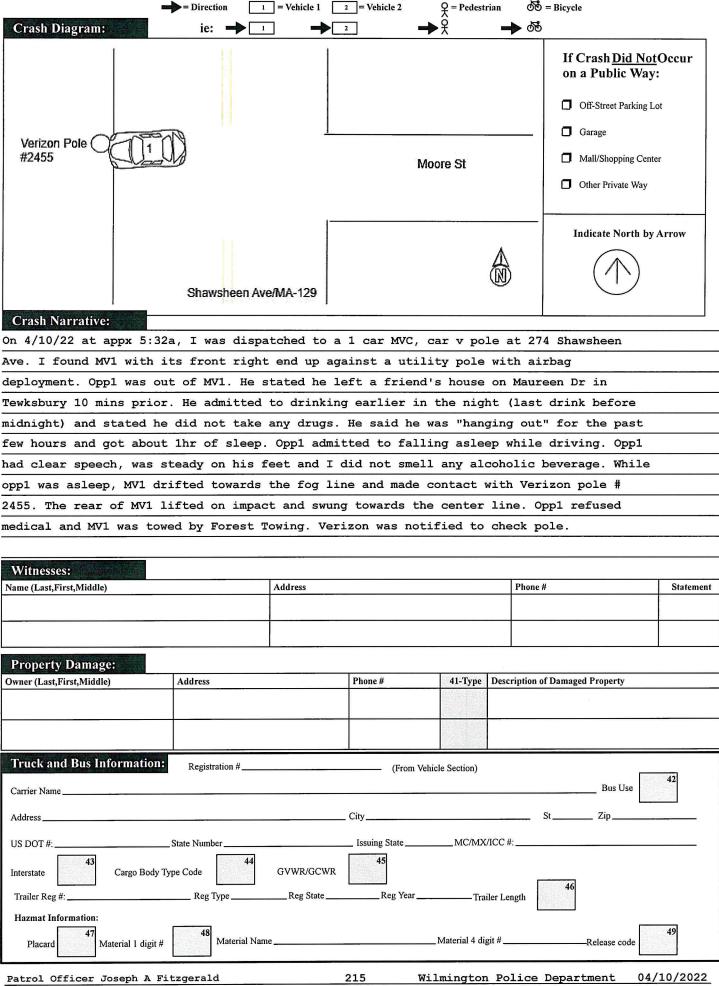
	Police Use Only	Comn	nonwealth	of Massach	usetts		RM	V Document N		Ä
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Loca	Police I Police A Police pus Police	1
	04/10/2022 0532 Wil	mington	Police 1	Report	1	0	Latitude Longitude		A Police pus Police	
	AT INTERSECT	TION:	Control of the Contro	TION >		NOT AT		SECTION		1
										2 10
	D. III D'	V CD 1 (0)	200		274	SHAW	SHEEN			
¹ 4	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of	Roadway/Stree	et	=
-				Feet N S	E W of		- • —			
	Route# Direction Na	une of Intersecting Roadw		- Falls		Mile Ma	rker	Exit	Number	1 11
		Also at Intersection wi	th	Feet N S		Route#	Interse	ecting Roadway	//Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet N S	E W of			984 (50		
Τ.				L				ndmark		}
3	Please Select One of the Following: Vehicle 11	#Occupants Hit/F	tun Moped	Crash Report	ID# 22	-12:	1-AC	,		
	License #_S75604451 St 1	A DOB/A	Reg	# <u>3EM456</u>		Reg Type	PC	Reg State	MA	1
	10	Restrictions 99 20 CE		Year 2015		2 55			21	3 12
	DARSE STREET	En	dorsement	er HAYDEN,				_ ven conng.		\vdash
⁴ 1	Operator HAYDEN, TYLES	First	Middle	Last		First		Middle		
1	Address 162A WASHINGT			ess 162A WAS	HINGTO					İ
	City WOBURN Sta			WOBURN	NAME OF THE OWNER, WHEN THE OW			ip 01801		
	Insurance Company SAFETY IN	ISURANCE COL		cle Action Prior to Crash	ı I	- T		Code: 10 27 2	27 27	
5	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Even	t Sequence 40 23 22	23 23	23	st Status: pe of Test:	29		İ
	Citation # (If Issued)			Harmful Event 22	24		AC Test Resu	20		<u>L</u>
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	21 25	25	sp. Alcohol:	PARTY NAME OF THE PARTY NAME O	Drug: 2 32	22 ¹³
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26		wed from sce	THE RESERVE OF	-	\vdash
⁶ 1		rator and all occupants inve			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		t
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Me	dical Facility	1
	Operator	Sec	: Above		1 1	3 0	0 10	1		
		1				1				
	Disco Salass One En			15 16		17	18			1
⁷ 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action	Location	Condit	ion	Hit/Run	Moped	
	License #St	DOB/Age	Reg #	#		_ Reg Type		Reg State_		
	Sex Lic. Class 19 19 Lic.			Year	Veh Make			_ Veh Config.	21	
	Operator		lorsement . Own	er						
⁸ 2	Last	First	Middle	Last		First		Middle		
	CityState	ia 7in				Stat	te Zi	in	12	1 14
		.c zip		le Action Prior to Crash		22	maged Area	nanazata	27 27	
	Insurance Company	D		23	23 23	23 Te	st Status:	28	N	
	Vehicle Travel Direction: NSEW	Responding to Emerge		Sequence	24	Ту	pe of Test:	29		
⁹ 2	Citation # (If Issued)	_		Harmful Event	25	25 BA	AC Test Resu	lt: 30		
3301	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub ——		er Contributing Code	26	Su	sp. Alcohol:	31 Susp. 1	Drug: 32	
	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	(6)(2)(wed from sce	4000000]
	Please fill out for operator/no Name (Last First Middle)	*	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Me	dical Facility	
	Operator/Non-Motoris		Above	XX	1					
	*			/ /)		-				1
										1
										1



Police	e Use Only		Commony	wealth	of Mas	sach	luse	tts			RMV	/ Docu	ment Nun	
	Time of Crash	City/Town	, IVIU		icle Cr				umber njured	Speed	Limit_	10	State Pol Local Po MBTA F	lice 🔯
