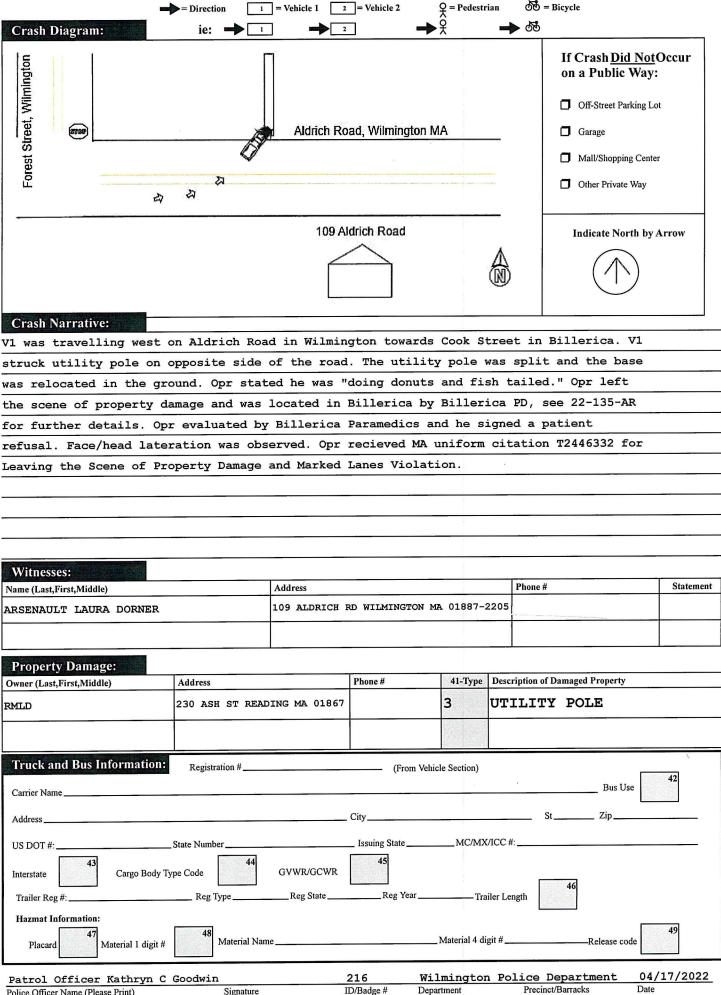
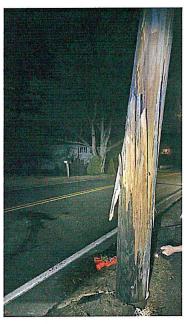
	Police Use Only	Comm	onwealth	of Massa	chuset	ts	RN	AV Docur	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	Sh Numb Vehic		Speed Lim	it30	State Police Local Police MBTA Police Campus Police	
	04/17/2022 0217 Wil r	mington	Police	Report	1	1	Latitude Longitude		Campus Police	
	AT INTERSECT	ION:	Characterist Course Service and	TION >		NOT A	T INTE			1
						1992 - 1993 - 1992 - 1994			- MB110	2 10
					109		RICH 1		20	لــــاًــ
¹ 4	Route# Direction	Name of Roadway/Stree	8	Route# Directi	on Address	#	Name o	of Roadwa	y/Street	-
4		Al		Feet	N S E W of		_ • -	or		
	Route# Direction Nar	ne of Intersecting Roadway	/Street			Mile M	larker		Exit Number	1 11
		Also at Intersection with		Feet	N S E W of	Route#	Inter	secting Ro	padway/Street	
2	D	ne of Intersecting Roadway	/Ct=not	Feet [N S E W of	·		Joseph Jan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
² 1	Route# Direction Nam	ne of intersecting Roadway	/Sifeet			5	I	andmark		1
2	Please Select One Vehicle 11	#Occupants Hit/Ru	n Moped	Crash Re	eport ID# 2	2-12	8-A	C		
3	of the Following:		_							-
	activity of history and	DOB/Age	-	# <u>2HYD86</u>					21	1 12
	Sex M Lic. Class D 19 19 Lic. F	Restrictions 1 CDL	Veh	Year <u>2005</u>	Veh Make	TOYOT	4	Veh (Config. 2	
	Operator RUMLEY, MICHA	ET THOMAC	Own	er AQUARO	, MICHI	ELE MA	RIE	Midd	lle	l
⁴ 1	Address 14 SEMINOLE RD			ess 14 SEM	INOLE	RD	-			
	City BILLERICA State	MA Zip 01821-	5716 City	BILLERIC	CA	S	ate MA	Zip 01	<u>821-5716</u>	
	Insurance Company GEICO GENI			cle Action Prior to C	Crash 1	22 I	Damaged Are	ea Code: 1	27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emergen			1.0.00		est Status:	1	28	
5				t Sequence 22 ²			Type of Test:	5	29	1
	Citation # (If Issued) T2446332			L		25	BAC Test Re	2	30	13
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub 89	4A Driv	er Contributing Cod r	N.02004004	97 ²⁵	Susp. Alcoho	l: 2 31		22 ¹³
6	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub ———	Driv	er Distracted by	0 26	1	lowed from	scene? 2	33	
⁶ 2		ator and all occupants invol		DOB/Age	Seat Sa	35 36 37 Ifety Airbag Ejec stem Status Cod	38 39 t Trap Inju	ry Transp.	Medical Facility	
	Name (Last First Middle)		Above	DOB/Age	1 99		0 8	1	Medical Facinty	1
	Operator	3007			<u> </u>					-
										4
		7.00	72.00						9	1
			12	15	16	17	. 1	8 -		1
⁷ 1	Please Select One of the Following:	#Occupants Non-M	otorist A Type	Action	Location	Cond	ition	Ŭ L∎H	it/Run Moped	
	License #St	DOB/Age	Reg	#		Reg Ty	ne	Reį	State	1
n	19 19	20	Veh	Year	Veh Make			Veh C	Config. 21	
	SERVICES SERVICES	Endo	rsement	er					Barrie David	
⁸ 1	Operator	First M	/liddle	La	nst	First		Midd	lle	
	Address			ress						4 14
	City State	e Zip	City		688	Turney Co.	ate		27 27 27	4
	Insurance Company		Vehi	cle Action Prior to (100		Damaged Are	ea Code:	28	İ
	Vehicle Travel Direction: NSEW	Responding to Emerger	cy? Ever	t Sequence 2	3 23 23		Test Status: Type of Test:		29	
0	Citation # (If Issued)		Mos	t Harmful Event	24		SAC Test Re	39	30	
⁹ 2	Viol, 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driv	er Contributing Cod	le 25	25	Susp. Alcoho		Susp. Drug: 32	
	September Anny Common States to Anny Co.	Viol. 4: Ch/Sec/Sub ———		er Distracted by	26		Towed from	52779W	33	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Service of the control of the contro				35 36 37	38 39	40		1
	Please fill out for operator/no Name (Last First Middle)		ldress	DOB/Age		afety Airbag Ejec stem Status Cod	t Trap Inju e Code Stat	ry Transp. us Code	Medical Facility	4
	Operator/Non-Motoris	t See .	Above	\sim	\times 1					
					1					
			<u> </u>	-	++	++-		++		1
					\perp	+				4



