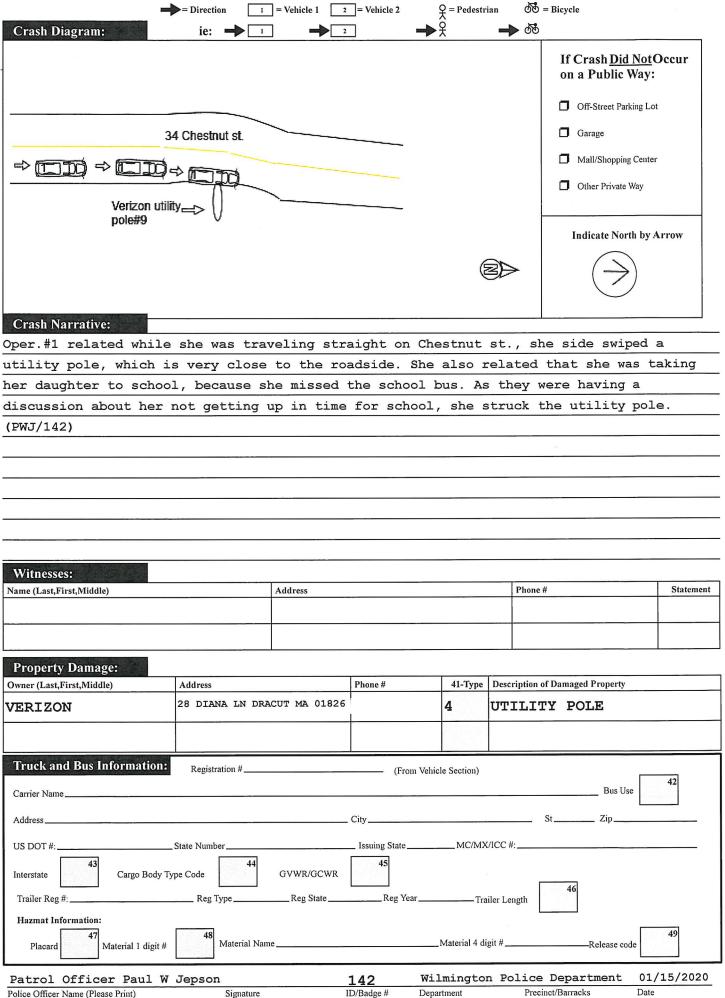
	Police Use Only	Comr	nonwealth (of Massac	huse	tts		RMV Do	ocument Number	
	Date of Crash Time of Crash 01/14/2020 1306 Wi	City/Town lmington	Motor Veh	icle Crasl	Nur Vel	mber Nun		. Dillii	State Police Local Police MBTA Police	8
	24HR	Iming con	Police :	Report	2	0	Latitu		Campus Police Other:	ă
	AT INTERSEC	TION:	< LOCA	TION >		NO	ΓAT IN	TERSE	CTION:	
					260) M7	AIN S	T		2 10
1	Route# Direction	Name of Roadway/Str	reet	Route# Direction					dway/Street	
¹ 1		At		Feet N	SEW	of		• — or		_
	Route# Direction	Name of Intersecting Roadw	vay/Street			Mi	le Marker		Exit Number	2 11
		Also at Intersection w	rith	Feet N		Route	#	Intersecting	g Roadway/Street	-
² 1	Route# Direction	Name of Intersecting Roadw	vay/Street	Feet N	SEW	of				
<u> </u>	DiS-I			<u> </u>				Landm	ark	\dashv
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	ort ID# 2	20-1	.3-A	.C		
	License # NHL19711184 St	NH_ DOB/Age.	Reg	# <u>4681585</u>		Re	з Туре РС			12
	Sex M Lic. Class D 19 Li		DL Veh	Year 2019	_ Veh Ma	ke DOD	E	v	Veh Config. 21	
4	Operator SHERMAN, MIC	HAEL ROBERT	Middle Own	er ENTERPR	ISE I	M TRU	JST Di		Middle	
⁴ 1	Address 1 OLDFIELD RI			ess <u>9315 OL</u>	IVE	BLVD				_
	City NASHUA S	tate NH Zip 0306	City.	ST LOUIS				_	631323211	-
	Insurance Company		Vehic	cle Action Prior to Cra		2 22		d Area Cod	ie: 5 27 27 2	7
5	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 1 23		23 23	Test Sta Type of		29	
	Citation # (If Issued)		Most	Harmful Event 1	. 24		, BAC Te	st Result:	1 30	- 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25 25	Susp. A	lcohol: 2	31 Susp. Drug: 2 3	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26			rom scene?	<u> </u>	
1	Please fill out for op Name (Last First Middle)	perator and all occupants in	volved Address	DOB/Age S	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Trans Status Coc	sp.	
