	Police Use Only	Com	monwealtl	h of Mass	sachi	uset	ts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Vo	ehicle Cr	ash	Numl Vehic			eed Limit	<u>35</u>	State Police Local Police MBTA Police Campus Police	
	01/28/2020 1808 Wiln	nington	Police	e Report		2	0	La	titude ngitude _		Campus Police Other:	
	AT INTERSECTI	ON:	< LO	CATION	>		NO'	Г АТ І	NTER	SECT	ΓΙΟΝ:	
												2 10
	Route# Direction	Name of Roadway/S	treet	Route# Dir		195 Address		AIN	ST Name of	Roadwa	ay/Street	-
¹ 4	Routen Direction	At										_
				Fee	t NS	E W of	· м	ile Marke	•	or	Exit Number	- 11
	Route# Direction Nam	ne of Intersecting Road Also at Intersection v		Fee	t NS	E W of						72 "
				1	t NS		Rout	e#	Inters	ecting R	.oadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Road	way/Street						La	ndmark		_
	Please Select One Vehicle 11	#Occupants Hit	t/Run Mope	ed Crasi	Report l	D# 2	0-2	7-	AC			7
3	of the Following:			<u> </u>							. 100	-
	10 10	A DOB/Age		keg # 3AN73							21	1 12
	Sex F Lic. Class D Lic. F	Restrictions C	Endorsement	/eh Year 2015			_	>		Veh	Config.	
4 _	Operator RUSSO, ANGELA	First	Middle	owner RUSSO	Last		F	irst		Mid	idle	
⁴ 3	Address 6 HOUGHTON RD			Address 6 HOU							007 0047	
	City WILMINGTON State		City WILMIN			22		MA :		887-2247	•	
	Insurance Company UNITED SEI	RVICES AUT		ehicle Action Prior/ /-		23 2			aged Area Status:	Code.	99 - - - , 28	
⁵ 1	Vehicle Travel Direction: NSWW	ergency? 2 E	Event Sequence		<u> </u>	23		of Test:	ľ	29		
	Citation # (If Issued)	N	Most Harmful Event	<u> </u>	24			Test Res	ult:	1 30	_ 13	
	Viol. 1: Ch/Sec/Sub ————		Driver Contributing		1 25	25] Susp	. Alcohol:	_		1	
⁶ 1			Driver Distracted by	1	26			ed from so	ene?	2 33	_	
	Please fill out for opera Name (Last First Middle)	tor and all occupants in	nvolved Address	DOB/Age	Sex	Scat S	35 36 afety Airbag stem Status	37 Eject 1 Code C	38 39 frap Injury Code Status		Medical Facility	
	Operator		See Above	\sim	X	1 1	4	0 0	10	1		
											-	
											·····	-
				15	16		17		18			4
⁷ 2	of the Following: Vehicle 21	_#Occupants No	n-Motorist A Type	Action	L	ocation		Condition	1	I	Hit/Run Moped	<u> </u>
		A_DOB/Aga	F	Reg# KALMT	<u> </u>		Re	g Type 📘	?C	Re	eg State MA	-
	Sex F Lic. Class D 19 Lic. F		CDL\ Endorsement	Veh Year 2018	v	eh Mak	MERC	EDES	-BEN	Z Veh	Config. 1	
o .	Operator LANCIONE, CHR		(Owner LANCI	ONE,	CH	RIST	IANA	S	Mic	ddle	-
⁸ 2	Address 84 SALEM ST			Address 84 S	ALEM	ST						- 14
	City_ANDOVER State	MA Zip 0181	0-2115	City ANDOVE	R						L810-2115	- 1
	Insurance Company GEICO GENI	ERAL INSUR	ANCE C	Vehicle Action Prior	to Crash	1	22		aged Are	a Code:	1 27 27 27 28	
	Vehicle Travel Direction: NSWW	Responding to Eme	ergency? 2 E	Event Sequence	23	23 2	3 23		Status: of Test:		29	
⁹ 2	Citation # (If Issued)		1	Most Harmful Even	1	24			Test Res	ult:	1 30	
2	Viol. 1: Ch/Sec/Sub	/iol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — — — — — — — — — — — — — — — — — — —				99 ²⁵	25	Susp	. Alcohol	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	I	Oriver Distracted by	99	26		Tow	ed from s	cene?	2 33		
1	Please fill out for operator/not	n-motorist and all occur	pants involved	DOB/Age	Sex	Seat S	35 36 afety Airbag ystem Status	Eject	38 39 Frap Injury Code Status	40 Transp. Code	Medical Facility	Ī
	Operator/Non-Motorist		See Above	Source		1 9		0 0		1		
					\forall							1
										+		-
					-	\dashv	_					_
										1		

	= Direction 1	= Vehicle 1 2	= Vehicle 2	2 = Pedestrian	Ø = B	icycle	
Crash Diagram:	ie: 👈 🔟		→ :	₹	→ №		
						If Crash <u>Did Not</u> on a Public Way:	
						Off-Street Parking Lo	ıt
						☐ Garage	
	(■ Mall/Shopping Cente	r
		Y	1	Mcdonalds		Other Private Way	
			V1			Indicate North by	Arrow
		V2	ODGE .	1	4	\bigcirc	
@aardia	(129)		(38)	(I			
Cutting.	Spoil agent		Vanis./	Map data	a @2020		
Crash Narrative: V1 had the green l	ight and was to	rning left	onto Rte 38	. A ve	hicle wa	as taking a r	ight
from the Mcdonald'							
parking lot the ri							
operator of V2 was				-			
operator or virtue					,		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:	[Address		Phone #	41-Type D	Asserintion of D	amaged Property	
Owner (Last,First,Middle)	Address		1 none #	41-1ype D	escription of D	amaged 1 toperty	
Truck and Bus Informat	ion: Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
43	30dy Type Code	GVWR/GCWR	45				
	Reg Type		Reg Year	Trailer	r Length	46	
Hazmat Information:				1161101			
Placard Material 1 o	ligit # 48 Material Na	me		Material 4 digit	#	Release code	49
Patrol Officer Raf	ael G Cruz		198 Wil	mington	Police D	epartment 01	/28/2020