	24HR			Police	Report		2	0		Longi	0.00		Campus Other:	Police 🗖
1	AT INTERSEC	CTION:	<	LOCA	TION	>		N	OT A	T IN	TERS	SECT	ΓΙΟN:	
							420		IORS		HOE			
Route# Directi	on	Name of R	At At		Route# Dir	rection	Addre	ss #		Na	me of I	Roadwa	ay/Street	
Route# Directi	ion 1	Name of Interse	eting Roadway/Street		Fee	t NS	E W		— - Mile M:		_	or _	Exit N	ımber
Rodicii Birecti	<u> </u>		tersection with		Fee	t NS	EW	of						
					Fee	t NS	EW	Ro of	ute#		Interse	cting R	oadway/Si	reet
Route# Directi	on 1	Name of Intersec	cting Roadway/Street					-			Lan	ndmark		
Please Select Or of the Following		#Occupants	Hit/Run	Moped Moped	Crast	ı Report	t ID# 2	2-	12	2-	AC	C		
License # S29	144016 St	MA DOB/A	.ge	Reg	# 7FMC90)		F	leg Typ	e PC		Re	g State M	
Sex F Lic. Cl	ass D 19 Li	c. Restrictions	1 CDL	Veh	Year 2013		Veh Mak	e VOI	KSW	IAGE	EN	_ Veh	Config.	L 21
Operator PAN	ATTA, TIF	FANY A	Endorsemer		er PANAT	ΤΑ,	TIF	FAN	. A					
	Last HORSESHO	First	Middle		ess 5211	Last			First			Mid	ldle	
City WILMI	NGTON s	tate MA Zip	01887-600	6 City	WILMIN	GTON	1		Sta	ate MZ	A Zi	_D 01	.887-	6006
	y GEICO GE				cle Action Prior		13	22			d Area (27 27
	rection: SEV	_	ng to Emergency? 2		t Sequence	23		3 23		est Stat		ĺ	28	
Citation # (If Issue			ing to Emergency:		t Harmful Event	1	24	H ENTE	T	ype of T	Test:		29	
							1 2	5 2	25		st Resul		1 30	22
2 110 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	ıb ————				er Contributing	January	26		Sı		cohol: 2		Susp. Dru	ıg: 2 32
Viol. 3: Ch/Sec/Su	ıb			Drive	er Distracted by	0	34	35 36		owed ir	rom sce	ne? 2	2 33	
Name (Last First Mide	Please fill out for op dle)	perator and all or	Address		DOB/Age	Sex	Seat :	Safety Airba ystem Statu	g Eject	Trap Code	Injury Status	Transp. Code	Medica	l Facility
Operator	r		See Above		\rightarrow		1 1	. 2	o	0	10	1		
						~	3 1	. 2	0	0	10	1		•
				2		1	4 1	2	0	0	10	1		
				A 14-15		-			+					
				No.			6 1		0	0		1		
Please Select On of the Following		#Occupants	Non-Motorist	A Type	15 Action	16	Location	17	Condi	tion	18	Н	lit/Run	Moped
License # <u>\$99</u>		MA DOB/A	20	Reg	# <u>8VR219</u>	9		R	eg Type	PC		Re	g State M	A 21
Sex F Lic. Cla	ass D 19 Lie	c. Restrictions			Year 2018		Veh Mak	e HON	DA			_ Veh (Config. 2	
Operator <u>LAM</u>	SON, BRIT	TANY BI	ROOKE	Own	er SHANA	HAN Last	, MY	KEN2	IE First	ELI	ZAE	BET!		
Address 5 LC	RING AVE	55000000m	(2) (2) William (2) (4)	Addr	ess <u>25 OS</u>	GOO	D ST	REE		MD :	FLO	OR		
City MAYNAI	<u>RD</u> s	tate MA Zip	01754-112	<u>7</u> City	LOWELL		-		Sta	ite M	A Zi	p <u>01</u>	851-	<u> 2615</u>
Insurance Compan	y THE COMM	ERCE IN	SURANCE C	O Vehic	cle Action Prior	to Crash	1	0 22	D	amagec	d Area (Code:		27 27
Vehicle Travel Dir	ection: N E V	v Respondi	ng to Emergency? 2	Even	t Sequence 1	23	23 2	3 23		est Stati		1	28 29	
Citation # (If Issue	ed)			Most	: Harmful Event	1	24			ype of T	l'est: st Resul		30	
Viol. 1: Ch/Sec/Su	ıb	Viol. 2: Ch/S	ec/Sub —	Drive	er Contributing	Code	19 ²	5 2	5		cohol: 2		Susp. Dr.	ıg: 2 32
	ıh	Viol. 4: Ch/S	ec/Sub	Drive	er Distracted by	0	26	,			om sce	- 1	33 L	
Viol 3: Ch/Sec/Su						0.14937	3140200							
Viol. 3: Ch/Sec/Su Pleas	se fill out for operator/			/ed				35 36 Safety Airba	g Eject	38 Trap	39 Injury	40 Transp.		
