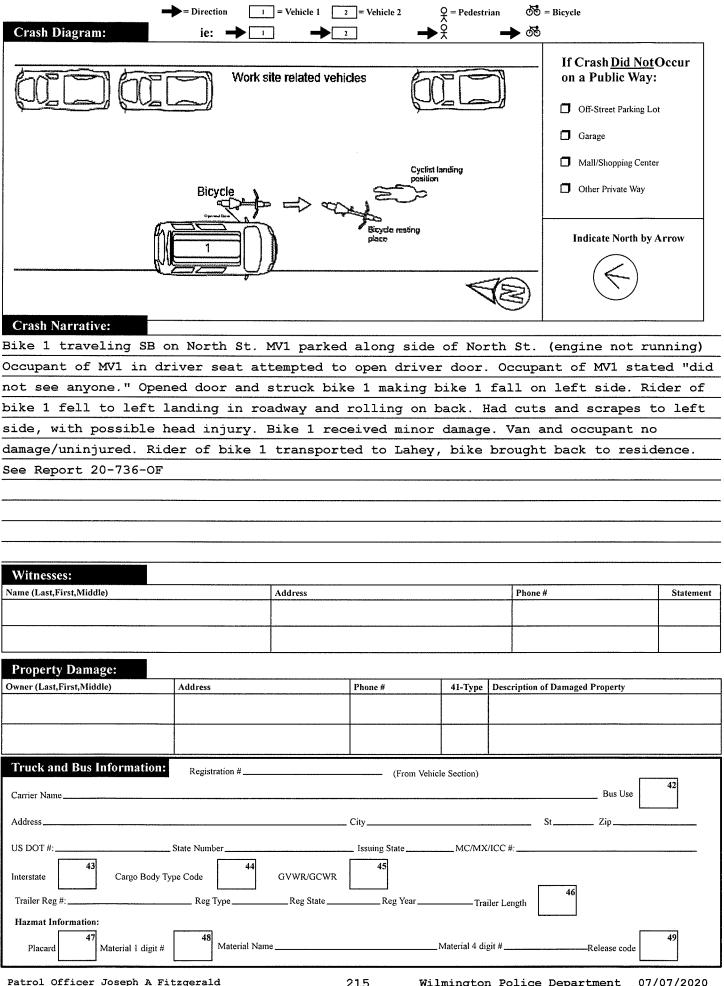
	Pol	ice Use Only	C	ommonv	vealth	of Massa	ichi	usei	tts			RM	V. Doci	ument N	umber	
	Date of Crash 07/07/2020	Time of Crash	City/Town	Mot	tor Veh	icle Cra	sh	Nun Vehi	iber cles	Numbe	Speek	d Limit	30	Local	Police De Police A Police De Police	1
	0770772020	24HR	Lmington	·   ]	Police :	Report		1	1	1	Latitu Long				ous Police 🔲	
		AT INTERSEC	ΓΙΟΝ:	<	LOCA	TION	>		1	NOT A	T IN	TER	SEC	TION		]
																<b>1</b> 10
	Route# Direc	ction	Name of Road	dway/Street		Route# Direct		21 Addres	s #	NOF	TH N		Roadw	vay/Street	t	╂─┤
¹ <b>2</b>			A	t											****	1
	Route# Direc	ztion N	ame of Intersecting	g Roadway/Street		Feet	NISI	E W c	of —	Mile l	∙ ∕Iarker	• —	or _	Exit	Number	111
	- Router Blick		Also at Inters			Feet	N S	E W c								4
2						Feet	N S	E W c	ıf	Route#		Interse	ecting I	Roadway	/Street	
<sup>2</sup> <b>1</b>	Route# Direc	etion N	ame of Intersecting	g Roadway/Street					_			La	ındmarl	k		
3	Please Select C of the Followi		#Occupants	Hit/Run	Moped	Crash R	eport I	D# <b>2</b>	0-	-13	9-	AC	;			
	License # S8	2051367 St	MA DOB/Age		Reg	# <b>T71802</b>				Reg T	pe CC	)	R	eg State	MA	12
	Sex <b>M</b> Lic.	Class 19 19 Lic	. Restrictions	20 CDL	Veh `	Year <b>2006</b>	v	eh Mak	e <b>FC</b>	DRD			Veh	Config.	2 21	1 '-
	Operator <b>FE</b>	RREIRA, GA	RRETT J	Endorsement		er START	TWO	FI	NIS	SH C	OMM	UNI	CAT	NOI	INC	
<sup>4</sup> 1	_	HARWICH S	First	Middle			asi			First			M	iddle		
		BEDFORD St		2745-5745		SHREWSBI					state M	<b>A</b> 7	zin <b>O</b> :	1545	-3358	
		any NGM INSU	•		•	cle Action Prior to		Г	.1 2	2	Damage				27 27	
		Direction: N X E W	_	to Emergency? 2					<del></del>	23	Test Sta			1 28		
5		ued)		to Emergency:		Hannful Event	4	24			Type of	Test:		29		
				<b>.</b>		er Contributing Co	L	 19 ²	5	25	BAC Te			30		13
		Sub				-	<u>-</u>	26	Ш		Susp. A Towed i			22	Drug: 2 32	4
<sup>6</sup> 1	VIOI. 3: Cn/Sec/	Please fill out for ope			Dilve	Distracted by	99	34	35	36 3	7 38	39	40	2 33		4
	Name (Last First M	•		Address		DOB/Age	Sex		Safety A ystem 5	Airbag Ej Status Co	et Trap de Code	Injury Status	Transp. Code	Мес	dical Facility	1
	Operate	or		See Above		$\geq$	X	1 0	) 4	1 0	0	10	1			
							1									
																1
ŀ								+								1
	Please Select C			~.		15	16			17		18	I			1
<sup>7</sup> <b>1</b>	of the Followin		#Occupants	Non-Motorist.	A Type 2	Action 2	L	ocation	4	Con	dition 1			Hit/Run	Moped	
	License # S8		MA_ DOB/Age_		Reg	#				Reg Ty	ре		R	eg State_		]
	Sex M Lic. C	Class 19 19 Lic	Restrictions	CDL	Veh	Year	V	eh Mak	e				Veh	Config.	21	
8	Operator BO	YLE, JAMES	First	Middle		er	asi			First			Mi	iddle		
<sup>8</sup> 1	Address 4 C	OLONIAL DR		1710010	Addr	ess	AIN1			russ			IVI	audie		
	City WILMI	NGTON Sta	nte <b>MA</b> Zip 0	<u> 1887-2572</u>	City_					5	tate	Z	Zip			7 14
	Insurance Compa	any			Vehic	ele Action Prior to	Crash	1	. 2	2	Damage	d Area	Code:	-	27 27	
	Vehicle Travel D	irection: NEW	Responding t	o Emergency? 2	Even	t Sequence 4	23 2	23 2	3 :		Test Sta			28		
<sup>9</sup> 2	Citation # (If Iss	ued)			Most	Harmful Event	4	24			Type of BAC Te		alte	30		
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/S	iub	Drive	er Contributing Co	de	1 2	5	25	Susp. A				Drug: 2 32	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/S	iub	Drive	er Distracted by	0	26			Towed f	•		33	- []	
ŀ		ase fill out for operator/r	on-motorist and al	•	ed	Dom.		Seat S	35 afety A	36 3 Airbag Ej	38 et Trap	39 Injury	40 Transp.		r ve v	1
}	Operate	or/Non-Motori	st	Address See Above		DOB/Age	Sex	Pos. S		Status Co	le Code	Status 7	Code 2	Lahey C	dical Facility	4
	Эрстин	,,,, ton-1,, violi	,,,				$\hookrightarrow$	-		_	-	┼	<u> </u>		<del></del>	1
											_	<u> </u>	<u> </u>			-
								***************************************								



