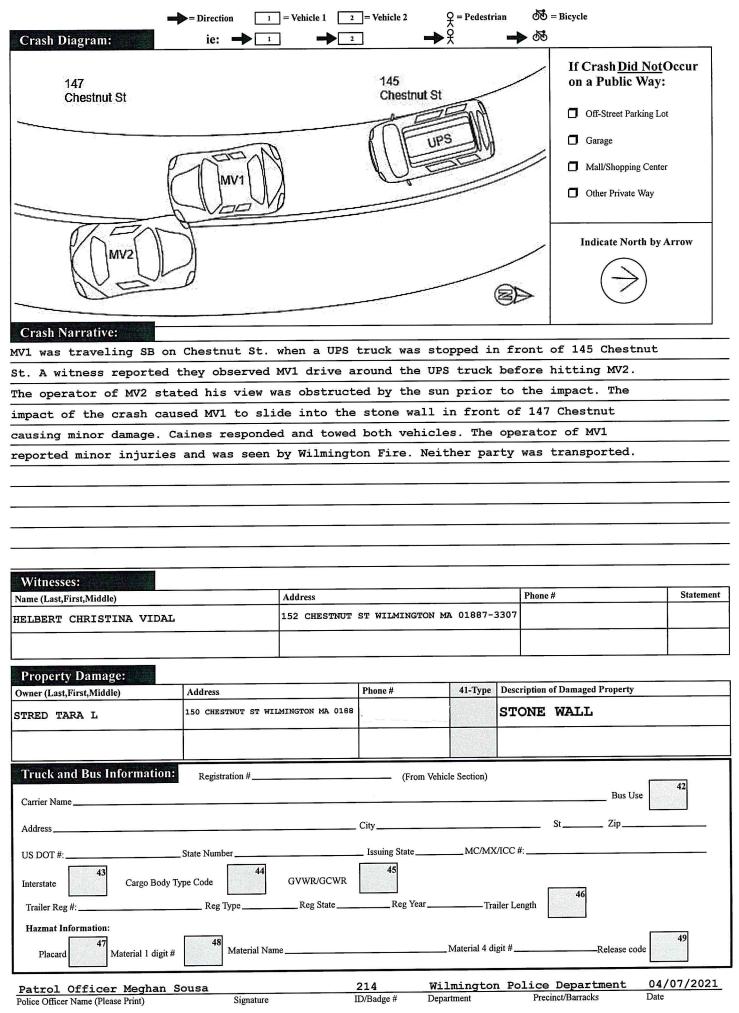
	Police Use Only	Con	imonwealth	of Massacl	husetts	5	RM	V Document		Ě
	Date of Crash Time of Crash	City/Town	Motor Vel	iicle Crash	Number Vehicles		Speed Limit	Loc	ate Police Cal Police STA Police Can pus Police Can	
		Wilmington	Police	Report	2	O	Latitude Longitude	Car		
	The street of th			CATION > NOT AT INTERSECTION:						1
	711 11 11 12 1	320110111			3					2 10
					72	MAIN				2
1	Route# Direction	Name of Roadway	/Street	Route# Direction	Address #		Name of	Roadway/Stre	eet	-
¹ 1		At		Feet N	S E W of			or		
	Route# Direction	Name of Intersecting Ros	adway/Street			Mile Ma	arker	Ex	kit Number	11
		Also at Intersection		Feet N	S E W of					_
				Feet N	S E W of	Route#	Interse	ecting Roadwa	ay/Street	
² 1	Route# Direction	Name of Intersecting Roa	adway/Street			7	La	ındmark		-
	Please Select One	1 #Occupants		Contract	rt ID# 21	_71				1
3	of the Following:	le 11 #Occupants I	lit/Run Moped	Crash Repo	rt ID# Z I	. – / т	-AC			
L	License #	_ St. DOB/Age	Reg	# <u>2YXH99</u>		Reg Typ	e PC	Reg Stat		12
	Sex. Lic. Class D	19 Lic. Restrictions 1 20	CDL Veh	Year 2014	Veh Make F	IONDA		Veh Confi	g. 1 21	1
			Endorsement	ner REYNOLDS	. KRIS	STIN E	LIZAB	ETH		
⁴ 1	Operate test	First	Middle	ress 21A DAD		First		Middle		
Т	Address						1/7	0100	7 0110	
	The second of the second	State Zip_		WILMINGTO	383508				7-2112	
	Insurance Company GARRIS	SON PROPERTY	& CASUA Vehi	cle Action Prior to Cra	sh 1		amaged Area	Code: 1 27		
	Vehicle Travel Direction: N	E W Responding to En	nergency? 2 Ever	nt Sequence 23	23 23	23	est Status:	29	4	
5	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test: AC Test Resi	20		
	Viol. 1; Ch/Sec/Sub		Driv	er Contributing Code	19 25	25	usp. Alcohol:	in. 1	o. Drug: 2 32	1 13
	VALORIGO (2001 - 2004) - 2004-2004-2005 BC-2001-2005 K-1/201-			er Distracted by	26		owed from sc	Company of the Compan		F
⁶ 1	Viol. 3: Ch/Sec/Sub			el Distracted by	34 35	36 37	38 39	40		4
	Please fill out Name (Last First Middle)	t for operator and all occupants	Address	DOB/Age Se	Seat Safety	Airbag Eject	Trap Injury	Transp.	Medical Facility	_
