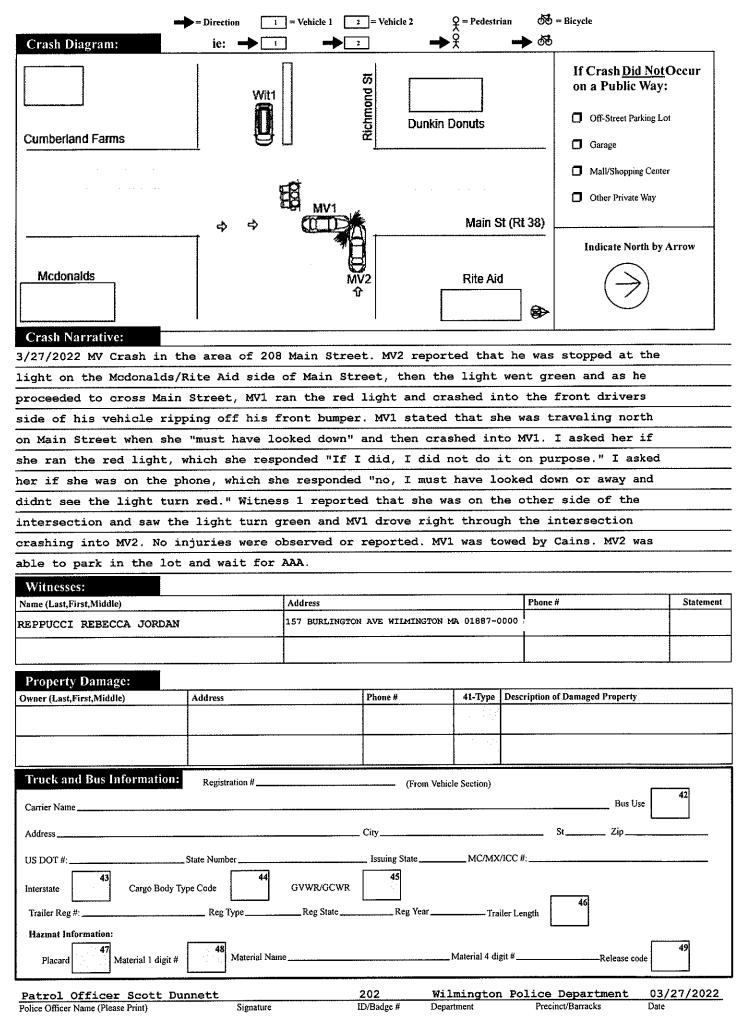
	Police Use Only	Com	monwealth	of Massac	huse	etts			RMV	Docur	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	1 Nu		Number	Speed		35	State Police Local Police	
	1	mington		Report	2	hicles	Injured O	Latitud				3
	24HR	TON.		TION >	1		TOY	Longitu		TOT	Other:	┪
	AT INTERSECT	ION:	\ LUCA			1	TOT A	1111	EKC	EC I	TON,	10
					20	3	MAIN	ST	ı			2
,	Route# Direction	Name of Roadway/St	reet	Route# Direction				Nan	ne of F	Roadwa	y/Street	
<sup>1</sup> 1		At		Feet N	SEW	of -			_	or.		
	Route# Direction Na	me of Intersecting Road	way/Street	reet [7]	51510	0,	Mile Ma			٠٠ <u>-</u>	Exit Number	
	Rouges Direction 14	Also at Intersection v		Feet N	S E W	of _						_ 3
				Feet N	S E W	of	Route#	I	nterse	cting Re	oadway/Street	
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Road	way/Street			_			Lan	dmark		-
	Please Select One Vivalina 11	#Occupants Hit	/Run Moped	Crash Rep	ort ID#	22-	-1 N	4 – 7	<u>۸</u> (۲			
3	of the Following:	"Cecopants Hit									·	
		A DOB/Age	Reg	#2AG282			Reg Type	PC		Re		- 12
	Sex <b>F</b> Lic. Class D Lic.			Year <b>2016</b>	Veh Ma	ake <u>SU</u>	JBARU	·		_ Veh (	Config. 1	
	Operator MCDONOUGH, CA		Endorsement Own	er MCDONOU	GH, (	CARC	OLE F	•		Mide		_
<sup>4</sup> 3	Address 59 MONTVALE A	First	Middle Add	ess 59 MONI	VALE	AV	First E A	PT 4	4	Mid	dle	
	City WOBURN Star			WOBURN						in <b>01</b>	801-4285	<u>.</u>
	Insurance Company THE HANOV			cle Action Prior to Cr		1 2	_	amaged				7 I
				. 22	23	23	!	est Statu		1	28	<b>」</b>
<sup>5</sup> 2	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Ever	t Sequence 1 23	24			pe of T	est:	Ī	29	
	Citation # (If Issued)	<del>_</del>	Mos	Harmful Event 1				AC Tes	t Resu	lt:	L 30	13
	Viol. 1: Ch/Sec/Sub	- Viol. 2; Ch/Sec/Sub	Driv	er Contributing Code		<sup>25</sup> 3	<b>25</b> St	ısp. Alc	ohol:	2 31	Susp. Drug: 2 32	1 1
6	Viol. 3: Cli/Sec/Sub	- Viol. 4; Ch/Sec/Sub	Driv	er Distracted by	9 26		To	owed fro	om sce	ne?	1 33	
<sup>6</sup> 1	·	ator and all occupants in			34 Seat		36 37 Virbag Eject	38 Trap		40 Transp.	we in the	7
	Name (Last First Middle)		Address	DOB/Age	ex Pos.	System :	Status Code	Code	Status 10	Code 1	Medical Facility	
	Operator		See Above	+	\ <u>'</u>			ļ	-			
										,		
	Diagonal Control of the Control of t			15 1	6	<u> </u>	17		18			
<sup>7</sup> 2	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Location	)n	Condi	tion		H	lit/Run Mop	टर्व
	License # S05313120 St N	A DOB/Age.	Reg	# <u>573WG3</u>			Reg Type	PC		Re	g State <b>MA</b>	_]
	Sex M Lic. Class D 19 Lic.	Restrictions 99 20	CDL Veh	Year <b>2013</b>	Veh M	ake <b>HC</b>	NDA			_ Veh (	Config. 1 21	
	Operator O BRIEN, AND	E	Endorsement Own	er O'BRIEN	, AN	DREV	V THO	MAS	5			
<sup>8</sup> 1	Address 7 SHERWOOD RD	First	Middle	ess 7 SHERW			First			Mid	dle	_ <b>i</b>
	City WILMINGTON State	. M/A ~ 0188		WILMINGT			St.	MZ	7.	01	887-281	7 <b>1</b> 14
						<b>,</b> 2		amaged				- Li
	Insurance Company ARBELLA N			cle Action Prior to Cr	23	1		est Stati		,	28	J
	Vehicle Travel Direction: N S E	Responding to Eme	rgency? 2 Ever	it Sequence 1 23			1	ype of T	Cest:	f	29	
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event 1	. 24			AC Tes	t Resu	lt:	1 30	
2	Viol, 1; Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1_	25	<b>25</b> Sı	usp. Alc	ohol:	2 31	Susp. Drug: 2 32	2
	Viol. 3; Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		To	owed fr	om sce	пе?	1 33	_
	Please fill out for operator/no	on-motorist and all occup			34 Scal		36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.	M + 4=	
:	Name (Last First Middle)	-4	Address	DOB/Age	Sex Pos.	System 4	Status Code	Code	Status 10	Code 1	Medical Facility	
	Operator/Non-Motoris	it S	See Above	<del>/</del>	$\frac{1}{1}$		•	<u> </u>		-		
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CDP1 11-24-00