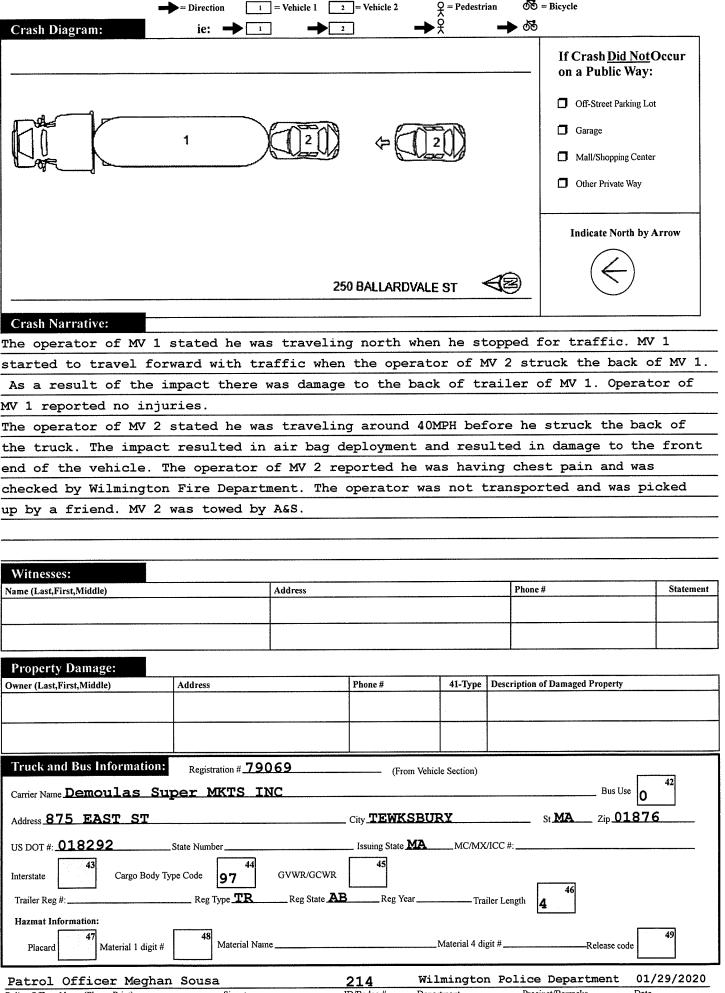
Signature

ID/Badge #

Department

Precinct/Barracks

	Police Use Only Commonw						of Massa	ich	use	tts				RMV	Docui	ment Num		
	Date of Crash	Time of Crash	1	ity/Town	Motor	Veh	icle Cra	sh		mber	Numl Injur	15		_imit_	40	State Pol Local Po MBTA P	lice 🔯	
	01/29/2020	0749 24HR	MITWI	ngton	Po	lice l	Report		2		1	l L	atitude ongitu			Campus Other:	Police 🗖	
		AT INTER	SECTIO	N:	<	LOCA	TION :	>			TON	AT]	INT	ERS	SECT	TION:		
									250	,	1D 78	* * *	יחם	77% T	· ਵਾ	cm		2 10
	Route# Dire	ction	N	lame of Roadway/S	Street		Route# Direct		250 Addre		BA	<u>جميليا.</u>			E Roadwa	y/Street		
¹ 1				At			Feet	NIS	E W	of -					or			
	Route# Dire	ction	Name o	of Intersecting Road	dway/Street		reet [., 5	2111	01	Mil	e Mark	er		OI	Exit Nı	ımber	2 11
				Also at Intersection			Feet	N S	E W	of .	Route	- -	In	ntersec	cting R	oadway/St	reet	
² 1	Route# Dire	ction	Name o	of Intersecting Road	dway/Street		Feet	N S	E W		- TOUCO	,						
	Diama Calant			I—	I	i					_		_		dmark			1
3	Please Select of the Followi		le 1 <u>1</u> #(Occupants H	it/Run	Moped	Crash R	eport 1	ID#	20	-2	8-	A	ت				
	License # NH	L1625508				Reg #	79069				_ Reg	Type _	ľR		Re	g State M	A 21	12
	Sex M Lic.	Class D	Lic. Rest	rictions 1 20	CDL Endorsement	Veh Y	Tear 2007	v	eh Ma	ke M	ack	Tr	uc	k	_ Veh	Config.	3 21	
	Operator <u>HO</u>	ULE, RY	AN C		Middle	Own	er DEMOUL	AS Last	SU	PER	MK Fin	TS st	IN	<u>C</u>	Mid	ldle		
⁴ 1		OUTTON R				Addre	ess 875 EA	ST	ST									İ
	City PELH	AM	State_ N	H Zip 0307	76-3415	City_	TEWKSBU	RY	r		_				-		1469	
	Insurance Comp	pany THE T	RAVELE	RS INDEM	MITY C	Vehic	le Action Prior to		<u></u>		22				Code:	5 ²⁷ 28	27 27	
5	Vehicle Travel I	Direction:	SEW	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		Statu of Te			29		
	Citation # (If Is:	ation # (If Issued)				Most	Hamful Event	1	24					Resu	lt:	1 30		
	Viol. 1: Ch/Sec					Drive	r Contributing Co	de		25	25	Susp	o. Alco	ohol:	2 31	Susp. Dr	ug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec	ol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub Nol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub Please fill out for operator and all occupants				Drive	r Distracted by	0	26			Tow	ed fro	om sce	ene?	2 33		
1	Name (Last First I		t for operator	and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	ıl Facility	
	Operat				See Above		\sim	X	1	1	4	0 () :	10	1]
																		1
																		1
												-						1
				 			15	16			17		ᆛ	18		T.		1
⁷ 1	Please Select of the Follow	ing: Venic	le 2 1 #0	Occupants No	on-Motorist A	Туре	Action	L	ocatio	n	c	onditio				<u> </u>	Moped	_
	License # <u>\$2</u>	3837931	St MA	_ DOB/Age	•		7TS850				_	Type_			Re	g State M	21	
	Sex M Lic.	Class D	Lic. Rest	rictions 1	CDL Endorsement		Year 2012						Ψ_		_ Veh	Config.	L	
⁸ 1	·	TCHELL,	Fir	SI J	Middle		er MITCHE	Last			ONL Fir	st	110-1-11		Mid	idle		
		DOWNING		m 0100	50_2702		ess 16 DOV		NG	KD			742		. 01	960	2702	14
	City_PEAB			Zip 0196		-	PEABODY			-	22				Code:		27 27	
	·			E INSURA			ele Action Prior to		23	23	23		Statu			1 28		
	Vehicle Travel I	<u> </u>	SEW	Responding to Em	ergency?		i Sequence 1	- <u> </u>	24			Тур	e of To	est:		29		
⁹ 2	Citation # (If Is	•					Harmful Event	<u> </u>		25	25			t Resu		1 30		1
L				l. 2: Ch/Sec/Sub -			er Contributing Co		26					ohol:		Susp. Dr	ug: 2 32	
		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants				. Drive	er Distracted by	0	34	35	36	37	38	om sce	40	1 "		-
	Name (Last First)		perator/non-m	TOTOTISE AND BILL OCCU	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject	Trap	Injury Status	Transp. Code	Medic	al Facility	4
	Operat	or/Non-M	otorist		See Above		>>	X	1	1	1	0 ()	8	1			
									L					<u> </u>				
																		7



