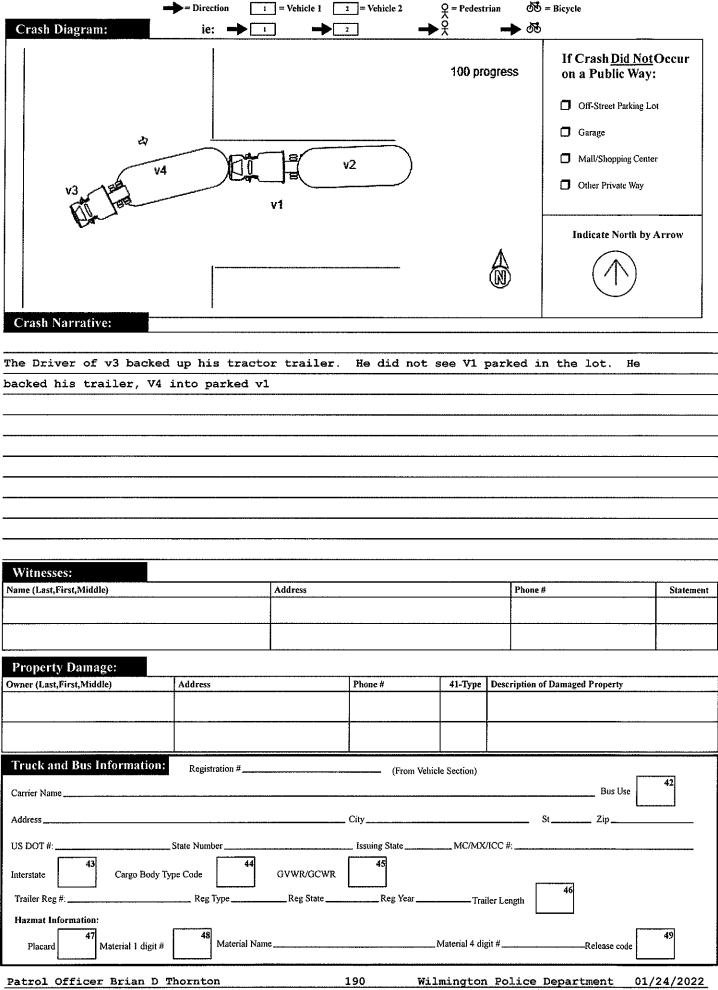
	Police Use Only	Comm	onwealth -	of Massacl	husetts	8	RM	V Docume	ent Number	
	Date of Crash Time of Crash	City/Town]	Motor Veh	icle Crash	Number Vehicles		Speed Limit		State Police Local Police MBTA Police Campus Police	1
	01/24/2022 0857 Wilr	mington	Police 2	Report	4	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA				r inter			1
			, Bock			HOTA	IIIII	DECTI	OIV.	10
					100	PROG	RESS	WAY		
¹ 1	Route# Direction	Name of Roadway/Street At	t	Route# Direction	Address #		Name of	Roadway/S	Street	_
Т.		At		Feet N S	E W of		•	or		
	Route# Direction Nam	ne of Intersecting Roadway	/Street			Mile Ma	ırker		Exit Number	8 11
		Also at Intersection with		Feet N S	E W of	Route#	Interes	ecting Rose	dway/Street	
2	Route# Direction Nan	ne of Intersecting Roadway	/Ctrant	Feet N S	E W of	Routen	шеля	ceing Roac	Iway/Biteet	
² 1	Rodie# Direction (van	ie of filtersecting Roadway.	/Sifect				La	ndmark		1
3	Please Select One of the Following:	_#Occupants	n Moped	Crash Repor	t ID# 22	-35	-AC			
_		<u> </u>	<u> </u>							-
	10 10	X DOB/Age		2781931				=	21	7 12
	Sex M Lic. Class A Lic. R	lestrictions 1 CDL Endo	rsement	/ear <u>2016</u>			th	Veh Cor	nfig. 10	H
4	Operator MOREL, CRISTI	First M	Giddle Own	er <u>LANDSTAR</u> Last	INWA	INC First		Middle		
⁴ 1	Address 1627 DOWDY FER	RY RD	Addr	ess <u>13410 SU</u>	JTTON	PARK I	OR S			
	City HUTCHINS State	TX Zip 75141	City_	JACKSONVI	LLE	Sta	ite FL Z	ip <u>322</u>	24	
	Insurance Company GALLAGHER		Vehic	le Action Prior to Cras	h 11	22 D	amaged Area	Code: 1	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergen	cy? 2 Event	Sequence 1 23	23 23	23 Te	est Status:	<u> </u>	28	
⁵ 2	Citation # (If Issued)			Harmful Event 1	. 24	— Ту	pe of Test:	<u> </u>	29	
	Viol. I; Ch/Sec/Sub			r Contributing Code	1 25	25	AC Test Resu		30 usn Daur 32	2 13
				r Distracted by	26	Si	sp. Alcohol:		usp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/Sub	tor and all occupants involv		1 Distracted by	34 35	36 37	1 38 39	10		
	Prease HII OULTOF OPERA Name (Last First Middle)	•	rea kess	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility]
	Operator	See A	Above	><X	1 99	4 0	0 10	1		
										1
}					 	 	 			-
-										-
7.4	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/F	Run Moped	
1			<u> </u>	D711410	L			<u> </u>		┨
ĺ	License # St	DOB/Age		P711419					2.1	
	Sex Lic. Class Lic. R	L Enda	rsement	ear 2018				_ Veh Con	ifig. 8	
3,	Operator Driverless M. V	First M	Owne	r LANDSTAR Last	RANGE	R INC		Middle		
1	Address		Addre	ess						_ 14
ı	City State	Zip	City_				te Z			1 '
	Insurance Company		Vehic	le Action Prior to Crasl	b 11	22 Da	unaged Area	<u> </u>		
	Vehicle Travel Direction: NSWW	Responding to Emergence	cy? 2 Event	Sequence 1 23	23 23	2 9	st Status:		28	
,	Citation # (If Issued)	_	Most	Harmful Event	24	•	pe of Test:	<u>⊢</u> ,	29 30	
2	Viol. 1: Ch/Sec/Sub\	/iol_2: Ch/Sec/Sub	Drive	Contributing Code	25	25	AC Test Resu sp. Alcohol:	11.	isp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			Distracted by	26		wed from see		33 Trug	
Ļ	Please fill out for operator/non				34 35	36 37	38 39	40	<u></u>	1
	Name (Last First Middle)	Add		DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trop Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	See A	bove	$\times X$	1					
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	Police Use Only	Comi	monwealth	of Massach	usetts		RM	V Document Nun	aber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit,	Local I O	olice 🔯	1
	01/24/2022 0857 Wil i	mington	Police	Report	4	0	Latitude Longitude	MBTA P Campus Other:	Police	
	AT INTERSECT	ION:		TION >	.1-	l .	'	SECTION:		1
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					100	PROG	RESS 1			2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway/Street		
<u> </u>		Ai		Feet NS	E W of		_ • _	ог		
	Route# Direction Nar	ne of Intersecting Roady	vay/Street			Mile Ma	arker	Exit Nu	ımber	8 11
		Also at Intersection w	rith	Feet N S	E W of	Route#	Interce	ecting Roadway/St	traat	
2	Route# Direction Nar	ne of Intersecting Roady	way/Straat	Feet NS	E W of	Router	incisc	cong roudway/or	1001	1
² 1	Rodie# Direction Nar	ne or intersecting Roady	vay/Sireet				Laı	ndmark]
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Report	ID# 22	-35	-AC			
,	or the conorms:		I —							┨
	10 10	H_ DOB/Age		<u>PWQ5227</u>				Г	21	7 12
	Sex M Lic. Class A Lic. F	Restrictions 1 C	- 4 4	_{Year} <u>2016</u> v	eh Make	-		_ Veh Config. 2	LO T	
	Operator RODRIGUEZ, ST	EVEN ANDRE	W Own	er GURAI LEA	SING	COMPA First	NY LL	C Middle		
⁴ 1	Address 919 W 18TH ST			ess <u>392 BUTTE</u>	ERFIE		R	Madic		
	City LORAIN State	OH Zip 4405	2 City	SAGAMORE H	ILLS	Sta	ate <u>OH</u> Z	ip 44 067		
	Insurance Company ACCORD		_	ele Action Prior to Crash			amaged Area		27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg			23 23	 23 To	est Status:	28		
⁵ 2				· <u>- 1 </u>	24		pe of Test:	29		
_	Citation # (If Issued)			Harmful Event 2		25 B	AC Test Resu	dt: 30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Cl/Sec/Sub	Drive	<u></u>	99 ²⁵	St	isp. Alcohol:	31 Susp. Dru	ug: 32	2
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	To	owed from sce	ene? 2 33		
1		tor and all occupants inv		TON: 4	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	10 Transp.		
	Name (Last First Middle) Operator		Address	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code Medical	l Facility	
	Орегиног	35	e Above		1 ^		10 10			ĺ
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				15 16		17	18			ĺ
1	of the Following: Vehicle 40	_#Occupants Non-	-Motorist A Type	Action L	ocation	Condit	ion 10	Hit/Run	Moped	
	License #St	DOB/Age	Reg #	3143901	-	Reg Type	TL	Reg State M	E	
	19 19	20		/ear 2022 v					21	
		En	dorsement	r TRANSPORT				_ 1011 County		
1	Operator Driverless M.	First	Middle	Last	SALV.	Pirat	4415	Middle		
	Address			ess						14
	CityState	Zip	City_		<u> </u>		teZi		27 27	
	Insurance Company		Vehic	le Action Prior to Crash	10			Code: 0 27 2	ן ניבויי	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Event	Sequence 2 23 2	23 23	**	st Status: pe of Test:	29		
	Citation # (If Issued)	_	Most	Harmful Event 2	24	-	pe of fest. AC Test Resul			
2	Viol. 1: Ch/Sec/Sub ———-	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	99 ²⁵	25	sp. Alcohol:	31 Susp. Dru	32	
	Viol. 3: Ch/Sec/Sub	Viol 4: Ch/Sec/Sub	Drive		26		wed from sce	20		
- }	Please fill out for operator/non		1 1	34 35	36 37	38 39	40		1	
].	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Medical	l Facility	
	Operator/Non-Motorist	Se	e Above		1		<u> </u>			
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-					_					
1										



