	14
	Insurance Company THE COMME	RCE INSURAL	NCE CO Vehic	le Action Prior to C	Crash	4	22	Da	maged	l Area	Code:	6 27 27 2	27	
	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Event	Sequence 1 23	3 23	3 23	23	Tes	st Stati	us:		28		
	Citation # (If Issued)		Most	Hannful Event	1 2	24			pe of T			29		
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Vial 2: Ch/Sas/Sub		r Contributing Code		9 25	25	l		t Resu		30	. I	
				, r		26		•	sp. Alc	L	31	22	32	
-	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub —		r Distracted by	77	34 35	36	37	38	om sco	ene?	2 33	_	
].	Name (Last First Middle)	on-motorist and an occup	Address	DOB/Age		Seat Safety Pos. System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motoris	st s	ee Above		X	1 1	4	0	0	10	1			
	STEPHEN JOHNSON	20 1ST ST TEWKSBURY, MA 01	.876-4199	1	1 3	1	4	0	0	10	1			
ŀ				+ +	6	1	4	0	0	10	1			
ŀ	-			1			-	-			_			
l				1										

	= Directio	n 1	= Vehicle 1	2	= Vehicle 2	♀ Pedes	trian	OD = Bicycle	
Crash Diagram:	ie:	<b>→</b>		2		→Ŷ	_	<b>→</b> №	
						***************************************		If Crash <u>Did N</u> on a Public W	
								☐ Off-Street Parkir	g I ot
									g Lot
								☐ Garage	
								☐ Mall/Shopping C	enter
								Other Private Wa	у
								Indicate North	by Arrow
								<b>→</b>	
				Wiln Buik	nington ders				
Crash Narrative:									
Vehicle 1 and vehicle	2 both	n head	ed sout	hbou	nd on Ma	in. Vehi	cle	2 made left turn	into
Wilmington builders.									
hand lane and crossed									
Vehicle 2 claimed he							veh:	icle 1 collided w	ith him.
Unable to draw diagra	ım due t	co con	flictin	g op	erator s	tories.			
							-		
									-
		-		11-156					
						10		•	
	-								
Witnesses:									
Name (Last,First,Middle)		-	Address					Phone #	Statement
Property Damage: Owner (Last,First,Middle)	Address			1,	Phone #	(1 T	l D	cription of Damaged Property	
Owner (Last, First, Middle)	Address				none #	41-Type	Desc	cription of Damaged Property	
			-						
	l e								
Truck and Bus Information:	Registrati	ion #			— (From	Vehicle Section)			42
Carrier Name								Bus Use	12
Address				C	ity			St Zip	
US DOT #:	_State Number	9			Issuing State	MC/M	X/ICC i	#:	
Interstate 43 Cargo Body Ty	ype Code	44	GVWR/GC		45				
Trailer Reg #:	Reg Ty _I	ne	Reg State	=	Reg Year	т	ailer Le	ength 46	
Hazmat Information:									
Placard Material 1 digit #	48 M	laterial Nam	e			Material 4 o	ligit#_	Release code	49
Patrol Officer Paul A Krz	zeminski			1	60	Wilmingto	n Po	olice Department	11/15/2019

	Police Use Only Commonwealth of Massachusetts RMV Document Num									
	Date of Crash   Time of Crash   11/15/2019   1758   Wi	City/Town  Lmington	Motor Veh	-	h Numb Vehic		Speed Limit	MBTA	Police 🔯	1
	24HR		<u> </u>	Report	2	0	Lantude Longitude		ıs Police 🔲	
	AT INTERSECTION:		< LOCA	< LOCATION >		NOT AT INTERSECTION:				
	Route# Direction	Name of Roadway/S	treet	Poute# Disease	779		JRN ST	Poedwards		2 10
¹ 4	Notice Different	Name of Roadway/S	n cct	Route# Directio			name of	Roadway/Street		
	Route# Direction Name of Intersecting Roadway/Str  Also at Intersection with		way/Street				Mile Marker Exit Number			4 11
