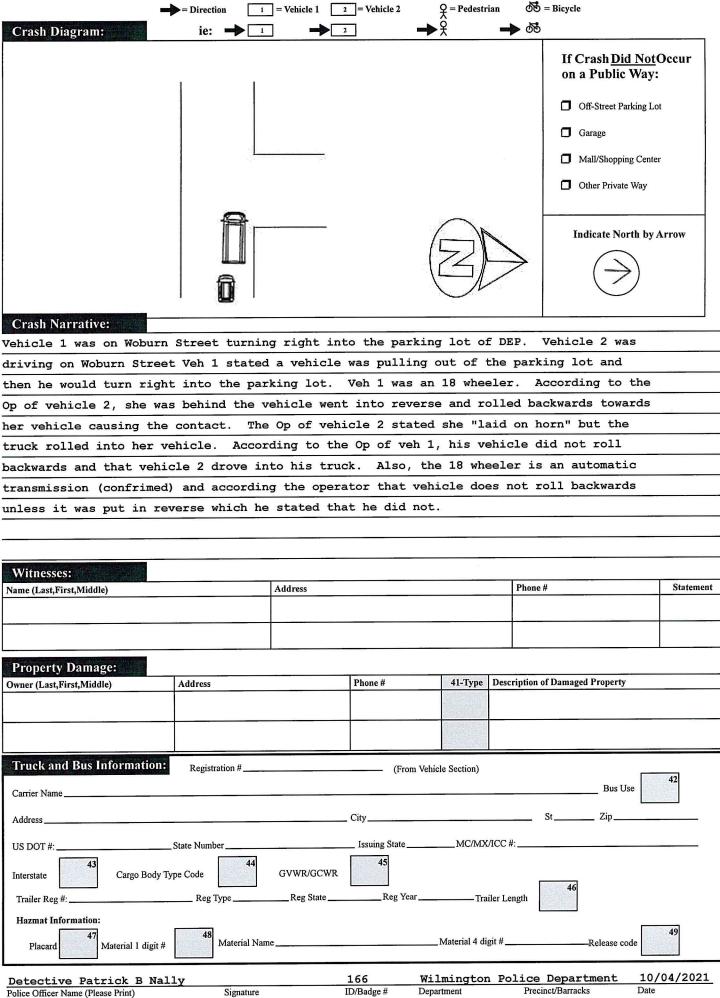
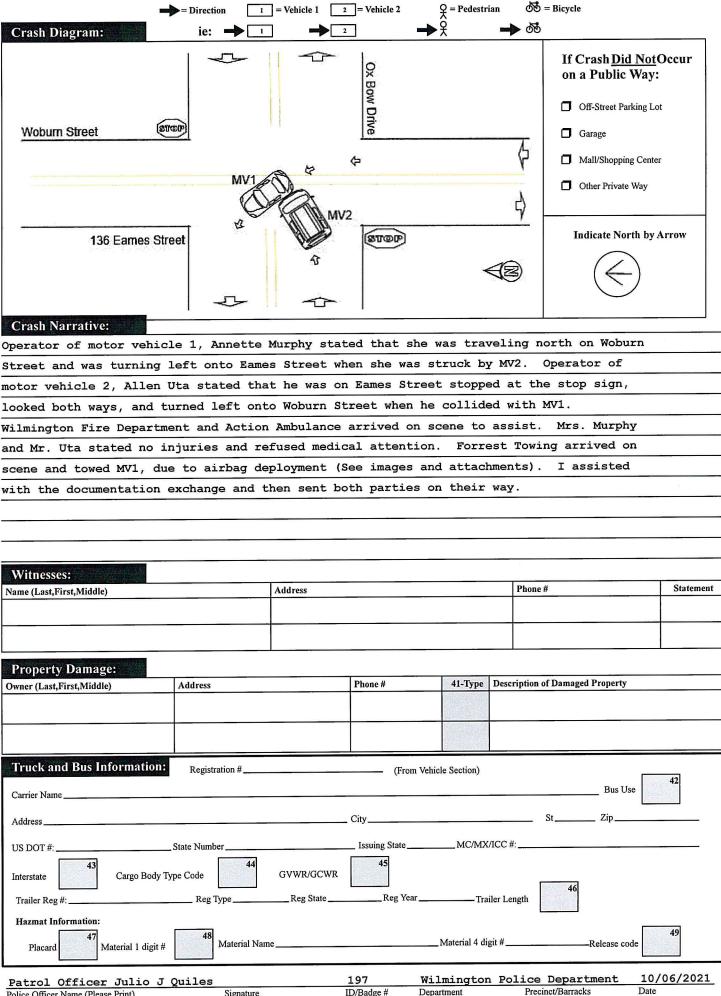
	Police Use Only	Common	wealth (	of Massa	chuse	tts		RMV Doc	ument Number		
	Care Party State International Conference Co		tor Veh	icle Cras	h Nu	mber Num	ad 1	Limit 30	Local Police		
	10/04/2021 1109 Wilms	ington	Police 3	Report	2	o	Latitud Longit		MBTA Police Campus Police Other:	ᆸ	
	AT INTERSECTION		LOCA			NOT		ERSEC			
										2	10
					700		BURN		10.	[	
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addre	SS #	Nai	ne of Roady	/ay/Street		
1		At		Feet N	SEW	of — -		or .		1	
	Route# Direction Name	of Intersecting Roadway/Street	t				e Marker		Exit Number	<u> </u>	11
		Also at Intersection with		Feet N	SEW	ofRoute	#	Intersecting	Roadway/Street	— F	
,		CI - D - J /C-		Feet N	SEW	of		CE TO	SOLUTION CONTINUE OF THE SOLUTION CONTINUES		
<sup>2</sup> 2	Route# Direction Name	of Intersecting Roadway/Street					шиши	Landmar			
2	Please Select One Vehicle 11	Occupants Hit/Run	Moped	Crash Re	port ID# 2	21-2	58-	AC			
<sup>3</sup> 97	of the Pollowing: —										
	License # 000004299566 St NC	20		P108151					THE PARTY OF	21 3	12
	Sex M Lic. Class A 19 19 Lic. Res	strictions 1 CDL T		Year <u>2015</u>	Veh Ma	ke <u>VOLV</u>	0	Vel	Config.		
	Operator BEASLEY, MICHA	EL JAMES	Own	er MDS TRU	CKING	V IN	IC		iddle		
<sup>4</sup> 1	Address 9057 GREEN LOOP		Addr	ess 777 S 1	ROHLO	VING I	RD				
	City <b>LELAND</b> State <b>1</b>	NC Zip 25451	City_	ADDISON			_ State_ <b>II</b>	Zip 6	0101		
	Insurance Company SAFTEY #13			cle Action Prior to C	Crash	3 22	Damageo	Area Code:	0 27 27	27	
		Responding to Emergency? 2		t Sequence 1 23		23 23	Test Stati	us:	1 28		
<sup>5</sup> 1					24		Type of T	Test:	29		
	Citation # (If Issued)			<u> </u>		25 25	BAC Tes	t Result:	30	_	13
	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	9	23 23	Susp. Ald	cohol: 31	Susp. Sieg.	32 1	-
6	Viol. 3: Ch/Sec/Sub Vio	ol. 4; Ch/Sec/Sub	Drive	er Distracted by	26		Towed fr	om scene?	2 33		
<sup>6</sup> 2		or and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility	,	
	Name (Last First Middle)	Address See Above		DOB/Age			0 0	10 1	Wiedlean Facility		
	Operator	See Addve	· 		$\frac{1}{1}$	_  -	-  -			$\dashv$	
				15	16	17		18		_	
<sup>7</sup> 3	Please Select One of the Following: Vehicle 21	Occupants Non-Motoris	st A Type	Action	Location	n C	ondition		Hit/Run 🔲 Mo	oped	1
	License # <b>S35916720</b> St <b>MA</b>	_ DOB/Age	.eg i	7PS572		Reg	Туре РС	R	eg State MA		
	19 19	strictions 20 CDL		Year <b>2019</b>	Veh Ma	ke HOND	A	Vel		21	
	Operator LUSSIER, JENNI	Endorseme	ent	er LUSSIEF					8		
<sup>8</sup> 1	Last	irst Middle		Lo	st	Fi		M	liddle		
	Address 1710 SKYLINE DF			ess 1710 SI	VITTIN	E DR			1054 144		14
		MA Zip 01854-146		LOWELL		22			1854-146	27	
	Insurance Company LM GENERAL	INSURANCE COL	MP Vehic	cle Action Prior to C		1 22		l Area Code	27 27		
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 2	3 23	23 23	Test State Type of		29		
0	Citation # (If Issued)	_	Most	Harmful Event	<b>1</b> 24		BAC Tes		30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub Vio	ol. 2: Ch/Sec/Sub ———	Drive	er Contributing Cod	e	25 25	Susp. Ale	Diolean and	Susp. Drug:	32	
				er Distracted by	26	THE PROPERTY OF STREET	•	om scene?	33		
	Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Please fill out for operator/non-in-	ol. 4: Ch/Sec/Sub			34	35 36	37 38	39 40			
	Please fill out for operator/non-in-in-in-in-in-in-in-in-in-in-in-in-in	Address		DOB/Age	Seat Pos.	Safety Airbag System Status	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility	у	
	Operator/Non-Motorist	See Above			$X \mid 1 \mid$	1 5	3 0	10 1			
				T							
					8						