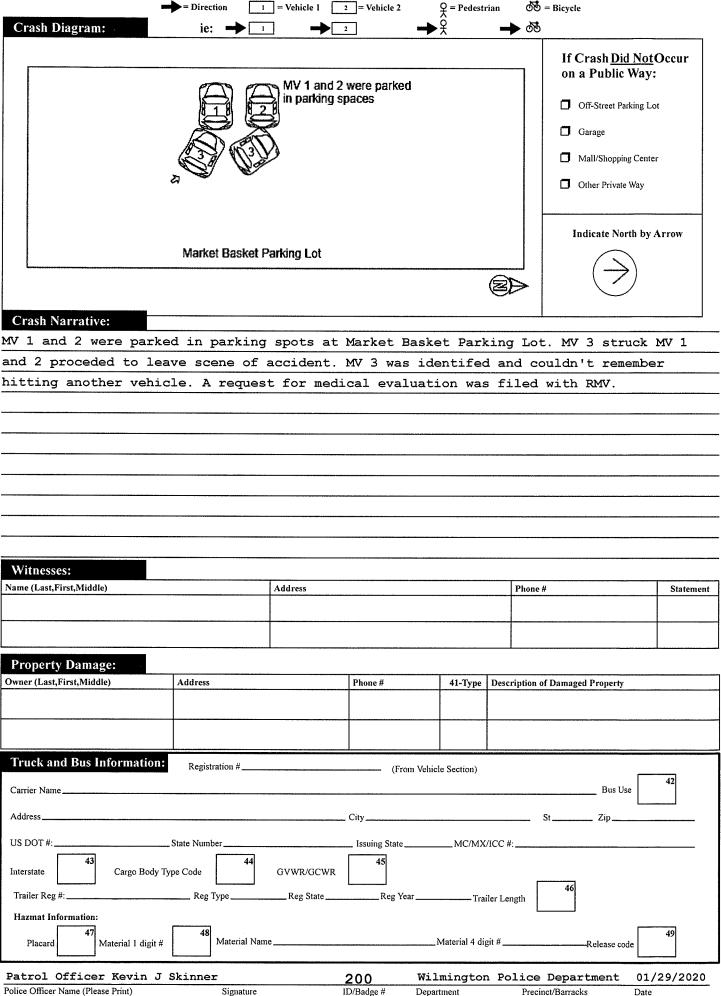
Signature

ID/Badge#

Precinct/Barracks Department

	Police Use Only	Comi	monwealth (of Massac	huse	etts			RM	V Docı	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Ni	ımber hicles	Number Injured	1 -	Limit	10	State Police Local Police	
	01/29/2020 1538 Wili	mington	Police ?	Report	3	- 1	111Juleu 0	Latitue Longit			MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:	< LOCA			<u>_</u>	NOT A	_		SEC'		
												2 10
	Route# Direction	Name of Roadway/St		Route# Direction	26		MAIN			n 1	/ay/Street	
¹ 1	Koner Direction	At	reet	Route# Direction	ı Addr	ess #		iNa	me or	Koadw	/ay/Sireet	-
				Feet N	S E W	of —		.		or _	Exit Number	
	Route# Direction Nar	ne of Intersecting Roady		Feet N	e e w		Mile Ma	arker			Exit Number	⊣ з 11
		Also at Intersection w	vitn			F	Route#		Interse	ecting F	Roadway/Street	-
² 1	Route# Direction Nar	ne of Intersecting Roady	vay/Street	Feet N	SEW	of _						_
	Please Select One VI	In								ndmark	ζ	-
3	of the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	20-	-29	-A	C			
	License # S56442902 St M	A DOB/Age	Reg	341JD5			Reg Typ	e PC		R	eg State MA	12
	Sex F Lic, Class D 19 Lic, I		DL Veh	Year <u>2008</u>	_ Veh M	ake <u>CH</u>	EVRC	LET	<u> </u>	Veh	Config. 1	7
	Operator REPPUCCI, LOR		ndorsementOwn	er REPPUCC	I, L	ORRA	INE	С				
⁴ 1	Address 55 RICHARDS RE	First		Last ess <u>55 RICH</u>	ARDS	RD	First			Mi	ddle	
	City READING State	MA Zip 01867		READING			Sta	ate M Z	A z	in 0 1	1867-1839	9
	Insurance Company LIBERTY M			ele Action Prior to Cr	ash	11 2		amage			, , ,	- I
	Vehicle Travel Direction:	Responding to Emer		t Sequence 23	23		┙	est Stat			1 28	1
5	Citation # (If Issued)			· <u></u>	24		_ ا	ype of	Test:		29	
				Hannful Event 2		25	35	AC Tes			1 30	13
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26		S	usp. Al			Susp. Drug: 2 32	2 2
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	34	35	36 37	owed fi	om sc	ene?	2 33	
	Please fill out for opera Name (Last First Middle)	ator and all occupants in	VOIVED Address	DOB/Age S	Seat lex Pos.	Safety A	irbag Eject latus Code	Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	S	ee Above	>>>	$\langle 1 \rangle$	0 4	o	0	10	1		
								1				
								-				
:								<u> </u>				
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action 10	Locatio	n	Condi	tion	18		Hit/Run 🔲 Mope	ed
	License # S47360356 St M	A DOB/Ago	Reg f	291BG6	<u> </u>		Reg Type	· PC		R,	eg State MA	
	19 19	20	_	ear 2006	Val. M						Config. 21	
	Operator SCANLON, STEP	E ₁	ndorsement	SCANLON						ven	Colling.	
⁸ 2	Address 27 COLUMBIA ST	First	Middle	Last ess 27 COLU	•		First	****		Mi	ddle	-
		MA Zip 01887		WILMINGTO			٥.	3//7	·	. 01	L887-2415	5 1 14
	Insurance Company THE COMME	•	······································		ſ	- 2					5 27 27 27 27	- I
			_	le Action Prior to Cra	23	<u> </u>		est Stat		couc.	28	J
	Vehicle Travel Direction: SEW	Responding to Emer	•	Sequence 2 23		23 2		ype of T	Γest:		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 2	<u></u>			AC Tes	t Resu	ılt:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	<u> </u>	25	25 Si	usp. Ald	cohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		To	owed fr	om sc	ene?	2 33	
	Please fill out for operator/nor	n-motorist and all occupa	ants involved	DOB/Age S	34 Seat ex Pos.	Safety A	36 37 irbag Eject tatus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	f Se	ee Above		1	0 4		0		1		
					+							

	Police Use Only	Com	monwealth	of Massach	usetts	1	RM	AV Docur	ment Number	
Date of Cra 01/29/20		City/Town	Motor Vel	icle Crash	Number Vehicles		Speed Lim	it 10	State Police Local Police	8
01/29/20	²⁰ 1538 W	ilmington	Police	Report	3	0	Latitude Longitude.		MBTA Police Campus Police Other:	8
	AT INTERSE	CTION:	1	ATION >		<u> </u>	r intel			
***************************************					.,,					10
					260	MAIN				_ 2
Route# I	Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name o	f Roadwa	y/Street	_
		At		Feet N S	E W of			– or		
Route# I	Direction	Name of Intersecting Road	way/Street		·	Mile M	arker		Exit Number	11
		Also at Intersection	with	Feet N S	E W of	Route#	T		1 /64	3
D				Feet N S	E W of	Koute#	inter	secting Ko	oadway/Street	
Route# I	Direction	Name of Intersecting Road	way/Street				L	andmark		
Please Sele		1 #Occupants Hit	/Run Moped	Crash Report	ID# 20	-29	<u>- </u>			
57 tile 1 oil	·									4
License # A		St MA DOB/Age.	Reg	# <u>8JT439</u>		Reg Typ	e <u>PC</u>	Reg	g State MA	<u> 12</u>
Sex M I	Lic. Class D 19		CDL Veh	Year 2012	Veh Make <u>C</u>	HEVRO	LET	Veh C	Config. 1	7
Operator _	CIBBETTS, J			er TIBBETTS	, JAME	SA				_
1 Address 3	O LÜCAYA CI	IR First		ess 30 LUCAY	A CIR	First		Midd	lle	_
City WIL	MINGTON	State MA Zip 0188		WILMINGTON		Str	nta MA	7in 01	887-1554	1
		MUTUAL INST			Γ		amaged Are	-		7 I
1				cle Action Prior to Crash			est Status:	A COUC. 2	28	J
Vehicle Trav	el Direction: S E	W Responding to Eme	rgency? 2 Even	t Sequence 2 23		23	ype of Test:	-	29	
Citation # (I	f Issued)		Mos	Harmful Event 2	24		AC Test Re	sult: 1	30	
Viol. 1: Ch/S	Sec/Sub	_ Viol. 2: Ch/Sec/Sub _	Drive	er Contributing Code	19 ²⁵	25 S	usp. Alcoho	1: 2 31	Susp. Drug: 2 32	2 13
Viol. 3: Ch/S	Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from s		- 33	'
1	Please fill out for	operator and all occupants in	ivolved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur			-
Name (Last F			Address	DOB/Age Sex	Pos. System	Status Code	Code Statu		Medical Facility	_
Oper	ator	S	See Above		1 0	4 0	0 10	1		
					-			1		
							\perp			
Please Sele of the Follo		#Occupants No	n-Motorist A Type	15 Action 16 I	Location	17 Condi	tion 18	∛ □ н	it/Run 🔲 Mope	ed
		S. DODA			<u> </u>					-
License #	19 19	St DOB/Age	·	¥		٠			21	_
Sex L	ic. Class		CDL Veh '	Year	Veh Make			Veh C	Config.	
Operator_	Last	First	Middle Own	erLast		First		Midd	lle	
Address			Addr	ess						- L
City		State Zip	City			Sta	ite	Zip		_ 1 14
Insurance Co	ompany		Vehic	ele Action Prior to Crash		22 D	amaged Are	a Code:	27 27 27	7
Vehicle Trav	el Direction: N S E	Responding to Emer	rgency? Even	t Sequence 23	23 23	23 To	est Status:		28	-
	f Issued)		•	· 	24	T ₃	pe of Test:		29	
2 `	,			Harmful Event	25	B	AC Test Re	sult:	30	_
Viol. 1: Ch/S	Sec/Sub	- Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	<u> </u>	Sı	isp. Alcohol	31	Susp. Drug: 32	<u> </u>
Viol. 3: Ch/S	Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Drive	r Distracted by	26	To	owed from s	cene?	33	
Name (Last Fi	•	or/non-motorist and all occup	oants involved	DOD/Ago 5	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur		Made at 17 - 27	
	ator/Non-Moto	rist	See Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	-
Open		1 - 1 2			1 1					
								++		