Pleas	se fill out for operator/	/non-motorist an	d all occupants involv Address	/ed	DOB/Age	Sex	Seat S Pos. S	safety Airba ystem Statu	g Eject s Code	Trap Code	Status	Transp. Code	Medica	Facility
Pleas	se fill out for operator/	/non-motorist an	d all occupants involv	ved	DOB/Age	Sex	Seat 5	safety Airba ystem Statu	g Eject	Trap	Status	Transp.	Medica	Facility
Pleas	se fill out for operator/	/non-motorist an	d all occupants involv Address	ved	DOB/Age	Sex	Seat S Pos. S	safety Airba ystem Statu	g Eject s Code	Trap Code	Status	Transp. Code	Medica	Facility

Horseshoe Lane Apartment Complex Parking Lot Horsestoe Lane Driveway (Travel Lane) Parking spots for motor Witnesses: Address Plane 6 Address Address Address Plane 6 Address Address Plane 6 Address Address Address Address Address Plane 6 Address Crash Diagram:	= Direction	= Vehicle 1	2 = Vehicle 2	= Pedestrian	ණ = Bi ➡	cycle		
Horsestoel Lane Driveway (Travel Lane) Off-Stoot Perking Lat Carage Mail/Shopping Conter	Crasii Diagram.	Horsesho		ent				
Crash Narrative: Office Congression C	Horseshoe Lane Drive		Parking Lot				on a Public Way	y:
MainStopping Center		•					Off-Street Parking	Lot
Crash Narrative: Parking spots for motor Indicate North by Arrow	man 1	Ø	7777				Garage	
Crash Narrative: V. 1 was driving in the travel lane of the parking lot. MV 2 was attempting to back out of ne parking spot. MV 2's rear bumper struck the right side of MV 1. No injuries, Forrest owed MV 2. Witnesses: ame (Last,First,Niddle) Address Phone # Statement Property Damage where (Last,First,Niddle) Address Phone # Statement Address Phone # Statement Property Damage where (Last,First,Niddle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Moderny Carrier Name Moderny Sale Number Insuing Nate Moderny Address Registration # City Sale Number Insuing Nate Moderny Trailer Length Address Registration Address Regis	3 Wall	Ø					Mall/Shopping Cen	ter
Property Damage: were (Last,First,Middle) Address Phone # Statement Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name State Number Listing State State Number Listing State Address Plane # 41-Type Description of Damaged Property Address Property Damages Truck and Bus Information: Carrier Name Listing State Address Plane # 41-Type Description of Damaged Property Address Plane # All Type Description of Damaged Property Address Truck and Bus Information: Carrier Name Address Carrier Name Address Ad			2		_		☐ Other Private Way	
Witnesses: Witnesses: Witnesses: Witnesses: Witnesses: Weer (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Weer (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Weer (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Currier Name Currier Name Currier Name Lisuing State Lisuing State MCMXXICC #: Lisuing State MCMXXICC #			Parki		_ 2	₽	Indicate North by	y Arrow
Witnesses: ame (Last,First,Middle) Address Phone # Statement Property Damage: wher (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City State Number Issuing State MC/MX/ICC # Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Attended Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address A	Crash Narrative:	the travel lane	of the park	ing lot. MV 2 v	vas atter	npting to	back out of	
Witnesses: Address	the parking spot. MV	2's rear bumper	struck the	right side of	MV 1. No	injurie	s. Forrest	
Address Phone # Statement Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name	cowed MV 2.							
Address Phone # Statement Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name					-			
Address Phone # Statement Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name								
Address Phone # Statement Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name								
Address Phone # Statement Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name								
Address Phone # Statement Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name								
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Address Phone # Statement Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name	Witnesses							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
where (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Name (Last,First,Middle)		Address			Phone #		Statement
where (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #								
where (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #								
where (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Property Damage:		1			•		
Carrier Name	Owner (Last,First,Middle)	Address	F 46	Phone #	41-Type De	scription of Da	maged Property	
Carrier Name								
Carrier Name								
Bus Use 42	Truck and Bus Information	Registration #		(From Vehicle	Section)			
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Carrier Name			(From Fomelo			Bus Use	42
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate				City		St	Zip	
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material 1 digit # 48 Material Name Material 4 digit # Release code 49				*				
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard	43	44		45		· · · · <u> </u>		
Hazmat Information: Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49	100000000000000000000000000000000000000						46	
Placard Material I digit # Material Name Material 4 digit # Release code 49	,	Reg Type	Reg State	Reg Year	——Trailer I	ength		
000 7111 7 0111 0111 0111 0111 0111 011	47		ne	M	aterial 4 digit #		Release code	49
	Patrol Officer Kevin Police Officer Name (Please Print)							/10/2022

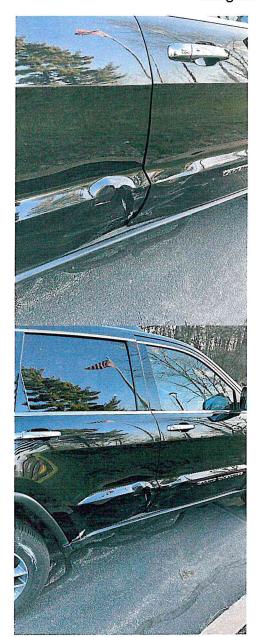
	Police Use Only	Commonwe	ealth	of Massa	chuse	tts		RMV D	ocument Number	
	restance and resta	City/Town Moto	r Veh	icle Cras	h Nu	mber Numb	al l	. Dillit	25 State Police Local Police	281
	04/12/2022 1504 Wilm:	ington Po	olice	Report	2	o Injure	Latitu Longi		MBTA Police [Campus Police [Other:	3
	AT INTERSECTION		The last the same of	TION >	W. 61	NOT			CCTION:	
			m)v avense tilly		274	14				2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	on Addre		DDLE: Na		AVE adway/Street	
¹ 1		At								
	Route# Direction Name	of Intersecting Roadway/Street		Feet N	N S E W		Marker	— oı	Exit Number	- 10 ¹¹
	NO. 26 CAMPS	Also at Intersection with		Feet N	N S E W	of				_ [10]
				Feet N	SEW	Route#		Intersectin	ng Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Street				1-		Landn	nark	
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Rep	port ID# 2	22-1	23-	AC		
	License # S32940373 St MA	DOB/Age	Reg	#3TK489		Reg '	Туре РС		Reg State MA	- 12
	Sex M Lic. Class D 19 19 Lic. Res	strictions 20 CDL	. Veh	Year 2008	Veh Ma	ke ACUR	A		Veh Config. 21	1 12
	Operator FANCY, KENNETH	I JR	Own	er FANCY,	KENNE	ETH J	JR			
⁴ 1	Address 88A SHAWSHEEN R	irst Middle		ess 88A SHZ					Middle	
	City BILLERICA State 1			BILLERIC			State MZ	A 7in	01821-0000	_
	Insurance Company GREEN MOUN			ele Action Prior to C	Г	2 22		d Area Co		, I
				0.2		23 23	Test Stat		28	'
⁵ 2	Vehicle Travel Direction:	Responding to Emergency? 2		r sequence 1	1 24		Type of	Test:	29	
_	Citation # (If Issued)			Harmful Event	L	25 25	BAC Tes	st Result:	30	13
	Viol. 1: Ch/Sec/Sub ———— Viol.	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	26	23	Susp. Ale		31 Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub ———Viol		Drive	er Distracted by	CHECK SHOULD			rom scene		
1	Please fill out for operato Nome (Last First Middle)	r and all occupants involved		DOB/Age		Safety Airbag 1	37 38 Eject Trap Code Code	Injury Tran	nsp.	
