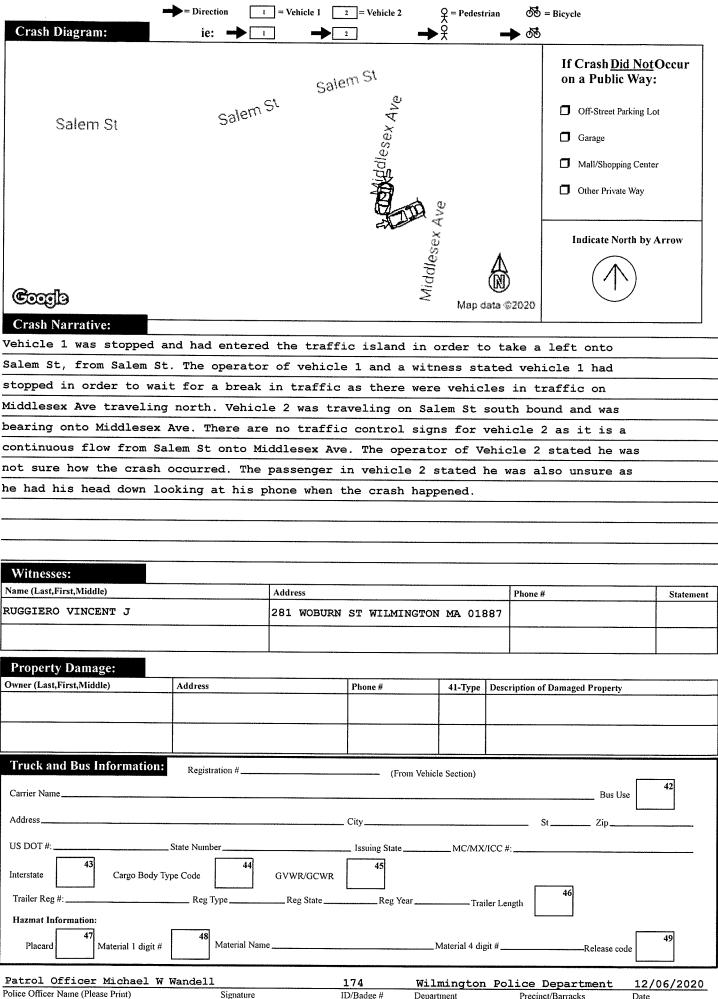
	Pol	lice Use Only	Com	monwealth	of Massac	chus	etts			RM	V Doc	ument Nu	ımber	7
	Date of Crash 12/06/2020	Time of Crash	City/Town ilmington	Motor Vel	icle Cras	$\mathbf{h} \begin{bmatrix} \frac{N}{V} \end{bmatrix}$	lumber ehicles	Numl Injur	Dpcc	d Limi	30	Local I	Police 🔯	
	, 00, 2020	24HR		Police	Report	2	***********	0	Latit	ude gitude _			Police D	
		AT INTERSE	CTION:	< LOCA	TION >			NOT	AT IN	TER	SEC	TION:		1
		MTDDT	eces arm											2 10
1	Route# Direc		ESEX AVE Name of Roadway/5	Street	Route# Direction	n Add	ress #	-	N	lame of	Roadw	vay/Street		-
¹ 1			At		- N	le Elv	7 .							1
	Route# Direc	ction SALEM	ST Name of Intersecting Road	lway/Street	Feet N	SEW	ot	Mile	Marker	•	or _	Exit N	Number	11
			Also at Intersection		Feet N	SEW	of		,			- 1 /	G .	8
² 2	Route# Direc	ction	Name of Intersecting Road	lugu/Starat	Feet N	SEW	of	Route	·	Inters	ecting I	Roadway/	Street	
2	Rodies Biret	CHOIL	Tvaine of Intersecting Road	iway/siteet						La	ndmarl	k		-]
3	Please Select (of the Followi		1#Occupants	t/Run Moped	Crash Rep	ort ID#	20	-2	92-	·Ac	3			
	License # S6	1189741 s	St_MA_ DOB/Age	Reg	# 6CFJ60			Pan	Tune PC	,	D	on State N		
	Sex F Lic.	10 10	20		Year 2006								31	1 12
	1	LUCA, JUL	<u> </u>	Endorsement	er DELUCA,						ven	i Conng.		
⁴ 1		Last ODGSON ST	First	Middle	ess 9 HODGS			Firs		***	Mi	iddle		
			State MA Zip 0187		TEWKSBUR				Stata M	· Δ	zin Oʻ	1876-	-3915	
			INSURANCE CO	~~~~	cle Action Prior to Cr			22	Damag		-		27 27	
		Direction: N S	******	_	t Sequence 23		23	23	Test Sta			1 28		
5		ued)		•	Harmful Event 1	24		_	Type of	Test:		29		
		,	- Viol. 2: Ch/Sec/Sub -		er Contributing Code	99	25	25	BAC To			30		13
			 Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — 		er Distracted by		L_		Susp. A			Susp. D	rug: 2 32	1
⁶ 1	VIOI. 3. CII/3ec/.		operator and all occupants in		of Distracted by	34	35		37 38	39	40	2 00		4
	Name (Last First M	liddle)		Address	DOB/Age S	Seat Pos.	Safety System	Airbag Status 6	Eject Trap Code Code	Injury Status	Transp. Code	Medi	eal Facility	_
	Operate	or		See Above	\rightarrow	$\sqrt{1}$	1	4 0	0	10	1			
														1
														1
7	Please Select C	ne Nahiolo 22	#Occupants No	n-Motorist A Type	15 10	6		17		18				1
4	of the Followin	ıg:			Action	Location		C	ndition			Hit/Run	Moped	
	License # SA3	10 10	t MA DOB/Age,		2XM716				Гуре <u>РС</u>		R	eg State 🗘	1A 21	
	Sex.M Lic. C	Class D L	ic. Restrictions 1	Endorsement	Year 2012	_ Veh M	ake T (OYO!	ra	·····	Veh	Config.	1 "	
³ 1		Last	RRISON EDWAR	Middle Own	er FANIKOS Last	, ED	WAR	D J First			Mi	iddle		
_		MARION ST			ess 44 MARI	ON S	T			·····				14
			State MA Zip 0188	•	WILMINGTO	N							-3148	1
	Insurance Compa	my THE COMM	ERCE INSURA	NCE CO Vehic	le Action Prior to Cra		<u> </u>	22]	Damage		Code:	8 ²⁷	27 27	
	Vehicle Travel D	irection: NSE	Responding to Emer	rgency? 2 Even	Sequence 1 23	23	23	23	Test Sta Type of			29		
2	Citation # (If Issu	ued)		Most	Harmful Event 1	24			BAC Te		ılt:	30		
_	Viol. 1: Ch/Sec/S	Sub ————	- Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	33	25	25	Susp. A	lcohol:	2 31	Susp. D	rug 2 32	
	Viol. 3: Ch/Sec/S		- Viol. 4: Ch/Sec/Sub —		r Distracted by 9	9 26			Towed	from sc	ene?	2 33		J
	Ple: Name (Last First Mi		/non-motorist and all occup	oants involved Address	DOB/Age S	34 Seat Pos.		36 Airbag I Status C	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Media	cal Facility	
	Operato	or/Non-Motor	rist s	See Above		1		4 0		10	1]
ŀ					м	3	1	4 0	0	10	1			1
l									_					1
														1
						-				1				1



