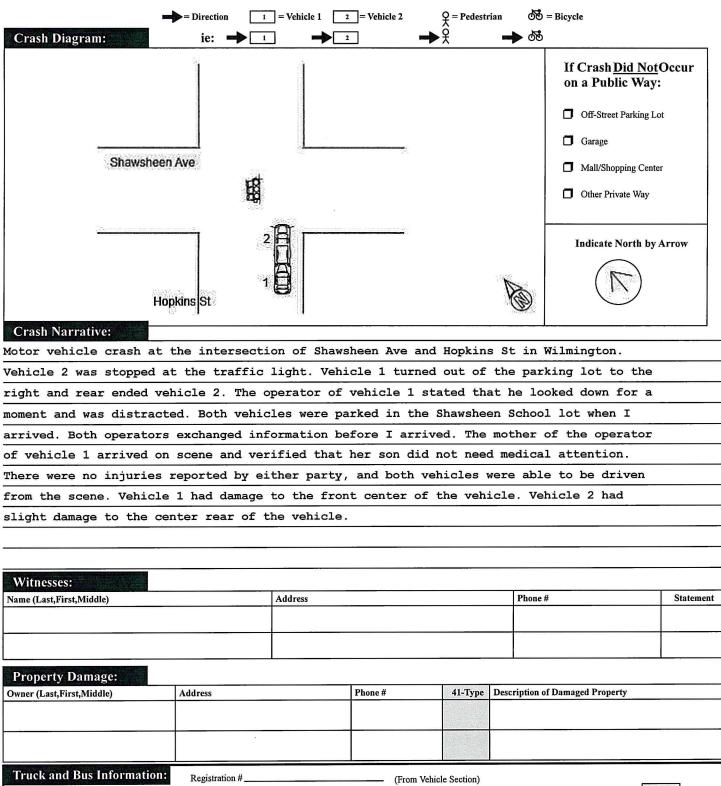
Police Use On	ly (Commony	vealth	of Massa	ichi	usett	S	100		RMV	Docum	ient Number			
Date of Crash Time of C	151		tor Veh	icle Cra	sh	Number		rod I	Speed I	-06-01200-0200	20	State Police Local Police MBTA Police Campus Police			
03/31/2021 2120	Wilmingto 24HR	n]	Police :	Report		2	0	1	Latitude Longitu	2		Campus Police D	<u>i</u>		
AT IN	<	LOCA	TION :	NOT AT INTERSECTION:											
Route# Direction	Name of Ro	oadway/Street		Route# Direct		298 Address		WAL		EN ne of Ro		//Street	2		
		At			Mel	ه اینا					No. 10				
Route# Direction		ting Roadway/Street				E W of		ile Mar			or	Exit Number	- 2		
Route# Direction		ersection with		1		E W of	Route	e#	Ir	ntersect	ting Ro	adway/Street			
										307000000	lmark		-		
Please Select One of the Following:	Vehicle 1 #Occupants	Hit/Run	Moped			D# 2 :					17.5		4		
License	_ DOB/A _£	ge_ 20		# 1ES633								2.1	- 1		
Se: Lic. Class D	Lic. Restrictions	CDL	t	Year 2014 her PONTES							Veh C	Config. 1	F		
Address	r:	Middle		ress 19 GEC	Last		F	irst			Middl	le			
	2:			BILLERI					. MZ	7:-	.015	821-2004			
City.	State Zip					1	22			— Zip Area C	Total Control				
				cle Action Prior to		23 23	23		st Statu:		1	28			
Vehicle Travel Direction:		ng to Emergency? 2		T		24		Туј	oe of Te	est:		29			
Citation # (If Issued)					-	110	25		.C Test	Result	-	30	F		
Viol. 1: Ch/Sec/Sub ——	Viol. 2: Ch/Se			er Contributing Co	belowing	20 ²⁵		Sus		ohol: 2	disc	Susp. Drug: 2 32	1		
Viol. 3; Ch/Sec/Sub		c/Sub	Drive	er Distracted by	5		- 1 44			m scen		33	_		
Please Name (Last First Middle)	fill out for operator and all oc	cupants involved Address		DOB/Age	Sex	34 35 Seat Safe Pos. Syst	ty Airbag	37 Eject Code	38 Trap Code	Injury T	40 ransp. Code	Medical Facility			
Operator		See Above		$\overline{}$	X	1 1	4	o	0 :	10 1					
•		1											-		
							-		\dashv	+	\dashv		-		
							-		\dashv	-	_		4		
	7.00												_		
Please Select One of the Following:	Vehicle 2.1 #Occupants	Non-Motorist	A Type	Action	16 Lo	ocation		Conditi		18		t/Run Moped	4		
