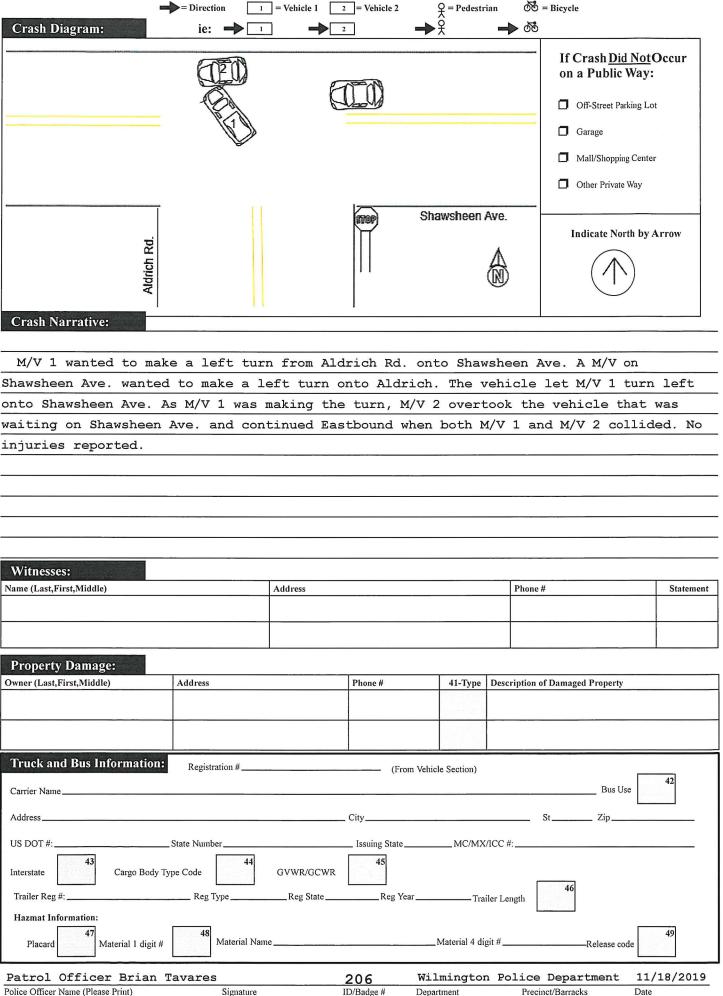
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							Feet			,	Route	#	I	nterse	cting R	Roadway	/Street	
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⁴ 2	-	Last	Fit	ANLEY Z J	Middle			Lası	•		Fir	۶t	_Z_	JR	Mie	ddle		
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⁵ 1		Direction: N S F		Responding to Emer	gency? 2	_ Event	Sequence 1	23	23	23	23		e of T			29		
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⁶ 2	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26				ved fr	om sce		2 33]
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⁷ 3	Please Select C of the Followir		1 #0	Occupants Non	-Motorist A	Туре	Action	l l	Locatio	on L	C	onditio	on	10		Hit/Run	Moped	
	License # S53		St MA	DOB/Age		Reg #	426HE9				Reg	Туре	PC		Re	eg State		
	Sex. M Lic. 0	Class D D D	Lic. Rest		DL	. Veh Y	'ear 2013	\	Velı Ma	ake M	AZD	A			Veh	Config.	1 21	
8	Operator AN	TIFONARIO), J(OHN EDWAR		. Own	ar ANTIFO	NAF	RIO	, J	OHN Fin		OWA	RD) A die	ddle		
⁸ 2	Address 100	CHASE A	VE			. Addre	ess 100 CH	[AS]	E A	VE	сда				10110	udie	- · · · · · · · · · · · · · · · · · · ·	
	City LOWE I	LL	State <u>M</u>	IA Zip 01854	1-1406	City_	LOWELL					_ State	MA	Z	ip 01	L854	-1406	4 14
	Insurance Compa	any THE COM	MERC	E INSURAL	ICE CO	Vehic	le Action Prior to	Crash		1	22				Code:		27 27	
	Vehicle Travel D	Direction: N S E	X	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		t Statu			28		
⁹ 2	Citation # (If Issu	ued)				Most	Hannful Event	1	24			• • •	e of T C Test	esi. t Resu	ılt:	30		
_	Viol. 1: Ch/Sec/S	Sub	Viol	l. 2: Ch/Sec/Sub —		_ Drive	r Contributing Co	de	1	25	25			-	2 31	Susp. I	Orug: 2 32	
	Viol. 3: Ch/Sec/S	Sub	— Viol	l. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26			Tov	ved fro	om sce	ene?	2 33		
	Ple Name (Last First Mi	=	tor/non-m	otorist and all occup	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mod	dical Facility	Ī
		or/Non-Moto	rist	S	ee Above	* ****		X	1	1					1	,		1
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Police Officer Name (Please Print)