	Police Use Only	Com	nonwealth	of Massach	usetts	5	RN	IV Docu	ment Number	
	Date of Crash Time of Crash 12/07/2020 0907 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it <u>30</u>	State Police Local Police	
	24HR	mington	Police	Report	2	0	Latitude Longitude_	***************************************	MBTA Police Campus Police Other:	3
	AT INTERSECT	ION:	< LOCA	ATION >	<u> </u>	NOT A	T INTE			1
										2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	555 Address #	MAIN		f Roadwa	ov/Street	_
¹ 1		At					Tane o	TROBUNE	ay/Sirect	-
	Route# Direction Na			Feet N S	E W of	Mile M		- or _	Exit Number	_
	Route# Direction Na	Me of Intersecting Roadw		Feet N S	E W of					- 2
				Feet N S		Route#	Inter	secting R	oadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street		^{V1}	HEAVE	ENLY I	DONU andmark		-
2	Please Select One Vehicle 12	#Occupants Hit/	Run Moped	Crash Report	ID# 20	-29				
	or the Following.									4
	License # S57820593 St N Sex F Lic Class 19 19 License 4 License 5 Lic	20		# 2747KN					21	1 12
	Bic. Class D Dic.	Er	idorsement	Year 2016				Veh (Config. 1	
⁴ 1	Operator CALLAHAN, KEF	First	Middle	er <u>CALLAHAN</u> Last		First	ŗ	Mide	dle	-
1	Address 125 BEDFORD ST			ess 125 BEDF	ORD S	r				-
	City BURLINGTON State		•	BURLINGTON	<u> </u>				803-2734	
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	ele Action Prior to Crash	1		amaged Are	a Code:		
5	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Even	t Sequence 1 23	23 23		est Status; ype of Test:		L 28 .	
	Citation # (If Issued)		Most	Harmful Event 1	24	_	AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	5 ²⁵ 2	- 35	ısp. Alcohol		Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s		33	
1	Please fill out for oper	ator and all occupants inv		DOM	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury			7
	Operator		Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Status	s Code	Medical Facility	
	1				- -		 	+		-
				 	5 4	4 0	0 10	1		_
										_
⁷ 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18	П П	it/Run 🔲 Mope	
	License # S58213936 St M	A DOB/Age.	Peg t	9DM833		l Reg Type	PC) 	State MA	-
	19 19	20	_	/ear 2008 \	Joh Maka H		-	Ket Veh C	_ 21	1
	Operator PROIA, CHRIST	En	dorsement	PROIA, CH				ven c	John B.	1
⁸ 1	Address 78 ADAMS ST	First	Middle	ess 78 ADAMS		First		Midd	lle	1
		• <u>MA</u> Zip 02458		NEWTON		Sta	, MA	zin 02	458-1127	2 14
	Insurance Company ARBELLA M	•	····	le Action Prior to Crash	2		amaged Area	·		· -
	Vehicle Travel Direction: SEW	Responding to Emerg	_	r	23 23		st Status:	1	28	
	Citation # (If Issued)	troopending to 2merg	•	Harmful Event 1	24	_{Ty}	pe of Test:		29	
2	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Saa/Sah		<u> </u>	1 ²⁵	25	AC Test Res		30	
				r Distracted by	26	Su	sp. Alcohol:	-	Susp. Drug: 2 32	
	Please fill out for operator/no	Viol. 4: Ch/Sec/Sub —— n-motorist and all occupa		Distracted by U	34 35	36 37	38 39	40		_
	Name (Last First Middle)	· · · · · · · · · · · · · · · · · · ·	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	_
	Operator/Non-Motorisi	See	Above	\times X	1 1	1 0	0 10	1		_
										1
1				, , ,		1	ıi	į į		1

Crash Diagram:	ie:		z = Vehicle 2	Q = Pedest	rian Ø5 → Ø5	= Bicycle	
				obereda e		If Crash <u>Did No</u> on a Public Way	
	III s	1000 00	.			Off-Street Parking L	ot
RT.38/ Main Stree	V2 Stopped	in	⊘ ≅			☐ Garage	
	traffic waiting turn) to	V1	-		■ Mall/Shopping Cent	er
555 Main Street	Parking Lo 555 Main S		か Hevanly Donuts		7. O	Other Private Way	
			579 Main Street			Indicate North by	Arrow
				•	€3		
Crash Narrative:							
/1 (Callahan) exited I	Heavenly Donuts	lot heading	g North on Mai	n Stre	et. V1 t	nen rear-ended	
72 (Proia) while it was	s stopped to mak	ce left turn	n into lot for	555 M	ain Stree	et. No injuries	
bserved or reported.	V1 opr stated s	she was blir	nded by solar	glare	and was	rying to get	
er coffee. Prominent	solar glare and	d V1 opr ina	attention prob	able f	actors in	crash.	

							717544
Witnesses:		T					
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							.1
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
						•	
Truck and Bus Information	Registration #		(From Vehicle	e Section)			
Carrier Name			(* * * * * * * * * * * * * * * * * * *	- 50000000		Bus Use	42
Address			City		S		
US DOT #:							
Interstate Cargo Body	44	GVWR/GCWR	Issuing State	MC/MX	/ICC #:		
	Reg Type		Reg Year	Trai	ler Lenoth	46	
Hazmat Information:		_			L		
Placard 47 Material 1 digit	# 48 Material Nam	e	N	/aterial 4 dig	git #	Release code	49
Patrol Officer Richard	l DiPerri		173 Wil	ni notos	Police 1	Department 12	/07/2020

Precinct/Barracks

Police Officer Name (Please Print)

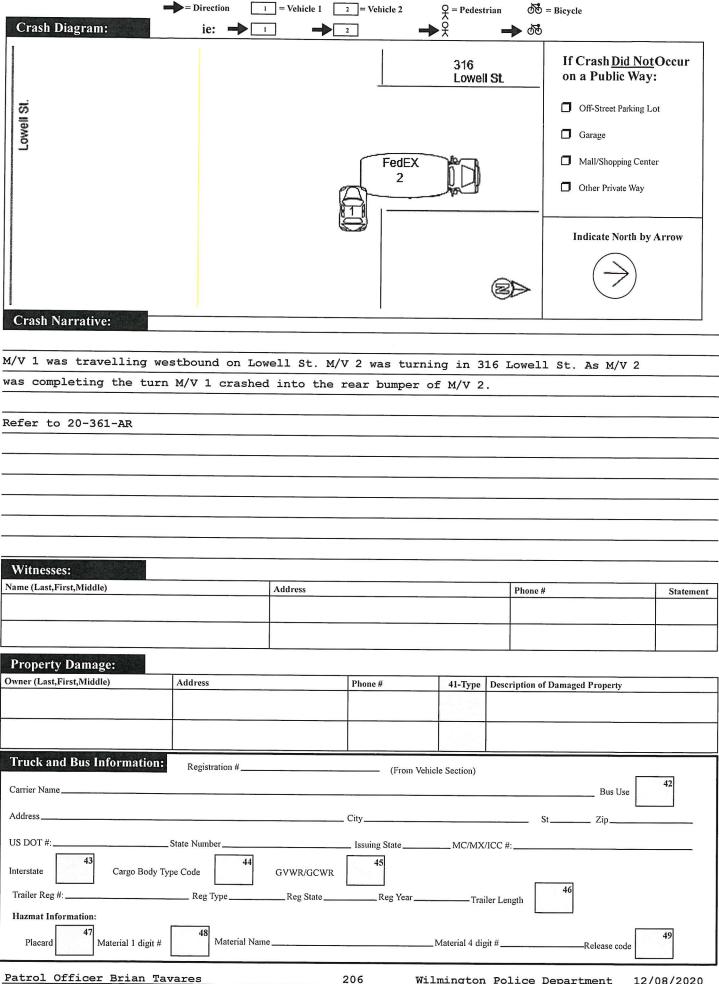
Signature

ID/Badge #

Department

Date

	Police Use Only	Com	nonwealth -	of Massac	husetts	S	RM	IV Docu	ıment Number	
	Date of Crash Time of Crash 12/08/2020 1050 Wil	City/Town	Motor Veh	icle Crash	Number Vehicle		Speed Limi	it30	Local Police	П
	24HR	mington	Police :	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	i
	AT INTERSECT	ION:	< LOCA	TION >	***************************************	NOT A	T INTER	RSECT		1
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·			. *		2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	131 Address #	LOWE	LL ST Name of		av/Street	
¹ 1		At					Traine o	- TOUGHT	аульност	-
L	Drugger Diversity			Feet N	S E W of	— — — — Mile Mi	•	- or _	Exit Number	
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N	S E W of			*******		8 11
					S E W of	Route#	Inters	secting R	Loadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street	1001 [-1]	21-1-1		1	andmark		-
	Please Select One Vehicle 1 1	#Occupants Hit/	Run Moped	G I. P.	ort ID# 20	- 20				1
³ 2	5.									_
	License # S66909820 St N		Reg #	1MRA85		Reg Typ	PC_	Re		12
	Sex M Lic. Class D 19 Lic.	Restrictions 20 CI	DL Veh Y	rear <u>2014</u>	_ Veh Make_	CTOYO!		Veh	Config. 21	1
4	Operator ELAHMDAOUI , Y	ASSINE First		er NACHEF,	NICOL	ROSE	:	Mid	til.	
⁴ 1	Address 388 OCEAN AVE	APT 207	Addr	ess 388 OCE	AN AVE	APT	207	iviid	unie	. [
	City REVERE Stat	e MA Zip 0215	L City	REVERE		Sta	nte MA	Zip 02	151-2656	
	Insurance Company GEICO		Vehic	le Action Prior to Cra	ısh 1	22 D	amaged Are	a Code:	2 27 27 27	
5	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23 Te	est Status:	2	1 28	
⁵ 2	Citation # (If Issued) T2445664	***************************************	Most	Harmful Event 1	24	_	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub 90 10	Viol. 2: Ch/Sec/Sub 7	20 906 Drive	r Contributing Code	4 25 1	- 25	AC Test Res isp. Alcohol		1 30 Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		owed from s	-		
⁶ 1		ator and all occupants inv			34 35	36 37	38 39	40	3	4
***************************************	Name (Last First Middle)		Address	DOB/Age Sc			Trap Injury Code Status	Transp.	Medical Facility	4
	Operator	Se	e Above	$\nearrow \nearrow$	1 1	4 0	0 10	1		
										1
										1
-	Please Select One of the Following: Vehicle 21	#Ossupants Dis-		15 16		17	18			1
⁷ 1	of the Following:	Non-	Motorist A Type	Action	Location	Condit	ion		lit/Run Moped	
		A DOB/Age	Reg #	V92782		Reg Type	CO	Re	g State MA	
		Restrictions 1 20 CE	DL Veli Y dorsement	ear <u>2005</u>	_ Veh Make O	ther-no	t liste	d Veh (Config. 97 21	
⁸ 1	Operator SCHUENG, GUIL	HERME First		r ALPHA DE	LIVERY	INC		Mide	Ala	
Т	Address 29 E BORDER RD		Addre	ss 114 OLIV	VER ST		1			
	City MALDEN State	MA Zip 02148	-1103 City 1	MALDEN		Sta	te MA 2	Zip <u>02</u>	148	1 14
	Insurance Company PROTECTIV	E INSURANC	E CO. Vehicle	e Action Prior to Cras	sh 4	22 Da	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23		st Status:	1		
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test: AC Test Resi		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	25	sp. Alcohol;		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	26		wed from so	<u> - </u>	33 33	
	Please fill out for operator/nor	n-motorist and all occupa-	nts involved	T I	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-
	Name (Last First Middle) On arg tor (Non Motorist		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	4
	Operator/Non-Motorist	Sec	e Above		1 1	4 0	0 10	1		4
										1
L						, !		, ,		i



