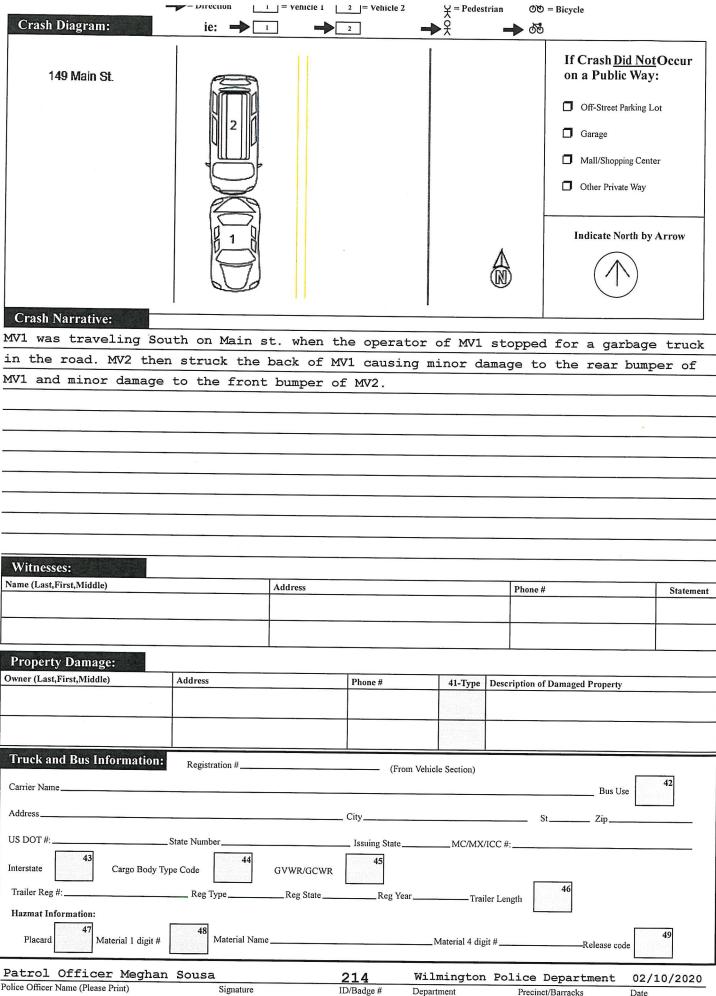
	Police Use Only	Comm	onwealth	of Massa	chuse	etts		R	MV Docu	ıment Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h N	1	lumber S	speed Lin	nit35	State Police Local Police				
	02/10/2020 0759 Wilm	ington	Police :	Report	2	hicles 0		atitude_ ongitude		MBTA Police Campus Police	0800			
	AT INTERSECTION	ON:	< LOCA				OT AT		***************************************	Other:	-			
										220111	٦,	10		
	Route# Direction	Name of Roadway/Stree	at a second	Route# 149 MAIN ST Name of Roadway/Street										
¹ 1		At		Route# Direction	n Addr	ess #		Name	of Roadw	ay/Street				
	D. III Division			Feet N	S E W		— — Mile Mark	- •	_ or _	Exit Number				
	Route# Direction Name	of Intersecting Roadway		Foot N	SEW		ville iviari	cer		EXIL Number	2	11		
			•		Feet N S E W of Intersecting Roadway/Street									
² 3	Route# Direction Name	of Intersecting Roadway	y/Street											
	Please Select One X Vahiele 1 7	#Occupants Hit/Ru				20	4.6		andmark		_			
3	of the Following:	Hit/Ri	ın Moped	Crash Rep	ort ID# 2	20-	46-	AC			İ			
		DOB/Age	Reg #	24837		R	eg Type	PC	Re	g State MA		12		
	Sex F Lic. Class D 19 19 Lic. Re	strictions 1 20 CDL	Veh Y	ear <u>2018</u>	Veh Ma	ike VOL	VO		Veh	Config. 1	1	12		
4	Operator TUTTMAN, KATHE	M		r TUTTMAN						-	_ [
⁴ 1	Address 11 LEAH WAY	nst r		ss 11 LEAF			First		Mid	dle				
	City ANDOVER State	MA Zip 01810-	2908 City	ANDOVER			State	MA	Zip 01	810-290	8			
	Insurance Company LIBERTY MU	TUAL INSUR	ANCE Vehic	e Action Prior to Cr	ash	1 22			a Code:		7			
5	Vehicle Travel Direction: NXEW	Responding to Emergen		Sequence 23		23 23		Status:		28	_			
3	Citation # (If Issued)			Harmful Event 1	24		Туре	of Test:		29				
	Viol. 1: Ch/Sec/Sub Vio	ol 2: Ch/Sec/Sub		Contributing Code		25 2	5	C Test Re		30	, <u> </u>	13		
	Viol. 3: Ch/Sec/Sub Vio						Susp	. Alcoho		Susp. Drug: 2 3	2 1			
⁶ 2	Please fill out for operator			Distracted by	34	35 36		ed from s	cene? 2	2 33				
	Name (Last First Middle)	•	dress	DOB/Age S	Seat	Safety Airbay System Status	g Eject :	Frap Injur Code Statu	Transp.	Medical Facility				
	Operator	See A	Above	$\langle \rangle \langle \rangle$	(1	1 4	0 0	10	1					
									+ +					
	Please Select One	1		15 1	1				<u> </u>					
1	of the Following: Vehicle 21 #	Occupants Non-Mo	otorist A Type	Action 16	Location	17	Condition	18	Н 🔲 н	it/Run 🔲 Mop	ed			
—	License # 08MHM65051 St NH	_ DOB/Age	Reg#	3615631		Re	g Type_	PC	Ren	State NH	_			
	Sex M Lic. Class D 19 Lic. Rest	rictions 1 20 CDL.	Veh Ye	ar 2015	_ Veh Mak				•	Config. 1				
	Operator MCDONOUGH, MICI	Endon	rsement ———— Owner	MCDONOU										
1	Address 17 SIROD RD	st M	iddle	s 17 SIRO			First		Midd	le	_ [
	City WINDHAM State N	H Zip 03087		INDHAM			State	NH	Zip 03 (087	- 1	4		
	Insurance Company	•	•	Action Prior to Cra	ısh 1	22			Code: 1		¬ -	╛		
	Vehicle Travel Direction: N K E W	Responding to Emergenc	_	Sequence 1 23	<u>, </u>	3 23		Status:	1	28	-			
	Citation # (If Issued)	troopenang to Emergence		farmful Event 1	24	<u></u>	Туре	of Test:		29				
2	Viol. 1: Ch/Sec/Sub Viol	2. Ch/Ca=/Ct.		<u>I</u>	_	5 25	si .	Test Res	┌──┤╧	30	,			
				Contributing Code	26		Susp.	Alcohol:		Susp. Drug: 2 32]			
Ļ	Please fill out for operator/non-m	. 4: Ch/Sec/Sub		Distracted by 0		35 36		d from so	ene? 2	33	_			
-	Name (Last First Middle)	Add		DOB/Age Se	Seat S	Safety Airbag ystem Status	Eject Tr	rap Injury ode Status	Transp.	Medical Facility				
	Operator/Non-Motorist	See A	bove	$>\!\!<\!$	1 1	4	0 0	10	1					
					++						\dashv			
					+			-			_			
L														



