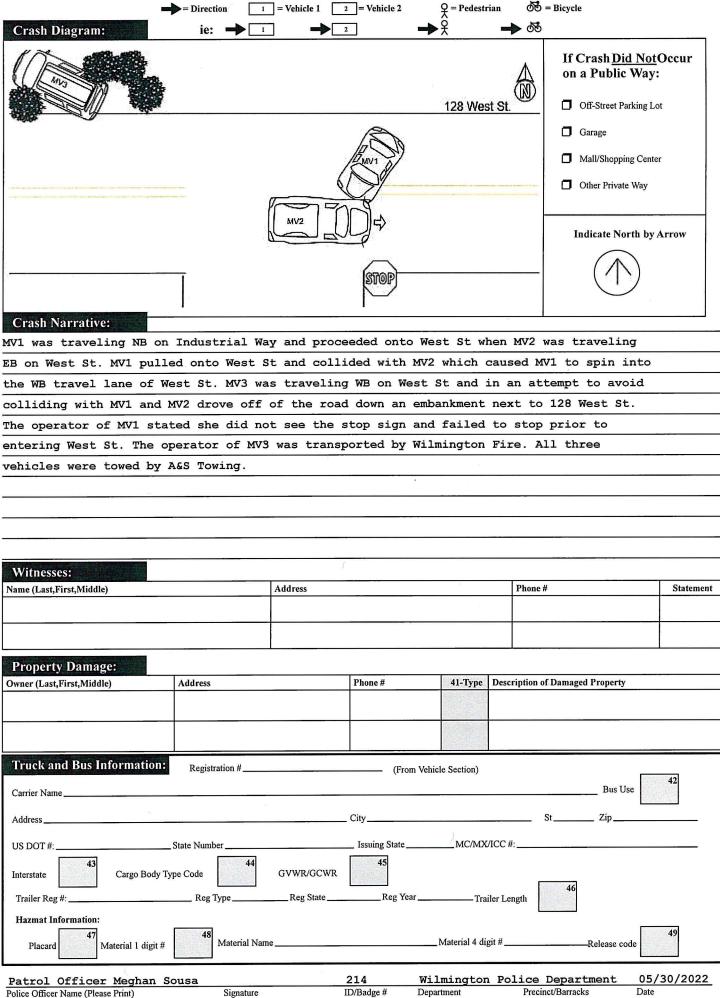
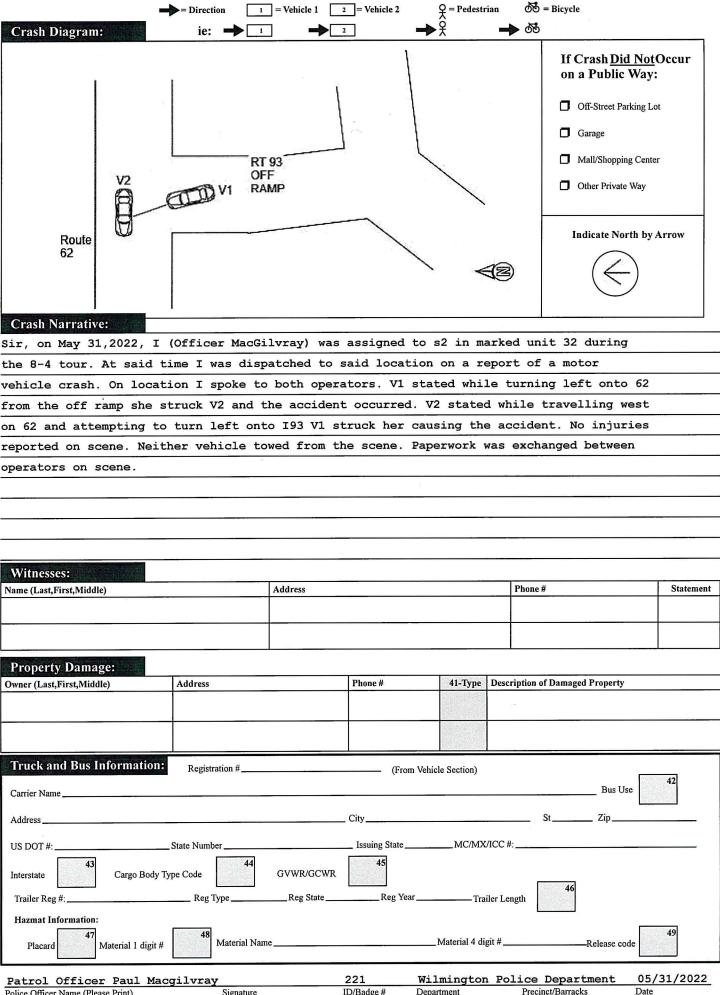
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	The state of the s	ington	Police 1	Report		3	hicles	Injured 1	Latitu	ude gitude _							
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¹ 1		At		Feet	NS	EW	of -	of — — • — or									
	Route# Direction Name	of Intersecting Roadway/S	Street				01	Mile N	1arker		or	Exit Number	11				
		Also at Intersection with		Feet	N S	E W	of _						3				
				Feet	N S	E W	of	Route#		Inters	ecting R	oadway/Street					
² 1	Route# Direction Name	of Intersecting Roadway/S	Street	Landmark													
	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	enort	ID#	22.	-16	Ω_	- A C	•						
3	of the Following:	Mickun	Moped	Crash K	eport	ID# Z		<u> </u>	0				4				
		_ DOB/Age	Reg	# <u>6ZG592</u>	1.			_ Reg Ty	ре <u>РС</u>		Re		12				
	Sex F Lic. Class D 19 Lic. Res	trictions 20 CDL_ Endors	Veh '	Year 2018		√eh Ma	ke V (<u>OLKS</u>	WAG	EN	Veh (Config. 21					
	Operator MEDEIROS, MONIC			er MEDEIR	os,	M	INC		LEX	AND	RA		e e				
⁴ 2	Address 50 HIGHVIEW ST	rst Mic	^{Idle} Addr	ess 50 HIG	ast HV	IEW	ST	First		9	Mid	dle					
	City BILLERICA State 1	17A 7in 01821-6	362 City	BILLERIO	CA			9	tate M	A 2	in 01	821-6362					
