1.441%	Police Use Only		Com	monwea	ilth (of Massa	ach	use	etts				RM	V Doc	ument	Number	
Date of Cra 01/30/202	1		City/Town ington	Motor	Veh	icle Cra	sh		ımber hicles	Nun		Speed Latitu	Limit	2	_ Lo	te Police cal Police STA Police	0800
01/30/202	24HR		riig coii	Pol	lice I	Report		2		0		Longi			Ca	mpus Police	ă
	AT INTER	RSECTIO	ON:	<	LOCA	TION	>			NO	ГΑΊ	ΓIN'	ΓER	SEC	TIO	N:	
															•		2
Route# D	irection	- · · · · · · · · · · · · · · · · · · ·	Name of Roadway/S	Street	[Route# Direc	tion	2 Addr	ess#	L	WR	EN(CE me of	CT Roady	vay/Str	eet	
1	noction .		At												, u.j. 0.0.		
						Feet	N S	EW	of		le Ma	•	· —	or _	Fx	it Number	_
Route# D	irection	Name	of Intersecting Road			Feet	NC	F W	_e	1711	10 100		WDF	יאירי	E S		
			Also at intersection	Will						Route	* #					ay/Street	
Route# D	irection	Name	of Intersecting Road	dway/Street		reet	NS	E W	01							· · ·	
	** O *** 53					1								ndmar	k		
Please Sele of the Follo		le 1	Occupants H	it/Run L. N	Moped	Crash F	Report	ID#	22	4	5	-A	C				
License #_S	09956448	St MA	DOB/Age		Reg#	592DL9				Re	g Type	PC		R	eg Stat	<u>ма</u>	- I
Sex M L	ic. Class D	19 Lic, Re		CDL	Veh Y	ear 2018		Veh Ma	ake <u>I</u>	nfi	ni	ty		Veh	Config	g 1 21	1 1
	UOZZO, A			Endorsement	Owne	r MARTIN	IEI	LO	, G	INZ	4						
	last NASSAU	F	Pirst .	Middle			Last				rst			М	iddle		
			MA Zip 0188	37-2680		VILMING					Sta	te MZ	A 7	7in 0:	1.88	7-268	0
			TUAL PERS		-	e Action Prior to		1	1	22					8 27		27
1	· ·					F		23	23	23		st Stat			28		
	el Direction: N		Responding to Em	ergency? 2		Sequence 1	(44) (44) (44)	24	STP 1.		Ту	pe of	Test:		29		
	Issued)					Harmful Event	1		25	25		AC Tes	st Resi	ılt:	30	J	
Viol. 1: Ch/S	ec/Sub ————	Vi	ol, 2; Ch/Sec/Sub =		Driver	Contributing Co	ode	1	25	25	Su	sp. Al	cohol:	31			1 1
Viol. 3: Ch/S			ol. 4: Ch/Sec/Sub -		Driver	Distracted by	0	26	·			wed fi			1 33		
Name (Last Fi		it for operato	r and all occupants i	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Sofety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	,	Medical Facility	
Opera				See Above			X	1	1		0	o	10	1			
				•													
Please Selection of the Follo		le 2 <u>1</u>	Occupants No	n-Motorist A	Гуре	15 Action	16 I	Locatio	n 🔝	17	Condit	ion	18		Hit/Ru	п 🔲 Мор	ned
		a M2			D 0	2HYD19	(Albert		- P. (1)		<i>-</i>	PC		<u> </u>		MZ	
	99833468 19	19	DOB/Age	· · · · · · · · · · · · · · · · · · ·	-							FU			eg State	21	T
Sex M Li		Lic. Res	الشششا	CDL Endorsement		ear <u>2006</u>									Config	; <u>L</u>]
. 1 '	OWNSEND,	F	AS FITZP	Middle		TOWNSE	Lnst			Fi	rst	TZI	'AT		iddle		_
Addicas	0 MIDDLE					ss 430 MI			EX	AV.							_
1			MA Zip 0188		City <u>V</u>	VILMING!	TON			22				•		7-411	
Insurance Co	npany GOVERI	NMENT	EMPLOYEE	S INSU	Vehicl	e Action Prior to		1	4	22		ımageo st Stat		Code:	97 ²⁷ 28	27 2	27
Vehicle Trave	l Direction: N	EW	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		si Siar pe of 1			29		
Citation # (If	Issued)				Most I	Harmful Event	1	24			•	AC Tes		ılt:	30		
Viol. 1: Ch/S	ec/Sub	Vi	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	de	99	²⁵ 4	25	Su	sp. Ale	cohol:	-, 31	Susp	Drug: 3	32
Viol. 3: Ch/So	ec/Sub	Vi	ol. 4: Ch/Sec/Sub —		Driver	Distracted by	99	26			То	wed fr	om sc	ene?	2 33	-	_
!	•	perator/non-n	notorist and all occu	-		_		34 Scal	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
Name (Last Fir		ataulat	<u></u>	Address Con Albarra		DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status 10	Code 1	<u> </u>	dedical Facility	
Opera	tor/Non-Mo	viurisi	-	See Above			\triangle	1	-	4	v		1.0	_	_		_
														<u> </u>			
			 				1	·									

Crash Diagram	1:	ie: -	1					b	
					5			If Crash <u>D</u> on a Publi	Did <u>Not</u> Occur ic Way:
				2/	Lawrence crt			Off-Street	Parking Lot
					§			☐ Garage	
					λ.			☐ Mall/Shop	ping Center
	Lawrence :	st.			5			Other Priva	ate Way
			Parket and the second s					Indicate N	North by Arrow
Crash Narrativ									
per.#1 relate									
ulled out of	a side st	reet (Law	vrence c	rt.) and	crasned 1	nto the le	rt side	or his m/V	FL
per.#2 relate	ed he was	pulling o	out of L	awrence	crt., when	m/v#1 str	uck his	(plow blade	∍).
*(Tt should	he noted	it was th	ne day a	fter the	snow stor	m There w	ere snot	hanks and	the
							ere snov	banks and	the
oad had been							ere snov	v banks and	the
oad had been	plowed bu		ill snow				ere snov		Statemen
oad had been Witnesses:	plowed bu		ill snow	covered			i		
oad had been Witnesses:	plowed bu		ill snow	covered			i		
oad had been Witnesses: ame (Last, First, Middle	plowed bu		ill snow	covered			i		
witnesses: ame (Last, First, Midd)	plowed bu		ill snow	covered			Phone		Statemen
witnesses: ame (Last, First, Midd)	plowed bu	t was sti	ill snow	covered	1.*** (PWJ/	142)	Phone	#	Statemen
witnesses: ame (Last, First, Midd)	plowed bu	t was sti	ill snow	covered	1.*** (PWJ/	142)	Phone	#	Statemen
Witnesses: ame (Last, First, Middle Property Damagemer (Last, First, Middle	plowed bu	Address	ill snow	dress	Phone #	142)	Phone	#	Statemen
Witnesses: ame (Last, First, Middle Property Damagemer (Last, First, Middle) Fruck and Bus In	plowed bu	Address Registration	Ad Ad	dress	Phone #	41-Type A1-Type	Phone	#	Statemer
Witnesses: ame (Last, First, Middle Property Damas wner (Last, First, Middle Truck and Bus In	plowed bu e) ge: le)	Address Registration	Ad Ad	Idress	. *** (PWJ/	41-Type	Phone	# of Damaged Propert	Statemer by Use 42
Witnesses: ame (Last, First, Middle Property Damagemer (Last, First, Middle Fruck and Bus In Carrier Name	plowed bu e) ge: le)	Address Registration	Ad Ad	Idress	Phone # (Fron City	41-Type	Phone	# of Damaged Propert	Statemer by Use 42
Witnesses: Time (Last, First, Middle Property Damagement (Last, First, Middle Fruck and Bus II Carrier Name JS DOT #: 43	plowed bu e) ge: he)	Address Registration State Number	Ad Ad	Idress	Phone #	41-Type	Phone	# of Damaged Propert Bus St Zip	Statemer by Use 42
US DOT #:	e) ge: le) Cargo Body Ty	Address Registration State Number	Ad Ad	Idress VWR/GCWR	Phone #	142) Al-Type Al-Type MC/MX	Phone Description	# of Damaged Propert Bus St Zip	Statemer by Use 42
Witnesses: ame (Last, First, Middle Property Damagement (Last, First, Middle Truck and Bus In Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information: 47	e) ge: le) Cargo Body Ty	Address Registration State Number	Ad Ad	dress VWR/GCWR Reg State	Phone #	A1-Type A1-Type MC/MX	Phone Description	# of Damaged Propert Bus St Zip	Statemer ty Use 42