Police Officer Name (Please Print)

	Police Use Only	Com	nonwealth	ot Massach	usett	8	RM	MV Docur	ment Number		
	Date of Crash Time of Crash 02/10/2020 1641 Wil:	City/Town	Motor Veh	icle Crash	Number Vehicle		Speed Lim	it <u>35</u>	State Police Local Police		
	24HR 24HR	mington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	8	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTE			-	
								•		2 10	
	Route# Direction ALDRICH	RD Name of Roadway/Str	eet	Route# Direction	Address #	-	Name c	f Roadwa	v/Street	_[
¹ 1		At					7.4.110	1 1 toda tra	yron eet		
L	Route# Direction SHAWSHE	EN AVE ne of Intersecting Roadw	10.	Feet NS	E W of	Mile M	— • — Iarker	- or	Exit Number	-	
	Notice Direction Nati	Also at Intersection wi		Feet NS	E W of			***		3 11	
<u> </u>				Feet N S		Route#	Inter	secting Ro	oadway/Street		
² 1	Route# Direction Nat	ne of Intersecting Roadw	ay/Street				Ĭ.	andmark			
3	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Crash Report	ID# 20	-47					
	License # S64293627 St M									-	
	19 19	20		# 25TV13					21	1 12	
	Operator WARE, PAUL S		dorsement	Year 2020		HEVRO)LET	Velı C	Config. 1		
⁴ 2	Address 17 LIBERTY ST	First	Middle	er WARE, PAU		First		Midd	lle	_	
		N/3 - 01007		ess 17 LIBER						-	
	City WILMINGTON State		·	WILMINGTON	L				887-2545 27 27 27 21	- I	
	Insurance Company ARBELLA M			cle Action Prior to Crash			Damaged Are 'est Status:	a Code: 2	27 27 27]	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:	1	29		
	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	sult: 1	30	127	
		Viol. 2: Ch/Sec/Sub ——		r Contributing Code	1 25	S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13	
⁶ 2	Viol. 3: Ch/Sec/Sub			r Distracted by 99			owed from s		33		
	Please fill out for opera Name (Last First Middle)	tor and all occupants invo	Olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu	40 Transp. s Code	Medical Facility		
	Operator	See	Above	><X	1 99	4 0	0 10	1			
								† †		\dashv	
ļ										\dashv	
	Please Select One			15 16		17				_	
⁷ 3	of the Following:	#Occupants Non-N	Motorist A Type	Action L	ocation	Condi	tion 18	Hi	t/Run Mope	d	
		A DOB/Age	Reg #	M74858		Reg Typ	_c CO	Reg	State MA	_]	
	Sex M Lic. Class B 19 19 Lic. R	estrictions CD CD	L Veh Y	ear <u>2007</u> \	/eh Make G	MC		Veh Co	onfig. 2		
81	Operator TAYLOR, WILLIZ	AM THOMAS		TAYLOR EX	CAVAT	First	ID DEV	ELOPI Middle		_	
	Address 27 HERITAGE RD		Addre	ss 27 HERITA	AGE RI			Midda	c	- 🖳	
	City BILLERICA State	MA Zip 01821-	-1131 City]	BILLERICA		Sta	ite <u>MA</u>	Zip 018	821-1131	_ 2 14	
	Insurance Company SAFETY IN:	SURANCE CON	IPANY Vehic	le Action Prior to Crash	4	22 D	amaged Area	Code: 8			
	Vehicle Travel Direction: NSWW	Responding to Emerge	ncy? 2 Event	Sequence 23	23 23	23	est Status:	1	28		
2	Citation # (If Issued)	_	Most	Harmful Event 1	24	·	/pe of Test: AC Test Res	ult:	30		
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub ——	Driver	Contributing Code	4 ²⁵	25	ısp. Alcohol:		Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Driver Distracted by 99 26 Towed from scene? 2 33								
	Please fill out for operator/non Name (Last First Middle)	•	ts involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Modical Carities	7	
ľ	Operator/Non-Motorist		Above		1 99	4 0	0 10	1	Medical Facility	\dashv	
f										-	
}							 	-		_	
-										_	