	Insurance Company GOVERNMENT	•				[1 2				Code:						
				cle Action Prior to	0.010			APID PROS	Test Sta			28					
⁵ 2		Responding to Emergency	y? <u>2</u> Even	t bequence 1			23		Type of	Test:		29					
	Citation # (If Issued) 2446228			Harmful Event	1	24			BAC Te	est Resi	ult: 1	30	_ 13				
	Viol. 1: Ch/Sec/Sub 89 9 Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de	3	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1 13				
6	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	99	26			Fowed 1	from sc	ene?	33					
⁶ 1	Please fill out for operator					34 Seat	35 Safety	36 37 Airbag Eje	t Trap	39 Injury	40 Transp.		J 2				
	Name (Last First Middle)	Addr		DOB/Age	Sex	Pos.		Status Co			Code	Medical Facility	-				
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			ii .	L													
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			676	15	16		48138	17	20	18			4				
⁷ 3	Please Select One of the Following: Vehicle 21 #	Occupants Non-Mon	torist A Type	15 Action	10 L	ocatio	n	Cone	lition	10	Н	it/Run Moped					
3	License # SA3130452 St MA	_ DOB/Age	Reg	1LYF15				Reg Ty	ne PC	:	Res	g State MA	1				
	Sex M Lic. Class D 19 Lic. Rest	20		Year 2013	τ.	Joh Ma	les TrC	= = =				Config. 1					