			nmonwealth of Massachusetts				RMV Document Number				
	Date of Crash	Time of Crash	City/Town	Motor Vel	iicle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police Campus Police	
	03/27/2022	1640 Wi.	Lmington	Police	Report	2	0	Latitude Longitude _		Campus Police	i
		AT INTERSEC	rion:	< LOCA	TION >		NOT A	r inter	SECT	ION:	
											2 10
	Route# Dire	ction	Name of Roadway/St	reet	Route# Direction	220 Address #	MAIN		Roadway	y/Street	-
1			At		[E						-
L	Route# Dire	N. N.	ame of Intersecting Roads	way/Stract	Feet N S	E W of	Mile M	arker	- or	Exit Number	
	Route# Dire	chon N	Also at Intersection v		Feet N S	E W of					5
					Feet N S	E W of	Route#	Inters	secting Ro	oadway/Street	
<sup>2</sup> 1	Route# Dire	ction N	ame of Intersecting Roads	vay/Street				L	andmark		_
3	Please Select	One Vehicle 12	#Occupants Hit	Run Moped	Crash Repor	t ID# <b>22</b>	-10	5-A(	7		
3	of the Followi		<u> </u>							o M7	
		10 10	MA_ DOB/Age,		# <u>3LVE41</u>					21	1 12
	Sex M Lic.	<u> </u>	E	ndorsement	Year 2020					Config. 1	
<sup>4</sup> 2		NDBERG, KE	First	Middle	ner ARBELLA		First		Midd	Ne	-
2	Address 50		0107		ress 1100 CRC	OWN CO.			00	260-0000	-
	=		ate <b>MA</b> Zip <b>0187</b> (		QUINCY			ate <b>MA</b> Jamaged Are		269-0000	
			NDEMNITY II		cle Action Prior to Cras	th 2		est Status:	2 0000.3	28	
<sup>5</sup> 1	Vehicle Travel I	Direction: SEW	Responding to Emer		nt Sequence 1 23	24	. 1	ype of Test:	-	29	
<u> </u>	,	sued)	<del></del>		t Harmful Event 1			AC Test Res	^	30	_ 13
	Viol. 1: Ch/Sec/	'Sub	_ Viol. 2: Ch/Sec/Sub		er Contributing Code	1 25		usp. Alcohol	<u> </u>	Susp Drug 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/		_ Viol. 4; Ch/Sec/Sub		er Distracted by	26		owed from s	<u> </u>	33	_
<u> </u>	Name (Last First N	•	erator and all occupants in	volved Address	DOB/Age Sex	34 35 Sent Safety Pos. System	36 37 Airbag Eject Status Code	Trap Injury Code Statu		Medical Facility	
	Operat	or	s	ee Above	$\times$	1 99	4 0	0 10	1		
	KEITH HOBB	S	21 BLACKSTONE ST WILMINGTON, MA		M	3 99	4 0	0 10	1		7
										,	1
									-		1
			<u> </u>		15 16	1 1	17	18		1,	-
<sup>7</sup> 9	Please Select t of the Followi	One Nehicle 21	#Occupants Nor	-Motorist A Type	Action	Location	Condi	tion	] 🗀 н	it/Run Moped	1
	License # SA	5870205 st	MA_DOB/Age_	. Reg	# 2WLZ18		Reg Typ	e PC	Reg	State <b>MA</b>	-
	Sex <b>M</b> Lic.	Class D 19 Lie	. Restrictions 20	DLVeh	Year <b>2022</b>	Veh Make	UBARU	<u></u>	Veh C	Config. 21	
0	Operator <u>CO</u>	RDON, VICT			er CORDON,	VICTOR	R ARMA	NDO	Midd	H.	-
<sup>8</sup> 1	Address <b>5A</b>	BARTLETT D	R		ress <b>5A BARTI</b>	ETT D			Mildo	sie .	-
	City <b>WOBU</b>	RN St	ate <b>MA</b> Zip 0180:	L-1557 City	WOBURN		St	ate MA	Zip <b>01</b>	801-1557	1 14
	Insurance Comp	oany GOVERNME	NT EMPLOYEE:	S INSU Vehi	cle Action Prior to Cras	h <b>4</b>		amaged Are	a Code: 1		
	Vehicle Travel I	Direction: N E W	Responding to Emer	gency? 2 Ever	nt Sequence 23	23 23	23	est Status:	1	28	
0	Citation # (If Iss	sued)	<del></del>	Mos	t Harmful Event 1	24		ype of Test: AC Test Res	:::It·	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/	Sub	Viol, 2: Ch/Sec/Sub	Driv	er Contributing Code	3 25	25	usp. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/		Viol, 4: Ch/Sec/Sub		er Distracted by	26		owed from s		33	
		•	non-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
	Name (Last First &	<sup>niddle)</sup> or/Non-Motori	e# e	ee Above	DOB/Age Sex		Status Code	Code Statu	s Code	Medical Facility	-
	Operati	UI/IYUN-1Y101UFI	31 3	CC AUGVC	<del>                                     </del>	1 13	-		╂╌┼		4
								<del>                                     </del>			4