	= Direction	_ = Vehicle I	2 = Vehicle 2	꽃 = Pedestrian	ტტ = Bicycle	
Crash Diagram:	ie: 👈	→ [2	<u>>ĝ</u> .	→ №	
Shawsheen Ave V1 (Ave	Shawsheen S R Aldri V2	ich Rd		If Crash Did on a Public on a	Way: rking Lot ng Center
Crash Narrative:						
The Opr's of V1 and	d V2 stated the	followin	g to me upor	n my arriv	val to the scene	. V1
Stated that he was						
the intersection of						
collided. The Opr o						
Shawsheen from Aldr	cich, that V1's	directio	nal was on a	and that t	the vehicle was	going to
turn on to Aldrich	Rd. V2 then pr	oceeded t	o pull out	onto Shaws	sheen Ave and co	llided
with V1. Nether Opr	was injured i	n this ac	cident and	refused me	edical treatment	offered
to them. V1 was tow				***		
pull into the parki	ng lot of 135	Shawsheen	Ave to char	nge a tire	damaged in the	accident.
Witnesses: Name (Last,First,Middle)		A 3.3			Tn. W	
rvaine (East,Frist,Wildie)		Address		7	Phone #	Statement
				-		
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
				N -4-11-7/		
Tural and Date of		-				
Truck and Bus Information	Registration #		(From Vel	icle Section)		42
Carrier Name					Bus Us	e 42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
43	44		45		,	
	ly Type Code	GVWR/GCWR	100 100		46	
	Reg Type	Reg State	Reg Year	———Trailer L	ength	
Hazmat Information:	48					40
Placard Material 1 digi	t# Material Nam	ne		_Material 4 digit #_	Release coo	49 le

