	Police Use Only Comp												RM	V Docı	ıment N		
	Date of Crash	Programmed State of the State of		ity/Town	Mot	tor Vel	icle Cra	sh		mber nicles	Numbe Injure	4 Popos	d Limit	10	Local	Police Po	
	02/10/2022	1716 24HR	MITWI	ngton		Police	Report		2		0	Latti	ıde itude		Camp Other		
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT	AT IN	TER	SEC'	TION	:	1
																	2 10
	Route# Dire	ection		Vame of Road	way/Street		Route# Direc	tion	210 Addre	)	BAI	LAR			ST /ay/Stree	<u> </u>	
<sup>1</sup> 3	Koule# Dire	ection		At		-	Koute# Direc	ation	Addie	755 H		IN.	anie oi	Roauw	/ay/Siree	L .	-
	1						Feet	N S	E W	of ·		- — Marker	• —	or _	Evit	Number	
	Route# Dire	ection			Roadway/Street			N c	r lw		Mile	Marker	-		EXIL	Number	4 11
			F	Also at Interse	ction with		25		EW		Route#		Inters	ecting I	Roadway	/Street	
<sup>2</sup> <b>1</b>	Route# Dire	ection	Name o	of Intersecting	Roadway/Street	-	Feet	NS	EW	of							
		Ok 5.75					<u> </u>							ındmarl	ζ.		4
<sup>3</sup> 99	Please Select of the Follow		le 1 <u>1</u> #0	Occupants	Hit/Run	Moped	Crash I	Report	ID# Z	22	-5'	7 – <i>2</i> :	C				=
99	License # S1	4528267	St MA	_ DOB/Age_		Reg	# 8AY371				Reg T	vpe PC	;	R	eg State	MA	1
	Sex_F Lic.	10	19	rictions 1	20		Year <b>2014</b>									21	3 12
	1			1	CDL Endorsemen	t	er SURPRE							ven	Comig.		
<sup>4</sup> 1		JRPRENAN Last		NINT TT	Middle			Last			First	_ш		Mi	ddle		
1		JONES A					ress 18 JOI			<u>ti</u>							
		INGTON					WILMING	TON	[					-		27 27	
	Insurance Com	pany CITIZI	ENS IN	SURANC	CE COMPA	<b>N</b> Vehi	cle Action Prior to			11	22	Damage		Code:	7 27 28	27 27	
5	Vehicle Travel	Direction: S	EW	Responding to	Emergency? 2	Ever	t Sequence 2	23	23	23	23	Test Sta			29		1
<sup>5</sup> 2	Citation # (If Is	ssued)				Mos	t Harmful Event	2	24			Type of BAC Te		olt:	30		
	Viol. 1: Ch/Sec	/Sub	Vio	1. 2: Ch/Sec/S	ub	Driv	er Contributing Co	ode	1	25	25	Susp. A			Susp. I	Orug: 2 32	<b>2</b> 13
	Viol. 3: Ch/Sec	:/Sub	Vio	1. 4: Ch/Sec/S	ub	Driv	er Distracted by	0	26			Towed		_	2 33		$\vdash$
<sup>6</sup> 1		Please fill out						DOM:	34 Seat	35 Safety		37 38 ject Trap	39 Injury	40 Transp.			1
	Name (Last First)			<u> </u>	Address		DOB/Age	Sex	Pos.	System	Status C	ode Code	Status	Code	Med	dical Facility	-
	Operat	tor			See Above			X	1	10	4 0	0	10	1			1 .
								3									
	-					-1.10 ps.						+	+				1
		No. 1904				one		14		1925000	15		10				-
<sup>7</sup> 1	Please Select of the Follow		e 2 <b>1</b> _#(	Occupants	Non-Motorist	A Type	15 Action	16 L	ocation	1	17 Cor	ndition	18	D	Hit/Run	Moped	
	License # S9	3880137	St MA	_ DOB/Ag		Reg	#1FDH66				Reg T	ype PC	;	Re	eg State	MA	1
	Sex <b>F</b> Lic.	19	19	rictions 1	20 CDL_	N-2	Year 2008	X	leh Mal	ke V(	_	-			Config.	21	
		- AUCTORN DALKS		0,000	Endorsemen	t	er BOWAB,							von	Comig.		
