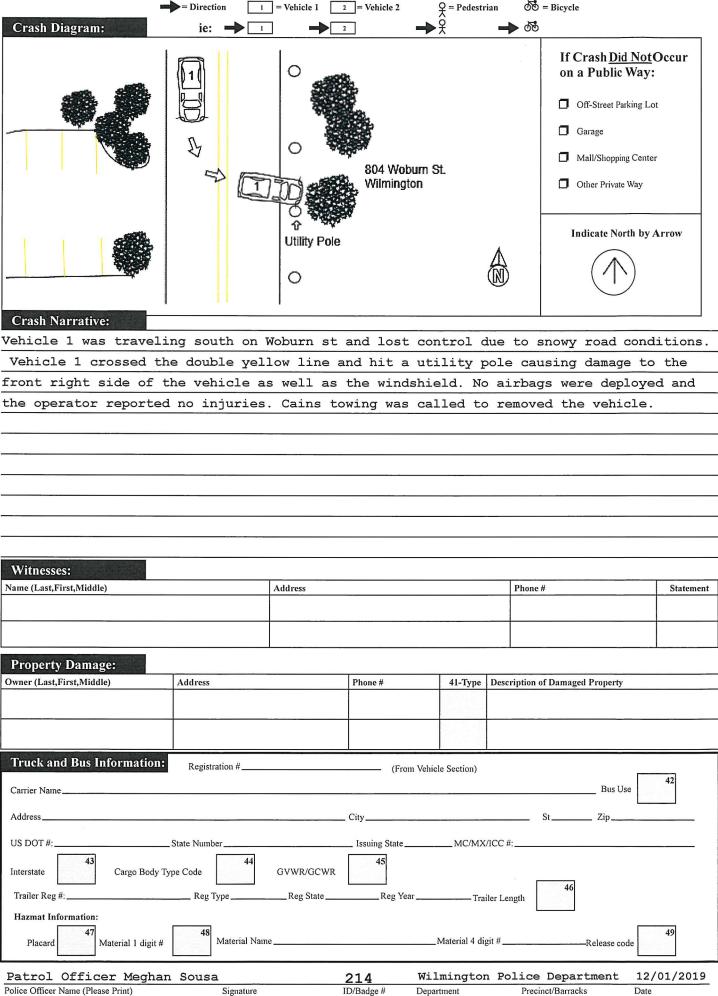
	Police Use Only		Con	ımonwe	ealth (of Massa	ach	use	tts			RM	V Docı	ument Nu	ımber	
	Date of Crash Time of Cr 12/01/2019 1550		City/Town ington	Moto	r Veh	icle Cra	sh		mber nicles	Number Injured	Speed	Limit	40	Local I	Police Po	7
		HR	9	Pe		Report		2		1	1	ue tude			us Police	
	AT INT	ERSECTIC	N:	<	LOCA	TION	>		1	OT A	T IN	ΓER	SEC'	TION:		10
										ROU'	re :	129	HW	ſΥ		2 10
¹ 3	Route# Direction		Name of Roadway At	/Street		Route# Direc	tion	Addre	ss#					/ay/Street		
			At			Feet	N S	E W	of –			. —	or _	w		
	Route# Direction		of Intersecting Roa			Б.,	NIC	E W		Mile M	arker			Exit	Number	3 11
			Also at Intersection	a with		·		E W	F	Route#		Interse	ecting F	Roadway/	Street	
² 2	Route# Direction	Name	of Intersecting Roa	idway/Street		reet	N S	EW	or —			I a	ndmark			-
L	Please Select One	ehicle 12 #	Occupants H	(it/Run	Moped	Crash R	enort	1D# 1	9-	-40	6-			`	***************************************	1
³ 4	of the Pollowing:				•											4
	License # S374172 9	19	DOB/Age			5ZP172								-	MA 21	1 12
	Sex F Lic. Class D Operator FARRELL		strictions	CDLEndorsement		FADDET							Veh	Config.	1	
⁴ 1	Address 75 ALDRI	Fi	irst	Middle		er FARREL ess <u>75 ALI</u>	Last			First	SRT		Mi	ddle		
<u> </u>	City WILMINGTON		ντα _{7in} 0188	37-2203		WILMING			KD		. M7	n -	, n	1007.	-2203	
	Insurance Company LIBI		•		-	le Action Prior to		1	1 2:	_	ate <u>1414</u> Damage		•		27 27	
		N S X W	Responding to Em							J	est Stat			1 28		
5	Citation # (If Issued)		responding to 21.	geney		Harmful Event	1	24		<u>ا</u> ا	ype of	Test:		29		
<u> </u>	Viol. 1: Ch/Sec/Sub		ol 2: Ch/Sec/Sub .			r Contributing Co		1 2	25	25	BAC Tes Susp. Al			1 30 Sum D	orug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub					•	0	26	iL		owed fi	ı		33 33	rug.[2	
⁶ 3	Please fil		r and all occupants	****				34 Seat		36 37 irbag Ejec	38 Trap	39 Injury	40 Transp.			
	Name (Last First Middle) Operator		1	Address See Above		DOB/Age	Sex	Pos. 5		tatus Code	Code	Status 8	Code 2	Med Lahey C	ical Facility	1
	BRIAN FARRELL		75 ALDRICH RD					_	1 4		0					-
	BRIAN FARRELL		WILMINGTON, MA	01887-2203			м	1 :	1 4	- 0	10	10	1			
											-					-
											<u></u>					
⁷ 5	Please Select One of the Following:	hicle 2 1 #	Occupants N	on-Motorist A	Туре	15 Action	16 L	ocation	ı	Cond	ition	18		Hit/Run	Moped Moped	
	License #	St.	. DOB/Age		. Reg#	6CB281				Reg Typ	e PC		Re	eg State 1	MA	
	Sex Lic. Class D	19 Lic. Res	trictions 20	CDL	. Veh Y	ear 2014	v	eh Mak	« <u>VO</u>	LKSV	VAGE	EN	Veh	Config.	1 21	
8	Operator_		and a	Endorsement	. Own	NOAH,	MEL	ISS	A A	MY				ddle		
⁸ 2	Address_			Middle	. Addre	ess 32 GRY	ZBC	osk <i>i</i>	A C	IR.			Mi	ddie		
	City_	State	Zip_	-	City _	FRAMING	HAM			~					-5520	1 14
	Insurance Company CITI	ZENS IN	ISURANCE	COMPAN	. Vehic	le Action Prior to	Crash	4	1 22] ~	amage		Code:		27 27	
	Vehicle Travel Direction:	N S E	Responding to Em	ergency? 2	. Event	Sequence 1	23 :	23 2	23 2	~	est Stat			1 ²⁸		
⁹ 2	Citation # (If Issued)				Most	Hannful Event	<u> </u>	24		E	AC Tes		ılt:	1 30		
	Viol. 1: Ch/Sec/Sub	Vio	1. 2: Ch/Sec/Sub -		_ Drive	r Contributing Co			.5	25 S	usp. Al	cohol:	2 31		orug: 2 32	
	Viol. 3: Ch/Sec/Sub		l. 4: Ch/Sec/Sub -		_ Drive	r Distracted by	0	26	26 1		owed fi		L	1 33]
	Please fill out fo Name (Last First Middle)	r operator/non-n	notorist and all occi	upants involved		DOB/Age	Sex		Safety A	36 37 irbag Eject tatus Code		39 Injury Status	40 Transp. Code	Medi	ical Facility	
	Operator/Non-	Motorist		See Above		><	X	1 1	1 4	0	o	10	1			
								T	T							
																1
									\top							1
			<u> </u>				1					L				J

	= Direction	1 = Vehicle 1	2 = Vehicle 2	₹ = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: →	_ →	2	→ 🗦	→ №	
						sh <u>Did Not</u> Occur ublic Way:
(129)					☐ Off-S	street Parking Lot .
					☐ Gara	
	Lo.				☐ Mall/	Shopping Center
	Lowe	Vehi	icle 2		Other	Private Way
	Vehi	C N				
					Indica	ate North by Arrow
ලාලුල්ල		4	In	(Map data	(02019	\bigcirc
Crash Narrative:						
Wehicle 1 was travel		129. Vehic	cle 2 was	turning on	the on ramp	to Rte 93
south and struck veh	nicle 1.					
	· · · · · · · · · · · · · · · · · · ·					
Witnesses:		Turn				
Name (Last,First,Middle)		Address			Phone #	Stateme
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Pr	operty
						V-12-04
Truck and Bus Information	Registration #	71.000	(Fro	m Vehicle Section)		
Carrier Name	Trog.outdion ii		(FTO	m venicie Section)		Bus Use 42
			Cit		C	
US DOT #:	State Number44		Issuing State_	MC/MX/ICO	C #:	
	Type Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Ye	arTrailer	Length 46	
Hazmat Information:						
Placard Material 1 digit	# 48 Material Na	me		Material 4 digit #	Rel	ease code 49
Patrol Officer Rafae	l G Cruz		198	Wilmington F	Police Departm	ent 12/01/201
olice Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