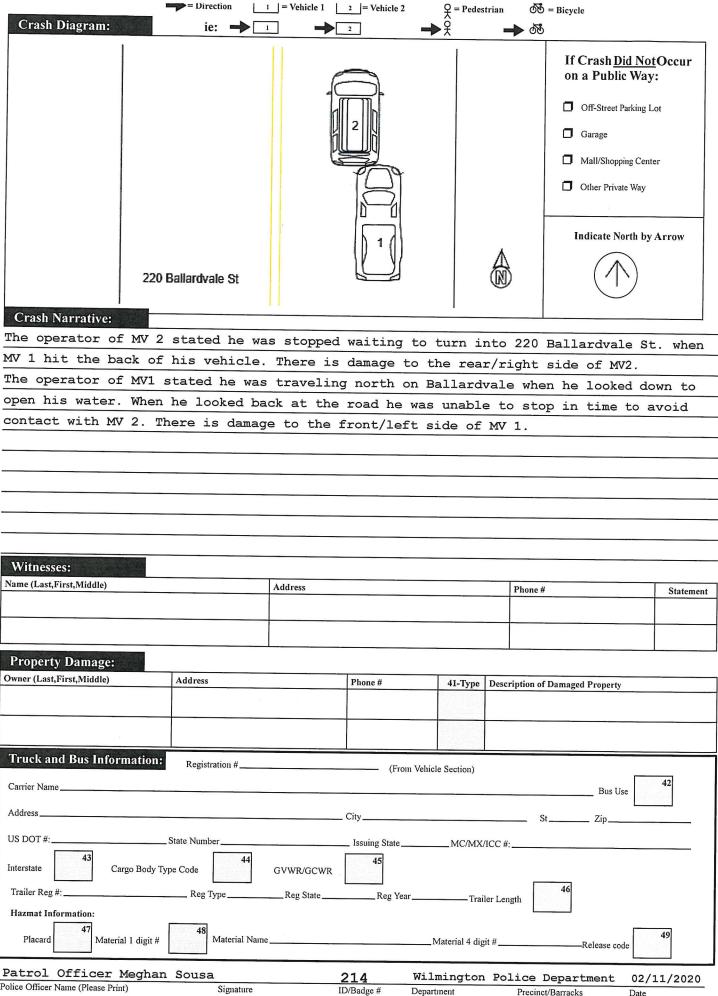
Patrol Officer Michael E Johnson

199ID/Badge #

Wilmington Police Department

02/10/2020

	Pol	ice Use Only		Comi	monw	ealth	of Mass	achu	sett	S		RM	IV Docı	ument Numbe	r	
	Date of Crash 02/11/2020	Time of Crash	City/To Wilming		Mot	or Veh	icle Cra	sh	Numbe Vehicle		4 John	ed Limi	t <u>40</u>	Local Police		1
		24HR	"++III+119	COII	<u> </u>	Police	Report		2	0	Lati	tude gitude _		MBTA Police Campus Poli Other:	ce 🗓	
		AT INTERS	ECTION:		<	LOCA	TION	>		NOT	AT IN	NTER	RSEC'	TION:		
								,	20	10.78.1		· D 1 1 2		O.T.		2 10
¹ 1	Route# Direc	ction	Name	of Roadway/St	reet		Route# Direc		ddress #		LLAF			ay/Street		
				At			Feet	N S E	w of		T	•	or _			
	Route# Direc	ction	Name of Inte	rsecting Roadw	vay/Street					Mile	Marker			Exit Numb	ег	2 11
			Also at	Intersection w	rith		Feet N S E W of Route# Intersecting Roadway/Street									
² 3	Route# Direc	etion	Name of Inte	secting Roadw	/ay/Street		Feet NSEW of									
L	Please Select (One 🔽	.1 #0		T _r								andmark			
3	of the Followin		1 1 _#Occup	ants Hit/	Run	Moped	Crash F	Report IE	#2C	-48	3 – <i>F</i>	7C				
L		0500465 19 19	St. MA DOI			Reg	474J50			Reg 7	уре <u>Р</u> (2	Re	eg State MA		12
	Sex. M Lic. (Class	Lic. Restriction	s 1 CI	DL	Veh Y	Year 2014	Vel	Make <u>.</u>	COYO	'A		Veh	Config. 1	21	
⁴ 1		LDAMEZ,	First		Middle		er <u>GALDAM</u>	Last		First			Mid	ddle		
T		CONANT					ess 246 CC	NAN'	r st				1-110			
		COLEDIA				•	REVERE						_	2151-20		
		any GOVERNI					le Action Prior to		1	22	Damag Test Sta		Code:	8 27 27	27	
5		irection: S		nding to Emerg	gency? 2	_ Event	Sequence 1	23 23	<u> </u>	23	Type of		-	29		
		ned)					Hannful Event	1 2	<u> </u>	25	BAC To		ult:	1 30		12]
		Sub					r Contributing Co			25	Susp. A			Susp. Drug:	32	1 13
⁶ 2	Viol. 3: Ch/Sec/S	Please fill out fo	Viol. 4: Cl or operator and al			Drive	r Distracted by	2	34 35	36	Towed	from sc	ene? 2	2 33		
	Name (Last First Mi	ddle)	or operator and ar	•	Address		DOB/Age	l s	eat Safety os. System		ect Trap	Injury	Transp. Code	Medical Faci	lity	
	Operato)r		Se	e Above		><	X^{-1}	1	4 0	0	10	1			
⁷ 1	Please Select O		2. 1 #Occupa	nts Non-	Motorist A	Type	15 Action	16	ation	17	dition	18	<u></u>	lit/Run 🔲 N	7 · ·	
	of the Followin	NE72051									L		<u> </u>		Topea	
Ī	Sex M Lic. C	10 10		20	AT	_	XFFG44			— ·	/pe_ <u>CC</u>)		g State NJ	21	
		IN, ERIC	Lic. Restrictions M		Ldorsement		ear <u>2013</u> r VERREX		Make 🚣	OKD			Veh (Config. 1		
8 .	=	Lasi STEVENS	First		Middle		ss 1130 R	ast	. 22	First			Midd	dle		
	City NASHU		State NH Z	ip 0 3060)		S IIOUNTAIN				State N	л ₇	in 07	092		1 14
- 1		ny E&K AGI		-		,	e Action Prior to		2		Damage				27	
	Vehicle Travel Di	rection: S I	E W Respon	ding to Emerge	ency? 2		<u></u>	23 23	23	23	Test Sta	tus:	1	28	 	
) _	Citation # (If Issue	ed)			•		. 1	1 ²⁴	1		Type of			29		
2	Viol. 1: Ch/Sec/St	ub ————	— Viol. 2: Ch	Sec/Sub		Driver	Contributing Cod	ie 1	25	25	BAC Te Susp. Al	-		Sugn Denge	32	
- 1	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————						Distracted by	0 26			Susp. At Towed f			Susp. Drug: 2	ت	
ľ		se fill out for opera	tor/non-motorist	•				3- Se	at Safety	36 3 Airbag Ejo	38 et Trap	39 Injury	40 Transp.			
ŀ	Name (Last First Mid	r/Non-Moto	orist		Above		DOB/Age	Sex Po	s. System	Status Co	de Code	Status	Code 1	Medical Facili	ty.	
-	. F = 1 miles							4		-	-		-			
-								-								
-																