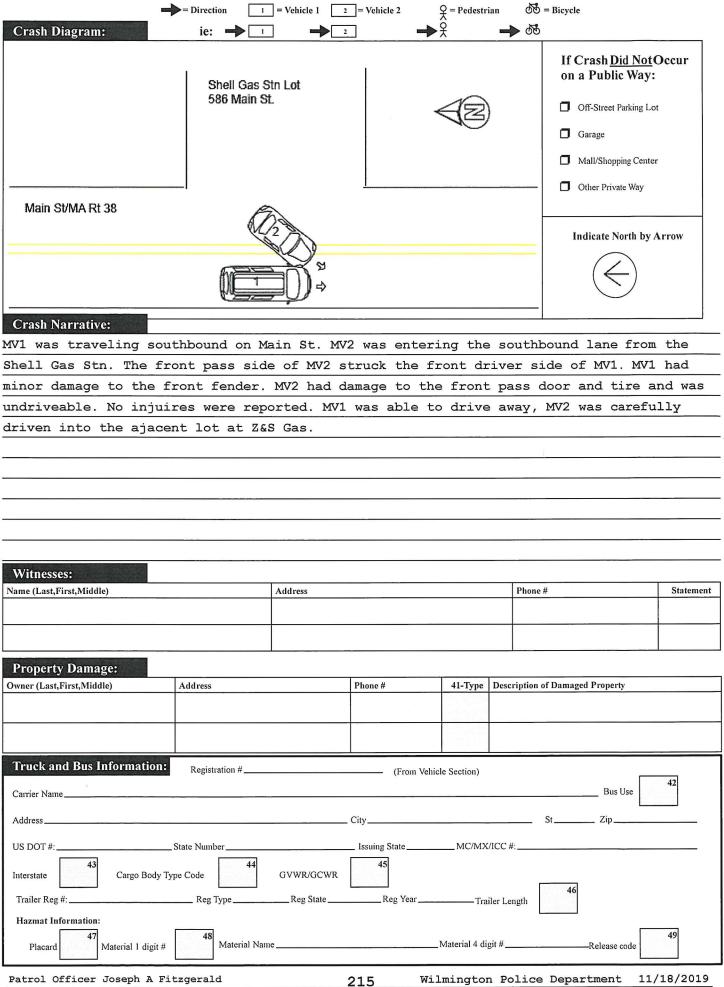
Signature

ID/Badge #

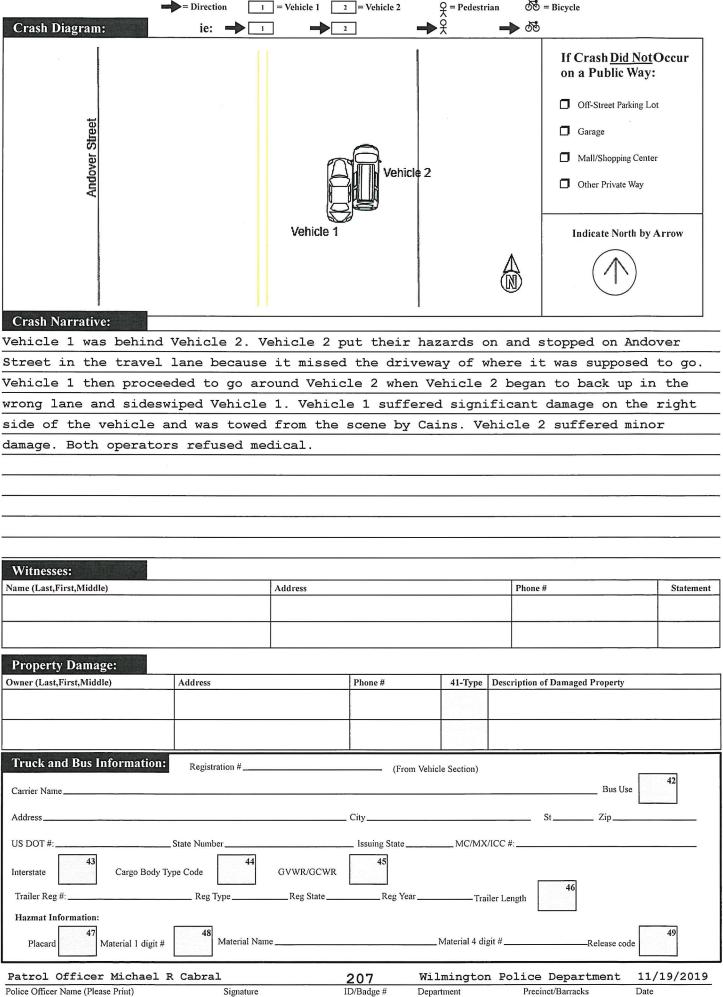
Precinct/Barracks

Date

	Police Use Only	monwealth (nwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash 11/18/2019 1654 Wili	City/Town	Motor Veh	icle Cra	sh [Number Vehicles		d 1 ^o F	oeed Limi	t3(— Local Pol	ice 🛱	
	24HR WIII	mington	Police 1	Report	:	2	0	LE	atitude ongitude _		MBTA Po	olice	
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¹ 4		At							rame of	Rodu	vayisticet		
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² 3	Route# Direction Nar	ne of Intersecting Roads	vay/Street	reet [[0]0]	···] 01			ı .	andmar	1.		
	Please Select One Vivalent 3	#Occupants Hit/				. 1 0	2	0.2			K		
3	or the ronowing.	<u></u>	<u> </u>	Crash R							*******		
	License # S29635532 St M	A DOB/Age	Reg #	T62286			Reg	Туре _	CO	R	teg State M		12
		E	ndorcomant	Year 2017	Veh	Make E	'ORD	i		Vel	n Config. 2	21	1
	Operator PARADA HERNANI	DEZ, KEVIN	ARIEL Own	FORD M	OTOR	CRE	DII	. co)		liddle		
⁴ 1	Address 129 BLOOMINGDA	LE ST		ess <u>BX 105</u>	704		Fir	si		M	liddle		
	City CHELSEA State	MA Zip 02150	D-2214 City	ATLANTA				_ State_	GA	Zip 3	0348-	0000	
	Insurance Company THE TRAVE	LERS INDEM	NITY C Vehic	le Action Prior to	Crash	1	22	Dam	aged Are	a Code	8 27 2	27 27	
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Event	Sequence 1	23 23	23	23	Test	Status:		1 28		
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	Viol. 1: Ch/Sec/Sub ————			r Contributing Co		25	25		Test Res		30	22	13
				_	0 26	I]			. Alcohol ed from s		22	g 2 32	
⁶ 2	Viol. 3: Ch/Sec/Sub Please fill out for opera	ntor and all occupants in		i Distracted by	3	35	36	37	38 39	40	2 33		ļ
	Name (Last First Middle)	To and an occupants in	Address	DOB/Age	Sex Po		Airbag	Eject 1 Code C	Frap Injury Code Status	Transp.	Medical	Facility	
	Operator	S	ee Above	> <	X 1	99	4	0 0	10	1			
	HUGO PADILLA HERNANDEZ	428 BORDER ST EAST BOSTON, MA	02128-2455	12/03/1989	м 2	99	4	0 0	10	1			
	CHRISTIAN TEIXEIRA	69 NICHOLAS RD FRAMINGHAM, MA C	01701-3451	06/15/1983	м 3	99	4	0 0	10	1			Í
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			r							1	<u> </u>		4
⁷ 9	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action	Loca	tion	17 C	ondition	18		Hit/Run	Moped	
