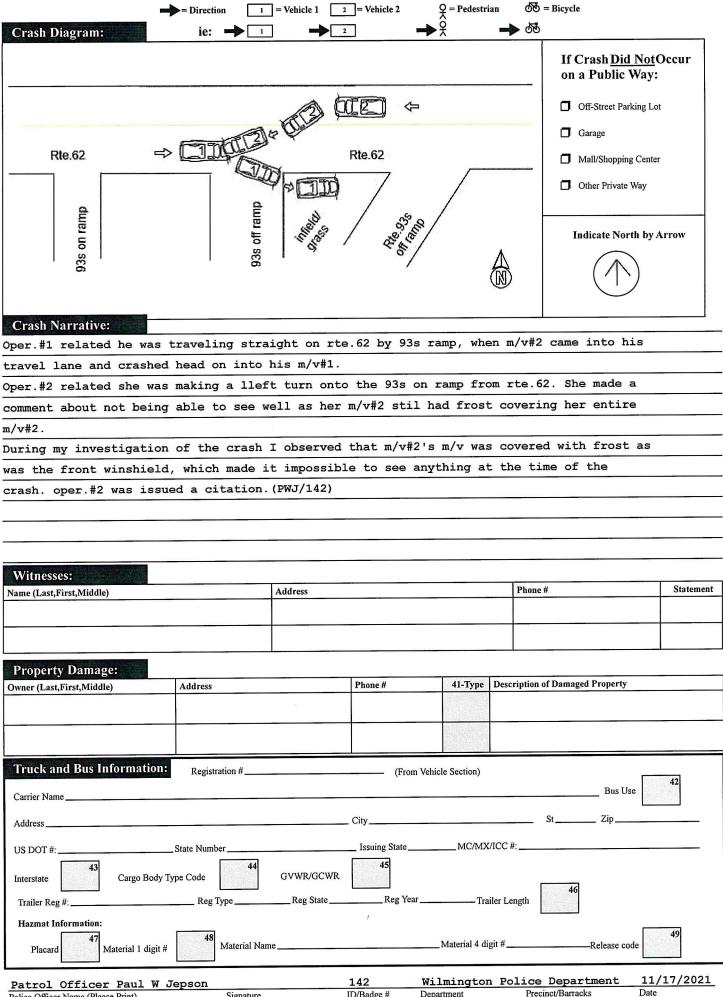
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## Property Damage: Property Damage: Phone # Address Phon					
Witnesses: Name (Last, First, Middle)					
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg Year Trailer Length Material 1 digit # Material 1 digit # As Material Name Placard Address Address Phone # 41-Type Description of Damaged Property City St. Zip 42 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Address Address Release code 49 Patrol Officer Michael R Dilorenzo 217 Wilmington Police Department 11/18/2021	VC2020 20402200 0 00000 20000				
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: Carrier Name Address City State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg Year Trailer Length Material 1 digit # Material 1 digit # As Material Name Placard Address Address Phone # 41-Type Description of Damaged Property City St. Zip 42 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Address Address Release code 49 Patrol Officer Michael R Dilorenzo 217 Wilmington Police Department 11/18/2021		-			
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: Carrier Name Address City State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg Year Trailer Length Material 1 digit # Material 1 digit # As Material Name Placard Address Address Phone # 41-Type Description of Damaged Property City St. Zip 42 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Address Address Release code 49 Patrol Officer Michael R Dilorenzo 217 Wilmington Police Department 11/18/2021	S		7		
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: Carrier Name Address City State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg Year Trailer Length Material 1 digit # Material 1 digit # As Material Name Placard Address Address Phone # 41-Type Description of Damaged Property City St. Zip 42 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Address Address Release code 49 Patrol Officer Michael R Dilorenzo 217 Wilmington Police Department 11/18/2021					
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name City State Number Issuing State MC/MX/ICC #: Interstate Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard Address Address Address City State Number Issuing State MC/MX/ICC #: Address Trailer Length Address Address Trailer Length Address Add		Address	Pho	one #	Statement
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Fruck and Bus Information: Registration # (From Vehicle Section) Carrier Name	Hame (2234) Hoghwade				
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Fruck and Bus Information: Registration # (From Vehicle Section) Carrier Name					
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Fruck and Bus Information: Registration # (From Vehicle Section) Carrier Name					
Truck and Bus Information: Carrier Name	Property Damage:				
Carrier Name	Owner (Last,First,Middle) Address	Phone #	41-Type Descripti	on of Damaged Property	
Carrier Name					
Carrier Name				4	
Carrier Name	T. J. D. Lefermation				
Address City St Zip US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Registration #	(From Vehicle	e Section)	D. H.	42
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Carrier Name		3	Bus Use	
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49 Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 11/18/2021	Address	City		St Zip	
Interstate	US DOT #:State Number	Issuing State	MC/MX/ICC #:		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	43 44				
Hazmat Information: Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49 Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 11/18/2021				46	
Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 11/18/2021		Reg State Reg Year	Trailer Length		
Placard Material l digit # Material NameMaterial 4 digit #Release code	40		t was a second to		49
FACIOI OTTICEI MICHAEL & BINDICHIO		ameN	Aaterial 4 digit #	Release code	

	Police Use Only	Com	monwealth (of Massach	usetts				ent Number	
	Date of Crash Time of Crash 11/18/2021 0935 W	City/Town Tilmington	Motor Veh		Number Vehicles	Injured	Speed Limit Latitude	25	State Police Local Police MBTA Police Campus Police	}
	24HR	-	Police 1		2	0	Longitude_		Other:	1
	AT INTERSE	ECTION:	< LOCA	TION >		NOT AT	INTER	SECT	ION:	_ 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	WOBU	RN ST Name of	Roadway	//Street	2 "
¹ 1		At		[T-	T II					
	Route# Direction	Name of Intersecting Road	way/Street	Feet N S		Mile Ma	rker	or	Exit Number	2
		Also at Intersection	with	Feet N S		Route#	Inters	ecting Ro	adway/Street	
² 1	Route# Direction	Name of Intersecting Road	way/Street				La	andmark		
3	Please Select One of the Following:	1 #Occupants Hit	/Run Moped	Crash Repor	t ID# 21	-30	9-AC	3		
	License # S86271255	St MA DOB/Ag	Reg	# 1NMP36		Reg Type	PC	Reg	State MA	11
	19 19	20	-	Year 2007					21	1 "
	Sex M Lic. Class D 99 Operator MARQUEZ, K		Endorsement	er MARQUEZ,						
⁴ 3	Address 19 MOHAWK P.	First		ess 19 MOHAV	K PAT			Midd		
	City BELLINGHAM	_ State MA Zip 0201	9-1221 City.	BELLINGHA	M	Sta	ite MA	Zip 02	019-1221	
	Insurance Company QUINCY			cle Action Prior to Cras	h 1	22 D	amaged Area	a Code: 4	27 27 27	
	Vehicle Travel Direction: N			at Sequence 23	23 23	23 Te	est Status:	1	28	
⁵ 2				t Harmful Event 1	24	T	ype of Test:		29	
	Citation # (If Issued)				1 25	25	AC Test Res	-	30	1 1
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	S	usp. Alcohol	1913	Susp. Drug: 2 32	<u> </u>
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by			owed from s		33	1
1	Please fill out fo	or operator and all occupants i	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		See Above	X	1 99	4 0	0 10	1		
	Орегию.					++-	+			
						+-	-	1		1
⁷ 2	Please Select One of the Following:	21 #Occupants No	on-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	н	it/Run Moped	
	License # S68077973	St MA DOB/Aį	Reg	# <u>V38659</u>		Reg Typ	e PC	Reg	State MA	
	Sex M Lic. Class D 19 19	Lic. Restrictions 1 20		Year 2019	Veh Make C	CHEVRO	LET	Veh C	Config. 1	
	Operator RAWSON, JO		Endorsement	ner LEASE PI	AN US	A LT				
⁸ 2	Address 1222 AVALON	First	Middle	ress 1165 SAI		First	Y	Midd	lle	
	City WILMINGTON			ALPHARETT			ate GA	7in 30	009-0000	1
					57555389		Damaged Are	_		-
	Insurance Company OLD RE			icle Action Prior to Cra	sh 3		est Status:	1	28	
	Vehicle Travel Direction:	E W Responding to Em	ergency? 2 Ever	nt Sequence 1			ype of Test:	2000	29	
⁹ 2	Citation # (If Issued)		Mos	st Harmful Event	24		AC Test Re		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub _	Driv	ver Contributing Code	99 ²⁵	25 S	susp. Alcoho	l: 2 31	Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Driv	ver Distracted by	26	r	owed from s	scene?	2 33	
	Please fill out for oper	ator/non-motorist and all occu			34 35 Seat Safet	y Airbag Ejec	38 39 Trap Injur	y Transp.	Marlinel Co-Mar	
	Name (Last First Middle)		Address	DOB/Age Se		M Status Code	Code State	1s Code	Medical Facility	1
	Operator/Non-Mot	torist	See Above		1 99	4 0	10 110	+		
					++	+	+ +			1
	i .	ı		1 1			1 1	1		1