	Operator	See Above				1 4 0		10 1		
	ops.we.									-
									-	-
⁷ 1	Please Select One Vehicle 21 #	Occupants Non-Motorist A	Type	15 Action 1	16 Location	17 Co	ndition	18	Hit/Run 🔲 Mope	d
1	of the Following: License # 40237945718 St OC	DORA	D.	# 4VTJ21		D	r PC		. Reg State MA	-
	19 19	20		4 4 V 1 0 2 1 Year 2009		-			21	
	99.10 Note:	trictions CDL Endorsement	7					\	Veh Config.	
81	Operator REYES SANTANA,	irst Middle		er REYES M	st	First			Middle	-
_	Address 202 FERRY ST A			ess 202 FEF					01041_1300	14
	574	4A Zip 01841-1320		LAWRENCE	E	22		A Zip_d d Area Coo	01841-1320 de: 27 27 27 27	1
	Insurance Company THE COMMERO	CE INSURANCE CO		cle Action Prior to C			Test Stat		28 27 27 27	¹
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 1 23		23 23	Type of		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	TO STATE OF THE PARTY OF THE PA	The state of the state of		st Result:	30	
2	Viol. 1: Ch/Sec/Sub ————Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	13	25	Susp. Ale	cohol:	31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ———Viol	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶		Towed fi	rom scene	? 2 33	
	The second secon	notorist and all occupants involved		DOB/Age	Sex Pos.	Safety Airbag	37 38 Eject Trap Code Code	39 44 Injury Tran Status Co	nsp.	
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DODINGE		1 4 0		10 1	incured Facility	
	operator/11011-11101011st	556716676								-
				<u> </u>						_

			Elias Countr	y Store			d NotOccur
	MV#1					on a Public	: way:
	MV#2					Off-Street Pa	arking Lot
	ATTOM OF					☐ Garage	
						☐ Mall/Shoppi	ing Center
376 Middlesex						Other Private	e`Way
Ave.						ı.	
	Jefferson	ć.			@	Indicate No	orth by Arrow
	Rd				₩		/)
					Ψ	V	
rash Narrative:							
	2 were both trave			just pass	sing 376	Middleex A	ve.
. then stopped in	traffic and was	rear ende	d by MV#2.				
		j					
tnesses:		j					
itnesses: e (Last,First,Middle)		Address			Phone #		Statem
		Address			Phone #		Statem
		Address			Phone #		Statem
(Last,First,Middle)		Address					
(Last,First,Middle)	Address	Address	Phone #	41-Type		Damaged Property	Statem
(Last,First,Middle) Operty Damage:	Address	Address	Phone #	41-Type			
(Last,First,Middle) Operty Damage:	Address	Address	Phone #	41-Type			
(Last,First,Middle) perty Damage: r (Last,First,Middle)	PLETS NA		Phone #				,
(Last,First,Middle) operty Damage: r (Last,First,Middle) tck and Bus Informat	ion: Registration #		(From Ve	ehicle Section)	Description of		42
perty Damage: r (Last,First,Middle) r (Last,First,Middle) rck and Bus Informat	ion: Registration #		——— (From Ve	ehicle Section)	Description of	Damaged Property	Jse 42
pperty Damage: cr (Last,First,Middle) cr (Last,First,Middle) cr (Last,First,Middle)	ion: Registration #		(From Ve	ehicle Section)	Description of	Damaged Property Bus U	Jse 42
(Last,First,Middle) Operty Damage: r (Last,First,Middle) Ick and Bus Informate ier Name OOT #: 43	Registration # State Number		——— (From Ve	ehicle Section)	Description of	Damaged Property Bus U	Jse 42
(Last,First,Middle) Operty Damage: r (Last,First,Middle) Ick and Bus Informater Name OOT #: 43	Registration # State Number		(From Ve	ehicle Section)	Description of	Damaged Property Bus U	Jse 42
(Last,First,Middle) Operty Damage: r (Last,First,Middle) ock and Bus Information Name oversal Cargo E Cargo E	Registration # State Number	GVWR/GCWR	(From Ve	ehicle Section) MC/MX/	Description of	Damaged Property Bus U	Jse 42
c (Last,First,Middle) Departy Damage: Registration # State Number Body Type Code 44	GVWR/GCWR	(From Ve	ehicle Section) MC/MX/	Description of	Damaged Property Bus U	Jse 42	

