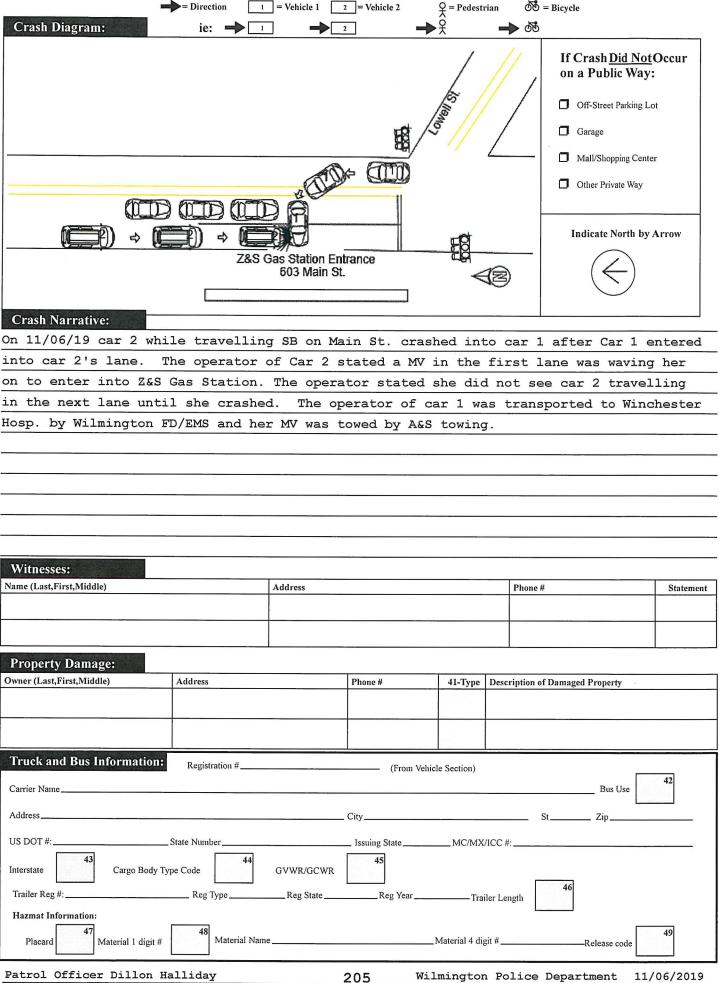
I	Police Use Only	Con	ımonwealth	of Massacl	nusett	S	RN	AV Docu	ment Number	
Date of Cras 11/06/201	1 1	City/Town	Motor Vel	nicle Crash	Numbe Vehicle		Speed Lim	it <u>35</u>	Local Police	
117,007,201	24HR	ilmington	Police	Report	2	1	Latitude Longitude		MBTA Police Campus Police Other:	İ
	AT INTERSE	CTION:		ATION >	<u> </u>	NOT A	T INTE			1
									A	2 10
Route# Di	rection	Name of Roadway	Straat	Route# Direction	603	MAIL		CD 1	(0	_
1 Kouter D	rection	At	Street	Route# Direction	Address #	:	Name o	f Roadwa	ay/Street	_
				Feet N S	E W of		_ • _	- ог _		.
