	Police Use Only	Com	monwealth	of Massach	usetts	RMV D	RMV Document Number							
•	Date of Crash   Time of Crash	City/Town .mington	Motor Ve	hicle Crash	Number Numb	Jopood Danie	State Police Local Police MBTA Police Campus Police							
	24HR	many con	Police	Report	2 0	Longitude	Campus Police Other:							
	AT INTERSECT	ION:	< LOC	ATION >	NOT	AT INTERSE	CTION:	_ 10						
				439 MIDDLESEX AVE										
t	Route# Direction	Name of Roadway/S	street	Route# Direction	Address #	Name of Roa								
1		At		Feet N S	EW of	• - or								
	Route# Direction Na	nne of Intersecting Road	lway/Street		Mile	Marker	Exit Number	<b>5</b> 11						
		Also at Intersection	with	Feet N S	Route#	Intersectin	g Roadway/Street							
<sup>2</sup> <b>2</b>	Route# Direction Na	arne of Intersecting Road	way/Street	Feet NS	EW of									
	Please Select One Variation 1	#Ossuments	_		01 0	Landm	ark	1						
3	of the Following:	#Occupants	t/Run Moped	Crash Report	1D# 21-2	I9-AC		]						
		MA DOB/Age		g# <u>6NN259</u>	· <del>-</del>		21	1 12						
	Sex M Lic. Class D Lic.	ا لـــــا	Endorsement	1 Year 2007		SWAGEN V	eh Config. 1							
4	Operator PIRES, ROMEO	T First	Middle	oner PIRES, RO	First		Middle							
<sup>4</sup> 1	Address 676 SOUTH ST			dress 676 SOUT										
	City <b>TEWKSBURY</b> Sta	-		y TEWKSBURY	22	State <b>MA</b> Zip Damaged Area Coo	01876-2315 ie: 27 27 27							
	Insurance Company NORFOLK &			hicle Action Prior to Crash	23 23 23	Test Status:	28							
5	Vehicle Travel Direction: N S W W	Responding to Eme		ent Sequence 1 23	24	Type of Test:	29							
	Citation # (If Issued)			st Harmful Event 1		BAC Test Result:	30	13						
	Viol. 1: Ch/Sec/Sub			ver Contributing Code	26 25	·	31 Susp. Drug 2 32	2						
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub — rator and all occupants in		ver Distracted by 0	34 35 36	Towed from scene 2	2	-						
	Nume (Last First Middle)	.itor and an occupants if	Address	DOB/Age Sex	Seat Safety Airbag Pos. System Status	Eject Trap Injury Tran Code Code Status Code		-						
	Operator		See Above	$\times$ X	1 99 4 0	0 10 1								
7	Please Select One Vehicle 21	#Occupants No	n-Motorist A Type	15 Action 16	Location 17 Co	ondition 18	Hit/Run Moped	1						
<sup>7</sup> 1	of the ronowing:							-						
	19 19	DOB/Age		g#		Туре	21							
	Sex Lic. Class Lic. Operator unknown		Endorsement	ı Year	Veh Make	v	en Config.							
<sup>8</sup> 2	Address	First	Middle	/nerlast	First	1	Middle							
	CitySta	te Zin		y		StateZip_		1 14						
	Insurance Company			nicle Action Prior to Crash	22	Damaged Area Coo		H						
	Vehicle Travel Direction: N K E W	Responding to Eme	rgency? 2 Eve	ent Sequence 23	23 23 23	Test Status:	1 28							
3	Citation # (If Issued)	_	Мо	st Harmful Event 2	24	Type of Test:	30							
<b>2</b>	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Code	99 25 25	BAC Test Result: Susp. Alcohol: 99								
	Viol. 3: Ch/Sec/Sub			ver Distracted by 99	26	Towed from scene?								
	Please fill out for operator/no	on-motorist and all occup	•	PANTA	Seat Safety Airbag	37 38 39 40 Eject Trap Injury Tran	sp.	1						
	Name (Last First Middle)  Operator/Non-Motoris	it 5	Address See Above	DOB/Age Sex		Code         Code         Status         Cox           19         99         99         1	te Medical Facility	1						
			-											
								-						
								-						
							1	1						

=	= Direction 1	= Vehicle 1 2	= Vehicle 2	₹ = Pedestri	an ØÐ=	Bicycle	
Crash Diagram:	ie: 🗪 🔟		□ →	<b>&gt;</b> }	→ ∞		
	Driveway 436 Middleses Ave		020			If Crash Did Not on a Public Way  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	ot
						Indianta Novth hu	<b></b>
Middlesex Ave						Indicate North by	Arrow
Crash Narrative:							
MV1 parked in driveway of towards Rt62 sideswiped							X
vehicle at time, no appa							
Called in by witness at	25.655 256.55	265	ear bumper c	DI MVI, M	IVI SCIII	diiveable.	
Carred In by withess at	457 Middlesex	. Ave.	0-101 <del>4</del>				
			* *************************************				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
BROOKS SCOTT A		437 MIDDLESEX	AVE WILMINGTON	MA 01887-1	105		
							J
Property Damage:			T=	T			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	nicle Section)			
Carrier Name						Bus Use	42
Address			. City			St Zip	
US DOT #:							
43	44		Issuing State	WC/WX/		The state of the s	
Interstate Cargo Body Ty	pe Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Keg Year	———Trail	er Length		
Hazmat Information: 47	48						49
Placard Material 1 digit #	Material Nam	ne		_Material 4 dig	it #	Release code	
Patrol Officer Joseph A Fig	tzgerald		215 Wi	Iminator	Police	Department 08	/22/2021