	Police Use Only	Comm	onwealth	ot Massac	chus	etts			RMV Doc	ument Number		
	Date of Crash 10/05/2021 1347 Wilm	City/Town ington	Motor Veh		$\mathbf{h} \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	lumber ehicles	Number Injured	Speed L Latitude		MBTA Police		
	24HR 24HR		Police 1	Report	2		0	Longitud		Campus Police Other:	• <u> </u>	
	AT INTERSECTION	ON:	< LOCA	TION >			NOT A	T INT	ERSEC	CTION:		
	CONCORD	ST										2 10
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stree	et	Route# Directio	n Ado	iress #		Nam	e of Roady	way/Street		
1	FORDHAM	RD	(0)	Feet N	SEV	of	— — Mile M		— or	Exit Numbe	<u></u>	- 11
	Route# Direction Name	e of Intersecting Roadway  Also at Intersection with		Feet N	SEV	of						2
2_	Route# Direction Nam	e of Intersecting Roadway		Feet N		_	Route#	In	ntersecting	Roadway/Street		
<sup>2</sup> 2	Routen Breetier 17mm	- I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Landmar	rk		
3	Please Select One of the Following:	#Occupants Hit/Ru	ın Moped	Crash Rep	ort ID#	21	-25	9 <i>-1</i>	AC.			
		DOB/Age.	Reg	# <u>SP32643</u>			Reg Typ	e SB	F	Reg State MA	21	1 12
		estrictions 20 CDI End	orsement	Year 2017						h Config. 1	21	
4_	Operator STARBLE, MARIA	First	Middle	er CHRISTI	t		First	<u> </u>	N.	1iddle		
<sup>4</sup> 3	Address 10 BURLINGTON 2			ess 6 BURN		TKE			<u> </u>	1001 :=		
	City WILMINGTON State			CHELMSFO	RD					1824-45		
	Insurance Company NATIONAL U	NION FIRE	USUR Vehic	cle Action Prior to C	rash	1	120	-	Area Code	5 27 27	27	
-	Vehicle Travel Direction: NSWW	Responding to Emerger	ncy? 2 Even	t Sequence 1 23	23	23	23	est Status		29		
<sup>5</sup> 1	Citation # (If Issued)	<b>-</b> 3-1	Most	Harmful Event	L <sup>24</sup>			ype of Te AC Test		30		
	Viol. 1: Ch/Sec/Sub V	iol. 2; Ch/Sec/Sub	Drive	er Contributing Code	, 1	25	25		ohol: 2 31	Susp. Drug: 2	32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	26				m scene?	2 33		
<sup>6</sup> 1		or and all occupants invol		T	34 Sea	35 Safety	36 37 Airbag Eject	38 Trap	39 40 Injury Transp.			
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos.	System	Status Code	Code S	Status Code	Medical Facil	ity	
	Operator	6 HALLMARK GDNS	Above		$X \mid 1$	1	4 0	-	10 1			
	PATRICIA WALSH	BURLINGTON, MA 016	003-3548	F	3	1	4 0	0 1	10 1			
<sup>7</sup> 2	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	15 Action 1	Locat	ion	17 Cond	tion	18	Hit/Run 🔲 N	loped	
_	License # <b>S48412342</b> St <b>M</b>	DOB/A <sub>{</sub>	Reg	# 7VC111			Reg Typ	e PC	R	Reg State MA		
	Sex <b>F</b> Lic. Class D 19 19 Lic. Re	estrictions 20 CDI	orsement	Year <b>2017</b>				LET	Vel	h Config. 1	21	
<sup>8</sup> 1	Operator LANDAVERDE AYAI	First	Middle	er <u>CASTRO ,</u> Las	t		A First		N	Middle		1
1	Address 126 WATERHILL			ess 2 GORDO								14
	City <b>LYNN</b> State	MA Zip 01905-	-2142 City	NORTH RE	ADIN	_			Zip <u></u>		27	1
	Insurance Company FARMERS PR	OPERTY & CA	ASUAL Vehic	cle Action Prior to C		_			Area Code	27 27	27	
	Vehicle Travel Direction: NSWW	Responding to Emerge	ncy? 2 Even	t Sequence 23		23	23	est Status ype of Te		29		
9	Citation # (If Issued)	_	Mos	Harmful Event	L 24			AC Test		30		
<sup>9</sup> 1	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19	<sup>25</sup> 5	25		ohol: 2 3	Susp. Drug:2	32	
	Viol. 3: Ch/Sec/Sub V			er Distracted by	26				m scene?	2 33		
	Please fill out for operator/non	-motorist and all occupan		DOB/Age	Sex Pos	35 Safety System	36 37 Airbag Ejec Status Code	38 Trap Code	39 40 Injury Transp Status Code		ity	
	Operator/Non-Motorist		Above		1	1	4 0	0 2	10 1	*		
					4	4	4 0	0 2	10 1			
150								1 1				
					-	-		+	_			

