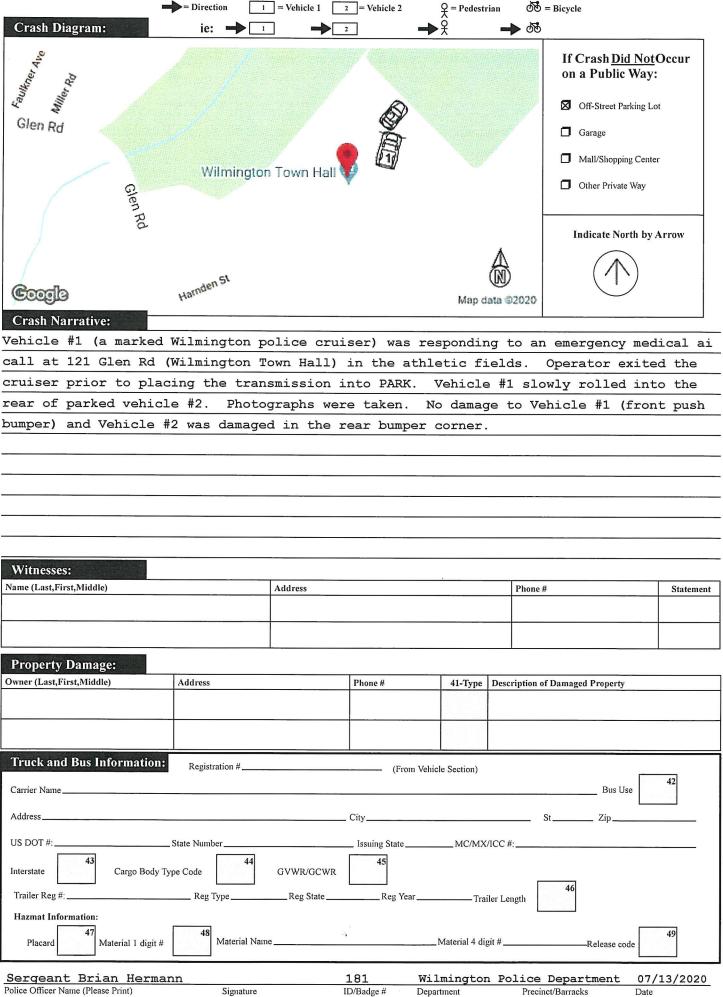
		ice Use Only			ımonwea	lth o	of Massa	ach	use	etts			RM	V Doc	ument Nu		
	Date of Crash 07/13/2020	Time of Crash 1144 24HR	Wilm	City/Town nington			icle Cra Report	sh		imber hicles	Num Injur	ed Lati	d Limi ude	t		olice Police Police s Police	
İ		AT INTER		ON:		LOCA		>	12		1"		gitude_ ITER	SEC	Other:		
İ									12	1		EN F					
1	Route# Direc	etion		Name of Roadway/	'Street		Route# Direc	tion	Addr					Roadv	vay/Street		
+							Feet	N S	EW	of		– – Marker	• —	or _		lumber	-[
ľ	Route# Direc	etion	Name	e of Intersecting Roa			Feet	N S	EW	of	IVIII	viarker			EXILI	umber	-
	Route# Direc	etion	Name	e of Intersecting Roa			Feet				Route	!	Inters	ecting l	Roadway/S	Street	_ -
-	Please Select ()no 574	-	[1							andmar	k		\exists
	of the Followin		cle 1	#Occupants H	it/Run	loped	Crash F	leport	ID#	20	-1	48-	-A(3			
1		10		A DOB/Age		Reg#	MP6N				Reg	Туре 🔼	7	R	eg State		- -
ı	Sex M Lic. 0	Class B		estrictions 20	CDL Endorsement	Veh Y	ear <u>2015</u>		Veh M	ake <u>C</u>	HEV	ROLE	T	Vel	Config.	1 21	
ı	Operator_ FU	Last		First	Middle		r WILMIN	Last			N O		PT		ICE		
1	Address 1 A						ess 1 ADEI			ST							-
ı				MA Zip 018	87	City J	WILMING	TON	ı		22			-	1887-		- I
ı	Insurance Comp	-				Vehic	le Action Prior to			2		Damag Test St		Code:	0 27 28	27 27	1
l	Vehicle Travel D			Responding to Em	ergency? 1		Sequence 12	23	23	23	23	Type o			29		
ı	Citation # (If Iss	•	,	-			Harmful Event	2		25	25	BAC T	est Res	ult:	30	,	
l				iol. 2: Ch/Sec/Sub -			r Contributing Co		97 26			•	dcohol:	L	ouep. 2	rug: 32	<u>֓</u> ֡֓֓֓֓֓֓֓֡֡֡֡֡֡֡֡֓֓֓֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡
L	Viol. 3; Ch/Sec/S			iol. 4: Ch/Sec/Sub -		Drivei	Distracted by	0	34	35	36	Towed	from so	ene?	2 33		4
ŀ	Name (Last First M			or and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Trap Code Cod	lnjury	Transp.	Media	al Facility	
L	Operate	or ————			See Above		\geq	X	1	0	4 (0	10	1			
	Please Select O of the Followin		le 2 0	#Occupants N	on-Motorist A T	уре	15 Action	16 I	Cocatio	n	17 Co	ndition	18		Hit/Run	Море	ed
,	License #		St	DOB/Age		Reg#	2865LZ				_ Reg	Гуре <u>Р</u> (R	eg State <u>N</u>		_
,	SexLic. C	Class 19	Lic. Re	estrictions	CDL Endorsement	Veh Y	ear 2014	\	Veh Ma	ke F	ORD			Veh	Config.	1 21	
•	Operator Dr	iverles Last	s M.V	7 . First	Middle	Owne	r DALTON	, E	BEV.	ZRL	Y J			Mi	iddle		-
1	Address						ss 48 GRC										-
				Zip		City Y	VILMING'	ľON	<u> </u>		—				1887-		- I
l	•			OCK ASSUR	RANCE C	Vehicl	e Action Prior to				22	Damag Test Sta		Code:	28	27 27	
	Vehicle Travel D		S E W	Responding to Em	ergency?		sequence 2	ᆂ		23	23	Type of			29		
	Citation # (If Issu	,		-				2	24	25	25	BAC T	est Res	ult:	30		
				ol. 2: Ch/Sec/Sub -			Contributing Co	de	26			Susp. A		31		rug: 32	
Ľ				ol. 4: Ch/Sec/Sub =		Driver	Distracted by	<u></u>	34	35	36	Towed	from sc	ene?	2 33	***************************************	4
,	Name (Last First Mi	ddle)	 	motorist and all occi	Address		DOB/Age	Sex	Seat Pos.	Safety	Airbag :	Eject Trap	Injury	Transp. Code	Medic	al Facility	_
L	Operato	r/Non-M		1				$ \mathbf{X} $	1								ĺ
L			otorist		See Above			$\angle \Delta$						ļl			
		77711071-1931	otorist 		See Above												
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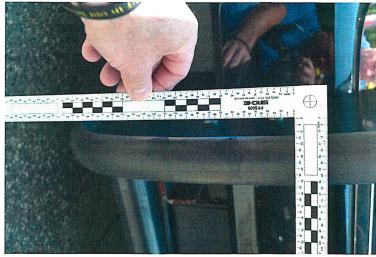