Date of Crash	Time of Crash	City/Town	mmonwealth Motor Ve	oi Massach hicle Crash	Number	Number			State Police Local Police MBTA Police
02/12/2020	0745 24HR	Wilmington	Police	Report	Vehicles 2	Injured O	Latitude_		Campus Police
	AT INTER	RSECTION:		ATION >			Longitude T INTE		Other:
					136		WSHEE		
Route# Dire	ction	Name of Roadwa	ay/Street	Route# Direction	Address #	ShA		of Roadwa	
4		At		Feet N S	EW of -		_ • -	or	
Route# Dire	etion	Name of Intersecting R	oadway/Street			Mile M			Exit Number
		Also at Intersecti	on with	Feet N S		Route#	Inte	rsecting R	.oadway/Street
Route# Direc	etion	Name of Intersecting R	oadway/Street	Feet N S	EW of				
Please Select (One 🔽	le 11 #Occupants	T _F					Landmark	
of the Followi	ng: Vehic		Hit/Run Moped	Crash Report	1D# 20 -	-49	-AC		
ı	3525386			# <u>28B640</u>		_ Reg Typ	e PC	Re	
Sex F Lic.	Class D	Lic. Restrictions 1	CDL Veh	Year 2007	/eh Make TC	YOTA	y	Veh (Config. 21
	SS, LEX	First	Ow	ner KOSS, LEX	I NOE	First		Mid	dia
Address 4 C				ress 4 CHISHO	LM WAY			Mid	die
l		State MA Zip 018	-	WILMINGTON		Sta	ate MA	Zip 01	887-6250
Insurance Comp	any THE CO	OMMERCE INSUR	Vehi	cle Action Prior to Crash	1 2		Damaged Ar	ea Code:	
Vehicle Travel D	irection: N S	Responding to E	mergency? 2 Ever	nt Sequence 1 23	23 23		est Status:	1	L 28 29
Citation # (If Iss	ied)		Mos	t Harmful Event 1	24		ype of Test AC Test Re	-	30
Viol. 1: Ch/Sec/S	Sub ———	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	usp. Alcoho		Susp. Drug: 2 32
Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		owed from		33
Name (Last First M		for operator and all occupant	s involved	DOB/Age Sex	Scat Safety A	36 37 Airbag Eject		ry Transp.	
Operato	r		See Above	DOMESTAGE SEX	Pos. System S	itatus Code	Code Stat		Medical Facility
Please Select O of the Followin		e 21#Occupants	Non-Motorist A Type	15 Action 16 L	ocation	17 Condit	tion 1	В □ н	it/Run Moped
License # S17	626512	St_MA_ DOB/Age	_ Reg	7SR968		Reg Type	PC	Ren	State MA
Sex F Lic. C	lass D	9 Lic. Restrictions 1 20	CDL Veh	Year 2006 V	eh Make Je			_	21
Operator MOF	RISON,	ALYSSA LYNNI	Endorsement Own	er MORRISON,					, v.m.B.
Address 12	VEDGEWOO	OD AVE	Middle Addr	ess 12 WEDGEW	OOD A	First /E		Midd	le
City WILMI	NGTON	State MA Zip 018	87-3747 City	WILMINGTON		Sta	te MA	Zip 01 3	887-3747
Insurance Compa	ny SAFETY	INSURANCE (COMPANY Vehic	le Action Prior to Crash	1 22	7	amaged Are	_	
Vehicle Travel Di	rection: N S	Responding to En	nergency? 2 Even	Sequence 23 2] 3 Te	st Status:	1	28
Citation # (If Issu	ed)		Most	Harmful Event 1	24		pe of Test:	L	29
Viol. 1: Ch/Sec/Si	ıb	Viol. 2: Ch/Sec/Sub		<u> </u>	L 25	25	AC Test Res		Susp. Drug 32
Viol. 3: Ch/Sec/Su	ıb ———	Viol. 4: Ch/Sec/Sub	Drive		26		wed from s		Susp. Drug: 2 32 33
		rator/non-motorist and all occ	•			36 37 rbag Eject	38 39	40	
Name (Last First Mid	r/Non-Mo	torist	Address	DOB/Age Sex	Pos. System St	atus Code	Code Statu	s Code	Medical Facility
<i>орегию</i>		wist	See Above		1 1 4	0	0 10	1	
								1 1	

