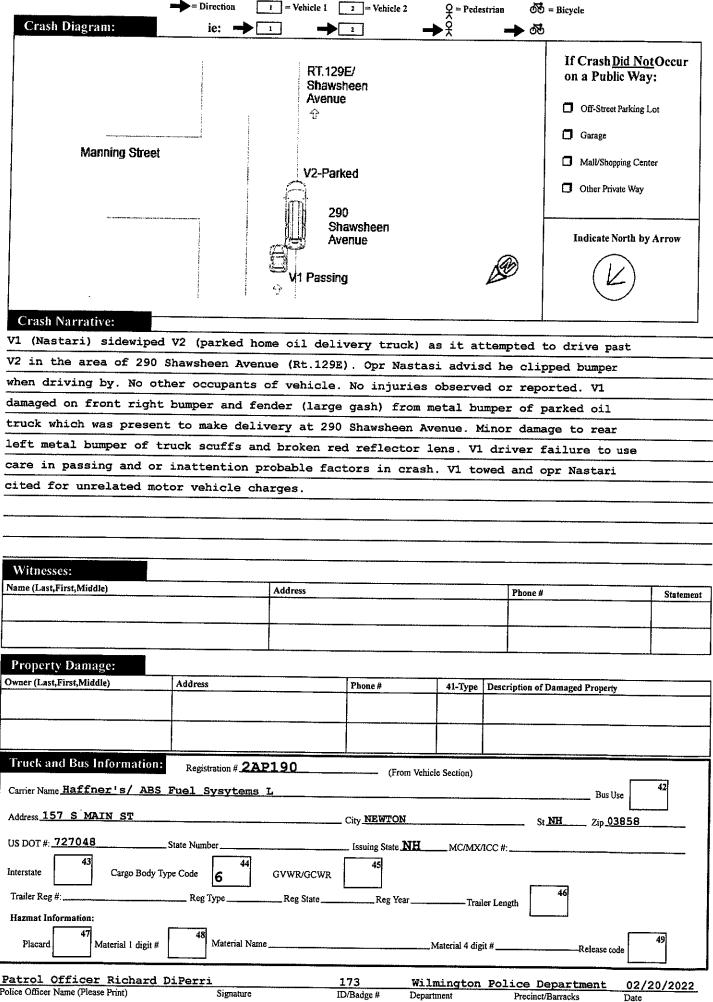
	Police Use Only	Comi	nonwealth	of Massacl	husetts	RMVD		
	Date of Crash Time of Crash 02/20/2022 0913 Will	City/Town	Motor Vel	icle Crash	Number Number Vehicles Injured		State Police Local Police MBTA Police Campus Police	
	02/20/2022 U913 W11	mington	Police	Report	2 0	Latitude	MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOCA	ATION >	NOT	AT INTERSE		7
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	Route# Direction	Name of Roadway/Str	eet	129 E Route# Direction	290 SHA	WSHEEN A		
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,		1 200 de linologototi (1)		Feet N S	Route#	Intersection	g Roadway/Street	-
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	reet [11] B				_
	Please Select One of the Following. Vehicle 11	#Occupants Type			00 66	Landm	ark	1
3	of the Following:	_#Occupants Hit/F	Run Moped	Crash Report	1D# 22 – 68	-AC		_
	· · · · · · · · · · · · · · · · · · ·	A DOB/Age	Reg	2AP190	Reg Ty	pe AP		12
	Sex M Lic. Class B M Lic.	Restrictions CI	OL Veh	Year <u>2009</u>	Veh Make Intern	ational V	eh Config. 6	3 "
4	Operator ISAAC MEDINA,	ROCKY MEL		er ABS FUEL		LC		
⁴ 1	Address 94 TENNEY ST	APT A	Addr	ess 191 S MA	IN ST		Middle	
	City METHUEN State	e MA Zip 01844	-4358 City	NEWTON	s	tate NH Zip	038583711	
	Insurance Company IMPERIUM		Vehic	le Action Prior to Crash	22	Damaged Area Cod		
	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Event	Sequence 23		Test Status:	1 28	
•	Citation # (If Issued)	_	-	Harmful Event 1	24	Type of Test:	29	
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub		r Contributing Code	- 25 25	BAC Test Result:	30	13
		Viol. 4: Ch/Sec/Sub		r Distracted by	<u></u>	Susp. Alcohol: 2		2
1		tor and all occupants invo		Districted by	34 35 36 37	38 39 40	2	-
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Airbag Ejec Pos. System Status Code	t Trap Injury Trans Code Status Code	p. I	
	Operator	See	Above	$\times x$	1 1 4 0	0 10 1		
								1
	Please Select One Market of			15 16		70		1
1	of the Following:	#Occupants Non-N	Iotorist A Type	Action L	ocation 17 Cond	ition 18	Hit/Run Moped	
		A DOB/Age	Reg#	3HSJ39	Reg Typ	e PC	Reg State MA	1
	Sex M Lic. Class D 19 Lic. R	estrictions 20 CDI	Veh Ye	ear 2014 V	eh Make MAZDA	Ve	h Config. 1	
	Operator NASTARI, MICHA	AEL P	orsement Owne	NASTARI,	MICHAEL P			
1	Address 157 NORTH ST	rust	Middle Addre	ss 157 NORTH	First		Middle	
	City BOSTON State	MA Zip 02109-	-1404 City E	SOSTON	Sta	ate MA Zip O	2109-1404	1 14
	Insurance Company		Vehicle	e Action Prior to Crash		amaged Area Code		
	Vehicle Travel Direction: NSWW	Responding to Emerger	icy? 2 Event	Sequence 23 2		est Status:	1 28	
	Citation # (If Issued) T2447023	_	•	· <u>E _1 _</u>	7:	ype of Test:	29	
2		riol. 2: Ch/Sec/Sub 90		<u> </u>	m 25lm = 25l	AC Test Result:	30	
		iol. 4: Ch/Sec/Sub		<u>L</u>	26	usp. Alcohol: 2 31	Susp. Drug: 2 32	
-	Please fill out for operator/non-				34 35 36 37	owed from scene?	1 "	
-	Name (Last First Middle)	•	dress	DOB/Age Sex	Seat Safety Airbag Eject Pos. System Status Code	Trap Injury Transp. Code Status Code	Medical Facility	
	Operator/Non-Motorist	See /	Above	$\times X$	1 4 0	0 10 1		
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	Police Use Only	monwealth	ealth of Massachusetts					RMV Document Number							
	Date of Crash Time of Crash 02/21/2022 1807 Wili	City/Town	Motor Vel	nicle Cra	ash			Number Injured	Opti	ed Lim	it 4		Police Police		