<sup>8</sup> 99		WAB, AM	Fin	st	Middle		ess 18 HEN	Last			First			Mi	ddle		
-		HEMLOCK		01	1010 460					KD_		- 14	ν -	. 01	010	-0000	1 14
	City ANDO				L810-460		ANDOVER		8		22	State M Damage		-200		27 27	
	Insurance Com	pany <b>ALLST</b>	ATE IN	SURANC	CE COMPA	N Vehi	cle Action Prior to		. 8	4		Test Sta		Code:	2 28		
	Vehicle Travel	Direction:	EW	Responding to	Emergency? 2	Ever	t Sequence 2	23		23	23	Type of			29		
<sup>9</sup> 2	Citation # (If Is	ssued)				Mos	t Harmful Event	2	24			BAC Te		ult:	1 30		
2	Viol. 1: Ch/Sec	:/Sub	Vio	1. 2: Ch/Sec/S	ub	Driv	er Contributing Co	ode	9	25	25	Susp. A	lcohol:	31	Susp. I	Orug: 32	
	Viol. 3: Ch/Sec	:/Sub	lub	Driv	er Distracted by	0	26			Towed	from sc	ene?	2 33				
	19 27 9 38 30 20 2 2 3 3 5 5 5 5	lease fill out for op				red			34 Seat	35 Safety		37 38 ject Trap	39 Injury	40 Transp.			1
	Name (Last First				Address		DOB/Age	Sex	Pos.	System	Status C	ode Code	Status	Code	Ме	dical Facility	-
	Operat	tor/Non-Mo	otorist		See Above			X	1	1	4 0	0	10	1			
															4 324		1
							+					+					1
	I			I			I	1	1 1			- 1	1	1			1

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestr	V 2012	Bicycle	
Crash Diagram:	ie: 🕕 🔟		2	<b>→</b> X	→ 9g		
210 Ballardvale St  MIV 2	MV 1					If Crash Did No on a Public Way  Off-Street Parking I  Garage  Mall/Shopping Cen  Other Private Way	.ot
Crash Narrative:						Indicate North by	Arrow
MV 1 was parked in the	first row, sec	ond spot i	n from the e	entrance o	of the Ta	rget parking	
lot. The registered own	ner was inside	of the st	ore, and the	ere were n	no occupa	nts in the	
vehicle. The operator	of MV 2 was pu	lling into	the parking	g spot to	the left	of MV 1. The	
operator of MV 2, unawa	re of how much	room she	had between	herself a	and MV 1	collided with	
the side of MV 1. Unawa							
shop. The operator of I					able to t	rack down the	
operator of MV 2 and exp	plain to her t	hat she st	ruck her car	<b>:</b>			
Witnesses							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
			w				
Property Damage:	T		T=- :::	Transfer and a			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
1 X							
Truck and Bus Information:	Registration #		(From V	ehicle Section)			42
Carrier Name						Bus Use	12
Address			_ City		S	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	/ICC #:		
Interstate 43 Cargo Body Ty	44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length	46	
Hazmat Information:						100 m (2705)	
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 dig	git #	Release code	49
Patrol Officer Shane A	Foley		211 W	Vilmington	Police I	epartment 02	/10/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

	Police Use Only	Commonwo	ealth	of Massa	ich	use	etts				RMV	V Docu	ment Number	
	TERMINAND VEST SERVICENDEN NOTABLE TOTAL RESIDENCE		or Veh	icle Cra	sh		mber hicles	Num Inju	d	Speed	_	40	State Police Local Police MBTA Police Campus Police	
	02/11/2022 1102 Wilm:	ington P	olice	Report		2		0		Latitud Longit			Campus Police Other:	i
	AT INTERSECTIO	ON:	LOCA	TION :	>			CON	TA T	'INT	ER	SECT	ΓΙΟΝ:	
	Route# Direction	Name of Roadway/Street		Route# Direct	ion .	<b>42</b> !		MI	DD				E EXT	<b>2</b> 10
<sup>1</sup> 1		At		_ [	Mel	E 197/	_						10	
	Route# Direction Name	of Intersecting Roadway/Street		Feet	NISI	EW	of		e Mai	- • rker		or	Exit Number	2 11
		Also at Intersection with		Feet [	N S	EW	of .	Route	#		nterse	ecting R	oadway/Street	3
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Street		Feet [	N S	E W	of	110010	.,			· • • • • • • • • • • • • • • • • • • •		
1												ndmark		_
3	of the Following:		Moped	Crash R										