License # <u>\$665598</u>	PAR HILLIANDO			# <u>R7700</u>				g Type			_ Reg	State MA 21	-		
Sex M Lic. Class D	Lic. Restrictions Lic. Restrictions RYAN ROBER	CDLEndorsemen	t	Year <u>2018</u> her <u>SWEENE</u>							Veh C	config. 2			
Address 22 MOOR	First	Middle		ress 22 MOC	Last		F	irst			Middl	le			
_	N State MA Zip	01887-373		WILMING'		-		Stat	. MA	7in	018	887-3734	1		
							22			Area C	_				
Insurance Company PL)	MOUTH ROCK A			cle Action Prior to		23 23			st Statu		1	28			
Vehicle Travel Direction:	N S W Responding	ng to Emergency? 2		it sequence 1		24	20	Тур	pe of Te	est:	-	29			
Citation # (If Issued)	-		Mos	t Harmful Event	_	25	25		C Test	Result		30			
Viol. 1: Ch/Sec/Sub ——	Viol. 2: Ch/Se	c/Sub	Driv	er Contributing Co		1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Se	c/Sub	Driv	er Distracted by	0	26		,		om scen		33	╛		
Please fill out	for operator/non-motorist and	d all occupants involv	red	DOB/Age	Sex	34 3: Seat Saf Pos. Syst	ety Airbag	37 Eject Code	38 Trap Code	39 Injury T Status	40 Transp. Code	Medical Facility			
Operator/Nor	ı-Motorist	See Above	-	>	X	1 1	4			10 1	ı				
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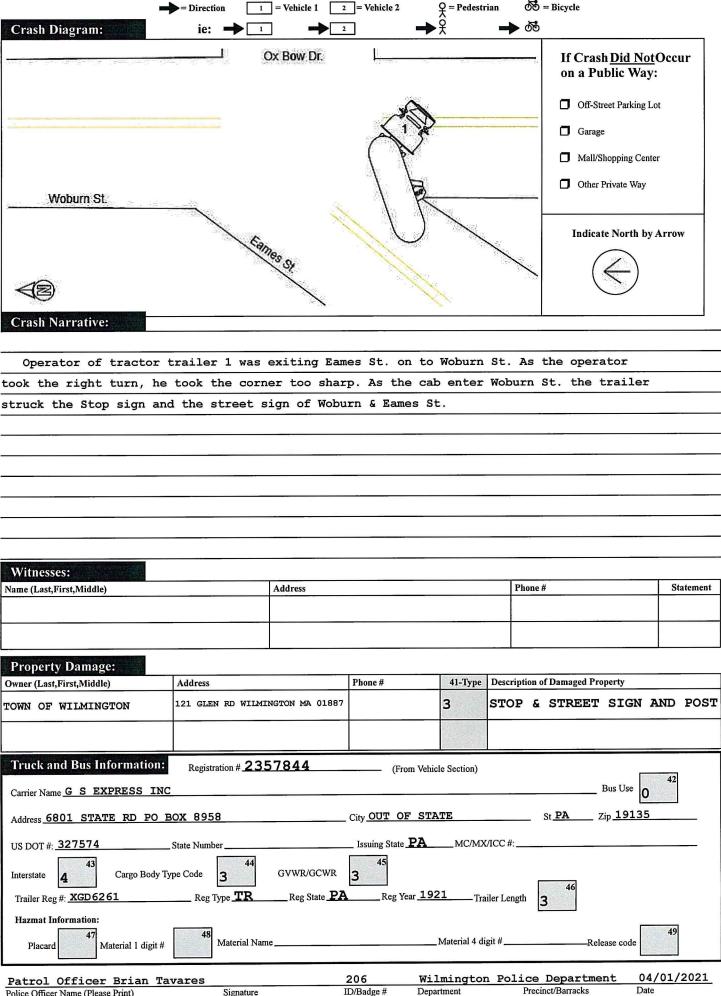
Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

03/31/2021

	Police Use Only	<u>Commonwealth</u>		etts	(V Document Number	
	Date of Crash Time of Crash City/Tolerand 04/01/2021 1201 Wilming	rton	Vel	mber Number Speed Limi	t 30 State Police Local Police MBTA Police Campus Police	
	24HR	Police	Report 1	0 Longitude_	Other:	
ŀ	AT INTERSECTION:	< LOCA	ATION >	NOT AT INTER		_ 10
,	Route# Direction WOBURN ST Name	e of Roadway/Street	Route# Direction Addre	ess # Name o	f Roadway/Street	2 "
¹ 1		At	Feet NSEW	of — — • —	- or	
	Route# Direction EAMES ST Name of Int	tersecting Roadway/Street		Mile Marker	Exit Number	1 11
	Also	at Intersection with	Feet N S E W	Route# Inters	secting Roadway/Street	
² 2	Route# Direction Name of In	tersecting Roadway/Street	rect [A]2]2[A]		andmark	
