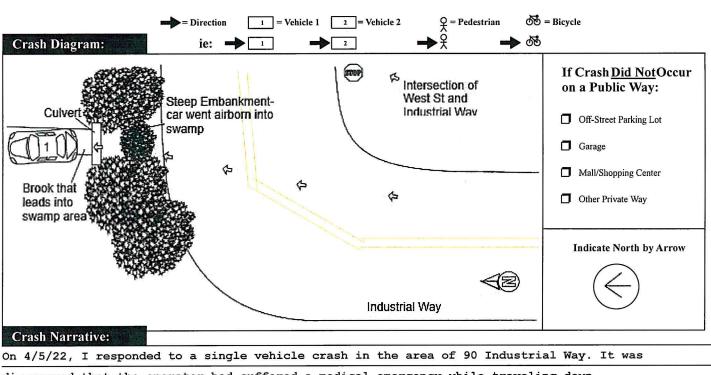
	Police Use Only	ommonwealth o	of Massach	usetts	RMV Doc	ument Number	
	Date of Crash Time of Crash City/Town	Motor Veh	icle Crash	Number Numb	, Speed Billit	Local Police	1
	04/05/2022 0905 Wilmingtor	Police I	Report	1 1	Latitude	MBTA Police Campus Police Other:	
	AT INTERSECTION:	< LOCA	TION >	NOT	AT INTERSEC		1
		1 0			DUSTRIAL V		2 10
¹ 1	Route# Direction Name of Roa	At At	Route# Direction	Address #	Name of Roady	way/Street	-
	Route# Direction Name of Intersecting		Feet NS	E W of — Mile	Marker or	Exit Number	1 11
	Also at Inter		Feet NS	Route#	Intersecting	Roadway/Street	H
² 1	Route# Direction Name of Intersecting	ng Roadway/Street			Landmar	·k	-
3	Please Select One of the Following:	Hit/Run Moped		ID# 22-1			
L	License # S43693480 St MA DOB/Age		1221NL	Reg '	Type PC R	Reg State MA	3 12
	Sex F Lic. Class D 19 Lic. Restrictions	Endorsement	ear 2019 V			n Config. 1	3
	Operator SIMPSON, SAMANTHA M	Owne	er ELLIS, KA	THLEEN E	LIZABETH N	fiddle	
⁴ 1	Address 50 SPEAR ST		ss 50 SPEAR				
	City MELROSE State MA Zip C	2176-5627 City 1	MELROSE		State MA Zip 0		
	Insurance Company ARBELLA MUTUAL	INSURANCE Vehicl	e Action Prior to Crash	1 22	Damaged Area Code	11 27 27 27	
5	Vehicle Travel Direction: SEW Responding	to Emergency? 2 Event	Sequence 42 23 41	23 23 23	Test Status: Type of Test:	29	
	Citation # (If Issued)	Most I	Harmful Event 27	24	BAC Test Result:	30	
	Viol. 1; Ch/Sec/Sub ————Viol. 2: Ch/Sec	/Sub Driver	Contributing Code	16 ²⁵ 25	Susp. Alcohol: 2 31	Susp. Drug: 2 32	27 ¹³
6	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec	/Sub Driver	Distracted by	26	Towed from scene?	1 33	
⁶ 1	Please fill out for operator and all occu			Seat Safety Airbag I	37 38 39 40 Eject Trap Injury Transp.		1
	Name (Last First Middle)	Address See Above	DOB/Age Sex	Pos. System Status C	Code Code Status Code 2 9 2	Medical Facility Lahey Clinic	1
	Operator	See Above		1 1 3 0			-
							_
		-					
⁷ 1	Please Select One of the Following: Vehicle 2#Occupants	Non-Motorist A Type	15 Action 16 Lo	ocation 17 Co	ndition 18	Hit/Run Moped	
	License # St DOB/Age			Reg 7	Гуре R	leg State	
	Sex Lic, Class 19 19 Lic. Restrictions Operator	Endorsement	ear Vo	(1		n Config.	
⁸ 1	Last First Address	Middle Addre	Last SS	First	М	liddle	
	CityStateZip	City_		1	StateZip		1 14
	Insurance Company		e Action Prior to Crash	22	Damaged Area Code:	27 27 27	\vdash
		to Emergency? Event	Sequence 23 2	23 23 23	Test Status:	28	
	Citation # (If Issued)		Charles and an artist of the charles and the charles are charles a	24	Type of Test:	29	
⁹ 2	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec		Contributing Code	25 25	BAC Test Result:	Susp Drug 32	
			, <u> </u>	26	Susp. Alcohol: 31 Towed from scene?	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec Please fill out for operator/non-motorist and a	340		34 35 36	37 38 39 40		1
	Name (Last First Middle)	Address	DOB/Age Sex	Seat Safety Airbag I	Eject Trap Injury Transp. Code Code Status Code	Medical Facility	4
	Operator/Non-Motorist	See Above	$\times X$	1]
]
							1



On 4/5/22, I responded to a single vehicle crash in the area of 90 Industrial Way. It was discovered that the operator had suffered a medical emergency while traveling down

Industrial Way. Veh 1 continued straight instead of turning right towards the intersection of West St and Industrial Way. The vehicle left the road and based on the destruction of the trees, the vehicle went airborn and landed past a culvert into a brook which turned into a swamp. Driver was extricated by witnesses. Driver did not have any visible injuries from the crash but was transported by Wilmington Fire because of the crash and potential medical emergency. Car suffered damage all over the vehicle. All airbags deployed. A&S

Towing responded to pull the vehicle out of the deep embankment. DPW also responded. See 22-416-OF

Witnesses:								
Name (Last,First,Middle)		Address			Pho	one#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descripti	on of Damage	d Property	
			-		-			
Truck and Bus Information: Carrier Name	Registration #			nicle Section)			Bus Use	42
Address			City	-9		_ St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	— Trai	iler Length	40		
Hazmat Information:								1
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 dig	git #		-Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