	License # <b>S52031274</b> St <b>MA</b>	DOB/Age	_	#4YE674									2.1	1 12
	D and a second	strictions CDLEndorsement		Year <u>2020</u>								_ Veh	Config. 2	
	Operator PITZEN, JORDAN  Last F	rirst Middle		er <b>PITZEN</b>	ast			Fir	st			Mid	ldle	-
<sup>4</sup> 1	Address 425 MIDDLESEX A			ess 425 MI			EX	AVI						-
	City WILMINGTON State 1			WILMING!	CON	Г	600000	22					.887-1105 27 27 27 27	-
	Insurance Company UNITED SERV	VICES AUTOMOBIL	_ Vehic	cle Action Prior to			3	22		maged st Stati		Code:	2 27 27 27 28	
<sup>5</sup> 2	Vehicle Travel Direction: N S E	Responding to Emergency? 2	_ Even	t Sequence 1	23	23	23	23		pe of T			29	
2	Citation # (If Issued)	-	Most	Harmful Event	1	24	ماد	0.5	BA	.C Tes	t Resu	ılt:	30	13
	Viol, 1: Ch/Sec/Sub ————Vi			er Contributing Co	de	-	25	25	Su	sp. Alc	ohol:	31	Susp. Drug: 32	1 '
·1	Viol. 3: Ch/Sec/SubVi		Drive	er Distracted by	0	26		T		wed fr		15	2 33	
т	Please fill out for operato  Name (Last First Middle)	or and all occupants 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	Medical Facility	
	Operator	See Above		$\times$	X	1	1	4	0	0	10	1		
						6	4	4	0	0	10	1		
														1
				-										1
				15	16		26.5	17		783	18			-
<sup>7</sup> 1	Please Select One of the Following: Vehicle 21 #	Occupants Non-Motorist A	Туре	Action	L	ocatio	n	C	onditi	on		Н	lit/Run Moped	՝
	The second secon	DOB/Age 10/13/1979	Reg	2VMT69				_ Reg	Туре	PC		Re	g State MA	
	Sex <b>F</b> Lic. Class D 19 19 Lic. Res	strictions CDLEndorsement	_ Veh '	Year <b>2018</b>	v	/eh Ma	ke H	OND	A			_ Veh 0	Config. 2	
³ <b>1</b>	Operator DOUCETTE, JESS			er <b>DOUCET</b>	ast		ESS	ICA Fir	A A	NN		Mid	dle	-
1	Address 33 RACE ST			ess 33 RAC		ST					-			- 14
	City HAVERHILL State 1			HAVERHII	LL			22					830-6632 27 27 27	. 1
	Insurance Company GOVERNMENT	EMPLOYEES INSU	Vehic	cle Action Prior to			1	22		maged st Stati		Code:	27 27 27 28	
	Vehicle Travel Direction: NSE	Responding to Emergency? 2	_ Even	t Sequence 1	23	23	23	23		pe of T			29	
2	Citation # (If Issued)	•	Most	Harmful Event	1	24	25	25	BA	C Tes	t Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub ———Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	PACKED I	3 100	25	25		sp. Alc	Ļ	31	Susp. Drug: 32	
	\$25,000 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ol. 4: Ch/Sec/Sub		er Distracted by	0	26	26	16	20000	wed fr	om sce	ene? 2	2 33	_
	Please fill out for operator/non-r	motorist and all occupants involved Address	l,	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See Above		><	X	1	1	4	0	0	10	1		
														7
			3.											$\dashv$
	l .			1	1							1 1		1

Crash Diagram:	ie: 👈 🛚 1	2	<b>→</b> X	<b>→</b> Ø	<b>ి</b>	
76	425 Middisex Ave.	Ŷ	MV#1	)	If Crash Did Non a Public W  Off-Street Parkin Garage Mall/Shopping C	ay:  g Lot  Tenter
	⇔ Route 62	<b>?</b> ⇔			Indicate North	by Arrow
s MV#1 approached 425 riveway at 425 Middle V#2 continued traveli	esex Ave. Ext. M	V#1 pulled to	the left and			
Witnesses: lame (Last,First,Middle)		Address		Phon	e#	Statement
Property Damage:  Dwner (Last,First,Middle)	Address	Pho	ne# 41-'.	Type Description	n of Damaged Property	
	10					
US DOT #:	State Number y Type Code	GVWR/GCWR Issu		 С/МХ/ICC #:	Bus Use  St Zip	42

	Police Use Only	Com	monwe	ealth	of Mass	ach	use	etts				RM	V Docui	ment Number		L
	Date of Crash Time of Crash	City/Town	Moto	r Veh	icle Cra	sh		ımber hicles	Num	-ad	Speed		25	State Police Local Police	0000	
	02/11/2022   <b>1512</b>   <b>Wil</b> 24HR	Lmington	P	olice	Report		2	meies	0	12	Latitud Longit			MBTA Police Campus Polic Other:	. 0	