	Operator		See Above	\rightarrow	1 1	4 0	0 10	1		
										1
				_		+	+ +-	- -		-
										1
	Please Select One V Voltage	1 #0		15 16	Location	17 Condi	18	Hit/Ru	ın Moped	1
⁷ 1	Please Select One of the Following:	le 21#Occupants	Non-Motorist A Type	Action	Location	Condi	tion	HIVK	Michel	4
	License # <u>\$20629275</u>	St_ MA _ DOB/Age	Reg	# <u>9DP143</u>		Reg Typ	e PC	Reg Stat		1
	Sex M Lic. Class D	19 Lic. Restrictions 1 20		Year 2008	Veh Make C	CHEVRO	LET	Veh Confi	g. 1 21	1
	Operator PERRINO,	JOHN	Endorsement Own	ner PERRINO,	TRAC	Y M				1
⁸ 1	Address 7 AVON ST	First	Middle	ress 7 AVON		First		Middle		
		NO - 010		WILMINGTO		C4	MZ	zi 0188	7-4308	1 14
	*	State MA Zip 018			75923		anaged Area		The second second second	<u> </u>
	Insurance Company LIBER	TY MUTUAL INS	SURANCE Veh	icle Action Prior to Cra	5.000	(1984) T	est Status;	28	Brand Brands	
	Vehicle Travel Direction:	E W Responding to Er	nergency? 2 Eve	nt Sequence 1 23	23 23	23	ype of Test:	29	5	1
Q	Citation # (If Issued) 95679	2AA	Mos	st Harmful Event 1	24		AC Test Res	ult: 1 30	5	1
⁹ 2	Viol. 1: Ch/Sec/Sub 90 2	Viol. 2: Ch/Sec/Sub	Driv	ver Contributing Code	1 25	25 S	usp. Alcohol:	2 31 Susp	p. Drug: 2 32	
Driver Distracted by 0 26 Towed from scene? 2 33										
	Viol. 3: Ch/Sec/Sub	perator/non-motorist and all oc		5.00	34 35	36 37	38 39	40 Transp.		7
	Name (Last First Middle)	- I I I I I I I I I I I I I I I I I I I	Address	DOB/Age Se	Seat Safety Pos. System		Trap Injury Code Status	Code	Medical Facility	4
	Operator/Non-Mo	otorist	See Above	\rightarrow	1 1	4 0	0 10	1		
						+	+ + -	+		1
								+-		4

Cras	sh Diagram:	ie:		= Vehicle 2	Q = Pedestrian Q X	ණ් = Bicycle → ණ්	
		on a Publ Off-Street Garage Mall/Shop	If Crash Did NotOccur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way				
·		50 Main	Street		E	Indicate I	North by Arrow
Sexual property	sh Narrative:						
	and MV 2 were driv		on Main St.	MV 1 and N	4V 2 stated M	W 1 rear-ended	MV 2.
No 1r	ijuries. MV 1 was t	owea.					

