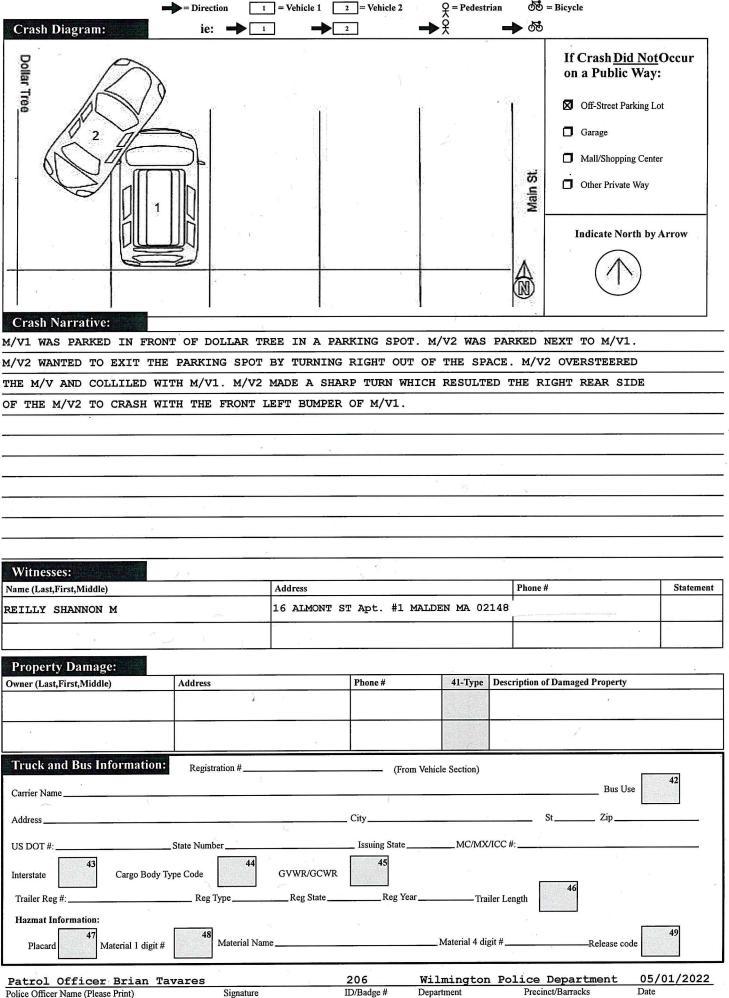
Date of Crash Time of Crash		on wearth	of Massach	usetts		KWI V Docum	ment Number	
10- /04 /0000 1 001 TT-	City/Town	Motor Veh	icle Crash		Number Speed	d Limit 10	State Police Local Police MBTA Police Campus Police	
05/01/2022 1901 Wi]	lmington	Police :	Report	2 0	Laun	itude	Campus Police Other:	í
AT INTERSEC	TION:	< LOCA	TION >	N	OT AT IN	TERSECT	ΓΙΟΝ:	
V.	p					4		2
Route# Direction	Name of Roadway/Stree	et .	Route# Direction	231 Address #	MAIN S	T ame of Roadwa	ay/Street	-
September Septem	At							
	Name of Intersecting Roadway		Feet NS	E W of —	Mile Marker	• .— or _	Exit Number	<u> </u>
Route# Direction N	Also at Intersection with		Feet N S	E W of		1		4
	*		Feet N S	E W of	oute#	Intersecting R	oadway/Street	-
Route# Direction N	lame of Intersecting Roadway	y/Street		_		Landmark	V	_
Please Select One Vehicle 10	#Occupants Hit/Ru	un Moped	Crash Report	ID# 22 -	144-	AC	u.	
of the ronowing:					A7 32 Value 2000		- 1/3	-
19 19	DOB/Age		# <u>275ZE4</u>				21	7 7
Sex Lic. Class Lic		orsement	Year 2014				Config.	
Operator Driverless M	First	Middle	er GANDHI, Last		First	Mid	dle	-
Address		The Production	ess 22 OLD H	ASWELL			040 0555	-
CitySt			MIDDLETON	22			.949-2304 27 27 27 27	-
Insurance Company GOVERNMEN			cle Action Prior to Crash	Southern Property]	ed Area Code:	3 ²⁷ 27 27 . 28	
Vehicle Travel Direction: SEW	Responding to Emerger	ncy? 2 Even	t Sequence 1 23	23 23 2:	Type of		29	
Citation # (If Issued)	<u>B</u>	Mosi	Harmful Event	24	BAC Te	est Result:	1 30	<u> </u>
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 Susp. A	lcohol: 2 31	Susp. Drug: 2 32	2
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		from scene?	2 ,33	
Please fill out for ope	erator and all occupants invol	lved	DOB/Age Sex	Seat Safety Air	66 37 38 rbag Eject Trap atus Code Code	39 40 Injury Transp. Status Code	Medical Facility	
Operator		Above	X	1			8	
1 20 20 20 20 20 20 20 20 20 20 20 20 20					- 26			_
				1 1 1	1 1			
								-
(d		ž _{ij}				
	9							
Please Select One of the Following:	#Occupants Non-M	Motorist A Type	15 Action 16 I	ocation 1	7 Condition	18	lit/Run 🔲 Mope	1
of the Following:	#Occupants Non-M		15 Action 16 I	ocation	7 Condition		lit/Run Mope	
of the Following: Venicle 22 License # SA5930570 St 3	MA DOB/Age 20 CDL	4 Reg	Action	Location	Condition Reg Type PC	Re ₁	g State MA	i
of the Following: Venicie 22 License # SA5930570 St. Sex _ Lic. Class D D D License License License D D D License License D D D D License D D D License D D D D D License D D D D D License D D D D License D D D D D D License D D D D D D D D D D D D D D D D D D D	MA DOB/Age c. Restrictions B CDL Endo	4 Reg	Action I	Veh Make HO	Condition Reg Type PC	Republication of the Police of	g State MA Config. 1	i -
of the Following: Venicite 22 License # SA5930570 St 3 Sex _ Lic. Class D D D Lic Operator	MA DOB/Age c. Restrictions B CDL Endo	4 Reg	Action I I I I I I I I I I I I I I I I I I I	Veh Make HO	Condition Reg Type PC NDA Y First	Re ₁	g State MA Config. 1	1
of the Following: Venicite 22 License # SA5930570 St J Sex _ Lic. Class D D D Lic Operator Addres	MA DOB/Age c. Restrictions B CDL Endo	4 Reg	Action I I I I I I I I I I I I I I I I I I I	Veh Make HOLELIAN	Condition Reg Type PC NDA First	Rep. Veh (g State MA Config. 1	-
of the Following: Venicite 22 License # SA5930570 St 3 Sex _ Lic. Class D D D Lic Operator Addres City St	MA_ DOB/Age c. Restrictions B 20 CDL Endo	1 Reg Veh orsement Own Middle Addu	Action I I I I I I I I I I I I I I I I I I I	/eh Make HO	Condition Reg Type PC NDA Y First State M	Rep. Veh (g State MA Config. 1 21	-
of the Following: Verific 22 License # SA5930570 St 3 Sex _ Lic. Class D D D Lic Operator Addres City St Insurance Company USAA CASU	MA DOB/Age c. Restrictions B CDL Endo	1 Reg Veh orsement Own Middle Addu City.	Action I I I I I I I I I I I I I I I I I I I	Veh Make HO	Condition Reg Type PC NDA Y First Damage	Rep. Veh (g State MA Config. 1 21 dle 803-3252 3 27 27 27 1 28	-
