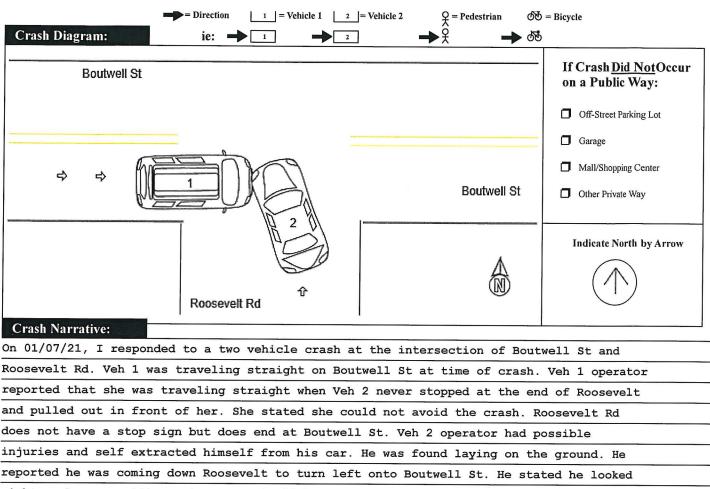
Date of Crash	Time of Crash 0756 24HR	Wilmi	ity/Town ngton		Veh	icle Cra Report		N	umber hicles	Nu	mber ured	Latitu	d Limi		Loca MB7 Cam	Police I Police TA Police pus Police	0000
	AT INTER		N:				>	<u> ~</u>			T A		itude_ TER	SEC	Othe TION		-
Poute# Disc	BOU	TWELL	ST												•		
Route# Direc	HION		Jame of Roadway/S At	treet		Route# Direc		Addr							vay/Stree	et	
Route# Direc		SEVELT Name o	RD Intersecting Road	way/Street		Feet	NS	EW	of	M	ile Ma			• ог _		Number	
		Α	Also at Intersection	with		Feet				Rout	e#		Inters	ecting l	Roadway	//Street	_
Route# Direc	etion	Name o	f Intersecting Road	way/Street		Feet	NS	EW	of				La	andmar	k		
Please Select C		le 1 <u>1</u> #0	Occupants Hit	/Run N	1oped	Crash R	eport	ID#	21	-1	. – ;	AC					
	1201036	St MA	DOB/Age		Reg#	1TRH53				Re	д Турс	PC		R	eg State	MA	
Sex F Lic. 0	Class D	Lic. Rest	rictions 20	CDL		ear 2017									-	2	1
	GUNILLA Last	Firs	ON B	Middle	Owne	r LAGUNI	LL.F	١,	PET		F			Mi	iddle		
	EVERE A		- 0100			ss 7 REVE			E								_
•			A Zip 0188			WILMING'		Г		22				Zip 0 : ı Code:		27 2	<u>7</u>
Vehicle Travel D	-		E INSURA Responding to Emer			le Action Prior to		23	1 23	23		amage est Sta		Code.	1 28		
	ued)		Responding to Eme	rgency /		Sequence 1	1	24	<u> </u>		Ту	pe of	Test:		29		
,			2: Ch/Sec/Sub —			Contributing Co		1	25	25	1		st Resi		1 30	o 3	22
Viol. 3: Ch/Sec/S			4: Ch/Sec/Sub —			Distracted by	0	26					cohol: rom sc	2 31 ene?	Susp. 33	Drug: 2 3	ן נ״
	Please fill out		and all occupants in					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			\dashv
Operato				Address ee Above		DOB/Age	Sex	Pos.	System 1	Status 3	Code	Code	Status 10		Ме	dical Facility	
Operate							\triangle	1	-			-	10				
Please Select O of the Followin		e 2 1 _#0	ccupants Nor	-Motorist A T	ype	15 Action	16 L	ocatio	n	17	Condit	ion	18	ים	Hit/Run	П Мор	ed
License # <u>\$2</u> 8			DOB/Age		Reg#	3JSF61				_ Reg	з Туре	PC		Re	eg State		_
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	WIRTH A					ss			E						******		-
			A Zip 0188		City <u>I</u>	VILMING?	<u>NO!</u>	Г	14.0.11	22						<u>-2883</u>	-, I
·			SURANCE (e Action Prior to			4	22		ımageo st Stat		Code:	1 2 8 1 28	27 2	
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•	ed)					ļ	1 . [200	25 4	25			t Resu		1 30		۱ ـ
	ub		2: Ch/Sec/Sub			Contributing Coo		19 ²	4		Su			2 31	Susp. I	Orugi 2 3	[2]
			4: Ch/Sec/Sub — torist and all occup		Duvel	Distracted by	<i>99</i>	34	35	36	37	38	om sc	40	<u>1 </u>		
Name (Last First Mic	idle)			Address		DOB/Age	Sex	Pos.	_	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med Lahey C	lical Facility	
Operato	r/Non-Mo	torist	Se	ee Above			X	1	1	1	0	0	9	2			
						1			1	- 1			1	1 [1
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right as he was pulling out onto Boutwell but when he looked left, Veh 1 was already there. No signs of impairment on either driver. Veh 1 oper refused medical. Both cars suffered front end damage and were towed by Cains. Veh 2 oper transported to Lahey. Road conditions not a factor. Both wearing seatbelts. Airbags on both cars deployed.