ID/Badge #

## Wilmington Police Department Images Associated with 21-219-AC



	Pel	lice Use Only		ommonwealth of Massachusetts RMV Document Number									1				
•	Date of Crash 08/23/2021	Time of Crash		City/Town ington	Motor	·Veh	icle Cra	sh		mber ricles	Numl Injur	_   DPC	d Limit	35	State Pol Local Po MBTA P	olice 🔀	
	08/23/2021	24HR	1		Po	lice I	Report		1		0	1	gitude		Campus Other:	Police 🔲	
		AT INTER	SECTIO	N:	<	LOCA	ΓΙΟN	>			NOT	AT IN	TER	SEC	TION:		101
									284	1	SH	AWSH	EEN	AV	Œ		2 10
<sup>1</sup> 4	Route# Dire	ction		Name of Roadway/	Street		Route# Direct	ion	Addre						ay/Street		
4				At			Feet	N S	E W	of -			. —	or _			
	Route# Dire	ction		of Intersecting Roa			1	v e l			Mile	e Marker			Exit Nu	ımber	1 11
				Also at Intersection	with	1			E W		Route	#	lnters	ecting F	Roadway/Si	treet	$\vdash$
<sup>2</sup> 3	Route# Dire	ction	Name	of Intersecting Roa	dway/Street		reet [	N 3	E W	oi -		<del></del>	1 :	ndmark			
	Please Select (		te 1 <b>1</b> #	Occupants H	it/Run	Moped	Crash R	enort	m# 2	21.	-2	20-					1
3	of the Followi	ng:															-
·	İ	2634556 19	19	_ DOB/Age_		-	9889LG								i i	21	1 12
	Sex <b>F</b> Lic.	<u> </u>			CDL Endorsement		ear <u>2000</u> - <b>HULTGR</b>							Veh	Config.	<b></b>	
<sup>4</sup> 1	1	LTGREN, POND ST	F	irst .	Middle		s 96 PON	Last		-26	Firs			Mi	ddle		
-				<u>//A</u> Zip 0182	21-1237		BILLERI		~ *			State N	[A.	Zip <b>0</b> 1	1821-	1237	
	1			TUAL INS		_	le Action Prior to		[.	1	22					27 27	
	Vehicle Travel I	-	SEX	Responding to Em			Sequence 21			23	23	Test St	atus:		1 28		
5		sued)					L	21	24		_	Туре о			30		
		Sub		ol. 2: Ch/Sec/Sub -			r Contributing Co		1	25	25		est Res	ult: 2 31		ug 2 32	<b>21</b> <sup>13</sup>
<del></del>	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -			r Distracted by	0	26	l			from se		1 33	-812	
<b>2</b>			t for operato	r and all occupants		· · · · · · · · · · · · · · · · · · ·					36 Airbag	37 38 Eject Tra Code Coo	39 Injury				1
	Name (Last First N  Operat			T	Address See Above		DOIMage	Š				Code Cod	c Status	Code 1	Medica	al Facility	1
	Орегия																1
												-		-			1
		,, ., ., .,											+	ļ			-
								16									1
1	Please Select 0 of the Followi		le 2#	Occupants No	on-Motorist A	Туре	15 Action	16 L	ocation	n	17 C	ondition	18	<b> </b>	Hit/Run	Moped	
	License #			DOB/Age		Reg#					_ Reg	Туре		R	eg State		
	Sex Lic.	Class 19	Lic. Res	strictions 20	CDL Endorsement	Veh Y	ear	<b>\</b>	eh Ma	ke				Veh	Config.	21	
³ <b>1</b> .	Operator	l,ast	F	inst	Middle	Owne	er	Lasi			Firs	ıt		Mi	ddle		
1	Address					Addre	ss										14
	City		State	Zip	<del></del>	City_					22	_State			27	27 27	1014
	Insurance Comp						le Action Prior to	-		23	23	Damag Test St	ed Area	a Code:	28	21 21	
	Vehicle Travel I		S E W	Responding to Em	ergency?		Sequence	23	23	23	2.5	Туре о			29		
2		sued)					Harmful Event	<u></u>		25	25	BACT	est Res		30		
				ol. 2: Ch/Sec/Sub =			r Contributing Co	de	26			-	Alcohol:	L	Susp. Dri	ug: 32	
		······		ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	<u> </u>	34	35	36	37 38	from so	40		<b>L</b>	4
	Name (Last First N	Aiddle)		T TOTAL MIN ALL OCCI	Address		DOB/Age	Sex	Seat Pos.	Safety	Anbag	Eject Tra Code Cod	Injury	Transp. Code	Medica	al Facility	-
	Operate	or/Non-Mo	otorist		See Above		$\geq \leq$	X	1							····	-