Route# Di	rection	Name of Intersecting Roa		ļ		Mile M	arker	****	Exit Number	3 11
		Also at Intersection	n with	Feet N S		Route#	Inter	secting R	.oadway/Street	
Route# Di	rection	Name of Intersecting Roa	dway/Street	Feet N S	E W of			Ü	ŕ	
				<u> </u>	177111111111111111111111111111111111111		L	andmark		_
Please Select of the Follo		1 #Occupants H	it/Run Moped	Crash Repor	t ID# 1 S	9-37	9-A	C		
License # S	71796816	St MA DOR(A :	1	I #_988JB4			DC.		. 3/7	┥
	10 10	20							21	1 12
Sex F Li	o. Class B	Lic. Restrictions	Endorsement	Year 2009				Veh	Config. 1	
	ARBONE, KA	First	Middle	er <u>CARBONE</u> ,		RYN A		Mid	ldle	
3 Address 8	CENTRAL SI	1	Add	ess 8 CENTRA	L ST					
City WILL	INGTON	State MA Zip 0188	37-2709 City	WILMINGTO	N	Sta	ate MA	Zip 01	887-2709	
Insurance Con	npany SAFETY	INSURANCE	Vehi	cle Action Prior to Cras	h 4	22 D	amaged Are	a Code:	3 27 27 27	
Vehicle Trave	Direction: S E	W Responding to En	ergency? 2 Ever	t Sequence 23	23 23	23 T	est Status:		28	
' 1	(ssued)	·		Harmful Event 1	24	T	ype of Test:		29	
	·				A 25	25	AC Test Res		30	13
		Viol. 2: Ch/Sec/Sub		er Contributing Code	26	S	usp. Alcohol	-	Susp. Drug: 32	1
Viol. 3: Ch/Se		- Viol. 4: Ch/Sec/Sub		er Distracted by 0			owed from s		1 33	_
Name (Last Firs		operator and all occupants	involved Address	DOB/Age Sex	34 35 Seat Safet Pos. System		38 39 Trap Injur Code Statu		Medical Facility	
Opera	tor		See Above	X	1 1	4 0	0 8	- F	Winchester Hospital	1
					+-	+				-
										_
Please Selec		2 #Occupants N	on-Motorist A Type	15 16		17	. 18			1
3 of the Follow	ving:	N	on-Motorist A Type	Action	Location	Condi	tion	 	lit/Run Moped	_
License # S		St.MA_DOB/Age.	Reg	<u> V11538</u>		Reg Type	<u>CO</u>	Reg	-	
Sex M Lic	. Class D 19 19	Lic. Restrictions B	CDL Veh '	Year <u>2019</u>	Veh Make 📘	FORD		Veh (Config. 2	
Operator W	ALSH, THOM	AS P		er SWEETWAT	ER PO	OL SEF	VICE			
1 Address 22	BRENTWOOD	AVE		ess 175 HIGH	ST	APT 1		Mido	lle	
City WILM	INGTON	State MA Zip 0188	37-3453 City	WALTHAM			te MA	7in 02	453-5905	2 14
	npany FIREMAN	·		ele Action Prior to Crasl	1		amaged Are			
				12	23 23		est Status:	-	28	
Vehicle Travel	L	W Responding to Em		sequence 1		1	pe of Test:	-	29	
Citation # (If I	ssued)		Most	Harmful Event 1	24		AC Test Res	sult:	30	
Viol. 1: Ch/Sec	c/Sub	- Viol. 2: Ch/Sec/Sub -	Drive	r Contributing Code	1 25	25 St	ısp. Alcohol	31	Susp. Drug: 32	İ
Viol. 3: Ch/Sec	c/Sub	- Viol. 4: Ch/Sec/Sub -	Drive	r Distracted by	26	To	owed from s	cene? 2	33	1
