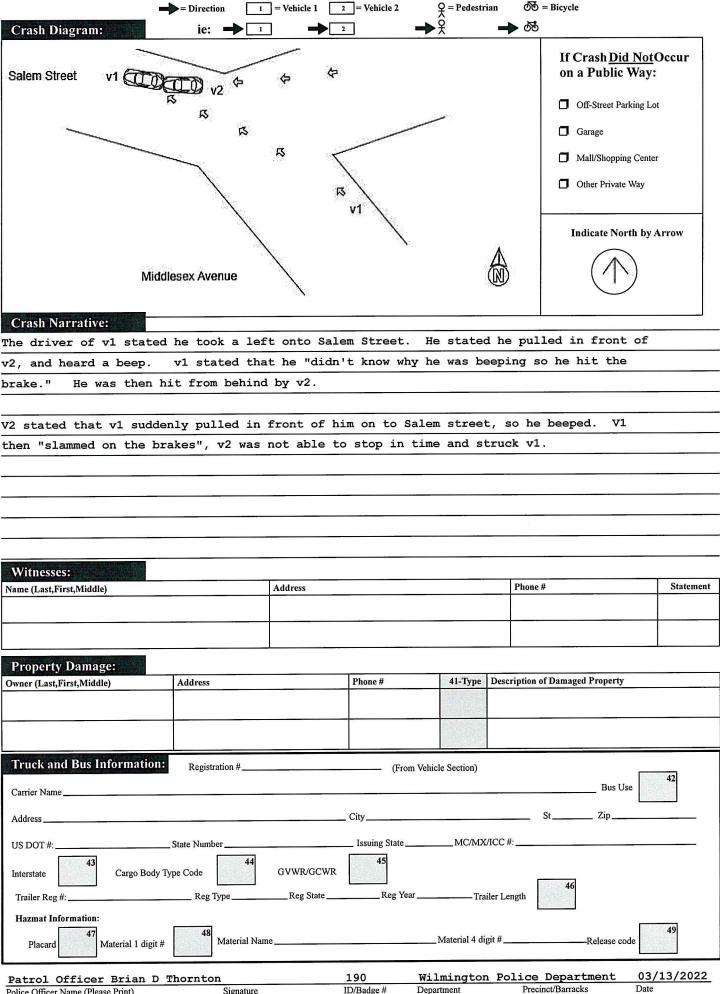
	Police Us	se Only		<u>C</u>	ommon'					use	etts				RM	V Docu		lumber	
	Date of Crash Tim 03/13/2022 15	ne of Crash		City/Town ington		tor Vel			sh		mber hicles	Num Inju	d	Speed Latitud	Limit. de	30	Loca MB7	Police Il Police IA Police ID Police ID Police ID Police ID	
		24HR				Police		ACHPUL MAIL	No.	2		0		Longit			Othe	r:	
	AT	INTERS	SECTIO	ON:	<	< LOCATION >						NO	ГАТ	'IN'	ΓER	SEC'	TION	l:	_ 10
,	Route# Direction			Name of Roa	dway/Street		Route#	Direct	ion	300 Addr		SF	LE	M S		Roadw	ay/Stree	et	2 ~
¹ 1				А	xt .			_Feet [NS	E W	of				_				
	Route# Direction		Name	of Intersectin	g Roadway/Stree	t	-	_reet [11, 5	2 111	OI .	Mi	le Mai	rker		01 _	Exi	t Number	2 11
				Also at Inters	section with		10	Feet	N S	E W	of	Route	#		Interse	ecting I	Roadwa	y/Street	_
² 1	Route# Direction		Name	of Intersectin	g Roadway/Stree	t		Feet	N S	EW	of					ndmarl		,	
3	Please Select One of the Following:	Vehicle	1 <u>2</u> #	Occupants [Hit/Run	Moped Moped	c	rash R	eport	ID#	22	-9	1-	-A	C				
_	License # S479 5	55093	_ St MA	DOB/Age	<u> </u>	Reg	#_6SM6	76				Reg	д Туре	PC		R	eg State		_ 12
	Sex M Lic. Class	19 1	9 Lic. Res	strictions 1	CDL_ Endorseme	Veh	Year 20 :	12	,	Veh Ma	ake <u>H</u>	ONE	Α			Veh	Config.	1 21	1
	Operator MEMO	RY, RI	CHAR	D BRIZ	AN JR	ent Owi	ner <u>MEM</u>	ORY	, F	KRI	STE	N I	EE				ddle		
⁴ 1	Address 6 MAP		. P	irst	Middle		ress 6 M					FI	rsı			MI	adie		ŀ
	City WILMING	STON	State 1	<u>MA</u> Zip 0	1887-173	35 City	WILM:	ING:	CON				_ Stat	e M	1 z	ip <u>0</u> 1	L887	7-1735	
	Insurance Company	ARBELI	A MU	TUAL :	INSURANC	CE Vehi	cle Action I	Prior to	Crash		1	22	Da	mageo	i Area	Code:		27 27	
	Vehicle Travel Directi	Ever	it Sequence	1	23	23	23	23		st Stati			28		l				
5	Citation # (If Issued)			-		Mos	t Harmful E	vent	1	24	100			pe of T		de.	30		
	Viol. 1: Ch/Sec/Sub -				/Sub	Driv	er Contribu	ting Co	de	99	25	25		sp. Ale	st Resu	31	P. Salaya	Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub -						er Distracte	d by	99	26				•	om sc	ene?	2 33	· Banka	
⁶ 1					pants involved			7	15.80 s.400	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	AMORES .		1