3	Please Select One of the Following:			21-67-AC		
	License # S41560268 St MA D		# <u>2357844</u>		AND THE PARTY OF T	7 12
	Sex M Lic. Class 19 19 Lic. Restricti	Endorsement	Year 2016 Veh Ma		Veh Config. 10	
<u>, </u>	Operator RESENDEZ, FRANK Last First	Middle	ner PENSKE LEAS	ING AND RENTA	Middle	
⁴ 2	Address 3 ELLIS CT		ress PO BOX 791			
	City WOBURN State MA	_ Zip 01801-3624 City	OUT OF STATE	State PA Damaged Are	Total Color of Color of Color of	
	Insurance Company			22 Damaged Are 23 23 Test Status:	a Code: 3 27 27 27	
⁵ 1	Vehicle Travel Direction: NSWW Res		nt Sequence 35 23 23 23 25 24	Type of Test:	29	
_	Citation # (If Issued)		St Hammur Event	BAC Test Res	sult: 1 30	23 ¹³
	Viol. 1; Ch/Sec/Sub — Viol. 2:			Susp. rucono.	33	23
⁶ 2	Viol. 3: Ch/Sec/Sub Viol. 4:	CID 500/B40	ver Distracted by 99 26	Towed from s	40	
_	Please fill out for operator and	Address	DOB/Age Sex Pos.	Safety Airbag Eject Trap Injur System Status Code Code Statu	y Transp. s Code Medical Facility	
	Operator	See Above	\times 1	99 4 0 0 10	1	
⁷ 4	Please Select One of the Following: Vehicle 2#Occu	upants Non-Motorist A Type	15 Action 16 Location	on 17 Condition 18	Hit/Run Moped	
	License # St D		#	Reg Type	Reg State	
	Sex Lic. Class 19 19 Lic. Restricti	Endorsement	Year Veh Ma		Veh Config.	
⁸ 1	Last First Address	Middle Add	Last Iress	First	Middle	
	City State	Zip City	/	State	Zip	1 14
	Insurance Company		icle Action Prior to Crash	22 Damaged Are	CONTROL DECEMBER AND CO.	
	Vehicle Travel Direction: NSEW Res	sponding to Emergency? Eve	ent Sequence 23 23	23 23 Test Status:	28	
9	Citation # (If Issued)	Мо	st Harmful Event 24	Type of Test: BAC Test Re	30	
⁹ 2	Viol. 1: Ch/Sec/Sub Viol. 2:	: Ch/Sec/Sub Dri	ver Contributing Code	25 Susp. Alcoho	l: 31 Susp. Drug: 32	
	Viol. 3; Ch/Sec/Sub — Viol. 4:	: Ch/Sec/Sub Dri	ver Distracted by	Towed from	scene? 33	
	Please fill out for operator/non-moto	orist and all occupants involved	DOB/Age Sex Pos.	35 36 37 38 39 Safety Airbag Eject Trap Inju System Status Code Code State	ry Transp.	
