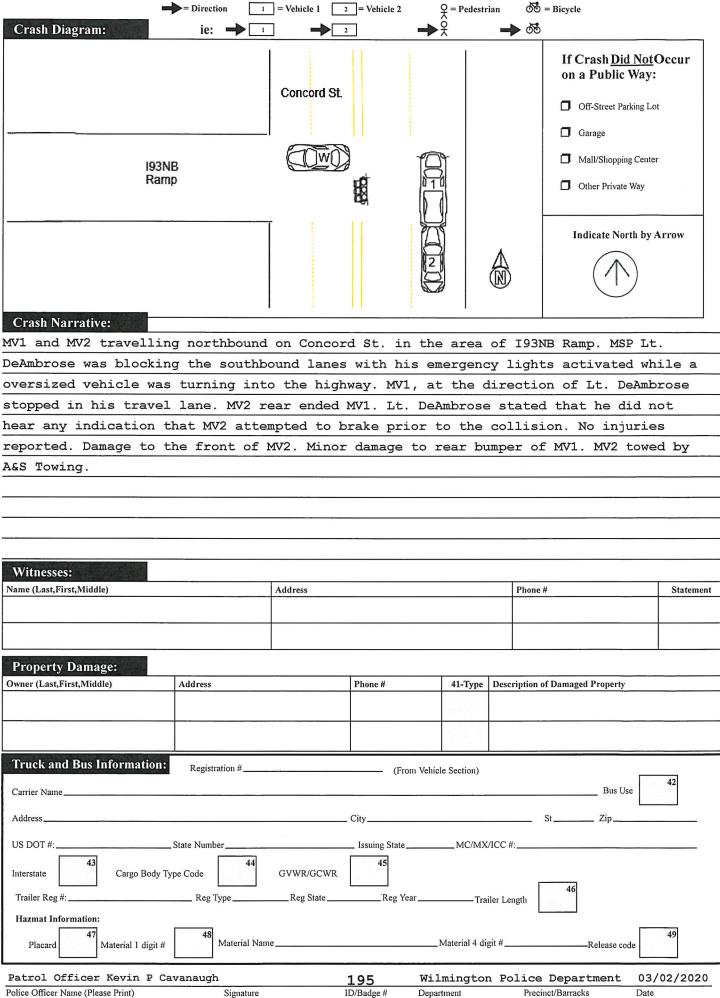
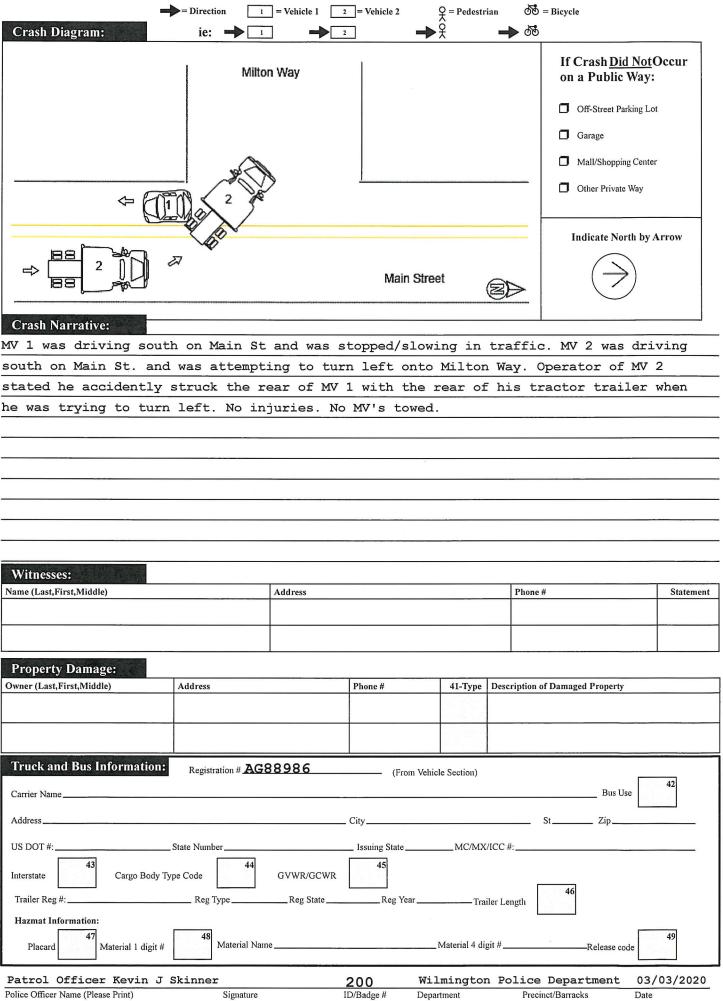
	Pol	ice Use Only	Comn	monwealth of Massachusetts						RMV Document Number								
	Date of Crash	Time of Crash	City/	1	Mo	tor Veh	icle Cra	sh		umber ehicles		nber		Limit	35	Local	Police I Police A Police pus Police	
	03/02/2020	1554 W.	ilmin	gton		Police	Report		2	emcies	0	ıred	Latitu Longi				A Police pus Police	
		AT INTERSE	CTION:		<			>			NO'	 ΓΑΊ			SEC	TION		1
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	Route# Direc	CONCO		CD 1 (C)														
¹ 1	Koute# Direc	50011	Name	e of Roadway/Str At	eet		Route# Direc	ction	Add	ress #			Na	me of	Roadw	/ay/Stree	et .	-
	<u> </u>	I93NB	R39 R	AMP			Feet	N S	EW	of					or _			
	Route# Direc	etion		tersecting Roadw				N/O	I p lay	1 .	M	ile Ma	rker			EXI	Number	2 11
			Also	at Intersection wi	ith			N S			Route	e#		Interse	ecting I	Roadway	//Street	
² 1	Route# Direc	etion	Name of In	tersecting Roadw	ay/Street		Feet	NS	EW	of								
	Please Select ()ne 574	1 "0	I -			I							************	ndmarl	ζ		1
3	of the Followin	ng: Vehicle 1	1 #Occı	ipants Hit/I	Run	Moped	Crash I	Report	ID#	20	- '/	4.	-A	C				
	License # S8	375 <u>3636</u>	St MA D	OB/Age.		Reg	P86237				Re	д Туре	CO		R	eg State.	MA	12
	Sex M Lic. 0	Class D 19 19	Lic. Restricti		DL	Veh	Year 2013		Veh M	ake F	'ORI)			Veh	Config.	2 21	1
	Operator GO	NCALVES,	MANUE		dorsemen Middle		er J MAST	ER	SON	CC			CT:	ION				
⁴ 3	Address 37	HOLTEN ST	Pirst		Middle	Addr	ess 46 PR	Last INC	E S	T	Fi	irst			Mi	iddle		
	City PEAB C	DDY	State MA	Zip 01960	-554	6 City	DANVERS					_ Sta	te M Z	1 z	ip 0	1923	-1438	
		any ARBELLA					ele Action Prior to		1	2	22				Code:		27 27	
	Vehicle Travel D	Pirection: S E	w Resi	ponding to Emerg	encv? 2		t Sequence	23	23	23	23	Те	st Stat	us:		28		
⁵ 1		ued)					Harmful Event	1	24			Ту	pe of	Test:		29		
		Sub		CL/C/C			er Contributing Co		li l	25	25	1		st Resu		30	22	13
							er Distracted by	0	26	L_				cohol: rom sc		Susp.	Drug: 2 32	
⁶ 1	Viol. 3; Cn/Sec/S	Sub — Please fill out for				Dive	Distracted by	<u> </u>	34	35	36	37	38	om sc	ene?	1 00	~ ~	ļ
	Name (Last First M		- I	•	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Me	edical Facility	
	Operate	or		Se	e Above		> <	Х	1	1	4	0	0	10	1			
																		1
	DI C.I. (6			T			15	16	L .		17		<u> </u>	10				1
⁷ 3	Please Select C of the Followin		2 #Occu	pants Non-	Motorist	A Type	Action	10	Location	on		Condit	ion	18	🛄	Hit/Run	Moped	
	License # S56	578 <u>9702</u> s	St. MA DO	DB/Agε		Reg #	1BHL89				Reg	g Type	PC		R	eg State	MA	
