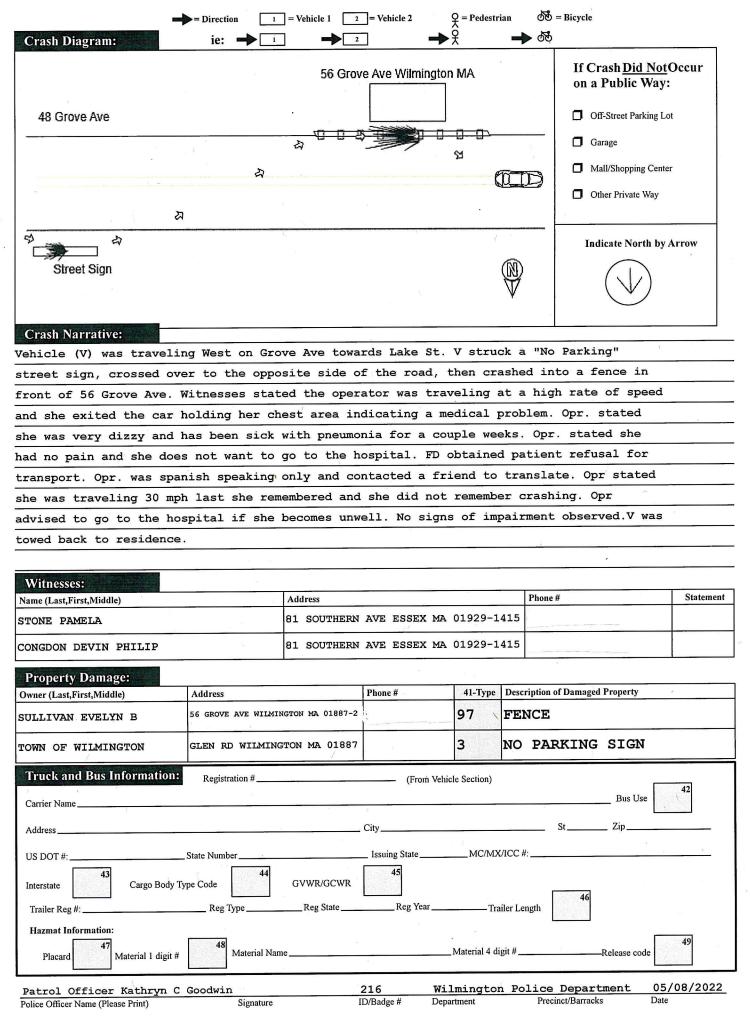
	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docume	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit		State Police Local Police MBTA Police Campus Police	
	05/08/2022 1544 Wi	lmington	Police	Report	1	1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	INTER	SECTIO	ON:	
					48		E AVE			2
¹ 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address #		Name of	Roadway/S	Street	-
	Route# Direction	Name of Intersecting Road	way/Street	Feet N S		— — — — Mile Ma	e —	or	Exit Number	1 1
a		Also at Intersection v		Feet N S		Route#	Interse	ecting Road	dway/Street	
² 1	Route# Direction	Name of Intersecting Road	way/Street				La	ındmark		
3	of the Following:	#Occupants		Crash Report						
	License # S85364384 St		Reg	# 1FAY29		Reg Typ	PC_	Reg S	State MA 21	1 1
	Sex F Lic. Class D 19 19 Lic. Operator ROSADO-DEOLI Last	c. Restrictions 1 C	Endorsement	Year 2016 Veer ROSADO – DE					nfig. 1	1
⁴ 1	Address 111 GROVE AVE			ress 111 GROV		First		Middle		
-	City WILMINGTON S			WILMINGTON		Ste	nte MA	Zip 018	87-3720	
	Insurance Company GOVERNME			cle Action Prior to Crash	建 从2013		amaged Area		27 27 27	
					OFASELOUS	ACC	est Status:	-0.010	28	
5	Vehicle Travel Direction: NSE			nt Sequence 35 23 30	2.33	2001	ype of Test:	-	29	
	Citation # (If Issued) 418346AI			t Harmful Event 35		25	AC Test Resi	uit.	30	-
	Viol. 1: Ch/Sec/Sub 90 18	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	16 ²⁵	25 St	usp. Alcohol:			30
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by 99	26	To	owed from so	ene? 1	33	
⁶ 1		perator and all occupants in		DON/	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	Madian F	Ī
	Name (Last First Middle)		Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	Operator		see Auove		1 1	-	l l	-		1
			The same of the sa					$\perp \perp$		1
										1
	Please Select One	#000		15 16	,	17 Cardi	18		Run Moped	
⁷ 1	Please Select One of the Following: Vehicle 2_	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	Hit/	Kun Moped	1
		DOB/Age	Reg	#		Reg Typ	e	Reg S	State	
	Sex Lic. Class 19 19 Lie		CDL Veh	Year \	Veh Make			Veh Coi	nfig.	