206

Wilmington Police Department

12/08/2020

Police Officer Name (Please Print)

Signature

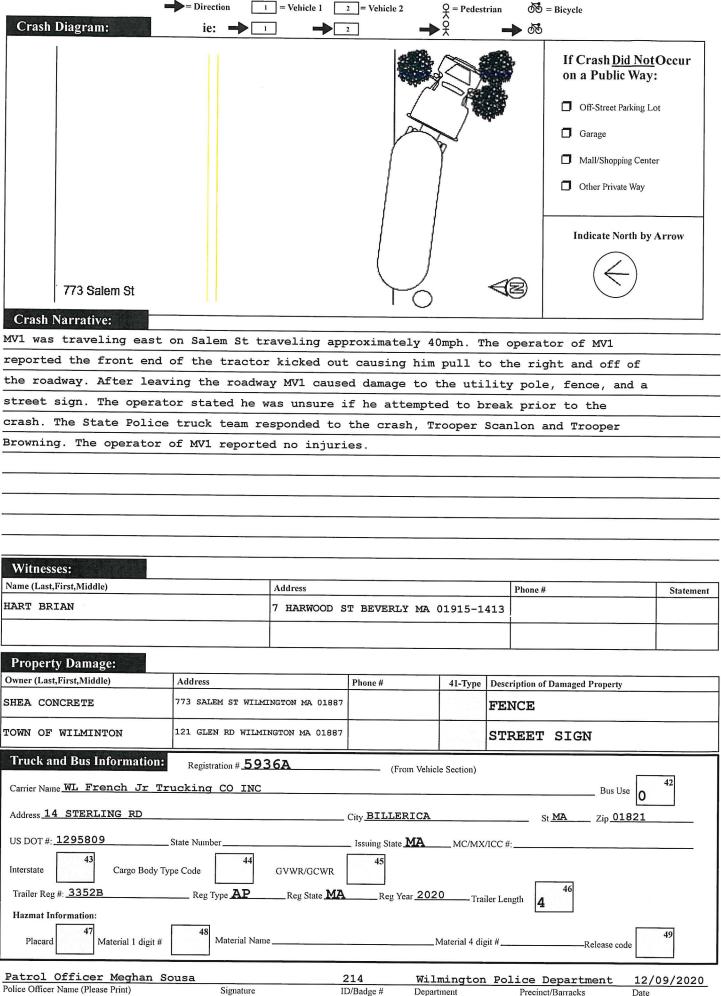
ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	IV Docu	ument Number	
	Date of Crash Time of Crash 12/09/2020 1139 Wil	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lim	it 40	Local Police	1
	24HR	mington	Police	Report	1	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	ΓINTE	RSEC'		1
									*******	2 10
	Route# Direction	Name of Roadway/St	reet		773 Address #	SALE	M ST	f Roady	/ay/Street	.F
¹ 1		At					7.44710-0	1 11000011	ayroneet.	-
	Route# Direction Na	GL C D	10.	Feet NS	EW of	Mile Ma	rker	- or _	Exit Number	<u></u>
	Route# Direction Na	Also at Intersection w		Feet N S	E W of					1 11
				Feet N S		Route#	Inter	secting F	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street				L	andmark	<u> </u>	
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Report 1	D# 20	-29				1
J	License # 06JNC69021 St N									-
	10 10	70		# <u>5936A</u>						7 12
	A		idorsement	Year 2017 V					Config. 10	
⁴ 1	Operator JOHNSON, CRAI	G A First	Middle	er W L FRENC		First	ING C		NC ddle	
<u> </u>	Address 5 WILDWOOD LN			ess 14 STERLI						
	City NASHUA Stat	_	·	N BILLERIC					1862-0000	
	Insurance Company HARTFORD			cle Action Prior to Crash	<u> </u>		amaged Are	- 1	20	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 40 23 22	23 30 23 21	23	est Status:		29	1
	Citation # (If Issued)		Most	Harmful Event 30	24	_	AC Test Res	sult:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	20 25	25 Su	ısp. Alcohol	2 31	Susp. Drug: 2 32	22 ¹³
⁵ 1	Viol. 3: Ch/Sec/Sub —————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by 99	26	To	wed from s	cene?	1 33	
	Please fill out for opera	ator and all occupants inv	olved	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		e Above	X	_	4 0	0 10	1	Medical Pacinity	1
								+		1
								+-+		-
							-	-		
										4
1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action 16 Lo	ocation	Condit	ion 18	 	Hit/Run Moped	
	License #St	DOB/Age	Reg #	f	<u> </u>	Reg Type		Re	g State	1
	Sex Lic. Class 19 19 Lic. F	Restrictions 20 CI		/earVe					21	
	Operator	En	dorsement	er						
1	Last Address	First	Middle	Last		First		Mid	Idle	
	City State	e Zip	City_			Stat	te	Zin		1 14
	Insurance Company	•	·	le Action Prior to Crash	2		maged Area	r	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg		·	23 23		st Status:	Į	28	
	Citation # (If Issued)	_	•	· — —	24	_{Ty}	pe of Test:	1	29	
2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	AC Test Res		Susp Drug: 32	
	Viol. 3: Ch/Sec/Sub				26		sp. Alcohol: wed from so	Ъ	Susp. Drug: 32	
•	Please fill out for operator/nor				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40		J
	Name (Last First Middle)	··· T	Address	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility	
}	Operator/Non-Motorist	Se	e Above		1					
			· · · · · · · · · · · · · · · · · · ·							
L					1 1					