Witnesses:											
Name (Last,First,Middle)		Address			Pi	ione #		Statement			
,					_						

Property Damage:											
Owner (Last,First,Middle)	Owner (Last,First,Middle) Address			41-Type	Descript	Description of Damaged Property					
*											
						_					
Truck and Bus Information:	Registration #		(From Vel	hicle Section)							
Carrier Name			,				Bus Use	42			
								(idel)			
Address			City			_ St	Zip				
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:						
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45								
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length	46					
Hazmat Information:											
Placard 47 Material 1 digit #	48 Material Name			_Material 4 dig	rit #		-Release code	49			

Patrol Officer Daniel P Furbush

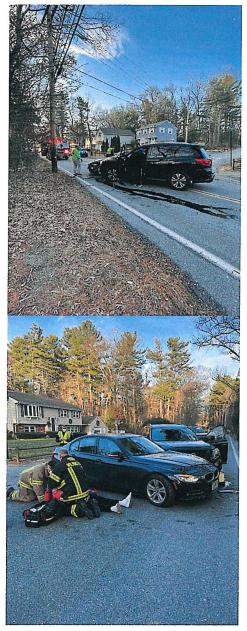
196

Wilmington Police Department

01/07/2021

Department

Wilmington Police Department Images Associated with 21-1-AC







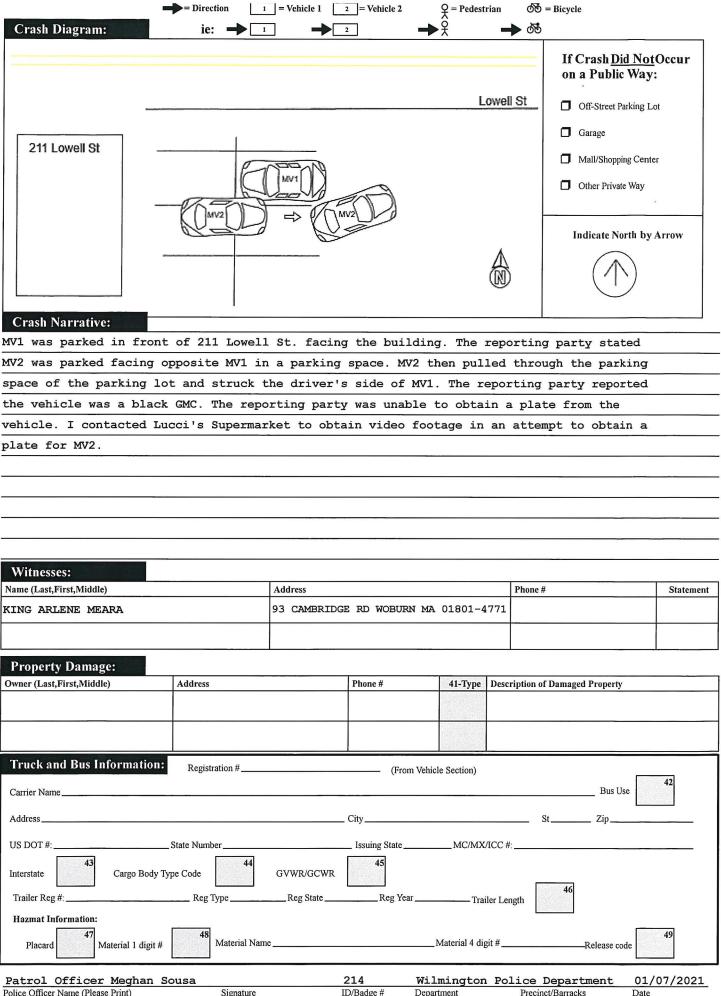




Wilmington Police Department Images Associated with 21-1-AC



01/07/2021	24HR	Wilmi		Pol	lice]	icle Cra Report		Num Vehi	oles In	jured	Latitud Longit	le ude	Loca MB' Cam Othe	
	AT INTER	SECTION	Ň:	<	LOCA	TION	>		NO	T A	ΓΙΝΊ	ERSE	CTION	l:
Route# Direc	ction	Na	ume of Roadway/S	treet		Route# Dire	ction	211 Address		OWE	LL Nar	ST ne of Road	dway/Stree	et
			At			Feet	NS	E W o				or		
Route# Direc	ction		Intersecting Roads	<u></u>		Feet	NS	E W a		Aile Ma	ırker		Exit	t Number
Route# Direc			Intersecting Roads					EW o	Rou	ite#	Ī	ntersecting	g Roadway	y/Street
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				_				Landma	ark	
Please Select C of the Followi		e 1 <u>1</u> #0	ccupants Hit.	/Run N	Aoped	Crash	Report	1D# 2	1-2	2- <i>i</i>	AC			
License #	19 1	19	DOB/Age			996YN2							-	21
Sex Lic.	Class	Lic. Restri	ctions C	CDL Endorsement		ear <u>2015</u>				OTA	.	V	eh Config.	1
Address	iverless Last	S M.V. First		Middle		er <u>ZOU, </u>	Last		J	First			Middle	
		State	Zip			BURLING				Sta	te MA	Zip C	1803	3-2210
Insurance Comp	any THE CC	MMERCE	INSURA	NCE CO		le Action Prior t		F 5	22			Area Cod		27 27
Vehicle Travel D	Direction: N S	E R	esponding to Erner	gency? 2	Event	Sequence 1	23	23 2:	23		st Statu		1 28 29	
Citation # (If Iss	ued)				Most	Harmful Event	1	24		_ B	/pe of To AC Test	est: : Result:	30	
Viol. 1: Ch/Sec/S	Sub	Viol. 2	2: Ch/Sec/Sub —		Driver	Contributing C	ode	1 ²⁵	2	5 Տւ	ısp. Alc	ohol: 2		Drug: 2 32
Viol. 3: Ch/Sec/S			4: Ch/Sec/Sub		Driver	Distracted by	0	26	15 36	To	wed fro	om scene?	2 33	
Name (Last First M		tor operator a	nd all occupants in	VOIVEG Address		DOB/Age	Sex	Seat Sa	fety Airbag stern Status	Eject	Trap	Injury Trans Status Code		edical Facility
Operate	or ————		S-	ee Above		\geq	X	1 0	4	0	0 :	10 1		
							-			1			+	
Please Select O		2 1 #00	cupants Non	-Motorist A T	'ype	15 Action	16 L	ocation	17	Condit	ion	18	Hit/Run	Moped