_	= Direction 1	= Vehicle 1 2	= Vehicle 2	욧 = Pedestri	an 🚳 =	= Bicycle	
Crash Diagram:	ie: 👈 🔟		: →	·웆	→ №		
66 Concord S  V:	Fordi Rd   t	nam	N. Readir	ng		If Crash Did Noon a Public Wa	y: Lot
		River Pl	ace			Indicate North b	y Arrow
Crash Narrative:			¥				
V1 (school transit van-							
Fordham Rd when it was							
damaged on rear end and	rear van doo:	rs. V2 damaç	ged on front	end bump	er. V2 c	pr. thought V1	
was proceeding straight	with light c	nange and re	ear ended it	when it	stopped	for turn. V2	1000-00-0
opr. claimed her foot s	lipped when s	topping sudd	denly. Follow	ing too	close ar	nd inattention	
probable factors in col	lison.				7.50		
					A 2000		
							×100,
			***		<u> </u>		
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			City		:	St Zip	
US DOT #:	_State Number		Issuing State	MC/MX/	/ICC #:		
43	44		45				
Interstate Cargo Body T	ype Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length		
Hazmat Information:							Townson.
Placard 47 Material 1 digit #	48 Material Na	me		_Material 4 dig	git #	Release code	49
Patrol Officer Richard Police Officer Name (Please Print)	DiPerri Signature			lmington artment		Department 1 uct/Barracks Da	0/05/2021 ite

	Police Use Only	Comr	nonwealth	of Massacl	nusetts		RMV	Docume	ent Number	A DESCRIPTION OF THE PERSON OF
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Crash	Number Vehicles	Iminmod	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	10/06/2021 1744 Wili	nington	Police	Report	2	ا ا	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >			INTER	SECTI		1
		Section (1982) (1994)								<b>2</b> 10
				B	136 Address #	EAME	S ST Name of	n 1	(04	<u>.</u>
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Koadway	Sifeet	-
				Feet N 5	E W of	 Mile Ma	<u> </u>	or	Exit Number	
	Route# Direction Nar	ne of Intersecting Roadw		- [1]		Mile Ma	rker		Exit Number	3 11
		Also at Intersection w	ith	Feet N S		Route#	Interse	cting Roa	ndway/Street	H
<sup>2</sup> 1	Route# Direction Nar	ne of Intersecting Roadw	ay/Street	Feet NS	E W of					_
			·	L				ndmark		-
3	Please Select One of the Following: Vehicle 11	_#Occupants  Hit/	Run Moped	Crash Repor	rt ID# <b>21</b>	-260	O-AC	•		
	License # <b>S65118497</b> St <b>M</b>	A DOB/Age	Reg	# 572WJ2		Reg Type	PC	Reg	State MA	12
	19 19	20		Year 2014					21	1 12
		Er	dorsement	ner MURPHY,				_ 1000	Janes, Edward	
<sup>4</sup> 2	Operator MURPHY, ANNET	First	Middle	ress 5 GELDIN		First	11111	Middle		
2	Address 5 GELDING RD	01004	10-34-9	_			1/7 ==	. 010	224-1017	
	City CHELMSFORD State			CHELMSFOR	CONTRACT		te <b>MA</b> Z amaged Area		324-1917 27 27 27	
	Insurance Company MAPFRE IN	SURANCE	Veh	cle Action Prior to Cras	La reside	T-	st Status:	Code. 7	28	1
<sup>5</sup> 1	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Eve	nt Sequence 1 23	23 23	23	pe of Test:		29	
1	Citation # (If Issued)	7	Mos	t Harmful Event	24	BA	AC Test Resu	lt: 1	30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub —	Driv	er Contributing Code	1 25	<b>25</b>	sp. Alcohol:	2 31 S	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	To	wed from sc	ene? 1	33	
<sup>6</sup> 1	The second secon	ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	Medical Facility	1
	Name (Lost First Middle)	9,	ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	1
	Operator		e Above		1-			-		-
										4
	Please Select One Valvehiale 2.1	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit	/Run Moped	1
<sup>7</sup> 2	of the Following:				*					4
	License # <u>U3000109703008</u> St <u>W</u>	I DOB/Age	Reg	# 1XGK88		Reg Type	PC	Reg	State MA 21	
	Sex M Lic. Class D 19 19 Lic. I	Restrictions 1 C	DL Veh	Year 2020	Veh Make S	UBARU		_ Veh Co	onfig. 1	
0	Operator UTA, ALLEN	First		ner <u>UTA, ALI</u>	EN	First		Middle	•	
<sup>8</sup> 1	Address 101 LOWELL RD			ress 101 LOWE	ELL RD	APT	213			14
	City NORTH READING State	MA Zip 0186	<b>4</b> City	NORTH REA	DING	Sta	te <b>MA</b> Z	ip <u>018</u>	364	1 14
	Insurance Company PROGRESSI	VE CASUALTY	Z INSU Veh	icle Action Prior to Cras	sh 4	22 Da	amaged Area	Code: 1	THE RESERVE OF THE PARTY OF THE	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Eve	nt Sequence 23	23 23	23	st Status:	1	28	
	Citation # (If Issued)		Mo	st Harmful Event 1	24		pe of Test:		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sac/Sub	Driv	er Contributing Code	1 25	25	AC Test Resu sp. Alcohol:	-	Susp. Drug: 2 32	
				ver Distracted by	26		wed from so	6254	33	
	Viol. 3: Ch/Sec/Sub  Please fill out for operator/no			1	34 35	36 37	38 39	40		1
	Name (Last First Middle)	in-motorist and an occup	Address	DOB/Age Ser	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	4
	Operator/Non-Motoris	t S	ee Above	$\rightarrow$	1 1	4 0	0 10	1		
			· · · · · · · · · · · · · · · · · · ·							
										1
						$\vdash$				†
										⅃