	-	or/non-motorist and all occu	•		34 35 Seat Safety		38 39 Trap Injury			1
Name (Last First	tor/Non-Motor	pict .	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
		15 10TH AVE	See Above		1 1	4 0	0 10	1		_
GUSTAVO ME	ENDEZ	HAVERHILL, MA	01830-3205	м	3 1	4 0	0 10	1		
						1				-
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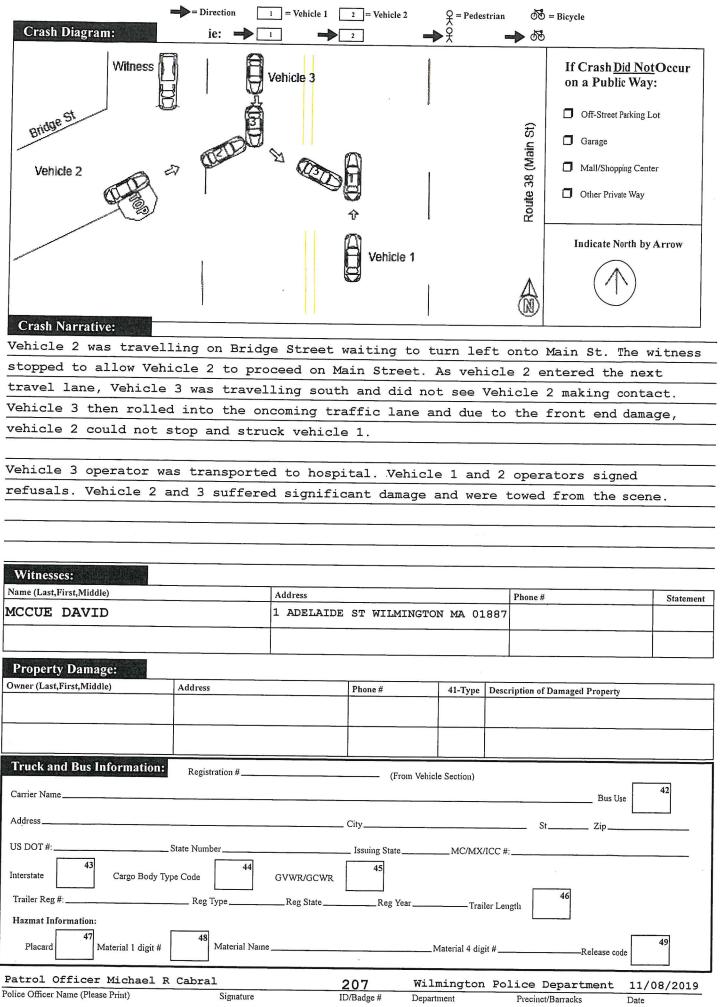
Department

	Police Use Only Commonwe			ealth of Massachusetts				RMV Document Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	Local I O	lice 🔯	1
	11/06/2019 1600 Wil	mington	Police 1	Report	2	O Injured	Latitude Longitude _	MBTA P Campus Other:	olice 🗖 Police 🗖	5
	AT INTERSECT	ION:	1	ATION >		NOT AT		SECTION:		
										2 10
	Route# Direction	Name of Roadway/Str	toot	Route# Direction	11	JERE		· D (O		
¹6	- Action Direction	At	eet	Route# Direction	Address #		Name of	Roadway/Street		-
				Feet N S	E W of		. • —	or		
	Route# Direction Na	me of Intersecting Roadw		- No		Mile Ma	irker	Exit Nu	mber	1011
		Also at Intersection w	ith	Feet N S		Route#	Interse	ecting Roadway/St		
² 2	Route# Direction Na	me of Intersecting Roadw	/ay/Street	Feet N S	E W of					
L	Please Select One							ndmark		1
3	of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# 19	-38	0-AC	3		
		A DOB/Age.	Reg#	BULLS		Reg Type	PC	Reg State M	A	
	Sex. M Lic. Class D Lic.	Restrictions 20 C	DL Veh :	Year 2015					21	1 12
	Operator MAYNARD, JONA		dorsement	er MAYNARD,						
⁴ 1	Last Address 6 JOHN ST AP	First	Middle	ess 6 JOHN S		First B		Middle		
	City N CHELMSFORD Stat			N CHELMSFO			ta MZ 7	Zip 01863 —	2022	
	Insurance Company COMMERCE	-	·			 ,	te MA Z amaged Area		27 27	
	Vehicle Travel Direction: N E W		_	cle Action Prior to Crash	23 23		est Status:	28		
5		Responding to Emerg	•	t Sequence 2 23	24	1	pe of Test:	29		
	Citation # (If Issued)			Hannful Event 2		25 B	AC Test Resi	ılt: 30		13
		Viol. 2: Ch/Sec/Sub —		r Contributing Code	19 ²⁵	Su	sp. Alcohol:		g 2 32	2 13
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by 99	26	·	wed from sc	ene? 2 33		
	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	olved 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	Se	e Above	X	1 99	4 0	0 10	1	raemiy	
							<u> </u>			İ
⁷ 9	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16 L	Location	17 Condit	ion 18	Hit/Run	Moned	
9				677216	L_					
	19 19	DOB/Age		6ZR316				Reg State M	21	
	L	1 1-	dorsement	/ear_2018 \				_ Veh Config. 1	·	