	Pol	ice Use Only	monwea	ılth o	f Massa	ich	use	tts			RM	V Docu	ıment Nu				
	Date of Crash	Time of Crash	1	City/Town	Motor	Vehi	icle Cra	sh		mber nicles	Numi	ad Johan	Limit	30	Local I	Police Po	
	01/29/2020	1710 24HR	MTTW:	ington	Pol	lice F	Report		2		0	Lann	itude			us Police	
		AT INTER	SECTIO	N:	<	LOCA	TION :	>]	TON	'AT IN	TER	SEC'	TION:		
									255	=	N/T	DDLE	CEY	71.77	ra:		2 10
,	Route# Dire	ction		Name of Roadway/	Street		Route# Direct		355 Addre		MIT				/ay/Street		_
¹ 4				At			Feet	N S	E W	of -			,	or			
	Route# Dire	ction	Name	of Intersecting Roa	dway/Street						Mil	e Marker			Exit 1	Number	2 11
				Also at Intersection	with		Feet				Route	-	Interse	ecting F	Roadway/	Street	
² 1	Route# Dire	ction	Name	of Intersecting Roa	dway/Street		Feet	N S	E W	of _							_
	Diana Calant	0 × 5												ndmark	k		1
3	Please Select 0 of the Followi	ng: Vehic	le 1.1#	Occupants H	it/Run	Moped	Crash R	leport 1	ID# 🛓	20.	- 3 	0- <i>P</i>	<u></u>				_
	License # S1	0381034		DOB/Age		Reg#	727VE8				_ Reg	Туре РС	2	R	eg State	M/A 21	1 12
	Sex M Lic.	Class D	Lic. Res	strictions 1 20	CDL Endorsement	Veh Ye	ear 2002	V	eh Ma	ke G1	MC			Veh	Config.	2 "	
4		Last	F	AS CHARL	ES Middle	Owne	r DOUCET	TE,	T	MOL	AS Fir	CHAR	LES	Mi	iddle		
⁴ 1		SHELDON					ss 21 SHE			AVE							
	-			MA Zip 0188			VILMING'		ſ							-2927 27 27	
	Insurance Comp	pany THE CO	OMMER	CE INSUR	ANCE CO	Vehicl	e Action Prior to				22	Damage Test Sta		Code:	4 27	2' 2'	
5	Vehicle Travel I	Direction: N 5	S E X	Responding to Em	ergency? 2	Event	Sequence 1	23	Ц.	23	23	Type of			29		
	,	sued)		•			Harmful Event	1_	24	25	25	BAC To	est Resi	ult:	30		13
	Viol. 1: Ch/Sec/	/Sub	—— Vie	ol. 2: Ch/Sec/Sub -			Contributing Co	$\overline{}$	26	25	45	Susp. A		L	22	Orug: 32	1
⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		Driver	Distracted by	0	34	35	36	Towed	from sc	ene?	2 33		_
	Name (Last First N		t for operato	r and all occupants	Address		DOB/Age	Sex	Seat Pos.	Safety	Airbag	Eject Trap Code Code	Injury	Transp. Code	Mod	dical Facility	
	Operat	or			See Above		> <	X	1	1	4	0 0	10	1			
																	1
	Please Select	One SZh	le 2 1	Occupants La			15	16			17	ondition	18		7.7.4.7D	☐ Moped	1
⁷ 1	of the Followi	ing: Venic	le 2	N Coccupants	on-Motorist A		Action		ocatio	n		L					_
	License # <u>\$5</u>	2054595	St. MA	DOB/Ag(-	2JD246				_	Туре Р С		R	eg State	MA 21	
	Sex M Lic.	Class D	Lic. Re	strictions 1	CDL Endorsement		ear 2012					LLAC		Veh	Config.	1	
⁸ 1		EILL, J.	AMES F	W irst	Middle		r ONEILL	Last		rer	J Fir	st		M	iddle		.
	Address 30			- 0100	1007		ss 30 FAY						-		1007	1007	14
	-			MA Zip 0188		-	VILMING'		ſ		22					-1807	`
				rional in			e Action Prior to		23	1 ²³	23	Test Sta		Code.	28	- B	
	Vehicle Travel I		S E X	Responding to Em	ergency? _Z		sequence 1	 -	24			Type of	Test:		29		
⁹ 2	,	sued)					Hannful Event Contributing Co	L <u>+</u>		25	25	BAC T			30		
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							99	26	<u>l</u>		Susp. A Towed		Ь	Susp. I	Orug: 32	
	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -		Driver	Distracted by	99	34	35	36	37 38	39	40			4
	Name (Last First N	vliddle)			Address		DOB/Age	Sex	Seat Pos.			Eject Trap Code Code		Code	Med	dical Facility	4
	Operat	or/Non-M	otorist		See Above		\geq	X	1	1	1	0 0	99	1			4
						. , , ,											

	= Direction 1	= Vehicle 1 2	= Vehicle 2	웃 = Pedestri	an 🐠 = Bicycle		
Crash Diagram:	ie: 👈 🔟	2	_ →	> 꿎	→ №		
					on a	rash <u>Did Not</u> C Public Way:	
						off-Street Parking Lot	
FATE						arage	
<u> </u>	v2	⇔ ≅				fall/Shopping Center	
∀ 1	42					ther Private Way	
			৳				
					In	dicate North by A	rrow
	355 Middlesex Ave	nue	分			\bigcirc	
Crash Narrative:							
The driver of V1 st	tated that he w	as stopped	in trafic	in the	west bound 1	ane of	
Middlesex Avenue du	ne to a car atte	empting to	turn into	the par	king lot, wh	en he was	rear
ended by v2. The I	Priver of v2 sta	ated that 1	he pulled l	eft out	of the park	ing lot of	£ 355
Middlesex avenue ir	ito the west bo	und lane.	He did no	t notic	e that v1 ha	d been st	opped
and hit v1 in the r	ear.						
Witnesses:		Address			Phone #		Statement
Name (Last,First,Middle)		Audress			T Hone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damage	d Property	
Truck and Bus Information	002 002 11						
Truck and bus information	Registration #		(From Veh	nicle Section)		D II-	42
Carrier Name						Bus Use	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	TCC #:		
Interstate Cargo Bo	ody Type Code	GVWR/GCWR	45				
<u> </u>	Reg Type	Reg State	Reg Year	Trai	ler Length 46		
Hazmat Information:					L		
Placard 47 Material 1 dig	git # 48 Material Nam	ne		_Material 4 dig	rit #	-Release code	49
Patrol Officer Brian	D Thornton		100 114	Iminator	Police Depar	tment 01/	29/2020

190ID/Badge #

Po	lice Use Only		Com	monweal	lth o	f Massa	ich	use	tts				RMV	/ Docu	ıment Nı		4
Date of Crash 01/29/2020	Time of Crash	1	ity/Town .ngton	1		icle Cras	sh		mber nicles	Nun Inju	∼ا د۔۔	peed l	Limit_	40	Local MBT/	Police Police A Police	0800
01/23/2020	24HR	E		1		Report		2		1	L	ongitu	ıde		Other	:	
	AT INTER	SECTIO	N:	< L	OCAT	rion >	>			NO	ΓAΤ	INT	ERS	SEC	TION		_
								34		LC	WEI	LL	ST				2
Route# Dire	ection	Ŋ	Name of Roadway/	Street		Route# Direct	ion	Addre	ess#					Roadw	ay/Street	t	
Konte# Bit			At		1.	Feet	N S	E W	of ·			- •		or _			
Route# Dire	ection	Name o	of Intersecting Roa	dway/Street						Mi	le Marl	ker			Exit	Number	— 2
		A	Also at Intersection	with	-	Feet [Route	#	I	nterse	cting F	Roadway	/Street	- -
Route# Dire	ection	Name o	of Intersecting Roa	dway/Street		Feet	NS	EW	of .				T	ndmark			
Please Select	One 🔯	2 #6	Occupants Div		<u></u>	Crash R		YD4 •	20		1 _	- 7 (Minark			
of the Follow		le 14	Occupants H	it/Run M											-		
License # <u>S1</u>	8699058	St MA	DOB/Age	······································		235RV7										2	
Sex M Lic.	Class D	Lic. Rest	trictions 1	CDL Endorsement		ear <u>2016</u>								_ Veh	Config.	1	J [-
	RNO, AN	Fit	rst	Middle		r SARNO,	ast			Fi	irst			Mi	iddic		-
	9 FRANKI					ss 569 FR	RANI	KLI	N S	ST_		T '				400	_
City MELR			IA Zip 0217			MELROSE				22				ip U Code:		27 2	7 27]
			E INSUR			e Action Prior to		23	23	23		t Stati		Coue.	1 28		
Vehicle Travel	lI	¥¥	Responding to Em	ergency? 2		Sequence 1		24			Тур	e of T	est:		29		
	sued)					Hannful Event	<u> </u>		25	25			t Resu		1 30	<u></u>	
Viol. 1: Ch/Sec	/Sub		1. 2: Ch/Sec/Sub -			Contributing Co		99 26			Sus		ohol:		Susp.	Drug:2	52 1
Viol. 3: Ch/Sec			l. 4: Ch/Sec/Sub - and all occupants		Driver	Distracted by	99	34	35	36	37	38	39	40	1		
Name (Last First		it for operator	and an occupants	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Мо	dical Facility	
Opera	tor			See Above		\geq	X	1	99	1	0	0	10	1			
MICHAEL HA	wkins		130 GILBERT ST MALDEN, MA 021				м	3	99	3	0	2	7	2	Lahey	Clinic	
				,													
Please Select	One Nobic	le 2 1 #	Occupants N	on-Motorist A T	ype	15 Action	16	ocatio	n	17	Conditi	on	18	П	Hit/Run	□ Мој	ned
of the Follow	mg:			UNI-MUIOTIST A	<u> </u>				<u> </u>					J		<u> </u>	\Box
	6117475	19	DOB/Age		_	9GB525					g Type				eg State	_ 2	1
Sex.M_ Lic.			trictions 1	CDL Endorsement		ear <u>2012</u> r DUMAS ,								Veh	Config.	<u> </u>	J
	MAS, BE	Fi	nst DAVID	Middle		ss 23 OAK	Last			F	irst	10		M	iddle		_
			1A Zip 0188	37-1918		WILMING'					Stat	. MZ	A 7	in O :	1887	-191	8 1
1			ROPERTY &		-	e Action Prior to		ſ	4	22				Code:			27
Vehicle Travel			Responding to Em			F		23	23	23	Tes	st Stati	us:		1 28		_
	LL-	<u> </u>		g, . <u>— — —</u>		Hannful Event	1	24				oe of T			30		
·	•	Vio	l. 2: Ch/Sec/Sub -			r Contributing Co	de	99	25	25	1		t Resi		1	Drug:2	32
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub				Driver	Distracted by	99	26			_		om sc		1 33	2106.2	
			notorist and all occ	upants involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
Name (Last First		otoric4		Address		DOB/Age	Sex	Pos.	System 99	Status	Code	Code	Status 10	Code 1	Me	edical Facility	
Operat	tor/Non-M	UIUFISI		See Above				Ţ	23	-				<u> </u>			
									<u> </u>								