Signature

ID/Badge #

Department Precinct/Barracks

	Polic	ce Use Only	Co	mmonwealth	of Massa	chus	setts	\$		Ri	MV Doc	cument Number	
	Date of Crash 01/24/2022	Time of Crash	City/Town	Motor Vel	hicle Cras	sh ∫	Number Vehicles			peed Lin	it3	O State Police Local Police MBTA Police	08000
	01/24/2022	24HR	ilmington	Police	Report			0	٦١	atitude _ ongitude		Campus Police	_
		AT INTERSE	CTION:	< LOC	ATION >			NO'	ТАТ	INTE	RSEC	CTION:	\neg
											***************************************		2 10
,	Route# Direct	tion	Name of Roadw	ay/Street	Route# Directi		35 dress #	SI	IAWS	HEE!		VE way/Street	
'1			At	·			7						
	Route# Direct	···	Mana of Internation F	and described and	Feet [SE	V of	<u>—</u>	ile Mark	er —	— or .	Exit Number	
	Koute# Direct	non	Name of Intersecting F	·	Feet I	SE	w of						_ 2 ''
	<u> </u>				1 =	SE	_	Route	e#	Inter	secting	Roadway/Street	
² 1	Route# Direct	tion	Name of Intersecting F	oadway/Street	_		_			i	andmar	·k	<u> </u>
^	Please Select O		2_#Occupants	Hit/Run Moped	Crash Re	nort ID#	22	7	16-	AC			
3	of the Followin				<u> </u>							3.77	_
	1	10 10	St.MA DOB/Age	7	# 3GMK39								1 1 12
	Sex M Lic. C	D	ic. Restrictions 1	→ Endorsement	Year 2021				-not	115,6	Vel	Config.	┚┝┷┛
⁴ 1		E, RODRI		Middle	ner <u>JOSE / </u>	sl		R	irst		N	1iddle	-
1.		FOREST ST			ress 73 FOR		ST						
	1		State MA Zip 01		WILMINGT	ON						1887-285	-, I
	i '	·	SIVE DIREC	r INSURA Veh	icle Action Prior to C		2	22		aged Are Status:	a Code	5 27 27 2	27
5	Vehicle Travel Di	rection: NSE	Responding to l	Emergency? 2 Eve	nt Sequence 1 2	<u>l </u>	23	23		of Test:		29	
	Citation # (If Issu	ed)		Mos	st Harmful Event	L 24			BAC	Test Re		30	
	Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sul) Driv	er Contributing Cod	1	25	25	Susp	. Alcoho	1: 2 31	Susp. Drug: 2 3	1 13
⁶ 1	Viol. 3: Ch/Sec/S	ub	— Viol. 4: Ch/Sec/Sul	Driv	er Distracted by) 26			Tow	ed from s	scene?	2 33	
1	Name (Last First Mid		pperator and all occupar	ts involved	DOB/Age	Sex Po	1 Safety		Ejeci	38 39 Trap Injur Code Stan	y Transp.	Medical Facility	
	Operato	· · · · · · · · · · · · · · · · · · ·		See Above		1	1	4	0 0			Hearn Farms	
	LAURIE CARR	-	73 FOREST ST			, 3	1	4	0 0	10	1		
			WILMINGTON,	MA UIBE/			<u> </u>	ļ <u>. </u>			1		_
							-				-		
				_			<u></u>						
⁷ 1	Please Select Or of the Following		#Occupants	Non-Motorist A Type	15 Action	Loca	tion	17	Condition	n 18		Hit/Run 🔲 Mop	red
_	License # S34		MA DOB/Age	Ren	# 6ZF120			Rei	Type 1	PC	R	eg State MA	∄
	Sex F Lic. C	10 19	ic. Restrictions 1	<u>.</u>	Year 2004	Veh 1	Make T					21	<u> </u>
		US-WHITE	<u> </u>	☐ Endorsement	ner FERUS-W								1
⁸ 1	-	Last VEBBER ST	First	Middle	ress 97 WEB I	1	-	Fi	rst		М	liddle	
	City LOWEL		State MA Zip 018		LOWELL				_ State	MA	Zip 0	1851-163	Q 1 14
	Insurance Compar	ny GEICO GE	NERAL INSU	JRANCE C Vehi	icle Action Prior to C	rash	1	22	Dam	aged Are	a Code:	1 27 27 2	7
	Vehicle Travel Dir	rection: NSE	Responding to I	Emergency? 2 Ever	at Sequence 3	23	23	23	Test	Status:		1 28	_
	Citation # (If Issue	ed)e	-	Mos	t Hannful Event	L 24		1		of Test:		29	
ິ 2	Viol 1: Ch/Sec/Si	ıh	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	19	25	25		Test Res	,	1	2
	Viol. 3: Ch/Sec/Su		Viol. 4: Clı/Sec/Sub		er Distracted by	26				ed from s	1	33 33	
			r/non-motorist and all o			34 Sea	35 Safety	36 Airbag	37	38 39 Frap Injur	40		-
	Name (Last First Mid			Address	DOB/Age	Sex Pos	System	Status	Code C	Code Statu	s Code	Medical Facility	
	Operator	r/Non-Motor	'IST	See Above		X^1	1	4	0 0	10	1		

