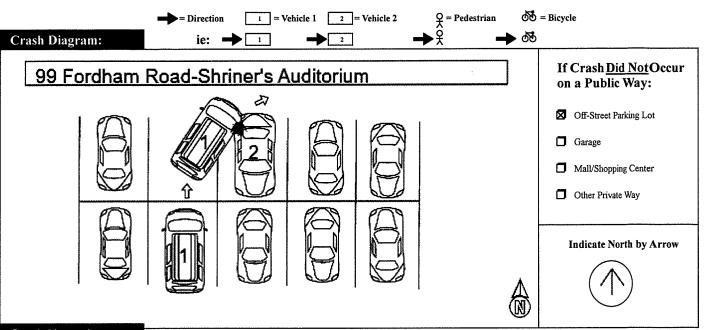
	Pol	ice Use Only	Com	monwealth	of Massac	huse	etts			RMV	Docu	ment Number	
	Date of Crash	Time of Crash	City/Town	Motor Ve	hicle Crasl	h Nu		Tairrad	Speed I		15	State Police Local Police MBTA Police Campus Police	
	12/08/2019	1238 Wil	mington	Police	e Report	2	C	, I	Latitudo Longitu			Campus Police Other:	
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3	of the Followi		#Occupants Hi	t/Run Mope	d Crash Rep	ort ID#	L9-	420	J – 1	AC			
	License # <b>S4</b>		MA DOB/Age	R	eg# <u>9LS956</u>			Reg Type	PC		Re	g State MA	7 12
	Sex.M Lic.			Endorsement	eh Year <b>1998</b>				LET	l 	. Veh	Config. 1	$\coprod$
<u> </u>	•	BOW, ALAN	JOHN First	Middle	wner LEBOW,			N First			Mid	idle	
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5	Vehicle Travel I	KXJ	Responding to Em	• ,	vent Sequence 2 23				pe of T	est:		29	
L	,	sued)			lost Harmful Event 2		<sup>25</sup> 19	25	AC Test	_		30	13
		Sub			river Contributing Code		19		sp. Alc	_		23	2
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L		IPSWICH Sta			ity NEW IPSW:				te <b>NH</b>	Zip	o <b>0</b> 3	30713734	<b>2</b> 14
		eany PROGRESSI			ehicle Action Prior to Cr		11 <sup>22</sup>	-	amaged				
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9	Citation # (If Iss	sued)	· 	M	lost Harmful Event 2	24	<u> </u>	-	pe of To AC Test		.	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub -	D	river Contributing Code	1	25	25	sp. Alc			Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/	Sub ———	Viol. 4: Ch/Sec/Sub -	D	river Distracted by	26	,		wed fro	=		2 33	
		ease fill out for operator/n	on-motorist and all occu	-	DOB/Age S	34 Seat	Safety A	36 37 irbag Eject latus Code	38 Trap Code		40 Fransp. Code	Medical Facility	1
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Crash Narrative:

MV1 was traveling through the parking lot of the Shriner's Auditorium looking for a space to park. MV1 pulled into a parking space in the row of parking spaces nearest to the rear of the building. The operator of MV1 then realized that the parking space reserved for vehicles with handicapped plates and/or placards and he was not eligible to park in this space. MV1 then pulled forward through that parking space into the space directly in front of it and attempted to turn right around a parked vehicle (MV2). MV1 collided with and side-swiped MV2 as it attempted to turn right out of that parking space. Both MV1 and MV2 suffered damage to their right sides and rear right fenders and bumpers. The operator of MV1 stated that he couldn't see the edge of the parked MV2 and thought he had enough to make the turn with his large van. There were no injuries and both vehicles were able to be driven from the scene.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	ne#		Statement
			<del>,</del>					
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descriptio	n of Damage	d Property	
Truck and Bus Information:  Carrier Name							Bus Use	42
Address			_ City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	70		
Hazmat Information:								
Placard Material 1 digit #	48 Material Name	e		Material 4 dig	git #		-Release code	49

Patrol Officer Michael A Wilson

Wilmington Police Department

12/08/2019

	Pol	ice Use Only		Con	ımonwea	alth o	f Massa	ch	use	tts				RMV	/ Docu	ıment Number		
	Date of Crash 12/09/2019	Time of Crash	ı	City/Town	Motor	·Vehi	icle Cras	sh		mber hicles	Nun Inju	۱ د د د	Speed Latitud	Limit.	35	State Police Local Police MBTA Police		
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				<u>(A</u> Zip 018			BILLERIC				22					1821-29   <sub>5</sub> 27 27	27	
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	,	sued)					Harmful Event  Contributing Co	<u>L</u>	1	25	25	l		st Resu		1 30	22	1 13
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<sup>6</sup> 2	Viol. 3: Ch/Sec/			r and all occupants	involved	. Diivei	Distracted by		34	35	36	37	38	39	40	<u> 2                                    </u>		
	Name (Last First N	fiddle)		1	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facil	ity	
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<sup>7</sup> 1	Please Select O of the Followi		le 2 <b>3</b> #	Occupants N	lon-Motorist A	Туре	15 Action	16 L	ocatio	on	17	Conditi	on	18	<u> </u>	Hit/Run 🔲 N	1oped	
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	Sex <b>F</b> Lic.	Class D	Lic. Res	trictions 1 20	CDL Endorsement	Veh Ye	ear 2018	\	eh M	ake <u>C</u>	HE	/RO	LEJ	!	_ Veh	Config. 1	21	
<sup>8</sup> 1	Operator <b>VA</b>	LLES, D	ANIEL:	LE M	Middle	Owne	r VALLES	, D	AN	IEI	LE F	M irst			М	iddle		
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	l -			<u>(7A</u> Zip 018		City 🛂	VILMING	CON		i utrati	22					1887-20	10 S.	4
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<sup>9</sup> 2	Citation # (If Iss	sued)					Harmful Event	1	<u> </u>	25	25	1		st Resu		1 30		
L		Sub		l. 2: Ch/Sec/Sub			Contributing Co	A 15	26	<u> </u>		J Su		cohol:		Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/			d. 4: Ch/Sec/Sub		Driver	Distracted by	0	34	35	36	37	38	om sc	40	1 5		] [
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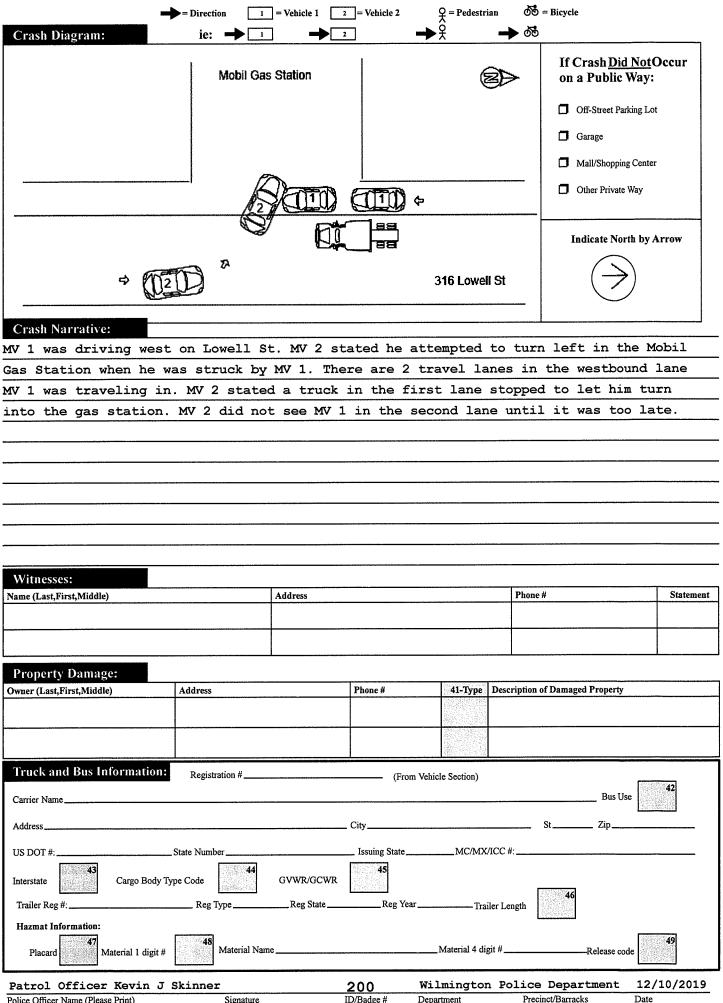
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		any <u>QUINCY</u>					cle Action Prior to	- T		23			aged Ar Status:	ea Code	1 28		
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<sup>6</sup> 2	Viol. 3; Ch/Sec/S	Please fill out f		l. 4: Ch/Sec/Sub and all occupant		Dnv	er Distracted by	0	34	35	36	37	d from	40			4
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<sup>8</sup> 1	Address	Last	Fir	rst	Middle		ess	Last			Fir	st		M	fiddle		
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9	Citation # (If Issu	red)				Most	Harmful Event	75	24			••	of Test: Test Re		30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/S	ub ———	Viol	l. 2: Ch/Sec/Sub		Drive	er Contributing Co	de		25	25		Alcoho	020002	31236	Orug: 32	
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	Plea	ase fill out for oper	rator/non-m	otorist and all oc	cupants involv	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject T	38 39 rap Inju	ry Transp.	14	lical Facility	1
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Crash Diagram:	ie: 👈 🔟	<b>→</b> □	2	<b>→</b> 윘	<b>→</b> №		
						Crash <u>Did Not</u> a Public Way:	
	579 Main S	t.				Off-Street Parking Lo	
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						Garage	
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						Other Private Way	
	[2]						
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				(2	<b>3</b> >		
Crash Narrative:  MV 1, 2, and 3 were		th on Mair		rear ende	A MV 2 Th	ie caused	MV 2
to rear end MV 1. N							
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Witnesses:							***************************************
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:		.1					I
Owner (Last, First, Middle)	Address	<u> </u>	Phone #	41-Type	Description of Damag	ged Property	
		······································					
Truck and Bus Information	Registration #		(From V	/ehicle Section)		12000	42
Carrier Name						Bus Use	
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Boo	dy Type Code	GVWR/GCWR	45				
	<u> </u>		Pog Vogs		46		
Trailer Reg #:  Hazmat Information:	Keg 1ype	Keg State	Keg Year	Traile	r Length		
Placard Material 1 dig	it # 48 Material Nam	ne		Material 4 digit	#	Release code	49
Patrol Officer Kevin	J Skinner		200 7	Wilmington	Police Depa	rtment 12/	09/2019