Of the Following: Venicite 22 License # SA5930570 St 3 Sex _ Lic. Class D D D Lic Operator Addres City St Insurance Company USAA CASI Vehicle Travel Direction: N S W	MA DOB/Age 20 CDL Ende	4 Reg Vehrorsement Own Middle Addr City NCE C Vehroncy? 2 Even	Action I I I I I I I I I I I I I I I I I I I	Veh Make HOLLEY AVE	Condition Reg Type PC NDA Y First State M Damage Test Sta Type of	Rep. Veh O. Midden A. Zip O.1 and Area Code: Intus:	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29	-
Of the Following: Venicle 22 License # SA5930570 St 3 Sex _ Lic. Class D D D Lic Operator Addres City St Insurance Company USAA CASI Vehicle Travel Direction: N S W Citation # (If Issued)	MA_DOB/Age DOB/Age CDL Ende Z1 UALTY INSURAN Responding to Emerger	4 Reg Veh orsement Own Middle Addu City NCE C Vehi ncy? 2 Even	Action I I I I I I I I I I I I I I I I I I I	Veh Make HOLETIAN LEY AVE 3 22 23 23 23 2	Condition Reg Type PC NDA Y First Damage Test Sta Type of BAC Te	Rej Veh (Midd A Zip O1 ed Area Code: titus: Test: est Result:	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29 1 30	1 1
City St Insurance Company USAA CASI Vehicle Travel Direction: N S W Citation # (If Issued) Viol. 1: Ch/Sec/Sub	MA_ DOB/Age 20 CDL Ende 21	1 Reg Veh orsement Own Middle Addr City. NCE C Vehic ncy? 2 Even Mos	Action I I I I I I I I I I I I I I I I I I I	Veh Make HOLLEY AVE	Condition Reg Type PC NDA Y First Damage Test Sta Type of BAC Te Susp. A	Rep. Veh O. Midden A. Zip O.1 and Area Code: Intus:	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29	- - 1
Of the Following: Venicite 22 License # SA5930570 St J Sex _ Lic. Class D D D Lic Operator Addres City St Insurance Company USAA CASI Vehicle Travel Direction: N S X W Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub	MA_DOB/Age DOB/Age CDL Ende Z1 UALTY INSURAN Responding to Emerger	4 Reg Substitution Reg	Action I I I I I I I I I I I I I I I I I I I	Veh Make HO	Condition Reg Type PC NDA Y First Damage Test Sta Type of BAC Te Susp. A Towed	Report Notes that the second of the second o	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29 1 30 Susp. Drug. 2 32 2 33	- - 1
License # SA5930570 St. Sex _ Lic. Class D D D Lic Operator Addres City St. Insurance Company USAA CASI Vehicle Travel Direction: N S WW Citation # (If Issued) Viol. 1: Ch/Sec/Sub Please fill out for operator/ Name (Last First Middle)	MA_ DOB/Age 2. Restrictions B 20 CDL Ende 2. Zi UALTY INSURAN W Responding to Emerger — Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub	4 Reg Substitution Reg	Action I I I I I I I I I I I I I I I I I I I	Veh Make HO SELIAN	Condition Reg Type PC NDA Y First Damage Test Sta Type of BAC Te 25 Susp. A Towed Towed	Report Notes of the second of	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29 1 30 Susp. Drug. 2 32	1 1
of the Following: License # SA5930570 St. Sex _ Lic. Class D D D Lic Operator Addres City St. Insurance Company USAA CASI Vehicle Travel Direction: N S X W Citation # (If Issued) Viol. 1: Ch/Sec/Sub Please fill out for operator/	MA_ DOB/Age 2. Restrictions B 20 CDL Ende 2. Zi UALTY INSURAN W Responding to Emerger — Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub	4 Reg Veh Own Middle Addr City. NCE C Vehi ncy? 2 Even Most Driv. ts involved	Action 1 # 597EK9 Year 2008 Year 2008 Year PARRY JE Last TESS 7 WELLES BURLINGTON Cle Action Prior to Crash at Sequence 1 23 At Harmful Event 1 The Contributing Code The Contributing Code	Contain Cont	Condition Reg Type PC NDA Y First Damage Test Sta Type of BAC Te Susp. A Towed Towed Towed	Rej Veh (Midd A Zip O1 ed Area Code: itus: Test: est Result: clohol: a 31 from scene? a 39 a 40 lajuy Transp.	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29 1 30 Susp. Drug. 2 32 2 33	1 1