## Wilmington Police Department Images Associated with 21-260-AC





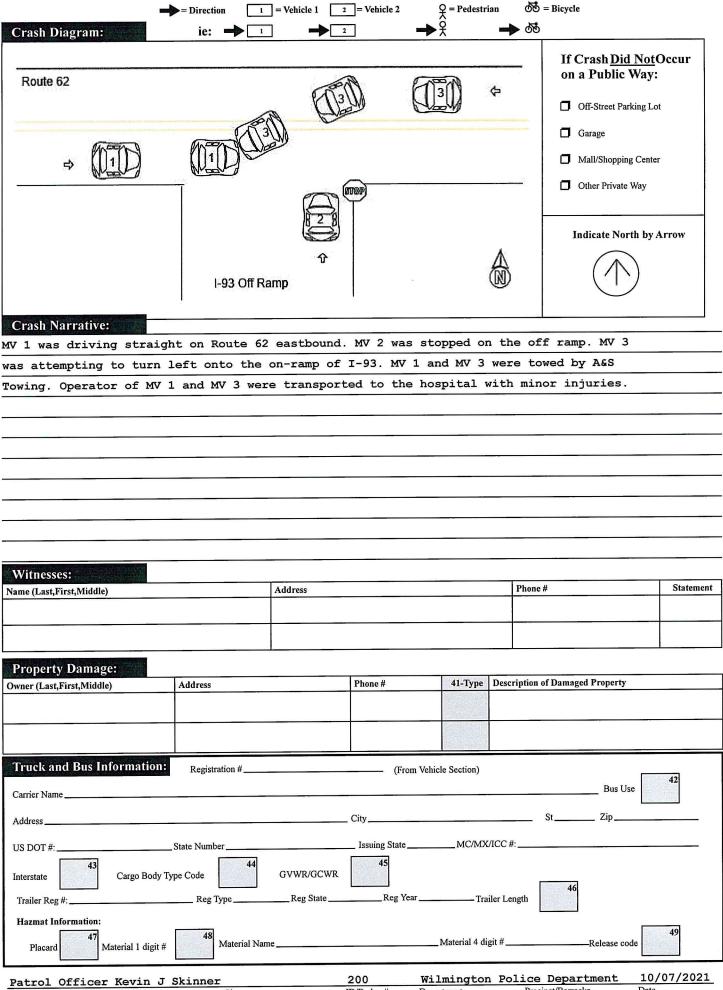
	Polic	ce Use Only		C	ommon	wealth	of Mass	ach	use	tts		162	RM	V Doc	ument Nu			
	Date of Crash	Time of Crash	i e	ity/Town		tor Vel	icle Cra	ash		mber nicles	Numb Injure	od Op.	ed Limit	3(	Local			
	10/07/2021	1025 24HR	Wilmi	ngtor	1	Police	Report		2		1		itude ngitude_					
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT	AT I	NTER	SEC	TION:			
									126	-	C 3.	T TOLE	СШ				2 10	
	Route# Direct	tion	N	lame of Roa	adway/Street		Route# Dire	ection	136 Addre		<u>5A</u>	LEM		Roady	way/Street			j
1				,	At		Fee	NS	EW	of ·			. –	- or				
	Route# Direct	tion -	Name o	f Intersection	ng Roadway/Stree	et					Mile	Marke	r	· · ·	Exit :	Number	2 11	
	<del>}</del>		A	Uso at Inter	section with		Feet	NS	E W	of .	Route		Inters	ecting	Roadway	/Street		
_	Route# Direct	tion	Name o	f Intersection	ng Roadway/Stree	et .	Feet	NS	E W	of			690000000		•			
1				т			<u> </u>							andmar	k		-	
	Please Select O of the Followin	ne Vehic	le 1 <u>1</u> #0	Occupants	Hit/Run	Moped	Crash	Report	ID# Z	21	-2	61	-A(	: 				
	License # S54			DOB/Age		Reg	# <u>2KVV75</u>	<b>j</b>			_ Reg	Туре <u>Е</u>	C	R	leg State <u>l</u>	MA	1 12	
	Sex <b>F</b> Lic. C	Class D	Lic. Rest	rictions 1	CDL Endorseme	ent	Year 2017					DAI		Vel	Config.	1		ļ
_	Operator WOI				Middle		er ODIER	Last			Firs	ı		М	liddle			
1	Address 18						ress 18 VI			MA					1006			
	City <b>TEWKS</b>				01876		TEWKSBU		20		22		MA :		1876	27 27		
	Insurance Compa						cle Action Prior			23	23		status:	i Couc.	1 28			
	Vehicle Travel Di	irection: N	S X W	Responding	to Emergency? 2		at Sequence 1	1	24			Туре	of Test:		29			
	Citation # (If Issu						t Harmful Event er Contributing (	A	DEPOS	25	25		Test Res		1 30	32	1 13	
	10.075 (0.1				/Sub		er Distracted by	HEAVOR	26		4.60		Alcohol:		Susp. L	Orug: 2 32		(
1.	Viol. 3: Cli/Sec/S				/Subupants involved	Diiv	Ci Bistacica by		34 Sent	35 Safety	36 Airbag	37 3	8 39 ap Injury	40			1	
	Name (Last First Mi	ddle)			Address		DOB/Agc	Sex	Pos.	System	Status 4	Code Co	ode Status	Code 2	Winches		-	
	Operato	)r			See Above			$\checkmark$	1	_	4	, 0	-	_	Hospi ta		-	
												_		-	-		-	
								_			_	_					-	
																	4	
	Please Select O		e 2 <u>1</u> #0	Occupants	Non-Motori	st A. Type	15 Action	16 L	ocation	n	17 Co	ondition	18		Hit/Run	Moped Moped		
	License #_S28		St MA	_ DOB/Age	)	Reg	# <u>9JA548</u>				_ Reg	Туре <u>Р</u>	Ç	R	eg State 1		1	
e .	Sex M Lic. C	19	19 Lic. Restr	rictions 1	20 CDL		Year <b>2019</b>		/eh Ma	ke <b>A</b> (	CUR	A		Veh	Config.	1 21		
	Operator BO	SVERT,	DENNI	з н	Endorseme	ent Owr	er BOISV	ERT,	DE	ENN	IS Firs	H		М	iddle			
1	Address 158	SALEM	ST			Add	ress <u>158</u> S	ALE	M S	T			-				. 14	
	City WILMI				1887-400		WILMING	<u> TON</u>	(ii	Relawa	22				000 200 200	27 27		l
	Insurance Compa	ny ELECT					cle Action Prior	entrary states		23	22		ged Area	a Code:	28			
	Vehicle Travel Di	irection: N	EW	Responding	to Emergency? 2		nt Sequence 1		24	43	43	Туре	of Test:		29		1	
	Citation # (If Issu	ued)					t Harmful Event	h/matching	19	25	25		Test Res		1 30	32		
	Viol. 1: Ch/Sec/S	Sub ————		. 2: Ch/Sec			er Contributing ( er Distracted by	FEEDER	26				Alcohol d from s		Susp. I	Orug: 2 32		
	Viol. 3: Ch/Sec/S			. 4: Ch/Sec	/Suball occupants invo		C. Distracted by		34 Scot	35 Safety	36 Airbag	37   3	18 39	40	420001		1	
	Name (Last First Mi	iddle)		Cional and	Address		DOB/Age	Sex		Safety System	Status	Code C	ode Statu	Code	Med	dical Facility	-	
	Operato	or/Non-M	otorist 		See Above			×	1	1	4 (	0	10	+			+	
		(2)										_	_	-			-	
								-					_	-			-	
		2				<u> </u>												