	Sex.M Lic. C	Class D I9 I9	Lic. Restriction	ons 20 CE	Ldorsemen	Veh '	/ear <u>2013</u>	,	Veh M	ake M	ITS	UB	ISE	II_	_ Veh	Config.	1 21	
	Operator RAI	BANALES,	DANY I	B En			er PEOV,	TY	ANN	A R	OTI	IAN	NY					
⁸ 2	Address 10	COBBETT P	PI.		Middle	Addr	ess 83 JE Z	Last AN	AVE	<u> </u>	Fi	rst			Mi	ddle		
	City LYNN		State MA	Zip 01902	-410:	<u>1</u> City.	LOWELL					_ Stat	te M 7	1 z	ip 0]	L852	-5739	1 14
	Insurance Compa	any GEICO GI	ENERAL	INSURA	NCE	C Vehic	le Action Prior to	Crash		1	22	Da	ımage	d Area	Code:	1 27 2	27 8 27	
	Vehicle Travel D	irection: XSE	w Resp	onding to Emerg	ency? 2		_	23	23	23	23	Te	st Stat	us:		28		
	Citation # (If Issu	ned)	· ·		•		Hannful Event	1	24	I		-	pe of			29		
⁹ 2	Viol 1: Ch/Sec/S	Sub	Viol 2: 0	Ch/Sec/Sub —			r Contributing Co		19	25	25			t Resu آ ،		30	Dnug 2 32	
							r Distracted by	99	<u> </u>	I				cohol:	2 31	Susp. 1	Drug: 2 32	
	Viol. 3: Ch/Sec/S	ase fill out for operato		Ch/Sec/Sub			. Distracted by	59	34	35	36	37	38	39	40	<u> </u>		ļ
}	Name (Last First Mi	ddle)		•	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility	
	Operato	or/Non-Moto			e Above		\nearrow	X	1	1	1	0	0	10	1			
	TYANNA PEOV	•		JEAN AVE ELL, MA 01852-	5739			F	3	1	1	0	0	10	1			
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			1				1	1	1	1			j	1	1			1



	Police Use Only	Com	mmonwealth of Massachusetts RMV Document Number						nent Number	
	Date of Crash Time of Crash 03/03/2020 1456 Wil	City/Town mington	Motor Vel	icle Crash		Injured	peed Limit	35	State Police Local Police MBTA Police	
	24HR	ming con	Police	Report	1 -	, IL	.atitude .ongitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >	· ·	TA TO	INTER	SECT	ION:	
					370	MAIN	СШ			2 10
1.	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	MAIN	Name of	Roadwa	y/Street	
11		At		Feet NS	EW of -			or		
	Route# Direction Na	me of Intersecting Road	way/Street			Mile Marl	ker	-	Exit Number	3 11
		Also at Intersection	with	Feet NS	R	Coute#	Interse	ecting Ro	padway/Street	
² 1	Route# Direction Na	me of Intersecting Road	way/Street	Feet NS	E W of					
	Please Select One	"o . [¬	le.					ndmark		1
3	of the Following:	#Occupants Hit	t/Run Moped	Crash Report	1D# 20 -	-75-	·AC			
	(DOB/Age.	Reg	# <u>568MD0</u>		Reg Type_	PC	Reg		12
	Sex F Lic. Class D 19 Lic.	Restrictions 1	CDL Veh	Year 2012 \	'eh Make NI	SSAN		Veh C	Config. 21	
4	Operator <u>DESALVO</u> , <u>MAR</u>]			er DESALVO ,	MARILY	N First		Midd	le	
⁴ 1	Address 31 FRANCIS ST			ress 31 FRANC	IS ST					
-		e MA Zip 0214	•	EVERETT	r	_			149-4813	
	Insurance Company THE COMME	RCE INSURA	NCE CO Vehi	cle Action Prior to Crash	2 22	J	naged Area	Code: 5	27 27 27	