CDP1 11-24-00

	Police Use Only	Commo	nwealth (of Massac	husetts	8	RM	V Docum	ent Number	
	1 1	City/Town Management	Iotor Veb	icle Crash	Number Vehicles		Speed Limit	40	State Police Local Police MBTA Police	
	24HR	ington	Police 3	Report	2	1	Latitude Longitude _		Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION >	Ö	NOTA	r inter	SECT	ION:	1
	MAIN ST			"				•		2 10
1.	Route# Direction	Name of Roadway/Street		Route# Direction	Address #		Name of	Roadway	/Street	
1		At .		Feet N	S E W of		_ •	· or		
	Route# Direction CROSS ST	of Intersecting Roadway/St	treet			Mile Ma	ırker	· ·	Exit Number	3 11
		Also at Intersection with		Feet N	S E W of	Route#	Inters	acting Poo	adway/Street	3
² 1	Route# Direction Name	of Intersecting Roadway/St	treet	Feet N	S E W of				adway/oncer	
	Please Select One	#10 I			00	4.0		ndmark		1
3	of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID# 22	-46	-AC			╛
	License # 06902086307 St OC	DOB/Age	Reg #	1NAK26		Reg Typ	PC_	Reg		12
	Sex M Lic. Class 99 19 Lic. Re	estrictions 20 CDL_ Endorse	Veli Y	_{'ear} <u>2016</u>	Veh Make <u>I</u>	IONDA		Velı Co	onfig. 1 21	1
	Operator FERNANDEZ, RIC		Own	r FIENE, F	UAN FI	ERNANE	EZ	Middle		
⁴ 2	Address 7 BELMONT RD			ess 7 BELMOI	NT RD	rusi		Middle	•	
	City BURLINGTON State	MA Zip 01803	City _	BURLINGTO	N	Sta	te MA 2	Zip 018	303	
	Insurance Company PERMANENT	<u>GENERAL ASSU</u>	RAN Vehic	le Action Prior to Cra	sh 1	22 D	amaged Area	Code: 2	27 ₈ 27 ₁ 27	
-	Vehicle Travel Direction: SEW	Responding to Emergency	? <u>2</u> Event	Sequence 23	23 23	- 23	st Status:	1	28	
⁵ 2	Citation # (If Issued) T2446447	_	Most	Harmful Event 1	24		pe of Test:		30	
	Viol. 1: Ch/Sec/Sub <u>90 10</u> V	iol. 2: Ch/Sec/Sub ————	Drive	r Contributing Code	99 25	25	AC Test Resi isp. Alcohol:		Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/SubV	iol. 4; Ch/Sec/Sub	Drive	r Distracted by	9 ²⁶	To	wed from sc	ene? 1	33	
1	Please fill out for operato	or and all occupants involved		DOB/Aga Set	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	Ī
	Operator	See Abo		DOI:07/82 Se	Pos. System	1 0	0 8		hey Clinic	
					1					-
										-
										1
⁷ 2	Please Select One of the Following:	Occupants Nen-Moto	orist A Type	Action 16	Location	17 Condit	ion 18	Hit	/Run Moped	
	License # 3758178 St ME	DOB/Age	Reg#	8375VT		Reg Type	PC	Reg	State ME]
	Sex. M Lic. Class 99 Lic. Res	strictions 99 20 CDL_		ear <u>2012</u>	Veh Make E	'ORD		Veli Co	onfig. 2	
	Operator CILLEY, CARL U	Endorse Midd	Owne	CILLEY,	CARL (J				
⁸ 2	Address 23 PEARL ST	III MIOOI		ss 23 PEARI	ST	First		Middle		
	City CLINTON State 1	ME Zip 04927	City_	CLINTON		Sta	te ME 2	ip 049	27	1 14
	Insurance Company		Vehicl	le Action Prior to Cras	h 4	22 D:	ımaged Area	Code: 6	27 27 27	· · · · · · · · · · · · · · · · · · ·
	Vehicle Travel Direction: NXEW	Responding to Emergency?	<u>2</u> Event	Sequence 1 23	23 23	~3	st Status:	1	28	
9	Citation # (If Issued)		Most 1	Hannful Event 1	24	•	pe of Test: AC Test Resu		30	:
⁹ 2	Viol. 1: Ch/Sec/Sub ———Vi	ol. 2: Ch/Sec/Sub ———	Driver	Contributing Code	1 25	25	sp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Driver	Distracted by	26		wed from sc		33	
	Please fill out for operator/non-r	•			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trop Injury	40 Troasp.		1
	Name (Last First Middle) Onerator/Non-Motorist	Address See Abo		DOB/Age Sex			Code Status 0 10	Code 1	Medical Facility	1
	Operator/Non-Motorist	See Abo)YG		1 199	- "	10			-
									<u></u>	_

Crash Diagram:	= Direction 1	= Vehicle I	2 = Vehicle 2	♀ = Pedestria	n 💇 = Bicycle	
Strong Status	ie: 🖚 🗔] →□	2	Ŷ	→ 55	
	Main St/ MA 38				If Crash <u>Did Not</u> on a Public Way	
					Off-Street Parking L	ot
					☐ Garage	
Butters Row			Cross S	3t	☐ Mall/Shopping Cente	er
	Ø.				☐ Other Private Way	
(The state of the s				Indicate North by	Arrow
				V		
Crash Narrative:		•	1			
an 31, 2022 appx 0715h	nrs, I was disp	atched to 2	2 car MVC at	intersect	cion of Main and	
ross. MV2 was turning	L onto Main St	:/MA 38 from	n Cross St. Wi	nile in i	ntersection MV1 was	
raveling N or Main St.	MV1 came down	the dip ir	the roadway	and ente	ered the intersection	
hile MV2 was still tur	ning. MV1 stru	ıck rear dri	iver side tire	of MV2.	MV2 had rim damage	
nd MV1 had heavy front	end damage. C	pp1 complai	ined of chest	pain bel	ieved to be from	
eatbelt. MV1 airbag de	ployed. MV1 wa	s towed by	A&S and opp t	ransport	ed by WFD to Lahey	
url. MV2 left under ow	n power, no co	mplaints fr	com opp 2.			
, , , , , , , , , , , , , , , , , , , ,						
	···				13 SMM 188 (1946-118 11 1 8 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1	
Witnesses:						
lame (Last,First,Middle)		Address			Phone #	Statement
		<u> </u>				1
Property Damage:	Address		Phone #	41-Type D	Description of Damaged Property	
	Address		Phone #	41-Type D	escription of Damaged Property	
	Address		Phone #	41-Type D	description of Damaged Property	
Owner (Last,First,Middle)					escription of Damaged Property	
owner (Last,First,Middle) Truck and Bus Information:	Registration #		Phone #		Description of Damaged Property Bus Use	42
Owner (Last,First,Middle) Truck and Bus Information: Carrier Name	Registration #			le Section)	Bus Use	42
Owner (Last,First,Middle) Truck and Bus Information: Carrier Name Address	Registration #		(From Vehic	le Section)	Bus Use St Zip	
Truck and Bus Information: Carrier Name Address US DOT #: 43	Registration #		(From Vehic	le Section)	Bus Use St Zip	
Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body T	Registration # _State Number Type Code 44	GVWR/GCWR	City Issuing State	le Section) MC/MX/IC	Bus Use St Zip	
Truck and Bus Information: Carrier Name Address US DOT #: Interstate Trailer Reg #:	Registration #	GVWR/GCWR	City Issuing State	le Section) MC/MX/IC	Bus Use St Zip	
Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body T	Registration # State Number 'ype Code Reg Type	GVWR/GCWRReg State	City Issuing State	le Section) MC/MX/IC	Bus Use St Zip	
Truck and Bus Information: Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information: 47	Registration # State Number 'ype Code Reg Type	GVWR/GCWRReg State	City Issuing State	le Section) MC/MX/IC	Bus Use St Zip	

	Pol	lice Use Only		Co	mmonv	vealth	of Mass	ach	use	etts			RM	V Doc	ument l		
	Date of Crash 02/01/2022	Time of Crash	1	City/Town	Mot	tor Vel	icle Cra	ish		unber hicles	Numbe Injured	PPCC	d Limi	4	Loca	e Police	
	02/01/2022	24HR	MITIU	ington		Police	Report		2		1	Lau	ude gitude _			ppus Police	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NOT A	AT IN	TER	SEC	CTION	(:]
																	2 10
	Route# Dire	ection		Name of Road	wav/Street	,	Route# Direc	ction	332 Addre		LOW				way/Stre	et	-
¹ 1				At													1
							Feet	NS	EW	of	Mile I	 Marker	•	or	Exi	t Number	ļ
	Route# Dire	ection	Name	Also at Interse	Roadway/Street	***************************************	Feet	N S	EW	of							2 "
								N S			Route#		Inters	ecting	Roadwa	y/Street	
² 1	Route# Dire	ection	Name	of Intersecting	Roadway/Street			L	······································				L	ındmar	·k		-
	Please Select		1	#Occupants	His/Run	Moped	Crash	Danort	ID#	22	-47	/ _ Z					1
2	of the Followi	mg.					1										4
		8968757 19 1		DOB/Age,	20		# <u>7AX326</u>									21	1 12
	Sex M Lic.	Class D 19 1	Lic. Re	strictions	CDL Endorsemen	t	Year <u>2009</u>			•				Vel	h Config.	1 "	
1	Operator DE	DOMENICO), BR	ENDON Tirst	J Middle	Own	er DEDOME	ENIC Last	.O.	BR	ENDO First	N_J		M	1iddle		
1	j	SACHEM					ess 27 SA	CHE	M S	T							
	City BILLI	ERICA	State 】	MA Zip 01	821-000	O City	BILLERI	CA								<u>-0000</u>	
	Insurance Comp	nany THE CO	MMER	CE INSU	RANCE C	O Vehic	cle Action Prior to	Crash		2		Damag		Code		27 27	
	Vehicle Travel E	Direction: NS	Χw	Responding to	Emergency? 2	Even	t Sequence 1	23	23	23	43	Test Sta			1 28		
	Citation # (If Iss	sued)		-		Most	Harmful Event	1	24			Type of BAC To		olt·	30		
	Viol, 1; Ch/Sec/	Sub	Vi	iol, 2; Ch/Sec/S	ub	Drive	er Contributing Co	ode	1.	25	25	Susp. A			l _{Susp.}	Drug 2 32	1 13
	Viol. 3; Ch/Sec/	'Sub	Vi	ol, 4: Clı/Sec/S	ub	Drive	er Distracted by	0	26			Towed			1 33		ļi
2			for operato	r and all occupa					34 Seat	35 Safety	36 31 Airbag Eje	et Trap	39 Injury	40 Transp.			
	Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Status Co	le Code	Status 10	Code 1	M	edical Facility	-
	Орегин				Sec Above			high angle	1		1	+	-	ļ <u>.</u>			-
													_	<u> </u>			
	Please Select C		2 1 #	Occupants	Non-Motorist	A Type	15 Action	16	ocation	n 🗌	17 Cond	lition	18		Hit/Run	Moped	1
1	of the Followin	ng.				L_	47 57 7 4			<u> </u>			<u>_</u>				-
		9391226 19 1	9	_ DOB/Ag	20		4LF114				Reg Ty				eg State	_ 21	
	Sex F Lic. (<u> </u>	<u></u>	strictions	CDL Endorsement	t					ONDA			Vel:	ı Config.	Τ	
1	-	LO, SHAY	Fi	irst	Middle		er MELO,	Last			First			М	jdále		
_		8 INWOOL		43 - 01	001		ess 7208]	LINW	מטכ	DF		1.0	7 .	. 0	1001		14
	City WOBUR			4A Zip 01			WOBURN		Ε.			tate <u>M</u> Damage			1801	27 27	
	•	any PROGRE					ele Action Prior to			L 23		Test Sta		COUC.	1 28		
	Vehicle Travel D	Pirection: NS	Xw	Responding to	Emergency? 2		Sequence 1		24		-1	Type of			29		
2	,	ued)					Harmful Event	1		25		BAC Te	st Resi	ılt:	1 30		
	Viol. 1; Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/St	ıb		r Contributing Co		18 ²	1	·	Susp. A				Drug 2 32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Su			r Distracted by	99		25 [Towed 1	.,		1 33		
	Ple Name (Last First Mi	ease fill out for oper	rator/non-n	notorist and all	occupants involve	2 0	DOB/Age	Sex	34 Seat Pos:	35 Safety System	36 37 Airbag Ejec Status Cod	t Trap	19 Injury Status	40 Transp. Code	Ме	sdical Facility	
	Operato	or/Non-Mo	torist		See Above		><	X	1	1	4 0	0	9	1			
														<u> </u>			1
												-					1
				·				\vdash				+		-			
				1			1		1			1	1	l	l		ı