Date of Crash 12/09/2019 2254 Wilmington Police Report Number Vehicle Speed Limit 35 State Local MBTA Camp Other  AT INTERSECTION: Speed Limit 35 State Local MBTA Camp Other Camp Other Number Vehicles Injured Latitude Longitude Other NOT AT INTERSECTION:	olice 🔯
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION	Police 🗖
AT INTERDECTION	
555 MAIN ST	2 1
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Also at Intersection with Feet NSEW of Route# Intersecting Roadway.	treet
Feet NSEW of	
Route# Direction Name of Intersecting Roadway/Street  Landmark	
Please Select One of the Following:   Vehicle 11 #Occupants	
License # <b>S42685070</b> St <b>MA</b> DOB/Age Reg # <b>3LE724</b> Reg Type <b>PC</b> Reg State	[A ]
Sex M Lic. Class 2 Lic. Restrictions 1 CDL Veh Year 2015 Veh Make HONDA Veh Config.	1 21 7
Operator PAPPAS, JOHN P Owner PAPPAS, JOHN P	
Last First Middle Last First Middle Address 765 WHIPPLE RD Address 765 WHIPPLE RD	
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2657</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876</b>	2657
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 Damaged Area Code: 11 Damaged Area	27 27
Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Test Status: 28	
1 Citation # (If Issued) Type of Test:  Most Harmful Event 21 24	
BAC Test Result: 1	rug: 2 32 21
Viol 3: Ch/Seg/Sub Viol 4: Ch/Seg/Sub Driver Distracted by 0 26 Towed from scene? 2, 33	"512 ]
Please fill out for operator and all occupants involved    34   35   36   37   38   39   40	
Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Mo	al Facility
Operator         See Above         1   1   4   0   0   10   1	
Please Select One Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run	Moped
7 3 of the Following: Vehicle 2 #Occupants Non-Motorist A Type Action Location Condition Hit/Run	
License #         St         DOB/Age         Reg #         Reg Type         Reg State           Sex         Lic. Class         Lic. Restrictions         CDL         Veh Year         Veh Make         Veh Config.	21
Endorsement	
Operator Owner Owner Address Address	
Address         Address           City         State         Zip           City         State         Zip	1 1
Insurance Company Vehicle Action Prior to Crash Damaged Area Code: 27	27 27 -
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Operator/Non-Motorist See Above 1	



	Pol	lice Use Only		Con	ımonwea	lth o	of Massa	ich	use	etts				RMV	<sup>7</sup> Docu	ıment Numb	New Jacobski	
	Date of Crash	Time of Crash	E .	City/Town	Motor	Vehi	icle Cra	sh		mber hicles	Nun Inju	. 1	Speed Latitud		35	State Police Local Police MBTA Pol	e 🔯	
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	Route# Dire	ction	Name	of Intersecting Roa	ndway/Street						Mi	le Mar	ker		·	Exit Nun	nber	3 <sup>11</sup>
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3	Please Select of the Followi		le 1 <b>1</b> #	Occupants H	lit/Run	Moped	Crash R	leport	ID#	<u> 19</u>	-4	23	3 —. 	AC	<u>;</u>			
	License # S1	6502423	St. <b>MA</b>	_ DOB/Age		Reg#	4TV973				Re	д Туре	PC		R	eg State MZ		12
	Sex <b>F</b> Lic.	Class D 19	Lic. Res	trictions 20	CDL Endorsement	Veh Y	ear <u>2008</u>		Veh Ma	ake <u></u>	YUN	IDA:	I		_ Veh	Config. 1	21	
	Operator <b>VA</b>	LENTI,	THERE	SA E	Middle	Owne	r VALENT	I,	TH	ERE		E irst			Mi	ddle		
<sup>4</sup> 1	Address 48	WASHING	TON A	VE		Addre	ss 48 WAS	HI	NGT	ON	AV	E					•	
	City <b>WILM</b>	INGTON	State <b>1</b>	IA Zip 018	87-2307	City <b>J</b>	VILMING'	TON	<u> </u>							1 <u>887-2</u>		
	Insurance Comp	pany PLYMO	UTH RO	CK ASSU	RANCE C	Vehicl	le Action Prior to	Crash		1	22				Code:	27 2	7 27	
5	Vehicle Travel I	Direction: N	EW	Responding to En	nergency? 2	Event	Sequence 1	23	23	23	23		st Stati pe of T			29		
	Citation # (If Is:	sued)				Most?	Harmful Event	1	24			•	-	t Resu	ılt:	30		
	Viol. 1: Ch/Sec/	/Sub	Vio	1. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	1	25	25	Su	sp. Alc	ohol:	2 31	Susp. Drug	32	1 13
6	Viol. 3: Ch/Sec/	/Sub	Vio	l. 4: Ch/Sec/Sub		Drive	Distracted by	0	26			To	wed fr	om sc	ene?	2 33		
<sup>6</sup> 1	V		t for operator	and all occupants	involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical l	Sacility	
	Name (Last First )  Operat				See Above		Dodrage	Ž	1	1	4		0	10	1	Ministra	· uointy	1
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<sup>7</sup> 1	Please Select ( of the Followi		le 2 <b>1</b> #	Occupants N	Ion-Motorist A	Туре	15 Action	16	Locatio	n	17	Conditi	ion	18	<b>_</b>	Hit/Run	Moped	
L	License # S4	9800131	St_ <b>MA</b>	DOB/Age		Reg#	1CPP43				Re	д Туре	PC		R	eg State MZ		
	Sex M Lic.	Class D	19 Lic. Res	trictions 1 20	CDL	Veh Y	ear 2016		Veh M	ake <b>H</b>	ONI	A			_ Veh	Config. 1	21	
0	Operator MC	GURN, M	 ICHAE	LJ	Endorsement	Owne	r MCGURN	, 1	MIC:	HAE	L	irst			M	iddle		
<sup>8</sup> 1	Address 29	FLAGG F	<u>.</u>		Mode	Addre	ss 29 FLA	\GG	RD	)					1411			
	City WEST	FORD	State <b>1</b>	<b>IA</b> Zip <b>018</b>	86	City <b>J</b>	WESTFOR	D				Stat	e <b>M</b> 7	<b>_</b> z	ip <b>0</b>	1886-2		1 14
	Insurance Comp	pany THE C	OMMERO	E INSUR	ANCE CO	Vehic	le Action Prior to	Crash	1	4	22				Code:	<b>⊃</b> r4028 (scal.9)	7 27	
	Vehicle Travel I	Direction: N	s X w	Responding to En	nergency? 2	Event	Sequence 1	23	23	23	23		st Stat pe of T			28		
<sup>9</sup> 2	Citation # (If Is:	sued)				Most	Harmful Event	1	24			-	-	test. st Resu	ılt:	30		
2	Viol. 1: Ch/Sec/	/Sub	Vio	l. 2: Ch/Sec/Sub	<del></del>	Drive	r Contributing Co	de	18	25	25	1			2 31	Susp. Dru	32	
	Viol. 3: Ch/Sec/	/Sub	Vio	l. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					om sc		1 33	***************************************	]
	Pl Name (Last First N	•	perator/non-n	notorist and all occ	cupants involved		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility	
		or/Non-M	otorist		See Above			X	1	1	4		0		1			1
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Police Officer Name (Please Print)