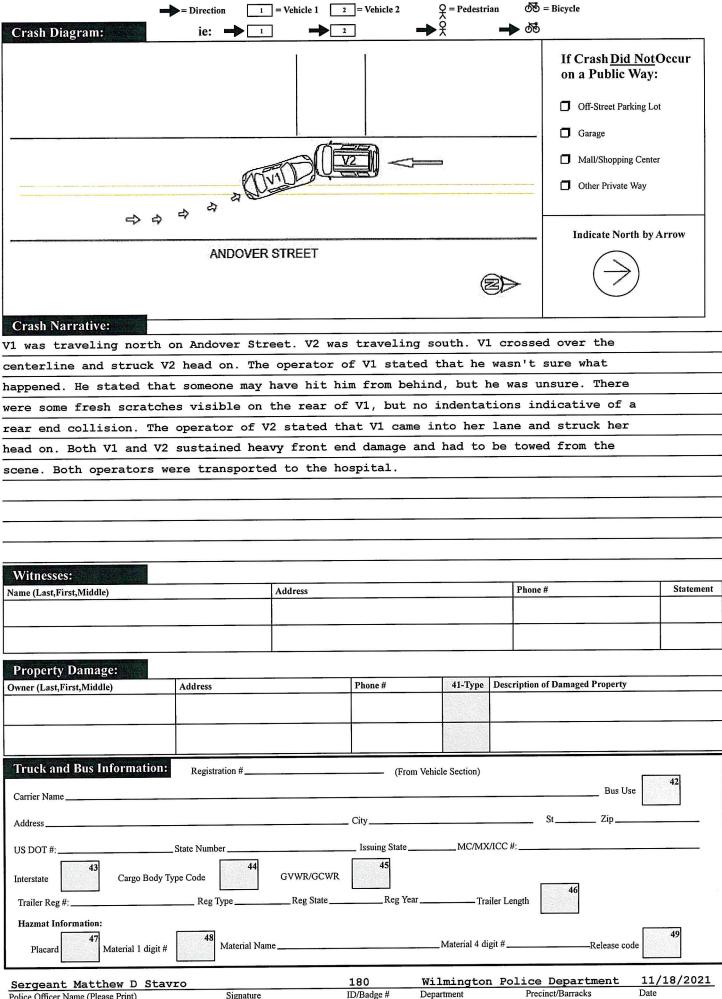
Crash Diagram:	ie: → 🗌	1 2	♀			
			- X	→ №		
			→ 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
	, c	[2]		√ 23		
Crash Narrative:						
Wehicle # 1 turned on	to Woburn St fi					
Frailer that was bloc			Turned onto Wob			
Street and could not	stop in tim and	d colided with	the rear end ov	Vehicle	1.	-
					11	
						•
				220		

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Witnesses:		E110000		Phon	\#	Statement
		Address		Phone	è#	Statement
		Address		Phone	±#	Statement
		Address		Phone	÷#	Statement
Name (Last,First,Middle)		Address		Phon	₩	Statement
Name (Last,First,Middle) Property Damage:	Address		Phone # 41-T			Statement
Name (Last,First,Middle) Property Damage:	Address		Phone # 41-T		of Damaged Property	Statement
Name (Last,First,Middle) Property Damage:	Address		Phone # 41-T			Statement
Name (Last,First,Middle) Property Damage:	Address		Phone # 41-T			Statement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)				ype Description		Statement
Name (Last,First,Middle) Property Damage:	Registration #		Phone # 41-T	ype Description		Statement 42
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Registration #			ype Description	of Damaged Property Bus Use	
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address	Registration #		(From Vehicle Section	ype Description	of Damaged Property Bus Use St Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #:	Registration #		(From Vehicle Section City	ype Description	of Damaged Property Bus Use St Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Informatio Carrier Name Address US DOT #:	Registration #		(From Vehicle Section	ype Description	of Damaged Property Bus Use St Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Boo	Registration # State Number dy Type Code 44	GVWR/GCWR	City MC	Description on)	of Damaged Property Bus Use St Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Boot Trailer Reg #:	Registration # State Number dy Type Code 44	GVWR/GCWR	(From Vehicle Section City	Description on)	of Damaged Property Bus Use St Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Informatio Carrier Name Address US DOT #: Interstate 43 Cargo Boo	Registration #State Number	GVWR/GCWR Reg State	City MC	Description On) —Trailer Length	of Damaged Property Bus Use St Zip	42

