	Police Use Only	Commo	onwealth o	of Massacl	husetts		RM	IV Docu	ment Number	Series and the series are series and the series are series and the series and the series are series and the series are series and the series are series and	
	Date of Crash Time of Crash	City/Town N	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t_ 15	— Local Police		
	01/13/2022 1115 Wilm	nington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:		
	AT INTERSECTI	ON:	< LOCA			NOT A	r inter	RSECT		1	
								2			
			1		355	MIDI	LESEX				
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name o	f Roadwa	1y/Street	-	
	V.	***		Feet N S	S E W of	:		- or _	E in March		
	Route# Direction Nam	e of Intersecting Roadway/S	Street			Mile Ma	arker		Exit Number	3 1	
		Also at Intersection with		Feet N		Route#	Inter	secting R	oadway/Street		
2	Route# Direction Nam	ne of Intersecting Roadway/S	Street	Feet N	S E W of						
² 1	Router Breeden Page	e of interseeing reading,					L	andmark		4	
3	Please Select One of the Following:	_#Occupants	n Moped	Crash Repo	rt ID# 22	-22	-AC				
		A_ DOB/Age	Dank	STB862		Dog Tym	, ST	Da	or State MA	1	
.=-	10 10	20		Year 2012					21	3	
		estrictions 1 CDL_ Endors	cement	-003.00							
4	Operator DANG, NINA	First Mid	Own	er MASSACHUS	ETTS DE	First	NT OF	Mid	SPORTATION	5	
⁴ 1	Address 75 4TH AVE		700-700-60-6	ess 668 SOUT	CH AVE					1	
	City LOWELL State	MA Zip 01854-2	2729 City	WESTON				-	493-1120	x	
	Insurance Company SELF INSU	RED	Vehic	ele Action Prior to Cras	sh 1	10.5%	amaged Are	a Code:	Charles and State and Stat		
-	Vehicle Travel Direction: SEW	Responding to Emergency	cy? <u>2</u> Even	Sequence 2 23	23 23	23	est Status:		28		
5	Citation # (If Issued)		Most	Harmful Event 2	24		ype of Test:	,	30		
	Viol. 1: Ch/Sec/Sub —		Drive	er Contributing Code	97 25	25	AC Test Resusp. Alcohol	-	Susp. Drug: 32	2	
				er Distracted by	26		owed from s	NAME OF TAX	2 33		
⁶ 1	Viol. 3: Ch/Sec/Sub	tor and all occupants involve		I Distracted by	34 35	36 37	38 39	40	2	-	
	Name (Last First Middle)	Addr		DOB/Age Sex	Seat Safety Pos. System		Trap Injur Code Statu	y Transp. Code	Medical Facility	1	
	Operator	See Al	bove	>>>	1 99	4 0	0 10	1			
	ASHLEY KING	14 WESTCHESTER DR LAWRENCE, MA 0184-30	034	F	3 99	4 0	0 10	1		1	
		55 SARATOGA ST		М м	4 99	4 0	0 10	1		1	
	SAMATH PHATH	LOWELL, MA 01852-561	17	 	4 99	1 0	0 10	+		-	
										_	
7	Please Select One Vehicle 20	#Occupants Non-Mo	otorist A Type	15 Action 16	Location	17 Condi	tion 18	No e	Hit/Run 🔲 Moped		
⁷ 1	of the Following:			amao Fo	110		СШ	Щ_		┨	
	10 10	DOB/Age	-	STC859					21		
Sex Lic. Class Lic. Restrictions CDL Veh Year 2014 Veh Make FORD Veh Config Veh Config.											
⁸ 1	Operator <u>Driverless M.</u>	First Mir	iddle	er MASSACHUS Last	ETTS DE	PARTME First	NT OF	TRAN	SPORTATION Idle	,	
1	Address		Addr	ess							
	City State	Zip	City				ate			1	
	Insurance Company		Vehic	cle Action Prior to Cra	sh 11		amaged Are	a Code:	27 27 27		
	Vehicle Travel Direction: N S E W	Responding to Emergency	cy? Even	t Sequence 1 23	23 23	23	est Status:		28		
	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Test:		30		
⁹ 2	Viol, 1: Ch/Sec/Sub	Viol 2: Ch/Sac/Sub		er Contributing Code	25	25	AC Test Re	21			
				26 33							
	Viol. 3: Ch/Sec/Sub			Driver Distracted by Towed from scene? 2 33							
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occupants		DOB/Age Se	Seat Safety	Airbag Eject	Trap Inju	y Transp.	Medical Facility	_	
	Operator/Non-Motorist	See A	Above	\rightarrow	1						
	And the same summable is all the in-										
				+	+			+		-	
								\perp		4	
	ľ										

= Direction 1	= Vehicle 1 2 = V	Vehicle 2	= Pedestrian	₽ = B	icycle	
Crash Diagram: ie:	2	→ 🛠	-	→ №		
					If Crash <u>Did I</u> on a Public W	
					Off-Street Parki	ng Lot
					☐ Garage	
					Mall/Shopping (Center
					Other Private W	ay
_D @					Indicate North	by Arrow
Vehicle 1		Vehicle 2			\bigcirc	
Crash Narrative:	· · · · · · · · · · · · · · · · · · ·		7.7			
Wehicle 1 pulled out of a parking spo				-		<u> </u>
to turn right towards a parked vehice seat attempted to grab the wheel and	24					
l operator stepped on the gas instead						
	_	*			-	
						
			-			
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
					1200	
Property Damage:				•		
Owner (Last, First, Middle) Address	Pho	ne#	41-Type De	scription of D	amaged Property	
Truck and Bus Information: Registration #		— (From Vehicle	Section)			
Carrier Name					Bus Use	42
Address	City	-		St_	Zip	
VIA DOTT II				ч.		
US DOT #:State Number	Iss	uing State	_MC/MX/ICC	, #		
Interstate Cargo Body Type Code 44	GVWR/GCWR Iss	uing State	_MC/MX/ICC	. #		
43 44	GVWR/GCWR	45			46	
Interstate 43 Cargo Body Type Code 44 Trailer Reg #: Reg Type	GVWR/GCWR Reg State	Reg Year	—— Trailer I	Length	46	49
Interstate 43 Cargo Body Type Code 44 Trailer Reg #: Reg Type	GVWR/GCWR	Reg Year	—— Trailer I	Length	46	49