04/05/2022

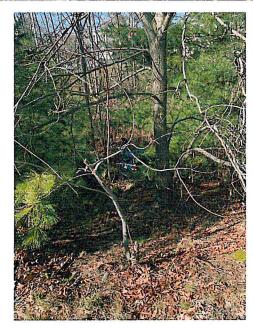


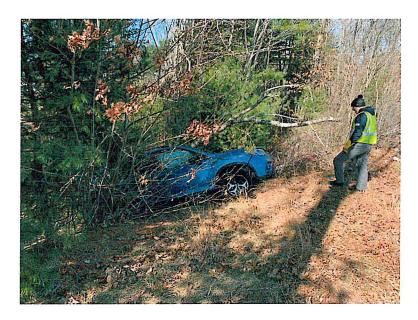




















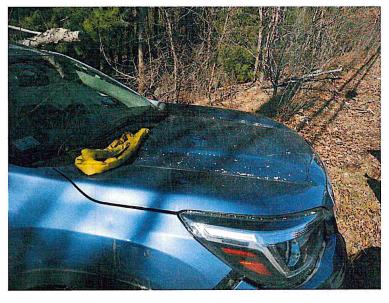






















	Police Use Only	Comn	nonwealth	of Massac	huset	ts	R	MV Docur	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crasl	h Num		DP000 DI		State Police Local Police MBTA Police Campus Police	7
	04/05/2022 2018 Wilm	nington	Police	Report	2	o Injured	Latitude_ Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	AT INTE			1
										2 10
	SHAWSHEI									_
¹ 4	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	n Address	S #	Name	of Roadwa	y/Street	-
-	HOPKINS			Feet N	S E W of	f — —	_ • -	— or		
		ne of Intersecting Roadwa	ay/Street				Marker		Exit Number	4 11
		Also at Intersection wi	th		S E W of	Route#	Inte	ersecting Ro	padway/Street	\vdash
² 1	Route# Direction Nan	ne of Intersecting Roadwa	nv/Street	Feet N	S E W of	f				
T						(**************************************		Landmark		4
³ 2	Please Select One of the Following:	_#Occupants	tun Moped	Crash Rep	ort ID# 2	2-11	.3-A	.C		
2		A_ DOB/Age	Pag	# <u>5PE725</u>		Pag Tr	ma PC	Par	v Stata MA	┧
	10 10	20							21	1 12
			dorsement	Year 2013				Ven C	Jonnig.	\vdash
4_	Operator FULLER, OLIVI	A R First	Middle	er FULLER ,		First		Midd	ile	
⁴ 3	Address 22 BELLEVUE RD		-	ress 22 BELL						
	City TEWKSBURY State			TEWKSBURY	<u> </u>				876-1712	1
	Insurance Company ARBELLA M	UTUAL INSU	RANCE Vehi	cle Action Prior to Cr	(majoriti	24-32R	Damaged A	rea Code: 8	Commence of the commence of the commence of	
5	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Ever	t Sequence 23	1 23 23	1 "1	Test Status:	1	28	
⁵ 2	Citation # (If Issued)		Mos	t Harmful Event 1	24		Type of Test BAC Test R	20	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Driv	er Contributing Code	1 25	25	Susp. Alcoh		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		Towed from		22	
⁶ 1		tor and all occupants invo			34	35 36 3	7 38 3	9 40	SANITU.	-
	Name (Last First Middle)	5-80 to 11 - A 1 - A 1 - A 1	Address	DOB/Age S	Seat Sa Sex Pos. Sy	afety Airbag Ejerstern Status Co	de Code Sta	ury Transp. tus Code	Medical Facility	_
	Operator	See	Above	>>>	1 9	9 4 0	0 10	1		
										1
					++	+		+		-
						DOMESTIC -	Religion La	_		4
⁷ 2	Please Select One of the Following: Vehicle 21	#Occupants Non-I	Motorist A Type	15 Action 10	Location	17 Con	dition	[8] □ ні	it/Run Moped	
	STATE OF THE PARTY OF	A DOB/Age	1 Reg	# 1HNJ16	1	Reg Tv	pe PC	Rea	State MA	†
	10 10	20		Year 2016			-	-	21	
	Defend Makhan		lorsement					ven C	onng.	
⁸ 1	Operator DIAS, MARYLYN	First	Middle	er DIAS, M		First	400	Midd	le	
_	Address 168 RIVER RD			ess 168 RIV	ER RD					14
		MA Zip 01810		ANDOVER	160			_	810-1062	
	Insurance Company CITIZENS 1	NSURANCE C	OMPAN Vehi	cle Action Prior to Cra	V E	GP-STROW.		rea Code: 3	27 2 27 4 27	
	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 1 23	1 23 23	1 2	Test Status: Type of Test	. 1	29	
⁹ 2	Citation # (If Issued)	_	Mos	Harmful Event 1	24		BAC Test R		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	99 ²⁵	25	Susp. Alcoho		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26		Towed from	20	22	
	Please fill out for operator/nor	AND THE PERSON OF THE PERSON O		1	34 Seat Sa	35 36 37 afety Airbag Eje				1
	Name (Last First Middle)	1	Address	DOB/Age S	ex Pos. Sy	stem Status Co	de Code Sta	tus Code	Medical Facility	-
	Operator/Non-Motorist	See	Above		1 9	9 4 0	0 10	1		4
										1
					+		++	++	A.	1
		1		1 1	1 1	1 1	1 1	1		I

Carl Di	= Direction	=	2 = Vehicle 2	Q = Pedestrian QQ	ØØ = Bicycle →	
Crash Diagram:	V2 V1 D Hopkins Street		wsheen Lak		If Crash Did I on a Public W Off-Street Parkin Garage Mall/Shopping O Indicate North	ray:
				≥>	\Rightarrow	
nto V1 causing the tated she was traven scene. No vehicle	elling straight a	ahead and the	700 AF 000	1877 AND AND ADDRESS OF THE PERSON OF THE PE		
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	Address		Phone #	41-Type Des	cription of Damaged Property	
(200)						
Truck and Bus Informat Carrier Name Address US DOT #:			_ City		Bus Use St Zip#:#:	42
Interstate 43 Cargo B Trailer Reg #: Hazmat Information:	Reg Type	GVWR/GCWRReg State	45 Reg Year	Trailer L	46	49
Placard Material 1 d		ame				04/05/2022
Police Officer Paul Police Officer Name (Please Print)	Macgilvray Signature	V.		Wilmington Po Department		04/05/2022 Date

Date of Crash 04/07/2022	Time of Crash	At a second seco	_				AUGUS NOTICES		
		City/Town Lmington	1	nicle Crash	Number Vehicles	Number Injured	Speed Limi	t20	State Police Local Police MBTA Police Campus Police
	24HR		Police	Report	1	0	Longitude_		Campus Police Cother:
	AT INTERSECT	TION:	< LOCA	ATION >		NOT A	T INTER	RSECT	ION:
Route# Direc	ction	Name of Roadway/S	Street	Route# Direction	58 Address#	CHES	STNUT Name o	ST f Roadway	y/Street
		At		Feet NS	E W of			- ог	
Route# Direc	etion N	ame of Intersecting Road	Iway/Street			Mile Ma	arker		Exit Number
		Also at Intersection	with	Feet N S		Route#	Inters	secting Ro	oadway/Street
Route# Direc	etion N	ame of Intersecting Road	lway/Street	Feet N S	E W of			Toron I	
Please Select C	One Maria 1	#Occupants Hit		Crash Repor	. TD# 2 2	_11		andmark	
of the Followin	ng: Venicie (±								
	6555571 St 1	20	-	# 4AZJ39					21
Sex M Lic. 0	Class D Lic.	Restrictions 1	F., J.,	Year 2014					Config. 2
	LBROOK, SHA	AUN L First	Middle Own	ner HOLBROOK	<u>, SHAU</u>	N L First		Middl	le
	HORTON DR			ress 2 THORTO				014	
	INGTON Sta			BURLINGTO	281A-7145		ite MA amaged Are	_	803-0000 27 27 27
•	any GOVERNMEN	_		cle Action Prior to Crasl	ı L	_	amaged Are	a Code. 1	28
	Direction: SEW			nt Sequence 31 23 22			pe of Test:	100	29
	sued)			t Harmful Event 22	Company of the compan	25 B	AC Test Res	(32)	30
	Sub ————			er Contributing Code	99	Si	isp. Alcohol	CONTRACTOR OF THE PARTY OF THE	Susp. Drug: 32
Viol. 3; Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub — erator and all occupants in		er Distracted by 99	34 35	36 37	owed from s	cene? 1	33
Name (Last First M		Tator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility
Operate	or	5	See Above	\times X	1 1	1 0	0 10	1	
				1					
Please Select C of the Followin		#Occupants No	n-Motorist A Type		Location	17 Condi		Hi	
of the Followin	Ng: Venicle 2 St	DOB/Age	Reg;	15 Action 16 #		Condi	ion	Hi Reg	State 21
of the Followin	St_Class 19 19 Lic.	DOB/Age	Reg;	Action #		Condi	ion	Hi Reg	State 21
of the Followin License # Sex Lic. (Operator	StStSt	DOB/Age	Reg : CDL Veh Veh Veh Middle Middle Addr	# Year Last	Veh Make	Reg Type	ion	Reg Veh C	State 21
of the Followin	StStSt	DOB/Age	Reg : CDL Veh Veh Condorsement Middle Addr	#YearLast	Veh Make	Condi	te	Reg Veh C Middle	State
of the Following License # Sex Lic. (Operator Address City Insurance Compa	St	DOB/Age	Reg s CDL Veh Endorsement Middle Addr City Vehic	#	Veh Make	Condii Reg Type First Sta 22 D	te	Reg Veh C Middle	State 21
of the Followin License # Sex Lic. (Operator Address City Insurance Compa	StStStStState	DOB/Age	Reg s CDL Veh	#	Veh Make	First Sta 22 D 23	te	Reg Veh C Middle	State
of the Followin License # Sex Lic. C Operator Address City Insurance Compa Vehicle Travel D Citation # (If Issue	St	DOB/Age	Reg a CDL Veh vehicle	#	Veh Make	First Sta 22 D 23 Te	te	Reg Veh C Middle Zipa Code:	State
of the Followin License # Sex Lic. C Operator Address City Insurance Compa Vehicle Travel D Citation # (If Issue) Viol. 1: Ch/Sec/S	StStStananyNS_E_W	DOB/Age Restrictions 20 CF First Ate Zip Responding to Eme Viol. 2: Ch/Sec/Sub	Reg s CDL Veh Endorsement Middle Addr City Vehic ergency? Even Most	#	Veh Make	First Sta 22 D 23 Te Sta Sta Sta Sta Sta Sta Sta St	tee amaged Area est Status: rpe of Test; AC Test Res	Reg Veh C Middle Zip a Code:	State
of the Followin License # Sex Lic. (Operator Address City Insurance Compa Vehicle Travel D Citation # (If Isst Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	St	Restrictions 20 CF First The Zip Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —	Reg a CDL Veh V Endorsement Middle Addr City. Vehice regency? Even Most Drive	#	Veh Make	Condit Reg Type First Sta 22 D To Ty Sta To	teamaged Areast Status: rpe of Test: AC Test Res asp. Alcohol bowed from so	Reg Veh C Middle Zipa Code: ult:a cene?	State
of the Followin License # Sex Lic. C Operator Address City Insurance Compa Vehicle Travel D Citation # (If Issued Inc.) Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	StStStStStStananyStananySubsubsubsase fill out for operator/n	Restrictions 20 CF First The Zip Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —	Reg a CDL Veh V Endorsement Middle Addr City. Vehice regency? Even Most Drive	#	Veh Make	First Sta 22 D 23 Te Sta Sta Sta Sta Sta Sta Sta St	tee amaged Area est Status: rpe of Test; AC Test Res	Reg Veh C Middl Zipa Code: ult:	State
of the Followin License # Sex Lic. (Operator Address City Insurance Compa Vehicle Travel D Citation # (If Isst Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	StStStStStStananyStananySubsubsubsase fill out for operator/n	DOB/Age	Reg a CDL Veh ' Endorsement Middle Addr City. Vehice regency? Even Most Drive pants involved	#	Veh Make	Condit Reg Type First Sta 22 D 23 Te Ty Sta Airbag Signet	tetest Status: The of Test: AC Test Results asp. Alcoholowed from some set of the	Reg Veh C Middl Zipa Code: ult:	State
of the Followin License # Sex Lic. (Operator Address City Insurance Compa Vehicle Travel D Citation # (If Isst Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	StStStStSt	DOB/Age	Reg s CDL Veh	#	Veh Make	Condit Reg Type First Sta 22 D 23 Te Ty Sta Airbag Signet	tetest Status: The of Test: AC Test Results asp. Alcoholowed from some set of the	Reg Veh C Middl Zipa Code: ult:	State
of the Followin License # Sex Lic. (Operator Address City Insurance Compa Vehicle Travel D Citation # (If Isst Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	StStStStSt	DOB/Age	Reg s CDL Veh	#	Veh Make	Condit Reg Type First Sta 22 D 23 Te Ty Sta Airbag Signet	tetest Status: The of Test: AC Test Results asp. Alcoholowed from some set of the	Reg Veh C Middl Zipa Code: ult:	State