-	= Direction 1	= Vehicle 1	Vehicle 2	붓 = Pedestrian	೧೧ = RicAcie	
Crash Diagram:	ie: 👈 🗓	] <b>→</b> [:	<u> </u>	<b>▶</b> Ĥ =	<b>→</b> №	
	Driveway 158	Salem Street			If Crash Did on a Public  Off-Street Pa	Way:
		2 1		- (	Mall/Shoppin	
	DIDO 30	)		Salem Street	Indicate No	rth by Arrow
Crash Narrative:						
MV 1 was driving straig	ht on Salem St	reet. MV 2	was backing	out of his	driveway. MV 2	
stated he was mostly in	the roadway w	hen he was	in the proce	ess of plac	ing his motor	
vehicle from Reverse to	Drive when the	e collision	occurred. C	perator of	MV 1 suffered a	-
head injury. MV 1 was t						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
					1	
		-				
	X					
Property Damage:					·	
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)	Bus U	se 42
			. City		St Zip	
Address						
US DOT #:	_State Number			MC/MX/ICC	C#:	
Interstate 43 Cargo Body T	Type Code         44           Reg Type	GVWR/GCWR	45 Reg Year	Trailer I	ength 46	
		100 m m m m m m m m m m m m m m m m m m				
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	e		_Material 4 digit #	Release co	49
Patrol Officer Kevin J	Skinner			Imington P	olice Department Precinct/Barracks	10/07/2021 Date
Police Officer Name (Please Print)	Signature	,	mange # Def	Jan Hillouit	A 1 TO MINO DEMINISTRA	07.373.T

CDP1 11-24-00

	Police Use Only	Common	wealth	of Massa	chu	ıset	ts			RMV	Docur	nent Number		
	AND		otor Veh	icle Cras	sh	Numl Vehic		urad	Speed 1		40	State Police Local Police	0080	
	10/07/2021   1521   Wilmi	ngton	Police 1	Report		3	2	1	Latitud Longitı			MBTA Police Campus Police Other:	ᆸ	
	AT INTERSECTIO	N: <	AND THE PERSON NAMED IN		>		NO				SECT	ION:		
														<b>2</b> 10
						34	_	93N			RAM			
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion .	Address	S #	-	Nan	ne or R	coadwa	y/Street		
1		711		Feet	N S F	E W of				_	or _			
	Route# Direction Name of	of Intersecting Roadway/Stre	eet	-				lile Ma	rker			Exit Number		3 <sup>11</sup>
		Also at Intersection with		Feet			Rou	te#	I	ntersec	cting Re	oadway/Street		17.412
2	Route# Direction Name of	of Intersecting Roadway/Stre	net .	Feet	N S I	E W of	f					100		
<sup>2</sup> 1	Route# Direction Name (	or intersecting Roadway/Sire		,						Lan	dmark			
3	Please Select One of the Following: Vehicle 1_1 #	Occupants Hit/Run	Moped	Crash R	eport I	D# <b>2</b>	1-2	262	2-2	AC				
J			' <del>_</del>	# <u>375R20</u>				m	DC.		D	G MA		
	19 19	DOB/Age										g State MA	21	<b>1</b> 12
	Sex M Lic. Class D Lic. Rest	trictions 1 CDL	nent	Year <b>2010</b>							_ Veh (	Config.		
	Operator CABRERA PARRA,	DAWRY rst Middle		er <u>CABRER</u>	ast		A, D	AWR	Y		Mide	dle		
<sup>4</sup> 2	Address 37 LEWIS ST AP		Addr	ess 37 LEW	IS	ST	API	4						
	City <b>HAVERHILL</b> State <b>M</b>	1A Zip 01830-48	<b>42</b> City	HAVERHII	LL			Stat	e <b>MA</b>	Zi	p <u>01</u>	830-48	42	
	Insurance Company <b>GOVERNMENT</b>	EMPLOYEES IN	ISU_ Vehic	cle Action Prior to	Crash	1	22	Da	maged	Area (	Code:	L1 27 27	27	
		Responding to Emergency?		t Sequence 1	23 2	3 2	3 23	Te	st Statu	ıs:	1	28	1 00	
<sup>5</sup> <b>1</b>		responding to Emergency.			1	24		Ту	pe of T	est:		29		
	Citation # (If Issued)				THE REAL PROPERTY.	1 25	5 2	=	AC Test	_		30		13
	C. N. SECREPARTE PROPERTY NO. 1997 C.	d. 2: Ch/Sec/Sub		er Contributing Co	MARKANER	1 25 26		Su	sp. Alc	_		Susp. Drug: 2	32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Vio		Drive	er Distracted by	0			,	wed fro		12	33		ļ
1	Please fill out for operator Name (Last First Middle)	r and all occupants involved  Address		DOB/Age	Sex	Seat Sa	35 36 afety Airbag estem Status		38 Trap Code		40 Transp. Code	Medical Facilit	iy	
	Operator	See Abov	ve		V	1 1		0			. 5	Vinchester Hospital		
	Орегию		-			-		-						
													_	
	Please Select One XI Valido 13 #			15	16		17	C 15		18		D.	C	1
<sup>7</sup> 1	of the Following: Vehicle 23 #	Occupants Non-Motor	rist A Type	Action	Lo	ocation		Condit	ion		H	(it/Run 🔲 M	loped	
	License # <b>S41961645</b> St <b>MA</b>	_ DOB/Age	Reg	# <u>SP10286</u>	3		R	eg Type	BU		Re	g State MA		
	Sex <b>F</b> Lic. Class D 19 Lic. Res	trictions 1 20 CDL_		Year <b>2014</b>	Ve	eh Make	DOD	GE			_ Veh (	Config. 5	21	
	Operator DUMAIS, JOANNE	R Endorsen	Own	er TROMBL	Y M	OTO:	R CO	ACH	SE	RV:	ICE	INC		
<sup>8</sup> 1	Address 578 MARSH HILL	irst Middle		ress <b>BX 190</b>	ast )			First			Mid	dle		
		<u>/A</u> Zip 01826-14		DRACUT				Sta	te <b>M</b> A	Zi	ip <b>01</b>	826-00	00	1 14
	Insurance Company NATIONAL UN			cle Action Prior to	Crach	2	22				-	3 27 27	27	
						23 2			st Statı			28		
	Vehicle Travel Direction: S E W	Responding to Emergency?		it Sequence 1	TO 100	24		Ту	pe of T	est:	10000	29		
<sup>9</sup> <b>1</b>	Citation # (If Issued)		Mos	t Harmful Event	1	1.0	-		AC Tes	t Resu	lt:	1 <sup>30</sup>		
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co		1 25	5 2	Su	sp. Alc	ohol:	2 31	Susp. Drug: 2	32	
	Viol, 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	0	26		To	wed fr	om sce	ne?	2 33		
	Please fill out for operator/non-n		olved			Seat S	35 36 afety Airba	37 Eject	38 Trap	39 Injury	40 Transp.	Medical Facili	tv	
	Name (Last First Middle)	Address		DOB/Age	Sex		ystem Statu	Code	Code 0	Status 10	Code 1	Medical Facili	ıy	1
	Operator/Non-Motorist	See Abor	ve		$\triangle$	_		ļ <u> </u>						-
					F	4 1	. 4	0	0	10	1	- Oddara		
					м	6 1	4	0	0	10	1			
E					H		$\dashv$					-		1
												4.5		J