With							
	1esses: Last,First,Middle)		Address			Phone #	Statement
	•					-	
	perty Damage:	Address		Phone #	41-Type De	scription of Damaged Prope	rty
Owner	(Dasi, Hist, Mudic)		40				-
		<u> </u>					
Truc	k and Bus Information:	Registration #		(From	Vehicle Section)		
Carrie	r Name					Bus	s Use 42
Addre	ss			_ City		St Zip_	
						C#:	
Interst	43	44	GVWR/GCWR	45			
Traile	er Reg #:	Reg Type	Reg State	Reg Year	Trailer 1	Length 46	
Hazn	nat Information:						10
P	lacard Material 1 digit #	48 Material Nar	ne		Material 4 digit #	Release	e code
Datr	ol Officer Kevin J	Skinner		200	Wilmington P	olice Department	04/05/2021

	Police U	Jse Only	Con	imonwealth	of Massach	lusetts		RM	V Docur	nent Number	
		me of Crash	City/Town	Motor Ve	hicle Crash	Number Vehicles	Number Injured	Speed Limi	20	State Police Local Police MBTA Police Campus Police	
	04/07/2021 16	557 Wi	lmington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	A	T INTERSEC	CTION:	THE RESIDENCE OF THE PARTY OF T	ATION >		NOT A	r inter	SECT		1
	Route# Direction		Name of Roadway		Route# Direction	147 Address #		TNUT			2 10
¹ 1	Route# Direction		At	Succi		0.0000000000000000000000000000000000000		Traine of	Roadwa	y/Street	-
	Route# Direction	1	Name of Intersecting Roa	ndway/Street	Feet N S		— — — Mile M	— • — arker	or	Exit Number	6 11
			Also at Intersection	a decoderation	Feet N S		Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction]	Name of Intersecting Roa	dway/Street				L	andmark		•
3	Please Select One of the Following:			lit/Run Moped							
	License # <u>\$725</u>		MA DOB/Age		# 6AG646					State MA 21	1 12
	Sex M Lic. Clas	Market Name (Market No. of Str. 1975)	c. Restrictions 20	Endorsement	Year 2015			,	Veh (Config. 1	
4	Operator PROD	ROMOU, A	LEC M	Middle	ner PRODROMO Last		First		Midd	ile	
⁴ 1	Address 78 C				dress 78 CIRCU	JIT RD	15.00	-			
			State MA Zip 021 !		MEDFORD	reconsiss				155-1610 27 27 27	
	Insurance Company	QUINCY M	UTUAL FIRE	INSURA Vel	nicle Action Prior to Cras	1,456-11		amaged Are	a Code: 8	27 27 27 28	
5	Vehicle Travel Direc	tion: N E V	W Responding to En	nergency? 2 Eve	ent Sequence 1 23 3		23	ype of Test:	1	29	
	Citation # (If Issued)			Mo	st Harmful Event	24	В	AC Test Res	ult: 1	30	12
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	4 25	25 S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	26	T	owed from s	cene? 1	. 33	
⁶ 1			perator and all occupants	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]
×	Name (Last First Middle) Operator			See Above	2000 A	1 1	4 0	0 10	1	,	1
	operator.										1
											-
						1		-		· · · · · · · · · · · · · · · · · · ·	-
						<u> </u>	<u></u>	ot			4
⁷ 1	Please Select One of the Following:			on-Motorist A Type	Action 16	Location	17 Condi		Н	it/Run Moped	1
	License # <u>\$575</u>	10 10	MA DOB/Age	-	# <u>8VXB40</u>		Reg Typ			g State MA	
	Sex M Lic. Clas	s D Li	c. Restrictions 1	Endorsement	Year 2011				Veh (Config. 1	
⁸ 1	La	st	RICK DONLON First	Middle	ner MURPHY,		First	ALON	Mide	ile	
	Address 27 M				dress 27 MALLA			242	01	002-1046	2 14
	(82)		State MA Zip 018		BURLINGTO	18 TO 18	_	ate MA Damaged Are	_	803-1846	
	Insurance Company		IVE DIRECT		nicle Action Prior to Cras	h 1	1999	est Status:	1	28	
	Vehicle Travel Direc	tion: SE	W Responding to En	· , ——	ent sequence 1	24		ype of Test:	2	29	
⁹ 2	Citation # (If Issued)			st Harmful Event 1		25	AC Test Res	-	30	
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	13 25	S	usp. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub	ver Distracted by	26		owed from s	12	33	_	
	Please Name (Last First Middle		/non-motorist and all occ	cupants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injur Code Statu	Transp.	Medical Facility	_
		Non-Motor	rist	See Above	\times	1 1	1 0	0 10	1		
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						++		+ +	++		1
	II.		1		ı l	1 1	1 1	1 1	1 1		1



CDP1 11-24-00

Wilmington Police Department Images Associated with 21-72-AC