⁸ 1	Operator Driverless M.	Y . First	Middle	er NOWELL , M		LE MA	RIE	Middle		1
-	Address			ess 11 JERE I						14
	City State	,		WILMINGTON				ip 01887 -		1 '
	Insurance Company VERMONT M	UTUAL INS	Vehic	le Action Prior to Crash	11		maged Area	<u> </u>	7 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23	st Status:	28		
92	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test: AC Test Resu			
	Viol. 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	25	25	sp. Alcohol:	31 Susp. Dru	g: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	r Distracted by	26		wed from sce	- - 	~ L	
Ì	Please fill out for operator/nor	•			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
}	Name (Last First Middle) On away tow (Non-Motories		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical	Facility	
}	Operator/Non-Motorist	Sec	e Above		1					
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ı		I		, 1						i

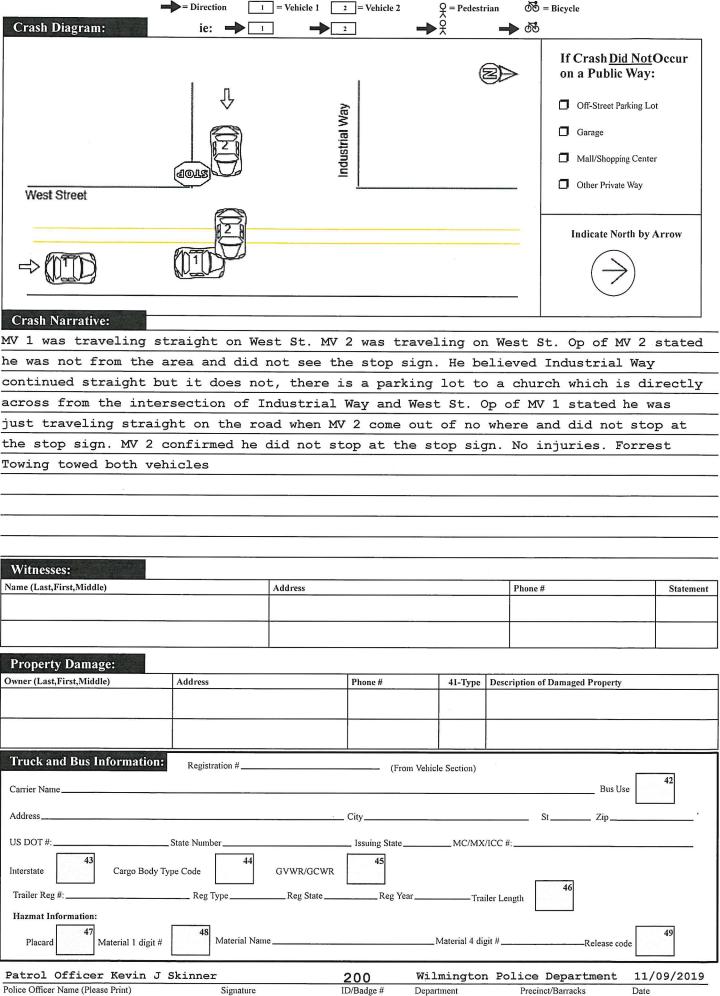


	Pol	lice Use Only	Co	mmonwealth	of Massach	usetts	RMV Docum	nent Number
	Date of Crash 11/08/2019	Time of Crash 1428 24HR	Wilmington		hicle Crash Report	Number Vehicles Injured		State Police Local Police MBTA Police Campus Police Other:
		AT INTER	SECTION:		ATION >		T INTERSECT	
· · · · · · · · · · · · · · · · · · ·	Route# Direc	ction	Name of Roadw		Route# Direction		N ST Name of Roadwa	2
1			At		Feet N S		- • - or	
	Route# Direc	otion	Name of Intersecting R			Mile M	1arker	Exit Number 3
1	Route# Direc	etion	Also at Intersect Name of Intersecting R		Feet NS	Route#	Intersecting Ro	padway/Street
Τ							Landmark	
	Please Select C of the Followi	rg: Vehicle		Hit/Run Moped		1D# 19-38		
	License # S6	10 1	St.MA DOB/Age	በ	# 147SF8			21 1
	Sex F Lic. 0	AKAKIS,	Lic. Restrictions 99	CDL Veh Endorsement	Year <u>2009 </u>	ELENI		onfig. 2
3	Address 178	HAVILA	H ST		ress 178 HAVI	LAH ST	Middl	e
	City LOWEI		State <u>MA</u> Zip <u>018</u>		LOWELL	72	ate MA Zip 018	
			 1	_	icle Action Prior to Crash	<u> </u>	Test Status:	28 28
1.	Vehicle Travel D Citation # (If Issu	irection: XS			nt Sequence 1 23 t Harmful Event 1	24 25 27	Type of Test:	29
	Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub	Dnv	er Contributing Code	25 25		Susp. Drug 32 1
	Viol. 3: Ch/Sec/S	ub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	36	owed from scene?	33
L			for operator and all occupant	ts involved		34 35 36 37 Seat Safety Airbag Eject	38 39 40 Trap Injury Transp.	