Wilmington Police Department Images Associated with 22-128-AC











	Police Use Only	Com	monwealth	of Massac	husett	S	RMV	/ Document		
	Date of Crash Time of Crash	City/Town	Motor Vel	hicle Crasl	Numbe Vehicle		Speed Limit	Lo	ate Police cal Police BTA Police umpus Police	
	04/18/2022 1726 Wili	mington	Police	Report	1	0	Latitude Longitude	Car	impus Police her:	
	AT INTERSECT	ION:	< LOC.	ATION >		NOT A	T INTERS	SECTIO	N:]
	- Sa				,	1				2 10
	Route# Direction	Name of Roadway/St	treet	Route# Direction	132 Address #	<u>GLE1</u>		Roadway/Str	eet	-
¹ 1	- Kouter Direction	At	irect				Traine of			-
_		21		Feet N	S E W of	— — ·	•	or	xit Number	
2	Route# Direction Nar	ne of Intersecting Road	1.0	Fact N	S E W of	TVIIIC IVI	urker			1 11
		Also at Intersection v	with		S E W of	Route#	Interse	cting Roadwa	ay/Street	1
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	Feet [14]	S E W OI					.
_	Please Select One Vivalent 1				0.0	10		ndmark		┥
3	of the Following:	_#Occupants Hit.	/Run	Crash Rep	ort ID# 22	2-12	9-AC			
		A DOB/Age	Reg	# <u>1JTP83</u>		Reg Typ	e PC	Reg Stat		12
	Sex M Lic. Class D 19 Lic. F		CDLVeh	Year 2018	_ Veh Make <u>]</u>	NISSAN	I	_ Veh Config	g. 1 21	3
	Operator SCULLARI, MAR		Endorsement Ow	ner SCULLAR	I, MAR	K JOSE	EPH			
⁴ 1	Address 42 BELMONT ST	First	Middle Add	tress 42 BELM	ONT ST	First FL	APT 2	Middle	ig v	
	City SOMERVILLE State			SOMERVILI	, ,		ate MA Z	ip 0214	3-2535	
	Insurance Company GOVERNMEN'			icle Action Prior to Cra	Harris .		amaged Area		3 27 27	
	- Vehicle Travel Direction: N S W	Responding to Emer		Total control	23 23	150 850 4	est Status:	1 28		
5		- P		nt Sequence 35 23	5 24	T	ype of Test:	29		
	Citation # (If Issued) 387208AB			st Harmful Event 3	25	25	AC Test Resu	in the second se	·	30 ¹
		Viol. 2: Ch/Sec/Sub		ver Contributing Code		S	usp. Alcohol:	ARK ART ATA		30
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 4	34 35	36 37	owed from sce	ene? 1 33		
	Please fill out for opera Name (Last First Middle)	ator and all occupants in	Address	DOB/Age S	Seat Safety ex Pos. System	Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator	S	ee Above	$\rightarrow \rightarrow$	1 1	4 0	0 10	1		
			X.							
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		i	х,			+				-
										1
⁷ 1	Please Select One of the Following:	_#Occupants Nor	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Ru	ın Moped	(
1		DOB/Age	Rea	#	6.32	Reg Tyn	e	Reg Stat		1
	19 19	20		Year					21	
	Active and active active and active active and active activ	Restrictions C	Indorsement		_ ven make _			_ ven conni	5.	
⁸ 1	Operator	First	Middle	nerLast		First		Middle		
	Address		bestal	ress	;					1
	City State	2ip					ate Z amaged Area		27 27	Ė
	Insurance Company		Veh	icle Action Prior to Cra	J.E.S.V.E.		est Status:	28	Carrie Manager	
	Vehicle Travel Direction: NSEW	Responding to Emer	rgency? Eve	nt Sequence 23	23 23	23	ype of Test:	29		
⁹ 2	Citation # (If Issued)	_	Mos	st Harmful Event	24		AC Test Resu	lt: 30	i	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	ver Contributing Code	25	25 S	usp. Alcohol:	31 Susp	o. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	ver Distracted by	26	Ţ	owed from sce	ene? 33		
	Please fill out for operator/no	n-motorist and all occup		DORA	34 35 Seat Safet		38 39 Trap Injury Code Status	40 Transp.	Medical Facility	
	Name (Last First Middle) On an atom (Non Motoris)		Address See Above	DOB/Age S	ex Pos. System	n Status Code	Code Status	Code 1	stedien racinty	
	Operator/Non-Motorist	,s	SEE AUGVE	\sim	11	+	1 1			-
							$\perp \perp \perp$			1
	1									
				=						1
		1.000		1 1	1 1	1 1	1 1			1

4	= Direction	= Vehicle 1 2	= Vehicle 2	Q = Pedest		Bicycle	
Crash Diagram:	ie: 👈 🔟	2	→	<u>}</u>	→ ₩	<i>-</i>	
	132 Glen Road	Rock Wall			K =	If Crash <u>Did N</u> on a Public Wa	
					· · · · · · · · · · · · · · · · · · ·	Off-Street Parking	g Lot
						Garage	ei *
						☐ Mall/Shopping Ce	enter
					श	Other Private Way	y
7	and the state of t			,		Indicate North	by Arrow
			٠			\bigcirc	
	4			 97	·		
Crash Narrative: hicle was traveling	T east on Clon P	oad when the	operators of	none ra	na. Dietr	acted by his	
one the vehicle ve				7-05			1 5
ont lawn of 132 Glo							-
d not deploy and o							***
wed by A&S Towing.		,			2.00	×	
			2)			**	
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				10			V.
¹ 10	1		¥				
		V	4		, 4		-
Witnesses: ame (Last,First,Middle)		Address			Phone #		Statemen
ante (Lastiz ristjivitadie)	, ř.	1				· ·	
	4						
							(4
Property Damage:	é ÷	* ************************************					
wner (Last,First,Middle)	Address	(I)	Phone #	41-Type	Description of	Damaged Property	8
ALTON JOYCE A	48 GROVE AVE WILM	INGTON MA 01887-2		97	STONE	WALL	
			- 5		€		
Truck and Bus Informati	On: Registration #		(From Vehic	cle Section)	- 4	r	
Carrier Name	1			-	-	Bus Use	42
Address						St Zip	
JS DOT #:	State Number		Issuing State	MC/M	X/ICC #:		
nterstate 43 Cargo B	ody Type Code	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——Tr	ailer Length	46	
Hazmat Information: 47	48			Mot-i-1 4	linie II	Release code	49
Placard Material 1 di	git # Material Na		1 1	iviaterial 4 d	ugu #		
atrol Officer Michael	R DiLorenzo		217 Wil	Lmingto	n Police	Department 0	04/18/2022
olice Officer Name (Please Print)	Signature	I	D/Badge # Depa	rtment	Precin	ct/Barracks D	ate

