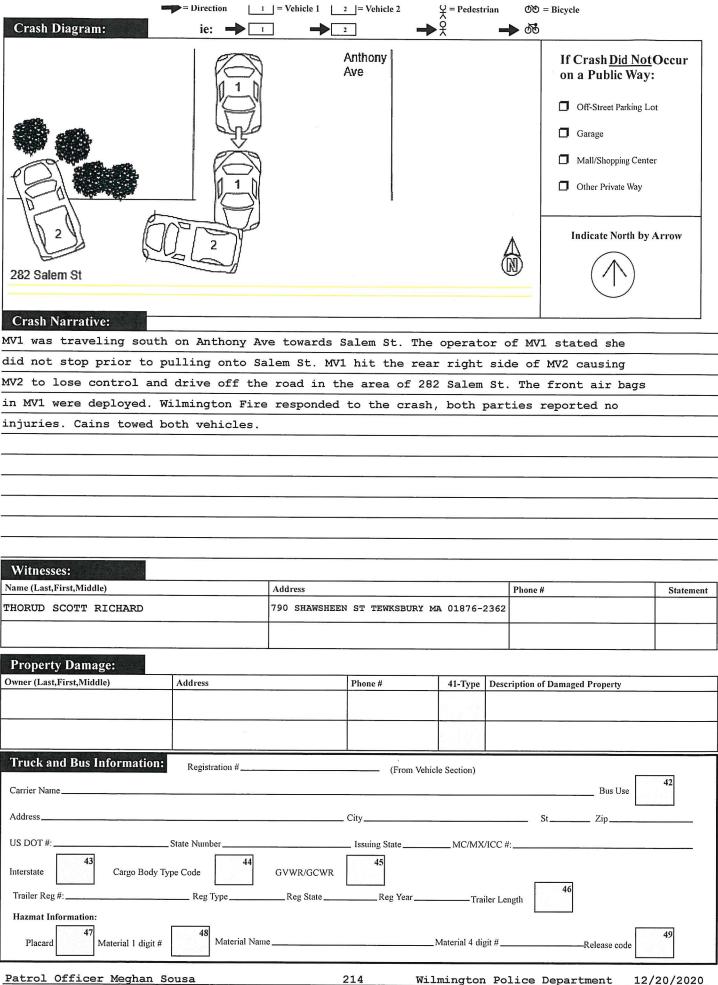
| | Police Use Only Commonw | | | | | ılth | of Mass | ach | use | etts | | | RM | IV Doc | ument Numb | ber |] |
|-----------------------|-----------------------------------|-------------------|----------------|----------------------------|---|--------|---------------------------------------|--------|--------------------|------------------------|----------------------------|-----------------------------|------------------------|-----------------------|---------------------------------|---|-------------|
| | Date of Crash 12/20/2020 | Time of Crash | 1 | City/Town ington | Motor | Veh | icle Cra | ash | | ımber hicles | Numb | 4 Poper | d Limi | t3(| Local Police | ce 🔯 | |
| | 12/20/2020 | 24HR | | ington | Pol | lice] | Report | | 2 | | 0 | Latii | ude gitude _ | | MBTA Pol Campus Po Other: | olice | |
| | | AT INTER | SECTIO | ON: | < | LOCA | TION | > | | | NOT | AT IN | TER | SEC | TION: | |] |
| | Route# Dire | ction | | Name of Roadway/ | Street | | Route# Direc | ction | 284 Addr | | SA | LEM | | Roady | vav/Street | | 2 10 |
| 11 | | | | At | | | | NIC | EW | _ | | | | | | | |
| | Route# Direc | ction | Name | of Intersecting Road | dway/Street | | Feet | 11/2 | EW | ot · | Mile | Marker | • | · or _ | Exit Nun | nber | 11 |
| | | | | Also at Intersection | with | | | | EW | | Route# | | Inters | ecting l | Roadway/Stre | eet | 8 |
| ² 1 | Route# Direc | ction | Name | of Intersecting Road | dway/Street | | Feet | NS | E W | of . | | | La | ındmarl | k | | |
| 3 | Please Select (of the Followi | | le 1 <u>1</u> | Occupants Hi | it/Run 🔲 M | Moped | Crash l | Report | ID# | 20 | -3 | L2- | | | | | 1 |
| | | 9124811 | St MA | DOB/Age_ | | Reg # | 408843 | 0 | | | Reg | vne PO | | R | en State NH | | ļ |
| | Sex_ F Lic. | Class D | Lic. Res | strictions 20 | CDLEndorsement | | ear 2012 | | | | | | | | | 21 | 1 12 |
| 4 | Operator RA | POSO, R | EBECC | A L | Middle | Owne | RAPOSC | Last | REBI | ECC | A L | | | Mi | iddle | | |
| ⁴ 1 | | CHANDLE | | | | Addre | ess 10 CH | AND | LER | LN | | | | 141 | | | |
| | | | State _ | VH Zip 030 7 | 77 | City | RAYMOND | | | | | State N | | | | | |
| | Insurance Comp | | 7 1 1 1 | | | | le Action Prior to | Crash | | <u> </u> | 22 | Damag Test Sta | | Code: | 1 27 27 28 | 7 27 | |
| 5 | | Direction: N | | Responding to Eme | ergency?_2 | | Sequence 1 | 23 | 23 | 23 | 23 | Type of | | | 29 | | |
| | 1 | ued) | | ol. 2: Ch/Sec/Sub — | | | Harmful Event | 1_ | ᆜ | 25 | 25 | BAC T | | | 1 30 | | _ 13 |
| - | Viol. 1: Ch/Sec/s | | | ol. 4: Ch/Sec/Sub = | | | r Contributing Cor r Distracted by | 99 | 2 | | | Susp. A | | | Susp. Drug | 2 32 | |
| ⁶ 2 | | | | r and all occupants i | *************************************** | 2 | 1 Districted by | 1 | 34 | 35 Safety | | 37 38 | 39 | 40 | <u> </u> | *************************************** | |
| | Name (Last First M Operate | | | | Address See Above | | DOB/Age | Sex | 1 | System | Airbag I Status C | jeet Trap ode Code | Injury Status | Transp. Code | Medical F | acility | |
| | Politic | | | | | | | | 1 | - | | _ | | - | | | |
| | | | | | | | | | | | | | - | | | | |
| | | | | | | | | ļ | | | _ | - | | | | - | |
| | Please Select C | ne 5Zt | | | | | 15 | 16 | | | 17 | | 18 | | 1 | | |
| ⁷ 1 | of the Followin | ng: Vehicle | e 2 1 # | | n-Motorist A T — | уре | Action | I | Location | n | 1′ Co | dition | | <u> </u> | Hit/Run | Moped | |
| | ŀ | 518960305 19 1 | 19 | 20 | | - | JV94L | | | | | уре <u>РС</u> | | Re | eg State MI | 21 | |
| | Sex M Lic. C | | Lic. Res | | CDL Endorsement | | | | | | | OLE | | | Config. 1 | | |
| ⁸ 1 | Ī - | Last | Fi | RIVER D | Middle | | r VANHOU ss 6635 | Last | | | First | | | Mi | ddle | | |
| | City ALTO | | | 1I Zip 4930 | | | ALTO | . IIO. | 2779 | FFL | | | | | 302 | | 1 14 |
| | Insurance Compa | | | | | • | e Action Prior to | Crash | [- | 1 2 | 22 | Damage | | | | 27 | |
| | Vehicle Travel D | irection: N S | E | Responding to Eme | rgency? 2 | Event | Sequence 1 | 23 | ᅳᅳ | | 23 | Test Sta | tus: | | 1 28 | | |
| ⁹ 2 | Citation # (If Issu | ned) | | | | Most l | Hannful Event | 1 | 24 | | 1 | Type of BAC Te | | ıltı. | 30 | | |
| | Viol. 1: Ch/Sec/S | Sub | Vio | l. 2: Ch/Sec/Sub — | | Driver | Contributing Co | ode | 1 2 | 25 | 25 | Susp. A | | | Susp. Drug: | 2 32 | |
| | Viol. 3: Ch/Sec/S | Sub ——— | Vio | l. 4: Ch/Sec/Sub — | | Driver | Distracted by | 0 | 26 | | | Towed t | rom sc | ene? | 1 33 | | |
| | Plea Name (Last First Mi | • | erator/non-m | notorist and all occup | Dants involved Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag E Status C | 7 38 cet Trap de Code | 39 Injury Status | 40 Transp. Code | Medical Fa | acility | |
| | Operato | or/Non-Mo | torist | S | See Above | | > < | X | 1 | 1 4 | 4 0 | o | 10 | 1 | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 1 | | | | | | | |
| | | | | | | | | | | | | 1 | | | | | |