Patrol Officer Joseph A Fitzgerald

215

Wilmington Police Department

07/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

# Wilmington Police Department Images Associated with 20-139-AC



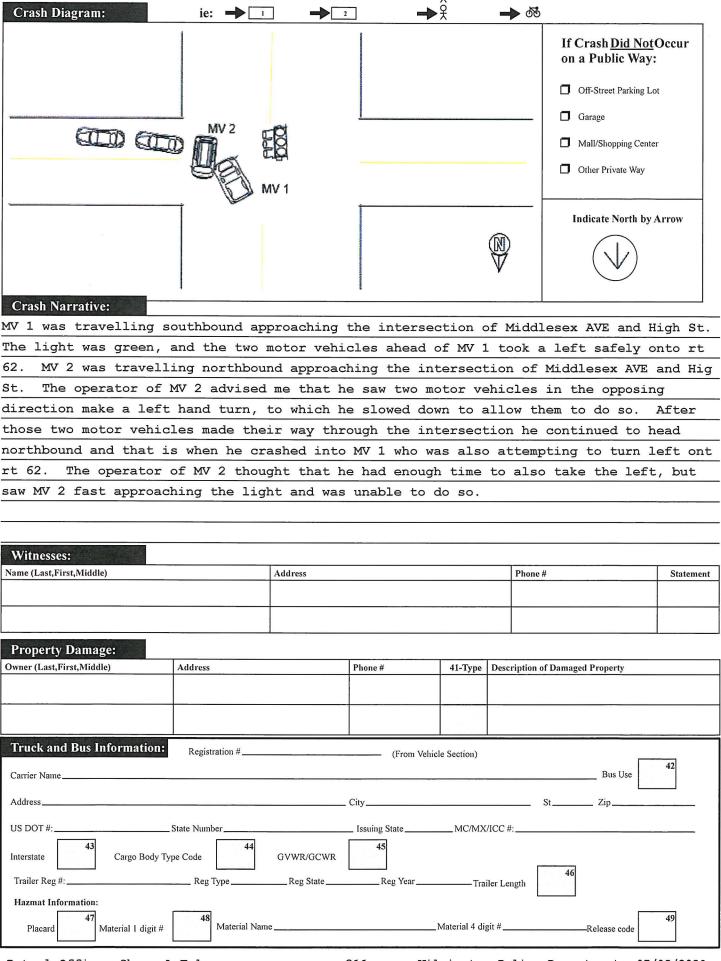


### Wilmington Police Department Images Associated with 20-139-AC





	Police Use Only	Comi	monwealth	of Massac	huset	ts	R	MV Doci	ument Number	
	Date of Crash   Time of Crash   07/08/2020   1820   Wi	City/Town  lmington	Motor Veh	icle Crasl	Numb Vehic		opera Diii	nit30	State Police Local Police MBTA Police	1
	24HR	Timing con	Police	Report	2	0	Latitude _ Longitude		Campus Police Other:	
	AT INTERSEC	CTION:	< LOCA	TION >		NOT A	T INTE	RSEC'	TION:	]
	MTDDT.F	SEX AVE								2 10
1_	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address	#	Name	of Roadw	/ay/Street	
1	HIGH S	At		Feet N	S E W of		•	ог		
		Name of Intersecting Roads	way/Street	*****		Mile N	farker		Exit Number	3 11
		Also at Intersection v	vith		S E W of	Route#	Inte	rsecting F	Roadway/Street	
<sup>2</sup> 3	Route# Direction	Name of Intersecting Roads	way/Street	Feet N	S E W of					_
	Please Select One	#0 <b>-</b>	<u> </u>			^ 1 A		Landmark	Κ	1
3	of the Following:	#Occupants Hit/	/Run Moped	Crash Repo	ort ID# Z	0-14	U-A	<u> </u>		
	10 10	MA DOB/Age	Reg	# <u>711WHH</u>		Reg Ty	pe <u>PC</u>	R	eg State MA	1 12
	Sex M Lic. Class D Li	ic. Restrictions 1 C	ndorcement	Year <u>2009</u>	_ Veh Make	FORD		Veh	Config. 1	
<sup>4</sup> 3	Operator CORELLI, WAY	TNE ORVILLE		er CORELLI		VE ORV	ILLE	II Mi	iddle	
3	Address 42 ALLEN RD			ess 42 ALLE						
	City <b>TEWKSBURY</b> S	•	· ·	TEWKSBURY					1876-2402 27 27 27 27	
	Insurance Company METROPOL			cle Action Prior to Cra			Damaged Ar Fest Status:	ea Code:	8 <sup>27</sup> 1 <sup>27</sup> 27	
<sup>5</sup> 2	Vehicle Travel Direction: N E V			t Sequence 23	23 23	1 2	Type of Test	:	29	
	Citation # (If Issued)			Hamful Event 1			BAC Test Re	esult:	1 30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26		Susp. Alcoho		23	1
<sup>6</sup> 2		Viol. 4: Ch/Sec/Sub — perator and all occupants in		er Distracted by		5 36 37	Towed from		2 33	_
	Name (Last First Middle)	perator and an occupants in	Address	DOB/Age Se	Seat Sa	fety Airbag Ejec tem Status Cod	t Trap Inju	uy Transp.	Medical Facility	
	Operator	S	ee Above	>>>	1 1	4 0	0 10	1		
										1
	***************************************								***************************************	1
7	Please Select One	#Occupants Non	a-Motorist A Type	15 Action 16	Location	17 Cons	lition 1	8 7	Hit/Run Moped	1
<b>2</b>	of the Pollowing:		· L		<u> </u>			<u> </u>		4
	19 19	MA DOB/Ag	-	<u>v75536</u>					eg State MA	
	<u> </u>	E:	ndorsement	Year <u>2020</u>			~	Veh	Config. 1	
³ <b>1</b>	Operator BAKER, MICHA Last Address 200 LOWE ST	First	Middle	er <u>K AND B</u> Last ess 1900 MA		Pirst	C	Mi	ddle	
		itate <b>MA</b> Zip <b>01876</b>		TEWKSBURY		<u> </u>	MZ	z: <b>0</b> 1	L854-0000	14
	Insurance Company SAFETY I	•		ele Action Prior to Cra			Damaged Ar			
	Vehicle Travel Direction: X S E V	<b></b>	_	t Sequence 1 23	23 23	<del></del>	Test Status:		1 28	
	Citation # (If Issued)	Responding to Emer		Harmful Event 1	24		Type of Test:	:	29	
2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sas/Sub		er Contributing Code	7 25	25	BAC Test Re		1 30 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		er Distracted by	26		Susp. Alcoho		Susp. Drug: 2 32	
		/non-motorist and all occup			34 3 Seat Sal	5 36 37	38 39	) 40	<u>+                                    </u>	1
	Name (Last First Middle)	•_4	Address	DOB/Age Sc	ex Pos. Sys	tem Status Cod	e Code Stat	us Code	Medical Facility	4
	Operator/Non-Motor	ist S	ee Above		1 1	2 0	0 10	1		4
										_



Patrol Officer Shane A Foley

211

Wilmington Police Department

07/08/2020

Police Officer Name (Please Print)