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	IV Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number	Speed Limi	t <u>30</u>	Local Police	7
	04/12/2022 1752 Wil:	mington	Police	Report	2	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	AND THE PROPERTY OF THE PARTY OF	TION >		NOT A	r inter	RSECT		7
										2 10
	BALLARD									
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	f Roadwa	ay/Street	_
	RESEARC			Feet N S	E W of		_ • _	- or		
		ne of Intersecting Roady	vay/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection w	rith	Feet N S		Route#	Inters	ecting Re	oadway/Street	
² 1	Route# Direction Na	ne of Intersecting Roady	vav/Street	Feet N S	E W of			Č	•	
1							L	andmark		1
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Report	ID# 22	-12	4-A	3		
		A DOB/Ag		7GB649		Dec Tors	. PC	Day	- State MA	L
	19 19	20		Year 2016					21	1 12
	D	E	ndorsement					Veh C	Config.	H
4 _	Operator AJWALA, CHARI	First NYANGUN	Middle	er AJWALA, C		First	MGUN	Midd	dle	
⁴ 1	Address 87 CARLTON ST	200 100 100 100 100 100 100 100 100 100		ess 87 CARLT	ON ST			2 -		
	City HOLYOKE Stat	e <u>MA</u> Zip <u>01040</u>	0-3004 City	HOLYOKE	The second of			_	040-3004	
	Insurance Company ALLSTATE	INSURANCE (COMPAN Vehic	cle Action Prior to Crash	1	50.5	amaged Area	Code: 1	SERVICE SERVICE SERVICES	
5	Vehicle Travel Direction: NEW	Responding to Emerg	gency? 2 Even	t Sequence 23	23 23	23	est Status:	1	28	
,	Citation # (If Issued)	_	Most	Harmful Event 1	24	-	ype of Test: AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp. Alcohol:	2	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so	-	1999	\vdash
⁶ 1		ator and all occupants in			34 35 Seat Safety	36 37	38 39 Trap Injury	40		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Airbag Eject Status Code	Code Status	Code	Medical Facility	4
	Operator	Se	ee Above	\times X	1 1	4 0	0 10	1		1
	-			V.						1
										1
				15 16		17	18			1
⁷ 3	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	Action I	Location	Condit	tion	Ні 🔲 ні	lit/Run Moped	
_	License # S72677840 St M	A DOB/Ags	Reg #	491TL3		Reg Type	PC	Reg	g State MA	1
	19 19	20	-	Year 2017 \	Veh Make J				21	
	Operator CORLETO, ROSE	M Er	ndorsement	er CORLETO,		_				
⁸ 1	Address 5 FELTON ST	First	Middle	ess 5 FELTON		First		Midd	dle	
		MA Zip 01801		WOBURN		Cr	. MZ	∩1	801-3209	14
	,				\$ end		amaged Area	_		
	Insurance Company ARBELLA M			ele Action Prior to Crash	23 23	200	est Status:	1	28	
	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Even	t Sequence 1 23			pe of Test:		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	ult:	30	
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	4 25	25	sp. Alcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	owed from so	ene? 2	2 33	
	Please fill out for operator/no	n-motorist and all occupa	ants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	Ī
	Name (Last First Middle) Operator/Non-Motoris	f S4	ee Above	Souringe Sex	1 0	4 0	0 10	1		1
	operator/1 tott-motor is							++		· K
								1		1

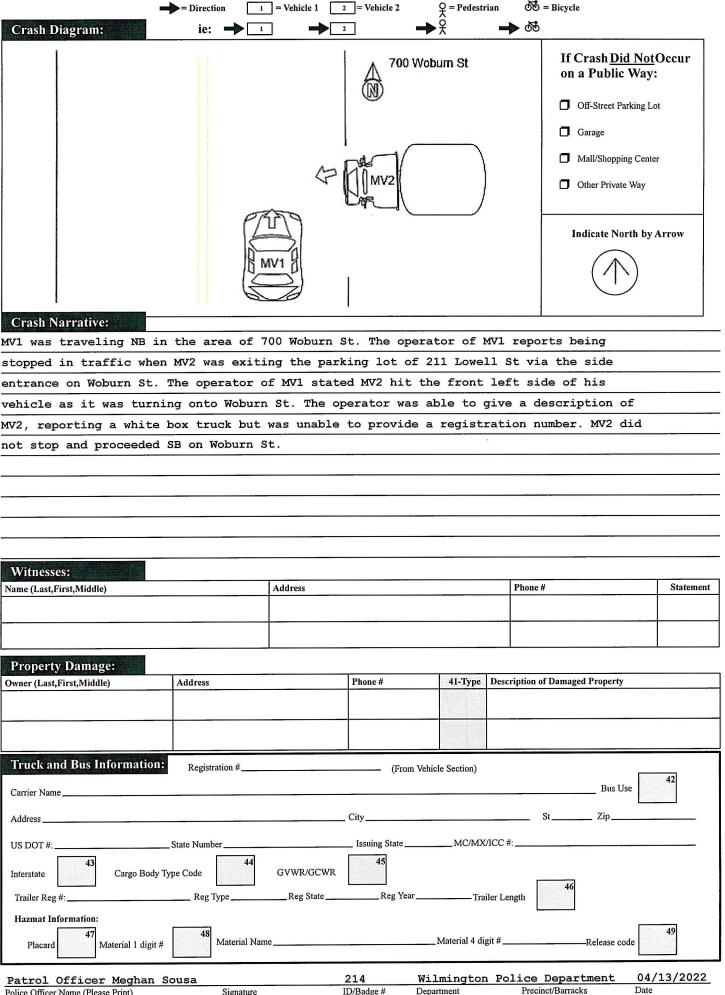
Crash Diagra		ie:	= Vehicle 1	2 = Vehicle 2	₹ = Pedestri	an Ø♥ = Bicycle → Ø♥	
						If Crash <u>Did I</u> on a Public W	
						☐ Off-Street Parkin	ng Lot
		Resea	rch Drive			200	
							\
Ballai		.l		·			1
Stree		A				Other Private W	ay
****			À				
			9			Indicate North	by Arrow
		300 E Stree			*		
Crash Narrat	ive:						
/ehicle 1 wa	s traveling so	uth on Ball	ardvale St	reet. Vehic	le 2 was t	urning left out of	
Research Dri	ve onto Ballar	dvale Stree	t southbou	nd lane. Ve	hicle 1 st	ruck vehicle 2 on the	9
yield to veh	icle 1 already	traveling	on Ballard	vale Street	.Vehicle 2	operator stated that	=
					en from th	e scene. Both parties	3
declined med	ical attention	. No airbag	s were dep	loyed.			