	Name (Last First Mic			Address See Above	DOB/Age Sex	Pos. System Status Code 1 99 4 0	Code Status Code O 10 1	Medical Facility
3	Please Select O		2 1 #Occupants	Non-Motorist A Type	15 Action 16 L	ocation 17 Condi	tion 18 Hit	t/Run Moped
	License # S27	745634	St.MA DOB/Age	Reg	# 9VL115	Reg Typ	PC Post	State MA
ı	Sex M Lic. C	19 19 D	Lic. Restrictions 99 20	7	Year 2006 V		•	21
- 1	-	Last	ENEDETTO First	Middle Own	er DISANTO ,	BENEDETTO First	Middle	:
\dashv	Address 3324				ess 3324 EVER	RGREEN DR		
	City WILMI	NGTON	State <u>MA</u> Zip <u>018</u>	87-1616 City	WILMINGTON		ate MA Zip 018	87-1616 1
	Insurance Compar	y PLYMOU	TH ROCK ASSI	J Vehic	ele Action Prior to Crash		amaged Area Code: 0	27 27 27
	Vehicle Travel Dir	ection: S	E W Responding to E	nergency? 2 Even	t Sequence 23 2	7 27 27	est Status:	28
	Citation # (If Issue	ed)		Most	Harmful Event 1	24	ype of Test: AC Test Result:	30
	Viol. 1: Ch/Sec/Su	b ———	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25 25		Susp. Drug: 32
	Viol. 3: Ch/Sec/Su	b ———	Viol. 4: Ch/Sec/Sub	Drive	or Distracted by	26	owed from scene?	33
Ī		-	rator/non-motorist and all occ	•		34 35 36 37 Seat Safety Airbag Eject	38 39 40 Trap Injury Transp.	
	Operator	r/Non-Mot	torist	Address See Above	DOB/Age Sex	Pos. System Status Code 1 99 4 0	Code Status Code 0 10 1	Medical Facility
-								
L								

	Police Use Only	<u> </u>	nonwealth	of Massacl	husett	S	R	MV Docu	ment Number	
	Date of Crash Time of Crash 11/08/2019 1428 Will	City/Town .mington	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim	it <u>35</u>	- Local Police	3
	24HR	miling com	Police	Report	3	1	Latitude Longitude		MBTA Police Campus Police Other:	3
	AT INTERSECT	TION:	< LOCA	TION >		NOT A	T INTE			7
										2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	205 Address #	MAII		of Roadwa	/Streat	_
¹ 1		At	· · · · · · · · · · · · · · · · · · ·		7 todiess #		ranc c	/ Roadwa	19/3/1000	-
L	Route# Direction Na			Feet N S	E W of	Mile M	•	- or	Exit Number	-
	Route# Direction Na	Also at Intersection w	· · · · · · · · · · · · · · · · · · ·	Feet N S	EWof	171110 171	di Kçi		Dat Transcr	3 11
			•	Feet N S		Route#	Inter	secting Ro	oadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet [N]S	12 W 01					_
	Please Select One Voltage 3 1	#Occupants Hit/F			10	20		andmark		1
3	6.		Run Moped	Crash Repor	t ID# 1 9	-38	T-V(ٽ		
	License # <u>\$83278123</u> St <u>10 10 10 10 10 10 10 10 10 10 10 10 10 1</u>		Reg #	8231HB		Reg Typ	e PC	Reg		- 12
	Sex_F Lic. Class D 19 Lic.	Restrictions D CD	DL Veh Y	'ear <u>2009</u>	Veh Make 1	TOYOTA	1	Veh C	Config. 21	1