Crash Diagram: ie: 1 2 2	= Vehicle 2) = Bicycle
(D1D)(20) =	>	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center
	Shawsheen Ave.	☐ Mall/Shopping Center ☐ Other Private Way
Aldrich Rd. Crash Narrative:		Indicate North by Arrow
The operator of MV1 identified as Lexi Koss s		
towards Main St. when a vehicle she described		
Shawsheen Ave. Lexi attempted to stop to avoi		
The impact of the crash caused front end dama		
a car behind her might have hit her rear bump		
unsure. Lexi was unable to make contact with		
as the vehicle behind her. Officer Fitzgerald		
MV2 and identified her as Alyssa Morrison. Al	lyssa stated she was tra	aveling East on

Shawsheen Ave when she slowed down for the stopped vehicle in front of her waiting to turn on to Aldrich Rd. Alyssa stated she thought that someone might have hit her car but was unsure and did not notice any damage to her vehicle. Images are attached.

Witnesses:		2				
Name (Last,First,Middle)		Address			Phone #	Statement
	-		,			
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name	Registration #		,	hicle Section)	Bus U	se 42
Address			City		St Zip	
US DOT #:	State Number	8	Issuing State	MC/MX/	ICC #:	
43	rpe Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	er Length 46	
Hazmat Information:					1. 10 miles	
Placard 47 Material 1 digit #	48 Material Name	-		Material 4 dig	it #Release co	49 de
						a traccing