	= Direction 1	= Vehicle 1	= Vehicle 2	♥ = Pedestrian	්රී = Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b>	2 <b>–</b>	<b>≥</b> }	→ №	
#285 Sh	nawsheen Ave	Wildows on the Seat Market (Section 1999)	***************************************		If Crash <u>Did Not</u> on a Public Way:	
					Off-Street Parking Lo	ot
					☐ Garage	
					☐ Mall/Shopping Cente	
MV1	Ng/	in the mid	ee Branch (lande dle of roadway		Other Private Way	
→ Was		DIOCKING D	oth lanes of trav	ei)		
-	- 20000				Indicate North by	Arrow
				(I		
Crash Narrative:						
In the area of 284 Shaws	sheen Ave a la	rge branch	broke off a	tree duri	ng a heavy rain storm	
and landed across the re	oadway, blocki	ng both lar	nes of trave	l. The tr	ee branch fell and	
landed directly infront	of MV1 as it	was traveli	ing west. M	V1 was unal	ble to stop and	
crashed head on into the	a large tree b	ranch. The	ere was dama	ge to the :	front end of MV1. No	
reported injuries and M	V1 was towed b	y Cains Tov	ving.			
				_		
				-		
				11 And Stage	2000	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
				75-		
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41 m D	escription of Damaged Property	
Owner (Last, First, Middle)	Address		rnone #	41-Type De	scription of Damaged Froperty	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		42
Carrier Name					Bus Use	72
Address			City	- 4	St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C#:	
Interstate 43 Cargo Body Ty	44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:					17 (1 ) (17 (1)	
Placard 47 Material 1 digit #	48 Material Nam	ne		_Material 4 digit #	Release code	49
Patrol Officer Darvl J	Ceruolo		212 Wi	lmington F	Police Department 08/	23/2021

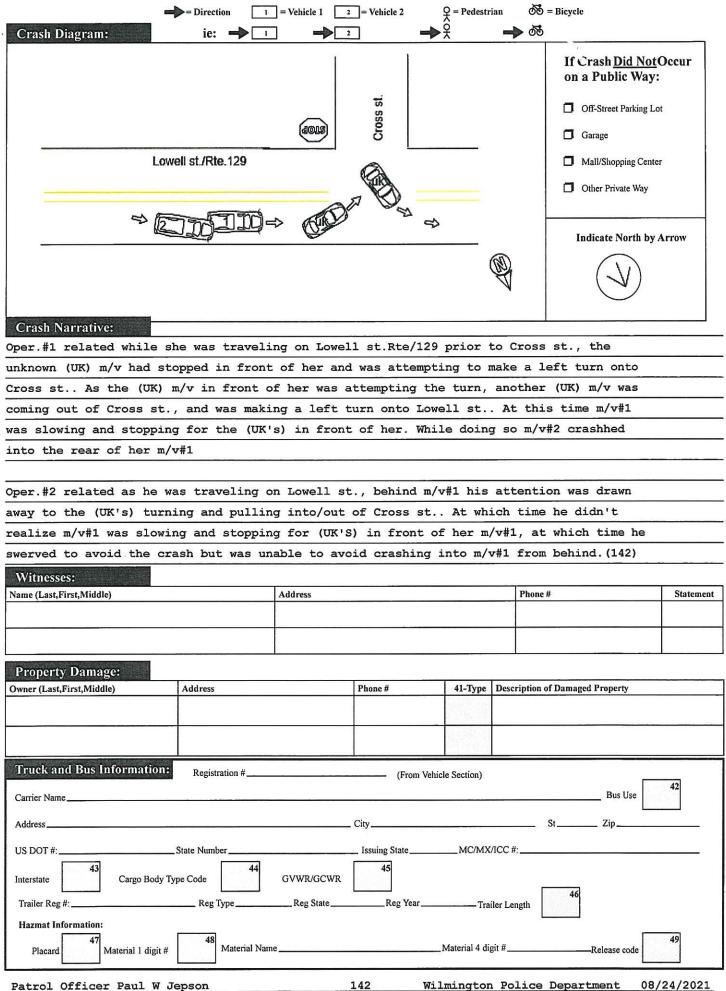
Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