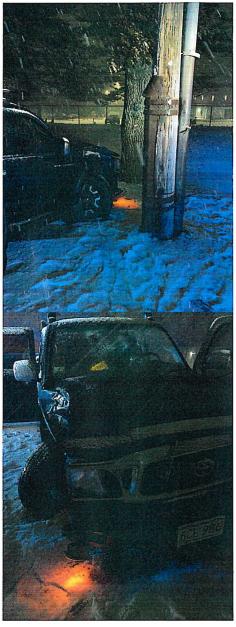
	Pol	lice Use Only		C	<u>om</u> monv	vealth	ot M	assa	ich	use	etts				RMV	V Docı	ıment N	umber	
	Date of Crash 12/01/2019	Time of Crash	Ci Wilmi :	ty/Town	1	tor Veh			sh		mber hicles	Num Injur	~4 [~]	eed	Limit .	35	Local MBT	Police Police A Police	
		24HR				Police	<u> </u>	rt		1		0		ongit					
		AT INTERS	ECTION	N:	<	LOCA	TION	>	>			NOT	AT	INT	ERS	SEC'	TION	:	101
										804	4	WO	BUF	N	ST				2 10
¹ 4	Route# Dire	ction	N	ame of Road			Route#	Direct		Addr				Nar	ne of l	Roadw	ay/Stree	t	
4				А	t			_Feet [N S	EW	of					or _			_
	Route# Direc	ction	Name of	f Intersecting	g Roadway/Street							Mil	e Mark	er			Exit	Number	1 11
			A	lso at Inters	ection with			_Feet [Route	- -	I	nterse	cting F	Roadway	/Street	- [
² 4	Route# Direc	ction	Name of	f Intersecting	g Roadway/Street			_Feet	N S	E W	of								_
	Please Select	One N	1 110		_	<u> </u>		i								ndmarl	<u> </u>		\dashv
3	of the Followi		1 <u>1</u> #O	occupants [Hit/Run	Moped	(Crash R	eport	ID#	<u> 19</u>	-4	07	-7	AC	;			
	License # <u>.S5</u>	7519428	7	DOB/Age		Reg	# <u>6CL</u> 9	986				Reg	Туре	PC		R	eg State		- l ₂ 12
	Sex M Lic.	L	Lic. Restr	L	CDL	Veh	Year 20	02	\	Veh Ma	ike <u>T</u>	OYO	TA			_ Veh	Config.	2 21	3 '-
4	Operator VA	N, PHUON	G VIE	NN	Middle		er VAN	, P	HUC ast	NG	VI	EN Fin	·t			Mi	ddle		_
⁴ 1	1	HANCOCK					ess 14	HAN	CO	CK	ST								-
		RE		-		•	REVE	RE		r								-5231	- I
	-	pany PLYMOU'		CK AS	SURANCE		cle Action				<u> </u>	22		aged Stati		Code:	2 27 9	27 27	<u> </u>
5	Vehicle Travel I	Direction: N	E W F	Responding t	to Emergency? 2	Even	it Sequence				23	23		Statt of T			29		
	Citation # (If Iss	sued)				Most	t Harmful I	Event	22				• •		t Resu	ılt:	1 30		
	Viol. 1: Ch/Sec/	'Sub	Viol.	2: Ch/Sec/S	Sub	Drive	er Contribu	_	<u></u>	<u> </u>	25	25	Susp	. Alc	ohol:	31		Drug: 32	2213
⁶ 3	Viol. 3: Ch/Sec/	Sub				Drive	er Distracte	ed by	0	26					om sce		1 33		
<u> </u>	Name (Last First M	Please fill out fo	or operator a	and all occup	pants involved Address		DOR	I/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ме	dical Facility	
	Operate	or			See Above			<	X	1	1	4) (,	10	1			
		-											\dashv						
													\dashv						
	Planes Salast (T			15		16			17		ᆛ	18	 			
⁷ 1	Please Select (of the Followi		2#O	ccupants	Non-Motorist	A Type	Acti	on	I	_ocatio	n L	C	onditio	ո		<u> </u>	Hit/Run	Мор	ed
	License #		٦	DOB/Age		Reg	#					Reg	Type_			R	eg State		-
	Sex Lic.	Class 19 19	Lic. Restr	ictions	CDL		Year		\	Veh Ma	ake					_ Veh	Config.	21	
⁸ 1	Operator	Last	First	ı	Middle		er	Ī.	asi			Fire	ı			Mi	ddle		_
1	Address					Addr	ess	-											14
	City		State	Zip		City.				г						•			_ 4
	Insurance Comp	oany				Vehic	cle Action					22		-		Code:	27	27 2]
	Vehicle Travel I	Direction: NS	E W F	Responding t	to Emergency?	Even	t Sequence	,	23	23	23	23		Statu of T			29		
⁹ 2	Citation # (If Iss	sued)				Most	t Harmful I	Event	L	24					t Resu	ılt:	30		
	Viol. 1: Ch/Sec/	Sub	— Viol.	2: Ch/Sec/S	Sub	Drive	er Contribu	ting Co	de	Ц_	25	25	Sus	o. Alc	ohol:	31	- пор	Drug: 32	2
		Sub					er Distracto	ed by		26					om sc	,	33		
	Ple Name (Last First M	ease fill out for oper	ator/non-mo	otorist and al	ll occupants involv Address	ed	DOB	I/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operate	or/Non-Mot	torist		See Above			<	X	1									
								_											
												$\mid \cdot \mid$	\dashv						_
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			1				1									1			



Wilmington Police Department Images Associated with 19-407-AC





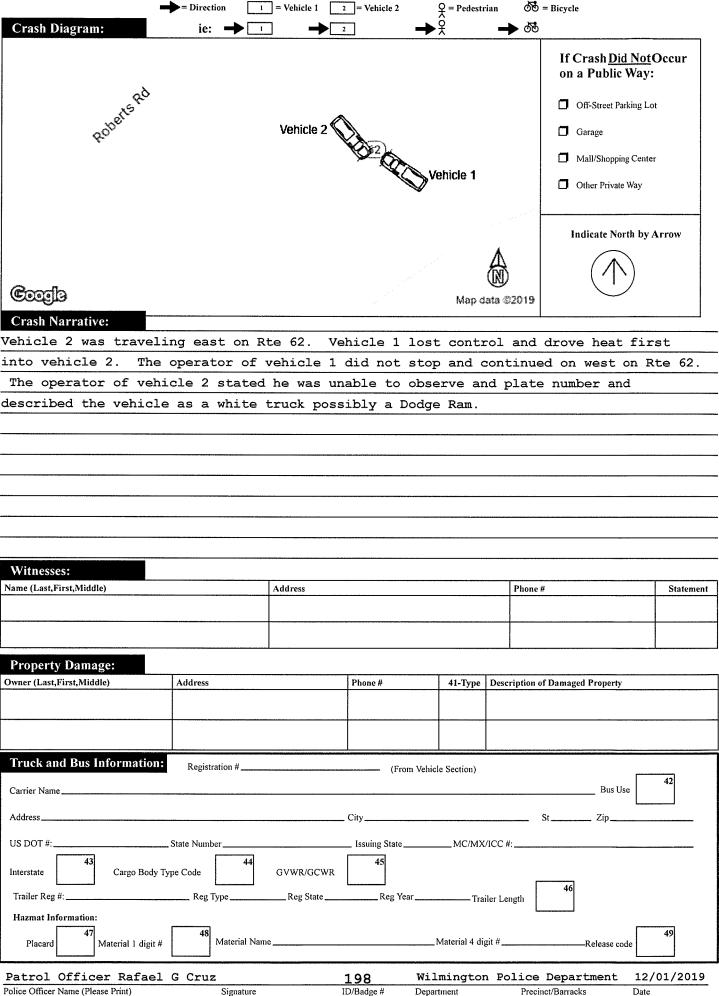




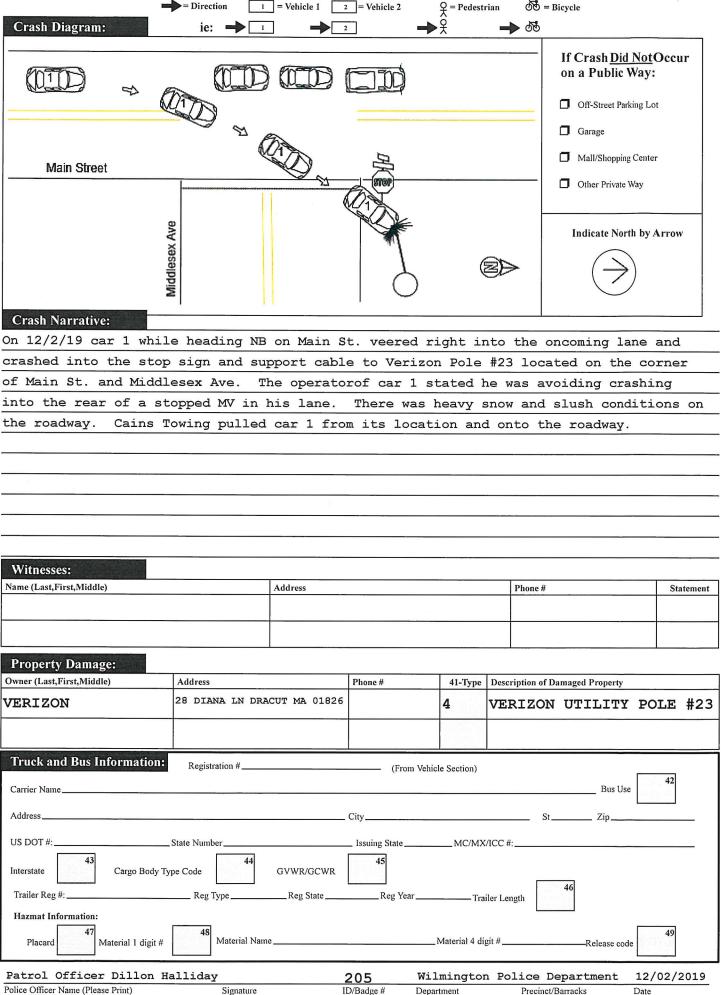
Wilmington Police Department Images Associated with 19-407-AC



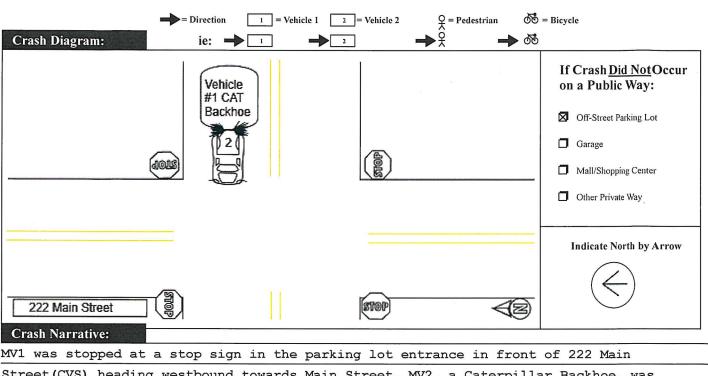
	Police Use Only	Com	monwealth	of Massach	usetts	5	RM	V Docur	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	1	Speed Limit		State Police Local Police MBTA Police Campus Police	1
	12/01/2019 1828 Wil	mington	Police	Report	2	Injured 0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	I	ATION >		NOT A	r inter			1
						110111		2201	20111	10
					30	BURI	INGTO			2
¹ 4	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of	Roadwa	y/Street	-
4		At		Feet NS	E W of		_ • _	or		
	Route# Direction Na	me of Intersecting Road	way/Street			Mile Ma	nrker		Exit Number	6 11
		Also at Intersection v	with	Feet N S	E W of	Route#	Interc	ecting R	oadway/Street	
2	Route# Direction Na	me of Intersecting Road	/Stwoot	Feet N S	E W of	Romen	mers	being re	Jauway Bireet	
² 2	Rotte# Direction Na	me of intersecting Road	way/Street	<u> </u>			La	ındmark		1
3	Please Select One of the Following:	#Occupants 🔀 Hit	Run Moped	Crash Report	1D# 19	-40	8- A C	4		
³ 4										-
	19 19	DOB/Age		#					21	1 12
	Sex Lic. Class Lic.	Restrictions C	CDL Veh	Year	Veh Make			Veh (Config.	
	Operator unknown	First	Own	terLast		First		Midd	n.	
⁴ 1	Address			ress					ne .	
	CityStat	te Zip	City			Sta	ite 2	Zip		
	Insurance Company			cle Action Prior to Crash			amaged Area		27 27 27	
	Vehicle Travel Direction: NSEW			at Sequence 23	23 23	To	est Status:		28	
5				· <u> </u>	24	T _!	ype of Test:		29	
	Citation # (If Issued)	····	Mos	t Harmful Event			AC Test Res	ult:	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25	25 S	usp. Alcohol:	31	Susp. Drug: 32	1
⁶ 3	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	Te	owed from so	ene? 2	33	
3	Please fill out for oper	ator and all occupants in		DOB/Age Sex	34 35 Seat Safety		38 39 Trap Injury		W.C. No. Tr.	1
	Operator	S	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator		See Above		1			+-+		4
			4824							_
										1
	Please Select One			15 16		17	18			1
⁷ 1	of the Following: Vehicle 21	#Occupants Nor	n-Motorist A Type	Action	Location	Condi	tion	H	it/Run Moped	
	License # S37583592 St M	A DOB/Age	Reg	# _J716		Reg Type	. CO	Reg	State MA	1
	Sex M Lic. Class D 19 19 Lic.	Restrictions 20	CDLVeh	Year 2016	Veh Make E				21	
	Operator MONSIGNORE, J	Е	Endorsement	er MONSIGNO						
82	Address 8 KEANS RD	First	Middle	Last Tess 8 KEANS	•	First	00011	Midd	lle	
		N/3 01901				_	373	. 01	002 4010	14
	City BURLINGTON State	·	•	BURLINGTON				·	803-4219 27 27 27	4
	Insurance Company CITATION	INSURANCE (COMPAN Vehi	cle Action Prior to Crash			amaged Area	Code: 1	28	
	Vehicle Travel Direction: NSWW	Responding to Emer	rgency? 2 Even	t Sequence 1 23	23 23	23	pe of Test:	1	29	
92	Citation # (If Issued)		Mos	Hannful Event 1	24		AC Test Res	ult: -	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	ısp. Alcohol:	,	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		owed from so	-	22	
	Please fill out for operator/no		pants involved		34 35 Seat Safety	36 37 Airbag Ejeet	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	.	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motoris	<i>t</i> s	See Above	X	1 0	4 0	0 10	1]
								No.		
										1
								+		1
										1