Crash Diagram:	ie:	= Vehicle 1 _	2 = Vehicle 2	X = Pedesti >X	rian 🐠 :	= Bicycle	
						If Crash Did Not	
	130 Shawshee	en Ave				on a Public Way:	;
						Off-Street Parking Lo	ot
					İ	☐ Garage	
						☐ Mall/Shopping Cente	r
						Other Private Way	
$\Rightarrow (12)$		()2()				Indicate North by	Arrow
Management and the action of the second of t						· ·	
Crash Narrative:							
MV 1 and MV 2 informe	d me they were d	lriving west	t on Shawshee	n Ave. l	MV 1 stat	ed he was	
stopping, attempting	to turn left ont	o Aldrich I	Road when MV	2 rear-	ended him	. MV 2 stated	
she tried to stop but	was unable to s	top in time	e, resulting	in her :	rear-endi	ng MV 1. No	
injuries, No Tow.							
							<u></u>
	•						
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
							<u> </u>
Property Damage:	LAM		In "	1 41 55	<u>Гъ </u>	D) D	
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Informatio	Registration #		(From Vehi	cle Section)		ſ	42
Carrier Name						Bus Use	
Address			City		S	t Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Bod	iy Type Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:	[L		
Placard 47 Material 1 digi	it # 48 Material Nam	e		Material 4 dig	git #	Release code	49
Patrol Officer Kevin	J Skinner		200 1471	lminator	Police I	enartment 01/	24/2022

Signature

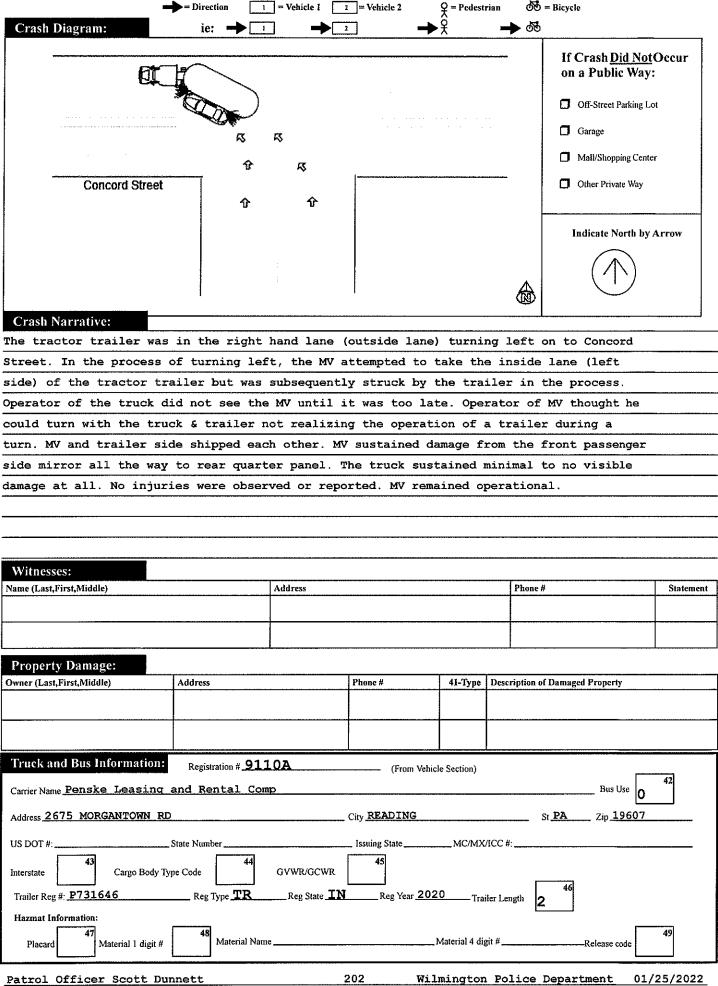
ID/Badge #

Department

Precinct/Barracks

Date

	Police	ce Use Only	Com	monwealth	of Massa	achi	isetts	}		RM	V Doc	ument N		
	Date of Crash 01/25/2022	Time of Crash	City/Town	Motor Veh	icle Cra	sh	Number		, Johns	d Limit	4.9	Local	Police Police A Police as Police	1
	01/23/2022	1206 Wili 24HR	mington	Police 1	Report		2	0	Lan	ude situde			us Police	
		AT INTERSECT	ION:	< LOCA	TION	>		NOT	AT IN	TER	SEC	TION:		
											_			2 10
	Route# Direct	tion	Name of Roadway/St	reet	Route# Direc		50 Address#	CO	NCOR N			vay/Street	!	╌┠
1			At			N cla	EW of							1
	Route# Direct	ion Nan	ne of Intersecting Roady	vav/Street	reel	МэВ	2 144 01	Mile	Marker	• —	· or _	Exit	Number	_ 11
			Also at Intersection v		Feet	N S I	E W of	Route#		T.A.		Roadway/	/S++	4
2	Route# Direct	ion Nam	ne of Intersecting Roady	Liou/Strout	Feet	N S I	E W of	Routen		mers	ecang i	Koauway/	sireet	
² 1	Ronte# Direct	ion ivan	ie or intersecting Roads	vay/Sueei						La	ındmarl	k		-
3	Please Select O of the Followin		_#Occupants	'Run	Crash R	leport I	D# 22	-3	7 <i>-2</i>	VC				
	License # S09	107108 s _t M	A DOB/Age	Reg	9110A			Reg	Tyne AI	>	R	en State I	MA.	-
		10 10	20		Year 2020			_				-	21	1 12
		ITOYA, MARC	F	ndorsement	er PENSKE							-	·	Г
⁴ 1		PARSONS ST	First	Middle		Lası		First			M	iddle		
	<u>i</u>	TON State	MA 7in 02135		READING					A 2	7 in 1	9607	-0000	
		ny LIBERTY M	_		le Action Prior to		4	22	Damage				27 27	
		rection: XSEW	Responding to Emer		Sequence 1		3 23	23	Test Sta	itus:		1 28		
⁵ 2		ed)		- ,	Harmful Event	1	24		Type of	Test:		29		
	1	ub			r Contributing Co	Г.	L 25	25	BAC To			1 30)nie. 32	1 13
		ub			r Distracted by	ييا	26]		Susp. A			Susp. L 2 33	Orug: 32	
⁶ 1	VIOI. 3: CII/Sec/Si		tor and all occupants in		- Districted by		34 35	36	37 38	39	40	2		4
	Nome (Last First Mid	idie)		Address	DOB/Age	Sex	Seat Safety Pos. System	Airbag I Status C	jeet Trap ode Code	Injury Status	Transp. Code	Med	lical Facility	-
	Operato	r	S	ee Above		X	1 1	4 0	0	10	1			_
~	Please Select Or		#Occupants Non	-Motorist A Type	15 Action	16	cation	17 Co	ndition	18	Ы,	Hit/Run	Moped	1
⁷ 1	of the Following						Cation	<u> </u>	L					4
•	License # <u>S78</u>	19 19	DOB/Age	_	6NL256				уре_ РС		Re	eg State 🏻	21	
	Sex.M Lic. Cl	ass D Lic. R	estrictions 99 C.	ndorsement	'ear <u>2018</u>				<u> </u>		Veh	Config.		İ
⁸ 1.	-	GHT, JASON	First	Middle	KNIGHT	ast		First			Mi	iddle		
		LOWELL ST			ess <u>244 LO</u>		L ST							14
	City WAKEF		MA Zip 01880	-	WAKEFIE)			22			· .		-1034 27 ₄ 27	
	Insurance Compar	y FARMERS PF	OPERTY & C	CASUAL Vehic	le Action Prior to		4 3 23	<u> </u>	Test Sta		Code:	2 28		
	Vehicle Travel Dir	ection: SEW	Responding to Emerg		Sequence 1	23 2	ЦЬ.	23	Type of			29		
⁹ 2	Citation # (If Issue	ed)		Most	Hannful Event	<u> </u>	24	25	BAC Te	st Resu	ılt;	1 ³⁰		
_	Viol, 1: Ch/Sec/Su	. db	Viol. 2; Ch/Sec/Sub —		r Contributing Co		7 ²⁵	25	Susp. A	1		Susp. D)rag 2 32	
	Viol. 3: Ch/Sec/Su		Viol. 4: Ch/Sec/Sub		r Distracted by	99		1 ,, 1	Towed t	from sc		2 33		ļ
	Pleas Name (Last First Mida	se fill out for operator/non	-motorist and all occupa	ants involved Address	DOB/Age		34 35 Seat Safety Pos. System	36 Airbag E Status C	37 38 jeet Trap ode Code	19 Injury Status	40 Transp. Code	Med	ical Facility	
	Operator	r/Non-Motorist	Se	e Above		X	1 1	4 0	0	10	1			
														1
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			1					1	- 1	1	1 1			