	Pol	lice Use Only	realth of Massachusetts RMV Document Number															
•	Date of Crash	Time of Crash	1	City/Town	Motor	Veh	nicle Crash Number Number Vehicles Injured							Limit_	40	State Polic Local Polic MBTA Pol	:e 🔯	
	08/24/2021	1413 24HR	MITI	ngton	Pol	ice ]	Report		2		0 ်	\ ^	.atitud .ongit			Campus Po	olice 🗖	
		AT INTER	SECTIO	N:	< [	LOCA	TION	>			NO	ΓAT	INT	ERS	SEC:	ΓΙΟN:		
						129 W 59 LOWELL ST												2 10
1	Route# Dire	ction	ſ	Name of Roadway/	Street		Route# Direct	tion	Addr	ess#		/ 11 J			Roadw	ay/Street		
1				At			Feet	N S	E W	of ·			•		or			
	Route# Dire	ction	Name o	of Intersecting Road	dway/Street						Mi	le Mar	ker			Exit Nun	nber	2 11
			,	Also at Intersection	with		Feet				Route	#	I	nterse	cting R	loadway/Stro	et	
<sup>2</sup> <b>2</b>	Route# Dire	ction	Name	of Intersecting Road	dway/Street		Feet	N S	EW	of .								
	Please Select	000 574	٠, ٠				•					<u> </u>			ndmark			
3	of the Followi		e 1_1	Occupants H	it/Run N	Aoped	Crash R	eport	ID#	<u> </u>		<b>Z</b> J		AC				1
	License # S4	0434718	<del></del>	_ DOB/Age.		_	<u>3345KM</u>				_						21	1 12
	Sex <b>F</b> Lic.	Class D	Lic. Res	trictions	CDL Endorsement		Year <b>2017</b>					A			Veh	Config. 1		
4	1	ANT, LO	Fig	E rsi	Middle		er TRANT,	Last		SE_	F Fi	rst			Mis	ddie		
<sup>4</sup> 1		GLEN ST			<del></del>		ess 34 GLE											
	l '			<b>1A</b> Zip <b>0214</b>		City.	SOMERVI	LLE			22					2145-3		
				VICES AUT			cle Action Prior to			23	23		mageo st Stati		Code:	28	1 -	
5	Vehicle Travel I	<del></del>		Responding to Em-	ergency? 2		1 Bequeiteo 11		23	23	23		oe of T			29		
	1	sued)						1		25	25	ВА	C Tes	t Resu		30		_ 13
	Viol. 1: Ch/Sec/	/Sub ————		I. 2: Cli/Sec/Sub -			er Contributing Co		26				sp. Alc	L	31	Susp. Drug	g: 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/			I. 4: Ch/Sec/Sub = and all occupants:	<del>,,                                    </del>	Dnve	er Distracted by	0	34	35	36	37	38	om sco	40	2 "		ł
	Name (Last First N		101 Operator	and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical I	čacility	ļ
	Operat	or	·····		See Above		$\geq$	$oldsymbol{X}$	1	1	4	0	0	10	1			
						*												
7	Please Select		e 2 <b>1</b> _#	Occupants N	on-Motorist A	Tyne	15 Action	16	ocatio	ı. L	17	onditi	on	18		Hit/Run	Moped	
<sup>7</sup> 1	of the Followi	ng:								<u> </u>								
		1843758	19	DOB/Age			# <u>3DBW11</u>			. n		Туре				g State MZ	21	
	Sex.M Lic.	EEHAN,	Lic. Res		CDL Endorsement		<sub>Year</sub> <u>2001</u> er SHEEHA								Veh	Config. 1		
<sup>8</sup> 1	<b>1</b>	Last COOK S	Fir	nd OT	Middle		er <u>51151114</u> ess <u>127 CC</u>	Last			Fi	rst			Mic	ddle		
	ł			(A Zip 0182	1-0000		BILLERI					Stat	. M7	Z	io 01	L821-0	0000	1 14
	I -			URANCE C		_	ele Action Prior to			1	22				Code:	<del></del>		
	Vehicle Travel I			Responding to Em		Even	t Sequence	23	23	23	23	Tes	st Statu	us:		28		
	Citation # (If Iss	sued)				Most	Hannful Event	1	24	t			oe of T		16.	29 30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/	'Sub	Vio	l. 2: Ch/Sec/Sub -		Drive	er Contributing Co	de	19	<sup>25</sup> 1	1 25		sp. Alc	t Resu ohol:	31		32	
	Viol. 3: Ch/Sec/	'Sub	Vio	l. 4: Ch/Sec/Sub =	Driver Distracted by 7 26 Towed from scene? 2 33													
			erator/non-m	notorist and all occu	•		POIN!	<i>a</i> .	34 Sept	35 Safety	36 Airbog	37 Eject	38 Trap	39 Injury	40 Transp. Code	£4. P 11	Capility	
	Operat	or/Non-Mo	otorist		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code 0	Code 0	Status 10	1	Medical	nomity	1
	- Sporter					_	+		<del>-</del>									
																	<del></del>	
			······						ļ									-
	1						1	1	i			l						1