C. L.D.				Vehicle 2	Q = Pedestr	ian 🐠 = E	Bicycle	
Crash Diagram:		ie: → 1			*		If Crash Did No on a Public Way Off-Street Parking Garage Mall/Shopping Cen Other Private Way	y: Lot ter
							Indicate North by	Arrow
he driver of weather the road and are the road are the ro	nd destroy						Toad, drove	Statement
Property Damag	e:							
wner (Last,First,Middle	2)	Address		Phone #			amaged Property	-
ARKS BRENT K		58 CHESTNUT ST WILL	MINGTON MA 01887		97	MAILBOX		
ERIZON		28 DIANA LN DRA	ACUT MA 01826		1	VERIZON	POLE 4VZ1	3
US DOT #:	Cargo Body Ty	State Number44	GVWR/GCWR	City Issuing State 45	MC/MX/	St_	Bus Use Zip	
Hazmat Information: 47 Placard M	faterial 1 digit#	48 Material Nam	ne		Material 4 dig	git #	Release code	49
Patrol Officer				190	Wilmington			/07/2022
olice Officer Name (Pleas	e Print)	Signature	I	D/Badge #	Department	Precinct/l	Barracks Date	:







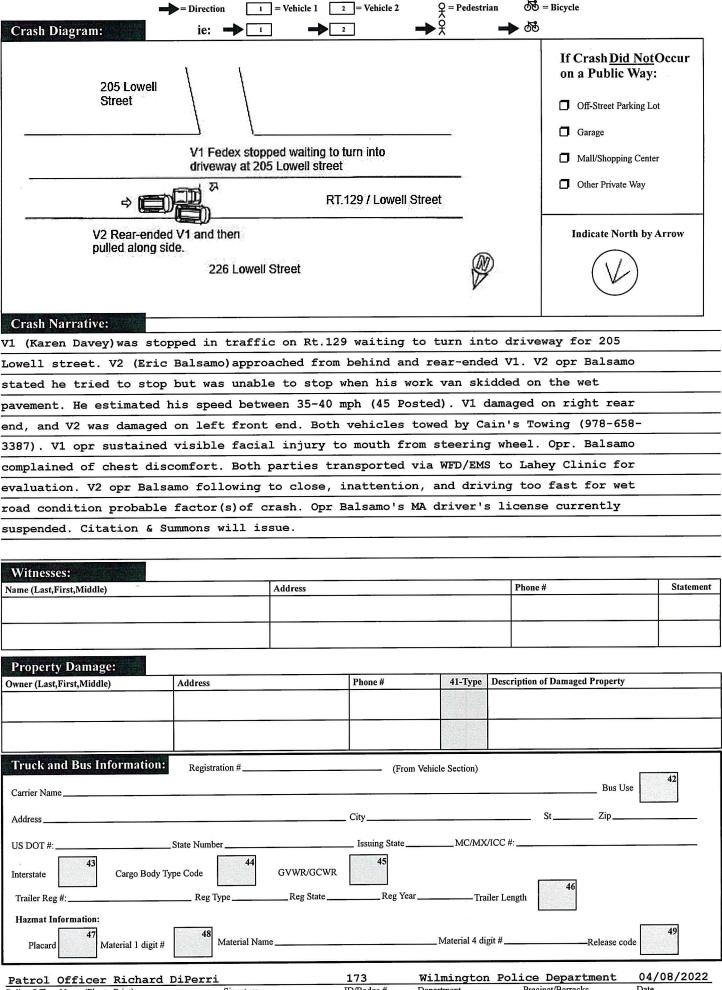








	Police Use Only	Commony	vealth (of Massa	chus	etts			RMV	Docui	ment Numbe	er	
	AND COMMON TO SERVICE AND CO. T. C.			icle Cras	$\mathbf{sh} \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Number Vehicles	Number Injured	Speed Latitud		45	State Police Local Police MBTA Police	8	
	24HR 24HR	ington	Police 1	Report	2		2	Longit			Campus Pol Other:	ice 🗖	
	AT INTERSECTION	ON: <	LOCA	TION >	>		NOT A	T IN	rers	SECT	TION:		
		ε,		<u>129</u> w	22		LOW						2 10
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion Add	dress #		Na	me of I	Roadwa	ay/Street		
1	Route# Direction Name	of Intersecting Roadway/Street		Feet [N S E V	V of	Mile M		_	or _	Exit Num	ber	2 11
	Total District	Also at Intersection with		Feet	N S E V	v of	Route#				1 10		
				Feet	N S E V	v of					oadway/Stree	et	
² 3	Route# Direction Name	of Intersecting Roadway/Street					226	LOM1		ST ndmark			
³ 2	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	22	-11	5-	AC	li P			
		DOB/Age	Reg #	<u>v32864</u>	× 11 21 200		Reg Ty	e <u>CO</u>		Re	g State MA	21	12
	Sex_F Lic. Class B 19 19 Lic. Re	estrictions B 20 CDL		Year <u>2020</u>	Veh N	Make <u>F</u>	ORD			_ Veh	Config. 1	21	_
	Operator DAVEY, KAREN	Endorsemer First Middle	Own	er FEDERA	L EXI	PRES	S CO	RP		Mid	lilla.		
⁴ 1	Address 173 WILDWOOD ST		Addr	ess <u>4001 L</u>	EADE	NHAI	LL RD			Mid	ale		
	City WILMINGTON State 1	MA Zin 01887	City	MT LAURE	EL		Si	ate No	 zi	ip <u>08</u>	054-0	000	
	Insurance Company OLD REPUBL			ele Action Prior to		2		Damageo					
				Dec. 197	23 23	23	23	est Stat	us:		1 28		
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2		I bequence I	24			ype of ?	Гest:		29		
	Citation # (If Issued)					25	25 I	AC Tes	t Resu		30		_ 13
	Viol. 1; Ch/Sec/Sub ———— V	iol. 2: Ch/Sec/Sub ————		r Contributing Co	20.05%	23		usp. Ale			Susp. Drug:	2 32	1
⁶ 2	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26			owed fr			1 33		
2	Please fill out for operato	or and all occupants involved		DOB/Age	Sex Pos		36 37 Airbag Ejec Status Code	38 Trop Code	39 Injury Status	40 Transp. Code	Medical Fa	eility	
	Operator	See Above		Doblinge	$\sqrt{1}$	1	1 0	0			Lahey Clini		
	Орегию												
				-									ŀ
⁷ 1	Please Select One of the Following:	#Occupants Non-Motoris	t A Type	15 Action	16 Locat	tion	17 Cond	ition	18	Ш	lit/Run 🔲	Moped	
	License # S35200808 St MA	DOB/Age	Reg	T69726			Reg Ty	e <u>CO</u>		Re	g State MA		
8	Sex M Lic. Class D 19 19 Lic. Re	estrictions 20 CDL		Year 2018	Veh N	Make <u>C</u>	HEVRO	LET		_ Veh	Config. 1	21	
	Operator BALSAMO, ERIC	DAVID Endorsemen	nt Own	er APLUS	HARDV	100D		ORS	IN	C			
⁸ 1	Address 76 HAVERHILL RI	First Middle	Addr	ess 9 UNIC	ası NPL		First			Mid	ldle		
		MA Zip 01913-390		LYNN			Si	ate MZ	A z	in 01	902-3	668	1 14
	Insurance Company QUINCY MUT			ele Action Prior to	Crach	1		Damage					
				Dist.	23 23	23	23	est Stat	us;	ļ	1 28	100.00.00.00	
	Vehicle Travel Direction: NSE	Responding to Emergency? 2		i Sequence 1	24			ype of	Test:		29		
⁹ 2	Citation # (If Issued) T2447024	_			_	²⁵ 7	25	BAC Tes	-		30	Date: 2721	
_	Viol. 1: Ch/Sec/Sub <u>90 23</u> V	riol. 2: Ch/Sec/Sub 720CMR	906 Drive	er Contributing Co	06	25 7	PERSONAL PROPERTY.	Susp. Al	L		Susp. Drug	2 32	
	(Add or dispersion	riol. 4: Ch/Sec/Sub		er Distracted by	99 ²⁶			Towed fi		<u> </u>	2 33		ļ
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants invol	ved	DOB/Age	Sex Pos	t Safety		1 Trap c Code	39 Injury Status	40 Transp. Code	Medical F	acility	
	Operator/Non-Motorist	See Above			X 1	1	1 0	0	9	1			
	Operator/11011-1110101151	2333300				-							1
							\vdash						-