	Operator/Non-Motorist	See Above	1			5
]

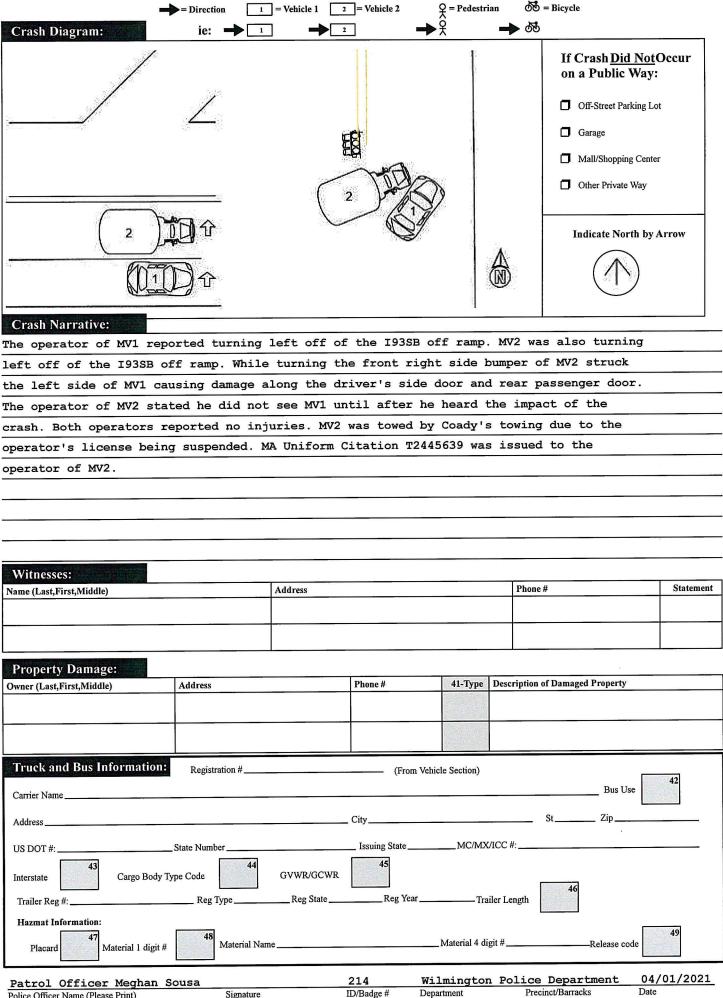


Police Officer Name (Please Print)

	Police Use Only	Commo	nwealth (oi Massa	cnus	etts			RMV	Docu	ment Number	
	Designation of the Control of the Co		otor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber chicles	Numbe Injured	DPCCG		45	State Police Local Police MBTA Police Campus Police	
	04/01/2021 1218 Wilmi 24HR	ngton	Police 1	Report	2		3	Longit			Campus Police Other:	1
	AT INTERSECTIO	N:	LOCA	TION >			NOT A	TINI	CERS	SECT	TION:	
					-	_						2 10
	Route# Direction	Name of Roadway/Street		Route# Directi	on Add	ress #	MAI	Na Na		Roadwa	ay/Street	
¹ 1	2	At				1						
				Feet [N S E W	of	— — Mile l	— ● Marker	_	or _	Exit Number	111
		of Intersecting Roadway/Str Also at Intersection with	reet	Feet I	N S E W	of						2 "
				_	N S E W	-	Route#		Interse	cting R	oadway/Street	
² 3	Route# Direction Name	of Intersecting Roadway/Str	reet] ~.			Lan	ıdmark	8	
	Please Select One Vivalina 12 #	Occupants Hit/Run	D Manual	Creek Pe	port ID#	21	_69	2 – 2	2000			1
3	of the Following: Vehicle 2	Hit/Run	Moped									4
	License # <u>S56144596</u> St <u>MA</u>			# <u>266CD8</u>							21	1 12
	Sex F Lic. Class D 19 Lic. Res	trictions 20 CDL_ Endorse	Veh	Year 2014	Veh M	lake <u>H</u>	ONDA			_ Veh	Config. 1	
	Operator AMADEI, ANITA	ANN irst Middl	Own	er AMADEI	ANI	TA	ANN First			Mic	Hala	
⁴ 1	Address 321 PLACE LN	izi Midd		ess 321 PL	ACE]	LN_	rust			IVIIC		
	City WOBURN State 1	1A Zip 01801-2	975 City	WOBURN				State M	1 Zi	ip 01	801-2975	
	Insurance Company CITIZENS IN			cle Action Prior to		2	22	Damageo	d Area	Code:	5 27 4 27 27	
		Responding to Emergency			3 23	23	23	Test Stat	us:		1 28	
⁵ 2				+3550	1 24			Type of	Test:		29	
=	Citation # (If Issued)				Evol.	25	25	BAC Tes	-		1 30	13
	Viol. 1: Ch/Sec/Sub — Vio			er Contributing Cod	26			Susp. Ale			Susp. Drug: 2 32	
⁶ 2	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	0 26	35	36 3	Towed fi	rom sce	ene?	2 33	4
2	Please fill out for operator Name (Last First Middle)	r and all occupants involved Addres		DOB/Age	Seat Pos.	Safety System	Airbag Ej	ect Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	See Abo	ove	\times	X_1	1	4 0	0	9	1		
	JUNE GOLD	462 PLACE LN WOBURN, MA 01801-2978	9		F 3	1	4 0	0	9	1		1
	- GOED	WOBORN, FIX 01801-2376						_	\vdash			1
						_	-	-				4
												_
7	Please Select One Vehicle 21 #	Occupants Non-Mote	orist A Type	15 Action	16 Locat	ion	17 Cor	ndition	18		Hit/Run Moped	1
⁷ 1	of the Following:		2004	ON EO 62				ype PC			eg State MA	┪