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 20-295-AC











Wilmington Police Department Images Associated with 20-295-AC













	Police Use Only	Comm	onwealth o	of Massa	chus	etts	3		RM	IV Doc	ument Number	
	Date of Crash Time of Crash 12/10/2020 1140 Wil	City/Town	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} \mathbf{h} \\ \mathbf{h} \end{bmatrix}$	Number /ehicles		ad John	ed Limi	3	Local Police	2
	24HR	mington	Police 1	Report	2		0	Lati	tude gitude _			8
	AT INTERSECT	ION:	< LOCA	TION >			NOT				TION:	
				co								2 10
1	Route# Direction	Name of Roadway/Stree	et	Route# W Direction	35 on Add	lress #	MI	DDLE			/E vay/Street	
¹ 1		At		Feet N	ISEW	7						
	Route# Direction Na	me of Intersecting Roadway	y/Street	reet [1.	, I o I o I o	7 01	Mil	Marker		OF.	Exit Number	
		Also at Intersection with	ı	100 Feet N	s Xw	of	Route				ANE DR Roadway/Street	_ 2
² 2	Route# Direction Na	me of Intersecting Roadway	y/Street	Feet N	SEW	of	redite		incr	comig	read may server	
	Please Select One									andmar	k	
3	of the Following:	#Occupants Hit/Ru	un Moped	Crash Rep	port ID#	20	-2	96-	-A(3		
	License # S31036616 St 1		Reg #	1VEM63			Reg	Type P	C	R		1 12
		Restrictions 1 CDI	Veh Y	ear 2013	Veh N	1ake <u>C</u>	HEV	ROLE	T	Vel	n Config. 21	
1	Operator RYAN, DONOVAN	F First		r RYAN , D	ONOV	AN	F				liddle	_
⁴ 1	Address 10 MARIE DR		Addre	ss 10 MARI		3	1.113			141	rause	_
	City WILMINGTON Stat	e MA Zip 01887-	-1414 City]	VILMINGT	ON						1887-141	4
	Insurance Company ARBELLA N	UTUAL INSUR	RANCE Vehic	e Action Prior to C	rash	2	22			Code:	5 27 10 27 2	7
5	Vehicle Travel Direction: NSE	Responding to Emerger	ncy? 2 Event	Sequence 23	23	23	23	Test St Type o			28	
	Citation # (If Issued)	_	Most	Hannful Event	L 24				est Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code		25	25	Susp. A	Alcohol:	2 31	Susp. Drug: 2 3	2 1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————			Distracted by	26			Towed	from so	ene?	2 33	
	Please fill out for oper Name (Last First Middle)	ator and all occupants invol	lved ddress	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Cod	p Injury le Status	40 Transp. Code	Medical Facility	
	Operator	See	Above		1	1	4 (10	1		
						ļ						
					- 							-
										ļ		_
	Please Select One			15 1	16		17		18	<u> </u> 		_
⁷ 1	of the Following: Vehicle 22	_#Occupants Non-M	lotorist A Type	Action	Locati	on	I' C	ndition	16		Hit/Run 🔲 Mop	ed
		Y DOB/Age	Reg#	1AP456			Reg	Type A	2	R	eg State NH	-
	Sex M Lic. Class D 19 Lic. 1	Restrictions 1 CDL Endo	Veh Ye	ear 2016	Veh M	lake I	nter	nati	ona.	L Veh	Config. 2	
³ 1	Operator <u>FELIZMELO, ER</u>	IX M		r F'INAL M	ILE	LEA	SIN		.c	Mi	iddle	_
т_	Address 2735 UNIVERSIT			ss 175 HER	RITAG	SE 7						_
	City OUT OF STATE State	e NY Zip 10468	City_	PORTSMOU'	TH			State N				_ 1 14
	Insurance Company		Vehicle	e Action Prior to Cr		<u>L</u>	22	Damag		Code:	1 27 27 27 28	7
	Vehicle Travel Direction: NSE	Responding to Emergen	ncy? 2 Event	Sequence 1 23	<u> Ц</u>	23	23	Test St			29	
2	Citation # (If Issued)		Most I	Harmful Event 1				• •	est Resi	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		Contributing Code		²⁵ 1	9 ²⁵	Susp. A	Alcohol:	2 31		2
l		Viol. 4: Ch/Sec/Sub		Distracted by 5	5 26	1		Towed	from sc		2 33	
	Please fill out for operator/no Name (Last First Middle)	•	s involved	DOB/Age S	Sex Pos.	35 Safety System		37 38 Eject Traj Code Code	39 Injury e Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	. See A	Above	$\rightarrow \rightarrow$	1	1	4 0	0	10	1		
	STHARLYN YNOA	205 FERRY STREET 1: LAWRENCE, MA 01841		M	3	1	4 0	0	10	1		
I		1		1	1	1 1	ı I	- 1	1	1 1	•	1

	= Direction	= Vehicle 1 2	= Vehicle 2	♀ = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈 🗔	→ 2	□ →	> ĝ →	• 85	
	357 Mid Dunkin Parking				If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative: Vehicle 1 was stopped, w	est hound a	Middless	Aro maitin	to tree 1-01		
lot for Dunkin Donuts, 3						
1. The operator of vehic						
paying attention to his						
						- · · · · · · · · · · · · · · · · · · ·
			-			
Witnesses:						
Name (Last,First,Middle)		Address		P	Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Descrip	otion of Damaged Property	
T						
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		42
Carrier Name					Bus Use	
Address			City	THE STATE OF THE S	St Zip	
US DOT #:S	tate Number		_ Issuing State	MC/MX/ICC #:_		
Interstate Cargo Body Type	Code 44	GVWR/GCWR	45			
		i			46	
Trailer Reg #:	Keg Type	Keg State	Reg Year	Trailer Lengt	th [
47	48					49
Placard Material 1 digit #	Material Nam	e		_iviaterial 4 digit #	Release code	
Patrol Officer Michael W W						

174

Wilmington Police Department
Department Precinct/Barracks

12/10/2020 Date

Department

	Pol	ice Use Only	Comi	monwealth	of Massa	chuse	tts		RM	V Doct	ument Number		
	Date of Crash 12/10/2020	Time of Crash	City/Town Lmington	Motor Veh	icle Cras	h Nur	mber Num		ed Limit	30	State Police Local Police MBTA Police	080	
		24HR	Ling con	Police	Report	2	0	Latii	tude gitude		Campus Police Other:	_ 🛮 🖠	
		AT INTERSEC	ΓΙΟΝ:	< LOCA	TION >		NO	ΓAT IN	TER	SEC	TION:		<u></u>
						200		1313C1	(1313AT	7.71	773		2 10
1_	Route# Direc	etion	Name of Roadway/St	reet	Route# Directio	298 Addre		HAWSH			vay/Street		
13			At		Feet N	SEW	of — -			or			
	Route# Direc	ction N	ame of Intersecting Roads	vay/Street			Mi	le Marker			Exit Number		3 ¹¹
			Also at Intersection w	vith		SEW	Route		Interse	ecting F	Roadway/Street	_	
² 1	Route# Direc	etion N	ame of Intersecting Roady	vay/Street	Feet N	SEW	of				-		
	Please Select ()ne NZt 1	"O							ndmark	k		
3	of the Followi		#Occupants Hit/	Run Moped	Crash Rep	oort ID# 🙎	20-2	97-	-AC	;			
		10 10	MA DOB/Age	Reg	# 6ST198		Reg	туре Р С	C	R		_	12
	Sex.M Lic.		E E	DL Veh	Year 2008	Veh Mai	ke FORD)		Veh	Config. 1	21	
⁴ 1		WARD, JOSH	First	Middle	er COWARD ,	t	Fi	E		Mi	iddle		
1		PARKER AVE			ess 65 PARE		VE						
			nte MA Zip 01876		TEWKSBUR	Y					1876-44	, I	
			INSURANCE (cle Action Prior to Ci	<u>L</u>	22	Damag Test St		Code:	3 ²⁷ 0 ²⁷	27	
5		Pirection: NEW	,	gency? 2 Even	t Sequence 1 23	24	23 23	Type of			29		
		ued)			Hannful Event		el as		est Resu	ılt:	1 30	}	_ 13
			Viol. 2: Ch/Sec/Sub		er Contributing Code	2	25 25	Susp. A	Alcohol:			32	1 '
⁶ 1	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		er Distracted by	9 26	35 36	Towed	from sco	ene? [1 33		
	Name (Last First M	3	rator and an occupants in	Address	DOB/Age	Seat	Safety Airbag System Status	Eject Trap Code Code	Injury	Transp. Code	Medical Facility		
	Operate	or	Se	ee Above	>>>	1	99 4	0 0	10	1			
Ī				The state of the s									
7	Please Select C		#Occupants Non-	-Motorist A Type	15 Action 1	6 Location	17	Condition	18	ļ	Hit/Run Me		
⁷ 1	of the Followin	·S·						Ļ				opea	I
l	License # S50	10 10	MA DOB/Age 20		9SW235						eg State MA	21	
	Sex M Lic. C	Class D Lic.	EI Comment	ndorsement	Year 2018					_ Veh	Config. 1	┙┃	
8	-	Last SHERIDAN S	First	Middle	er PINTO , Last		Fir	st		Mic	ddle		ı
	City BILLE		te MA Zip 01821		BILLERICA		SI	M	70. 7	O1	L821-58(74	1 14
j	. ,		RCE INSURAN	TOT 00	le Action Prior to Cr	Г	22	_ State <u>1-1</u> Damage				27	
ı	Vehicle Travel D			_	Sequence 23		23 23	Test Sta			1 28	┙╽	ı
		ned)		•	Harmful Event 1	24		Type of	f Test:		29		ı
^2			Viol. 2: Ch/Sec/Sub		□ r Contributing Code	1 2	5 25	BAC To Susp. A	est Resu Jackski		1 30 Susp. Drug: 2	32	
ļ	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		r Distracted by	26			from see	_	33 July 1 33		
-		ase fill out for operator/n	on-motorist and all occupa	nnts involved		34 Scat	35 36 Safety Airbag	37 38 Eject Trap	39 Injury	40 Transp.			
-	Name (Last First Mi	or/Non-Motoris	et co	Address ee Above	DOB/Age S	Sex Pos. S	System Status	Code Code	Status	Code	Medical Facility		
-	- Speruto	TIT TOTE TIZUEUT IS	36		+				1	-		-	
-									-				
-													
- [1	

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedesti	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🗔	□ →□	2	·Ŷ	→ №		
		Lake Si	İ		,	If Crash Did Note on a Public Way:	:
Shawsheen Ave						☐ Garage	
						■ Mall/Shopping Center	г
	conspectation conseque	Breschausenschausenschausen	2070	***********************		Other Private Way	
		1 1	FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	THE TAXABLE PROPERTY OF THE PARTY OF THE PAR	nanacana.		
	V1	_	296 Shawsh Corner Store			Indicate North by A	Arrow
H	lopkins St	<u>k</u>				(/ \ \)	
	V2	A.					
Crash Narrative:							
V1 attempted to turn	in the the plaz:	from Honk	ing St whom a	rrobi ol		1-64 41	
lane stopped to let t							
traveling towards the							
result of this accide				to the	em. Both	vehicles were	
towed from the scene l	by Forrest towin	ng to there	facility				
		 					