5	Vehicle Travel Direction: N E W	Responding to Eme	rgency? 2 Even	t Sequence 23		"]	t Status: e of Test:	1	29	
	Citation # (If Issued)		Mos	t Hannful Event 1	24	BA	C Test Resi	ılt: 1	30	12
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25 Sus	p. Alcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		ved from sc	ے ب	33	
	Please fill out for oper Name (Last First Middle)	ator and all occupants in	nvolved Address	DOB/Age Sex	Seat Safety A	36 37 irbag Eject tatus Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	5	See Above	><X	1 1 4	0	0 10	1		
										1
										1
_	Please Select One Vehicle 21	#Oggupanta Day		15 16		17	18		_ I	1
⁷ 3	of the Following:	_#Occupants Nor	n-Motorist A Type	Action	ocation	Condition	on	L Hi	it/Run Moped	1
	10 10	PA DOB/Age_	Reg	# AG88986		Reg Type_	TL	Reg	State PA 21	
	Sex M Lic. Class A Lic.	Restrictions C	Endorsement		eh Make <u>VO</u>			Veh C		
⁸ 1	Operator DAEMONTI , JOF	First	Middle	er JORDANO D		First		Midd	le	
-		APT 104		ess 3308 ROUT					0.4.4	14
		e PA Zip 1842		MOUNT POCO	3.5	7	PA 2			1
	Insurance Company SENTRY			cle Action Prior to Crash	4]	naged Area Status:	Code: 0	28	
	Vehicle Travel Direction: SEW	Responding to Emer		Sequence 1	23 23 2		e of Test:	1	29	
⁹ 2	Citation # (If Issued)			Harmful Event 1		25	C Test Resu		30	
		Viol. 2: Ch/Sec/Sub —			19 ²⁵	Sus	p. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub		er Distracted by 0	34 35	36 37	ed from sc	ene? 2	33	1
	Name (Last First Middle)	·	Address	DOB/Age Sex	Seat Safety Ai	irbag Ejeet	Trap Injury Code Status	Transp. Code	Medical Facility	1
	Operator/Non-Motoris	t s	See Above	\times X	1 1 4	0 (10	1]
										1



	Pol	lice Use Only	monweal	onwealth of Massachusetts					RMV Document Number									
	Date of Crash 03/04/2020	Time of Crash	1	City/Town	Motor '	Veh	icle Cras	sh		mber hicles	Numb Injur	. , ~	peed :	-	45	- State Police Local Police MBTA Pol	ce 🔀	
	03,04,2020	24HR	***********	ing con	Pol	ice]	Report		3		0	- 1	ongiti			Campus Po	olice 🗖	
		AT INTER	SECTIO	N:	< L	OCA	TION >	>			NOT	`AT	INT	ERS	SECT	ΓΙΟΝ:		
									<u>68'</u>	7	MA	TN	СT					2 10
1.	Route# Dire	ction	1	Name of Roadway/S	itreet		Route# Directi		Addr	ess#	11111	-T-14			Roadwa	ay/Street		
1.				At			Feet	N S	E W	of -			- •	_	or			
	Route# Dire	ction	Name	of Intersecting Road	lway/Street						Mile	e Marl	ker			Exit Nun	nber	2 11
			,	Also at Intersection	with		Feet				Route#	- -	I	nterse	cting R	oadway/Stre	et	
² 2	Route# Dire	ction	Name o	of Intersecting Road	lway/Street		Feet 1	N S	EW	of .								