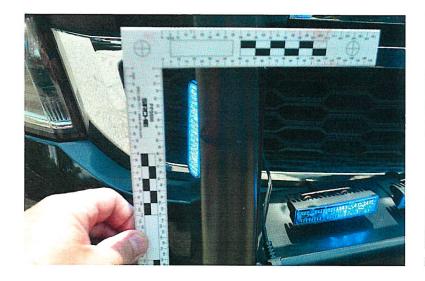
= Direction

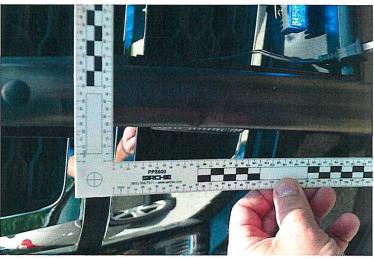
Signature

Wilmington Police Department Images Associated with 20-148-AC











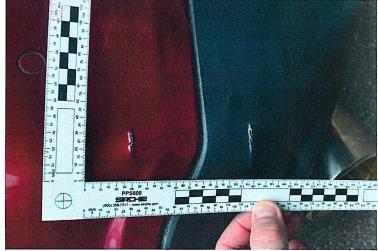


Wilmington Police Department Images Associated with 20-148-AC

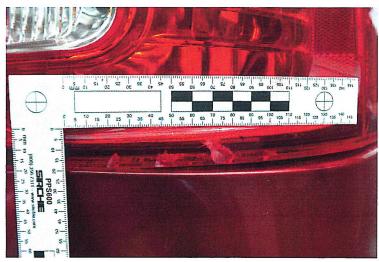












Wilmington Police Department Images Associated with 20-148-AC



	Police Use Only Com			monwea	monwealth of Massachusetts							RMV Document Number						
	Date of Crash 07/13/2020	Time of Crash		City/Town ington	Motor	Veh	icle Cra	sh		mber hicles	Num Inju	∠ا ہے۔	•	Limit_	30	State Po Local Po MBTA I	olice 🔯]
	01, 13, 2020	24HR		ing con	Pol	lice	Report		2		1	l _r	atitud ongitu			Campus Other:	Police D	
		AT INTER	SECTIO	N:	<]	LOCA	TION	>			ron	'AT	INT	ERS	SEC'	TION:		
									44	6	мт	DDI	다 오	FY	73.37	767		2 10
1_	Route# Dire	ction		Name of Roadway/	Street		Route# Direc	tion	Addr		1417	יטט.				ay/Street		
1				At			Feet	N S	E W	of ·			- •	_	or _			
	Route# Dire	ction	Name	of Intersecting Road	dway/Street						Mil	e Mark	er			Exit N	umber	2 11
				Also at Intersection	with		Feet				Route	# -	I	nterse	cting F	Roadway/S	treet	
² 1	Route# Direc	ction	Name	of Intersecting Road	dway/Street		Feet	NIS	E W	of .								
	Please Select (One 🔯 Valent	1 #	Occupants Hi						20	1	4.0	. 7		ndmark	<u> </u>		1
3	of the Followi	ng: Veince			it/Run	loped	Crash R											
		6162264	St. MA 19	DOB/Age,			5LZ579									- Г	21	1 12
	Sex F Lic.	Class D	Lic. Res	strictions	CDL Endorsement		Year 2017								_ Veh	Config.	1	
⁴ 1	1	Last	F	ARGHERIT	Middle		er NISSAN	Last		NIT	I I				Mi	ddie		
т]	MIDDLE			37		ess BX 254						~-		. ^-	-065		
				VIA Zip 0188 CE INSURA		-	SACRAME		ſ		22				ip 9: Code:		27 27	
	Insurance Comp Vehicle Travel I	·	E W				cle Action Prior to		23	23	23		Statu		Code.	5 28		