	24HR	airing con	Police	Report		2	(. *	Lan	tude gitude .		Campi Other:	A Police [us Police [3	
	AT INTERSECT	ION:	< LOC	ATION	>		N	OT A	T IN	TEI	RSE	CTION:			
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¹ 4		At			N/C	E W	_								
	Route# Direction Nan	ne of Intersecting Roadw	vav/Street	Feet	[N]3	EW	of	Mile M	arker	•	- or	Exit ?	Number		3
		Also at Intersection w	ith	Feet	N S	E W		oute#		T		S 1	ο	5	_
² 1	Route# Direction Nam	ne of Intersecting Roadw	av/Street	Feet	NS	E W	of K	outen		inter	secting	Roadway/	Street		
											andma	rk			
3	Please Select One of the Following:	_#Occupants Hit/I	Run 🔲 Moped	Crash l	Report	ID# 2	2-	69	-A	C					
<u> </u>	License # S90701751 St. M	A_DOB/Age	Reg	# <u>VTR823</u>				Reg Tyr	e PC	·	F	Reg State	ν/A	┪	_
	Sex.M Lic. Class D 19 19 Lic. R		DL Veh									_	21	1 12	2
	Operator BIRTWISTLE, M	ATTHEW C	dorsement Own	Owner BIRTWISTLE MATTHEW C											ل
⁴ 1	Address 21 TAMAROCK TE	Middle Addr	ess 21 TAN	Iasi MAR(OCK	TER	First			N	fiddle				
	City STONEHAM State	-1435 City	STONEHA	M			St	ate M	A	Zìp O	2180-	-1435			
	Insurance Company USAA GENER	AL INDEMNI	TY CO Vehic	le Action Prior to	Crash	1	22	Е	amage	d Area	a Code	6 27	27 27		
5	Vehicle Travel Direction: N S W	Responding to Emerge	ency? 2 Event	Sequence 42	23 1	23 2	3 23	T	est Sta	tus:		1 28			
	Citation # (If Issued) T2446882			Harmful Event	1	24	. <u>I</u>		ype of			30			
	Viol. 1: Ch/Sec/Sub 90 24 \	riol. 2: Ch/Sec/Sub 90	24 Drive	r Contributing Co	de	10 ²	9	25	AC Te usp. Al			1	rug 2 32	1 13	1
6	Viol. 3: Ch/Sec/Sub <u>89 4A</u> v	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	5	26	-JI		owed f		_	1 33	12	F-	J
⁶ 1	Please fill out for operat Name (Last First Middle)	•				Scat S	35 36 sfety Airl	ng Eject	38 Trap	39 Injury	40 Transp.			-	
	Operator		Address Above	DOB/Age	Sex	Pos. S:	stem Stat	us Code	Code	Status 10		Medic Lahey Cl.	al Facility inic	-	
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1	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	15 Action	16 L	ocation	17	Condit	ion	18		Hit/Run [Moped		
_	License # S75848904 St MA	DOB/Age_	_ Reg#	8XL219			R	eg Type	PC	<u></u>	R	eg State M	[A	_	
	Sex F Lic. Class D Lic. Re	strictions 20 CD	Veh Ye	ear 2018		eh Make						Config.	1 21		
	Operator DIPPLE, JANET	ALIX	orsement 	DIPPLE											
1	Address 15 WYNCREST CIF		Middle Addre	ss 15 WYN	is CRE	ST	CIR	First			Mi	ddle			
	City ANDOVER State	MA Zip 01810-	-6042 City 7	NDOVER				Stat	te M Z	z	ip 01	L810-	6042	1 14	
- 1	Insurance Company THE COMMER	CE INSURANC	CE CO Vehicle	e Action Prior to	Crash	1	22	Da	maged	і Агеа	Code:	6 27	27 27	<u> </u>	ĺ
- 1	Vehicle Travel Direction: N S E	Responding to Emerger	ncy? 2 Event	Sequence 1 2	3 2	3 23	23		st State			1 28			
\exists	Citation # (If Issued)		Most F	łamful Event	1	24		-	pe of T AC Tes		16.	30			
_	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le [L ²⁵	2	-sl		-	2 31	1	ug 2 32		
	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub ——	Driver	Distracted by	0	26			wed fr	-	$\overline{}$	1 33	- ا		
	Please fill out for operator/non-n	•	s involved	DOB/Age		34 3 Seat Sai	ety Airba	J7 g Eject	36 Trap	39 injury	40 Trensp.			†	
ļ	Operator/Non-Motorist	T"	Above	DOB/Age	Sex	Pos. Sys	em Status			Status 10	Code 1	Modica	l Facility	1	
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	WINE THE. (1/201 COUNTY) 07/16														