	License # S23782328 St M	A DOB/Age	Reg #	5DK339			Reg	Туре_	2C	R	eg State M	Α	
	Sex F Lic. Class D Lic. R	Restrictions 99 20 C		'ear 2002								21	
	Operator DALEY, SHANNO	E	ndorsement	DALEY,									
⁸ 2	Address 8 WESTDALE AVE	First	Middle	ess 8 WEST	asi		Fin	st .		М	iddle		
	City WILMINGTON State			WILMING				State	MA	Zin 0	1887-	0000	1 14
	Insurance Company CITIZENS	-	_	le Action Prior to		6	22		aged Area		,	27 27	
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⁹ 2		_		· ·		25	25		Test Res		30		
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	Viol. 3; Ch/Sec/Sub			r Distracted by	99 26	<u> </u>	36		ed from so	cene?	2 33		ļ
	Please fill out for operator/nor Name (Last First Middle)	1-inotorist and all occupa	Address	DOB/Age	Sex Po	it Safety	Airbag Status	Eject 1	Frap Injury Frode Status	Transp.	Medical	Facility	
	Operator/Non-Motorist	Se	ee Above		\times 1	99	4	0 0	10	1			
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	Police Use Only	onwealth (alth of Massachusetts					RMV Document Number					
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$h = \begin{bmatrix} N \\ N \end{bmatrix}$	lumber ehicles	Numb	Opec	l Limit.	25	Local Police	080	
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	AT INTERSECT	ION:	< LOCA					AT IN		SEC		_	
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					24		ANI	OVE				2	
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Add	ress#		Na	ame of	Roadwa	ay/Street		
				Feet	N S E W	of				or _		1	
	Route# Direction Na	me of Intersecting Roadway/	Street				Mile	Marker		***************************************	Exit Number	——	1011
		Also at Intersection with		Feet [1		_	Route#		Interse	cting R	Roadway/Street	F	
² 3	Route# Direction Na	me of Intersecting Roadway/	Street	Feet N	N S E W	of							
3									Laı	ndmark			
³ 2	Please Select One of the Following:	#Occupants	1 Moped	Crash Re	port ID#	19	-39	94-	AC	•		1	
	License # S85120227 St N	A DOB/Age	Reg #	996TG7			Reg T	vne PC	 :	Re	eg State MA	\neg	
	10 10	Restrictions 99 20 CDL	_	ear 2010								21 1	1 12
		Endo	rsement	r AWAD, I				-		von	Comig.	-	
⁴ 1	Operator AWAD, HANI I Address 22 SHADY LN	First M	iddle	ss 22 SHA	ist		First			Mid	ddle		
	City HOLDEN Stat	M/N == 01520=				N		- 1¢	7 -	. 01	E20-2E0	_	
		•		HOLDEN			22				L520-258	27	