	Police Use Only	Comr	nonwealth	of Massac	chus	etts			RM	V Docu	ment Number	
	Date of Crash Time of Crash 12/02/2019 0636 Wilm	City/Town nington	Motor Veh		$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Numbe Injured	Speed	l Limit	35	State Police Local Police MBTA Police	0000
	24HR	-11.G COII	Police	Report	1		0	1	ide itude		Campus Police Other:	<u> </u>
	AT INTERSECTI	ON:	< LOCA	TION >			NOT A	TIN	TER	SEC	ΓΙΟΝ:	
	1/2 T11 CM											2 10
,	Route# Direction MAIN ST	Name of Roadway/Str	reet	Route# Direction	n Add	ress #		N	ame of	Roadwa	ay/Street	_
¹ 2		At		- N	le le lu	7 .						
	Route# Direction MIDDLESE	EX AVE e of Intersecting Roadw	vav/Street	Feet N	S E W	ot	Mile I	(larker	,	or	Exit Number	
		Also at Intersection w		Feet N	SEW	of						_ 1
2	D			Feet N	SEW	of	Route#		Interse	ecting R	toadway/Street	
² 4	Route# Direction Nam	e of Intersecting Roadw	/ay/Street						La	ndmark		
³ 5	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	19	-40	9-	AC	•		
5	License # S41841222 St M	DORIAGO	Pag	#_8MJ288							on State MZ	
	19 19	20		# 010255 Year 2015							21	3 ¹²
			ndorsement	rear <u>2015</u> er <u>MOO, SH</u>			OIOI	<u> </u>		ven	Config.]
⁴ 1	Operator MOO, SHA LAH Last Address 28 BRIDGE ST	First	Middle	ress 28 BRID	l.		First			Mid	ddle	_
-	City LOWELL State	M75 7: 01852				<u> </u>		M	7 2	. 01	052-120	_
	Insurance Company GOVERNMENT		_	LOWELL		_	 1	tate <u>IVI</u> Damage		-	852-120 27 27 2	7
				cle Action Prior to Cr		23		Test Sta		Code	28	_
5	Vehicle Travel Direction: SEW	Responding to Emerg						Type of	Test:	İ	29	
	Citation # (If Issued)			<u> </u>	,5	25	25	ВАС Те	st Resi	ılt:	30	13]
	Viol. 1: Ch/Sec/Sub ———— V			er Contributing Code				Susp. A			Susp. Drug: 3	2 23 13
⁶ 3	Viol. 3; Ch/Sec/Sub V			er Distracted by	<u>'</u>	T 1/2	, , , , ,	Towed t	,		2 33	_
	Please fill out for operat Name (Last First Middle)	or and all occupants inv	olved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 3 Airbag Eje Status Co	ct Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above	$\rightarrow \rightarrow$	1	1	4 0	o	10	1		
	NAY BLUT	494 MERRIMACK ST LOWELL, MA 01854	-3977	. м	3	1	4 0	0	10	1		
						-		-				
						-		-	┼			
				15 1	<u> </u>				10			_
⁷ 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 1	Locati	on	Con	lition	18	□ F	Hit/Run 🔲 Mop	ed
	License # St	DOB/Age	Reg	#			Reg Ty	ре		Re	g State	
	Sex Lic. Class 19 19 Lic. R			Year	Veh M	lake	wa mianama wa			Veh	Config. 21	l
	Operator		idorsement Own	er								
⁸ 1	Last Address	First	Middle Addr	Last			First			Mid	ldle	
	City State	Zip	City.				8	tate	Z	Zip		 4 14
	Insurance Company		Vehic	cle Action Prior to Cr	rash		22	Damage	d Area	Code:	27 27 2	7
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23	23	23	Test Sta	tus:		28	_
0	Citation # (If Issued)	_	Most	t Hannful Event	24			Type of		-	29	
⁹ 2	Viol. 1: Ch/Sec/Sub — V	iol 2: Ch/Sec/Sub	Drive	L er Contributing Code		25	25	BAC Te	ſ		Susp Drug: 3	2
	Viol. 3: Ch/Sec/Sub — V			er Distracted by	26	ال		Susp. A Towed f	ı		Susp. Drug: 3]
	Please fill out for operator/non				34 Seat	35 Safety	36 3	38	39 Injury	40		\dashv
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety System	Airbag Ejo Status Co	et Trap le Code		Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	e Above		$\frac{1}{1}$				<u> </u>			_
										ll		



	Police Use Only	Comi	nonwealth (of Massa	chus	setts	;		RM	V Doci	ument Num	ber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [Number Vehicles		er Spee	d Limit	20		ice 🔀	
	12/02/2019 0941 Wil	mington	Police 1	Report			1	Latit	ide +0	071.1	MBTA Po Campus P Other:	lice 🔲	
	AT INTERSECT	 `ION:	< LOCA				NOT				TION:		İ
													2 10
						22	MA:	IN S					
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Ac	dress #		N	ame of	Roadw	/ay/Street		
				Feet N	SE	w of			• —	or _	F 1.31		
	Route# Direction Na	me of Intersecting Roady		<u></u>			Mile	Marker			Exit Nu	nper	2 11
		Also at Intersection w	rith	Feet N			Route#	·	Interse	ecting F	Roadway/Str	eet	
² 4	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N	SE	V of							
*		l	<u> </u>							ndmarl	k		ļ
³ 8	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Rep	port ID#	19	-4	L O –	·AC	•			
-	License # S46254790 St N	IA DOB/Age	Reg	8XN216			Reg	ype P C	;	R	eg State M	A	12
	19 19	Restrictions 20 C	DLVeh `	/ear <u>2019</u>	Veh	Make G	MC			Veh	Config. 1	21	1 '-
	Operator HALLIDAY, SCO	E	ndorsement Own	er HALLIDA							_		
⁴ 2	Address 28 BUTTERSROW	First	Middle	ess 28 BUT	at .		First	•		Mi	iddle		
	City WILMINGTON Stal	MZ - 7: 01885		WILMINGT		21011		M	λ -	γ: ∩ ′	1887-:	3341	
	Insurance Company THE COMME	•	-				22				6 27 5 2		
	· ·			ele Action Prior to C		23	23	Test Sta			28	4	
⁵ 1	Vehicle Travel Direction: NSE					,L		Type of	Test:		29		
	Citation # (If Issued)		Most	Harmful Event	<u> </u>	<u> </u>	25	BAC To	est Resi	ult:	30		13
	Viol. 1: Ch/Sec/Sub ————	Viol, 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. A	lcohol:	2 31		g: 2 32	1 "
⁶ 7	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by) 26			Towed	from sc		2 33		
	Please fill out for oper Name (Last First Middle)	rator and all occupants in	volved Address	DOB/Age	Sex Pe	at Safety	Airbag l	37 38 ject Trap ode Code	Injury Status	40 Transp. Code	Medical	Facility	
	Operator	S	ee Above		X 1		4 0		9	1			
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									1				
⁷ 2	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action	Loca	ition	17 Co	ndition	18		Hit/Run	Moped	
2	License # NHL14155256 St N	III DODA		± N73538		<u> </u>					eg State M	Δ	
	19 19	20		ear 2007								21	
		E	ndorsement							Ven	Config. 3		
⁸ 2	Operator ELLIOTT, MICH	First		er S AND R		HOTI	First	<u> </u>		Mi	iddle		
		APT C		ess <u>BX 1306</u>	<u> </u>						1054		14
	City PELHAM State	•	•	LOWELL			22	State M Damage		-	1854-0	27 27	2
	Insurance Company THE COMME	RCE INSURAL	NCE CO Vehic	le Action Prior to C		1		Test Sta		Code:	28	<u>"L-"</u>	
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	Sequence 1 23		23	23	Type of			29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event				BAC To	est Resi	ult:	30		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	18	3 ²⁵ 2	0 25	Susp. A	lcohol:	2 31	Susp. Dru	ıg: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	5 26		٠	Towed	from sc	ene?	2 33		
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	ants involved	DOB/Age	Sex Po	at Safety	Airbag I	37 38 jeet Trap ode Code	39 Injury Status	40 Transp. Code	Medical	l Facility	
	Operator/Non-Motoris	t S	ee Above	1	1		4 0		10	1	recuren		1
	operatoria national	-		\forall	<u>'</u>	+			+				-
						-							
							-						



MV1 was stopped at a stop sign in the parking lot entrance in front of 222 Main Street(CVS) heading westbound towards Main Street. MV2, a Caterpillar Backhoe, was working snow removal in the parking lots of 222/260 Main Street. While MV1 was stopped at the stop sign waiting till it was safe to continue through the intersection, MV2 collided with MV1 from behind. MV2 was carrying a full load of snow and was operating with the bucket of backhoe approximately 4-5 feet above the ground when it rear-ended MV1. The full bucket of snow obscured the operator of MV2's view of MV1 and the roadway. MV1 suffered significant damage to the rear end/bed of the pickup truck. MV2 suffered minor damage to the bucket of backhoe. The operator of MV2 apologized and stated he did not see MV1. The operator of MV1 stated he had possible whiplash/neck pain, signed a refusal, and drove himself to the hospital. Both vehicles were driven from the scene.

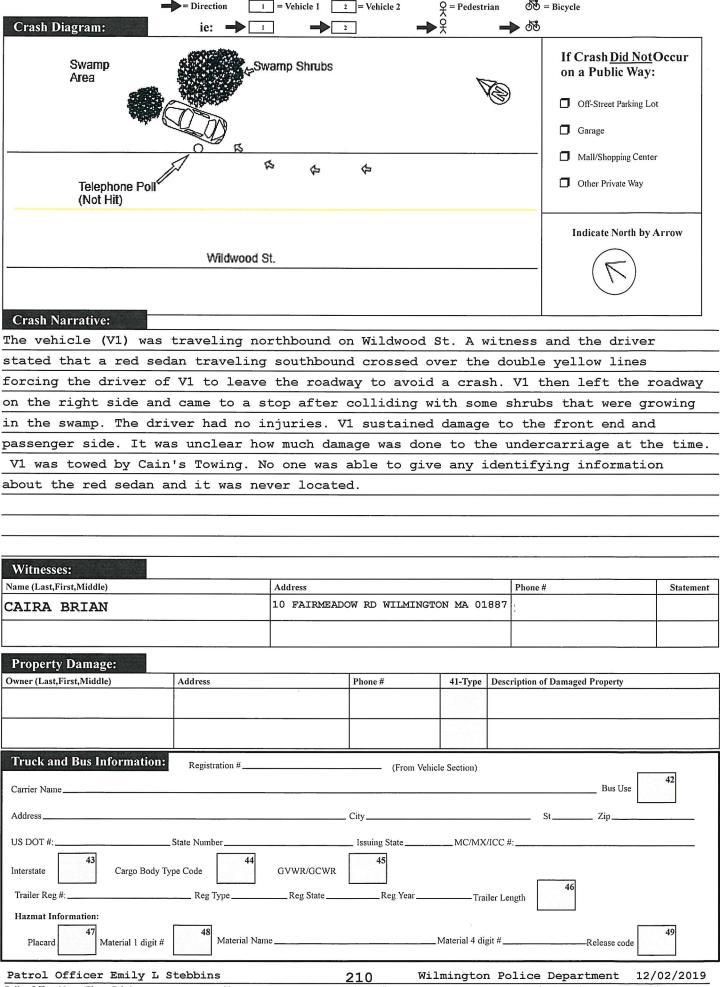
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
						e e		
							-	
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damaged	Property	
						¥ ·		
0.45.4.48	State Number	GVWR/GCWR	City Issuing State	MC/MX	/ICC#	St	Zip	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Trai	iler Len	ngth		
Placard Material 1 digit #	Material Name	2		_Material 4 di	git #	F	Release code	49