passing the on ramp to 193SB. After passing the ramp, V1 swerved across the double yellow line and into the WB side of Rt62. V2 which was traveling WB was forced to swerve into the breakdown lane to avoid a head on collision. V1 made contact with V2 striking the vehicle and caused it to spin several times until it came to rest were I discovered it. After striking V2, V1 traveled approx. 1/4 mile down Rt62 were it stopped by the 193NB on ramp. Officers located the vehicle and through investigation determined that the OPR was intoxicated. OPR 1 was transported from the scene by WFD to the Lahey Hospital for medical treatment. A immediate threat on OPR 1 was filed due to this accident. Both vehicles were cowed from the scene by Forrest Towing to their facility. The occupants of V2 refused medical offered to them. While on scene W1 related a similar account of the accident. Wilnesses: Name (Last,First,Middle) Address Phone # Stat JAMIESON TIMOTHY S 12 DENAULT DR WILMINGTON MA 01887 2 Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Bus Use 42 Address City State Number Busing State MCMX/ICC #: US DOT #: State Number Issuing State MCMX/ICC #:		= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestriar	a 050 = 1	licycle	
Crash Narrative: Through my investigation of this MVA I learned the following:VI was traveling EB on Rt62 Passing the on ramp to 1938s. After passing the ramp, VI swerved across the double yellow line and into the WB side of Rt62. V2 which was traveling WB was forced to swerve into the breakdown lame to avoid a head on collision. VI made contact with V2 striking the whole and caused it to spin several times until it came to rest were I discovered it. After striking V2, VI traveled approx. 1/4 mile down Rt62 were it stopped by the 193Ns on ramp. Officers located the vehicle and through investigation determined that the OPR was intoxicated. OPR I was transported from the scene by WFD to the Lahey Hospital for medical creatment. A immediate threat on OPR I was filed due to this accident. Both vehicles were lowed from the scene by Forrest Towing to their facility. The occupants of V2 refused section offered to them. While on scene WI related a similar account of the accident. Winnesse: Winnesse: Direct (LastFirstMiddle) Address Laddress Laddress Address Address Address Address Address Address MCMAXICC # Intellige Reg ** Reg Type Reg Type Code Address Reg Type Reg Sue Reg Yeer Table League Truck and Bus Information: Registration # Registratio	Crash Diagram:	ie: →	1 -	2	→Ŷ	→ ॐ		
Truck and Bus Information: Cargo Page Mail/Simpring Center								
Ri 62 over 183 Gings Mail/Stopping Conter Mail/Stopping Conte				V2			Off-Street Parking	Lot
Crash Narrative: Through my investigation of this MVA I learned the following:VI was traveling EB on Rt62 passing the on ramp to 1935B. After passing the ramp, VI swerved across the double yellow line and into the WB side of Rt62. V2 which was traveling WB was forced to swerve into the preakdown lane to avoid a head on collision. VI made contact with V2 striking the vehicle and caused it to spin several times until it came to rest were I discovered it. After striking V2, VI traveled approx. 1/4 mile down Rt62 were it stopped by the 193NB on ramp. Pfficers located the vehicle and through investigation determined that the OFR was intoxicated. OFR I was transported from the scene by WFD to the Labey Hospital for medical creatment. A immediate threat on OFR I was filed due to this accident. Both vehicles were coved from the scene by Forrest Towing to their facility. The occupants of V2 refused medical offered to them. While on scene WI related a similar account of the accident. Winexes: Name (LastFirstMiddle) Address Phone # 41-Dyes Description of Damaged Property Property Damage: Description of Damaged Property Truck and Bus Information: Registration # Fear Was State McACKICC # Fame # Reg State Reg State Reg Year Timber Length ### Address Chip Reg # Reg Type Reg State Reg State Timber Length ### Address Chip Reg # Reg Type Reg State Reg Year Timber Length ### Address Timber Length ### Harmatt Information: ### Address Timber Length ### Harmatt Information: ### Address Timber Length ### Address			\$ P	M	. 5	W1	☐ Garage	
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Address Phone # Addres	striking V2, V1 trave	ed approx. 1/4	mile down	Rt62 were it	stopped by	y the I93	NB on ramp.	
Intoxicated. OPR 1 was transported from the scene by WFD to the Lahey Hospital for medical creatment. A immediate threat on OPR 1 was filed due to this accident. Both vehicles were coved from the scene by Forrest Towing to their facility. The occupants of V2 refused nedical offered to them. While on scene W1 related a similar account of the accident. Witnesses: Name (Last,First,Middle) Address Phone # Stat IZ DENAULT DR WILMINGTON MA 01887 Property Damage: Dener (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Property Damage: Carrier Name Registration # (From Vehicle Section) Carrier Name Bus Use 42 Address City St Zip US DOT # State Number Issuing State MC/MX/ICC # Trailer Reg # Reg Type Reg State Reg Year Trailer Length Address Reg Type Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length								
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cowed from the scene by Forrest Towing to their facility. The occupants of V2 refused sedical offered to them. While on scene W1 related a similar account of the accident. Witnesses: Name (Last,First,Middle) Address Address Phone # Stat Denority Damage: Denority Damage: Denority Carrier Name Address Cargo Body Type Code Address City State Number Issuing State MC/MX/ICC #: Lasterstate 43 Cargo Body Type Code Address Reg State Reg State Reg State Reg State Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg State Reg Year Trailer Length Registration:								
Note of the medical offered to them. While on scene WI related a similar account of the accident. Witnesses: Name (Last, First, Middle) Address Denote the medical offered to them. While on scene WI related a similar account of the accident. Phone # State Stat								
Witnesses: Name (Last, First, Middle) Address Phone # Stat JAMIESON TIMOTHY S 12 DENAULT DR WILMINGTON MA 01887 Property Damage: Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Bus Use 42 Address City State Number Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg State Reg Year Trailer Length Address Trailer Length Address Address Reg Type Reg State Reg State Reg Year Trailer Length Address Address Address Reg Type Reg State Reg State Reg Year Trailer Length Address Address Address Reg Type Reg State Reg Year Trailer Length Address Address Address Address Reg Type Reg State Reg Year Trailer Length Address Address Address Address Reg Type Reg State Reg Year Trailer Length Address								
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Description of Damaged Property Property Damage: Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Name State Number State Number Issuing State MC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg State Reg State Reg State Reg Year Trailer Length 46 Hazmat Information:			Address			Phone #		Statemen
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Truck and Bus Information: Registration #								
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47]	Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer L	ength	46	
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atrol Officer Michael E Johnson 199 Wilmington Police Department 02/21/20	atrol Officer Michael E	Johnson		199 174	lminator 2-	lica b		/21/2022