	2 Care I Page Co	Endors	ement	er RICCI,							ven e	Comig.					
⁸ 1	Operator RICCI, GANNON I	rst Mid	dle	L	ast			First	ONI		Midd	ile					
_	Address 8 CARTER RD			ess 8 CART									14				
	City WILMINGTON State M			WILMING	<u>ron</u>		201212	_				887-2839	1				
	Insurance Company GEICO GENER	RAL INSURANC	CE C Vehic	ele Action Prior to	Crash		1 2	91			Code: 1	27 27 27 27					
	Vehicle Travel Direction: NSWW	Responding to Emergency	y? <u>2</u> Even	t Sequence 1	23	23	23	23	Test Sta		1	29					
0	Citation # (If Issued)		Most	Harmful Event	1	24			Гуре of ЗАС Те		Je:	30					
⁹ 2	Viol. 1: Ch/Sec/SubViol	ol. 2: Ch/Sec/Sub ——	Drive	er Contributing Co	de	1	25	25	Susp. A	CONTRACTOR CONTRACTOR	1	Susp. Drug: 2 32					
			1 14-2 60 (2004)		0	26	ALTERNATION OF THE PARTY NAMED IN		Fowed 1		- 5	33					
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	Name (Last First Middle)	Addr		DOB/Age	Sex	Seat Pos.	Safety	Airbag Eje Status Coo	e Code	Injury Status	Transp. Code	Medical Facility					
	Operator/Non-Motorist	See Al	oove	><	X	1	1	1 0	0	10	1						
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Route# Direction Name of Roadway/Street At Feet NSEW of Mile Marker Exit Number Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Intersecting Roadway/Street Also at Intersecting Roadway/Street Al	Police Use Only	Commonw	ealth of Mass	achusetts		RMV Docur	ment Number	
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Trans	Route# Direction	Name of Roadway/Street	Route# Dire		WEST		w/Street	2
Routed Direction Name of Intersecting Roadway/Street After at Intersecting Roadway/Street Feet NS E W of Routed Intersecting Roadway/Street Peet NS E W of Routed Intersecting Roadway/Street Intersec			Koute# Dire	etion Address #		Name of Roadwa	ly/Siteet	-
Resuled Direction Name of Intersecting Roadway/Street Foot N S E W of Roated Intersecting Roadway/Street Landmark Lan	-	of Intersecting Roadway/Street					Exit Number	- 2
Please Scient One Pulsoning Please Scient One Whice 11 #00ccupants Misses					Route#	Intersecting Ro	oadway/Street	
License # SER 36277 St MA DOBAge Sex M Lic. Class 19 19 10 10 10 10 10 10	1 Route# Direction Name	of Intersecting Roadway/Street) (a)	Landmark		-
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Sex_M_Lic Closs 19 19 19 Lic. Restrictions 20 CDL	License # <u>\$58236277</u> St <u>MA</u>	_ DOB/Age	Reg # 1TJB99	9	Reg Type	PC Reg		
Address GLEN RD	Sex M Lic. Class D Lic. Res	trictions CDLEndorsement					Config. 21	1
City WILMINGTON State MA Zip 01887-1915 Insurance Company THE COMMERCE Insurance Company The Commerce Insurance Company Insurance Co		rst Middle		Last		Midd	ile	1
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash Vehicle Travel Direction: NSEX Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Clu/Sec/Sub Viol. 2: Clu/Sec/Sub Viol. 2: Clu/Sec/Sub Driver Contributing Code Driver Contributing Code Driver Contributing Code Driver Distracted by Driver Driver Distracted by Driver Distracted by Driver D								2 4
Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 23 23 23 23 23 23 23 2	City WILMINGTON State M	<u>IA</u> Zip 01887-1915	City WILMING	TON				
Viol. 2 Citizon # (If Issued)	Insurance Company THE COMMERC	E INSURANCE CO	Vehicle Action Prior t	o Crash 1	Dan Dan	naged Area Code: 1	A STATE OF THE PARTY OF THE PAR	