	Police Use Only	Comm	onwealth (	of Massacl	husetts	}	RM		ent Number	
	Date of Crash Time of Crash		Motor Veh	icle Crash	Number Vehicles		Speed Limit	40_	State Police Local Police MBTA Police Campus Police	
	10/07/2021   1521   Wili	mington	Police 1	Report	3	2	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	INTER	SECTI	ON:	
				1						<b>2</b> 10
	B + # B' - t'	Name of Roadway/Stree		Route# Direction	34 Address #	<u> 193N</u>	BR34	RAMP Roadway/	Street	
<sup>1</sup> 1	Route# Direction	At		Route# Direction	Address		TValle of	icoadway/	Succi	1
_				Feet N	S E W of	— — - Mile Ma	_ • —	or	Exit Number	
	Route# Direction Nar	me of Intersecting Roadway		- 1		IVIIIe IVI	irker		Exit Number	3 11
		Also at Intersection with	1		S E W of	Route#	Interse	ecting Roa	dway/Street	
2 .	Route# Direction Nar	me of Intersecting Roadway	//Street	Feet N	S E W of				8	
<sup>2</sup> <b>1</b>	Routen Brother -						La	ndmark		1
3	Please Select One of the Following: Vehicle 31	#Occupants   Hit/Ru	ın 🔲 Moped	Crash Repo	rt ID# <b>21</b>	-26	2-AC	•		
	Court Victoria Control Control	IA DOB/Age	Pag	# 1TW110		Reg Type	. PC	Reg	State MA	<u> </u>
	19 19	20		Year 2008					21	1 12
	Sex_E Lic. Class D Lic. 1		orsement			.—		ven Co	omig, 🔼	
4	Operator MARSDEN, MARY	First	Middle	er MARSDEN ,		First	00-	Middle		
<sup>4</sup> 2	Address 19 HAMPSHIRE F		2 500 10	ess 19 HAMP	SHIRE		PT 207			
	City METHUEN State	e <b>MA</b> Zip <b>01844-</b>	-1144 City	METHUEN				_	44-1144	
	Insurance Company GOVERNMEN	T EMPLOYEES	INSU Vehic	cle Action Prior to Cra	sh <b>4</b>		amaged Area	Code: 11	SPECIAL SPECIA	
	Vehicle Travel Direction: N S E	Responding to Emerger	ncy? 2 Even	t Sequence 1 23	23 23	23	est Status:	1	28	
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event 1	24		pe of Test: AC Test Resi	de:	30	
	Viol. 1: Ch/Sec/Sub ————		Drive	er Contributing Code	4 25	25	usp. Alcohol:	-35	usp. Drug: 2 32	<b>1</b> 13
	And Applications of the Company of t			er Distracted by	26		owed from so	1000	33	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Please fill out for open	rator and all occupants invol		1	34 35	36 37	38 39	40	8.875	ł
	Please IIII out for oper Name (Last First Middle)	(3)	ddress	DOB/Age Se	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	See	Above	$\rightarrow$	1 1	4 0	0 9		spital	
										1
				_						1
								igspace		_
<sup>7</sup> <b>1</b>	Please Select One Vehicle 4	#Occupants    Non-M	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit	/Run Moped	
1_	of the Following:		D.	#	282	Por Tree	0000000	Pag	State	1
	19 19	DOB/Age							21	
	Sex Lic. Class Lic.		orsement Veh	Year	_ Veh Make			Ven Co	oning.	
<sup>8</sup> 1	OperatorLast	First	Middle	ErLast		First		Middle		
1	Address			ess		<del></del> -				14
	City Stat	e Zip	City		05066		ate 2		27 27 27	1
	Insurance Company		Vehi	cle Action Prior to Cra	sh		amaged Area	Code:	27 27 27 28	
	Vehicle Travel Direction: N S E W	Responding to Emerge	ncy? Ever	at Sequence 23	23 23	23	est Status:		29	
[o	Citation # (If Issued)		Mos	t Harmful Event	24		ype of Test: AC Test Res	nlt:	30	
<sup>9</sup> 1	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25	usp. Alcohol:	520	Susp. Drug: 32	
				er Distracted by	26		owed from so	Service Service	33	
	Viol. 3: Ch/Sec/Sub Please fill out for operator/no				34 35	36 37	38 39	40	enas reli	†
	Name (Lost First Middle)		Address	DOB/Age Se	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	See See	Above	$\langle \rangle \langle \rangle$	1					_
										1
					+ +-	++-	++	++		†
		l				1 1	1 1			1