							alth of Massachusetts					RMV Document Number				
	Date of Crash 02/22/2022	Time of Crash	ts: 1.	City/Town nington	Mot	tor Vel	icle Cra	sh	Numbe		-d Pr	ed Limi	it 25	Local Police	0800	1
		24HR		illig con		Police	Report		1	0	Lab	itude gitude _		MBTA Police Campus Police Other:	_ 8	
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ı .	Route# Direc		<u>STNU'</u>	Name of Roadway/St	reet		Route# Direct	tion A	ddress#		1	Name of	f Roadw	vay/Street		H
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² 1	Route# Direc	шол	Nan	e of Intersecting Roadv	/ay/Street							L	andmarl	k		
³ 97	Please Select (of the Followin		e 1 1	#Occupants Hit/	Run	Moped	Crash R	eport ID	# 22	2-7) — <i>I</i>	4C				
97		.644696	g, M	A DORMAN										. 30%		
	Sex F Lic. C	10 1	19	20	~*		#3FG864							eg State MA	21	1 12
		RY-KENYO		Er	DL idorsement	Į.	Year 2016				COLLE	14	Veh	Config.	_	
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⁵ 2	Vehicle Travel Di		JE W	Responding to Emerg	ency? 2		Sequence 22		1	23	Туре о			2 29		
	Citation # (If Issu						Harmful Event				BAC T	est Res	ult:	5 ³⁰		12
	i			riol. 2: Ch/Sec/Sub 90			r Contributing Cod		┉┈	25	Susp. A	dcohol;	1 ³¹		32	22 ¹³
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<u></u>	Name (Last First Mic		for operat	or and all occupants inv	olved Address		DOB/Age	Sex Po	at Safety	Airbag E	ical Trap	39 Injury Status	40 Transp. Code	Medical Facility	,	ı
	Operato	r		Se	e Above		\times	X 1		4 0	0	10	1			i
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4	Please Select Or of the Following		2	#Occupants Non-	Motorist A	Туре	Action	Loca	tion	17 Cor	dition	18	П	lit/Run 🔲 Mo	ped	ı
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- 1	Sex Lic. Cl	ass 19 19	3	strictions 20 CD	L	_	ear			_ •	•				21	
	Operator	<u> </u>	1		dorsement		r						1011	ounig.	-	
1	Address	Last	1	first	Middle		La SS	si		First			Mid	kile		
	City		State_	Zip				•			State	7	in			1 14
- 1				•		_	e Action Prior to C	`rash		22	Damage		·	27 27	27	
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- 1	Citation # (If Issue				, , 		Harmful Event	24			Type of	Test:		29		
2 I	·	•		ol. 2: Ch/Sec/Sub ——			Contributing Code		25	25	BAC Te	r		30		
	Viol. 3: Ch/Sec/Su			ol. 4: Ch/Sec/Sub			Distracted by	26			Susp. Al Towed f	L	31	Susp. Drug:	32	
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-	Name (Last First Midd	lie)		•	Address		DOB/Age	Sex Pos		Airbag Ej Status Co	et Trap de Code	Injury Status	Transp. Code	Medical Facility		
	Operator	/Non-Mot	orist	See	Above			X 1]	
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Crash Diagram:	ie: → [→	2	→ 🕅	→ &	5	
36	24.						
To quality	SA Cheshurst In The Cheshurst		41	149 Chi	estnut St Wailbox	If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cen Other Private Way Indicate North by	cot ter
Crash Narrative:							
1 was travelling sou	thbound on Ch	estnut and t	he operator	r struck	a mailbo	ox in front of	
19 Chestnut St, contin	ued to drive	towards Burl	ington and	continu	ed to str	rike three	
elephone poles.							
			<u> </u>				