Signature

= Direction

1 = Vehicle 1 2 = Vehicle 2

♀ = Pedestrian

Ø = Bicycle

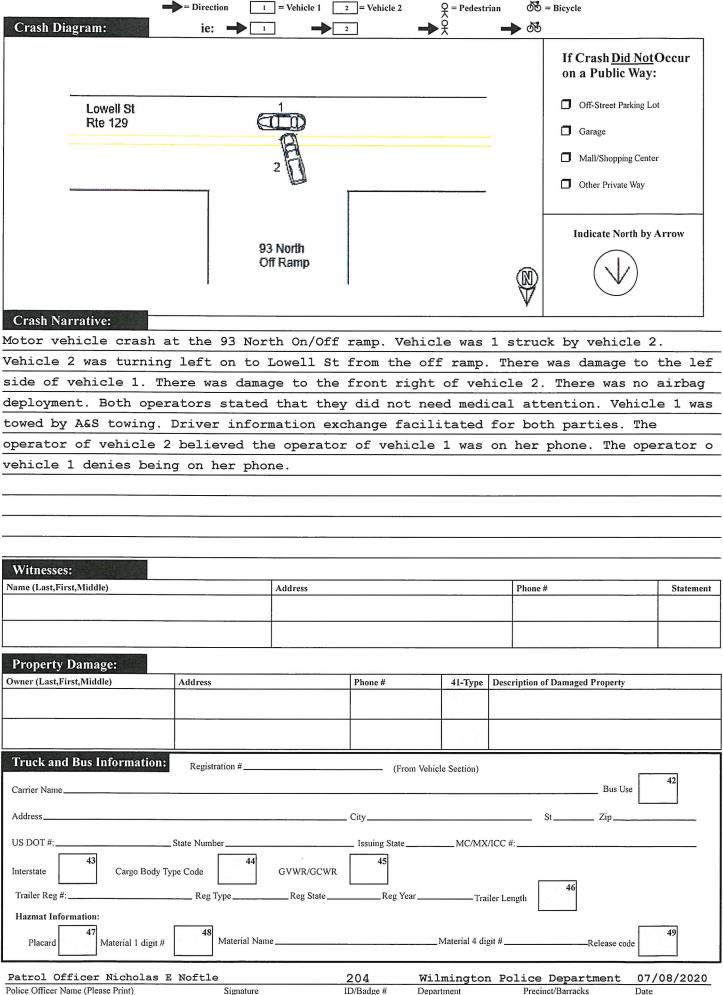
ID/Badge #

Department

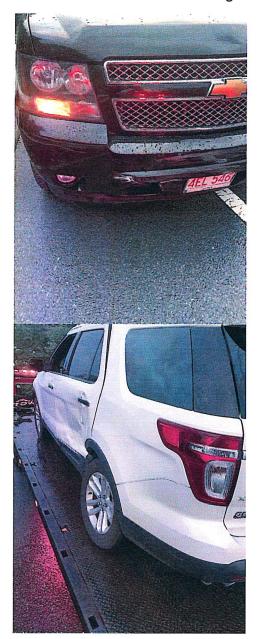
Precinct/Barracks

Date

	Police Use Only	Com	monwealth (	of Massac	huse	tts		R	MV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Nu			Speed Lin	nit35	Local Police	1
	07/08/2020 2007 Wil	mington	Police :	Report	2	0	. 1	Latitude _ Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOCA			N(				TION:	1
											10
					400		OWE:	LL S			
13	Route# Direction	Name of Roadway/St	reet	Route# Direction	ı Addre	ess#		Name	of Roady	vay/Street	-
<b>3</b>		At		Feet N	S E W	of —		_ • -	— or _		
	Route# Direction N	ame of Intersecting Roady	vay/Street			Ŋ	Aile Mar	ker		Exit Number	3 11
		Also at Intersection w	vith	Feet N	SEW	of Rou	ıte# -	Inte	reacting	Roadway/Street	
2	Route# Direction N	ame of Intersecting Roady	/644	Feet N	S E W	of	iton	me	raceting .	itoaaway/oneet	
<sup>2</sup> 2	Route# Direction N	ane of intersecting Roady	vay/Street						Landmar	k	]
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	20-	141	-A	C		
<sup>3</sup> 3											┨
	License # <b>S99343364</b> St ]	MA DOB/Age.		5EVF80						21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D 19 Lic	Restrictions   C	DL Veh	Year <b>2014</b>	_ Veh Ma	ke <b>FOR</b>	<b>D</b>		Vel	n Config. 1	
	Operator SNIDER, JULIZ			er SNIDER,	LIS	Α	First			liddle	
<sup>4</sup> 2	Address 8R FERNBANK R	D		ess 8R FERN	BANK		rust		101	nadie	
	City WILMINGTON Sta	ite <b>MA</b> Zip <b>01887</b>	7-3394 City	WILMINGTO	N		State	e <b>MA</b>	Zip <b>0</b>	1887	
	Insurance Company THE COMME	RCE INSURAN	NCE CO Vehic	ele Action Prior to Cra	ash [	1 22		maged Ar			
	Vehicle Travel Direction: N S X W			t Sequence 23	23	23 23	Tes	st Status:		1 28	
<sup>5</sup> 1			-				Тур	pe of Test	:	29	
	Citation # (If Issued)	<del></del>	Most	Harmful Event 1	<u> </u>	25 2	BA	C Test R	esult:	1 30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	<u> </u>	25 2	Sus	sp. Alcoh	ol: 2 31		1 "
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 26		Tov	wed from	scene?	1 33	
2	•	rator and all occupants in		Bonu G	34 Scat	35 36 Safety Airba	g Eject	38 3 Trap Inje	ry Transp.	M.F. 65-35-	Ī
	Name (Last First Middle)  Operator	S.	Address ee Above	DOB/Age S	Pos.	System Statu  1 4		Code Sta		Medical Facility	1
	Орегии	30	ee Above		1	1 4		0 10			-
											1
	Diagram Calant One a F			15 10	<u> </u>	17			8		1
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action	Locatio	n 1	Condition	on		Hit/Run Moped	
	License # <b>S68127655</b> St <b>J</b>	MA DOB/Ag	Reg #	4EL546		R	ед Туре	PC	R	eg State <b>MA</b>	1
	Sex M Lic. Class D 19 Lic.	Restrictions 20 C		<sub>Year</sub> 2013	Veh Ma					Config. 2	
	Operator LEIK, MARTIN	E	ndorsement	er LEIK, M						. comg.	
<sup>8</sup> 2	Lasí	First	Middle	Last			First		М	iiddle	
	Address 30 WHITTIER R			ess 30 WHIT	TIER	RU				1000 1000	14
		te <b>MA</b> Zip <b>01867</b>		READING	г	22			•		1
	Insurance Company LM GENERA	L INSURANCE	E COMP Vehic	ele Action Prior to Cra		4 22		maged Ar	ea Code:	2 27 27 27	
	Vehicle Travel Direction: N S W	Responding to Emer	gency? 2 Even	Sequence 23	23	23 23		st Status:	_	29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event 1	24			oe of Test C Test Re		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1	25 2	5	sp. Alcoho		<u> </u>	
		Viol. 4: Ch/Sec/Sub —		r Distracted by	9 26			wed from	<u> </u>	2 33	
	Please fill out for operator/n				34	35 36	37	38 3	) 40		1
	Name (Last First Middle)	-	Address	DOB/Age S	Seat lex Pos.	Safety Airba System Statu		Trap Inju Code Stat		Medical Facility	_
	Operator/Non-Motoris	st Se	ee Above		1	1 4	0	0 10	1		
Ī	A STATE OF THE STA										
}						_	+				1
					_	_					-



# Wilmington Police Department Images Associated with 20-141-AC





	Pol	lice Use Only	Com	monwealth	of Massa	chus	etts			RM	V Docu	ıment Nu		
	Date of Crash 07/08/2020	Time of Crash 2312 Wil	City/Town Lmington	Motor Ve	hicle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Numbe	1 2000.	d Limit	25	State Po Local P MBTA	olice 🔞	1
	0770072020	24HR	chiring con	Police	Report	1		0	Latitu	itude			s Police	
		AT INTERSEC	ΓΙΟΝ:	< LOC	ATION >			NOT	AT IN	TER	SEC	TION:		]
														2 10
	Route# Dire	ction	Name of Roadway/S	treet	Route# Direction	<u>25</u> on Add	ress #	FOF	EST N			/ay/Street		H
¹ <b>4</b>			At				1							•
	Route# Direc	ction N	ame of Intersecting Road	way/Street	- Feet N	N S E W	of	Mile	Marker		or _	Exit N	lumber	1 11
			Also at Intersection v		Feet N	SEW	of							1
2	D-4-# Di-				Feet	SEW	of	Route#		Inters	ecting F	Roadway/S	itreet	
<sup>2</sup> 2	Route# Direc	ction	ame of Intersecting Road	way/Street						La	ndmark	ς		1
³99	Please Select O		#Occupants	r/Run Moped	Crash Re	port ID#	20	-14	12-	AC	;			
99			MA_ DOB/Age		g# <u>87B370</u>							C <b>N</b>		
	Sex M Lic.	10 10	20		h Year 2008							1	21	3 <sup>12</sup>
		RROTT, BRE	F	Endorsement	vner PARROTT				OLE.	<u> </u>	Veh	Config.	<u>+</u>	
<sup>4</sup> 1		Last HOBSON AVE	First	Middle	Las	st		First			Mi	ddle		
_			ate <b>MA</b> Zip <b>0188</b>		dress 12 HOBS		<u> </u>	•		70 .	01	1007	2061	
			ERCE INSURA		y WILMINGT		_	22	State M Damage				-2061 27 27	
	·	-	_		hicle Action Prior to C		7	23	Test Sta			3 28		
5	Vehicle Travel	<u> </u>	•		ent Sequence 23				Type of	Test:		2 29		
		sued) <b>T2061723</b>			L		25	<b>a</b> 25	BAC Te			5 <sup>30</sup>		13
			Viol. 2: Ch/Sec/Sub 8		ver Contributing Code		<sup>25</sup> 1	4 23	Susp. A				rug: 99 <sup>32</sup>	<b>22</b> <sup>13</sup>
<sup>6</sup> 2	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub		ver Distracted by	99 26	35	36	Towed 1	from sc	ene?	1 33		]
_	Name (Last First M	-	erator and all occupants in	Address	DOB/Age	Sex Pos.	Safety System	Airbag E	ect Trap	Injury Status	Transp. Code	Medic	eal Facility	
	Operate	or	s	See Above		$\times$ 1	1	4 0	o	10	1			
	RYAN PICA		12 KEYES RD BILLERICA, MA 0	1821-2117	09/28/1999 N	и з	1	4 0	0	10	1			
														1
										-				1
	Diama Calant (			Г	15 1	16	1	17		18		I.		1
<sup>7</sup> 1	Please Select C of the Followin		#Occupants Ner	n-Motorist A Type	Action	Locati	on	Coı	dition	10	-	Hit/Run	Moped	
	License #		DOB/Age	Re	g#			_ Reg T	уре		Re	eg State		
	Sex Lic. (	Class 19 19 Lic	Restrictions 20	CDL Vel	Year	Veh M	lake				Veh	Config.	21	
	Operator	Last	First		/nerLas			First						
<sup>8</sup> 2	Address	Lust	LH2f		dress	st		First			Mi	ddle		
	City	Sta	nteZip	Cit	у				State	Z	Zip			1 14
	Insurance Comp	any		Vel	nicle Action Prior to C	Crash		22	Damage	d Area	Code:	27	27 27	
	Vehicle Travel D	Direction: NSEW	Responding to Emer	rgency? Eve	ent Sequence 23	3 23	23	23	Test Sta			28		
9	Citation # (If Iss	sued)	· 	Мо	st Harmful Event	24	•		Type of BAC Te		.16.	30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/5	Sub ————	Viol. 2: Ch/Sec/Sub —	Dri	ver Contributing Code	e	25	25	Susp. A		31		nug: 32	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	26			Towed f		ene?	33		
			on-motorist and all occup			34 Seat	35 Safety	36 Airbag E	7 38 ect Trap		40 Transp.			†
-	Onorate	or/Non-Motoris	p# c	Address See Above	DOB/Age	Sex Pos.	System	Status C	xle Coxle		Code	Medic	al Facility	1
-			5	DEE AUUVE		\\\\\			_	-				1
														-