Viol. 1: Ch/Sec/Sub	Vehicle Travel Direction: N S E	Responding to Emergency? 2	_ Event Sequence 1	23 23 23	23	1	ROMON	
Viol. 1: Ch/See/Sub	2 Citation # (If Issued)		Most Harmful Event	1 24		At the state of th	1966	l
Viol. 3: Ch/Sec/Sub		1 2. Ch/C/C-h		25	25			,
1 Please fill out for operator and all occupants involved Address See Above DOB/Age See Seat Signal Reliable				26		00	and the second	<u> </u>
Name (Last First Modifie) Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Middle Mode Middle	1		Driver Distracted by	U		<u> </u>]
Please Ssleet One of the Following: Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped	- Flease IIII out for operator		DOB/Age	Seat Safety	Airbag Eject	Trap Injury Transp.	Medical Facility	
Please Solect One of the Following: Vehicle 4_#Occupants Non-Motorist A Type	Operator	See Above		X 1 1	1 0 0			1
Operator Last First Middle Address Non-Motorist A Type Action Location Condition Hit/Run Moped License # Reg Type Reg State Veh Year Veh Make Veh Config. Operator Last First Middle Address Non-Motorist A Type Action Location Condition Hit/Run Moped Reg # Reg Type Reg State Veh Year Veh Make Veh Config. Operator Last First Middle Action Prior to Crash Last First Middle Address State Zip Damaged Area Code: 27 27 27 27 1	P							4
Operator Last Finat Middle Address Non-Motorist A Type Action Location Condition Hit/Run Moped License # Reg Type Reg State Veh Year Veh Make Veh Config. Operator Last Finat Middle Action Prior to Crash Last First Middle Action Prior to Crash Vehicle Action Prior to Crash State Zip Damaged Area Code: 27 27 27 1		1				\perp		-
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Operator Last Finat Middle Address Non-Motorist A Type Action Location Condition Hit/Run Moped License # Reg Type Reg State Veh Year Veh Make Veh Config. Operator Last Finat Middle Action Prior to Crash Last First Middle Action Prior to Crash Vehicle Action Prior to Crash State Zip Damaged Area Code: 27 27 27 1								
Sex Lic, Class 19 19 Lic, Restrictions 20 CDL Endorsement Owner Last	Please Select One of the Following:	Occupants Non-Motorist A	Type 15 Action	16 Location	17 Condition	n 18	it/Run Moped	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL	License # St_	DOB/Age	Reg #		Reg Type_	Reg	State	1
Address	19 19	trictions 20 CDL	_	Veh Make		Veh C		
City	Operator	st Middle	_ Owner	Last	First	Midd	lle	
City	Address		Address		3			<u></u>
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Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence	Insurance Company		Vehicle Action Prior to	o Crash	Dam Dam	naged Area Code:	27 27 27	
Citation # (If Issued) Most Harmful Event	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event Sequence	23 23 23	23 Test	Status:		
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Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code Susp. Alcohol: Susp. Alcohol: Susp. Drug: 32 Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by Driver Distracted by Susp. Alcohol: Susp. Drug: 32 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Susp. Alcohol: Susp. Drug: 32 Towed from scene? 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Nam	2			. 25		No. of the last of		
Viol. 3: Ch/Sec/Sub	Viol, 1: Ch/Sec/Sub ————Vio	l. 2: Ch/Sec/Sub ————	Driver Contributing C	oue	Susp	o. Alcohol: 31	ousp. Diug.	