Signature

12/20/2020

Wilmington Police Department Images Associated with 20-312-AC













Wilmington Police Department Images Associated with 20-312-AC

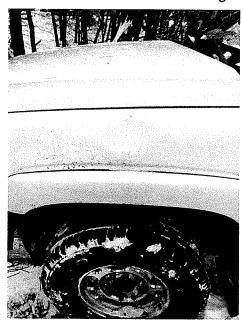




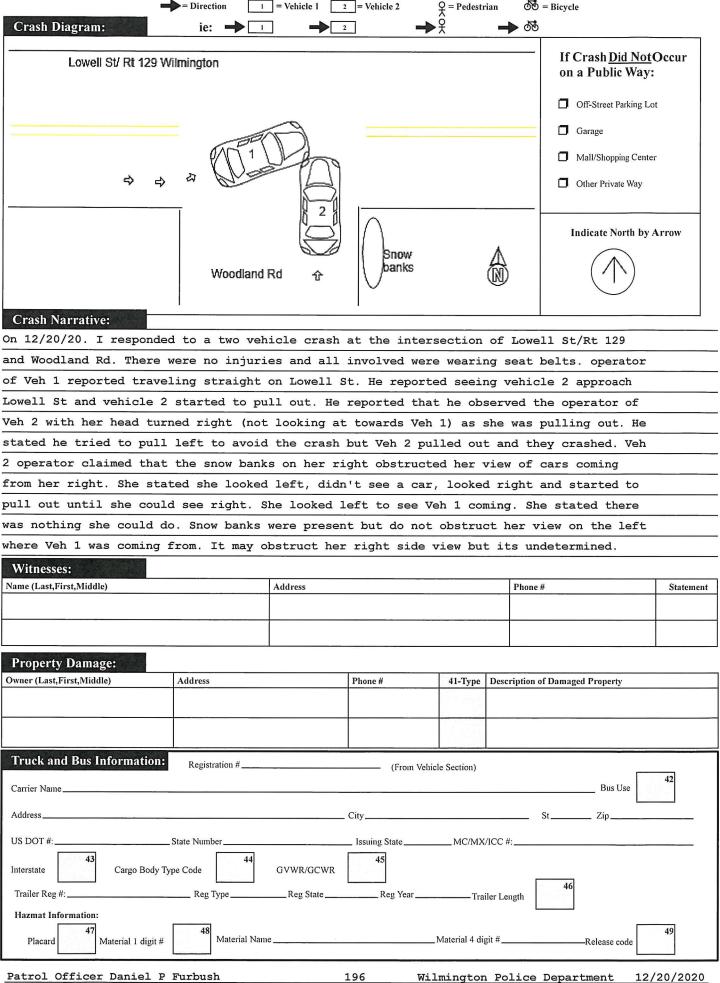




Wilmington Police Department Images Associated with 20-312-AC



| | Police Use Only | Comi | monwealth | of Massach | usetts | | RM | V Docur | nent Number | |
|----------------|--|--|---------------------|---------------------------|---|--------------------------------------|-------------------------------------|---|--|-------------|
| | Date of Crash Time of Crash 12/20/2020 1357 Wil: | City/Town | Motor Vel | nicle Crash | Number Vehicles | Number Injured | Speed Limit | 40 | State Police Local Police MBTA Police Campus Police | 1 |
| | 24HR W11 | mington | Police | Report | 2 | 0 | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | < LOC | ATION > | | NOT A | INTER | SECT | | 1 |
| | | | | | | | | *************************************** | | 2 10 |
| | Route# Direction LOWELL | ST Name of Roadway/St | reet | Route# Direction | Address # | | Name of | Pandua | v/Stroot | . — |
| 1 | | At | | Konter Breetion | Addiess # | | Name of | Roadwa | y/Sirect | 1 |
| | WOODLAN | | | Feet N S | E W of | Mile Ma | | or | Exit Number | |
| | Route# Direction Nar | ne of Intersecting Roady Also at Intersection w | | Feet N S | EW -c | IVIIIC IVIE | irci | | BAKTAMOO | 3 11 |
| | | ruso at intersection w | vitti | Feet N S | | Route# | Inters | ecting Ro | oadway/Street | |
| ² 2 | Route# Direction Nar | ne of Intersecting Roady | vay/Street | reet [K]S] | E V Of | | | | <u></u> | |
| | Please Select One | _#Occupants | | | 20 | 21 | | ndmark | WALLET THE TOTAL | 1 |
| 3 | of the Following: | #Occupants Hit/ | Run Moped | Crash Report | ID# 2 U | -31. | 3-AC | ; | | j |
| | (· · · · · · · · · · · · · · · · · · · | A DOB/Age. | Reg | # 3DR338 | | Reg Type | PC | Reg | | 12 |
| | Sex M Lic. Class D 19 Lic. I | | DL Veh | Year 2016 \ | Veh Make <u>V</u> | OLVO | | Veh C | Config. 21 | |
| | Operator TAMMARO, PRIS | | | ner TAMMARO, | PRISC | First | | Midd | | |
| ⁴ 1 | Address 1121 FELLSWAY | | | ress 1121 FEL] | LSWAY | i irst | | Midd | He | |
| | City MALDEN State | MA Zip 02148 | 3-6515 City | MALDEN | *************************************** | Sta | te MA 2 | Zip <u>02</u> | 148-6515 | |
| | Insurance Company METROPOLI! | IAN PROPER | I'Y AND Vehi | cle Action Prior to Crash | 1 | 22 D | amaged Area | Code: 2 | 27 27 27 | |
| _ | Vehicle Travel Direction: N S WW | Responding to Emer | gency? 2 Ever | nt Sequence 23 | 23 23 | 23 Te | st Status: | 1 | . 28 | |
|) | Citation # (If Issued) | | Mos | t Harmful Event 1 | 24 | · | pe of Test: | - | 29 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Driv | er Contributing Code | 1 25 | 25 | AC Test Resi isp. Alcohol: | | Susp. Drug. 2 32 | 1 13 |
| | Viol. 3: Ch/Sec/Sub | | | er Distracted by | 26 | | owed from so | | 33 Drug. 2 | |
| ⁶ 2 | | ntor and all occupants in | | | 34 35 | 36 37 | 38 39 | 40 | · | 4 |
| | Name (Last First Middle) | | Address | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | Transp. Code | Medical Facility | - |
| | Operator | So | ee Above | | 1 1 | 4 0 | 0 10 | 1 | | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | 1 |
| , | Please Select One Vehicle 21 | #Occupants Dist | -Motorist A Type | 15 16 | ocation | 17 | . 18 | | it/Run Moped | 1 |
| ⁷ 3 | of the rollowing: | | | | ocation | Condit | | L I ⁺¹ | it/Run Moped | |
| | 10 10 | A DOB/Age. | Reg | # <u>3DH599</u> | | Reg Type | PC | Reg | g State MA | |
| | | | DL Veh | Year 2003 V | eh Make T | OYOTA | | Veh C | | |
| ³1 | Operator EKSTROM, NICO | LE KELLY Pirst | Middle Own | er EKSTROM, | EARL | ARVID First | III | Midd | lle | |
| ᆜ | Address 9 HANSON RD | | | ress 9 HANSON | RD | | | | | 14 |
| | City WILMINGTON State | MA Zip 01887 | 7-3405 City | WILMINGTON | | | | | 887-3405 | 1 " |
| | Insurance Company SAFETY IN | SURANCE CO | MPANY Vehi | cle Action Prior to Crash | 4 | | amaged Area | Code: 8 | | |
| | Vehicle Travel Direction: SEW | Responding to Emerg | gency? 2 Ever | at Sequence 23 | 23 23 | | st Status: pe of Test: | 1 | 28 | |
| 2 | Citation # (If Issued) | | Mos | t Hammful Event 1 | 24 | • | AC Test Resi | ılt: | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Driv | er Contributing Code | 19 ²⁵ | 25 Տւ | sp. Alcohol: | 2 31 | Susp. Drug 2 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Driv | er Distracted by | 26 | To | wed from sc | ene? 2 | 33 | |
| | Please fill out for operator/nor | n-motorist and all occupa | ants involved | DOB/Age Sex | 34 35 Seat Safety Pos. System | 36 37 Airbag Eject Status Code | 38 39 Trap Injury Code Status | 40 Transp. Code | Medical Facility | |
| ļ | Operator/Non-Motorist | · Se | ee Above | | | 4 0 | 0 10 | 1 | weenen racitty | 1 |
| } | | | | | | | | | | 1 |
| | | | | | | | | | | 1 |
| ŀ | | | | | | | | | | - |
| - 1 | | I | | 1 1 | | | 1 | | | 1 |