	Please Select (One 🖂	.1 #	00000000									70. /		ndmark			
3	of the Followi	ng: Venici	e 1_ 1_	Occupants Hit	t/Run M		Crash Re											
	License # S4	4289770	St MA	DOB/Age			R92517										21	1 12
	Sex.M Lic.	Class D	Lic. Res	I L	CDL Endorsement		_{ear} 2015								_ Veh	Config. 2		
4_	l	Last	Fi	HAEL JOHI	Middle		er M AND I	ast			Firs	it	IN	IC_	Mid	Idle		
⁴ 1		LYLE TE					ess 166 NE	WI	BOS									
				IA Zip 0214		City	WOBURN		F						•	27 2		
				TECTION	INSURA	Vehic	le Action Prior to		<u>_</u>	<u> </u>	22		naged t Statu		Code:	5 ²⁷ 2 ⁷	7 27	
⁵ 2	Vehicle Travel I	Direction: S	EW	Responding to Eme	ergency? 2	Even	Sequence 1 2	23		23	23		e of T			29		
		sued)				Most	Harmful Event	1	24	ماد	25	BA	C Tes	t Resu	lt:	1 30		13
	Viol. 1: Ch/Sec/	Sub	Vio	1. 2: Ch/Sec/Sub			r Contributing Coc	!	26	25	25			ohol:		Susp. Drug	³ 2 32	1
⁶ 1	Viol. 3: Ch/Sec/			1. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	34	35	36	Tov	ved fro	om sce	ene?	2 33]
_	Name (Last First N		for operator	and all occupants in	nvolved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject	Trap	Injury Status	Transp. Code	Medical I	Facility	
	Operat	or			See Above		><	X	1	1	4	0	0	10	1			
	Please Select 0	One 🔯 🗤	.1 #	Occupants No	N		15	16			17			18				
⁷ 1	of the Followi	ng: Vehici			n-Motorist A	ype	Action		ocatio			onditio	on			lit/Run	Moped	
		19	0 St QC	DOB/Age		_	JLP6284									eg State N	21	
	Sex M Lic.	<u> </u>	Lic. Res	trictions (CDL Endorsement		/ear <u>2020</u>				and	Ro	ove	r	_ Veh	Config. 1		
8 1		GER, JU	Fir		Middle		er EAN HO	ast			Firs				Mid			
				E DAME DE			ess 14002	E	21S	T S	TRE				150			14
				C Zip JOT2		-	TULSA				22				ip / 4 Code:	134	7 27	
				ELF-INSU			le Action Prior to		23	23	23		nageu t Stati		Code.	1 28	110	
	Vehicle Travel I	KV	E W	Responding to Eme	ergency? 2		Sequence 1	ᆂ	24		23	Тур	e of T	est:	İ	29		
⁹ 2	Citation # (If Iss	•						1	ᆜ	25	25			t Resu		1 30		
				1. 2: Ch/Sec/Sub -			r Contributing Coo		26						2 31	Susp. Drug	g 2 32	
	Viol. 3: Ch/Sec/			1. 4: Ch/Sec/Sub — notorist and all occur	nants involved	Drive	r Distracted by	0	34	35	36	37	38	om sce	40	1 3		-
	Name (Last First N	Middle)		Totorist and all occu	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject	Trap Code	Injury Status	Transp. Code	Medical	Facility	-
	Operat	or/Non-Mo	otorist		See Above		> <	X	1	1	4 (0	0	10	1			

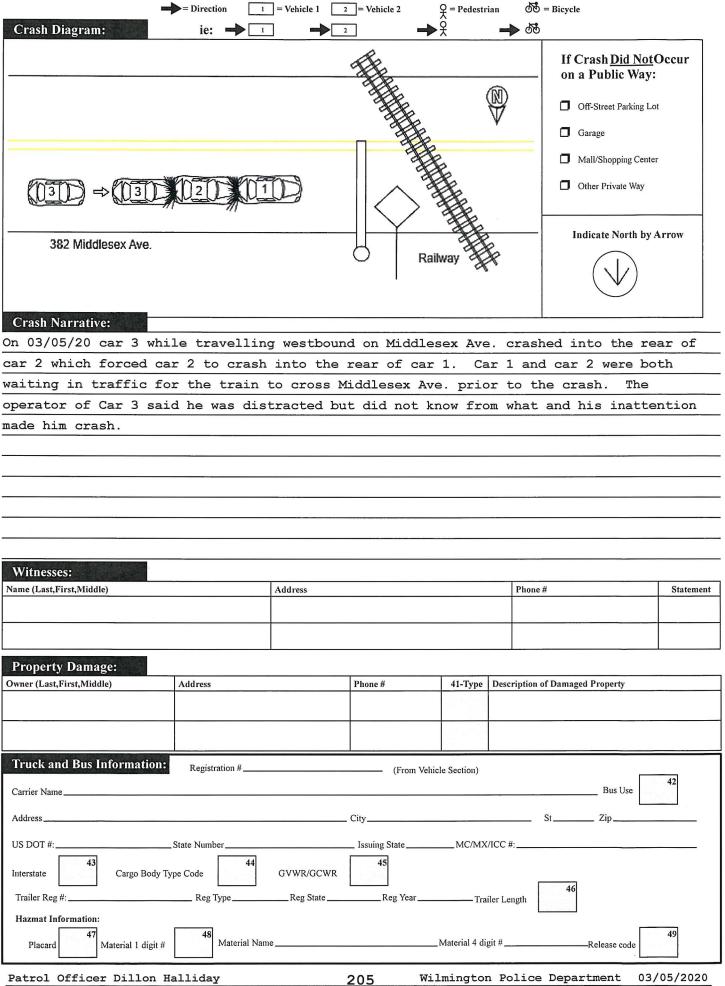
	Police Use Only	Com	mmonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crasl	Numb Vehic		Dpeca Zim	it <u>45</u>	State Police Local Police	
	03/04/2020 1218 Wil i	mington	Police	Report	3	0	Latitude Longitude_		MBTA Police Campus Police Other:	វ
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	T INTE	RSEC	ΓΙΟΝ:	
										2 10
•	Route# Direction	Name of Roadway/St	treet	Route# Direction	687 Address		N ST Name o	f Roadw	ay/Street	-
¹ 1		At		_ [51]	c Elw .					