•	Direction	1 = Vehicle I	2 = Vehicle 2	र्र = Pedestrian	o o ≡ Bicycle		
Crash Diagram:	ie: →		<u> </u>	₽Ŝ	→ №		
	Lowell St/ M	a Rt 129	***************************************			rash <u>Did Not</u> Oc Public Way:	cur
			Towarde D	t 93 NB Ram	ns-A CI o	T-Street Parking Lot	
			i O Wai us IN	i 93 iyo Rani	_	_	
						ırage	
						all/Shopping Center	
			eh 1 coming to a top for traffic ahea		O	her Private Way	
₽	\$ 2			6	Ind (1)	licate North by Arr	ow
S-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							
Crash Narrative:							
ON 2/1/22, I RESPONDED							
NORTHBOUND RAMPS. IT WA							
DISPATCHED. VEH 1 OPER							
HEAD OF HIM DUE TO THE							
TATED SHE WAS TRAVELIN							
DISTRACTED OR OTHER REA			·				
OWARDS VEH 1 AND 2. TR							
NOUGH TO IMPACT CRASH.							
SUMPER AND TRUNK. VEH 2							
OOD. NO AIRBAG DEPLOYM					· · · · · · · · · · · · · · · · · · ·		
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:		· ·			_1		
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged	Property	
				144			
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			
Carrier Name						Bus Use	2
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:		
Interstate Cargo Body T	ype Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer l	Length 46		
Hazmat Information: 47 Motorial 1 digit #	. 48 Material Na	me		Material 4 digit #		4!	9
Placard Material 1 digit #	Ividicital Ival			ugu +		celease code	
Patrol Officer Daniel P	Furbush Signature			lmington P	olice Depart	ment 02/01	/2022

Wilmington Police Department Images Associated with 22-47-AC













Wilmington Police Department Images Associated with 22-47-AC













Wilmington Police Department Images Associated with 22-47-AC



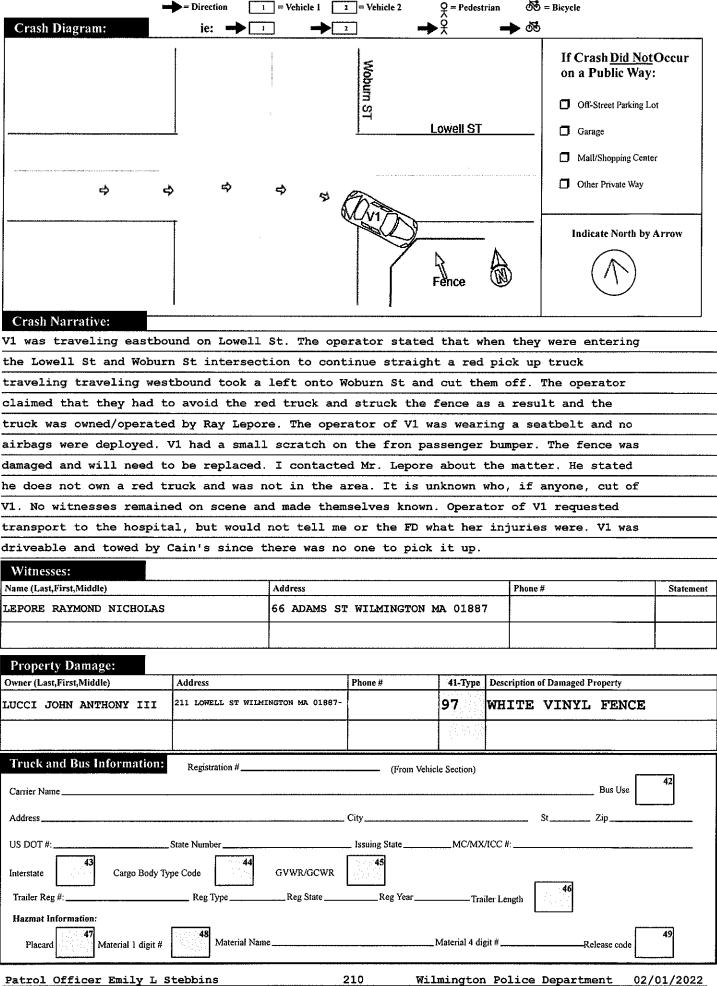








Police Use Only Commonwealth of Massachusetts						RM	IV Doc	ument Number			
	Date of Crash 02/01/2022	Time of Crash 1441 Wi	City/Town lmington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t25	State Police Local Police MBTA Police]
	02/01/2022	24HR	Iming con	Police	Report	1	0	Latitude Longitude _		Campus Police Other:	
		AT INTERSEC	TION:	< LOCA	TION >		NOT A	Γ INTEF	RSEC	TION:	
						011				*	2 10
r 	Route# Dire	ction	Name of Roadway/S	treet	Route# Direction	211 Address #	TOWE	LLL ST Name of		vay/Street	lacksquare
1			At		_ [3]	م العاماء					1
	Route# Direc	ction	lame of Intersecting Road	way/Street	Feet [N]	S E W of	Mile Ma	arker	- or _	Exit Number	
	rodica Direct		Also at Intersection		Feet N	S E W of					1
					Feet N	S E W of	Route#	Inters	secting I	Roadway/Street	
² 2	Route# Direc	ction 1	lame of Intersecting Road	way/Street				L	andmarl	K .	_
3	Please Select (of the Followi		#Occupants	/Run Moped	Crash Repo	rt ID# 22	-48	-AC			
,			MA POR		# <u>122ZY8</u>		n m	BC.	~	~ MA	1
		10 10	MA DOB/Age							21	7 12
	Sex F Lic.	<u> </u>	_E	ndorsement	Year <u>2020</u>					Config. 1	
⁴ 3	_	Lasi	LEEN MARIAN	Middle	er MURRAY,		First	KTAND	Mi Mi	ddle	
٥	j	WOBURN ST			ess 603 WOBU		_	127	^-	1007-0000	
			ate MA Zip 0188		WILMINGTO			amaged Are		1887-2923 27 27 27 27	
			ROCK ASSUR		cle Action Prior to Cras	sh 1 23 23		amageo Area est Status:	. Code:	2 28	
⁵ 1		Direction: NSXV	.	•	t Sequence 30 23		~~	pe of Test:		29	ŀ
	Citation # (If Iss	ued)			Harmful Event 30		B	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Clt/Sec/Sub		er Contributing Code	99 ²⁵ 1		isp. Alcehol:		Susp. Drug: 2 32	97 ¹³
⁶ 2	Viol. 3: Ch/Sec/S		Viol. 4: Clı/Sec/Sub		er Distracted by 99			wed from so	,	3 ³³	
	Name (Last First M		erator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operate	or	S	ee Above	>>>	1 1	4 0	0 10	2	Lahey Clinic	
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						1-1-					1
			<u> </u>				10	10	 		1
⁷ 2	Please Select C of the Followir		#Occupants Nor	a-Motorist A Type	Action 16	Location	17 Condit	ion 18	<u> </u>	Hit/Run Moped	
	License #	St_	DOB/Age	Reg #	<u> </u>		Reg Type	;	Re		1
	Sex Lic. C	19 19 Lic	Restrictions 20		/ear	Velı Make			Veh	Config. 21	
	Operator	Last	First	ndorsement Owne	erLost						
°2	Address	t,ast	rirst		Last		First		Mic	ddie	
	City	St	ate Zip	City_			Sta	te 2	Zip		1 14
	Insurance Compa	any		Vehic	le Action Prior to Cras	h	22 Da	imaged Area	Code:	27 27 27	
	Vehicle Travel D	irection: NSEW	Responding to Emer	gency? Event	Sequence 23	23 23	~~	st Status:		28	
9	Citation # (If Issu	ued)		Most	Harmful Event	24	-	pe of Test: AC Test Res		30	
⁹ 2	Viol. 1: Ch/Sec/S	Sub	_ Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	sp. Alcohol:	31	Susp. Drug: 32	İ
İ	Viol. 3: Ch/Sec/S	Sub	_ Viol, 4; Ch/Sec/Sub	Drive	r Distracted by	26		wed from so	ene?	33	
1	Ple	ase fill out for operator/r	ion-motorist and all occup	ants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trup Injury	40 Transp.		<u> </u>
}	Name (Last First Mi		of °	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
}	Operato	or/Non-Motori	St S	ee Above		$\begin{vmatrix} 1 \end{vmatrix}$					-
											_
]