Department

Wilmington Police Department Images Associated with 20-313-AC













Wilmington Police Department Images Associated with 20-313-AC







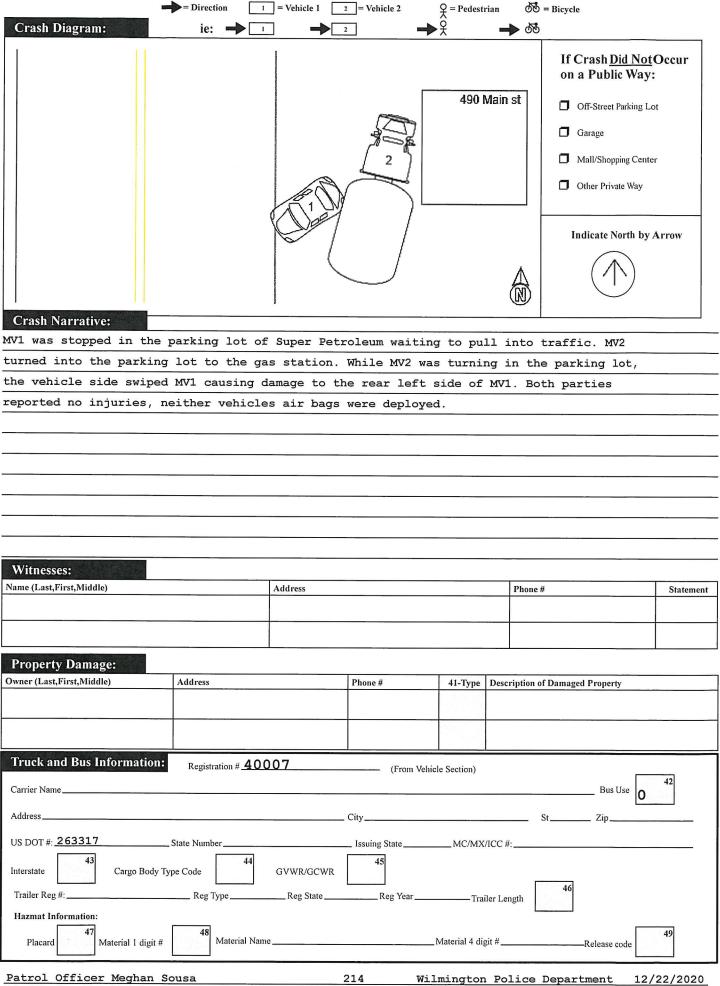




| | Pol | ice Use Only | ! | Com | monwea | alth d | of Massa | ach | use | etts | | - | | RMV | V Docu | ıment N | umber | |
|-----------------------|------------------------------------|----------------------|-----------------|---------------------------------|----------------------|---|---------------------------|---------|--------------|------------------|------------------|-------------|--------------------|------------------|---|---------------|----------------------------------|-------------|
| | Date of Crash 12/21/2020 | Time of Crash | | City/Town .ngton | Motor | ·Veh | icle Cra | sh | | ımber hicles | Num Inju | 4 | Speed Latitud | Limit. | 25 | Local | Police Police A Police us Police | |
| | | 24HR | 77.1111 | g com | | | Report | | 2 | | 0 | - 1 | _attitic _ongit | | | Camp Other | | <u> </u> |
| | | AT INTER | SECTIO | N: | < | LOCA | TION | > | | | NOT | ГАТ | INT | ER | SECT | TION: | : | — |
| | | | | | | | | | 90 | | WF | ST | SI | , | | | | 2 10 |
| 13 | Route# Direc | ction | 1 | Name of Roadway/ | Street | | Route# Direct | tion | Addr | ess# | | | | | Roadwa | ay/Street | t | |
| <u> </u> | | | | At | | | Feet | N S | E W | of · | | | - • | | or | | | _ |
| | Route# Direc | ction | ··· | of Intersecting Road | | | | lal | - [] | | Mil | le Mar | ker | | | Exit | Number | 8 11 |
| | | | F | Also at Intersection | with | | Feet | | | | Route | # |] | Interse | cting R | Roadway | /Street | |
| ² 1 | Route# Direc | ction | Name o | of Intersecting Road | dway/Street | | Feet | N S | EW | 10 | | | | Lou | ndmark | | | _ |
| 3 | Please Select (| | e 1 1 #0 | Occupants Hi | it/Run | Moped | Crash R | 'enort | ID# | 20 | | 1 4 | 1 – | | | | | |
| 3 | of the Followi | ng. | | | | | | | | | | | | | *************************************** | | | _ |
| | | 6016013 | 19 | _ DOB/Age | | | 2VX134 | | | | | | | | | - | 21 | 1 12 |
| | Sex.M Lic. | | Lic. Rest | L | CDL Endorsement | | er <u>2018</u> TODOR , | | | | | | | ·IV | Veh | Config. | Τ | |
| ⁴ 1 | | DOR, FLO Last ORCHAR | | | Middle | | es 146 OF | Last | | | Fit | rst | | | Mid | ddle | | - |
| | | | | IA Zip 0183 | 35-7661 | | HAVERHI: | | | | | | | 7 | in 01 | 835 | -7661 | - |
| | ĺ | | | SURANCE | | | le Action Prior to | | | 2 | 22 | | | | Code: | | 27 27 | - |
| | Vehicle Travel I | _ | | Responding to Em | | | r | | 23 | 23 | 23 | Tes | t State | us: | | 1 28 | | |
| 5 | | sued) | <u> </u> | , | 8 | | | 1 | 24 | | | | oe of T | | [| 29 | | |
| | Viol. 1: Ch/Sec/ | Sub | Viol | l. 2: Ch/Sec/Sub = | | Drive | r Contributing Co | de | 1 | 25 | 25 | | | t Resu | | 1 30 Susp. I | Orug: 2 32 | 1 13 |
| 6 | Viol. 3: Ch/Sec/ | Sub | Viol | I. 4: Ch/Sec/Sub _ | | Drive | r Distracted by | 0 | 26 | | | | | om sce | - | 2 33 | 2 | |
| ⁶ 1 | | | for operator | and all occupants | | | | | 34 Seat | 35 Safety | 36 Airbag | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | | | |
| | Name (Last First N Operate | | | | Address See Above | | DOB/Age | Sex | Pos. | System 1 | Status 4 | Code 0 | Code O | Status 10 | Code 1 | Med | dical Facility | |
| | - 7 | | | | | *************************************** | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | | | | | | |
| | | | | | | | | - | | | | | | | | | | |
| | | | w.w. | <u> </u> | | | | | | | | | | 10 | | | | _ |
| ⁷ 1 | Please Select C of the Followin | | e 2 <u>2</u> #0 | Occupants No | on-Motorist A | Туре | 15 Action | 16 L | ocatio | n | 17 C | Condition | on | 18 | | lit/Run | Морес | i |
| | License # D52 | 509802127 | 3 St MD | | | Reg# | V27276 | | | | _ Reg | Туре. | СО | | Re | g State | | - |
| | Sex M Lic. | Class C 19 1 | Lic. Rest | rictions 20 | CDL Endorsement | Veh Y | 'ear 2019 | \ | /eh Ma | ike Ot | her | -not | li | sted | L Veh | Config. | 2 21 | |
| ⁸ 1 | Operator SI | LVA, BRU | JNO DO | NASCIM | | Owne | r GSILVA | XE | PRE | SS | INC | st | | | Mid | idle | | - |
| 1 | Address 114 | E LEXI | NGTON | ST APT | 308 | Addre | ess 33 WAI | ES | AV | Е | AP' | r c | | | | | | - 14 |
| | City BALT | | | D Zip 2120 | | City 🕹 | AVON | | | | | | | | | | -1012 | - 1 |
| | Insurance Comp | | • | JRANCE C | OMPANY | Vehic | le Action Prior to | | 1 | ΤΛ | 22 | | maged at Statu | | Code: | 0 27 28 | 27 27 | |
| | Vehicle Travel D | L | EW | Responding to Em | ergency? 2 | | Sequence 1 | 23 | 23 | 23 | 23 | | e of T | | | 29 | | |
| ⁹ 2 | Citation # (If Iss | ued) | | | | | Harmful Event | 1 | 24 | 25 | 25 | BA | .C Tes | t Resu | lt: | 1 30 | | |
| | Viol. 1: Ch/Sec/ | Sub | | l. 2: Ch/Sec/Sub - | | | r Contributing Co | | 19 26 | 23 | | | | ohol | | | Drug: 2 32 | |
| | Viol. 3: Ch/Sec/S | | | . 4: Ch/Sec/Sub – | mants involved | Drive | r Distracted by | 0 | 34 | 35 | 36 | 37 | 38 | om sce | 40 | 2 33 | | 4 |
| | Name (Last First M | liddle) | | I | Address | | DOB/Age | Sex | Seat Pos. | Safety System | Airbag Status | Eject | Trap Code | Injury Status | Transp. Code | Me | dical Facility | _ |
| | Operate | or/Non-Mo | torist | | See Above | | \nearrow | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | 4 | |
| | FABIO SILVA | 7 | | ***UNKNOWN*** WILMINGTON, MA | 01887 | | · | м | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | , | | | | | | | | | | | | | |

| | = Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | 오 = Pedestria | n 929 = | Bicycle | |
|--|-------------------|---------------|---------------|------------------------|----------------|---|-----------|
| Crash Diagram: | ie: → | → | 2 | → 🖁 | → № | | |
| | | 90 West St | | | | If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way | nt . |
| 2 | | <u> </u> | | Mobil 316 Lowell St | | Indicate North by A | Arrow |
| Crash Narrative: | | | | | | | |
| Prior to the accident | , MV1 was stopp | ed on West | St waiting | in traffic | facing | SB. The | |
| operator of MV1 stated | d MV2 was in fr | ont of him | in traffic | and started | l to bac | k up. MV2 | |
| packed into MV1 causin | | | | | | | |
| was backing up to let | | | | | | not see MV1. | |
| There was no visible o | damage to MV2. | Both partie | s reported | no injuries | 3. | | |
| | | | | | | | |
| | - | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| Witnesses: | | | | | | | |
| Name (Last,First,Middle) | | Address | | | Phone # | | Statement |
| | | | | | | v | |
| | | | | | | | |
| | | ŀ | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 41-Type D | Asserintion of | Damaged Property | |
| (, | 11000 | | I none ii | 41-1ypc D | escription or | Jamaged 1 Toperty | |
| | | * | | | | | |
| | | | | | | | |
| Truck and Bus Information | Registration # | | (From | Vehicle Section) | | | |
| Carrier Name | | | | | | Bus Use | 42 |
| Address | | | City | - | S. | Zip | |
| | | | | | | | |
| US DOT #: | | | | MC/MX/IC | CC #: | | |
| | y Type Code | GVWR/GCWR | 45 | | _ | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trailer | Length | 46 | |
| Hazmat Information: | | | | | 1 | | |
| Placard 47 Material 1 digit | # 48 Material Nam | me | | Material 4 digit | # | Release code | 49 |
| Patrol Officer Meghan | Sousa | | 214 | Wilmington 1 | Police D | epartment 12/ | 21/2020 |
| Police Officer Name (Please Print) | Signature | | | Department | | /Barracks Date | |

| | Police Use Only | Comm | onwealth | of Massach | ıusetts | | RM | (V Docu | ment Number | |
|-----------------------|--|--------------------------------------|-----------------|----------------------------|----------------------------|-----------------------------|--|----------------|----------------------------------|-----------------|
| | Date of Crash Time of Crash | City/Town] | Motor Veh | icle Crash | Number Vehicles | Number Injured | Speed Limi | 30 | Local Police | |
| | 12/22/2020 1212 Wil | mington | Police 1 | Report | 2 | 0 | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | CION: | < LOCA | | | 1- | r inter | SECT | | 1 |
| | | | | | *** | | | | | 10 |
| | | | | | 490 | MAIN | | | | 2 |
| ¹ 1 | Route# Direction | Name of Roadway/Stree | t | Route# Direction | Address # | | Name of | Roadwa | ay/Street | |
| | | 7.4 | | Feet N S | E W of | | - | or | | |
| | Route# Direction Na | nne of Intersecting Roadway | //Street | | | Mile Ma | ırker | | Exit Number | 5 11 |
| | | Also at Intersection with | 1 | Feet N S | | Route# | Inters | ecting Re | oadway/Street | |
| ² 1 | Route# Direction Na | ume of Intersecting Roadway | //Street | Feet N S | E W of | | | | | |
| 1 | | The of intersecting reductary | , street | | | | L | andmark | | 1 |
| 3 | Please Select One of the Following: | #Occupants | ın 🔲 Moped | Crash Report | t ID# 20 | -31 | 5-A(| 2 | | |
| | License # S64157378 St N | <u> </u> | | | | | ··· | | - 1/2 | 1 |
| | 10 10 | 20 | | 599AK3 | | | | | 21 | 3 ¹² |
| | Sex_M Lic. Class D Lic. | | orsement | /ear <u>2019</u> | | | | Veh (| Config. 1 | |
| 4 | Operator ODONNELL, MIC | First A | Middle | er <u>ODONNELL</u> Last | , MICH | AEL J | Γ | Mide | dle | |
| ⁴ 1 | Address 262 FOREST ST | | Addr | ess 262 FORE | ST ST | | | | | |
| | City READING Sta | te MA Zip 01867- | •1414 City | READING | | Sta | te MA | Zip 01 | 867-1414 | |
| | Insurance Company THE STAND | ARD FIRE INS | SURAN Vehic | le Action Prior to Crasl | ı 2 | 22 D | amaged Area | Code: | s ²⁷ 27 27 | |
| | Vehicle Travel Direction: N E W | Responding to Emergen | ncy? 2 Even | Sequence 1 23 | 23 23 | 23 To | est Status: | 1 | 28 | |
| 5 | Citation # (If Issued) | | | Harmful Event 1 | 24 | — Ту | pe of Test: | | 29 | |
| | Viol. 1: Ch/Sec/Sub | Wiel 2: Ch/See/Sub | | r Contributing Code | 1 25 | 25 | AC Test Res | | 1 30 | 13 |
| | | | | _ | 26 | | isp. Alcohol: | | Susp. Drug: 2 32 | |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | rator and all occupants involved | | r Distracted by 0 | 34 35 | 36 37 | owed from so | ene? [2 | 2 33 | ļ |
| | Name (Last First Middle) | • | ddress | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | Transp. | Medical Facility | |
| | Operator | See A | Above | \times | 1 1 | 4 0 | 0 10 | ı | | |
| | MARJORIE ODONNELL | 262 FOREST ST READING, MA 01867-1 | 1414 | F | 3 1 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | + | | İ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non-M | lotorist A Type | 15 Action 16 | Location | 17 Condit | tion 18 | П | lit/Run Moped | |
| т | | (3) | | 40007 | <u> </u> | | | | | ł |
| | 10 10 | 1A DOB/Age | _ | 40007 | | | | | g State MA | |
| | Sex M Lic. Class A M Lic. | | orsement | ear 1999 | | | tiona. | L Veh (| Config. 10 | |
| 81 | Operator SEVENER, KENN | First N | | er SEVENER , | KENNE | TH J | | Mide | dle | |
| | Address 395 MIDDLESEX | AVE | Addre | ess 395 MIDD | LESEX | AVE | | | | 1.1 |
| | City WILMINGTON Stat | e MA Zip 01887 - | 2147 City | WILMINGTON | <u> </u> | Sta | te MA | Zip 01 | 887-2147 | 1 14 |
| | Insurance Company SAFETY IN | ISURANCE COM | PANY Vehic | le Action Prior to Crash | 4 | 22 D | amaged Area | Code: | 27 27 27 | |
| | Vehicle Travel Direction: SEW | Responding to Emergen | cy? 2 Event | Sequence 1 23 | 23 23 | 23 Te | est Status: | 1 | 28 | |
| 0 | Citation # (If Issued) T2445626 | - | Most | Hannful Event 1 | 24 | • | pe of Test: | | 29 | ĺ |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub 90 9 | | Drive | r Contributing Code | 19 25 | 25 | AC Test Res isp. Alcohol: | | Susp. Drug: 2 32 | |
| | | | | r Distracted by 99 | | | oved from so | _ | 22 | |
| 1 | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | | | . Distracted by | 34 35 | 36 37 | 38 39 | ene? 2 | 2 | ļ |
|] | Name (Last First Middle) | • | Idress | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | | Medical Facility | |
| | Operator/Non-Motoris | t See A | Above | \times X | 1 1 | 4 0 | 0 10 | 1 | | - |
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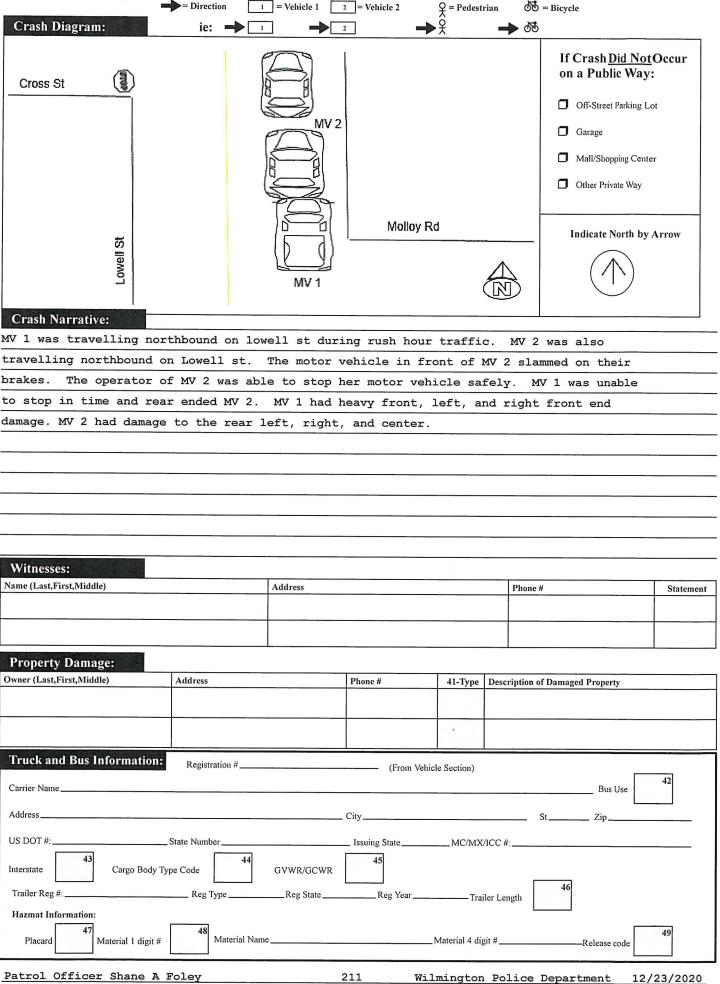