	Insurance Company PROGRESSI			le Action Prior to C		<u> </u>		Test Sta		Code.	28		
5	Vehicle Travel Direction: SEW	Responding to Emergence	cy? 2 Event	Sequence 1		23	23	Type of		ŀ	29		
	Citation # (If Issued)		Most	Harmful Event	1 24			BAC Te		ılt:	30	L	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ———	Drive	Contributing Cod	e 99	25	25	Susp. A	lcohol:	31	Susp. Drug:	32]	1 13
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	Distracted by	99 ²⁶			Towed f	from sc	ene?	1 33	_	
2	Please fill out for oper	rator and all occupants involv		DODA -	34 Seat Sex Pos.	35 Safety	36 Airbag E	37 38 jeet Trap ode Code	39 Injury	40 Transp.	16.8-10-35		
	Operator (Last Pilst Middle)	See A		DOB/Age	Sex Pos.	System 99	Status C	ode Code	1	Code 1	Medical Facility	-	
	Орегиног	30071			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		-	- -	-				
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7	Please Select One Vehicle 21	#Occupants Non-Me	otorist A Type	15 Action	16 Locati	٦	17 CO	dition	18	h.	Hit/Run Mo	ned	
⁷ 1	of the Following:											, peu	
	License # NHL19040100 St N	IH DOB/Age	. Reg#	1075AP			Reg T	ype AP	<u> </u>	Re	eg State NH	21	
	Sex M Lic. Class A 19 19 Lic.	Restrictions 99 CDL.	Veh Y	ear <u>1996</u>	Veh N	lake M	ack	Truc	ck_	_ Veh	Config. 6		
⁸ 1	Operator DITTY, JOHN A	LBERT First M:	Owne	r <u>BAY</u> STA	ATE D	ISP	OSAJ First	IN	<u> </u>	Mid	ddle		
1	Address 117 MOOSECLUB	PARK RD	Addre	ss 15 IND	USTR:	AL	WAY					-	
	City GOFFSTOWN Stat	e NH Zip 03045	City _	ATKINSON				State N	H _ z	ip 03	3811	¹	1 14
	Insurance Company SAFETY IN	SURANCE	Vehic	e Action Prior to C	Crash	10	22	Damage	d Area	Code:	6	27	·
	Vehicle Travel Direction: XSEW	Responding to Emergence	cy? 2 Event	Sequence 1	3 23	23	23	Test Sta			28		
9	Citation # (If Issued)	_	Most	Harmful Event	1 24	1		Type of		.	30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	Contributing Cod	e 8	25	25	BAC Te	г	31		32	
	Viol. 3: Ch/Sec/Sub ————			Distracted by	99 26	1		Towed f	L		2 33	-	
	Please fill out for operator/no			- L	34	35 Safaty		7 38	39	40			
	Name (Last First Middle)	Add		DOB/Age	Sex Pos.	Safety System	Status C	eet Trap ode Code	1	Transp. Code	Medical Facility		
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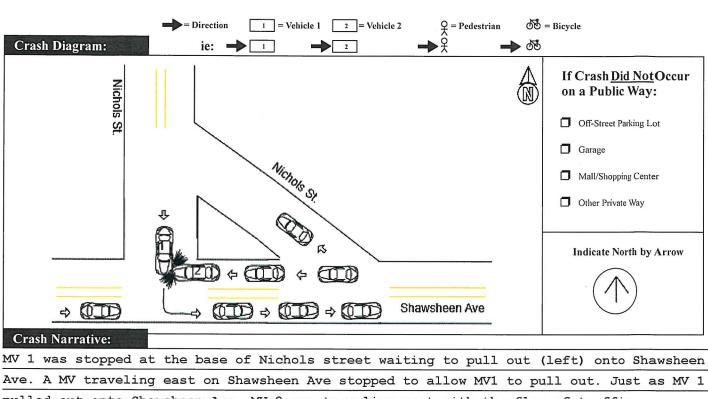