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 22-48-AC









	Police Use Only	monwealth	of Massac	husett	S	RN	AV Doc	cument Number]	
	Date of Crash Time of Crash 02/03/2022 1505 Wil:	City/Town mington	Motor Veh	icle Crasl	Numbe Vehicle		Speed Lim	it3	O State Police Local Police MBTA Police Campus Police	
	24HR	many con	Police	Report	2	0	Longitude_		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSEC	CTION:	1
					1	DOR	CHESTI	ER S	ST	2 10
1_	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #				way/Street	_
1		At		Feet N	S E W of			— ог.		
	Route# Direction Na	me of Intersecting Road		F.T	al-l-1	Mile M	arker		Exit Number	8 11
		Also at Intersection v	with		SEW of	Route#	Inter	secting	Roadway/Street	
² 2	Route# Direction Na	me of Intersecting Road	way/Street	Feet [N]	2 12 17 01		1	andmar	rk	-
	Please Select One Vehicle 11	#Occupants Hit	/Run Moped	Crash Reno	ort ID# 2 2	2-50		дициц		1
3	of the rollowing:		I—							-
	License # NHL14068928 St N	20	_	# <u>3397B</u> Year <u>2009</u>					Reg State MA	1 12
	<u> </u>	E	Endorsement	rear <u>2009</u> er MT MAY O				Vel	n Config.	
⁴ 1	Operator <u>BROOKS</u> , <u>HAYDE</u> Address <u>22 KESSLER</u> FAI		Middle	ess 27 BEAR		First	·	M	Aiddle	
		e NH Zip 0306		STONEHAM			ate MA	Zip 0 :	2180-1074	
	Insurance Company CONTINENT.			ele Action Prior to Cra	ıslı 10	32	Damaged Are			
	Vehicle Travel Direction: NSE	Responding to Emer	_	Sequence 1 23	23 23		est Status:		1 28	
5	Citation # (If Issued)	_	Most	Harmful Event 1	24		ype of Test:		29 20	
	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	99 25	25	IAC Test Resussion		<u> </u>	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s		2 33	
⁶ 5	Please fill out for open	ator and all occupants in	volved	DOB/Age So	34 35 Seat Safety		38 39 Trap Injur Code Statu	y Transp.	Medical Facility	1
	Operator	s	ee Above	DOM/Age Sc	n Pos. System	5 0	0 10	1	Medical Pacing	1
										1
									:	-
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	Please Select One		192	15 16		17	18		<u> </u> 	1
⁷ 1	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action	Location	Condi	tion		Hit/Run Moped	_
		A DOB/Age	Reg #	8HD938		Reg Typ	e <u>PC</u>	R	leg State MA 21	
	Sex M Lic, Class D 19 Lic. I		DL Veh Y	/ear 2011	Veh Make 1	CURA		Veh	Config. 1	
8 1	Operator PENDENZA, DAN	TEL. First	Middle	er PENDENZA	•	First		М	liddle	
	Address 20 ALBANY ST	01005		ess 20 ALBAI				•	1005 0060	14
	•	MA Zip 01887	-	WILMINGTO	<u> </u>				1887-2260 1 27 2 27 8 27	
	Insurance Company ARBELLA M		_	le Action Prior to Cra	sh 2 23 23		est Status:	a couc.	1 2 18	ŀ
	Vehicle Travel Direction: N S E	Responding to Emer		Sequence 1 23	24	T	ype of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Can/Cuh		r Contributing Code	1 25	25	AC Test Res		Susp Drag 32	
		Viol. 2: Ch/Sec/Sub ——	<u>.</u>	r Distracted by	26		usp. Alcohol owed from s	15	Susp. Drug: 2 32	
	Please fill out for operator/nor				34 35 Sent Safety	36 37	38 39 Trap lajury	40		1
	Namo (Last First Middle) Operator/Non-Motorist		Address ee Above	DOB/Age Se		Status Code	Code Status	Code	Medical Facility	-
	Operator/Hon-Motorist		00 / LUUYU		1 1 3 3			-		4
				1						-
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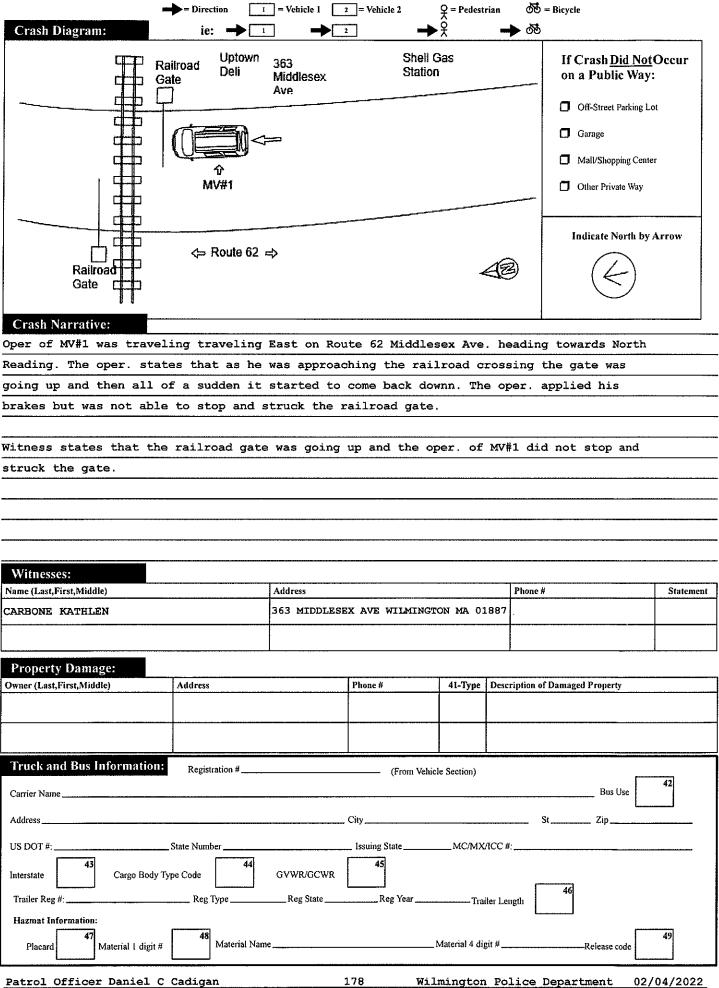
Address Witnesses: Image: Address Plant Address Pla		ie: 🔫	<u> </u>	2	≯ ൃ	→ ॐ	
Crash Narrative: chicle # 1 transmission faulted and could not move forward. The Priver of Vehild #1 cied to back the vehicl down the hill. The driver in Vehicle 31 was un aware that chicle #2 was behind him. Vehicle #1 backed into the front of Vehicle #2 Witnesses: mer(Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Property Damage: mer(Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Fuck and Bus Information: Crity Si Zip McMXXCC # 15 Provided Section State Number State	4			([2())		or	Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way
Witnesses: witnes						Ď	Indicate North by Arrow
Witnesses: where the content of the section of the	Crash Narrative:						
Witnesses: Witnesses: Ime (Last,First,Middle) Address Property Damage: Wier (Last,First,Middle) Address Phone # Statemer Property Damage: Wier (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Fruck and Bus Information: Carrier Name Address City State Number Issuing State MC/MX/ICC #: State Number Frailer Reg #: Reg Type Reg State Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length Address Reg Type Reg State Reg Year Trailer Length Address Reg Type Reg State Reg State Reg Year Trailer Length Address Reg Type Reg State Reg Year Trailer Length Address Reg Type Reg State Reg Year Trailer Length Address Reg Type Reg State Reg Year Trailer Length Reg Type Reg Type Reg State Reg Year Trailer Length Reg Type Reg Type Reg State Reg Year Trailer Length Reg Type Reg Type Reg Type Reg State Reg Type Reg State Reg Year Trailer Length							
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Address Phone # Statemer Property Damage: vner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Fruck and Bus Information: Registration # (From Vehicle Section) Bus Use 42 City St Zip State Number Issuing State MC/MX/ICC #: aterstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:							
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Bus Use 42 Address	ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type De		
Bus Use 42 Address	ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type De		
Carrier Name	ame (Last,First,Middle) Property Damage: wner (Last,First,Middle)		Address	Phone #	41-Type De		
State Number Issuing State MC/MX/ICC #:	ame (Last,First,Middle) Property Damage: wner (Last,First,Middle)						ged Property
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Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Fruck and Bus Informatio Carrier Name	Registration#_		(From Vel	hicle Section)	scription of Damas	ged Property Bus Use Zip
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[40]	Property Damage: wner (Last,First,Middle) Truck and Bus Informatio Carrier Name Address US DOT #: 43 Cargo Bod	Registration # State Number dy Type Code	4 GVWR/GCWR	City Issuing State	hicle Section) MC/MX/ICC	scription of Damag	ged Property Bus Use Zip
Placard Material 1 digit # Material Name Material 4 digit # Release code	Property Damage: wner (Last,First,Middle) Fruck and Bus Informatio Carrier Name Address US DOT #: Interstate 43 Cargo Bod Trailer Reg #:	Registration # State Number dy Type Code	4 GVWR/GCWR	City Issuing State	hicle Section) MC/MX/ICC	scription of Damag	ged Property Bus Use Zip
	Address US DOT #: Use Dot Damage: When the control of the contro	Registration # State Number ly Type Code Reg Type	4 GVWR/GCWR Reg State	(From Vell City Issuing State 45 Reg Year	hicle Section) MC/MX/ICC Trailer I	scription of Damag	ged Property Bus Use 42 Zip