	Name (Last First Middle)				Address		DOB	Age	Sex	Pos.	System	Status	Code	Code	Status	Code	М	edical Facility	
	Operator			6 MAPLE R	See Above	!				1	1	4	0	0	10	1			-
	KRISTEN MEMORY	! 			N, MA 01887-17	35			F	3	1	4	0	0	10	1			
⁷ 3	Please Select One of the Following:	Vehicle	2 <u>3</u> #	Occupants [Non-Motoris	st A Type	15 Acti	on	16 I	Locatio	on	17	Conditi	ion	18	ا 🗖	Hit/Run	Moped	
	License # <u>\$8380</u>			_ DOB/Age		Reg	#2ZCN	124				Reg	Туре	PC		R	eg State	MA 21	
	Sex M Lic. Class	19 1 D	Lic. Res	strictions 1	CDL Endorseme	ent	Veh Year 2021 Veh Make BMW Veh Config. 1 21												
8	Operator MCLE	AN, PE	TER F	PHILII	P Middle		ner <u>MCL</u>	1	ast			MAF	rst			Mi	ddle		
⁸ 4	Address 90 MI	NK RUI	N RD			Add	ress <u>90</u>	MIN	KR	UN	RD					-			14
	City N WILMI	INGTON	State _	CT Zip O	1887	City	WILM:	ING:	CON	<u> </u>								7-4547	1
	Insurance Company	THE CO	MMER	CE INS	URANCE (CO Vehi	cle Action l	Prior to	Crash		1	22				Code:	1 27 28	27 27	
	Vehicle Travel Direct	ion: NS	\mathbf{X} w	Responding	to Emergency? 2	Ever	nt Sequence	1	23	23	23	23		st Stat			29		
⁹ 2	Citation # (If Issued)			_		Mos	t Harmful E	vent	1	24				•	st Resu	ilt:	30		
2	Viol. 1: Ch/Sec/Sub -		Vi	iol. 2: Ch/Sec	/Sub	Driv	er Contribu	ting Co	de	99	25	25	Su	sp. Ale	cohol:	31	Susp.	Drug: 32	
	Viol. 3: Ch/Sec/Sub ————————Viol. 4: Ch/Sec/Sub —————						er Distracte	d by	99	26			То	wed fi	rom sc	ene?	2 33		
		fill out for ope	erator/non-r	motorist and a	all occupants invo	lved	Don		S	34 Seat	35 Safety	36 Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	м	ledical Facility	1
	Name (Last First Middle) Operator/	Non-Mo	torist		See Above	5	DOB	/Age	Sex	Pos.	System 1	Status 4	O Code	O Code	10	1	M	Caron I achiny	
	LINDA MCLEAN			90 MINKRU WILMINGTO	N RD N, MA 01887-45	647	T	ı	F	3	1	4	0	0	10	1			
	U ·	7		_					—	6	1	4	0	0	10	1			
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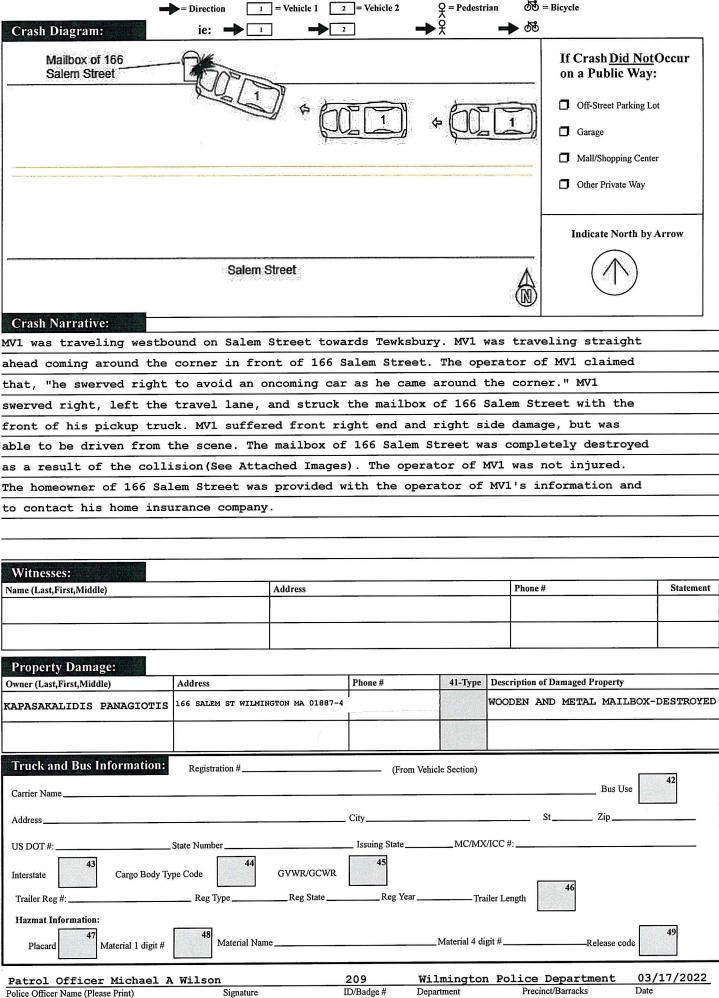
	Police Use Only	Comm	onwealth (of Massac	husett	S	I	RMV Doci	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicle		Speed Li		— Local Police	
	1 1	mington	Police 1	Report	2	Injured	Latitude. Longitud		MBTA Police Campus Police Other:	
	24HR AT INTERSECT	TON	< LOCA	NOT AT INTERSECTION:					1	
	ATIVIERSECT	1011.	DOC.	TION >						2 10