License # SA5930570 St. Sex _ Lic. Class D D D Lic Operator Addres City St. Insurance Company USAA CASI Vehicle Travel Direction: N S X W Citation # (If Issued) Viol. 1: Ch/Sec/Sub Please fill out for operator/in Name (Last First Middle)	MA_ DOB/Age 2. Restrictions B 20 CDL Ende 2. Zi UALTY INSURAN W Responding to Emerger — Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub	4 Reg Substitution Reg	Action 1 # 597EK9 Year 2008 Year 2008 Year PARRY JE Last TESS 7 WELLES BURLINGTON Cle Action Prior to Crash at Sequence 1 23 At Harmful Event 1 The Contributing Code The Contributing Code	Veh Make HO SELIAN	Condition Reg Type PC NDA Y First Damage Test Sta Type of BAC Te 25 Susp. A Towed Towed	Report Notes of the second of	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29 1 30 Susp. Drug. 2 32 2 33	1 1
License # SA5930570 St. Sex _ Lic. Class D D D Lic Operator Addres City St. Insurance Company USAA CASI Vehicle Travel Direction: N S WW Citation # (If Issued) Viol. 1: Ch/Sec/Sub Please fill out for operator/ Name (Last First Middle)	MA_ DOB/Age 2. Restrictions B 20 CDL Ende 2. Zi UALTY INSURAN W Responding to Emerger — Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub	4 Reg Substitution Reg	Action 1 # 597EK9 Year 2008 Year 2008 Year PARRY JE Last TESS 7 WELLES BURLINGTON Cle Action Prior to Crash at Sequence 1 23 At Harmful Event 1 The Contributing Code The Contributing Code	Veh Make HO SELIAN	Condition Reg Type PC NDA Y First Damage Test Sta Type of BAC Te 25 Susp. A Towed Towed	Report Notes of the second of	g State MA Config. 1 21 ddle 803-3252 3 27 27 27 1 28 29 1 30 Susp. Drug. 2 32 2 33	1 1



Police Officer Name (Please Print)

Signature

ID/Badge #

Date

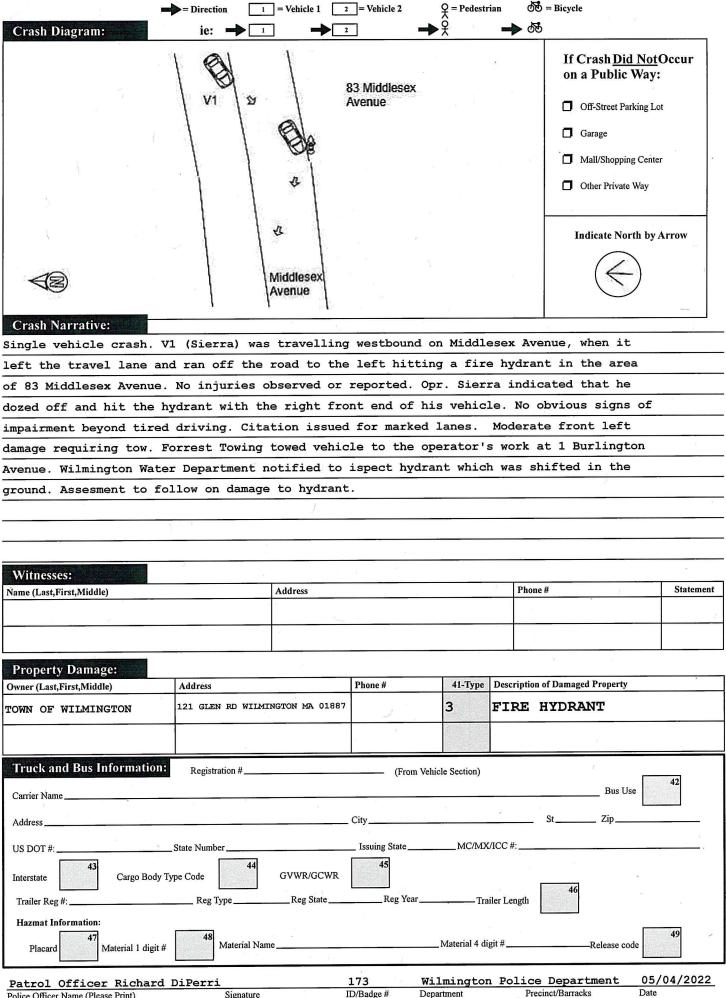
	Pol	lice Use Only	36.76	Con	nmonw	vealth	of Mas	ssacn	luse	etts		100		RMV	/ Docu	ıment N		
	Date of Crash 05/02/2022	Time of Crash	1	City/Town ington			icle C			umber chicles	Num Inju		Speed I Latitud			Local MBT.	Police Po	
		24HR					Repor	t	2		1		ongitu			Other		
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT	AT	INT	ERS	SEC	TION	:	<u> </u>
	Route# Dire	ection	1	Name of Roadway	/Street		Route# I	Direction	21 Addi	ress#	<u>LA</u>	WRI	ENC Nan			ay/Stree	t	2
1				At				eet N S	EW	1 .					20000			
	Route# Dire	ection	Name	of Intersecting Ro	adway/Street						Mil	e Mari	– • ker		or _	Exit	Number	3
				Also at Intersectio	n with			eet N S			Route	- -	I	nterse	cting F	Roadway	/Street	F
2	Route# Dire	ction	Name	of Intersecting Ro	adway/Street		F	eet N S	E W	of				Lan	ıdmark			
	Please Select		le 1 <u>1</u> #	Occupants	Iit/Run	Moped	Cra	sh Repor	t ID#	22	-1	45	5-2			•		1
	of the Follow	3514680	St MA	DOB/Aga		Reg	 # <u>5DE71</u>	.8			Reg	Type	PC		Re	eg State	MA	L
	Sex F Lic.	10	19	trictions 1	CDI.	-	Year 201 3										2.1	1
		BLANC,	1800	192,000,000,000,000	CDL Endorsement	t	er LEBL				A						163229164938	
2		Last LAWRENC	Fi	irst	Middle		ress 46 I	Last			Fir	st			Mi	ddle		
_				<u>//A</u> Zip 018	87-1925	5_ City	WILMI	(GTO	1			_ State	MA	Zi	ip 0 1	L887	-1925	
	3			URANCE (cle Action Pri			4	22		maged				27 27	
		Direction: N S		Responding to En			it Sequence	23	23	23	23	Tes	t Statu	ıs:		1 28		
		sued)		responding to En	norgonoy.		t Harmful Eve	nt 1	24				e of T			29		
_	1			ol. 2: Ch/Sec/Sub			er Contributin	7.46516	6	25	25		C Test p. Alc	-		1 30	Orug: 2 32	1
				ol. 4: Ch/Sec/Sub			er Distracted l	9823	26				ved fro		2	2 33	Jug. 2	-
L	V101, 3: Ch/Sec/			r and all occupants				, <u>J</u>	34	35	36	37	38	39	40		, R. P.	ł
	Name (Last First I			1	Address		DOB/Ag	e Sex	Seat Pos.	Safety System	Airbag Status			Injury Status	Transp. Code	Мес	lical Facility	-
	Operat	or			See Above		<u>/</u>	X	1	99	4	0	0	10				
							ē											1
							,											
																		1
3	Please Select of the Followi		e 2 1 _#	Occupants N	Non-Motorist	A Type	15 Action	16	Location	on	17 C	onditio	on	18	<u></u>	Hit/Run	Moped	
_	License # <u>\$5</u>	7300245	St_ MA	_ DOB/Age		Reg	# <u>3DWT7</u>	9			Reg	Туре	PC		Re	eg State		
	Sex F Lic.	Class 19	Lic. Res	trictions 20	CDL		Year 202	L	Veh M	ake M	AZD	<u> </u>		,	_ Veh	Config.	1 21	