				12			
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	Į.	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
				- 7-2			
T. I. ID. I.C.				12 12			
Truck and Bus Information	Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City				
Addiess			. City			St Zip	
	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	2.0		PX			46	
	Reg Type	Reg State	Keg Year	———Trai	er Length		
Hazmat Information: 47	48						49
Placard Material 1 digit	# Material Nam	ne	1	Material 4 dig	it #	Release code	
Patrol Officer Michael	E Johnson		199 Wil	mington	Police	Department 12/	10/2020

ID/Badge #

	Police Use Only	Comi	monwealth	of Massac	husetts	5	RM	IV Docume	ent Number	
	Date of Crash Time of Crash 12/11/2020 1730 Will	City/Town	Motor Veh	nicle Crash	Number Vehicles		Speed Limi	T	State Police Local Police MBTA Police Campus Police	
	24HR 24HR	mington	Police	Report	4	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	ATION >		NOT A	T INTER			1
										2 10
	Route# Direction	Name of Roadway/Str	raat	Route# Direction	844 Address #	WOBU	JRN SI		C	
¹ 4		At	icet .	Konte# Direction	Address #		Name of	Roadway/	Street	-
<u> </u>				Feet N	S E W of	Mile M		or	Exit Number	
	Route# Direction Na	ame of Intersecting Roadw Also at Intersection w		E N	e E W e	whie w	агкег		Exit Number	9911
		Also at intersection w	nin		S E W of	Route#	Inters	ecting Road	dway/Street	
² 1	Route# Direction Na	nne of Intersecting Roadw	vay/Street	Feet N	S E W of					
	Please Select One	#G	T _F				***************************************	andmark		┨
³ 99	of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 2 0	-29	8-AC			
	License # S58416746 St 1	A DOB/Ag	Reg	# <u>895GY7</u>		Reg Typ	e PC	Reg S	itate MA	12
	Sex M Lic. Class D 19 Lic.		DL Veh	Year 2009	Veh Make E	ORD		Veh Coi	nfig. 1 21	1 12
	Operator BELCHER, JONA	ATHAN MISTL	ndorsement ER Own	er BELCHER,					<u> </u>	
⁴ 1	Address 100 JOSEPHINE	First	Middle	ress 100 JOSI		First		Middle		
<u> </u>	City SOMERVILLE Stat			SOMERVILL				Zin 021	44-2207	
	Insurance Company PLYMOUTH		•	cle Action Prior to Cra	F		amaged Area	,	27 27 27	
	Vehicle Travel Direction: SEW			t Sequence 10 23	23 23		est Status:		28	
5	<u> </u>	responding to Enterg				l	ype of Test:	F	29	
L	Citation # (If Issued)			t Harmful Event 1	7 25	35	AC Test Res	1	30	13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	┸	Si	usp. Alcohol:			10 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 0	26		owed from so	2	33	
	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	/olved Address	DOB/Age Se	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above	X	1 1	4 0	0 10	1		1
										1
									***************************************	-
										_
										1
⁷ 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/l	Run Moped	
		IA DOB/Age					DC DC			1
	10 10	20		# <u>84W860</u>			PC	-	21	
		En	dorsement		Veh Make <u>C</u>			Veh Cor	nfig. 2	
⁸ 2	Operator MCISAAC, RYAN	First	Middle	er MCISAAC,		MATHI First	.EU	Middle		
_	Address 16 SUSAN DR			ess			_			14
	City BILLERICA Stat	1		BILLERICA				-		1
	Insurance Company PLYMOUTH	ROCK ASSURA	NCE C Vehic	ele Action Prior to Cras			amaged Area	<u> </u>	27 1 27 27 28	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Event	t Sequence 10 23	23 23	23	est Status:	1	28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 10) 24	•	AC Test Resi		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	sp. Alcohol:		isp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so	<u> </u>	33	
Ì	Please fill out for operator/no	,			34 35 Seat Safety	36 37 Airhag Eject	38 39 Trap Injury	40 Transp.		†
	Name (Last First Middle) Onarrator/Non Motoris:		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
}	Operator/Non-Motoris	ı Se	e Above		1 1	4 0	0 10	1		
ļ										

	Police Use Only	Comi	monwealth (of Massacl	iusetts	}	RM	IV Docur	ment Number	
	Date of Crash 12/11/2020 1730 Wil	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police	Ī
	24HR	mington	Police :	Report	4	0	Latitude Longitude _		MBTA Police Campus Police Other:	i
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	SECT	ION:	7
										2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	844 Address #	WOBU	VRN SI Name of	Roadwa	y/Street	
¹ 4		At			T I I					7
	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N S	E W of	Mile Ma	rker	or	Exit Number	<u> </u>
		Also at Intersection w		Feet N S	E W of					99''
7	Route# Direction Na		10.	Feet N S	E W of	Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street				L	andmark		_
³ 99	Please Select One of the Following:	#Occupants	Run Moped	Crash Repor	t ID# 20	-29	8-A	2		
99	License # S49520452 St N	A DOB/Age	. Per	2AK752		Pag Tym	. PC	Dag	, State MA	
		20		/ear 2017					21	1 12
	Operator RILEY, SANDRA	Е Е	ndorsement	er RILEY, S				ven c	conng	
⁴ 1	Address 22 PARKER ST	First	Middle	Last ess 22 PARKE		First		Midd	lle	1
	City WILMINGTON State	te MA 7 to 01887		WILMINGTON		Ç.	M/2	z:_ 01	887-2918	•
	Insurance Company LIBERTY N			le Action Prior to Crasl			amaged Area			1
	Vehicle Travel Direction: X S E W			Sequence 10 23	23 23		est Status:	1	28	
5	Citation # (If Issued)	Responding to Enter	-			T ₃	pe of Test:		29	
				L	1 25	25	AC Test Res		30	10 ¹³
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26	St	isp. Alcohol		Susp. Drug: 2 32	
⁶ 1		viol. 4: Ch/Sec/Sub —		r Distracted by 0	34 35	36 37	owed from so	40		4
	Name (Last First Middle)	and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	\times X	1 1	4 0	0 10	1		
•										1
	Please Select One Vehicle 41	#Occupants Dis		15 16		17	. 18			1
⁷ 1	of the Pollowing.	Non	-Motorist A Type	Action	Location	Condit			it/Run Moped	
	10 10	DOB/Age 20		BR12EJ			PC	Reg	State MA 21	
ı	Sex M Lic. Class D Lic.	Restrictions C	DL Veh Yndorsement	ear <u>2003</u>	Veh Make F	ORD		Veh C		
8 ₂	Operator BURKE, GREGOR	Y THOMAS First	Middle	er BURKE, GI		THOM First	AS	Middl	le	
	Address 715 WOBURN ST			ss 715 WOBU						. 14
- 1	City WILMINGTON Stat	-	•	WILMINGTON	1			• —	887-3422	1
ŀ	Insurance Company CITIZENS	INSURANCE C	COMPAN Vehic	le Action Prior to Crash		ᆜ .	amaged Area	Code: 0	27 27 27 28	
	Vehicle Travel Direction: X S E W	Responding to Emerg	gency? 2 Event	Sequence 51 23	23 23	23	pe of Test:	1	29	
゚ ク	Citation # (If Issued) T2061733		Most	Hannful Event 51		B	AC Test Res	ult: 1	30	
	Viol. 1: Ch/Sec/Sub <u>85 36</u>	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	97 25	25 Su	sp. Alcohol:	2 31	Susp. Drug: 2 32	
Ļ		Viol. 4: Ch/Sec/Sub —		Distracted by	26		wed from so	ene? 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	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	t Se	ee Above	\times	1 10	5 3	0 10	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
ľ										7
										-
-								+-+		-
					1 1					1

	= Direction	= Vehicle 1	2 = Vehicle 2	$\frac{Q}{\lambda}$ = Pedesti	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🗔	□ →	2	→ĝ	→ ॐ		
	1 D x					If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Center Other Private Way	tot
	844 Woburn	St	X = Tool Box in	the road		Indicate North by	Arrow
Crash Narrative:							
Motor vehicle crash o	n Woburn St in W	Wilmingto	on. The opera	tor in veh	icle 4 o	n this report	
dropped a large metal							
by vehicle 2 and vehicle							
damage to the front co							
equipment but the ope							
Gregory Burke (Vehicle							
information. I assiste				-			
spilling debris on the				injuries :	reported	, and all	-
vehicles were able to	be driven from	the scen	ne.				
Witnesses:							
Name (Last,First,Middle)		Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Phone	#	Statement
I THE RESIDENCE NOW AND ADDRESS OF THE PARTY							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus Information	ne n						
Carrier Name	Registration #		(Fron	n Vehicle Section)		Bus Use	42
Address			City			StZip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	y Type Code	GVWR/GC\	45				
Trailer Reg #:				r	ler Length	46	
Hazmat Information:	<u> </u>	5		17a1	ioi Longui		
Placard Material 1 digit	# Material Nam	ne		Material 4 dig	git #	Release code	49
Patrol Officer Nicholas			204	Wilmington			11/2020
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precir	ct/Barracks Date	