	= Direction 1	$=$ Vehicle 1 $\frac{2}{}$	= Vehicle 2	关 = Pedestri	an Ø19 =	Bicycle	
Crash Diagram:	ie: 👈 🔟] -> 2	→	<u></u>	→ ∞		
	Parker					If Crash Did I on a Public W Off-Street Parkin Garage Mail/Shopping C	ng Lot
						Other Private W	'ay
Lowell St.	V2 V1					Indicate North	by Arrow
Crash Narrative:					<u> </u>		
V2 was taking a lef	t unto parker	Street. V	1 struck the	e rear	of V2.	The operator	r of V1
stated he did not 1	cealize V2 was	turning un	to Parker ur	ntil it	was to	late and	struck
the rear of V2.							
Witnesses:		T Address			Phone #		Statement
Name (Last,First,Middle)		Address			1 Holle #		Statement
			•				
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	cle Section)			42
Carrier Name						Bus Use	
Address			. City		S	t Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45		Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Тгаі	iler Length		
Hazmat Information:	40						49
Placard Material 1 dig	git # 48 Material Nam	ne		Material 4 dig	git #	Release code	*
Patrol Officer Rafa	el G Cruz		198 Wil	lmingtor	Police	Department	01/29/2020

Signature

ID/Badge #

Department

Precinct/Barracks

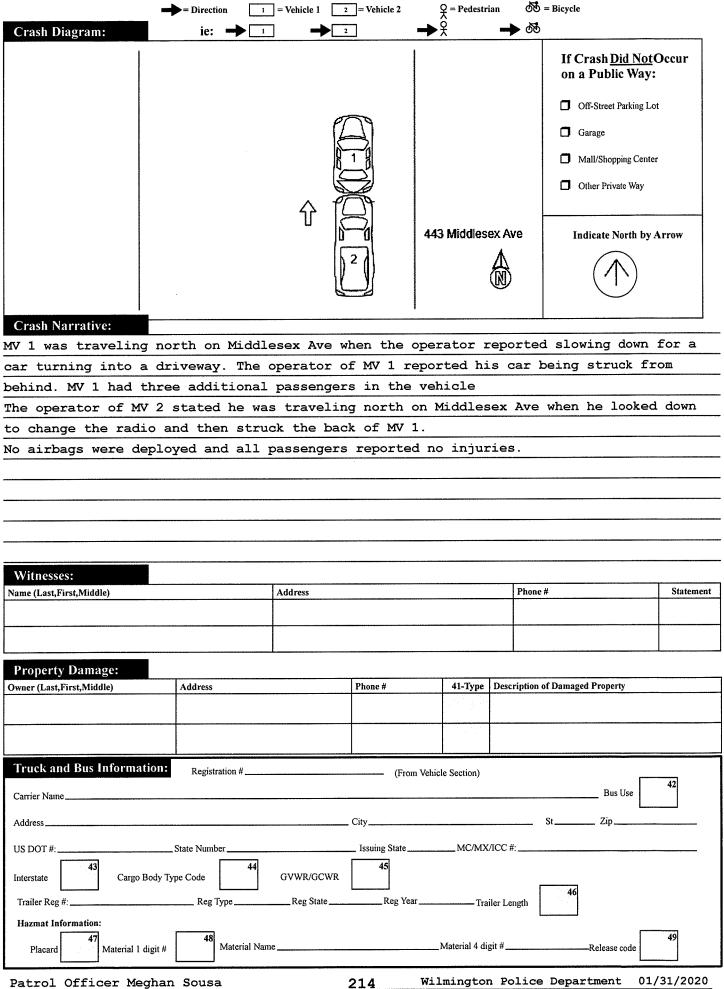
	Police Use Only Commonw						of Massa	ch	use	tts			RMV	/ Docu	ment Nun	nber	
	Date of Crash	Time of Crash	i .	ity/Town	Motor	Veh	icle Cras	sh		mber iicles	Numbe Injured		l Limit_	40	State Pol Local Po MBTA F	olice 🔯	
	01/30/2020	1808 24HR	MITIT	ngton	Pol	ice I	Report		2		1	Lann			Campus Other:	Police 🗖	
		AT INTER	SECTIO	N:	<	LOCA	TION >	>			NOT.	AT IN	TERS	SECT	TION:		
									430	1	CAT	EM	¢т				2 10
1	Route# Dire	ction	N	lame of Roadway/	Street		Route# Direct	ion	Addre		<u> </u>			Roadwa	ay/Street		
¹ 4				At		l	Feet	N S	E W	of ·		(or			
	Route# Dire	ction	Name o	of Intersecting Road	dway/Street						Mile	Marker			Exit N	umber	6 11
			A	Also at Intersection	with		Feet [Route#		Interse	cting R	loadway/S	treet	
² 1	Route# Dire	ction	Name o	of Intersecting Road	dway/Street		Feet	N S	E W	of .							
	Please Select (One 57	٠. ٦		T _F			-			2	, 7		ndmark			•
3	of the Followi		e 1 <u>1</u> #(Occupants H	it/Run 🔲 N	Aoped	Crash R	eport	ID#	20	-32	<u> </u>	.C				
	License # <u>\$8</u>	9302460		_ DOB/Age		Reg#	N12877				_ Reg T	уре <u>СС</u>)	Re	g State M	Z1 21	1 12
	Sex M Lic.	Class D	Lic. Rest		CDL Endorsement		ear <u>2008</u>							_ Veh	Config.	1 7	
1	Operator HI	CKEY, C	HRIST(OPHER J	Middle		er HICKEY	ast			OPHI First	R J		Mid	idle		
⁴ 3		VINONA R					ess 1 WINC										
	•			IA Zip 0180		City.	BURLING	CON						-		2012	
	Insurance Comp			rual ins	URANCE		le Action Prior to			4	22	Damage Test Sta		Code:	11 28		
⁵ 1	Vehicle Travel I	Direction: N 5	S X W	Responding to Em	ergency? 2	Event	Sequence 1	 	23	23	23	Type of			29		
Т.	Citation # (If Is:	sued)				Most	Harmful Event	1	24	25	25	BAC To	st Resu	ılt:	1 ³⁰		13
	Viol. 1: Ch/Sec/	/Sub	Viol	l. 2: Ch/Sec/Sub -			r Contributing Co		99 26	23		Susp. A	·		Susp. Dr	rug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/			I. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	34	35	36	Towed	from sc	ene?	1 33		_
	Name (Last First N		for operator	and all occupants	Involved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag E	ject Trap ode Code	Injury	Transp. Code	Medic	al Facility	-
	Operat	or			See Above		> <	X	1	0	3 0	0	10	1		·	
																	1
	Please Select	One Vivalia	le 2 1 #(Occupants N	on-Motorist A	Туре	15 Action	16	Locatio		17	ndition	18		Hit/Run	Moped	1
⁷ 2	of the Followi	ing: Venice	le 2.4	Secupants	on-iviotorist A	· _			Locatio	''' <u> </u>		L		<u> </u>			į
		7783837	19	_ DOB/Age_		_	FH148				_				eg State M	12A 21	
	Sex M Lic.	Class	Lic. Rest	rictions 1	CDL Endorsement		/ear <u>2010</u>							Veh	Config.	<u> </u>	
⁸ 2		SSIFF.	Fir	st	Middle		NOSSIF	ast			First	(GEi		Mic	ddle		
		B LOWELL					ess 16 CED	AK	_KD	·		a. M	7) 7		1910-	-1740	1 14
	•			IA Zip 0186 E INSUR		•	ANDOVER	C1		1	22	Damag				27 8 27	
	_						le Action Prior to		23	23	23	Test Sta			1 28		
	Vehicle Travel I	sued) T1682		Responding to Em	ergency?		Harmful Event	1	24			Type of	Test:		29		
⁹ 2	·			1.2. Ch/c/c 1			r Contributing Co			25	25	BAC To	ı		1 30	32	
L	Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					r Distracted by	99	26			Susp. A Towed	1		Susp. Di	rug: 32		
	Viol. 3: Ch/Sec/ Pl			otorist and all occ		21110		<u> </u>	34 Scat	35 Safety		37 38	39	40 Transp.			1
	Name (Last First N	Middle)			Address		DOB/Age	Sex	Pos.	System	Status C	ode Code	Status	Code	Medic Lahey Cl	al Facility	1
	Operat	or/Non-Mo	otorist		See Above			X	1	99	3 0	0	7	2			-
									<u> </u>				<u> </u>				1