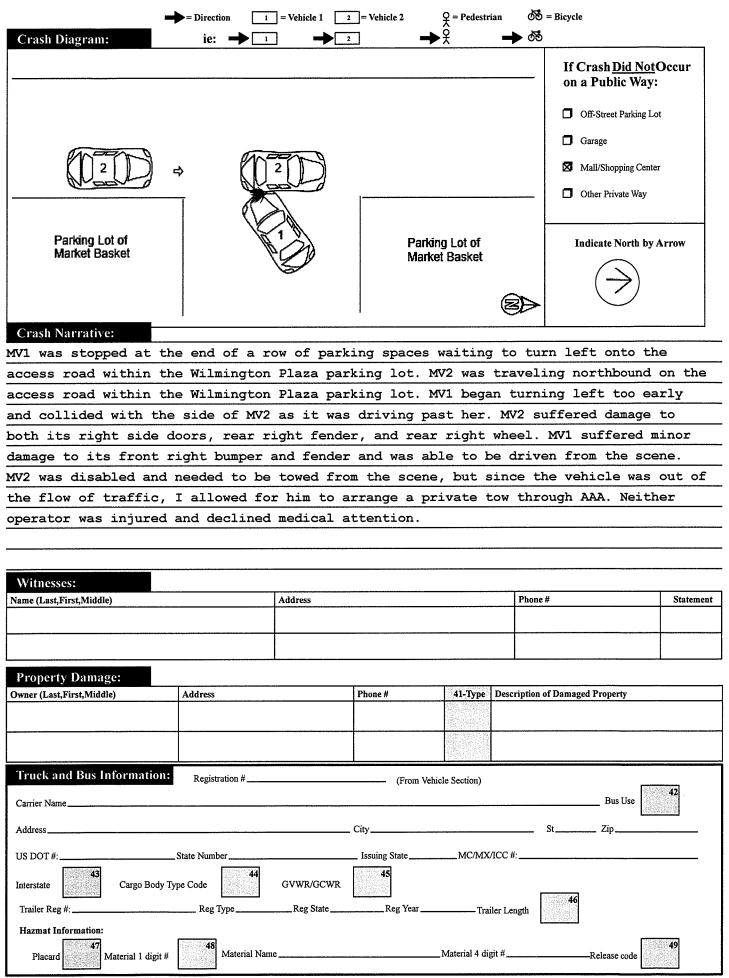
Signature

ID/Badge#

Department

Date

Date of Crash   1803   24HR   Wilmington   20   State Ma   24HR	umber treet  -2 612 27 27
AT INTERSECTION:    AT INTERSECTION:   COCATION   NOT AT INTERSECTION:	umber treet  -2612 27 27
Route# Direction Name of Roadway/Street  At Feet NSEW of Mile Marker of Exit Nun  Also at Intersecting Roadway/Street  Feet NSEW of Route# Direction  Name of Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Landmark  Please Select One of the Following:  Loense # \$60911568 St MA DOB/Age  Sex F Lic. Class 19 19 19 Lic. Restrictions B 20 CDL Endorsement  Operator MILO, BETTY JEAN  Address 2 ALPENA AVE  City WOBURN State MA Zip 01801-2612  Insurance Company THE COMMERCE INSURANCE CO  Vehicle Travel Direction: State MA Zip 01801-2612  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code 12 19 25 Susp. Alcoholic 2 31 Susp. Drug Norted Rodes Notes Susp. Alcoholic 2 31 Susp. Drug Norted Rodes Notes Susp. Medical Medical Medical Medical Medical Medical Medical Medical Notes Susp. Alcoholic 2 31 Susp. Drug Notes Notes Notes Susp. Alcoholic 2 31 Susp. Drug Notes Note	12 21 27 27
Route# Direction Name of Roadway/Street  At	12 21 27 27
Route# Direction Name of Roadway/Street  At  Route# Direction Address # Name of Roadway/Street  At  Feet NSEW of Mile Marker	12 21 27 27
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Feet NSEW	12 21 27 27
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Name of Intersecting Roadway/Street    Feet   N   S   E   W   of	12 21 27 27
Also at Intersection with    Feet   N S E W   of Feet   N S E W	21 1 21 -2612 27 27
Route# Direction Name of Intersecting Roadway/Street    Feet   N   S   E   W   of   Intersecting Roadway/Street   Landmark	21 1 21 -2612 27 27
Route# Direction Name of Intersecting Roadway/Street    Please Select One of the Following:   Vehicle   1	22612
Please Select One of the Following:    Vehicle 11	22612
License # \$60911568 St MA DOB/Age  Sex F Lic. Class	22612
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement  Operator MILO, BETTY JEAN  Last First Middle  Address 2 ALPENA AVE  City WOBURN State MA Zip 01801-2612  City WOBURN State MA Zip 01801-2612  Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Type of Test:  Citation # (If Issued)	22612
Column	·2612 27 27
Operator MILO, BETTY JEAN  Address 2 ALPENA AVE  City WOBURN  State MA Zip 01801-2612  Insurance Company THE COMMERCE INSURANCE CO  Vehicle Travel Direction:  Vehicle Travel Direction:  (If Issued)  Wost Harmful Event  Driver Contributing Code  Viol. 2: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Please fill out for operator and all occupants involved  Name (Last First Middle)  Owner MILO, BETTY JEAN  Last First Middle  Address 2 ALPENA AVE  City WOBURN  State MA Zip 01801-2  City WOBURN  State MA Zip 01801-2  City WOBURN  State MA Zip 01801-2  Test Status:  Type of Test:  BAC Test Result:  30  Driver Contributing Code  Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Owner MILO, BETTY JEAN  Last First Middle  Address 2 ALPENA AVE  City WOBURN  State MA Zip 01801-2  Last First Middle  Address 2 ALPENA AVE  City WOBURN  State MA Zip 01801-2  Test Status:  Type of Test:  BAC Test Result:  30  Susp. Alcohol:  2 31  Susp. Drug  Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Owner MILO, BETTY JEAN  Address 2 ALPENA AVE  City WOBURN  State MA Zip 01801-2  Event Sequence  1 23 23 23 23  Test Status:  Type of Test:  BAC Test Result:  30  Susp. Alcohol:  2 31  Susp. Drug  Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)	27 27
Address 2 ALPENA AVE  City WOBURN  State MA Zip 01801-2612  City WOBURN  State MA Zip 01801-2612  Vehicle Action Prior to Crash  Event Sequence  Wobicle Travel Direction:  Vehicle Action Prior to Crash  Event Sequence  Woburn  Test Status:  28  Type of Test:  30  Driver Contributing Code  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Viol. 3: Ch/Sec/Sub  Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Address  Address 2 ALPENA AVE  City WOBURN  State MA Zip 01801-2  Test Status:  28  Type of Test:  BAC Test Result:  30  Susp. Alcohol:  2 31  Susp. Drug  Transp. Injury  Transp. Code  Medical I	27 27
Insurance Company THE COMMERCE INSURANCE CO  Vehicle Action Prior to Crash  Vehicle Travel Direction: SEW Responding to Emergency? 2  Event Sequence 1 23 23 23 23  Event Sequence 1 24  Most Harmful Event 1 24  Damaged Area Code: 1 27 2 22  Test Status: 28  Type of Test: 30  BAC Test Result: 30  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 1 9 25  Viol. 3: Ch/Sec/Sub Driver Distracted by 9 26  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)  Damaged Area Code: 1 27 2 22  Test Status: 28  Type of Test: BAC Test Result: 30  Susp. Alcohol: 2 31 Susp. Drug  Towed from scene? 2 33  Please fill out for operator and all occupants involved Address  DOB/Age Sex Safety Airbag Status Code Status Code Medical Insurance Code Medical Insurance Code Medical Insurance Code	27 27
Vehicle Travel Direction: Vehicle Travel Dir	
Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Type of Test: 29  Most Harmful Event 1 24  Wiol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 1 9 25  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 9 26  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Nost Harmful Event 1 24  BAC Test Result: 30  Susp. Alcohol: 2 31  Susp. Drug  Towed from scene? 2 33  Please fill out for operator and all occupants involved Address  DOB/Age Sex Post Square Code Status Code Medical I	ug: <mark>2 32</mark>
Citation # (If Issued) Most Harmful Event	ug: 2 32
Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  4 25 19 25  Susp. Alcohol: 2 31 Susp. Drug  Viol. 3: Ch/Sec/Sub  Driver Distracted by  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  DOB/Age  DOB/Age  Driver Dominating Code  4 25 19 25  Susp. Alcohol: 2 31 Susp. Drug  Towed from scene? 2 33  Please fill out for operator and all occupants involved  Name (Last First Middle)  DOB/Age  DOB/Age  Name (Last First Middle)	ug:2 32
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Driver Distracted by Pos. System Status Code Status Code Medical I	ug 2
Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  DOB/Age  Sex   Safety   Airbeg   Eject   Trap   Injury   Transp.   Code   Medical I	
Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Medical I	
Operator         See Above         1   1   4   0   0   10   1	al Facility
Please Select One 57 1 10 5	
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Location 17 Condition 18 Location 17 Condition 18 Location 17 Condition 18 Location 19 Condition 19 Location 19 Condition 1	Moped
License # <b>S51658137</b> St <b>MA</b> DOB/Age Reg # <b>8MS696</b> Reg Type <b>PC</b> Reg State <b>M2</b>	
Sex M Lic. Class 19 19 Lic. Restrictions CDL Veh Year 2018 Veh Make TOYOTA Veh Config.	1 21
Endorsement Operator GRACIA, MICHAEL J Owner GRACIA, JULIE A	
Last First Middle Address 2 STATE ST Address 2 STATE ST	
City WILMINGTON State MA Zip 01887-2429 City WILMINGTON State MA Zip 01887-2	
Insurance Company <b>ARBELLA MUTUAL INSURANCE</b> Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 4 2	2429
Wehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status:	
Type of Test:	
BAC Test Result: 30	
3usp. Arconor. 2. Susp. Drug	27 97 27
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Direct Districted by 134 35 36 37 38 39 40	
Seat   Safety   Airbag   Eject   Trap   Injury   Transp.	27 97 27
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Operator/Non-Motorist See Above 1 1 1 4 0 0 10 1	27 <sub>97</sub> 27
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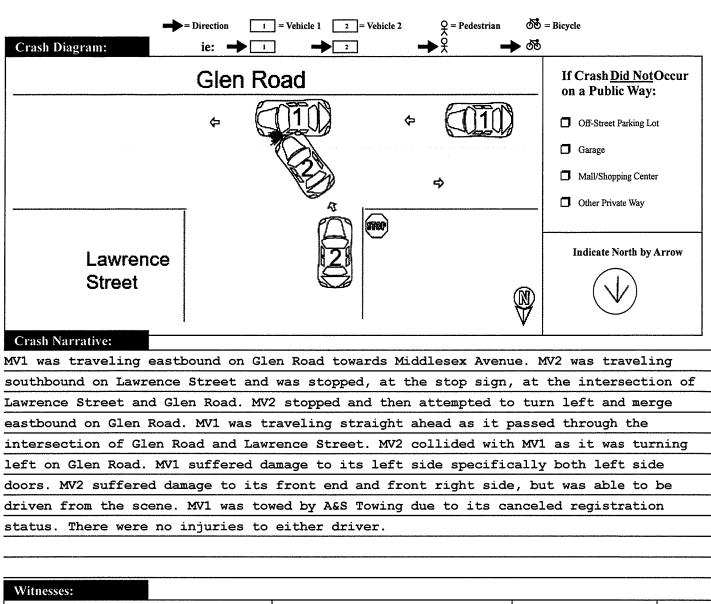
Patrol Officer Michael A Wilson