Witnesses:							
		Address			Phone	#	Statement
Witnesses: ame (Last,First,Middle) FFORD HALEY RAE			WILMINGTON M	/A 01887-	Phone	#	Statement
nme (Last,First,Middle)			WILMINGTON M	4A 01887-		#	Statement
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	Pol	nonwealth	of Massa	ach	uset	ts	Γ	RM	AV Doc	cument Number	···········]			
	Date of Crash 02/22/2022	Time of Crash	ស÷ា÷	City/Town nington	Motor Vel	nicle Cra	sh	Numl Vehic		500	ed Lim	it3.	5 State Police Local Police MBTA Police	0800	1
	,,	24HR	77-1-4	aring con	Police	Report		2	0	Lat	itude igitude _		Campus Police		
		AT INTERS	SECT	ION:	< LOC/	ATION :	>		NOT	AT I	NTE	RSEC	TION:		<u>] </u>
								433	3475	FRT (200				2 10
¹ 6	Route# Direc	ction		Name of Roadway/Str	eet	Route# Direct	ion	Address		IN S		f Roady	way/Street		
6	_			At		Feet [ΝX	E W of				- or .			l
	Route# Direc	tion	Nam	e of Intersecting Roadw	ay/Street				Mile	Marker			Exit Numbe	r	2 11
				Also at Intersection w	īth	I .		E W of	Route#	. —	Inter	secting	Roadway/Street		
² 1	Route# Direc	tion	Nam	e of Intersecting Roadw	ay/Street	Feet [N S	E W of							
_	Please Select C	ne 🔽		#0 ·								andmar	k		<u> </u>
³ 97	of the Followii		14	#Occupants Hit/I	Run Moped	Crash Re	eport	ID# 2	2-7:	L - 2	AC				
· •	1	10 10	St _M Z	A_ DOB/Age_	Reg	#3FG864			Reg T	ype P	C	R		<u> </u>	12
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4 ₁		RY-KENYO Last		First	Middle	er KENYON	4st		First			м	iddle	_	
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	1			MA Zip 01887	•	WILMINGT	'ON					-	1887-33		
				SURANCE CO		cle Action Prior to (22	Damag Test St		a Code:	27 27	27	
· 2	Vehicle Travel Di			Responding to Emerge	ency? 2 Even	T Coducino		23 23	23	Type o			2 29		
	1	ed) T24470		-		L	1	24	25	BAC T	est Res	ult:	5 30		121
	1			iol. 2: Ch/Sec/Sub 90		r Contributing Cod		10 ²⁵	25	-	\lcohol:	-		32	1 13
Î	Viol. 3; Ch/Sec/S			iol. 4: Ch/Sec/Sub 89		r Distracted by	5	34 35	36 3	,	from so	ene?	1 33		