	Pol	ice Use Only		C	Commonwealth of Massachusett					etts	3			RM	V Doc	ument l	Number			
	Date of Crash 02/04/2022	Time of Crash		City/Town ingtor	\mathbf{M}	Iotor V	ehi	cle Cra	sh		umber		mber ured	Speec Latitu	l Limit	2	Loca	e Police al Police TA Police	0000	
	02/04/2022	24HR	77	ang coi	•	Polic	e R	Report		2		0		Lautu Longi			Carr Othe	pus Police	<u>.</u>	
		AT INTERS	SECTIO	ON:		< LO	CAT	ION	>			NO	T A I	'IN'	TER	SEC	TION	√:		
										0.4	_				-					2 10
<u> </u>	Route# Direc	ction		Name of Roa	adway/Street			Route# Direc	tion	94 Add	ress #	M	AIN			Roady	vay/Stre	et		
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				Also at Inter	section with			Feet	NS	EW	of	Rout	e#		Interse	ecting	Roadway	v/Street	_	
² 5	Route# Direc		Name	of Intersecting	ng Roadway/St	treet	-	Feet	NS	EW	of	7000	O 11		mors	ooinig .	roau ma	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_ 5						<u> </u>		T							La	ndmar	k	-		
3	Please Select C of the Followi		1	#Occupants	Hit/Run	🔲 Мор	ed	Crash F	Report	ID#	22	-5	51-	-A	C					
	License # S8	7275050	St MA	DOB/Ag			Reg#	1RSK43				Re	д Туре	PC		R	eg State	MA	_	12
	Sex E Lic. (Class D 19 1	9 Lic. Re	strictions 9			Veh Yea	ar 2017		Veh M	ake <u>N</u>	ıısı	SAN			Vel	ı Config.	1 2	1	1
	Operator ME	NARD, GE	ORGI	AM	Endorse		Owner.	MENARD	, (3EO	RGI	A	<u> </u>						_	
⁴ 1	Address 17	SUMMIT '	rer '	rifsil	Midd		Address	s 17 SUN	Lasi MI	T I	ER	F	irst			М	iddle			
	City PEAB	DDY	State 】	MA Zip 0	1960-4	023	City P	EABODY					Stat	te M 2	A Z	Zip O		-402	3	
	Insurance Comp	any ARBELI	A MU	TUAL :	INSURA	NCE	Vehicle	Action Prior to	Crash	ı	1	22	Da	mage	d Area	Code:	1	g 27 2	27	
5	Vehicle Travel D	Pirection: S	EW	Responding	to Emergency	7_21	Event S	equence 1	23	23	23	23		st Stat			1 28 29			
⁵ 2	Citation # (If Iss	ued)		-		1	Most H	annful Event	1	24				pe of '	Test: st Resi	slt-	. 30			
	Viol. 1; Ch/Sec/S	Sub ———	Vi	ol, 2; Ch/Sec.	/Sub	1	Driver (Contributing Co	ode	1	25	25	1		cohol:		Susp.	Drug:2 3	32	1 13
6	Viol. 3: Ch/Sec/S	Sub ———	Vi	ol, 4: Ch/Sec	/Sub	1	Driver I	Distracted by	0	26					rom sc		1 ³³	\	-	
⁶ 3	Alexander Planck		for operato	r and all occu	ipants involved			DOD4.	Ī.,	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap Code	39 Injury	40 Trensp.			ヿ゙	
	Name (Last First M Operate		<u> </u>		See Abo			DOB/Age	Sex	Pos.	System 1	Status 4	Code 0	O Code	Status 10	Code 1	Ni	edical Pacifity		
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⁷ 1	Please Select C of the Followin		21#	Occupants [Non-Moto	orist A Type	•	Action	16	Locatio	on	17	Conditi	ion	18		Hit/Run	Мог	ped	
	License # S97	7292588	St MA	DOB/Age		I	Reg#_	BR84AZ				Re	з Туре	PC		R	eg State		_	
	Sex. M Lic. C	Class D	Lic. Res	trictions 9	CDL_ Endorse	, and	Velı Yea	r <u>2020</u>		Veh M	ake B	MW				_ Veh	Config.	1 21	1	
R	Operator MA	FTEO, ST	EVEN	N irst	Middl		Owner]	MATTEO	, <u>C</u>	STE	VEN		នេរ			Mi	iddle			
⁸ 1	Address 23	ALDRICH	RD				Address	23 ALI	RI	CH	RD					1721			_	141
ĺ	City WILMI	NGTON	State <u>1</u>	<u> 1A Zip</u> 0	1887-00	<u>000</u>	City W	ILMING'	TON	<u></u>								-000		1 14
	Insurance Compa	ny GOVERN	MENT	EMPLO	YEES I	NSU v	Vehicle .	Action Prior to	Crash	,	2	22				Code:	1 27 E	3 ²⁷ 7 ²	27	
	Vehicle Travel D	irection: N	E W	Responding	to Emergency?	? <u>2</u> I	Event Se	equence 1	23	23	23	23		st Stati pe of T			29			
⁹ 2	Citation # (If Issu	;ed)				1	Most Ha	armful Event	1	24	 Ir				t Resu	ilt:	1 30			
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/	Sub		Oriver C	Contributing Co	de	11	25	25	Sus	sp. Ald	:lodo:	2 31	<u> </u>	Drug 2 3	32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/			Oriver D	Distracted by	0	26					om sec		2 33			
	Ple: Name (Last First Mi	ase fill out for ope ddle)	rator/non-n	notorist and a	ll occupants in Address			DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Ejoct Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ме	dical Facility		
	Operato	or/Non-Mo	torist		See Abo	ove		$>\!<$	X	1	1	4	0	0	10	1				
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= Dir	rection 1	= Vehicle 1	2 = Vehicle 2	र्भ = Pedestr	ian 🐠	= Bicycle	
Crash Diagram:	ie: 🖚 🗓	→ □	2	₽Ŝ	→ ॐ		
		\$ 6	Fedex Fedex	mmys Garad I5 Main Stre	ge eet	If Crash Did Notton a Public Way: Off-Street Parking Lo Garage Mall/Shopping Cente Other Private Way Indicate North by A	r
Main Street	4 =	⇒ 5			l	(←)	
Rt 38			MV1				
	CONTRACTOR NO CO	NACONICO ANT TON TON CONTROL CONTROL	THE PROPERTY OF THE PROPERTY O		₹8		
Crash Narrative:							
MV1 was traveling north on M	Main stree	t passing	Jimmvs Garao	e when M	72 crosse	d into her	
-							
lane striking the front driv							
south on Main street when a	Fedex tru	ck stopped	in front of	him to t	urn into	Jimmys	
Garage, he attempted to stop	but due	to the road	d conditions	(snow/s]	leet/rair) he could not	
stop. MV2 stated that he att	empted to	avoid coli	lision with	the feder	truck ł	ov swerving to	
the left into the on coming			- -		<u>.</u>		
observed or reported. MV1 su	stained s	ignificant	damage to t	he front	end requ	iring a tow	
from A&S. MV2 was able to pu	all off the	e road and	call for a	private t	ow.		
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
					l.		,
Property Damage:					i		
Owner (Last,First,Middle) Addre	ss		Phone #	41-Type	Description of	Damaged Property	
Total and Design			1				
Truck and Bus Information: Reg	istration#		(From Ve	hicle Section)			43
Carrier Name						Bus Use	42
						<u> </u>	
Address			City		5	t Zip	
US DOT #:State Nu	mber		Issuing State	MC/MX/	ICC #:		
43	44		45				
Interstate Cargo Body Type Code		GVWR/GCWR			-		
	g Type	Reg State	Reg Year	T ₂ 1	ler Lenoth	46	
	Q *1F*		110g 10th	Ital	ici celigili		
Hazmat Information:	a l						40
47 Placard Material 1 digit #	Material Name	÷		Material 4 dig	it #	Release code	49
						<u> </u>	
Patrol Officer Scott Dunnett			202 W	ilmington	Police	Department 02/	04/2022