					2	LOW	ELL S			2
1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address	#	Name	e of Roadw	/ay/Street	-
¹ 1		At		Feet N	S E W of			— or		
	Route# Direction Na	me of Intersecting Roadway	y/Street			Mile M	arker	_	Exit Number	2 11
	Control of the Control of Special Control of	Also at Intersection with	h	Feet N	S E W of	Route#		torgooting T	Roadway/Street	
		VI		Feet N	S E W of	Koute#	Ini	tersecting i	Coadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadwa	y/Street					Landmarl	ĸ	-
	Please Select One Vehicle 11	#Occupants Hit/Ru	un Moped	Crash Reno	ort ID# 2	2-92	-AC	4		1
3	of the Following:									4
		A DOB/Age	Reg	97RX51		Reg Ty	e PC	R	eg State MA	1 12
	Sex M Lic. Class D 19 19 Lic.	Restrictions 1 CDI	L Veh '	Year 2013	_ Veh Make	MITSU	BISHI	C Veh	Config. 1	
	Operator CONTARDO, JOS	SEPH LEONARI		er CONTARDO	o, sus	AN E			iddle	
⁴ 1	Address 6 BENEFIT ST	riist		ess 6 BENEF	IT ST	riisi		м	, many	
	City CLINTON Stat	te MA Zip 01510-	-2201 City	CLINTON		St	ate MA	_ Zip_ 0 :	1510-2201	
	Insurance Company THE COMME			ele Action Prior to Cra	ash 2			Area Code:		
				t Sequence 23	23 23	23	est Status	:	1 28	
5	Vehicle Travel Direction: N S E		•	r bequence 1	24	7	ype of Tes	st:	29	
	Citation # (If Issued)		Most	Harmful Event 1		25 H	AC Test I		30	13
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	1 25	25	usp. Alcol	hol: 2 31		1
6	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26	7	owed from	n scene?	2 33	
⁶ 1	00.000 Mg/Mg/Mg/Mg/Mg/Mg/Mg/Mg/Mg/Mg/Mg/Mg/Mg/M	rator and all occupants invo		DON'S O	34 35 Seat Safe	ty Airbag Ejec	38 Trap II Code S	39 40 njury Transp. datus Code	Medical Facility	1
	Name (Last First Middle)		Address	DOB/Age S	Pos. Syst	em Status Cod	0 9		Medical Facility	1
	Operator	See	Above		1 -	1 0			-	
			20	15 16	<u> </u>	17		18		┪
⁷ 1	Please Select One of the Following: Vehicle 21	#Occupants Non-M	Motorist A Type	Action	Location	Cond	ition		Hit/Run Moped	
	License # S41838697 St N	A DOB/Age	Reg	4PY228		Reg Ty	e PC	R	eg State MA	7
	19 19	Restrictions 1 CD	I. Veh '	Year 2014	Veh Make	TOYOTA	4	Veh	Config. 1	1
	Operator LOPES, DAWIDS	End	lorsement	er LOPES, I					The state of the s	
⁸ 1	Last	First	Middle	es 7902 PO		First		М	iddle	