	Police Use Only	Common	wealth	of Massa	chus	etts			RMV	Docum	ent Number	3
	Date of Crash Time of Crash C	City/Town Mo	tor Veh	icle Cras	\mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{r} \end{bmatrix}$	lumber	Number	Speed 1	Limit_	35	State Police Local Police MBTA Police Campus Police	
		naton		Report	2	ehicles	Injured O	Latitud			MBTA Police Campus Police	
	24HR	- Company						Longitu		ECT	Other:	1
	AT INTERSECTIO	N: <	LUCA	TION >			NOT A	IINI	EKS	EC1	ION:	_ 10
	CONCORD	nm.										2
	Route# Direction CONCORD S	Name of Roadway/Street		Route# Directi	on Add	lress #		Nan	ne of R	oadway	y/Street	
¹ 1		At				7						
	FORDHAM F	₹D		Feet L	N S E W	of -	— — · Mile M		-	or	Exit Number	111
		of Intersecting Roadway/Stree	t	T [7	N S E W	7]						2 11
	·	Also at Intersection with					Route#	I	ntersec	ting Ro	adway/Street	
² 1	Route# Direction Name of	of Intersecting Roadway/Stree		Feet Li	N S E W	of _						
1	TO MARKE STATES STATES AND ADDRESS OF THE ST		***						Land	dmark		-
3	Please Select One of the Following: Wehicle 1_1 #	Occupants Hit/Run	Moped Moped	Crash Re	eport ID#	21	-31	0-2	AC			
³ 99				# <u>1TZE76</u>			n m	. PC		D	. C MZ	
	10 10	DOB/Age									21	1 12
	Sex M Lic. Class D Lic. Resi	trictions 2 CDL Endorseme	ent	Year 2011								\vdash
	Operator NUNEZ, RAYNEL	VALERIO rst Middle	Owr	ner VALERI	O-DET	'ORR	ES, 1	ÆRC	EDE	S E	le	
⁴ 3	Address 25 WOODMAN ST		Add	ress 25 WOO	DMAN	ST	APT	2				
	City LYNN State N	1A Zip 01905-212	27 City	LYNN			St	ate MA	Zi _j	p 01	905-2127	
	Insurance Company THE HANOVEF			cle Action Prior to 0	Crash	1	22	amaged	Area C	Code: 1	27 27 27	
				Temps 2	23 23	23	23 T	est Statu	ıs:	1	28	1
⁵ 2		Responding to Emergency? 2		it Bedueinee 1	04		Т	ype of T	est:		29	1
	Citation # (If Issued)		Mos	t Harmful Event	-	25		AC Tes	t Resul	1	30	_ 13
	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	RUS BOOK	25	25	usp. Alc	ohol: 2	31	Susp. Drug: 2 32	1
6	Viol. 3; Ch/Sec/Sub ————Viol	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	5 ²⁶		T	owed fr	om sce	ne? 2	33	
⁶ 1	Please fill out for operator	r and all occupants involved			34 Seat		36 37 Airbag Eject	38 Trap		40 Transp.		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System 1	Status Code			Code 1	Medical Facility	1
	Operator	See Above			X^1	-	4 0	-	10	-		-
						1						1
					12 10 E	Total Section 1	0022	. I	40	_		4
⁷ 2	Please Select One of the Following: Wehicle 21 #	Occupants Non-Motoris	st A Type	15 Action	16 Locat	ion	17 Cond	ition	18	Hi	it/Run 🔲 Moped	
2	AS MUSIC OF THE	DOD/4	Per	# 8ML995			Reg Typ	» PC		Pen	State MA	1
	19 19	DOB/Age				37					_ 21	
	Day of a patricia	trictions 1 CDL Endorseme	ent	Year 2015						_ Veh C	onng.	
⁸ 1	Operator ROLLER, ANDREA	D irst Middle		ner <u>ROLLER</u>	ast		First			Midd	lle	
1	Address 26 S GATEWAY		Add	ress <u>26 S G</u>	ATEW	AY						_ 14
	City WINCHESTER State 1	MA Zip 01890-393	36 City	WINCHEST	<u>rer</u>	2				-	890-3936	1
	Insurance Company GOVERNMENT	EMPLOYEES IN	SU Veh	icle Action Prior to	Crash	1	22 I	Damageo	l Area (Code: 5	The second secon	
	Vehicle Travel Direction: N X E W	Responding to Emergency?		nt Sequence	23 23	23	23	est Stati	us:	1	. 28	
		, _		st Harmful Event	1 24			Type of T		£	29	
⁹ 2	Citation # (If Issued)	P		er Contributing Co	Francisco	25	25	BAC Tes	_		Susp Drug 32	
	Viol. 1: Ch/Sec/Sub ————Viol.	ol. 2: Ch/Sec/Sub			26	1000		Susp. Ale		15	22	
	Flot: 5: Claber 545	ol. 4: Ch/Sec/Sub		ver Distracted by	U		,	Towed fr	rom sce	ene? 2		4
	Please fill out for operator/non-r	motorist and all occupants invo	olved	DOB/Age	Sex Pos	t Safety	36 37 Airbag Ejec Status Cod	t Trap		Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above	e		X_1	1	4 0	0	10	1		
	Operation to the figure to the					+						-
												-
		1		1		1	1	1	!			

	= Direction	1 = Vehicle 1	= Vehicle 2	Q = Pedestri		Bicycle	
Crash Diagram:	ie: 👈		2	<u>₹</u>	→ ∞		
		O				If Crash <u>Did No</u> on a Public Wa	
	Q.					☐ Off-Street Parking	Lot
	Œ	19				☐ Garage	
			e _e			☐ Mall/Shopping Ce	nter
Concord St		MV 2 (2)					
						Other Private Way	
						Indicate North b	4
					(II)	Indicate North b	y Arrow
			Fordham Rd	Ś		(\checkmark)	
		MV 1			•		
Crash Narrative:		,				***	
MV 2 was travelling so	uthbound on Fo	ordham Rd whe	en they came	to a sto	op at a re	ed light at	
the intersection of Co							
approached the interse							
Concord St. The opera	tor of MV 1 to	ook his eyes	off of the r	road mome	entarily a	and rear ended	i
MV 2.							
					-		
•				*			
							
			a				-
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
- S							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Owner (Last, First, Windie)	- Address						
		9					
Truck and Bus Information	Registration #		(From Vel	nicle Section)		-	
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
	,						
US DOT #:	State Number44	1	Issuing State	IVIC/IVIX	/ICC #		
	y Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	10	
Hazmat Information:	(0)				_	Г	49
Placard Material 1 digit	# Material N	Jame		Material 4 di	git #	Release code	7
Patrol Officer Shane	A Foley		211 Wi	ilmingtor	Police D		1/18/2021