4	Operator PEABODY, MARG	ARET AGNES		PEABODY,	MARGA		GNES			.
⁴ 3	Address 15 FAIRMEADOW			ess 15 FAIRM	EADOW	RD First		Midd	fle	
	City WILMINGTON Stat	e MA Zip 01887	-1616 City	WILMINGTON	1	Sta	ite MA	Zip 01	887-1616	
	Insurance Company CITIZENS	INSURANCE	Vehic	le Action Prior to Crash	1				27 27 27	
_	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	23 Te	est Status:		28	
⁵ 1	Citation # (If Issued)			Hannful Event 1	24		pe of Test:		29	
	Viol. 1: Ch/Sec/Sub			Contributing Code	1 25	25	AC Test Res		30	13
	Viol. 3: Ch/Sec/Sub			Distracted by	26		isp. Alcohol		Susp. Drug: 32	1
⁶ 1		ator and all occupants invo		Distracted by U	34 35	36 37	owed from s	40 40		_
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	See	Above	$\times X$	1 99	4 0	0 9	2	ahey Clinic	
										-
	Planca Salara One			16 [12]						4
3	Please Select One of the Following:	_#Occupants Non-N	Motorist A Type	Action 16	Location	Condit	ion 18	Hi:	t/Run Moped	
	License # St	DOB/Age	Reg #.			Reg Type		Reg	State	1
	Sex Lic. Class 19 19 Lic. R	testrictions 20 CDI	Veh Ye	ear \				-	21	
	Operator	End	Orsement	Γ						
1	Last Address	First	Middle	Lasi SS		Pirst		Middle	e	
	City State	Zip				Stat	te 2	Zin.		1 14
	Insurance Company		_	Action Prior to Crash			unaged Area		27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerger			23 23	 23 Te	st Status:		28	
	Citation # (If Issued)	Responding to Emerger	•	·	24		pe of Test:		29	
2	. ,			Iarmful Event	25	BA	C Test Resi		30	
	Viol. 1: Ch/Sec/Sub ———— V			Contributing Code	26	Su	sp. Alcohol:		Susp. Drug: 32	
ļ	Viol. 3: Ch/Sec/Sub			Distracted by	34 35	To:	wed from sc	ene?	33	_
	Prease fill out for operator/non Name (Last First Middle)	•	S Involved idress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motorist	See .	Above	\times X	1					
										1
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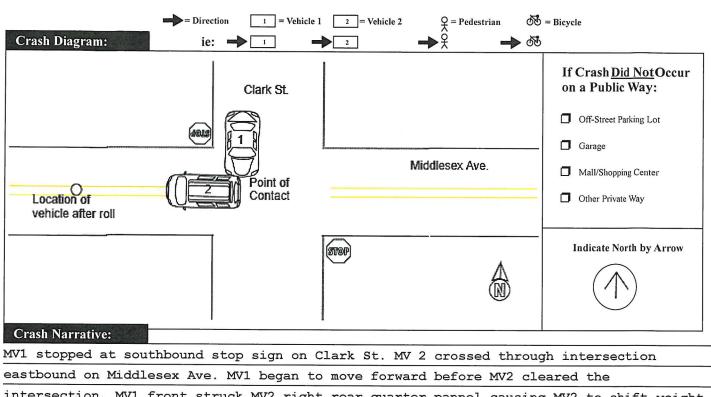
	Police Use Only	Commonwealth of Massachusetts RMV Document Number						ment Number		
	Date of Crash Time of Crash 11/09/2019 0857 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it <u>30</u>	Local Police	1
	24HR	ming con	Police	Report	2	0	Latitude Longitude_		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSECT	ΓΙΟΝ:	1
										2 10
·	Route# Direction WEST ST	Name of Roadway/Str	reet	Route# Direction	Address #		Name o	f Roadwa	av/Street	-
¹ 1		At							-,	1
		IAL WAY	10	Feet N S	E W of	Mile M		- or	Exit Number	L.,
	Romer Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N S	E W of					3 11
				Feet N S		Route#	Inter	secting R	oadway/Street	
² 1	Route# Direction Na.	me of Intersecting Roadw	/ay/Street				L	andmark		
3	Please Select One Vehicle 11	_#Occupants Hit/	Run Moped	Crash Report	ID# 1 Q	-38		***************************************		1
,	of the ronowing:									4
	License # S81602936 St M Sex M Lic Class 19 19 License	20		# 3236RO					21	1 12
	Die. Class D			Year 2012				Veh (Config. 1	
⁴ 2	Operator KELLY, MICHAE	First		er KELLY , M		First		Mid	dle	
	Address 381 WEST ST			ess 381 WEST	ST					
	City READING Stat	•	7-2201 City.	READING					867-2201	
	Insurance Company CITIZENS		Vehic	ele Action Prior to Crash			amaged Are	a Code: 1	1 27 8 27 27 28	
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:	1	29	