	Operator	Se	ee Above		1	1 4	0 0	10 1		
	Di Cara		<u> </u>	15 10	<u> </u>	17		18		
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action	Location	n ''	Condition		Hit/Run 🔲 Mop	ed
		DOB/Age	Reg	#		Re	д Туре			
	Sex Lic. Class 19 19 Li		DL Veh	Year	_ Veh Ma	.ke		V	/eh Config.	
⁸ 1	Operator <u>unknown</u> Last	First		ierLasi		F	irst		Middle	
1	Address		Addı	ress						14
	City S	tateZip	City		F			Zip_		<u>-</u> 1
	Insurance Company		Vehi	cle Action Prior to Cr		22	Č	d Area Coo	de: 27 27 2	7
	Vehicle Travel Direction: NSEV	V Responding to Emer	gency? Even	it Sequence 23		23 23	Test Sta Type of		29	
⁹ 2	Citation # (If Issued)		Most	t Hannful Event	24		BAC Te	est Result:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	L	25 25	Susp. A	lcohol:	Busp. Brug.	52
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26			from scene?		
	Please fill out for operator. Name (Last First Middle)	/non-motorist and all occup	ants involved Address	DOB/Age S	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Tran Status Coc	ısp.	
	Operator/Non-Motor	ist s	ee Above	$\rightarrow \rightarrow$	1					
	l .	1		1	1 1	ı i	1 1	1 1	1	- 1

	= Direction 1	= Vehicle 1 2	= Vehicle 2	2 = Pedestri	an 🚳 = Bio	ycle	
Crash Diagram:	ie: 👈 🔟		→	Š	→ №		
Crash Diagrain.				Ŷ		If Crash Did Not On a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
		260 Main 5	 St.	($\bigcirc \bigcirc$	
Crash Narrative:		*					
MV 1 was stopped a	at a red light w	aiting to	turn left or	nto Mai	n st. whe	n MV 2 hit M	V 1
back bumper. MV 2							
into the parking :							
1 3	-		-				
1148							ш
· · · · · · · · · · · · · · · · · · ·					1		
		V					
Witnesses	A				_		
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
(,,							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	maged Property	
Truck and Bus Informa	tion: Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			. City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	'ICC #:		
43	44		45				
22.000	Body Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length		
Hazmat Information:					<u> </u>		
Placard 47 Material 1	digit # 48 Material Na	ne		_Material 4 dig	git #	Release code	49
Patrol Officer Me	ghan Sousa		214 Wi	lmingtor	Police De	epartment 01/	14/2020
Police Officer Name (Please Print)	Signature			artment	Precinct/B		

				<u>Com</u> monwe	nonwealth of Massachusetts						RMV Document Number				