	= Direction 1	= Vehicle 1 2	= Vehicle 2	$\frac{Q}{\lambda}$ = Pedestr	rian 📆	= Bicycle	
Crash Diagram:	ie: 👈 🔟		□ →	▶ĝ	→ ∞		
	Foresi	t Street				If Crash <u>Did Not</u> on a Public Way	
						Off-Street Parking L	ot
·		Mark Street, Account of			-	☐ Garage	
THE PART OF THE PA						Mall/Shopping Cent	er
						Other Private Way	
		1					
ministration of a size of the			the entropy of the control of the co	-		Indicate North by	Arrow
		•	X = Utilit Verizon		<b>2</b> >	$(\rightarrow)$	
Crash Narrative:							
Single motor vehicl	e crash near 2	5 Forest S	treet in Wi	lmingto	on. The	operator of ve	ehicle 1
crashed the vehicle	into Verizon	Utility Po	le 27, seve	ering th	ne pole	in half. Both	the
perator of vehicle							
by A&S Towing and w	as totally dam	aged throu	ghout. The	operato	or of ve	hicle 1 was a	rrested
for Operating Under	the Influence	of Alcoho	l, Marked I	anes vi	iolation	, no license :	in
posession, and negl	igent operatio	n of a mot	or vehicle.				
Witnesses:						NAPATOR DE LA CONTRACTOR DE LA CONTRACTO	
Name (Last,First,Middle)		Address			Phone	#	Statement
							ļ
Property Damage:							•
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
/ERIZON	28 DIANA LN DR	ACUT MA 01826			UTILIT	Y POLE 27	
<del> </del>							
Truck and Bus Information	Registration #		(From Veh	icle Section)		<u></u>	42
Carrier Name						Bus Use	72
Address			. City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	C/ICC #:		
43	44		45		<u></u>		
	dy Type Code	GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:	(c)				_		40
Placard Material 1 dig	git # Material Na	ne		_Material 4 di	git #	Release code	49
Patrol Officer Nichola	s E Noftle		204 Wi	lmingto	n Police	Department 07	/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

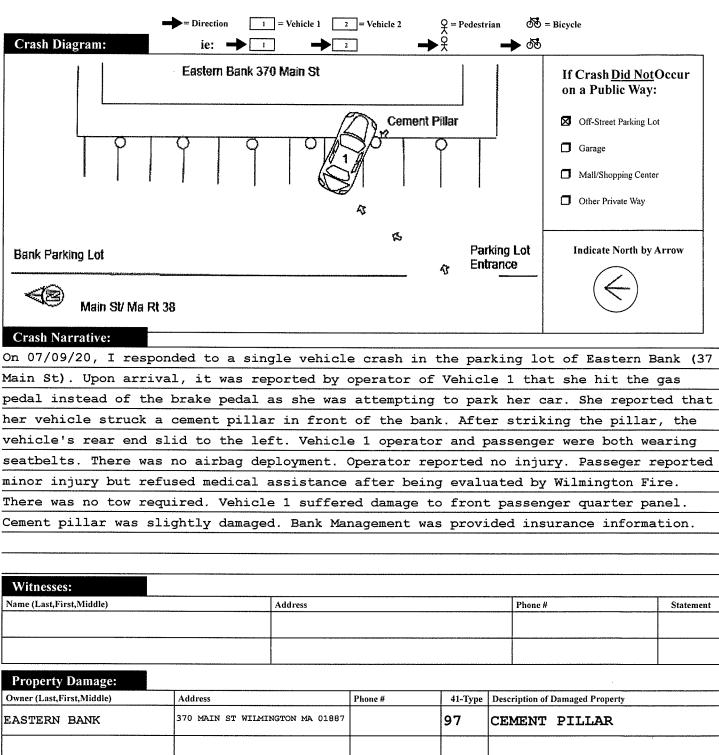
Date

# Wilmington Police Department Images Associated with 20-142-AC





	Police Use Only	Comi	monwealth	of Massa	ichi	usett	S			RMV	Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	nicle Cras	sh	Numbe			Speed I		10	Local Police	
	07/09/2020 1004 Wil	mington	Police	Report		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	_atitude _ongitu			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:			>	1					EC	TION:	7
		7 700 000 000											2 <sup>10</sup>
						370		AIN					_
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direct	ion .	Address #			Nam	ne of R	loadw	ray/Street	_
		711		Feet [	N S I	E W of					or		.
	Route# Direction Na	me of Intersecting Roady	vay/Street				М	ile Marl	ker			Exit Number	1 11
		Also at Intersection w	vith			E W of	Rout	 e#	Ir	ntersec	ting R	Roadway/Street	
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet	N S I	E W of						•	
<u>T</u>										Land	dmark	(	4
3	Please Select One of the Following:	#Occupants	Run Moped	Crash R	eport I	D# <b>2</b> (	<b>)</b> – 1	.43	3-2	AC			
	License # <b>S66691036</b> St <b>N</b>	TA DOR/Age	Pag	# 769NEO			D -	T	DC.		D -	Ctat. MA	
	_ 19 19	20										21	7 12
	ser class b	E	ndorsement	Year <u>2008</u>								Config.	
<sup>4</sup> 1	Operator SULLIVAN, THE	First	Middle	er SULLIV	ast		F	irst	HN_		Mic	ddle	-
T	Address 135 APACHE WA			ress <u>135 AP</u>		IE WA							-
	City <b>TEWKSBURY</b> Star	_	_	TEWKSBUF	RY							L876-4620	-
	Insurance Company CITIZENS	INSURANCE (	COMPAN Vehi	cle Action Prior to	Crash	1	22			Area (	Code:		
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Ever	it Sequence 35	23 2	23	23		t Statu:		-	1 28 29	
	Citation # (If Issued)		Mos	t Harmful Event	35	24		• • •	e of Te	est: Result	.	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	de [	19 25	97 <sup>25</sup>			ohol: 2			30 <sup>13</sup>
_	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	0	26				om scer		2 33	
<sup>6</sup> 1		ator and all occupants in				34 35 Seat Safet		37	38 T	39	40		-
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos. Syste	n Status	Eject Code	Trap Code	Injury 7 Status	Transp. Code	Medical Facility	-
	Operator		ee Above		X	1 1	4	0	0 :	10	1		_
	GERTRUDE PECCI	146 APACHE WAY TEWKSBURY, MA 01	876		F 3	3 1	4	0	0	9 :	1		
													1
	Plana Salaat One		F	15	16		17			18			-
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action	Lo	ocation	(	Conditio	on		L I	Hit/Run Mopeo	i
	License #St	DOB/Age	Reg	#			Re	g Type_			Re	eg State	7
	Sex Lic. Class 19 19 Lic.	Restrictions 20 C	DL Veh	Year	Ve	eh Make_					_ Veh	Config. 21	
	Operator	E1	ndorsement Own	er								·	
<sup>8</sup> 99	Last	First	Middle	'ess	ast		F	irst			Mic	ddle	
	City Stat	e 7in		C33	***************************************			State		Zir			1 14
		E Zip					22			Area C		27 27 27	·   —
	Insurance Company			cle Action Prior to 0		3 23	23		t Status			28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	•	i Sequence		24		Тур	e of Te	est:	ŀ	29	
<sup>9</sup> 2	Citation # (If Issued)		Mosi	Hannful Event					C Test	Result	t:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod		25	25	Sus	p. Alco	ohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by		26		Tov	ved fro	ın scer	ne?	33	
	Please fill out for operator/no	n-motorist and all occupa	ants involved Address	DOB/Age		34 35 Seat Safet Pos. System		37 Eject Code			40 Fransp. Code	Medical Facility	
	Operator/Non-Motoris	t Se	ee Above	Dourne	$\nabla$	1	matus			.zmua	LANC	Product Pacifity	1
	Transcritton Industria				$\leftarrow$	_	-	$\vdash \vdash$	$\dashv$	_			-
													_
									T	T			