	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	sult: 1	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 Si	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	Te	owed from s	cene? 1	33	
1	Please fill out for oper	ator and all occupants inv	rolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject	38 39 Trap Injury			1
	Operator	Se	e Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
								+-+		-
										1
								1 1		-
										1
⁷ 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16 I	ocation.	Condit	tion 18	П н	it/Run Moped	
	License # S88834092 St M	A_ DOB/Age	Reg #	4VKC90		Reg Type	PC	Rer	g State MA	1
	Sex.M Lic. Class D Lic. F	Restrictions 1 20 CI	DL Veh Y	/ear 2010 \	/eh Make B			-	21	
	Operator MURPHY, JOHN	En	dorsement	er FANNING M					·	
⁸ 1	Address 720 SALEM END	RD	Middle Addre	Last Pass 720 SALE	M END	First RD		Midd	lle	
	City FRAMINGHAM State	MA Zip 01702	-5545 City_	FRAMINGHAM		Sta	te MA	Zip 01	702-5545	1 14
	Insurance Company METROPOLI	TAN PROP	Vehic	le Action Prior to Crash	1	22 D	amaged Area	Code: 1	27 0 27 27	
	Vehicle Travel Direction: N S W W	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23	23 Te	st Status:	1	28	
)	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test:	_	29	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19 ²⁵	25	AC Test Res isp. Alcohol:		30 Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub ——		r Distracted by	26		owed from so		33 Drug:2	
	Please fill out for operator/nor	•		<u> </u>	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motorist		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator/Inon-Mon-Motorist	Sei	e Above		1 1	4 0	0 10	1		



Police Officer Name (Please Print)

Signature

	Police Use Only	Commo	onwealth	of Massac	husett	S	RM	V Document Nun	nber	
	Date of Crash Time of Crash	City/Town]	Motor Veh	icle Crash	Numbe		Speed Limi	30 State Pol Local Po	lice 🔲	
	11/09/2019 1640 Wilm	ington	Police :	Report	Vehicle 2	s Injured	Latitude Longitude _	MBTA P Campus	lice Dice Solice Police Dice Dice Dice Dice Dice Dice Dice D	
	AT INTERSECTION	ON:	< LOCA		<u> </u>			Other:Other:		i
			· LOCA			NOTA	IIIIE	SECTION.		10
	MIDDLESE					_				2
¹3	Route# Direction	Name of Roadway/Street		Route# Direction	Address #		Name of	Roadway/Street		
3	CT ADV CI	At		Feet N	S E W of			or		
	Route# Direction CLARK ST	e of Intersecting Roadway/S	Street			Mile M	arker	Exit No	ımber	3 11
		Also at Intersection with		Feet N :	S E W of	Route#	Intern	anting Dandway/St		
2	Route# Direction Name		C.	Feet N S	S E W of	Rottle#	inters	ecting Roadway/St	reet	
² 1	Route# Direction Name	e of Intersecting Roadway/S	Street				La	ındmark		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID# 1 9	-38	3-A(<u> </u>		·
.,	or the ronowing.									ļ
	10 10	DOB/Age		533TK8				F	31	1 12
	Sex M Lic. Class D Lic. Re	estrictions CDL_	Veh Y	_{(ear} 2018	_ Veh Make_	JOLKSV	IAGEN	Veh Config.	<u>L</u>	
	Operator MANGANIELLO, I	מ מדעות		MANGANIE	LLO,	DAVID First	A	Middle		
⁴ 2	Address 12 COLONIAL DR			ess 12 COLO	NIAL D			Middle		
	City BILLERICA State	MA Zip 01821-1	L757 City	BILLERICA		Sta	ate MA	Zip 01821–	1757	
	Insurance Company COMMERCE]			le Action Prior to Cras			amaged Area		27 27	