Wilmington Police Department Images Associated with 22-129-AC





	Police Use Only	Comm	onwealth (of Massa	ichus	etts			RM	V Docu	ment Number	
			Motor Veh	icle Cra	sh [Number Vehicles	and the second of the second o	Proc	Limit,	30	— Local Police	
		ington	Police 1	Report	. 2		Injured O	Latitu Longi			MBTA Police Campus Police Other:	
	24HR AT INTERSECTION	DN:	< LOCA		>		NOT A			SECT		i
	AT INTERSECTION	514.	LOCA			-	HOIA	1 111	LUIC	oec.	HOIV.	10
				38 S	47	74	MAI	v s	r			2
1	Route# Direction	Name of Roadway/Street	i .	Route# Direct		dress #		Na	me of	Roadwa	ay/Street	
¹ 1		At		East	N S E V	v of				ΟΓ		
	Route# Direction Name	of Intersecting Roadway	/Street		0 2 .	· 1 01	Mile M			01 _	Exit Number	11
		Also at Intersection with	The state of the s	Feet	N S E V	v of						2
				Feet	N S E V	v of	Route#		Interse	ecting R	oadway/Street	
² 2	Route# Direction Name	of Intersecting Roadway	/Street						La	ndmark		
	Please Select One Vivelen 11 #	"0		Т		22	1 2	^				1
3	of the Following:	#Occupants Hit/Ru	n Moped	Crash R	eport ID#	22	-13	U-	AC	•		
	License # S25202638 St MA	DOB/Age.	L Reg	2ZPX89		/	Reg Ty	e <u>PC</u>		Re		12
	Sex_F Lic. Class D 19 Lic. Res	strictions 1 20 CDL	Veh 3	Year 2018	Veh 1	Make <u>G</u>	MC			_ Veh	Config. 21	1
	Operator DIGAETANO, PAT	Endo	rsement	er DIGAET .	ANO.	AND	REW :	G				
⁴ 1	Address 1803 LORDS CT	irst M	liddle	ess 1803 I	Last		First			Mid	dle	
_		AT - 01007				<u> </u>	Edo	. 1/3	Α	A1	007_4E10	
	City WILMINGTON State 1			WILMING!	LON	A.S. S.N.					887-4512	
	Insurance Company THE COMMERO	<u>CE INSURANC</u>	EE CO Vehic	ele Action Prior to		2				Code:	4 ²⁷ 3 ²⁷ 27	
5	Vehicle Travel Direction: N E W	Responding to Emergen	cy? 2 Even	t Sequence 1	23 23	23	23	est Stat			29	
,	Citation # (If Issued)	-	Most	Harmful Event	1 24			SAC Te		ılt:	30	
	Viol. 1: Ch/Sec/Sub ———Vi	iol. 2: Ch/Sec/Sub ———	Drive	er Contributing Co	de 1	25	25	Susp. Al			Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub — Vi			r Distracted by	0 26			owed fi			33	
⁶ 1	Please fill out for operato			an in a server or group of the control of the contr	34		36 37	38	39	_ 40	-290.45	1
	Name (Last First Middle)		dress	DOB/Age	Sex Pos		Airbag Ejec Status Cod	Trap Code	Injury Status	Transp. Code	Medical Facility	-
	Operator	See A	Above	$>\!\!<$	$X \mid 1$	1	4 0	0	10	1		
												1
				4	-			-				-
7	Please Select One Vehicle 2 1	Occupants Non-M	otorist A Type	15 Action	16 Locat	tion	17 Cond	ition	18	П	lit/Run Moped	
⁷ 1	of the Following:			UKE EN		2.48			iz Bien	i l acc k		┨
	License # NHL15172144 St NH	DOB/Ag		<u>4740781</u>							g State NH 21	
	Se> _ Lic. Class D 19 19 Lic. Res	strictions 1 CDL	Veh Y	rear 2011	Veh N	Make F	ORD			_ Veh	Config. 1	
0	Operator Last F		Own	er MORNEA	U, RA	YMC	ND P			Mid	dle	
⁸ 1	Address	irst iv		ess 24 ISA		oss				TVIIC		
	City State	. Zip	City_	CHESTER			Si	ate NI	I z	ip <u>03</u>	036	2 14
	Insurance Company SAFETY		Vehic	ele Action Prior to	Crash	1	22	Damage	d Area	Code:	3 27 27 27	\vdash
					23 23	23	23	est Stat	tus:		1 28	
	Vehicle Travel Direction: N E W	Responding to Emergen	·	1 Sequence 1	24		7	ype of	Test:	750	29	
⁹ 2	Citation # (If Issued)	-	Most	Harmful Event	-	a a a l		BAC Te	st Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub ———Vi	iol. 2: Ch/Sec/Sub ———	Drive	er Contributing Co	Londo	200	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————Vi	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	5 ²⁶			Towed f	rom sc	ene?	1 33	
	Please fill out for operator/non-i			nani:	34 Sea	t Safety		38 t Trap e Code	39 Injury	40 Transp.	Medical Facility	
	Name (Last First Middle)		dress	DOB/Age	Sex Pos	. System	Status Cod	e Code		Code 1	Medical Facility	1
	Operator/Non-Motorist	See A	Above		\bigvee_{1}			ļ -	10	-		n
			5.00									
										$\vdash \vdash$		1
	1											_

-	= Direction 1	= Vehicle 1	2 = Vehicle 2	Y = Pedestrian	ØØ = Bicycle		
Crash Diagram:	ie: 👈 🔟	→_	2	→ X	→ №		
	RT.38S/ Main Street					rash <u>Did Not</u> (Public Way:	Occur
			į	M		Off-Street Parking Lot	
				$\overline{\forall}$		Garage	
474 Main	701					Mall/Shopping Center	
Street		V1				Other Private Way	
		V2					
	(9)	7			In	dicate North by A	Arrow
	介						}
	4,		i			(\vee)	
		186					
Crash Narrative: V1 (DiGaetano) stopped in	glow morring	traffic :	n the area	of 474 Main	Street whom	it was	
rear-ended by V2 (Morneau							
oumper and rear wheel. V2							
vehicles towed by Cain's	Fowing. V2 op	r Morneau	advised he	was looking	g away from	roadway	
towards businesses at 474	Main Street	just prio	r to crash.				
				41			
				ii i			
					V		
Witnesses:		Address	,		Phone #		Statement
Name (Last,First,Middle)		Auuress			Thone #		Statement
Property Damage:		2		ļ.			
	ddress		Phone #	41-Type De	scription of Damage	d Property	
Truck and Bus Information:	Designation #			W1:10			
	Registration #		(From	Vehicle Section)		Bus Use	42
Carrier Name							
Address			_ City		St	Zıp	
US DOT #:Sta				MC/MX/ICO	C #:		
Interstate 43 Cargo Body Type	Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46		
Hazmat Information:						X25	
Placard Material 1 digit #	48 Material Name			Material 4 digit #		-Release code	49
							123/65/6
Patrol Officer Richard Di Police Officer Name (Please Print)	Perri Signature			Wilmington P Department	olice Depar Precinct/Barrack		20/2022