0	Operator	First		ier		First		Middle		
81	Address	PHSU		ress		Litst		Middle		
	City S	itate Zip	City			Sta	nte 2	Zip		1
	Insurance Company			cle Action Prior to Crash	12000	22 D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: N S E V				23 23	23 To	est Status:		28	
			. ,	t Harmful Event	24	T	ype of Test:	ACC.	29	
⁹ 2	Citation # (If Issued)			JC 40.2 440	25	25	AC Test Res	art.	30	
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	S	usp. Alcohol:	S200227423	usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by			owed from so	ciic:	33	1
	Please fill out for operator.	/non-motorist and all occur	pants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code			Medical Facility	
	Operator/Non-Motor	rist	See Above		1		35.333			1
	Operator/14011-1410tor			/ \	 			+		1
								+-		-
				2						







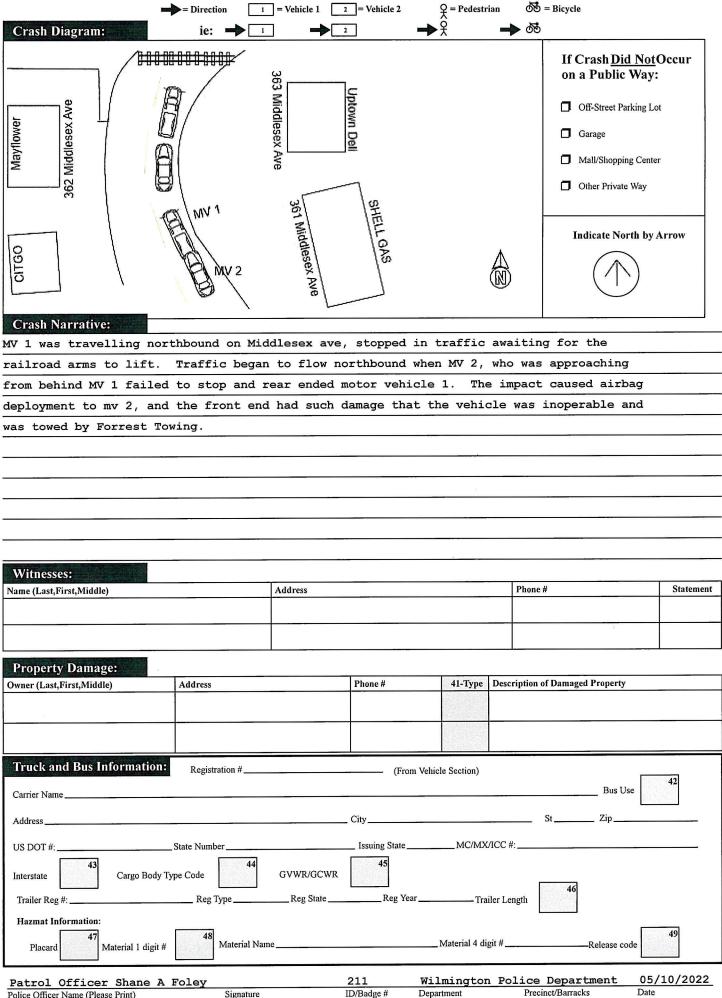








	Police Use Only	Commo	nwealth	of Massa	chuse	etts		RM	V Docum	nent Number	
	Date of Crash Time of Crash		Iotor Veh	icle Cras	sh Nu	AND THE RESERVE OF		eed Limit	35	State Police Local Police MBTA Police Campus Police	1
	05/10/2022 1651 Wil:	mington	Police :	Report	2	1	La	titude ngitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA		LX-T	NO		NTER	SECT		1
	THE INTERIOR OF	10111									2 10
					<u>360</u>			ESEX			2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addr	ess#		Name of	Roadway	y/Street	-
Т		Al		Feet	(s e w	of —		• —	or		
	Route# Direction Na	me of Intersecting Roadway/St	treet			M	ile Marke	er		Exit Number	2 11
		Also at Intersection with		_	N S E W	Rout		Interse	ecting Ro	padway/Street	
2	Route# Direction Na	me of Intersecting Roadway/St	treet	Feet _	N S E W	of			Ü	•	
² 1	Rotte# Birection 1va	ine of intersecting Roadway/5	il cot			10 2009 121		La	ndmark		1
3	Please Select One of the Following:	_#Occupants Hit/Run	Moped Moped	Crash Re	port ID#	22-1	.51	-AC	;		
³ 97		(7)		# <u>933CTP</u>			T	O.C.	-	σ M7\	┨
	Process Process	DOB/Age								2.1	1 12
	Sex M Lic. Class D Lic.	Restrictions 1 CDL_ Endorse	ement	Year 2012					Veh C	Config.	\vdash
4	Operator SYME, CAMERON	First Mide	ile	er SYME , S	ıst	F	irst		Midd	lle	
⁴ 8	Address 126 PHEASANT I			ess 126 PH							
	City NORTH ANDOVER Stat	e MA Zip 01845-3	372 City	NORTH AN	DOVE				_	845-3372	
	Insurance Company THE COMME	RCE INSURANCE	CO Vehi	cle Action Prior to C	Crash	2 22		aged Area	Code: 5		
	Vehicle Travel Direction:	Responding to Emergency	? 2 Even	t Sequence 1 23	3 23	23 23		Status:	1	28	
⁵ 2	Citation # (If Issued)		Mosi	Harmful Event	1 24		15151	of Test:	.14.	30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	er Contributing Cod	e 1	25 25	3	Test Resu Alcohol:		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	O 26	1.11		ed from sc	201	33	
⁶ 1		ator and all occupants involved			34	35 36	37	38 39	40		†
	Name (Last First Middle)	Addre		DOB/Age	Seat Pos.	Safety Airbag System Status	Eject T Code C	rap Injury ode Status	Transp. Code	Medical Facility	_
	Operator	See Ab	ove	\sim	X 1	1 4	0 0	10	1		
										(- April	1
								-			-
	150 Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7000							4
⁷ 1	Please Select One of the Following:	#Occupants	orist A Type	Action Action	Locatio	n 17	Condition	18	Hi	it/Run 🔲 Moped	
	License # SA5600394 St N	IA DOB/A	Reg	#1GXW72		Re	g Туре Е	C	Reg	State MA	1
	19 19	20		Year 2012	Vol. Me	ike MITS				Config. 1	
	D and D	Restrictions 1 CDL_Findors	ement	er COOKS S						comig.	