	Date of Crash 01/15/2020	Time of Crash	City/Town	Moto	r Veh	icle Cra	sh	Numb Vehic		and Jopes	Limit_	20	State Po Local Po MBTA I	olice 🔯	
	01/15/2020	24HR	lmingtor	1 Po	olice	Report		1	0	Latitu Longi			Campus Other:	Police 🗖	
		AT INTERSEC	TION:	<	LOCA	TION :	>	,	NO	ΓAT IN	rers	SECT	ΓΙΟΝ:	******	<u> </u>
															2 ¹⁰
	Route# Dire	ection	Name of Ro	adway/Street		Route# Direct		34 Address		<u>IESTN</u> Na			ay/Street		
¹ 1				At											
	Route# Dire	ection N		- D - 1 - 164 - 4		Feet	NISIE	E W of		le Marker		or	Exit N	umber	
	Koute# Dire	ection	Also at Intersection	ng Roadway/Street section with		Feet	NSE	w of							1 "
						Feet	N S F	w of	Route	e#	Interse	cting R	.oadway/S	treet	
² 2	Route# Dire	ection N	lame of Intersection	ng Roadway/Street						····	Lan	ndmark			
3	Please Select		#Occupants	Hit/Run	Moped	Crash R	eport I	D# 2	0-1	4-A	C				1
3	of the Follow	mg.											•		
	1	10 10	MA_ DOB/Age	20	_	# 1CV235								21	3 12
	Sex F Lic.	Class D Lic	. Restrictions	CDL Endorsement		Year 2014							-	<u> </u>	
4 1	1 .	VOIE, RACH	First	Middle		er HOME A	ast		F	irst		Mid	idie	· -	
1	1	ELIZABETH D				ess <u>600 W</u>	CUM	MIN	GS P						
	1	INGTON St			-	WOBURN			32			-		6354	
	Insurance Comp	pany ARBELLA	PROTECTI	ON INSURA	Vehic	cle Action Prior to		1	22	Damage		Code:	3 ²⁷ 28	27 27	
5	Vehicle Travel I	Direction: SEW	Responding	g to Emergency? 2	Even	t Sequence 22	23 2	3 23	3 23	Test Star		-	29		
	Citation # (If Is:	sued)			Most	Harmful Event	22	24		BAC Te		ılt:	30		
	Viol. 1: Ch/Sec	/Sub	Viol. 2: Ch/Sec	/Sub	_ Drive	er Contributing Co	de [15 ²⁵	20 ²⁵	Susp. Al	cohol:	31	Susp. Dr	ug: 32	22 ¹³
6	Viol. 3: Ch/Sec	/Sub	Viol. 4: Ch/Sec	/Sub	_ Drive	er Distracted by	6	26		Towed f	rom sce	ene?	1 33		
⁶ 1		Please fill out for op	erator and all occ	•	****			Seat Sa	35 36 ifety Airbag	37 38 Eject Trap	39 Injury	40 Transp.		************	•
	Name (Last First)			Address See Above		DOB/Age	Sex		stem Status	Code Code		Code 1	Medic	al Pacility	
	Operat		9 ELIZABI												
	VIVIEN SAV	OIE		ON, MA 01887		08/10/2007	F :	3 1	2	0 0	10	1			
7	Please Select	One Vehicle 2	#Occupants	Non-Motorist A	Type	15 Action	16	ocation	17	Condition	18		lit/Run	Moped	
⁷ 1	of the Follow	ing:	,	- Non-Motorist A	Турс	7 Cuon		Cation	<u>`</u>	Condition		-		Mopeu	
	License #	St_	DOB/Age	20	Reg	#			Re	g Туре		Re	g State_	21	
	Sex Lic.	Class	. Restrictions	CDL Endorsement	Veh	Year	Ve	eh Make				_ Veh	Config.		