	Police Use Only	Common	wealth	of Massa	chuse	tts	RM	V Docume	ent Number	
	- Control Cont		otor Veh	icle Cras	sh Nur	nber Number icles Injured	Dpeed Billin	40	State Police Local Police MBTA Police Campus Police	
	04/20/2022 1332 Wilmi	ington	Police :	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	N: <			700	NOT A	T INTER	SECTI		
	AT INTERSECTION			AND SALES						2 10
					271		LARDVA			_
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addre	ss#	Name of	Roadway/	Street	-
T		Al		Feet	N S E W			or		
	Route# Direction Name	of Intersecting Roadway/Stree	et	<u></u>		Mile N	larker		Exit Number	1 11
		Also at Intersection with		-	N S E W	Route#	Interse	ecting Roa	dway/Street	
2	Distinction Name	of Intersecting Roadway/Stree	·	Feet	N S E W	of				
² 1	Route# Direction Name	of intersecting Roadway/Sitee	:L				La	ndmark		
3	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash Re	port ID# 2	22-13	1-AC	:		
3	of the Following:									-
	10 10	DOB/Age	-	#1ED248					21	1 12
	Sex M Lic. Class D 19 Lic. Res	strictions CDL	ent	Year 2011				Veh Co	nfig. 1	
	Operator MARTIGNETTI, L	OUIS irst Middle	Own	er MARTIGN La	ETTI,	LOUIS First		Middle		
⁴ 1	Address 2 FRANCIS DR A	PT 310	Addr	ess 2 FRAN	CIS DI	R APT	310			
	City ANDOVER State 1	MA Zip 01810-004	47 City.	ANDOVER	4	S	tate MA Z	ip <u>018</u>	10-0047	
	Insurance Company ARBELLA MU	TUAL INSURAN	CE Vehic	ele Action Prior to C	Crash	2 22	Damaged Area	Code: 1	27 27 27	
	-	Responding to Emergency? 2		t Sequence 2	3 23 :	23 23	Test Status:	1	28	1
5				-	1 24		Type of Test:		29	
7	Citation # (If Issued)			Ŀ	79/8/00/A	25	BAC Test Resi	T.	30	13
	Viol. 1: Ch/Sec/Sub — Viol.			er Contributing Cod	26		Susp. Alcohol:	10000	usp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	O SEE SEE		Towed from sc	ene? 2		4
	Please fill out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age		35 36 37 Safety Airbag Ejec System Status Coc	t Trap Injury	Transp. Code	Medical Facility	
	Operator	See Above	3		X 1	1 4 0	0 10	1		
	-F								1	1
				-			1			-
										_
		,								
_	Please Select One Vehicle 21 #	Occupants Non-Motoris	st A Type	15 Action	16 Location	17 Cond	ition 18	☐ Hit/	Run Moped	1
⁷ 3	of the Following:	140H-IVIOIOTIS		1930	Location					-
		_ DOB/Age	Reg	# <u>6AP087</u>		Reg Ty	ne AP	Reg S	State NH 21	1
	Sex M Lic. Class C 19 19 Lic. Res	strictions 20 CDL Endorseme		Year 2021	Veh Mal	re FORD		_ Veh Co	nfig. 6	22)
	Operator DOHERTY, THOMA		Own	er R&J LEA	ASING	INC First		Middle		
⁸ 1	Address 870 PLEASANT VI	ECOCO MARIAMONTON	Addr	ess 1667 W	HITE 1		N HWY	Middle		
T.	City SOUTH CHINA State	ME Zip 04358	City.	WAKEFIEL	'D	S	tate NH Z	ip <u>038</u>	72	1 14
	Insurance Company IMPERIUM I		P Vehic	cle Action Prior to C	Crash	LO 22	Damaged Area	Code: 4	27 27 27	
	Vehicle Travel Direction: N E W	Responding to Emergency? 2		t Sequence 2	9	TO 100 CO. (1970)	Test Status:	1	28	
		Responding to Emergency:			1 24		Type of Test:		29	İ
⁹ 2	Citation # (If Issued)			Ļ	CONTRACTOR OF THE PARTY OF THE	25 25	BAC Test Resi	II.	30	
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub		er Contributing Cod	26		Susp. Alcohol:	1,000	usp. Drug: 2 32	
		ol. 4: Ch/Sec/Sub		er Distracted by	0		Towed from sc	2	33	1
	Please fill out for operator/non-r	motorist and all occupants invo	olved	DOB/Age		35 36 37 Safety Airbag Eje System Status Coo	t Trap Injury	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above	e			1 4 0	0 10	1		1
	Operator/11011-11101011st	5557.5544					+ +-	$\vdash \vdash$		1
										-
						g.		3		