Patrol Officer Paul W Jepson

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

	Poi	lice Use Only		Cor	commonwealth of Massachusetts RMV Document Number													
•	Date of Crash 08/24/2021	Time of Crash	Moto	r Veh	icle Cra	ish		unber hicles	Nun Inju	ا بمس	peed L		30	State Po Local F MBTA	Police 🔯			
	08/24/2021	24HR	MIIIII	.ngton	Pe	olice I	Report		1		o Š	լե	antuot ongitu				s Police	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO.	ГАТ	INT	ERS	SEC	TION:		<u> </u>
						ľ			94		CE	IAWS	ur.	E'NT	24.57	n <del>a</del>		2 10
1 .	Route# Dire	ction	٨	Vaine of Roadwa	y/Street		Route# Dire	ction	Addr	ess#	10.	TEM			_	ay/Street		
<sup>1</sup> 1				At			Feet	N S	ΕW	of			- •		or			
	Route# Dire	etion	Name o	of Intersecting R	oadway/Street		1000		تىت	01	Mi	le Marl	er		~-	Exit N	Number	11
			ļ	Also at Intersecti	on with		Feet	N S	EW	of	Route	.#	It	nterse	cting R	Roadway/S	Street	
<sup>2</sup> 1	Route# Dire	ction	Name o	of Intersecting R	oadway/Street		Feet	N S	EW	of								
1				<u>_</u>	1										ndmark	ζ		-
3	Please Select of the Followi		le 1 <b>.2</b> #0	Occupants 🔲	Hit/Run	Moped	Crash	Report	ID#	21	-2	22	-2	AC	,			
	License # SA	4730290	St <b>M7</b> A	DOB/Ag		Reg#	9PL116				Re	g Type_	PC		R	eg State 🕻		_ 12
	Sex_ Lic.	Class D	19 Lic. Rest	trictions 2	CDL	Veh Y	ear <u>2005</u>		Veh Ma	ake <b>L</b>	EXU	JS			_ Veh	Config.	1 21	3
	Operator	Last			- Andorsement	Owne	r GRONEI	ÆY	R,	ER	IC	MUI	RE	LL	•	iddle		
1	Address_	) eth 1	Fts		taborite	Addre	ss 14 SH	AWS	HEE	N 2	VE	181			Mı	ionis.		
	City_		State	_Zip	9	City <b>J</b>	MILMING	TON	L								-2629	
	Insurance Comp	oany ARBEL	LA MU	rual in	SURANCE	Vehic	le Action Prior t	o Crash		1	22				Code:	1 27 2	27 <sub>8</sub> 27	
5	Vehicle Travel I	Direction: S	S E W	Responding to E	Emergency? 2	Event	Sequence 40	23 22	23	23	23		t Statu e of Te			28		
,	Citation # (If Iss	sued)				Most	Harmful Event	22					e or re C Test		ılt:	30		
	Viol. 1: Ch/Sec/	/Sub	Vio	i. 2: Ch/Sec/Sub		Drive	r Contributing C	ode	12	<sup>25</sup> 7	25	l .	p, Alco	-		Susp. D	rug: <sub>2</sub> 32	22 <sup>13</sup>
<u> </u>	Viol. 3: Ch/Sec/	/Sub	Vio	i. 4: Ch/Sec/Sub		Drive	Distracted by	99	26			Tov	ved fro	m sce	ene?	1 33	<u> </u>	
<sup>5</sup> 1.	Name (Last First A		t for operator	and all occupan	ts involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury Status	40 Transp. Code	Mod	ical Facility	
	Operat				See Above		South Age	Ž	1	1	1		$\neg$		1	1420	an racing	1
	1			,				M	3	1	1	0		10	1			-
										<u> </u>					_			-
								-					_					-
				<u> </u>										- 10			<del></del>	4
1	Please Select 6 of the Followi		le 2#(	Occupants 🔲	Non-Motorist A	Туре	Action	16	Locatio	on _	17	Conditio	n	18	ı 🗖	Hit/Run	Moped Moped	İ
	License #		St	DOB/Age		Reg#					Reį	g Type_			Re	eg State_		1
	Sex Lic.		Lic. Rest	rictions 20	CDL Endorsement	Veh Y	ear	,	Veh Ma	ake					_ Veh	Config.	21	
2	Operator	Lasi	Fir	×1	Middle	. Owne	r	Lasi			F:	rst			Ná	iddle		
2	Address			<del>.</del>		. Addre	ss											1.4
	City		State	Zip		City_					_	_ State		Z	ip			1 14
	Insurance Comp	oany				Vehic	le Action Prior t	o Crash			22				Code:	27	27 27	
	Vehicle Travel I	Direction: N S	S E W	Responding to E	Emergency?	Event	Sequence	23	23	23	23		Statu			29		
2	Citation # (If Iss	sued)				Most	Harmful Event		24			BA	C Test		ilt:	30		
	Viol. 1: Ch/Sec/	'Sub	Viol	l. 2: Ch/Sec/Sub		_ Drive	r Contributing C	ode		25	25	Sus	p. Alco	ohol:	31		rug: 32	
						Drive	Distracted by		26	1 2	2. 1		ved fro			33	····	]
	Plo Nume (Last First N		erator/non-m	otorist and all o	ccupants involved		DOB/Age	Sex	34 Seat Pos.	35 Sofety System	36 Airbag Status	37 Eject Code	38 Tmp Code	39 Injury Status	40 Transp. Code	Medi	ical Facility	
	Operate	or/Non-Mo	otorist		See Above			X	1	-								
								1										
		,																
																		1