Patrol Officer Michael A Wilson

Wilmington Police Department

12/02/2019

	Pol	lice Use Only		Com	ımonw	ealth	of Mas	sach	use	etts			RM	IV Docu	ıment Nu	mber	
	Date of Crash 12/02/2019	Time of Crash 1405 24HR	Ci Wilmi	ity/Town ngton	1		icle Ci Repor			ımber hicles	Numb Injure	d Lat	ed Limi itude		MBTA Campu	Police Dis Police	
		AT INTER	SECTIO	N:	<	LOCA		>			<u> </u>				Other:		1
•	Route# Dire	ction	N	arne of Roadway/	/Street		Route# D	rirection	10 Addr		WI		DOD Name o		ay/Street		2 10
1	Route# Dire	ction	Name o	At f Intersecting Roa	idway/Street		F6	eet NS	EW	of	— Mile	Marke		- or _	Exit N	Number	11
				lso at Intersection			F	eet N S	EW	of	Route#	_	Inter	ecting F	Roadway/S	Street	1
² 2	Route# Direc	ction	Name of	f Intersecting Roa	dway/Street		F6	eet NS	EW	of	Koute			andmark	•	Jucci	
3 _	Please Select (of the Followi		le 1 <u>1</u> #C	Occupants H	iit/Run	Moped	Cra	sh Report	ID#	19	-4	11.	-A(3			
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⁴ 1]	BRENTWOO					ess 2 BR			A.	Æ						
	1	INGTON Dany SAFET					WILMIN			1	22				1 27 3	-3461 27 27	
5	Vehicle Travel I	Direction: X 5	S E W F	Responding to Em	ergency? 2	_ Even	t Sequence	40 23 21	23	23	23	Test S	tatus: of Test:		28		
	Citation # (If Iss	sued)				Most	Harmful Ever	nt 21	24			• •	Test Re	sult:	30		12
	Viol. 1: Ch/Sec/	Sub ————					er Contributing		26	25	25		Alcohol			rug:2 32	21 ¹³
⁶ 3	Viol. 3: Ch/Sec/	··		4: Ch/Sec/Sub -		Drive	r Distracted b	у О		35	36	Towe	d from s	cene?	1 33		ļ
	Name (Last First M	Aiddle)	Tor operator a	and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag 1	ject Tr	ap Injur de Statu	Transp.	Medie	cal Facility	
	Operate	or			See Above		\geq	X	1	99	4 0	0	10	1			
⁷ 1	Please Select O		e 2#O	eccupants N	on-Motorist A	Туре	15 Action	16	Locatio	on	17 Co	nditíon	18	_ _ ı	-Tit/Run	Moped Moped	
	License # Sex Lic. (Class 19	St 19 Lic. Restr	DOB/Age	CDLEndorsement		/ear									21	
³ 1	Operator	Last	First		Middle	_ Own	er	Last			First			Mie	ldle		
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			State	Zıp			1. A41 D.1.				22		ged Are	Zip a Code:	27	27 27	4
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		aued)		responding to Em	ergency:		Harmful Ever	<u>_</u>	24				of Test:		29		
['] 2	Viol. 1: Ch/Sec/S	Sub ———	Viol.			Drive	r Contributing	Code	26	25	25	Susp.	Test Res	31	30 Susp. D	rug. 32	
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	Name (Last First M	fiddle)	T	and an occi	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag I	ject Tr		Transp.	Medic	cal Facility	
	Operate	or/Non-Mo	otorist		See Above		\nearrow	\checkmark X	1								



Wilmington Police Department Images Associated with 19-411-AC









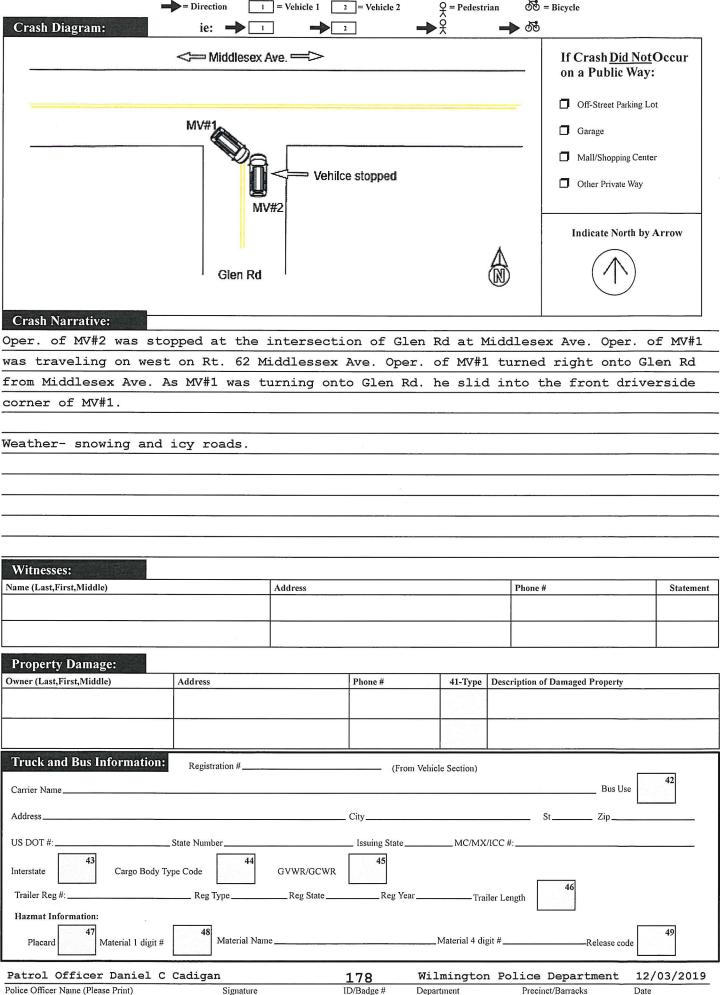




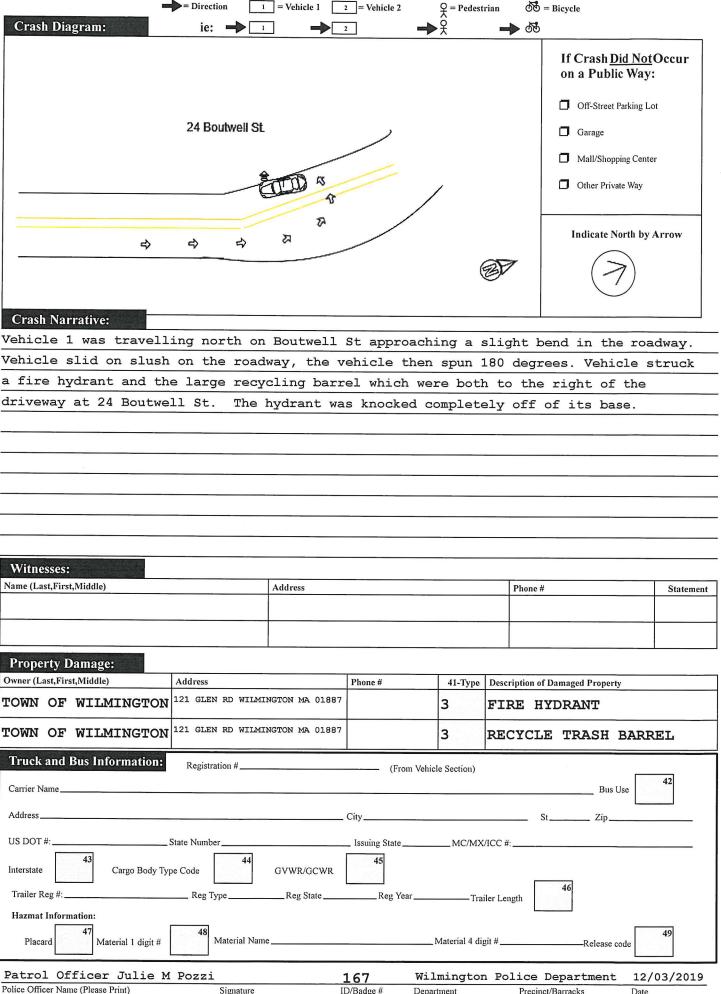
	Pol	lice Use Only		Com	monwe	alth	of Massa	ichi	usett	S		I	RMV Doc	ument Numl	ber	
	Date of Crash 12/03/2019	Time of Crash		City/Town	Motor	r Veh	icle Cra	sh	Numbe		` ا نہ مس	peed Li		Local Polic	ce 🔀	
	12/03/2019	24HR	M.T. T.III.	ington	Po	lice	Report		2	0	L	atitude. ongitud		MBTA Pol Campus Po Other:	olice	
		AT INTERS	SECTIO	N:	<	LOCA	TION :	>		NO	ГАТ	INTI	ERSEC	TION:		
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¹ 2	Route# Dire	ction		Name of Roadway/S	Street		Route# Direct		Address #		721		e of Roady	vay/Street		
2				At			Feet	N S I	E W of			_ • .	— or .			
	Route# Direc	ction		of Intersecting Road	<u>-</u>	-				Mi	le Mark	(er		Exit Nun	nber	5 11
			•	Also at Intersection	with		•		E W of	Route	<u> </u>	Int	tersecting	Roadway/Stre	eet	
² 4	Route# Direc	ction	Name	of Intersecting Road	Iway/Street		Feet	NSI	E W of						·	
Ł	Please Select (One VI	.1 #	Occupants Hi					- 1 (1 0		Landmar	k	V	1
³ 2	of the Followi	ng: Vehicle	· L±	Occupants Hi	t/Run	Moped	Crash R	eport I	D# 15	<i>)</i> – 4	12	- A	<u> </u>			
		8901415 19 1		DOB/Age		Reg #	8PM979			Reį	g Type_	PC	R	leg State MZ	21	1 12
	Sex M Lic.	Class D	Lic. Res	trictions	CDL Endorsement		Year <u>2019</u>						Vel	n Config. 2		
⁴ 1		GAN, RYA	Fi	rst	Middle		er <u>COGAN</u> ,	ast		Fi	ING rst		M	liddle		İ
T		HOLLYWOO					ess 28 HOL									
				(A Zip 0186			N READII			22			_ Zip 0 Area Code:	1864-1	7	
		-		EMPLOYEE			le Action Prior to		3 23	23		naged A		28	1 1	
5	Vehicle Travel D			Responding to Eme	ergency? 2		bequence 1	 	24		Тур	e of Tes	st:	29		
		sued)						╚┷	,	25		C Test F		30		_ 13
				1. 2: Ch/Sec/Sub			r Contributing Coor r Distracted by	<u>_</u> _	99 ²⁵		Sus	o. Alcol		22	32	1
⁶ 3	VIOI. 3; Cn/Sec/			1. 4: Ch/Sec/Sub —		. Drive	r Distracted by	<u> </u>	34 35	36	37		n scene?	2 33		}
	Name (Last First M	fiddle)		1	Address		DOB/Age	Sex	Seat Safet Pos. System			Trap In Code St	njury Transp. tatus Code	Medical F	acility	
	Operate	or			See Above			X	1 1	4	0 0) 1	0 1			
⁷ 1	Please Select C		21#(Occupants No	n-Motorist A	Туре	15 Action	16 Lo	cation	17	Conditio	11	18	Hit/Run	Moped	1
т.			St MA	_ DOB/Age _		Pag#	2204669				Т	PO	<u> </u>			
	Sex M Lic. (10 10	7	20	CDL		ear 1994								21	
		AVOY, JA		I	Endorsement		us Pos			_			ven	Conng.		
81	Address	Last	Fir	st	Middle			ast		Fit			М	iddle		
	City		State	Zip	***	City_					_ State		Zip			4 14
	Insurance Compa	any TORT C	LAIM			Vehic	le Action Prior to (Crash	1	22	Dan	aged A	rea Code:	7 27 27	7 27	
	Vehicle Travel D	pirection: XS	E W	Responding to Eme	rgency? 2	Event	Sequence 1 2	23 2	3 23	23		Status:		28		
⁹ 2	Citation # (If Issu	ued)				Most	Harmful Event	1	24		• • •	of Tes Test R		30		
	Viol. 1: Ch/Sec/S	Sub	Viol	. 2: Ch/Sec/Sub _	*****	Drive	r Contributing Cod	ie [9 25	25		. Alcoh		Susp. Drug	32	
	Viol. 3: Ch/Sec/S	Sub	Viol	. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26		Tow	ed from	scene?	2 33		
Ī	Ple Name (Last First Mi	•	ator/non-m	otorist and all occup	pants involved		DOB/Age	- 1	34 35 Seat Safety Pos. System	36 Airbag Status	Eject	Trap Inj	39 40 jury Transp. atus Code	Medical F	acility.	[
İ		or/Non-Mot	torist	5	See Above				1 1	1 1	0 0			wicard P		
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}								+		+		-	_			
															ĺ	

