Poli	ce Use Only	Com	monwealth	of Massa	chus	etts			RMV	Docum	ent Number	
Date of Crash	Time of Crash	City/Town	Motor Ve	hicle Cras	h [Number Vehicles	Numbe Injured		Limit	35	State Police Local Police MBTA Police	0800
04/27/2022	1521 Will	lmington	Police	Report	2		0	Latitu Longi			Campus Police Other:	
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Route# Direc	dia.	Name of Roadway/S	troat	Route# Direction	33	32 dress #	LOW	ELL No	ST me of Re	nadivav	/Street	— <u></u> -
- Koule# Direc	non	At	il cei						une or re		7011001	-
4				Feet	SEV	of		• ∕Iarker	· —	or	Exit Number	-L
Route# Direc	tion N	lame of Intersecting Road			lalalı		Mile	лагкег			EXIT NUMBER	
		Also at Intersection	with	1 =	SEV		Route#		Intersect	ting Ro	adway/Street	— F
Route# Direc	tion N	laine of Intersecting Road	way/Street	Feet [SEV	V of						
		-							Land	lmark		
Please Sciect O of the Followin	One Vehicle 12	#Occupants	t/Run 🔲 Moped	Crash Re	port ID#	22	-13	86-	AC			
License # SA		MA DOB/Age		g#1BWF82			Pay Ti	n PC	'	Pan	State MA	
	19 19	20		h Year 2015							7	1
l .	***************************************	I	Endorsement					Ω		_ ven C	oning.	┙┢
-	NJANOVA, N Last	First	Middle	vner MANJANO	st		First			Middle	e	
	ARNES ST			dress 7 BARN	ES S'	T 2	APT I					
		tate MA Zip 0245		y WALTHAM		10000				,	453-700	
Insurance Compa	any GOVERNME	NT EMPLOYEE	S INSU V	hicle Action Prior to (Crash	1	***		d Area C	Code: 4		27
Vehicle Travel D	irection: NSE	Responding to Eme	rgency? 2 Ev	ent Sequence 1 2	3 23	23	2.3	Test Stat		1	28	
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Viol 1: Ch/Sec/5	Sub	Viol. 2: Ch/Sec/Sub	Di	ء iver Contributing Cod	e 1	25	25		st Result		Susp. Drug 2	32 1
		Viol. 4: Ch/Sec/Sub		iver Distracted by	0 26				rom scen		33 Diug 2	╜┟
Viol. 3: Cli/Sec/8		erator and all occupants in			34	35	36 3	7 38	39	10		
Name (Last First Mi			Address	DOB/Age	Sex Pos.		Airbag Ejo Status Co	et Trap de Code		ransp. Code	Medical Facility	
Operato	or		See Above		$X _1$	1	4 0	0	10 1	L		
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Please Select O		#Occupants No	n-Motorist A Type	15 Action	16 Locat	ion	17 Con	dition	18	Hii	t/Run 🔲 Mo	ped
License # S45		MA 2024	<u> </u>	g# P86545			Reg Ty	CO		Dec	State MA	
	10 10	MA DOB/Age20				D					2	21
Sex F Lic. C		I	Endorsement	h Year 2011						_ Veh C	ontig <u>±</u>	┛╽
-	YA, TENZIN Last	First	Middle	vner ARYA, I	s1.		First			Middle	•	
	HARRISON S			dress 5 WRIG		T						-
City SOMER	RVILLE st	ate MA Zip 0214	3−3605 ci	y LEXINGTO	N		_		-		120-111	
Insurance Compa	any THE COMM	ERCE INSURA	NCE CO Ve	hicle Action Prior to C	Crash	1	v 34		d Area C	ode: 8		27
Vehicle Travel Di	irection: NSE	Responding to Eme	rgency? 2 Ev	ent Sequence 1 2	3 23	23	23	Test Stat		1	28	
Citation # (If Issi	ued)		М	ost Harmful Event	1 ²⁴			Type of '	1est: st Result	. -	30	
Viol 1: Ch/Sec/S	ành	— Viol, 2; Ch/Sec/Sub —	Dr	ء iver Contributing Cod	· 19	25	25		cohol: 2		Susp. Drug: 2	32
		— Viol. 4; Ch/Sec/Sub —		iver Distracted by					rom scen		33	
Viol. 3: Ch/Sec/S		non-motorist and all occup			14	35	36 3	38	39	40		\dashv
Name (Last First Mi			Address	DOB/Age	Sex Pos.		Airbag Ejo Status Co	ei Trap de Code		ransp. Code	Medical Facility	
Operato	or/Non-Motori	ist s	See Above		\times 1	1	4 0	0	10 1	L		
			<u> </u>									
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	.e. % <u>-</u>	= Direction	= Vehicle 1	= Vehicle 2	Q = Pedestria	an 💩 = Bicy	cle	
Cras	sh Diagram:	ie: 🖚 🗔	→ □	2	. X	→ №		
		3					Crash <u>Did Not</u> C n a Public Way:	Decur
		Lowell Street	(Pouto 120)			o	Off-Street Parking Lot	
		Lowell Street	(Moule 129)			l a	Garage	
						(=	a anagata - a	
						ت ا	Mall/Shopping Center	
S. HITPAN						_	Other Private Way	35
₽]2]D	2			\triangle	Indicate North by A	rrow
			V-00/V	V. 8				0.63

MV 1	sh Narrative: and MV 2 were driv all. MV 2 stated s	A STATE OF THE STA						
time	(possibly due to r	ecent rainfal	l). MV 2 rea	ar-ended MV 1	. The ch	ild in MV 1	was	
trans	ported to Winchest	er Hospital fo	or precaution	nary reasons	. Both v	ehicles wer	e towed by	
Forre	st Towing.							

	31							
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	*	4 Sun Me					-	
			,					3
					-202			
7.5.2.	lesses: _ast,First,Middle)		Address			Phone #		Statement
Traine (L	Jasty. Histyreliquicy	11	radicas		(P-1)	1		Statement
Prop	erty Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dama	aged Property	
Truc	k and Bus Information:	Registration #		(From Vehi	cle Section)		8	
Carrier	Name	· · · · · · · · · · · · · · · · · · ·					Bus Use	42
Address	s			City		St	Zip	
US DO	T #:	_State Number		Issuing State	MC/MX/I	CC #:		
Intersta			GVWR/GCWR	45		4	6	
		Reg Type	Reg State	Reg Year	———Traile	er Length		_
	at Information: 47 Material 1 digit #	48 Material Nar	me		Material 4 digi	t#	Release code	49
	ol Officer Keyin I	01.	3	200 Wi		notice need		

Police Officer Name (Please Print)