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestria		= Bicycle	
Crash Diagram:	ie: → 1	→	2	▶ 発	<u>→ ₩</u>		
						If Crash <u>Did Not</u> Oon a Public Way:	Occur
						Off-Street Parking Lor	
		ilmington				☐ Garage	
		own Museum				☐ Mall/Shopping Center	
	`	V.				Other Private Way	
	12			Salem S	t		
		N2 ₆₂			Ī	Indicate North by A	A PPON
	@ V160 E				Α.	Indicate North by F	1100
	62 V1[©] ₩oburn			ć		(Λ)	
© Coords				Map da	1a ©2020	•	
Crash Narrative:	***						
V1 had the green a	rrow to turn le	ft onto Wo	burn Stree	t. V2 wa	as trav	eling west on	Salem
Street in the righ	t turn only lan	e. As Vl	was turnin	g, V2 dro	ove str	aight through	the
intersection while	traveling in t	he right t	urn only 1	ane and s	struck	V1 head on.	
							······
With							
Witnesses: Name (Last,First,Middle)		Address			Phone #	Į	Statement
Property Damage:			[m]	1.15	.	CD I D	1
Owner (Last,First,Middle)	Address		Phone #	41-1ype	Description o	f Damaged Property	
Truck and Bus Informati	On: Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			_ City			StZip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo B	ody Type Code	GVWR/GCWR	45				
Trailer Reg #:				Trails	er Lenoth	46	
Hazmat Information:		<u> </u>	J	— 11dii			
Placard Material 1 di	igit # 48 Material Nan	ne		Material 4 digi	it #	Release code	49

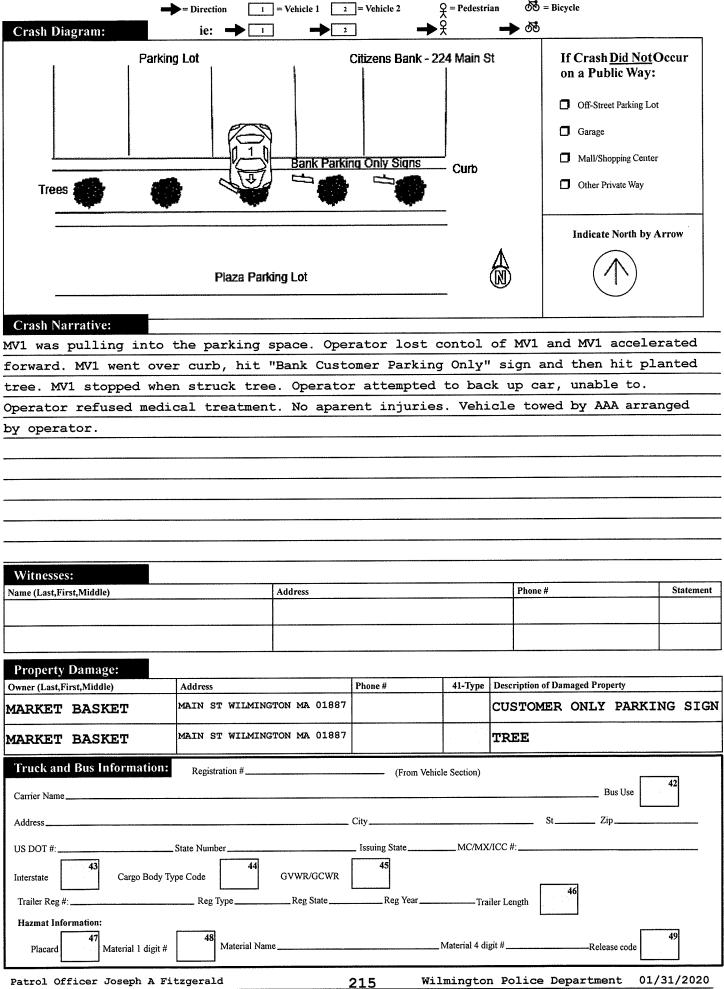
Signature

ID/Badge #

	Police Use Only	Com	monwealth	of Massa	chus	etts			RMV	Docum	nent Number		
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cras	h [Number Vehicles	Numbe Injured			25	State Police Local Police MBTA Police	0800	
	01/31/2020 1412 Wili	nington	Police	Report	2	2	0	Lautud			Campus Police Other:	<u></u>	
	AT INTERSECT	ION:	< LOC	ATION >			NOT A	AT INT	ERS	ECT	ION:		
					4	43	MTT	DLES	T V	70 17 17 17 17 17 17 17 17 17 17 17 17 17	7	2	2 10
	Route# Direction	Name of Roadway/St	treet	Route# Direction		dress #	MILL				y/Street		
¹ 1		At		Feet N	N S E	W of		•		or			
	Route# Direction Nar	ne of Intersecting Road	way/Street	-			Mile	Marker		-	Exit Number		11
		Also at Intersection v	vith	Feet N	SE	of .	Route#		ntersec	ting Ro	oadway/Street	- F	
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	Feet N	N S E	V of			Lane	dınark			
	Please Select One	#Occupants Hit	/Run Moped	Crash Re	nort ID#	20	_3:	3 – 2					
3	of the Pollowing:										177		
	License # S36655525 St M	A DOB/Ag		g# <u>6RZ327</u>							1. :	21 1	1 ¹²
	Sex M Lic. Class D Lic. 1	Restrictions C	Endorsement	h Year <u>2017</u>		Make E	ORD			_ Veh C	Config. 1	┙┟	
⁴ 1	Operator SYLVESTRE, TE	First	Middle	vner NUPATH	ast	000	First			Midd	dle		
	Address 2 LONG POND RI			dress 147 NE	w BC	OTO			~.	. A1	801-620	71	
	City TYNGSBORO Stat			y WOBURN	a. 1	-	22	State MA		-		27	
	Insurance Company PHILADELP		_	hicle Action Prior to C		23	23	Test State		1	28		
5	Vehicle Travel Direction: S E W	Responding to Eme		ent sequence 11				Type of	Γest:		29		
	Citation # (If Issued)			L	<u> </u>	25	25	BAC Tes	_		L 30	_	13
	Viol. 1: Ch/Sec/Sub			iver Contributing Cod		ال		Susp. Ale			Susp. Drug: 2	32	1
⁶ 1		Viol. 4: Ch/Sec/Sub —		iver Distracted by	0 26]	36	Towed fr	om sce	ne? 2	2 🎳		
	Please fill out for oper Name (Last First Middle)	ator and all occupants in	Address	DOB/Age	Sex Po	at Safety	Airbag E	jeet Trap ode Code		Transp. Code	Medical Facility	<u> </u>	
	Operator		See Above	\sim	X^1	1	4 0	0	10	1			
	MARK CALLIGANDES	NA NA, MA 01887		1	м 3	1	4 0	0	10	1			
	SEBASTIAN CHRONSCINSKI	NA NA, MA 01887			м 4	1	4 0	0	10	1			
	DAVID RITCHIE	***UNKNOWN*** WILMINGTON, MA	01887		м 6	1	4 0	0	10	1			
⁷ 1	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action	16 Loca	ation _	17 Co	ndition	18	Н	lit/Run 🔲 M	oped	
1	License # S15286461 St M	A_DOB/Age_	Re	g# 401TYS			Reg T	уре РС		Re	g State MA]	
	Sex M Lic. Class D 19 Lic.		CDL Ve	h Year 2001	Veh	Make_C	HEVI	ROLEI	1	_ Veh (Config. 1	21	
8	Operator DELUCA, JONAT			vner DELUCA	, DA	NIEI	M First			Mide	Idle		
⁸ 1	Address 11 FREDDY RD	. 1131		dress 11 FRE	DDY	RD							14
	City BILLERICA Stat	e MA Zip 0182	1-2204 Ci	y BILLERIC	CA						821-22		1 14
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Ve	hicle Action Prior to	Crash	1_	22	Damage		Code:	1 27 27 27 28 28	27	
	Vehicle Travel Direction: SEW	Responding to Eme	ergency? 2 Ev	ent Sequence 1 2	23 23	23	23	Test Stat]	29		
⁹ 2	Citation # (If Issued)		M	ost Harmful Event	1 24	<u> </u>		BAC Tes		lt:	1 30		
	Viol. 1; Ch/Sec/Sub					0 25	25	Susp. Al	cohol:	2 31	Susp. Drug:2	32	
	Viol. 3: Ch/Sec/Sub	Dr	iver Distracted by	1 20			Towed fi	rom sce	تا ــــــــــــــــــــــــــــــــــــ	2 33			
	Please fill out for operator/no	n-motorist and all occu	pants involved	DOB/Age		4 35 cat Safety os. System	36 Airbag E Status C	37 38 Eject Trap Tode Code	39 Injury Status	40 Transp. Code	Medical Facilit	у	
	Operator/Non-Motoris	t	See Above		X 1		4 0		10	1			
	-												
						+	$\vdash \vdash$						
						_	-		H	$\vdash \vdash$			
		1		1 1		1			1 1			- 1	