Name (Last First Middle) Address DOB/Age Sext Safety Airbag Fject Siatus Code Code Code Status Code Medical Facility	Viol. 3: Ch/Sec/Sub ————Vio	l. 4; Ch/Sec/Sub —	Driver Distracted by	20	Tow	red from scene?	33	
		-		Seat Safety	Airbag Eject	Trap Injury Transp.	Medical Facility	
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	Operator/11010-1140torist	23273076		/ \ 	\vdash	- - - 		1
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Police Use Only	Common	wealth	of Mass	achi	usett	S		RM	V Doc	ument Numbe	er
Date of Crash Time of Crash	City/Town Mo	otor Veh	icle Cra	ısh	Numbe Vehicle		rod P	eed Limit	4	Local Police	· 💆
05/31/2022 1520 Wil 24HR	Lmington	Police	Report		2	, o	La	ititude ongitude _		MBTA Police Campus Pol Other:	lice
AT INTERSECT	ΓΙΟΝ:	LOCA	TION	>		NO			SEC	CTION:	
	1			and the latest							2
			<u> </u>		34		UTE				
Route# Direction	Name of Roadway/Street At		Route# Direc	ction	Address #	†		Name of	Roady	way/Street	
_	7 tt		Feet	N S	E W of			• —	or .		
Route# Direction N	ame of Intersecting Roadway/Stree	et				Mi	le Marke	er		Exit Num	ber 6
	Also at Intersection with		Feet	N S	E W of	Route		Inters	ecting	Roadway/Stree	
Route# Direction N	ame of Intersecting Roadway/Stree	et .	Feet	N S	E W of	-1100					
Route# Direction N	anie of intersecting Roadway/Stree	cı						La	andmar	·k	
Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash I	Report I	D# 2 2	2-1	69	-AC	3		
of the Following:							1 201 2000	******	ns		
License # S25487796 St]	MA DOB/Age		# 159A							\$60	21 1
Sex <u>F</u> Lic, Class _D Lic.	. Restrictions 1 CDL		Year 2017	V	eh Make_	HOND	A		Vel	h Config. 1	
Operator MEDEIROS, AND	A PAULA First Middle	Own	er MEDEIF	ROS,	ANA	PAU				fiddle	
Address 30 WINTERBERR		Addı	ress 30 WII	NTEF	RBERF						
City TEWKSBURY Sta	ate MA Zip 01876-42	75 City	TEWKSBU	RY			_ State	MA_	Zip 0	1876-4	275
Insurance Company GEICO GEN	IERAL INSURANCE	C Vehi	cle Action Prior to	Crash	4	22	Dama	aged Area	Code	1 27 2 27	8 27
Vehicle Travel Direction: X S E W			t Sequence 1		23 23	23	Test :	Status:		1 28	
				11755000 20	24		Type	of Test:		29	
Citation # (If Issued)			t Harmful Event	-		0 0 25		Test Res		1 30	
Viol. 1: Ch/Sec/Sub —			er Contributing Co	700000000000000000000000000000000000000	CONTRACTOR OF	99 ²⁵	Susp.	. Alcohol:	2 31	-	2 32 1
Viol. 3: Ch/Sec/Sub —	_ Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99	26		Towe	ed from so	cene?	2 33	
Please fill out for ope	erator and all occupants involved		DOB/Age	Sex	34 35 Seat Safe Pos. Syste	y Airbag	Eiect T	38 39 Trap Injury Tode Status	Transp. Code	Medical Fa	cility
Operator	See Above	ρ	Doblinge		1 99	-	0 0	10	1	, , , , , , , , , , , , , , , , , , ,	
Орегиют		*		Y		+ +			-		
						4	_				-
Please Select One Vivaliate a 1	#0	74	15	16	. 8	17		18			.,
of the Following: Vehicle 21	#Occupants Non-Motori	st A Type	Action	Lo	ocation	C	ondition		ľ	Hit/Run	Moped
License # NHL19907184 St]	NH_ DOB/Age	Reg	# 433224	1		Reg	Туре	PC .	R	leg State NH	
Sex F Lic. Class D 19 Lic.	Restrictions 1 20 CDL	Veh	Year <u>2015</u>	Ve	eh Make]	MITS	UBI	SHI	Vel	n Config. 1	21
Operator CONLEY, TAYLO	OR A Endorsem		er CONLEY	, T	AYLO	R A					
Address 17 SOUTH AVE	First Middle		ess 17 SOT	Last		Fir	r B		М	fiddle	
	nte NH Zip 03038		DERRY					NH :	zin O	3038	1
	.te_ NH _ Zip_ O3O38		- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	12 1		22		aged Area			27
Insurance Company GEI			cle Action Prior to		4	23		Status:	i Couc.	7 6	8
Vehicle Travel Direction: N S E	Responding to Emergency?	2 Even	t Sequence 1		23 23	L 23		of Test:		29	- 1
Citation # (If Issued)		Most	Harmful Event	1	24			Test Res	ult:	1 30	•
Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Co	ode [1 25	99 ²⁵	Susp.	. Alcohol:	2 31	Susp. Drug:	2 32
Viol. 3: Ch/Sec/Sub	_ Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99	26		Towe	ed from so	ene?	2 33	,
	on-motorist and all occupants invo	olved			34 35 Seat Safe		Eject T	38 39 Trap Injury	40 Transp.		