	ng: Venicie	St:	DOB/Age	-Motorist A T	·	15 Action	L	l					***************************************	
of the Followin License # Sex Lic. C	Class 19 1	St:	DOB/Age	-Motorist A T	Reg#	Action	L		Re	ед Туре			Reg State	21
of the Followin License # Sex Lic. C Operator_unl	Class 19 1	St:	DOB/Age		Reg #	Action ear	L		Re	ед Туре			Reg State	21
of the Followin License # Sex Lic. C Operator unl Address	Class 19 1.	St9 Lic. Restric	DOB/AgeCtions C	DL	Reg #. Veh Ye Owner	action ear	Last		Re	eg Type			Reg State.	21
of the Followin License # Sex Lic. C Operator unl Address City	Class 19 1.	St9 Lic. Restrict First State	DOB/Age	DL	Reg # Veh Ye Owner Addres	Action ear	Last		Re	eg Type	te		Reg State.	21
of the Followin License # Sex Lic. C Operator unl Address City	Class 19 1. Class Last	St St Lic. Restrict First State	DOB/AgeCtions C	DL ndorsement Middle	Reg#, Veh Ye Owner Addres	ear	Last Crash		Re	eg Type First Stat Da	te	Ve Ve Zip Area Code s:	Reg Stateh Config.	21
of the Followin License # Sex Lic. C Operator Unl Address City Insurance Compa Vehicle Travel Di	Class 19 1. Class Last	St9 Lic. Restrict First State E W Re	DOB/Age Citions	DL ndorsement Middle	Reg # Veh Ye Owner Addres City Vehicle Event	earesse Action Prior to	Last Crash	/eh Make	Re	eg Type First Stat Da Te Ty	test Status	Ve Ve Zip Area Code s:	Reg State	21
of the Followin License # Sex Lic. C Operator Unl Address City Insurance Compa Vehicle Travel Di Citation # (If Issue	Class 19 1: Class 19 1: Chast	St 9 Lic. Restrict First State E W Re	DOB/Age Citions	DLndorsement	Reg #. Veh Ye Owner Address City Vehicle Event : Most F	eareare Action Prior to	Last Crash	/eh Make	Re	eg Type First Stat Da Te Ty	test Status	Ve ZipArea Code ss:	Reg State th Config. Middle	27 27
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of the Followin License # Lic. C Operator Unl Address City Insurance Compa Vehicle Travel De Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	Class 19 1: Chast	St	DOB/Age	DLndorsement Middle gency?	Reg # Veh Ye Owner Addres City Vehicle Event ; Most I	eareare Action Prior to Sequenceearmful Event Contributing Co	Last Crash	23 23 23 25 25 26 34 3a San Seat San	Re	State Type State Type Te Ty BA Su To	te	Ve Ve Zip Area Code s: Result:	Reg State	27 27
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of the Followin License # Lic. C Operator Unl Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Plet Name (Last First Min	Class 19 1: Class Individual Ind	St Lic. Restrict First State Viol. 2 Viol. 4	DOB/Age	DL	Reg # Veh Ye Owner Addres City Vehicle Event ; Most I	eare Action Prior to Sequencee Harmful Event Contributing Co	Last Crash Crash Code [23 23 23 24 25 26 34 Seat Pos. Sys	22 23 23	Star Da Te Ty BA Su To	te	Ve Ve Zip Area Code s: Result: ohol: 3 m scene?	Reg State	21 27 27 Drug 32