	Operator MC	CUE, TI	ERNEY	ANN	Middle	Owr	er MCCU	E, T	IER	NEY	AN	N			Mi	ddle		
1	Address 12	BUCKING	HAM R	D.	Middle	Add	ress 12 E	UCKI	NGE	IAM	RD				1411			L.
	City WILM	INGTON	State <u>1</u>	<u>//A</u> Zip 018	87-4536	6 City	WILMI	IGTO1	1			_ State	<u>MA</u>	Zi	ip <u>01</u>	L887	<u>-4536</u>	1
	Insurance Comp	pany THE H	ANOVE	R INSURA	NCE CO	M Vehi	cle Action Pri	or to Crasl	1	2	22		maged		Code:	Total Sunday Street	27 27	
	Vehicle Travel l	Direction: N S	S E 🗙	Responding to En	nergency? 2	Ever	nt Sequence	1 23	23	23	23		t Statu			1 28 29		
	Citation # (If Is	sued)				Mos	t Harmful Eve	nt 1	24				e of T C Test		lt:	30		1
2	Viol. 1: Ch/Sec.	/Sub	Vie	ol. 2: Ch/Sec/Sub		Driv	er Contributin	g Code	1	25	25		p. Alc			Susp. I	Orug: 2 32	
	Viol. 3: Ch/Sec.	/Sub	Vic	ol. 4: Ch/Sec/Sub		Driv	er Distracted	ру О	26				wed fro	-		1 33		
			erator/non-n	notorist and all occ		ed			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	M	diest Facility	1
	Name (Last First)		otovist		Address See Above		DOB/Ag	e Sex	Pos.	System 1	Status 4	Code 0		Status 9	Code 1	Med	dical Facility	1
	Operat	or/Non-Mo	otorist		See Above			\checkmark	+	-			nett					-
									-			_					***	-

C 1 D:		Vehicle 1 2 = Vehic	le 2 $Q = Pedest$	rian Ø5 = Bicycle	
Crash Diagram:	ie: -> 1	2		If Cra	sh <u>Did Not</u> Occur Public Way:
					,
				☐ Off-	Street Parking Lot
		868	Many	☐ Gara	ige
				☐ Mal	/Shopping Center
¥3.	- 1			☐ Othe	er Private Way
	100 A				
				India	ate North by Arrow
			ĺ	25	
			3		
	1	dk.			
Crash Narrative:	ped at the end of la	awrence Street	Vehicle #1 w	as taking a lef	t turn
	Lawrence street. Ve				
	the intersection whe				
rove into the front	of vehicle # 2				
	V 20				
	-	1			
					**
Witnesses:					
ame (Last,First,Middle)	Ad	dress		Phone #	Statement
Property Damage:					
wner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged P	roperty
Truck and Bus Informati	on: Principle				
	Registration #		(From Vehicle Section)		Bus Use 42
Carrier Name			**		
Address		City		St	Zip
US DOT #:	State Number	Issuing S	StateMC/MX	VICC #:	
Interstate 43 Cargo Bo	ody Type Code G	VWR/GCWR 45			
Trailer Reg #:	CALL U.S. S.	Reg StateR	eg YearTra	iler Length	
Hazmat Information:		-			
Placard Material 1 di	git # 48 Material Name		Material 4 di	git#R	elease code 49
		164	Wilmington	n Police Departm	ent 05/02/2022
Patrol Officer Antho olice Officer Name (Please Print)	ny Fiore Signature	ID/Badge #	Department	Precinct/Barracks	Date

Polic	ce Use Only	Com	monwealth	of Massac	chusett	S	R	MV Docur	ment Number	
Date of Crash	Time of Crash	City/Town	Motor Veh	icle Cras	h Number		Speed Lin	nit30	State Police Local Police MBTA Police	
05/03/2022	1542 Wi]	mington	Police	Report	2	0	Latitude _ Longitude		Campus Police Other:	<u> </u>
	AT INTERSECT	ΓΙΟΝ:	< LOCA	TION >		NOT A	T INTE	RSECT	ION:	
										2
Route# Direct	 ———	Name of Roadway/S	traat	Route# Directio	n 456	MAII		of Roadwa	av/Street	—ŀ
Route# Direct	11011	At	пест			T	Ttaile	or Roadwa	- Igribit det	_
				Feet N	S E W of	— — Mile M	• _	— or	Exit Number	_
Route# Direct	tion N	ame of Intersecting Road		- N	le Elw c	Wille IV	aikei		Exit I tullioci	— 3
		Also at Intersection v	with		S E W of	Route#	Inte	rsecting Ro	oadway/Street	- -
Route# Direct	tion N	ame of Intersecting Road	way/Street	Feet N	S E W of	D&D				_
								Landmark		
Please Select O of the Followin		#Occupants	/Run Moped	Crash Rep	oort ID# 2 2	2-14	6-A	C		ı
License # SA6	680528 st.]	MA DOB/Age	Reg	# 1GXG22		Reg Ty	e PC	Re _i	g State MA	\Box
Sex M Lic. C	The second second second	20		Year 2021					21	1
	STARDI, TH		Endorsement	er BASTARD						, L
-	Last	First RD APT 34	Middle	ress 147 RAN	,	First	PT 34	Midd	dle	
									862-2044	_
		ate MA Zip 0186		NORTH BI		and the second	ate IVIA Damaged Ar		of the control of the control	
_		DARD FIRE I		cle Action Prior to C			est Status:	ca code.	28	
Vehicle Travel Di	irection: SEW	Responding to Eme	rgency? 2 Ever	at Sequence 1 23	200	23	ype of Test	:	29	
Citation # (If Issu	ıed)		Mos	t Harmful Event	COMMISSION .		AC Test Re	esult:	30	ŀ
Viol. 1: Ch/Sec/S	ub	_ Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	usp. Alcoho	ol: 2 31	Susp. Drug: 2 32	2 1
Viol. 3: Ch/Sec/S	ub	_ Viol. 4: Ch/Sec/Sub	Driv	er Distracted by) ²⁶	ר	owed from	scene? 1	1 33	