***************************************	Route# Direction Nar	me of Intersecting Roady	way/Street	Feet N	S E W of	Mile N	arker	- or _	Exit Number	
		Also at Intersection v		Feet N	S E W of		*		1 (6.	2
2	Route# Direction Nar	me of Intersecting Roads	www./Straat	Feet N	S E W of	Route#	inter	secting K	loadway/Street	
² 2	Notice Breefion Nati	ne of intersecting Roads	way/Street		***		L	andmark		_
3	Please Select One of the Following:	#Occupants	/Run Moped	Crash Repo	ort ID# 2	0-76	-AC			
	License # S49144408 St M	A DOB/Age	Res	#MDIST2		Reg Tyr	ne CO	Re	eg State MA	
	19 19	20		Year 2000					21	1 12
	Operator DISTASIO, MIC	E	Endorsement Ow	ner DISTASIO						
⁴ 1	Address 231 CENTRAL ST	First	Middle	Last dress 231 CEN	-	First		Mic	ldle	-
	City NORTH READING State			NORTH REA			ate MA	Zip 01	864-1304	
	Insurance Company ARBELLA P			icle Action Prior to Cra			Damaged Are	-		,
	Vehicle Travel Direction: SEW	Responding to Emer		nt Sequence 23	23 23	23	est Status:		1 28	' -
⁵ 2	Citation # (If Issued)		•	st Harmful Event 1	24		Type of Test:]	29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Code	97 ²⁵	- 25	BAC Test Res Susp. Alcohol		1 30 Susp. Drug: 2 32	1 1 13
	Viol. 3: Ch/Sec/Sub ————			ver Distracted by		<u> </u>	lowed from s		3 33 2 33	
⁶ 1		ator and all occupants in	····		34 3	5 36 37 fety Airbag Ejec	38 39 t Trap Injur			-
	Name (Last First Middle) Operator		Address	DOB/Age S	ex Pos. Sys	tem Status Cod	Trap Injur Code Statu	S Code	Medical Facility	\dashv
	Operator	3	See Above		1 1	4 0	0 110	1		_
										_
										_

⁷ 1	Please Select One of the Following:	#Occupants Non	n-Motorist A Type	15 Action 16	Location	17 Cond	ition 18]	lit/Run 🔲 Mope	d
		DOB/Age	Reo	#	<u> </u>	Reg Tyr	ne	Re	og State	┥
	19 19	20		Year					21	-
	Operator	E	indorsement Ow	ner					B. []	_
⁸ 1	Last Address	First	Middle	Last lress		First		Mid	ldle	_
	City State	e Zip	City			Si	ate	Zip	***************************************	_ 1 14
	Insurance Company		Veh	icle Action Prior to Cra	ash	22 I	Damaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emer	rgency? Eve	nt Sequence 23	23 23	43	est Status:		28	
⁹ 2	Citation # (If Issued)		Mo	st Harmful Event	24		ype of Test: BAC Test Re		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	ver Contributing Code	25	25	Susp. Alcohol		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from s		33	
	Please fill out for operator/no: Name (Last First Middle)	n-motorist and all occup	oants involved	DOB/Age S		ety Airbag Ejec			Maria T. W.	
	Operator/Non-Motorisi	t s	ee Above	DOM/Age S	ex Pos. Sys	tem Status Cod	Code Statu	s Code	Medical Facility	
	,			+	+-					-
								+	·	-
								+		_
						.	1 1	1 1		1

= Direction	= Vehicle 1	= Vehicle 2	Q = Pedestrian	🐯 = Bicycle	
Crash Diagram: ie:	→	2	웃 =	→ №	
				If Crash <u>Did Not</u> on a Public Way	_
* UL MVI	MV	Ŭ	\$	Off-Street Parking L	ot
MV2	The state of the s			☐ Garage	
				☐ Mall/Shopping Cent	er
				Other Private Way	4
				Other Private way	
UHAUL 687 MAII	N STREET		~	Indicate North by	Arrow
Crash Narrative:					
Mv 1 was traveling north on Main	Street whe	n he came to	a stop	with his blinker or	n.
(left) in order to turn in to UHF					
when needed to do so. MV 3, also					
to crash in to the rear end of My	1. Operat	or of Mv 3 s	stated th	at when he realized	d the
vehicles in front of him were sto	pping he c	ould not sto	p in tim	e. Mv 2 was towed :	from
the scene by A&S due to fluid lea	king from	the front er	nd. Mv 1	and Mv 3 were opera	ational
with minimal damage. No injuries	were obser	ved or repor	rted.		