Wilmington Police Department Images Associated with 19-394-AC





				monwealth	onwealth of Massachusetts					RMV Document Number					
	Date of Crash 11/19/2019	Time of Crash	City/Town lmington	Motor Vel	nicle Cras	sh	Nur Vehi		Number Injured	Speed Latitud	Limit_	25	State Poli Local Pol MBTA Po	ice 🔯	
		24HR		Police	Report		2	1	•	Longit			Campus I Other:	'olice 🗖	
		AT INTERSEC	TION:	< LOCA	TION >	>		N	OT A	TIN	TER!	SEC	ΓΙΟΝ:		10
		SHAWSH	EEN AVE												2 10
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'2		NICHOL	At e em		Feet [1	N S E	E W o	of —		•		or _			
	Route# Dire		Name of Intersecting Road	lway/Street					Mile M	arker			Exit Nu	mber	3 11
			Also at Intersection	with	Feet L			R	oute#		Interse	cting R	Roadway/Sti	reet	
² 3	Route# Dire	ction	Name of Intersecting Road	lway/Street	Feet 1	NISIE	Σ [W] ο	of —							
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3	of the Followi		#Occupants His		Crash Re										┧
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	Sex M Lic.	Class D Li	c. Restrictions 99	Endorsement	Year 2013							_ Veh	Config. 1		
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⁴ 1		HAROLD PL			ress 50 HAR				<u>.</u>						
			tate MA Zip 0187		TEWKSBUF	XX		31	,				L876-		
	,		ROCK ASSUR	ANCE C Vehi	cle Action Prior to ([6			Damage Test Stat		Code:	2 ²⁷ 2	27 27	
⁵ 2	Vehicle Travel I	Direction: N E V	V Responding to Eme	ergency? 2 Ever	nt Sequence 1		Ц	23 2	1	ype of			29		
	Citation # (If Iss	sued)		Mos	t Harmful Event	1	24			BAC Te	st Resu	ılt:	1 30		_ 13
	Viol. 1: Ch/Sec/	'Sub ———	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Cod		4 ²	15		Susp. Al	L			ag: 2 32	1
⁶ 2	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub —		er Distracted by	0		35 1		owed fi	om sc	ene?	1 33]
<i>د</i>	Name (Last First N		perator and all occupants in	nvolved Address	DOB/Age	Sex	34 Seat : Pos. S	Safety Ai	36 37 irbag Ejec atus Cod	Trap Code	lnjury Status		Medical	l Facility	
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	Please Select	One	#O		15	16			17	<u> </u>	18				1
⁷ 3	of the Followi		#Occupants No	n-Motorist A Type	Action	Lo	ocation	<u> </u>	Cond	L			Hit/Run	Moped	1
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	Sex F Lic.	Class D Li	c. Restrictions 99 (Endorsement	Year 2014			ke HO	NDA	-		_ Veh	Config. 2	<u>L</u>	
⁸ 1		NASA, MYA	First	Middle	ner LANASA	ast			First			Mi	ddle		
		BELLEROSE			ress 14 BEL										14
	-		tate <u>CT</u> Zip <u>0625</u>	•	NORTH GR	<u>osv</u>	ENC	PRDA 22	~					1607 27 27	2
	Insurance Comp	-	<u>neral Insur</u>		icle Action Prior to		1	<u>ا</u>		Damage Test Stat		Code:	28	-11-21	
	Vehicle Travel I	Direction: NSE	Responding to Eme	-	n Sequence 1	<u> </u>	24 24	23 2	.3	Type of			29		
⁹ 2	Citation # (If Iss	sued)				<u> </u>		25	25 I	BAC Te	st Resi		1 30		
	Viol. 1: Ch/Sec/	'Sub ———	Viol. 2: Ch/Sec/Sub —		er Contributing Coo	<u> </u>	1 ²		\$	Susp. Al	ı			ug: 2 32	i
	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub —		er Distracted by	0	34	35	36 37	Fowed f	rom sc	ene?	1 33		4
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	Operat	or/Non-Motor	ist	See Above		X	1	1 4	0	0	9		Wincheste Hospital)r	
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							\dashv			+					1



MV 1 was stopped at the base of Nichols street waiting to pull out (left) onto Shawsheen Ave. A MV traveling east on Shawsheen Ave stopped to allow MV1 to pull out. Just as MV 1 pulled out onto Shawsheen Ave, MV 2 was traveling west with the flow of traffic subsequently colliding with the front end of MV1. Op. of MV1 stated he did not see MV 2 to his left. It should be noted, this time of morning both, Nichols street and Shawsheen Ave are often heavily congested with traffic. Both vehicles sustained moderate damage to the front end resulting in A&S towing both vehicles. Op 1 denied the need for medical attention. Op of MV 2 stated she was pregnant therefore was trasported to Winchester Hospital for evaluation.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
NAVIS SUSAN M		50 OXFORD	RD TEWKSBURY	MA 0187	6	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
Truck and Bus Information: Carrier Name Address			City		St Zip	
US DOT #: Interstate 43 Cargo Body Tyl Trailer Reg #: Hazmat Information:	pe Code	GVWR/GCWR	45			
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 digit	#Release code	49