Wilmington Police Department Images Associated with 20-315-AC

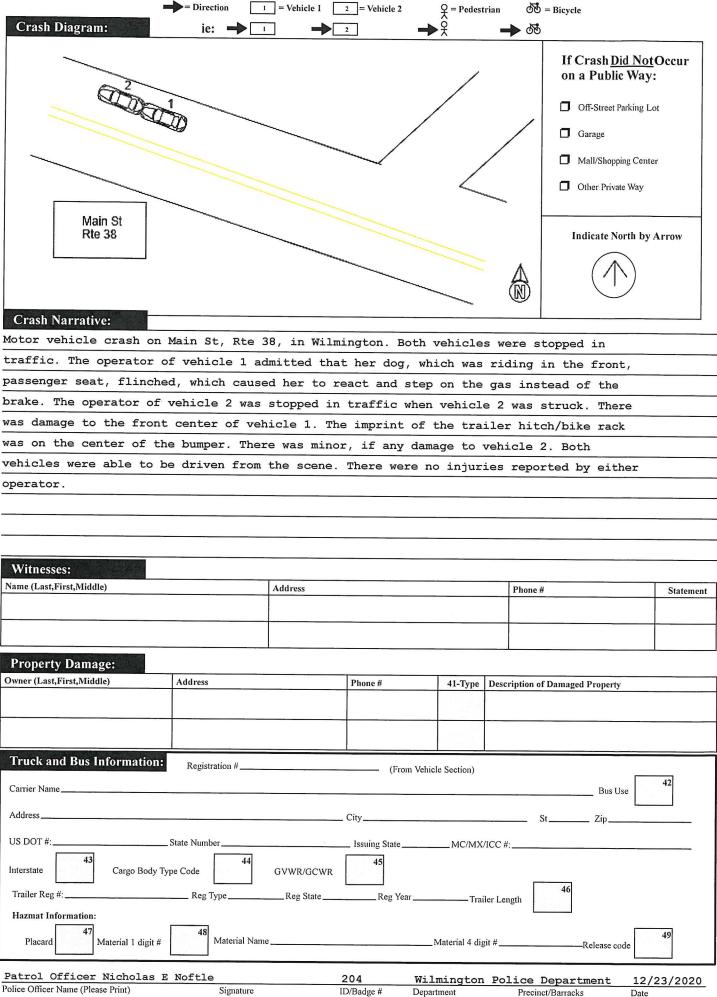




| | Police Use Only | Common | wealth | oi Massac | husetts | 8 | RMV | V Document Number | |
|-----------------------|--|---------------------------------|----------------|-------------------------|----------------------------|-----------------------------|------------------------------|-------------------------------|-------------|
| | 1 1 | City/Town Mo | otor Veh | icle Crasl | Number Vehicles | | Speed Limit_ | Local I once | П |
| | 12/23/2020 1605 Wilm | ington | Police : | Report | 2 | Injured O | Latitude Longitude | Campus Police | |
| | AT INTERSECTION | ON: < | | TION > | | | | SECTION: | 1 |
| | | | Loca | | | NOT A. | I IIVI LONG | ECTION. | 10 |
| | | | | | 62 | LOWE | LL ST | | 2 |
| ¹ 1 | Route# Direction | Name of Roadway/Street | | Route# Direction | | | | Roadway/Street | |
| 1 | | At | | East M | S E W of | | _ • | | |
| | Route# Direction Name | of Intersecting Roadway/Stre | et | reet 🔼 | <u>5 E + </u> 0 | Mile Ma | | Exit Number | - 11 |
| | | Also at Intersection with | | Feet N | S E W of | | | | 72 |
| | | | | Feet N | S E W of | Route# | Interse | cting Roadway/Street | |
| ² 1 | Route# Direction Name | of Intersecting Roadway/Stre | et | | | | Lau | ndmark | - |
| | Please Select One Vivalia 1 | #Occupants Hit/Run | | | 20 | 21 | | | 1 |
| ³ 97 | of the Following: | Hit/Run | Moped | Crash Repo | ort ID# 2 0 | -31 | 6-AC | , | |
| | | DOB/Age | Reg i | 8VV569 | | Reg Type | PC PC | Reg State MA | - 12 |
| | Sex F Lic. Class D 19 19 Lic. Res | strictions 20 CDL | Veh ' | Year 2015 | _ Veh Make_ | OYOTA | | _ Veh Config. 1 21 | 1 " |
| | Operator GUY, MADISON J | Endorsem | ent | er GUY , RA I | | | | <u> </u> | |
| ⁴ 1 | Address 39 MILL RD | First Middle | | ess 39 MILL | | First | | Middle | |
| | | M7 7: 01997-33 | | | | | 2.63 | 01007 2247 | • |
| | Carrier State 1 | | - | WILMINGTO | | | | ip 01887-3347 | 1 |
| | Insurance Company SAFETY INS | OKANCE COMPA | NY Vehic | cle Action Prior to Cra | | | amaged Area (est Status: | Code: 8 27 1 27 2 27 | |
| ⁵ 2 | Vehicle Travel Direction: SEW | Responding to Emergency? | 2 Even | Sequence 1 23 | 23 23 | 23 | pe of Test: | 29 | |
| 2 | Citation # (If Issued) | - | Most | Harmful Event 1 | 24 | • | AC Test Resul | 30 | |
| | Viol. 1: Ch/Sec/Sub ——— Vio | ol. 2: Ch/Sec/Sub | Drive | er Contributing Code | 1 25 | 25 | sp. Alcohol: | | 1 13 |
| | Viol. 3: Ch/Sec/Sub Vio | ol. 4: Ch/Sec/Sub | Drive | er Distracted by | 26 | | wed from sce | | |
| ⁶ 1 | Please fill out for operato | or and all occupants involved | | | 34 35 | 36 37 | 38 39 | 40 | - |
| | Name (Last First Middle) | Address | | DOB/Age Se | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | Transp. Code Medical Facility | _ |
| | Operator | See Above | e | | 1 1 | 4 0 | 0 10 | 1 | |
| | | | | | | | | | |
| | | | | | | | | | 1 |
| | | | | | | | | | 4 |
| | | <u> </u> | | | | | | | |
| ⁷ 1 | Please Select One of the Following: Wehicle 21 # | Occupants Non-Motori | st A Type | 15 Action 16 | Location | 17 Condit | ion 18 | Hit/Run Moped | 1 |
| | | DOB/Age | | 282ZN6 | | | | | ┨ |
| | 10 10 | 20 | | | | | | Reg State MA 21 | · |
| | Sex E Lic. Class D Lic. Res | strictions 1 CDLEndorsem | ent | 'ear <u>2020</u> | | .TA | | _ Veh Config. 1 | |
| ⁸ 1 | Operator JONES, GINA M | irst Middle | | er JONES , G | | First | | Middle | |
| | Address 209 BURLINGTON | | | ess 209 BUR | LINGTO | N AVE | | | |
| | City WILMINGTON State 1 | MA Zip 01887-31 | 94 City 1 | WILMINGTO | N | | | p 01887-3194 | 2 14 |
| | Insurance Company PROGRESSIVE | E CASUALTY IN | SU Vehic | le Action Prior to Cra | sh 1 | 22 Da | amaged Area (| Code: 4 27 1 27 6 27 | |
| | Vehicle Travel Direction: SEW | Responding to Emergency? | Event | Sequence 23 | 23 23 | 23 Te | st Status: | 1 28 | |
| 0 | Citation # (If Issued) | | Most | Hammful Event 1 | 24 | | pe of Test: | 29 | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub ———— Vio | ol 2: Ch/San/Sls | | r Contributing Code | 1 25 | 25 | AC Test Resul | | |
| | | | | | 26 | Su | sp. Alcohol: 2 | _ 22 | |
| ļ | Viol. 3: Ch/Sec/Sub Vio | | | r Distracted by 0 | 34 35 | To | wed from scen | ne? 2 33 | 4 |
| | Please fill out for operator/non-n Name (Last First Middle) | notorist and all occupants invo | ıvea | DOB/Age Se | Seat Safety | Airbag Eject | Trap Injury | Transp. Code Medical Facility | |
| | Operator/Non-Motorist | See Above | — — | | 1 1 | 4 0 | 0 10 | 1 | |
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| | Police Use Only | Comn | nonwealth - | of Massach | ıusetts | 5 | RM | IV Docum | ient Number | İ |
|-----------------------|--|---------------------------------|-----------------|--------------------------|----------------------------|-----------------------------|----------------------------|-----------------------|---------------------------------------|------|
| | Date of Crash Time of Crash 12/23/2020 1555 Wi | City/Town | Motor Veh | icle Crash | Number Vehicles | i | Speed Limi | t30 | State Police Local Police MBTA Police | 1 |
| | 12/23/2020 1555 Wi. | lmington | Police | Report | 2 | Injured O | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | AT INTERSEC | TION: | | TION > | | NOT A | r inter | SECT | | 1 |
| | | | | | . | | 1111101 | COLOT | 10111 | 10 |
| | R | | | | 510 | MAIN | | | | |
| 1 | Route# Direction | Name of Roadway/Stre | eet | Route# Direction | Address # | | Name of | f Roadway | //Street | |
| _ | | 7 tt | | Feet N S | E W of | | • | - or | | |
| | Route# Direction N | ame of Intersecting Roadwa | ay/Street | | | Mile M | arker | | Exit Number | 2 11 |
| | | Also at Intersection wi | th | Feet N S | E W of | Route# | | antina Da | adway/Street | 2 |
| ² 1 | Route# Direction N | ame of Intersecting Roadwa | /5 | Feet N S | E W of | Kome# | inters | ecung Ko | adway/Street | |
| 1 | Nonce Direction | ame of intersecting Roadwi | ay/Street | | | | L | andmark | | |
| 3 | Please Select One of the Following: | #Occupants Hit/F | Run Moped | Crash Report | t ID# 20 | -31 | 7-20 | 7 | | |
| ³ 99 | g. | | | | | | | | | |
| • | License # S30316912 St | DOB/Age | Reg # | 6NB456 | | Reg Typ | PC | Reg | | 12 |
| | Sex F Lic. Class D 19 Lic | . Restrictions CD | DL Veh ' | Year <u>2013</u> | Veh Make <u>H</u> | IYUNDA | II | Veh Co | onfig. 21 | |
| | Operator GAROFANO, SA | | | er GAROFANO | , SAMZ | NTHA | A | | | |
| ⁴ 1 | Address 4214 HORSESHO | E LN | | ess 4214 HOR | SESHO | E LN | | Middle | c | |
| | City WILMINGTON St | ate MA Zip 01887 | -6005 City | WILMINGTON | 1 | Sta | te MA | Zin 018 | 887-6005 | |
| | Insurance Company SAFETY I | | | le Action Prior to Crasl | [| | amaged Area | | 27 27 27 | |
| | Vehicle Travel Direction: N S E | _ | | | 23 23 | | est Status: | 1 | 28 | |
| 5 | | Responding to Emerge | | Sequence 1 | | | pe of Test: | - | 29 | |
| | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | В. | AC Test Res | ult: 1 | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 20 25 9 | 7 ²⁵ Si | ısp. Alcohol: | 2 31 5 | Susp. Drug: 2 32 | 1 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by 5 | 26 | To | owed from so | cene? 2 | 33 | L |
| 1 | - | erator and all occupants invo | | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 Trap Injury | 40 Transp. | | |
| | Name (Last First Middle) Operator | | Address | DOB/Age Sex | Pos. System | Status Code | Code Status | Code | Medical Facility | |
| | Орегиног | 566 | Above | | 1 1 | 4 0 | 0 10 | 1 | | |
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| | | | | | | <u></u> | | | | |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non-I | Motorist A Type | 15 Action 16 | Location | 17 Condit | ion 18 | Hit | /Run Moped | |
| | License # S18562738 St J | MA DOB/Age | Reg # | 3DM530 | | Pag Tung | PC | Page | C MA | |
| | | 20 | _ | | | | | _ | 21 | |
| ĺ | | End | lorsement | ear 2008 | | | | Veh Co | onfig. | |
| ⁸ 2 | Operator DELIGIANIDIS | First | Middle - | er DELIGIAN | • | First | | Middle | | |
| | Address 88 PEACH ORCH | | | ess 88 PEACH | | ARD RI |) | | | 14 |
| - 1 | City BURLINGTON Sta | te MA Zip 01803 - | -3231 City] | BURLINGTON | T | | | _ | | 1 '* |
| | Insurance Company THE COMME | RCE INSURAN | CE CO Vehic | le Action Prior to Crash | 2 | 22 Da | amaged Area | Code: 5 | | |
| I | Vehicle Travel Direction: NSE | Responding to Emerge | ency? 2 Event | Sequence 1 23 | 23 23 | 23 Te | st Status: | 1_ | 28 | İ |
| 9 | Citation # (If Issued) | | Most | Hamful Event 1 | 24 | - | pe of Test: | <u> </u> | 29 | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub | Viol 2: Ch/Sac/Sub | | r Contributing Code | 1 25 | 25 | AC Test Resi | | 30 | |
| 1 | | | | - | 26 | | sp. Alcohol: | | Susp. Drug: 2 32 33 | |
| - | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | | | Distracted by 0 | 34 35 | 36 37 | wed from sc | ene? 2 | | |
| | Name (Last First Middle) | • | its involved | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | 40 Transp. Code | Medical Facility | |
| | Operator/Non-Motoris | See See | Above | | 1 1 | 4 0 | 0 10 | 1 | | |
| r | | | | / /) | | | | \vdash | | |
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| 1 | | | | | | | | | | |