	Police Use Only	Comn	nonwealth	of Massac	chuset	ts		RMV Doci	ument Number	
		City/Town	Motor Veh	icle Cras	h Numb		opeca L		Local Police]
	04/08/2022 1845 Wilm	ington	Police 1	Report	2	0	Latitude Longitue		MBTA Police Campus Police Other:	1
	AT INTERSECTION	ON:		TION >		NOT A		ERSEC		1
										2 10
					456	MAI				
¹ 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	n Address	#	Nam	e of Roadv	vay/Street	-
T		At		Feet N	S E W of			— or _		
	Route# Direction Name	e of Intersecting Roadw	ay/Street			Mile N	farker		Exit Number	4 11
		Also at Intersection wi	th	Feet N	S E W of	Route#	In	ntersecting l	Roadway/Street	-
<u>ا</u>		CI	(6)	Feet N	S E W of	. Routen		norseeting 1	.coamay, Suesc	
² 1	Route# Direction Name	e of Intersecting Roadw	ay/Street					Landmar	k	1
3	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Crash Rep	ort ID# 2	2-11	6- <i>I</i>	AC		
	License # SA2950860 St M	DOB/Age_	Reg	#2XPJ81		Reg Tv	pe PC	R	eg State MA	1
	19 19	20		Year 2006					21	1 12
	D. 其形式 数据证证据	En	dorsement	er BROWN,					Comig.	
⁴ 3	Operator BROWN, CHARLES	First	Middle Own	Last		First	OME	M	liddle	
3	Address 97 PEARL ST			ess 97 PEAF	CL ST			2.0		1
	City WOBURN State			WOBURN	get is				1801-1541	
	Insurance Company PROGRESSIV	E DIRECT I	NSURA Vehic	cle Action Prior to Ci	rash 1	100000		Area Code:	3 27 27 27	
E	Vehicle Travel Direction:	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23	23	Test Status		29	
⁵ 1	Citation # (If Issued)	_	Most	Harmful Event 1	_ 24		Type of Te BAC Test		30	
	Viol, 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	1 25	25	Susp. Alco		1	1 13
	Viol. 3: Ch/Sec/Sub ————————V			er Distracted by	26		Towed from	400000	2 33	-
⁶ 1	Please fill out for operate		~	T	34	35 36 37	38	39 40		4
	Name (Last First Middle)	(a)	Address	DOB/Age		fety Airbag Eje stem Status Coo	t Trap I e Code S	Injury Transp. Status Code	Medical Facility	_
	Operator	Se	e Above	\times	(1 1	4 0	0 1	10 1		
			11							1
							+++			-
										_
⁷ 2	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 1	6 Location	17 Cond	lition	18	Hit/Run Moped	
2	of the Following:			027407		Montela	DC			1
	10 10	DOB/Age	-	# <u>2374DI</u>			ре РС		eg State MA 21	
	Sex M Lic. Class D Lic. Re	En	dorsement	Year 2004					Config.	
⁸ 1	Operator <u>CARDOSO</u> , <u>CARLI</u>	CON SOUSA	Middle Own	er <u>CARDOSO</u>	, CAR	LTON S First	OUSA	М	iiddle	
1	Address 356 MIDDLESEX 2	AVE	Addr	ess <u>356 MII</u>	DLESE				-	14
	City WILMINGTON State	MA Zip 01887	-2110 City.	WILMINGT	ис	s	tate MA	Zip_ 0 :	1887-2110	1 1
	Insurance Company LM GENERAL	INSURANCE	COMP Vehi	cle Action Prior to Ci	rash 1	22	Damaged A	Area Code:	AMADES CONTRACTOR DESCRIPTION	
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23	3 23	Test Status	S:	1 28	
	Citation # (If Issued)			Harmful Event	24		Type of Te		29	
⁹ 2	, , , , , , , , , , , , , , , , , , , ,	-		er Contributing Code	25	25	BAC Test		Susp Drug 32	
L	Viol. 1: Ch/Sec/Sub ———V			iii	20		Susp. Alco	70,000,00	33	
		/iol. 4; Ch/Sec/Sub		er Distracted by		35 36 37	Towed fro	om scene?	3 33	4
	Please fill out for operator/non- Name (Last First Middle)		nts involved Address	DOB/Age	Seat Sa	afety Airbag Eje stem Status Co	t Trap	Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	Se	e Above		1 1	4 0	0 2	10 1		300
	- Per 2000 1000 1000						++			1
				+ +	-		++			-
		Owel								_

Crash Diagram:	ie: 👈	1 -	2	→ X	→ №		
	1 0 1	1	-			If Crash <u>Did</u> on a Public V	
				150.14 : 01		Off-Street Park	ting Lot
			<u>l</u>	456 Main Str	eet	☐ Garage	
>					\$	☐ Mall/Shopping	Center
>			MV2	r r		Other Private V	Vay
			IVIV2 6	MV1	द⟩[
				() () () ()		Indicate Nort	h by Arrow
					~		
				*	(國)	$(\leftarrow$)
	-0-	仓	Ŷ				
rash Narrative:							
cor vehicle number	1, Carlton Ca	rdoso was t	raveling sout	th straight	ahead t	through the	
in Street at Church							72
ee images). MV2, C							
tersection, merged							
juries and refused	medical atten	tion. MV1	was towed by	Cain's (Se	e attach	nments).	
					Disarch		Statemen
		Address			Phone #	Į.	Statemen
		Address			Phone #	F	Statemen
CONTRACTOR OF THE PARTY OF THE		Address			Phone #	I	Statemen
me (Last,First,Middle)		Address			Phone #	•	Statemen
me (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type		f Damaged Property	Statemen
me (Last,First,Middle)	Address	Address	Phone #	41-Type			Statemen
ne (Last,First,Middle)	Address	Address	Phone #	41-Type			Statemen
me (Last,First,Middle) Property Damage: Proper (Last,First,Middle)				41-Type			Statemen
me (Last,First,Middle) Property Damage: Proper (Last,First,Middle)		Address		41-Type Vehicle Section)		f Damaged Property	42
me (Last,First,Middle) Property Damage: Property Damage: Proper (Last,First,Middle) Pruck and Bus Information							42
roperty Damage: ner (Last,First,Middle) ruck and Bus Informatio			(From	Vehicle Section)	Description o	f Damaged Property Bus Use	42
me (Last,First,Middle) Property Damage: mer (Last,First,Middle) Pruck and Bus Informationarrier Name	Registration #_		(From	Vehicle Section)	Description o	f Damaged Property Bus Use	42
roperty Damage: ner (Last,First,Middle) ruck and Bus Informatio arrier Name ddress S DOT #:	Registration #State Number4	14	(From City Issuing State 45	Vehicle Section)	Description o	f Damaged Property Bus Use	42
roperty Damage: rer (Last,First,Middle) ruck and Bus Informatio arrier Name ddress S DOT #: terstate 43 Cargo Boo	Registration # State Number By Type Code	GVWR/GCV	(From City Issuing State VR 45	Vehicle Section) MC/MX/	Description of	f Damaged Property Bus Use	42
me (Last,First,Middle) Property Damage: vner (Last,First,Middle) Pruck and Bus Information carrier Name ddress S DOT #: aterstate 43 Cargo Boo	Registration # State Number By Type Code	GVWR/GCV	(From City Issuing State VR 45	Vehicle Section) MC/MX/	Description of	f Damaged Property Bus Use	42
JS DOT #:	Registration #_ State Number ly Type Code Reg Type	GVWR/GCV	(From City Issuing State VR 45	Vehicle Section) MC/MX/	Description of	f Damaged Property Bus Use St Zip	42