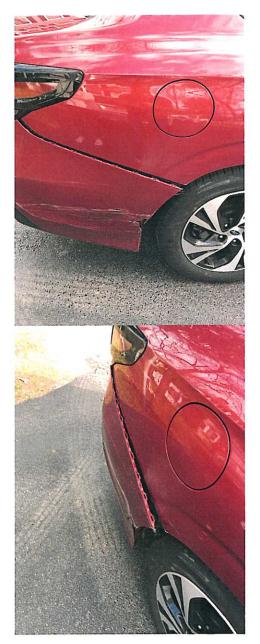
Crash Diagram:				^			
	ie: 🔫 🔃	_ <b>→</b> _	2	→ 🖁	→ %		
		:				If Crash <u>Did No</u> on a Public Way	<b>/:</b>
	•	•		220 N	tain St	Off-Street Parking L	ot
		:				☐ Garage	
			MV1	- Mary		■ Mall/Shopping Cent	er
				MASH		Other Private Way	
		:	'				
		1		ستعما		Indicate North by	Arrow
		1		$\Rightarrow$		Indicate North by	Allow
				*		$(\Lambda)$	
Crash Narrative:				1 \			
/1 was traveling Nort	h on Main Stree	et when MV2	was exit	ing the park	ing lot	of 220 Main	
reet. The operator o							
elieved he hit the re							
tated he was hit in t	he back-rear s	ide of his	vehicle a	nd looked in	the rev	view mirror to	
e if MV2 was going t	o pull over but	t stated he	observed	him continu	e South	on Main	
treet.							
Witnesses:							
		Address			Phone á		Statement
		Address			Phone #		Statement
		Address			Phone #		Statement
ame (Last,First,Middle)		Address			Phone #		Statement
lame (Last,First,Middle) Property Damage:	Address	Address	Phone #	4I-Type		f Damaged Property	Statement
ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type			Statement
ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	4i-Type			Statement
lame (Last,First,Middle) Property Damage:	Address	Address	Phone#	41-Type			Statement
Witnesses: iame (Last,First,Middle)  Property Damage: Owner (Last,First,Middle)  Truck and Bus Information		Address		41-Type om Vehicle Section)			
ame (Last,First,Middle)  Property Damage:  owner (Last,First,Middle)  Truck and Bus Information	Registration #						Statement 42
ame (Last,First,Middle)  Property Damage:  wner (Last,First,Middle)  Truck and Bus Information  Carrier Name	Registration #		(F	om Vehicle Section)	Description o	f Damaged Property	
ame (Last,First,Middle)  Property Damage:  water (Last,First,Middle)  Truck and Bus Information  Carrier Name	Registration #		(F	om Vehicle Section)	Description o	Bus Use	42
ame (Last,First,Middle)  Property Damage:  bwner (Last,First,Middle)  Truck and Bus Information  Carrier Name	Registration #		(F	om Vehicle Section)	Description o	Bus Use	42
Property Damage:  Novner (Last,First,Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  43	Registration #  State Number 44		(F	om Vehicle Section)	Description o	Bus Use	42
ame (Last,First,Middle)  Property Damage: wher (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #: Interstate  Cargo Body	Registration #  State Number 44	GVWR/GCWR	(F	om Vehicle Section)  MC/MX	Description o	Bus Use	42
Property Damage: Dwner (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #: Interstate  Cargo Body	Registration #  State Number  Type Code44	GVWR/GCWR	(F	om Vehicle Section)  MC/MX	Description o	Bus Use	42
Property Damage: Owner (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #: Interstate  Cargo Body Trailer Reg #:	Registration # State Number  Type Code  Reg Type	GVWR/GCWR Reg State	(F	om Vehicle Section)	Description o	Bus Use	42

Police Officer Name (Please Print)

Signature

## Wilmington Police Department Images Associated with 22-105-AC





	Police Use Only	Comn	nonwealth	of Massacl	nusetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicles	Number Injured	Speed Limit	25	State Police Local Police MBTA Police Campus Police	]
	03/28/2022   0737   Wilr	nington	Police	Report	3	0	Latitude Longitude		Campus Police	
	AT INTERSECT	ON:		TION >		NOT A	r inter	SECT		1
								··········		2 10
	62 E BURLING			B	. 12 #		N	n J	Chart	.[]
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of	Koauwa	y/Sueci	-
-	38 S MAIN ST			Feet N S	E W of		<u> </u>	or	Exit Number	
		ne of Intersecting Roadwa	<u> </u>	Feet N S	ीहोच्य <u>े</u>	Mile Ma	агкег		Exit (vantoe)	2 11
		Also at Intersection wi	in .			Route#	Inters	ecting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direction Nan	ne of Intersecting Roadwa	ıy/Street	Feet N S	of E W of					,
	Discos Calcut One 57				~~	4 ^		ndmark		1
<sup>3</sup> 4	Please Select One of the Following:	_#Occupants	tun Moped	Crash Repor	1 ID# <b>22</b>	-10	6-A(	<u> </u>		_
	License # <u>\$57536306</u> St <b>M</b>	A DOB/Age.	. Reg	# <u>5697BW</u>		Reg Typ	e PC	Reg		_ 12
	Sex M Lic. Class D 19 Lic. F	Lestrictions 99 20 CD	LVeh	Year <u>2020</u>	Veh Make <u>\$</u>	UBARU	<u> </u>	Veh C	Config. 21	
	Operator KASZUBA, SCOT	T JAMES	dorsement Own	er KASZUBA,	SCOTT	JAME	ES			
<sup>4</sup> 3	Address 7 PLYMOUTH ST	rust		ess 7 PLYMOU	JTH ST	First		Midd	ne	
	City <b>WILMINGTON</b> State	MA Zip 01887	-4104 City	WILMINGTO	N	Sta	ate <b>MA</b>	zip <b>01</b>	887-4104	
	Insurance Company ESURANCE	INSURANCE C	OMPAN Vehi	cle Action Prior to Cras	h 2	<b>22</b> D	amaged Area	Code: 0	27 27 27	
	Vehicle Travel Direction: NS W	Responding to Emerge		t Sequence 23	23 23	23 To	est Status:	1	28	
<sup>5</sup> 1	Citation # (If Issued)		,	Harmful Event 1	24	•	ype of Test:	_	29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	99 25	25	AC Test Res		30 32	1 13
				er Distracted by			usp, Alcohol: owed from so	<u>-</u>	Susp. Drug 2 32	
<sup>6</sup> 4	Viol. 3: Ch/Sec/Sub  Please fill out for opera	tor and all occupants inve		I Distracted by 193	34 35	36 37	38 39	40		-
	Name (Last First Middle)	-	Address	DOH/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator	See	Above	$\times$	1 99	4 0	0 10	1		
								1		
	Please Select One National 2 1			15 16		17	18	<u>                                     </u>	<u></u>	1
<sup>7</sup> 2	of the Following:	#Occupants Non-	Motorist A Type	Action	Location	Condi	tion	Н	it/Run 🔲 Moped	
	License # <b>S32385440</b> St <b>M</b>	A DOB/A	Reg	2KXJ83		Reg Typ	e <u>PC</u>	Reg	State MA	
	Sex M Lic. Class D 19 19 Lic. R	estrictions 99 20 CD	L Veh	Year <b>2015</b>	Velı Make <u>S</u>	UBARU	<u> </u>	Velı C	Config. 21	
Q	Operator O'LEARY, RYAN		Own	er O'LEARY,	RYAN	MICHA First	EL	MidJ		
<sup>8</sup> 2	Address 34 DOE DR			ess 34 DOE I	R	1.1724		WIND		
	City <b>BILLERICA</b> State	MA Zip 01821	-0000 City	BILLERICA		Sta	ate MA 2	ip <b>01</b>	821-0000	4 14
	Insurance Company THE STANDA	ARD FIRE IN	SURAN Vehi	le Action Prior to Cras	iı 2		amaged Area	Code: 1		
	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Even	t Sequence 23	23 23	43	est Status:	1	28	
9 _	Citation # (If Issued)	***	Mosi	Harmful Event 1	24	•	ype of Test: AC Test Res	<sub>alt:</sub>	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	99 25	25	usp. Alcohol:		Susp. Drug 2 32	
		Viol. 4: Ch/Sec/Sub		er Distracted by	26		owed from so	-	33	
	Please fill out for operator/nor	-			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	Operator/Non-Motorist	See	Above		1 33		10			4
									<del></del> . ,,	1