Patrol Officer Scott Dunnett

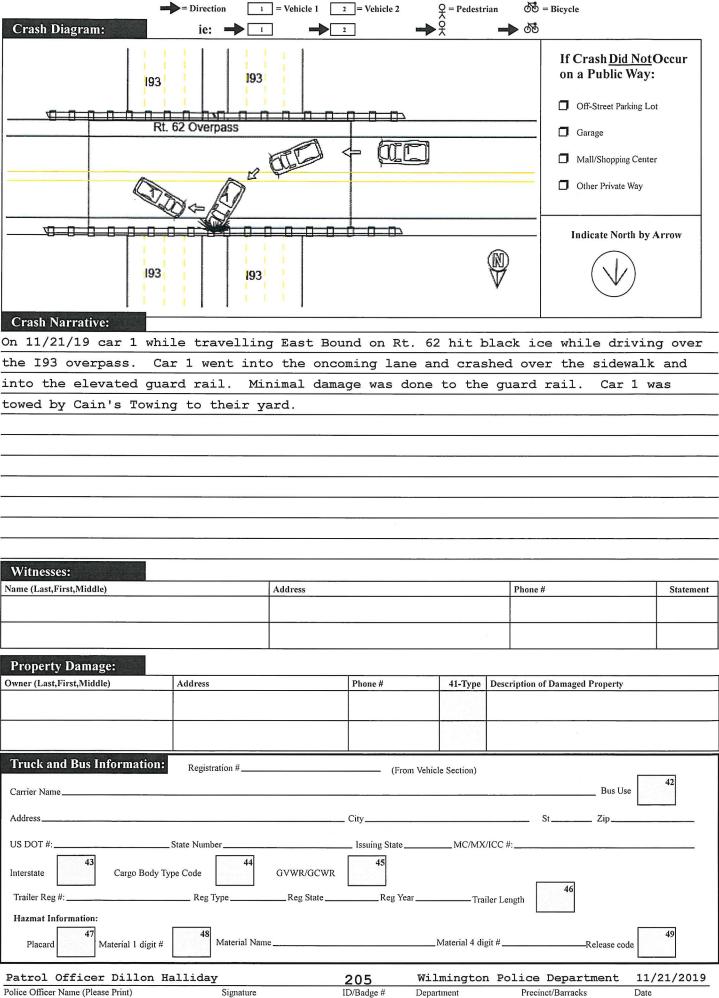
202

Wilmington Police Department

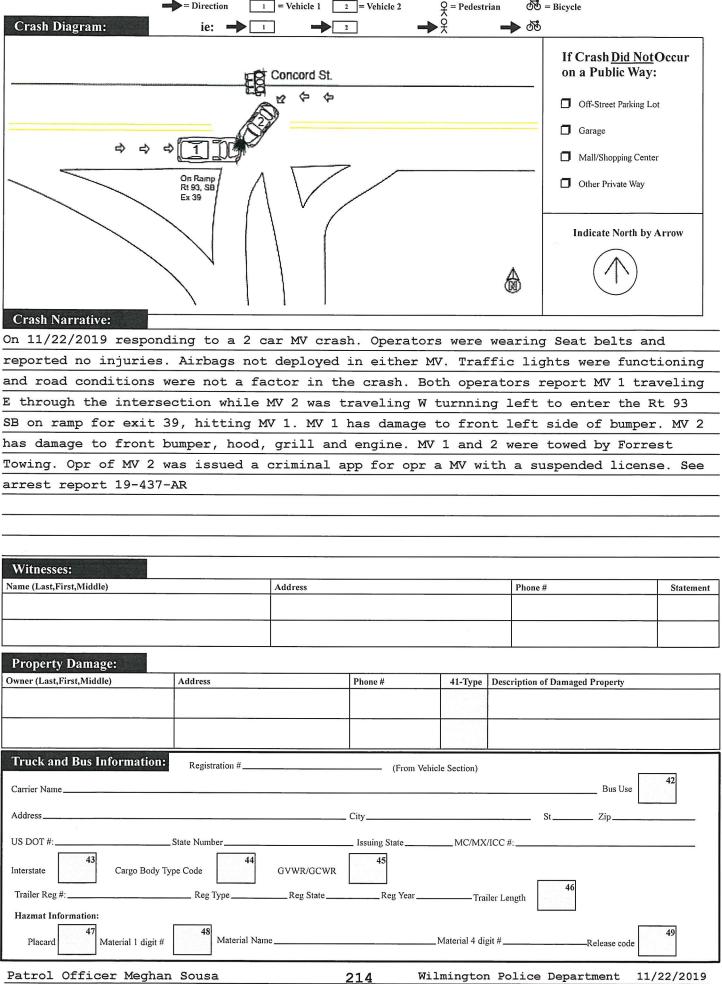
11/20/2019

	Police Use Only	Comi	nonwealth of Massachusetts					RMV Document Number		
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit	_ 4 0	State Police Local Police MBTA Police Campus Police	1
	11/21/2019 0354 Wil	mington	Police	Report	1	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >	1	NOT AT	INTER			1
						*****				2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	ROUT	E 62	HWY Roadway/	Street	
¹ 4		At								
				Feet NS	EW of	— — – Mile Ma	• ırker	or	Exit Number	
	Route# Direction Na	ame of Intersecting Roady Also at Intersection w	-	Feet NS	E W of					1 11
				Feet N S		Route#	Interse	ecting Road	dway/Street	
² 3	Route# Direction Na	me of Intersecting Roady	vay/Street	1000	-11-0"		La	ndmark		
	Please Select One Valvahiele 1 1	#Occupants Hit/	Run Moped	Crash Report	1 Q.	-30				
3	of the Following:									1
	10 10	DOB/Age	Reg	# 1BNG58		_ Reg Type	PC	Reg S	State MA 21	3 12
	Sex M Lic. Class D Lic.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DL Veh	Year <u>2005</u> v	eh Make <u>C</u>	HEVRO	LET	Veh Co	nfig. 2	3
1	Operator EMERY , MICHAE	L JASON First		er EMERY, MI	CHAEL	JASC First	N	Middle		
⁴ 1	Address 143 VARNUM RD		Add	ress 143 VARNU	JM RD					
	City DRACUT Stat	te MA Zip 01826	5-3027 City	DRACUT	·····	Sta	te MA Z	Zip 018	26-3027	
	Insurance Company ALLSTATE	INSURANCE (COMPAN Vehi	cle Action Prior to Crash	1	22 D	amaged Area	1	27 27 27	
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Ever	nt Sequence 24 23	23 23		est Status:		28	
,	Citation # (If Issued)		Mos	t Harmful Event 24	24	•	/pe of Test: AC Test Resi	-	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	isp. Alcohol:		usp. Drug: 32	24 ¹³
,	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		wed from sc	<u> </u>	33	
⁶ 4	Please fill out for oper	rator and all occupants in	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		j
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	So	ee Above		1 1	4 0	0 10	1		