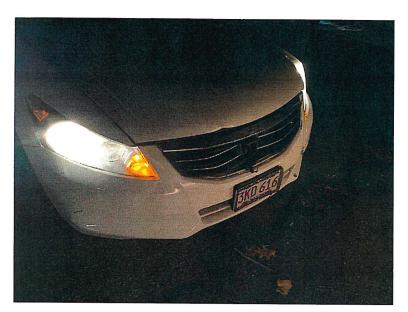
					ealth of Massachusetts					RMV Document Number			
	Date of Crash 12/11/2020	Time of Crash 1804 W:	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it <u>3</u>	Local Police	3		
	12/11/2020	24HR	ilmington	Police :	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	}		
		AT INTERSE	CTION:	< LOCA		1	NOT A	r intei			7		
											2 10		
	Route# Direc	ction	Name of Roadway/St	reet	Route# Direction	520 Address #	MAIN	aller and the second	f Dond	way/Street	_[
¹ 4			At	1001	Route# Birection	Address #		ivaille 0	1 Koaus	way/Siteet	_		
					Feet N S	E W of	Mile M	•	- or .	Exit Number	-		
	Route# Direc	ction	Name of Intersecting Roady Also at Intersection w		Feet N S	EW of	IVIIIC IVI	arkei		EXIL IVALIDO	2 11		
			ruso at intersection v	· (1)	Feet N S		Route#	Inter	secting	Roadway/Street			
² 2	Route# Direc	ction	Name of Intersecting Roady	vay/Street	reet [17]2	, LE [41] OI				1	_		
	Please Select (One XI Voltage 1	1 #Occupants Hit/			20	20	-	andmar	K	-		
3	of the Followi	ng: Venicie L	Hit/	Run Moped	Crash Repor	t ID# Z U	-29	9-A	ز				
	License # <u>\$5</u>		St_MA_ DOB/Age	Reg #	IC971		Reg Typ	e PC	R		- 12		
	Sex M_ Lic.	Class D 19 I9		DL Veh Y	/ear_2017	Veh Make M	ERCEDI	ES-BEN	Z Vel	n Config. 21	1		
4	Operator PA	QUIN, MIC			er PAQUIN ,	MICHAE	EL J			fiddle	-		
⁴ 1	Address 1 0	LSON ST	APT 2		ess 1 OLSON	ST A	PT 2		M	ndule	_		
	City WILM	INGTON	State MA Zip 01887	7-2455 City	WILMINGTO	N	Sta	nte MA	Zip 0	1887-2455	_		
	Insurance Comp	any ARBELLA	MUTUAL INSU	Vehic	le Action Prior to Cras	h 2	22 D	amaged Are	a Code:	5 27 4 27 27			
5	Vehicle Travel D	Direction: X S E	W Responding to Emer	gency? 2 Event	Sequence 23	23 23	23 To	est Status:		28			
⁵ 2	Citation # (If Iss	ued)	·	Most	Harmful Event 1	24	•	ype of Test:		30			
	Viol. 1: Ch/Sec/S	Sub	 Viol. 2: Ch/Sec/Sub — 	Drive	r Contributing Code	1 25	25	AC Test Res			1 13		
	Viol. 3: Ch/Sec/S	Sub	- Viol. 4: Ch/Sec/Sub	Drive	36								
⁶ 1			operator and all occupants in		34 35 36 37 38 39 40								
	Name (Last First M			Address	DOB/Age Sex	Pos. System	Status Code	Trap Injury Code Statu	Transp. s Code	Medical Facility	_		
	Operate	or	Se	ec Above		1 1	4 0	0 10	1				
									 		1		
-	Please Select C	ne 🖾 1	#Occupants Non-		15 16	' ' 	17	18		[┪		
⁷ 1	of the Followin	· g:		-Motorist A Type	Action	Location	Condi	tion		Hit/Run Moped			
	License # P34	0478088577 S		Reg #	3KD616		Reg Type	PC	R	eg State MA	-		
	Sex M Lic. C	Class C L	ic. Restrictions CI	DL Veh Y	ear 2012	Veh Make H	ONDA		Veh	Config. 21			
⁸ 2	Operator KRI	JSHNABHAI Last	BHARATBHAI	Owne	r PATEL, U	RVASHI	BEN E	3	M	iddle	.		
2	Address 304	DOWN WOO	D DR	Addre	ss 11 CLEVE	LAND Z	AVE				-		
	City EDGEW	ATER	State MD Zip 2103	7 City 1	WILMINGTOR	11			•	1887-2804	2 14		
	Insurance Compa	my GOVERNME	INT EMPLOYEES	INSU Vehic	le Action Prior to Crasl	h 1			a Code:	8 27 1 27 2 27			
	Vehicle Travel D	irection: XSE	W Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23	est Status:		28			
2	Citation # (If Issu	ıed)	Most	Harmful Event 1	24	,	pe of Test: AC Test Res	ult:	30				
	Viol. 1: Ch/Sec/S	iub ————	- Viol. 2: Ch/Sec/Sub -	Drive	Contributing Code	19 ²⁵ 5	25	sp. Alcohol		Susp. Drug: 2 32			
	Viol. 3: Ch/Sec/S	Sub	Drive	Distracted by 99	26		wed from s	<u>-</u>	2 33				
		-	r/non-motorist and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury		-	1		
	Name (Last First Mi	or/Non-Motor		Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code	Medical Facility	1		
	Sperato	.,1.016 1/10101	-54			+		10	-		-		
											4		

PR495.10		= Direction	= Vehicle 1	2 = Vehicle 2	≥ = Pedestr	ian 🚳 =	Bicycle			
C	rash Diagram:	ie: → 1	→	2	> 옷	→ №				
	¢		If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center							
-							Other Private Way			
			⇔				Indicate North by Arrow			
		Main Street	/Route 3	8		₹ 3				
DESCRIPTION OF	ash Narrative:									
	was traveling north									
	thbound on Main Stre									
	tinued traveling str							-		
	rear end of MV1 whi									
	age. MV2 suffered fr driven from the scen		e. Inere we	re no injurie	s and bo	tn venic	tes were able			
	arrow the scen		-		-					
W	itnesses:									
Name	e (Last,First,Middle)		Address			Phone #		Statement		
	operty Damage:	Address		Phone #	41-Type	Description of	Damaged Property			
					12 23 pc	Description of	Damaged 1 Toperty			
					1000					
Tr	uck and Bus Information:	Registration #		——— (From Vehi	icle Section)			42		
	ier Name						Bus Use	72		
Add	ress		-	City		S	zip			
US					MC/MX/	ICC #:				
Inter	rstate 43 Cargo Body T	ype Code	GVWR/GCWR	45						
Tra	iler Reg #:	Reg Type	Reg State	Reg Year	———Trail	er Length	46			
	zmat Information:						<u> </u>			
	Placard Material 1 digit #	48 Material Nam	ne		_Material 4 dig	it #	Release code	49		
D-+	rol Officer Michael	N 772 7		200 1774						