Routed Direction Name of Roudway/Street All Feet Nis E W of Mile Marker Feet Nis E W of Mile Marker Exist Number Exist Number Exist Number Mile Marker Exist Number		Police Use Only	Com	monwealtl	h of Massa	chus	setts			RMV Do	cument Nur		
ATINTERSECTION: Continue			2			sh [Local Po MBTA I	lice Dice Dice	
Routed Direction Name of Randewsy/Street Routed Direction Aldhors II Name of Randewsy/Street Peer S E W of Mile Marketer Exhibition Continue Routed Polycetion Name of Entersecting Routewsy/Street Peer S E W of Mile Marketer Exhibition Routed Polycetion Name of Entersecting Routewsy/Street Peer S E W of Routed Intersecting Routewsy/Street Peer S E W of Routed Intersecting Routewsy/Street Peer S E W of Routed Intersecting Routewsy/Street Routed Intersecting Routewsy/Street Peer S E W of Routed Intersecting Routewsy/Street I				Police	e Report	2	2	0				Police	
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Front Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersection with Also at Intersection with Foot NS E W of Routed Intersecting Roadway/Street Foot NS E W of Routed Intersecting Roadway/Street Intersecting Roadway/Street Foot NS E W of Routed Intersecting Roadway/Street Intersec		Route# Direction	Name of Roadway/S	Street	Route# Directi			CONC			way/Street		2
Routed Direction Name of Intersecting Roadway/Street Foot N E W of Intersecting Roadway/Street Landmark	1		At		Took [NISIE	w .c		_				
Routed Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Landmark Landmark		Route# Direction Na	me of Intersecting Road	lway/Street	Feet	11 5 5	···] 01			— 01		umber	
Prest Solvet One Prest Solve			Also at Intersection	with			=	Route#	Ir	ntersecting	Roadway/S	treet	
Treate Solet One Followings Working Followings Max DOB/Ags		Route# Direction Na	me of Intersecting Road	lway/Street	Feet	N S E	W of	10000 80 000					
License # S57950288 st MA DOBIAge Sex M Lic Class 19	1			T							rk		-
Sex.M. Lie. Class 19 19 Lie. Restriction 10 20 20 10 10 10 10 10			_#Occupants	t/Run	ed Crash R	eport ID#	<i>2</i> 1	-73	-A(<u> </u>]
See M. Lie. Class D Lie Restrictions L CDL Endorsement Operator ROSA_COLON, HECTOR J Malife Address 10 POND VIEW LM Address 12 PONT VIEW LM City TEWKSBURY State MA Zip 01876-4522 Insurance Company CONTINENTAL CASUALTY COMP Vehicle Travel Direction: N S E Responding to Emergency 2 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code L 25 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 2 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 0 1 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 0 1 Viol. 4: Ch/Sec/Sub Driver Distracted by O O O D Viol. 5: Class D D Lie Restrictions Lie Restrictions Driver Distracted by O O D D Viol. 6: Ch/Sec/Sub Driver Distracted by O O D D Viol. 8: Class D D Lie Restrictions Driver Distracted by O O D D Viol. 8: Class D D Lie Restrictions Driver Distracted by O D D Viol. 1: Class D D Lie Restrictions Driver Distracted by O D D Viol. 2: Ch/Sec/Sub Driver Distracted by O D D Viol. 4: Ch/Sec/Sub Driver Distracted by O D D Viol. 5: Ch/Sec/Sub Driver Distracted by O D D Viol. 6: Ch/Sec/Sub Driver Distracted by O D D Viol. 6: Ch/Sec/Sub Driver Distracted by O D D Viol. 6: Ch/Sec/Sub Driver Distracted by O D D Viol. 6: Ch/Sec/Sub Driver Distracted by O D D Viol. 6: Ch/Sec/Sub Driver Distracted by O D Viol. 7: Ch/Sec/Sub Driver Distracted by O D Viol. 6: Ch/Sec/Sub Driver Distracted by O D Viol. 7: Ch/Sec/Sub Driver Distracted by O D Viol. 6: Ch/Sec/Sub Driver Distracted by O D Viol. 7: Ch/Sec/Sub Driver Distracted by O D Viol. 6: Ch/Sec/Sub Driver Distracted by O D Viol. 7: Ch/Sec/Sub Driver Distracted by O D Viol. 8: Ch/Sec/Sub Driver Distracted by O D Viol. 9: Ch/Sec/Sub Driver Distracted by O D Viol. 1: Ch				R	leg# <u>\$33208</u>			Reg Typ	e <u>CO</u>	1	Reg State N		1
Operator ROSA—COLON, HECTOR J Address 10 POND VIEW LIN Address 1278 HOOKSETT RD Address 1278		Sex M Lic. Class D D Lic.	Restrictions 1	CDL V	eh Year 2015	Veh	Make F	ORD		Ve	h Config.	97 1	<u> </u>