_	Address 7902 POULIOT						3.67	0:	1007-6224	1 14
	City WILMINGTON Star			WILMINGTO	90.00				1887-6234 27 27 27	
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehic	cle Action Prior to Cra	See All	Margar	Jamaged A Test Status	Area Code:	28	
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23 23	23	ype of Te		29	
Q	Citation # (If Issued)		Most	: Harmful Event 1	24		BAC Test 1		30	
⁹ 2	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	19 ²⁵	- 25	Susp. Alco		Susp. Drug: 2 32	
,	M. Talahassa sarat propriate dengan dengan ke-an-an-an-an-an-an-an-an-an-an-an-an-an-	_ Viol. 4: Ch/Sec/Sub		er Distracted by	9 26		owed from		2 33	
	Please fill out for operator/no	WAS COMES THE STATE OF THE STAT			34 3	5 36 37	38 Tmp I	39 40 Injury Transp.		7
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Sys		Trap I Code S	Injury Transp. Status Code	Medical Facility	-
	Operator/Non-Motoris	See See	Above	\rightarrow	1 1	4 0	0 1	.0 1		
					T				[0-74]	
				+ +	+-+	+++				
					+		++	-		-
									1	

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	ØØ = Bicycle			
Crash Diagram:	ie: 🗪[1	2	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow Indicate North				
1				ic .	on a Public W	'ay:		
	Diagram: ie: 1 2 MV2 MV1 2 Lowell St Narrative: d MV2 were traveling west on Lowell Street heading toward Main Street from behind by MV2. Neither vehicle had any noticeable damage and ble. Operator of MV1 claimed that he had some minor back pain due or of MV1 refused any further medical treatment. SSES: st.First,Middle) Address Phone # 41-Type Description # (From Vehicle Section) finne City State Number Issuing State MCMX/ICC # 48 Cargo Body Type Code 44 GVWR/GCWR 45 Lifermation: 47 48 Lifermation: 48 Lifermation: 47 48 Lifermation: 4	Off-Street Parkin	ng Lot					
			☐ Garage					
					☐ Mall/Shopping (Center		
) =	\Rightarrow		Other Private Wa	ay		
MV2	ny.	MV1			Indicate North	by Arrow		
2 Lowell St				\$\langle \text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\tin}}\\ \titt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texi}\text{\texit{\text{\tet				
Crash Narrative:			,					
				Ye have a second				
				back pain	due to the impact.			