	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash   Time of Crash   03/28/2022   0737   Wilr	City/Town nington	Motor Veh	iicle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Numbe Injured		Limit.	25	State Police Local Police MBTA Police	0800	
	24HR	uring con	Police	Report	3		0	Longi			Campus Police Other:	ğ	
	AT INTERSECT	ON:	< LOCA	TION >			NOT A	T IN	TER	SEC	TION:		10
	62 E BURLING										10		2 10
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction		ress#		Na	ime or	Koadw	/ay/Street		
	38 S MAIN ST			Feet N	SEW	of	Mile I	• ⁄larker	-	or _	Exit Number		11
	Route# Direction Nam	ne of Intersecting Roady Also at Intersection w		Feet N	SEW	of							2 ''
<sup>2</sup> <b>1</b>	Route# Direction Nan	ne of Intersecting Roady	vav/Street	Feet N	SEW	of	Route#		Interse	ecting F	Roadway/Street		
Ţ			· 	<u> </u>						ndmark -	<		
<sup>3</sup> <b>4</b>	of the Following: Vehicle 31	#Occupants Hit/	Run Moped	Crash Re	port ID#	22	-10	6-	AC	<u>:                                    </u>			
	License # <b>S82947017</b> St <b>M</b>	A DOB/Age	Reg	# <u>25YT81</u>			Reg Ty	pe <b>PC</b>	<u></u>	Re	eg State <b>MA</b>	21	12
	P	ع لـــــا	ndorsement	Year <b>2019</b>				U		Veh	Config. 1		<del>*</del>
<sup>4</sup> 3	Operator HARKINS, MEGH.	AN T First	Middle	er HARKINS	st		N T			Mi	iddle		
3	Address 10 TAYLOR AVE	01000		ess 10 TAY		AVE					1000 01	_	
	City BURLINGTON State	-		BURLINGT			_	itate <b>M</b> Damage			1803-21 27 27	27	
	Insurance Company THE STAND			t Sequence 23		23		Test Sta		Code.	28 1		
<sup>5</sup> 1	Vehicle Travel Direction: NSWW	Responding to Emer	-	r bequenee 11 .	1 1	<u>: "L</u>		Type of	Test:		29		
	Citation # (If Issued)	ur. 1.2. 01/0 - /0 1		t Harmful Event	<u> </u>	25	25	BAC Te	_		30	32	<b>1</b> 13
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————				99 26	!_		Susp. Al Towed f		_	Susp. Drug: 2	32	
<sup>6</sup> 4	Please fill out for opera			J. Distributed by	34 Seat	35 Sofety	36 3	38	39 Injury	40	2		
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Co	de Code	Status	Transp. Code	Medical Facilit	ly	
	Operator	S	ee Above		$X \mid 1$	99	4 0	0	10	1			
<sup>7</sup> 2	Please Select One of the Following: Vehicle 4	#Occupants Non	-Motorist A Type	Action Action	Locati	on	17 Con	dition	18	<b>.</b>	Hit/Run 🔲 M	oped	
		DOB/Age	Reg	#			Reg Ty	ре		Re		21	
			ndorsement	Year	Veh M	lake				Veh			
<sup>8</sup> 2	Operator	First	Middle	erLas	st		First			Mi	iddle		
	CityState	Zio						itate	z	ip			<b>4</b> 14
	Insurance Company			cle Action Prior to C	rash		<del></del> 1	Damage		` .	27 27	27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23	23	~~	Test Stat			28	_	
9	Citation # (If Issued)	_	Most	Harmful Event	24			Type of ' BAC Te		de.	29 30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25	Susp. Al	F			32	
	Viol. 3: Ch/Sec/Sub	viol. 4: Clv/Sec/Sub	Drive	er Distracted by	26			Towed f	1		33	'	
	Please fill out for operator/nor	-motorist and all occupa	ants involved	DOB/Age	34 Seal Sex Pos.	35 Safety System	36 3 Airbag Eje Status Co	ct Trap	39 Injury Status	40 Transp. Code	Medical Facilit	N.	1
	Operator/Non-Motorist	Se	ee Above		1	-3=3441				2440	Avairell 1 Gelill	-	
	-							1					
			·				-	-					
- 1		1		1 1	į	1 1		1	1	. 1			

	= Direction	1 = Vehicle 1 2	]= Vehicle 2	웃 = Pedestr	ian 📆 =	= Bicycle	
Crash Diagram:	ie: →	1 2	<u>→</u>	<del>X</del>	→ 🥸		
	MBTA T		今む ひ⇔	St/MA-38		If Crash <u>Did No</u> on a Public Way  Off-Street Parking I	/:
	Burlington Ave/MA-62		<b></b>	tJ		☐ Garage	
		Ŷ ÷		2		☐ Mall/Shopping Cent ☐ Other Private Way	eer
	(D1 D)(02[		)			Indicate North by	Arrow
			Main St/I	∕IA-38		$\bigcirc$	
Crash Narrative:							
	35, dispatched to Bu						
bridge. Quick sr	nowstorm prior to cra	asn, extreamly	neavy traii	ic for	area, ro	ad very icy.	
All three MVs we	ere in E-Bound R-Tur	n lane. All or	s out of MVs	and de	enied med	lical. Minor	
	ront and rear bumper						· · · · · · · · · · · · · · · · · · ·
	All MVs driveable so						
work.							
MV3 stopped at 1	ight, MV2 slowed and	d attempted to	stop but sl	id (icy	road) i	nto MV3. MV1	
slowed and attme	tped to stop but sl:	id (icy road)	into MV2.				
Witnesses: Name (Last,First,Middle)		Address		•••	Phone #		Statement
Name (Lasi,First,Firedic)		Addition			T Holle #		- Diantement
Property Damage:				T			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Info	Registration #		(From Vehic	le Section)			42
Carrier Name						Bus Use	
Address			Sity		S	it Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43	Cargo Body Type Code	GVWR/GCWR	45		Γ		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:	<u> </u>				<u> </u>	<del></del>	40
Placard 47 Mat	erial 1 digit # 48 Material N	ame		Material 4 dig	sit #	Release code	49
Patrol Officer Jos	seph A Fitzgerald	2	15 Wil	mington	Police 1	Department 03	/28/2022