	CANCELLE CONTROL CONTR	erator and all occupants in		DOD/4	34 35 Seat Safe	ety Airbag Ejec	38 39 Trap Inju	iry Transp.	Medical Facility	\neg
Name (Last First Mic			Address See Above	DOB/Age	Sex Pos. Syst	em Status Cod	0 10		Medical Facility	
Operato			See Above		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		-			
								-		_
Please Select O	ne Vehicle 21	#Occupants No	n-Motorist A Type	15 Action 1	Location	17 Cond	ition 1	8 1	lit/Run Mop	ed
of the Followin					Location					
License # <u>S84</u>		MA DOB/Age		# <u>2LYS64</u>			e PC		g State MA 21	
Sex.M Lic. C	Class D 19 Lic	. Restrictions B	CDL Veh	Year 2019	Veh Make	TOYOTZ	4	Veh (Config. 1	
Operator <u>CAF</u>	RNEY, THOM			ner <u>CARNEY</u> ,	THOMA	First		Mide	dle	
Address 220	MARTINS L	NDG APT 3		ress 220 MAI	RTINS 1	LNDG	APT 3	310		
City NORTH	READING St	ate MA Zip 0186	4-2078 City	NORTH RE	ADING	S	ate MA	Zip 01	864-2078	8 2
ínsurance Compa	ny THE COMME	ERCE INSURA	NCE CO Vehi	cle Action Prior to C	rash 4	22 I	Damaged Ar	ea Code:	DESCRIPTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	7
Vehicle Travel Di		_		nt Sequence 23	23 23	23	Test Status:	1	1 28	
	ied)		· ·	t Harmful Event	L 24		Type of Test		30	
Allegated for the		 Viol. 2: Ch/Sec/Sub		er Contributing Code	18 ²⁵	25	BAC Test Ro Susp. Alcoho	-	Susp. Drug: 2	2
				er Distracted by	26	ROLL DALLOWS	ousp. Alcono		33 Jusp. Drug. 2	級
Viol. 3: Ch/Sec/S		— Viol. 4: Ch/Sec/Sub — non-motorist and all occup		o. Distracted by	34 3:	5 36 37	38 3	9 40		\dashv
Ple: Name (Last First Mi		non-motorist and all occu	Address	DOB/Age	Sex Pos. Syst	ety Airbag Ejec	t Trap Inju	tus Code	Medical Facility	
Operato	or/Non-Motori	st s	See Above	><	1 1	4 0	0 10	1		
				+ +			++			\neg
					-	+	++	++		_



5	Police Use Only	Com	monwealth	of Massac	husetts	5	RM	V Docun	nent Number	
1	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Number Vehicles	100 00 000	Speed Limit	t30	State Police Local Police MBTA Police Campus Police	╗,
	05/04/2022 1537 Wil	mington	Police	Report	1	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	William Control of the Control of th	TION >		NOT A	T INTER	SECT		1
	MI INTERIORE	10111								2 10
			1		83	MIDI	LESEX			2
1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #		Name of	Roadwa	y/Street	-
1		At		Feet N	S E W of		_ • -	- or		
	Route# Direction Na	ame of Intersecting Road	lway/Street			Mile M	arker		Exit Number	1 11
		Also at Intersection	with		S E W of	Route#	Inters	secting Ro	oadway/Street	<u> </u>
	Post-II Direction M	ame of Intersecting Road	hugy/Street	Feet N	S E W of					
1	Route# Direction Na	ame of intersecting Road	iway/Sireet			*	L	andmark		1
	Please Select One Vehicle 11	#Occupants Hi	t/Run Moped	Crash Rep	ort ID# 22	-14	7-A	2		
	of the Pollowing:	_				i .				-
	10 10	DOB/Age.		# 1YV821					21	3 12
	Sex M Lic. Class D Lic.	Restrictions	Endorsement	Year <u>2006</u>				Veh C	Config. 1	
	Operator SIERRA, JOSE	A First	Owr	ner SIERRA Last	ROSARIO	O, DEU	JRIS	Midd	lle	
1	Address 95 ALDER ST	38	Add	ress 246 TUR	PIKE S	T AP	T C			
	City LAWRENCE Sta	te MA Zip 0184	1-2440 City	NORTH AND	OVER	St	ate MA	Zip 01	845-0000	3
	Insurance Company LIBERTY M	MUTUAL PERS	ONAL I Vehi	cle Action Prior to Cr	ash 1	22 E	amaged Area	a Code: 2	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Eme	ergency? 2 Ever	nt Sequence 40 23	23 23	23 T	est Status:	1	28	
	Citation # (If Issued) T2447026	· · · · · · · · · · · · · · · · · · ·		t Harmful Event 3	5 24		ype of Test:		30	
-	Viol. 1: Ch/Sec/Sub 89 4A			er Contributing Code	21 25	25	AC Test Res	196	1000	10 ¹
				100	26		usp. Alcohol	500	Susp. Drug: 2 32	
1	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	38 39	40		-
_	Please fill out for ope Name (Last First Middle)	rator and all occupants i	Address	DOB/Age S	Seat Safety ex Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator	8	See Above		1 1	4 0	0 10	1		
			*						1000	1
)									1
										4
					- 38 .					ν.
	Please Select One Vehicle 2	#Occupants No	n-Motorist A Type	15 Action 10	Location	17 Condi	tion 18	∏ ні	it/Run Moped	
1	of the Following:	1	100 100 100 100 100 100 100 100 100 100					П		-
	License # St St St St	DOB/Age	_	#					21	
	Sex Lic. Class Lic.	Restrictions	CDL Veh Endorsement	Year	_ Veh Make _		* 8	Veh C	Config.	