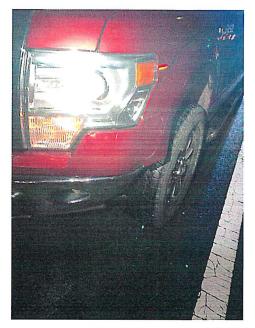
7	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action 16 L	ocation	17 Condit	18	Hit/	Run Moped	1
⁷ 1	of the Following:		Motorist A 1990			Condit			Nan La Woped	4
	License # St St	DOB/Age	_	#		_ Reg Type	<u> </u>	Reg S	State	
	Sex Lic. Class Lic.	Restrictions C	DL Vehindorsement	Year V	eh Make			Veh Co	nfig.	
⁸ 1	Operator	First	Middle Own	lerLast		First		Middle		
	Address			ess						14
	City Stat	e Zip	City				te Z		27 27 27	4
	Insurance Company		Vehi	cle Action Prior to Crash			amaged Area est Status:		28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23 2			pe of Test:	-	29	
⁹ 2	Citation # (If Issued)		Mos	Harmful Event	24		AC Test Resi	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25 Sı	ısp. Alcohol:		usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from sc	CIIC.	33]
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupa	ants involved	DOB/Age Sex		36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	t Se	ee Above		1					
										1
										-
										1



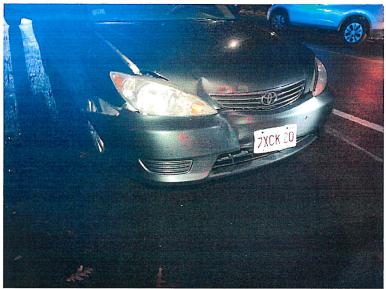
	Police Use Only	monwealtl	vealth of Massachusetts				RMV Document Number			
	Date of Crash Time of Crash 11/22/2019 1706 Wilr	City/Town mington	Motor Ve	ehicle Crash	Number Vehicles		Dece .		State Police Local Police MBTA Police	
	24HR	ining con	Police	e Report	2	0	Latitude Longitu			<u> </u>
	AT INTERSECT	ION:	< LO	CATION >		NOT A	T INT	ERSEC	TION:	
	CONCORD	СШ								2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	·	Naır	ne of Roady	vay/Street	
¹ 4	T02cnn2	At O DAMO		Feet N S	E W of		 •	— or _		
	Route# Direction I93SBR3	ne of Intersecting Roady	vay/Street			Mile M	arker		Exit Number	6 11
		Also at Intersection w	vith	Feet N S		Route#	I	ntersecting	Roadway/Street	-
² 2	Route# Direction Nan	ne of Intersecting Roady	vay/Street	Feet N S	E W of				шавиеле	
	Please Select One	"o			1 ^			Landmar	k	
3	of the Following:	_#Occupants	'Run Mope	d Crash Repor	t ID# 19	-39	7-1	AC		
	License # S89658390 St M		R	eg# <u>8500ZR</u>		Reg Ty	e PC	R	leg State MA	12
	Sex M Lic. Class A M Lic. F	Restrictions 20 C	DL V	eh Year 2014	Veh Make <u>E</u>	FORD		Vel	Config. 2	1
4	Operator PAPADOPOULOS,			wner PAPADOPO	ULOS,	STAN:	LEY	G	liddle	_
⁴ 3	Address 81 WOBURN ST		A	ddress 81 WOBUF	EN ST					_
	City READING State	MA Zip 01867	7-0000 C	ity READING					1867-0000	- I
	Insurance Company SAFETY IN	SURANCE CO	MPANY v	ehicle Action Prior to Cras				Area Code:	8 27 27 27]
⁵ 1	Vehicle Travel Direction: N S W W	Responding to Emer	gency? 2 E	vent Sequence 1 23	23 23	23	est Statu ype of To		29	
T	Citation # (If Issued)		M	Iost Harmful Event 1	24	F	BAC Test		1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	D	river Contributing Code	1 25	25	Susp. Alco	ohol: 2 31	Susp. Drug: 2 32	1 13
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	D	river Distracted by	26	7	owed fro	om scene?	1 33	
	Please fill out for opera	tor and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 Trap Code	39 40 Injury Transp. Status Code	Medical Facility	
	Operator	S	ee Above	\sim	1 1	4 0	0	10 1		
						1				
										_
	N. 61.16	<u> </u>		15 16		17		19		_
⁷ 5	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action 16	Location	Cond	ition	18	Hit/Run Mope	:d
	License # S98275533 St M	A_ DOB/Age	Ro	eg # <u>7XCK20</u>		Reg Tyl	e PC	R	eg State MA	_
	Sex. M Lic. Class 99 19 Lic. R		DL Ve	eh Year <u>2005</u>	Veh Make	CTOYO	.	Vel	n Config. 21	
8	Operator ARROYO, ALBER			wner GUEVARA	JAIM	First			iddle	_
⁸ 1	Address 11 CREIGHTON S	T		ddress 11 CREIG	HTON		PT #		nudie	-
	City JAMAICA PLAIN State	MA Zip 02130	0-1320 C	ity JAMAICA P I	LAIN	St	ate MA	Zip_ _0	2130-1319	2 1 14
	Insurance Company PROGRESSIV	E DIRECT	INSURA V	ehicle Action Prior to Cras	h 4			Area Code:		1
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 E	vent Sequence 23	23 23	23	est Statu ype of To		28	
⁹ 2	Citation # (If Issued) T1683844		M	lost Harmful Event	24		SAC Test		30	
	Viol. 1: Ch/Sec/Sub 90 23 v	/iol. 2: Ch/Sec/Sub	D	river Contributing Code	19 25	25 S	usp. Alco	ohol: 2 31	Susp. Drug: 2 32]
	Viol. 3: Ch/Sec/Sub \	/iol. 4: Ch/Sec/Sub —	D	river Distracted by) ²⁶	1	owed fro	m scene?	1 33	
	Please fill out for operator/nor	n-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 Trap Code	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	S	ee Above	X	1 1	4 0		10 1		
										-
										\dashv
						-				\dashv
1				1	5 I	1 1	1 1	1		1