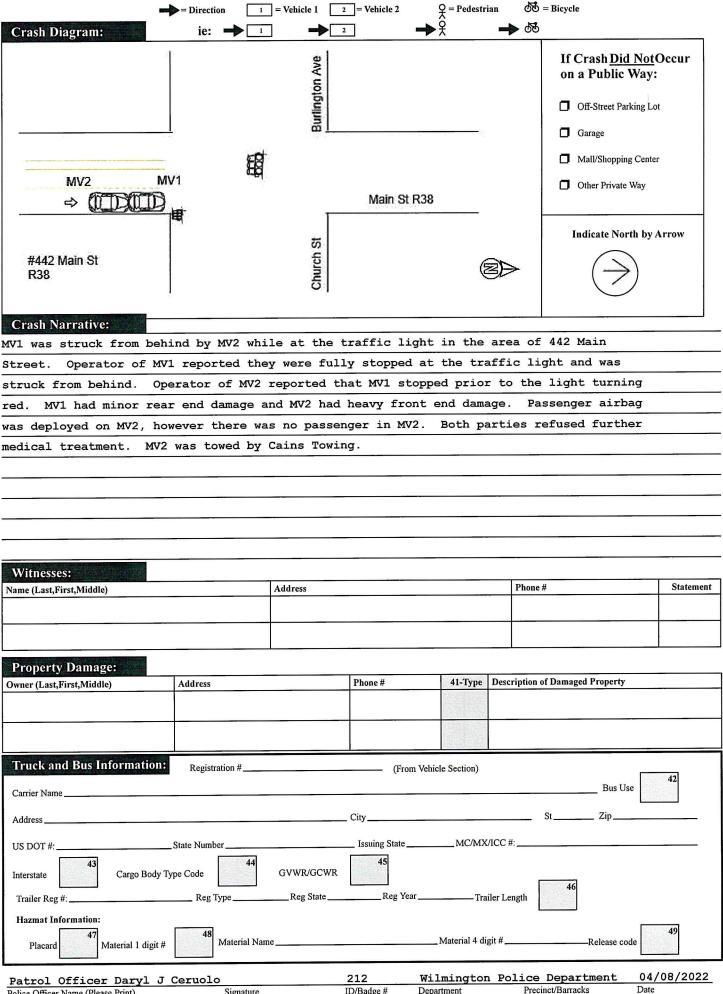


	Pol	lice Use Only		C	Common	wealth	of Mas	sach	use	tts			RM	V Docui	nent Nu		
	Date of Crash	Time of Crash		ity/Town	Mo	tor Veh	icle Ci	rash			Number Injured	Speed Latitu	Limit.	35	State Po Local P MBTA	olice 🔀	
	04/08/2022	2047 24HR	WIIIII	.ngtor	.1	Police	Report	ţ	1	C	-	Lantu				Police	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>		N	OT A	r in	TER	SECT	ION:		
	Route# Dire	ction	Λ	Name of Ro	adway/Street		Route# Di	irection	196		SHAV				E ny/Street		2 10
¹ 4	1				At												1
	Route# Dire	ction			ng Roadway/Stree	t		et N S			Mile Ma			or _	Exit N	lumber	1 11
2					rsection with			et NS		R	oute#		Interse	ecting R	oadway/S	Street	
² 1	Route# Dire	ction	Name o	of Intersecti	ng Roadway/Stree	t	<u> </u>			_			La	ndmark			_
3	Please Select of the Followi	ing: Venicle	1_1#(Occupants	Hit/Run	Moped Moped		h Report									
	License # <u>SO</u>		-	_ DOB/Age		Reg	# 2FCA6	7			Reg Typ	e <u>PC</u>		Re	g State <u>N</u>	1A 21	1 12
	Sex_F Lic.	- 07-3 A L	Lic. Rest	rictions 1	CDL_ Endorseme	ent	Year 2017							Veh (Config.	1 "	-
⁴ 1	1	LSON, MA	Fir	A D	Middle		er WILSO	Last			First		-07-00	Mide	ile		1
1		HOUGHTON					ress 29 H			RD							
		INGTON					WILMIN	<u>IGTON</u>	1	Ne article and	•			_		4544	1
	Insurance Comp	pany SAFETY	INSU	JRANC	E COMPAN	Vehi	cle Action Prio	r to Crash	1	L 22				Code: 1	27	27 27	
5	Vehicle Travel I	Direction: N S	W	Responding	g to Emergency? 2	Ever	t Sequence	23 5	23	23 2		est Stat		1	29		1
0	Citation # (If Iss	sued)				Mos	t Harmful Even	t 5	24			ype of ' AC Tes		de:	30		
	Viol. 1; Ch/Sec/	/Sub	Vio	il. 2: Ch/Sec	c/Sub ———	Driv	er Contributing	Code		25	25	usp. Al		36	Susp. Di	rug: ₂ 32	5
6	Viol. 3: Ch/Sec/	/Sub	Vio	l. 4: Ch/Sec	c/Sub	Driv	er Distracted by	y 0	26		T	owed fi	rom sc	ene?	33		
⁶ 1			or operator	and all occ	upants involved		DOB/A	S		Safety Air	36 37 rbag Eject atus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Madie	al Facility	
	Name (Last First N				Address See Above	er	DOB/Age	Sex	1	System Str 0 4	atus Code	O	10	1	Medic	ai raciny	-
	Operat				See Above			\checkmark		-	-	-					
									\sqcup								_
	10.00																
			100														
⁷ 1	Please Select 0		2#0	Occupants	Non-Motoris	at A Type	15 Action	16	Location	1	Condi	tion	18	н	it/Run	Moped	
		The same of the sa	C.	DOD/A-		Pag	#				Pag Tym	0	250000	Par	r State		┪
	License # Sex Lic.	19 19	-	_ DOB/Age	20 CDL	Veh	# Year								. [21	
R	Operator	Last	Fir	rst	Endorseme		ier	Last			First			Mide	ile		
81	Address	-				Add	ress						-				14
	City		State	Zip_		City					Sta	ate	Z	Zip			1 '
	Insurance Comp	оапу				Vehi	cle Action Prio	r to Crash	1	22	D	amage	d Area	Code:	27	27 27	
	Vehicle Travel I	Direction: NS	EW	Responding	g to Emergency?_	Ever	nt Sequence	23	23	23 2	3 To	est Stat	tus:		28		1
		sued)			.		t Harmful Even	t I	24			ype of		á	29		1
⁹ 2	The state of the s	•						Markan	2	25	25	AC Te		- 21	30	21	i
-	1	/Sub					er Contributing	495133	26			usp. Al		ALC: NO	Susp. D	rug: 32	
		/Sub					er Distracted b	у				owed f			33		_
	Pl Name (Last First N	ease fill out for oper	rator/non-m	otorist and	all occupants invo	lved	DOB/Age	Sex		Safety Ai	36 37 rbag Eject atus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medie	cal Facility	
		or/Non-Moi	torist		See Above		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		1						*		
	Sperat	01/1 1011-11101						\forall	+-		+		+				+
								_			\perp		-				4

		= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestria	in ØØ = B	cycle	
Crash Diag	gram:	ie: 🔷 🗌	<u> </u>	2	→ }	→ ₩		
							If Crash <u>Did Not</u> on a Public Way:	
· -		A O	ke				Off-Street Parking Lo	ot
		Π	4			l l	☐ Garage	
		U					☐ Mall/Shopping Cente	er
_		介					Other Private Way	
1	MV1 ⇒ (()		: DEER				Indicate North by	Arrow
:=						Φ		
196 Shav	sheen Ave	79 €			(M		
Crash Nari	THE RESERVE OF THE PARTY OF THE PARTY.							
	- 000	t on Shawsheen					4.00	
deer.	e nad front	end damage but	was still	driveable.	Units wer	e unable	.o locate the	
deer.								
-								
***************************************		7.0						
273.43								
	<u>.</u>							