	19 19	_ DOB/Age_	* (# <u>9AF962</u>		•					21	
	Sex F Lic. Class D Lic. Res	strictions B CDL_ Endorse	ement	Year <u>2009</u>			YUND			_ Veh	Config.	1
⁸ 1	Operator STOKES, ALIYA F	MADELINE irst Midd	ile	ner STOKES	ast		First	LINI	€	Mi	ddle	
1	Address 19 MERRIMAC ST			ress 19 MER	RIMA	C S						_ 14
	City WOBURN State	MA Zip 01801-1	605 City	WOBURN		Line Committee					L801-1605	1
	Insurance Company GEICO GENER	RAL INSURANC	E <u>C</u> Vehi	cle Action Prior to	Crash	1	22	Damage		Code:	1 27 0 27 27 28	
	Vehicle Travel Direction:	Responding to Emergency	? <u>2</u> Ever	nt Sequence 1	23 23	23	23	Test Star			29	
0	Citation # (If Issued)	-	Mos	t Harmful Event	1 24			BAC Te		ılt:	, 30	
⁹ 2	Viol. 1: Ch/Sec/Sub ———— Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co	de 20	25	25	Susp. Al	Ī	Contract	Susp. Drug: 2 32	
	VISI. 1. GIJ 260 GIJ	ol. 4: Ch/Sec/Sub		er Distracted by	7 26			Towed f	,	1000000	1 33	
	Viol. 3: Ch/Sec/Sub — Viol. Please fill out for operator/non-n		nvolved	T	34 Sea		36 Airbag F	37 38 lject Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos	System	Status C	Code Code		Code	Medical Facility	-
	Operator/Non-Motorist	See Ab	oove	\times	X^1	1	4 0	0	8	1		4
						+						1
	1	1			i				1		1	

	= Direction 1	= Vehicle 1	2 = Vehicle 2	₹ = Pedestri	an 🐠	= Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	≻ 옷	→ ‱		
×	ė					If Crash <u>Did Not</u> on a Public Way:	
						Off-Street Parking Lo	
						☐ Garage	
UHA	UL Main Street					-	
3087:I	want Street				9	☐ Mall/Shopping Center	
						Other Private Way	
-	and the state of t					Indicate North by A	Arrow
- S	MV2 MV1	d (I			8 >	\bigcirc	
Crash Narrative:							
MV1 reported that sh	e was traveling	north on Ma	in Street wit	h the fl	low of t	raffic when the	
vehicle[s] in front	of her began to	slow down e	ventually sto	pping ir	the are	ea of 677 Main	
Street. As MV1 came	to a complete st	op, she was	rear ended b	y MV2. C	p. & Pa	ssenger both	
declined medical att	ention. MV1 susta	ained minor	/moderate dam	age to t	he rear	bumper not	
requiring a tow. MV2	reported that sl	ne was driv	ing north on	main str	eet. As	she was	
passing UHAUL on her	left, she was lo	ooking at so	omething alon	ng the si	de of the	ne road. By the	
time she realized th	e vehicles in fro	ont of her	were coming t	o a stor	o, she d	id not have	
enough time/room to	stop, subsequent:	ly rear end	ing MV1. MV2	sustaine	ed modera	ate damage to	
the front end requir	ing to be towed.	MV2 reporte	ed that her k	nee hurt	so the	WFD came out	
and evaluated. MV2 s	igned a medical :	refusal.					