Truck and Bus Information: Registration #\_\_\_\_ Carrier Name\_\_\_\_ Address\_ \_\_\_ City\_ US DOT#:\_ \_\_\_\_State Number\_ \_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_ Cargo Body Type Code GVWR/GCWR Interstate \_\_\_Reg Year\_\_\_\_ Trailer Reg #: \_ \_ Reg Type \_ \_\_Reg State \_\_\_\_ **Hazmat Information:** \_\_\_\_\_Material 4 digit #\_\_\_\_ Material 1 digit # Material Name\_ Placard

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

07/09/2020

Police Officer Name (Please Print)

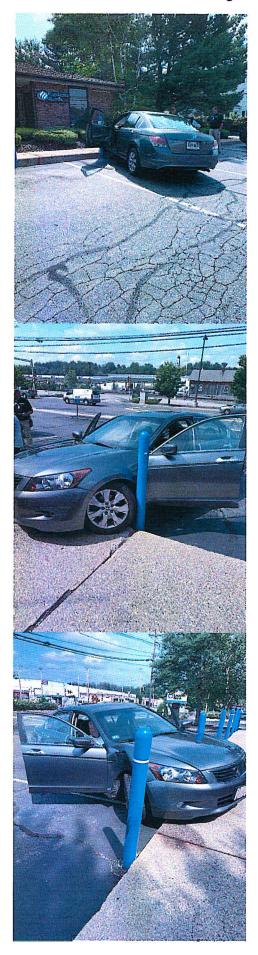
Signature

ID/Badge #

Department Precinct/Barracks

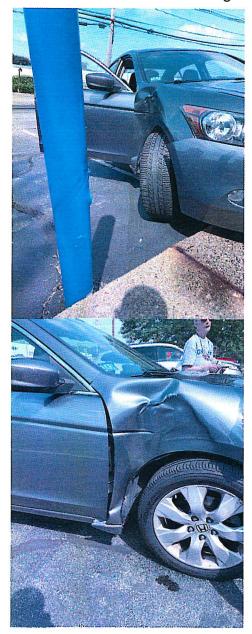
Data

## Wilmington Police Department Images Associated with 20-143-AC



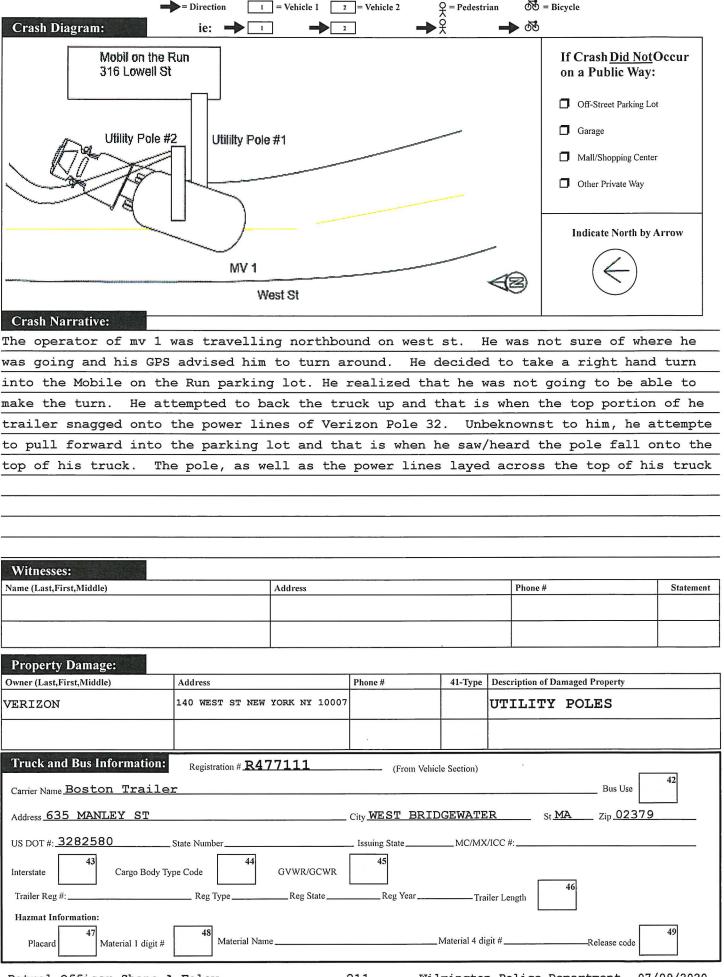


# Wilmington Police Department Images Associated with 20-143-AC





	Pol	ice Use Only	C	ommonwe	ealth (	of Massa	chu	ısetts	}		RM	V Docu	ment Number	
	Date of Crash	Time of Crash	City/Town	Moto	r Veh	icle Cras	sh	Number Vehicles		1 1 1	l Limit	25	State Police Local Police MBTA Police	
	07/09/2020	2320 Wi	.lmington	P	olice ]	Report		1	O	Latitu	ide itude		MBTA Police Campus Police Other:	_ ᆸ │
		AT INTERSEC	CTION:	<	LOCA	TION >		ı	NOT.	AT IN	TER	SECT	ΓΙΟΝ:	
														2 <sup>1</sup>
	Route# Dire	ction	Name of Road	dway/Street		Route# Direction		316 Address #	LOV	IELL Na			ay/Street	
¹ <b>4</b>		· · · · · · · · · · · · · · · · · · ·	A	t		Γ		<b>N</b> ZI						
	Route# Dire	ation	Name of Intersecting	r Poodway/Street		Feet F	N S E	of		— • Marker		or _	Exit Number	
	Kottle# Dife	Citon	Also at Inters			Feet	N S E	w of						1
•				***************************************		Feet	N S E	w of	Route#		Interse	ecting R	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Dire	ction	Name of Intersecting	g Roadway/Street							La	ndmark		
3	Please Select of the Followi		#Occupants	Hit/Run	Moped	Crash Re	port II	» <b>20</b>	-14	14-	AC	;		
<sup>3</sup> 97		<b>0201205</b> s	3D 505//										. MV	
		10 10		20		# R477111							1	1
	Sex M Lic.		ic. Restrictions 1	CDL Endorsement		Year 2007						Veh	Config. 10	
<sup>4</sup> 1	l	RRIS, TRAV	First	Middle		er UNIVERS	ist		First		<u> </u>	Mid	ddle	
Т		3 HIGHWAY				ess 718 LO								
			-			RED OAK			22					27
	Ī	oany			_ Vehic	cle Action Prior to C		10		Damage Test Sta		Code:	0 27 27	
<sup>5</sup> 2	Vehicle Travel I	Direction: SE	W Responding	to Emergency? 2	_ Even	t Sequence 22 2		<u>i</u> ,	23	Type of			29	
	Citation # (If Iss	sued)	<del></del>		Most	Harmful Event	22 2	24		BAC Te		ult:	1 30	<u> </u>
	Viol. 1: Ch/Sec/	Sub	- Viol. 2; Ch/Sec/S	Sub ————	Drive	er Contributing Cod		.9 <sup>25</sup>	25	Susp. A	lcohol:	2 31		32 22 <sup>1</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub ————	- Viol. 4: Ch/Sec/S	Sub	Drive	er Distracted by	0 2	26		Towed f	from sc	Ľ	2 33	
	Name (Last First N		perator and all occur	pants involved		DOB/Age	- 1	34 35 Seat Safety Pos. System	Airbag E	7 38 eet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operat			See Above				1 1	4 0	0	10	1		
							$\dashv$							
							-			-				
<sup>7</sup> 1	Please Select ( of the Followi		#Occupants	Non-Motorist A	Туре	15 Action	16 Lo	cation	17 Co	idition	18	Ū.	Hit/Run 🔲 Mo	ped
т	License #		t DOB/Age.		Regi	#			Reg T	vne		Re	en State	
	Sex Lic.	19 19	ic. Restrictions	20 CDL		Year			_				2	21
		Ciass L	ic. Restrictions	Endorsement			ve	ii iviake	•			vc11	Comig.	_
<sup>8</sup> 1	Operator	Lost	First	Middle			ıst		First			Mid	ddle	
	Address		Stota 7:-			ess				Stata		7in		
			1			ala Astion Brianta (			22	State Damage		· .	27 27	27
	·	oany				cle Action Prior to C	Crash 3 2	3 23	23	Test Sta		- 230.	28	_
	Vehicle Travel I	<del>t                                    </del>		to Emergency?		1 Sequence	<u> </u>	24		Type of	Test:	Ī	29	
<sup>9</sup> 2	,	sued)				Harmful Event	— Г	25	25	BAC Te	st Resu		30	_
	Viol. 1: Ch/Sec/	Sub ———	- Viol. 2: Ch/Sec/S	Sub ————		er Contributing Cod		26	23	Susp. A				32
		Sub	****	· · · · · · · · · · · · · · · · · · ·		er Distracted by		<u> </u>	1 5 1	Towed f		ene?	33	
	Ple Name (Last First N	ease fill out for operator Middle)	r/non-motorist and a	II occupants involved  Address		DOB/Age		34 35 Seat Safety Pos. System	Airbag E	icet Trap ode Code		Transp.	Medical Facility	
	Operat	or/Non-Motor	rist	See Above			X	1						
				** 100000000000000000000000000000000000						<u> </u>				
									+			$\vdash$		_
								-			ļ			