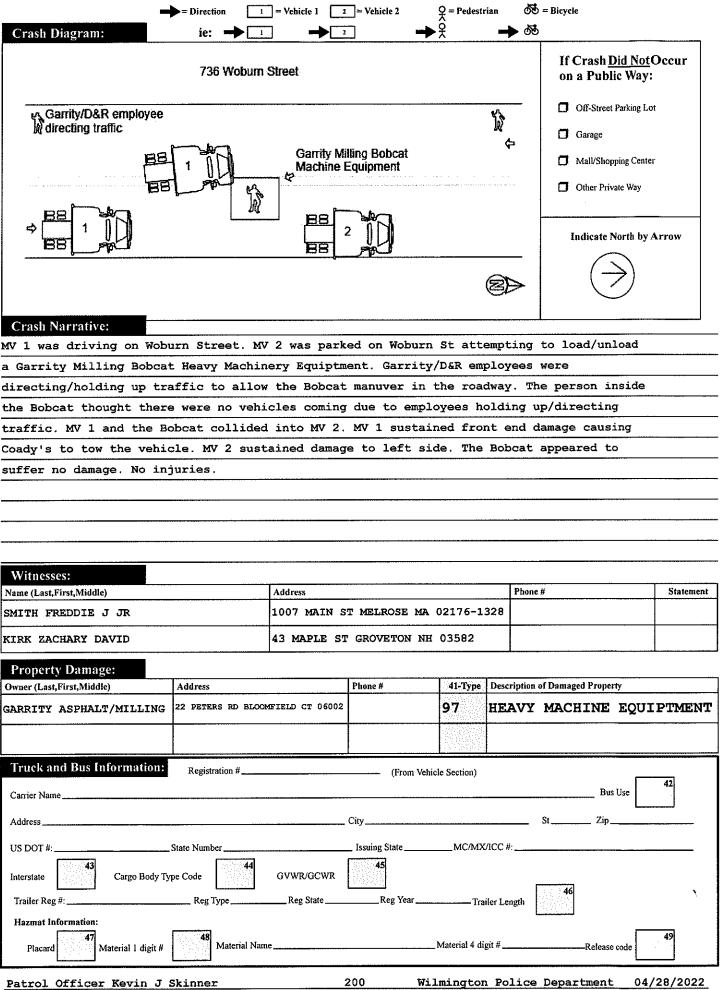
Signature

ID/Badge #

Precinct/Barracks Department

Date

	Pol	lice Use Only		Co	mmony	wealth (of Massa	ach	use	tts			RM	V Doci	ument Ni		
	Date of Crash	Time of Crash		City/Town	Mo	tor Veh	icle Cra	sh		mber hicles	Numbe Injure	, Lapect	d Limit	30	- Local	Police Police A Police us Police	
	04/28/2022	0917 24HR	MITIU	ington		Police 1	Report		2		o Î	Lann	itude			us Police	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NOT.	AT IN	TER	SEC	TION:		
																	2 10
	Route# Dire	etion	1	Name of Roady	way/Street		Route# Direc	tion	Addre	ess#	WOE	SURN N			/ay/Sireet	:	╟
¹ 1				At													
							Feet	N S	EW	of -	— Mile	—— (Marker	•	or _	Exit l	Number	11
	Route# Dire	ction		of Intersecting Also at Intersec	Roadway/Street		Feet	N S	E W	of _							3 "
]						Feet	N S	E W	of	Route#		Interso	ecting F	Roadway/	Street	
² 1	Route# Dire	ction	Name	of Intersecting	Roadway/Street					-			La	ndmarl	ζ		·l
	Please Select		e 1 1 #	Occupants	Hit/Run	☐ Moped	Crash R	Report	ID# 2	22.	_1 3	37-	AC	•			1
3	of the Followi	mK.					1										4
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	Sex. <u>M</u> Lic.	Class	Lic. Res	trictions 1	CDL Endorsemen	at	rear 2020								-	9	
⁴ 1		GGAN, MI	Fi	irst	Middle			Last			First		SER	VIC	ES I	INC	
1		9 ACUSH					ess 305 M		s S	TAN							
		BEDFORD					TAUNTON		Г	1 5 2 5 2	22					-7327 27 27	
	Insurance Comp	pany ACADIA		URANCE	COMPAN	Yehio	le Action Prior to			<u> </u>	Ц,	Damage Test Sta		Code:	2 28	2/	
⁵ 2	Vehiçle Travel I	Direction: S	EW	Responding to	Emergency? 2	Even	Sequence 97		28 433	23	23	Type of			1 29		
2	Citation # (If Iss	sued)				Most	Harmful Event	97				BAC Te		slt:	1 ³⁰		131
	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2; Ch/Sec/Si	ub	Drive	r Contributing Co	ode	-	25	25	Susp. A	lcohol;	2 31	Susp. D	orug: 2 32	97 ¹³
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Si	ub	Drive	r Distracted by	0	26			Towed f	ìrom sc	епе?	1 33		
1	Name (Last First N		for operator	r and all occupa	ants involved		DOB/Age	Sex		35 Safety System	Airbog Ej	7 38 ect Trap ude Code	39 Injury Status	40 Transp. Code	Med	ical Facility	
	Operate				See Above			X			4 0	0	10	1			
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,				<u> </u>									<u>L</u>				<u> </u>
⁷ 1	Please Select O		2 0 #	Occupants	Non-Motorist	A Type	15 Action	16 L	ocation	n	17 Cor	dition	18		Hit/Run	Moped	
1	License #		St	_ DOB/Age		Rea ž	R78395				Reg T	vne CO	<u></u>	R	eg State 1	MA.	1
	Sex Lic.	10	a		20 CDL	_	_{fear} 2018					-				21	
		iverless			Endorsemen	nt .	D AND										
⁸ 1	Address	Last	Fi	rst	Middle		ess 732 NE	Lust			First			Мі	ddle		
			State	Zin			MELROSE						A. 7	in 02	2176		1 14
	Insurance Comp			~.p			le Action Prior to		[-	11 2		Damage				27 27	
	-	Direction: NS	EW	Responding to	Emergency?		Sequence 97					Test Sta	tus:		1 28		
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⁹ 2	Ì	Sub		1 2: Ch/Saa/S	nh		r Contributing Co	<u> </u>		25	25	BAC Te			1 30	32	
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		Subease fill out for ope					. Distance by		34	35	36 3	7 38	39	40			4
	Name (Last First M	fiddle)		1	Address	-	DOB/Age	Sex			Airbag Ej Status Co	ect Trap de Code	Injury Status	Transp. Code	Med	ical Facility	-
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Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER KEVIN J SKINNER