Patrol Officer Meghan Sousa

214 ID/Badge # Wilmington Police Department

02/12/2020

Wilmington Police Department Images Associated with 20-49-AC

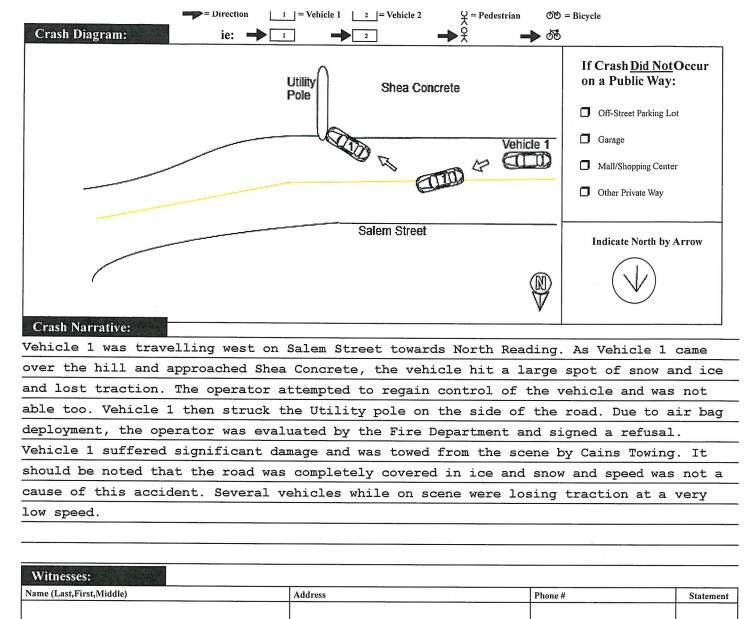








	Police Use Unly	Lomr	nonwealth	ot Massach	usetts	[RMV Docum	ent Number	1
	Date of Crash Time of Crash 02/13/2020 0346 William	City/Town	Motor Veh	icle Crash	1 3		Limit 35	State Police Local Police MBTA Police Campus Police	1
	24HR	Lmington	Police :	Report	1 C	Injured Latitue		MBTA Police Campus Police Other:	
	AT INTERSEC	ΓΙΟΝ:	< LOCA	TION >	N	OT AT IN			1
									2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	773 Address #	SALEM S	ST me of Roadway	Street	
¹ 4		At				IVa	nie or Roadway	Silect	-
	Route# Direction N	CV		Feet N S	EW of —	Mile Marker	— ог	Exit Number	
	Routes Direction N	Also at Intersection w		Feet NS	E W of	77110 17701 101	***************************************		1 11
I _				Feet N S	R	oute#	Intersecting Roa	idway/Street	
² 4	Route# Direction N	ame of Intersecting Roadw	ay/Street		-				
3	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Creat Parant	1D# 20 —	50-A	Landmark		1
3	S. S								
	License # S45110284 St]	20		961ZR6				0.1	12
	Sex Lic. Class D Lic.	Restrictions B CL	DL Veh Y	Year 2001 V	eh Make MI'	TSUBISH	Veli Co	onfig. 21	5
4 -	Operator HOOVER, MELIS	First	Middle Owne	er <u>HOOVER</u> , M	ELISSA	C First	Middle		1
⁴ 1	Address 35 JAFFARIAN	RD	Addre	ess 35 JAFFAF	RIAN RD		Middle		
	City HAVERHILL Sta	te MA Zip 01830	-1407 City	HAVERHILL		State MA	Zip 018	330-1407	
	Insurance Company GEICO GEN	ERAL INSURA	NCE C Vehic	le Action Prior to Crash	1 22	Damaged	Area Code: 7	27 2 27 2 27	
5	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 22 23	23 23 23	Test Stati		28	
	Citation # (If Issued)				24	Type of T		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 BAC Test	r result.	usp. Drug: 32	22 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26			33	
⁶ 3	=	rator and all occupants invo	olved		34 35 30 Sent Safety Airt	6 37 38 hae First Tran	39 40 Injury Transp.		1
	Name (Last First Middle) Operator		Address	DOB/Age Sex	Pos. System Stat	tus Code Code	Status Code	Medical Facility	-
	Орегию	266	Above		1 99 3	0 0	10 1		
									1
7	Please Select One Vehicle 2	#Occupants Non-N	Motorist A Type	15 Action 16 Lo	17	7	18		1
1	of the Following:	11011-1	Motorist A Type	Action	ocation	Condition	Hit/	Run Moped	
	19 19	DOB/Age					_	21	
	L	Restrictions CD	L Veh Yellorsement	earVe	eh Make		Veh Cor	nfig.	
3 ₁	Operator	First	Middle Owne	rLast		First	Middle		
	Address			SS		-			_ 14
	City Stat	e Zip	City_		22	State		201 201 201	1
l	Insurance Company			e Action Prior to Crash	22	1 70 4 00 4		27 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ncy? Event	Sequence 23 2		Type of Te	·	29	
2	Citation # (If Issued)			Harmful Event	24	BAC Test	Result:	30	
- 1	Viol. 1: Ch/Sec/Sub			Contributing Code		Susp. Alco	ohol: 31 Su	ısp. Drug: 32	
Ļ	Viol. 3: Ch/Sec/Sub			Distracted by	26	Towed fro	in seeme:	33	
	Please fill out for operator/no Name (Last First Middle)		ts involved ddress		34 35 36 Seat Safety Airbo Pos. System Statu	ag Eject Trap	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motoris	t See	Above	\times	1				
ľ									
-						1 1			
L									



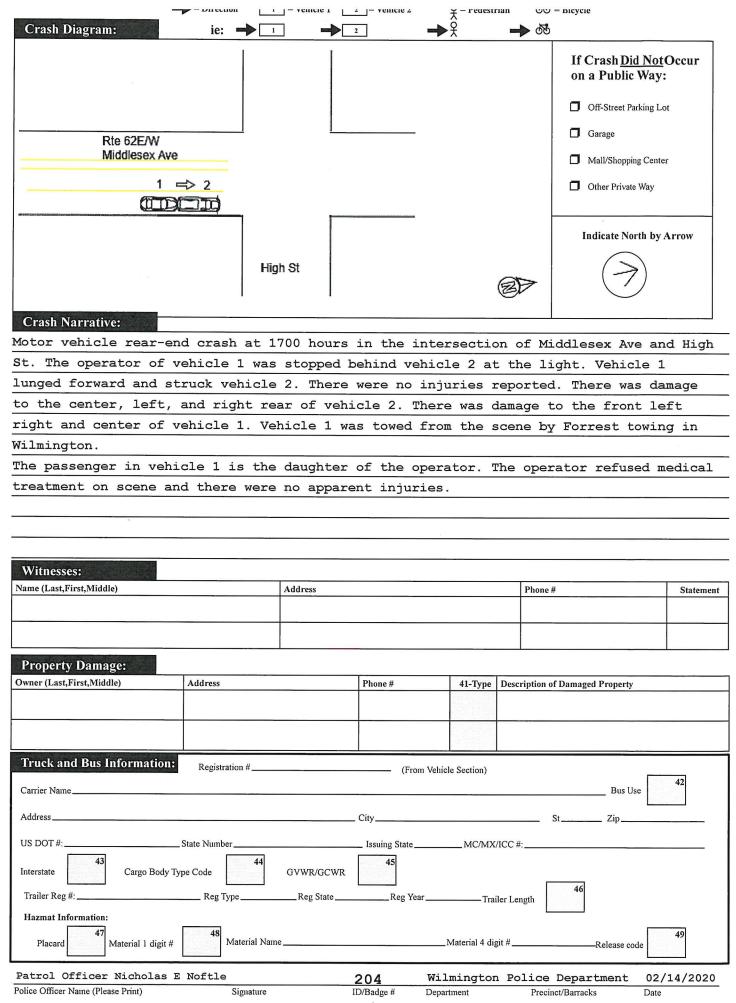
Property Damage:						
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of D	amaged Property	
VERIZON	CHURCH ST WILMINGTON MA 01887		4	UTILITY	POLE MINOR	DAMAGE
Truck and Bus Information:	Registration #	(From Vehic	cle Section)			
Carrier Name					Bus Use	42
Address		City		St_	Zip	
US DOT #:	State Number	_ Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code GVWR/GCWR	45				
Trailer Reg #:	Reg TypeReg State	Reg Year	———Tra	iler Length	46	
Hazmat Information:						
Placard Material 1 digit #	Material Name		Material 4 di	git #	Release code	49