				- -	
Witnesses: Name (Last, First, Middle)	Address			Phone #	Statement
	1				
	, ,			-	
Property Damage:					
Owner (Last,First,Middle) Address		Phone #	41-Type Des	scription of Damaged Property	
Truck and Bus Information: Registration #		(F.,	l. Cdisa)		
Carrier Name		(From Vehic	le Section)	Bus Use	42
Address	0	City		St Zip	
US DOT #:State Number		Issuing State	MC/MX/ICC	#:	
Interstate Cargo Body Type Code 44	GVWR/GCWR	45			
Trailer Reg #: Reg Type		Rag Vaar	m u v	46	
Hazmat Information:	Reg State	Neg rear	——— Trailer L	engtn	
47 48			Maratra sa	, i	49
Placard Material 1 digit # Material Nat	ne		Material 4 digit #.	Release code	
Patrol Officer Scott Dunnett		202 Wil	mington P	olice Department 03	/04/2020
Police Officer Name (Please Print) Signature		ID/Badge # Depar	tment	Precinct/Barracks Date	9

						nmonwealth of Massachusetts								umber					
	Date of Crash 03/05/2020	Time of Crash	ı	City/Town .ngton	$\overline{}$ N	Iotor	Veh	icle Cra	sh		mber hicles	Num Injur	d 104		_imit_	35	Local	Police Police Police Police Police Police Police Police Police	<u> </u>
	03, 03, 2020	24HR	AA T TIIIT			Pol	ice l	Report		3		0		ititude ingitu					<u> </u>
	-	AT INTERS	SECTIO	N:		< 1	LOCA	TION	> '			TON	`AT I	NT	ERS	SEC	TION	;	10
										38:	2	MI	DDL	ES	EX	ΑV	E		2 10
¹ 2	Route# Dire	ction	1	Name of Road				Route# Direc	ction	Addr							ay/Street	t	
				A	•			Feet	N S	EW	of ·			•		or _	F	Number	
	Route# Dire	ction		of Intersecting		Street		East	NS	EW	o.f.	Mil	e Mark	er	•		EXII	Number	2 11
			,	Also at Interse	schon whii					EW		Route	#	lr	nterse	cting R	Roadway	/Street	•
² 1	Route# Dire	ction	Name	of Intersecting	g Roadway/S	Street				IIJ					Lan	ndmark			-[
3	Please Select (of the Followi		e 1 1 #	Occupants	Hit/Run		Aoped	Crash I	Report	ID#	20	-7	7-	ΑC	<u> </u>				
		L15684334	4 s. NH	DOB/Age			Pag #	4623018					_			D.	na Stata	MH	
	Sex F Lic.	10 1	9 Lic. Res	Г	20 CDL_			ear 2016										21	1 12
	ŀ	EENSTEIN		L	—— Endors	sement		GREENS											
⁴ 8	1	Last KATHERI	Fir	rsí	Mid	idle		ss 14 KA	Last	•		Fir				Mic	ddle		_
	City PLAI	STOW	State_ N	IH Zip O	3865		City _	PLAISTO	W				_ State	NH	Zi	ip 0 3	3865	2548	_
	Insurance Comp	oany					Vehic	le Action Prior to	Crash		2	22	Dam	aged.	Area	Code:	-	27 27]
5	Vehicle Travel I	Direction: N S	E	Responding t	to Emergency	y? <u>2</u>	Event	Sequence 1	23	23	23	23		Status			28		İ
⁵ 1	Citation # (If Iss	sued)					Most	Harmful Event	1	24				of Te	est: Resu	It:	30		
	Viol. 1: Ch/Sec/	'Sub	Vio	l. 2: Ch/Sec/S	Sub		Drive	r Contributing Co	ode	1_	25	25	Susp	. Alco	ohol:	31	Susp. 1	Drug: 32] 1 13
⁶ 1	Viol. 3: Ch/Sec/	/Sub					Drive	r Distracted by	0	26	,				om sce	l	2 33		
	Name (Last First N	Please fill out	for operator	and all occup	pants involve			DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code (39 Injury Status	40 Transp. Code	Ме	dical Facility	
	Operat	or			See At	oove		$>\!\!<$	X	1	1	4	0 0	:	10	1			
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7	Please Select		21 #0	Occupants	Non-Mot	torist A	Гуре	15 Action	16	Locatio	n l	17 C	onditio	T	18		Hit/Run	Море	ed .