Creak Dia		= Directi] = Vehicle 1		Q = Pedestr ► O		= Bicycle	
Crash Diagram		ie:			0 West st.	*	→ 88	If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by	ot
Crash Narrativ	e:								
***West st.,	is a nar	row ro	adway w	with many	curves.*	**			
Oper.#1 rela	ted he wa	s trav	eling s	straight	on West s	st., in the	area c	of 90 West st.	While
doing so he	relates t	hat a	mail tr	cuck came	into his	travel la	ne and	struck his lef	t side
mirror.									
								est st., a pick	-up
truck/m/v#1	came into	his t	ravel 1	lane and	struck hi	s left sid	e mirro	or.	
	n either	side m	aking t	he roadw				rered with snow	
Name (Last,First,Middl	e)			Address			Phone	¥	Statement
								and the comment	
							<u> </u>		
Property Dama Owner (Last, First, Midd		Address			Phone #	41-Type	Description of	f Damaged Property	
	,	11441155			T Hone #	71.1390	Description	1 Damaged 1 Toperty	
								4	
Truck and Bus I Carrier Name Address						nn Vehicle Section)		Bus Use	42
US DOT #:		State Numbe	er		Issuing State_	MC/MX/	ICC #:		
Interstate 43 Trailer Reg #:	Cargo Body Ty	ا ا	44	GVWR/GCWR			[46	
Hazmat Information:		Keg 1	, , , ~	neg oldte	Reg 1e	urTrai	er Length		
47	Material I digit#	48	Material Name	>		Material 4 dig	it #	Release code	49
Patrol Office	er Paul W	Jepson			142	Wilmington	Police	Department 12/	03/2019
Police Officer Name (Plea			Signature		ID/Badge #	Department		act/Barracks Date	

	Police Use Only	Com	monwealtl	h of Massa	achus	etts			RMV Doc	cument Number	
	Date of Crash 12/03/2019 1028 Wilr	City/Town mington		ehicle Cra	· ' '	lumber ehicles	Number Injured	Speed I		MBTA Police	
	24HR	-		e Report	2		0	Longitu		Campus Police Other:	-
	AT INTERSECT	ION:	< LO	CATION	>]	NOT A	T INT	ERSEC	CTION:	_
	Route# Direction	N CD 1 (6	2.		19		MIDI		EX A		2 _
1	Route# Direction	Name of Roadway/S	Street	Route# Direct		lress #		Nan	ne of Roady	way/Street	_
	Route# Direction Nan			Feet	N S E V	of –	Mile M		— or .	Exit Number	-
	Route# Direction Nan	ne of Intersecting Road Also at Intersection		Feet	N S E V	/] of _					3
	Partition District			Feet	N S E V	of	Route#	I	ntersecting	Roadway/Street	
4	Route# Direction Nam	ne of Intersecting Road	Iway/Street			_			Landmar	·k	
3	Please Select One of the Following:	_#Occupants	t/Run Mope	ed Crash R	eport ID#	19-	-41	3-2	AC		
	License # S66770425 St M	A DOB/Age	R	eg # 655XA1			Reg Typ	e PC	F	-	
			CDL V	eh Year 2014	Veh N	1ake Je	ep		Vel	h Config. 2	1 1
	Operator LUTZ, CLINTON	PETER First		wner LUTZ,	CLIN'	ON I	PETEI	₹		fiddle	
3	Address 92 WENHAM ST		A	ddress 92 WEN	IHAM	ST				noon .	
	City DANVERS State	•		ity DANVERS					•	1923-174	, I
	Insurance Company GEICO GENI	ERAL INSUR	EANCE C V	ehicle Action Prior to		<u> 3 </u>	ᅼ	amaged est Statu	Area Code	8 27 27 2	27
2	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2 E	vent Sequence 1	23 23	23	23	ype of T		29	
	Citation # (If Issued)			Nost Harmful Event	1 24	25		AC Test	Result:	30	
	Viol. 1: Ch/Sec/Sub			Priver Contributing Co	26	25		usp. Alc	<u> </u>	Lousp. Drag.	32 1
3	Viol. 3: Ch/Sec/Sub — Please fill out for opera			river Distracted by	0 26	35	36 37	owed fro	om scene?	2 33	_
	Name (Last First Middle)	not and an occupants in	Address	DOB/Age	Sex Pos.	Safety /	Airbag Eject Status Code	Trap	Injury Transp. Status Code	Medical Facility	
	Operator		See Above	\rightarrow	X_1	99 4	4 0	0	10 1		
	CHRISTIE SULLIVAN	68 N WASHINGTON WILMINGTON, MA			F 3	99 4	4 0	0	10 1		
, 3	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action	16 Locat	ion	17 Condi	tion	18	Hit/Run Moj	ped
	License # S44024660 St M	A DOB/Age	R	eg # 5204NP			Reg Typ	e PC	R	leg State MA	
	Sex. M Lic. Class D Lic. R		CDL V	eh Year 2018						2	
	Operator WILLIAMS, JOH		Endorsement Middle O	wner WILLIA	MS, S	TEPI		AN	NE		_
1	Address 139 GLEN RD	First		ddress 139 GI	asi EN R	2	First		М	liddle	
	City N WILMINGTON State	MA Zip 0188	7-3535 C	ity N WILMI	NGTON		Sta	ate MA	Zip <u></u>	<u> 1887-353</u>	<u>5</u> 97
	Insurance Company PROGRESSIV	/E DIRECT	INSURA V	ehicle Action Prior to	Crash	2 2			Area Code		27
	Vehicle Travel Direction: SEW	D	rganov? 2		23 23	23	23	est Statu		28	
Ì	Vehicle Travel Direction:	Responding to Eme	rgency: L	vent Sequence 1				vne of Tr			- 1
2	Citation # (If Issued)	— Responding to Eme	•	vent sequence 1	1 24		В	ype of To AC Test		30	
2		_	M	vent sequence 1	de 1	25	B		Result:	30 Susp. Drug:	32
2	Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub		M D	lost Harmful Event	de 1		25 S	AC Test usp. Alco	Result: ohol: 31	30	32
2	Citation # (If Issued)		M D	lost Harmful Event	de 1	35 Safety /	25 S	AC Test usp. Alco owed fro	Result: ohol: 31	Susp. Drug:	32
2	Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for operator/nor	Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — n-motorist and all occup	M D D pants involved	fost Harmful Event river Contributing Co	de 1 0 26	35 Safety /	25 S To 36 37 Airbag Eject Status Code	AC Test usp. Alco owed fro	Result: ohol: 31 om scene? 39 40 Injury Transp.	30 Susp. Drug: 3	32
2	Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for operator/nor Name (Last First Middle)	Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — n-motorist and all occup	D pants involved Address	fost Harmful Event river Contributing Co	de 1 0 26 Sex Pos.	35 Safety / System 5	25 S To 36 37 Airbag Eject Code	AC Test usp. Alco owed fro	Result: ohol: 31 om scene? 39 40 Injury Transp. Status Code	30 Susp. Drug: 3	32
2	Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for operator/nor Name (Last First Middle)	Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — n-motorist and all occup	D pants involved Address	fost Harmful Event river Contributing Co	de 1 0 26 Sex Pos.	35 Safety / System 5	25 S To 36 37 Airbag Eject Code	AC Test usp. Alco owed fro	Result: ohol: 31 om scene? 39 40 Injury Transp. Status Code	30 Susp. Drug: 3	32



	Police Use Only	Comi	nonwealth	of Massach	usetts	}	RN	AV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number		Speed Lim	it_30	— Local Police	
	12/03/2019 1150 Wil	mington	Police	Report	Vehicles	Injured O	Latitude Longitude,		MBTA Police Campus Police	
	AT INTERSECT	ION:		TION >			INTE		Other:	1
			2001			110111		TOLC:	11011.	10
					24	BOUT	WELL			2
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name o	f Roadw	ay/Street	_
		At		Feet NS	E W of		_ • _	– or		
	Route# Direction Na	me of Intersecting Roadw	/ay/Street			Mile M	arker		Exit Number	1 11
		Also at Intersection w	ìth	Feet N S	E W of	Route#	Inter	secting R	Loadway/Street	
² 4	Route# Direction Na	me of Intersecting Roadw	vav/Street	Feet N S	E W of					
4		T T	1				L	andmark		1
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Report	ID# 19	-41	4-A	C		
	License # S75372937 St M	DOB/A					P.C		o. M7	1
	10 10	20							21	3 12
		E ₁	ndorsement	Year 2013					Config.	
⁴ 1	Operator MAKER, JASON	First	Middle	er <u>MAKER</u> , JA		First		Mic	ldle	
1	Address 109 PARTRIDGE			ess 109 PART						
	City BILLERICA Stat	-	-	BILLERICA					821-5608	
	Insurance Company AMICA MUT	<u>UAL INSURAN</u>	ICE CO Vehi	cle Action Prior to Crash	1		amaged Are	a Code:		
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 35 23	23 23	23	est Status:	ŀ	1 ²⁸ 29	
-	Citation # (If Issued)		Most	Hamful Event 35	24	•	ype of Test: AC Test Re		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	7 25	25	usp. Alcoho			30 ¹³
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		owed from s		33 Table 2	
⁶ 7		ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur			1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System		Trap Injur Code State	s Code	Medical Facility	4
	Operator	Se	e Above	XX	1 1	4 0	0 10	1		
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	Please Select One			15 16		17	18			4
⁷ 1	of the Following: Vehicle 2	_#Occupants Non-	-Motorist A Type	Action I	Location	Condi	tion] 🖵 1	Iit/Run 🔲 Moped	
	License # St	DOB/Age	Reg :	<i></i>		Reg Typ	2	Re	g State	
	Sex Lic. Class 19 19 Lic. I	Restrictions 20 CI	OL Veh	Year \	Veh Make			Veh	Config. 21	
	Operator		dorsement	er						
⁸ 1	Last	First	Middle	Last		First		Mid	Idle	
	City State	a 7in				Ç ta	te	7in		4 14
	Insurance Company	Zip	·				amaged Are	г	27 27 27	
				ele Action Prior to Crash	23 23		est Status:	-	28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Even	t Sequence	24	1	pe of Test:	f	29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event			AC Test Re	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	25	25 Sı	isp. Alcoho	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	owed from s	cene?	33	
	Please fill out for operator/no	n-motorist and all occupa	nts involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code Statu	y Transp.	Medical Facility	
	Operator/Non-Motorisa	. Se	e Above	John Nge Joek	1 System	Sunua Code	Since State	Code	wiedicai racinty	1
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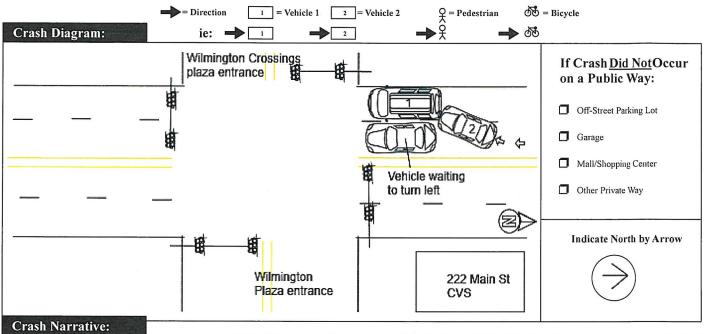