Wilmington Police Department
Department Precinct/Barracks Department

12/11/2020

Wilmington Police Department Images Associated with 20-299-AC





	Police Use Only			Commonwealth of Massachusetts RMV Document					ument Number									
	Date of Crash 12/11/2020	Time of Crash	1	City/Town	Motor	r Veh	icle Cra	sh		umber		rad I	•	Limit	25	Local Police	080	
	12/11/2020	24HR	WIIII	ington	Po	lice]	Report		2	mores	0	1	Latitue Longit			MBTA Police Campus Police Other:	_	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	ГАТ	'IN	ΓER	SEC	TION:		
	Route# Direc	ction		Name of Roadway/S	Street		Route# Direc		24	6 ess #	<u>M</u>]	[DD			AV Roadw	/E /ay/Street		2 10
¹ 4				At				N. C										
	Route# Direc	ction	Name	of Intersecting Road	lway/Street	<u> </u>	Feet	NS	EW	of	Mi	le Mai	- rker		or _	Exit Number		_ 11
				Also at Intersection	with		Feet NSEW of										_	4
² 1	Route# Direc	etion	Name	of Intersecting Road	way/Street		Feet NSEW of Landmark											
3	Please Select (of the Followi		le 1 <u>2</u> #	Occupants Hit	t/Run	Moped	Crash F	Report	ID#	20	-3	00) —	AC	;			
³ 99	License # SO	8810450	St MA	_ DOB/Age _		Reg#	896PH3				Res	7 Type	PC	······································	R/	en State MA	-	
	Sex F Lic. 0	Class D	19	20	CDL		ear 2019										21	1 12
	Operator MA	TTHEWS,	_ _ASHL	EY D	Endorsement		er MATTHE				ΕY	D						
⁴ 3	Address 8 A	LLENDAL	E AVE	irst	Middle	Addro	ess 8 ALLE	Last END	ALE	A		rst			Mi	ddie		
I	City BILLE	ERICA	State 1	4A Zip 0182	1-5957	City .	BILLERI	CA				_ Stat	e M 7	1 z	ip 01	L821-595	2	
	Insurance Comp.	any AMICA	MUTUZ	AL INSURA	NCE CO	Vehic	le Action Prior to	Crash		9	22		_		Code:	7	27	
⁵ 1	Vehicle Travel D	Direction: N S	E	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		st Stati pe of T			1 28 29		
<u> </u>	Citation # (If Iss	ued)				Most	Harmful Event	1	24					t Resu	ılt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	17	25	25	Sus	sp. Alo	cohol:	2 31	Susp. Drug: 2	32	1 13
⁶ 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	99	26	,				om sc	, <u>l</u>	2 33		L
_	Name (Last First M		for operator	r and all occupants in	ivolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operate	or		S	See Above		><	X	1	1	4	0	0	10	1			
	SEAN DYER			7 RICHARDSON ST WOBURN, MA 0180				м	3	1	4	0	0	10	1	***************************************		
⁷ 3	Please Select O of the Followin		e 2 2 #	Occupants No	n-Motorist A	Туре	15 Action	16 1	Locatio	on	17	Conditi	on	18		Hit/Run Mo	ped	
	License # <u>063</u>	NM80101				Reg#	4540934	1			Reg	Туре	PC		Re	eg State NH	_	
	Sex M Lic. C	Class B	Lic. Res	trictions 20	CDL	Veh Y	ear <u>2016</u>	\	√eh Ma	ake G	MC				_ Veh	Config. 2	1	
⁸ 2	Operator YO U	Last	Fi	rst	Middle	Owne	vner YOUNGMAN, MICHAEL L									— l		
	Address 260						ess 260 CE	INT	ER	HII	L		***************************************				— 	14
			State <u>1</u>	1H Zip 0323	4	City _	EPSOM	-			22					3234	<u>_</u>	1
	Insurance Compa		T N Z				le Action Prior to		<u>_</u>	23	23		maged st Stati		Code:	2 27 3 27	27	
	Vehicle Travel D	<u> </u>	P Y	Responding to Emer	rgency? 2		Sequence 1	_	24		23		oe of T		ŀ	29		
⁹ 2	Citation # (If Issu	r					Harmful Event	1	ᆜ	25	25			t Resu		1 30	_	
							r Contributing Co		26						2 31	Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dri Please fill out for operator/non-motorist and all occupants involved					Driver	r Distracted by	0	34	35	36	37	38	om sco	40	2 "		
	Name (Last First Mi	ddle)		T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_	
	<u>Operato</u>	or/Non-Mo	otorist	S 10 BAILEY DR	ee Above			X	1	1	4	0	0	10	1			
	CHRISTINA P	OWELL		BOSCAWEN, NH 033	303			F	3	1	4	0	0	10	1			

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestria	ın 🕳 = B	icycłe	
Crash Diagram:	ie: 👈 🗔	→ [2	₽Ÿ	→ %		
	Rte 62 Middlesex Ave					If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Center Other Private Way Indicate North by	ot
Callinati							
Crash Narrative:		<u>.</u>					
Minor motor vehicle c							***
lane to take a left of							
struck vehicle 2 with							
view mirror on vehicle							
injuries reported at			ere able to	be driven	from the	scene.	
Paperwork was exchange	ed between the o	perators.					
Witnesses:		·					
Name (Last,First,Middle)		Address			Phone #		Statement
n							.
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of D	maged Property	***************************************
(210),2110(),110(10)	71441635		1 none #	41-1ype 1	Description of Da	maged Froperty	
Truck and Bus Information	De la circuit						
Carrier Name	Registration #		(From Ve	hicle Section)		Bus Use	42
Address			_ City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		·
Interstate Cargo Bod	y Type Code	GVWR/GCWR	45				
						46	
Trailer Reg #:	Reg Type	Keg State	Keg Year	Traile	r Length		
Hazmat Information: 47	48					<u> </u>	49
Placard Material 1 digit	# Material Nan	e		Material 4 digit	#	Release code	

Wilmington Police Department
Department Precinct/Barracks

12/11/2020 Date

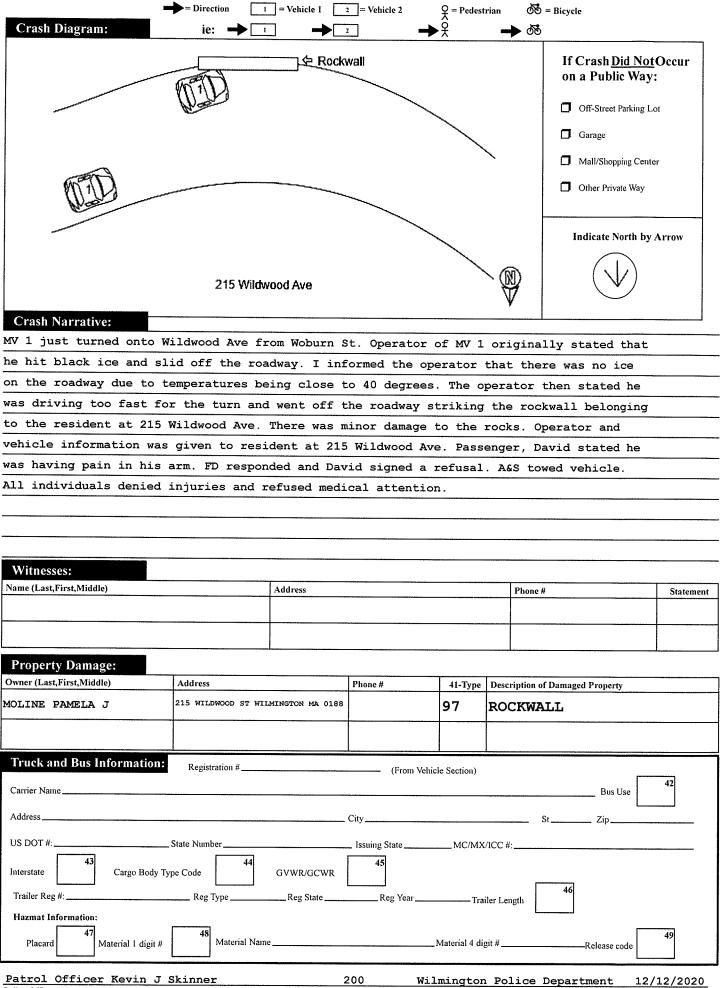
Police Officer Name (Please Print)