⁷ 10	of the Followi	00061580					· L						Туре 🕽	<u></u>			******		
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⁸ 1	_	Last O PREST	Fir	rst	Mid	ldle		ess 3114 7	Last			Fin	APT			Mi	ddle		
	City PLAN (0	State	N Zip 7	5093-5	132		WILMING					_ State	MA	Zi	iр 01	L887	-1160	<u>2 14</u>
	Insurance Comp	oany GEICO	GENEF	RAL IN	SURANC	CE C	Vehic	le Action Prior to	Crash	, [1	22	Dam	aged	Area	Code:		27 27]
	Vehicle Travel I	Direction: N S	EX	Responding t	to Emergency	y? <u>2</u>	Event	Sequence 1	23	23	23	23		Statu:			28		
⁹ 2	Citation # (If Iss	sued)					Most	Harmful Event	1	24			• •		Resu	lt:	30		
-	Viol. 1: Ch/Sec/	Sub ———	Vio	1. 2: Ch/Sec/S	Sub		Drive	r Contributing Co	ode	1	25	25	Susp	. Alco	ohol:	31	- Cusp.	Drug: 32]
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	Ple Name (Last First N	ease fill out for ope	erator/non-m	otorist and al	ll occupants i			DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject		39 Injury Status	40 Transp. Code	Ме	dical Facility	
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		ice Use Only	Con	monwealth	oi massach	RMV Document Number					
	Date of Crash 03/05/2020	Time of Crash	City/Town ilmington	Motor Vel	icle Crash	Number Vehicles		Speed Lim	it <u>35</u>	State Police Local Police MBTA Police	
	03/03/2020	24HR	TIMING CON	Police	Report	3	0	Latitude Longitude		Campus Police Other:	ร์
		AT INTERSE	ECTION:	< LOCA	ATION >		NOT A	r intei	RSECT	ΓΙΟΝ:	
						200		~ ~ ~ ~ ~		_	2 10
1	Route# Direc	ction	Name of Roadway/	Street	Route# Direction	382 Address #	MIDI	Name o	of Roadwa		_
2			At		Feet N S	EW .c					
	Route# Direc	ction	Name of Intersecting Roa	dway/Street	Feet [11] S	E W or	Mile M	arker	or	Exit Number	
			Also at Intersection		Feet NS	E W of	Route#	- Inda		oadway/Street	- 2
² 1	Route# Direc	ction	Name of Intersecting Roa	dway/Street	Feet N S	E W of	Koute#	inter	secung K	oadway/street	
1								I	andmark		
3	Please Select C of the Followin		1 #Occupants H	it/Run Moped	Crash Report	1D# 2 0	-77	-AC			
	License # SA	1410521	St MA DOB/Age.	- Reg	# <u>8RHG20</u>		Reg Typ	e PC	Re	g State MA	1
	Sex. M Lic. (19 19	20		Year 2001					Config. 21	1 12
		PESA, CAL	. G	Endorsement	er DIPESA, (
8		Last	First APT UNIT	Middle	ess 1 COBALT		First		Mid	dle	_
	City WILM	INGTON	State MA Zip 0188		WILMINGTON		St:	nte MA	Zip 01	.887	_
			MERCE INSUR		cle Action Prior to Crash			amaged Are	-		ī
	Vehicle Travel D	Direction: NSE	Responding to Em		t Sequence 23	23 23	23 T	est Status:		28	'
1	Citation # (If Iss	ued)			Hannful Event 1	24		ype of Test:	H	30	
	Viol. 1: Ch/Sec/S	Sub	- Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	19 ²⁵	25	AC Test Re usp. Alcoho		Susp. Drug: 32	1 13
,			— Viol. 4: Ch/Sec/Sub -		er Distracted by			owed from s	~—	22]
1			operator and all occupants			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	40		-
	Name (Last First M			Address	DOB/Age Sex	Pos. System	Status Code	Code State	is Code	Medical Facility	_
	Operate	or		See Above		1 1	4 0	0 10	1		_
	Please Select O		#Occupants No	on-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	8 D H	lit/Run Mope	<u></u>
10										L	\dashv
	License #	19 19	St DOB/Age	_	#					21	-
İ	Sex Lic. C	lass		Endorsement	Year	Veh Make			Veh (Config.	
1	Operator	Last	First	Middle	erLast		First		Mide	dle	-
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	•		·		cle Action Prior to Crash	23 23		est Status:	-	28	1
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2	•	,			· <u>L.</u>	25	25	AC Test Re	7.1		,
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-			or/non-motorist and all occu		. Distracted by	34 35	36 37	38 39	40		4
-	Name (Last First Mi	iddle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injur Code State	y Transp. is Code	Medical Facility	_
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L		· 	1			I I	1				
2	Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple: Name (Last First Mi	Subase fill out for operate	— Viol. 2: Ch/Sec/Sub — — Viol. 4: Ch/Sec/Sub — or/non-motorist and all occu	Mos Driv Driv upants involved Address	Harmful Event er Contributing Code er Distracted by	24 25 26 26 34 35 Safety Pos. System	25 Si 25 Si 36 37 Airbag Eject	AC Test Re asp. Alcoho owed from s 38 39 Trap Injur	sult: 1: 31 scene? y 40 Transp.	29 30 Susp. Drug: 32 33]



Department

	Pol	ice Use Only	Com	monwealth of Massachusetts					RMV Document Number			
	Date of Crash	Time of Crash	City/Town	Motor Vel	icle Crash	Numb Vehic		4 5,000	l Limit.	35	— Local Police 2	1