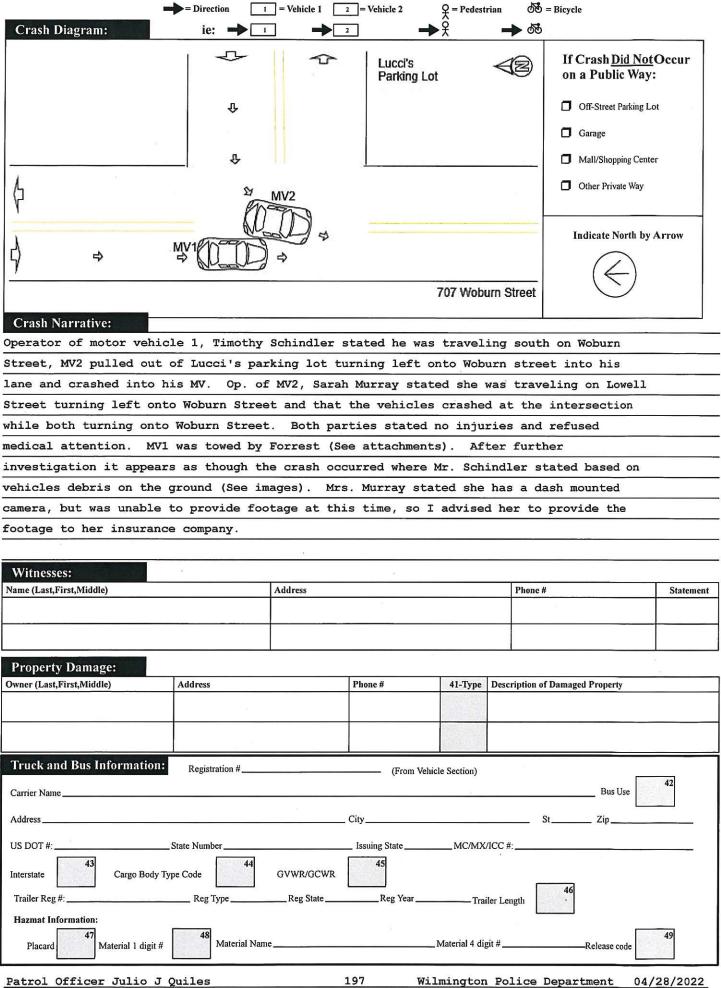
Ref: 22-137-AC

Entered: 04/28/2022 @ 1124 Entry ID: 200 Modified: 04/28/2022 @ 1127 Modified ID: 200 Approved: 04/30/2022 @ 1302 Approval ID: 180

Additional Witnesses.

Stanslow Oakes. Date of Birth - John Psehoyas. Date of Birth -

	Police Use Only Common						of Massa	ach	use	etts	}			RM	V Doc	ument N		
	Date of Crash 04/28/2022	Time of Crash		City/Town ington			icle Cra	sh		umber hicles		rad	Speed Latitu	Limit	3(Loca	Police Il Police IA Police pus Police	
	0 1, 10, 101	24HR		2119 0011	Po	lice]	Report		2		0	- 1	Longi			Cam; Othe	pus Police 📋	Ī
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	ГАТ	IN	ΓER	SEC	TION		
					•	i			70	7	WC	BU	RN	ST				2 10
¹ 1	Route# Dire	ction		Name of Roadway/St	treet		Route# Direc	tion		ess#					Roady	vay/Stree	:t	_
Т_				At			Feet	N S	EW	of			 •	_	or _			
	Route# Dire	ction		of Intersecting Roads			Feet	NE	E W		Mı	le Ma	rker			EXI	Number	4 11
				Also at Intersection v	vita				EW		Route	#		Interse	ecting	Roadway	/Street	
² 1	Route# Direc	ction	Name	of Intersecting Roads	way/Street		T.eet	<u> </u>	121	101				La	ndmar	k		-
3	Please Select (One X Vehic	le 1 1 #	Occupants Hita	/Run 🔲	Moped	Crash R	Renort	ID#	22	-1	38	3 –					1
3	of the Followi	ng.				-											MΆ	
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⁴ 1]	Lasi VERNON	F	irst	Middle		ess 170 VE	Last	•		Fi		***	~***	М	liddle		
	j			<u> </u>	6-4336		TEWKSBU					Stat	e M Z	A z	ip O .	1876	-4336	
	_			CE INSURAL			le Action Prior to			1	22					e ²⁷ 7		
	Vehicle Travel D	Direction: N	EW	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28		
)	Citation # (If Iss	sued)				Most	Harmful Event	1	24			-	pe of 7	Test: st Resu	.le-	29		
	Viol. 1: Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub		_ Drive	r Contributing Co	ode	1	25	25			cohol:		1	Drug 2 32	1 13
6	Viol. 3: Ch/Sec/	Sub	Vi-	ol. 4: Ch/Sec/Sub —	.	Drive	r Distracted by	0	26			To	wed fr	om sc	ene?	1 33	<u> </u>	
⁶ 1	Name (Lost First M		for operato	r and all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ме	edical Facility	7
	Operate			S	ee Above			X	1	1			0	10	1			1
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	Please Select C	One National	c 2 1 #	Occupants D N	N-42-4 A	T	15	16			17	Conditi		18		Hit/Run	<u> </u>	
⁷ 3	of the Followin	<u></u>			-Motorist A	Туре	Action		Locatio	n							<u> </u>	_
	License # <u>S88</u>	19 1	19	DOB/Age		_	971XK2			. 77			PC			eg State,	_ 21	
	Sex F Lic, 0	Class D RRAY, SI		E E	DL ndorsement		^{'ear} 2018 er MURRAY				OND				_ Velı	Config.	1	
⁸ 1	=	Last IMBALL	Fi	PT G13	Middle		es 6 KIME	Last			AP	şi	:13		Mi	iddle		
	City WOBUF			<u>/A</u> Zip 01801	L-6954		WOBURN							1 z	ip 0	1801	-6954	1 14
	•			RAL INSURA		Veltic	le Action Prior to	Crash	[4	22				Code:		27 27	
	Vehicle Travel D	rection: N	EW	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		st Stati			1 28 29		
⁹ 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24				pe of T C Tes	iest: it Resu	lt:	30		
2	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub	······································	Drive	r Contributing Co	de	1	25	25			ohol:		Susp. 1	Drug 2 32	
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	Ple Name (Last First M	•	erator/non-n	notorist and all occupa	ants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Trensp. Code	Me	edical Facility	
	Operato	or/Non-Mo	otorist	Se	ee Above		><	X	1	1	4	0	0	10	1			
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Wilmington Police Department Images Associated with 22-138-AC