Department

	Police Use Only	Comn	aonwealth (	of Massa	chuse	etts			RMV	/ Docu	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	$\mathbf{h}  \overline{\mathbf{v}}_{\mathbf{v}}$		Number Injured	Speed		40	State Police Local Police MBTA Police Campus Police	
	03/28/2022 <b>0656</b> Wil	mington	Police 1	Report	2	1	)	Latitud Longit			Campus Police	
	AT INTERSECT	ION:	< LOCA	TION >		N	OT A	T IN	rer:	SEC	TION:	
				····				· · · · · · · · · · · · · · · · · · ·				2 10
	Route# Direction	Name of Roadway/Stre	-ef	Route# E Direction		ess#	LOWI	ELL Na	ST me of I	Roadw	ay/Street	-
1	Touter Director	At										-
				Feet	SEW	of —	— — · Mile M	— ∙ arker		or -	Exit Number	·
	Route# Direction Na	me of Intersecting Roadwa		Feet 1	N S E W	of			•			2 11
		raso at morseonom wi			N S E W	R	Coute#		Interse	cting R	Roadway/Street	
<sup>2</sup> <b>4</b>	Route# Direction Na	me of Intersecting Roadwa	ay/Street	Peet [	15151.	- -			l ar	ndmark	•	-
	Please Select One Nation 11	#Occupants Hit/R	Run Moped	Correction De	port 1D#	22-	-10	7				7
3	of the Following:	#Occupants   Hit/R	tun L Moped	Crash Re	port 1D#		-TO	<u>, -</u>	AC	•		_
	[ · · · · · · · · · · · · · · · · · · ·	A DOB/Age	Reg	3KJ239			Reg Typ	e <u>PC</u>		Re	eg State MA 21	12
	Sex M Lic. Class D 19 19 Lic.	Restrictions CE	OL Veh '	Year <b>2012</b>	Veh M	ake <u>HO</u>	NDA			_ Velı	Config. 1	
	Operator SOARES, DAVIL		Own	er <b>SOARES</b>		A M	First			Мі	ddle	
<sup>4</sup> 1	Address 94 COOLIDGE ST	<u> </u>		ess <u>94 COO</u>		ST	, .,			2411		.
l	City <b>TEWKSBURY</b> State	te MA Zip 01876	-4061 City	TEWKSBUR	X.		St	ate M	<b>1</b> _ z	ip <b>0</b> ]	L876-4061	
	Insurance Company ARBELLA N	MUTUAL INSU	RANCE_ Vehic	cle Action Prior to C	Crash	2 22	<sup>2</sup> C	)amage	d Area	Code:		
	Vehicle Travel Direction: N S WW	Responding to Emerg	ency? 2 Even	t Sequence 1	3 23	23 2	"	est Stat			28	
5	Citation # (If Issued)		Most	Harmful Event	1 24			ype of		1.	30	
	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	L er Contributing Cod	le <b>1</b> ,	25	25	IAC Te: lusp. Al	-	31		1 13
	Viol, 3: Ch/Sec/Sub			er Distracted by	0 26			owed fi	Ŀ		2 33	
<sup>6</sup> <b>4</b>		ator and all occupants inv			34 Seat		36 37 irbag Eject	38 Trap	39 Injury	40 Transp.		+
	Name (Last First Middle)	· · · · · · · · · · · · · · · · · · ·	Aukiress	DOB/Age	Sex Pos.	System S	iatus Code	Code	Status	Code	Medical Facility	-
	Operator	Se	e Above		X 1	1 4	0	0	10	1		_
												_
	Please Select One Vivalia 21			15	16		17		18	-		<b>-</b>
<sup>7</sup> 1	of the Following: Vehicle 2.1	#Occupants Non-	Motorist A Type	Action	Location	on .	Cond	ition		<u>'</u>	Hit/Run Moped	
	·	A DOB/Ag	Reg	9PP871			Reg Typ	e PC		R	eg State MA	. ]
	Sex M Lic. Class D Lic.		OL Veh '	Year <u>2006</u>	Veh M	ake <b>SA</b>	TUR	1		_ Veh	Config. 21	1
Q	Operator TENE ZUNA, JU			er TENE ZU	JNA,	JUAN	CAI	RLOS	<u>s</u>	121	ddle	.
<sup>8</sup> 1	Address 65 4TH ST AP	r 1		ess 65 4TH	ST	APT	1			1-11	uur .	-
	City <b>LOWELL</b> State	te <b>MA</b> Zip <b>01850</b>	<b>-2612</b> City	LOWELL			St	ate MZ	<b>A</b> _ z	iр <b>0</b> Т	L850-2612	. <b>4</b> 14
	Insurance Company PERMANENT	GENERAL AS	SURAN Vehic	ele Action Prior to C	Crash	2 22	2 [	Damage	d Area	Code:		
	Vehicle Travel Direction: N S W	Responding to Emerg	ency? 2 Even	Sequence 2	3 23	23 2	"	est Stat			28	
٥	Citation # (If Issued)	_	Most	Harmful Event	1 <sup>24</sup>	·		ype of		de-	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 5	25	25	BAC Te: Susp. Al		31		
		- Viol. 4: Ch/Sec/Sub ——		er Distracted by	99 26	Н		owed fi	Ŀ		1 33	
	Please fill out for operator/no				34 Seat	35 Safety A	36 37 irbag Eject	38 Trop	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System S	tatus Code	Code	Status	Code	Medical Facility	+
	Operator/Non-Motoris	Z Sec	e Above		$X^1$	1 4	0	0	10	1		_

	= Direction	ı = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	oo = Bicycle	
Crash Diagram:	ie: <b>→</b> [	1 -	<u> </u>	<u>}</u>	<b>→</b> 56	
					If Crash <u>Did</u> on a Public W	Vay:
CONTRACTOR OF THE PROPERTY OF					☐ Garage	
	⇔(all all a	icy	roadway		Mall/Shopping	Center
		Lowell st./rte.1:	29		Other Private W	'ay
•	Lowell st./rte.129 er King			(M	Indicate North	ı by Arrow
Crash Narrative:						
per.#1 related he	was stopped in tr	affic, when	m/v#2 came f	rom behind	I and crashed into	
he rear of his m/	v#1					
per.#2 was unable	to explain what h	appened as	there was a l	language ba	rrier.	
**(At the time of	the $m/v/c$ , it was	very cold	out and a sno	ow squall h	nad past	
hrough,causing th	e roads to ice ove	r.}*** (PWJ	/142)			
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Inforn	ntion: Registration #		(From Veh	nicle Section)		42
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:	<del> </del>
Interstate 43 Carg	go Body Type Code	GVWR/GCWR	45		44	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	Length 46	
Hazmat Information:	[ aa					40
Placard 47 Material	1 digit # 48 Material Na	nine		_Material 4 digit #	Release code	49
Patrol Officer Pau	ıl W Jepson		142 Wi	lmington P	olice Department	03/29/2022
olice Officer Name (Please Print				partment		Date

