	Police Use Only	monwealth	ealth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t30	Local Police		
	24HR	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:		
	AT INTERSECT	ION:		TION >		NOT A	T INTER	RSECT		1	
										2 10	
	Route# Direction	Name of Roadway/St	root	Dantall Disastin	298	SALE	MST	CD 1	/5	ــــــــــــــــــــــــــــــــــــــ	
¹ 1	Router Breetion	At	reet	Route# Direction	Address #		Name o	r Koadw	ay/Street	-	
				Feet N S	E W of			- or _	Exit Number		
	Route# Direction Na	me of Intersecting Roady	-	- [5][6		Mile Ma				2 11	
		Also at Intersection v	vith	Feet N S		Route#	ARLE:		Loadway/Street		
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S	EW of						
	Plansa Salaat Ona							andmark		-	
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Report	ID# 20	-15	4-A(C			
	License # S57690663 St N	IA DOB/Age	Reg	JF530B		Reg Type	e PC	Re	g State MA	<u> </u>	
		20		Year 2014					21	1 12	
	Operator LARGENTON, AM	E	ndorsement	er LARGENTO				ven	Connig.		
⁴ 1	Address 4 FAULKNER AVI	First	Middle	er Last ess 4 FAULKN		First	.	Mic	idle		
									000 000		
	City WILMINGTON State	-	•	WILMINGTON				г	887-3526 27 27 27 27		
	Insurance Company QUINCY MU			ele Action Prior to Crash			amaged Are	a Code:	5 ²⁷ ²⁷ ²⁷ 27		
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23		est Status: ype of Test:	ľ	29		
	Citation # (If Issued)		Most	Hamful Event 1	24		AC Test Res	sult:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 ²⁵	25	usp. Alcohol		Susp. Drug: 2 32	1 13	
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from s	-	2 33		
⁶ 1	1	ator and all occupants in	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1	
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	4	
	Operator	20	ee Above		1 1	4 0	0 10	1		_	
										-	
	Please Select One Vivilia 21			15 16		17	18			1	
⁷ 1	of the Following:	_#Occupants Non	-Motorist A Type	Action	Location	Condi	tion	<u></u> ┃┃┷┛┸	lit/Run Moped		
	License # S22252923 St M	IA_ DOB/Age.	Reg	4AZ386		Reg Type	PC PC	Re	g State MA	1	
	Sex F Lic. Class D 19 Lic. 1	Restrictions B 20 C	DL Veh '	Year 2016	Veh Make T	OYOTA		Veh	Config. 1 21		
	Operator LEGERE, NANCY		Own	er LEGERE, C	CHARLE	S GER	RARD		<u> </u>		
⁸ 1	Address 7 YOUNG ST	First	Middle	ess 7 YOUNG		First		Mid	dle		
	City_ TEWKSBURY Stat	e MA zin 0187	_	TEWKSBURY		Sto	te MA	zin 01	.876-3335	2 14	
	Insurance Company CITIZENS	•		le Action Prior to Crash	1	_	amaged Are				
	Vehicle Travel Direction: N S X W		_	22	23 23		est Status:	ļ	1 28		
		Responding to Emerg	,	sequence 1	24		pe of Test:	Ī	29		
2	Citation # (If Issued)			Harmful Event 1		B	AC Test Res	ult:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	19 ²⁵ 5	25 Տւ	ısp. Alcohol	2 31	Susp. Drug. 2 32		
		Viol. 4: Ch/Sec/Sub		Driver Distracted by 99 26 Towed from scene? 2 33							
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility		
	Operator/Non-Motoris	t Se	ee Above		1 99	99 0	0 10	1		1	
				/	_		++-	+		1	
								1		-	
			THE PART OF THE PA								