Wilmington Police Department Images Associated with 22-138-AC





	Police Use Only Commonwealth of Massachusetts RMV Document Number																	
	Date of Crash 04/29/2022	Time of Crash	City/To Tilming	1			icle Cra	ısh		umber chicles		rad l'		Limit	4	O State Police Local Police MBTA Police]
	0472372022	24HR		COIL	P	olice]	Report		2		o Î		_atitu _ongi	ae tude_		Campus Police Other:		
		AT INTERSE	CTION:		<	LOCA	TION	>			NO.	ΓΑΤ	IN	TER	SEC	TION:		
									28	n	T.C	WE:	Г.Т.	C III	ı			2 10
1 .	Route# Dire	ction	Name	of Roadway/Str	eet		Route# Direc	tion		ress#		/112				way/Street		
1	_			At			Feet	N S	EW	of			- •		or .			
	Route# Direc	ction	Name of Inte	rsecting Roadw	ay/Street					1	Mi	le Mar	ker			Exit Number	r	8 11
			Also a	t Intersection w	ith			NS			Route	#		Interse	ecting	Roadway/Street		
² 1	Route# Direc	ction	Name of Inte	rsecting Roadw	ay/Street		Feet	N S	EW	of						······································		
	Please Select C	One 🔯	1 #0								4	20			indinar •	k		ł
³ 2	of the Followi		<u>r</u> #Occup	ants Hit/I	Run	Moped	Crash I	Report	ID#	22	<u> </u>	35	, —	AC	<u> </u>			
		10 10	St MA DO	B/Age			18MF39									Reg State MA	21	1 12
	Sex M Lic.	Class	Lic. Restriction	En	OL dorsement	. Veh Y	/ear <u>2021</u>	\	Veh Ma	ake <u>C</u>	ADI	LL	/C		Vel	n Config. 1		
⁴ 1	1	NAHUE, MI	CHAEL First	KEVIN	Middle			Last			EL Fi		IIV		М	liddle		
1]	STAGE RD				•	ess 11 ST2)								
		1SFORD		-			CHELMSF	ORD	1		33				-	1824-39		
	Insurance Comp.	any ALLSTAT					le Action Prior to			1	22		naged t Stati		Code:	1 27 8 27 2 28		
5 2	Vehicle Travel D			nding to Emerg	ency?_2			23 1		23 1	23		e of 7			29		
	,	ued)					Hannful Event	1	24	25	25			st Resi		1 30		_ 13
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: C	h/Sec/Sub ——			r Contributing Co		1 26	25	23			•	2 31		32	1
⁶ 1	Viol. 3: Ch/Sec/S	Sub				Drive	r Distracted by	0	34	35	36	Tov 37	ved fr	Om SC	ene?	2 33		
	Name (Last First M	Please fill out for	operator and al	•	Olved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject	Trap Code	Injury Status	Transp. Code	Medical Facility	у	
	Operate	or		Sec	e Above		> <	X	1	99	4	0	0	10	1			
:																		
		1-11-					<u> </u>											
7	Please Select O	ne Vehicle 2	1 #Occupa	ants Non	Motorist A	Type	15 Action	16	ocatio		17	onditio		18	 ₁₀	Hit/Run M	oped	
1	of the Followin	in -			WIOTORIST A				ocano	¹¹¹						HIVKUB WI	opea	
	License # S39	19 19	St MA_ DOE	20		-	7SC639					Туре_ _	PC_		R	eg State MA	21	
	Sex F Lic. C	Class D	Lic. Restriction	s 1 CD	Ldorsement		ear <u>2003</u>								_ Veh	Config. 1		
³ ₁	•	RPHY, KER	First	N	Middle		- MURPHY	Last			JOS Fin		1		Mi	iddle		
	City WILMI	WOBURN S		Zip 01887	-2923		ss <u>585 WC</u> WILMING'			ST		Ctoto	MA		. 01	1887-292		14
	•	any SAFETY		•			e Action Prior to		Γ	4	22				-	$6 \frac{27}{7} \frac{27}{97}$		
	Vehicle Travel Di		,	nding to Emerge			Sequence 1			23	23		Statu			1 28		
	Citation # (If Issu		Reapor	iding to Lineigo	incy:		Hannful Event		24	(1		Тур	e of T	est;		29		
2	,	iub	 Viol 2: Cl	h/Sac/Sub			Contributing Co	de [1	25	25			t Resu		1 30	32	
	Viol. 3: Ch/Sec/S		Viol. 2: Cl				-		26	I				ohol:	_	Susp. Drug. 2		
		ase fill out for operate			ıts involved				34 Sest	35 Safety	36 Airbag	37	38 Trap	39 Injury	40 Transp.		\dashv	
	Name (Last First Mic		wine		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility		
	Operato	r/Non-Moto	risi	See	Above				1	99	4 () (<u>'</u>	10	1			
											_							
										Į			- [

-	= Direction	= Vehicle 1	2 = Vehicle 2	♀ Pedestria	an 🕳 ≃	Bicycle	
Crash Diagram:	ie: →	→ [2	Ŷ	→ ॐ		
V1 (0	→ V 2					If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cent	ot
			irger King 0 Lowell Street			Other Private Way Indicate North by	Arrow
	Parking Lot			(N)	\bigcirc	
Crash Narrative:							
Sir, on April 29,I, Off	Macgilvray.	was assigne	d to s2 in max	ked uni	t 32 duri	ing the 4-12	
tour. At said time I di							
spoke to both operators							
the parking lot causing							
stated she believed she	•						
speed of V1 caused the	· · · · · · · · · · · · · · · · · · ·						
injuries reported on sc							
							
	··· , , , , , , , , , , , , , , , , , ,						
Witnesses:		Address			Phone #		T 64-14
Name (Last,First,Middle)		Address			raone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type 1	Description of I	Damaged Property	
	 			1.1.1.1.1			
Truck and Bus Information:	Registration #		(From Vehic	e Section)			
Carrier Name	•		(From Female			Bus Use	42
Address			_ City		St.	7ip	
			•			•	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Ty	/pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	46	
Hazmat Information;				Hanc			
47	48			data i i i i i i i	. ш	_	49
Placard Material 1 digit #	Iviatenal Nar	1IC	1	viaicriai 4 digit	#	Release code	
Patrol Officer Paul Mac	ailvrav		221 Wil	minator	Police D	epartment 04,	/29/2022
Police Officer Name (Please Print)	Signature			tment	Precinct/		23/2022