								1 887970
Witnesses: Name (Last, First,	Middle)	-	Address			Phone #		Statement
(,					5			
Very State of the Address of the				*				
Property D Owner (Last, Firs	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	Address		Phone #	41-Type	Description of Da	maged Property	
Owner (Last,1113	ignitudicy	Taures .					Second Se	
	1-2							
Truck and I	Bus Informatio	Registration #		(From	Vehicle Section)		D. H.	42
Carrier Name							Bus Use	
Address				City		St	Zip	*
US DOT #:		State Number	· —	Issuing State	MC/MX/	CC #:		
Interstate	43 Cargo Bod	y Type Code	GVWR/GCWI	₹ 45				
Trailer Reg #:	25465	Reg Type	Reg State_	Reg Year	Trail	er Length	46	
Hazmat Inform						- Value	Killings.	
Placard	47 Material 1 digi	48 Material N	ame		Material 4 digi	t#	Release code	49
Patrol Off	ficer Daryl	J Ceruolo		212	Wilmington	Police De	partment 04/	08/2022

Police Use Only	Commonwea	llth of Massach	usetts	RMV	Document Number
	ington	Vehicle Crash		nber Speed Limit ured Latitude	MBTA Police
24HR	Pol Pol	lice Report	2 0	Longitude	Campus Police Other:
AT INTERSECTION	ON: < I	LOCATION >	NO	T AT INTERS	ECTION:
			440 35	. T. OM	
Route# Direction	Name of Roadway/Street	Route# Direction	Address #	AIN ST Name of R	Roadway/Street
	At				
		Feet N S	EW of —	ile Marker	orExit Number
Route# Direction Name	of Intersecting Roadway/Street Also at Intersection with	Feet N S	E W of		
	Also at intersection with	Feet N S	Rout	te# Intersec	cting Roadway/Street
Route# Direction Name	of Intersecting Roadway/Street	Feet [N]S	<u></u>	T	J d.
			00 1		dmark
Please Select One of the Following:	#Occupants Hit/Run N	Moped Crash Report	ID# 22-1	18-AC	
License # S76642880 St MA	DOB/Age	Reg # 94AG74	Re	g Type PC	Reg State MA
19 19	strictions 20 CDL	Veh Year 2007	Veh Make TOY	OTA	_ Veh Config. 1 21
Operator MCWILLIAMS , DA	Endorsement	Owner MCWILLIA	MS, DONN	A M	
Address 37 HARJEAN RD	First Middle	Address 37 HARJE	F	First	Middle
	M7 = 01821-2243	City BILLERICA		State MA 7in	p 01821-2243
City BILLERICA State		•	5-5-10-22	Damaged Area (
Insurance Company ARBELLA MU		Vehicle Action Prior to Crasl	23 23 23	Test Status:	1 28
Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event Sequence 1 23		Type of Test:	29
Citation # (If Issued)	-	Most Harmful Event	24	BAC Test Resul	lt: 30
Viol. 1: Ch/Sec/Sub ————V	iol. 2; Ch/Sec/Sub ————	Driver Contributing Code	1 25 25	Susp. Alcohol: 2	31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub ———V	iol, 4: Ch/Sec/Sub	Driver Distracted by	26	Towed from sce	ne? 2 33
Please fill out for operate	or and all occupants involved		34 35 36 Seat Safety Airbag		40 Transp.
Name (Last First Middle)	Address	DOB/Age Sex	Pos. System Status 1 1 4		Code Medical Facility 1
Operator	See Above				
DONNA MCWILLIAMS	BILLERICA, MA 01821	F	6 1 4	0 0 10	1
Disc School St.	<u> </u>	15 16	17	18	
Please Select One of the Following:	#Occupants Non-Motorist A	Type Action	Location	Condition	Hit/Run Moped
License # S31891354 St M	DOB/Age	Reg # 2HWE99	Re	eg Type PC	Reg State MA
Sex M Lic. Class D 19 Lic. Re	estrictions 1 CDL	Veh Year 2003	Veh Make NIS	SAN	_ Veh Config. 21
Operator SINGH, SHINGAR	Endorsement	Owner SINGH, S	HINGARA		
Address 15 SOUTH ST	First Middle	Address 15 SOUTH	F	First	Middle
City WILMINGTON State	MA 7in 01887-1612	City WILMINGTO		State MA Zi	ip 01887-1612
Insurance Company GOVERNMENT		Vehicle Action Prior to Cras	22	Damaged Area (
** ***	_	23	23 23 23	Test Status:	1 28
Vehicle Travel Direction: X S E W	Responding to Emergency? 2	Event Sequence 1	24	Type of Test:	29
Citation # (If Issued)	-	Most Harmful Event 1		BAC Test Resul	SECRETARIA
Viol. 1: Ch/Sec/Sub ————V	fiol. 2: Ch/Sec/Sub	_ Driver Contributing Code	26	Susp. Alcohol:	22
Viol. 3: Ch/Sec/Sub —————V	riol. 4: Ch/Sec/Sub	_ Driver Distracted by 99	NUMBER CO. III	Towed from sce	→ 319(13)1
	motorist and all occupants involved	DOB/Age Sex	34 35 36 Seat Safety Airbag Pos. System Status		40 Transp. Code Medical Facility
Operator/Non-Motorist	See Above	N N N N N N N N N N N N N N N N N N N	1 1 1		1
Operator/Ivon-Industrial	353710070		\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-		
,					



	Police Use Only	Common	wealth of	f Massach	usetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town Mo	tor Vehi	cle Crash	Number Vehicles	Number Injured	Speed Limit	25	State Police Local Police	
	04/08/2022 1433 Wilm	ington	Police R	eport	2	0	Latitude Longitude _		Local Police MBTA Police Campus Police Other:	ļ
	AT INTERSECTI	ON:	LOCAT			NOT AT	r inter	SECT		1
	*···	Beccare								2 10
	WEST ST	Name of Roadway/Street		Route# Direction	Address #		Nome of	Roadwa	u/Stroot	F
¹ 1	Route# Direction	At		Coule# Direction	Address #		- Name of	Kuauwa	y/Succi	
_	129 E LOWELL S	ST		Feet N S	E W of	Mile Ma	_ • _	or	Exit Number	
	Route# Direction Nam	e of Intersecting Roadway/Stree Also at Intersection with	t	Feet N S	F W of	WHIC IVI	irkei		Late Hamoer	2 11
		Also at intersection with	1	Feet NS		Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Nam	e of Intersecting Roadway/Stree	t	reet [N]B]	2 111 01	<u> </u>	т.	ndmark		
_	Please Select One Variety 1	#0	<u></u>		2.2	11				1
3	of the Following:	#Occupants Hit/Run	Moped	Crash Report	ID# ZZ	_TT	9-A(<i>-</i>]
	License # S32754071 St M	A DOB/Aga	Reg #	2JGL49		Reg Typ	PC_	Reg		12
	Sex M Lic, Class D 19 Lic. R	estrictions CDL	Veh Yea	ar 2019 V	eh Make <u>A</u>	CURA		Veh C	Config. 1 21	1
	Operator BELKNER, JOHN	R JR First Middle	Owner	BELKNER,	JOHN	R JR		Midd		
⁴ 3	Address 5 BEACH LN	First Middle	Address	5 BEACH 1	LN	First		Midd	lie	
	City HINGHAM State	MA Zip 02043-112	28 City <u>H</u>	INGHAM		Sta	nte MA	Zip 02	043-1128	
	Insurance Company SAFETY INS	SURANCE COMPAN	Vehicle	Action Prior to Crash	1	22 D	amaged Area	Code: 8	27 27 27	
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event S	equence 23	23 23	23 Te	est Status:	1	28	
⁵ 1	Citation # (If Issued)			armful Event 1	24		pe of Test:		30	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————		Driver (Contributing Code	1 25	25	AC Test Res	100	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub — V			Distracted by	26		owed from so	20	22	
⁶ 1		tor and all occupants involved			34 35	36 37	38 39	40	10,63	1
	Name (Last First Middle)	Address		DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator	See Above		$\times X$	1 1	4 0	0 10	1		_
			1970,432	15 16	550	17	18		<u></u>	1
⁷ 2	Please Select One of the Following: Vehicle 21	#Occupants Non-Motoris	st A Type	Action	ocation	Condi	tion	L Hi	it/Run Moped	_
	License # S60248287 St M	A_ DOB/Age	Reg #_	6LZJ60		Reg Type	PC_	Reg	State MA	
	Sex M Lic, Class D 19 Lic, R	estrictions B 20 CDL		ar 2016 v	eh Make <u>T</u>	OYOTA		Veh C	Config. 21	
	Operator ZHANG, LI	Endorseme First Middle		ZHANG, LI		First		Midd	15.	
⁸ 1	Address 8 HILLCREST RD	First Middle	Address	8 HILLCRE	EST RI			Milda	lie	
	City TEWKSBURY State	MA Zip 01876-283	36 City T	EWKSBURY		Sta	te MA	Zip 01	<u>876-2836</u>	1 14
	Insurance Company GOVERNMENT	EMPLOYEES IN	SU Vehicle	Action Prior to Crash	1	22 D	amaged Area	Code: 2	27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2		equence 23	23 23	23 Te	est Status:		28	
	Citation # (If Issued)	_	Most H	armful Event 1	24		ype of Test:	. 8	30	
⁹ 1	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driver (Contributing Code	5 ²⁵ 1	25	AC Test Res usp. Alcohol	39	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub			Distracted by 0	26	0	owed from se	100	33	
		n-motorist and all occupants invo			34 35 Seet Sefety	36 37	38 39 Trap Injury	40	2000/JAPA	1
	Name (Last First Middle)	Address	ener X X	DOB/Age Sex	Seat Safety Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motorist	See Above	:	$\times X$	1 1	4 0	0 10	1		
							-	+		+