⁸ 1	Operator	Last	First	Middle	. Own	er	Last		F	irst		Mic	ddle		
	Address				•	ess									14
	Ī -	St	_		_				22	State			27	27 27	<u> </u>
		pany	_		Vehi	cle Action Prior to				Damage Test Sta		Code:	28	-' -'	
	Vehicle Travel I	Direction: NSEW	Responding	g to Emergency?	Even	t Sequence		23 23	3 23	Type of		ŀ	29		
92	Citation # (If Is	sued)			Mos	t Harmful Event	L	24		BAC Te		ılt:	30		
	Viol. 1: Ch/Sec.	/Sub	Viol. 2: Ch/Sec	/Sub	_ Driv	er Contributing Co		25	25	Susp. A	lcohol:	31	Susp. D	rug: 32	
	Viol. 3: Ch/Sec.	/Sub	Viol. 4: Ch/Sec	/Sub	Driv	er Distracted by		26		Towed f	rom sce	ene?	33		
	Pl Name (Last First I	lease fill out for operator/ Middle)	non-motorist and	all occupants involved		DOB/Age	Sex	Seat Sa	35 36 nfety Airbag stem Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Media	al Facility	
		tor/Non-Motori	ist	See Above			X	1							
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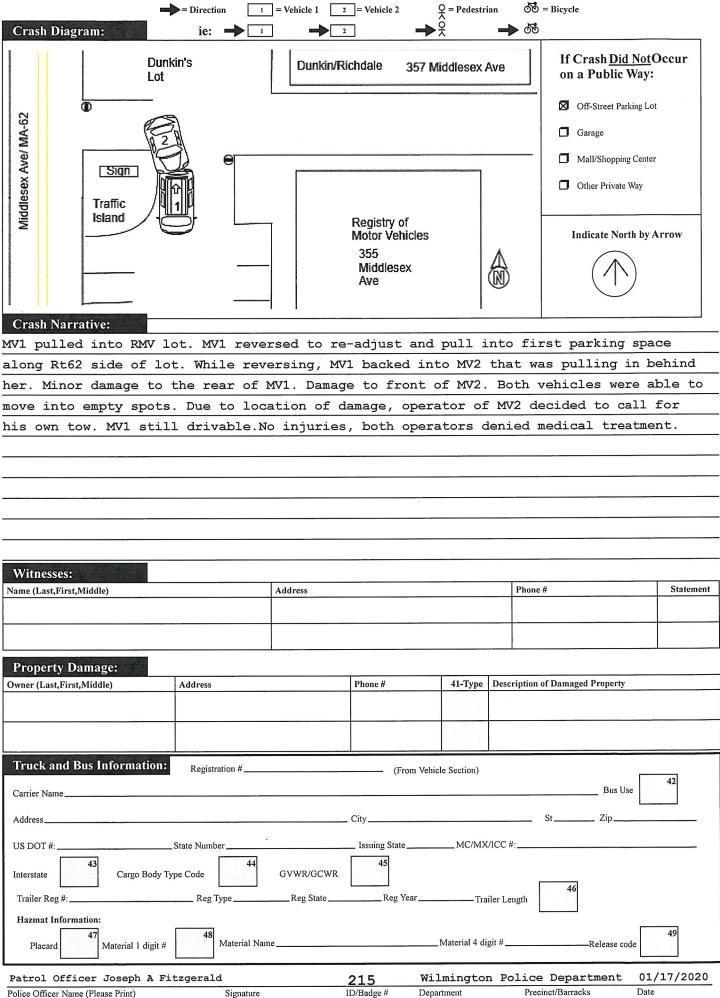
Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

				monweal	nonwealth of Massachusetts							RMV Document Number					
	Date of Crash Time of 01/17/2020 0855	i i	City/Town	Motor V	Vehi	icle Cras	sh		mber nicles	Num Injur	4 ا د ـ.	eed Li			State Po Local Po MBTA I	olice 🔯	
	01/11/2020 0853	24HR WIIII	ngton	Poli	ce I	Report		2		o [°]	La	titude, ngitud			Campus Other:	Police 🗖	
	AT IN	TERSECTIO	N:	< L0	OCA	ΓΙΟN >	>			TON	`AT I	NTE	ERS	ECT	ΓΙΟΝ:		
																	2 10
	Route# Direction		Vaine of Roadway/S	itreet		Route# Direction		355 Addre		MI	DDL				E ay/Street		
1			At														1
						Feet	N S	E W	of -	 Mil	– –– e Marke	• - er		ог	Exit N	umber	
	Route# Direction		of Intersecting Road			Feet	visi	ЕW	of								2 11
		•	aso at intersection	WILL		Feet F				Route	#	Int	tersec	ting R	oadway/S	treet	
1	Route# Direction	Name	of Intersecting Road	lway/Street		reei [1	1191	2111	01 -				T .	JJ			