Wilmington Police Department Images Associated with 22-131-AC





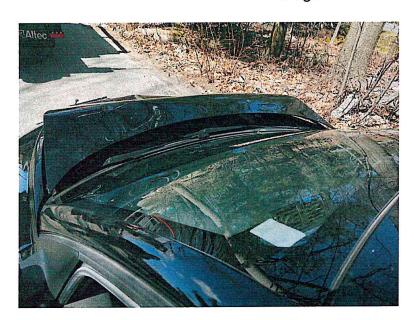




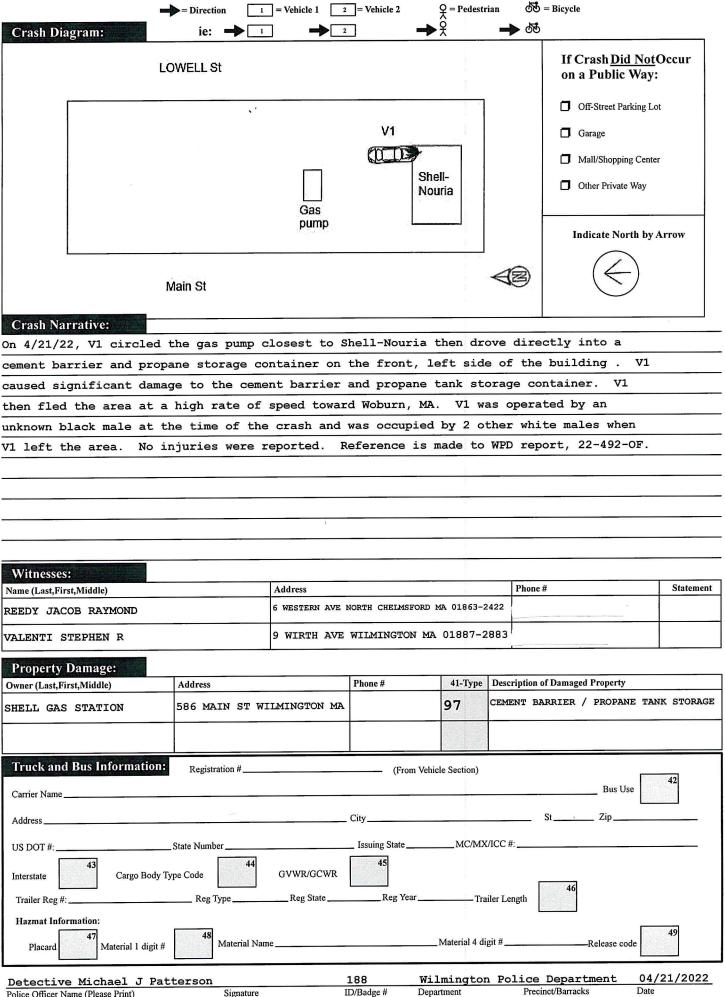




Wilmington Police Department Images Associated with 22-131-AC



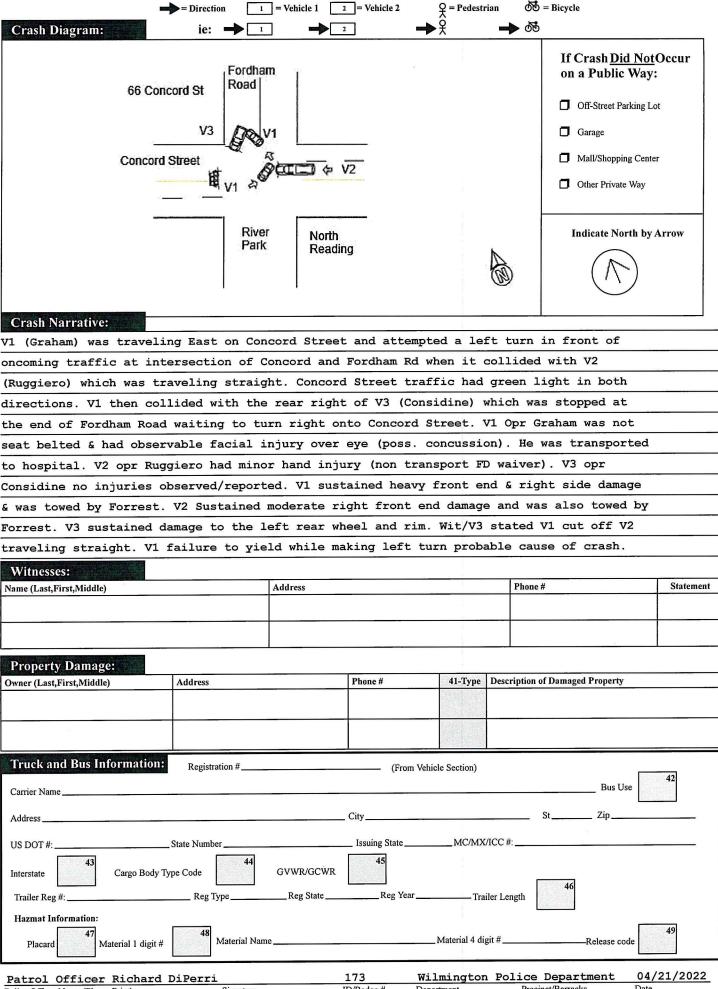
	Police Us	se Only		Commony	wealth	of Mass	achi	usetts	3		RMV	Docu	ment Number	
	Date of Crash Tim	ne of Crash	City/Town		tor Veh	icle Cr	ash	Number Vehicle		Perce	l Limit_		State Police Local Police MBTA Police Campus Police	
	04/21/2022 02	O1 WIL	MINGTO	N	Police	Report		1	0	Latitu Longi			MBTA Police Campus Police Other:	1
	AT	INTERSECT	ION:	<	The second secon	TION	>		NOT			SECT		
	AI	INTERSECT	ION.						.,,,,,					2
								586	MAI					_
¹ 4	Route# Direction		Name of Ro	oadway/Street		Route# Dire	ection	Address #	i	N:	ame of F	Roadwa	ay/Street	
4				At		Feet	NS	E W of		_ ,	. —	or _		_
	Route# Direction	Na	me of Intersect	ing Roadway/Street					Mile	Marker			Exit Number	1 1
		-		ersection with		Feet	N S I	E W of	Route#	-	Interce	cting R	Loadway/Street	. 💾
-						Feet	N S	E W of	Routen		Interse	oung re	coadway/oneec	
² 1	Route# Direction	Na	me of Intersect	ring Roadway/Street							Lan	ndmark		_
	Please Select One	Vehicle 13	#Occupants	⊠ Hit/Run	☐ Moped	Crash	Report I	D# 22	2-13	32-	AC			
3	of the Following:	- veinere 19		***************************************		L								\dashv
	License #		DOB/Ag		-	# <u>unknow</u>							21	- 7 1
	Sex Lic. Class	19 19 Lic.	Restrictions	CDL Endorseme	nt	Year		eh Make _	<u> </u>	Α		_ Veh	Config. 97	ļ <u>.</u>
,	Operator unkno	own	First	Middle	Own	ner	Tast		First			Mid	ldla	-
⁴ 1	Address			Middle		ress			rust			IAIIG		-
	City				City					State	Zi	ip		_
	Insurance Company_					cle Action Prior		177.0		Damage			27 27 27	
						16		23 23	23	Test Sta	tus:	Ī	28	
5	Vehicle Travel Directi	ion: NSEW	Respondin	ng to Emergency?		nt Sequence	ALLES SALES	24		Type of	Test:		29	
	Citation # (If Issued)				Mos	t Harmful Event	Г	68	25	BAC Te	st Resu	lt:	30	. i
	Viol. 1: Ch/Sec/Sub -		- Viol. 2: Ch/Se	ec/Sub ———	Driv	er Contributing (25	25	Susp. A	lcohol:	31	Susp. Drug: 32	10 ¹
6	Viol. 3: Ch/Sec/Sub -		- Viol. 4: Ch/Se	ec/Sub	Driv	er Distracted by		26		Towed i	rom sce	ene?	33	
⁶ 1	P	Please fill out for open	rator and all oc					34 35 Seat Safet	y Airbag Ej	7 38 ect Trap	39 Injury	40 Transp.	Maria Paulia	
	Name (Last First Middle)			Address	<u>-</u>	DOB/Age	Sex	Pos. Syste	n Status C	ode Code		Code 1	Medical Facility	1
	Operator			See Above			\checkmark	1 99	99 0		133	-		4
						9								
		10-					+							7
		r			F-90	16	16	197	17		18			-
⁷ 1	Please Select One of the Following:	Vehicle 2	#Occupants	Non-Motoris	t A Type	15 Action	16 L	ocation	Cor	dition	10	l I	lit/Run 🔲 Mope	d
		C+	DOB/A	TA .	Rea	#			Reg T	vne		Re	eg State	
	License #	19 19	ă l	20		Year							21	-
	Sex Lic. Class	SERVICE PROCESS	Restrictions	CDL_ Endorseme	nt		v	en Make_				_ ven	Comig.	
⁸ 1	Operator	1	First	Middle	Owr	ier	Last		First			Mic	idle	-
1	Address				Add	ress		ļ.						- 1
	City	Sta	teZip_		City			Produce						
	Insurance Company_				Vehi	cle Action Prior	to Crash		22	Damage		Code:	27 27 27	
	Vehicle Travel Direct	ion: NSEW	Respondir	ng to Emergency?	Ever	nt Sequence	23	23 23	23	Test Sta		}	28	
	Citation # (If Issued)				Mos	t Harmful Event		24		Type of		. }	30	
⁹ 2	, ,		Wal 2: Cl /2	oa/Cub		er Contributing	NA HOURS	25	25	BAC To	Г		Taranes .	ı l
L	Viol. 1: Ch/Sec/Sub -					er Distracted by	Egine Stain	26	and the second	Towed:	L	P. S. S. S. S.	33 Susp. Drug.	'
	Viol. 3: Ch/Sec/Sub -					l Distracted by		34 35	36	10Wed .	39	40 L	Cash b	4
	Please f	fill out for operator/n	on-motorist and	d all occupants invol Address	ived	DOB/Age	Sex	Seat Safe Pos. Syste	y Airbag E	ject Trap ode Code	Injury	Transp. Code	Medical Facility	
		Non-Motoris	st	See Above		X	X	1						
	Sperator/I		25				\forall		+	+				
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	Police Use Only	Common	wealth	ot Massa	chus	setts			RMV		ment Number	100
	The state of the s		tor Veh	icle Cras	sh	Number Vehicles	Number Injured	Proces	Limit	40	State Police Local Police MBTA Police	[
	04/21/2022 1139 Wilmi	ngton	Police :	Report		3	2	Latitu Longi			Campus Police Other:	i
	AT INTERSECTIO	N: <	LOCA	TION :	>		NOT A	TIN	TER!	SEC	ΓΙΟΝ:	
		2000								*		2 10
	Route# Direction CONCORD S	ST Vame of Roadway/Street		Route# Direct	ion Ad	dress #		Na	me of l	Roadw	ay/Street	_
¹ 1	Route# Direction 19	At		- Koule# Direct	ion Au	urcss #		110	inc or i	rcoau w	аульност	=
_	FORDHAM R			Feet [N S E	w of		— • Marker	_	or _	Exit Number	
		of Intersecting Roadway/Street	t		N S E	w c	Wille 1	nai kei			Exit Humoer	3 11
	A	Also at Intersection with		_			Route#	-	Interse	cting R	Roadway/Street	
² 1	Route# Direction Name of	of Intersecting Roadway/Street	t	Feet	N S E	w of						_
			I	<u> </u>						ndmark		┥
3	Please Select One of the Following: Vehicle 1 1 #0	Occupants Hit/Run	Moped	Crash R	eport ID#	22	-13	3-	AC	,		
	License # \$62803584 St MA	DOB/Age	Reg	#1KBE94			Reg Ty	ре РС		Re	eg State MA	- 12
	Sex M Lic. Class D 19 Lic. Rest	rictions 20 CDL	Veh `	Year 2006	Veh l	Make H	ONDA			_ Veh	Config. 1 21	1 "
	Operator GRAHAM, WILLIAM	Endorseme	ent	er GRAHAM						-	324 - 10 - 20	
⁴ 3	Last Fire	Middle PT 2		ess 339 CA			First APT			Mid	idle	
<u>۔</u> ـــــا				BEVERLY					Δ 7	: <u>.</u> 01	915-3383	
	•	<u>IA</u> Zip 01915-338								-	2 27 3 27 27	
	Insurance Company THE COMMERC			cle Action Prior to		23	100	Test Stat		2000.	2 3 1	
⁵ 1	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Even		1	23	23	Type of		İ	29	
1	Citation # (If Issued)		Most	Harmful Event	1 24			BAC Tes	st Resu	lt:	30	12
	Viol. 1: Ch/Sec/SubVio	1. 2: Ch/Sec/Sub	Drive	er Contributing Co	ie 4	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub ————Viol	1. 4: Ch/Sec/Sub	Drive	er Distracted by	26			Towed fi	rom sce	ene?	2 33	
⁶ 1		and all occupants involved		pon//	34 Sec	t Safety	36 3 Airbag Eje	et Trap	39 Injury Status	40 Transp.	Medical Facility	7
	Name (Last First Middle)	Address See Above		DOB/Age	Sex Po		Status Co	de Code	8	Code 2	Lahey Clinic	7
	Operator	See Above	·		$^{\prime}$	+	-	+	-			-
												4
	Please Select One Vehicle 21 #0	Occupants Non-Motoris	st A Type	15 Action	16 Loca	tion	17 Con	dition	18		lit/Run Moneo	,
⁷ 2	of the Following:	Needpanks 140H-Wiotoris	1		Loca	tion [4
		_ DOB/Agt	Reg	# 1MVL72		-	_ Reg Ty	ре <u>РС</u>		Re	eg State MA	-
	Sex M Lic. Class D 19 Lic. Rest	rictions B 20 CDL		Year 2021	Veh	Make <u>C</u>	HEVR	OLET	[_ Veh	Config. 2	
lo .	Operator RUGGIERO, JOHN			er RUGGIE	RO, (CHRI	STOP	HER	C	Mid	ldle	=
⁸ 1	Address 1214 KIRKBRIDE	MAIL 1000000000000000000000000000000000000	Addr	ess 5 CHER	RY A	VE	-					-
	City DANVERS State M	IA Zip 01923-158	City	MIDDLETO	ON		\$	tate MZ	A z	ip <u>01</u>	949-2356	_ 2 14
	Insurance Company THE COMMERC	E INSURANCE (CO Vehi	cle Action Prior to	Crash	1	22	Damage	d Area	Code:	2 27 0 27 27	
	= 000	Responding to Emergency? 2		t Sequence 1	23 23	23	23	Test Stat	tus:		1 28	
	Citation # (If Issued)		Mosi	Harmful Event	1 24			Type of			30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Vio	1 2. Ch/Saa/Sub	Drive	er Contributing Co	de 1	25	25	BAC Te: Susp. Al	-		Susp. Drug: 2 32	
L				-	0 26	ADLENE IS		Susp. Ai Towed fi	-	-	33 2 33	
	Viol. 3: Ch/Sec/Sub — Vio			Distracted by	34	35	36 3	38	39	40	2	-
	Please fill out for operator/fion-fill Name (Last First Middle)	Address	- 1. 4 M	DOB/Age	Sex Po		Airbag Eje Status Co	et Trap de Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See Above	·	\times	X^1	1	1 0	0	8	1		