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	옷 = Pedestr 우	ian 0% → 0%	= Bicycle	
			pox for 94 vsheen Ave			If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center	t
	s	hawsheen Ave				Other Private Way	
	-			*	€2	Indicate North by A	Arrow
Crash Narrative: MV1 travelling northbour	nd on Chaucheo	n Arro - 11001	and aff manders	+ +1	الماسات م	aido atmilian	
a mailbox for 94 Shawshe							
of MV1 stated that there			W 9254				
rate of speed (maintain		70 70 00			V.S.	St. N. March	
vehicle away from that w	ehicle striki	ng the pole	. No signs of	impain	ment ob	served. No	
injuries reported. Veriz	on notified t	o fix the p	ole. Forrest	Towing	took po	ssession of the	
vehicle.							7/02/0
Witnesses:							
Name (Last, First, Middle)		Address			Phone :	ı	Statement
			- Carallana - Indiana - In				
Property Damage:	L. 11		In "	44 m	B 1.0	6D 1D	
Owner (Last, First, Middle)	Address 28 DIANA LN DRA	OUT NO. 01926	Phone #	41-Type	-	f Damaged Property Y POLE	
VERIZON	94 SHAWSHEEN AVE WI		976-275-1032			· · · · · · · · · · · · · · · · · · ·	
Truck and Bus Information:					MAILBO		
Carrier Name	Registration #		(From Vehic	le Section)		Bus Use	42
Address			City				
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		-		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length	46	
Hazmat Information:							
Placard Material 1 digit #	48 Material Name	e	l	Material 4 dig	rit #	Release code	49
Sergeant Kewin P Cawana	ıah		195 Wil	minato-	Police	Department 08/	24/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