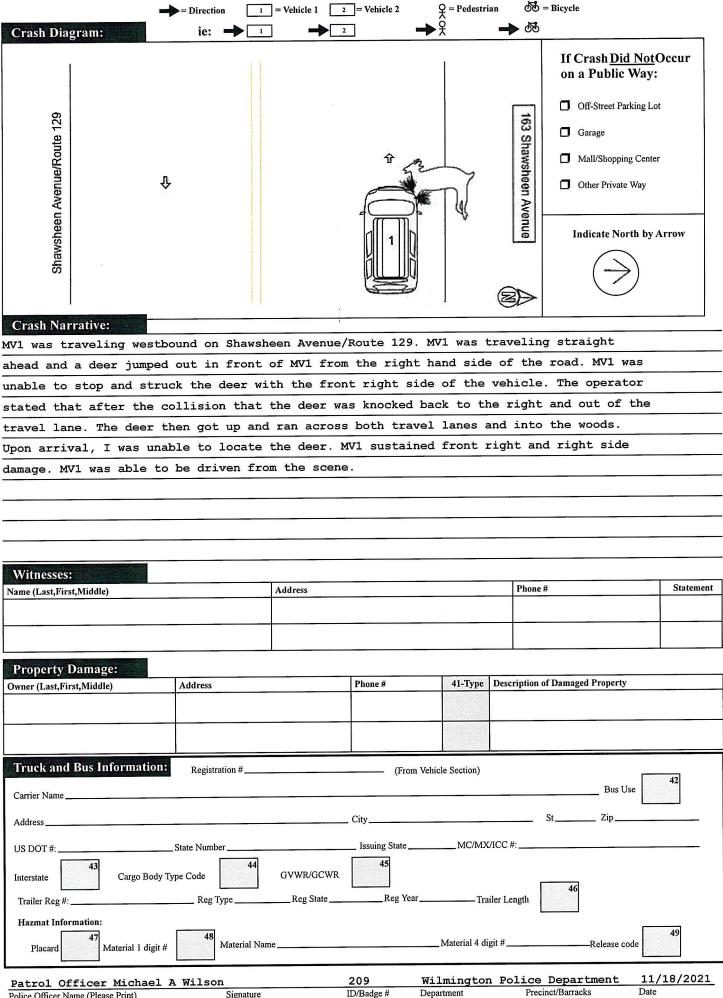
	Police Use Only	Com	monwealth	of Massa	chuse	tts			Oocument N		
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Cras	h Nu	mber Nun	nber Speed	Limit	30 1, 1	Police Po	
	11/18/2021 1755 Wil	mington	Police	Report	2	2	Latitud	tude	1.147 Camp Other		
	AT INTERSECT	ION:	< LOCA	ATION >		NO'			ECTION	:	1
											2 10
		07 1 10		D Dimeter	n Addre	<u>A</u>	NOVE		adway/Stree		\vdash
¹ 5	Route# Direction	Name of Roadway/S	treet	Route# Direction	on Addre	SS #	INA	ine of Ro	adway/Siree	-	
				Feet N	S E W	of — ;	•	<u> </u>	or	Number	
	Route# Direction Nam	me of Intersecting Road			العامات		le Marker		Exit	Indinoci	6 11
		Also at Intersection v	with		N S E W	Route	e#	Intersecti	ng Roadway	/Street	
² 1	Route# Direction Na	me of Intersecting Road	way/Street	Feet L	N S E W	of					
				<u> </u>				Landi	mark		-
3	Please Select One of the Following: Vehicle 11	#Occupants	/Run Moped	Crash Re	port ID# Z	21-3	311-	AC			
	License # S32425988 St M	IA DOB/Age	<u>i</u> Reg	# 1XL813		Re	g Туре <u>РС</u>		_ Reg State	MA	12
	19 19	20	CDL Veh	Year 2014	Veh Ma	ke AUD	[Veh Config.	1 21	1
	Operator SYED, ABRAR A		Endorsement Ow	ner PINE BAN	KS AN	IMAL H	OSPITA	L AN	D KENN	EL INC	
⁴ 1	Address 222 SALEM ST	First	Middle Add	ress 1130 M	ain S	T	irst		Middle		
	City ANDOVER State	MA 7in 0181		MALDEN			State MZ	A Zip	02148	-1453	
	Insurance Company THE COMME			icle Action Prior to C	Crach [1 22		d Area Co		27 27	
				nt Sequence 42		23 23	Test Stat	tus:	1 28		
5	Vehicle Travel Direction: SEW				1		Type of	Test:	29		
	Citation # (If Issued)			NA THEORETONICANOSTOC	4	25 25	3	st Result:	#1152×534	22	13
	Viol. 1: Ch/Sec/Sub			er Contributing Cod/ آ	26		Susp. Al	cohol: 2		Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	9	15 26	Towed f	rom scene	e? 1 33]
4	Please fill out for oper Name (Last First Middle)	rator and all occupants in	nvolved Address	DOB/Age	Seat Pos.	35 36 Safety Airbag System Status	Eject Trap Code Code	Injury Tra	ansp.	edical Facility	
	Operator	:	See Above	\sim	X_1	1 1	0 0	8 2	Lahey	Clinic	
	•										
											1
											1
		,									1
⁷ 1	Please Select One of the Following: Vehicle 21	_#Occupants No	n-Motorist A Type	15 Action	16 Locatio	n 17	Condition	18	Hit/Run	Moped	
1	BANCO A SANSAGARA	1A DOB/Age.	Pag	# <u>875AL3</u>		Re	g Туре РС	C P No. O. P. SANCERS	Reg State	MA	1
	19 19	20	-		Veh Me		VROLE!		Veh Config.	21	
	Different accounts	2500504	Endorsement	ner ZIELINS					ven conng.	5,100,000	
⁸ 1	Operator ZIELINSKI, SU	First	Middle	lress 31 LOW	nst	F	irst		Middle		
_	Address 31 LOWELL JNC				enn o	NCIN		A 7:	01810	-5905	1 14
	, -	te MA Zip 0181		ANDOVER	[22			ode: 27	27 27	
	Insurance Company QUINCY MU			icle Action Prior to (23 23	23 23	Test Sta		1 28		
	Vehicle Travel Direction: NEW EW	Responding to Eme	ergency? 2 Eve	in Sequence 1	24	20	Type of	Test:	29		
⁹ 2	Citation # (If Issued)		Мо	st Harmful Event	1 4	asl 2	3	est Result:	DESCRIPTION OF THE PERSON OF T		Ì
2	Viol. 1: Ch/Sec/Sub —	- Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Cod	PH. 181. 2.3	25 2:	Susp. A	lcohol: 2		Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	0 26			from scen	★ £576-63]
	Please fill out for operator/n	on-motorist and all occu	pants involved	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status		Injury To	ransp. Code M	ledical Facility	
	Name (Last First Middle) Operator/Non-Motoris	st .	See Above		1	1 3	0 0	7 2	LAWREN	ICE GENERAL]
	Spermon non-months							++			1
								++	-		-
											-



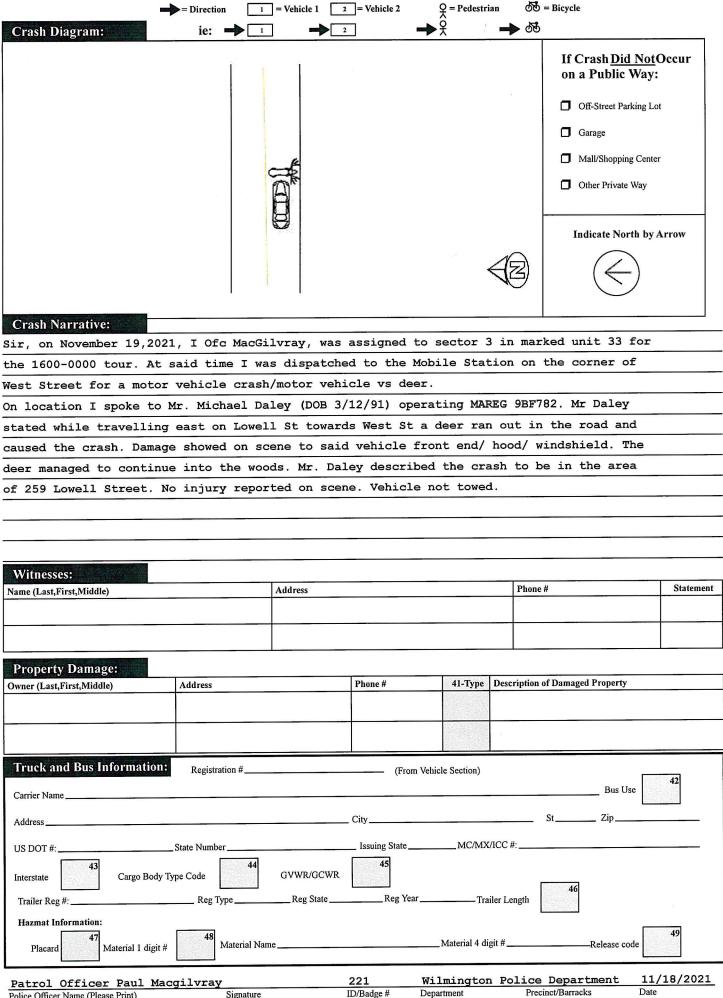
Police Officer Name (Please Print)