Signature

ID/Badge#

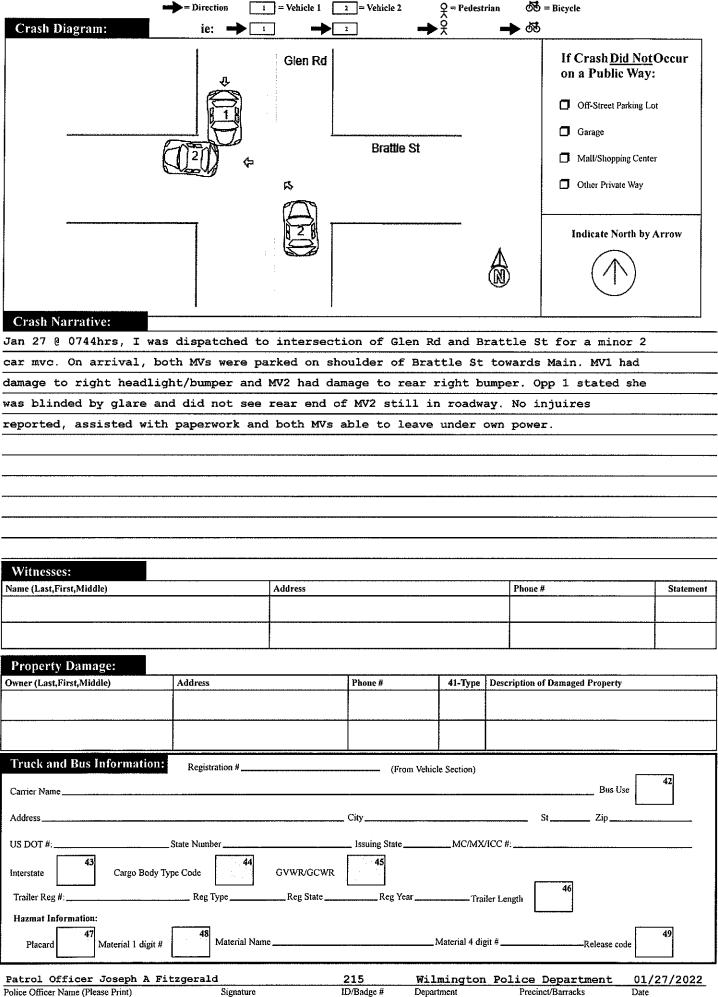
Department Precinct/Barracks

Date

	Pol	lice Use Only	Com	nonwealth (of Massa	ichu	isetts	5		RM	IV Doc	ument Nu	mber	
	Date of Crash 01/26/2022	Time of Crash	City/Town	Motor Veh	icle Cra	sh	Number Vehicles			d Limi	30	I Total	Police 🔯	
	01/26/2022	1415 Wil	mington	Police 1	Report		2	0	Lang	ude gitude _			Police s Police	
		AT INTERSECT	TION:	< LOCA	TION >	>	•	NOT	AT IN	TER	SEC	TION:		1
						··								2 10
	Route# Dire	ction	Name of Roadway/Str	reet	Route# Direct		288 Address#		LEM N		Roady	way/Street		igg
1			At						 					1
	David Div		CT		Feet [N S E	W of	— — Mile	Marker	•	or .	Exit ?	Number	<u> </u>
	Route# Dire	ction Na	Also at Intersection w		Feet	N S E	w of							2 "
						N S E		Route		Inters	ecting	Roadway/	Street	
² 1	Route# Dire	ction Na	une of Intersecting Roadw	vay/Street	<u>.</u>		L			La	ındmar	k		
3	Please Select 6		#Occupants Hit/	Run Moped	Crash R	eport II)# 22	-3	8-2	\C		•		1
			1A _ DOB/Ag ₁		 2WFW58						-		<i>(</i> 3)	
		19 19	20		ear 2022			_				_	21	1 12
			Er	ndorsement	er VIEIRA						ver	i Config.		<u></u>
⁴ 1		EIRA, DIANE MCDONALD		Middle	er VIEIRA ess 109 MC	ast		First	CCTU		М	liddle		
		INGTON Sta			WILMING?		ann		C4. 14	75.	7: O	1907	-3844	
	Ī	any GEICO GEN			le Action Prior to		5	22	Damag		-		27 27	
		Direction: NSXW			<u> </u>	23 23	2 23	23	Test Sta			28		
⁵ 1				-	Dequence 1		4		Type of	Test:		29		
		ued)					25	25	BAC To			30		13
		Sub —————			r Contributing Coo		· [[]	Susp. A			Susp. D	nug: 32	
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub —— rator and all occupants inv		r Distracted by	V	34 35	36	Towed	1 ro m sc	ene?	2 33		-
	Name (Last First M		•	Address	DOB/Age		Sent Safety Pos. System	Airbag I Status C	ject Trap Tode Code	Injury Status		Medi	cal Facility	
	Operate	or	Se	e Above	>	X	1 1	4 0	0	99	1			_
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	Please Select C	ne Vehicle 21	#Occupants Non-	Motorist A Type	15	16		17	<u> </u>	18			Moped	
⁷ 1	of the Followir	ığı —			Action	Loc	cation		ndition			HIVKun	ivioped	
	License # S75	10 10	DOB/Age 20		5AY978			-	ype PC		R	eg State <u>I</u>	21	
	Sex M Lic. C	Class D Lic. 1	Restrictions 1 CI	dorsement	ear 2015					r	Velı	Config.	2	
8 ₄	-	NZALEZ, ALE	First	Middle	r GONZALI	ıst		First				iddle		
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1	City CHARI		e MA Zip 0212	_	CHARLEST		F	22	State M Damage				27 27	
	Insurance Compa			_	e Action Prior to C	27ash	23	23	Test Sta		Coue;	28		
	Vehicle Travel D		Responding to Emerg	•	Sequence 1	<u> </u>	<u> </u>		Type of			29		
2		red) T2446797	_		L			25	BAC Te	st Resu		30		
\dashv	Viol. 1: Ch/Sec/S		Viol, 2: Ch/Sec/Sub		Contributing Cod		_الــــ	2.3	Susp. A	ا	31	5 asp. 5	ug: 32	
Ļ	Viol. 3; Ch/Sec/S		Viol. 4: Ch/Sec/Sub		Distracted by	99	34 35	36	Towed 1	rom sc	ene?	1 33		ļ
	Plea Name (Last First Mi	ase fill out for operator/no	,	nts involved Address	DOB/Age	l s	eat Safety los, System	Airbag E	ject Trap ode Code	loury	Transp. Code	Medic	al Facility	
	Operato	or/Non-Motoris	t Se	e Above	><	X^{\perp}	1 1	1 0	0	10	1			
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Crash Diagram:	ie: 🕕 🔟	→ [2]	→ ĝ	→	5 5	
					If Crash <u>Di</u> on a Public	d NotOccur Way:
					Off-Street P	arking Lot
		288 Salem			☐ Garage	
					☐ Mall/Shoppi	na Cantar
					Other Privat	e way
		v2	1) v1		Indicate No	orth by Arrow
Crash Narrative:						
he driver of v1 was	stopped in traff	fic, and was rear	ended by v2			
he driver of v2 stat	ted that he was t	raveling east on	Salem. He	stated a	ll of a sudder	1,
e saw V1 was stoppe						
itation T2446797						
20; 9 following to o	lose.					
Witnesses:		Address		Pho	one #	Statemen
Witnesses:		Address		Pho	ne#	Statemen
Witnesses:		Address		Pho	one #	Statemen
Witnesses: ame (Last,First,Middle)		Address		Pho	ne#	Statemen
Witnesses: ame (Last,First,Middle) Property Damage:	Address	Address Phone #		pe Description	one#	
Witnesses: ame (Last,First,Middle) Property Damage:			41-17	pe Description		
Witnesses: Tame (Last,First,Middle) Property Damage:				pe Description		
Witnesses: ame (Last,First,Middle) Property Damage: wner (Last,First,Middle)	Address			pe Description		
Witnesses: ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Truck and Bus Informatio	Address	Phone #		pe Description		42
Witnesses: Jame (Last, First, Middle) Property Damage: Jame (Last, First, Middle) Truck and Bus Information Carrier Name	Address Registration #	Phone #	(From Vehicle Sectio	pe Description	on of Damaged Property	se 42
Witnesses: Jame (Last, First, Middle) Property Damage: Dwner (Last, First, Middle) Truck and Bus Information Carrier Name	Address Registration #	Phone #	(From Vehicle Sectio	pe Description	on of Damaged Property Bus U	se 42
Witnesses: Jame (Last, First, Middle) Property Damage: Jame (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: 43	Address Registration # State Number	Phone # City	(From Vehicle Sectio	pe Description	on of Damaged Property Bus U	se 42
Witnesses: ame (Last, First, Middle) Property Damage: wner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: interstate Cargo Boo	Address Registration # State Number dy Type Code	Citylssuing GVWR/GCWR Phone #	(From Vehicle Sectio	pe Description	on of Damaged Property Bus U St Zip	se 42
Witnesses: fame (Last, First, Middle)	Address Registration # State Number dy Type Code	Citylssuing GVWR/GCWR 45	(From Vehicle Sectio	pe Description	on of Damaged Property Bus U St Zip	se 42
Witnesses: Jame (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #:	Address Registration # State Number dy Type Code Reg Type	Citylssuing GVWR/GCWR Phone #	StateMC/	pe Description MX/ICC #:	on of Damaged Property Bus U St Zip	se 42