Department

Wilmington Police Department

12/10/2019

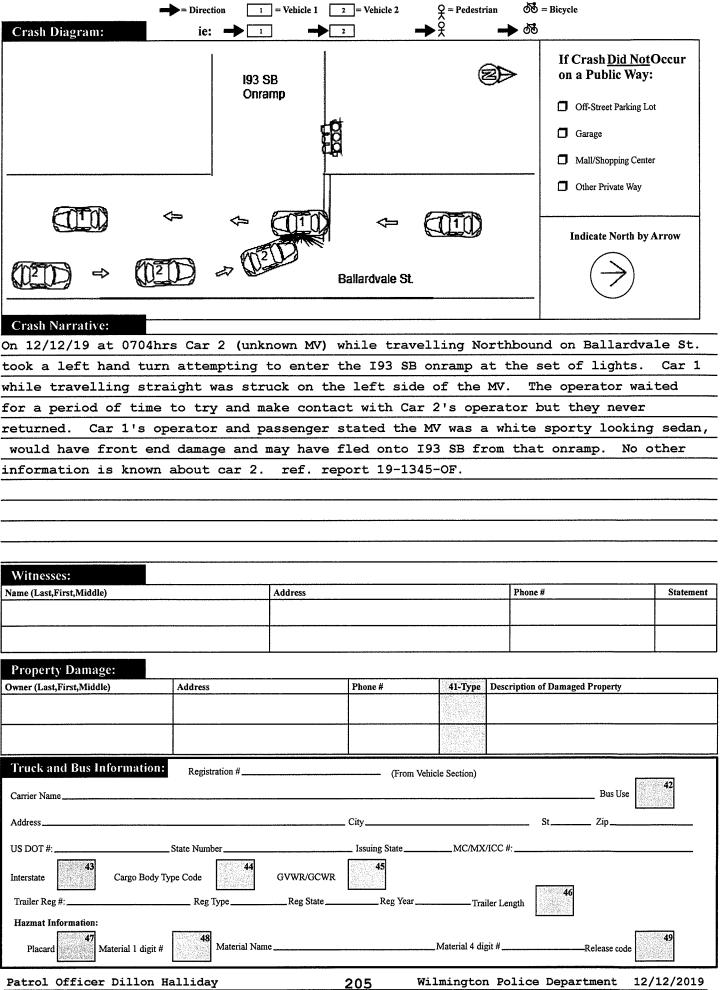
Police Use Only	Comn	nonwealth	of Massa	chu	setts	l	1941.y	RM	V Docu	ıment Num	
Date of Crash   Time of Crash   12/11/2019   1418   Wili	City/Town mington	Motor Vel		sh	Number Vehicles			l Limit.	25	MBTA Po	ce 🔯
24HR			Report		2	0	Longi			Campus P Other:	olice 🔲
AT INTERSECT	ION:	< LOC	ATION >	>		NOT	AT IN	TER	SEC	TION:	
CIEN DD											
Route# Direction GLEN RD	Name of Roadway/Stre	eet	Route# Direct	ion A	ddress#		Na	ame of	Roadw	/ay/Street	
	At		r [	N S E	W .c		_	_			
Route# Direction Nar	E ST ne of Intersecting Roadwa	av/Street	- reet [	N S E	or or	Mile 1	Marker	,	or _	Exit Nu	mber
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			Feet [	N S E	w of	Route#		interse	cung K	Roadway/Str	eet
Route# Direction Nar	ne of Intersecting Roadwa	ay/Street						La	ndmark	<	
Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash R	eport ID	<sub>#</sub> 19	-42	25-	AC	1		
of the Ponowing.										- 1/7	
10 10	A_ DOB/Age	-	# 6HZV70				-			13	21
District Communication	En En	dorsement	Year 2001						Veh	Config.	•
Operator MESSINA, SAMU	First	Middle		ast		First	1		Mie	iddle	
Address 702 LORDS CT			iress 702 LO		CT						4555
City WILMINGTON State	_		WILMING	ľON	F. (2017) (2017)					1887-	
Insurance Company AMICA MUT	UAL INSURAN	ICE CO Vel	icle Action Prior to		1		Damage Test Sta		Code:	7 27 6 2 28	<u>''  *' </u>
Vehicle Travel Direction: N S W	Responding to Emerg	ency? 2 Eve	nt Sequence 1	23 23		23	Type of			29	
Citation # (If Issued)		Mo	st Harmful Event	1 2	<u> </u>		BAC Te		alt:	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Dri	ver Contributing Coo	de <b>1</b>	25	25	Susp. Al	lcohol:	2 31	Susp. Dru	g 2 32
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	99 <sup>20</sup>	6		Towed f	from sc	ene?	33 3	
-	ator and all occupants inv		DOD4	S	34 35 cat Safety	Airbag Ej	7 38 ect Trap ede Code	39 Injury	40 Transp.	16-2:1	T:::
Name (Last First Middle)  Operator		Address e Above	DOB/Age	Sex Pe	os. System	Status Co	ode Code	Status 10	Code 1	Medical	Faculty
Operator			$\leftarrow$								
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Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action	16 Loc	ation	17 Cor	dition	18		Hit/Run	Moped
of the Following:	1=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CDT210		3/3		<u> </u>		<u> </u>	- )(	
10 10	DOB/Age. 20		# 6FY312				ype PC	<b></b>		eg State M	21
≥ declare produced	Restrictions <b>B</b> CD	dorsement	Year 2018				Α		Veh	Config. 1	
Operator PANAHI, HAYDE	First	Middle	ner PANAHI	ast		First			Mie	iddle	
Address 14 GLENDALE CI			lress 14 GLE		E C						
•	e <u>MA</u> Zip <u>01887</u>		WILMING	CON	3636187					1887-:	
Insurance Company CITIZENS	INSURANCE C	OMPAN Veh	icle Action Prior to		4		Damage Test Sta		Code:	1 27 2 2 28	<u>'' 3                                   </u>
Vehicle Travel Direction: NEW	Responding to Emerg	ency? 2 Eve	nt Sequence 1	23 23		23	Type of		}	29	-
Citation # (If Issued)	_	Mo	st Hannful Event	1 24	<u> </u>		BAC Te		ılt:	30	
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Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	99 <sup>20</sup>	6		Towed f	from sc	ene?	2 33	
Please fill out for operator/no	•		DOD#	Se	34 35 eat Safety	36 3 Airbag Ej	ect Trap	39 Injury		\$ #. dt   4	Pacility
Name (Last First Middle)  Operator/Non-Motorist	····	Address e Above	DOB/Age	Sex Pr	os. System	Status Co	de Code	Status 10	1	Medical	racinty
Operator/Mon-Motorist	ı Se	V.100*C		<b>/</b>		+-+	+	<del> </del>			
								<b> </b>			
							$\top$	1			