⁸ 1	Operato	First Midd	lle	La	est TIME TI		irst	G IN	Midd	lle	
_	Addre.	· · · · · · · · · · · · · · · · · · ·		ess BX 128					01	067 0000	14
	City Stat	E Zip_	City	READING		22			_	867-0228 27 27 27 27	
	Insurance Company SAFETY IN	ISURANCE COMP	ANY Vehi	cle Action Prior to C		1 22		aged Area Status:	Code: 1	27 8 27 2 27	
	Vehicle Travel Direction:	Responding to Emergency	? 2 Even	t Sequence 1	3 23	23 23		of Test:	1	29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	1 24			Test Resi	ılt: 1	30	
2	Viol, 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	e 19	25 25	3	Alcohol:	-	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub ———	Driv	er Distracted by	99 ²⁶		Towe	ed from sc	52	33	
	Please fill out for operator/no	on-motorist and all occupants in	nvolved	T	34 Seat	35 36 Safety Airbag	Eject T	38 39 rap Injury	40 Transp.		1
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos.	System Status	Code C	ode Status	Code	Medical Facility	+
	Operator/Non-Motoris	See Ab	ove		X^1	1 1	0 0	8	1		-
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			100								
		-	-							1.20	1
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	Police Use Only	Comn	nonwealth	of Massa	chuset	ts	RM	V Docun	nent Number	
.5	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Numl		Speed Limit	25	State Police Local Police MBTA Police Campus Police	
	05/10/2022 1653 Wiln	mington	Police	Report	1	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ON:	The second secon	TION >			T INTER	SECT		1
	AT INTERSECT							1		2 10
	HATHAWA					·	-			
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	on Address	s#	Name of	Roadwa	y/Street	-
1		At		Feet N	N S E W of			- or		
	Route# Direction WOBURN S	S'I' ne of Intersecting Roadw	/ay/Street			Mile M	arker		Exit Number	1
		Also at Intersection w	ith *	Feet [N	N S E W of	Route#	Interes	antina Da	oadway/Street	上
			er **	Feet N	S E W of	Koute#	inters	ecting K	Sauway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadw	/ay/Street				L	andmark		
-	Please Select One Vehicle 11	#Occupants Hit/I	Run Moped	Crash Re	port ID# 2	2-15	2-AC	7		
3	of the Following:				- 3		*			-
		A DOB/Age		# <u>3SGC59</u>					g State MA	5
	Sex M Lic. Class D D Lic. F		DL Veh	Year 2017	Veh Make	CHEVRO	DLET	Veh C	Config. 1	<u> </u>
	Operator DACKO, SCOTT		Owr	er DACKO,	SCOTT	D		Midd	ile	
⁴ 1	Address 1 WIGHTMAN RD			ress 1 WIGH	TMAN R			191100		
	City WILMINGTON State	MA Zip 01887	7-3757 City	WILMINGT	ON	S	ate MA	Zip 01	887-3757	
	Insurance Company THE COMME			cle Action Prior to C	Crash 1	22 I	Damaged Area	a Code: 1	. 27 9 27 3 27	
	Vehicle Travel Direction: S E W	Responding to Emerg		nt Sequence 22	7. 25.65	STATE OF STA	est Status:	1	28	
5		Responding to Emerg			22 24		Type of Test:	9	7 29	
- 1	Citation # (If Issued) 422152AB	_		L		- Sec. 120 25	BAC Test Res	-	. 30	22 ¹
	Viol. 1: Ch/Sec/Sub 90 24			er Contributing Cod	No. 30-23 ASS	BARRY STREET	Susp. Alcohol			22
⁶ 1	Viol. 3: Ch/Sec/Sub 90 24			er Distracted by	99		owed from s		. 33	1
1	Please fill out for opera	ator and all occupants inv	volved Address	DOB/Age	Seat Sa	35 36 37 nfety Airbag Ejec stem Status Cod	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
*	Operator	Se	ee Above		X 1 1		0 10	1	1	
	Operator	2000	50 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		/ 					1
	``						1	-		-
	ř.	1								
X.										