Signature

ID/Badge #

Department

	Police Use Only Col			monwealth of Massachusetts					RMV Document Number			
	Date of Crash Time of C 12/12/2020 0854		City/Town	Motor Vel	hicle Crasl	Numb Vehic		, ISPOUL	Limit 3	Local Police	1	
	1	24HR	nington	Police	Report	1	1	Latitud Longit		MBTA Police Campus Police Other:		
	AT IN	TERSECTI	ON:	< LOC	ATION >		NOT.		ΓERSEC		1	
							WII	DWO	DD ST		2 10	
¹ 1	Route# Direction		Name of Roadway/Str	reet	Route# Direction	Address	#	Na	me of Road	way/Street	-	
<u> </u>			At		Feet N	S E W of	·		or			
	Route# Direction	Nam	e of Intersecting Roadw	/ay/Street				Marker		Exit Number	1 11	
			Also at Intersection w	rith		S E W of	Route#		Intersecting	Roadway/Street		
² 1	Route# Direction	Nan	e of Intersecting Roadw	/ay/Street	Feet N	S E W of			Landma	rk	-	
3	Please Select One of the Following:	Vehicle 13	#Occupants Hit/	Run Moped	Crash Repo	ort ID# 2	0-30	1-	AC			
	License # <u>\$539922</u>		A DOB/Age	'_ Reg	# 1RBL61		Reg T	уре РС	F	Reg State MA	12	
	Sex M Lic. Class D	9 19 Lic. R		DL Veh	Year 2009	_ Veh Make	TOYOT	A	Ve	h Config. 1	1 "	
,	Operator TRUDELL	E, JAS		ndorsement Owi	ner NASH, M	CHAEI	J					
⁴ 1	Address 10 EMERS	ON ST	First	Middle	ress 14 SAND		First		N	Aiddle		
	City WILMINGTO	N State	MA Zip 01887		BURLINGTO			State MZ	1 Zin 0	1803-1044		
	Insurance Company MET	ROPOLIT	AN PROPERT		cle Action Prior to Cra	F			d Area Code			
	Vehicle Travel Direction:		Responding to Emerg		nt Sequence 35 23	23 23	23	Test Stat	us:	1 28		
5	Citation # (If Issued)				t Harmful Event 3	5 24		Type of T	Γest:	29		
	Viol. 1: Ch/Sec/Sub ———				er Contributing Code	7 25	25	BAC Tes		1 30	30 ¹³	
					er Distracted by	26			cohol: 2	1 Susp. Drug: 2 32	30	
⁶ 1	Viol. 3: Ch/Sec/Sub		or and all occupants inv		er Distracted by	34 3	5 36 3		om scene?	1 33	_	
	Name (Last First Middle)		To the second and the	Address	DOB/Age Sc		fety Airbag Ej	ect Trap ide Code	Injury Transp Status Code	Medical Facility	_	
	Operator		Se	e Above	$\rightarrow \rightarrow$	1 1	4 0	0	10 1			
	DAVID WOODWORTH		1076 CHANDLER ST TEWKSBURY, MA 01	876	М	3 0	4 0	0	9 1		1	
	MICHAEL NASH		14 SANDRA AVE BURLINGTON, MA 0	1803-1044	м	4 1	4 0	О	10 1		1	
											-	
	Plana Calant Oran		<u> </u>		15 16	<u> </u>	17		10		1	
⁷ 1	Please Select One of the Following:	ehicle 2	#Occupants Non-	Motorist A Type	Action	Location	Con	dition		Hit/Run Moped		
	License #		DOB/Age	Reg	#		Reg Ty	/pe	R	Reg State	1	
	Sex Lic. Class	19 Lic. R	estrictions 20 CI	DL Veh	Year	_ Veh Make	****		Vel	h Config.	-	
8	Operator		First		erLast	·			···			
⁸ 1	Address		rust		Cess		First		M	fiddle		
	City	State	Zip	City				State	Zip		1 14	
	Insurance Company			Vehi	cle Action Prior to Cra	sh	22	Damaged	l Area Code	27 27 27		
	Vehicle Travel Direction:	NSEW	Responding to Emerg	ency? Even	it Sequence 23	23 23	23	Test Statu	is:	28		
9	Citation # (If Issued)		_	Mos	Harmful Event	24		Type of T		29		
⁹ 2	Viol. 1: Ch/Sec/Sub	v	iol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25	BAC Tes		Susp Drug: 32		
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 5: Ch/Sec/Sub — Viol. 6: Ch/Sec/Sub — Ch/Sec/Su				er Distracted by	26		Susp. Alc Towed fro	om scene?	Susp. Drug: 32		
		***************************************	motorist and all occupa		<u> </u>	34 3:	5 36 3	7 38	39 40		1	
	Name (Last First Middle)	3.6	•	Address	DOB/Age Se	/ .			Injury Transp. Status Code	Medical Facility	-	
	Operator/Non-	Motorist	Se	e Above		1	.					
]	
							+ +				1	
1			1		1 I	1	1 1			1	1	



Police Officer Name (Please Print)

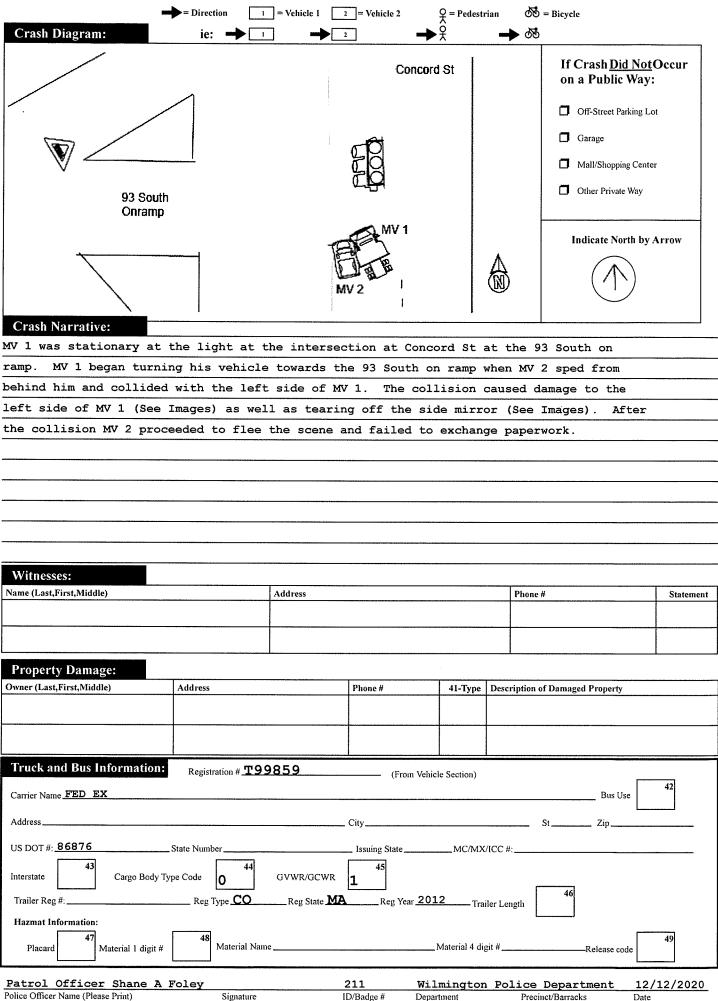
Signature

ID/Badge #

Department

Precinct/Barracks

	Police Use Only	Com	nonwealth	of Massach	usetts	5	RM	V Docum	ent Number		
	Date of Crash Time of Crash 12/12/2020 1745 Wil:	City/Town mington		icle Crash	Number Vehicles		Speed Limit	35	State Police Local Police MBTA Police	1	
	24HR	ming con	Police	Report	2	0	Latitude Longitude _		Campus Police		
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	Γ INTER	SECTI	ON:	1	
	GOVGORD	O.M.								2 10	
1	Route# Direction CONCORD	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	'Roadway/	'Street	H	
14		At		Feet N S	[r]w] -					1	
	Route# Direction Na	ne of Intersecting Roadw	/ay/Street	Feet [N]S	EW of	Mile Ma		or	Exit Number	111	
		Also at Intersection w	ith	Feet N S	E W of	D			1 /0.	4	
² 3	Route# Direction Na	ne of Intersecting Roadw	/av/Street	Feet N S	E W of	Route#	Inters	ecting Koa	dway/Street		
3			-				La	ndmark		1	
³ 97	Please Select One of the Following:	_#Occupants Hit//	Run Moped	Crash Report	ID# 20	-302	2-AC				
91	License # S99368151 St M	A DOB/Age_	Reg	# T99859		Reg Type	CO	Reg S	State MA	_	
	19 19	20		Year 2012					2.1	1 12	
	Operator HYDE, FREDERI		idorsement	er FEDERAL E							
⁴ 3	Address 11 POND ST CT	First	Middle	ess 4001 LEA		First		Middle			
	City NAHANT State	• MA Zip 01908	-1327 City.	MT LAUREL		Sta	te NJ 2	zip 080	54-0000		
	Insurance Company OLD REPUB			cle Action Prior to Crash			amaged Area		27 8 27 27		
	Vehicle Travel Direction: X S E W	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23	23 Te	est Status:	1	28		
⁵ 2	Citation # (If Issued)		Most	Hannful Event 1	24	•	pe of Test:		30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	AC Test Resi	1	usp. Drug: 2 32	1 13	
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 1 2 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 0 26 Towed from scene? 2 33										
⁶ 2	-	ator and all occupants inv	rolved	34 35 36 37 38 39 40 40 40 40 40 40 40 4						1	
	Name (Last First Middle) Operator		Address e Above	DOB/Age Sex	Pos. System		Code Status	Code	Medical Facility	1	
	Operator	56	e Above		1 1	4 0	0 10	1			
								<u> </u>			
⁷ 3	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action 16 I	ocation	17 Condit	ion 18	Hit/	Run Moped		
-	License # St	DOB/Age	Reg #	<i>†</i>		Reg Type		<u> </u>			
	19 19	20		/ear\					21		
	Operator unknown		Own	er							
`1	Address	First	Middle Addre	Last		First		Middle			
	City State	Zip	City_			Sta	te Z	.ip		1 14	
	Insurance Company		Vehic	le Action Prior to Crash		22 Da	imaged Area	Code:	27 27 27		
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Event	Sequence 23	23 23		st Status:		28		
	Citation # (If Issued)	_	Most	Harmful Event	24	•	pe of Test: AC Test Resu		30		
2	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	sp. Alcohol:	24	ısp. Drug: 32		
	Viol. 3: Ch/Sec/Sub	Drive	r Distracted by	26		wed from sc		33			
Ī	Please fill out for operator/nor	•	nts involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury	40 Transp.			
ļ	Operator/Non-Motorist		e Above	Sobrige Sex	Pos. System	matus Code	Code Status	Code	Medical Facility		
F	-										
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- 1											



Wilmington Police Department Images Associated with 20-302-AC