Patrol Officer Shane A Foley

211

Wilmington Police Department

07/09/2020

Police Officer Name (Please Print)

Department Precinct/Barracks

# Wilmington Police Department Images Associated with 20-144-AC

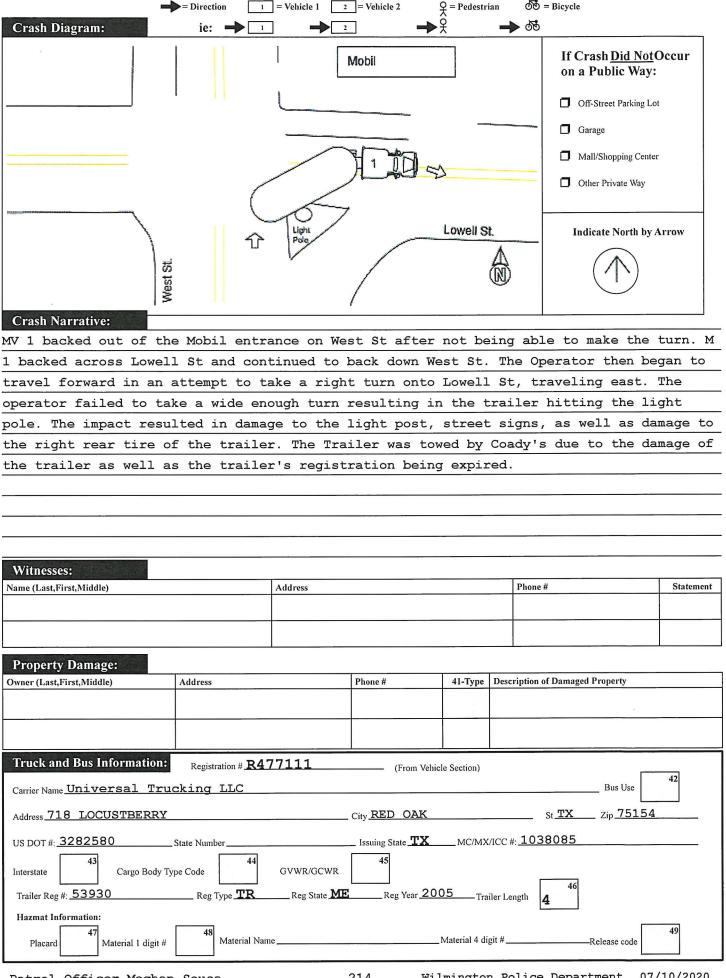








	Pol	ice Use Only		Com	monweal	lth (	of Massa	ich	use	tts			RMV	/ Docu	ment Nu		
	Date of Crash 07/10/2020	Time of Crash		City/Town .ngton	Motor	Veh	icle Cra	sh		mber hicles	Numb Injure		Limit.	30	— Local I		
	0771072020	24HR	AA "T TIITT	ing con	Pol	ice l	Report		1		0	Lantu				ıs Police	]
		AT INTERS	SECTIO	N:	< L	OCA	TION :	>			NOT	AT IN	TER:	SEC	ΓΙΟΝ:		
		TOWE	LL ST	п													2 10
	Route# Direc			Name of Roadway/S	Street		Route# Direct	ion	Addre	ess#		Na	me of	Roadw	ay/Street		
4				At			Feet	N S	E W	of -				or			
	Route# Dire	tion WESI		of Intersecting Road	lway/Street					···	Mile	Marker			Exit l	Number	1 11
			F	Also at Intersection	with		Feet				Route#		Interse	cting R	loadway/	Street	
1	Route# Dire	ction	Name o	of Intersecting Road	lway/Street		Feet	N S	E W	of _							
	Diago Salago	O					1							ndmark			1
i	Please Select ( of the Followi		* 1 <u>1</u> #	Occupants Hi	t/Run M	loped	Crash R	eport	ID# Z	20.	-14	45-	AC	;			
	License #_93	0201205	St.AR	_ DOB/Age	-	Reg#	R477111	•			_ Reg T	ype <b>AP</b>	)	Re	eg State_		12
	Sex <u><b>M</b></u> Lic.	Class A 19 1	Lic. Rest		CDL Endorsement	Veh Y	Year 2007	\	/eh Ma	ıke <u>Ot</u>	her-	not li	stec	L Veh	Config.	10 21	2
	Operator <b>HA</b>	RRIS, TI	RAVOL	IS MONTR		Owne	er UNIVER	SAI	T	RUC:	KIN(	G LL	c	Mie	ddle		
1	Address <u>435</u>	3 HIGHW	AY 24	2 W		Addre	ess 718 LC	CU	STB	ERR		R				<del></del>	
	City <b>LEXA</b>		State <b></b>	R Zip 7235	55	City	RED OAK		г			State T					
	Insurance Comp	pany PROGRI	ESSIV	<u> </u>		Vehic	le Action Prior to			3	22	Damage		Code:	3 <sup>27</sup>	27 27	
i	Vehicle Travel I	Direction: N S	Xw	Responding to Eme	ergency? 2	Event	Sequence 23	23	23	23	23	Test Sta Type of			29		
	Citation # (If Iss	sued)				Most	Harmful Event	23				BAC Te		ılt:	1 30		12
	Viol. 1: Ch/Sec/	Sub ———	Viol	l. 2: Ch/Sec/Sub -		Drive	r Contributing Co		<u> </u>	25	25	Susp. Al	cohol:	2 31		orug: 2 32	23 <sup>13</sup>
1	Viol, 3; Ch/Sec/	Sub	Viol	l, 4: Ch/Sec/Sub -		Drive	r Distracted by	99	26	,		Towed f			1 33		
<u> </u>	Name (Last First N		for operator	and all occupants i	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag   I	37 38 ject Trap lode Code	39 Injury Status	40 Transp. Code	Med	lical Facility	
	Operate	or			See Above		$\sim$	X	1	99	4 0	0	10	1			
																***	
													<b>†</b>				1
	***************************************																_
	Please Select 0	) (C)		<u> </u>			15	16	<u> </u>		17		18	 			1
2	of the Followi	Webicle	2#(	Occupants No	n-Motorist A T	уре	Action	L	ocatio	n	Co	ndition		<b>L</b>	Hit/Run	Moped	
	License #	F	_	_ DOB/Age		Reg #	f				_ Reg	Гуре		R	eg State_	21	
	SexLic.	Class 19 1	Lic. Rest		CDL Endorsement	Veh Y	/ear		∕eh Ma	ıke				Veh	Config.	21	
	Operator	Last	Fir		Middle	Own	er	ast			First			Mi	ddle		
1	Address					Addre	ess									<b></b>	_ 14
	City		State	Zip		City_					<del></del>	State		٠,	27	27 27	1
	Insurance Comp	oany			···	Vehic	le Action Prior to				22	Damage Test Sta		Code:	28	21 21	l
	Vehicle Travel I	Direction: N S	EW	Responding to Eme	ergency?	Event	Sequence	23	23	23	23	Type of			29		
2	Citation # (If Iss	sued)					Harmful Event		24	25	25	BAC Te	st Resi	ılt:	30		
	Viol. 1: Ch/Sec/	Sub	Vio	1. 2: Ch/Sec/Sub -			r Contributing Co	de	26	23	23	Susp. A		31		Orug: 32	
				l. 4: Ch/Sec/Sub _		Drive	r Distracted by		34	35	36	Towed f	rom sc	40	33		-
	Ple Name (Last First N	•	erator/non-m	notorist and all occu	Address		DOB/Age	Sex	Seat Pos.	Safety	Airbag 1	Eject Trap Code Code	Injury	Transp. Code	Med	lical Pacility	-
	Operat	or/Non-Mo	torist		See Above		> <	X	1								
								_									
			***************************************														
																	1



Patrol Officer Meghan Sousa

214

Wilmington Police Department

07/10/2020

Police Officer Name (Please Print)