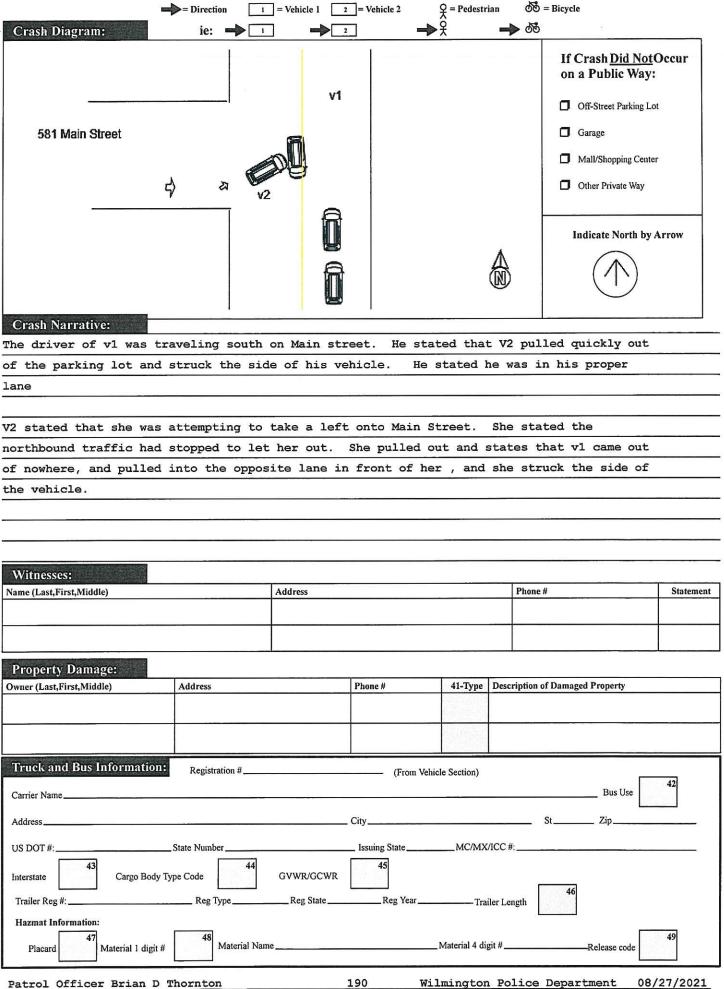
	Pol	ice Use Only	wealth of Massachusetts RMV Document Numb								ment Number							
•	Date of Crash 08/26/2021	Time of Crash	1	City/Town	$\bigcap$ Motor	Veh	icle Cra	sh		ımber hicles	Nun Inju	''ا تحد	peed I	Limit_	35	State Police Local Police MBTA Police	080	
	06/26/2021	24HR	MITIM	ington	Po	lice I	Report		2		0		ongitu			Campus Police Other:	. 0	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO'	ГАТ	INT	ERS	SECT	ΓΙΟΝ:		10
									583	1	MZ	AIN	ST					2 10
1	Route# Dire	ction	l	Name of Roadway	/Street		Route# Direct	ion	Addr			111			Roadwa	ay/Street		
<sup>1</sup> 1				At			Feet [	N S	EW	of		<del></del>			or _			i.
	Route# Dire	ction		of Intersecting Ro							Mi	le Mark	er			Exit Numbe	er .	3 11
				Also at Intersectio	n with		Feet				Route	<del></del> _	I	nterse	cting R	Roadway/Street		<b> </b>
<sup>2</sup> <b>1</b>	Route# Dire	ction	Name	of Intersecting Ro	adway/Street		Feet [	NIS	EW	of				T	ıdınark			
	Please Select	One Nation	e 1 <b>1</b> #	Occupants   T	Hit/Run 🔲 1	Moped	Crash R		1D# <sup>4</sup>	21		21	7					
3	of the Followi	ng: —			AIVKUN													
		3466292	19	DOB/Age	<u> </u>		8FW998									i	21	<b>1</b> 12
	Sex M Lic.	Class D M		trictions 1	CDL Endorsement		/ear <u>2018</u>								_ Veh	Config.		
<sup>4</sup> 1	-	LSFORD,	Fi	rst.	Middle		PULSFO	.ast			F	rst #A			Mic	ddle		
*	Address ZZ City WOBUI	GREEN S		T #A (A Zip 018	01-4351		ess <u>22 GRE</u> WOBURN	<u> Par</u>	ΔŢ		JE I		MΦ	~	<sub>ເກ</sub> ຸດ1	L801-43	151	
		oany USAA (		=		-	le Action Prior to	Crosh		4	22					7 27 27	27	
	Vehicle Travel I	-	<del> </del>		nergency? 2		Sequence 7		23	23	23		Statu		Ì	1 28		
5		sued)	<u> </u>	responding to 2.	noigonoy.		Harmful Event	1	24	1			e of To			29		
				l 2: Ch/Sec/Sub			r Contributing Co	de	18	25	25	l		Resu	It: 2 31	30 Susp. Drug: 2	32	1 <sup>13</sup>
	Viol. 3: Ch/Sec/						r Distracted by	0	26					om sce		33 33 33 33 33 33 33 33 33 33 33 33 33		
<sup>6</sup> 1		Please fill out		and all occupants	s involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M			<del>                                     </del>	Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4			Status 10	Code 1	Modical Faci	lity	
	Орегин								-		-							-
				<u> </u>					-									
									<u> </u>									
						<del></del>								- 10		· · · · · · · · · · · · · · · · · · ·		
<sup>7</sup> 1	Please Select 0 of the Followi		e 2 <u>1</u> #	Occupants	Non-Motorist A	Туре	15 Action	16 I	Locatio	տ	17	Conditio	ո	18	<b>-</b>	Hit/Run 🔲 N	Moped	
	License # S9	6384423	St MA	DOB/Age		Reg#	3BCF49				Re	у Туре	PC		Re	eg State <b>MA</b>		
	Sex F Lic.	Class D	Lic. Res	trictions B 20	CDL Endorsement	Veli Y	'ear <b>2000</b>		Veh Ma	ake <b>T</b>	OYO	TA			_ Veh	Config. 1	21	
<sup>8</sup> 1	Operator OL	EARY, C	AILEI(	GH C	Middle	Owne	r DOUCET	TE,	. м	ARK	E	rst			Mic	ddle		
1	Address 1 C	HATHAM				Addre	ess 1 CHAT	HA	M R	D				•				14
	City <b>BILL!</b>			<u>ra</u> Zip 018.		City.	BILLERI	CA_		· · · · · · · · · · · · · · · · · · ·	22					1821-32 1 27 27	27	2
	-	any THE CO					le Action Prior to			23	23		naged Statu		Code:	1 <sup>27</sup> <sup>27</sup> 28		
	Vehicle Travel D	<u> </u>		Responding to En	nergency? 2		Bequence 1		23	2.5	25	Тур	e of Te	est:	Ì	29		
<sup>9</sup> 2		med)					Harmful Event	1		25	25	Į.		Resu		30		
		Sub ———					r Contributing Co r Distracted by	de 0	26	!		Sus		ohol:	2 31	Susp. Drug: <sub>2</sub>	32	
		Subease fill out for op		l. 4: Ch/Sec/Sub notorist and all occ		Dilvei	. Distracted by	<u> </u>	34	35	36	37	38	39	40	2		
	Name (Last First N	fiddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbog Status	Code	Code	Status	Transp. Code	Medical Faci	lity	
	Operate	or/Non-Mo	otorist		See Above			A	1	1	4	0 0		10	1			
									<u> </u>									
								ļ	<u> </u>									
																		1



Police Officer Name (Please Print)