-	Operator	First	Owr	ierLast	£ 74	First		Midd	lle	
1	Address		Add	ress						1
	CitySta	ite Zip	City			St	ate	Zip		1 '
	Insurance Company		Vehi	cle Action Prior to Cr	ash	22 E	Damaged Area	a Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Em	ergency? Ever	nt Sequence 23	23 23	23 T	est Status:		28	
	Citation # (If Issued)	2		t Harmful Event	24		ype of Test:		30	
2	•			er Contributing Code	25	25	SAC Test Res	21	20	
	Viol. 1: Ch/Sec/Sub				26		usp. Alcohol	11111111111	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	owed from s	40		4
	Please fill out for operator/n	on-motorist and all occu	pants involved Address	DOB/Age S	Seat Safet ex Pos. System	Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator/Non-Motoris	st	See Above		1					
	5. 4 ° 3			 				11		1
						+		++		-
		: + :			· .			_		
				1	1 1	1 1	1 1	1 1		1



Police Officer Name (Please Print)

Signature

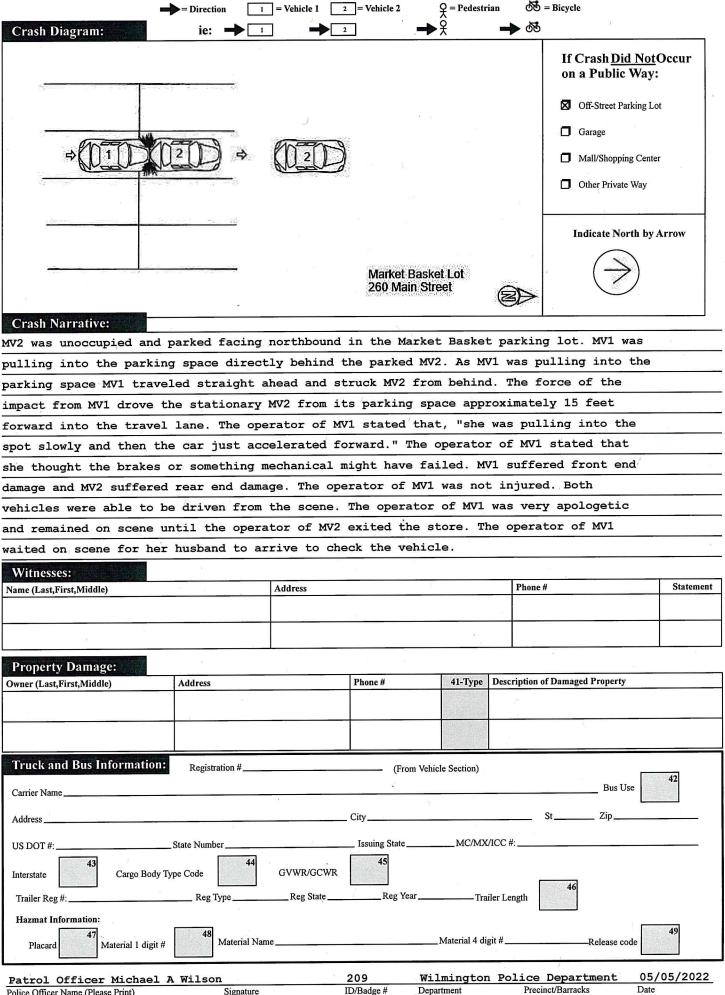
Wilmington Police Department Images Associated with 22-147-AC







	Police Use Only	Comm	onwealth	of Massa	chuset	tts		RMV	Docume	ent Number	
		City/Town	Motor Vel	nicle Cras	h Num		1 Speece	l Limit_	15	State Police Local Police MBTA Police Campus Police	
	05/05/2022 1736 Wilmi	ington	Police	Report	2	O Injure	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTION	N·		ATION >	638-3	NOT	_	TERS	ECTI		1
	THE INVIDENCE OF				D'SAN						2 10
				- 1	260		N S				
¹ 1	Route# Direction	Name of Roadway/Stree	et	Route# Directio	n Addres	s #	Na	ame of Ro	oadway/	Street	-
T	V	At		Feet N	SEWo			. —	or		
	Route# Direction Name	of Intersecting Roadwa	y/Street				Marker		-	Exit Number	2 11
		Also at Intersection with	h	Feet N	S E W	fRoute#		Intersect	ting Roa	dway/Street	<u> </u>
2	Destall Diseases Name	of Intersecting Readure	u/Street	Feet N	S E W o						
² 1	Route# Direction Name	of Intersecting Roadwa	y/Street)	æ	Land	lmark		e a
3	Please Select One of the Following:	Occupants Hit/R	un Moped	Crash Rep	oort ID# 2	2-14	18-	AC			
	License # S13708943 St MA	_ DOB/Age	Reg	# <u>5NX668</u>		Reg T	уре <u>РС</u>	1	_ Reg S		12
	Sex_F Lic. Class D 19 Lic. Res	trictions 20 CD	L Veh	Year 2019	Veh Mak	e ACURA			Veh Co	onfig. 1	7
	Operator GIAIMO, ROSE M		orsement Own	ner GIAIMO ,	ROSE	М)				
⁴ 1	Address 28 JUDIQUE RD	irst	Middle Add	ress 28 JUD	OUE F	First			Middle		
W	City TEWKSBURY State 1	//A Zin 01876-	(A) (CO.)	TEWKSBUR			State M	A Zin	018	76-1365	
	Insurance Company THE STANDAL			icle Action Prior to C	0.00	22				27 27 27	
				13	Total	3 23	Test Sta			28	~
5	Vehicle Travel Direction: S E W	Responding to Emerge	•	in Sequence 2			Type of	Test:		29	
	Citation # (If Issued)		Mos	t Harmful Event	4	el oel	BAC Te	st Result:	1000	30	_ 13
	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	2 5000000000000000000000000000000000000	5 25	Susp. Al	lcohol: 2	31 S	usp. Drug: 2 32	2
6	Viol. 3: Ch/Sec/Sub ————Viol	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 ²⁶	-	Towed f	rom scen	ie? 2	33	
⁶ 1	Please fill out for operator	-		DOD/A	Seat S	Safety Airbag E	37 38 lect Trap ode Code	Injury Tr	40 ransp. Code	Medical Facility	1
	Name (Last First Middle)		Above	DOB/Age	Sex Pos. S		O Code	10 1		Medical Facility	1
	Operator	566	Acove		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						-
	, I I	-								1	1
	ti ti				4						
						-					
	Please Select One Vi Vahiela 2 1 #			15 1	16	17		18	1	, Dr.	1
⁷ 1	of the Following: Vehicle 21 #	Occupants Non-N	Aotorist A Type	Action	Location	Co	dition	4	Hit	/Run Moped	
	License # S43521918 St MA	_ DOB/Age.	Reg	# 346MA4		Reg T	ype <u>PC</u>	!	_ Reg S	State MA	
	Sex F Lic. Class D 19 Lic. Res	trictions 20 CD		Year 2011	Veh Mak	e MAZD		1	Veh Co	onfig. 1	
	Operator MCCARTHY, BARB	ARA JEAN	orsement Own	ner MCCARTH	Y, KE	VIN M					
⁸ 1	Address 114 SALEM RD	irst	Middle Add	ress 114 SAI	LEM RI	First			Middle		
	I Marketine Committee Comm	<u>//A</u> Zip 01821-	-1220 City	BILLERIC	A		State M	A Zip	018	21-1220	1 14
	Insurance Company THE COMMERC			icle Action Prior to C	100	.1 22				27 5 27 4 27	
	9			nt Sequence 2 23	Table 10 and 10	23 23	Test Sta			28	
	Vehicle Travel Direction: S E W	Responding to Emerge	,	in Sequence 2	24		Type of	Test:		29	1
⁹ 2	Citation # (If Issued)	· · · · · · · · · · · · · · · · · · ·		st Harmful Event	4	5 25		st Result	19690	30	1
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code		3 23	Susp. A	lcohol: 2	31 S	Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub —————————Vi	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	THE ADDRESS OF THE PARTY OF THE			from scen		33	_
	Please fill out for operator/non-r		ts involved	DOB/Age		Safety Airbag I	37 38 ject Trap ode Code	Injury T	40 ransp. Code	Medical Facility	
	Name (Last First Middle) Operator/Non-Motorist		Above	DODINGE		LO 4 O	0	10 1		COLORS IN COLORS	
	Operator/Ivon-Motorist	366		$\overline{}$	\		ζ.	+	+		\dashv
	-		3 <u>-</u>				1		2		4
		,		400		, a _ .					