	Pol	ice Use Only		Commonwealth of Massachusetts RMV Document Number												
	Date of Crash 02/04/2022	Time of Crash	City/Town Vilmingto	Mo	tor Veh	icle Cra	sh			Number Injured	Dp.	d Limit	3	O State Police Local Police MBTA Police		1
	02/04/2022	24HR	TIMITING CO	11	Police	Report		1)	Latitu Long	itude		Campus Poli	. d	
		AT INTERSE	ECTION:	<	LOCA	TION	>		N	ОТ А	T IN	TER	SEC	TION:		
								364	R	MIDI	T.F.	SEX	. A.	<i>7</i> F.		2 10
1	Route# Dire	ction	Name of Ro	oadway/Street		Route# Direc	tion	Addre						vay/Street		
1				At		Feet	NS	EW,	of —			•	or .			
	Route# Dire	ction		ing Roadway/Street			(==T==T			Mile M	larker			Exit Numb	ег	1 11
			Also at Inte	ersection with				EW,	R	oute#		Inters	ecting .	Roadway/Stree	t	
² 5	Route# Direc	etion	Name of Intersect	ing Roadway/Street		Feet	[N[2]	EW,	of —				ındınar	1.		
	Please Select (1 #Occupants	∏ Hit/Pun	☐ Moped	Crash I	Panart	1D# 2	22-	52	_ 7\		mumai	<u> </u>		1
3	of the Followi	146							-							-
	License # <u>34</u>	19 19	St RI DOB/A	20	-	<u>v79823</u>								leg State MA	21	1 12
	Sex M Lic.	E=	Lic. Restrictions	CDL Endorsemen	nt	Year 2020								1 Config. 6		
⁴ 8	1 `	RES, CESA	AR First APT 1	Middle		er EAST C	Last	3.T. C)E.E.T	First	LNS	TAL	LA.	iddle	<u>iliC</u>	
		OWER ST JCKET		02860		ess <u>BX 494</u> WILMING		·		G.	M	7 .	χ:. Ο ΄	1887		
		any UNION]	•			le Action Prior to		Г	22		are 131 Damage			· · · · · · · · · · · · · · · · · · ·	27	
	Vehiçle Travel D			g to Emergency? 2		Sequence 28		<u></u>	23 2	<u> </u>	est Sta			28		
⁵ 2		ued)		g to Emergency :		Harmful Event	28	24	_1	₁ ا	ype of	Test:		29		
	,	Sub		e/Suh		r Contributing Co	_	99 ²	:5	25	BAC Te		ult: 31	30	32	97 ¹³
		Sub				r Distracted by	99	26			usp. Al		L	Susp. Drug.		
⁶ 4	TION D. CIDDOO.		operator and all oc					34 Seat	35 Safety Air	6 37	38	39 Injury	40 Transp.			
	Name (Last First M			Address See Above		DOB/Age	Sex	Pos. 5		tus Code	Code	Status 10	Code	Medical Fac	ilíty	
	Operate	/! 		See Above			\triangle	1	73 4	 	-	10	-			
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						<u> </u>					<u> </u>	<u> </u>				ļ
⁷ 1	Please Select C of the Followin		#Occupants	Non-Motorist	A Type	15 Action	16 L	ocation	1	7 Condi	ition	18		Hit/Run 🔲 i	Moped	
-	License #		St DOB/Ag	e	Reg #					Reg Typ	e		R	eg State		
	Sex Lic. (19 19	Lic. Restrictions	20 CDL		'ear	v	eh Mak	e				Veh	Config.	21	
	Operator	Lasi	First	Endorsemen		÷r	Last			First				iddle		
⁸ 1	Address	LASI	FIISI	Wildate	Addre	ess	rast			Fini			M	lucie		
	City		StateZip_		City_					St	ate	2	Ziр			14
	Insurance Compa	any			Vehic	le Action Prior to	Crash		22		amage		Code:	27 27	27	
	Vehicle Travel D	irection: NSE	W Responding	g to Emergency?	Event	Sequence	23	Ц	3 23	1	est Stat			29		
⁹ 2	Citation # (If Issu	ıed)	 		Most	Harmful Event	L,	24	-1 1	в	AC Te		ılt:	30		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2; Ch/Se	c/Sub	Drive	r Contributing Co	de		5	25 S	usp. Al	cohol:	31		32	
	<u> </u>	Sub		M****		r Distracted by		26	15 I A		owed fi			33		
	Ple: Name (Last First Mi	ase fill out for operat	or/non-motorist and	all occupants involved	red	DOB/Age	Sex	Spat 5	35 3 Safety Air ystem Sto	bag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Pac	lity	
	Operato	r/Non-Moto	rist	See Above		><	X	1								
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	Pol	lice Use Only		Com	monwea	alth	of Mass	ach	use	etts	}		RI	MV Do	cument Nu		
	Date of Crash 02/04/2022	Time of Crash		City/Town ington	Motor	·Veh	iicle Cra	sh		umber chicles		I''	eed Lin	nit3	Loca:	Police Police Police Police	
	02/04/2022	24HR	A TT TTTE	ing con	Po	lice	Report		1		0		ngitude ngitude			us Police 🔲	
		AT INTERSI	ECTIC	N:	<	LOCA	TION	>			NOT	AT I	NTE	RSEC	TION:		1
									71	ი	WO	RIIR	N S'	ייף			2 10
1 _	Route# Dire	ection	1	Name of Roadway/S	Street		Route# Direc	tion		ess#					way/Street		
1				At			Feet	NS	EW	of			•	- or			
	Route# Dire	etion		of Intersecting Road				اعاد	I e by	1 _	Mile	Marke	er		Exit	Number	6 11
				Also at Intersection	with		Feet		EW		Route		Inter	rsecting	Roadway/	Street	
² 5	Route# Dire	etion	Name	of Intersecting Road	dway/Street		Feet	1412		1 01	***************************************			andma	rk		
	Please Select		1 #	Occupants Hi	t/Run	Moped	Crash I	Renari	ın# '	22	-5	3 –		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
³ 4	of the Followi	min —															-
		2731210 .: 19 19		DOB/Age		_	# <u>9VF576</u>				_				_	21	7 12
	Sex M Lic.	BRERA MAR			CDLEndorsement		_{Year} 2014 er CABRER								_	2	
⁴ 1	1	CRESCENT	Fi	irst	Middle		er <u>CADAEIA</u> ess <u>15 CRI</u>	Lası			Firs	l		A A	/liddle		
	1	ENCE			1-3303		LAWRENC							Zip O	1841	-3303	
	· ·	any PROGRES		•			le Action Prior to		1	1	22		aged Are			27 27	
	Vehicle Travel I			Responding to Eme				23	23	23	23	Test	Status:		28		
2	Citation # (If Iss	sued) T16837	28			Most	Harmful Event	21	24			• •	of Test:		30		
	1	_{Sub} 90 9		ol. 2: Ch/Sec/Sub —		Drive	er Contributing Co	ode	99	25	25		Test Re			orug: 32	21 ¹³
	Viol. 3: Ch/Sec/	Sub	Vic	ol, 4: Ch/Sec/Sub		_ Drive	er Distracted by	99	26				d from :	L	1 33	<u> </u>	\vdash
4	Nume (Last First N		r operator	and all occupants i	nvolved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety		Eject T	18 39 rap Injus	ry Transp		ical Facility	1
	Operate				See Above			Ŵ	1	System 1	99 0		10		Men	car racing	1
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						••••••		 				\dashv					-
	Please Select C						15	16	L	<u> </u>	17		18	8	<u> </u>		1
1	of the Followi		#	Occupants No	n-Motorist A	Туре	Action	1	Locatio	n	Co	ndition			Hit/Run	Moped	
	License #	19 19	St	DOB/Age		Reg f	f				Reg	Гуре		R	leg State_	21	
	SexLic.	Class	Lic, Rest		CDL Endorsement		/ear		Veh Ma	ake				Vel	Config.		
1	Operator	Last	Fir	rst	Middle		er	Lası			First			N	liddle		
-	Address		0	77: -			ess					S4		7 :			14
		any					le Action Prior to				22		iged Are	•	27	27 27	
	·	Direction: NSE		Responding to Eme				23	23	23	23	Test S	Status:		28		
		ued)		responding to anno			Hannful Event		24				of Test:		29		
2	`	Sub		ol, 2; Cli/Sec/Sub			r Contributing Co	∟— ode		25	25		Test Re		30 Susp. D	711g: 32	
		Sub				Drive	r Distracted by		26			-	d from s	··L	33		
		ease fill out for operat	tor/non-m	otorist and all occup			DODIA		34 Seat	35 Safety	Airbag I	ject Tr	8 39 up Injur	y Transp.		and Consider	[
	Name (Last First M Operate	or/Non-Moto	orist	5	Address See Above		DOB/Age	Sex	Pos.	System	Status C	Code Co	xie Statu	s Code	Medi	eal Facility	1
	, , , , ,											+	-	1	<u> </u>		1
					<u> </u>								_		 		1
								-				-			-		-
								1									

	= Direction	= Vehicle I	2 = Vehicle 2	오 = Pedestria	an 🕳 = Bicycle	
Crash Diagram:	ie: → 🗔	→ □	2	Ŷ	→ №	
710 Wo Str	burn		Tree	***************************************	If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente	ot
			A COMMISSION OF THE PROPERTY O	<	Indicate North by	Arrow
Crash Narrative:						
Oper. of MV#1 was tra						
he lost control of hi	s veniice and s.	ld orr the	road and stru	ick a tr	ee at /10 woburn	
				· · · · · · · ·		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
		<u> </u>				
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	le Section)		42
Carrier Name					Bus Use	72
Address			City		St Zip	
LIS DOT #	Stata Number		Jesuina Stata	MC/MV/II	CC #:	
43	State Number		Issuing State	iviC/IVLX/II	VV π,	
	y Type Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length	
Hazmat Information:						
Placard 47 Material 1 digit	# 48 Material Nam	e		Material 4 digit	#Release code	49
Patrol Officer Daniel	C Cadicas		178 Wil	minatas	Police Dopertment 02/	04/2022

	Pol	ice Use Only		<u>Com</u> monv	wealth of Massachusetts RMV Document Number										
	Date of Crash 02/05/2022	Time of Crash	City/Town Vilmingto	n		icle Cra	sh [Number Vehicles			d Limit	35	State Police Local Police MBTA Police	8	
	-, 43,2022	24HR	· · · · · · · · · · · · · · · · · · ·			Report	2		0	Lam	ude zitude_		Campus Polic	<u> </u>	
		AT INTERSI	ECTION:	<	LOCA	TION :	>		NOT	AT IN	TER	SEC	TION:		101
						62 E	4	69	SA	LEM	ST				2 10
1.	Route# Direc	etion	Name of Re	oadway/Street		Route# Direct		dress#				Roadw	vay/Street		
11				At		Feet	N S E	w of				or _			
	Route# Direc	noite		ing Roadway/Street		Г		_	Mile	Marker			Exit Numbe	er	3 11
			Also at Inte	ersection with			NSE		Route#		Inters	ecting F	Roadway/Street		
² 2	Route# Direc	etion	Name of Intersect	ing Roadway/Street		Feet [N S E	V] of							
	Please Select (One Man	. 1 #Ossussuts		<u></u>	1		22		4 2		ındınarl	<u> </u>		1
3	of the Followi		1 1 #Occupants	Hit/Run	Moped	Crash R	eport ID#	22	-54	4 — P	7.0				
L	License # S1		. St. MA DOB/A	`	Reg	<u> </u>			Reg T	уре <u>СС</u>		R	eg State MA	21	1 12
	Sex M Lic. (Lic. Restrictions	CDL	t	Year 2019						Veh	Config. 6		1
4	-	SSIDY, JA	First	Middle			ast		MPO:		LC	Mí	iddle		
⁴ 1		WALTON				ess 2 HILL		RD							
				01420-5339		GLOUCEST	rer						1930-42		
	Insurance Comp			SURANCE C		le Action Prior to		97	22	Damage Test Sta		Code:	1 27 2 27 3 28	41	
5	Vehicle Travel D	L_L_K		g to Emergency? 2		bequence 1	23 23	23	23	Type of			29		
	,	ued)					1 24	25	2,61	BAC Te	est Resi	ılt:	30		13
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Se	c/Sub		r Contributing Cod			25	Susp. A			- map	32	1
⁶ 2	Viol, 3; Ch/Sec/S			c/Sub	Drive	r Distracted by	0 40		36	Towed 1	from sc	ene?	2 33		
	Name (Last First M		r operator and all occ	Address		DOB/Age	Sex Pos	t Safety	Airbag E	ject Trop ode Code	Injury	Transp. Code	Medical Facili	ity	
	O perate	or		See Above		><	X^{1}	1	4 0	0	10	1			
							:								
						 									