	Name (Last First Mid		operate	•	Address	DOB/Age	Sex	Seat Safe Pos. Syste	ty Airbag Ej	ct Trap	injury	Inusp.	Medical Facilit	,	·
	Operato	r		See	Above	><	X	1 1	4 0	0	10	1			ı
						:									
	Please Select Or		1 #	Occupants Non-N	Motorist A Type	15 Action	16	ocation	17 Con	dition	18	<u></u>	Hit/Run Me		İ
1	of the Following							ocation				<u></u>		opeu	ı
	License # <u>S59</u>	10 10		DOB/Age		2WKG48			Reg Ty	•				21	
	Sex F Lic. Cl Operator ARM				orsement	ear 2016			NISSA			Veh	Config. 1	┙┃	
1.	Address 70 G	Lasi	F	irst	Middle	r ARMSTRO	st	•	First	<u> </u>		Mid	idle	-1	
	City TEWKS			MA Zip 01876-		_{ss} <u>70 GEIC</u> Lewksbur		UR		M	78 -	01	876-230	_	14
	-			E INSURANC		e Action Prior to C		2				Code:		27	
	Vehicle Travel Dire	·		Responding to Emerge		Sequence 1 23		13 23		Test Sta			28		
	Citation # (If Issue		1 		•	Harmful Event	<u></u> L	24		Type of	Test:		29	l	
2	Viol. 1: Ch/Sec/Sul	b	Vic	ol. 2: Ch/Sec/Sub		Contributing Code	. [1 ²⁵	25		st Resi		1 30	32	
	Viol. 3: Ch/Sec/Sul			ol. 4; Ch/Sec/Sub		Distracted by	<u>L</u>	26		-	lcohol: from sc		Susp. Drug:		
ŀ			or/non-n	notorist and all occupant				34 35 Seat Safety		t Trap	39 Injury	40 Transp.			
-	Name (Last First Midd	:/Non-Moto	rist		Above	DOB/Age	Sex	Pos. System	Status Cod	e Code	Status	Code	Medical Facility		
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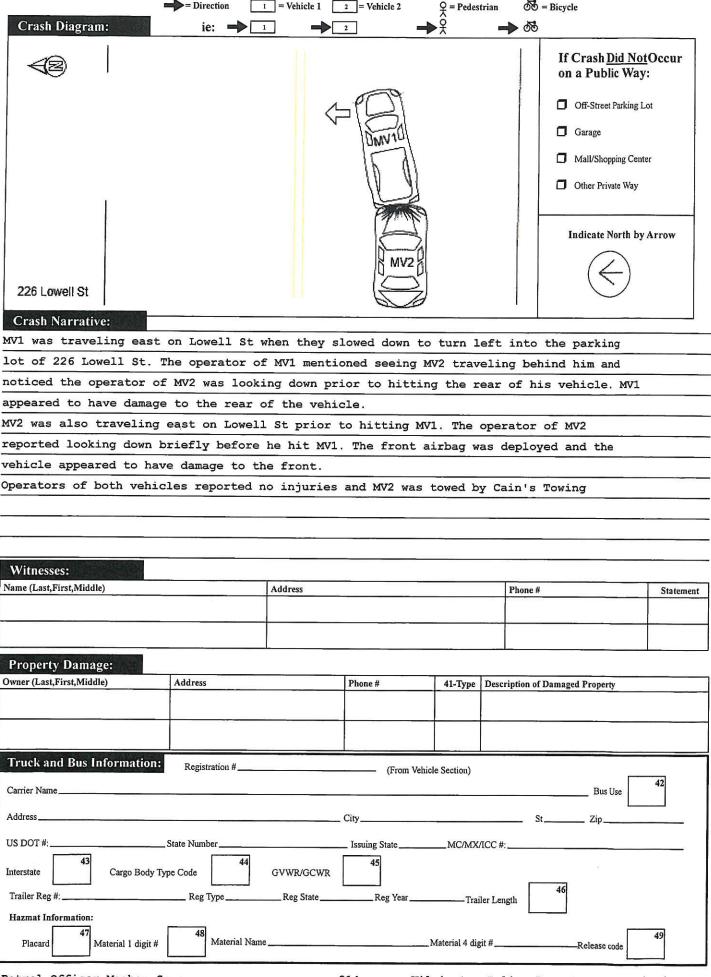
	Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 👧	= Bicycle	
Crash Diagram:	ie: →	→ 「	2	▶ĝ	→ ॐ		
Burlington Ave		M	Punjab Comer 433 Main St MV 2	MV 1		If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cent Other Private Way Indicate North by	ot eer
!				Q	31>	(\rightarrow)	***************************************
Crash Narrative:							
MV 2 was travelling s	outhbound on Ma	in st when	they were app	roaching	g a red :	light at the	
	as travelling s	·				to their	
surroundings. MV 1 r	ear ended MV 2	causing bum	per damage to	the vel	nicle.		
							