Witnesses:								
Name (Last,First,Middle)		Address			Pho	one#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descripti	on of Damage	ed Property	
Truck and Bus Information:  Carrier Name	Registration#		(21011 1011	icle Section)			Bus Use	42
Address			_ City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	/ICC #:			
Interstate Cargo Body Ty	44	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	30		
Hazmat Information:						*\$20053821533		
Placard Material 1 digit #	Material Name	e		_Material 4 dig	git #		Release code	49
Datas 1 Officer Wichael 2	****		000 W	1				11 /0010

Department

	Pol	lice Use Only		Com	monwe	ealth o	of Massa	ach	use	etts		1 1 1		RMV		ıment N		Frigation of
	Date of Crash 12/12/2019	Time of Crash	i	City/Town .ngton			icle Cra	sh		ımber hicles	Nun Inju	1 1	Speed Latitud	Limit.	35	Local MBT	Police Police Police Police	
	22, 22, 2020	24HR	71		P		Report		2		0	I	ongit	ude		Othe:		1
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	ГАТ	INT	ERS	SEC'	TION	:	_ 1
									1		RC	UTI	e 1	25	HW	ſΥ		2 '
	Route# Dire	ction	Ŋ	Name of Roadway/	Street		Route# Direc	tion	Addr	ess#						/ay/Stree	t	
1				At			Feet	N S	E W	of			- •		or _			
	Route# Dire	ction	Name o	of Intersecting Roa	idway/Street						Mi	le Mar	ker			Exit	Number	$\frac{1}{3}$
			F	Also at Intersection	ı with		Feet	NS	EW	of	Route	<del></del> -		Interse	cting F	Roadway	/Street	<u> </u>
	Route# Dire	ction	Name o	of Intersecting Roa	idway/Street		Feet	N S	EW	of								
1				_	-		1								ıdmark	(		ł
	Please Select of the Followi		le 1 <b>2</b> #	Occupants H	lit/Run	Moped	Crash F	Report	ID#	19	-4	26	5 – 2	AC				
	License # S2	9316183	St <b>MA</b>	DOB/Age	<b>.</b>	Reg #	1VC155				Re	g Type	PC		R	eg State	MA	
	Sex <b>M</b> Lic.	10000	19 Lic. Rest	20	CDL		ear <b>2011</b>										21	1
		NKS, CO	333	AMES AND AND	Endorsement		JENKS,											
 3		ASHWOOD	Fi	rst	Middle		ess 16 ASI	Last			F	irst			Mi	iddle		
				1A Zip 0188	B7-0000		WILMING					State	e <b>M</b> Z	<b>A</b> z	ip <b>0</b> :	1887	-0000	
				INSURAN			le Action Prior to			1	22						27 27	
	_	Direction: N		Responding to Em			_		23	23	23	Tes	st Stati	us:		28		
1		sued)		Responding to En	lergency!		Harmful Event	1	24			Тур	pe of T	Test:		29		
							r Contributing Co	7.00	1	25	25	l		t Resu	0.1000-2-12	30	23	-
				1. 2: Ch/Sec/Sub			r Distracted by	0	26		1605.64	Sus	-	cohol: om sc	TOTAL CONSTRUCTION		Drug: 32	<u> </u>
L	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub -		Drive	I Distracted by	U	34	35	36	37	38	39	40	2 33		4
	Name (Last First )		t for operator	and an occupants	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	М	dical Facility	-
	Operat	or			See Above		> <	X	1	1	4	0	0	10	1			
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	DI Ct					E 4	15	16	<u> </u>	100	17		41.00 11.00 11.00	18	53	<u> </u>	T	1
5	Please Select ( of the Followi		le 2 <b>1</b> _#	Occupants N	on-Motorist A	Туре	Action	]	Locatio	on [	7	Conditi	on		×.	Hit/Run	Moped	_
	License #		St	_ DOB/Age		_ Reg f	<u> </u>				Re	д Туре			R	eg State		
	Sex Lic.		19 Lic. Rest	trictions 20	CDL Endorsement	_ Veh Y	/ear	············	Veh M	ake	·····				_ Veh	Config.	21	
	Operator <b>UN</b>	known	W.	rst	Middle	Own	er	Last			E:	irst			M	iddle		
L	Address	Last			Made	_ Addr	ess	Last			F.	1121				iouit .		
	City		State	Zip		City_						State	e	z	ip			2
	Insurance Comp	oany				_ Vehic	le Action Prior to	Crash			22	Da	mageo	i Area	Code:	ANS. (2000) - 10	27 27	Г
	Vehicle Travel I	Direction: N S	S E W	Responding to Em	nergency?	Even	Sequence	23	23	23	23		st Stati			28		
	Citation # (If Is:	sued)				Most	Harmful Event	70.8	24			• •	oe of T	fest: st Resu	ıl+ı	30		
2	Viol. 1: Ch/Sec/	/Sub	Vio	1. 2: Ch/Sec/Sub -		Drive	r Contributing Co	ode		25	25			cohol:	179970		Drug: 32	
				1. 4; Ch/Sec/Sub			r Distracted by		26			•	•	om sc	CENTRAL SECTION	33	- Franklik	
				otorist and all occ				T	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First N		-4- • 1	T	Address		DOB/Age	Sex	Pos.	System		Code	Code	Status	Code	M	edical Facility	+
	Operat	or/Non-M	otorist		See Above			X	1		<u> </u>							4
									<u> </u>		<u> </u>							
																		1