Witnesses:							
Name (Last,First,Middle)		Address			Phone i	!	Statement
D							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	-
()							40.000
Truck and Bus Informati	On: Registration #		(From Veh	icle Section)		St Model	
Carrier Name				-		Bus Use	42
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	sody Type Code	GVWR/GCWR	45				
			Reg Year	Teo	ilor I anoth	46	
Trailer Reg #:	Keg 1ype	Neg State	Neg Teat	1ra	ner Length		
Hazmat Information: 47 Placard Material 1 d	igit # 48 Material Na	me		_Material 4 di	git #	Release code	49
Patrol Officer Scott	Dunnett		202 Wi	lmingtor	Police	Department 04/	01/2021
P. C. M. Character Scott	Cimeture			partment		nct/Barracks Date	

	Police Use Only	Common	nwealth (of Massa	chu	setts			RMV	Docum	nent Number	
			otor Veh	icle Cras	h [Number Vehicles	Number Injured	Speed		35	State Police Local Police MBTA Police Campus Police	1
	04/01/2021 1345 Wilmi	ngton	Police 2	Report		2	0	Latitud			Campus Police	i
	AT INTERSECTIO	N:	LOCA	TION >			NOT A		_	ECT	ION:	
	Charles and Charle	- Jesse										2 10
	BALLARDVA			B . # B: .:		11 4		NI.	cn		y/Street	_[
¹ 1	Route# Direction N	Name of Roadway/Street At		Route# Direction	on A	ddress #		INAI	ille of K	oauwa	y/Silect	-
-	I93 EXIT	2.2		Feet	SE	w of			_	or _	Exit Number	- L
	Route# Direction Name of	of Intersecting Roadway/Str	reet		حاما.	T1	Mile M	arker			Exit Number	4 11
	A	Also at Intersection with		Feet N			Route#		Intersec	ting Ro	oadway/Street	.
² 2	Route# Direction Name of	of Intersecting Roadway/Str	reet	Feet N	N S E	W of						
2				<u> </u>						dmark		
3	Please Select One of the Following: Vehicle 1_1 #0	Occupants Hit/Run	Moped Moped	Crash Re	port ID	# 21	-69	-A	C			
	License # S46592726 St MA	DOB/Age	Reg	# <u>5CY536</u>			Reg Tv	e PC		Res	State MA	12
	10 10	20		Year 2018							2.1	1 12
	D	trictions 1 CDL_ Endorse	ement							_ ven c	Connig.	
4 _	Operator SHEDD, DOREEN I	rst Middl	le	ner SHEDD,	st		First			Mide	dle	-
⁴ 3	Address 268 SALEM RD			ress <u>268 SA</u>		RD						-
	City BILLERICA State M			BILLERIC	:A		as Nove				821-2157 27 27 27 27	
	Insurance Company GEICO GENER	RAL INSURANC	EC Vehi	cle Action Prior to C	Crash	4		Damageo		Code:	27 27 27 27	,
	Vehicle Travel Direction:	Responding to Emergency?	? <u>2</u> Ever	nt Sequence 2	3 23	3 23	43	Test Stat		1	29	
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event	1 ²	24		BAC Tes		r i	30	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	le 1	. 25	25	Susp. Ale	_		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	0 2	26		rowed fr	_	26	22	'├─
⁶ 2	0.000	r and all occupants involved				34 35 Seat Safety	36 37 Airbag Eje		39 Injury	40 Transp.		