	Poli	ice Use Only		Com	ımonwea	ılth	of Massa	ach	us	etts	}			RM	V Doc	ument N		
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				Also at intersection	i widi		Feet				Route	# -		Inters	ecting I	Roadway	/Street	
² 1	Route# Direc	tion	Name	of Intersecting Roa	dway/Street		reet [14[3]	E	J OI		····			1 1			_
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3	of the Followin		1	#Occupants H	it/Run L N	Aoped	Crash R	leport	ID#		-3	9-	A	<u></u>				
	License # S12		•	DOB/Age		Reg #	# 2KMT27				Reg	Туре	PC		R	eg State_		12
	Sex F Lic. C	lass D 19	Lic. Re	strictions 99 20	CDL Endorsement	Veh Y	Year 2017	\	Velı M	ake <u>K</u>	IA				Veh	Config.	1. 21	
	Operator KE	ATING, K	ATRI	NA MARIE	Middle	Own	er KEATIN	G,	KA	TRI	NA	MAI	RIE	3		iddle		
⁴ 1	Address 8 W	ILLIAMS	AVE	rust	wildale	Addr	ess 8 WILI	Lasi L IA	MS	AVI	Fir	st 			Mi	ddle		
	City WILMI	NGTON	_ State]	MA Zip 0188	37-3505	City_	WILMING:	TON	<u> </u>			_ State	<u>M</u> Z	. 2	ip 0 :	L887	-3505	
	Insurance Compa	ny ARBELL	A MU	TUAL INS	URANCE	Vehic	le Action Prior to	Crash		1	22	Daı	mageo	i Area	Code:	2 27	27 27	İ
	Vehicle Travel D	irection: NX	EW	Responding to Em	ergency? 2	Event	t Sequence	23	23	23	23	Tes	t Stati	us:		1 28		
5		red)					Harmful Event	1	24	i_		Тур	e of T	Test:		29		
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	İ						•	0	26	!				cohol: om sc	2 31	Susp. I	Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/S			iol, 4: Ch/Sec/Sub =		Drive	r Distracted by	<u> </u>	34	35	36	37	vea ir	om sc	ene /	2 "		4
	Name (Last First Mi		operate	and air occupants	Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject	Trap Code	Injury Status	Transp. Code	Med	dical Facility	_
	Operato	r			See Above		><	X	1	1	4)	0	10	1			
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⁷ 2	Please Select O of the Followin		2 1 #	Occupants No	on-Motorist A T	уре	Action	16 L	ocatio.	n	17 C	onditio	on	18	 	lit/Run	Moped	
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	Sex M Lic. C	lass D 19 19	Lic. Res	strictions 99 20	CDL	_	ear 2010		/eh Ma	ke T	_					_	1 21	
		WN, ALBI		ا الستا	Endorsement		BROWN,									~ · · · · · · · · · · · · · · · · · · ·		
82		I.ost MASS AVE	F	irst	Middle		ess 12 MAS	ast			Fin	ı			Mic	ldle		
\dashv			State 1	MA Zip 0188	7-3511		WILMING					State	MA	. 7	in 01	887	<u>-3511</u>	1 14
	•			TUAL INS			le Action Prior to		ſ		22				Code:		27 27	\Box
	Vehicle Travel Di			Responding to Eme						23	23		Statu		ļ	1 28		
		L		Responding to care	argency!		Sequence 1		24			Тур	e of T	est:		29		
2	,	ed)					1	1		25	25	BAG	C Test	t Resu		30		
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ļ	Viol. 3; Ch/Sec/Se			ol. 4: Cl/Sec/Sub		Drive	r Distracted by	0		., 1	·,; I			OITI SCE	Ľ	2 33]
	Plea Name (Last First Mid	•	tor/non-n	notorist and all occu	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility	
Ī	Operato	r/Non-Moto	orist		See Above			X	1	1	4 (, (,	10	1			
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CDP1 11-24-00