Police Officer Name (Please Print)

Signature

Department

	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docume	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	12/03/2019 1622 Wil	mington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	1	ATION >		NOT A	ΓINTER	SECTI		i
		***								2 10
	Decili Disco	N (2)			222	MAIN				
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway/	Street	
				Feet NS	EW of			or		
	Route# Direction Na	me of Intersecting Road	vay/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection v	vith	Feet N S		Route#	Interse	ecting Roa	dway/Street	
² 2	Route# Direction Na	me of Intersecting Roads	vay/Street	Feet N S	E W of					
					•		La	ndmark		ļ
3	Please Select One of the Following:	#Occupants Hit	Run Moped	Crash Report	1D# 19	-41	5-AC	•		
	License # S56523735 St N	A DOR/Age	Reg	# 38923		Pag Typ	. PC	Dag	State MA	L
	_ 19 19	20		Year <u>2019</u> v				_	21	1 12
		<u></u>	ndorsement				1161	Veh Co	ontig.	
⁴ 3	Operator SOUSA, MEGHAN	First	Middle	er SOUSA, JC		First		Middle		
	Address 147 TURNPIKE			ess 147 TURN				*******		
	City CHELMSFORD Sta	-	_	CHELMSFORD					24-4042	
	Insurance Company GOVERNMEN	T EMPLOYEE:	S INSU Vehi	cle Action Prior to Crash	2		amaged Area	Code: 6	27 27 27	
5 _	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23	est Status:	1	28	
⁵ 1	Citation # (If Issued)		Mos	Hammful Event 1	24	•	ype of Test: AC Test Resi	.10.	30	:
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcohol:	111.	usp. Drug: 2 32	1 13
,	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		owed from sc		33	
⁶ 2		ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)		Address	DOH/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	
	Operator	S	ee Above	\times X	1 1	4 0	0 10	1		
	Plana Saladona (Saladona)			15 16		17	18]
⁷ 2	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action	_ocation	Condi	tion	Hit/	Run Moped	
	License # S99839732 St N	IA DOB/Age_	Reg	# 9DKJ10		Reg Type	PC	Reg S	State MA	
	Sex.M Lic. Class D Lic.	Restrictions 20	DL Veh	Year 2014	Veh Make H	ONDA		Veh Co	onfig. 1 21	
	Operator CHISHOLM, BRE		ndorsement Own	er CHISHOLM,						
⁸ 1	Address 87 MINKRUN RD	First	Middle	ess 87 MINKRU		First		Middle		
	City WILMINGTON Stat	MA 7in 0188		WILMINGTON		Sto	MZ 7	s. 018	87-4548	1 14
	Insurance Company COMMERCE	Zip	·				amaged Area			
		D 11		t Saguenaa 23	23 23		est Status:		28	
	Vehicle Travel Direction: N E W	Responding to Emer	•	1 dequence 1	24		pe of Test:	_	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	i		AC Test Resi	ılt: 1	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 ²⁵ 1:	1 25 Si	ısp. Alcohol:		usp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by 99	26	To	owed from sc	ene? 2	33	
	Please fill out for operator/no	on-motorist and all occup	ants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	<i>t</i> s	ee Above			4 0		1	recorder raterity	
	- F	-			-					
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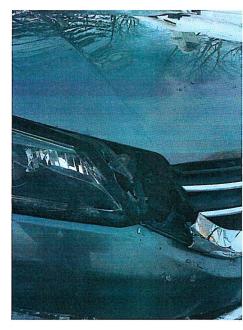


On 12/03/19, I took a crash report of an crash that occured in the area of 222 Main St (intersection of entrance to Wilmington Plaza and Main St) This occured approx. 1540 hrs today (12/03/19). It was reported by vehicle 1 operator that she approached the intersection and the traffic signal turned yellow. She proceeded to stop for anticipated red light. It was reported by vehicle 2 operator that he was in left lane. Vehicle in front of him was preparing to turn left into plaza. He thought Veh 1 was going to drive through the yellow light so he cut into the right lane. Veh 2 hit back of Veh 1. No injures and no airbag deployment. All involved was wearing seatbelts. Veh 1 suffered damage to rear bumper (left side). Veh 2 suffered damage to front bumper, passenger side headlight, grill and hood had minor dent and scratches. No tow required.

Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name			(From Vehic	cle Section)	Bus Use	42
Address		-	City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	/ICC #:	
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length	
Hazmat Information:						
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 dig	git #Release code	49
Patrol Officer Daniel P	Furbush	9	196 Wil	lmington	Police Department	2/03/2019

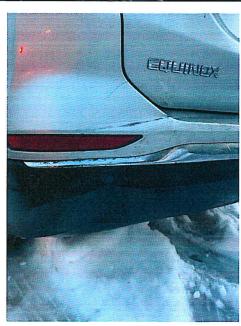
Wilmington Police Department Images Associated with 19-415-AC



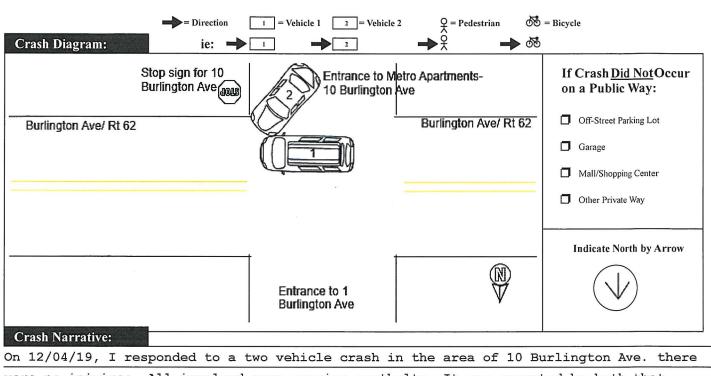








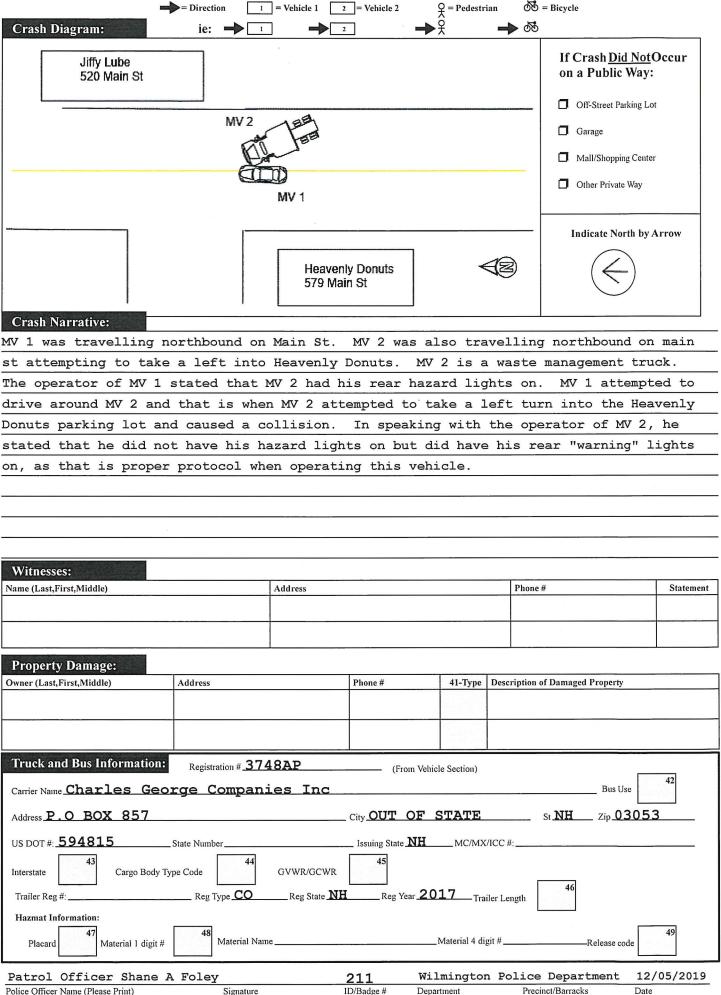
	Pol	lice Use Only		Com	monwe	alth (of Mass	ach	use	tts			RM	IV Doc	cument Number	
	Date of Crash 12/04/2019	Time of Crash 1535 24HR	1	City/Town ington	1		icle Cra Report	ish		mber nicles	Numbe Injured	Latit	ed Limi ude	2	5 State Police Local Police MBTA Police Campus Police Other:	
		AT INTER	SECTIO	ON:		LOCATION > NOT AT INTERSECTION:										7
	Route# Dire	ction		Name of Roadway/	Stroot		Route# Dire	-45	10		BUF	LIN	GTC	N I	AVE	2
¹ 1	Kodie# Bile	Cilon		At	Street				Addre E W				************		vay/Street	
	Route# Dire	ction		of Intersecting Roa					E W			Marker			Exit Number	3
² 2	Route# Direc	ction		of Intersecting Roa					E W		Route#		Inters	ecting	Roadway/Street	
2	Please Select (***************************************				<u> </u>		······································					ındınar	k	
3	of the Followi	ng: Vehici			it/Run	Moped					-41					4
	License # S5. Sex F Lic.	3990455 Class D 19	19	DOB/Age strictions 20	CDL		6LV883 _{Year} 2015								21	1 12
⁴ 2	1	PLES, RI	F	A E	Middle		CAPLES	Last		CC.	A E			М	liddle	
		IARRIS S INGTON		MA Zip 0188	37-3629		ess <u>8 HARI</u> WILMING					State M	Ά.	zin N	1887-3629	-
<u> </u>	Insurance Comp	Direction: N S	MMERO WW	CE INSURA Responding to Em	NCE CO	Vehic Event	Sequence 1	Crash		<u> </u>	22	Damage Test Sta Type of	ed Area			
- ⁵ 2	1		Vic	ol. 2: Ch/Sec/Sub ol. 4: Ch/Sec/Sub		Drive	Harmful Event Contributing Co Distracted by	1 ode 0		:5	25	BAC Toused	lcohol:	2 31	1 30 Susp. Drug. 2 32 2 33	1 13
2	Name (Last First M		for operator	r and all occupants i	nvolved Address		DOB/Age	Sex			36 3 Airbag Ejs Status Co	et Trap	39 Injury Status	40 Transp. Code	Medical Facility	7
	Operate	or			See Above		\geq	X	1	L	4 0	0	10	1		
								ļ								
													-			_
⁷ 2	Please Select C of the Followir		21_#	Occupants No	n-Motorist A	Туре	15 Action	16 L	ocation		17 Con	dition	18		Hit/Run Moped	
	License # S12 Sex M Lic. (10 1	9	_ DOB/Age	OD.	-	PS1					-	<u>;</u>		eg State MA	-
	Operator SUI		Lic. Res		CDLEndorsement		ear <u>2009</u> r SURRET			UL.	E				Config. 1	
1	Address 283	MIDDLE:	SEX A	VE	Middle	Addre	ss 283 M]	Last [DD]	LESE	EX	First AVE			Mi	iddle	
	City WILMI Insurance Compa			<u>IA</u> Zip 0188 FUAL INS	7-2109	-	VILMING e Action Prior to			2		tate M Damage			1887-2109 8 ²⁷ ²⁷ ²⁷	1 14
	Vehicle Travel D	<u> </u>	EW	Responding to Eme	ergency? 2		Sequence 1	23	23 2	23		Геst Sta Гуре of			28	
2			Vio	1. 2: Ch/Sec/Sub			Contributing Co	Щ.,	19 ²	5 4	25	BAC Te Susp. Al	1		1 30 Susp. Drug 2 32	
	Viol. 3: Ch/Sec/S	Sub ———	Vio	l. 4: Ch/Sec/Sub —		Driver Distracted by 99 26 Towed from scene? 2 33								2 33	_	
	Name (Last First Mi	iddle)		notorist and all occur	pants involved Address		DOB/Age	Sex	Seat S		36 37 Airbag Eje Status Coc	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operato	or/Non-Mo	torist		See Above		\geq	X	1 1	. 4	0	0	10	1		-
					***************************************					_		-	-		TI 2	-
												-				-