			nmonwealth of Massachusetts			RMV Dec	]	
	Date of Crash   Time of Crash   03/30/2022   0906   Wil:	City/Town mington		hicle Crash	Number Numbe Vehicles Injured		O State Police Local Police MBTA Police	
	24HR			Report	1 1	Longitude	Campus Police U	
	AT INTERSECT	ION:	< LOC.	ATION >	NOT A	T INTERSEC	CTION:	10
					90 NIC	HOLS ST		2 10
<sup>1</sup> 1	Route# Direction	Name of Roadway/S At	treet	Route# Direction	Address #	Name of Road	way/Street	-
<u> </u>	-	7		Feet N S		• or	Exit Number	
	Route# Direction Na	ne of Intersecting Road  Also at Intersection v		Feet N S		Marker	Exit Number	┪҆҄҆҄҅ "
		, 1100 tt 111(010001011 t	***************************************	Feet N S	Route#	Intersecting	Roadway/Street	
<sup>2</sup> 1	Route# Direction Nar	ne of Intersecting Road	way/Street			Landma	rk	.]
3	Please Select One of the Following:	_#Occupants	/Run Moped	Crash Report	1D# <b>22-1</b> 0	8-AC		]
*		A_DOB/Age	Reg	# 708YBR	Rea Tu	ne PC F	Reg State MA	1
	19 19	Restrictions 1 20	CDL Veh	Year <b>2018</b>			21	1 12
	Operator OLEARY, FRANC		indorsement Ow	ner OLEARY,	FRANCIS X			
<sup>4</sup> 1	Address 57 OLD PARKER	RD	Middle Add	ress <u>57 OLD P</u>	ARKER RD	M	Aiddle	
	City <b>DRACUT</b> State	MA Zip 0182	6-0000 City	DRACUT		tate <b>MA</b> Zip <b>O</b>	1826-0000	
	Insurance Company ARBELLA M	UTUAL INSU	JRANCE Veh	icle Action Prior to Crash		Damaged Area Code	<del></del>	
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Eve	nt Sequence 22 23	23 23 23	Test Status: Type of Test:	3 28 29	
	Citation # (If Issued)	<del></del>		t Harmful Event 22	Z4	BAC Test Result:	1 30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code	26	Susp. Alcohof: 2 31		22 <sup>13</sup>
<sup>6</sup> 1		Viol. 4: Ch/Sec/Sub —		er Distracted by	26 34 35 36 37	Towed from scene?	1 33	
	Please fill out for opera Name (Last First Middle)	ator and all occupants in	VOIVEQ Address	DOB/Age Sex	Scat Safety Airbag Eje Pos. System Status Cos	:t Trap Injury Transp.	Medical Facility	
	Operator	S	ee Above	$\times$ X	1 1 3 0	0 8 1	Lahey Clinic	_
				_				_
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants  Non	ı-Motorist A Type	15 Action 16	Location 17 Cond	lition 18	Hit/Run Moped	]
_		DOB/Age	Reg	#	Reg Ty	peR	keg State	1
	SexLic. Class 19 19 Lic. R			Year	Veh Make	Vel	h Config.	
8	Operator	First	ndorsement Owi	nerLası	First	М	fiddle	
<sup>8</sup> 1	Address		Add	ress			·	14
	CityState	Zip	City			tate Zip	. 27 27 27	1
	Insurance Company			cle Action Prior to Crash	·	Damaged Area Code: Fest Status:	28 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	•	R Sequence	1 1 1	Type of Test:	29	
<sup>9</sup> 2	Citation # (If Issued)	war and a said		t Harmful Event	25 25	BAC Test Result:	30	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————	Viol. 2: Ch/Sec/Sub —— Viol. 4: Ch/Sec/Sub ——		er Distracted by	32	Susp. Alcohol: 31  Fowed from scene?	33 Susp. Drug: 32	
	Please fill out for operator/nor				34 35 36 37 Seat Sufety Airbag Ejes	38 39 40	<u> </u>	]
	Name (Last First Middle)  Oncretor/Non-Motorist		Address	DOB/Age Sex	Pos. System Status Cod		Medical Facility	•
	Operator/Non-Motorist	3	ee Above		1			-
j								
								1

	= Direction t	= Vehicle I	= Vehicle 2	Q = Pedestr		e	
Crash Diagram:  Telephone Pole ⇒	ie: →			T O	- on	Crash <u>Did Not</u> ( a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	t
	Nichols Str	eet	h hann makkaran makkaran katalan sa katalan	<	<b>3</b>	ndicate North by A	Arrow
Crash Narrative:  MV 1 was driving on N his motor vehicle. MV telephone pole. This onto it's side. MV wa	1 stated he swe resulted in the	rved to avo	id the deer	which ca	rolling the	strike a	
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #		Description of Damag	<u> </u>	
VERIZON	28 DIANE LN DRA	COT MA 01828		4	TELEPHONE	POLE #12	
Truck and Bus Informatio		Ç	(From Vehic			Bus Use	42
US DOT #:	State Number	GVWR/GCWR	_ Issuing State	MC/MX/	ICC #:	-	
Hazmat Information:  Placard 47  Material 1 digit	# 48 Material Name	e		Material 4 dig	it #	Release code	49

Patrol Officer Kevin J Skinner
Police Officer Name (Please Print)

ice Department Precinct/Barracks

03/30/2022 Date

Department

	Police Use Only	Common	wealth (	of Massa	ich	use	tts			RM	V Doc	ument Number		
	1	City/Town Mo	tor Veh	icle Cra	sh			lumber njured	Speed Latitu	Limit	35	State Police Local Police MBTA Police	0080	
	24HR	riig coii	Police 1	Report		2	0		Longit			Campus Police Other:	_ <u>o</u>	
	AT INTERSECTION	ON: <	LOCA	TION :	>		N	OT A	ΓIN	FER	SEC	TION:		101
	WOBURN S	T												2 10
<sup>1</sup> <b>1</b>		Name of Roadway/Street At		Route# Direct	tion	Addres	ss #		Na	me of	Roadw	vay/Street		
т.	EAMES ST	Al		Feet [	N S	E W	of		•		or _	Exit Number		
		of Intersecting Roadway/Stree	t	E [	NISI	EW,	_ c	Mile Ma	rker			EXII Number	ľ	3 11
		Also at Intersection with				EW,	Re	site#		Interse	ecting I	Roadway/Street		
<sup>2</sup> 2	Route# Direction Name	of Intersecting Roadway/Stree	t	reet [						La	ndmarl	· · · · · · · · · · · · · · · · · · ·		
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash R	eport l	D# 2	22-	10:	9 –	AC	;			
-'		DOB/Ag <sup>,</sup>	Reg t	1946TL				Reg Tyny	· PC		R	en State MA		
	19 19	strictions 1 CDL		ear 2017								Config. 1	21	<b>1</b> 12
	Operator CUMMINGS, LIND	A ANN	ent	CUMMIN										
<sup>4</sup> 2	Address 1118 EMERALD CT	irst Middle	Addre	ess <b>1118 E</b>	MEF	RALI	CT	First			Mi	ddle		
	City <b>TEWKSBURY</b> State 1	MA Zip 01876-522	23 City_	TEWKSBUI	RY			Sta	te <b>M7</b>	<b>1</b> z	ip <b>O</b>	1876-52	23_	
	Insurance Company GEICO GENE	RAL INSURANCE	C Vehic	le Action Prior to	Crash	1	L 22		amageo		Code:		27	
5	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event	Sequence 1	23	23 7	23 23		st Stat pe of T			28		
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event	1	24		-	AC Tes		ılt:	1 30		
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Co	<u>L</u>	<u>*</u>	15	<b>25</b> Su	ısp. Ald	cohol:	2 31	Susp. Drug:2	32	1 13
<sup>6</sup> 1		ol. 4: Ch/Sec/Sub ————	Drive	r Distracted by	0	26			wed fr			2 33		
т	Please fill out for operato Name (Last First Middle)	r and all occupants involved  Address		DOB/Age	Sex		35 3 Safety Airl System Sta	ng Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facilit	<u>y</u>	
	Operator	See Above		$\searrow$	X	1 9	99 4	0	0	10	1			
7	Please Select One	Occupants Non-Motoris	t A Type	15 Action	16 L	ecation	-1	Condit	ion	18		Hit/Run M	oped	
<sup>7</sup> 4	of the Following:			SP10472	<u>ः।</u>			] } T	QB.			eg State <b>MA</b>	$\dot{-}$	
		_ DOB/Age trictions 1 CDL		ear 2016		ah Mak		eg Type GE:	<u></u>				21	
	Operator POLANCO-MEJIA	Endorseme	nt	r NRT BU							ven	Coming.		
81		PT 204		ss <u>230 MA</u>	ast			First			Mi	ddle		
	City <b>LAWRENCE</b> State 1	1A Zip 01840-134	.6 City 1	NORTH RE	EAD:	ING		Sta	te <b>M</b>	z	ip <b>0</b> 1	L864-31	12	1 14
	Insurance Company OLD REPUBL	C INSURANCE (	CO Vehic	e Action Prior to	Crash	4	22		amaged		Code:	<u> </u>	27	
	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event	Sequence 1 2	23 2	23 2	23 23		st Stati pe of T			1 28 29		
<sup>9</sup> 1	Citation # (If Issued)		Most	Harmful Event	1	24		BA	AC Tes		lt:	1 30		
	Viol. 1: Ch/Sec/SubVio	ol. 2; Ch/Sec/Sub	Drive	Contributing Cod		99 <sup>2</sup>	5	25 Su	sp. Alc	ohol:	2 31	Susp. Drug: 2	32	
		ol, 4; Ch/Sec/Sub		Distracted by	99	26	*   *		wed fr			2 33		
	Please fill out for operator/non-n Name (Last First Middle)	notorist and all occupants invol Address	ved	DOB/Age	Sex	Seat S	35 3t Safety Airb System Stat	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	у	<del>.</del>
	Operator/Non-Motorist	See Above		$\geq$	X	1 9	9 99	0	0	10	1	· · · · · · · · · · · · · · · · · · ·		
												•		
	Annual Control of the					T								
•						$\Box$	T							