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only Com			mmonw	monwealth of Massachusetts RMV Document Number													
	Date of Crash 07/28/2020	Time of Crash 1804	City/Town ilmington	Moto	r Veh	icle Cra	sh		ımber hicles	Nun	a '	•	Limit	20	Loca	Police Il Police FA Police	080	
		24HR		P	olice]	Report		2		0	1	_atitue _ongit				pus Police	<u> </u>	
		AT INTERSE	CTION:	<	LOCA	TION	>			NO	ΓΑΤ	IN	ΓER	SEC	TION	:		
								40		12.7	\ Т .Т.:	a d f	777A	LE	СШ			2 10
¹ 1	Route# Direc	ction	Name of Roady	vay/Street		Route# Direc	tion	Addr	ess#	<u> </u>	الداداد				vay/Stree	et		
1			At			Feet	N S	E W	of			- •	_	or _				İ
	Route# Direc	ction	Name of Intersecting							Mi	le Mar	ker			Exit	Number		3 11
			Also at Intersec	ction with		Feet				Route	:#		Interse	ecting F	Roadway	y/Street	-	
² 1	Route# Direc	ction	Name of Intersecting	Roadway/Street														
	Please Select (1 #Occupants	lve F	Moped	Crash R			20	1	E 6	-		ndmarl	K			
3	of the Followi	··········		Hit/Run	Moped	Crash R	Report	ID#	20		<u> </u>) —	AC	-				ĺ
		10 10	St_MA_ DOB/Age.	20		1557VI										2	1	1 12
	Sex F Lic.	Class D	Lic. Restrictions 1	CDL Endorsement		^r ear <u>2007</u>								Veh	Config.	1		
⁴ 1	1	ETT, SUSA	First	Middle		SWETT,	Last			Fir		ARI)	Mi	iddle		_	İ
т_		3 WHIPPLE		076 2724		ess <u>1113 </u>											_	İ
	İ	SBURY COM	•		•	TEWKSBU		Г		22				Cip O		5-373	27	
		Direction: NXE	_		_	le Action Prior to		23	23	23		t Stat		. Code:	28			
⁵ 1	Vehicle Travel D	sued)	<u> </u>	Emergency? 2		sequence 1		24			Туг	oe of T	Гest:		29			
	`	Sub —		,		Harmful Event r Contributing Co	1		25	25			st Resu		30		_	1 3
	Viol. 1: Ch/Sec/s					r Distracted by	0	26				p. Ale	cohol: com sc	31	22	Drug:	32	1
⁶ 1	VIOI. 3. CII/Sec/.		- Viol. 4: Ch/Sec/Su operator and all occupa		_ Drive	Distracted by		34	35	36	37	38	39	40	2 33			İ
	Name (Last First M			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Me	edical Facility		
	Operate	or		See Above			X	1	1	4	0	0	10	1				

⁷ 3	Please Select C of the Followir		#Occupants	Non-Motorist A	Туре	15 Action	16 L	ocatio	n	17 C	Conditio	on	18		Hit/Run	□ Мо	ped	
			t MA DOB/Age		Reg #	8JFP781				Pag	Type	PC			eg State.	CA		
	Sex F Lic. (10 10		20 CDL	_			/eh Ma	ke N	-					-	2	1	
		AN, TARA	<u> </u>	- Endorsement		Veh Year 2019 Veh Make NISSAN Veh Config. 1 27 Owner EAN HOLDINGS LLC										_		
⁸ 1		2 AVALON	First	Middle	Last First Middle Address 14002 E 21ST ST APT 1500													
	City WILMI	NGTON	State MA Zip 01	887-1169	City _	TULSA C	ITY				_ State	<u>OF</u>	_ z	.ip			_[1 14
	Insurance Compa	any			Vehic	e Action Prior to	Crash		3	22	Dar	naged	l Area	Code:	1 27	27	27	
	Vehicle Travel Direction: NSWW Responding to Emergency? 2			Event	Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29													
⁹ 2	Citation # (If Issu	ued) T168343	7		Most	Harmful Event	1	24						ılt.	30			
	Viol. 1: Ch/Sec/Sub 90 24F Viol. 2: Ch/Sec/Sub 90 24E				E Drive	Driver Contributing Code 14 25 Susp. Alcohol: 31 Susp. Drug: 32								32				
	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————			Drive						1 33								
	Ple Name (Last First Mi	ase fill out for operator	r/non-motorist and all	occupants 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	Me	dical Facility		
	Operato	or/Non-Motor	rist	See Above			X							1				

																	-	
																	\dashv	
			ı			1	1 1		- 1	- 1	- 1	1		1 1				

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Pedest	rian 🕳 =	Bicycle	
Crash Diagram:	ie: →	ı →	2	→ ऱ	→ №		
ballardvale street		tionstrownia dange engantistandorskandorskandorskandorskandorskandorskandorskandorskandorskandorskandorskandor				If Crash <u>Did Not</u> on a Public Way:	
		ν1				Off-Street Parking Lo	ot
	➾	(ATP)				☐ Garage	
						☐ Mall/Shopping Cente	r
***************************************	1					Other Private Way	
		v 2					
	Ava Dri	alon ve 企				Indicate North by	Arrow
				(3>	(\Rightarrow)	
Crash Narrative:							
The Driver of V1 s	tated that she	was trave	ling straig	ght on Ba	llardval	e, when V2 su	ddenly
pulled out of Avale	on Drive and s	topped in 1	ner lane.	She atte	epted to	swerve to mis	s v2,
but the bumper of				her vehi	.cle.		
The Driver of V2 s							
Tara Ryan the opera	ator of V2 was	arrested	for OUI Di	rugs and	Negligen	t Operation	
T1683437							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
Truck and Bus Information	Registration #		(From V	ehicle Section)			42
Carrier Name						Bus Use	
Address			_ City		St.	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	 Reg Year	Тга	ler Length	46	
Hazmat Information:	-	·	-	114			
Placard 47 Material 1 dig	it # 48 Material Na	me		Material 4 di	git #	Release code	49
Patrol Officer Brian	D Thornton		100 5	7: 1 :	D-1: D	enartment 07/	00/000

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date