5		sued)		Responding to Em	ergency? 2		1 Sequence 1	1	24			Тур	e of T	est:		29		
	,			ol. 2: Ch/Sec/Sub -			Harmful Event er Contributing Co		1	25	25			Resu		30	22	13
				ol. 4: Ch/Sec/Sub =			•	0	26	!				ohol:		22	ug: 2 32	1
⁶ 1	VIOI. 3. CII/36C/			r and all occupants i		21110	J. Distracted by		34	35	36	37	38	39	40	2 33]
	Name (Last First M			<u> </u>	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Code	Code	Injury Status	Transp. Code	Medic Wincheste	al Facility er	
	Operate	or			See Above				1	1	4	0 . 0)	9	2	Hospital		
⁷ 1	Please Select (e 2 1 _#	Occupants No	on-Motorist A	Гуре	15 Action	16 I	ocatio	n	17 C	onditio	ո	18		Hìt/Run [Moped	
_		9883653	St MA	_ DOB/Age.		Reg #	788ZLV				Reg	Type :	PC		Re	eg State M	IA	
	Sex M Lic.	10	19	20	CDL	_	Year 2009				_					Ī	1 21	
		CQUARRI			Endorsement		er MACQUA									- L		
⁸ 2	Address 63	GREEN S	T AP	T 2	Middle	Addr	ess 15 PAF	Last KV	IEW	RD	Fin	APT	1		Mie	dd)e		
	City WOBU	RN	State 1	1A Zip 0180	1-4301	City	WOBURN					_ State	MA	Zi	ip 0 1	L801-	3112	1 14
	Insurance Comp	oany THE CO	MMERO	CE INSURA	NCE CO	Vehic	ele Action Prior to	Crash		1	22	Dan	naged	Area	Code:		27 27	
	Vehicle Travel D	Direction: N	EW	Responding to Eme	ergency? 2	Even	t Sequence 1	23	23	23	23		Statu			28		
⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24				e of Test	est: Resu	lt:	30		
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub -		Drive	er Contributing Co	de	<u> </u>	25	25			ohol:		Susp. Dr	ug: 2 32	
	Viol. 3; Ch/Sec/			ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	4	26					om sce	ļ	1 33		
	Pl€ Name (Last First M	,	erator/non-n	notorist and all occu	pants involved		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	al Facility	
	Operate	or/Non-Mo	otorist		See Above		>	X	1	1	4	0 0)	10	1			
		***************************************						<u> </u>										
												\neg		\neg				
			-															