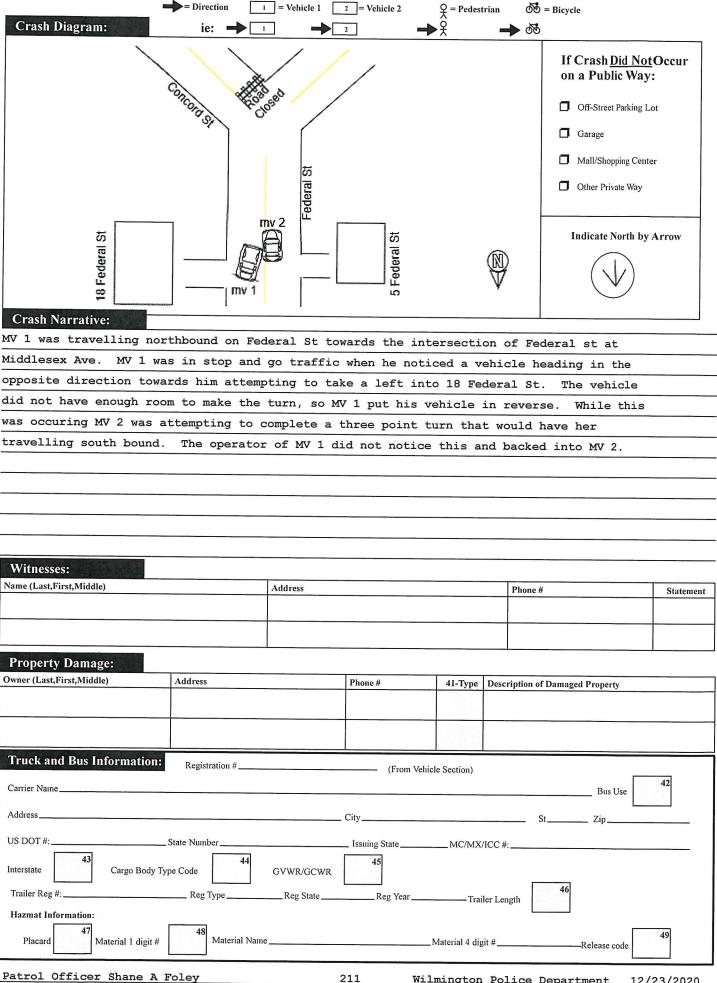
| | Police Use Only | Commonwealth of Massachusetts RMV Document Number | | | | | | | | |
|-----------------|--|---|------------------|--------------------------|-------------------------------------|---|-------------------------------------|---------------|----------------------------------|-------------|
| | Date of Crash Time of Crash 12/23/2020 1755 Will | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Lim | it35 | Local Police | |
| | 24HR | mington | Police 1 | Report | 3 | 0 | Latitude Longitude_ | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | TION: | < LOCA | TION > | | NOT A | r intei | | | 1 |
| | | | | | | *************************************** | | | ****** | 2 10 |
| | Route# Direction | Name of Roadway/Str | eet | Route# Direction | 272 Address # | LOWE | Name o | | /ay/Street | |
| ¹ 4 | | At | | | | | Trume o | - readin | ay/bucct | 1 |
| L | Route# Direction Na | ume of Intersecting Roadw | 10. | Feet N S | E W of | Mile Ma | • arker | - or _ | Exit Number | |
| | Rotter Direction INA | Also at Intersection w | | Feet N S | E W of | | | | | 2 11 |
| _ | | | | Feet N S | | Route# | Inter | secting F | Roadway/Street | |
| ² 1 | Route# Direction Na | me of Intersecting Roadw | ay/Street | | LL | - | I. | andmark | | _ |
| 3 | Please Select One of the Following: | #Occupants Hit/I | Run Moped | Crash Report | ID# 20 | -31 | ******* | | - | 1 |
| ³ 99 | License # S63494671 St N | | | | | | | | | 4 |
| | 10 10 | 20 | | 5VA598 | | | | | 21 | 1 12 |
| | Sex 44 Lie. Class D Lie. | Fn | dorsement | Year 2012 \ | | | | Veh | Config. 1 | |
| ⁴ 3 | Operator SIERRA, KEVIN | First | Middle | er SIERRA, F | | BRADI First | EY | Mi | ddle | |
| 3 | Address 2 KATHLEEN DR | | | ess 2 KATHLE | | | | | | |
| | City ANDOVER State | | - | ANDOVER | | _ | | | L810-1902 | |
| | Insurance Company ESURANCE | | | le Action Prior to Crash | | ᆜ ౣ | amaged Are | a Code: | 1 27 27 27 28 | 1 |
| ⁵ 1 | Vehicle Travel Direction: N S W | Responding to Emerg | ency? 2 Event | Sequence 1 23 | 23 23 | 23 | pe of Test: | | 29 | |
| | Citation # (If Issued) | - | Most | Harmful Event 1 | 24 | В. | AC Test Res | sult: | 1 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 99 ²⁵ | 25 Տւ | ısp. Alcohol | 2 31 | Susp. Drug 2 32 | 1 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by 99 | 26 | To | owed from s | cene? | 2 33 | |
| | Please fill out for oper Name (Last First Middle) | ator and all occupants inve | olved Address | DOB/Age Sex | 34 35 Seat Safety Pos. System | 36 37 Airbag Eject Status Code | 38 39 Trap Injury Code Status | | Medical Facility | 1 |
| | Operator | Sec | e Above | XX | 1 1 | 4 0 | 0 10 | 1 | product i demen | 1 |
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| ŀ | | | | | | | | - | | - |
| | | | | | | | | | | 4 |
| ⁷ 1 | of the Following: Vehicle 21 | #Occupants Non-l | Motorist A Type | Action 16 L | ocation | Condit | ion 18 | ŀ | Hit/Run Moped | |
| | License # S77817951 St M | A DOB/Age | Reg # | 969XW1 | | Reg Type | PC | Re | g State MA | 1 |
| | Sex M Lic. Class D 19 Lic. F | | L Veh Y | ear 2015 v | eh Make <u>J</u> | | | | 21 | |
| | Operator SIMIONE, NICH | | lorsement | r SIMIONE, | | _ | | | | |
| ⁸ 2 | Address 11 APPLETREE I | N | | ss 11 APPLE | ree i | First N | | Míd | ldle | |
| | City WILMINGTON State | e MA Zip 01887 | -3916 City 1 | WILMINGTON | | Sta | te MA | Zip 01 | .887-3916 | 1 14 |
| | Insurance Company THE STAND | ARD FIRE IN | SURAN Vehicl | e Action Prior to Crash | 2 | 22 Da | maged Area | Code: | 1 27 5 27 27 | |
| | Vehicle Travel Direction: NSWW | Responding to Emerge | ency? 2 Event | Sequence 23 | 23 23 | 23 Te | st Status: | | 1 28 | |
| 2 | Citation # (If Issued) | <u></u> | Most : | Harmful Event 1 | 24 | - | pe of Test: | | 29 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Driver | Contributing Code | 1 25 | 25 | AC Test Res sp. Alcohol: | : | 1 30 Susp. Drug: 2 32 | |
| | Viol, 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Driver | Distracted by | 26 | | wed from so | <u> </u> | 33 Brug. 2 | |
| <u> </u> | Please fill out for operator/nor | • | | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 Trap Injury | 40 | |] |
| | Name (Last First Middle) Operator/Non-Motorist | | Above | DOB/Age Sex | Pos. System | Status Code | Code Status | Code | Medical Facility | 1 |
| } | Specialist ton-mounts | See | 2 100VC | | 1 1 | 4 0 | 0 10 | 1 | | - |
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| | Pol | ice Use Only | Con | nmonwealth | of Massach | usetts | 1 | RM | V Document Number | | |
|-----------------------|------------------------------------|---------------------------|--------------------------------|--------------------------|----------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--|----------|----|
| | Date of Crash 12/23/2020 | Time of Crash 1755 | City/Town Wilmington | Motor Ve | hicle Crash | Number Vehicles | | Speed Limit | 35 State Police Local Police MBTA Police | 8 | |
| | * | 24HR | | | Report | 3 | 0 | Latitude Longitude | Campus Police Other: | <u> </u> | |
| | | AT INTERS | SECTION: | < LOC | ATION > | | NOT A | Γ INTER | SECTION: | | 10 |
| | | | | | | 272 | LOWE | ELL ST | ı | 2 | 10 |
| ¹ 4 | Route# Direc | ction | Name of Roadway | //Street | Route# Direction | Address # | | Name of | Roadway/Street | | |
| | | | | | Feet N S | E W of | | | or | | |
| | Route# Direc | ction | Name of Intersecting Ro | | Feet N S | E W of | Mile Ma | arker | Exit Numbe | 2 | 11 |
| | | | | | Feet N S | | Route# | Interse | ecting Roadway/Street | | |
| ² 1 | Route# Direc | etion | Name of Intersecting Ro | adway/Street | | | | La | ndmark | | |
| ³ 99 | Please Select (of the Followi | | 31 #Occupants I | lit/Run Moped | Crash Report | 1D# 20 | -31 | 8-AC | 1 | | |
| 99 | r | | St_ MA _ DOB/Age | Rec | # 2LMH54 | | | | | | |
| | Sex M Lic. 6 | 101 1/ | | CDLVel | Year 2009 \ | | | | | 21 1 | 12 |
| | Operator NU | NEZ, ROB | ERT E | ' Endorsement | ner NUNEZ, RO | | E | | - | | |
| ⁴ 3 | Address 47 | BEACON S | First ST APT 1 | Middle | dress 47 BEACOL | | First APT | 1 | Middle | | |
| | City LAWR | ENCE | State MA Zip 018 | 43-2016 City | LAWRENCE | | Sta | ite MA 2 | tip 01843-20 | 16 | |
| | Insurance Comp | any THE ST | ANDARD FIRE | INSURAN Veh | icle Action Prior to Crash | 2 | 22 D | amaged Area | Code: 5 27 27 | 27 | |
| ⁵ 1 | Vehicle Travel D | pirection: NS | Responding to En | nergency? 2 Eve | nt Sequence 1 23 | 23 23 | 23 | est Status: | 28 29 | | |
| Т | Citation # (If Iss | ued) | | Mo | st Harmful Event 1 | 24 | В. | pe or rest: AC Test Rest | | | |
| | Viol. 1: Ch/Sec/S | Sub | Viol. 2: Ch/Sec/Sub | Driv | ver Contributing Code | 1 25 | 25 Տւ | ısp. Alcohol: | 2 31 Susp. Drug:2 | 32 1 | 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/S | | Viol. 4: Ch/Sec/Sub | | ver Distracted by | 26 | | owed from sc | | | |
| | Name (Last First M | | or operator and all occupants | Address | DOB/Age Sex | 34 35 Seat Safety Pos. System | 36 37 Airbag Eject Status Code | 38 39 Trap Injury Code Status | 40 Transp. Code Medical Facilit | у | |
| | Operato |)r | | See Above | \times X | 1 1 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ⁷ 1 | Please Select O of the Followin | | 4#Occupants N | on-Motorist A Type | 15 Action 16 L | ocation | 17 Condit | ion 18 | Hit/Run M | oped | |
| | License # | , | St DOB/Age | Reg | # | | Reg Type | | | | |
| | Sex Lic. C | Class 19 19 | Lic. Restrictions 20 | Endorsement | Year V | eh Make | | | _ Veh Config. | 21 | |
| °o l | Address | Last | First | Middle | tast Last | | First | | Middle | | |
| | City | | State Zip | | | | Sta | te Z | ip | | 14 |
| | | | | | cle Action Prior to Crash | | == | unaged Area | | 27 | |
| | Vehicle Travel Di | rection: NS | E W Responding to Em | ergency? Even | nt Sequence 23 2 | 23 23 | *** | st Status: | 28 | | |
| 2 | Citation # (If Issu | ed) | | Mos | t Harmful Event | 24 | • | pe of Test: AC Test Resu | 29 lt: 30 | | |
| _ | Viol. 1: Ch/Sec/S | ub ——— | Viol. 2: Ch/Sec/Sub - | Driv | er Contributing Code | 25 | 25 | sp. Alcohol: | 31 Susp. Drug: | 32 | |
| ļ | Viol. 3: Ch/Sec/S | | Viol. 4: Ch/Sec/Sub - | | er Distracted by | 26 | | wed from sce | | | |
| | Plea | | ator/non-motorist and all occ | upants involved Address | DOB/Age Sex | | 36 37 Airbag Eject Status Code | 38 39 Trap Injury Code Status | 40 Transp. Code Medical Facility | | |
| | Operato | r/Non-Mot | orist | See Above | XX | 1 | | | | | |
| | | | | | | | | | | | |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |

| | | = Direc | ction | 1 = Vehicle 1 | 2 = Vehicle 2 | Q = Pedest | rian 💇 | = Bicycle | |
|---|---|-------------------------------------|---|---------------|-------------------|--------------------------|----------------|---|---|
| Crash Diagra | am: | ie | : → □ | → | . 2 | → } | → № | | |
| | gain taminin da da da da da da da da da da da da da | | | | | | | If Crash <u>Did No</u> on a Public Way | |
| | 272 Lowell | St | | | | | | Off-Street Parking 1 | Lot |
| | | | | | | | | ☐ Garage | |
| | | | · | | | | | Mall/Shopping Cen | ter |
| | | | | | | | | Other Private Way | |
| | | And the second second second second | Marie Calculated to a service of the contract | | | | | Other Thivate Way | |
| | | | | | | | | Indicate North by | Arrow |
| | | | | | | | Λ | | 111111111111111111111111111111111111111 |
| | | | | | | | | | |
| Crash Narra | tive: | | | | | | | | |
| Motor vehicl | | | | | | | | | |
| | | | | | | | | Vehicle 1 had | |
| | | | | | | | | er front and | |
| | | | | | | | | . No injuries | |
| | | | | | | be driven f | rom the | scene. Operator | |
| information | was exchang | ed bet | ween all | l three op | erators. | | | | |
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| | | | | | | | | | |
| Witnesses: | | | | | | | | | |
| Name (Last,First,Mi | ddle) | | *************************************** | Address | | | Phone | # | Statement |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Dan | nage: | | | | | | 1 | | |
| Owner (Last,First,M | iddle) | Address | | | Phone # | 41-Type | Description of | of Damaged Property | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus | s Information: | Regist | ration # | | (Fr | om Vehicle Section) | | | - |
| Carrier Name | | | | 100 | (11 | om venicie section) | | Bus Use | 42 |
| Address | | | | | City | | | St Zip | |
| US DOT #: | | State Numl | oer | | Issuing State | MC/MX | /ICC #: | | |
| Interstate | Cargo Body Ty | pe Code | 44 | GVWR/GCWR | 45 | | | | |
| Trailer Reg #: | | Reg | Г уре | Reg State | Reg Y | earTra | iler Length | 46 | |
| Hazmat Informatio | | | | | | **** | L | | |
| Placard 4 | Material 1 digit # | 48 | Material Nam | ne | | Material 4 di | git # | Release code | 49 |
| | | | | | | | | | |
| Patrol Office Police Officer Name (F | | Noftle | Signature | | 204 ID/Badge # | Wilmington Department | | Department 12 | /23/2020 |