Name (Last First Middle)	Address		DOB/Age	Sex	Pos. Syste	m Status	Code C	ode Status	Code	Medical Fa	cility
Operator/Non-Motoris	See Above	e		X	1 99	4	0 0	10	1		
			-	+		+ -		_		-	



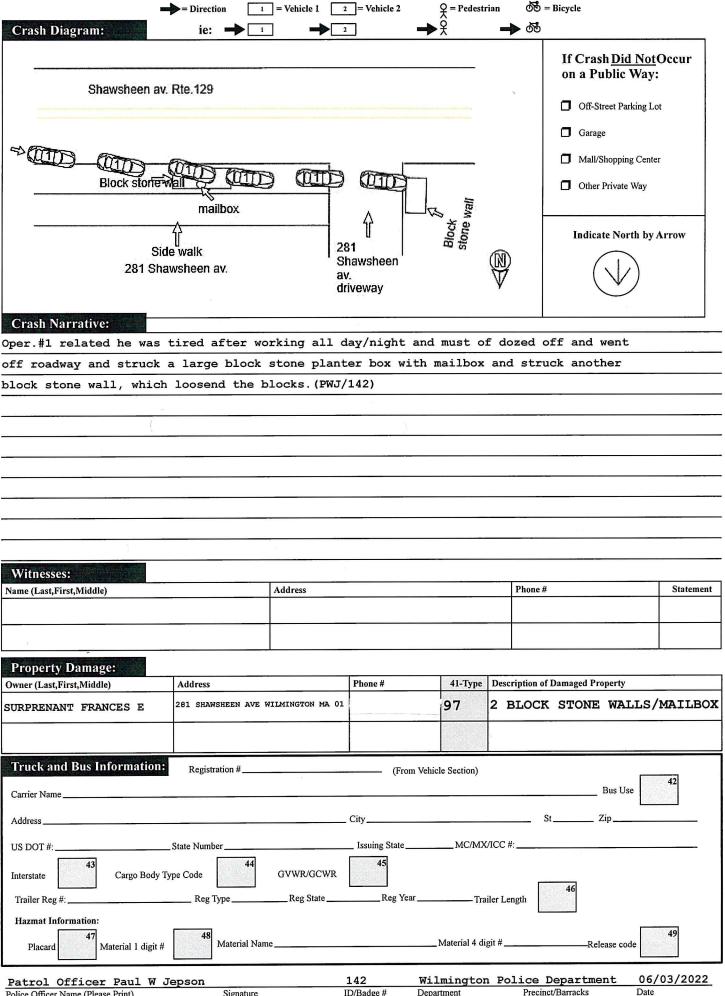
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		City/Town]	Motor Veh	icle Cras	sh	Numb Vehic	Access to the second	urod	Speed 1		40	State Police Local Police	2	
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	129 E LOWELL S								30,000.0					
¹ 1	Route# Direction	Name of Roadway/Stree At	t	Route# Direct	ion	Address	#		Nan	ne of R	Loadwa	y/Street		
1	93 S I93SBR31			Feet	N S I	E W of	-			_	or			
	93 S 193SBR31 Name	of Intersecting Roadway	/Street				M	ile Ma	rker			Exit Numb	er	9 11
		Also at Intersection with		Feet	N S I	E W of	Rout	e#		ntersec	ting Ro	oadway/Stree		
2	Deuts# Dissetion Name	of Intersecting Roadway	Street	Feet	N S I	E W of	Rou		•		110	aa naji sii se	•	
² 2	Route# Direction Name	of Intersecting Roadway	/Sifeet							Lan	dmark			
2	Please Select One Vehicle 13	Occupants Hit/Ru	n Moped	Crash Re	eport I	D# 2	2-1	7	0 – 2	AC				
³ 3	of the Following:		ı— <u>—</u>									3.73		