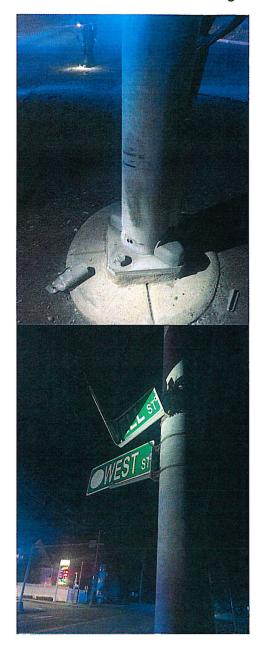
Signature

ID/Badge #

Department

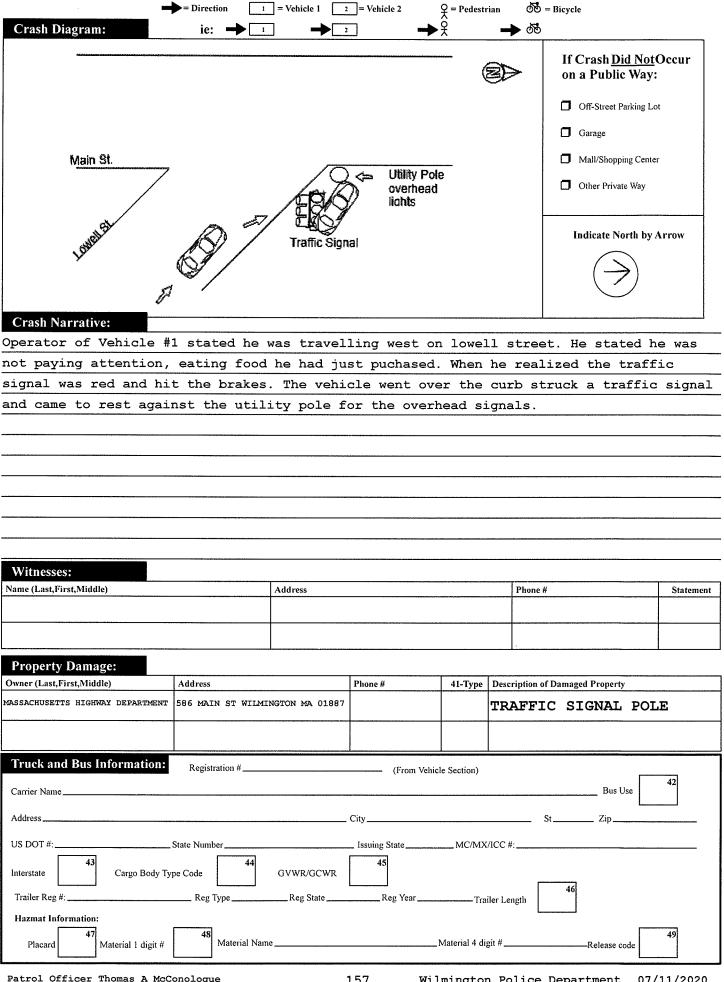
Precinct/Barracks

# Wilmington Police Department Images Associated with 20-145-AC





	Police Use Only	Comm	onwealth (	of Massac	huse	tts		RMV Doc	ument Number	
	Date of Crash   Time of Crash   07/11/2020   0354   Wili	City/Town	Motor Veh	icle Crasl	h Num	nber Num icles Injur	rod   Speed	Limit 3	O State Police Local Police MBTA Police Campus Police	3
	24HR	mington	Police 1	Report	1	0	Latitu Longi		Campus Police Other:	រំ
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN	TERSEC	CTION:	
	20 17 10777									2 10
	38 N MAIN ST	Name of Roadway/Street	İ	Route# Direction	Addres	ss #	Na	me of Roady	vay/Street	-
4		At		n [N	e e w					
	129   W   LOWELL	<b>ST</b> ne of Intersecting Roadway/	/Street	Feet N	SEW		e Marker	— or .	Exit Number	
		Also at Intersection with		Feet N	S E W			*	D ) /6/	. 🔼
2	Route# Direction Nar	ne of Intersecting Roadway/	/Street	Feet N	SEW	Routes of	#	intersecting	Roadway/Street	
<sup>2</sup> 3	Route# Direction Nai	ne of miersecting Roadway/	Street					Landmar	k	_
<sup>3</sup> 2	Please Select One of the Following:	_#Occupants	n Moped	Crash Rep	ort ID# <b>2</b>	20-1	46-	AC		
2	License # <b>S78185486</b> St <b>M</b>	A DOB/Age	Regi	22X550		Reg	Type PC	R	ea State <b>MA</b>	
	19 19	Restrictions 20 CDL		Year 2005					21	7 12
	Operator HICKOX, BREND	Endo	rsement	er FERNAND						
<sup>4</sup> 3	Address 4 HARNDEN RD	First M	liddle	Last ess 4 HARND	•	Fir		N	fiddle	-
	City <b>BILLERICA</b> State	MA Zip 01821-					_ State M2	Zip 0	1821-6150	_   <u></u>
	Insurance Company <b>GOVERNMEN</b>			le Action Prior to Cr	Г	22		_	8 27 1 27 10 27	
	Vehicle Travel Direction: NSE	Responding to Emergence		Sequence 40 23		23 23	Test Stat	us:	1 28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_		<del></del>	2 24		Type of		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code	1 - 1	25	BAC Tes Susp. Al-			22 <sup>13</sup>
	Viol. 3: Ch/Sec/Sub			r Distracted by			•	om scene?	33 J	
<sup>6</sup> 2		ator and all occupants involv			34	35 36 Safety Airbag	37 38 Eject Trap	39 40 Injury Transp.		
	Name (Last First Middle)		dress	DOB/Age S	Sex Pos. 5	System Status	Code Code	Status Code	Medical Facility	4
	Operator	See A	Above		1 :	1 4	0 0	10 1		4
										_
7 _	Please Select One Vehicle 2	#Occupants Non-Me	otorist A Type	15 Action 1	6 Location	17 <sub>C</sub>	ondition	18	Hit/Run Mope	<b>_</b>
4	of the ronowing:									-
	19 19	DOB/Age						R	21	-
	<u> </u>	Restrictions CDL Endor	rsement	/еаг	ven Mak	ке		ver	n Config.	
82	Operator	First M	liddle	erLast		Fire	st	M	fiddle	^
	City State	. Zin		200			State	Zip	,	<b>4</b> 14
	Insurance Company			le Action Prior to Cr	ash	22		d Area Code	27 27 27	<u> </u>
	Vehicle Travel Direction: NSEW	Responding to Emergence		Sequence 23		23 23	Test Stat	us:	28	'
	Citation # (If Issued)		•	Harmful Event	24		Type of		29	
ຶ2	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code	2	25	BAC Tes		Susp Drug: 32	, <b> </b>
		Viol. 4: Ch/Sec/Sub ———		r Distracted by	26		Susp. Al- Towed fi	om scene?	Susp. Drug: 32	1
	Please fill out for operator/no		-11-		34 Seat	35 36 Safety Airbag	37 38 Eject Trap	39 40 Injury Transp.		7
	Name (Last First Middle)		dress	DOB/Age S	Sex Pos. 5		Code Code	Status Code	Medical Facility	-
	Operator/Non-Motorist	See A	Above		1					_