Witnesses:							
Name (Last,First,Mi	ldle)		Address			Phone #	Statement
WENTWORTH CH	RISTOPHER JOHN		48 COX LN	METHUEN MA	01844-1738		
				300			
Property Dan	age.					- 1	
Owner (Last,First,M		dress		Phone #	41-Type	Description of Damaged Property	
							à
Strong to United Strong							
Truck and Bu	Information:	Registration #		(From \	ehicle Section)		42
Carrier Name						Bus Use	
Address		-		City		St Zip	
US DOT #:	State	Number	Address Phone # 41-Type Description of Damaged Property Pront Property				
	Cargo Body Type C	44		45	-	T 46	
Trailer Reg #:		Reg Type	Reg State	Reg Year_	———Trail	er Length	
Hazmat Informati	on:	40					40
Placard	Material 1 digit #	Material Nam	ne		Material 4 digi	t#Release code	47
	r Michael R DiLo			017	72 7 2 2 2	Delice Department	04/12/2022

Wilmington Police Department Images Associated with 22-124-AC





Date of Crash	ADDRESS KOPPO PERMITROPENTO PARTIES POL			of Massach	ubetts		DOMESTIC STREET	STATE OF	ent Number
04/13/2022	Time of Crash 1717 W :	City/Town ilmington		nicle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police Campus Police
	24HR		Construction of the Constr	Report	2	0	Longitude_		Campus Police Other:
	AT INTERSE	CTION:	< LOC	ATION >		NOT AT	T INTER	SECTI	ON:
Route# Direc	ection	Name of Roady	way/Street	Route# Direction	700 Address #	WOBU	VRN ST Name of	Roadway	/Street
		At		Feet N S	F W -c				
Route# Direc	ection	Name of Intersecting	Roadway/Street	reet [N]5	E [11] 01	Mile Ma		or	Exit Number
	- Andrewson	Also at Intersec		Feet N S	E W of	Route#		· · · · ·	dway/Street
B / // B:		27 67	D 1 (0)	Feet N S	E W of	Koute#	inters	ecting Koa	idway/Street
Route# Direc	ction	Name of Intersecting	Koadway/Street	<u> </u>			La	ndmark	
Please Select O of the Followi	ing: Venicie L	1 #Occupants		Crash Report					
		St NH DOB/Age	20	# 4-JACOB					21
Sex M Lic.	Class D 19	Lic. Restrictions 99	CDL Veh Endorsement	Year 2018	Veh Make <u>J</u>	eep		Veh Co	onfig. 1
Operator GO	ULET, BIL	First	Own	ner GOULET , E	BILLY	First		Middle	
Address 60	FERRY ST		Add	ress 60 FERRY	ST				
City HUDSO	ON	State NH Zip 03	80514187 City	HUDSON					514187
Insurance Comp	oany		Veh	icle Action Prior to Crash	2	22 D	amaged Area	Code: 8	27 27 27
Vehicle Travel I	Direction: S E	W Responding to	Emergency? 2 Ever	nt Sequence 1 23	23 23	23	est Status:	1	28
Citation # (If Iss	sued)		Mos	t Harmful Event 1	24		pe of Test: AC Test Resi	ale.	30
Viol. 1: Ch/Sec/	/Sub	Viol. 2: Ch/Sec/Si	ıb Driv	er Contributing Code	1 25	25	sp. Alcohol:	-	usp. Drug: 2 32
Viol. 3: Ch/Sec/	/Sub	Viol. 4: Ch/Sec/St	ıb Driv	er Distracted by	26		wed from sc	19271	33
		operator and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
Name (Last First M			Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility
Operate	or 		See Above		1 1	4 0	0 10	1	
Please Select C		1 #Occupants	Non-Motorist A Type	15 Action 16 I	ocation	17 Condit	ion 18	Hit/	Run Moped
License #		St DOB/Age _	_	#unknown		Reg Type		Reg S	State
Sex Lic. (Class 19 19	Lic. Restrictions	CDL Veh	Year \	/eh Make			_ Veh Co	
			Owi	ner		First		Middle	
Operator <u>un</u>	known Last	First	Middle	Last		1.1121			
Operator un	known Last	First		Last		T II Si			
Address	Last	First State Zip	Add			Sta	te Z		
Address	Last	State Zip	Add	ress	1276.5	Sta	amaged Area		27 27 27
Address	Last Dany	State Zip	Add City Vehi	ress	1276.5	Sta Da	amaged Area est Status:		28
Address City Insurance Comp Vehicle Travel E	Last Dany	State Zip Zip W Responding to	Add City Vehi Emergency? Ever	cle Action Prior to Crash		Sta 22 Da 23 Te	amaged Area est Status: pe of Test:	Code:	MAR PERSON NEWSTRA
City Insurance Comp Vehicle Travel E Citation # (If Iss	pany	State Zip Zip W Responding to	Add City Vehi Emergency? Ever	cle Action Prior to Crash	23 23	Sta 22 D2 23 Te Ty BA	amaged Area est Status:	Code:	28
Address City Insurance Comp Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/	pany	State Zip Zip W Responding to	Add City Vehi Emergency? Ever Mos	cle Action Prior to Crash at Sequence 23 t Hammful Event	23 23 24	Sta 22 Da 23 Te Ty Su Su	amaged Area est Status: ope of Test: AC Test Resu	Code:	28 29 30
Address	Direction: NSE	State Zip Zip Viol. 2: Ch/Sec/Su	Add Vehi Ever Mos Driv b Driv	cle Action Prior to Crash at Sequence 23 t Hammful Event er Contributing Code er Distracted by	23 23 24 25 26 26 Safety Safety	22 Da 23 Te 25 Su 25 Su 26 Airbag Biest Bi	amaged Area ast Status: ape of Test: AC Test Rest asp. Alcohol: awed from sc 38 39 Trap linjuy	Code: Jult: 31 S ene? 40 Transp.	28 29 30 usp. Drug: 32 33