	Please Select One Vehicle 2	#Occupants Non-	Maria T-	15 Action	16 Location	17 Cond	ition 18		it/Run Moped	1
⁷ 3	of the Following:	_#Occupants	-Motorist A Type	Action	Location	Cond	ition	 	it/Kuii	1
		DOB/Age	Reg	#		Reg Ty	ne	Reg	g State	
	Sex Lic. Class 19 19 Lic. F	Restrictions 20 CI		Year	Veh Make			Veh (
	Operator		ndorsement Owr	ner					, , ,	
81	Addréss	First	Middle Add	La ress	ıst	First		Midd	dle	
	CityState	7in				S	ate	Zip		1
		2.р		cle Action Prior to C	Stell		Damaged Are		27 27 27	
	Insurance Company			[3 23 2	3 23	Test Status:		28	
	Vehicle Travel Direction: NSEW	Responding to Emerg		ii Sequence	24		Type of Test:	Ī	29	
⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event			BAC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	THE RUDAL PARTY.	25	Susp. Alcohol	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Towed from s	cene?	33	
	Please fill out for operator/no	n-motorist and all occupa			Seat S	35 36 37 afety Airbag Ejec	t Trap Injury	40 Transp.	Marlinal Capities	
	Name (Last First Middle)		Address	DOB/Age		ystem Status Cod	e Code Statu	s Code	Medical Facility	1
	Operator/Non-Motoris	ŗ Se	ee Above		X^1	-		-		-
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		-3								
		2/ -	*	*		_	9	++		1
	1							1 1		1

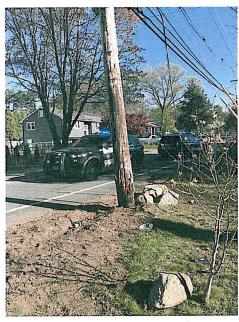
Crash Diagram:	ie:	= Vehicle I 2	= Vehicle 2	Q = Pedestr	=====================================	cycle	
(pPo						If Crash Did Not	
		_ (d'		on a Public Way	:
			.1	1	(-	Off-Street Parking L	ot
M. Carrier						☐ Garage	1
The state of the s					V	☐ Mall/Shopping Cente	er
						Other Private Way	
Woburn St.				·	,	Indicate North by	Arrow
	*			Hathaway Rd.	≥>	\bigcirc	
Crash Narrative: See Report 22-163-AR	· / / /	191	(e)	*\			
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· · · · · · · · · · · · · · · · · · ·							Tree
	P.			· · · · · · · · · · · · · · · · · · ·			
	g		γ	8			
Witnesses	,	* * *			2:		
Witnesses: Name (Last, First, Middle)		Address	,		Phone #		Statement
		9.0		9			
0			. 0	120			6
Property Damage:	Address		Phone #	41-Type	Description of Da	umaged Property	
Owner (Last, First, Middle) ROBERTO JOHN J	109 WOBURN ST WILMI	NGTON MA 01887	1 none #	97	LAWN ANI	1	1
VERIZON	28 DIANA LN DRAG	2.00 materials (2.00 materials		4		TELEPHONE	POLE
Truck and Bus Information	On: Registration #		(Fro	m Vehicle Section)	1		7
Carrier Name	1				:1	Bus Use	42
Address	9		City		St_	Zip	
US DOT #:	State Number		_ Issuing State_	MC/MX	VICC #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45				v
Trailer Reg #:			Reg Ve	ar T	iler Lepath	46	
Hazmat Information:	Reg Type				mei beilgui		
Placard Material I dig	git # 48 Material Name)	· · · · ·	Material 4 di	git #	Release code	49
			206	****			/10/2022
Patrol Officer Brian Police Officer Name (Please Print)	Tavares Signature		206 D/Badge #	Wilmingtor Department	n Police De Precinct/I		/10/2022









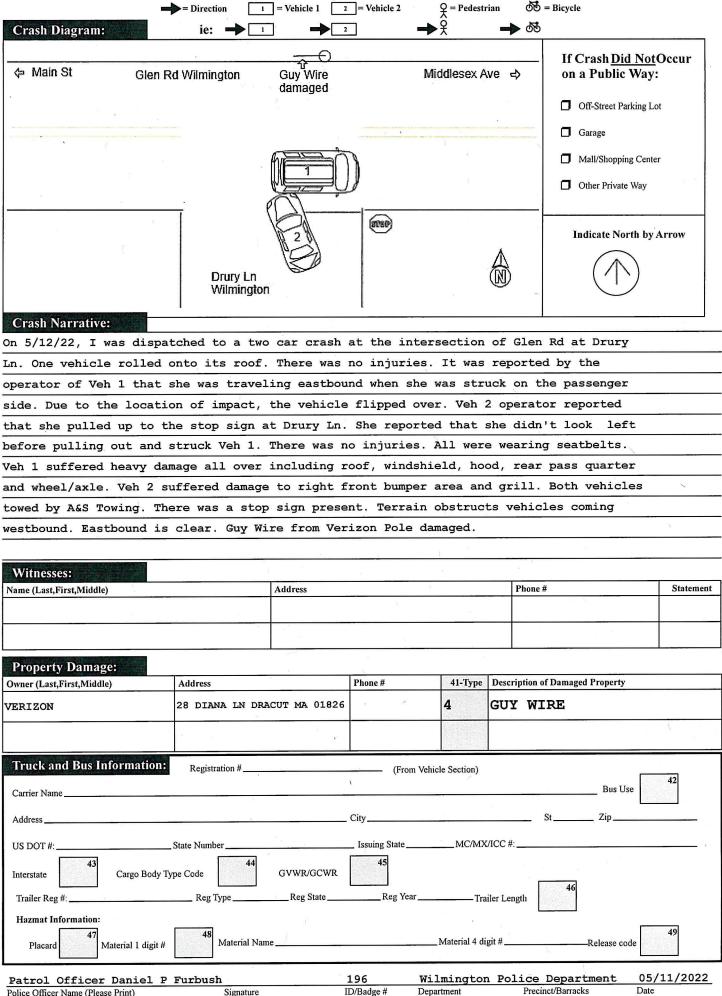


	Police Use Only	Common	wealth (of Massa	chus	etts			RMV	Docun	nent Number	
	The second control of		tor Veh	icle Cras	$sh \begin{bmatrix} \frac{1}{3} \end{bmatrix}$	Number Vehicles	Number Injured	Speed		30	State Police Local Police MBTA Police Campus Police	7
	05/11/2022 1302 Wilmi	ngton	Police 1	Report	2		0	Latitud			MBTA Police Campus Police Other:	