	CONTRACTOR OF STREET			2	▶ ♀ =	№ №	
Crash Diagram	•	ie:	1	· — ·			
			est reet	Mobile OTR 316 Lowelll Street		on a Pul	Did NotOccur Dlic Way:
			1			☐ Mall/Sh	opping Center rivate Way
		Wes Stre	,	V1 Mr. Ticket 329 Lowell Street		Indicate	North by Arrow
Crash Narrativ	e:					1	
				right turn on			
		-		en it was rear e			
				go on to Lowell			
				served or repor	Max .	0	
	L and front	end of V2	. Following	too close and	inattention	n by Opr Zhang	
	0.6 10000000						
imary cause	of crash.	0					
rimary cause	of crash.						
rimary cause	of crash.						
imary cause	of crash.						
imary cause	of crash.						
imary cause	of crash.						
	of crash.						
Witnesses:			Address			Phone #	Statemen
Witnesses:							Statemen
Witnesses:							Statemen
Witnesses: me (Last,First,Middl	le)						Statemen
Witnesses: me (Last,First,Middl	ge:	Address		Phone #			
Vitnesses: me (Last,First,Middl	ge:					Phone #	
Witnesses: me (Last,First,Middl	ge:					Phone #	
Vitnesses: me (Last,First,Middl	ge:					Phone #	
Witnesses: ome (Last,First,Middle Property Dama vner (Last,First,Midd	ge:	Address		Phone #		Phone #	
Vitnesses: me (Last,First,Middl Property Dama vner (Last,First,Midd	ge: alle)	Address	Address	Phone #	41-Type Desc	Phone # cription of Damaged Prop	
Vitnesses: me (Last,First,Middl Property Dama vner (Last,First,Midd	ge: alle)	Address Registration #_	Address	Phone #	41-Type Desc	Phone # cription of Damaged Prop	us Use 42
Witnesses: ome (Last,First,Middlesse) Property Dama vner (Last,First,Middlesse)	ge: alle) nformation:	Address Registration #_	Address	Phone # (From Veh	41-Type Desc	Phone # cription of Damaged Prop	us Use 42
Vitnesses: me (Last, First, Middle) Property Dama vner (Last, First, Middle) Fruck and Bus I Carrier Name	ge: alle) nformation:	Address Registration #_	Address	Phone # (From Veh City Issuing State	41-Type Desc	Phone # cription of Damaged Prop	us Use 42
Witnesses: Ime (Last,First,Middle) Property Dama Ver (Last,First,Middle) Fruck and Bus I Carrier Name JS DOT #: 43	ge: alle) nformation:	Address Registration #_	Address	Phone #	41-Type Desc	Phone # cription of Damaged Prop	us Use 42
Vitnesses: Ime (Last, First, Middle Property Dama vner (Last, First, Middle Pruck and Bus I Pr	ge: Ile) nformation: Cargo Body Typ	Address Registration #_ State Number	Address GVWR/GCV	Phone # (From Veh City Issuing State WR	icle Section) MC/MX/ICC	Phone # cription of Damaged Prop B St Zij #:	us Use 42
Witnesses: ame (Last, First, Middle Property Dama water (Last, First, Middle Property Dama water (Last, First, Middle Pruck and Bus I Carrier Name Address	ge: Rile) nformation:	Address Registration #_ State Number	Address GVWR/GCV	Phone #	icle Section) MC/MX/ICC	Phone # cription of Damaged Prop B St Zij #:	us Use 42
Witnesses: Inme (Last, First, Middle Property Dama with which with the content of the content o	ge: Rile) nformation:	Address Registration #_ State Number Be Code Reg Type	Address GVWR/GCV Reg State	Phone # (From Veh City Issuing State WR	icle Section) MC/MX/ICC	Phone # Cription of Damaged Prop B St Zij #:	us Use 42