	Name (Last First Middle)	Addres		DOB/Age	Sex I	Pos. System	Status Coc	e Code	Status	Code	Medical Facility	-
	Operator	See Abo	ove		X.	1 1	4 0	0	10	1		
									\Box			1
	9×54440000000000000000000000000000000000			12	16	ones	17	88	18			-
⁷ 6	Please Select One of the Following: Wehicle 21 #	Occupants Non-Moto	orist A Type	15 Action	16 Loc	cation	Cone	lition	10	Н	lit/Run Mope	d
	License # S26550708 St MA	DOB/Age	Reg	# <u>T94051</u>			Reg Ty	pe CO		Re	g State MA	_
	19 19	strictions 1 CDL_	1.50	Year 2018	Vel	_{h Make} O					Config. 2	
	The state of the state of the	ORGE HERNAN	ement	ner WYNN MZ								
⁸ 1	Last Fi	irst Midd	lle	ress 1 BROA	nst		First			Mid	dle	-
_	Addiess of the following the first of the fi	PT 3			DWA			M7	۸ «	02	149-2432	1 14
		MA Zip 02151-4		EVERETT				tate <u>ru</u> Damage				
	Insurance Company ZURICH AME	<u>RICAN INSURA</u>	NCE Vehi	icle Action Prior to	a limitaria a	3 23		Test Stat		Code.	2	1
	Vehicle Travel Direction: S E W	Responding to Emergency	? 2 Eve	nt Sequence 1	23 23		43	Type of		ľ	29	
⁹ 2	Citation # (If Issued) T2445639		Mos	st Harmful Event	1 2	24		BAC Te	st Resu	lt:	1 30	
2	Viol. 1: Ch/Sec/Sub 90 23 Vio	ol. 2: Ch/Sec/Sub	Driv	ver Contributing Coo	1960	99 25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32]
	Viol. 3: Ch/Sec/Sub Vio	ol. 4: Ch/Sec/Sub	Driv	ver Distracted by	0 2	26		Towed f	rom sc	ene?	3 33	
	Please fill out for operator/non-r					34 35 Seat Safety		ct Trap	39 Injury	40 Transp.	Medical Facility	
	Name (Last First Middle)	Addre		DOB/Age		Pos. System	Status Co	de Code	Status 10	Code 1	iviedical racility	
	Operator/Non-Motorist	See Ab	ove		\wedge		- 1	<u> </u>		-		
	I	1		1								



Police Officer Name (Please Print)

ID/Badge #

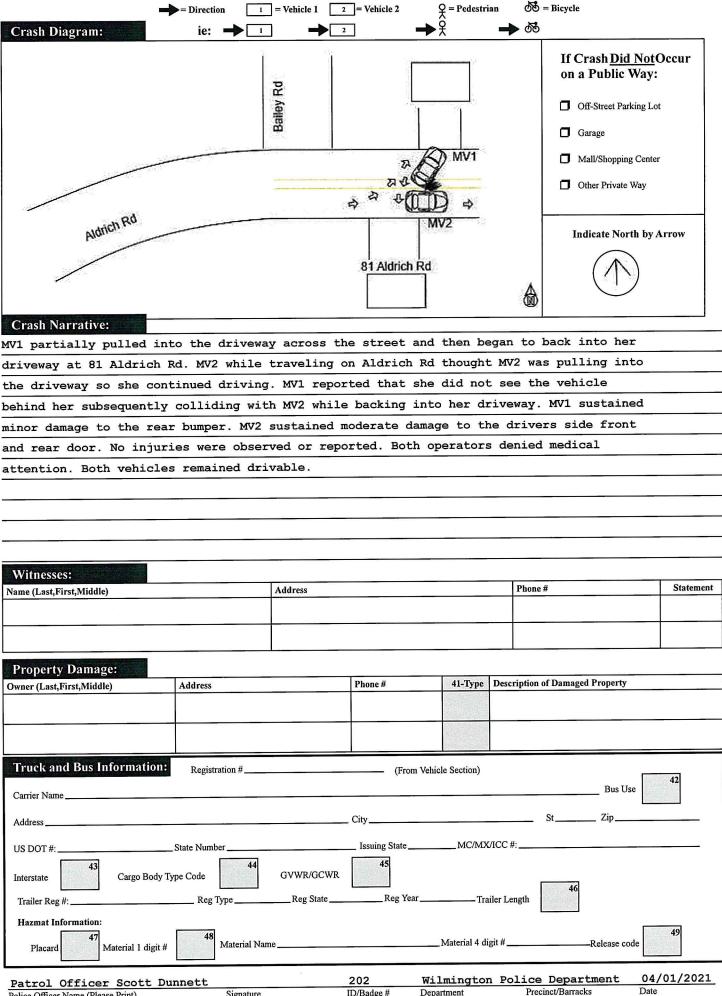
Wilmington Police Department Images Associated with 21-69-AC







							th of Massachusetts							RMV Document Number						
	Date of Crash 04/01/2021	Time of Crash		ty/Town ngton	Moto				sh	Vel	mber nicles	Numb Injur	154	eed Lii titude_		25	MBTA	Police Po		