were no injuires. All involved were wearing seatbelts. It was reported by both that vehicle 1 was traveling straight on Burlington Ave towards Main St. Veh 2 (which had the stop sign) exited the Metro Apartments, 10 Burlington Ave to try to enter Burlington Ave. Both reported veh 2 started pulling onto Burlington Ave right in front of veh 1. Veh 1 operator reported Veh 2 just pulled out and was unable to react before both vehicles collided. Veh 2 operator reported he thought Veh 1 was slowing down to let him out and he just pulled out. No tows were required. Veh 1 suffered damage to front bumper (right side), right front quarter panel and passenger headlight. Veh 2 suffered damage to front bumper (left side), left front quarter panel and left front directional.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
			i i			
Truck and Bus Information: Carrier Name Address			(Bus U	
US DOT #:	State Number44				/ICC #:	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length	
Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	git #Release co	49 ode
Patrol Officer Daniel P	Furbush		196 Wil	lmington	Police Department	12/04/2019

	Police Use Only	Comi	monwealth	Vealth of Massachusetts RMV Document No.							nent Number	amber			
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crasi	$h $ $\begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles	Number	Speed	Limit_	35	State Police Local Police				
	12/05/2019 0530 Wili	mington	Police	Report	2	emcies	Injured O	Latitud Longitu			MBTA Police Campus Police Other:				
	AT INTERSECT	ION:	7	ATION >			NOT A			SECT					
			200.				110 1 11		2746		10111		1 0	į	
	MAIN ST												2	j	
¹ 2	Route# Direction	Name of Roadway/St At	reet	Route# Direction	n Add	ress #		Nan	ne of R	Roadwa	y/Street				
		At		Feet N	S E W	of	 .			or					
	Route# Direction Nar	ne of Intersecting Roady	vay/Street				Mile M	arker			Exit Number		4 11		
		Also at Intersection w	vith	Feet N	SEW	of	Route#		ntareac	nting De	oadway/Street			ı	
2	Route# Direction Nar	- FLA	(0.	Feet N	SEW	of	Router	•	mersee	ang re	Jadway/Bureet				
² 1	Route# Direction ivar	ne of Intersecting Roady	vay/Street						Lan	dmark					
2	Please Select One Vehicle 11	_#Occupants Hit/	Run Moped	Crash Rep	ort ID#	19	-41	7-7	AC						
³ 97	of the ronowing:														
	License # S26952358 St M	A_ DOB/Age,		# <u>1XJT21</u>							2	, 	1 12		
	Sex M Lic. Class D 19 Lic. I	Restrictions 1 C	DLVeh	Year 2010	Veh M	lake <u>H</u>	ONDA			_ Veh (Config. 1	<u>ו</u> [
	Operator PUELLO, PEDRO			ner PUELLO,	PED	RO	DANII First	EL.		Midd	Ha.				
⁴ 1	Address 277 JACKSON ST	1		ress 277 JAC	KSON	I S				IVIIGO					
	City LAWRENCE State	MA Zip 01841	L-1958 City	LAWRENCE			St	ate MA	Zi	р 01	841-195	8			
	Insurance Company ARBELLA M			icle Action Prior to Cr		1		Damaged		_		27			
	Vehicle Travel Direction: SEW	Responding to Emer		nt Sequence 23		23	T	est Statu	ıs:	1	28	_			
⁵ 2	<u> </u>			it Sequence 1	24			ype of T	est:		29				
	Citation # (If Issued)			t Harmful Event		25	E	AC Test	t Resul	lt:	30	_	_ 13		
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Cl ₁ /Sec/Sub —	Driv	er Contributing Code		25	S	usp. Alc	ohol:	31		32	1	į	
⁶ 1	Viol, 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Т	owed fro	om sce	ne? 2	33				
	Please fill out for opera Name (Last First Middle)	ntor and all occupants in	volved Address	DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility				
	Operator	s	ee Above		1	1	4 0			1	Treated rushing				
	operato.			+	1	-		-				-			
						ļ									
	Please Select One	#0		15 1	6		17		18		l,				
⁷ 1	Please Select One of the Following:	_#Occupants L_ Non	-Motorist A Type	Action	- Locati	on	Cond	ition		Н	it/Run Mo	ped			
	License # S06235932 St M	A DOB/Age	Reg	# 3748AP			Reg Typ	e <u>CO</u>		Reg	g State NH				
	Sex M Lic. Class D 19 Lic. F	Restrictions 1 20 C	DL Velı	Year 2017	Veh M	lake Ot	ther-no	t lis	sted	_ Veh C	Config. 8	1			
	Operator GRAFFEO, MICH	AEL R	ndorsement Own	ner CHARLES	GEO	RGE	COM	PANI	ES	INC	c				
⁸ 1	Address 170 COLONIELS	First	Middle	ress 209 NAS			First			Midd					
	City WEYMOUTH State			LONDONDE			S+	ate NH	7:	. 03	053		1 14		
	•	2.p	·			4		Damaged		_		27			
	Insurance Company			cle Action Prior to Cr	23	23		est Statu		1	28	-			
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Ever	nt Sequence 1 23				ype of T	est:	=	29				
⁹ 2	Citation # (If Issued) T1683790		Mos	t Hannful Event 1	. 24			AC Test	t Resul	lt: 1	30				
	Viol. 1: Ch/Sec/Sub 90 23	Viol, 2; Ch/Sec/Sub	Driv	er Contributing Code	1_	25	25 S	usp. Alc	ohol:	31	Susp. Drug:	32			
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		Т	owed fro	om sce	ne? 3	33				
	Please fill out for operator/no	n-motorist and all occup			34 Seat	35 Safety	36 37 Airbag Eject			40 Transp.			•		
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility				
	Operator/Non-Motorist	S	ee Above		1	1	4 0	0	10	1					
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1				1	1	1		1		- 1					



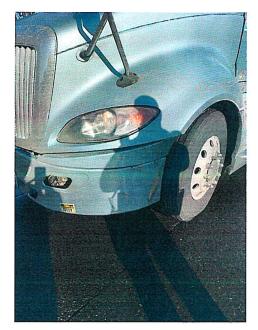
	Police Use Only	Com	monwealth	oi Massach	iusetts		RMV Document Number						
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number	Number	Speed Limit	Local I office	0000				
	1	lmington	Police	Report	Vehicles 2	Injured O	Latitude	MBTA Police Campus Police					
	AT INTERSEC	TION.	< LOCA			<u> </u>	Longitude	Other: SECTION:	-				
	ATINTERSEC	TION.	LUCA	ATION >		NOT A	INIEK	SECTION:		10			
					1	BOII	E 125	HWY	2				
[i	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #	11001		Roadway/Street					
¹ 1		At		- Ne	Irlw .								
L	Route# Direction	V	1/64	Feet N S	LE W of	Mile Ma	rker	exit Number		11			
	Koule# Direction 1	Name of Intersecting Road Also at Intersection		Feet N S	E W of		BALLA	RDVALE ST	4	'			
		The at the second		Feet N S		Route#	Interse	ecting Roadway/Street					
² 1	Route# Direction	Name of Intersecting Road	lway/Street	reet [N]3	LE [41] OI								
L	Diagra Salant Over 57							ndmark					
3	Please Select One of the Following:	#Occupants Hi	t/Run Moped	Crash Repor	t ID# 19	-41	8- A C	;					
	License # S32881561 St	MA_DOB/Age	Reg	# <mark>7WT299</mark>		Reg Tyn	e PC	Reg State MA					
	19 19	20		Year 2006				2	1 1	12			
	<u> </u>	c. Restrictions 1	Endorsement					ven comig	┙┝				
⁴ 1	Operator BULLOCK, MAT	First		er BULLOCK -		First	ENISE	Middle					
1	Address 2 SCHERIG CIF			ess 2 SCHERI	G CIR								
	City METHUEN S	tate MA Zip 0184	14 City.	METHUEN		Sta	ate MA Z	zip 01844-549	4				
	Insurance Company QUINCY M	UTUAL FIRE	INSURA Vehic	cle Action Prior to Cras	հ 3	22 D	amaged Area	Code: 3 27 4 27	27				
	Vehicle Travel Direction: N S E	Responding to Eme	ergency? 2 Even	t Sequence 23	23 23	23 T	est Status:	1 28					
5	Citation # (If Issued)	•	Most	Harmful Event 1	24		ype of Test:	29					
L				<u></u>	7 25	25	AC Test Resi		_	13			
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub =		er Contributing Code	26	S	usp. Alcohol:		32 1				
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by			owed from sc						
	Please fill out for op Name (Last First Middle)	perator and all occupants i	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Medical Facility					
	Operator		See Above		1 1	4 0	0 10	1					
	operato.				+								