	Police Use Only C			Con	nmonwealth of Massachusetts								RMV Document Number					
	Date of Crash Time of Crash City/Town] Mot	Motor Vehicle Crash					Numbe Injure	, Johann	Speed Limit5 State Police Local Police MBTA Police			olice 🔀			
	01/31/2020	1520 24HR	Wilmi	ngton]	Police :	Report		1	icles	0	Latitu				Police		
	AT INTERSECTION:			<	LOCA	>	<u></u>		NOT	AT IN	T INTERSECTION:							
																		
				- CD 1	/0.		Route# Direct		224 Addre		MA]	N S!	r ma of l	Poodu	ay/Street		2	
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			A	Also at Intersection	n with				S E W of Route# Intersecting Roadway/Street S E W of									
² 1	Route# Dire	ection	Name o	of Intersecting Roa	adway/Street		Feet	N S	E W	of .								
					1.									ndmark			1	
3	Please Select of the Follow		le 1 <u>1</u> #0	Occupants H	lit/Run	Moped	Crash R	leport l	D# Z	20	-34	4-A	.C					
	License # S2	3037945	St MA	DOB/Age		, Reg	# <u>582LF7</u>				_ Reg 7	уре РС		Re	eg State	1A	12	
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		OODWIN,	 ROSEMZ	ARY	Endorsement		er GOODWI	N,	ROS	SEM	ARY							
⁴ 1	l .	Last GLENWOO		st	Middle	Add:	ress 25 GLE	Last ENWC	OOD	RI	First			Mis	ddle			
	l	SBURY		Zip 018	76-4456		TEWKSBU					State M	A z	ip 01	L876-	-4456		
		pany AMICA					chicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 2 27											
	Vehicle Travel			Responding to En			nt Sequence 20		23	23	23	Test Sta	tus:		1 28			
5	i	ssued)		responding to En	nergency:				24			Type of	Test:		29			
L	1						er Contributing Co		99	25	25	BAC Te			30	32	20 ¹³	
	l	:/Sub					_	99	26	L_		Susp. Al			Susp. D	rug: 2 32	20	
⁶ 1	Viol. 3: Ch/Sec	SySub ————————————————————————————————————		and all occupants		Dnv	er Distracted by	77	34	35	36	37 38	39	40	1		1	
	Name (Last First		t for operator	and an occupants	Address		DOB/Age	Sex	Scat	Safety System	Airbag I	ject Trap Code Code	Injury Status	Transp. Code	Medi	cal Facility		
	Operat	tor			See Above		\sim	X	1	1	4 0	0	10	1]	
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											18		10		Т		1	
⁷ 1	Please Select of the Follow		le 2#0	Occupants N	Non-Motorist	A Type	15 Action	16 L	ocatio	n	17 Co	ndition	18		Hit/Run	Moped		
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	Sex Lic.	19	19 Lic. Rest	20	CDL		Year				_			Veh	Config.	21		
	Operator	<u> </u>			Endorsement	t _	_											
⁸ 99	Address	Last	Fir	rst	Middle		ress	Last			First			Mi	ddle			
	ł		State	7in								State	7	Zin			1 14	
		pany					cle Action Prior to		Γ		22	Damage			27	27 27		
							_		<u>L</u> 23	23	23	Test Sta	tus:		28	1		
	Vehicle Travel	L	nergency?		ii sequence		24			Type of	Test:		29					
⁹ 2	,	ssued)					t Harmful Event			25	25	BAC Te			30			
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		/Sub					er Distracted by	<u>L</u>	34	35	36	Towed 1	owed from scene? 33					
	P Name (Last First	lease fill out for op Middle)	perator/non-m	otonst and all oc	cupants involv	ed	DOB/Age	Sex	Seat	Safety System	Airbag	Eject Trap Code Code	Injury	Transp.	Med	ical Facility	-	
	Operat	tor/Non-M	otorist		See Above			X	1									
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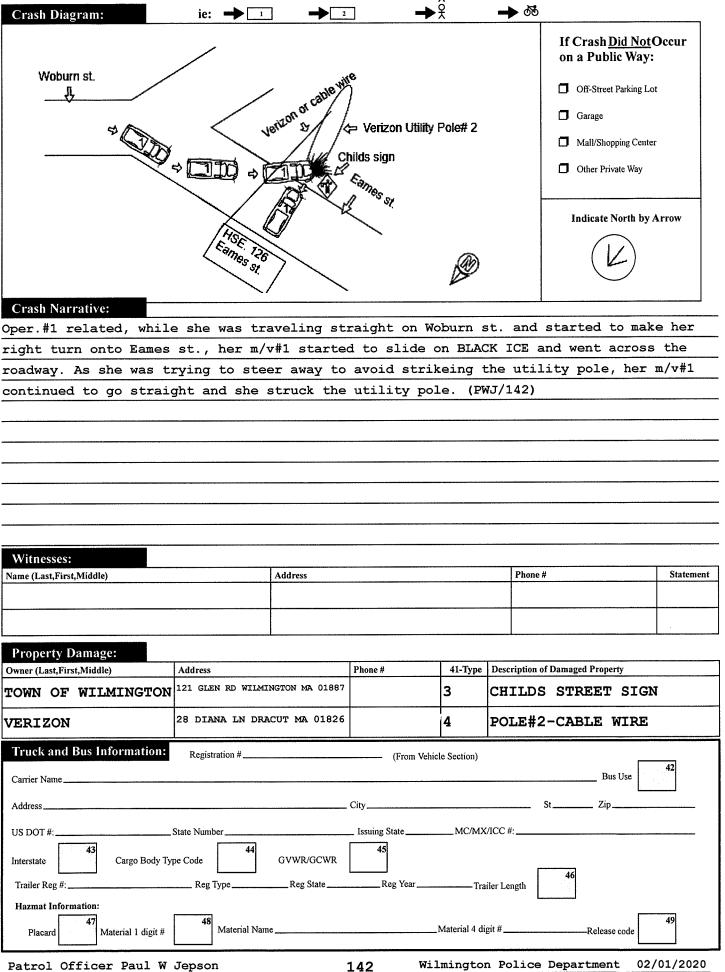
Patrol Officer Joseph A Fitzgerald