	Please Select One	k 4 ,,		——————————————————————————————————————								-		dınark			1
3	of the Following:	Vehicle 1 <u>1</u> #	Occupants Hi	t/Run	ped	Crash Re	eport 1	ID# Z	<u> </u>		<u> </u>	AC	<i>.</i>				╛
	License # S19642		DOB/Age		Reg#	9RRE70				_ Reg	Туре _	PC_		Re	g State		12
	Sex F Lic. Class D	19 19 Lic. Res		CDL	Vel ₁ Y	ear <u>2015</u>	v	eh Ma	ke D (ODG	E			_ Veh	Config.	1 21	1
	Operator SHARPE	, JENNIF		Endorsement	Owne	SHARPE	, J	ENI	NIE	ER_							
1	Address 20 KIME	Fi	rst	Middle		ss 20 KIM	ost			Fir	st			Mid	idle		
	City TEWKSBUR	Y State 1	1A Zip 0187	6-1415	City	rewksbur	RΥ				_ State	MA	Zi	թ <u>01</u>	.876-	1415	
	Insurance Company PL					le Action Prior to ([10	22				Code:		27 27	
	Vehicle Travel Direction:		Responding to Eme			Sequence 2		<u>_</u> <u>L</u>	23	23	Test	Status	:	Ī	1 28		
5			Responding to Line	ergency:		· <u>-</u>	<u>⊥</u> 2	24			Туре	of Te	st:		29		ŀ
	Citation # (If Issued)					L			25	25		Test I	_		30		13
	Viol. 1; Ch/Sec/Sub					r Contributing Cod		20				. Alcol		-	22	ug: 2 32	2
·1	Viol. 3: Ch/Sec/Sub ——				Driver	r Distracted by	7	34	35	36		ed fror	m sce	ne?	2 33		4
	Pleas Name (Last First Middle)	e fill out for operato	and all occupants in	nvolved Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject 1	rap h	njury	Transp. Code	Medic	al Facility	
	Operator			See Above		\sim	\times	1	1	4	0 0	1	.0	1			
					1 0												1
														-			-
												+					-
																	_
99	Please Select One of the Following:	Vehicle 2 <u>1</u> #	Occupants No	on-Motorist A Ty	pe	15 Action	16 L	ocatio	n	17 C	ondition	ւ	18	1	lit/Run	Moped	
99	License # S47431	994 s. MA	_ DOB/Age.		Dag #	4HH181				Dog	Туре _	<u></u>		D o	eg State 1	Γ 2 Δ	1
	l	19 19	20		-	ear 2008			, NT	_						21	
	Sex M Lic. Class B		ر لــــــا	CDL Endorsement							- TAN			_ ven	Conng.		