Patrol Officer Thomas A McConologue

157

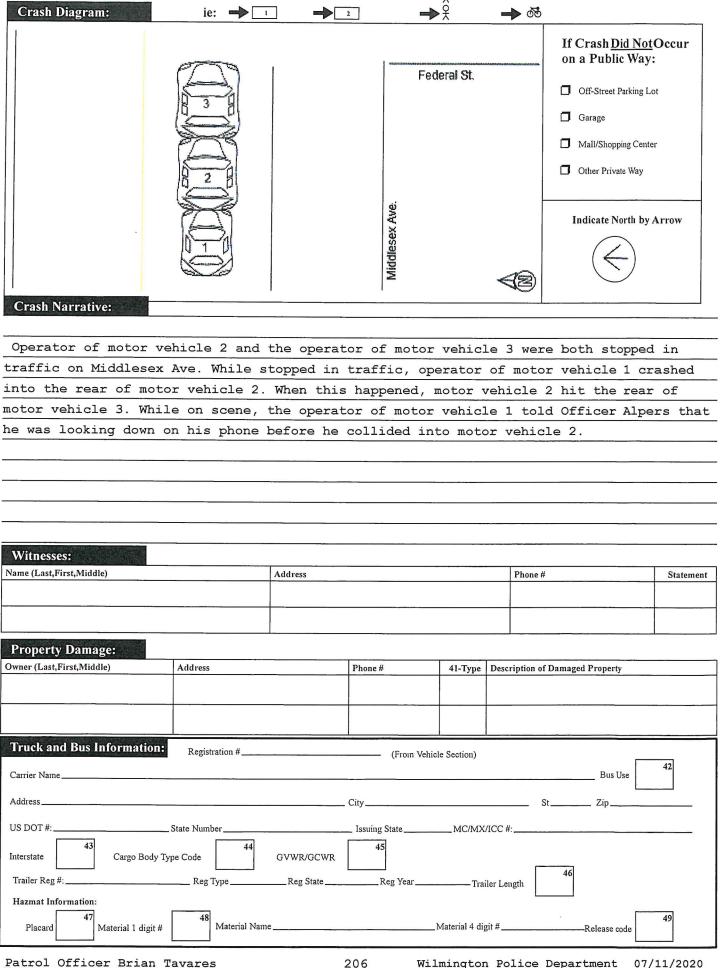
Wilmington Police Department

07/11/2020

Department

	Pol	ice Use Only	nonwealt	h of	Mass	ach	lus	etts	3		RN	IV Doc	ument Nu	mber				
	Date of Crash 07/11/2020	Time of Crash	Wilm	City/Town	Motor V	ehic	le Cra	ish		lumber ehicles	1	urad 1	eed Lim	it3(	Local I		[	
	0.71171020	24HR	AATTI	riig con	Polic	e Re	port		3		0	La	titude ngitude _			is Police	i	
		AT INTER	SECTI	ON:	< LO	CATIO	ON	>			NO	T AT I	NTEI	RSEC	TION:			
	62 E	MTDI	)T.EQE	X AVE													2 10	l
1	Route# Direc		<u> </u>	Name of Roadway/Str	reet	Ro	ute# Direc	ction	Add	ress#			Name o	f Roadv	vay/Street		_	ı
<sup>1</sup> 1		PPDI		At			Feet	NS	EW	of			• —	- or				
	Route# Direc		ERAL Name	of Intersecting Roadw	/ay/Street						M	ile Marke	r		Exit N	Vumber	2 11	1
				Also at Intersection w	ith	]-		NS		-	Rout		Inter	secting l	Roadway/S	Street		
<sup>2</sup> <b>1</b>	Route# Direc	etion	Name	of Intersecting Roadw	vay/Street		Feet	NS	EW	of							_	
_	Please Select (	ne 57												andmar	k		-	
3	of the Followin		e 1 <u>.1.                                  </u>	#Occupants Hit/	Run Mope	ed	Crash I	Report	ID#	20	-1	.47	-A(					
	License # S8	5171256	St. <b>MZ</b>		R	Reg# <b>8</b> (	6K730				Re	g Type <b>E</b>	C	R	eg State		- 12	ı
	Sex.M Lic. (	Class D D	Lic. Re		DL V	/eh Year_	2012		Veh M	ake <u>H</u>	ONI	)A		Veh	Config.	1 21		
4	Operator SA	NCHEZ, C	BUILI	ERMO RAFA		Owner <u>S</u>	ANCHE	IZ,	GU	ILI		MO R	AFAE		JR iddle	·····	-	
<sup>4</sup> 3	Address 23	CARTER :	LN		A	Address 🚣	23 CAI	RTE	RI	N							.	
	City WILM	NGTON	State ]	MA Zip 01887	<b>-2693</b> c	City <b>WI</b>	LMING	TON								-2693		
	Insurance Compa	any <b>SAFET</b>	INS	URANCE CO	MPANY V	/ehicle Ad	tion Prior to	Crash		1	22		ged Are	a Code:	1 27	27 27		
<sup>5</sup> 1	Vehicle Travel D	<u> </u>	Ww	Responding to Emerg	gency? <u>2</u> E	vent Seq	uence 1	23	23	23	23		tatus: of Test:		29			
	· ·	ued) <b>T2062</b>		•		Aost Ham	nful Event	1	24			, BAC	Test Res	sult:	1 30		13	1
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<sup>6</sup> 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub ——		Priver Dis	tracted by	1	26	1			d from s		2 33			
	Name (Last First Mi		for operato	r and all occupants inv	Olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status		8 39 ap Injury de Status	40 Transp. Code	Medic	cal Facility		
	Operato	)r		Se	e Above		$>\!\!<$	X	1	99	4	0 0	10	1				
ŀ					,			<b>†</b>										
	Please Select O	ne 🔀 Vehicle		tOssuments Day		15		16	<u> </u>	<u> </u>	17		18			<del></del>	1	
<sup>7</sup> 3	of the Followin		2	Occupants Non-	Motorist A Type		Action	I	Locatio	on		Condition			Hit/Run L	Moped	_	
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- 1	City WILMI			<u>VA Zip 01887</u>		•	LMING'		1		22					-4015 27 27	· <b> -</b>	
	-		K # 1	NSURANCE C	_		tion Prior to		23	23	23	Test S		1 COUC.	1 28			
	Vehicle Travel Di	LL	<b>M</b>	Responding to Emerg	•	vent Sequ	ience 1		24			Туре	of Test:		29			
2	Citation # (If Issu		,	1.2.00./2. /2.	_		nful Event	1 de	1	25	25		Test Res		1 30			
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	Po	lice Use Only		Com	nonwealth	of Mass	sach	iuse	etts			RM	IV Docu	ıment Numbe	er	
	Date of Crash 07/11/2020	Time of Crash	Total 1	City/Town	Motor Ve	hicle Cr	ash		umber	Numl	ad Jope	ed Limi	t30	- Local Police	· 20	1
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1		ection		Name of Roadway/Str	eet	Route# Dire	ection	Addr	ess#		N	lame of	f Roadw	ay/Street		
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				Also at Intersection w	ith		NS			Route#	<del>-</del>	Inters	ecting R	Roadway/Stree	;t	
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_	Please Select (	One NZ	. 4										andmark			
3	of the Followi		e 3.1	#Occupants Hit/I	Run Moped	Crash	Report	ID#	20	_1	47-	-A(	<u> </u>		W	İ
	License # <u>\$2</u>	7227863		DOB/Ag	Re	g # <b>497FX8</b>			-	Reg	Type PC		Re	g State MA	21	12
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4_	-	GERS, SI		First	Middle	vner ROGER	Last			First			Mic	ádle	<del></del>	
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		·		CE INSURAN	ICE CO Vei	hicle Action Prior t		<u>_</u> <u>L</u>		22	Damag Test Sta		a Code:	5 <sup>27</sup> <sup>27</sup> 28	27	
<sup>5</sup> 1	Vehicle Travel D		⊠w	Responding to Emerg		ent Sequence 1	23	23	23	23	Type of		ŀ	29		
	•	sued)		-		st Hannful Event	1	للح	25	25	BAC T			1 30		_ 13
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<sup>6</sup> 1	Viol. 3; Ch/Sec/S			ol. 4: Ch/Sec/Sub —— or and all occupants inv		ver Distracted by	0	34	35	36	Towed	froin so	ene? [	2 33		
	Name (Last First M	(iddle)	Tor operate	•	Address	DOB/Age	Sex	Seat	Safety	Airbag I	Eject Trap Code Code	Injury	Transp.	Medical Fac	ility	
	Operate	o <b>r</b>		Se	e Above	$\rightarrow$	X	1	99	4 0	0	10	1			
7_	Please Select O		4	Occupants Non-	Motorist A Type	15 Action	16	Location	, [	17 <sub>Co</sub>	ndition	18	Пн	lit/Run	Moped	
′3	of the Followin								<u> </u>		L					İ
l	License #	19 1	9	DOB/Age	·	g#					Гуре			Ĭ	21	
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'ء ا	Address	Last	F	irst	Middle	dress	Last			First			Mid	dle		
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1						nicle Action Prior to				22	Damage			27 27	27	
	Vehicle Travel D	irection: N S	EW	Responding to Emerge	ency? Eve	ent Sequence	23	23	23	23	Test Sta	itus:		28		ĺ
	Citation # (If Issu	ued)			Мо	st Harmful Event		24	1		Type of		.16.	30		
2	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub	Dri	ver Contributing C	ode	7	25	25	BAC To Susp. A		<del></del>	Susp. Drug:	32	
	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec/Sub —	Dri	ver Distracted by		26			Towed:		-	33		
f	Plea	•	rator/non-ı	notorist and all occupa		DODA:				Airbag E	37 38 Sject Trap			\$4.3/ -\$P	ilia.	
f		or/Non-Mo	torist		Address Above	DOB/Age	Sex	Pos.	System	Status C	ode Code	Status	Code	Medical Fac	mų	İ
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1 = Vehicle 1 2 = Vehicle 2

Q = Pedestrian

Ø = Bicycle

Patrol Officer Brian Tavares

Signature

ID/Badge#

Wilmington Police Department Department

07/11/2020