Operator of MVI refused	any further	r medical tre	eatment.					
	n :							
		11.11			/ I	101		
Witnesses:								
Name (Last,First,Middle)		Address	2.000		Phone #	Statement		
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Property			
Omer (Entry, 1104).								
					72.69			
Truck and Bus Information:	Registration #		(From	Vehicle Section)		42		
Carrier Name					Bus Use			
Address		-	City		St Zip			
US DOT #:	_State Number		Issuing State	MC/MX/IC	C#:			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46			
Hazmat Information:	100 m 100 m					40		
		Name		Material 4 digit #	Release code	49		
Patrol Officer Daryl J	Ceruolo		212	Wilmington E	Police Department	03/14/2022		

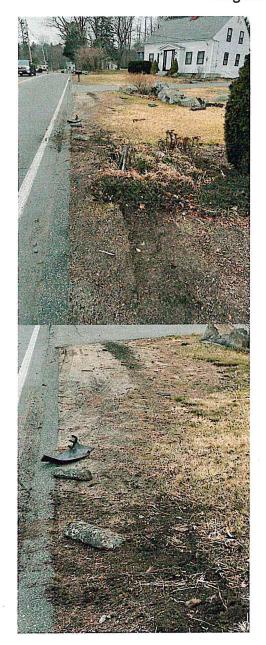
	Pol	lice Use Only		Cor	nmonw	ealth e	of Massa	ach	use	etts				RMV	Docui	ment Nu	mber		
	Date of Crash	Time of Crash		City/Town	Mote	or Veh	icle Cra	sh		umber hicles	Num Inju		peed L		15	State P Local I	Police	08	
	03/16/2022	1536 24HR	MıTmı	ington	l P	Police 1	Report		2	mores	0	L	Latitude MBTA Police Campus Police Other:		s Police	800	ᆸ		
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NOT	AT	INT	ERS	SECT	ION:			
	Route# Dire	ection	,	Name of Roadwa	v/Street		Route# Direc	tion	50		SA	LEM			Poadwa	ny/Street			2 10
¹ 1	- Koule# Dile	ction	1	At	y/Street								Ivaiii	C OI IV	Coadwa	ту/Биссі		-	
_	Route# Dire	ction	Name	of Intersecting Re	oadway/Street			NS				e Mark		_	or _	Exit N	Number	_	1 11
<u> </u>				Also at Intersection				N S		•	Route	# -	In	itersec	cting R	oadway/	Street	-	
² 1	Route# Dire	ction	Name	of Intersecting Ro	badway/Street						`			Lan	dmark				
3	Please Select of the Follow	ng: Venicie	1 1 _#	Occupants	Hit/Run	Moped	Crash F				_								
	License # <u>S7</u>		7	_ DOB/Age	-	Reg #	548Z				Reg	Type _	PC		Re	g State <u>1</u>	MA 21	_	1 12
	Sex_F_ Lic.	Class D 19 19 RNABUCI,	Lic. Res	(a) 1 (1 () () () ()	CDL Endorsement		/ear <u>2014</u> er CARNAB								_ Veh (Config.	1 2		
⁴ 1		Last FAIRMON	Fi	rst	Middle		ss 30 FA	Last			Fir				Mide	dle			
	a special reserve				07_2020								347		01	007	202	_	
	-50	INGTON					WILMING				22				Code:		-293 27 2	<u>0</u> 27	
	The state of the s	oany THE HA		RINSURA	NCE CON	1 Vehic	le Action Prior to	and the same		1			Status		20de. 7	28			
⁵ 2	Vehicle Travel I	Direction: N S	E	Responding to E	mergency? 2	Event	Sequence 2	23	23	23	23		e of Te		1	29			
2	Citation # (If Is:	sued)				Most	Harmful Event	2	24			-	C Test		t:	30		ļ	
	Viol. 1: Ch/Sec/	/Sub	Vic	ol. 2: Ch/Sec/Sub	-	Drive	r Contributing Co	ode	19	²⁵ 1	25	Susp	p. Alco	hol:	31	Susp. D	rug: 3	32	2 ¹³
	Viol. 3: Ch/Sec/	/Sub	Vio	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			Tow	ed fro	m scei	ne? 2	2 33		_	
⁶ 1		Please fill out t	or operator	and all occupant					34 Seat	35 Safety	36 Airbag	37 Eject Code	Trap I	39 Injury	40 Transp.			ヿ゙	
	Name (Last First M				Address		DOB/Age	Sex	Pos.	System					Code	Medi	ical Facility	-	
	Operat	or			See Above			Δ	1	99	4	0 0	, '	10	1				
	-																		
		2											1						
⁷ 1	Please Select (20 #	Occupants	Non-Motorist A	Туре	15 Action	16 I	ocatio	on	17 C	onditio	n	18	П н	(it/Run	□ Мор	ned	
	License #		St	DOB/Age		Reg #	722SX1				Reg	Туре	PC		Res	g State 1			
	Sex Lic.	Class 19 19	9	trictions 20	CDL		ear 2016		/eh Ma	ake <u>C</u>						Config.	21	1	