	Vehicle Travel Direction: N K E W	Responding to Emergence			23 23	T	est Status:	28		
⁵ 1					24		ype of Test:	29		
	Citation # (If Issued)	_		Harmful Event 43	<u></u>		AC Test Res	ult: 30		13
	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	4 25	25 S	usp. Alcohol:		ug: 2 32	1 "
⁶ 1	Viol. 3: Ch/Sec/Sub — Vi	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26	Т	owed from so	ene? 1 33		
т	Please fill out for operate Name (Last First Middle)	or and all occupants involve		DOD4	34 35 Sent Safety		38 39 Trap Injury Code Status			ĺ
	Operator	See Al		DOB/Age Sex	Pos. Syster	n Status Code	Code Status	Code Medica	d Facility	
	Орегиног	12 COLONIAL DR	bove		1 1	1 0	10 110			
	CHRISTOPHER MANGANIELLO	BILLERICA, MA 01821		06/04/2015 M	5 4	4 0	0 10	1		
	Please Select One			15 16		17	18			Ì
⁷ 2	of the Following:	#Occupants Non-Mo	torist A Type	Action	Location	Condi	tion	Hit/Run	Moped	
	License # S86850325 St M	DOB/Age	Reg #	P88145		Reg Typ	. CO	Reg State M	A	
	Sex M Lic. Class D 19 Lic. Re	strictions 20 CDL_		ear 2012				· [21	
	Operator CLAPP, NEIL R	Endors	sement	r CLAPP, N				ven comig. [-	ĺ
⁸ 2	Address 24 SHADY LANE I	First Mid	idle	Last SHADY		First		Middle		
								01007	1007	14
	City WILMINGTON State	-	_931 City_	WILMINGTO				Zip <u>01887 –</u>		
	Insurance Company COMMERCE I	NSURANCE	Vehic	le Action Prior to Cras	1			Code: 11 27 0	27 27	İ
	Vehicle Travel Direction: N S W	Responding to Emergency	y? Event	Sequence 1 23 4	3 23 23	23	est Status: ype of Test:	29		İ
2	Citation # (If Issued)	-	Most	Harmful Event 43	3 24		AC Test Res			İ
	Viol. 1: Ch/Sec/Sub ——— Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	99 ²⁵	25	isp. Alcohol:		32	
	Viol. 3: Ch/Sec/Sub — Vi	ol. 4: Ch/Sec/Sub	Drive	Distracted by	26		owed from so		82	İ
	Please fill out for operator/non-		involved		34 35	36 37	38 39	40		
	Name (Last First Middle)	Addr	ess	DOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code Medica	d Facility	
	Operator/Non-Motorist	See Al	oove	\times	1 1	4 0	2 10	1		
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ŀ				<u> </u>	+					



intersection. MV1 front struck MV2 right rear quarter pannel causing MV2 to shift weight and roll over into roadway. Operator of MV1 stated he had stopped at the stop sign, MV2 was traveling too fast, and MV1 could not stop in time once pulling into the intersection. Operator of MV2 stated that he was traveling straight ahead and that MV1 pulled into the intersection, striking him. Witness was behind MV1 and stated MV1 pulled into intersection causing accident. No injuries. MV1 had front end damage, MV2 had damage to rear end, and sides from roll over. Both vehicles towed by Forrest Towing.

Witnesses:							
Name (Last,First,Middle)	· ·	Address			1	Phone #	Statement
WILLARD JAMES C		ES GROVE DERR	Y NH 03		I none #	Statement	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	iption of Damaged Property	
Carrier Name Address US DOT #:							a a
Interstate 43 Cargo Body Typ Trailer Reg #: Hazmat Information:	pe Code	GVWR/GCWR	45			46	
Placard Material 1 digit #	Material Name	2		Material 4 dig	git #	Release code	49
Patrol Officer Joseph A Fit	zgerald		215 Wil	mingtor	n Pol	lice Department 11	/09/2019

Department