Department

Pol	ice Use Only		Com	monw	vealth	of Massa	ach	use	etts				RMV		ment Num		
Date of Crash 12/12/2019	Time of Crash <b>1714</b>		City/Town Lngton		,	iicle Cra	sh		umber chicles		1	Speed Latitud	Limit,	35	State Pol Local Pol MBTA P	lice 🔀	
12/12/2013	24HR	77 -L -L-21.L-1			Police	Report		2		0		Longit			Campus Other:	Police 🗖	
	AT INTERS	ECTIO	N:	<	LOC	TION	>			NO'	ТАТ	'IN'	TER:	SEC	TION:		10
	CHIIB	CH ST	Ti.														2 10
Route# Direc			Name of Roadway/	Street		Route# Direc	tion	Addı	ess#			Na	me of	Roadw	ay/Street		_
_			At			Feet	NS	EW	of			_ •		or _			
Route# Direc			X AVE of Intersecting Roa	dway/Street						M	ile Ma	rker			Exit Nu	ımber	3 11
			Also at Intersection	with			NS	,	,	Route	 e#		Interse	cting R	Roadway/St	reet	<u> </u>
Route# Direc	ction	Name	of Intersecting Roa	dway/Street		Feet	NS	EW	of								
			<u> </u>	· I		<u> </u>								ndmark			4
Please Select C of the Followi		12#	Occupants H	it/Run	Moped	Crash I	Report	ID#	19	<b>-4</b>	2	7 –	AC	;			
License # S5	2845113	St MA	DOB/Age		Reg	# <u>524BB9</u>				Re	д Туре	PC		Re	eg State M		12
Sex_F Lic.	Class D 19 1	Lic. Res	strictions 1 20	CDL	Veh	Year <b>2007</b>		Veh M	ake L	EX	JS			_ Veh	Config.	2 21	1
	NOPOLSKY	, RI	TA	Endorsement		er GANOPO	LSI	ΚY,	LE						ddle		
Address 121	ALDRICE	I RD	но-	Minnie	Add	ress <b>121 A</b>	LDR	ICF	RI		irst			Mi	wiie	<del></del>	
City WILM:	INGTON	State <b>1</b>	//A Zip 0188	37-2225	5 City	WILMING	TON	<u> </u>			Sta	te <b>M</b>	<b>3</b> z	ip <b>0</b> 1	L887-	2225	
Insurance Comp	oany GEICO	GENEF	RAL INSU	RANCE	C Vehi	cle Action Prior to	Crash	ı	1	22	Da	amage	d Area	Code:	0	27 27	
Vehicle Travel I	Direction: NS	E	Responding to Em	ergency? 2	Ever	nt Sequence 1	23	23	23	23		st Stat			28		
Citation # (If Iss	sued)				Mos	t Harmful Event	1	24			_	pe of '	Fest: st Resu	ılt-	30		
Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub		Driv	er Contributing Co	ode	1	25	25	:		cohol:	3089072.2	Susp. Dru	ug: 32	1 13
Viol. 3; Ch/Sec/	Sub ———	Vio	ol. 4: Ch/Sec/Sub		Driv	er Distracted by	0	26	· · ·		To	wed fi	rom sc	ene?	2 33	or many configuration	***************************************
		or operator	r and all occupants					34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code 0	Status 10	Code 1	Medica	l Facility	1
LEONID GANG			121 ALDRICH REWILMINGTON, MA					3	1	4	0	0	10	1			1
			WILMINGTON, PA	01007-2223					$\vdash$	-	ļ- 	_					1
				······································			ļ	<u> </u>	├								-
					SL2.		Sect.		Total Control			- David	CORNER L				4
Please Select C of the Followi		22_#	Occupants N	on-Motorist	А Туре	15 Action	16	Location	on	17	Condit	ion	18	D	Hit/Run	Moped	
License # S4	1807835	St MA	_ DOB/Age		Reg	# 76LE76				Re	д Туре	PC		R	eg State <b>M</b>	A	1
Sex M Lic.	Class D	Lic. Res	trictions 1 20	CDL		Year <b>2017</b>		Veh M	ake <b>T</b>	OYO	ATC	,		_ Veh	Config.	L 21	
Operator DA	WSON, JA	MES_	H	Endorsement Middle		ner <b>DAWSON</b>	نــا	JAM	ES	H	_				ddie		
Address 1 I	AMPSON I	IN F	rst	Middle	Add	ress 1 LAM	PSO	N I	N	F.	irst			Mi	ddic		
City BILLI	ERICA	State <b>1</b>	/A Zip 0182	21-2208	<u>3</u> City	BILLERI	CA				Sta	te <b>M</b> 7	<b>1</b> _ z	ip <b>01</b>	L821-	2208	1 14
Insurance Comp	any PLYMOU	TH RO	OCK ASSUI	RANCE	C Vehi	cle Action Prior to	Crash	ı	4	22	Da	amageo	d Area	Code:	8	27 27	
Vehicle Travel D	Direction: XS	EW	Responding to Em	ergency? 2	Ever	nt Sequence	23	23	23	23		st Stat			28		
Citation # (If Iss	sued)				Mos	t Harmful Event	1	24			•	pe of Tes	iest: st Resu	ilt	30		
Viol. 1: Ch/Sec/	Sub ———	Vio	ol. 2: Ch/Sec/Sub -	···········	Driv	er Contributing Co	ode	20	25	25	1	sp. Al		31	Susp. Dru	ug: 32	İ
Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Sub -		Driv	er Distracted by	4	26			To	wed fi	om sc	ene?	2 33		
1	ease fill out for oper	rator/non-m	notorist and all occ	•	ed	DOD/4 ···		34 Seat	35 Safety		37 Eject	38 Trap	39 Injury	40 Transp.	17-P	il Facility	1
Name (Last First M	or/Non-Moi	torist		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code 0	Status 10	Code 1	Medica	l Facility	1
Sperate	vis IIIV					<b>/</b>	K	3	1	4	0	0		1			1
						+	+	3	┞—	<b> </b>	<u> </u>	ļ <u> </u>	10	<u> </u>	-		-
								<u> </u>	<u> </u>	<u></u>	<u> </u>						1

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b> □	2	<b>▶</b> १ -	→ ಔ	****
	Middlesex A	venue			If Crash <u>Did Not</u> on a Public Way	
					Off-Street Parking L	ot
					☐ Garage	
		V1		·····	■ Mall/Shopping Cent	er
	V2 (0≣	<b>(</b> -			Other Private Way	
	R				Indicate North by	Arrow
<u> </u>			<u> </u>			
Church				(N		
Crash Narrative:						
The driver of v1 sta	ted that she	was drivir	ng west on	Church Str	reet, when V2 pulled	
front of her suddenl				<u> </u>		
	*					
The driver of V2 sta	ted that he w	as traveli	ing east or	Church St	creet, and was atter	npting
to take a left onto	Middlesex Ave	. He thou	ight he cou	ıld go befo	ore V1, and pulled :	into
V1's lane to cross.	He stated	that he w	vas distrac	ted by his	GPS APP.	
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Tunie (Lusty Literature)		11000				
<u> </u>						
Property Damage:				Teores Service		
Owner (Last, First, Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
Truck and Bus Information	Registration #		(From V	ehicle Section)		
Carrier Name		********			Bus Use	42
Address	***************************************		_ City		St Zip	
US DOT#:	State Number		Issuing State	MC/MX/IC0	C#:	
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:					Except	- 10
Placard Material 1 digit	# 48 Material Nam	ne		Material 4 digit #	Release code	49
Patrol Officer Brian D	Thornton		190 V	Vilmington I	Police Department 12	/12/2019

Police Officer Name (Please Print)