		· · · · · · · · · · · · · · · · · · ·			····		
/							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
							<u></u>
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41 Type	Description of	Damaged Property	· · ·
, , , , , , , , , , , , , , , , , , ,	7,001.03		1 hone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	cle Section)			
Carrier Name						Bus Use	42
Address			City				
						t Zip	
US DOT #:	State Number			MC/MX/I	CC #:		
Interstate Cargo Body		GVWR/GCWR	45			<u></u>	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	46	
Hazmat Information:	, , , , , , , , , , , , , , , , , , ,				<u>L</u>		
Placard Material 1 digit	# 48 Material Naur	ne		Material 4 digi	t#	Release code	49
Patrol Officer Shane A	Folor		211 Wil		D-1' F	epartment 02/	22/2022

02/22/2022 Date

Department

	Pol	monwealt	h of Ma	ıssac	hus	etts	}		RM	IV Doc	ument Number				
	Date of Crash 02/24/2022	Time of Crash	Tari 1 m	City/Town	Motor V	ehicle (Crash	N	umber ehicles		الموار ر	ed Limi	t45	State Police Local Police MBTA Police Campus Police	1
	02/24/2022	24HR	MIII	ing ton	Polic	e Repo	rt	2		0	Lan	tude gitude_		Campus Police Other:	5
		AT INTER	SECTI	ON:	< r	CATION	>			NOT	AT IN	TER	SEC	TION:]
								22	6	T.O	WELI	. ст	,		2 10
¹ 4	Route# Direc	ction		Name of Roadway/St	reet	Route#	Direction		ress #					vay/Street	
4	1			At			Feet N S	EW	of				- or _		_
	Route# Direc	ction	Nam	e of Intersecting Roads				1. 1.	- 1	Mile	Marker			Exit Number	2 11
				Also at Intersection v	vith		Feet N S			Route#		Inters	ecting I	Roadway/Street	\vdash
² 1	Route# Direc	ction	Nam	e of Intersecting Roady	way/Street	-	Feet N S	S E W	of						_
	Please Select (٠.1	#Occupants Hit/	Run Mop	4 6	ash Repor	4 ID# ¹	22	_7	2 _ 7		andmarl	K	┪
3	of the Followi					L									
	License # S40	10 1	19	DOB/Age		eg# <u>339J</u>								eg State MA	- 1 12
	Sex M Lic. (<u> </u>		estrictions C E BERT KENNE	ndorsement	/eh Year <u>201</u>								Config. 1	
⁴ 1	· .	ROOSEVE:		First	Middle	wner FULI	Last	•		First	KEN	NET		iddle	-
-	l			MA Zip 01887		Address 11] City WILMI			غلت	עט	. .	775		1887-2815	-
	1			CE INSURAN	ICT CO	ehicle Action Pr			2	22	Damag				
	Vehicle Travel D	·	Mwl	Responding to Emer	10071000	ivent Sequence	23	23	23	23	Test St			1 28	
5		ued)	- K	recapoliding to Emer	-	Jost Harmful Ev	ent 1	24	l_		Type of	f Test:		29	
	·	•		iol, 2: Ch/Sec/Sub		river Contributi	<u> </u>	1	25	25	BAC T			1 30	1 13
	Viol. 3: Ch/Sec/S			iol, 4: Ch/Sec/Sub —	_	river Distracted	_	26		J	Susp. A			Susp. Drug: 2 32	
⁶ 1				or and all occupants inv			<u> </u>	34 Scat	35 Safety	36 Airbag F	37 38	39	40		4
	Name (Last First Mic	- :			Address	DOB/A	ge Sex	Pos.	System 1	Status C	ode Code	Status	Code	Medical Facility	
				36	e Above		$\Rightarrow \sim$	1	1	4 0	0	10	1		_
												<u> </u>			_
								_				ļ			
1	Please Select O of the Followin		21	Occupants Non-	-Motorist A Type	15 Action	16	Locatio	n	17 Co	ndition	18	□ F	Hit/Run Moped	ı
	License # S19	391206	St MA	DOB/Age	R	eg# 1HF2	78			Reg T	уре <u>РС</u>	:	Re	eg State MA	<u> </u>
	Sex M Lic. C	lass D	Lic. Res			eh Year <u>200</u> 8	8	Veh Ma	ke F	ORD			Veh	Config. 1 21	
: I	Operator FER	RER, NO	AH J		idorsement O Middle	wner FERR	ER, I	BRY	AN_	J			Mid	139	
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ŀ	City WILMI	NGTON	State 1	MA Zip 01887	-2863 c	ity WILMI	<u>NGTON</u>	·		_				887-2863	1 14
	Insurance Compar	LIBERT	Y MU	TUAL INSU	RANCE v	chicle Action Pri	or to Crash		1 -	22	Damage		Code:	1 27 27 27 28	
	Vehicle Travel Dia	rection: N S	Xw	Responding to Emerg	ency? 2 E	vent Sequence	1 23		23	23	Test Sta Type of			29	
2	Citation # (If Issue	ed)			M	ost Harmful Eve	ent 1	24	Z-31		BAC Te		dt:	1 30	
	Viol. 1: Ch/Sec/Su	ıb ———	Vi	ol. 2; Ch/Sec/Sub		river Contributin	_	20	25	25	Susp. A			Susp. Drug: 2 32	
ļ	Viol. 3: Ch/Sec/Su			ol. 4: Ch/Sec/Sub ——		river Distracted I	by 99	26	7.5	3e T :	Towed f		L	1 33	
	Plea: Name (Last First Mide	-	ator/non-n	notorist and all occupa	nts involved Address	DOB/Ag	e Sex	34 Seat Pos.	35 Safety System	36 E Airbag Ej Status Co	7 38 cu Trap de Code	19 Injury Slatus	40 Transp. Code	Medical Facility	
	Operator	r/Non-Moi	torist	Sec	e Above		\propto	1	1	1 0	0	10	1		
															1