	AT INTERSECTIO	N:	LOCA		>		NOT A			ECT		1
	AT INTERSECTIO	411.	Joc				110171		LIL	LOI	10111	10
							CONC	CORD	S	ľ		2
1	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	dress #		Naı	me of R	Roadwa	y/Street	_
¹ 1		At		Feet [N S E V	VI of				or		
	Route# Direction Name of	of Intersecting Roadway/Street	·	reet [., 5 5		Mile M			or	Exit Number	. 11
		Also at Intersection with	•	Feet	N S E V	V of				N S		4
				Feet	N S E V	v of	Route#	I	Intersec	ting Ro	oadway/Street	
² 1	Route# Direction Name of	of Intersecting Roadway/Street	t	_		-			Lan	dmark	***************************************	-
	Please Select One Valida 11 #	Occupants Hit/Run	Ъ.,	0.10	, ID#	22	-15	2 _			5.00	1
3	of the Following:	Hit/Run	Moped	Crash R	eport ID#	22		<u> </u>	AC			_
	License # S27726027 St MA	_ DOB/Age	Reg #	682GZ7			_ Reg Typ	e PC		Reg		_ 12
	Sex M Lic, Class D 19 Lic, Resi	trictions 1 20 CDL		Year 2016	Veh N	Лаке <u>А</u>	UDI			_ Veh C	Config. 1 21	1
	Operator DELLORUSSO, DAY	VID JOHN		er DELLOR	USSO.	DA	VID 3	JOHN	1			
⁴ 3	Address 109 FLORIDA RD	rst Middle		ess 109 FL	ast		First			Midd	ile	
3		m - 01976-411						MZ	7.	01	876-4115	
	City TEWKSBURY State M			TEWKSBU		414000	200	ate <u>IVIA</u> Damaged		-		
	Insurance Company FARMERS PRO	PERTY & CASU	AL Vehic	ele Action Prior to				est Stati		- Couc. 17	28	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 1	23 23	23	23	ype of T			29	1
1	Citation # (If Issued)		Most	Harmful Event	1 24			AC Tes		t:	30	
	Viol. 1: Ch/Sec/Sub ————Viol	ol. 2: Ch/Sec/Sub —	Drive	er Contributing Co	de 1	25	25 S	usp. Alc	cohol:	31	Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub ————Vio	ol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	0 26		Т	owed fr	om sce	ne? 2	33	
⁶ 1		and all occupants involved		1	34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status Code		Status	Code	Medical Facility	-
	Operator	See Above			X^1	1	4 0	0	10	1		_
						80						1
						-	-				-	1
												4
⁷ 2	Please Select One of the Following:	Occupants Non-Motoris	st A Type	15 Action	16 Locat	ion	17 Cond	ition	18	П н	it/Run 🔲 Moped	
2	Physical Process of the Party o			NE6754		1000	Reg Typ	PC		D	g State MA	┪
	19 19	_ DOB/Age _\									21	
	Sex M Lic. Class D Lic. Res	trictions 1 CDL Endorseme	ent	Year <u>2019</u>						_ Veh C	Config. 1	
⁸ 1	Operator STONE, BRENFORI	rst Middle		er STONE,	ast		First		1	Midd		
1	Address 3610 MYSTIC VLY NOR	TH PKWY APT 101	10 Addr	ess <u>3610 M</u>	YSTIC	C VL	Y NOF	RTH	PKW	Υ	APT 1010	14
	City MEDFORD State M	<u>(A</u> Zip 02155-574	City	MEDFORD						_	155-5749	1 "
	Insurance Company THE COMMERC	CE INSURANCE	CO Vehic	cle Action Prior to	Crash	1	22 I	Damageo	d Area (Code: 3	Training the Age of Party and	
		Responding to Emergency? 2		t Sequence 1	23 23	23	23	est Stati	us:		28	
				Harmful Event	1 24	CTC 4 2011 15-2		ype of T		200	29	
⁹ 2	Citation # (If Issued)			er Contributing Co	100 C	25	25	BAC Tes	Г		Susp Drug 32	
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub ————			26		S	Susp. Ald	L	31	22	
		ol. 4: Ch/Sec/Sub		er Distracted by	99	22		owed fr	om sce	ne? 2	2 "	4
	Please fill out for operator/non-n	notorist and all occupants invo Address	lved	DOB/Age	Sex Pos	t Safety	36 37 Airbag Ejec Status Code	Trap Code		Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above	:		X_1	1	4 0	О	10	1		1