Signature

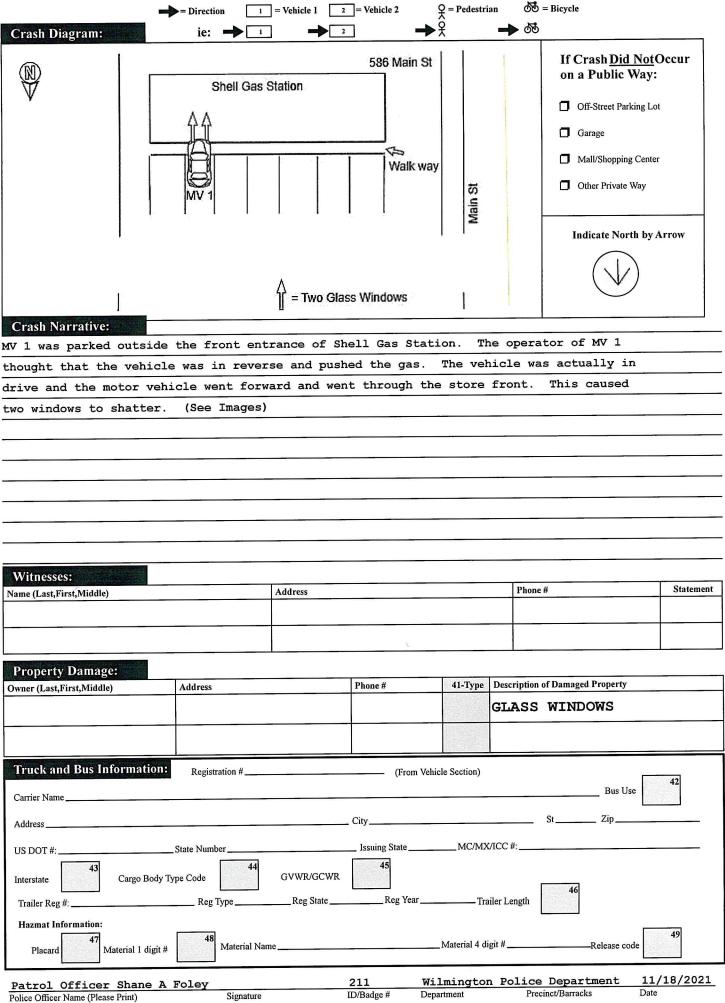
Date of Contain Time of Co	ł	Time of Crash								tts		ESPAN		V Docu		
Total Tota												4 Per		35	MBTA	olice O
Routed Direction Name of Roadway/Street Roadway/S		A			J	NAME OF TAXABLE PARTY.		en en sa	1						Other:	s Police U
Reset Direction Name of Readway/Street All Direction Address Name of Readway/Street All Direction Name of Intersecting Readway/Street Peer No. E. No. Name of Intersecting Readway/Street Name		AT INTERSE	CTION:		<	LOCA	TION	>			NOT	AT IN	TER	SECT	rion:	
Feet	Route# Dire	ection	Nam	e of Roadway/	Street		Route# Di	rection			SH					
Name of Intersecting Roadway/Street							Fe	et NS	E W	of -	— — Mile	– — Marker	. —	or _	Exit N	Jumber
Feat	Route# Direc	ection	-		75.75		T-	NS	FW	-£	TVIIIC	Warker			2	
Please Sidest One of the Pollowings Webside 1.1	Route# Dira	ection	**************************************								Route#		Interse	ecting R	.oadway/S	Street
	Route# Direc	ecton	Traine of its	iterseeing rea	away, bareet		L						La	ndmark		
Veh Year 2001 Veh Make TOYOTA Veh Config. 1 2 1 1 1 1 1 1 1 1	of the Followi	ing: Venicle L	1 _#Occ	upants H	lit/Run											
Non-Marker Non	License # <u>S6</u>		St MA_ D													21
Address 101 PETER SPRING RD State MA Zip 01742-1929 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: NS E Responding to Emergency? 2 Citation # (If Issued) Viol. 1: ChrSec/Sub Viol. 2: ChrSec/Sub Driver Contributing Code Teast Status Viol. 2: ChrSec/Sub Driver Contributing Code Teast Status Viol. 2: ChrSec/Sub Driver Distracted by Driver		Class		ions	Endorsemen	t									Config.	1
City CONCORD State MA Zip 0.1742-1.929 City CONCORD State MA Zip 0.1742-1.929 Insurance Company AMTCA MUTUAL INSURANCE CO Vehicle Action Prior to Crash 1 2 2 Damaged Area Code; 2 2 3 2 2 2 2 2 2 2		Last	First		Middle			Last			First		<u>LLL</u> Y	Mic	idle	
Insurance Company MICA MUTUAL INSURANCE CO Vehicle Action Prior to Crash 1 22 Test Status: 28 Test Status: 29 Test Status: 2							ress 101	PETE	R S	PRI	NG					
Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 2 3 23 23 23 23 23 23	City CONC	ORD	State MA	_ Zip 017 4	42-192	9 City	CONCOR	D	-	100,00,000				_		
Vehicle Travel Direction: N S E Responding to Emergency 2 Event Sequence 2 3 3 2 2	Insurance Comp	pany AMICA M	UTUAL	INSUR	ANCE C	O Vehi	cle Action Prio	to Crash		1	22			Code:		27 27
Most Hamful Event 5 24	Vehicle Travel I	Direction: NSE	Res	sponding to En	nergency? 2	Ever	t Sequence	23	23	23	23			-		
Viol. 1: Ch/Sec/Sub	Citation # (If Is:	sued)				Mos	t Harmful Even	t 5	24			5.5		ult:	7-59/159	
Viol. 3: Ch/Sec/Sub				· Ch/Sec/Sub		Driv	er Contributing	Code	1	25	25					7110. 32
Please fill out for operator and all occupants involved Natices Please fill out for operator and all occupants involved Natices DOBI/Age Sec Since							_	- 10-10-10-10-1		20, 200					22	1ug. 2
Non-Motorist A Type	Viol, 3: Ch/Sec/					Biiv	er Distracted o	, 0	34	35	36	37 38	39	40	2	
Please Select One of the Following: Vehicle Travel Direction: N S W Responding to Emergency? State Zip Wehicle Travel Direction: N S W Responding to Emergency? State Zip Wehicle Travel Direction: N S W Responding to Emergency? Well Address State Zip Damaged Area Code: Type of Test: Zip Damaged Area Code: Type of Test: Zip Damaged Area Code: Zip Zip Type of Test: Zip Damaged Area Code: Zip Zip	Name (Last First N		operator and	an occupants			DOB/Age	Sex		Safety		Eject Tra Code Cod	Injury e Status	Transp. Code	Medi	cal Facility
Please Solect One of the Following: Vehicle 2	Operat	tor			See Above		\rightarrow	(X)	1	99	4 0	0	10	1		
Non-Motorist A Type Action Location Condition Hit/Run Moped					-											
Vehicle 2									-				+			
Non-Motorist A Type Action Location Condition Hit/Run Moped																
Non-Motorist A Type Action Location Condition Hit/Run Moped												_	-			
License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Last First Middle Address City State Zip City State Zip Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Vehicle Travel Direction: Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Reg Type Reg State Zip Veh Year Veh Make Veh Config. 21 Veh Year Veh Make Veh Config. State Zip Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 BAC Test Result: 30 Priver Contributing Code Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Address Please fill out for operator/non-motorist and all occupants involved Address DDB/Age Sex Pox Status Statu																
Sex Lic. Class	Please Select	One Vahicle 2	#Occ	supants I	Ion-Motorist	A Type	15 Action	16	Locatio	n	17 Co	ondition	18		Hit/Run	☐ Moped
Sex Lic, Class			#Осс	supants N	lon-Motorist		Action				Co					Moped
Last First Middle Last First Middle Last First Middle Address	of the Followi	ring: Venicie 2		OOB/Age	Ion-Motorist	Reg	#				Reg	Туре		Re	eg State_	
City State Zip City State Zip Insurance Company Vehicle Action Prior to Crash	of the Followi	ing: Venicie 2	St D	OOB/Age	CDL	Reg	#				Reg	Туре		Re	eg State_	
City State Zip City State Zip City Damaged Area Code: 27 27 27 Insurance Company Vehicle Action Prior to Crash	of the Follow License # Sex Lic.	class 19 19	St E	OOB/Age	CDL_ Endorsemen	Reg Veh	#Year				Reg	Гуре		Ro	eg State_ Config.	
Insurance Company Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 Type of Test: 29 Citation # (If Issued) Driver Contributing Code Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Driver Distracted by DoB/Age Sex Safety Airbug System Status Code Code Shatus Code Medical Facility	of the Followi License # Sex Lic. Operator	class 19 19	St E	OOB/Age	CDL_ Endorsemen	Reg Veh	#Year	Last			Reg	Гуре		Ro	eg State_ Config.	
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence Most Harmful Event 24 Type of Test: 29 Citation # (If Issued) BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by DoB/Age Sex Pos. System Status Code Code Status Medical Facility	of the Followi License # Sex Lic. Operator Address	Class 19 19 Last	St E Lic. Restrict	DOB/Agetions 20	CDL_ Endorsemen	Reg Veh t Own	# Year ress	Last	Veh Ma	ake	Reg	Type		Re Neh	eg State Config.	21
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Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by Tower Interest of the Chrom Section Tower Interest of the Chrom Section Please fill out for operator/non-motorist and all occupants involved Seat Safety Airbig Eject Trup Injury Transp. Name (Last First Middle) Address DoB/Age Sex Pos. System Status Code Code Status Code Medical Facility Medical Facility Medical Facility Code Medical Facility Code Medical Facility Code Medical Facility Code Code	of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is	Class 19 19 Last 19 19 Direction: N S E ssued)	St D Lic. Restrict First State E W Re	DOB/Age	CDL_ Endorsemen Middle	Reg Veh Own Add City Veh Eve	#	Lost r to Crasl 23	Veh Ma	23	Reg Firs	State Damag Test St Type C	ged Area atus: f Test:	Ro Veh Mi Zip a Code:	27 28 29 30	21 27 27
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Sex Pos. System Status Code Code Status Code Medical Facility Medical Facility	of the Followi License # Sex Lic. Operator Address City Insurance Complete Travel 1 Citation # (If Is Viol. 1: Ch/Sec	Last Direction: NSE ssued) 2/Sub	St E Lic. Restrict First State W Re	DOB/Age	CDL_Endorsemen	Reg Veh Add City Veh Eve	#	Last r to Crasl 23 at	Veh Ma	23	Reg Firs	State Damag Test Si Type C BAC T	ged Area atus: f Test: Cest Res	Row Veh Mi Zip a Code:	27 28 29 30 Susp. E	21 27 27
Pallie (Last First Missing)	of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec	Last Direction: NSE ssued)	St D Lic. Restrict First State W Re. Viol. 2	DOB/Age	CDL_Endorsemen	Reg Veh Own Add City Veh Eve Mos	#	Last r to Crasl 23 at	Veh Ma 23 24 26	23 23 25 25	Reg Firs 22 23	State Damag Test St Type c BAC T Susp Towec	ged Area atus: f Test: Test Res Alcohol	Row Veh Mi Zip a Code: sult: : 31	27 28 29 30 Susp. E	21 27 27
	of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec	Last Direction: NSE Sessued) 2/Sub Please fill out for opera	St D Lic. Restrict First State W Re. Viol. 2	DOB/Age	CDLEndorsemen Middle mergency?	Reg Veh Own Add City Veh Eve Mos	#	Last r to Crasl 23 at g Code	23 24 26 34 Seat	23 25 35 Safety	Reg Firs	Damag Test Si Type C BAC T Susp Towec	yed Area atus: ff Test: est Res Alcoholo ffrom s	Re Veh Mi Zip a Code: ault: Transp.	27 28 29 30 Susp. D 33	21 27 27 27 27
	of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec	Last Direction: NSE Sessued) 2/Sub Please fill out for opera	St E Lic. Restrict First State Viol. 2 Viol. 4 ator/non-moto	DOB/Age	CDL Endorsemen Middle mergency? cupants involv Address	Reg Veh Own Add City Veh Eve Mos	#	Last r to Crasl 23 at g Code	Veh Ma 23 24 26 34 Seat Pos.	23 25 35 Safety	Reg Firs	Damag Test Si Type C BAC T Susp Towec	yed Area atus: ff Test: est Res Alcoholo ffrom s	Re Veh Mi Zip a Code: ault: Transp.	27 28 29 30 Susp. D 33	21 27 27 27 27
	of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec	Last Direction: NSE Sessued) 2/Sub Please fill out for opera	St E Lic. Restrict First State Viol. 2 Viol. 4 ator/non-moto	DOB/Age	CDL Endorsemen Middle mergency? cupants involv Address	Reg Veh Own Add City Veh Eve Mos	#	Last r to Crasl 23 at g Code	Veh Ma 23 24 26 34 Seat Pos.	23 25 35 Safety	Reg Firs	Damag Test Si Type C BAC T Susp Towec	yed Area atus: ff Test: est Res Alcoholo ffrom s	Re Veh Mi Zip a Code: ault: Transp.	27 28 29 30 Susp. D 33	21 27 27 27 27
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	Police Use Only	Comm	ionwealth	of Massac	hu <u>setts</u>	10,774.00		ıment Number	
	Date of Crash Time of Crash 11/18/2021 1923 Will	City/Town Lmington	Motor Veh		venicies		ed Limit <u>4 C</u> tude	State Police Local Police MBTA Police Campus Police	
	24HR			Report	1		gitude	Other:	4
	AT INTERSEC	TION:	< LOCA	TION >		NOT AT IN	TERSEC	TION:	_ 10
1	Route# Direction	Name of Roadway/Stre	et	129 E Direction	259 Address #	LOWELI	ST Name of Roadw	vay/Street	2
¹ 4		At		Feet N	S E W of	— — — Mile Marker	• — or _	Exit Number	
	Route# Direction N	ame of Intersecting Roadwa		Foot N	S E W of	IVIIIC IVIAIRCI		Zim ramo.	1 11
2		Also at Intersection wit			S E W of	Route#	Intersecting I	Roadway/Street	
² 1	Route# Direction N	lame of Intersecting Roadwa	ly/Siteet				Landmarl	k	1
³ 2	Please Select One of the Following:	#Occupants Hit/R				-313-			1
		MA DOB/Age		# <u>9BF782</u>				eg State MA 21	1 12
	ARTHUR DESCRIPTION OF THE PROPERTY OF THE PROP		forsement	Year 2019 Her DALEY, 1			SEN Veh	Config. 1	_
⁴ 1	Operator DALEY, MICHA	First	Middle	ress 13 KENM		First		iddle	
1	Address 13 KENMAR DR	-	7 0810038800					1821-4774	
	City BILLERICA St			BILLERICA	2000			1 27 2 27 9 27	
	Insurance Company PROGRESS	_		cle Action Prior to Cra	23 23 23	23 Test S		28	
⁵ 2	Vehicle Travel Direction: N S W	Responding to Emerge	ency? 2 Ever	nt Sequence 5 23	24		of Test:	29	
	Citation # (If Issued)			t Harmful Event 5	0.5		Test Result:	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25 Susp.	Alcohol: 2 31	- 140000	5
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Tower	d from scene?	2 33	
⁶ 1	19 Mary County Secretary Secretary Secretary	erator and all occupants invo	olved Address	DOB/Age S	34 35 Seat Safety Pos. System		ip Injury Transp.	Medical Facility	
	Name (Last First Middle) Operator		e Above	DOBINGE	1 1	4 0 0	10 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	Орегию				1-				-
						 			4
									_
⁷ 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condition	18	Hit/Run Moped]
_	License #St	DOB/Age	Reg	#		Reg Type	R	Leg State	
	Sex Lic. Class 19 19 Lie		dorsement	Year	_ Veh Make _		Vel	n Config.	
⁸ 1	Operator	First	Middle	nerLast		First	M	liddle	27
_	Address	***		ress		0	7:		1 14
	City S				E-140		Zip ged Area Code	. 27 27 27	
	Insurance Company	_	Veh	icle Action Prior to Cr	23 23	24	status:	28	
	Vehicle Travel Direction: N S E V	V Responding to Emerg	ency? Ever	nt Sequence 23		23	of Test:	29	
⁹ 2	Citation # (If Issued)		Mos	et Harmful Event	24		Test Result:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	Susp.	Alcohol: 3	Gusp. 21.48	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Towe	d from scene?	33	
	170	/non-motorist and all occupa		DOB/Age S	34 35 Seat Safet Sex Pos. Syste	y Airbag Eject Ti	18 39 40 rap Injury Transp ode Status Code		
	Name (Last First Middle) On an atom/Non Motor		e Above	DOB/Age S	1	in Status Code Co	Suitas Code		1
	Operator/Non-Motor	131 26	CHOOVE		1	+-+-			-
					\perp	+			4