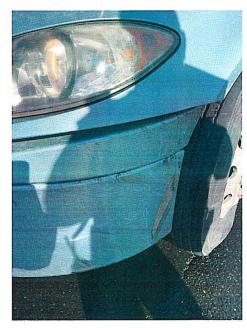
	N. S.L.O.			15 16		17	18		_				
⁷ 3	Please Select One of the Following:	#Occupants No	on-Motorist A Type	Action	Location	Condi	tion	Hit/Run Mo	ped				
	License # 8318134 St	ME_ DOB/Age	Rev	# <u>929975</u>		Reg Typ	e AP	Reg State ME					
	19 19	20	_	Veh Year 2011 Veh Make International Veh Config. 10									
	E	HUR L	Endorsement	er TRIPP EN				_ ton comig.	-				
⁸ 1	Last	First	Middle	Last		First	111C	Middle					
	Address 192 MORSE HII			ess 1151 LEW					_	14			
	City_ JAY S	tate ME Zip 0423	39 City.	NEW GLOUCE	ESTER			Zip 04260	<u> </u>				
	Insurance Company HUB INTE	RNATIONAL	NE Vehic	cle Action Prior to Cras	h 3	22 D	amaged Area	Couc. 7 10	27				
	Vehicle Travel Direction: N S E	Responding to Eme	ergency? 2 Even	t Sequence 23	23 23	23	est Status:	1 28					
	Citation # (If Issued)		Most	Hannful Event 1	24		ype of Test:	29					
⁹ 2		Viol. 2: Ch/Sec/Sub -		er Contributing Code	1 25	25	AC Test Resu		32				
				-	26		usp. Alcohol: owed from sc	2 0.00 2.00 2					
ļ		Viol. 4: Ch/Sec/Sub -		er Distracted by 0	34 35	36 37	38 39	1 40					
	Please fill out for operator/ Name (Last First Middle)	non-motorist and all occu	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury	Transp. Code Medical Facility					
	Operator/Non-Motor	ist	See Above	\searrow	1 1	4 0	0 10	1					
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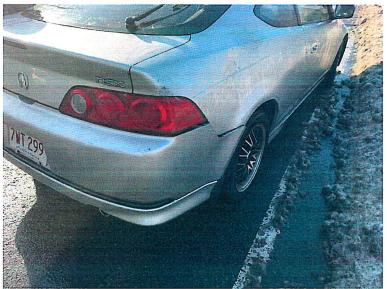
	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestri	an 🐠 =	Bicycle	
Crash Diagram:	ie: 👈 🔟] →[2	→ 🖁	→ №		
	2	Ballardvale St	125	5		If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	t ot
The state of the s	180						
	<u> </u>					Indicate North by	Arrow
					A		
						(Λ)	
Ballardvale St				1			
						_	
Crash Narrative:						-	
Vehicle 1 and 2 were	e facing South	on Balla	rdvale St	. Both Veh	icles t	rned right	
continuing onto Ball	lardvale. Vehi	cle 2 too	k a wide	turn and s	tuck Vel	nicle 1 on the	right
side and right rear	bumper. Damag	e was als	o reporte	ed on Vehic	le 2 fr	ont left side	bumper.
No injuries were re							
,	<u> </u>	ner party	•	98			

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address	261	Phone #	41-Type	Description of	Damaged Property	
				p-Verme			
T-1-1D-1-C							
Truck and Bus Information	Registration #		(Fro	m Vehicle Section)		_	42
Carrier Name						Bus Use	42
A JJ			C't-			. 7:	
Address			City		ა	t Zip	
US DOT #:	State Number		Issuing State_	MC/MX/	ICC #:		_
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
5.00			W. W. C.		Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Ye	arTrail	ler Length		
Hazmat Information:	10				·		ام
Placard 47 Material 1 digit	# 48 Material Nam	ne		Material 4 dig	it #	Release code	49
PROPERTY.	2.1.3.20						
Patrol Officer Megh			214	Wilmington			/05/2019
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinc	t/Barracks Date	

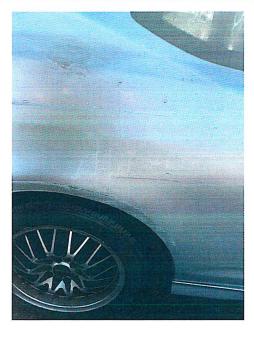
Wilmington Police Department Images Associated with 19-418-AC



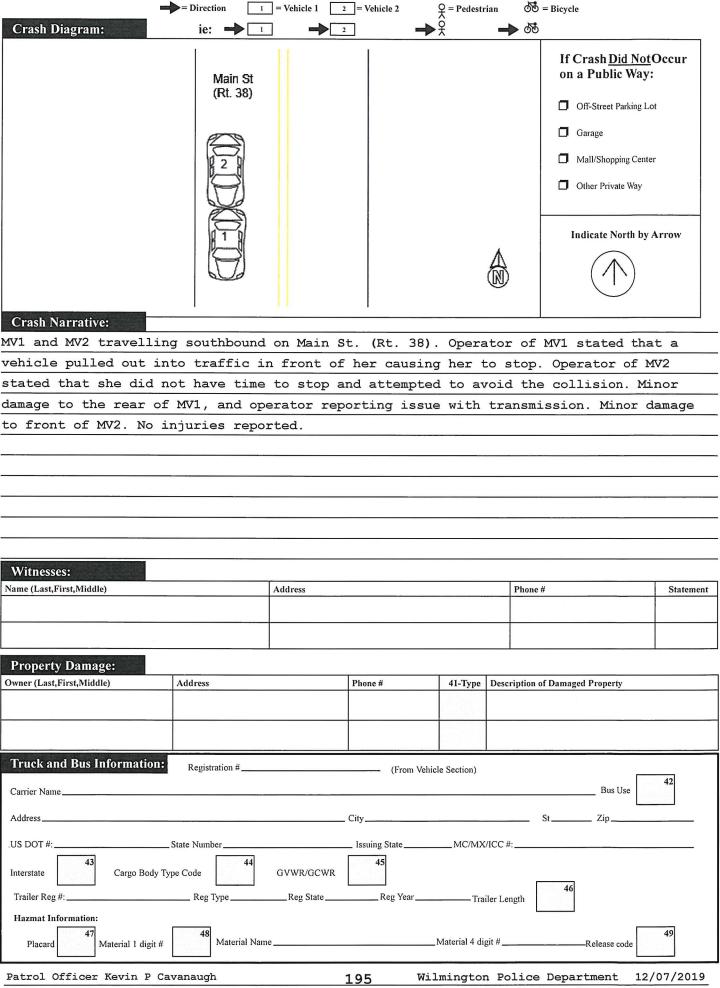








	Police	ce Use Only		Con	nmonwe	ealth of Massachusetts RMV Document Num								Number				
	Date of Crash 12/07/2019	Time of Crash	1	City/Town ington	Moto	r Veh	icle Cra	sh		umber chicles		nber ired	•	Limit	3!	Loca	Police Police ITA Police	
	12/0//2019	24HR	AA "T" TTTT	ring con	Pe	olice]	Report		2		0		Latitu Longi				pus Police 🔲	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO'	Т АТ	'IN	ΓER	SEC	TION	l:	
						406 3077 57												2 10
1	Route# Direct	tion	1	Name of Roadway	//Street		Route# Direction Address # MAIN ST Name of Roadway/Street											
1]			At			Feet	NS	EW	of					or			
	Route# Direct	tion	Name	of Intersecting Ro	adway/Street		1001		Y.= T	, 01	Mi	ile Ma	rker		01 -	Exi	t Number	11
					Feet	N S	EW	of	Route			Interce	ection 1	Roadwa	u/Street	2		
² 1	Route# Direct	tion	Name	of Intersecting Ro	adway/Street		Feet	N S	E W	of	Roun	UIT .		merse	cuing i	ittoauwa _.	y/Bit CCt	
							T							La	ndmar	k		4
3	Please Select O of the Followin		± 1 <u>2</u> #	Occupants I	Hit/Run	Moped	Crash R	Report	ID#	19	- 4	19	9 –	AC	•			
	License # S81	888935	St MA	_ DOB/Age		Reg#	887DJ6				Re	д Туре	PC		R	eg State	MA	12
	Sex F Lic. C	Class D	9 Lic. Res	trictions 20	CDL Endorsement	Veh Y	_{'ear} 2006		Veh M	ake L	EXU	JS			Veh	Config.	1 21	1 12
	Operator ISI	AM, NAF	RGISH	A		Owne	r ISLAM,	N2	ARG	ISH	Α							
⁴ 1	Address 183	5 MIDDLI	ESEX	ST APT	Middle C		ess 1835 N	Last			Fi	irst	AP	T C		iddle		
	City LOWEL	L	State 1	1A Zip 018	51-1126	City_	LOWELL					_ Sta	te M Z	4 _ 2	ip O	1851	-1126	
	Insurance Compa	my ALLSTA	TE IN	SURANCE	COMPAN	Vehic	le Action Prior to	Crash	1	2	22	Da	amage	d Area	Code	5 27	27 27	
5	Vehicle Travel Di	irection: NX	EW	Responding to Er	nergency? 2	Event	Sequence 1	23	23	23	23		st Stat			28		
<i>J</i>	Citation # (If Issu	ed)				Most	Hamful Event	1	24	I			pe of		.14.	30		
	Viol. 1: Ch/Sec/S	ub ———	Vio	l. 2: Ch/Sec/Sub		_ Drive	r Contributing Co	de	1	25	25	ļ		st Resu cohol:			Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/S	ub	Vio	l. 4: Ch/Sec/Sub		_ Drive	r Distracted by	0	26					rom sc		2 33	د کے	
⁶ 2			for operator	and all occupants					34 Scai	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Operato				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code 0	Status 10	Code 1	М	edical Facility	-
	F				-				6	1	4	0	0	-	1			_
							,		0	-	4	U		10	-			
								ļ										_
										<u> </u>			<u> </u>					_
⁷ 1	Please Select Or of the Following		2 2 _#	Occupants N	Non-Motorist A	Туре	15 Action	16 I	Locatio	n	17	Condit	ion	18		Hit/Run	Moped	
	License # S20	858630	St_ MA _	_ DOB/Age		Reg#	186DS6				Res	. Type	PC		R	eg State	MA	1
	Sex F Lic. C	10 10		20	CDL	_	ear 2009		Veh M	ake T						Config.	21	
	Operator NOE	L, KAYI	ENE	JASMINE	Endorsement	Owne	r ALABRE	, 1	1AR	ΙE	MD						· · · · · · · · · · · · · · · · · · ·	
⁸ 2	Address 672	WOBURN	ST Fir	rst	Middle	Addre	ss 672 WC	BU.	RN	ST	Fi	rsi			Mi	iddle		
	City WILMI	NGTON	State <u></u>	<u>IA</u> Zip 018	87-2966	City J	WILMING'	ron	<u> </u>			_ Stat	te M Z	1 z	ip 0 :	1887	-2966	1 14
	Insurance Compar	ny LIBERT	'Y MU	TUAL INS	SURANCE	Vehicl	le Action Prior to	Crash		1	22	Da	mage	d Area	Code:	1 27	27 27	
	Vehicle Travel Di	rection: N	EW	Responding to En	nergency? 2	Event	Sequence 1	23	23	23	23		st Stat			28		
⁹ 2	Citation # (If Issue	ed)				Most	Harmful Event	1	24			-	pe of T	Fest: st Resu	dt•	30		
2	Viol. 1: Ch/Sec/St	ub ———	Viol	I, 2; Ch/Sec/Sub		_ Driver	Contributing Co	de	5	25	25					Susp.	Drug: 2 32	
	Viol. 3: Ch/Sec/Su	ub	_ Driver	Driver Contributing Code 5 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33										- 1				
	Plea	-	rator/non-m	otorist and all occ	cupants involved	***************************************	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Ejeet Code	38 Trap Code	39 Injury Status	40 Transp. Code	1,4	edical Facility	
		r/Non-Moi	torist		See Above		IXAIMAge .	Ž	1	System 1			O Code	Status 10	1	M	occar raemty	
	A								3	1	4	0	0	10	1			-
									<u> </u>	_	-	-	-		_			-
									<u> </u>									-



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date