			vith	S E W of	Route# Intersecting Roadway/Street			Street		
² 1	Route# Direction N	way/Street	Feet NSEW of				Landmark			
³ 97	Please Select One of the Following:	#Occupants	/Run Moped	Crash Rep	ort ID# <b>1</b>	9-39	1- <b>A</b> C	;		
	License # <b>S91068016</b> St.	MA DOB/Age	Reg	# <u>719JY6</u>		Reg Typ	e PC	Reg State 1		12
	Sex <b>F</b> Lic. Class D 19 19 Lic	CDL Veh	Veh Year <b>2011</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b>							
<u> </u>	Operator <b>TERILLI</b> , <b>PAT</b>	RICIA A		Owner TERILLI, RAYMOND Last First Middle						
⁴ 2	Address 113 THOREAU WAY  Address 113 THOREAU WAY  Address 113 THOREAU WAY									
	City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01843-389</b>			City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01843-3895</b>						
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Vehic	cle Action Prior to C	ash 4		Damaged Area	<del></del>	27 27	
5 _	Vehicle Travel Direction: NSWW	Responding to Eme	rgency? 2 Even	t Sequence 23	23 23	1 -1	est Status:	28		
⁵ 2	Citation # (If Issued)		Most	Hammful Event 1	. 24		ype of Test: AC Test Resi	<u> </u>		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp. Alcohol:	1	rug: 2 32	<b>1</b> 13
6	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		owed from sc		<u> </u>	
⁶ 1	Please fill out for op	erator and all occupants in	ivolved Address	DONA	Seat Sa	35 36 37 fety Airbag Eject stem Status Code	38 39 Trap Injury Code Status	40 Transp.	10.75	İ
	Operator (Last Pirst Middle)	S	See Above	DOB/Age	Sex Pos. Sys	stem Status Code	Code Status 0 10	Code Medi	cal Facility	1
					5 4	4 0	0 10	1		1
1					6 4		<del></del>			1
					6 4	4 0	0 10	1		-
						<u> </u>				1
⁷ 1	Please Select One of the Following:		n-Motorist A Type	15 Action 1	6 Location	17 Cond		Hit/Run	Moped	
	License # <u>\$28997148</u> St <u>MA</u> DOB/Age Reg # <u>6ZZ597</u> Reg Type <u>PC</u> Reg State								1A 21	
		Restrictions 1	ndorsement	Veh Year 2017 Veh Make MITSUBISHI Veh Config.						
8 1	Operator HAYES, DAWN Last	Middle	Owner HAYES , DAWN L         Last         First         Middle           Address 10 COURT ST         ST         First         Middle							
	Address 10 COURT ST  City ARLINGTON St					. MA -	. 02476	7600	14	
	ATTENDANCE TEXAS PROPERTY AND			ARLINGTON         State         MA         Zip         02476-7600           Cole Action Prior to Crash         1         22         Damaged Area Code: 6         27         27         27						
				22 22 23 23 Test Status: 1 28						
	Vehicle Travel Direction: NSWW	Responding to Emer		Sequence 1	24	1 23	ype of Test:	29		
⁹ 2	Citation # (If Issued)	Viol. 2: Ch/Sec/Sub —		Harmful Event 1			AC Test Resi	ılt: 1 30	,	
	Viol. 1: Ch/Sec/Sub —————	Susp. Alcohol: 2 31 Susp. Drug: 2 32								
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator/non-motorist and all occupants involved			Driver Distracted by 0 26 Towed from scene? 1 33						,
	Please fill out for operator/i Name (Last First Middle)	non-motorist and all occup	Address	DOB/Age	Seat Sa	fety Airbag Eject stem Status Code	Trap Injury	Transp.	cal Facility	
	Operator/Non-Motori	st s	ee Above		1 1	4 0	0 10	1		
					_		+++-			-
ı		ı				1 1	1	1 1		1