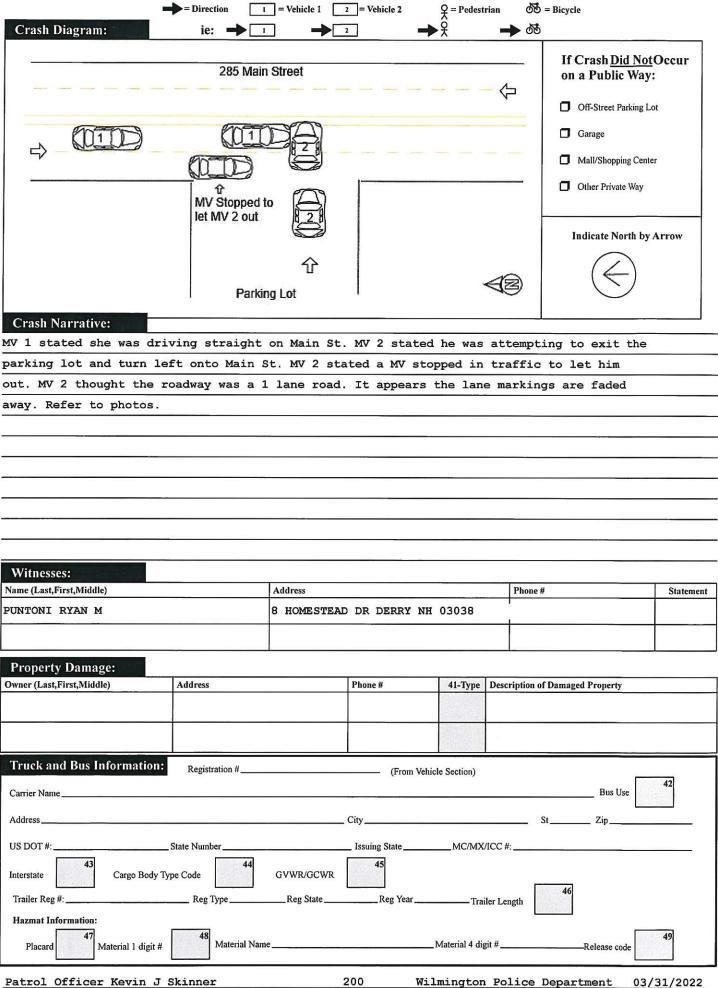
= Direction 1	= Vehicle 1	2 = Vehicle 2	2 = Pedestrian	📆 = Bicycle	
Crash Diagram: ie: ->	<b>→</b> □	<u> </u>	₹ :	→ №	
<b>4</b>		<b>\</b>	<u>(10)</u>	If Crash Did No on a Public Way  Off-Street Parking Garage Mall/Shopping Cen Other Private Way	y: Lot
	/		$\triangleleft$	Indicate North by	y Arrow
Crash Narrative:					
Vehicle # 1 was traveling straight a				as turning left from	
Eames onto Woburn St and collided int	to the rear	drivers side	of vehic	le #1.	
	<del></del>				
Withouse					
Witnesses: Name (Last, First, Middle)	Address			Phone #	Statement
			· ·		
Property Damage:					
Owner (Last, First, Middle) Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Information: Registration #		(From Vehi	ole Sention)		
Carrier Name	****	(From veni	ore Section,	Bus Use	42
		City			
US DOT #:State Number43		Issuing State 45	MC/MX/ICC	J. H.:	<del></del>
Interstate Cargo Body Type Code	GVWR/GCWR	P V		46	
Trailer Reg #: Reg Type	Keg State	Keg Year	Trailer I	Length	
Hazmat Information:	ıe		,Material 4 digit #	Release code	49
A sacrat Lugar				Release code	

Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks Department

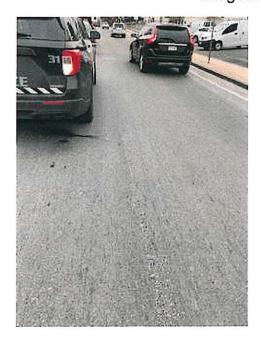
03/30/2022 Date

	Police Use Only	monwealth of Massachusetts			RMV Document Number					
	Date of Crash   Time of Crash   03/31/2022   0831   Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi Latitude	35	State Police Local Police MBTA Police Campus Police	1
	24HR	ming con	Police 1	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	RSECT	ΓΙΟΝ:	
					281	MAIN	१ दम			2 10
ī _	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #	14141	Name of	Roadwa	ay/Street	
1		At		Feet N S	E W of		•	- or		
	Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number						
	Also at Intersection with			Feet NSEW of Route# Intersecting Roadway/Street						
<sup>2</sup> 2	Route# Direction Na	me of Intersecting Roadwa	ay/Street	Feet N S	E W of		ī.	andmark		.
	Please Select One X Vehicle 11	#Occupants Hit/R	Run Moped	Crash Repor	. ID# 22	_11				7
3	of the Pollowing:		I — .							-
	10 10	DOB/Age							21	1 12
	Sex <u>F</u> Lic. Class D Lic. Restrictions 1 CDL Veh Year 2006 Veh Make TOYOTA Veh Config. 1							Config.		
<sup>4</sup> <b>1</b>	Operator <u>DETWILER</u> , CHE Last Address 402 LORDS CT	First JUI	Middle	er <b>DETWILER</b> Last ess <b>402 LORD</b>	•	First	TTAM	Mid	Me	
-	Address 402 HORDS CT  City WILMINGTON Stat	MA zin 01887		ess <u>402 LORD</u> WILMINGTON		Ç.	n MA	շտ <b>Ո</b> 1	887-2298	
	Insurance Company GEICO GEN			le Action Prior to Crasi	<u> </u>		amaged Area	_		
	Vehicle Travel Direction: NXEW	Responding to Emerge		Sequence 23	23 23		st Status:	į	1 28	
5	Citation # (If Issued)			Harmful Event 1	24	_	pe of Test:		29 _ 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	AC Test Res 1sp. Alcohol:		Susp. Drug: 2 32	<b>1</b> 13
				Driver Distracted by 0 26 Towed from scene? 1 33						
<sup>6</sup> 1	•	ator and all occupants invo		12004	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury		A. P. A. P. A.	1
	Name (Last First Middle)  Operator		Address Above	DOB/Age Sex	Pos. System	Status Code 4 0	Code Status 0 10	Code 1	Medical Facility	-
										-
										-
	Please Select One Vivere 1		<u> </u>	15 16		17	18			1
<sup>7</sup> 1	of the Following: Vehicle 21	#Occupants Non-N	Motorist A Type	Action	Location	Condi	ion	Н	lit/Run Moped	
		A DOB/Age	Reg#	1BTS33		Reg Type	PC	Re	g State MA	
	Sex M Lic. Class D Lic. I	forsement	Veh Year 2018 Veh Make FORD Veh Config. 1 21							
8	Operator PALOMO, ANDRE	First	Middle	er PALOMO . I		First		Mid	ldle	
	Address 17 HENRY J DR	MON -: 01876-		es <u>17 HENRY</u> TEWKSBURY	J DK	σ.	. M78 -	. O1	876-3719	<b>1</b> 4
ı	City TEWKSBURY State MA Zip 01876-3719  Insurance Company PREFERRED MUTUAL INSURANC			le Action Prior to Crasl	4		maged Area			
	Vehicle Travel Direction: N S XW	Responding to Emerge		Sequence 23	23 23		st Status:		1 28	
0	Citation # (If Issued)		-	Harmful Event 1	24	-	pe of Test:	.	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub	Drive	r Contributing Code	18 25	25	AC Test Resi sp. Alcohol:	$\longrightarrow$	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub —————Viol. 4: Ch/Sec/Sub —————			Driver Distracted by O 26 Towed from scene? 2 33						
ŀ	Please fill out for operator/no		nts involved	DOB/Age Sex	M 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Modical Facility	
-	Operator/Non-Motorisa		Above		1 1	4 0	0 10	1		
}	-									1
}								+		1



Department

## Wilmington Police Department Images Associated with 22-110-AC





				alth of Massachusetts			RM	iber .		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numl Vehic		Opeca Dim		lice 🐯	
	03/31/2022 2026 Wil	Lmington	Police	Report	2	0	Latitude Longitude	MBTA Po Campus I Other:	olice 🔲	
	AT INTERSECT	TION:	< LOCA	_		NOT A		RSECTION:		
	LOC.								2 10	0
							ROUTE 62 HWY			
<sup>1</sup> 4	Route# Direction	Name of Roadway/Stro	eet	Route# Direction	Address	#	Name o	f Roadway/Street		
3		Al		Feet N	S E W of		-	- or		
	Route# Direction Name of Intersecting Roadway/Street			- Mile Marker Exit Number						l
	Also at Intersection with			Feet NSEW of Route# Inter				secting Roadway/Str	6	╛
2	Route# Direction Name of Intersecting Roadway/Street									
<sup>2</sup> 1	Routes Direction N	ame of intersecting Roadwa	ay/Siteet				1	andmark		
3	Please Select One of the Following:	#Occupants Hit/R	Run Moped	Crash Repo	rt ID# <b>2</b>	2-11	1-A	2		
,		<u> </u>								
	License # <b>S80278921</b> St 1	20		# 1SH147					71 11 1"	2
	Sex <b>F</b> Lic. Class D 19 Lic.	Restrictions 1 CE	DL Veh Y	Year 2012	Veh Make	NISSA	1	Veh Config. 1		J
4	Operator CAIAZZO, NICO	DLE E	Middle Own	er CAIAZZO,	NIC	DLE E		Middle		
<sup>4</sup> <b>1</b>	Address 33 BUCKINGHAM	DR		ess 33 BUCK	INGHA	M DR		Misote		
	City <b>BILLERICA</b> Sta	te <b>MA</b> Zip <b>01821</b>	-3227 City	BILLERICA		S	ate MA	Zip <b>01821</b> -:	3227	
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehic	le Action Prior to Cras	sh 1			a Code: 1 27 11 2		
	Vehicle Travel Direction: NSXW			Sequence 23	23 23		Test Status:	1 28	<del>'</del>	
5			•	· •	24		ype of Test:	29		
	Citation # (If Issued)			Harmful Event 1	25		BAC Test Re	sult: 1 30	13	จา
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	susp. Alcohol	<u> </u>	g 32 1	1
<sup>6</sup> 1	Viol, 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s	cene? 1 33		_
1	-	rator and all occupants invo		2000	34 3 Scot Sai	ety Airbag Ejec	38 39 Trap Injury			
	Name (Last First Middle)  Operator		Address Above	DOB/Age Sex	Pos. Sys	tem Status Cod	Code Statu	s Code Medical	Facility	
	Орегиног	366			1 1	3 0	10 110	-		
	Di 63 - 10			15 16		17	1 19			
<sup>7</sup> 5	of the Following:	Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type				e 15 Action 16 Location 17 Condition 18				
	License # NHL11866347 St 1	IH_ DOB/Ag/	Reg #	101292		Reg Tyr	e PC	Reg State NI	<u> </u>	
		20		ear 2019	Veli Make			Veh Config. 1	21	
	<u> </u>	End	lorsement	r SCHLAGER						
<sup>8</sup> 1	Operator SCHLAGER SUFAT, JEN		Middle	Last		First	MIN T E EIE	Middle		
	Address 8 CARRIAGE IN			Idress 8 CARRIAGE IN						1
	City <b>BEDFORD</b> State <b>NH</b> Zip <b>03110</b> City		y BEDFORD State NH Zip 03110							
	Insurance CompanyVel			chicle Action Prior to Crash  4 22 Damaged Area Code: 1 27 11 27 27						
	Vehicle Travel Direction: N E W Responding to Emergency? 99 Ev			Event Sequence 1 23 23 23 23 Test Status: 1 28 29						
<del>-</del>	Citation # (If Issued)	<u> </u>	Most 1	Harmful Event 1	24		ype of Test: AC Test Res			
2	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub ——	Driver	Contributing Code	8 <sup>25</sup>	10 25	usp. Alcohol:	<u></u>	32	
				er Contributing Code 8 1 18 1 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Fowed from scene? 1 33						
ļ	Please fill out for operator/non-motorist and all occupants involved				34 35 36 37			38 39 40		
	Name (Last First Middle)	•	iddress	DOB/Age Sex	Scat Safe Pos. Syst	ety Airbag Eject em Status Code	Trap Injury Code Status		Facility	
	Operator/Non-Motoris	t See	Above	$\times$ X	1 1	3 0	0 10	1		
Ì					3 1	3 0	0 10	1		
ſ				1	1 -		<del>                                     </del>			
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