0	Operator <u>Dr</u>	iverless	M.V		Middle	_ Own	r LOMASN	EY,	S	TEV	EN Fir	EDV	IAR	D_	Mide	dla		_	
⁸ 99	Address	Lust			Middle	Addre	ss 29 UNI	DER	HII	L I				,	,,,,,			_	
	City		State	Zip		_ City_	LYNNFIE	LD				_ State	MA	Zij	p 01	940-	-170	6	14
		pany PROGRE					le Action Prior to	essa I manua		11	22		naged A		Code:	5 ²⁷ 1 28	27 2	27	
	Vehicle Travel I	Direction: N S	EW	Responding to E	mergency?	Event	Sequence 1	23	23	23	23		e of Te		100	29			
⁹ 2	Citation # (If Is:	sued)				Most	Harmful Event	1	24		1	BAG	C Test	Resul	t:	30		ı	
	Viol. 1: Ch/Sec	/Sub	Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	ode		25	25	Susp. Alcohol: 31 Susp. Drug. 32							
	Viol. 3; Ch/Sec	/Sub	Vio	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			Tow	ed fro	m sce	ne?	2 33			
	40.0	ease fill out for ope	rator/non-π	notorist and all o		d			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	2.2.44			
	Name (Lost First I		torica		Address Con Above		DOB/Age	Sex	Pos.	System	Status	Code	Code :	Status	Code	Medi	ical Facility	-	
	Operat	or/Non-Mo	iorist		See Above			ightharpoons	1	_		9		_	\dashv			\dashv	
			-																

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	ණි = Bicycle ▶ ණි	
Crash Diagram:	ie: Winchester Family M 500 Salem Str					
Parking Lot		(C)			Garage Mall/Shoppi Other Private	1 001
Guardrail Î	MV#2		Ŷ		Indicate No	rth by Arrow
Crash Narrative: Oper. of MV#1 was tra						
into the rear drivesi Forced the front end				a parking spo	ot. The impact al	Lso
			9			
						-
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Desc	ription of Damaged Property	
Truck and Bus Information	Registration #		(From	Vehicle Section)		[management]
Carrier Name				(4)	Bus U	
US DOT #:	State Number		-		St Zip #:	
A control	dy Type Code 44 Reg Type	GVWR/GCWRReg State	77	——Trailer Le	ength 46	
Hazmat Information: 47 Placard Material 1 dig	it # 48 Material Name			Material 4 digit#_	Release co	49
Patrol Officer Daniel Police Officer Name (Please Print)	C Cadigan Signature			Wilmington Po	lice Department Precinct/Barracks	03/16/2022 Date

	Police Use Only	Commony	vealth	of Massac	huse	tts		RMV Do	cument Number	
	Andrews at the control of the contro	City/Town Mot	tor Veh	icle Crasl	1 Nun	nber Numb	1 "	Limit	State Police Local Police MBTA Police Campus Police	
	03/17/2022 1723 Wilm:	ington	Police :	Report	1	0	Latitu Longi		MBTA Police Campus Police Other:	
	AT INTERSECTION			TION >		NOT			CTION:	1
						300000000000000000000000000000000000000	perconnect of the second		1925 - 19	2 10
					<u> 166</u>		LEM S			لــــــــاــ
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	n Addres	ss #	Na	me of Road	lway/Street	-
		Al		Feet N	SEW			or		
	Route# Direction Name	of Intersecting Roadway/Street					Marker		Exit Number	1 11
		Also at Intersection with		<u> </u>	S E W	Route#		Intersecting	g Roadway/Street	
² 2	Route# Direction Name	of Intersecting Roadway/Street		Feet NSEW of						
2	Action District	T T						Landma	ark	4
³ 3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID# 2	2-9	4-A	C		
3	A STATE OF THE PARTY OF T	DOB/Age	Dag	# 1002YP		D _e g 7	ime PC		Dea State MF :	1
	19 19	20							21	5 12
	- ADDEDLI CHEROSER	strictions B CDL Endorsement	dorsement					en Conng.		