~	Please Select O		1 #Occupants	Non-Motorist	A Type	15 Action	16 Local		17	dition	18	Ь.	lit/Run 🔲 N	Ionad	
⁷ 1	of the Followin	9.						.1011						topea	
		10 10	St_NH DOB/Ag	20	_	3862915				уре <u>РС</u>	<u> </u>		eg State NH	21	
	Sex M_ Lic. C	Class	Lic. Restrictions	CDLEndorsement		ear <u>2006</u>						Veh	Config. 1	_	
8_		RRILL, AI	First	Middle		HOWARD	251		Fi L T 2	ABE.	TH	Mic	Jdle		
	Address 89 1 City LONDO	MAMMOTH I		03053-3819		ess <u>89 MAM</u> LONDONDE		KU.		Dani - 1871		O 3	2052		14
	Insurance Compa		otate MII Zip		·			4	22	State <u>N</u> l Damage				27	
	Vehicle Travel Di		Dag-12	to Emergency? 2		Sequence 2		23	23	Test Sta			28	J	
	Citation # (If Issu		V** Kesponainį	to Emergency / Z		Sequence 1	1 24			Type of	Test:		29		
"2	•		Viol 2: Clubs	c/Sub		r Contributing Cod		25	25	BAC Te	ſ	lt: 31	30	32	!
	Viol. 1: Ch/Sec/S		Viol. 2: Ch/Sec			ī	0 26			Susp. Al Towed f	ι		Susp. Drug:		
Ļ				all occupants involve			34 Seat	35 Safety		7 38	39 Injury	40 Transp.			
-	Name (Last First Mi		aint l	Address		DOB/Agu	Sext Pos.	System	Status Co	de Code	Status	Code	Medical Facili	ity	
-	Operato	r/Non-Moto	risi	See Above			X^1	1	4 0	0	10	1			
ſ															

Crash Diagram:	ie: 👈 🗔	2	▶ 0		Bicycle	
			→ X	→ ॐ		
469 salem st.	Salem st./Rte.62		(≅ >	If Crash Did Not Occaon a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arroy	
Crash Narrative:						
Oper.#1 related he was	stopped on the	e opposite side of	the roadway	facing wr	ong way as he	
was picking up recycled	d trash. As he	attempted to clea	r and turn in	to a driv	eway, he	
thought it was clear be	efore turning	into traffic, howe	ver he turned	into m/v	#2 and	
crashed,						
Oper#2 related he was	traveling stra	ight when, m/v#1 t	urned into hi	s m/v#1 a	nd crashed.	
(PWJ/142)						
					· · · · · · · · · · · · · · · · · · ·	
Witnesses:		Address	· · ·	Phone #	l se	tamant
Witnesses: Name (Last,First,Middle)		Address		Phone #	St	atement
		Address		Phone #	St	stement
		Address		Phone#	St:	stement
		Address		Phone #	St	stement
Name (Last,First,Middle)	Address	Address Phone #	41-Type		St:	stement
Name (Last, First, Middle) Property Damage:	Address		41-Type			atement
Name (Last, First, Middle) Property Damage:	Address		41-Type			stement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)		Phone #				atement
Name (Last, First, Middle) Property Damage:		Phone #	41-Type (From Vehicle Section)		Damaged Property	stement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)		Phone #			Damaged Property	atement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information:	Registration #	Phone #	(From Vehicle Section)	Description of	Damaged Property	atement
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Registration #	Phone #	(From Vehicle Section)	Description of	Damaged Property Bus Use 42	atement
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration #	Phone # City Issuing St	(From Vehicle Section)	Description of	Damaged Property Bus Use 42	atement
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate Address Cargo Body	Registration # State Number Type Code	CityIssuing St GVWR/GCWR 45	(From Vehicle Section) ateMC/MX	Description of St	Damaged Property Bus Use 42	atement
Property Damage: Owner (Last,First,Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate 43 Cargo Body 7 Trailer Reg #:	Registration # State Number Type Code	Phone # City Issuing St	(From Vehicle Section) ateMC/MX	Description of St	Damaged Property Bus Use 42	stement
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body	Registration # State Number Type Code	CityIssuing St GVWR/GCWR 45	(From Vehicle Section) ateMC/MX	Description of State of the st	Damaged Property Bus Use 42 Zip 46	stement

Patrol Officer Paul W Jepson Police Officer Name (Please Print)

02/05/2022 Date

	Police Use Only	Comm	onwealth (of Massac	huse	tts		RMV		nt Number]
	Date of Crash Time of Crash	City/Town nington	Motor Veh		h Nur		urad '	d Limit ude	I	State Police Local Police MBTA Police]
	24HR	iiziig coii	Police 1	Report	1	0		ritude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NO	T AT IN	TERS	ECTIO	ON:	101
					16	W	EST S	T			2 10
¹ 4	Route# Direction	Name of Roadway/Stree	et	Route# Direction				lame of Ro	oadway/S	Street	-
4		At		Feet N	S E W			• —	or		
	Route# Direction Nan	ne of Intersecting Roadwa	-	_ 5			ile Marker		I	Exit Number	1 "
		Also at Intersection with	h	_	S E W	Rout	e#	Intersect	ing Road	lway/Street	
² 2	Route# Direction Nan	ne of Intersecting Roadway	y/Street	Peet [N]	O E W	OI		Land	mark		
	Please Select One Vehicle 11	#Occupants Hit/Re	un Moped	Crash Rep	ort ID# 2	22-5	55-Z		illiai K		1
3	of the Pollowing:		I —		· · · · · · · · · · · · · · · · · · ·						4
	10 10	A DOB/Age		7YB698					Reg St	21	3 12
	<u> </u>		lorsement	(ear 2017					Veh Con	ifig. Z	
⁴ 1	Operator MASSE, LAWRENG Last Address 3 GERMANO WAY	First		er MASSE , Last ess 3 GERMA			írst		Middle		
		MA Zip 01810-		ANDOVER	III		State M	A 7in	018	10-4540	
	Insurance Company VERMONT M	•	•	le Action Prior to Cr	ash .	22		ed Area C		27 2 27 3 27	
	Vehicle Travel Direction: SEW	Responding to Emerger				23 23	Test Sta	atus:		28	
5	Citation # (If Issued)	_	Most		2 24		Type of		<u> </u>	29 30	
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code		²⁵ 20 ²⁵		est Result: Icohol:		sp. Drug 32	22 ¹³
6	Viol, 3; Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		•	from scene		33	Н
⁶ 2	Please fill out for opera	tor and all occupants invol	lved	DOB/Age S		35 36 Safety Airbeg System Status	37 38 Eject Trap Code Code	lajory Tr	40 ransp. Zode	Medical Facility	[
	Operator Control Contr		Above			1 2	0 0	10 1	i i	Weddar Facility	
								1			
											1
					-						
	Please Select One			15 10	<u> </u>	17		18 -			
⁷ 1	of the Following: Vehicle 2	#Occupants Non-N	Aotorist A Type	Action	Location	1 3 6	Condition		Hit/R	Run Moped	
	License # St St	DOB/Age	Reg #			Re	g Туре		_ Reg St	ate	
į	Sex Lic. Class Lic. R	estrictions CDI	Veh Y	ear	_ Veh Mal	ke			Veh Cont		
8 1		First	Middle	erLast		F	inst		Middle		
	Address			ess			State	7:	· · · · · ·		1 14
	City State Insurance Company			le Action Prior to Cra	ash [22		ed Area Co		27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerger	_	Sequence 23	L	23 23	Test Sta	itus;	2	28	
0	Citation # (If Issued)	_	•	Harmful Event	24	<u>L.</u>	Type of		⊢ _	29	
⁹ 2	Viol. 1; Ch/Sec/Sub	viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	7 2	25 25		est Result:	-	sp. Drug: 32	
	Viol. 3: Ch/Sec/Sub\			r Distracted by	26			from scene		33	
	Please fill out for operator/non	•		50314		35 36 Safety Airbay	37 38 Eject Trap	lajury Tro	40 onsp.	LA-E-3 F-35	1
	Name (Last First Middle) Operator/Non-Motorist		Above	DOMAge S	ex Pos.	System Status	Code Code	Status C	Code	Medical Facility	
					$\dashv \dashv$			++			
								++			
								1			1

	= Direction	1 = Vehicle 1 2	= Vehicle 2	♀ Pedesti	ian 🚳 :	= Bicycle	
Crash Diagram:	ie: →	→ [2		₩Ŷ	→ ॐ		
	18 west st./	16 west st. 16 mailbox	west st.	Utility pole		If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by	ot er
	Trans ort			G			
Crash Narrative:							
	he was traveling						
	then drove around						
	caused him to go o						
	(2) mailboxes 18/1 stopped and contin					e other	
MIKHOWH M/V HEVEL	scopped and contin	ued to leave	che scene	. (FNU/142)	<u> </u>		
·							
						············· 4	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:					 		
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
/ERIZON	28 DIANA LN DR	ACUT MA 01826		4	UTILIT	Y POLE#6	
	16 WEST ST WILMI	NCMON NA 01997		0.7	MA TT DO		
BARRETT DOROTHY F	10 WEST ST WILL	NGTON MA 01867		97	MAILBO	Χ.	
Truck and Bus Inform	ation: Registration #		(From V	/ehicle Section)			
Carrier Name		· · · · · · · · · · · · · · · · · · ·				Bus Use	42
Address			City		s	t Zip	
			·			-	
43	State Number44		_ Issuing State	iviC/MX	100 #:	<u> </u>	
	o Body Type Code	GVWR/GCWR	과학학		Г	. :46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ler Length		
Hazmat Information:	70				_		49
Placard 47 Material	Material Na	пе		N 4-4-2-1 4 - 42	1. 11	i	