		DOB/Ag		# 3CCL73								50.74	21	1 12
	Sex_ F Lic. Class D D Lic. Re	strictions 1 CDL	rsement	Year 2014								Config. 1		
	Operator CINTRON, ANGEL	ICA JANETT	E Own	er LITTLE	FIE:	LD,	COD	Y A	DAM	I PF	Midd	ile		
⁴ 2	Address 8J S WARREN ST		Addı	ess 34 HOW	ARD	ST	AP	T 2	2					
	City HAVERHILL State]	MA Zip 01835-	7524 City	<u>HAVERHII</u>	L			Sta	te MA	Zij	01	830-40	006	
	Insurance Company THE COMMER	CE INSURANC	E CO Vehi	cle Action Prior to	Crash	4	22	Da	amaged	Area (Code: 2	27 27	27	
	Vehicle Travel Direction: N S E	Responding to Emerger		t Sequence 1 2	23 2	23 23	23	Те	st Statu	ıs:	1	28		
⁵ 1				Harmful Event	1	24		Ту	pe of T	est:		29		
	Citation # (If Issued)				<u> </u>	A 25	25	-1	AC Test	_	_	30	20	13
	Viol, 1: Ch/Sec/Sub ————————Vi			er Contributing Cod	N. Walania (N. C.)	4 ²⁵	S)	Su	sp. Alc	_	822	Susp. Drug:	2 32	1
⁶ 2	Viol. 3: Ch/Sec/Sub —————————Vi			er Distracted by	0	182			wed fro]
	Please fill out for operato Name (Last First Middle)		ved Idress	DOB/Age	Sex	34 3 Seat Sai Pos. Sys	fety Airbag	37 Eject Code			40 Fransp. Code	Medical Fac	eility	
	Operator	See A	Above		X	1 99		0	0	10 :	1.			