Wilmington Police Department Images Associated with 19-397-AC









	Police Use Only	Com	Commonwealth of Massachusetts RMV Document Number						Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	nicle Crash	Number Vehicles	Number Injured	Speed Limit	Lo	ate Police cal Police BTA Police ampus Police	1
	11/22/2019 2014 Wil	mington	Police	Report	1	0	Latitude Longitude _	Ca	BTA Police Impus Police Impus Police	
	AT INTERSECT	TION:		ATION >		NOT A		SECTIO		1
										2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	76 Address #	FORE	ST ST Name of	Roadway/Str	reet	
4		At								1
	Route# Direction Na	CV	10.	Feet N S	E W of	Mile Ma		or	xit Number	<u> </u>
	Route# Direction Na	Also at Intersection v		Feet N S	E W of					1 11
				Feet N S		Route#	Inters	ecting Roadw	/ay/Street	
² 1	Route# Direction Na	ame of Intersecting Roads	vay/Street				La	ındınark		
3	Please Select One Vehicle 11	#Occupants Hit	Run Moped	Crash Report	1D# 1 Q	-39			***********	1
,	of the Following:							·		-
	License # S29521826 St 1	20		# D83 G					21	1 12
	Sex 44 Lic. Class D Lie.	Restrictions C	ndorsement	Year 2010					ig. 1	F
¹ 1	Operator GLADDING, DAY	/ID J First	Middle	ner GLADDING Last		D J First		Middle		
1	Address 16 MICHAEL RD			ress 16 MICHA						
	City N TEWKSBURY Sta		_	N TEWKSBUR		_			6-2050	
	Insurance Company THE COMME	RCE INSURAL	NCE CO Vehi	cle Action Prior to Crash	<u> </u>		amaged Area	Code: 1 27		
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	nt Sequence 5 23	23 23	23	est Status: ype of Test:	29	4	
	Citation # (If Issued)		Mos	t Harmful Event 5	24	-	AC Test Res		1	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 St	sp. Alcohol:	2 31 Susp	p. Drug: 2 32	5 ¹³
·	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	owed from so	·		
1	The state of the s	rator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury			1
	Name (Last First Middle) Operator	S	ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	Орегию				- -	- ·	-	-		
										_
<u> </u>	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16 I	Location	17 Condi	18	Hit/Rı	ın Moped	
1								<u> </u>		┨
	19 19	DOB/Age	-	#				_	21	
	L	Restrictions C	ndorsement	Yearv	Veh Make			Veh Confi	g	
2	Operator	First	Middle	Last		First		Middle		
	Address			Tess						14
	City Sta						ite 2 amaged Area		7 27 27	
	Insurance Company			cle Action Prior to Crash			amaged Area est Status:	28		
	Vehicle Travel Direction: NSEW	Responding to Emer		at Sequence 23		23	pe of Test:	25	i	
2	Citation # (If Issued)		Most	t Hannful Event	24		AC Test Res	ult: 30	<u> </u>	
	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25 St	ısp. Alcohol:		o. Drug: 32	
	Viol. 3: Ch/Sec/Sub		er Distracted by	26		owed from so		1	ļ	
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	st s	ee Above	X	1					
										1
							 	 		-
										-
										1

	= Direction	= Vehicle 1	2 = Vehicle 2	Pedestria	an 🕉 = B	icycle	
Crash Diagram:	ie: →	→ □	2	·웆	→ 56		
		1				If Crash Did Not on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center	t
						Other Private Way	
	Fore	st St			\vdash		
		****				Indicate North by A	Arrow
				(2)	3>	\bigcirc	*
Crash Narrative:						,	
MV1 travelling south	bound on Fore	est St. Ope	erator of MV	1 state	d a deer	jumped out o	f the
woods directly in fr	ont of his ve	ehicle and	he did not	have ti	me to sto	p. Damage to	front
bumper of MV1. Deer	was deceased.	•					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:			[pi	41 75	D	1 P	
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
							9
Truck and Bus Information	Registration #		(From Vehic	cle Section)			
Carrier Name						Bus Use	42
Address			_ City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	44	GVWR/GCWR	45				·
Trailer Reg #:	The Contract		Reg Year	——— Trail	er Length	46	
Hazmat Information:	200		-		0.000	- X.	
Placard 47 Material 1 digit #	48 Material Na	me		Material 4 dig	it #	Release code	49
Patrol Officer Kevin P (avanaugh		195 Wil	lmington	Police D	epartment 11/	22/2019