Address	Direction: NSE sued) (Sub ease fill out for operatoridide)	State Zip W Responding to Viol. 2: Ch/Sec/St Viol. 4: Ch/Sec/St	Add City Vehi Emergency? Ever Mos Ib Driv occupants involved Address	cle Action Prior to Crash at Sequence 23 t Hammful Event er Contributing Code	23 23 24 25 25 26 34 Sent Pos. Safety System	22 D2 Te Ty To To To To To To To To To To To To To	amaged Area est Status: The of Test: AC Test Resu asp. Alcohol: wed from sc	Code:	28 29 30 usp. Drug: 32
Address	Direction: NSE Sued) (Sub ease fill out for operate	State Zip W Responding to Viol. 2: Ch/Sec/St Viol. 4: Ch/Sec/St	Add City Vehi Emergency? Ever Mos b Driv b Driv occupants involved	cle Action Prior to Crash at Sequence 23 t Hammful Event er Contributing Code er Distracted by	23 23 24 25 26 26 Safety Safety	22 Da 23 Te 25 Su 25 Su 26 Airbag Biest Bi	amaged Area ast Status: ape of Test: AC Test Rest asp. Alcohol: awed from sc 38 39 Trap linjuy	Code: Jult: 31 S ene? 40 Transp.	28 29 30 usp. Drug: 32 33
Address	Direction: NSE sued) (Sub ease fill out for operatoridide)	State Zip W Responding to Viol. 2: Ch/Sec/St Viol. 4: Ch/Sec/St	Add City Vehi Emergency? Ever Mos Ib Driv occupants involved Address	cle Action Prior to Crash at Sequence 23 t Hammful Event er Contributing Code er Distracted by	23 23 24 25 25 26 34 Sent Pos. Safety System	22 Da 23 Te 25 Su 25 Su 26 Airbag Biest Bi	amaged Area ast Status: ape of Test: AC Test Rest asp. Alcohol: awed from sc 38 39 Trap linjuy	Code: Jult: 31 S ene? 40 Transp.	28 29 30 usp. Drug: 32 33



1 one	e Use Only	Com	monwealt	h of Mas	sachu	setts			RMVD	Oocument		
CONTRACTOR CONTRACTOR	Time of Crash	City/Town Lmington	Motor Vo		51 0001-000000	Number Vehicles	Number Injured	Speed		Lo M	ate Police ocal Police BTA Police	0000
	24HR		Polic	e Report		2	0	Longit			mpus Police ther:	_
	AT INTERSECT	ΓΙΟΝ:	< L0	CATION	>	0	NOT A	T IN	ΓERSE	ECTIO	N:	
				20 N	1	0.E	M7 T1	л сп	п			
Route# Directi	on —	Name of Roadway/St	treet	Route# Dir		95 ddress #	MAI			adway/Str	reet	-
		At			t NSE	w .						
Route# Directi	on N:	ame of Intersecting Roads	way/Street	Fee	t NSE	of of	Mile M		— o		xit Number	
Roller Birecti	Jii Ive	Also at Intersection v		Fee	t NSE	w of	-			*		_]
				Fee	t NSE	w of	Route#		Intersection	ng Roadw	/ay/Street	
Route# Directi	on Na	ame of Intersecting Roads	way/Street				ROCC	O'S	Landn	nark		_
Please Select Or		#Occupants Hit.	/Run Mope	ed Crasl	Report ID	22	-12	6-	AC			
of the Following			· <u></u>								3/7	_
License # S28	10 10	MA DOB/Age		Reg # <u>971MY</u>							21	7
Sex.M Lic. Cl		- C#2400	Endorsement	/eh Year <u>2003</u>						Veh Confi	g. 1]
	NSON, NEII	First	Middle	wner <u>JOHNS</u>	Last		First			Middle		-
	UDLEY RD			Address 44 DU		KD		-		<u> </u>		_
		ate MA Zip 0187		city TEWKSB	URY	Michigan	_				6-440	- I
Insurance Compar	y ARBELLA 1	MUTUAL INSU	JRANCE V	ehicle Action Prior		4		Damaged Test Stati	l Area Co	ode: 2 27	212 mg (35.5)	1
Vehicle Travel Dir	ection: SEW	Responding to Emer	rgency? 2 E	event Sequence	SANCIO DANGERELL	23	23	Type of T		29		
Citation # (If Issue	ed)		N	Most Harmful Event	1 24		F		t Result:	30	5	I
Viol. 1: Ch/Sec/St	ıb	_ Viol. 2: Ch/Sec/Sub		Driver Contributing	0.00	25	25	Susp. Alc	cohol: 2	31 Susp	Drug: 2 3	2
Viol. 3: Ch/Sec/St	ıb	_ Viol. 4: Ch/Sec/Sub		Priver Distracted by	0 26	5	7	Towed fr	om scene	? 2 33	3	
Name (Last First Mid	10-10-00 March - 10-00 March -	erator and all occupants in	nvolved Address	DOB/Age	Sex Po	at Safety	36 37 Airbag Ejec Status Code	38 t Trap	Injury Tra		Medical Facility	
Operato:		S	See Above	DOBING			4 0		10 1			
- Срегию			Secretary and the secretary an		4							-
								-		-		\dashv
Please Select Or of the Following		#Occupants Nor	n-Motorist A Type	15 Action	16 Loca	ation	17 Cond	ition	18	Hit/Ru	іп 🔲 Мор	ed
License #_ S12		MA DOB/Ag	- T	leg # 749XS]			Pag Ty	e PC	2.	Reg Stat	e MA	\dashv
	19 19	20		veh Year 2018						Veh Confi	21	$\lceil \rceil$
Sex M Lic. Cl	- 7 - 12 Mg 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Restrictions C E	Indorsement	owner MCCON						, en conti	b	1
(4)	LOYD RD	First FORE	Middle	owner <u>MCCON</u>	Last		First			Middle		_
Address 1 / 1		MZ		city WILMIN			r.	ata MZ	7:-	0188	7-1730	<u>-</u>
Cit. WITT MT						1			l Area Co		2 27 2	- I
			COMPAN .	Inhiala Astin- D-		F-12000000000000000000000000000000000000	1300	0		- 257 AT (N.A.)		SI .