	Special of the first the second											1
												4
)						_

	=	= Vehicle 1	2 = Vehicle 2	⊋ = Pedestria	iu 0.60 =	Bicycle	
Crash Diagram:	ie: -	Concord str	reet			If Crash <u>Did Not</u> on a Public Way	
Woburn Street							
		田				☐ Off-Street Parking Lo	ot
			~			☐ Garage	
			2 A A VI			☐ Mall/Shopping Cente	r
			- Bu			Other Private Way	
		Vicinity was a				Indicate Nouth hy	Armony
				_		Indicate North by	Allow
		left i	turn	(2		(\rightarrow)	
_		only	lane				
Crash Narrative:							
The driver of v1 was tr							
went straight. He noti lane. When the light t						***************************************	
rane. When the right t	urned green, v	vz accempce	sa co go sa	Targire as w	err, mrc	LING VI	
V2 thought he was in a	lane to go st:	raight desp	oite being	in the left	turn on	ly lane. The	
light turned green, and	he went strai	ight, hitti	ng v1 on i	t's right s	ide.		
V1 had the right of way	- 100 miles						
v2 should have turned l	eft, but went	straight o	causing the	accident.		= n	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
		-					
			_				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
						- 2001	
Truck and Bus Information:	Registration #		(From	n Vehicle Section)			42
Carrier Name						Bus Use	42
Address			City		Si	Zip	
US DOT #:	_State Number		Issuing State_	MC/MX/I	CC #:		
Interstate 43 Cargo Body T	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	arTraile	er Length	46	
Hazmat Information:	(<u> </u>	2.mc[23]	
Placard Material 1 digit #	Material Nan	me		Material 4 digi	t #	Release code	49
Patrol Officer Brian D	Thornton		190	Wilmington	Police I	epartment 05	/11/2022

ID/Badge #

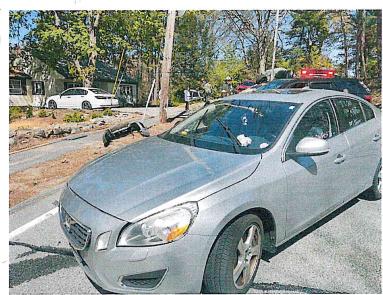
	Police Use Only	Comm	onwealth	of Massa	chuset	tts	RN	IV Docu	ment Number	
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		of Intersecting Roadway	//Street			Mile N	/arker		Exit Number	3 11
		Also at Intersection with	1	Feet N	SEW o	Route#	Inter	secting R	oadway/Street	
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² 1	Route# Direction Ivanic	of finersecting Roadway					I	andmark		1
3	Please Select One of the Following:	#Occupants Hit/Ru	ın 🔲 Moped	Crash Re	port ID# 2	2-15	4-A	C		
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	10 10	20					-		21	1 12
	Sex E Lic. Class D Lic. Re		orsement	Year 2015			Rover	Veh (Config.	
4	Operator WELCH, PATRICI	First	Middle	er GAGNON ,	st	First		Mid	dle	•
⁴ 2	Address 42 COTTAGE ST		Add	ess 35 MOUI	NIAIN	ST				-
	City WILMINGTON State	MA Zip 01887-	-2002 City	WOBURN				_	801-1228	-
	Insurance Company THE HANOVE	R INSURANCE	E COM Vehi	cle Action Prior to C	Crash 1	. 22	Damaged Are	a Code:		
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				er Distracted by	26		Towed from s	∠ guttaig	33 33	
⁶ 1	Viol. 3: Ch/Sec/Sub — V Please fill out for operator			Distracted by	200000000000000000000000000000000000000	35 36 37	38 39	40	- N. J.	4
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	Operator	See	Above	\sim	\times 1 1	. 3 0	0 10	1		
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⁷ 3	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	15 Action	Location	17 Cone	dition 18	н 🔲 🖁	lit/Run 🔲 Moped	ſ.