	Pol	lice Use Only		Com	monw	ealth (of Mass	ach	use	etts				RM	V Docu	ument Number		
	Date of Crash	Time of Crash		City/Town	Mot	or Veh	icle Cra	ish		ımber hicles	Nun Inju			Limit	25	State Police Local Police MBTA Police	 DBCO	
	04/29/2022	1719 24HR	MITI	ington	Į Į	Police 1	Report		2		o Î	,	Latitud Longit			Campus Polic Other:	× 5	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NO	ΓΑΤ	INT	ΓER	SEC'	TION:		
																		2 ¹⁰
	Route# Dire	ection	, 1	Name of Roadway/	Street		Route# Direct	ction	32' Addr		SF	\LE			Roadw	/ay/Street		
¹ 1				At														
			.,	CT	1 (6.		Feet	N S	EW	of	— — Mi	ile Mar	• ker	_	or _	Exit Numb	er	- 11
	Route# Dire	ection		of Intersecting Roa Also at Intersection			Feet	N S	E W	of								2
								N S			Route	#		Interse	cting F	Roadway/Street	(
² 1	Route# Dire	ection	Name	of Intersecting Roa	dway/Street									La	ndmark	ς		
3	Please Select		11 #	Occupants H	it/Run [Moped	Crash	Report	ID#	22	-1	4() —	AC	•			
3	of the Followi	mg.														- 1/3		
•		8416143		DOB/Ag: 20		_	1DS534										21	1 12
		Class D 19 19		L	CDL Endorsement		(ear 2014								Veh	Config. 1		
⁴ 1	1	NOZ, LUZ	Fi	irst	Middle		TABARE	Last			Fi	rst		3	Mi	ddle		
1		VILLAGE					ess 35 VI				SEN							
	1	H ANDOVE		<u>-</u>			NORTH A	NDO	VE	₹	22					1845-50	27	
	·	pany THE CO		CE INSURA	INCE CO	O Vehic	le Action Prior to			2			maged st Stat		Code:	4 ²⁷ 5 ²⁷		
5	Vehicle Travel I	Direction: XS	EW	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		pe of T			29		
	Citation # (If Iss	sued)				Most	Harmful Event	1	24				C Tes	t Resu	ılt:	30		13
	Viol, 1: Ch/Sec/	/Sub	Vic	ol, 2: Ch/Sec/Sub =		Drive	r Contributing C	ode	1	25	25	Su	sp. Ald	cohol:	2 31		2 32	1 13
⁶ 1	Viol, 3: Ch/Sec/	/Sub	Vic	ol. 4; Ch/Sec/Sub =		Drive	r Distracted by	99	26			To	wed fr	om se		2 33		
1	Name (Last First N		or operator	and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Faci	ilíty	
	Operate				See Above		×	X	1	1	4		0	10	1			
								/ 	<u> </u>									
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		<u>.</u>																
				<u> </u>				<u> </u>						<u> </u>	ļ			
⁷ 1	Please Select (of the Followi		2 2 #	Occupants No	on-Motorist A	\ Type	15 Action	16 I	ocatio	m	17	Conditi	on	18		Hit/Run 🛄 ?	Moped	
	License # SA	5940061	St MA	_ DOB/Age		Reg #	2VTT27				Reg	з Туре	PC		R	eg State MA		1
	Sex _ Lic.	19 19	7	20	CDL		_{'ear} 1999	· ,	Veh Ma	ake B						Config. 1	21	
	Operator	<u> </u>	J		Endorsement		SUTHER											
⁸ 2	Address	Last	Fi	rat	Middle	Addre	ess 4 EDW	Lasi ARD	SS	T	Fi	rst			Mi	ddle		
	City,	, P	State	_ Zip.		City_	TEWKSBU	RY				_ Stat	e M Z	z	ip 0 1	1876-00	000	1 14
	I	oany ARBELL	A MU	TUAL INS	URANCE	Vehic	le Action Prior to	o Crash		1	22	Da	mageo	l Area	Code:	1 27 2 27	27	
	Vehicle Travel I	Direction: XS	EW	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23	Tes	st Stati	us:		28		
0	Citation # (If Iss	sued)		•		Most	Harmful Event	1	24				pe of T			29 30		
⁹ 2		/Sub	Vic	ol 2: Ch/Sec/Sub		Drive	r Contributing C	ode	19	²⁵ 5	25			t Resu cohol:			32	
	Viol, 1; Ch/Sec/			ol. 4; Ch/Sec/Sub =			r Distracted by	99	26		نــــــن		-	om sc		2 33	=	
		ease fill out for oper			ipants involve		1	<u> </u>	34 Scat	35 Safety	36 Airbag	37 Eject	38 Trup	39 Injury	40 Transp.	·		}
	Name (Last First M		4 = * 4	<u> </u>	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Fac	ility	
	Operate	or/Non-Mo	orist		See Above			u	1	1	4		0	10	1			
	}-				- <u> </u>		[+	3	1	4	0	0	10	1			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	D = Bicycle	
Crash Diagram:	ie: 👈 🔟	_ →□	2	≯ ₹	→ 85	
,					If Crash <u>Did</u> on a Public	
					5	
(A) 4		\$			Off-Street Par	king Lot
		(40) (40)			☐ Garage	1
					☐ Mall/Shopping	g Center
					Other Private	Way
⇒	(D2)		⇒		Indicate Nor	
<u>5</u>	327 Salen	n Street			\overline{A} \overline{A}	
	021 001011	1 011001				
Crash Narrative:						
MV1 was traveling nort	hbound on Salem	Street to	wards Ballar	dvale Stre	et. MV2 was also	
traveling northbound	n the area of 3	327 Salem S	treet. MV1 v	as traveli	ng straight ahead	and
slowed down in traffic						
MV1. MV1 suffered mind	or rear end and	right rear	damage. MV2	suffered i	minor front end and	d .
front right end damage	. None of the o	occupants in	n either veh	icle were	injured. Both	
vehicles were able to	be driven from	the scene.	The WFD res	ponded to	scene and obtained	
medical refusals for h	oth juvenile oc	cupants of	MV2 from th	eir parent	s. All parties the	n.
departed the scene.						
			4.2			
		and the second				
Witnesses:					,	
Name (Last,First,Middle)		Address			Phone #	Statement
* a						
-						
Property Damage:	(a)					
Owner (Last, First, Middle)	Address	×	Phone #	41-Type De	escription of Damaged Property	
_ l						
Truck and Bus Information			(From V	ehicle Section)	Bus Us:	42
Carrier Name						
Address			City		St Zip	
US DOT #:	State Number	480	_ Issuing State	MC/MX/ICO	C#:	
Lutaratata 43	y Type Code	GVWR/GCWR	45			
					46	11
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	× 12
Hazmat Information:	48					49
Placard Material 1 digit	# Material Nam	ne	Š	Material 4 digit #	Release cod	e 49
Patrol Officer Michael					Police Department	04/29/2022
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks	Date

Date of Crash	lice Use Only	Com	monweal	th of Massa	chu <u>sett</u>	S	RM	V Docum	ent Number	
10/1/20/2022	Time of Crash 2014 Wil	City/Town Lmington	Motor V	Vehicle Cras	h Number Vehicle		Speed Limit Latitude	15	State Police Local Police MBTA Police Campus Police	
04/29/2022	2014 W11	LMIIII COII	Poli	ce Report	2	0	Lantude Longitude		Campus Police Other:	i
	AT INTERSECT	TION:	< L(OCATION >		NOT A	T INTER	SECTI	ION:	
					0.60					2
Route# Direc	ction	Name of Roadway/5	Street	Route# Direction	260 Address #	MAI	Name of	Roadway	/Street	- -
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Route# Direc	ction N	Jame of Intersecting Road	lway/Street	Feet N	DEM of	Mile M	arker	or	Exit Number	上
Troutes Billo		Also at Intersection		Feet N	S E W of	· · · ·			1 (54)	3
				Feet N	S E W of	Route#	interse	cting Koa	adway/Street	
Route# Direc	ction N	lame of Intersecting Road	Iway/Street	L			La	ndmark		
Please Select O	One Vehicle 11	#Occupants Hi	t/Run 🔲 Mo	ped Crash Re	ort ID# 2 2	2-14	1-AC	;		
	<u> </u>	MA_DOB/Age		Reg # 1VX412		Reo Tva	e PC	Rea	State MA	┪
Sex F Lic.		20	CDL	Veh Year 2011					21	1
	LINOSKI, L		Endorsement	Owner KALINOS				- 1011 C1	omie. [—	r
	Last WAIN WEST	First	Middle	Address 1 SWAIN		First		Middle	•	
	INGTON St		3-1052	City BURLINGT			ote MA 7	in 018	303-1052	
•	pany AMICA MUT			Vehicle Action Prior to C			Damaged Area			
Vehiçle Travel E	· .	_		Event Sequence 223	23 23		est Status:		28	ł
	sued)	.	ergency:	Most Harmful Event	24		ype of Test:		29	
•	Sub			Driver Contributing Code	26	25	AC Test Rest		30	
				Driver Distracted by	26		usp. Alcohol: owed from sc		Susp. Drug 2 32	۴
viol. 3: Cn/Sec/	SubPlease fill out for one	erator and all occupants i		Diver Distracted by	34 35	36 37	38 39	40		4
Name (Last First M	•		Address	DOB/Age	Sex Pos. Syste		Trap Injury Code Status	Transp. Code	Medical Facility	4
Operate	or		See Above		1 99	4 0	0 10	1		