	Police Use Only	Comm	onwealth	of Massacl	husetts	5	RM	IV Document N		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	Local	Police De Police A Police Dus Police Dus Police	1
	01/28/2022 0656 Wil	mington	Police 1	Report	1	0	Latitude Longitude	Came	A Police	
	AT INTERSECT	ION:	< LOCA		<u> </u>	NOT A		SECTION		1
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	Route# Direction	Name of Roadway/Stree	et	Route# Direction	340 Address #	BALI		LE ST Roadway/Stree		<u> </u>
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				Feet N S	E W of	Mile Ma	orker	or	Number	
	Route# Direction Na.	me of Intersecting Roadway Also at Intersection with		Feet N S	SEW of	ivine ivi	# KCI	EXIL		1
		, mos at microcoron will		Feet N S		Route#	Inters	ecting Roadway	/Street	
² 1	Route# Direction Na	me of Intersecting Roadway	y/Street	reet [N]	ot of			4 4.		.[
	Please Select One Vivale 1	#Occupants Hit/Ru	<u></u>		22	40		ındmark		┨
3	of the Following:			Crash Repor						
	License # NHL12434047 St N		Reg #	4351830		Reg Typ	PC	Reg State		12
	Sex F Lic. Class D 19 19 Lic. 1	Restrictions 20 CDL	Veli Y	/ear 2018	Veh Make S	UBARU	·	Veh Config.	1 21	1
	Operator GIORDANA, VAL	ENTINA		r CAVAGLIA	, EMAI	WELE		Middle		
41	Address 1001 ISLINGTON			ess	INGTO	N ST	APT 1			
	City PORTSMOUTH State	NH Zip 03801	City_	PORTSMOUT	H	Sta	te NH 2	Zip <u>03801</u>	4200	
	Insurance Company			le Action Prior to Cras	h 1		amaged Area		27 27	
_	Vehicle Travel Direction:	Responding to Emergen		Sequence 5 23	23 23		st Status:	28		
5	Citation # (If Issued)			Harmful Event 5	24	•	pe of Test:	29		
	Viol. 1: Ch/Sec/Sub			r Contributing Code	1 25	25	AC Test Rest			= 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		isp. Alcohol: wed from sc		Orug: 32	
⁶ 1		viol, 4: Ch/Sec/Sub		Distracted by U	34 35	36 37	38 39	40		ļ
	Nome (Last First Middle)	•	ldress	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Тгальр.	lical Facility	
	Operator	See /	Above	\searrow X	1 1	4 0	0 10	1		
	3 8 8 114]
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		<u>. </u>				7.7				
⁷ 1	Please Select One of the Following:	_#Occupants Non-M	otorist A Type	Action 16	Location	17 Condit	ion 18	Hit/Run	Moped	
-	License #St	DOB/Age	Reg#			Reg Type		Reg State_		
	19 19	testrictions 20 CDL	Veh Ye	ear				_	21	
	Operator	Endo	rsement Owne	r						
1	Last Address_	First M	liddle	Lost		First		Middle		
\neg	CityState	Zín				Stat	e Z	ip		1 14
	Insurance Company			e Action Prior to Crasl	, [1	maged Area		27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergen		Sequence 23	23 23		st Status:	28		
		veshounne to cinciden	•	acquence [24		pe of Test:	29		
2	Citation # (If Issued)			Harmful Event	25	BA	C Test Resu		,	
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	Viol. 3: Ch/Sec/Sub			Distracted by			wed from sce	<u> </u>		
	Please fill out for operator/nor Name (Last First Middle)	•	s involved dress	DOB/Age Sex	34 35 Suat Safety Pos. System		38 39 Trap Injury Code Sunus	40 Transp. Code Med	ical Facility	
	Operator/Non-Motorist	See A	Above	X	1					
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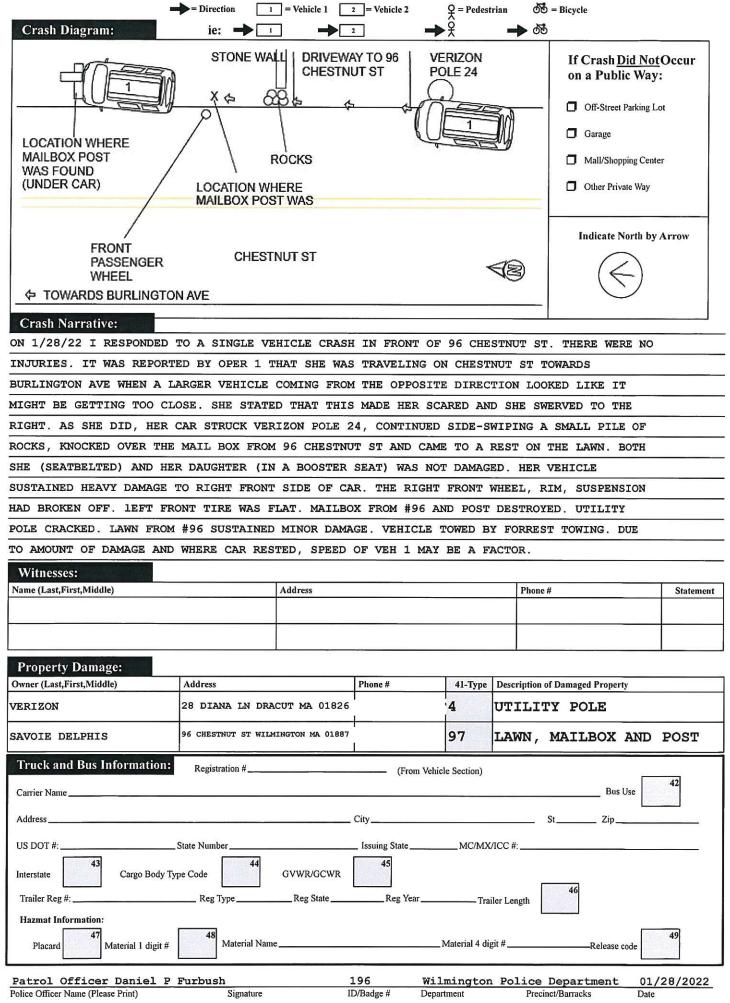
	= Direction	ı = Vehicle 1	2 = Vehicle 2	2 = Pedestrian	65 = Bicycle	
Crash Diagram:	ie: 👈	1	2	→ ♀	→ №	
	Pa	llardvale St.			If Crash Did Not Ocon a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	cur:
	Dd	ilai uvale 51.				
				2)	Indicate North by Arr	OW
Crash Narrative:						
On 01/28/22 Car 1 wh	ile travelling	southbound o	on Ballardv	ale St. crasi	hed into a deer	
walking across the s	treet. The dee	r was still	alive and	vas subseque	ntly euthanized.	
There was front righ	t side damage t	o Car 1.				
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:					<u></u>	
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
						······································
Truck and Bus Information	On: Registration #		(From	Vehicle Section)		
Carrier Name					Bus Use 42	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
43	dy Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	ength 46	
Hazmat Information:						
Placard Material I dig	it # 48 Material Na	nme		Material 4 digit #	Release code 49	
			205			_