						+						1
		1		1	1	1	1 1	1	1 1	, 1		1

	Police Use Only	Com	monwealth	of Massach	usetts		RN	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Lim	it40	State Police Local Police MBTA Police Campus Police	
	04/21/2022 1139 Wil:	mington	Police	Report	3	2	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTEI	RSECT	ΓΙΟΝ:	
										2 10
	Route# Direction CONCORD	ST Name of Roadway/St	Teet	Route# Direction	Address #	* 	Name o	f Roadwa	av/Street	
¹ 1	Router Direction	At							-,	1
	FORDHAM			Feet N S	E W of	— — — Mile Ma	— • — arker	– or _	Exit Number	_ 11
	Route# Direction Na	me of Intersecting Roady Also at Intersection v		Feet N S	E W of					3 "
		THE LET MINISTER !		Feet N S		Route#	Inter	secting R	loadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	way/Street				I	andmark	:	-
	Please Select One Vi Vakiela 3 1	#Occupants Hitz	/Run Moped	Crash Repor	+ ID# 22	_13				1
3	of the Following: Vehicle 3.1	HOccupants Hit								-
		DOB/Age	Reg	# <u>441YZ1</u>	(9)	Reg Typ	e PC	Re	eg State MA 21	1 12
	Sex M Lic. Class D 19 Lic.		DL Veh	Year 2012	Veh Make <u>J</u>	eep		Veh	Config. 1	لـــا
	Operator CONSIDINE, RC		Owr	ner CONSIDIN	E, ROE	ERT M	1	Mid	idle	
⁴ 3	Address 11 DAMON ST	- Flist		ress 11 DAMON	ST					
	City N READING State	te MA Zip 0186	4-2210 City	N READING		Sta	ate MA	Zip 01	864-2210	
	Insurance Company CITIZENS	INSURANCE	COMPAN Vehi	cle Action Prior to Cras	h 2	22 D	amaged Are	ea Code:	AND DESCRIPTION OF STREET	
	Vehicle Travel Direction: NEW	Responding to Emer	gency? 2 Ever	nt Sequence 23	23 23	23	est Status:		1 28	
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event 1	24	-	ype of Test:		30	
	Viol. 1: Ch/Sec/Sub		Driv	er Contributing Code	1 25	25	AC Test Re usp. Alcoho		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s		2 33	
⁶ 1		rator and all occupants in			34 35	36 37	38 39	40	- 3466	1
	Name (Last First Middle)		Address	DOB/Age Sex		Airbag Eject Status Code		ıs Code	Medical Facility	-
	Operator	S	ee Above	\times	1 1	4 0	0 10	1		1
									O.F.	1
			45	15 16		17	18	8 .	- In.	1
⁷ 2	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	Action	Location	Condi	tion	J L	Hit/Run Moped	_
	License # St	DOB/Age	Reg	#		Reg Typ	e	Re	eg State	
	Sex Lic. Class 19 19 Lic.			Year	Veh Make			Veh		
	Operator		Indorsement Own	nerlast		First		Mid	l.II.	
⁸ 1	Last C	First		ress		riist		Mid	idie	L.,
	City Stat	te Zip	City			Sta	ate	Zip		2 14
	Insurance Company		Vehi	cle Action Prior to Cras	h	22 D	amaged Are	ea Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	rgency? Ever	nt Sequence 23	23 23	23	est Status:		28	1
	Citation # (If Issued)		Mos	t Harmful Event	24		ype of Test:		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sac/Sub	Driv	er Contributing Code	25	25	AC Test Re usp. Alcoho	0.1	Susp. Drug: 32	
L	Viol. 1: Ch/Sec/Sub ————————————————————————————————————			er Distracted by	26		owed from	255	33	
	Viol. 3: Ch/Sec/Sub — Please fill out for operator/no			in the second	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	40 ry Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code State		Medical Facility	-
	Operator/Non-Motoris	't S	See Above	XX	1					1
				 						1
	İ	1		1 1		1 1	1	- 8		1