Precinct/Barracks

	Pol	ice Use Only		Com	monwe	alth o	f Massa	tts			RMV Document Number						
	Date of Crash	Time of Crash	1	ity/Town	Motor	r Vehi	Vehicle Crash Number Nu Vehicles Inj						Limit.	35	State Police Local Police MBTA Police		į
	08/27/2021	0805 24HR	Mılmı	ngton	Po	olice F	Report		2		0	Latitu Longi			Campus Polic Other:	. <u>5</u>	
		AT INTER	SECTIO	N:	<	LOCA	rion >	,		'	TOM	AT IN	TER!	SECT	TION:		
																	<b>2</b> 10
	Route# Direc	ction	N	Jame of Roadway/	Street		Route# Directi		581 Addre		MA	IN S'		Roadwa	ay/Street		
<sup>1</sup> 1	TOMO DIV			At			r										
		<del></del>		er D.	1 . (0		Feet [	N S	EW	of -	Mil	e Marker		or _	Exit Numb	er	11
	Route# Direc	ction		of Intersecting Roa			Feet	N S	E W	of _							3 ''
							Feet	N S	E W	of	Route	#	Interse	cting R	oadway/Street		
<sup>2</sup> 1	Route# Direc	ction	Name o	of Intersecting Roa	dway/Street					-			Laı	ndmark			İ
2	Please Select (		le 1 <u>1</u> #(	Occupants H	it/Run	Moped	Crash Re	eport l	ID# 2	21	-2	25-	AC	;			
3	of the Followi	lig:					/1TD07				D	T DC			Cinta MZ		
		6534577	19	_ DOB/Age			41LR87 ear 2018								1	21	1 12
	Sex M Lic.	<del></del>		rictions 1	CDL Endorsement									ven	Comig.		
<sup>4</sup> 1	· .	RTIN, W	Fin	A DWATD	Middle		MARTIN	ası			Fir	st TD		Mid	idle		
1	l .	PICHOWIC		0100	21 0110		ss 3 PICH		LLZ			- 10	<b>.</b>	. 01	001-01	110	
	i '			A Zip 0182		-	BILLERIC		ſ		22	_ State <u>M</u> Damage			27 27	27	1
	Insurance Comp			JRANCE C			le Action Prior to			1 23	23	Test Sta		Couc.	28		
<sup>5</sup> 1	Vehicle Travel I	Direction: N	EW	Responding to Em	ergency?_2	Event	Sequence 1	-	<u> </u>	23	23	Type of	Test:		29		
	Citation # (If Iss	sued)				Most	Harmful Event	1	24	<u> </u>		BAC Te	st Resi	ult:	30		_ 13
	Viol. 1: Ch/Sec/	'Sub	Viol	l, 2; Ch/Sec/Sub -		_ Drive:	r Contributing Cod	de	99	25	25	Susp. A	lcohol:	31	Susp. Drug:	32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/	'Sub	Viol	l. 4: Ch/Sec/Sub -		Drive	r Distracted by	99	26			Towed :			2 33		
1.	Nama (Last First N		t for operator	and all occupants	involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code		40 Transp. Code	Medical Fac	álity	
	Operat				See Above		$\times$	X	1	1	4	0 0	10	1			
										:							
																	-
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						····	<u> </u>						1				1
<sup>7</sup> 3	Please Select of the Followi		le 2 <b>1</b> #(	Occupants N	on-Motorist A	Туре	Action	16 L	ocatio	n	17 C	Condition	18		Hit/Run	Moped	
	License # S4	5723593	St MA	DOB/Age_		Reg#	2HEK14				Reg	Type PC		Re	eg State <b>MA</b>		1
	Sex E Lic.	10	19	trictions 1 20	CDL	_	ear 2020	\	√eh Ma	ike <b>J</b>					Config. 2	21	
		ANEY, M	<u>-</u>		Endorsement		MEANEY				_						
<sup>8</sup> 1	1	Last LONG WOO	Fir	rst	Middle		ss 9 LONG	ΔSL			Fig	APT 3	3	Mi	ddle		
<u> </u>	City ANDO			7A Zip 018:	10-1521		ANDOVER					State M	<b>A</b> _ 2	Zip <b>0</b> 1	L810-1	521	1 14
	I			EMPLOYE			le Action Prior to	Crash		4	22	Damage				27	
	Vehicle Travel I			Responding to En			Sequence 1	23	23	23	23	Test Sta	atus:		28		
····		sued) <b>T2446</b>		responding to 11n	iorgonoj i		Harmful Event	1	24			Type of	Test:		29		
<sup>9</sup> 2	•			l. 2: Ch/Sec/Sub			r Contributing Co	L	99	25	25	BAC To			30	32	
L	1						•	99	26	_		Susp. A Towed		L	Susp. Drug.	32	
	Viol, 3: Ch/Sec	****		1. 4: Ch/Sec/Sub notorist and all occ		Drive	. Distracted by	23	34	35	36	37 38	39	40	<u></u>		4
	Name (Last First)		pęrator/HUII-II.	Totorist and an occ	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Trap Code Code	Injury	Transp. Code	Medical Fac	oility	4
	Operat	or/Non-M	otorist		See Above		$\geq$	$\times$	1	1	4	0 0	10	1			1
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								1	1	1							1



Patrol Officer Brian D Thornton

190

08/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge#

Department

Precinct/Barracks

Date