	03/05/2020	1446 Wi	lmington	Police	Report	2	0	Latitu	ide itude		MBTA Police Campus Police Other:	3
		AT INTERSEC	CTION:	< LOCA	TION >		NOT			SEC	TION:	7
												2 10
	Route# Direc		Name of Roadway/S	Street	Route# Direction	222 Address		N S'		Roadw	ay/Street	
¹ 1			At							- Coudin	шулонгоог	-
L					Feet N	S E W of		— • Marker	• —	or _	Exit Number	-
	Route# Direc	ction	Name of Intersecting Road Also at Intersection		Feet N	S E W of						2 11
						S E W of	Route#		Interse	cting R	Roadway/Street	
² 1	Route# Direc	ction	Name of Intersecting Road	lway/Street		••			Lai	ndmark		-
	Please Select (#Occupants Hi	t/Run Moped	Crash Repo	et ID# 2	0-79	3 _ 7\				7
3	of the Followi	ug.						-				4
		10 10	MA DOB/Age	_							eg State MA	1 12
	Sex M Lic.	Class B		Endorsement	Year 2014		Thoma	ıs		Veh	Config. 4	
4		Last	SO, RAMON I	Middle	er NRT BUS		First			Mic	ddle	-
⁴ 1		BEACON ST			ess <u>55 HAMP</u> :	SHIRE						-
	Í		State MA Zip 0184	•	METHUEN						844-1112	· 1
	Insurance Comp	pany PILGRIM	INSURANCE C	OMPANY Vehi	cle Action Prior to Cra		22	Damage		Code:	0 ²⁷ ²⁷ ²⁷ ²⁷	·
5	Vehicle Travel I	Direction: SE	W Responding to Eme	ergency? 2 Ever	t Sequence 1 23	23 23	23	Test Sta Type of		•	29	İ
	Citation # (If Iss	sued)	-	Mos	t Harmful Event 1	24		BAC Te		ılt:	1 30	ļ
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	1 25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26		Towed f	rom sc	ene?	2 33	
1	Name (Last First M		perator and all occupants i	nvolved Address	DOB/Age Se		fety Airbae E	37 38 jeet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate			See Above		1 1	4 0	0		1		
	-					7 1	4 0	0	10	1		-
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				·····	1, ,	7 1	4 0	0	10	1		4
⁷ 1	Please Select (of the Followi		#Occupants \No	n-Motorist A Type	15 Action 16	Location	17 Co	ndition	18	☐ I	Hit/Run Mope	di
	License # S8	9458058 St	MA DOB/Age	Reg	# V 35613	<u> </u>	Reg T	ype CC)	Re	eg State MA	_
	Sex M Lic.	Class D 19 Li	ic. Restrictions 20			. Veh Make					Config. 21	
		OULEY, FRE		Own	er RYDER TF			LT			~ [_
⁸ 1	Address 15	ANIS RD	First	Middle Addi	ess 329 JEF I	FERSO	First N RD			Mic	ddle	_
	City BELM	ONT S	State MA Zip 0247	8-4524 City	ROCHESTER			State N	Y z	ip 14	1623-0000	1 14
	Insurance Comp	any ACE AMER	ICAN INSURA	NCE CO Vehi	cle Action Prior to Cra	sh 2	22	Damage	d Area	Code:	0 27 27 27	
	Vehicle Travel D	Direction: SE	N Responding to Eme	ergency? 2 Even	t Sequence 1 23	23 23	23	Test Sta			1 28	
9	Citation # (If Iss	ued)		Mos	: Hannful Event 1	24		Type of		.14.	30	
⁹ 1	Viol. 1: Ch/Sec/	Sub	- Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	19 25	25	BAC Te Susp. Al			<u> </u>	
	Viol. 3: Ch/Sec/	Sub	Viol. 4; Ch/Sec/Sub —	Drive	er Distracted by	26		Towed f	-		2 33	
	l	•	/non-motorist and all occu			Seat Sat	5 36 fety Airbag I	37 38 ject Trap	39 Injury	40 Transp.		7
	Name (Last First M	or/Non-Motor	rist	Address See Above	DOB/Age Se	Pos. Sys	tem Status C	ode Code	1	Code 1	Medical Facility	_
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-	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestri	an 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🗓	2	→	ጀ	→ ₩		
						If Crash <u>Did Not</u> on a Public Way:	Occur
			····			Off-Street Parking Lo	
						☐ Garage	
						Mall/Shopping Center	
						Other Private Way	
MET	9 _ F	nan y	1 1				
& Will	1 4	U ² UJ				Indicate North by A	Arrow
				4	2 >		
C. A. N.							
Crash Narrative: MV 1 and MV 2 were st	opped/slowing	g in traff:	ic. MV 2 rea	r-ende	d MV 1	at low speed (1-5
mph). OP of mv 2 stat							
visible damage to eit							
injured. School Nurse	responded to	o scene du	e to juvenil	es par	ent's r	not being able	to
respond to the scene.	School Nurse	e signed t	he treatment	refus	al on h	oehalf of the	
juveniles.							
Witnesses:		T 4 4 4			DL	л	S4-4
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:	Registration # 203	317	(From Vehic	le Section)			
Carrier Name NRT TRANSPO	RTATION					Bus Use 1	42
Address 90 HANOVER ST			City NEWBURY			St MA Zip 0195 1	
US DOT #: 1166825	State Number		Issuing State MA	MC/MX	/ICC #:		
Interstate A Cargo Body Ty	ype Code 44	GVWR/GCWR	45				
Trailer Reg #:	· <u>-</u>		Reg Year	Trai	ler Length	46	
Hazmat Information:		-	-				
Placard 47 Material 1 digit #	48 Material Nam	e	1	Material 4 dig	git #	Release code	49
Patrol Officer Kevin J	Skinner		200 Wil	mingtor	Police	Department 03/	05/2020

Department