	AT INTERSECT	ΓΙΟΝ:	<	LOCA		>			NO				SECT	ION:		1
	And regarding the second of th		alian Paulin San													2 10
	D	N CD 1 11			D D'		12		GI	EN			D . 1 .	104		_
<sup>1</sup> 1	Route# Direction	Name of Roadway/S	sireet	-	Route# Direc	non	Addr	ess#			Nai	ne of	Koadwa	y/Street		
_					Feet	NS	EW	of			- •		or _	Exit Numbe		
	Route# Direction N	ame of Intersecting Road				N C	l r lw	l	Mi	le Mai	rker			EXIL NUMBE	er ·	3 11
		Also at Intersection	with				EW	3	Route	#	1	Interse	cting R	oadway/Street	_	
<sup>2</sup> 1	Route# Direction N	ame of Intersecting Road	dway/Street		Feet	NS	EW	of								
					<u> </u>								ndmark			
3	Please Select One of the Following:	#Occupants Hi	t/Run	Moped	Crash I	Report	ID#	22	-6	1-	-A	C				
	License # <b>S54253701</b> St ]	MA DOB/Age.		Reg	9NX894				Reg	д Туре	PC		Re	g State <b>MA</b>		12
	19 19	. Restrictions 1 20	CDL	_ Veh	Year <b>2014</b>		Veh Ma	ake <b>B</b>	UIC	KS			_ Veh (	Config. 1	21	1 "
	Operator PARSONS, ERI	The second secon	Endorsement		er PARSON											
<sup>4</sup> 2	Address 137 GLEN RD	First	Middle		ess 137 GI	Last			Fi	rst			Mide	ile		
_	City WILMINGTON Sta	ota M7A 7in 0188	7-3535		WILMING					Stat	е МД	7	in 01	887-35	35	
	Insurance Company PROGRESS						1	4	22				Code:		27	
		_			cle Action Prior to	23	23	23	23		st Stati		1	28		
5 1	Vehicle Travel Direction: SEW	Responding to Em	ergency? 2		1 Bequence 1		24			Туј	pe of T	est:		29		
<b>—</b>	Citation # (If Issued)			Most	Harmful Event	1		25	25		C Tes	t Resu		. 30		_ 13
	Viol. 1: Ch/Sec/Sub —	_ Viol. 2: Ch/Sec/Sub _		Drive	er Contributing Co	ode	13	25	25	Sus	sp. Alc	ohol:	2 31	Susp. Drug: 2	32	1 "
<sup>6</sup> 1	Viol, 3: Ch/Sec/Sub	_ Viol. 4: Ch/Sec/Sub _		Drive	er Distracted by	0	26			To	wed fr	om sc	ene?	33		
1	Please fill out for ope	erator and all occupants i	nvolved 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	Medical Facil	itv	
	Operator		See Above		DOBINGE		1	1				10	1	Wiccicai I acii	.iy	
	Орегию					<b>K</b> >	\ <u></u>			_		10	,			
		F.				t	4	4	4	0	0	10	1			
						1	6	4	4	0	0	10	1			
_	Please Select One Vehicle 22	#Occupants   No	n-Motorist A	Type	15 Action	16	Locatio		17	Conditi	on	18		it/Run 🔲 M	loped	
<sup>7</sup> 1	of the Following:	"Cecapants 140	n-Motorist A							Jonani	OII		<b>—</b> "	IVKuii 🗀 IV	Topeu	
		MA DOB/Age_		leg #	4RK147				Reg	Туре	PC		Reg	State MA	21	
	Sex_ <b>F</b> Lic. Class D 19 Lic.	Restrictions 20	CDL Endorsement	_ Veh	Year <u>2013</u>		Veh Ma	ake <u>B</u>	MW				_ Veh (	Config. 1		
0	Operator KARANI, RUPA		Middle	_ Own	er <b>KARANI</b>	, E	RUP	AL	Fir	rst			Mide	lle		
<sup>8</sup> 1	Address 61 ASHWOOD AV	E	1+IIIIIC	_ Addr	ess 61 ASI	OWE	OD	AVI					IVIIOC			_
	City <b>WILMINGTON</b> Sta	nte <b>MA</b> Zip <b>0188</b>	7-4403	City	WILMING	TON	ī			_ Stat	e <b>MA</b>	z	ip <u>01</u>	887-44	03	1 14
	Insurance Company <b>GOVERNMEN</b>				cle Action Prior to	Crash		1	22	Da	maged	l Area	Code: 2	27 27	27	
	Vehicle Travel Direction: N S W W	•			Torrica to	23	23	23	23	Tes	st Statu	ıs:	1	28		
	Citation # (If Issued)	]k			Harmful Event	1	24				pe of T			29		
<sup>9</sup> 2					er Contributing Co	nde	1	25	25		C Tes		4	30	32	
	Viol. 1: Ch/Sec/Sub ————					7000000	26			Sus	sp. Alc		- 5	Susp. Drug: 2	34	
	Viol. 3: Ch/Sec/Sub	Driver distracted by U														
	Please fill out for operator/r	non-motorist and all occu	Address	31	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	38 Trap Code	Injury Status	Transp. Code	Medical Facil	ity	
	Operator/Non-Motoris	st	See Above		$\rightarrow$	X	1	1	4	0	o	10	1			
			-			<i>y</i> \	3	1	4	0	0	10	1			
							-									
							_								-	