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Please Select (One Vehicle 21	#Occupants No	on-Motorist A Tyr	ne 15 Action	6 Location	17 Cond	18		t/Run Mope	ַוֹר.
	ng: Venicle 22		on-Motorist A Typ	[28]353] [3543	Location				/Kun [Wlope	4
of the Followin	6050420 GT	MA_ DOB/Age		E1 40-1177 A			. פר		3.77	
	10 10		•	Reg # <u>5MCY70</u>		Reg Typ	e EC	Reg	State MA 21	-
License # SA	19 19	. Restrictions 20	CDL Endorsement	Veh Year 2018		KIA	e_ E	Reg. Veh Co	21	-
License # SA	19 19	. Restrictions 20		Veh Year 2018 Owner MCLANE,	KATHL	KIA EEN P	e <u>- E </u>	•	onfig. 1 21	-
License # SA S Lic. (Operato	19 19	. Restrictions	Endorsement	Veh Year <u>2018</u> Owner <u>MCLANE</u> Las Address <u>491 ME</u>	KATHL	KIA EEN P First		Veh Co	onfig. 1 21	- - -
License # SA Lic. (Operato Address.	Class D 19 19 Lic.	Restrictions 20	Endorsement Middle	Veh Year 2018 Owner MCLANE,	KATHL HUEN S	KIA EEN P First T	ate MA 2	Veh Co	onfig. 1 21	
License # .SA . S. Lic. (Operato Address.	Class D 19 19 Lic.	Restrictions 20	Endorsement Middle	Veh Year <u>2018</u> Owner <u>MCLANE</u> Las Address <u>491 ME</u>	KATHL THUEN S Tash 4	EEN P First St 22	ate MA 2	Veh Co	onfig. 1 21	
License # .SA. S. Lic. 0 Operato Address. City Insurance Comp	Class D 19 19 Lic. Statement THE COMME	Restrictions 20	Middle NCE CO	Veh Year 2018 Owner MCLANE Las Address 491 MET City DRACUT Vehicle Action Prior to C Event Sequence 1 23	KATHL CHUEN S ash 4 23 23	EEN P First S1 22 1 23	ate MA 2	Veh Co	onfig. 1 21 326-5214 27 27 27	
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License # .SA. S Lic. 0 Operato Addres City Insurance Comp Vehicle Travel E Citation # (If Iss	Class D 19 19 Lic. Standary THE COMME Direction: N E W	Restrictions 20 PHAI TERCE INSURA Responding to Eme	Middle NICE CO ergency? 2	Veh Year 2018 Owner MCLANE Las Address 491 MET City DRACUT Vehicle Action Prior to C Event Sequence Most Harmful Event Driver Contributing Code	**EATHL STATE CHUEN STATE STATE	SI S	ate MA 2 Damaged Area est Status: type of Test: AC Test Resu usp. Alcohol:	Veh Co Middle Cip O18 Code: 2	21 21 326-5214 27 27 27 28 29 30 Susp. Drug 2 32	
License # .SA. S Lic. 0 Operato Addres City Insurance Comp Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/5	Class D 19 19 Lic. Standary THE COMME Direction: N E W Sub	Restrictions 20 PHAI ALE _ Zip ERCE INSURA Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —	Middle NCE CO ergency? 2	Veh Year 2018 Owner MCLANE Las Address 491 MET City DRACUT Vehicle Action Prior to C Event Sequence Most Harmful Event Driver Contributing Code	**EHUEN S	KIA EEN P First St 222 1 23 1 1 1 1 1 1 1 1 1 1 1 1 1	ate MA 2 Damaged Area lest Status: lype of Test: lAC Test Rest usp. Alcohol: lowed from sc	Veh Co Middle Cip O18 Code: 2 ult: 2 31 sene? 2	326-5214 27 27 27 28 29 30	
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License # SA S Lic. 0 Operato Addres City Insurance Comp Vehicle Travel D Citation # (If Iss Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	Class D 19 19 Lic. Standary THE COMME Direction: N E W Sub Sub Case fill out for operator/n fiddle)	Restrictions 20 That 2 Ip ERCE INSURA Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — non-motorist and all occur	Middle NCE CO ergency? 2 pants involved Address	Veh Year 2018 Owner MCLANE, Last Address 491 MFT City DRACUT Vehicle Action Prior to C Event Sequence 1.23 Most Harmful Event 2.23 Driver Contributing Code Driver Distracted by	### TATHL CHUEN S Cash 4 23 23 24 12 25 34 35 Sait Safe System System System System System Safe System System Safe System System System Safe System System System Safe Safe System System Safe Safe System System Safe Safe System System System Safe Safe Safe System System Safe Safe Safe Safe Safe System Safe Safe Safe Safe Safe System Safe Saf	SI	ate MA 2 Damaged Area lest Status: lype of Test: AC Test Rest usp. Alcohol: lowed from sc 38 39 Trap Gode Trap Gode Status	Veh Co	326-5214 27 27 27 28 29 30 Susp. Drug 2 32	

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 🚳	= Bicycle		
Crash Diagram:	ie: → [→	2	▶ १	→ №			
	· · · · · · · · · · · · · · · · · · ·			Market Ba			h <u>Did Not</u> O ıblic Way:	Decur
			f	^p arking L	ot	Ø Off-St	reet Parking Lot	
•						☐ Garag	:	
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,						Other	Private Way	
			i Anna			Indica	te North by A	rrow
		4	200			($\overline{\Rightarrow}$	
-			B					
Crash Narrative:								
MV1 was parked in a	parking space,	facing south	bound, in th	e Market	Basket	parking :	lot	
located at 260 Main	Street. The ope	rator of MV1	was sitting	inside l	ner vehi	cle. MV2	was	
driving in the parki	ng lot and trie	ed to turn le	ft into the	open parl	cing spa	ce to the	e left	
of MV1. MV2 took too	wide of a left	turn and co	llided with	the rear	left en	d of par	ced	
MV1. MV1 suffered ve	ry minor left r	ear end dama	ge. MV2 suff	ered ver	y minor	front ri	jht end	
damage. Both vehicle	s were able to	be driven fr	om the scene	and the	re were	no injur	ies to	
either operator.								
		.,						
Witnesses:					1			
Name (Last, First, Middle)		Address	- · · · · · · · · · · · · · · · · · · ·		Phone	7		Statement

Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Pro	perty	
Truck and Bus Informati	On: Registration#		(From Ve	chicle Section)			<u> </u>	42
Carrier Name							Bus Use	<u> </u>
Address			City			St 2	ip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	<u></u>		
Interstate Cargo Be	ody Type Code	GVWR/GCWR	45		_			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46		
Hazmat Information:						<u></u>		
Placard 47 Material 1 di	git # 48 Material	Name		Material 4 di	git #	——Rele	ase code	49
Patrol Officer Michae	el A Wilson		209 W	ilmington	Police	Departme	nt 04/2	29/2022

	ice Use Only	Com	monweal	th of Massa	chuse	tts		RMV	Document	
Date of Crash 04/30/2022	Time of Crash	City/Town mington		Vehicle Cras	h Nur Veh		nber Spee	d Limit	Loc ME	te Police Cal Police STA Police Cal Police Cal Police Cal
04, 30, 2022	24HR		4	ce Report	1	0		itude		mpus Police
	AT INTERSECT	TION:	< L0	OCATION >		NO'	T AT IN	TERS	ECTIO	<u>V:</u>
					32	B/	ALLAR	DVAT.	E ST	
Route# Direc	tion	Name of Roadway/S	Street	Route# Directi					oadway/Stro	eel
		At		Feet 1	N S E W	of — -		• (or	
Route# Direc	etion Na	ume of Intersecting Road	lway/Street			M	le Marker		Ex	it Number
		Also at Intersection	with	Feet 1	S E W	of		Intersect	ing Roadwa	av/Street
Route# Direc	tion No	une of Intersecting Road	lway/Street	Feet L	SEW	of				
		1		l -				Land	mark	
Please Select O of the Followin	ne ng: Vehicle 11	#Occupants Hi	t/Run 🔲 Mo	pped Crash Re	port ID# 2	22-1	.42-	-AC		
License # S14	4566645 St 1	A DOB/Age	······································	Reg # 2CEM11		Re	g Type P (3	Reg Stat	е МА
Sex M Lic. (19 19 Lic.	Restrictions 99	CDL	Veh Year 2007	Veh Mal	œ <u>Jee</u> r	•		Veh Config	1 ²¹
Operator JOS	SEPH, YOUR		Endorsement	Owner JOSEPH		I E				
	Last	APT FL2	Middle	Address 120 LY	ME ST		FL2		Middle	
	E N Sta	te MA Zip 0214	8-5818	City MALDEN			State M	Z Zip	0214	8-5818
=	any PROGRESSI			Vehicle Action Prior to	Crash	22	Damag	ed Area C	ode: 4 27	27 27
Vehicle Travel D		1		Event Sequence 20	3 23	23 23	Test St	atus;	1 28	
Citation # (If Issi	ued)				35 ²⁴		Type o		29 30	
-	Sub	_ Viol. 2: Ch/Sec/Sub		Driver Contributing Cod		25		est Result:		Drug 2 32
Viol. 3: Ch/Sec/S		Viol. 4; Ch/Sec/Sub -		Driver Distracted by	99 26			from scen		, 1=
TION S. CLEBCON		rator and all occupants i			34	35 36 Safety Airbag	37 38 Eject Tro		40 mansp.	J
Name (Last First Mi			Address	DOB/Age	Sex Pas.	System Status	Code Cod	e Status (Code 1	Medical Facility
Operato)r		See Above		X 1	99 4	0 0	10 1		
Please Select O		#Occupants No	n-Motorist A Tv	ne 15 Action	16 Location	17	Condition	18	☐ Hit/Ru	n Moped
of the Followin	1g: —		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Section Section		\$15,850	<u> </u>			
License #		DOB/Age		Reg #					_ Reg State	21
Sex Lic. C	Class 19 19 Lic.	Restrictions	CDL Endorsement	Veh Year	Veh Mal	(e			Veh Confiț	g,
				_						
	Last	First	Middle		sı.	F	rst		Middle	
Address				Address	si	F				
Address	Sta	teZip		Address	Γ		State	Zîp		27 27
Address	Sta	teZip		Address City Vehicle Action Prior to 0	Crash	22	State	ed Area C		1
Address	Sta	teZip		AddressCityVehicle Action Prior to 6 Event Sequence2	Crash Crash 3 23		State Damag	ed Area C atus:	ode: 27	· I
Address City Insurance Compa Vehicle Travet D Citation # (If Issu	StampStampStampStampStampStampStampStampStampStampStamp	teZip	ergency?	Address City Vehicle Action Prior to 0	Crash [3] 23 24	22 <u>2</u> 23 23	State Damag Test St Type o	ed Area C atus:	ode: 27 28 29	
Address City Insurance Compa Vehicle Travet D Citation # (If Issu	Sta	teZip	ergency?	AddressCity	Crash [3] 23 24 e	22	State Damag Test St Type o BAC T Susp. A	ed Area C atus: f Test: est Result:	ode: 27 28 29 30 31 Susp	. Drug. 32
Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	Stany	Responding to Eme	ergency?	Address City Vehicle Action Prior to 6 Event Sequence2 Most Harmful Event	Crash [3] 23 24 e 26	22] 23 23 5 25	State Damag Test St Type o BAC T Susp. A	ed Area C atus: f Test: est Result: alcohol: from scen	ode: 27 28 29 30 31 Susp e? 33	. Drug. 32
Address City Insurance Compa Vehicle Travel D Citation # (If Issu Viol. 1: Ch/Sec/S	StamyStampy_Stampy_S	Responding to Eme	ergency?	AddressCity	23 24 e 26 26 26	22 <u>2</u> 23 23	State Damag Test St Type o BAC T Susp. A	ed Area Catus: f Test: est Result: clookol: from scen	ode: 27 28 29 30 31 Susp e? 33	. Drug. 32
Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple: Name (Last First Mi	StamyStampy_Stampy_S	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occu	ergency?	Address	23 24 e 26 26 26	22 23 23 25 25	State Damag Test St Type o BAC T Susp. A Towed	ed Area Catus: f Test: est Result: clookol: from scen	ode: 27 28 29 30 31 Susp e? 33	. Drug: 32
Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple: Name (Last First Mi	StanyStanyStanyStanyStanyStanyStanyStanyStany_St	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occu	pants involved	Address	23 24 e 26 Sex Pos.	22 23 23 25 25	State Damag Test St Type o BAC T Susp. A Towed	ed Area Catus: f Test: est Result: clookol: from scen	ode: 27 28 29 30 31 Susp e? 33	. Drug: 32
Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple: Name (Last First Mi	StanyStanyStanyStanyStanyStanyStanyStanyStany_St	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occu	pants involved	Address	23 24 e 26 Sex Pos.	22 23 23 25 25	State Damag Test St Type o BAC T Susp. A Towed	ed Area Catus: f Test: est Result: clookol: from scen	ode: 27 28 29 30 31 Susp e? 33	. Drug: 32