		. 1		1							
	1	1		1			1	r 1			1



AT INTERSECTION: Sound	Police Use Only Com	monwealth o			ts			Document I	
AT INTERSECTION: AT INTERSECTION:	05/06/2022 2157 Wilmington			Vehic	eles Inju	red Latitu	ıde	Loc MB Can	Al Police Al Police III Police III III III III III III III III III I
Routed Direction Name of Roadway/Street Routed Direction Name of Intersecting Roadway/Street Address # Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Routed Direction Name of Intersecting Roadway/Street Peer NS E W of Direction Name of Intersecting Roadway/Street Peer NS E W of Direction Name of Intersecting Roadway/Street Direction Name of Intersecting Roadway/Street Peer NS E W of Direction Name of Intersecting Roadway/Street Direction Name of Intersecting Roadway/Street Peer NS E W of Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Direction Name of Intersecting Roadway/Street Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Direction Name of Intersecting Roadway/Street Direction Name of Intersection Name of Interse		The same of the sa							
Name of Roadway/Street	AT INTERSECTION:	LOCA	HON /		NO	ALIN	LENS	ECTION	1.
Feet S E W of Mile Marker or Exh Number	Route# Direction Name of Roadway/	Street	Route# Direction						et
Name of intersecting Readway/Street Also at Intersecting Also at Inte	At		70 21		_				
Feet S E W of Intersecting Roadway/Street Landmark					Mi				t Number
Please Scient One Crush Report ID# 22-149-AC Crush Report ID# 22-149-AC	Also at Intersection	with			Route	:#	Intersect	ing Roadwa	y/Street
Reg # 3088317 Reg Type FC Reg State NH DOB/Age Reg # AUTHONY D Endorsement Person of the Polymore New Carteriology Person Select One Person Select	Route# Direction Name of Intersecting Roam	dway/Street	Feet N	S E W of	f 		Land	lmark	
Veh Config. 1 1 1 1 1 1 1 1 1	Please Select One of the Following:	it/Run Moped	Crash Rep	ort ID# 2	2-1	49-	AC		
Compared FORD Company	License # NHL10528536 St NH DOB/Age	Reg #	3088317		Reg	туре <u>РС</u>	:	_ Reg State	
Owner FOURNIER, ANTHONY D Module Moders 54 MERRYFIELD E LN Address 54 MERRYFIELD E LN City HAMPSTEAD State NH Zip 03826 City HAMPSTEAD State NH Zip 03826 Vehicle Travel Direction: Vis W Responding to Emergency? 2 Event Sequence Please fill out for operator and all occupants involved Name Clast From Models Non-Motorist A Type The State of Fournier Sequence Sea Above Please fill out for operator and all occupants involved Name Clast From Models Non-Motorist A Type The State of Sea Supplement Sequence Sea Above Non-Motorist A Type The State of Sea Supplement Non-Motorist A	Sex M Lic. Class D Lic. Restrictions 20	CDL Veh Y	ear 2010	_ Veh Make	FORE)		Veh Config	. 1 21
The company SAFECO State NH Zip O3826 State NH Zip Z	TOTAL CONTRACTOR OF THE PARTY O	Owne	r FOURNIE	R, AN	THON	D	3		
State NH Zip 03826 City HAMPSTEAD City HAMPSTEAD City HAMPSTEAD City HAMPSTEAD City HAMPSTEAD City Contributing Code	Lost First	Middle	Last		Fi	rst		Middle	
Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 23 23 23 23 23 23 23 2							U 7:	0382	<u> </u>
Vehicle Travel Direction: NSW Responding to Emergency? 2 Event Sequence		•		196	22		_		
Event Sequence 1	ACCUPATION STORMS NOT MICHAEL PRINT THE STORMS NOT		12	Control		1.5		ode. 1	
Driver Contributing Code 1 23 25 25 30 30 30 30 30 30 30 3	Vehicle Travel Direction: NSWW Responding to Em	ergency? 2 Event	Sequence 1 23		3 23			29	
Please fill out for operator and all occupants involved Address Non-Motorist A Type See Above Please fill out for operator and all occupants involved Address Non-Motorist A Type See Above Non-Motorist A Type Non-Motorist A Type See Above Non-Motorist A Type Non-Motorist A Type See Above Non-Motorist A Type Non	Citation # (If Issued)	Most	Harmful Event 1				est Result	1 30	
Picture Select Onc Operator	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub -	Drive	r Contributing Code	1 25	5 25	Susp. A	lcohol: 2	31 Susp	Drug: 32
Please fill out for operator and all occupants involved Address Sec. Substitute Address Sec. Substitute Address Substitute Address Sec. Substitute Address Sec. Substitute	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub –	Drive	r Distracted by	26		Towed:	from scen	1 33	
Name (Last First Méddle) Sec Above S				34 Seat S	afety Airbag	Eject Trap	39 Injury T	ransp.	