Wilmington Police Department Images Associated with 21-2-AC

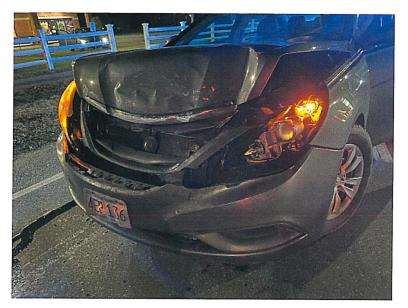




	Date of Crash	Time of Crash	Wilm	City/Town ington		Veh	icle Cra		Ni Ve	etts umber chicles	Nun Inju	-o4	Speed Latitud	Limit.		MBTA) 0
		24HR AT INTER)N•			Report	>	2		0 NO		Longit		SEC'	Other:		4
		AIMIEN	SECTION	J11.		OCA	HUN				NU	AI	118 1	LEK	SEC	HON		-
	Route# Direc	ction		Name of Roadway/S	treet		Route# Direc	tion	21	1	LC	WE:		ST	Podu	/ay/Street		_ 2
¹ 4	Trouten Bile			At	il cot								INA	ine or i	Koauw	ay/sirect		
	Route# Direc	ction	Name	of Intersecting Road	way/Street		Feet	NS	EW	of	— — Mil	e Mar			or _	Exit 1	Number	
	- Courter Direct		- 144110	Also at Intersection v			Feet	N S	EW	of	Route	<u></u> .		T	-4' T) 1/	· C44	72
² 1	Route# Direc	etion	Name	of Intersecting Road	way/Street		Feet	N S	EW	of	Route	řř.	J	interse	cting F	Roadway/	Street	
1					· · · · · · · · · · · · · · · · · · ·									Lar	ndmark			4
3	Please Select C of the Followi		le 1 <u>1</u>	#Occupants Hit	/Run Me	oped	Crash I	Report	ID#	21	-3	-Z	7C					
	License # S64	4761357				Reg#	8PT814				Reg	Туре	PC		Re	eg State 👤		-
	Sex M Lic.	Class D 19	Lic. Res	strictions 1 20 E	CDL	Veh Y	/ear 2016		Veh Ma	ake <u>K</u>	IA				_ Veh	Config.	1 21	1
⁴ 3]	PPIN, N.	F	irst	Middle		er RIPPIN	Last			Fir	st	RT		Mie	ddle		-
3		WILMIN					ess 153 W											-
	1			MA Zip 0180			BURLING		1		22				ip 0] Code:		27 27	-
				TUAL INSU			le Action Prior to	Crash 23	23	23	23		t Statu		Code.	5 10 1 28	9-1	
1	Vehicle Travel D	ued)	S E 🔀	Responding to Emer	gency? Z		Sequence 1 Harmful Event	1	24			Тур	e of T	est:		29		
	1	•		ol. 2: Ch/Sec/Sub —			r Contributing Co		1	25	25			t Resul		1 30	32	1
	Viol. 1: Ch/Sec/S			ol. 4: Ch/Sec/Sub —			r Distracted by	0	26	ــالــ				om sce	2 31 ene?	Susp. D	rug 2 32	1
1				r and all occupants in					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39	40 Transp.	<u>+</u> _		1
	Name (Last First M Operato				Address ee Above		DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status	Code 1	Medi	cal Facility	-
	Operate								1	-				-	-			-
																		-
								_				_						_
	Di Gilia			<u> </u>			15	16			15			10		-		
1	Please Select O of the Followin		e 2 1 _#	Occupants Non	-Motorist A Typ	ре	15 Action	16 1	Locatio	n	17 C	onditio	n	18	☐ F	lit/Run	Moped	ı
	License # SAC	730239	St MA	_ DOB/Age.		Reg#	4EP136				Reg	Туре_	PC		Re	g State 1		
	Sex F Lic. C			E ₁	DLndorsement	Veh Y	ear 2011		Veh Ma	ke H	YUN	DAI	-		_ Veh	Config.	1 21	
1	Operator SCI	Last	Fi	SSA THERE	SE Middle		r_SCHUUR	Last			HON Firs		ROB	ERI	C Mid	dle		
	Address 11			01005			ss 11 MOI			D								1
	·			<u>MA</u> Zip 01887			VILMING'		Г	4	22				p <u>01</u> Code:		-2912 27 27	- -
	Insurance Compa Vehicle Travel Di		.,	RD FIRE IN Responding to Emerg			e Action Prior to			23	23		: Statu		couc.	28		
	Citation # (If Issu		XN	Responding to Emerg	gency/		sequence 1	1	24			Тур	e of To	est:		29		
2	,	ub		ıl. 2: Ch/Sec/Sub —			Contributing Co		19	25	25			Result		1 30 D	32	
	Viol. 3: Ch/Sec/S			al. 4: Ch/Sec/Sub —			Ü	0	26	<u> </u>				onoriga om scer	-	33	rug: 2 32	
	Plea	ase fill out for ope		notorist and all occupa	ants involved				34 Seat	35 Safety	36 Airbag	37	38	39 Injury	40 Transp.			1
	Name (Last First Mi	or/Non-Mo	torist	Q.	Address ee Above		DOB/Age	Sex	Pos.	System 1	Status 4		Code	Status	Code 1	Medie	cal Facility	-
	Sperato	.,1,016-11110							-	-	-							-
												-	\dashv	\dashv				-
										_	-	4	_					-