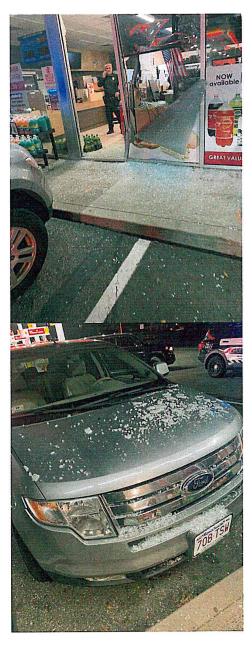
	Police Use Only	Common	wealth (oi Massa	cnuse	etts		RI	AV Docu	ment Number	
	Date of Crash Time of Crash Cit 11/18/2021 2107 Wilmin			icle Cras	Ve	umber chicles	Injured	Speed Lim Latitude		MBTA Police Campus Police	
	24HR		Police 1		1		0	Longitude		Other:	
	AT INTERSECTION	V: <	LOCA	TION >]	NOT AT	INTE	RSEC"	ITON:	-
	Route# Direction No.	ame of Roadway/Street	_	Route# Directi	ion Add	6 ress #	MAIN	ST Name o	of Roadw	ay/Street	2
4		At		Г	N/ 1	1					
		f Intersecting Roadway/Stree	t		N X E W		Mile Ma	ırker	— or _	Exit Number	- -
	A	Iso at Intersection with		_	N S E W		Route#	Inte	rsecting R	Roadway/Street	\vdash
1	Route# Direction Name of	f Intersecting Roadway/Stree	et .	Feet	N S E W	of _]	Landmark	·	
99	Please Select One of the Following:	Occupants Hit/Run	Moped Moped		eport ID#						
	License # St	DOB/Age	_ Reg	# <u>708TSW</u>			Reg Typ	PC_	Re	eg State MA	- -
	S Lic. Class D 19 Lic. Restr	rictions 1 20 CDL		Year <u>2007</u>	Veh M	lake F (ORD		Veh	Config. 1	Ľ
	Operati	Endorsem	ent Own	er WARING	, NEI	LR					_
1	Last	Middle		ress 17 MAR	ast		First		Mi	ddle	
	Address						Ct	МЪ	7in 01	1887-1448	
	City State	_ Zi		WILMING			voie I	amaged Ar	1	Marine and Community of the Community of	
	Insurance Company SAFETY INSU	JRANCE COMPA		cle Action Prior to		1		amaged Ai	ea Code.	28	
	Vehicle Travel Direction: NEW I	Responding to Emergency? 2	Ever	nt Sequence 35		23	23	ype of Test		29	
2	Citation # (If Issued)		Mos	t Harmful Event	97 ²⁴			AC Test R		30	
	Viol. 1: Ch/Sec/Sub ————Viol	1. 2: Ch/Sec/Sub	Driv	er Contributing Co	de 97	25	25	usp. Alcoho		Susp. Drug: 2 32	30
	Viol. 3: Ch/Sec/Sub ———Viol			er Distracted by	0 26			owed from		2 33	-
1	Please fill out for operator				34 Seat	35 Safety	36 37 Airbag Eject	38 3 Trap Inju			7
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status Code	Code Sta	tus Code	Medical Facility	_
	Operator	See Above	e	\times	X^1	1	4 0	0 10	1		
]	3	1	4 0	0 10	1		
								-			-
											4
1	Please Select One of the Following: Vehicle 2#C	Occupants Non-Motori		15 Action	16 Locat		17 Condi	tion		Hit/Run 🔲 Moped	d
		_ DOB/Age	Reg	#			_ Reg Typ	e	R	eg State	-
	Sex Lic. Class 19 19 Lic. Rest	rictions CDL Endorsem	ent	Year		ſake				Config.	
1	Operator	st Middle		ress	Last		First		Mi	iddle	_
	Address						Ç,	ate	7in		1
	CityState	Zip						Damaged A			īF
	Insurance Company		Veh	icle Action Prior to	- 1 - 1	23		est Status:	ou cour.	28	1
	Vehicle Travel Direction: NSEW	Responding to Emergency?_	Eve	nt Sequence	23 23	23	23	ype of Test	ı:	29	
)	Citation # (If Issued)		Mos	st Harmful Event	24		E	AC Test R	esult:	30	
2	Viol. 1: Ch/Sec/Sub ————Vio	ol, 2: Ch/Sec/Sub	Driv	ver Contributing Co	ode	25	25 S	usp. Alcoh	ol: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Vio			ver Distracted by	26		7	owed from	scene?	33	1
	Please fill out for operator/non-m			1	34	35 Safety	36 37 Airbag Ejec		9 40 ury Transp.		\dashv
	Name (Last First Middle)	Address		DOB/Age	Sex Pos		Airbag Ejec Status Code		itus Code	Medical Facility	-
	Operator/Non-Motorist	See Abov	<i>r</i> e	\times	X 1						
								++	+		
								++			_