Signature

| | Police Use Only | Comn | nonwealth | lth of Massachusetts | | | | | RMV Document Number | | | |
|-----------------|--|------------------------------|--------------------|-------------------------|------------------------------------|--------------|---------------------|-----------------------|--------------------------------------|---|----------|------|
| | Date of Crash Time of Crash 12/23/2020 2007 Will | City/Town | Motor Veh | icle Crash | Numb Vehicl | | ımber jured | Speed I | Limit2 | State Police Local Police | 080 | |
| | 24HR | mington | Police : | Report | 2 | 0 | jurea | Latitud Longitu | | MBTA Police Campus Police Other: | 8 | |
| | AT INTERSECT | TION: | < LOCA | TION > | | NO | T A | | | CTION: | | |
| | | | | | | | | **** | | | | 2 10 |
| | Route# Direction | Name of Roadway/Stro | eet | Route# Direction | 18 Address | | EDE | RAL | | lway/Street | | |
| ¹ 4 | | At | | Routes Direction | Address | 7 | | Ivan | ie of Road | iway/street | | |
| L | D. H. Birth | | | Feet S | E W of | | — - lile Ma | • | or | Exit Number | <u> </u> | |
| | Route# Direction Na | Also at Intersection wi | | Feet N S | E W of | 14 | 1110 1012 | iikei | | Exit (diffee) | : | 10 |
| | | | | Feet N S | | Rou | te# | Ir | ntersecting | Roadway/Street | - | |
| ² 1 | Route# Direction Na | me of Intersecting Roadwa | ay/Street | 1661 119 | 12111 01 | | | | Y 1 | .1 | | |
| | Please Select One Vehicle 13 | #Occupants Hit/F | tun Moped | Crash Repor | .m. 2 (| 1 | 21 | 0 7 | Landma | IIK | \dashv | |
| ³ 97 | 5. | | | | | | | | | | | |
| t | License # S71739521 St N | 30 | Reg # | 7AM751 | | Re | eg Type | PC | l | | <u>.</u> | 12 |
| | Sex M Lic. Class D Lic. | Restrictions 1 CE | DL Veh Y | Year 2019 | Veh Make. | FOR | D | | Ve | h Config. 1 | | |
| 4 | Operator CRUZEN, IAN S | First | Owne | er <u>CRUZEN</u> , | IAN S | | First | | | Viiddle | | |
| ⁴ 1 | Address 27 BACON ST | | | ess 27 BACON | ST | | | | | *************************************** | | |
| | City_PEPPERELL Stat | e MA Zip 01463 | -1301 City_ | PEPPERELL | | | Sta | te MA | Zip_ _0 | 1463-130 | 1 | |
| | Insurance Company QUINCY MU | TUAL FIRE I | NSURA Vehic | le Action Prior to Cras | 10 | 22 | D | amaged A | Area Code | 5 27 27 | 27 | |
| 5_ | Vehicle Travel Direction: SEW | Responding to Emerge | ency? 2 Event | Sequence 23 | 23 23 | 23 | | st Status | | 1 28 | | |
| ⁵ 2 | Citation # (If Issued) | | Most | Hannful Event 1 | 24 | | | pe of Te | | 30 | | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 19 25 | 25 | el . | AC Test | hol: 2 3 | 1 | 32] | 1 13 |
| 6 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | | | | m scene? | 2 33 | ╛┠ | |
| ⁶ 1 | = | ator and all occupants invo | olved | | 34 35 Seat Safe | 36 Airbag | 37 Eject | 38 Trap I | 39 40 Injury Transp | | | |
| | Name (Last First Middle) Operator | | Address | DOB/Age Sex | Pos. Syste | m Status | Code | Code 5 | Status Code | Medical Facility | | |
| - | | 27 BACON ST | Above | | 1 1 | 4 | 0 | 0 1 | 10 1 | | | |
| | KATHLEEN CRUZEN | PEPPERELL, MA 014 | 63 | F | 3 1 | 4 | 0 | 0 1 | 1 1 | | | |
| | | | | ļ _}1 | 6 1 | 4 | 0 | 0 1 | 0 1 | | | |
| | | | | | | | | | | | | |
| ⁷ 1 | Please Select One of the Following: | _#Occupants Non-N | Motorist A Type | 15 Action 16 | Location | 17 | Condit | ion | 18 | Hit/Run Mo | nad l | |
| | | | | | | | | | | | | |
| | 10 10 | A DOB/Age | | 956LY2 | | | | PC | | Reg State MA | | |
| | | | orsement | ear 2004 | | | | | Vel | n Config. | ╛┃ | |
| 8 | Operator KIRRANE, ROBY | First | Middle | r KIRRANE | | F | irst | | N | tiddle | | |
| | Address 789 BOYLSTON S | | | ss 789 BOYL | | ST | | PT 1 | | | | 14 |
| - 1 | City CHESTNUT HILL State | | | CHESTNUT E | | 22 | | | | 2467-145 | , I | |
| - 1 | Insurance Company GOVERNMENT | | | e Action Prior to Crash | | Щ, | | imaged A st Status | Area Code | 27 27 27 2 | 27 | |
| - 1 | Vehicle Travel Direction: X S E W | Responding to Emerge | ncy? 2 Event | Sequence 1 23 | 23 23 | 23 | | pe of Tes | | 29 | | |
| ^2 | Citation # (If Issued) | _ | | Harmful Event 1 | 24 | | | C Test I | Result: | 1 30 | | |
| | Viol. 1: Ch/Sec/Sub ————— | Viol. 2: Ch/Sec/Sub | Driver | Contributing Code | 1 25 | 25 | Su | sp. Alcol | hol: 2 31 | Susp. Drug: 2 | 32 | |
| | | Viol. 4: Ch/Sec/Sub | | Distracted by 0 | 26 | | То | | n scene? | 3 33 | | |
| | Please fill out for operator/nor Name (Last First Middle) | • | ts involved | DOB/Age Sex | 34 35 Seat Safet Pos. System | | 37 Eject Code | Trap lr | 39 40 njury Transp. tatus Code | Medical Facility | | |
| | Operator/Non-Motorist | See | Above | X | 1 1 | 4 | 0 | 0 1 | 0 1 | | | |
| | | | | T Y | 3 1 | 4 | 0 | 0 1 | 0 1 | | | |
| Γ | | | | | 6 1 | 4 | | 0 1 | | | | |
| Γ | | | | | | - | - | J 1 | <u> </u> | | _ | |
| 1 | | | | | | | | | | | | |



Wilmington Police Department

12/23/2020

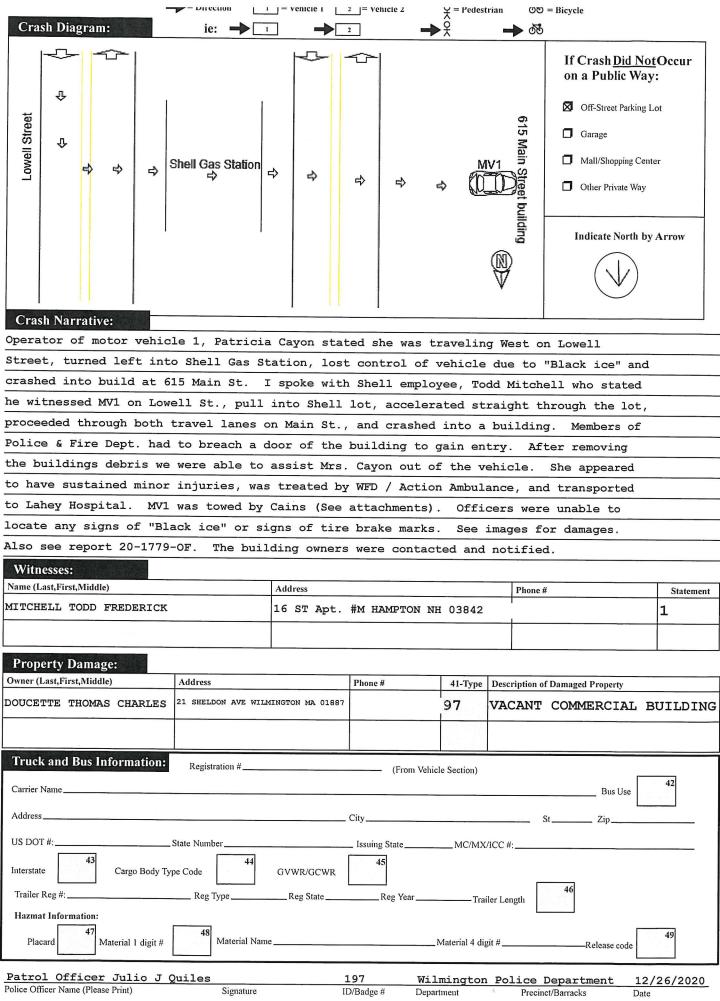
Department

| | Police Use Only | Com | nonwealth | of Massacl | husetts | S | RMV | Document Number | : |
|----------------|---|-------------------------------|-----------------|---------------------------|-------------------------------------|--------------------------------------|--|---|----------|
| | Date of Crash Time of Crash 12/24/2020 0801 Wil | City/Town mington | Motor Veh | icle Crash | Number Vehicles | | -F | 25 State Police Local Police MBTA Police Campus Police | 2 |
| | 24HR | milig con | Police | Report | 2 | 0 | Latitude | MBTA Police Campus Police Other: | i |
| | AT INTERSECT | TION: | < LOCA | ATION > | | NOT A | ΓINTERSE | | 1 |
| | | | | | | | | | 2 10 |
| | Route# Direction | Name of Roadway/Str | reet | Route# Direction | 85 Address # | GLEN | Name of Roa | adway/Street | |
| 11 | | At | | | | | Nume of Ros | idway/Sacct | |
| | Route# Direction Na | | | Feet N S | E W of | Mile Ma | — • — or | rExit Number | - |
| | Kontes Direction Na | Also at Intersection w | | Feet N S | E W of | | | | 2 11 |
| | | | | Feet N S | | Route# | Intersection | ng Roadway/Street | |
| ² 1 | Route# Direction Na | nne of Intersecting Roadw | ay/Street | 1001 1110 | .12.1.1.01 | | Landn | nords | _ |
| | Please Select Onc Vehicle 11 | #Occupants Hit/I | Run Moped | Culp | | 22 | | Idik | 1 |
| 3 | of the Pollowing. | | | Crash Repor | | | | | |
| <u> </u> | License # S74403493 St N | 1A DOB/Age | Reg | 2HEY64 | | Reg Type | PC | | 12 |
| | Sex M Lic. Class D Lic. | Restrictions CI | DL Veh | Year 2016 | Veh Make E | FORD | | Veh Config. 21 | |
| 4 | Operator BOYAGES, CHRI | STOPHER P | Middle Own | er BOYAGES, | CHRIS | STOPHE First | R P | Middle | - |
| ⁴ 1 | Address 37 HENRY J DR | | Addr | ess 37 HENRY | JDR | | | Middle | . |
| | City TEWKSBURY State | te MA Zip 01876 | -0000 City | TEWKSBURY | | Sta | te MA Zip_ | 01876-0000 | - |
| | Insurance Company THE COMME | RCE INSURAN | CE CO Vehic | ele Action Prior to Crasl | h 1 | 22 D | amaged Area Co | de: 1 27 27 27 | |
| 5 | Vehicle Travel Direction: N K E W | Responding to Emerg | ency? 2 Even | Sequence 1 23 | 23 23 | 23 Te | est Status: | 28 | |
| | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | - | pe of Test: | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | r Contributing Code | 19 ²⁵ 5 | 25 | AC Test Result: | 31 Susp. Drug: 32 | 1 13 |
| 6 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | | owed from scene | | |
| ⁶ 2 | • | ator and all occupants inv | olved | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 40 Trap Injury Tran | 0 | 1 |
| | Name (Last First Middle) | | Address | DOB/Age Sex | Pos. System | Status Code | Code Status Co | de Medical Facility | - |
| | Operator | Se | e Above | | 1 1 | 3 0 | 0 10 1 | | _ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 | Please Select One of the Following: Vehicle 21 | #Occupants No- | Motorist A Type | 15 16 | | 17 | . 18 | <u> </u> | 7 |
| ⁷ 2 | of the Following. | | , L | | Location | Condit | ion | Hit/Run Moped | |
| | 10 10 | A_ DOB/Age | _ | T31084 | | | CO | 21 | |
| | Sex M Lic. Class D M Lic. I | Restrictions CD | dorsement | ear 2008 | | | V | /eh Config. 2 | |
| ⁸ 1 | Operator CARTA, FRANK | E JR First | Middle | er CARTA, FI | RANK E | JR First | | Middle | - |
| | Address 107 GLEN RD | | | ess 107 GLEN | RD | | | | . 14 |
| | City WILMINGTON State | • | ···· | WILMINGTON | | | - | 01887-3537 | 1 1 |
| | Insurance Company THE COMME | RCE INSURAN | CE CO Vehic | le Action Prior to Crash | 4 | | maged Area Coo | de: 5 27 27 27 27 28 | |
| | Vehicle Travel Direction: N E W | Responding to Emerge | ency? 2 Event | Sequence 1 23 | 23 23 | 23 | st Status: pe of Test: | 29 | |
| ⁹ 2 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | - | AC Test Result: | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub —— | Drive | Contributing Code | 1 25 | 25 Su | sp. Alcohol: | 31 Susp. Drug: 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub —— | Drive | Distracted by | 26 | То | wed from scene? | 2 33 | |
| | Please fill out for operator/not Name (Last First Middle) | • | nts involved | DOB/Age Sex | 34 35 Seat Safety Pos. System | 36 37 Airbag Eject Status Code | 38 39 40 Trap Injury Trans Code Status Cod | sp. | |
| | Operator/Non-Motorist | See | Above | | 1 1 | | 0 10 1 | A BUILTY | 1 |
| | | | | | | | | | 1 |
| | | | | | | | | | - |
| } | | | | | | | | | _ |
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| | = Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | ♀ = Pedestri | an 📆 = | Bicycle | |
|----------------------------|------------------------|---------------|---------------|--------------------|-----------------|---|-----------|
| Crash Diagram: | ie: → | → | 2 | →Ŷ | → 55 | • | |
| 5700 | King st. Ext. Gi | en Rd. | · ♦ | | | If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cen Other Private Way Indicate North by | v: Lot |
| Crash Narrative: | | | | | | *** | × |
| | while travelling of | D == 01 D | | | | | |
| oncoming traffic | while travelling S | B on Gien R | d. rear end | led Car 2. | Car 2 wa | as waiting as | |
| 1. A&S towing to | subsided to take a | let turn o | nto King St | . when it w | was rear | ended by Car | |
| FD/EMS. | wed Car 1 to their | LOC. BOTh | operators r | efused med: | ical by T | Wilmington | |
| / | | | | | | | |
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| | | | | | | | |
| Witnesses: | | | | | | | |
| Name (Last, First, Middle) | | Address | | | l nı " | | |
| | | Address | | | Phone # | | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | _ | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type D | escription of D | amaged Property | |
| | | | | | | | |
| | | | | | | | |
| | 700 Sept. | | | | | | |
| Truck and Bus Inform | nation: Registration # | | (From V | ehicle Section) | | | |
| Carrier Name | | | | | | Bus Use | 42 |
| Address | | | City | | C. | Zip | |
| LIE DOT # | | | | | | | |
| US DOT #: | State Number | | | MC/MX/IC | C #: | | |
| | go Body Type Code | GVWR/GCWR | 45 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year_ | ———Trailer | Length | 46 | |
| Hazmat Information: | | | - | - Italiei | 20116111 | | |
| Placard 47 Material | 1 digit # Material Nam | e | | Material 4 digit # | # | Release code | 49 |
| Patrol Officer Dil | lon Halliday | | 205 T | 7:1: | | | |