Police Officer Name (Please Print) Signature

Wilmington Police Department
Department Precinct/Barracks

01/28/2022 Date

	Police Use Only	Comi	monwealth	of Massac	huset	ts	RM	IV Docume	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehic		Speed Limi	(<u>23</u>	State Police Local Police MBTA Police Campus Police	1
	01/28/2022 0923 Wi:	Lmington	Police ?	Report	1	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSEC	rion:	< LOCA			NOT A	T INTER			1
										2 10
	Route# Direction	Name of Roadway/St	reat	Route# Direction	96 Address		STNUT	ST f Roadway/S	Ctrant	.[
¹ 1	Protection	At						i Koauwayii	Street	-
				Feet N	S E W of	— — Mile M	•	- or	Exit Number	
	Route# Direction N	ame of Intersecting Roady Also at Intersection w		East N	S E W of		arker		DAT PRIMOCE	1 11
		Aiso at intersection w	riui		S E W of	Route#	Inters	secting Road	dway/Street	
² 2	Route# Direction N	ame of Intersecting Roady	vay/Street	Feet [14]	2 E 141 OF					
	Please Select One Value 12	"],,		^	<u> </u>		andmark		┥
3	of the Following:	#Occupants	Run Moped	Crash Repo	rt ID# 🔼	2-41	-AC			
	·	MA DOB/Age	Reg i	7JP713		Reg Ty	e <u>PC</u>	Reg S		12
	Sex F Lic. Class D Lic	Restrictions 20 C	DLVeh	Year <u>2008</u>	Velı Make	LINCO	LN	Velı Cor	nfig. 1 21	3
	Operator CROWE, MICHE		ndorsement Own	er CROWE , M	<u> </u>	LE				
⁴ 1	Address 34 BUTTERSROW	First		ess 34 BUTT	ERSRO	First W		Middle		
	City WILMINGTON St	nte MA Zip 01887	7-3341 City	WILMINGTO	N	St	ate MA	Zip 018 :	87-3341	
	Insurance Company ESURANCE			le Action Prior to Cra	Γ		amaged Area			
	Vehicle Travel Direction: X S E W			Sequence 40 23			est Status:	_	28	
5	Citation # (If Issued)				2 24	r L	ype of Test:	<u> </u>	29	ŀ
				r Contributing Code	11 25	25	AC Test Res	1	30	22 ¹³
	Viol. 1: Ch/Sec/Sub					- ب	usp. Alcohol		usp. Drug: 2 32	22
⁶ 1	Viol. 3: Ch/Sec/Sub — Please fill out for one	Viol. 4: Ch/Sec/Sub —— rator and all occupants inv		r Distracted by	34 3		owed from so	sene / 1		4
	Name (Last First Middle)	rator and an occupants inv	Address	DOB/Age Se	Seat Saf	ety Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	><	$\left(\begin{array}{c c}1\end{array}\right)$	4 0	0 10	1		
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7 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/f	Run Moped	
	License # St	DOB/Age	Reg #			Reg Typ	e	Reg St	tate	1
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	Operator	En	dorsement	÷r	, ron mane.		· · · · · · · · · · · · · · · · · · ·		6.	ŀ
³ <u>1</u>	Address	First	Middle	Last		First		Middle		
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- 1	•	•	·	le Action Prior to Cras			amaged Area		27 27 27	
ı	Insurance Company			23	23 23		est Status:	ļ	28	
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'2 I	Citation # (If Issued)			Harmful Event	25	25 B	AC Test Res	uit.	30	
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[.	Viol. 3: Ch/Sec/Sub		r Distracted by			owed from so	CHC:	33	ļ	
	Please fill out for operator/n Name (Last First Middle)		ints involved Address	DOB/Age Sex	34 35 Seat Safe Pos. Syst		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
Ī	Operator/Non-Motoris	st Se	e Above	X	1					
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CDP1 11-24-00















