³ 1	Operator FREIRE	F	ızı	Middle		r FREIRE	ast			Fir	rst			Mic	ddle		
	Address 2413 SU		- 0000	4 0100	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ess 2413 S			DF	<u> </u>					204	0100	14
	City BRIDGEWA		-		City_	BRIDGEWA	<u>YTE</u>	ſ		22						27 27	1
	Insurance Company SA	FECO INS	URANCE C	OMPANY	Vehic	le Action Prior to (<u>.</u>	2	Ц.		aged A Status		Code:	1 28	27 ₈ 27	
	Vehicle Travel Direction:	NSEX	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		of Te			29		
2	Citation # (If Issued)				Most	Harmful Event	1	24				Test		lt:	30		
	Viol. 1: Ch/Sec/Sub ——	Vio	l. 2: Ch/Sec/Sub -		Drive	r Contributing Cod	de	1	25	25	Susp	. Alco	hol:	31	Susp. D	rug: 2 32	
	Viol. 3: Ch/Sec/Sub —	Vic	l. 4: Ch/Sec/Sub _		Drive	r Distracted by	0	26				ed froi	_		1 33		
		ut for operator/non-r	notorist and all occu	•		Pop.	c	34 Seat	35 Safety	36 Airbag	Eject '	Trap I		40 Transp.		-1 F25	1
	Name (Last First Middle) Operator/No	n_Motoriet		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code C		Status LO	Code 1	Medi	eal Facility	1
	Operator/140	ri-1110tUI tSl		See MOVE			\triangle	-	-	-						10.10.50	-
												_ _					4
		······································															



	Police Use Only	Comi	monwealth	of Massa	chus	setts			RMV	⁷ Docu	ment Number	
l	Date of Crash Time of Crash	City/Town	Motor Vel	icle Cras	h [Number	Numb		Limit_	35	Local Police	
	01/18/2020 1833 Wilm	ington	Police	Report	12	Vehicles •	Injure O	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:		TION >			L	AT IN		SECT		
	ATTATEROECTI	011.	LOCA			-	1101		Litt	,,,,,,		10
					_ 1		RO	JTE :			Y	2
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	on Ad	dress #		Na	me of I	Roadwa	ay/Street	
4		At		Feet N	SE	w of		•		or _		
	Route# Direction Name	e of Intersecting Roady	vay/Street				Mile	Marker		<u>.</u>	Exit Number	2 11
		Also at Intersection v	vith	Feet N	SE	W of	Route#		Interse	cting R	oadway/Street	
2	Route# Direction Name	e of Intersecting Roady	vav/Stroot	Feet N	SE	w of						
² 4	Route# Direction Name	e of intersecting Roads	vay/Street						Lar	ndmark		
2	Please Select One Vehicle 11	#Occupants Hit	Run Moped	Crash Re	port ID#	20	-10	6-A	C			
³ 8	of the Pollowing:										1.73	
	10 10	A DOB/Age	_	# 1PVN64			_				21	1 12
	Sex F Lic. Class D Lic. Re	estrictions C	DLVeh	Year 2018	Veh	Make <u>C</u>	HRYS	LER		_ Veh	Config. 1	
	Operator MACNEILL, VALI	ERIE First	Own	ner MACNEII	L,	VALE	RIE			Mid	ldle	
⁴ 1	Address 31 CENTRAL AVE			ress 31 CEN	<u> </u>	AVI	<u> </u>					
	City MEDFORD State	MA Zip 0215!	5-4023 City	MEDFORD				State M	A _ z	ip 02	155-4023	
	Insurance Company LM GENERAL	INSURANC	E COMP Vehi	cle Action Prior to C	Crash	1	22	Damage	d Area	Code:	1 27 8 27 27	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Ever	nt Sequence 1	3 23	23	23	Test Star	tus:		1 28	
5	Citation # (If Issued)	, -	-	· L=	1 24	1		Type of	Test:		29	
				L.		25	25	BAC Te	-		1 30	13
	Viol. 1: Ch/Sec/Sub — V			er Contributing Cod		!_		Susp. Al	-		22	
⁶ 3	Viol. 3: Ch/Sec/Sub V			er Distracted by	<u> </u>		36	Towed f	rom sce	40	2 33	