## Wilmington Police Department Report – 21-263-AC

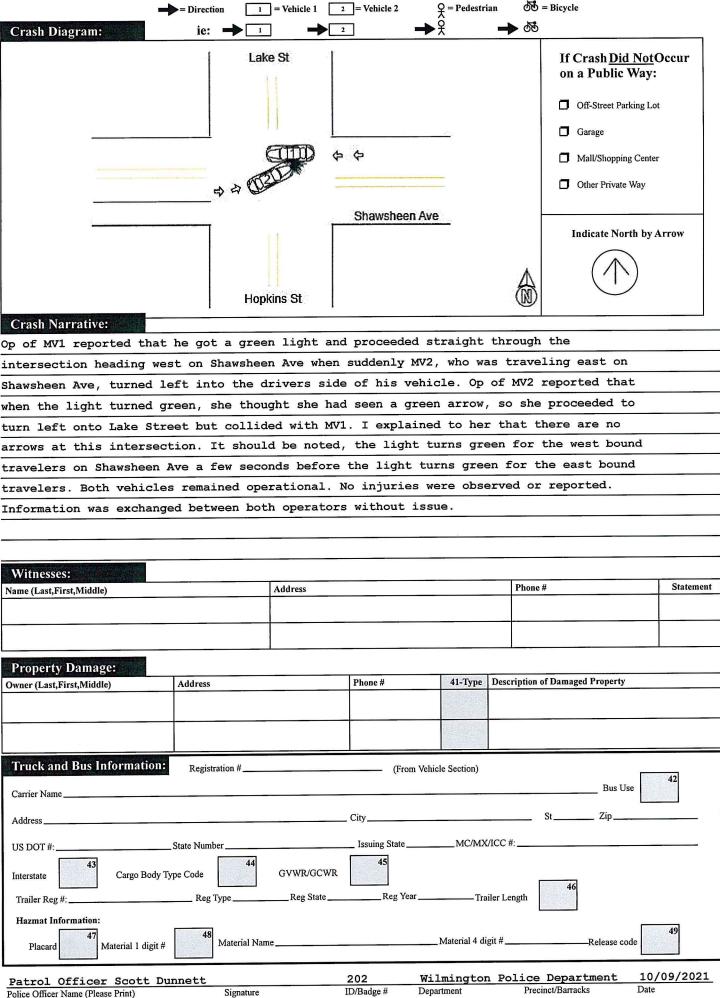
## **Contact the Wilmington Police Department at:**

publicrecords@wpd.org

Police Use Only Commonwealth of Massachusetts RMV Document Number												
			tor Veh	icle Cras	$h $ $\begin{bmatrix} N \\ V \end{bmatrix}$	umber chicles	Numbe	~	Limit_	15	State Police Local Police MBTA Police Campus Police	7
		ington	Police 1	Report	2	enicies	Injured O	Latitu Longi			MBTA Police	
	24HR	a single field	LOCA				NOT			SECT	Other:	1
	AT INTERSECTION	JN:	LUCA				NOT	11 111	LEIK	JEC I	TON.	10
					_50	0	SAI	EM S	ST			2
1	Route# Direction	Name of Roadway/Street		Route# Direction		ress #				Roadwa	y/Street	
<sup>1</sup> 1		At		Foot P	N S E W	]				0.5		
	Route# Direction Name	of Intersecting Roadway/Street			, ISIE I	] 01		Marker		oi	Exit Number	11
		Also at Intersection with		Feet	N S E W	of						7
				Feet [	N S E W	of	Route#		Interse	cting Ro	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Street				,			Lar	ndmark		-
L	Please Select One Vivalence 12		Г.	Т		21	2/	- A			***	
3	of the Following:	Occupants Hit/Run	Moped	Crash Re	eport ID#	<b>Z</b> T	-26	)4-	AC			
<u></u>	License # <b>S25628755</b> St <b>MA</b>	DOB/Age	Reg	1MJA23			Reg T	уре <u>РС</u>		Reį	g State <b>MA</b>	. 12
	19 19	strictions 20 CDL	Veh `	Year 2020	Veh M	ake <b>B</b>	MW			Veh (	Config. 2	1
	Operator PATEL, RUDRAXI	Endorseme	nt	er_PATEL,							Name of the Control o	
<sup>4</sup> 1	Last	irst Middle		ess 28 JIL	151		First			Midd	dle	
т_	Address 28 JILLS WAY	- 01076 106				7.1		3.6		. 01	076 1060	
	City <b>TEWKSBURY</b> State 1			TEWKSBUR	(Y	No.	22				876-1968 27 27 27 27	
	Insurance Company ARBELLA MU	TUAL INSURANC	<b>EE</b> Vehic	cle Action Prior to C		TO		Damage		Code:	28	
le .	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Even	t Sequence 2	3 23	23	23	Test Star		100	29	
<sup>5</sup> 2	Citation # (If Issued)		Most	Harmful Event	1 24			BAC Te		dt:	30	
	Viol. 1: Ch/Sec/Sub — Viol	ol 2: Ch/Sec/Sub ———	Drive	er Contributing Cod	le 99	25	25	Susp. Al	Г	31	Susp. Drug: 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub — Viol.			er Distracted by	99 26			Towed f	L	ene?	22	
<sup>6</sup> 1		or and all occupants involved			34	35	36 1	7 38	39	40	- 11000	7
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety System		ect Trap xde Code	Injury Status	Transp. Code	Medical Facility	4
	Operator	See Above		$\sim$	$X_{1}$	1	4 0	0	10	1		
	VIAAN PATEL	28 JILLS WAY TEWKSBURY, MA 01876		07/20/2017	м 6	4	4 0	0	10	1		
			5					-				
						-		+	-			_
7	Please Select One Vehicle 21	#Occupants Non-Motoris	t A Type	15 Action	16 Locati	on	17 Cor	dition	18	В	lit/Run 🔲 Moped	
<sup>7</sup> 1	of the Pollowing:		. 9									-
		DOB/Age		# 1TXP48		-		ype <u>PC</u>		Re	g State MA 21	· [
	Sex <b>F</b> Lic. Class D 19 19 Lic. Re	strictions 20 CDL		Year <u>2005</u>	Veh M	íake <u>H</u>	YUND	AI		_ Veh (	Config. 2	
	Operator MAHONEY, KAREN		Own	er MAHONE	Y, KA	REN	First			Mid	dle	.
<sup>8</sup> 99	Address 82 DUNCKLEE AVE	NAMES NAMES OF THE PARTY OF THE	Addı	ess <u>82 DUN</u>		E A		APT	3			
	City <b>STONEHAM</b> State ]	MA Zip 02180-452	23 City	STONEHAM	1			State M	<b>A</b> _ z	ip <u>02</u>	180-4523	1 14
	Insurance Company ARBELLA MU			cle Action Prior to 0	Crash	10	22	Damage	ed Area	Code:	99 27 27 27	
	K				23 23	23	23	Test Sta	ıtus:	0.7774	28	
	Vehicle Travel Direction: S E W	Responding to Emergency? 2		it Sequence 1	24			Type of	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)	-	Mos	t Harmful Event		25	25	BAC Te	est Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod		25	25	Susp. A	lcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Vi	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 <sup>26</sup>			Towed t		٤	2 33	_
	Please fill out for operator/non-		lved	DORA	34 Seat Sex Pos.		36 Airbag E Status C	37 38 jeet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System 99	4 0	O Code	10	1	activity	1
	Operator/Non-Motorist	See Above			$\langle \rangle$	1	-	<u> </u>	<del>  -</del>	-		-
											1000	
	I and the second	i		1 1		1	1 1		1	, 1		