City TEWKSBURY State Ma Zip 01876-4522 City HOOKSETT State NH Zip 03106-1839 Insurance Company CONTINENTAL CASUALTY COMP Vehicle Action Prior to Crash		Operator ROSA-COLON, F		r	owner MERCHAL	NTS .	AUTC		7E G	ROUP	INC Middle		
Insurance Company CONTINENTAL CASUALTY COMP Vehicle Travel Direction: NSEX Responding to Emergency? 2 Lottation # (If Issued) Viol. 1: CluSec/Sub Viol. 2: CluSec/Sub Driver Contributing Code Viol. 3: CluSec/Sub Viol. 4: CluSec/Sub Driver Distracted by Driver Driver Distracted by Driver Distracted by Driver Distracted by Driver Distracted by Driver Drive	3	Address 10 POND VIEW	LN		Address 1278 H	OOKS	ETT						
Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence 2 23 23 23 23 23 23 25 Event Sequence 2 25 25 Susp. Drug 2 32 1 25 Susp. Drug 2 32 Susp. Alcohort 2 31 Susp. Drug 2 32 Susp. Alcohort 2 32 Susp. Alcohort 2 31 Susp. Drug 2 32 Susp. Alcohort 2 32 Susp. Alcoho		City TEWKSBURY Sta	e MA Zip 0187	6-4522	tity HOOKSET'	<u>.</u>							
Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence 13 23 23 23 23 23 23 23		Insurance Company CONTINENT	AL CASUALT	Y COMP	ehicle Action Prior to	Crash	2				CONTRACTOR OF THE PARTY	27 27	
Citation # (If Issued)		Vehicle Travel Direction:	Responding to Eme	ergency? 2 E	event Sequence 1 2	23 23	23	23			1		
Viol. 1: Ch/See/Sub Viol. 2: Ch/See/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug 2 32 L Viol. 3: Ch/See/Sub Viol. 4: Ch/See/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug 2 32 L Please fill out for operator and all occupants involved Adams DORMAR See Above DORMAR S	1	Citation # (If Issued)		N	Most Harmful Event	1 24					District State		
Viol. 3: Cht/Sec/Sub		Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -		Priver Contributing Cod	de 1	25	25			1 Susp. Dr	ug: 2 32	1
Non-Motorist A Type Is Action If Non-Motorist A Type Is Action It Is It It It It It It		Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _		Oriver Distracted by	O 26		Т	owed fro	m scene?	2 33		
Please Select Onc of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped	1		ator and all occupants i		Seat Safety Airbag Eject				Trap Injury Transp.			al Facility	1
Please Select Onc of the Following: Vehicle 21		2020		•	DOB/Age						Medic	at Facility	1
Toget State Of the Following: Non-Motorist A Type		Фрегиног					. 100.0		1				1
Toget State Of the Following: Non-Motorist A Type							-						-
Toget State Of the Following: Non-Motorist A Type													
Toget State Of the Following: Non-Motorist A Type													1
License # S86828641 St MA DOB/Ag Sex F Lic, Class D D D Lic, Restrictions 1 20 CDL Endorsement Operator BUCKLEY, ALLYSON F Last First Middle Address 5 BEVERLY AVE City WILMINGTON State MA Zip 01887-1716 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E Responding to Emergency? 2 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by Driver Distracted by Driver Distracted by DoB/Age Sex Pos. Signer Status Code Max Description Reg # 5YE346 Reg Type PC Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 1 21 Veh Year 2016 Veh Make HONDA Veh Config. 1 21 Veh Year 2016 Veh Make HONDA Veh Config. 1 21 Veh Year 2016 Veh Make HONDA Veh Config. 1 21 Veh Config. 1 21 Veh Year 2016 Veh Make HONDA Veh Config. 1 21 Address 5 BEVERLY AVE City WILMINGTON State MA Zip 01887-1716 1 Test Status: 1 Type of Test: 29 BAC Test Result: 1 BAC Test Result: 1 Type of Test: 29 BAC Test Result: 1 BAC Test Result: 1 BAC Test Result: 1 Susp. Drug 2 32 Viol. 3: Ch/Sec/Sub Towed from scener 2 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DEVERLY AVE City WILMINGTON State MA Zip 01887-1716 1 Test Status: 1 BAC Test Result: 1 BAC Tes			#Occupants No	n-Motorist A Type	15 Action	16 Loca	ntion	17 Cond	tion	18	Hit/Run [Moped	