REGORY SCIPIONE State Ma DOB/Age Sex Ma DOB/Age Sex Ma Dobe Millage Milla			DOB/Age		ystem Status				Medical Facility
Please Select One of the Following: Vehicle 21	•			1 1	4	0 0	10 1	-	
Non-Motorist A Type Action Location Condition Hit/Run Moped			08/23/1983 M	3 1	4	0 0	10 1		
Non-Motorist A Type Action Location Condition Hit/Run Moped									
Non-Motorist A Type Action Location Condition Hit/Run Moped									
Non-Motorist Type Action Location Condition Hit/Run Moped		1975	15 1	<u>a</u>	17	700	18		T
Veh Year 2007 Veh Make SUBARU Veh Config. 19 19 Lic. Restrictions 20 CDL Endorsement Coperator NIEVES BRYAN LUIS Last First Middle Address 16 FRANCIS ST APT B Address State MA Zip 02151-3535 Test Status 3 28 Type of Test: 2 29 Type of Test: 3 30 30 Type of Test: 30 Type of Te		on-Motorist A Type	Action	Location	17	Condition	10	Hit/Ru	n Moped
Veh Year 2007 Veh Make SUBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Make SuBARU Veh Config. 1 Veh Year 2007 Veh Mak	License # \$72368727 St MA DOB/Aga	Reg #	4SBY29		Re	д Туре <u>РС</u>		_ Reg State	
Owner NIEVES , BRYAN LUIS Address 16 FRANCIS ST APT B Address 16 FRANCIS ST APT B City REVERE State MA Zip 02151-3535 Damaged Area Code: 1 27 27 27 Test Status: 3 28 Type of Test: 2 29 Most Harmful Event 1 24 Most Harmful Event Noil 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24I Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub Driver Contributing Code Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Owner NIEVES , BRYAN LUIS Owner NIEVES , BRYAN LUIS Address 16 FRANCIS ST APT B Address 16 FRANCIS ST APT B City REVERE State MA Zip 02151-3535 Damaged Area Code: 1 27 27 27 Test Status: 3 28 Type of Test: 2 29 BAC Test Result: 5 30 Susp. Alcohol: 1 31 Susp. Drug: 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address Name (Last First Middle) Name (Last First Middle)	10 10 20	CDL Veh }	ear 2007	Veh Mak	e SUBA	\RU		. Veh Config	
Address 16 FRANCIS ST APT B Address 16 FRANCIS ST APT B City REVERE State MA Zip 02151-3535 State MA Zip 02151-3535 Wehicle Travel Direction: We Responding to Emergency? 2 Wehicle Travel Direction: Wis E W Responding to Emergency? 2 Work Harmful Event Test Status: Type of Test: 2 29 BAC Test Result: 5 30 Susp. Alcohol: Towed from scene? Wiol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Address 16 FRANCIS ST APT B Address 16 FRANCIS ST APT B City REVERE State MA Zip 02151-3535 Damaged Area Code: 1 27 27 27 Test Status: 3 28 Type of Test: 2 29 BAC Test Result: 5 30 Susp. Alcohol: 1 31 Susp. Drug: 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address Name (Last First Middle) DOB/Age Sex Page Address State MA Zip 02151-3535 Damaged Area Code: 1 27 27 27 Test Status: 3 28 Type of Test: 2 29 Susp. Alcohol: 3 13 Susp. Drug: 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Page Address State MA Zip 02151-3535 Damaged Area Code: 1 27 27 27 Test Status: 3 28 Type of Test: 2 29 Susp. Alcohol: 3 31 Susp. Drug: 32 Towed from scene? 1 33 Medical Facility	- Deserved the Paris	Endorsement	NIEVES,	BRYA	N LU	[S			
City REVERE State MA Zip 02151-3535 Damaged Area Code: 1 27 27 27 Test Status: 3 28 Type of Test: 2 29 Most Harmful Event I 24 Wold. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24I Driver Contributing Code Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) State MA Zip 02151-3535 Damaged Area Code: 1 27 27 27 Test Status: 3 28 Type of Test: 2 29 Susp. Alcohol: 1 31 Susp. Drug: 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address DOBI/Age Sex Pos. Safety Airbag Sjatem Status Code Code Status Medical Facility	Last First	Middle	Last	L ₀	F	rst		Middle	
Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash Vehicle Travel Direction: Vehicle Action Prior to Crash Sevent Sequence 1 23 23 23 23 23 23 23 27 Test Status: Type of Test: 2 29 BAC Test Result: 5 30 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Damaged Area Code: 1 27 27 27 27 Test Status: Type of Test: 2 29 BAC Test Result: 5 30 Susp. Alcohol: 1 31 Susp. Drug: 32 Towed from scene? 1 33 Medical Facility Medical Facility							A 7ir	0215	1-3535
Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 29 Whicle Travel Direction: We Eward Sequence 1 23 23 23 23 23 29 Which It is sued) To the Crash Below Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 29 Most Harmful Event 1 24 BAC Test Result: 5 30 Susp. Alcohol: 1 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. Safety Pos. System Status Code Code Status Medical Facility					. 22			0.0400.30	The state of the s
Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 Type of Test: 2 29 Most Harmful Event 1 24 Wool. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24I Driver Contributing Code 3 25 10 25 Wiol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. Siatus Code Code Status Code Code Medical Facility Most Harmful Event 1 24 BAC Test Result: 5 30 Susp. Alcohol: 1 31 Susp. Drug: 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Pos. Siatus Code Code Status Code Code Medical Facility			W.N.12	1250				28	Maria San Maria San
Citation # (If Issued) #2061945 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 I Driver Contributing Code 3 25 10 25 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Note Hammun Event 1		nergency? 2 Event	Sequence 1		.5 25	Type of	f Test:	-	
Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Driver Distracted by O 26 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) Medical Facility	Citation # (If Issued) T2061945	Most	Harmful Event	•	1000000000		est Result	t: 5 30	
Viol. 3: Ch/Sec/Sub	Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub	90 24I Drive	er Contributing Code	3 2	⁵ 10 ²⁵	Susp. A	dcohol: 1	31 Susp	. Drug: 32
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) Address DOB/Age DOB/Age Sex Pos. System Status Code Code Status Name (Last First Middle) Name (Last First Middle) Name (Last First Middle)	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Drive	er Distracted by) ²⁶		Towed	from scer	ne? 1 33	
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Status Code Medical Facility Medical Facility		supants involved		Seat S	Safety Airbag	37 38 Eject Trap	39 Injury T	Fransp.	
Operator/Non-Motorist See Above 1 99 4 0 0 10 1	Name (Last First Middle)	Address	DOB/Age	Sex Pos. S	ystem Status				Medical Facility
	Operator/Non-Motorist	See Above		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	9 4	0 0	10	-	
			-	\dashv			++		

	= Direction 1	= Vehicle 1	= Vehicle 2	Pedestrian	ØØ = I	Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2 →	· X •	→ ‱		
	F100					If Crash Did Not on a Public Way:	
			4: 2 2			Off-Street Parking Lo	ot
				All and the Antonion of the Paris		☐ Garage	
						■ Mall/Shopping Cente	er
	.					Other Private Way	
						Indicate North by	Arrow
	3NB Off	-					
Page 1	damp		60 Con	ICORD ST	i c	(\uparrow)	
Crash Narrative:							
MV1 was traveling Eas						No. of the contract of the con	
of MV1 reported that	MV2 failed to st	op at the	red light and	proceeded	i into h	is travel	
lane and hit the fron						*****	
still facing East bou	nd and MV2 was a	at the end	of the off ra	mp. There	was hea	vy damage to	
the front end of both	vehicles. Neith	ner party r	eported any i	njuries. N	/V1 was	transported	
to A&S Towing, MV2 wa	s towed by A&S a	and brought	back to the	station. !	The oper	ator of MV2	
was arrested for OUI.	The Operator of	MV2 was a	lso issued ci	tation T2	146227 f	for red light	
violation.			i.				
Witnesses:							2
Name (Last,First,Middle)		Address			Phone #		Statement
			200				
							L
Property Damage:	Tana -		Phone #	41-Type De	scription of l	Damaged Property	
Owner (Last,First,Middle)	Address		Phone #	41-1ype De	scription of i	Jamageu Froperty	
							A
Truck and Bus Information	Registration #		(From Vehi	icle Section)			
Carrier Name				*		Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45			1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	46	
Hazmat Information:	48						49
Placard Material 1 dig		ne		_Material 4 digit #	'	Release code	
Patrol Officer Meghan	n Sousa			lmington I		epartment 05 /Baπacks Date	/06/2022