Signature

	Pol	lice Use Only		nonwe	nonwealth of Massachusetts								RMV Document Number				
	Date of Crash	Time of Crash		ity/Town	Moto	r Veh	icle Cras	sh		nber icles	Numbe Injure	10poou		35	State Police Local Police MBTA Police		
	01/31/2020	1500 1	MTTWT	ngton	Po	olice I	Report		2		0	Latitud			Campus Police Other:	<u> </u>	
İ		AT INTERS	SECTIO	N:	<	LOCA	TION >	>		I	TOP	AT IN	TERS	SECT	ION:		
l																2 10	
	Route# Dire	SHAW SHAW	ISHEEN	AVE Jame of Roadway/St	reet		Route# Directi	ion -	Addre	ss#		Na	me of I	Roadwa	y/Street		J
¹ 1				At			Γ.	vial.		_							
			BURN		/Stroot	Feet NSEW of — or Feet NSEW of										4 11	1
	Route# Dire	ection		of Intersecting Roady Also at Intersection v		Feet N S E W of											
						Route# Intersecting Roadway/Street Feet N S E W of											
² 1	Route# Dire	ection	Name o	of Intersecting Roady	vay/Street								Lar	ndmark			
	Please Select		11_#0	Occupants Hit/	Run 🗆	Moped	Crash R	eport l	D# 2	20-	-3!	5-A	С				
³99	of the Follow	mg —					<u> </u>								o M7		_
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	Sex M Lic.		Lic. Rest	E	DL ndorsement		rear <u>2008</u>						iN	_ Veh (Config.	¹	Ţ
⁴ 1	-	DER, CHE	Fir	PHER F	Middle			ast			First	<u> </u>		Mide	dle	-	
1		WILDWOOD					ess 14 WII			ST			•		004 040	_	
	•			IA Zip 01824			CHELMSFO	DRD	Г		22	State MA Damage		-	.824-243; , 27 27 2	-, I	
	Insurance Com			JRANCE CO	MPANY		cle Action Prior to	-,		9		Test Stat		Code:	28	ן ב	
⁵ 2	Vehicle Travel	Direction: N S	Xw	Responding to Emer	gency? 2	Even	t Sequence 1	23	ᆚ	23	23	Type of		ľ	29		
2	Citation # (If Is	sued)				Most	Harmful Event	1	24	- 1		BAC Te	st Resu	ılt:	1 30	13	ถ
	Viol. 1: Ch/Sec	/Sub	Vio	I. 2: Ch/Sec/Sub —		Drive	er Contributing Co	de		25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 3	2 1 13	
6	Viol. 3: Ch/Sec	/Sub	Vio	I. 4: Ch/Sec/Sub —		Drive	er Distracted by	0	26			Towed f	rom sc	ene?	2 33		_
⁶ 1	N. A. Pisa		for operator	and all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag I Status C	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Name (Last First			s	ee Above			X			4 0		10	1			
	- <i>F</i>												I^-			_	
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⁷ 3	Please Select of the Follow		2 1 #0	Occupants Nor	ı-Motorist A	Туре	15 Action	16 L	ocatio	n -	17 Co	ndition	18	П	Iit/Run 🔲 Mop	ed	
3		2962161	c. M7	_ DOB/Age		Pag	9PB736				Peg 7	ype PC	<u>.</u>	Re	g State MA		
		19 1	9	20	voi		Year 2010								Config. 1	T	
	Sex M Lic.	STA, JOS	Lic. Rest		DL Indorsement		er COSTA,					<u></u>		voii ·	Colling.	J	
⁸ 2	-	Last	Fii	rst	Middle		er COSTA, ess 3 JUNE	ast			First	-		Mid	Idie	_	
		JUNE RD	- N	m ~ 0210	0	-	STONEHAL		-			State M	Δ 2	N2	180	14	1
	City STON			1A Zip 0218		-			Γ.	<u> </u>	22	Damage		-		<u>_</u>	ل
				E INSURA			cle Action Prior to		23	23	23	Test Sta			28	-	
	Vehicle Travel	L	rgency? 2		i sequence 1		24			Type of	Test:		29				
⁹ 2	Citation # (If Is	ssued)					Harmful Event	1		25	25	BAC Te			1 30	<u>.</u>	
_	Viol. 1: Ch/Sec	:/Sub		er Contributing Co				23	Susp. A				52				
		/Sub	Drive	er Distracted by	0	26	7.7	16 T	Towed f		L.	1 33	_				
	P Name (Last First	•	erator/non-m	notorist and all occup	oants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag I	37 38 ject Trap code Code	39 Injury Status	40 Transp. Code	Medical Facility		
		tor/Non-Mo	torist	S	iee Above			X	1		4 0	0	10	1			
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	= Direction 1	= Vehicle 1	= Vehicle 2	오 = Pedestri	an 📆 = 1	Bicycle	
Crash Diagram:	ie: 👈 🔟	→ [2		> ⋛	→ ॐ		
	;	Sherburn Place				If Crash <u>Did</u> on a Public V	
						Off-Street Parl	king Lot
						☐ Garage	
Rte 129 E/W						☐ Mall/Shopping	Center Center
		Δ				Other Private	Way
	2				_		
		Indicate North by Arrow					
						\bigcirc	
Crash Narrative:							
Motor vehicle crash							
The operator of ve							
vehicle 2 stopped b							
pass vehicle 2 on t							
to pass vehicle 2, vehicles colliding.	venicie 2 acte	mpred to p	ass the tu	rning ve	incre, i	esurcing i	-11
The operator of veh	icle 2 stated	that he wa	s stopped	behind a	turning	vehicle.	"a little
out." He did not st							
either party. Damag							
side, passenger doo							
	•						
Witnesses:							
Name (Last,First,Middle)	, ,	Address			Phone #		Statement
Duanauty Damagai		1					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
T. d. D. defannation							
Truck and Bus Information	Registration #		(From Ve	ehicle Section)		Bus Us	e 42
Address			. City		St	Zip	
	State Number		Issuing State				
Interstate 43 Cargo Boo	iy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Тга	ler Length	46	
Hazmat Information:						J	
Placard 47 Material 1 dig	it # 48 Material Nam	ne		Material 4 di	pit #	Release coo	de 49
Patrol Officer Nichola	s E Noftle		204 W	ilmingtor	Police I	Department	01/31/2020
Police Officer Name (Please Print)	Signature			epartment	Precinc	/Barracks	Date

	Police Use Only Com					monwealth of Massachusetts								RMV Document Number				
	Date of Crash 02/01/2020	Time of Crash	Wilmi	City/Town	\mathbf{N}	Ioto	r Veh	icle Cra	ash		umber hicles	Num Inju	d P	eed Lim	it2!	Local :	Police Po	
	02/01/2020	24HR	MITI	.11 g co.	•	Po		Report		1		1		ngitude			us Police	
		AT INTER	SECTIO	N:		< LOCATION > NOT AT INTERSECTION:												10
										12	6	F.A	MES	ST				2 10
1	Route# Dire	ction	Ŋ		adway/Street			Route# Dire	ction	Addr					f Roadv	way/Street		_
¹ 4	_			•	At		ŀ	Feet	N S	EW	of			• -	- or .			.
	Route# Dire	ection			ng Roadway/S	treet			lvl a	I p lw		Mil	e Marke	r		Exit	Number	1 11
			A	Also at Inter	section with				N S			Route	- -	Inter	secting	Roadway/	Street	
² 2	Route# Dire	ection	Name o	of Intersecti	ng Roadway/S	way/Street Feet NSEW of Landmark												-
	Please Select		e 1 1 #6	Occupants	Hit/Run		Moped	Crash	Report	t ID#	20	-3	6					7
3	of the Follow	mg.				1											M73	-
		1930735	19	_ DOB/Age	20			384XXE									21	1 12
	Sex F Lic.		Lic. Rest	L	CDL_ Endors	sement		er LE , C I					M		Ver	n Contig.	<u> </u>	
⁴ 1		, CHRIS' Last DRACUT		rst	Mid	dle		ess 66 DR	Last			Fir	st		М	fiddle		
	j	ENCE		17A 7in (01843-2	535		LAWRENC			_		State	MA	Zin. O	1843	-2535	
	1	pany GOVERN					-	le Action Prior t		h	1	22			a Code			
	Vehicle Travel I				g to Emergency			_	23 41		23	23	Test	Status:		28		
5	Citation # (If Is:	sued)					Most	Hannful Event						of Test:		30		
	Viol. 1: Ch/Sec/	/Sub	Vio	I. 2: Ch/Sec	/Sub		_ Drive	r Contributing C	Code	12	25	25		Test Re Alcoho			Orug: 32	22 ¹³
6	Viol. 3: Ch/Sec/	/Sub	Vio	l. 4: Ch/Sec	/Sub		_ Drive	r Distracted by	0	26			-	d from :	L	1 33	-	
⁶ 4	Name (Last First N		for operator	and all occ	upants involve	Seat Salety Airbag Eject Irap Injury Iransp.								Mari	dical Facility	1		
	Operat				See Ab			DOB/Age	Sex	Pos.	System 1	Status 3	Code C	8	ıs Code	Lahey C		1
									4	1	ļ							1
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	Di C.J							15	16	<u> </u>	<u> </u>	17		1	8			┪
⁷ 1	Please Select (of the Followi		e 2#0	Occupants	Non-Mot	torist A	Туре	Action		Location	on	c	Condition			Hit/Run	Moped	
1	License #	10 1	St	_ DOB/Age	e		Reg#					Reg	Туре		R	Reg State_	21	
	Sex Lic.		Lic. Rest	trictions	CDL_ Endors		Veh Y	ear		Veh M	ake				Vel	h Config.		
⁸ 1	Operator	Last	Fir	rst	Mid	dle		er	Last			Fir	si		M	fiddle		
	Address							ess										4 14
				Zıp				le Action Prior t			,	22	_ State_ Dama		zip a Code	27	27 27	· -
		Direction: N S		Responding	to Emergency	,n		Sequence	23	23	23	23	Test	Status:		28		
		L		responding	5 to Emergency	,		Harmful Event		24				of Test:		29		
⁹ 2	Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub								Code		25	25		Test Re		30 Susp. I	Drug 32	İ
	Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 5: Ch/Sec/Sub — Viol. 6: Ch/Sec/Sub — Ch/Sec/Su										ا		-	d from		33		
	Please fill out for operator/non-motorist and all occupa				all occupants i	nvolved			34 35 3 Seat Safety Air				Eject T	18 39 rap Inju	ry Transp.		45-17: Tr.	7
	Name (Last First M	viiddle) For/Non-Mo	otorist	1	Addre See Ab			DOB/Age	Sex	Pos.	System	Status	Code C	ode Stati	ıs Code	Mex	dical Facility	-
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														_	+-			-
								-	+-	-				+	+	<u> </u>		-
																1		



1 = Vehicle 1 2 = Vehicle 2

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Ø = Bicycle

♀ = Pedestrian