Signature

Wilmington Police Department Images Associated with 21-314-AC





	Police Use Only	Commo	nwealth (of Massa	chuse	tts		RMV Do	ocument Number	
			Iotor Veh	icle Cras	h Nu	mber Nun	und	I Dillin	State Police Local Police MBTA Police	
	11/19/2021 1044 Wilm	ington	Police ?	Report	2	0	Latitu Longi		Campus Police Other:	_ 8
	AT INTERSECTION	ON:	< LOCA	TION >		NO'	ΓAT IN	TERSE	CTION:	
	Route# Direction	Name of Roadway/Street		62 Route# Direction	357		IDDLE:		VE dway/Street	2 ¹⁰
¹ 1		At			العلمان	_				
	Route# Direction Name	e of Intersecting Roadway/St	treet	Feet	N S E W	of — M	ile Marker	- or	Exit Number	2 11
		Also at Intersection with		175 Feet N		Route			LANE DR g Roadway/Street	3 1
² 1	Route# Direction Name	e of Intersecting Roadway/St	treet	Feet N	N S E W	of				
1			15				<u> </u>	Landma	ark	-
³ 2	Please Select One of the Following:	#Occupants Hit/Run	Moped		port ID# 2					_
		1 DOB/Age 20		# <u>3GZ563</u>					2	7 12
		estrictions B CDL_ Endors	ement	Year 1999				v	eh Config. 1	
⁴ 2	Operator ALVELO, JASON	RYAN First Mide	dle	er ALVELO	st	F	irst		Middle	-
2	Address 2 CARMENA RD			ess 2 CARM		D	- 10	. (01001-041	
	City BILLERICA State			BILLERIC	E	22		A Zip C ed Area Cod	01821-241	27
	Insurance Company THE COMMER			cle Action Prior to C		23 23	Test Sta		1 28	2023
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emergency		r sequence I	1 24		Type of	Test:	29	
	Citation # (If Issued)			er Contributing Cod	A CANONICAL PROPERTY OF THE PARTY OF T	25 25		est Result:	31 S D	32 1 13
	Viol. 1; Ch/Sec/Sub — V Viol. 3: Ch/Sec/Sub — V			Ī	0 26			Icohol: 2	The state of the s	" -
⁶ 1		or and all occupants involve			34 Seat	35 36 Safety Airbag	37 38	39 40		
	Name (Last First Middle)	Addre	ess	DOB/Age	Sex Pos.	System Status	Code Code			<u> </u>
	Operator	See Ab	oove		X 1	1 4	0 0	10 1		
	,									
			_				<u> </u>			
⁷ 9	of the Following:	#Occupants Non-Mot		Action	Locatio		Condition		Hit/Run Mo	ped
,	19 19	M DOB/Ag 20	4	# <u>V42094</u> Year <u>2014</u>					Reg State MA /eh Config. 2	21
	A read Manage	estrictions B CDL_ Endors	ement	rear <u>2014</u> ner <u>APP TRI</u>			3111	v	en Comig.	
⁸ 1	Operator APP, EDWARD MI Address 23 TOTMAN DR	First Mid	dle	ress 23 TOT	ist	F	irst		Middle	
		MA Zip 01801-5	401 City	WOBURN			State M	A Zip (01801-540	01 1 14
	Insurance Company SAFETY INS	SURANCE COMP	PANY Vehi	cle Action Prior to 0	Crash	3 22		ed Area Coo	Committee to the second of the second	27
	Vehicle Travel Direction: SEW	Responding to Emergency	y? <u>2</u> Ever	nt Sequence 2	3 23	23 23	Test Sta		1 28 29	
⁹ 2	Citation # (If Issued)	_,	Mos	t Harmful Event	1 24		BAC To	est Result:	30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	2.00	²⁵ 12 ²⁵	Susp. A	dcohol: 2	31 Susp. Drug: 2	32
	Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 26			from scene	- America	
	Please fill out for operator/non Name (Last First Middle)	-motorist and all occupants		DOB/Age	Sex Pos.	35 36 Safety Airbag System Status		Injury Tran	nsp.	
	Operator/Non-Motorist	See Al	oove	> <	X_1	99 4	0 0	10 1		
				9						
			,							