⁴ 1		rirst Middle		er NALL,					Middle	
1	Address 89 PINE ROCK RD			ess 89 PINE						
	City NAPLES State 1		City	NAPLES	53	22		E Zip_ C		
	Insurance Company OBERG INSU	RANCE		cle Action Prior to Cr		ASCIVILLED FAIR	-	d Area Cod	e: 1 27 2 27 3 27 28	
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 31 23	23	23 23	Test Star		29	
5	Citation # (If Issued)	-	Most	: Harmful Event	1 24			st Result:	30	
	Viol. 1: Ch/Sec/Sub — Vi	iol, 2; Ch/Sec/Sub	Drive	er Contributing Code	11 ²	9 25		cohol: 2	31 Susp. Drug: 2 32	30 ¹³
-	Viol. 3: Ch/Sec/Sub ———Vi	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 26			rom scene?	NORTH COLUMN TO A STATE OF THE PARTY OF THE	
⁶ 2	Please fill out for operato		T	34 Seat	35 36 Safety Airbag F	37 38 ject Trap	39 40 Injury Trans	p.	1	
	Name (Last First Middle)	Address		DOB/Age S		System Status C	ode Code	Status Cod	e Medical Facility	-
	Operator	See Above			1 :	L 4 0		10 1		-
										_
										1
	Please Select One Vivalence #	<u> </u>		15 10	<u> </u>	17		18	 	1
⁷ 1	of the Following:	Occupants Non-Motorist	A Type	Action	Location	Co	ndition	_	Hit/Run Moped	
		DOB/Age	Reg	#		Reg T	у̀ре		Reg State	
	Sex Lic. Class 19 19 Lic. Res	strictions CDL CDL		Year	_ Veh Mak	e		V		
	Operator	First Middle		erLast		First	1		Middle	
⁸ 2	Address	rist Middle	Addr	ess		rust			Middle	
	CityState_	Zip	City.				State	Zip		1 14
	Insurance Company		Vehic	cle Action Prior to Cr	ash	22	Damage	d Area Cod	e: 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Even	t Sequence 23	23 2	23 23	Test Stat	us:	28	
	Citation # (If Issued)			: Harmful Event	24		Type of		29	1
⁹ 2	Viol. 1: Ch/Sec/Sub —————Vi			er Contributing Code	2	5 25		st Result:	30 31 Susp Drug 32	
	Companies Seattle Proceedings of Companies and			er Distracted by	26		Susp. Al	rom scene?	31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/SubVi	iol. 4: Ch/Sec/Sub ————————————————————————————————————		Distracted by	34		37 38	39 40		4
	Please fill out for operator/non-i	Address		DOB/Age S	Seat	Safety Airbag I	ject Trap code Code	Injury Trans Status Cod		4
	Operator/Non-Motorist	See Above		$>\!\!<\!\!>$	1					
					\dashv					1
					+	+	-			



Wilmington Police Department Images Associated with 22-94-AC





	Police Use Only	Com	monwealth	of Massac	huset	ts	1000	RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Numb Vehic				Local Police	
	03/18/2022 1553 Wilr	nington	Police	Report	2	o Injured	MBTA Police Campus Police Other:			
	AT INTERSECT	- Carrier and the same and the same	ATION >							
										2
					<u>159</u>		RCH			_
¹ 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address	#	Nan	ne of Roady	vay/Street	_
		Al		Feet N	S E W of		- •	— or _		
	Route# Direction Nan	ne of Intersecting Road	way/Street			Mile 1	Marker		Exit Number	2