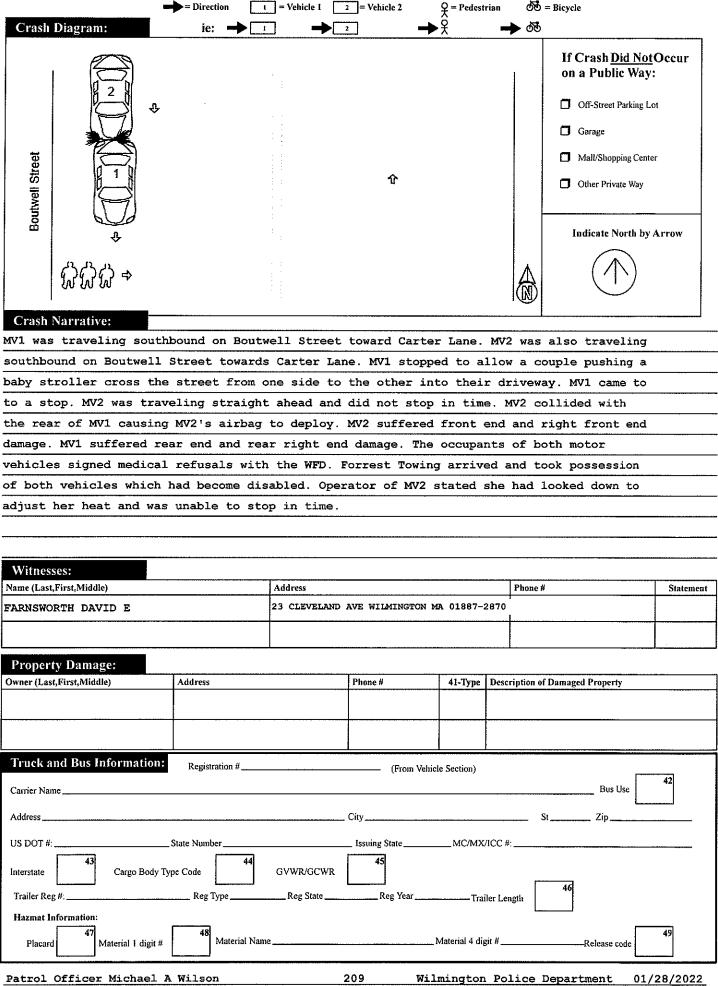








	Pol	ice Use Only		Con	vealth	of Mass	ach	nus	etts	5]	RMV I	Docun	nent Nun			
	Date of Crash 01/28/2022	Time of Crash		ty/Town	Mo	tor Veh	iicle Cra	ash		umber diicles			peed L		30	State Pol Local Pol MBTA P	ilice 🔞]
	01/28/2022	24HR	Vilmir	ngton		Police	Report		2		1	1	atitude ongitud			Campus Other:	Police	
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	Route# Direc	ction	Na	ime of Roadway	y/Street		Route# Dire	ection	29 Addi	ress#	BC	TUTY				y/Street		.
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² 2	Route# Direc	etion	Name of	Intersecting Ro	adway/Street									Landi	mark			
3	Please Select (of the Followi	ne Vehicle	<u>.3</u> #0	ccupants 🔲	Hit/Run	☐ Moped	Crash	Report	ID#	22	4	3-	AC	<u> </u>				1
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	Sex F Lic. (20			r <u>8865</u> Year <u>2019</u>										21	1 12
	£	In I	Lic. Restri	L	CDL Endorsemen	ı t									Veli C	Contrig.		
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	1	NGTON .		N ~ 01Ω	97-335					<u> </u>			3473	ar.	010	007	2251	
		any QUINCY		-		_	WILMING				22			_		27 4	3351 27 27	
	·	irection: NXI					ele Action Prior t	o Crasii	23	23	23		Status		2	28		
⁵ 2				esponding to Er	nergency?		t Sequence 1	<u> </u>	24			Тур	e of Te	st:		29		
		ued)					Harmful Event	_		25	25			Result:		30		13
		Sub					er Contributing C		26	l_				hol: 2		Susp. Dru 33	ıg: ₂ 32	
⁶ 1	Viol. 3: Ch/Sec/S	Sub ————————————————————————————————————				Drive	er Distracted by	0	34	35	36	37	38	n scene	40	33		ļ
	Nome (Last First M		- Operator at	na un occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbug Status	Eject Code	Trap l	njury Tro tatus C	ansp. .ode	Medica	l Facility	-
	Operate)r			See Above		\geq	X	1	1	4	0 (1	0 1				
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	Please Select O	ne Vehicle 2	.1 #0-	oungete D			15	16	<u> </u>		17			18	¬t			1
⁷ 1	of the Followin	g: Venicie 2	<u></u>	Cupants .	don-Motorist		Action		Locatio	on		onditío	<u> </u>			t/Run	Moped	1
	License # <u>S14</u>	1769166	St MA _ 1	DOB/Age		-	5XR865					Туре			-	State M	A 21	
	Sex F Lic. C	Class D	Lic. Restric	tions	CDL_ Endorsement	t		`						 '	Veh Co	onfig. 1	-	
§ ₂	•	LSBURY .	LIND	A M	Middle		er PILLSE	Last			DA Fir	M st			Middle	le		
		EWELL RD					ess 6 SEW					•••••						14
	City WILMI			Zip 018		•	WILMING	TON			22				_			97 ¹⁴
	Insurance Compa	my INTEGON					le Action Prior to			Τ	<u> </u>		aged A Status:		ode: 1	27 2 2 28		
	Vehicle Travel Di	irection: N X E	Re	esponding to En	nergency? 2	Event	Sequence 1	23	23	23	23		of Tes		H	29		
2	Citation # (If Issu	ed)				Most	Harmful Event	1_	24	25	25	BAC	Test F	Result:		30		
_	Viol, 1; Ch/Sec/S	ub	Viol. 2	2: Ch/Sec/Sub -		Drive	r Contributing C			²³ 2	0 25	Susp	. Alcol	10l: 2	31 5	Susp. Dru	1g 2 32	
ļ	Viol, 3: Ch/Sec/S			4: Ch/Sec/Sub			r Distracted by	5	26	,e 1	76			scene		33		ļ
	Plea Name (Last First Mi	ase fill out for operat	tor/non-moto	orist and all occ	upants involv	ed	DOB/Age	Sex	Seat Pos.	35 Safety System	36 Airbag Status	Ejeci		jury Tra	t0 insp. ode	Medical	l Facility]
	Operato	r/Non-Moto	rist		See Above			X	1	1	1	0 0	В	1				
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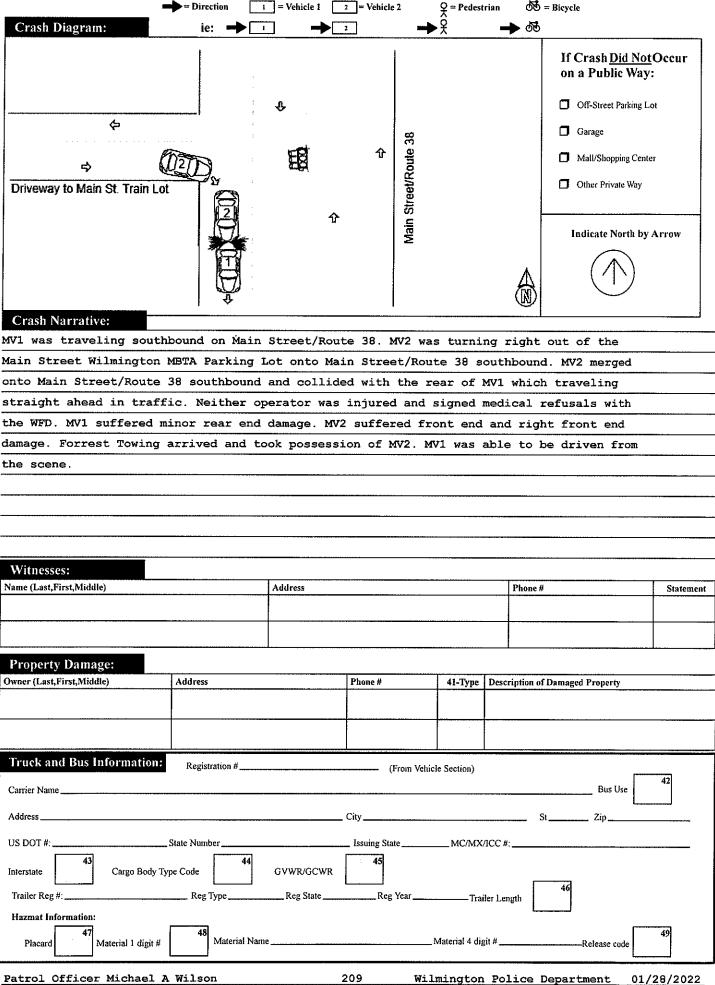
Signature

ID/Badge #

Department Precinct/Barracks

Date

	Police Use Only	monwealth (onwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t <u>35</u>	- Local Ponce 20			
	01/28/2022 1718 Wil 24HR	mington	Police 1	Report	2	0	Latitude Longitude_		MBTA Police Campus Police Other:			
	AT INTERSECT	'ION:	< LOCA	TION >		NOT A	r inter		ΓΙΟΝ:	1		
				·						2 10		
	Route# Direction	Name of Roadway/Si	treet	Route# Direction	405 Address #	MAIN		f Roadwa	av/Street			
4		At					THE O	roaum		1		
				Feet N S	E W of	— — - Mile Ma	— • —	- or _	Exit Number	·		
	Route# Direction Na	me of Intersecting Road Also at Intersection v	<u> </u>	Feet N S	E W of					2 11		
	That it and section was			Route# Intersecting Roadway/Street Feet N S E W of								
² 2	Route# Direction Na	way/Street	Landmark						-			
	Please Select One	#Occupants D ***			2.2	A A		mumark		7		
3	of the Following:	_#Occupants	/Run Moped	Crash Repor	t ID# <u>Z Z</u>	-44	-AC					
	· · · · · · · · · · · · · · · · · · ·	A DOB/Age	Reg	4ED333		Reg Typ	PC_	Re		12		
	Sex F Lic. Class D Lic.	Restrictions 20	DL Veh Y	Tear <u>2006</u>	Veh Make 1	OYOTA		Veh (Config. 21			
	Operator MATTHEWS . CR	STAL LEE	Own	Owner MATTHEWS, CRYSTAL LEE								
⁴ 3	Last First Middle Last First Middle Address 877 MAIN ST Address 877 MAIN ST											
	City READING State MA Zip 01867-1710 City READING State MA Zip 018								867-1710			
	Insurance Company SAFETY IN	le Action Prior to Crasl	1	22 D	amaged Area	Code:	5 27 5 27 4 27					
							st Status:		28			
⁵ 1	Citation # (If Issued)			Harmful Event 1	24	T ₃	pe of Test:		29			
					1 25	25	AC Test Res		30	13		
	Viol. 1: Ch/Sec/Sub		Susp. Alcohol: 2 31 Susp. Drig: 2 32									
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — ator and all occupants in		Distracted by U	34 35	36 37	38 39	ene? 2	2 "	_		
	Name (Last First Middle)	Address	DOB/Age Sex Sex Spiten Status Code Code Status Code Medical Fac									
	Operator	s	ee Above	\times X	1 1	4 0	0 10	1				
										1		
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				-				++		4		
							<u></u>	<u> </u>		4		
⁷ 3	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Пн	it/Run 🔲 Moped			
_	License # unknown St_	Reg #	Reg # 1KBF29 Reg Type PC Reg State MA									
			Veh Year 2017 Veh Make TOYOTA Veh Config. 1									
	Description Coeling Lic. Restrictions CDL Endorsement Description Coeling CDL Endorsement CDE			Owner DE SOUZA PRATES, WAGNER DE								
2	Address 416 CHESTNUT S	Middle	Last First Middle Address 416 CHESTNUT ST									
	City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3356								
	Insurance Company GOVERNMENT EMPLOYEES INSU			22								
	(23 23 23 23 Test Status: 28								
	Vehicle Travel Direction: NXEW	Responding to Emerg		Sequence 1	24		pe of Test:		29			
2	Citation # (If Issued)			Harmful Event 1		25 BA	AC Test Res	ult:	30			
	Viol, 1: Ch/Sec/Sub	Driver	Susp. Alcohol: 2 31 Susp. Drug 2 32									
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			Diver Distracted by 99 Howell Holli Scelle: 1					. 33]		
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age Sex	34 35 Sept Safety Pos. System	36 37 Airbag fijeet Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
İ	Operator/Non-Motoris	. Se	ee Above		1 99	4 0	0 10	1]		
ŀ								 -		1		
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										4		



Department