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🐠	= Bicycle	
Crash Diagram:	ie: 👈 📑	_ →□	2	→ ♀	→ №		
		MV1	Lowell Street	MV2		If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by	ot
Crash Narrative:							
Operator of motor veh	nicle 1 Nathanie	al Pinnin	stated that	ho was s	topped in	traffic due	
to a red traffic cont							
Schuurman stated she					of MV2, F		
crashed into it (See							
injuries, and refused							
	i medicai accenti	Cain .	s cowed both	· venicie.	s (see at	cacimients).	-
		_ = 0					
W.							
Witnesses: Name (Last,First,Middle)		Address	10.20.00		Phone #		Statement
Traine (Lasty) Instytutate)		71dd CSS			T Holle #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From V	ehicle Section)			and a
Carrier Name						Bus Use	42
Address			City		S	t Zip	
						•	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
	dy Type Code	GVWR/GCWR			-		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46	
Hazmat Information:					\$53	personal file	
Placard Material 1 dig	it # 48 Material Nam	ne		Material 4 dig	git #	Release code	49
Patrol Officer Julio	J Quiles		197 W		Police I	Department 01/	07/2021

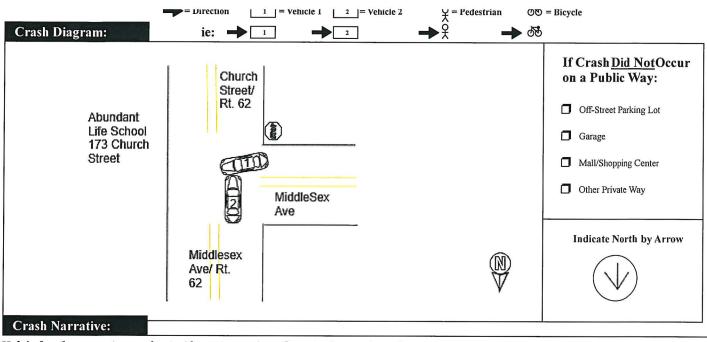
Wilmington Police Department Images Associated with 21-3-AC