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	Sex F Lic. Class D Lic. Re		orsement	Year <u>2013</u>				Veh (Config.	
⁸ 1	Operator MULAS, MADISON	I CELESTINA First	Middle Own	er MULAS ,	MANUE	L L First		Mid	dle	•
1	Address 10 WICKS CIR			ess 10 WIC	KS CIF					- 14
	City WILMINGTON State	MA Zip 01887-	-1732 City	WILMINGT	ON			-	887-1732	. 1
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⁹ 2	Viol. 1: Ch/Sec/Sub ————V	iol 2: Ch/Sec/Sub	Driv	er Contributing Cod	e 19 ²	5 - 25	BAC Test Re Susp. Alcoho		Susp. Drug: 2 32	
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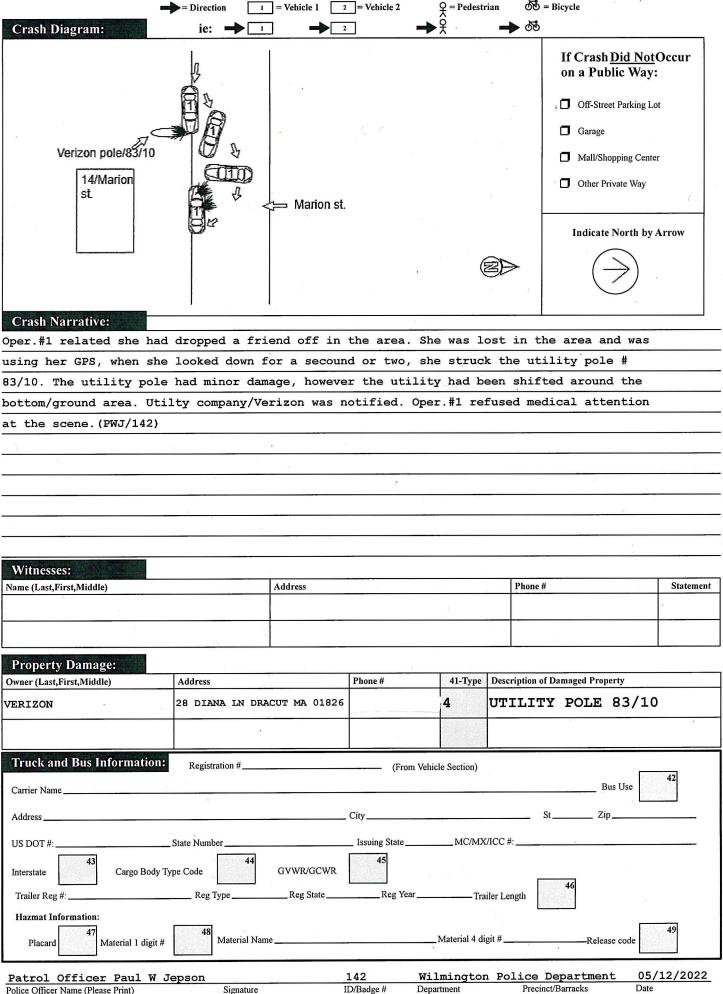




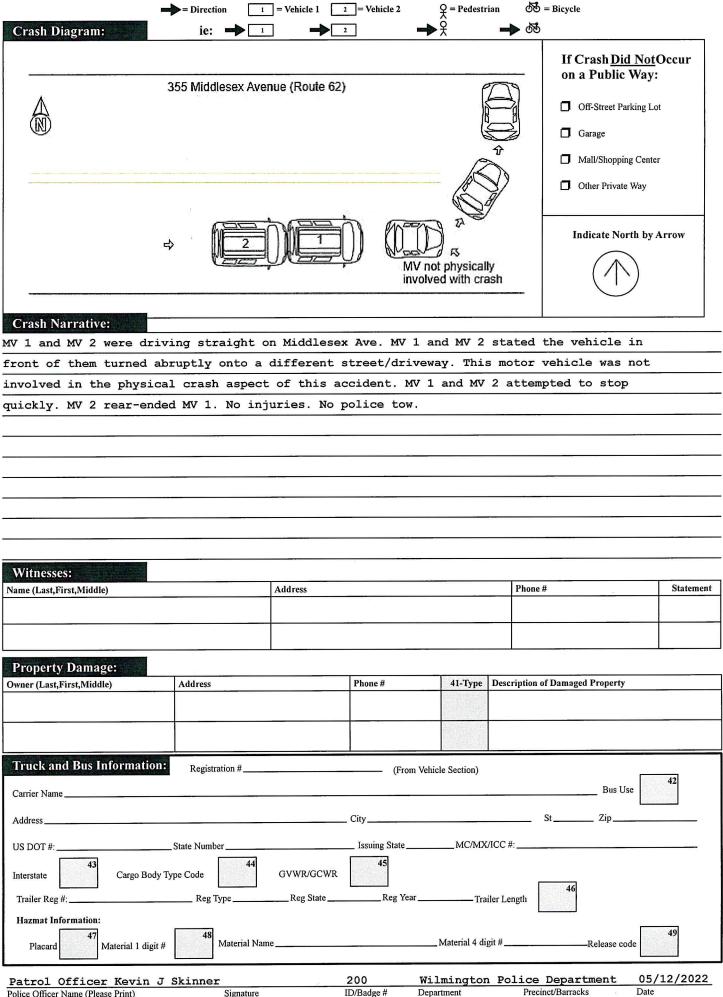




	Police Use Only	Com	monwealth	of Massacl	husetts	5	RM	V Docui	ment Number	
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	Route# Direction No	ame of Intersecting Road	way/Street		S E W of	Mile Ma	arker	- or	Exit Number	-
		Also at Intersection	with		S E W of	Route#	Inters	ecting R	oadway/Street	F
2	Route# Direction No	ame of Intersecting Road	way/Street	Feet N	S E W of			andmark		
_	Please Select One Value 11	#Ossuponts D	_			1 5				1
	of the Following:	#Occupants Hi			rt ID# 22					┨
	10 10	MA DOB/Age		# 4DNT31					21	3
	Sex_F Lic, Class D Lic.	Restrictions	Endorsement	Year 2018				Veh	Config. 1	
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1	Address 9 CRESCENT AV			ess 9 CRESCI			1/2	01	040 1001	
	City LYNNFIELD Sta			LYNNFIELD	0.0000000000000000000000000000000000000		amaged Area		940-1901	
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1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action 16	Location	17 Condi	tion 18	Н 🗖	lit/Run Moped	
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Vehicle Travel Direction: NS W Responding to Emergency? Event Sequence Type of Test: 29 Most Harmful Event Driver Contributing Code Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Driver Distracted by Dobby Susp. Alcohol: 2 31 Susp. Drug: 2 32 Please fill out for operator/non-motorist and all occupants involved Address Dobby Susp. Most Harmful Event Driver Distracted by Dobby Susp. Drug: 2 32 Please fill out for operator/non-motorist and all occupants involved Address Sex Pos. System