Patrol Officer Paul W Jepson Police Officer Name (Please Print)

142

Wilmington Police Department
Department Precinct/Barracks

02/05/2022

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedesti	rian Ø5 = Bi	cycle	
Crash Diagram:	ie: 👈 🗆	→ [7	· -	▶ĝ	→ ॐ		
		- F				If Crash <u>Did Not</u> (on a Public Way:	
						☐ Garage	
						Garage	
		ne nggaraga aga kanangang anggarag nganon ya kanangan	alanne an far en ende er en fran 19 404 Mikron eke sku met V 4 🐃 e			Mall/Shopping Center	
						Other Private Way	
	A P	16 west St./				Indicate North by A	Arrow
	18 west st./ mailbox	mailbox 16	6 west st. Ŭ	tility pole		\bigcirc	
Crash Narrative:							
Oper.#1 related a	s he was traveling o	n West st.,	there was a	nother i	m/v behind.	This m/v	
began tailgating,	then drove around h	im and trie	d forcing hi	m off th	he roadway.	Oper.#1	
also related this	caused him to go on	to the snow	banks on the	side o	f the roadw	ay, causing	
him to strike two	(2) mailboxes 18/16	and then c	rash into a	utility	pole. The	other	
unknown m/v never	stopped and continu	ed to leave	the scene. (PWJ/142)		
Witnesses:		T	······································		m		
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	maged Property	
BRIGGS PETER J	18 WEST ST WILMING	TON MA 01887-300		97	MAILBOX		
Truck and Bus Inform	nation: Registration #		(From Vehi	icle Section)			42
Carrier Name		·	· ·····			Bus Use	74
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
<u></u>	go Body Type Code	GVWR/GCWR	45		1	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length		
Hazmat Information:	10						40
Placard Materia	l 1 digit # 48 Material Nam	e		_Material 4 dig	gil #	Release code	49
Patrol Officer Pa	ul W Jenson		142 Wi	lmington	Police De	partment 02/	05/2022

Police Officer Name (Please Print)

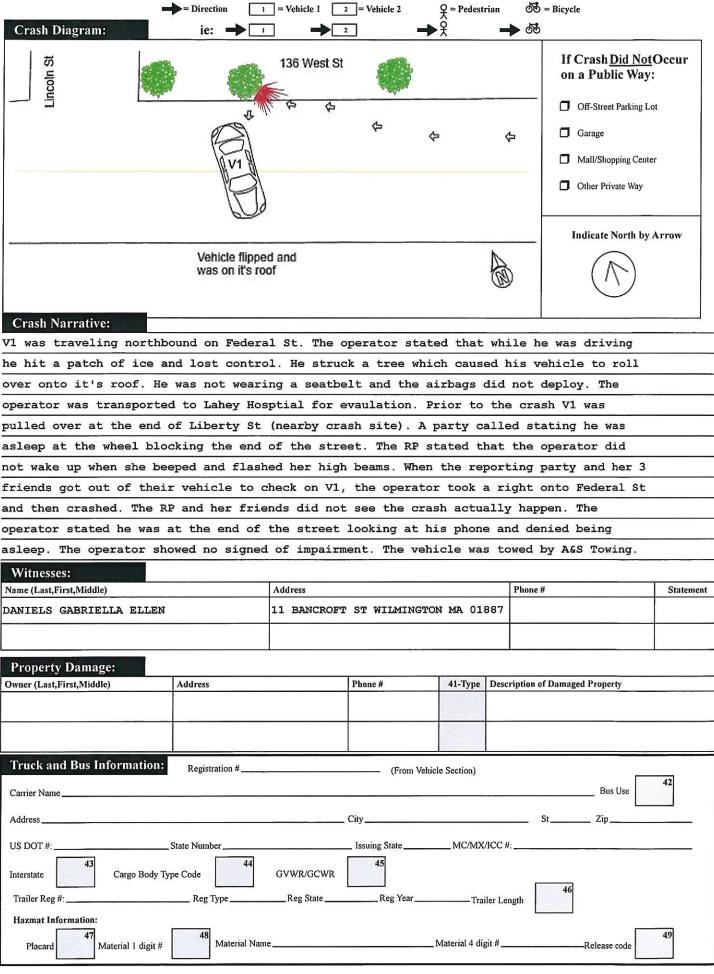
Signature

ID/Badge#

Department

Precinct/Barracks

	Pol	lice Use Only	Com	monwealth of Massachusetts					RMV Document Number		
	Date of Crash 02/05/2022	Time of Crash 1753 Wil	City/Town mington	Motor Vel	iicle Crash	Number Vehicles	Number Injured	Speed Limi Latitude	Lucai i	Police C	
	02/03/2022	24HR	ming con	Police	Report	1	1	Lantide Longitude_	Campu Other:	ıs Police 🔲	<u> </u>
		AT INTERSECT	TION:	< LOCA	ATION >		NOT A	r inter	SECTION:		<u> </u>
						136	वताचाच	RAL S	idi		2 10
<u> </u>	Route# Dire	ction	Name of Roadway/S	treet	Route# Direction	Address #	<u> </u>	Name of	Roadway/Street		
15			At		Feet N S	E W of		_ • _	or		
	Route# Direc	ction Na	of Intersecting Road	way/Street			Mile Ma	ırker	Exit N	Vumber	1 11
			Also at Intersection v	vith	Feet N S		Route#	Inters	ecting Roadway/	Street	
² 1	Route# Direc	ction Na	me of Intersecting Road	way/Street	Feet NS	EW of					.[
	Please Select (One	#Occupants [7]		<u> </u>				andmark		1
3	of the Followi	ng: Venicie 12	#Occupants Hit		Crash Repor						
		401 40	1A DOB/Age		# <u>4PPM39</u>					21	3 12
	Sex M Lic.	Class D Lic.	Restrictions 1	indorsement	Year 2010				Veli Config.	1 "	
⁴ 1		OST COREY	KEVIN First	Middle	ier FROST , Co		EVIN First		Middle		
1		MAIN ST			ress 626 MAIN	ST	· · · · ·				
		RN Sta			WOBURN				Zip 01801 Code: 11 ²⁷	27 27	
	·	PLYMOUTH			cle Action Prior to Crasl	1 23 23		amageu Are. est Status:	1 28		
5		Direction: NEEW	Responding to Emer		21		- 1	pe of Test:	29		
	,	sued)			t Hannful Event 21	99 ²⁵	25	AC Test Res			21 ¹³
		Sub			er Contributing Code er Distracted by		Si.	sp. Alcohol:	. 33	rug: 2 32	21
⁶ 4	Viol. 3; Ch/Sec/S	Sub ————————————————————————————————————	ator and all occupants in		er Distracted by 99	34 35	36 37	38 39	40	******	1
	Name (Last First M	tiddle)	1	Address	DOB/Age Sex	Seat Safety Pox. System	Airbag Eject Status Code	Trap Injury Code Status	Lahev Cl	eal Facility	_
	Operate	or 	S	ee Above	/X/X	1 0	4 0	0 9	2]
⁷ 1	Please Select C		#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/Run	Moped	1
т	License #		DOB/Age	Reg	#		Reg Type		Reu State		-
	Sex Lic. C	19 19	20		Year					21	
	Operator		E	ndorsement Own	er						
⁸ 1	Address	Lasi	First	Middle	ess		First		Middle		
	City	Stat	eZip	City			Sta	te 2			99 ¹⁴
	Insurance Compa	any		Vehi	cle Action Prior to Crash	1	22 Da	maged Area		27 27	
	Vehicle Travel D	irection: NSEW	Responding to Emer	gency?Even	t Sequence 23	23 23		st Status:	28		
°2	Citation # (1f Issi	ued)		Mosi	Hannful Event	24	•	pe of Test: AC Test Res			
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	sp. Alcohol:		rug: 32	
	Viol. 3; Cli/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	То	wed from so	ene? 33		
Ī	Ple: Name (Last First Mi	ase fill out for operator/no	n-motorist and all occup-	ants involved Address	DOB/Age Sex	34 35 Segt Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medic	cal Facility	
		or/Non-Motoris	t s	ee Above	\times	1					
}											
}											



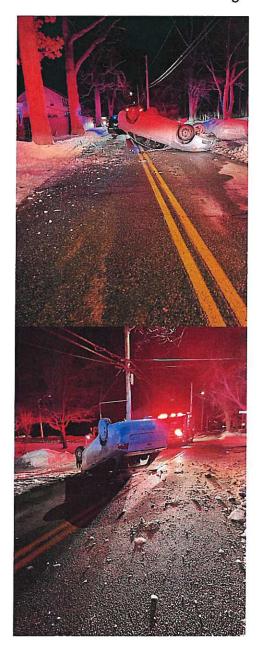
Patrol Officer Emily L Stebbins

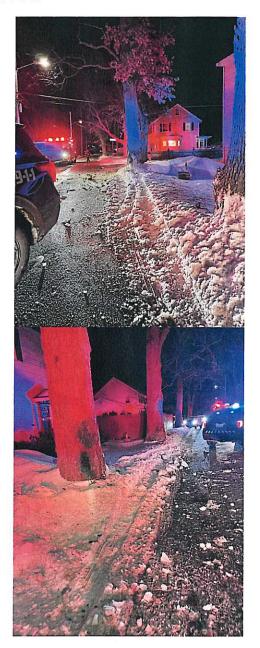
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Wilmington Police Department

02/05/2022

Wilmington Police Department Images Associated with 22-56-AC





Wilmington Police Department

Page: 1

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 22-56-AC

Entered: 02/05/2022 @ 2047 Modified: 02/05/2022 @ 2047 Approved: 02/10/2022 @ 1226 Entry ID: 210 Modified ID: 210 Approval ID: 159

There was no damage to the 136 Federal St property visible. V1 had damage on all sides.

At	tachments for 2	2-56-AC	
De	scription		Type
ИV	INVENTORY		PDF
-	Attachment#:	16BDFFBC2FF6487AA8CB740F74F9CE06	