Police Officer Name (Please Print)

	Poli	ice Use Only		Co	mmonv	vealth	of M	assa	ich	use	etts				RM	V Docu	ıment N		8
	Date of Crash	Time of Crash		ity/Town		tor Veh			sh		mber hicles	Num Inju		Speed Latitud		30	- Local	Police I Police IA Police pus Police	
	04/21/2022	1347 V	ATTILL	ngton	2	Police	Repo	rt		2		0	- 1	Lantuc				pus Police 🗖 r:	
		AT INTERS	ECTIO	N:	<	LOCA	TION		>			NO	ГΑΊ	CNI	(ER	SEC	TION	:	10
	Route# Direc	ction	N	Jame of Road	way/Street		Route#	Direct	ion	36 :		MI	DD			AV Roadw	E /ay/Stree	et	2 10
¹ 1			40	At				_Feet [NS	ЕW	of				_	or			
	Route# Direc	ction	Name o	of Intersecting	Roadway/Street						01		le Ma			- · ·	Exit	Number	2 11
,		74	. <i>P</i>	Also at Interse	ection with			_Feet	N S	EW	of	Route	#	-	Interse	cting F	Roadway	v/Street	_
² 1	Route# Direc	ction	Name o	of Intersecting	Roadway/Street			_Feet	N S	EW	of								-
_	DI C.I.			I-		_	<u> </u>				20	4	_	<u> </u>		ndmark	(1
3	Please Select O of the Followi		12#	Occupants	Hit/Run	Moped		Crash R											4
		1530471		_ DOB/Age	20		# 4DH											21	1 12
	Sex M Lic.	Class D 19 19	Lic. Rest	rictions 1	CDL Endorsemen	nt	Year <u>20</u>									_ Veh	Config.	1	
4	Operator BR	EEN, KYL	E THO	OMAS st	Middle		er <u>BRE</u>	1	ast			OM/ Fi	AS rst			Mi	ddle		
⁴ 1	0.00	LUCAYA C					ress <u>25</u>	LUC	AY	A C	IR	, 1							
	City WILM	INGTON	_ State <u>M</u>	IA Zip 0:	1887-150	7 City	WILM	ING:	ron	<u> </u>						~		7-1507	
	Insurance Comp	pany PLYMOU'	TH RC	CK ASS	SURANCE	C Vehi	cle Action	Prior to	Crash		1	22				Code:	5 27	27 27	
5	Vehicle Travel I	Direction: NS	E	Responding to	o Emergency? 2	Ever	nt Sequenc	e 1	23	23	23	23		st Stat			29		
⁵ 2	Citation # (If Iss	sued)				Mos	t Harmful	Event	1	24				AC Tes		ılt:	1 30	y.	
	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/S	Sub	Driv	er Contrib	uting Co	de	1	25	25	Su	ısp. Ale	cohol:	2 31	Susp.	Drug: 2 32	1 13
6	Viol, 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/S	Sub	Driv	er Distract	ed by	0	26			To	wed fr	om sc	ene?	2 33		2.
⁶ 1		Please fill out fo	or operator	and all occup			PO	B/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mr	edical Facility	1
	Operate				Address See Above			b/Age	Ż	1	1	4	0	0	10	1		and a manny	1
				25 LUCAYA	CIR			<u> </u>	F	3	1	4	0	0	10	1			1
	MARION FLAI	HERTI		WILMINGTON			-		_			-							
							_			ļ .	_		-	_					-
								н			i.								J sa
⁷ 1	Please Select of the Followi		2 3 #	Occupants	Non-Motorist	A Type	15 Act	tion	16 I	Locatio	on	17	Condit	ion	18	_ ;	Hit/Run	Moped	
	License # S3	7934180	St MA	DOB/Age_		_ Reg	# <u>BC6</u>	20				Reg	з Туре	PC		R	eg State	MA 21	
	Sex F Lic.	Class D 19	Lic. Rest	trictions 1	CDL		Year <u>20</u>	12	,	Veh M	ake <u>C</u>	HEV	RO	LET	·	_ Veh	Config.		
	Operator <u>CR</u>	ONIN, KA	REN 1	M	Middle	Owr	er <u>CRC</u>		, I	VAC	ID	JS	SR rst	-		Mi	iddle		
⁸ 1	Address 55	PRATT ST	•••	ızı	Middle	Add	ress <u>55</u>			SI	ı		131						14
	City TEWK	SBURY	_ State N	1A Zip 0	1876-332	4 City	TEWK	SBU	RY_				_ Sta	te M	A Z	Zip_ 0 :	1876	5-3324	1 14
	Insurance Comp	pany GEICO	GENEF	RAL IN	SURANCE	C Vehi	cle Action	Prior to	Crash	ı	1	22	Da	amage	d Area	Code:		27 27	
	Vehicle Travel I	Direction: NS	E	Responding t	o Emergency? 2	Ever	nt Sequenc	e 1	23	23	23	23		st Stat			28		
0	Citation # (If Is:	sued)				Mos	t Harmful	Event	1	24	1			/pe of ' AC Tes		ılt:	30		
⁹ 2	Viol 1: Ch/Sec/	/Sub	Vic	ol. 2: Ch/Sec/S	Sub	Driv	er Contrib	uting Co	de	19	25	25	1			2 31	Susp.	Drug: 2 32	
	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/S			er Distrac	ted by	0	26				owed fi			2 33		
		lease fill out for oper				ved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First)		-		Address See Above		DC	DB/Age	Sex	Pos.	System O	Status 4	Code 0	Code 0	Status 10	Code 1	М	ledical Facility	1
				55 PRATT S	ST			_	M IM	6	0	4	0	0	10	1			1
	DAVID CRON	TN		TEWKSBURY,	MA 01876-3324		+								-				+
	CLAIRE CRO	NIN			MA 01876-3324	1		•	F	4	0	4	0	0	10	1			-
						,													

Crash Narrative: W 1 and MV 2 were driving on the state of the state		(Middlese:	x Ave). M			MV 1 was	rking Lot ng Center Way rth by Arrow
Crash Narrative: AV 1 and MV 2 were driving of slowing down attempting to the standard of the							ded
IV 1 and MV 2 were driving of lowing down attempting to							ded
slowing down attempting to							ded
	turn lert in	nto the bu	IKIII/KMV	parking 10	, when r	v z rear-en	
NV 1. NO INJURIES. NO COW.				4			
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Witnesses:	TA	Address	-		Phone #	*	Statement
Name (Last,First,Middle)	A	iduress			Z Holle II		
, , , , , , , , , , , , , , , , , , ,	-				- 1		
3.							
Property Damage:	,		į.				
Owner (Last,First,Middle) Addre	ess		Phone #	41-Type	Description of	Damaged Property	
	,				-		
*							
Truck and Bus Information: Re	egistration #	×	(From	vehicle Section)		*	
Carrier Name			\hat{h}			Bus Us	se 42
	@I						
Address	1		City	- V	S	t Zıp	
US DOT #:State N	lumber		_ Issuing State	MC/MX	/ICC #:		
Interstate Cargo Body Type Cod	44	GVWR/GCWR	45			· · · · · · · · · · · · · · · · · · ·	
		3				46	
Trailer Reg #: R	Keg Type	Keg State	Keg Year	Tra	ler Length		
							49
Hazmat Information:	48 .			Material 4 di	git #	Release co	de
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name_	11.00					AND DESCRIPTION OF THE PARTY OF