		= Vehicle 1 2	= Vehicle 2	Q = Pedestrian	ტტ = Bicy	cle	
Crash Diagram:	ie: 🕕 🔟	62		<b>→</b> X	If	Crash <u>Did Not</u>	
~	- Salem Sireet Route	- 02			01	n a Public Way:	:
	g 19 - 4 - 1				_	Off-Street Parking Lo	ot
						Garage	
						Mall/Shopping Cente	·r
8.7.198.11				(Ñ	<i>-</i>   <i>a</i>		
2=>				Ą	7   5	Other Private Way	
						Indicate North by	Arrow
Handicap F	arking						
50	0 Salem Street Winch	ester Hospital	- /			$\bigcirc$	
Crash Narrative:							
Oper. of MV#1 and MV#							
states that she was f						out of her	
spot which was behind	MV#1 a few spot	ts over. MV#	1 states t	nat MV#2 sti	ruck her.		
		1 7		5 107#2 -		hom to	
Oper. of MV#2 left the return to the station							
her rear. Oper. of MV							
involved party didnt							
Oper, of MV#2 states							
ner.	190 - 2 0		177				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Dam	aged Property	
Truck and Bus Information	Registration #		(From V	/ehicle Section)		200	42
Carrier Name						Bus Use	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICO	C #:		
43	ody Type Code	GVWR/GCWR	45				
Interstate Cargo Bo			Reg Year_	Trailer	Length	16	
Hazmat Information:					No. of Control of Control	process	40]
Placard 47 Material 1 dig	git # 48 Material Nar	me		Material 4 digit #	<u> </u>	Release code	49
Patrol Officer Daniel Police Officer Name (Please Print)	L C Cadigan Signature			Wilmington E	Precinct/Bar		/08/2021

	Police Use Only	Commo	onwealth (	of Massac	husett	S	RM	V Docur	nent Number	
İ	Date of Crash Time of Crash		<b>Aotor Veh</b>	icle Crasl	Numbe Vehicle		Speed Limit	25	State Police Local Police MBTA Police Campus Police	]
		mington	Police	Report	2	s Injured O	Latitude Longitude		MBTA Police Campus Police Other:	
ŀ	24HR	ION.		TION >	4		INTER	SECT	32 9400 41	1
- 1	AT INTERSECTI	ON:	LOCA	HON	10	NOTA	INIER	SECI	TOIT.	_ 10
	SHAWSHE	EN AVE								2
_	Route# Direction	Name of Roadway/Street		Route# Direction	Address #		Name of	Roadwa	y/Street	
<sup>1</sup> 1		At		Fact N	S E W of			or		
	Route# Direction LAKE ST	ne of Intersecting Roadway/S	Street	reel [N]	5 2 111 01	Mile Ma		OI	Exit Number	_ 11
	Route# Direction Ivan	Also at Intersection with	Silect	Feet N	S E W of					5
				Feet N	S E W of	Route#	Inters	ecting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Roadway/S	Street				La	ındmark		
_	Please Select One Variety 11	- In			01	26				1
3	of the Following:	_#Occupants  Hit/Run	Moped	Crash Rep	ort ID# <b>2</b> ]	L-26	5-AC			
	License # <b>S53525960</b> St <b>M</b>	A DOB/Age	Reg	#249TZ1		Reg Typ	PC	Reį		. 12
	19 19	Restrictions B 20 CDL_	Veh	Year <b>2010</b>	Veh Make	NISSAN	Z.	Veh (	Config. 21	1
		Endor	sement	er DUNPHY,						
<sup>4</sup> 3	Operator DUNPHY, BRIAN		ddle	ess 37 WHEA		First		Mide	dle	
3	Address 37 WHEATLAND S						1/7	. 01	002 1117	
	City <b>BURLINGTON</b> State			BURLINGTO	25808				803-1117 27 27 27 27	
	Insurance Company THE COMME	RCE INSURANCI	E CO Vehi	cle Action Prior to Cra	Services.	SUPERIOR STATE		Code:	3 27 4 27 27 28	
-	Vehicle Travel Direction: NSE	Responding to Emergenc	y? <u>2</u> Even	t Sequence 23	23 23	23	est Status:	1	29	
<sup>5</sup> 2	Citation # (If Issued)		Mos	t Harmful Event 1	24	-	ype of Test: AC Test Res	olt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	usp. Alcohol:	-	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from so		22	
<sup>6</sup> 1		ator and all occupants involve			34 35	36 37	38 39	40		4
	Name (Lost First Middle)	Add		DOB/Age S	Seat Safe Pos. Syste		Trap Injury Code Status	Transp. Code	Medical Facility	4
	<b>O</b> perator	See A	bove	$\langle \rangle \langle \rangle$	1 1	4 0	0 10	1		
										1
								+		-
7	Please Select One Vehicle 21	#Occupants Non-Mo	otorist A Type	15 Action 10	6 Location	17 Condi	tion 18	П н	lit/Run Moped	D 0
<sup>7</sup> 2	of the Following:		25						1/2	-
		DOB/Agt		# <u>6SG837</u>		Reg Typ		Re	g State MA 21	i
	Sex <b>F</b> Lic. Class D 19 19 Lic. F	Restrictions R CDL	rsement	Year <b>2017</b>	_ Veh Make_	CHEVRO	LET	Veh (	Config. 1	
6	Operator BRIGGS, MELIS	SA A	Owr	ner BRIGGS,	MARGA	RET M		Mid	dle	
<sup>8</sup> 1	Address 52 FIORENZA DR	\	Add	ress 6 STONE	WAY					14
	City WILMINGTON State	e MA Zip 01887-4	<b>4427</b> City	LYNNFIELI	)	Sta	ate MA	Zip <b>01</b>	940-2118	1 14
	Insurance Company LIBERTY M	UTUAL INSUR	ANCE Vehi	cle Action Prior to Cr	ash 4	<b>22</b> D	amaged Area	Code:	1 <sup>27</sup> 2 <sup>27</sup> 27	
	Vehicle Travel Direction: NSWW	Responding to Emergence		nt Sequence 23	23 23	23 T	est Status:		1 28	
		responding to Emergence	•	t Harmful Event 1	24	T	ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)				25	25	AC Test Res		1 30 32	
L	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub ———		er Contributing Code	26	S	usp. Alcohol		Susp. Drug: 2 32	
	7101. 5. 612 500 500	Viol. 4: Ch/Sec/Sub		er Distracted by	9		owed from s	cene?	2 33	4
	Please fill out for operator/no		involved	DOB/Age	34   35   Seat   Safe   Sex   Pos.   Syst	ty Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator/Non-Motorisa				1 1	4 0	0 10	1		
	operator/110tt fixtoris	2		- Y	1	++-	++	+	- (a)	1
			72				+-	+		-
										_



CDP1 11-24-00