Form No. 10364 CRA-65 09/18



Patrol Officer Meghan Sousa

214

Wilmington Police Department

02/24/2022

Department

	Pol	lice Use Only		Com	monwealth	of Massac	chuse	tts		RN	AV Doc	cument Number	7
	Date of Crash 02/25/2022	Time of Crash	Ta7 : 1	City/Town	Motor Ve	hicle Cras	h Nur			eed Lim	it1	O State Police Local Police MBTA Police Campus Police	1
	02/23/2022	24HR		Hing con	Police	Report	2	0	' La	titude ngitude .		Campus Police Other:	
		AT INTER	SECTI	ON:	< LOC	EATION >		NO	TAT	NTEI	RSEC	CTION:	
							25		OFTE T	T 05			2 10
1	Route# Direc	ction		Name of Roadway/St	reet	Route# Direction	35 n Addres		OWEL			way/Street	1
1				At		Feet N	S E W o	f			- or		
	Route# Direc	etion	Nam	e of Intersecting Roady	vay/Street				lile Marke		· · ·	Exit Number	, 11
				Also at Intersection w	vith	I ====	S E W o	Rout	te#	Inter	secting	Roadway/Street	<u> </u>
² 4	Route# Direc	tion	Name	e of Intersecting Roady	vay/Street	Feet N	SEWo	f 					_
	Please Select C)ms 524		J							andmar	k	-
3	of the Followi		e 1 4	#Occupants Hit/	Run Moped	Crash Rep	ort ID# 2	2-7	75-	AC			_
	License # S91	1297750		A_ DOB/Age_	Re	# SRS195		Re	g Type <u>C</u>	:0	R	· · · · · · · · · · · · · · · · · · ·	12
	Sex F Lic. (Class D	J	estrictions 1 C	DL Vel	Year <u>2004</u>	_ Veh Mak	FOR	D		Vel	h Config. 21	
4	1	IL, NIC		¶ Pirst		mer FOXS GE	NERAL	CON	TRAC	TING	3 LI	LC fiddle	
⁴ 1	Í	URLINGT				dress 601 LOR	DS CT	1					ĺ
				MA Zip 01803	•	WILMINGTO					-	1887-4500	
	Insurance Compa	·		E CASUALTY		nicle Action Prior to Cra				iged Are Status:	a Code:	0 27 27 27	
5	Vehicle Travel D		[E W	Responding to Emerg	gency? 2 Eve	ent Sequence 1 23	23 2	3 23		of Test:		29	
	Citation # (If Issu			-		st Harmful Event 1	24	1 20		Test Res	sult;	30	13
				iol. 2: Ch/Sec/Sub ——		ver Contributing Code		1 25	Susp.	Alcohol			1
⁶ 3	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub or and all occupants inv		ver Distracted by		35 36	Towe	d from s	cene?	3 33	
	Name (Last First Mic		10t operate	or and an occupants inv	Address	DOB/Age S	Seat Sa	fety Airbag stem Status		ap Injury ode Statu	Transp.	Medical Facility	
	Operato	r		Se	ee Above	$\rightarrow \rightarrow \rightarrow$	1 1	4	0 0	10	1		
]
, 	Please Select O		21 #	Occupants Non-	Motorist A Type	15 Action 16	Location	17	Condition	18		Hit/Run Moped	1
1	of the Followin						Location				<u> </u>		-
	License # S47	10 1	9	DOB/Age	•	# 8ZM870			g Type P	C		eg State MA 21	
- 1	Sex M Lic. C	<u> </u>		strictions 1 CI En	dorsement	Year 2018					Veh	Config. 1	
}_ I	Address 8 TF	Lasi	F	irst	Middle	ner FLANAGAN Last ress 8 TREML	•	Fi	rst	3.N	Mi	iddle	
\dashv	City BILLE			MA Zip 01821		BILLERICA			State 1	ντ λ :	7in 01	1821-5650	1 14
	-			AL INSURAN	•	cle Action Prior to Cra		22				5 27 4 27 27	
	Vehicle Travel Dir			Responding to Emerg	_	nt Sequence 1 23	23 23	23	Test S			1 28	
	Citation # (If Issue	ed)		,	-	t Harmful Event 1	24	LJ	= *	of Test:		29	
2	Viol. 1: Ch/Sec/Su	ıbdı	Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25		Test Resi Alcohol:		30 Susp. Drug: 2 32	
	Viol, 3; Ch/Sec/Su	ıb	Vio	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	·		from so	_	2 33	
ľ		•	rator/non-n	notorist and all occupa			34 3 Seat Sai	ety Airbag	37 3i Eject Tra	p Injury	40 Transp.		1
ŀ	Name (Last First Mide	r/Non-Mo	torist	1	Address e Above	DOB/Age Se	Pos. Sys	tem Status	Code Co	de Status	Code 1	Medical Facility	-
}	- I					+	\ <u></u>						-
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Core I Dive		1 = Vehicle 1 2 = Vehicle 2	Q = Pedestri		
Crash Diagram:	ie:	2	**	→ 85	
	Trainic I	sland in parking fot		If Crash on a Pub	Did NotOccur lic Way:
			35 Lowell S	1 ()+1-Stree	t Parking Lot
		[V1]	Parking Lo	Garage	
				☐ Mall/Sho	pping Center
		NO CO		☐ Other Pri	vate Way
	(V2				
	1			Indicate	North by Arrow
				Δ	
			— (M) (
Call	<u> </u>				
Crash Narrative: V1 was backing up in	the 35 Lowell S	t parking lot. While	backing up	the rear of the t	ruck
struck the rear of V	······································	······································			
There was no damagae					
operator of V1 also	had a suspended :	license and knew of	this. The tr	uck registration	was
also revoked for lac	k of insurance.	There were no injuri	es. V1 was to	owed because of t	he
insurance issue. V2	was able to drive	e home. MA DOT was no	otified of the	he matter because	V1
was a contracted plo	w for the state a	and out plowing duri	ng the snows	torm. Criminal ch	arges
were filed for the o	perator of V1 (Re	port #22-73-AR). Bot	th operators	took their own p	hotos
of the vehicles.					
			·		
Witnesses: Name (Last,First,Middle)				In a	
rvaine (Last, First, Fridate)	······································	Address		Phone #	Statement
Property Damage:		,			
Owner (Last, First, Middle)	Address	Phone #	41-Type I	Description of Damaged Proper	ty
				· · · · · · · · · · · · · · · · · · ·	
Truck and Bus Information	Registration #	(Fro	n Vehicle Section)		
Carrier Name				Bus	Use 42
Address		City		St Zip_	<u> </u>
US DOT #:	State Number	Issuing State_	мслихло	•	
43	44	45	NOTABLE		
<u></u>	dy Type Code	GVWR/GCWR		46	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State Reg Yea	Trailer	Length	
47	48 Matarial No.	e	Massadal 4 JC 5	 H	. 49
Placard Material 1 dig	it # iviatenai Nam	Ç	ivlaterial 4 digit	#Release	ode
Patrol Officer Emily	T. Stobbins	210	Wilminston 1	Police Department	02/01/2022

03/01/2022 Date

Department