Sex F Lic. Class D D D Lic. Restrictions 1 20 CDL Endorsement Operator BUCKLEY, ALLYSON F Last First Middle Address 5 BEVERLY AVE City WILMINGTON State MA Zip 01887-1716 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E Responding to Emergency? 2 Citation # (If Issued) State May Viol. 2: Ch/Sec/Sub Driver Contributing Code P 9 25	1	Marie Salar	DOR/Ag	R	eg# 5YE346		i dentité	Reg Typ	e PC	80150	Reg State M	IA.	1
Operator BUCKLEY, ALLYSON F Last First Middle Address 5 BEVERLY AVE City WILMINGTON State MA Zip 01887-1716 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E Responding to Emergency? 2 Citation # (If Issued)		19 19	20			Veh	Make H				آ آ		
Address 5 BEVERLY AVE City WILMINGTON State MA Zip 01887-1716 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E Responding to Emergency? 2 Citation # (If Issued) Viol. 2: Ch/Sec/Sub Driver Contributing Code P9 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by DoB/Age Sex Poss Status First Middle Address 5 BEVERLY AVE City WILMINGTON State MA Zip 01887-1716 1 Last First Middle Address 5 BEVERLY AVE City WILMINGTON State MA Zip 01887-1716 1 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Poss Spaten Status Safety Ave Code Status Code Medical Facility			to Christian	Endorsement									
City WILMINGTON State MA Zip 01887-1716 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: NSE Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Night and all occupants involved Name (Last First Middle) Address City WILMINGTON State MA Zip 01887-1716 State MA Zip 01887-1716 1 Vehicle Action Prior to Crash Event Sequence 2 22 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Address Name (Last First Middle) Address DOB/Age State MA Zip 01887-1716 Test Status: 1 28 Type of Test: 2 31 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33 Medical Facility	1	Last	First	Middle	Ĺ	ast		First		1	Middle		
Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash Vehicle Action Pri			. MZ 7:. 0188					St	ate MA	Zin O	1887-	1716	1
Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23		· ·					2					AND THE RESERVE AND THE PARTY OF THE PARTY O	
Citation # (If Issued) Most Harmful Event								23 T	est Statu	s:	1 28		
Viol. 1: Ch/Sec/Sub			Responding to Eme			1 24		T	ype of Te	est:			
Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by O 26 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility	2	A CONTRACTOR OF THE PROPERTY O				200	25	25		Dispersion 2	1	32	
Viol. 3: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Normal (Last First Middle) Viol. 4: Ch/Sec/Sub Sect Safety Airbag Safety Airbag Safety Safety Safety Safety Status Code Code Status Code Medical Facility Medical Facility	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcohol: 2 3.							33	.ug: 2 32				
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility				Distracted by	3		36 37	38	39 40			┦	
Operator/Non-Motorist See Above X 1 99 4 0 0 10 1		SACRAGE AND SECURITION OF SECU	on-motorist and all occi		DOB/Age				Trup Code	Injury Trans Status Code	p. e Medio	al Facility	-
		Operator/Non-Motoris	rt	See Above	\sim	X^1	99	4 0	0 :	10 1			1
											1		1
							+	-	+ +		+		1

	= Direction 1	= Vehicle 1 2	= Vehicle 2	X = Pedestrian	OO = Bicycle	
Crash Diagram:	ie: 👈 🔟			→ X -	▶ ৡ	
					If Crash <u>Dic</u> on a Public	
					☐ Off-Street Pa	rking Lot
					☐ Garage	
					☐ Mall/Shoppin	g Center
	W				Other Private	
	(D) 2				Indicate No.	rth by Arrow
Cally						
Crash Narrative: Vehicle # 1 was stopped	d for red light	. Vehicle	# 2 was st	opping for	red light when fo	ot
slipped of break and or			2 drove int	o the rear	of vehicle #1.	
					,	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property	
Truck and Bus Information	Registration #		(From Ve	ehicle Section)		Cochidate A
Carrier Name					Bus U	se 42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45			
Trailer Reg #:			Reg Year	Trailer L	ength 46	
Hazmat Information:				, 		
Placard 47 Material 1 digit	# Material Nam	ne		Material 4 digit #_	Release co	ode 49
Patrol Officer Anthony Police Officer Name (Please Print)	Fiore Signature			Iilmington Po	Department Precinct/Barracks	04/09/2021 Date