Date of Crash 04/09/2022	Time of Crash					· ·	etts				2000	nent Nun	18 18
04/09/2022	1000 57	City/Town	Motor	r Vehic	cle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \mathbf{c} \end{bmatrix}$	umber chicles	Number Injured	Speed Latitud	-	30	State Pol Local Po MBTA P	lice 🔀
	1200 W	ilmington	Po	lice R	eport	1	į	0	Longite			Campus Other:	Police
	AT INTERSE	CTION:	<	LOCAT	ION >	>	1	NOT A	T INT	ERS	SECT	ION:	
								71					
Route# Direc	ction —	Name of Roady	/av/Street		Route# Direct	21	ress#	INDU			L WA Roadwa		
Koute# Direc	ziion	At	rayrotteet		Conten Breech	ion ridd	-		- 1101		touding		
-				-	Feet	N S E W	of -	— — · Mile M		_	or	Exit N	umber .
Route# Direc	etion	Name of Intersecting			_ [wlolphy	1 .	Mile M	arker			EXITIN	imoei
		Also at Intersec	tion with	-	_	N S E W	1	Route#	1	Intersec	cting Ro	adway/Si	reet
Route# Direc	ction	Name of Intersecting	Roadway/Street		Feet	N S E W	of						
					Ī						dmark		
Please Select (of the Followi		1 #Occupants	Hit/Run	Moped	Crash R	eport ID#	22-	-12	0 –2	AC			
License # SA	6920752	St MA DOB/Age.		Reg# 8	37 T 750			Reg Tyr	e PC		Reg	State M	Α
Sex _ Lic.	10 10	-	20 CDL		ar <u>2005</u>							100	21
1	Class D	Lic. Restrictions 1	Endorsement		COMEAU							. С	
Operato	Last	HIZE	Minnis		L	ast		First			Midd	le	
Address					10 SUN		. AV			i		007	2/10
City,		_ Star Zip			ILMING		Shirt and a	_			_		3418 27 27
Insurance Comp	any THE STA	NDARD FIRE	INSURAN		Action Prior to		1		amaged est Stati		Code: 3	28	
Vehicle Travel D	Direction: NSE	Responding to	Emergency? 2	Event S	equence 40	23 23	23	23	ype of T		1	29	
Citation # (If Iss	sued)			Most H	armful Event	22 ²⁴			AC Tes		lt: 1	30	
Viol. 1: Ch/Sec/	'Sub	Viol. 2: Ch/Sec/Su	ıb	_ Driver (Contributing Cod	ie 12	25	25	usp. Alc	_		Susp. Dr	ug: 2 32
Viol. 3: Ch/Sec/	'Sub	Viol. 4: Ch/Sec/Su	ıb	_ Driver I	Distracted by	0 26			owed fr	L-	-	33	
		operator and all occupa				34 Seat	35 Safety A	36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.		
Name (Last First M			Address		DOB/Age	Sex Pos.	System 5	Status Code	Code	Status	Code	Medica	d Facility
Operate	or		See Above			X^1	1 4	0	0	10	1		
				2 m/su - 3	and Control	10	SACHO	17	150		\vdash		
		#Occupants			Name and Address of the Lorentz of t	101			A. 09439	18			
Please Select O		#Occupants	Non-Motorist A	Туре	Action	16 Locati	on	Cond	ition	18	Hi	it/Run	Moped
	ing: Venicie 2	StDOB/Age_	Non-Motorist A	Туре	Action	Locati	on	Cond	100				
of the Followi	19 19	StDOB/Age	20	Type Reg#_	Action	Locati	on	Cond Reg Typ	e		Reg	State	Moped 21
of the Followi License # Sex Lic.	Class 19 19	St DOB/Age Lic. Restrictions	CDL_ Endorsement	Reg #Veh Yea	Action	Locati Locati	on	Cond Reg Typ	e		Reg	State	
of the Followi License # Sex Lic. Operator	Class 19 19	StDOB/Age	20	Reg #	Action	Locati	on	Cond Reg Typ	e		Reg	State	
of the Followi License # Sex Lic. Operator Address	Class 19 19 Last	St DOB/Age Lic. Restrictions	CDL_ Endorsement	Reg #	Action L	Locati Veh M	ake	Reg Typ	e		Reg Veh C	State	
of the Followi License # Sex Lic. Operator Address City	Class 19 19 Last	St DOB/Age Lic. Restrictions First Zip	CDL_ Endorsement	Reg # Veh Yea Owner Address City	Action L	Locati Locati	(ake	Cond Reg Typ First St	eate	Zi	Reg_ Veh C	s StateConfig.	
of the Followi License # Sex Lic. Operator Address City Insurance Comp	Class 19 19 Last Dany	St DOB/Age Lic. Restrictions First Zip	CDL_Endorsement Middle	Reg # Veh Yea Owner Address City Vehicle	Action L	Veh M	ake	Cond Reg Typ First St 2	e	Zi	Reg_ Veh C	g State	21
of the Followi License # Sex Lic. Operator Address City Insurance Comp	Class 19 19 Last	St DOB/Age Lic. Restrictions First Zip	CDL_ Endorsement	Reg # Veh Yea Owner Address City Vehicle	Action L	Veh M ast Crash 23 23	ake	First St. 22 I	eate	Zi	Reg_ Veh C	g StateConfig	21
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I	Class 19 19 Last Dany	St DOB/Age Lic. Restrictions First State Zip	CDL_Endorsement Middle	Reg # Veh Yea Owner Address City Vehicle Event S	Action L	Veh M	2 23	First St 22 1 1 1	ate	Zi I Area (Reg Veh C	State Config. 27	21
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss	Class 19 19 Last Direction: N S E sued)	St DOB/Age Lic. Restrictions First State Zip	CDL_Endorsement Middle Emergency?	Reg # Veh Yea Owner Address City Vehicle Event S Most H	Action Prior to equence	Veh M Crash 23 24 de	ake	First St 2 1 25	ateateate	Zi Area e us:	Reg_Veh C	27 28 29 30 Susp. Dr	21 27 27 27
of the Followi License # Sex Lic, 4 Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/	Class 19 19 Last Direction: N S E sued)	St DOB/Age Lic. Restrictions First State Zip	CDL_Endorsement Middle Emergency?	Reg # Veh Yea Owner Address City Vehicle Event S Most H Driver 0	Action L Action Prior to requence armful Event	Veh M ast Crash 23 23 24	2 23	First St 22 I 23 7 25 S	ate Damaged Sest Stati	Zil Area dus: Fest: st Result cohol:	Reg Veh C	27 28 29 30	21 27 27 27
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/	Class 19 19 Last Direction: N S E sued) /Sub lease fill out for operations.	St DOB/Age Lic. Restrictions First State Zip E W Responding to Viol. 2: Ch/Sec/So	CDL_Endorsement Middle Emergency? ab occupants involved	Reg # Veh Yea Owner Address City Vehicle Event S Most H Driver 0	Action Prior to equence armful Event Contributing Co-	Veh M ast Crash 23	2 23 25 35 Safety /	Cond Reg Typ First St 22 1 25 S 36 37 Airhag S Ege Ege Se Se Se Se Se Se Se Se Se	ateateateateate	Zi Area us: Fest: st Resu cohol: Injury	Reg Veh C	27 28 29 30 Susp. Dr 33	21 27 27 27 27
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Ple Name (Last First N	Class 19 19 Class N S E Sued) //Sub ease fill out for operatoriddle)	St DOB/Age Lic. Restrictions First State Zip E W Responding to Viol. 2: Ch/Sec/St Viol. 4: Ch/Sec/St tor/non-motorist and all	CDL_Endorsement Middle Emergency? ab occupants involved Address	Reg # Veh Yea Owner Address City Vehicle Event S Most H Driver 0	Action Prior to equence armful Event	Veh M Crash 23 23 24 de 26 Sex Sex Pos.	2 23 25 35 Safety /	Cond Cond	ateateateateate	Zid Area of the state of the st	Reg Veh C Midd ip Code: 1t: 31	27 28 29 30 Susp. Dr 33	21 27 27 27
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Ple Name (Last First M	Class 19 19 Last Direction: N S E sued) /Sub lease fill out for operations.	St DOB/Age Lic. Restrictions First State Zip E W Responding to Viol. 2: Ch/Sec/St Viol. 4: Ch/Sec/St tor/non-motorist and all	CDL_Endorsement Middle Emergency? ab occupants involved	Reg # Veh Yea Owner Address City Vehicle Event S Most H Driver 0	Action Prior to equence armful Event Contributing Co-	Veh M ast Crash 23	2 23 25 35 Safety /	Cond Reg Typ First St 22 1 25 S 36 37 Airhag S Ege Ege Se Se Se Se Se Se Se Se Se	ateateateateate	Zi Area us: Fest: st Resu cohol: Injury	Reg Veh C	27 28 29 30 Susp. Dr 33	21 27 27 27 27
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Ple Name (Last First N	Class 19 19 Class N S E Sued) //Sub ease fill out for operatoriddle)	St DOB/Age Lic. Restrictions First State Zip E W Responding to Viol. 2: Ch/Sec/St Viol. 4: Ch/Sec/St tor/non-motorist and all	CDL_Endorsement Middle Emergency? ab occupants involved Address	Reg # Veh Yea Owner Address City Vehicle Event S Most H Driver 0	Action Prior to equence armful Event Contributing Co-	Veh M Crash 23 23 24 de 26 Sex Sex Pos.	2 23 25 35 Safety /	Cond Reg Typ First St 22 1 25 S 36 37 Airhag S Ege Ege Se Se Se Se Se Se Se Se Se	ateateateateate	Zi Area us: Fest: st Resu cohol: Injury	Reg Veh C	27 28 29 30 Susp. Dr 33	21 27 27 27 27
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Ple Name (Last First N	Class 19 19 Class N S E Sued) //Sub ease fill out for operatoriddle)	St DOB/Age Lic. Restrictions First State Zip E W Responding to Viol. 2: Ch/Sec/St Viol. 4: Ch/Sec/St tor/non-motorist and all	CDL_Endorsement Middle Emergency? ab occupants involved Address	Reg # Veh Yea Owner Address City Vehicle Event S Most H Driver 0	Action Prior to equence armful Event Contributing Co-	Veh M Crash 23 23 24 de 26 Sex Sex Pos.	2 23 25 35 Safety /	Cond Reg Typ First St 22 1 25 S 36 37 Airhag S Ege Ege Se Se Se Se Se Se Se Se Se	ateateateateate	Zi Area us: Fest: st Resu cohol: Injury	Reg Veh C	27 28 29 30 Susp. Dr 33	21 27 27 27 27

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestria		Bicycle	
Crash Diagram:	ie: 👈 🔟	_ → [2	→ X	→ ₩		
200300000000000000000000000000000000000	21 Indus	strial Way	Telephone F	Pole		If Crash <u>Did</u> on a Public V	
		$\sqrt{2}$	7170			Off-Street Park	ing Lot
		4	N S		\$	☐ Garage	
		Man		Committee of the second section of the section of the second section of the section		☐ Mall/Shopping	
			- FV			Other Private W	Vay
4 Common					-		
→ (11)						Indicate North	h by Arrow
				1	<i>₩</i>	(Λ))
		-			<u> </u>		/
Crash Narrative:	1.						
N 1 was driving on :	Industrial Way. N	MV 1 stated	rain was do	own pouring	and the	roadway wa	s
filled with puddles	of rain. MV 1 los	st control	of MV when o	ear began h	ydroplan	ning. MV lef	t
roadway and graze aga	ainst non-number	ed VZ utili	ty pole. Pol	le suffered	l no dama	age. No	
njuries. MV towed by	Forrest Towing	•					
	No.					1	W-14-
			-				
							
Witnesses:							-
Name (Last,First,Middle)		Address			Phone #	-	Statement
Property Damage:						*	
Owner (Last,First,Middle)	Address	-	Phone #	41-Type I	escription of l	Damaged Property	
						-	
Truck and Bus Informati	On: Registration #		(From V	ehicle Section)			42
Carrier Name						Bus Use	
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
43	44		45				
	ody Type Code	GVWR/GCWR	ESCHOOL ST	7920 000		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length		
Hazmat Information: 47	48			44. 2.24444			49
Placard Material 1 di	git # Material Nar	пе		Material 4 digit	#	Release code	
Patrol Officer Kevin	J Skinner		200 V	Vilmington	Police D	epartment	04/09/2022
Police Officer Name (Please Print)	Signature			epartment			Date