-	= Direction 1	= Vehicle 1	= Vehicle 2	오 = Pedesti	rian 👼	= Bicycle	
Crash Diagram:	ie: 👈 🔟] → [:		> X	→ ∞		
√ 2		L.C.	ckwood Rd			If Crash <u>Did N</u> on a Public Wa	iy:
Ballardvale St	**************************************	**************************************				Off-Street Parking	; Lot
						☐ Garage	
						Mall/Shopping Co	enter
						Other Private Way	,
	a \$					Indicate North	oy Arrow
		(()					
Rock Wall 32 Ballardvale St	⇒ Utility Pole					(\leftarrow)	
Crash Narrative:		A					
Brief summary. On 4/30/: Ballardvale St. Traffic							<u></u>
MV. The 2nd MV was repor							
oppl and left without gr							
involved or took any dar							d
when looked back traffic	c was stopped	for a car t	urning L on	to Lockwo	ood. Oppl	admitted to	
be going faster than sho	ould have and	turned towa	rds curb to	avoid c	cash. MV	hit rock wal	1
owned by 32 B-vale drove							
caused MV1 to damage rea		flat) (see	images). MV1	L towed 1	oy A&S to	Firestone.	
Inventory completed. No	injuries.						
3327							
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
100000000000000000000000000000000000000							
Property Damage: Owner (Last,First,Middle)	Address	· · · · · · · · · · · · · · · · · · ·	Phone #	41 Tuno	Description of	Damaged Property	
DOUCETTE TRACY M	32 BALLARDVALE ST W	IILMINGTON MA 01	1 Hone #	gripacykigt.	ROCK W		
DOOCH 1 11401 1					TOCIC II		
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name						Bus Use	42
Address			City			L St Zio	
US DOT #:						•	
US DOT #:	State Number44		Issuing State	WIC/NIX	100 #		
Interstate Cargo Body Ty	pe Code Reg Type	GVWR/GCWR	Dea Veer	m .		46	
Trailer Reg #:	Reg type	xog state	rog real	Trai	ier Length		
Placard 47 Material 1 digit #	48 Material Nam	e		_Material 4 dig	git #	Release code	49
Patrol Officer Joseph A Fig	rzgerald		215 Wi	lminaton	Police	Department 0	4/30/2022

Wilmington Police Department Images Associated with 22-142-AC





	Pol	lice Use Only	wealth	alth of Massachusetts							RMV Document Number						
	04/30/2022 1327 Wilmington				tor Veh	r Vehicle Crash Number Number Vehicles Injured						Speed Limit 35 State Police Local Police MBTA Police			. 50		
	04/30/2022	24HR	riming	Pol		lice Report			2 1			ngitude	I Carn		ice 🖸		
	AT INTERSECTION:			<	< LOCATION > NOT AT INTERSECTI							TION:					
																2 10	
	Route# Dire	ection		Route# Direction Address# MAIN ST Name of Roadway/Street													
¹ 1				Feet NSEW of — or Or Exi													
	Route# Dire	ection	t										ber	2 11			
	Kouica Dic	edon .		Feet NSEW of Poutett Interpolating Readings/Street													
				Feet NSEW of Intersecting Roadway/Street													
² 1	Route# Dire	ection	t	Landmark													
3	Please Select		Moped	oped Crash Report ID# 22-143-AC													
,	of the Followi	mg.			<u> </u>									- \/3			
	10 10 70										Reg Type PC Reg State MA						
	Sex F Lic, Class Lic, Restrictions CDL Veh Year 2015 Veh Make ACURA Veh Config. 2																
⁴ 1	1	TALIEN, D	First	Middle			Last			C Fin	it		М	iddle			
1	Address 216 PELHAM ST Address 216 PELHAM ST																
	City PEMBROKE State MA Zip 02359-3720 City PEMBROKE State MA Zip 02359-										, , , , , , , , , , , , , , , , , , , ,						
	Insurance Comp	pany AMICA M	UTUAL I	NSURANCE (CO Vehic	ele Action Prior to				22		iged Are Status:	a Code:	5 ²⁷ ²⁷	27		
⁵ 2	Vehicle Travel I	Direction: SE	W Respon	ding to Emergency? 2	Even	Sequence 1	23 2	23 24	23	23		of Test:		29			
2	Citation # (If Issued) Most Harmful Event											Test Res	sult:	30		13	
	Viol. 1: Ch/Sec/	/Sub ————	Drive	Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug 32													
⁶ 1	Viol, 3; Ch/Sec/	/Sub	Drive	r Distracted by	0	26			Towe	d from s	cene?	1 33					
1	Please fill out for operator and all occupants involved Name (Last First Middle) Address DOB/Age St									36 Airbag Status	Eject To	ap Injury	40 Transp. s Code	Medical Fa	cility		
	_	Name (Lost First Middle) Address Operator See Above					Sex	Pos. System Status Code 1 1 4 0						,			
						/ \	* 1	7	4	4 (0	10	1				
				1	1-			4 (10	1						
				•		1	1	-	-	• '		10	1				
							Щ							<u> </u>		ļ	
⁷ 1	Please Select O of the Followi		1 #Occupan	ts Non-Motoris	t A Type	15 Action	16 L	ocatio	n	17 C	ondition	18		Hit/Run	Moped		
	License # S8	5718985 :	56 Reg #	3510XL				Reg	Туре _Е	C	R	eg State MA		1			
	Sex F Lic.	10 10	Lic. Restrictions	20								21					
		LAMED, JO	πŧ	Veh Year 2012 Veh Make ACURA Veh Config. 1 Owner MELAMED, JOYCE													
⁸ 1	_	REENBRIAF		Last First Middle Address 3 GREENBRIAR DR APT 305													
	City N REA		2 City	City N READING State MA Zip 01864-3132													
City N READING State MA Zip 01864-3132 City N READING Insurance Company LM GENERAL INSURANCE COMP Vehicle Action Prior to Crash										22	Damaged Area Code: 1 27 27 27						
	Vehicle Travel D	5 A T		Event Sequence 1 23 23 23 23 Test Status: 28													
	Citation # (If Iss	E-3-1		Most Harmful Event 1 24 Type of Test: 29													
⁹ 2	`	Sub —	West 2: Chi	(Caa/Cub		r Contributing Co		 19 ²	25	25		Test Res		30	32		
				Driver Contributing Code 19 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 99 26 Towed from scene? 1 33													
		/iol. 3: Ch/Sec/SubViol. 4: Ch/Sec/SubPlease fill out for operator/non-motorist and all occupants involved						34	35	36	37 3	8 39	40	<u>- </u>		4	
	Name (Last First M	diddle)		Address		DOB/Age	Sex	Pos,	System	Status	Code Co	ap Injury Kie Status	Code	Medical Fa	cility		
	Operate	or/Non-Moto	rist	See Above			X	1	99 :	1 (0	8	1				
											T						