		Also at Intersection v	with	Feet N	S E W of	Route#	I1	ntersecting 1	Roadway/Street	F
2	Route# Direction Nan	ne of Intersecting Road	wow/Street	Feet N	S E W of				,	
² 1	Route# Direction Nam	ne of intersecting Road	way/Succi	<u> </u>		-		Landmar	k	1
3	Please Select One of the Following:	#Occupants Hit	/Run	Crash Repo	rt ID# 2	2-95	-A	C		
3		7				ъ "	DC.		M7	-
	10 10	A DOB/Age,		# 1MBM99					21	1
	Sex M Lic. Class D Lic. F	Restrictions C	Indorsement	Year <u>2004</u>				Veh	Config.	\vdash
4	Operator MALLOY, JACK	EDWARD First	Middle	ner MALLOY,		RD JAM First	ES	М	liddle	
⁴ 1	Address 3 ADELMAN RD		Add	ress 3 ADELM	AN RD					
	City WILMINGTON State	MA Zip 0188'	7-3821 City	WILMINGTO	N		State <u>MA</u>	Zip_ 0	1887-3821	
	Insurance Company VERMONT M	UTUAL INSU	JRANCE Vehi	cle Action Prior to Cra	sh 1	22	Damaged	Area Code:	8 27 1 27 2 27	
	Vehicle Travel Direction: N S W W	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23	23 23	23	Test Statu	ıs:	28	
5	Citation # (If Issued)	P		t Harmful Event 1	24		Type of Te	est:	29	
		_		er Contributing Code	19 25	5 25	BAC Test		30	1
	Viol. 1: Ch/Sec/Sub ————			FISH.	26	3		ohol: 2 31	22	1
⁶ 1	Viol. 3: Ch/Sec/Sub		er Distracted by	9		Towed fro		1 33	_	
	Please fill out for opera Name (Last First Middle)	volved Address	DOB/Age Se	34 3 Seat Sa x Pos. Sys	5 36 3 ety Airbag Ejetem Status Co	ect Trap	39 40 Injury Transp. Status Code	Medical Facility		
	Operator	s	See Above		1 1	4 0	0	10 1		7
	- Primit				+	+++	+	_		
								_		4
										_
_	Please Select One Vehicle 21	#Occupants N	n-Motorist A Type	15 Action 16	Location	17 Com	dition	18	Hit/Run Moped	1
⁷ 1	of the Following:	-#Occupants Nor	n-Motorist A Type	Action	Location	Con	dition		HIVRUN Wioped	1
		A DOB/Age	Reg	# <u>9357YR</u>		Reg Ty	ре РС	R	eg State MA	
	Se _ Lic. Class D 19 Lic. R		CDL Veh	Year 2016	_ Veh Make	NISSA	N	Veh	Config. 21	
	Operator	_	indorsement Own	er FRICIA,	SEBAS	TIANC	FRA	NK		×I
⁸ 2	Address	First	Add	ress 14 DRAP	ER DR	First		М	iddle	0
	CityState			WILMINGTO			State MA	Zip_ O :	1887-1540	2
	Insurance Company SAFETY IN			cle Action Prior to Cra	2093			Area Code:		
				22	23 23		Test Statu		28	
	Vehicle Travel Direction: N S W	Responding to Emer		it sequence 1	24		Type of To	est:	29	
⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event 1	0.5	A-1	BAC Test	Result:	30	
2	Viol. 1: Ch/Sec/Sub ————	Driv	er Contributing Code	1 25	25	Susp. Alco	ohol: 2 31	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		Towed fro	om scene?	1 33	
	Please fill out for operator/nor	n-motorist and all occup			Seat Sa	5 36 3 fety Airbag Ej	ect Trap	39 40 Injury Transp.	M.E. IF	1
	Name (Lost First Middle)	,	Address	DOB/Age Se		tem Status Co	de Code	Status Code	Medical Facility	-
	Operator/Non-Motorist	S	See Above		1 1	4 0	0	10 1		4
					++	++				1