		24HR			P(olice]				2		0		ngitud			Other	:	4	
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								×		81		AL	DRI						2	
1	Route# Dire	ection	N	ame of Roadway/S	Street		Route#	Direct	ion	Addre	ess#			Name	of R	oadwa	y/Street	t	-	
_				At				_Feet [N S	E W	of ·			• -	_	or _	Estit*	Number		
	Route# Dire	ection		f Intersecting Road				_Feet	NIC	E W	C	Mile	Marke	er			EXII	Number	3 11	
			А	Iso at Intersection	with		-	_Feet [_Feet [Route	- -	Int	ersec	ting R	oadway	/Street		
² 1	Route# Dire	ection	Name o	f Intersecting Road	lway/Street		×	_Feet [NS	EW	of .		_		Lone	dmark			-	
_	Please Select	One 🖂	.1 #0	Dagungata Tayy		1	Τ,	Crash R		ID#	21	_7	<u> </u>	7.0		шак	-	-	┪	
3	of the Followi		1#	Occupants Hi	t/Run	Moped													4	
		0105750	7				# <u>28V</u>										g State	MA 21	1 12	
	Sex F Lic.	Class D 19	Lic. Resti	rictions 99 20	CDL Endorsement		Year <u>20</u>							ET		Veh (Config.			
1	Operator <u>VE</u>	LOZO, LI	SA M		Middle		er WEN	I	ast			SE Firs	F'			Mide	dle	-		
⁴ 1		ALDRICH					ess <u>65</u>												- [
	City WILM	INGTON	State M	A Zip 0188	7-2203	City	WILM	ING:	CON									-2859	,	
	Insurance Comp	pany PLYMOU'	TH RO	CK ASSUR	RANCE C	Vehi	cle Action	Prior to	Crash		10	22		aged A		Code:	5 27	27 27		
S	Vehicle Travel I	Direction: NS	E 🔀	Responding to Eme	ergency? 2	Even	t Sequence	1	23	23	23	23		Status: of Tes		1	29		1	
⁵ 2	Citation # (If Is	sued)				Mos	Harmful I	Event	1	24				Test F		b 1	30			
	Viol, 1: Ch/Sec	/Sub	Viol	. 2: Ch/Sec/Sub _		_ Drive	er Contribu	iting Co	de	19	25	25	Susp	. Alcol	iol: 2	31	Susp. I	Drug: 2 32	1 13	
	Viol. 3: Ch/Sec.	/Sub	Viol	. 4: Ch/Sec/Sub -		Drive	er Distract	ed by	0	26			Tow	ed fron	ı scer	ne?	2 33	-		
1		Please fill out fo		and all occupants i	involved		por	3/Age	C	34 Seat	35 Safety	36 Airbag Status	Eject 1	rap In		40 Fransp. Code	Me	dical Facility	7	
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Police Officer Name (Please Print)

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