		= Vehicle 1 2	= Vehicle 2	Q = Pedestria		Bicycle				
Crash Diagram:	ie: -	2		→ ₹	→ №	If Crash Did Not				
							on a Public Way:			
Parking Lot						Off-Street Parking Lot				
				☐ Garage						
						☐ Mall/Shopping Center	er			
	[2]			tions was a state of the same pages of		☐ Other Private Way				
					_					
						Indicate North by	Arrow			
(a	ara)				(4)	\bigcirc				
	ma)				Ψ					
Crash Narrative: Vehicle 1 was stopped	at the exit to	357 Middlese	ex Ave, wait	ing to pu	ıll onto	Rte 62.				
Vehicle 2 was also in										
order to pull behind v										
blinded by solar glare	. This caused h	nim to crash	the passeng	ger side f	ront pus	sh bumper of				
his truck into the dri	ver's side rear	quarter par	nel of vehic	le 1 whil	le vehicl	e 1 was				
stopped at the stop si	.gn.			0.00		i p				
							*			
					* .					
							-			
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement			
Name (Last, Fist, Made)						-				
										
Property Damage:	1444		Phone #	41-Type I	Description of l	Damaged Property	-			
Owner (Last,First,Middle)	Address		r none #	41-1ype 1	Jesempuon or I	Jamagea I Toperty				
Truck and Bus Information	Registration #		(From Veh	nicle Section)			ام			
Carrier Name						Bus Use	42			
Address			City		St	Zip				
	State Number									
US DOT #:	State Number 44		45		oo <u></u>					
Interstate Cargo Bod	y Type Code	GVWR/GCWR				46				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length					
Hazmat Information:	48						49			
Placard Material 1 digi		me				Release code				
Patrol Officer Michael	W Wandell			ilmington		epartment 11	/19/2021			

	Police Use Only Commonwealth of Massachusetts RMV Document Number										
	AND PARTIES AND		tor Veh	icle Cras	h $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$	errore or	Number Injured	Speed Lin	nit 35	State Police Local Police MBTA Police Campus Police	
	11/19/2021 1729 Wilmi	ngton	Police :	Report	2	O	injured	Latitude _ Longitude	-071.1	MBTA Police Campus Police Other:	i
	AT INTERSECTIO	TAX INC.	LOCA			N				TION:	7
											2 10
	PARK ST								cn 1	10.	_[]
¹ 4	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addr	ess#		Name	of Roadw	vay/Street	_
4	FREEPORT		Feet NSEW of or								
		of Intersecting Roadway/Street				· ·	Mile Ma	rker		Exit Number	3 11
	,		Feet NSEW of Route# Intersecting Roadway/Street						Roadway/Street		
2	Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of							
² 1	Routen Breedon Tumo	7. Intersecting 1.0 a.m. j. 2.0 c.							Landmarl	k	4
3	Please Select One of the Following: Wehicle 12 #	Occupants Hit/Run	Moped Moped	Crash Re	port ID#	21-	31	6-A	C		
		_ DOB/Age.	Pag	# <u>17LE40</u>			Pag Type	PC	R	eg State MA	
	19 19	20		Year 2012						21	1 12
	Ben Die. Olass D	Endorsoma	ent						ven	Comig.	
4 _	Operator GILLET, AMANDA	rst Middle		er GILLET,	st	NDA	First		М	iddle	- a
⁴ 2	Address 86 PARK ST	280 9 viz 4000mili 6 0 vizi		ess 86 PARI							-11
	City WILMINGTON State N			WILMINGT	ì	De Series				1887-1558	
	Insurance Company USAA CASUAI	TY INSURANCE	C Vehi	cle Action Prior to C	Crash	8 22]	maged Ar	ea Code:	8 27 27 27	
5	Vehicle Travel Direction:	Responding to Emergency? 2	Ever	it Sequence 1 23	3 23	23 2		st Status: pe of Test	L.	29	
⁵ 1	Citation # (If Issued) T2446981		Mos	t Harmful Event	1 24			AC Test R		30	
	Viol. 1: Ch/Sec/Sub 89 8 Vio	ol. 2: Ch/Sec/Sub ———	Driv	er Contributing Code	e 4	25	25	sp. Alcoh		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub ————Vio	ol. 4: Ch/Sec/Sub ———	Driv	er Distracted by	0 26			wed from	_	1 33	
⁶ 1	AMERICAN DE LA VECTA MARTI EST. P	and all occupants involved			34 Seat	35 Safety Air	36 37 rbag Eject	38 3 Trap Inj			1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System St	atus Code	Code Sta	tus Code	Medical Facility	-
	Operator	See Above			X 1	1 3	0	0 10	1		_
	ANTHONY GILLET	86 PARK ST WILMINGTON, MA 01887-15	58	10/13/1981	4 3	1 3	o	0 10	1		
										1	
			-								
		<u> </u>	88	15	16	No.	7	1000	18		┪
⁷ 3	Please Select One of the Following:	Occupants Non-Motoris	at A Type	Action	Location	on	Condit	ion		Hit/Run Moped	<u>'</u>
	License # St	DOB/Age	Reg	#2FLH39			Reg Type	PC	R	eg State MA	-
	Sex Lic. Class D Lic. Res	trictions T 20 CDL		Year <u>2008</u>	Veh M	ake FO	RD		Vel	Config. 21	
	Endorsement Endorsement								_		
⁸ 1	Last First Middle Last First Middle							iddle	_		
	WILMINGTON 01.887-1507								1 14		
						1 22	-	amaged A			
	Insurance Company ITE COPEMERCE INSURANCE CONTINUE CONTIN										
	Vehicle Travel Direction: N S E	Responding to Emergency? 2		it bequeitee 1	1 24		L Ty	pe of Test	ti	29	
⁹ 2	Citation # (If Issued)				Section 2	25	25	AC Test R	- 04	30	
	Viol. 1: Ch/Sec/Sub ————Vio	Susp. Alcohol: 2 Susp. Drug: 2 32									
	Viol. 3: Ch/Sec/Sub ———Viol	Driver Distracted by 10 10 10 10 10 10 10 10 10 10 10 10 10							4		
	Please fill out for operator/non-n	motorist and all occupants invol Address	lved	DOB/Age	Sex Pos.	Safety Ai	36 37 irbag Eject latus Code	Trap Inj	ury Transp. itus Code	Medical Facility	
	Operator/Non-Motorist	See Above	:		X 1	1 1	o	0 10	1		
	The second secon										
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