ice Department
Precinct/Barracks

| Route# Direction Name of Roadway/Street At Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet NSEW of Feet | | Police Use Only | Commonwealth of Massachusetts RMV Document Number | | | | | | nt Number | | |
|--|----------------|---|---|------------------|---------------------------|----------------------------------|-----------|---------------------------|-----------------|---------------------------|---------------------|
| AT INTERSECTION: | | | | Motor Vel | nicle Crash | 1 1 | الدمست | • | | State Police Local Police | |
| AT INTERSECTION: A | | | mington | Police | Report | | - L | | | MBTA Police Campus Police | |
| Accorded Direction Name of Roadway/Steed | | AT INTERSECT | ION: | | | | | | | | 1 |
| Bacear Disection Name of Roadway/Street Roadway Disection Address Addres | | | *** | | | | | 11 1 1 231 | <u> </u> | 011. | 10 |
| A | | Powell Direction | | | | | AIN | | | | 2 |
| Routest Direction Name of Intersecting Roadway-Street Also at Intersecting Roadway-Street Also at Intersecting Roadway-Street Feet NS E W of Routest Intersecting Roadway-Street Reg Feet NS E W of Routest Intersecting Roadway-Street Reg Roadway-Street | ¹ 4 | Route# Direction Name of Roadway/Street | | | Route# Direction | Address # | | Name of | Roadway/S | Street | - |
| Percentage Processor Pro | | _ | • | | Feet NS | | | - • | or | | |
| Routed Direction Name of Intersecting Readenty/Street Name of Intersecting Readenty/Street Landerstr. | | Route# Direction Na | | | | ~ | Mile Mark | ег | | Exit Number | 1 11 |
| Record Discocion Name of Intersecting Readway/Street | | | Also at Intersection w | rith | | Rou | ıte# | Interse | ecting Road | lway/Street | |
| Please Solect One Wein't Followings Wein | 2, | Route# Direction Nam | me of Intersecting Roadw | /ay/Street | Feet NS | E W of | | | Ü | • | |
| License # SB3625000 St MA DOB/Age Sex. F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsanced Department of Control Departm | | | | · 1 | | | | La | ındınark | |] |
| Sex F Lie Class 19 19 Lie Restrictions 20 CDL Veh Wake HONDA Veh Config 1 11 7 7 1 | 3 | | #Occupants Hit/ | Run Moped | Crash Report I | D# 20-3 | 321 | -AC | 7 | | |
| Sex F Lie Class 19 19 Lie Restrictions 20 CDL Veh Wake HONDA Veh Config 1 11 7 7 1 | | License # \$83626000 St M | IA DOR/Age | Pog | # 78RW47 | D | T | | D C | MA | |
| Operator CAYON PATRICIA ANNE Industrement Ower CAYON PATRICIA ANNE Industrement Ower CAYON PATRICIA ANNE Industrement Ower CAYON PATRICIA ANNE Industrement Ower CAYON PATRICIA ANNE Industrement Ower CAYON PATRICIA ANNE Industrement Ower CAYON PATRICIA ANNE Industrement Ower CAYON PATRICIA ANNE Industrement Industrem | | 10 10 | 20 | | | | | | | 21 | 7 12 |
| 1 Address 2 WESTWOOD ST | | | Fr | idorsement | | | | | Veh Con | ifig. | \vdash |
| City BURLINGTON State MA Zip D1803-0000 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 20 24 27 35 32 23 23 24 27 37 27 27 27 27 27 27 | 41 | Last | First | Middle | Last | | | | Middle | | |
| Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 2 | | 4 | 04000 | | | | | | | | |
| Vehicle Travel Direction: N E Responding to Emergency? Event Sequence 20 28 42 28 35 23 23 Test Status: 1 28 Type of Test: 29 Type of Test: 1 30 Driver Contributing Code 1.9 28 97 28 Sup. Account 1 30 Driver Contributing Code 1.9 28 97 28 Sup. Account 1 30 Driver Contributing Code 1.9 28 97 28 Sup. Account 1 30 Driver Contributing Code 1.9 28 97 28 Sup. Account 1 30 Driver Contributing Code 1.9 28 97 28 Driver Contributing Cod | | i | | , | BURLINGTON | | | | | | |
| Sevent Sequence 20 42 35 33 33 33 33 33 33 3 | | Insurance Company THE COMME | RCE INSURAN | ICE CO Vehic | ele Action Prior to Crash | 1 22 | | | | | |
| Citation # (If Issued) | 5 | Vehicle Travel Direction: N S E | Responding to Emerg | gency? 2 Even | t Sequence 20 23 42 2 | 23 23 23 35 23 23 | | | 7 | | |
| Viol. 1: Ch/Sec/Sub | | Citation # (If Issued) | | Most | Harmful Event 35 | 24 | - • | | - | 30 | |
| Please Select One of the Following: Vehicle Class 19 19 Lie. Restrictions 20 CDL City Sea Lie. Class 19 19 Lie. Restrictions 20 CDL City State Zip City State Zip Danaged Area Code City State Zip State Zip State Status: Zip State Zip State Status: Zip State Zip State Status: Zip State Status: Zip State Status: Zip State Status: Zip State Status: Zip State Status: Zip State St | | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | er Contributing Code | 19 ²⁵ 97 ² | 5 | | I | ISD. Drug: 32 | 30 ¹³ |
| Please Select Onc | 6 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | er Distracted by | 26 | | | | | |
| Please Select One of the Following: Vehicle 2 | 1 | | ator and all occupants inv | rolved | | | | | | ····· | 1 |
| Please Select One of the Following: Vehicle 2 | | | | | DOB/Age Sex | Pos. System Status | Code (| Code Status | Code Lahe | | - |
| Condition Condition Condition Condition Condition Condition Condition Condition Moped | | Operator | Se | e Above | | 1 1 1 | 0 2 | 8 | 2 | | |
| Condition Condition Condition Condition Condition Condition Condition Condition Moped | | | | | | | | | | | |
| Condition Condition Condition Condition Condition Condition Condition Condition Moped | | | | | | | | | | | |
| Condition Condition Condition Condition Condition Condition Condition Condition Moped | | | | | | | | | | | |
| Condition Condition Condition Condition Condition Condition Condition Condition Moped | | Please Select One | #Occupants Disc | | 15 16 | 17 | | 18 | | | 1 |
| Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Owner Last | 1 | | Non- | Motorist A Type | Action Lo | ocation | Condition | 1 | Hit/F | Run Moped | |
| Sex Lie. Class Lie. Restrictions CDL Endorsement Owner Last First Middle Address City State Zip City Damaged Area Code: 27 27 27 27 27 27 27 27 27 27 27 27 27 | | | | Reg # | ł | Re | eg Type_ | | Reg St | | |
| Operator Last Pirst Middle Address Address City State Zip City State Zip Damaged Area Code: 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Vehicle Travel Direction: N S E W Responding to Emergency? Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Address Safety Saf | | | Restrictions CI | OL Veli Y | /ear Ve | h Make | | | Veh Con | fig. 21 | |
| Address | 8 | Operatorlast | | Own | er | | | | | | |
| City | 1 | Address | | | | | rust | | Middle | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: 28 Type of Test: 29 Most Hannful Event 24 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Poss Status Status Code Code Status Medical Facility | | City State | Zip | City_ | | | State | Z | ip | | 14 |
| Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 23 23 25 Tool States. Type of Test: 29 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by DoB/Age Sex Pos. Safety Airbag Eject Trap Injury Transp. Code Status Code Code Status Code Medical Facility | | Insurance Company | | Vehic | le Action Prior to Crash | 22 | Dam | aged Area | Code: 2 | 27 27 27 | |
| Citation # (If Issued) Most Hannful Event | | Vehicle Travel Direction: NSEW | Responding to Emerge | ency? Event | Sequence 23 2 | 3 23 23 | Test | Status: | 2 | 28 | |
| Viol. 1: Ch/Sec/Sub |) | Citation # (If Issued) | | Most | Hannful Event | 24 | | | ļ | | |
| Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) DOB/Age Sex DOB/Age DOB/Age Sex DO | 2 | Viol. 1: Ch/Sec/Sub | Jiol 2: Ch/Sec/Sub | | L | 25 25 | 5 | г | 24 | J | |
| Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex DOB/Age Sex DOB/Age Sex DOB/Age Sex DOB/Age Sex DOB/Age Sex DOB/Age Sex DOB/Age Sex Dob System Status Code Status Code Medical Facility | | | | | <u></u> | 26 | • | L | | | |
| Name (Last First Middle) Address DOB/Age Sext Safety Airbog Eject Trap Injury Transp. System Status Code Code Status Code Medical Facility | | | | | T I I | | 37 | | -me | | ļ |
| Uperator/Non-Motorist See Above 1 | | Please fill out for operator/non | i-motorist and all occupai | nes mvorveu | | | 100 . 10 | 1 | | | 1 |
| | | Name (Last First Middle) | - | | | | Code C | rap Injury ode Status | Transp. Code | Medical Facility | |
| | | Name (Last First Middle) | - | Address | DOB/Age Sex | Pos. System Status | Code C | rap Injury ode Status | Transp. Code | Medical Facility | |
| | | Name (Last First Middle) | - | Address | DOB/Age Sex | Pos. System Status | Code C | rap Injury ode Status | Transp. Code | Medical Facility | Per an and a second |
| | | Name (Last First Middle) | - | Address | DOB/Age Sex | Pos. System Status | Code C | rap Injury Sode Status | Transp. Code | Medical Facility | |



Wilmington Police Department Images Associated with 20-321-AC





Wilmington Police Department Images Associated with 20-321-AC





Wilmington Police Department Images Associated with 20-321-AC