٠	Please fill out for operat Name (Last First Middle)	tor and all occupants in	volved Address	DOH/Age	Sex Po	at Safety	Airbag I	jeet Trap ode Code	Injury Status	Transp. Code	Medical Facility	
	Operator	S	ee Above		\times 1	1	4 0	0	10	1		
									ļ			
7	Please Select One Vehicle 22	#Occupants Nor	n-Motorist A Type	15 Action	16 Loca	ation	17 Cc	ndition	18		Hit/Run Moped	
⁷ 1	of the ronowing:											
	License # S91816591 St M	A DOB/Ag	_	# 2HF420			_				eg State MA 21	
		estrictions C	indorsement	Year <u>2006</u>						_ Veh	Config. 1	
⁸ 2	Operator BURKE, EMILY I	M First	Own	ner BURKE ,	ROB	ERT	LOU:	<u> IS</u>		Mic	idle	
2	Address 43 PARK ST		Add	ress 43 PAR	K S'I	.						_ 14
	City WILMINGTON State	MA Zip 0188'	7-1510 City	WILMINGT	ON						L887-1510	4 '
	Insurance Company METROPOLIT	AN PROPER	TY AND Veh	icle Action Prior to C	Crash	1	22	Damage	d Area	Code:		
	Vehicle Travel Direction: S E W	Responding to Emer	rgency? 2 Eve	nt Sequence 2	3 23	23	23	Test Sta			1 28	
0	Citation # (If Issued)		Mos	st Harmful Event	1 24			Type of			29	
⁹ 2	Viol. 1: Ch/Sec/Sub — V	tiol 2: Ch/Sec/Sub	Driv	L er Contributing Cod	e 1	2 25	25	BAC Te			Susp. Drug: 2 32	
			n :	ŗ	0 20		J	Towed t			33 33	
	Viol. 3: Ch/Sec/Sub — V Please fill out for operator/non	/iol. 4: Ch/Sec/Sub			- 7		36	37 38	39	40		1
	Name (Last First Middle)	The state of the s	Address	DOB/Age	Sex P		Airbag Status	ijeet Trap Code Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	S	See Above	><	X^{1}	[1	4 0	0	10	1		
	MADISON CHRISTIAN	8 PINE HOLBROOK, MA 02	343	1	F 3	1	4 0	0	10	1		
						+			-			1
					_	-	 					1
						1						1

=	Direction 1	= Vehicle 1	= Vehicle 2	오 = Pedestria	n 020	= Bicycle	
Crash Diagram:	ie: 👈 🗓] → [:	→	Ŷ X	→ №		
						If Crash <u>Did Not</u> on a Public Way:	
	RTE 12	25			uniconcoccioners	Off-Street Parking Lo	t
						☐ Garage	
	<i>کید</i> 1					☐ Mall/Shopping Cente	r
		3	>			Other Private Way	
	***************************************		***************************************			Cilier Frivate way	
Rte 93 N Offramp						Indicate North by	Arrow
					M		
/							
Crash Narrative:							
Motorvehicle crash on R			7.7				
lost control of the veh							
unable to stop in time a							
both vehicles were able							
center and front left of center of the vehicle. I			-				
center of the venicle. I	sour operat	COIS EXCIIA	inged Informa	acton p	LIOI CO	my allival or	bene.
Weather: Dark, Snowing.	Crash occi	ured withi	n the first	few hou	urs of	a winter storm	with
4-6 inches of snow.				10000 12230434 MP-200020 G			-
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
Property Damage:							
	ldress		Phone #	41-Type	Description	of Damaged Property	
		-					
Truck and Bus Information:	Registration #		(From Vehic	cle Section)	-		
Carrier Name						Bus Use	42
Address			_ City			St Zip	
US DOT #:State	e Number		Issuing State	MC/MX/I	ICC #:		
43	44		45				
Interstate Cargo Body Type C	100	GVWR/GCWR			ſ	46	
Trailer Reg #:	_ Reg Type	Reg State	Reg Year	———Trail	er Length		
Hazmat Information:	48					Г	49
Placard Material 1 digit #	Material Nam	ne		Material 4 dig	it #	Release code	
Patrol Officer Nicholas E No	oftle			lmington		Department 01	/18/2020

Wilmington Police Department Images Associated with 20-16-AC