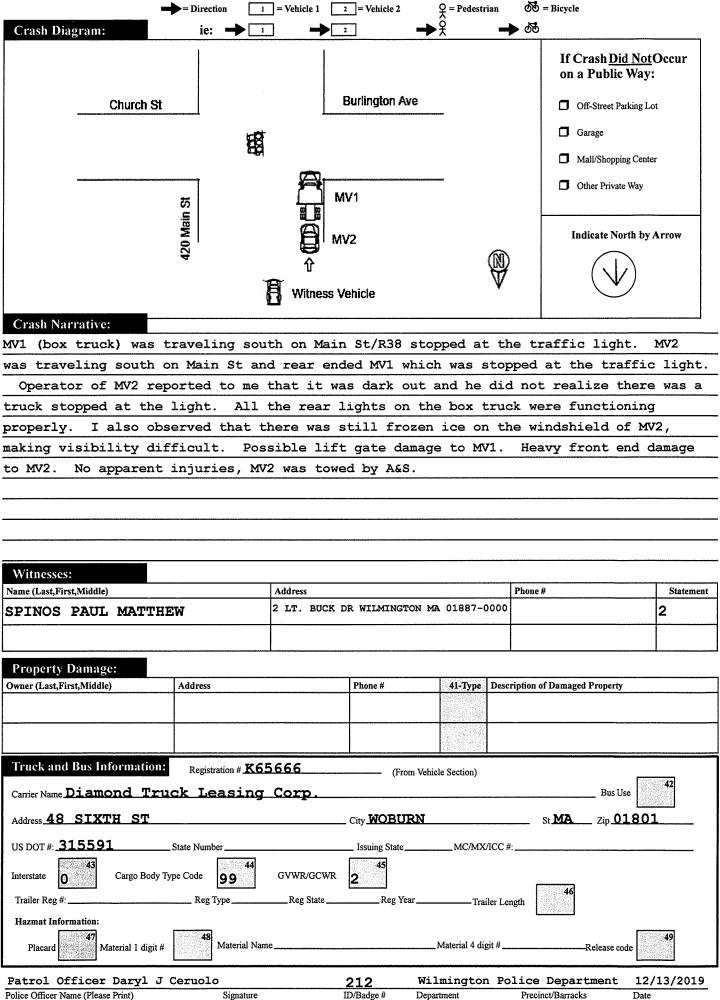
Signature

ID/Badge #

Precinct/Barracks Department

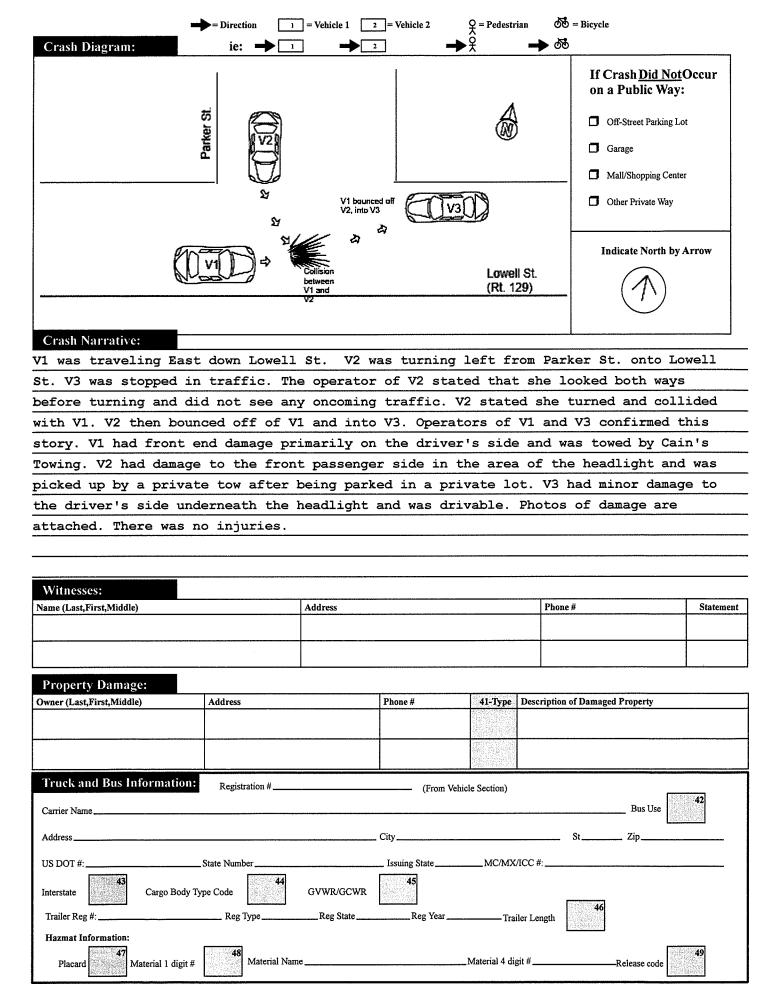
Date

	Pol	ice Use Only		Cor	nmonwea	alth o	of Massa	ach	use	etts			R	MV Do	cume	nt Number	
	Date of Crash 12/13/2019	Time of Crash	1	City/Town ington	Motor	Vehi	icle Cra	sh		ımber hicles	Num Inju	,   '	eed Lin		<u>,                                    </u>	State Police Local Police MBTA Police Campus Police	
	12/13/2019	24HR	WIII	ing con			Report		2		0		ngitud			Campus Police Other:	
		AT INTER	SECTIO	ON:	<	LOCAT	ΓΙΟΝ	>			NO	AT	NTE	RSE	CTIC	ON:	10
									42	4	MZ	IN	ST				2 10
<sup>1</sup> <b>4</b>	Route# Direc	ction		Name of Roadwa	y/Street		Route# Direc	tion	Addr					of Road	lway/S	Street	
4				At			Feet	N S	EW	of			• -	or			
	Route# Direct	ction	Name	of Intersecting Re	oadway/Street						Mil	e Mark	er			Exit Number	2 11
				Also at Intersection	on with				EW		Route	# -	Inte	ersecting	g Road	lway/Street	H
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting Ro	oadway/Street		Feet	NS	EW	of				7 1	1-		
	Please Select 0	One 🔽	1 +	Occupants	Y	L	Crash F		TD// *	1 0		20		Landma	агк		1
3	of the Followi	ng: Venic	···		Hit/Run	Moped											4
L		8192711	St. <b>MA</b>	DOB/Age	<u>.</u> .		K65666									688888	<b>1</b> 12
	Sex M Lic.	Class D	Lic. Res	strictions 1	CDL Endorsement		ear <u>2015</u>									nfig. 8	
<sup>4</sup> 3		NNATT,			Middle		DIAMON	Last			LE#	SE st	COF	RPOR	A I Middle	LON	
3		HARRISC			201_4150		ss 48 SIX	CTH	_RD	)					110	01-1750	
	City <b>WOBU</b>			=	301-4150 CE COMPA	-	NOBURN	<u> </u>		A see	22			Zip <u></u> .rea Cod		01-1759 27 27 27	
	•		(EW				e Action Prior to		23	23	23		Status:		No. Company	28	
<sup>5</sup> 2	Vehicle Travel I	عت ا	تسد	Responding to E	Emergency? 2		Sequence 1  Harmful Event	1	24		\$22,H	Туре	of Tes	t:	和音	29	
	i .	sued)		-) 2. Ch/C/Cub			Contributing Co	70.7000	1	25	25		Test R		\$7.00	30	<b>1</b> 13
	Viol. 1: Ch/Sec/						_	0	26					nol: 2	489.02	1sp. Drug: 2 32	$\Vdash$
<sup>6</sup> 1	VIOI. 3: CIVSec/			r and all occupant		21110	Distanced by	Yes	34 Scat	35 Safety	36 Airbag	37	38 :	39 40 jury Trans	2000	ASSA .	1
	Name (Last First N			1	Address		DOB/Age	Sex	Pos.	System	Status	Code (	Code St	atus Cod		Medical Facility	-
	Operate	or			See Above				1	1	4	0 0	10	0 1			-
								ļ	-				_	_	-		-
															_		-
										<u> </u>							1
<sup>7</sup> 2	Please Select O of the Followi	One ng: Vehic	e 2 <b>1</b>	Occupants	Non-Motorist A	Туре	15 Action	16	Locatio	on	17 c	onditio	1	18	Hit/I	Run Moped	
	License # S8	5905027	St MA	DOB/Age.		Reg#	1KAB74				Reg	Туре 💄	PC		Reg S	tate MA	1
	Sex <b>M</b> Lic.	Class D	Lic. Res	strictions 1	CDL	Veh Ye	ear 2015		Veh Ma	ake 🗛	UDI			v	eh Cor	nfig. <b>1</b> 21	
0		SAGANI,	HARI	SH K	Endorsement	Owne	LINGAL	Α,	LA	KSH	MI	P			Middle		
<sup>8</sup> 1.	Address 14	NILE ST		itzi	Middle	Addre	ss <b>14 NII</b>	Last E	ST		Fir	st			Middle		
	City BILLI	ERICA	State 1	MA Zip 018	321-5507	City <b>I</b>	BILLERI	CA								21-5507	1 14
	Insurance Comp	any PROGRI	ESSIV	E DIRECT	INSURA	Vehicle	e Action Prior to	Crash	١	1	22			rea Cod	-		
	Vehicle Travel D	Direction: N	EW	Responding to E	mergency? 2	Event	Sequence 1	23	23	23	23		Status: of Tes		100	28 29	
<sup>9</sup> 2	Citation # (If Iss	sued)				Most I	Harmful Event	1	24		wolley - 1		Test R		100.00	30	
-	Viol. 1: Ch/Sec/	Sub ———	Vic	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	0.010025	32.4	<sup>25</sup> 1	8 <sup>25</sup>			iol: 2	1,377,611	isp. Drug: 2 32	
		Sub		ol. 4: Ch/Sec/Sub		Driver	Distracted by	99						scene?	Line	33	]
	Ple Name (Last First M	-	erator/non-r	notorist and all oc	ccupants involved  Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	Eject 1	frap In	39 40 jury Trans atus Code	p.	Medical Facility	
	Operate	or/Non-M	otorist		See Above		$\geq <$	X	1	1	4	0 0	10	0 1			
									<u> </u>						T		
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	Police Use Only	Com	monwealth	ı of Massa	ich	use	tts		3 U	RM	IV Doc	ument Num		
	Date of Crash   Time of Crash   12/13/2019   1621   Wil:	City/Town mington	Motor Ve	ehicle Cra	sh		mber nicles	Num Injur	آ آئہ	ed Limi	t <u>35</u>	State Police Local Police MBTA Po	ce 🔀	
	24HR		Police	e Report		3		0	1	ngitude _		Campus P Other:	olice 🔲	
	AT INTERSECT	ION:	< LO0	CATION :	>			TON	AT I	NTE	RSEC	TION:		10
						2 <b>A</b>		PA	RKEI	R 51	1			2 10
1	Route# Direction	Name of Roadway/S	itreet	Route# Direct	ion	Addre	ss#					vay/Street		
<sup>1</sup> 4		At		Feet	N S	E W	of ·				- or _			
	Route# Direction Na	me of Intersecting Road	lway/Street					Mil	e Marke	r		Exit Nu	mber	3 11
		Also at Intersection	with	Feet				Route	<del>-</del>	Inter	secting !	Roadway/Str	eet	
<sup>2</sup> 3	Route# Direction Na	me of Intersecting Road	lway/Street	Feet	N S	E W	of			<del></del>				
	Please Select One Variate 11	#O				9			20		andmar	K		1
3	of the Following:	#Occupants	t/Run Mope	d Crash R	eport 1	ID# _	19	-4	29	-A(	<u> </u>			
	License # <b>E423076570880</b> St <b>E</b>	DOB/Age	R	eg# <u>JGT535</u> 9	<u> </u>			_ Reg	Туре 🗜	C	R	eg State N	21	1 12
	Sex M Lic. Class 99 99 Lic.	Restrictions 1	CDL V Endorsement	eh Year <u>2019</u>	v	eh Ma	ke <b>J</b>	eep			Vel	Config.	100	-
4	Operator ELLACOTT, BRI	First	Middle	wner OMNIBU	Last			Fir	ENT	A	М	iddle		
<sup>4</sup> 1	Address 219 DANIEL DR			ddress 900 DC										
	City <b>SANIBEL</b> State	_		ity NEWARK		Г	\$\$ 14.00					7114	7 27	
	Insurance Company ACE AMERI	CAN INS C	0 v	ehicle Action Prior to			<b>-</b>	22		iged Are Status:	a Code:	1 27 2 2 2 28	<u>'</u> ' 8 <b>-</b> ''	
5	Vehicle Travel Direction: NSW	Responding to Eme	ergency? 2 E	vent Sequence	357 35,040		23	23		of Test:		29		
	Citation # (If Issued)	<del></del>		lost Harmful Event	1	24	seli :	- az		Test Re		30		_ 13
	Viol. 1: Ch/Sec/Sub			river Contributing Co	de	99 26	<sup>43</sup>	25		Alcoho		<del></del>	g:2 32	1 "
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub			river Distracted by		34	35	36		d from s		1 33		4
-	Please fill out for oper Name (Last First Middle)	ator and all occupants i	NVOIVEO Address	DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Ti	rap Injur ode Statu	y Transp.	Medical	Facility	
	Operator		See Above	$\rightarrow$	X	1	1	4	0 0	10	1			
												-		
	Please Select One Vehicle 21	#Occupants No	n-Motorist A Type	15	16		3716	17	ondition	18		Hit/Run	Moped	1
<sup>7</sup> 3	of the ronowing.	#Occupants No		Action	100	ocatio		K. S.		9(30)(4)	Ш_			-
	To a col	1A DOB/Age 20		eg# <u>7LJ117</u>					Туре 🗜	<u>'C</u>		eg State M	21	
	Sex_F_ Lic. Class D Lic.	Restrictions <b>B</b>	Endorsement	eh Year <b>2015</b>							Vel	Config.	•	
<sup>8</sup> 1	Operator BELLINO, JENN	First	Middle	wner BELLIN	Last			FER Fir			М	iddle		
	Address 8 EMERSON ST	NO - 0100		ddress 8 EMER		N S	T		1		O	1000		14
	CONTENTION State	_		ity WAKEFIE		ſ		22				1880 2 27 1 2	27 27	<u></u>
	Insurance Company <b>GOVERNMEN</b>			ehicle Action Prior to	of Casan		<b>4</b> 23	23		Status:	.a 00d0	2 28		
	Vehicle Travel Direction: NEW EW	Responding to Eme	•	vent Sequence 1	60 960 Fetable	24			Туре	of Test:		29		
<sup>9</sup> 2	Citation # (If Issued)			fost Harmful Event	1	V200	25	25		Test Re		30	-	
		Viol. 2: Ch/Sec/Sub -		river Contributing Co	99	26		Shada		Alcoho		333	g 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub -		Tiver Distracted by	99	34	35	36	37 3	8 39	40	2 33		-
	Name (Last First Middle)		Address	DOB/Age	Sex	Seat	Safety System	Airbag Status	Eject Ti	rap Injur ode Statu		Medical	Facility	-
	Operator/Non-Motoris	t	See Above	$\sim$	X	1	1	4	0 0	10	1			
	-													
														1