Insurance Compar	y CITIZENS	-	_	Vehicle Action Prior	23 23	23	23	est Stati	us:	28	1	
Insurance Compar Vehicle Travel Dir	ection: NXEW	-	rgency? 2 E	Event Sequence 1	23 23	23	23	est Stati		29	P	
Insurance Compar Vehicle Travel Dir Citation # (If Issue	ection: NEW	Responding to Emer	rgency? 2 E	Event Sequence 1	23 23 1 24	23		Type of T	Test: et Result:	30	<u> </u>	1
Vehicle Travel Dir Citation # (If Issue Viol. 1: Ch/Sec/Su	ection: NEW	Responding to Emer — Viol. 2: Ch/Sec/Sub —	rgency? <u>2</u> E	Event Sequence 1 Most Harmful Event Driver Contributing	23 23 1 24 Code 1 24	23	25 E	Type of T BAC Tes Susp. Alc	Test: It Result: cohol: 2	31 Susp	Drug: 2 3	2
Insurance Compar Vehicle Travel Dir Citation # (If Issue Viol. 1: Ch/Sec/Su Viol. 3: Ch/Sec/Su	ection: NEW ab	Responding to Emer Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —	rgency? <u>2</u> E	Event Sequence 1	23 23 1 24 Code 1 24	23	25 F S S S S S S S S S S S S S S S S S S	Type of Table 38 Susp. Alcordage from 38	Test: st Result: cohol: 2 rom scene	31 Susp 37 1 33	Drug: 2 3	2
Insurance Compar Vehicle Travel Dir Citation # (If Issue Viol. 1: Ch/Sec/Su Viol. 3: Ch/Sec/Su	ection: NEW ab be fill out for operator/ne	Responding to Emer — Viol. 2: Ch/Sec/Sub —	rgency? <u>2</u> E	Event Sequence 1 Most Harmful Event Driver Contributing	23 23 1 23 1 24 Code 1 1 0 26	23 25 25 35 Safety	25 S	Sype of Table 38 Trap	rest: t Result: cohol: com scene 39 4 Injury Tra	31 Susp 37 1 33	Drug: 2 3	2
Insurance Compar Vehicle Travel Dir Citation # (If Issue Viol. 1: Ch/Sec/St Viol. 3: Ch/Sec/St Plea Name (Last First Mid	ection: NEW ab be fill out for operator/ne	Responding to Emer Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occup	rgency? 2 E	Event Sequence 1 Most Harmful Event Driver Contributing Driver Distracted by	23 23 1 24 Code 1 26 S S S S S S S S S S S S S S S S S S	23 25 25 35 Safety System	25 S	SAC Tes Gusp. Alc Towed fr	rest: t Result: cohol: com scene 39 4 Injury Tra	31 Susp 37 1 33	o. Drug:2 32	2
Insurance Compar Vehicle Travel Dir Citation # (If Issue Viol. 1: Ch/Sec/St Viol. 3: Ch/Sec/St Plea Name (Last First Mid	ection: N E W ab fig fill out for operator/notatle)	Responding to Emer Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occup	rgency? 2 E	Event Sequence 1 Most Harmful Event Driver Contributing Driver Distracted by	23 23 1 24 Code 1 Sex Sex Po	23 25 25 35 Safety System	25 S S S S S S S S S S S S S S S S S S S	SAC Tes Gusp. Alc Towed fr	rest: cohol: 2 com scene 39 Injury Tra Status Co	31 Susp 37 1 33	o. Drug:2 32	2
Insurance Compar Vehicle Travel Dir Citation # (If Issue Viol. 1: Ch/Sec/St Viol. 3: Ch/Sec/St Plea Name (Last First Mid	ection: N E W ab fig fill out for operator/notatle)	Responding to Emer Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occup	rgency? 2 E	Event Sequence 1 Most Harmful Event Driver Contributing Driver Distracted by	23 23 1 24 Code 1 Sex Sex Po	23 25 25 3 4 35 Safety System	25 S S S S S S S S S S S S S S S S S S S	SAC Tes Gusp. Alc Towed fr	rest: cohol: 2 com scene 39 Injury Tra Status Co	31 Susp 37 1 33	o. Drug:2 32	2