	Police Use Only	Comi	nonwealth	oi Massa	acnu	setts	S	- 1	RM	IV Doc	cument Number	1	
	1 1	City/Town	Motor Vel	iicle Cra	sh [Number		per Spec	ed Limi	t3			
	01/08/2021 1445 Wilm	ington	Police	Report		2	, 0	Latti	tude gitude _		MBTA Police Campus Police Other:	11	
	AT INTERSECTION	ON:			>						CTION:	1	
							1101	7 X X 11		.OEC		+	10
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¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direct	tion A	ddress #		N	lame of	Roady	way/Street		
1		At		Foot	N S E	w of			_	- 0"			
	Route# Direction MIDDLESE Name	X AVE of Intersecting Roadw	vav/Street	rect		[**] 01	Mile	Marker	•	- 01 _	Exit Number	<u> </u>	11
		Also at Intersection w		Feet	N S E	w of		_				3	
				Feet	N S E	w of	Route		Inters	ecting :	Roadway/Street		
² 1	Route# Direction Name	of Intersecting Roadw	/ay/Street						T,	andmar	le	-	
	Please Select One Vehicle 12	#Occupants D	_			. 01	<u> </u>	7.0		montar	K	1	
3	of the Following:	Hit/	Run Moped	Crash R	eport ID	# 2 1	-4	JA.	,				
	License # S99110920 St MA	DOB/Age	Reg	# 1FP166			Reg	Гуре <u>Р(</u>		R	leg State MA]-	12
	Sex_ F Lic. Class D Lic. Re	strictions B 20 CI	DL Veh	Year 2020	Veh	Make_	ORD			Veh	Config. 1	1	12
	Operator TADDIA, JOAN A	Er	ndorsement	er TADDIA									
⁴ 2	Address 53 BALDWIN RD		Middle	ress 53 BAI	.ast		First	T 80	11	М	liddle		
				<u> </u>							1001 0141	•	
	City BILLERICA State	•		BILLERI	JA					•	1821-3164	•	
	Insurance Company Arbella Mu	tual	Vehi	cle Action Prior to		4	22	Damag		1 Code:	8 27 27 27		
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Ever	t Sequence 1	23 23	23	23	Test Sta			29	1	
⁵ 1	Citation # (If Issued) T2445826	-	Mos	Harmful Event	1 2	\$		Type of		14.	30		
	Viol. 1: Ch/Sec/Sub 89 8 Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co	de 4	25	25	BAC To Susp. A				1	13
	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	99 20			Towed			33 July 2 33	F	
⁶ 1	Please fill out for operato			1	3		36	37 38	39	40	<u>[+]</u>	-	
	Name (Last First Middle)	_	Address	DOB/Age		eat Safety os. System		Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator	Se	e Above	\rightarrow	$X _1$	1	4 0	o	10	1			
ļ	,				6	1	4 0	0	10	1		1	
)						+		_	 			-	
												4	
7	Please Select One of the Following: Wehicle 21 #	Occupants Non-	Motorist A Type	15 Action	16 Loca	ation	17 Co	ndition	18		Hit/Run Moped	7	
⁷ 3	of the Londwing.		L			LION L		L		'mendi '	into Action	4	
	License # S24510111 St MA	_ DOB/Age	Reg	9DV163			Reg 7	ype PC	<u> </u>	R	eg State MA	l	
	Sex M Lic. Class D Lic. Res	strictions 1 CE	OL Veh '	Year <u>2002</u>	Veh	Make C	HEV	OLE'	T	Veh	Config. 21		