Date of Crash	ice Use Only	Con	nmonwea	HEM OF	1114224	cnus	etts			RMV		nent Num	91490. RAPE
12/13/2019	Time of Crash 1621 Will	City/Town Lmington	Motor			sh   1	lumber ehicles	Numbe Injured		Limit_ de	35	State Police Local Police MBTA Police	ice 🔯
	24HR			lice Re	<u> </u>	3		0	Longi			Campus I Other:	Police 🗖
	AT INTERSEC	ΓΙΟΝ:	< 1	LOCATIO	ON >	>		NOT A	T IN	TER!	SECT	ION:	
						27		PAR	KER	ST			
Route# Direc	etion	Name of Roadway	/Street	Ro	ute# Direct		ress #				Roadwa	y/Street	
		At			Feet	NSEV	of		_ •	_	or		
Route# Direc	etion N	Tame of Intersecting Roa	adway/Street		-			Mile I	larker			Exit Nu	mber
		Also at Intersection	n with			N S E V	=	Route#		Interse	cting Ro	oadway/Str	reet
Route# Direc	etion N	Tame of Intersecting Roa	adway/Street		Feet	N S E V	of						
											ıdmark		
Please Select C of the Followin		#Occupants H	lit/Run	Moped	Crash R	eport ID#	19	-42	9-	AC	•		
License # SO	9 <b>645361</b> St	MA DOB/Age		Reg # <b>9</b>	LR186			Reg Ty	ре РС		Reį	g State M	
Sex M Lic. (	Class D 19 Lic	. Restrictions B 20	CDL	Veh Year	2016	Veh N	⁄lake <b>T</b>	OYOT	A		_ Veh (	Config.	. 21
Operator <b>AL</b>	TUWAITI, A	MMAR	Endorsement  Middle	Owner <b>Z</b>	LTUWA	ITI,	AMM	AR		_	1.071		
Address 67	KENNEDY DR	rust	Middle	Address_	67 KEN	NEDY	DR	First		,	Midd	11c	
City NORTH	CHELMSFORD St	ate <b>MA</b> Zip <b>018</b>	63-1552	City NO	RTH CI	ELMS	FOR	D s	tate M	<b>A</b> z	ip <b>01</b>	863-	1552
Insurance Comp	any ALLSTATE	INSURANCE	COMPAN	Vehicle A	ction Prior to	Crash	2	22	Damage	d Area	Code:		27 27
Vehicle Travel D	Pirection: NSE	Responding to En	nergency? 2	Event Seq	uence 1	23 23	23	23	Test Stat		1	28	
Citation # (If Iss	ued)	-		Most Harr	nful Event	1 24			Type of Te		14.	29 30	
Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub		Driver Co	ntributing Co	de <b>1</b>	25	A AF	Susp. Al	_	- 13	Susp. Dru	g: 2 32
Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub		Driver Dis	stracted by	26	,	_	Towed f	_	70	22	- 104,858
	Please fill out for op-	erator and all occupants	s involved			34 Scar		36 3 Airbag Eje	ct Trap	39 Injury	40 Transp.		
Name (Last First M  Operato			Address See Above	<del></del>	DOB/Age	Sex Pos.	System 1	Status Co	le Code	Status 10	Code 1	Medical	Facility
<i>-</i>									-				
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Patrol Officer Emily L Stebbins

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Wilmington Police Department

12/13/2019

Department

## Wilmington Police Department Images Associated with 19-429-AC