	Police Use Only	Comm	onwealth (ot Massa	chu <u>se</u>	tts			Document No		4
			Motor Veh	icle Cras	h Nu		ad		Local	Police Po	
	04/23/2022 1252 Wilm	ington	Police 1	Report	2	2	Latitu Longi			ous Police	
	AT INTERSECTION	ON:	< LOCA	TION >		NO	TAT IN	ΓERSI	ECTION:	:	1
											2 10
				D: 4	220		IDDLES		AVE padway/Stree	<u> </u>	
¹ 1	Route# Direction	Name of Roadway/Stree	t	Route# Direction	on Addre	SS#	INZ	une of Kc	Jadway/Siree	L	-
				Feet [N S E W	of —	— — • Iile Marker	_ 0		Number	
	Route# Direction Name	of Intersecting Roadway		_ [delelw		ille iviaikei		LAR	rumoer	2 11
		Also at Intersection with	L	102	S E W	Rou	te#	Intersect	ing Roadway	/Street	
² 1	Route# Direction Name	of Intersecting Roadway	/Street	Feet	N S E W	of 					
1								Land	mark		1
³ 99	Please Select One of the Following: Vehicle 11	#Occupants Hit/Ru	ın 🔲 Moped	Crash Re	port ID#	22-1	L35-	AC			
99	License # C000000632070 St FI	DOB/Age.	, Reg	# 1MZZ95		Re	ед Туре РС		_ Reg State	MA	12
	10 10	20		Year 2019						21	1
	Operator CHOU, ANDREW	Ende	orsement	er CHOU, I							
⁴ 1	Address 306R BURLINGTO		Middle	ess 306R B	st		First AVE		Middle		
	City WILMINGTON State			WILMINGT				A Zin	01887	-3107	
	Insurance Company THE COMMER			cle Action Prior to 0		1 22			ode: 4 27 5		
	Control Contro			record.		23 23	Test Sta		1 28	INCHES AND STREET	
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emerger		1	STATE OF A	1	Type of	Test:	29		
	Citation # (If Issued)	-		L		25 2	_	st Result:	* 200 (Th		_ 13
	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	_	23 2	Susp. A	cohol: 2	22	Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub — V	riol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			rom scen	-2012]
⁶ 1	\$2000 CANON C \$	or and all occupants invo	lved ddress	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airba System Status		Injury Ti	'ransp. Code Me	edical Facility	
	Name (Last First Middle) Operator		Above		X_1	1 4	0 0	8 2	Lahey	Clinic	
	Орегию										1
					_		-	\vdash		1	-
								\vdash			
											1
7	Please Select One Vehicle 21	#Occupants Non-N	Motorist A Type	15 Action	16 Locatio	n 17	Condition	18	Hit/Run	Moped	
⁷ 1	of the Following:			Mark Mark			- DC			MA	-
	License # S31967035 St M2	DOB/Age 08/28		# <u>6YX758</u>	40.		eg Type <u>PC</u>		Reg State	_ 21	Į.
	Sex F Lic. Class D Lic. Re		orsement	Year <u>2010</u>		ike <u>HYU</u>			Veh Config.	1	
8	Operator NICOLI, MARGUE	ERITE A	Middle	er NICOLI	ast		TE A		Middle		
81	Address 47 BOUTWELL ST			ress 47 BOU		ST					14
	City WILMINGTON State	MA Zip 01887-	-2612 City	WILMING!	ON	Section to a flat				7-2612	1
	Insurance Company LIBERTY M	JTUAL INSUF	RANCE Vehi	cle Action Prior to		1 22			Code: 1 27 2	2 2 8 2 7	
	Vehicle Travel Direction: N E W	Responding to Emerge	ncy? 2 Ever	nt Sequence 1	23 23 1	23 23	Test Sta Type of		29		
<u></u>	Citation # (If Issued)	_	Mos	t Harmful Event	1 24			est Result	1 30		
⁹ 2	Viol. 1: Ch/Sec/Sub ————V	viol. 2: Ch/Sec/Sub ——	Driv	er Contributing Co	de 20	25 2		lcohol: 2	1100000000	Drug: 2 32	
		Viol. 4: Ch/Sec/Sub ——		er Distracted by	99 ²⁶			from scer	22		
	Please fill out for operator/non		nts involved		34 Seat	35 36 Safety Airba	ag Eject Trap	39 Injury 7	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System State			Lahev	Clinic	-
	Operator/Non-Motorist	See	Above		X^1	1 1	0 0	8 2	2		4
											7
	i	1		1	i I	1 1	1 1	1 1			-4

Crash Diagram:	ie:					
Mic Congress contracts — A contraction of the Cont			2	· 웃	→ №	
	V2 (II)	D — (1			If Crash D on a Publi Off-Street Garage Mall/Shop	Parking Lot
	LESEX	ESEX		Indicate N	Indicate North by Arrow	
Crash Narrative:						
Sir, on April 23,2022,	I was assigned	l to S2 in m	marked unit 3	2 for the	4-12 tour. At sa	aid
time I was dispatched						
spoke to both operator						
rear ended him causing						
ninute and struck/rear						1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (100) (100) (100) (100) (1000 (100) (
						linic
parties complained of						
via EMS from the scene	. Both vehicles	towed from	m the scene b	y A&S Tow:	ing.	
Witnesses:						
Name (Last,First,Middle)	-	Address			Phone #	Statement
Property Damage:						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Proper	rty
	Address		Phone #	41-Type De	scription of Damaged Proper	rty
The state of the s	Address		Phone #	41-Type De	scription of Damaged Proper	ty
The state of the s	Address		Phone #	41-Type Do	scription of Damaged Proper	rty
Owner (Last,First,Middle)					scription of Damaged Proper	rty
				41-Type Do		42
Owner (Last,First,Middle)	Registration #					
Owner (Last,First,Middle) Truck and Bus Information	Registration #		(From Veh	icle Section)		Use 42
Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address	Registration #		(From Veh	icle Section)	Bus St Zip_	Use 42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #:	Registration #		(From Veh	icle Section)	Bus St Zip_	Use 42
Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: 43	Registration #		City Issuing State	icle Section)	Bus	Use 42
Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate A3 Cargo Body	Registration # State Number y Type Code 44	GVWR/GCWR	City Issuing State	icle Section) MC/MX/IC	BusZipZip	Use 42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Body Trailer Reg #:	Registration # State Number	GVWR/GCWR	City Issuing State	icle Section) MC/MX/IC	BusZipZip	Use 42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Cargo Body	Registration # State Number y Type Code	GVWR/GCWR	(From Veh	icle Section) MC/MX/ICe	BusZip	Use 42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Cargo Body Trailer Reg #: Hazmat Information:	Registration #	GVWR/GCWR	(From Veh	icle Section) MC/MX/ICe	BusZipZip	Use 42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information:	Registration # State Number y Type Code	GVWR/GCWR	City Issuing State 45 Reg Year	MC/MX/ICe Trailer Material 4 digit #	BusZip	Use 42

CDP1 11-24-00