Status Code Code Status Code Medical Facility Operator/Non-Motorist See Above 1 1 1 4 0 0 10 10 1	License # <u>S 5 (</u> Sex F Lic. () Operator HA Address 5 I City WILM	Class D 19 19 I NSON, JEN Last ORIN DR INGTON	Lic. Restrictions NIFER C First State MA Zi	CDL Endorsemer AMERLIN Middle	Veh Y Owne Addre 8 City 1	rear 2017 er HANSON ess 5 LORI	, JEI N DR	REMY	E First Sta	nte M2	\ Zij	Veh Co	onfig. 1 2	
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Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility Operator/Non-Motorist See Above 1 1 4 0 0 0 1 1	License # S50 Sex F Lic. Operator HA Address 5 I City WILM Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/	Class D 19 19 I NSON , JEN Last ORIN DR INGTON Dany THE HANG Direction: N S X Sued)	Lic. Restrictions NIFER C First State MA Zi OVER INS W Respond	CDL Endorsement Middle P. 01887-289 SURANCE CO	Veh Y Owne Addre City J Most Drive	rear 2017 Per HANSON Pers 5 LORI WILMING! Cle Action Prior to Sequence 1 Hammful Event Ar Contributing Co	TON Crash 23 23 23 24 de 1	23	State	amaged est Statu ype of T AC Tes usp. Alc	Zij 1 Area C us: Test: it Result	Veh Co Middle P 018 Code: 5 1 31 5	387-000 27 27 27 28 29 30 Susp. Drug 2	00 3
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Crash Diagram:		1 = Vehicle 1	2 = Vehicle 2	¥ = Pedestrian	● 92 ■ Bicycle		
Crash Diagram:	ie: →			→ X 79 Shawsheen A	Ave If Con 2	Frash Did Not Ca Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way dicate North by A	
Crash Narrative:							
rith traffic. The open cooking back at the reference traveling with the eck pain and were even to the vehicles were to	oad before hits raffic prior to aluated by Wilr	ing the reach	ar of MV2. T	he operator or and passe	of MV2 statenger of MV2	ted they reported	
Witnesses:				· · · · · · · · · · · · · · · · · · ·			
Name (Last,First,Middle)	d.	Address			Phone #		Statement
						1	
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damage	d Property	
43	State Number44 dy Type Code	GVWR/GCWF	Issuing State	MC/MX/ICC	StSt	Zip	42
Placard Material 1 dig	tit # 48 Material N	ame		Material 4 digit #		-Release code	49
Patrol Officer Meghan	n Sousa Signature			Wilmington P Department	olice Depar		13/2022