Patrol Officer Michael R Cabral

207 ID/Badge # Wilmington Police Department

02/13/2020

	Pol	ice Use Only		ealth (th of IVIassachusetts RMV Document Number											1		
	Date of Crash 02/14/2020	Time of Crash	City/Tov Wilmingt		Mot	or Veh	icle Cra	sh		umber ehicles		urad l	•	Limit	30	State Local	Police Police A Police	1
	02/14/2020	24HR	wiining	.011]	Police :	Report		2		0	- 1	Latitu Longi	de tude			ous Police 🔲	
		AT INTERS	SECTION:		<	LOCA	LOCATION > NOT AT INTERSECTION:										:]
		MIDD	LESEX A	7E														2 10
¹ 1	Route# Direc	ction	Name of	Roadway/Stree	et		Route# Direc	tion	Addı	ess#			Na	ine of	Roadw	vay/Stree	t	_
		HIGH	Qт	At			Feet NSEW of or											
	Route# Direc			ecting Roadway	y/Street		Mile Marker Exit Numbe										Number	2 11
			Also at 1	ntersection with	1	Feet NSEW of Route# Intersecting Roadway/Stree										/Street		
² 1	Route# Direc	etion	Name of Inters	ecting Roadway	y/Street		Feet NSEW of Landmark										-	
3	Please Select (of the Followi		1.2 #Occupa	nts Hit/Ru	ın [Moped	Crash I	Report	ID#	20		<u></u> 51 -	-A					
³ 99		5987834	_ St_ MA _ DOB	/A ga			6PW793	****								64-44	MΔ	
	Sex F Lic.	10 1	-,	20			Year <u>2011</u>										21	1 12
		CKNELL,	⋣		orsement		rear <u>2011</u> er <u>BICKNE</u>								Ven	Config.	1	
⁴ 3		FRANCELI	First)	Middle		er <u>BICKNE</u> ess <u>24 FR</u> /	Last			F	irst			Mi	iddle		
		JEN		. 01844-	4250				CILIT	12.		-	3.67	· -	· O.	1011	_4250	
		any THE CO				_	METHUEN			2	22				Code:		27 27	
	•	Direction: N S		ding to Emerger			ele Action Prior to	23	23	23	23		st Stat			1 28	<u> </u>	
⁵ 1		<u></u>		unig to Emerger	icy! <u>z</u>		Sequence 1	ᆛ	24			Ty	pe of	Test:		29		
		ued)					Harmful Event	1		25	25	-1		st Resu		1 30		13
		Sub ———					er Contributing Co		99 26]] Su			2 31	Susp. 1	Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/	Sub — Please fill out f	Or operator and all			Drive	r Distracted by	99	34	35	36	37	38	rom sc	ene?	1 2		1
	Name (Last First M	(iddle)	or operator and an	•	ddress		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility	1
	Operate	or		See .	Above		> <	X	1	1	4	0	0	10	1			
							· 1		6	4	4	0	0	10	1			
								I										1
_	Please Select C	ne 🔽	2 1 #Occupar				15	16		╌	17		Г	18		<u> </u>	<u>Г</u>	1
⁷ 2	of the Followin	rg: Venicle			lotorist A		Action		Locatio)n		Conditi	L		 !	Hit/Run	Moped	_
	License # S24	19 19	_ St_ MA _ DOB <i>i</i>	Age			R1186					д Туре			R	eg State	MA 21	
	Sex. M Lic. (Class	Lic. Restrictions	CDL	orsement		/ear <u>2019</u>					/RO	LET	<u> </u>	Veh	Config.		
8 ₂	-	ONNELL,	First	N	Middle		r ODONNE	Last			_ D	irst			Mi	iddle		
		PORTER F					ess 67 POE		R R	D								14
	City BOXF C		State MA Z	•			BOXFORD		I		22				-		-1254	1
		any ARBELL		INSUR	ANCE	Vehic	le Action Prior to	2-1		2	Щ,		mageo st Stat		Code:	5 2 6 28	27 4 27	
	Vehicle Travel D			ding to Emergen	icy? 2	Event	Sequence 1	23	23	23	23		pe of T			29		
⁹ 2	Citation # (If Issu	ued)				Most	Harmful Event	1	24	25			C Tes	st Resi	ılt:	1 30		
	Viol. 1: Ch/Sec/S	Sub		r Contributing Co	Γ.	26	25	25	Su			2 31		Drug:2 32				
Ļ	Viol. 3: Ch/Sec/S		Viol. 4: Ch/				r Distracted by	0	26	T	T		wed fi	rom sc	,	2 33		_
	Ple Name (Last First Mi	ase fill out for oper	ator/non-motorist a	•	s involve Idress	a	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ме	dical Facility	
	O perato	or/Non-Moi	torist	See A	Above		><	X	1	1	4	0	0	10	1			
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