Crash Diagram:	ie:	= Vehicle 1 2		옷 = Pedestr 오	ian 019 → 578	= Bicycle	
	Middles	() 2 Sex Ave.				If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by	ot er
				(2	3>	(\rightarrow)	
Crash Narrative:		14: 1.11 -	2 207		-1 1 1	1.61	
MV1 and MV2 travelling driveway. MV2 struck							
trying to find out who							was
transported by WFD to							to be
noved into driveway. N							
front of MV2.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)		[-	42
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #·		
Interstate Cargo Body Ty	44	GVWR/GCWR	45		Actividad		
Trailer Reg #:			Reg Vear	т	Start anath	46	
Hazmat Information:				11a	ner Length		
Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	git #	Release code	49
Patrol Officer Kevin P Ca	vanaugh		195 Wil	Iminator	Police	Department 07	/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

	Police Use Only		Co	Commonwealth of Massachusetts RMV Document Number									ımber				
	Date of Crash 07/16/2020	Time of Crash		City/Town ington	Mo1	tor Veh	icle Cra	sh		unber hicles	Numl Injur	~4 Sb	eed Lim	it2	Local .	Police Po	
	0771072020	24HR	AA T TIII"	Ling Con	-	Police	Report		2		0	La	titude ngitude			us Police	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NOT	'AT I	NTE	RSEC	TION:		
	-								1 4	_	**	~~ ~	a	- P			2 10
1	Route# Direc	ction	1	Name of Roady	vay/Street		Route# Direc		14 Addr		AL	DKI	CH I		vay/Street		
¹ 1				At			Feet	NS	E W	of				- 05			
	Route# Direc	ction	Name	of Intersecting	Roadway/Street		1 cct				Mile	Marke	r	OI .	Exit l	Number	- 11
				Also at Intersec	ction with		Feet	N S	E W	of .	Route		Inter	secting	Roadway/	(Street	6
² 1	Route# Direc	ction	Name	of Intersecting	Roadway/Street		Feet	N S	E W	of .				andmar			
	Please Select (. 11 #	Occupants	Hit/Rup	Moped	Crash F	Panart	ID# *	20	_1	<u>50</u>					1
3	of the Followi	g.			4 ************************************												4
		8385531 19 19	9	_ DOB/Age	20		# <u>7VY675</u>									21	1 12
	Sex_F Lic.	Class D	_j	trictions	CDL Endorsemen	t	Year 2017							Ve	n Config.	1	
⁴ 1	1	LLACE, F	Fi	irst	OSE Middle		er WALLAC	Last			Firs		OSE	N	liddle		
	l	GREY CO			065 555		ess 11 GRE		COA								
		ING		•		•	READING				22					-1367 27 27	
		pany PROGRE					cle Action Prior to		23	23	23		aged Are Status:	ea Code	28		
5		Direction: N S		Responding to	Emergency? 2		i sequence 1	23	24	23	23		of Test:		29		
		sued)					Hamnful Event	1		25	25	BAC	Test Re	sult:	1 30		_ 13
	Viol. 1: Ch/Sec/	Sub ————	Vio	ol. 2: Ch/Sec/Su	b		er Contributing Co	F	26	23			Alcoho			Orug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/	Sub		ol. 4: Ch/Sec/Su r and all occupa		Drive	er Distracted by	0	34	35	36		d from :		1 33		1
	Name (Last First M		ior operator	r and an occupa	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject I Code C	rap Inju ode Stati	y Transp	Med	lical Facility	
	Operate	or			See Above		> <	X	1	99	3 (0	10	1			
														T			
	Please Select (One X Vehicle	.1 #	Occupants	ì		15	16	L		17		1:	8			1
⁷ 1	of the Followin	ng: —			Non-Motorist	, L	Action	<u> </u>	ocatio			ondition	<u> </u>		l	Moped	4
	License # RM	10 19	 ,	_ DOB/Age	20		# <u>964YP8</u>								leg State	MA 21	
	Sex. M Lic. 6	Class D	Lic. Res	trictions	CDL Endorsemen	t	Year 2015					AN_		Vel	n Config.	1	
⁸ 2		DE, MICH	Fi	rst	Middle		er LOUCKS	Last			L First	1		M	liddle		
		5 S CRIS					ess 1 PETF	REL	RD								14
	City HOLL?			OH Zip 43		•	QUINCY		ſ		22		MA iged Are			-2610 27 27	
		any CITIZE					cle Action Prior to		23	23	23		Status:	a Code	1 28		
	Vehicle Travel D	LL	Xw	Responding to	Emergency? 2		1 Sequence 1		24			Туре	of Test:		29		
⁹ 2	Citation # (If Iss						: Harmful Event	1		25	25		Test Re		1 30		
		Sub					er Contributing Co	<u>_</u>	26				Alcoho		Susp. D	Orug: 2 32	
	Viol. 3; Ch/Sec/S	Subease fill out for ope		ol. 4: Ch/Sec/Su			er Distracted by	0	34	35	36	37	d from 5	40	1 55		4
	Name (Last First M	liddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System		Eject T Code C	rap Injur ode Statt		Med	lical Facility	1
	Operate	or/Non-Mo	torist		See Above		\times	X	1	99	3 0	0	10	1			1
													-				
													-		ļ		1

Crash Diagram:	ie:		2 = venicie 2	Y = Pedestrian	→ 65	
	Aldrich		Vehicle 1		If Crash on a Pul Off-Stro Garage Mall/Sl	nopping Center rivate Way
@cogla				(R Map data		e North by Arrow
Crash Narrative:					<u> </u>	
The operator of Vehi						
vehicle. The operat	or of vehicle	2 stated	that he	doesn't reme	ember what hap	pend.
	-					
Witnesses:		1			In a	
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Pro	perty
				100 (0.01)		
Truck and Bus Information	Danistantian #			and the state of the		
			(Fro		E	Bus Use 42
Carrier Name						
Address			_ City		St Zi	p
	State Number			MC/MX/ICO	C #:	
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Ye	arTrailer	Length 46	
Hazmat Information:					**************************************	
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 digit #	——Rele	ase code
Patrol Officer Rafael			198		Police Departme	
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date