,	Operator MCCARTHY, PATR	ICK MICHA	EL Own	er MCCARTI	HY,	MICH		JOS	EPH				
⁸ 1	Address 5 LAWRENCE CT	nst	Middle Addr	ess 5 LAWR	ENCE	CT	First			Mi	ddle		
	City WILMINGTON State N	<u>(IA</u> Zip 01887	-1919 _{City}	WILMING	ON			State M	A 2	in 0 1	1887-1919	1	14
	Insurance Company ARBELLA MU	•	•	le Action Prior to 0		4	22	Damage		٠.		_	_
					3 23	23	23	Test Sta			1 28		
	Vehicle Travel Direction: N X E W	Responding to Emerge	ency? Z Even	Sequence 1				Type of	Test:		29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 24	<u> </u>		BAC Te	st Rest	ılt:	30		
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 1	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1	
	Viol. 3: Ch/Sec/Sub Vio	l. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26			Towed i	rom sc	ene?	2 33		
ľ	Please fill out for operator/non-m				34 Se		Airbag E	37 38 ject Trap	39 Injury	40 Transp.		1	
}	Name (Last First Middle)		Address	DOB/Age	Sex Po	s. System	Status C	ode Code	Status	Code	Medical Facility	-	
L	Operator/Non-Motorist	Sec	e Above		X^1	1	4 0	0	10	1			
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Vehicle 1 was stopped at the stop sign located at Church St. and Middlesex Ave waiting to turn left. Vehicle 2 was traveling south on Middlesex/RT. 62 which has no traffic control signals at this intersection. As vehicle 2 approached the intersection, the operator stated that vehicle 1 began to "inch" out into the roadway. This is when vehicle 1 entered the intersection and vehicle 2 collided with the front left side of vehicle 1. Vehicle 2 struck vehicle 1 with the center front. Both vehicles speeds were low as traffic was moderate due to Abundant Life School letting out. Both operators and Passenger claimed no injuries. Vehicle 2 was operable and able to be driven from the scene. Vehicle 1 was towed by Forest Towing as it was inoperable. The operator of vehicle 1 was issued a Massachusetts Uniform Citation for Failure to Yield at an Intersection.

Witnesses:											
Name (Last,First,Middle)		Address				Phone #	Statement				
Property Damage:											
Owner (Last,First,Middle)	Owner (Last,First,Middle) Address			41-Type	Descr	cription of Damaged Property					
Truck and Bus Information: Carrier Name Address							42				
US DOT #:S Interstate	44	GVWR/GCWR	45	MC/MX/	/ICC #:						
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Len	gth 46					
Hazmat Information:											
Placard Material 1 digit #	Material Name			Material 4 dig	git #	Release code	49				