	operator					6 1	4	0	0	10 :	1			
				1		-	4	ļ .		10	-			
						4 1	4	0	0	10	1			
	Please Select One Viveled 2.1	(Occupants Day 2		15	16		17	Condit	7000	18	<u></u> н	-4/D	Moped	1
⁷ 6	of the Following: Vehicle 2 1	Occupants Non-M	otorist A Type	Action	LC	ocation		Condit	1011		<u> </u>	t/Kun 🗀	Mopeu	
		DOB/Age	Reg	<u>5FD987</u>			Re	g Type	PC		Reg	State MA	21	
	Sex_F Lic. Class 99 99 Lic. Re	strictions 99 20 CDL		Year 2011	Ve	eh Make	TOY	ATC		W	_ Veh C	Config. 1	21	
	Operator VILLACINDA SOLIS,		orsement ABETH Own	er_VILLAC	IND	A SC	DLIS	, M	ARI	LDF	EI	IZABE	TH	
⁸ 1	Address 38 STORY AVE	irst M		ess 38 STO	RY_	AVE	F	irst			Midd	le		
-		MA Zip 01902-	2924 City	LYNN				Sta	te MA	Zi	01	902-29	924	4 14
	Insurance Company PROGRESSIV			cle Action Prior to	Crach	1	22		amaged			T T		
						23 23	23		st Statu		1	28		
	Vehicle Travel Direction: NSW	Responding to Emerger	•	it sequence 1		24		Ту	pe of T	est:		29		
⁹ 2	Citation # (If Issued) 455818AB	£		Harmful Event			2/		AC Test	t Resul		30		
	Viol. 1: Ch/Sec/Sub 90 10 Vi	ol. 2: Ch/Sec/Sub ———	Driv	er Contributing Cod		7 25	25	Su	sp. Alc	ohol: 2	31	Susp. Drug:	2 32	
	Viol. 3: Ch/Sec/Sub ———— Vi	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	0	26		To	wed fro	om scei	ne? 1	. 33] ,
	Please fill out for operator/non-			DOB/Age	Sex		fety Airbag tem Status	37 Eject Code	38 Trap Code		40 Transp. Code	Medical Fac	cility	
	Name (Last First Middle) Operator/Non-Motorist		Above	DODINGE		1 0	4	0				ahey Clini		1
	Operator/Indit-Mon-Motorist	366			/\		_	- =	(ZA)					1
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	i .	~		1	1	1	1	1		- 1	1.			1

	= Direction 1	= Vehicle 1	Vehicle 2	X = Pedestrian		e	
Crash Diagram:	ie: <u> </u>	→	2 -	¥	<u>→ ₩</u>		1
	Lov	well St.				Crash <u>Did Not</u> C a Public Way:	Occur
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			water contract the contract of			-	
		100				Garage	
	1					Mall/Shopping Center	
Later and the second se	1	4	i 			Other Private Way	
			(MOF)				
'	938		(a) (b) (b)			Indicate North by A	rrow
					W	(Λ)	
					®		
Crash Narrative:			5 L		500000		
MV1 WAS EXITTING THE 93	SOUTH OFF RAM	IP AT LOWELI	ST. MV2 WAS	TRAVELLI	NG EAST BOT	IND ON	
LOWELL ST.AS MV1 ENTERED	THE EAST BOU	ND LANE OF	LOWELL ST. 3	T COLLIDE	D WITH MV2	IT	
APPEAERED MV2 ATTEMPTED	TO AVOID THE	CRASH BY EN	TERING THE V	WEST BOUND	LANE AND	URNING	
LEFT.THE FRONT RIGHT SID	E OF MV1 COLI	IDED WITH	HE RIGHT FRO	NT SIDE O	F MV2.BOTH	VEHICLES	
ENDED UP IN THE WEST BOU	ND LANE.					1	
	,						
							1
			- 98				
Witnesses:					3. 31		
Name (Last,First,Middle)		Address		***	Phone #		Statement
1							
					4	72	
Property Damage:			-				
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Dama	ged Property	
	<u> </u>						
Truck and Bus Information:	B : : : : !!						
The Control of Control	Registration #		(From Vel	•		Bus Use	42
Carrier Name							477
Address	i i						
US DOT #:			Issuing State	MC/MX/IC	C #:		
Interstate 43 Cargo Body Typ	ne Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46		
Hazmat Information:						I	
Placard 47 Material 1 digit #	Material Nam	ne		_Material 4 digit	#	Release code	49
Patrol Officer Brian Tav			206 Wi	lmington l	Police Depa	rtment 06/	01/2022

	olice Use Only		Commony	vealth	oi iviass	sacn	use	etts			Kiv.	IV Docu	ment Number	
Date of Crash 06/02/2022		City/Town ilmingto	_		icle Cr			mber hicles	Numb Injure	J P	eed Limi	t25	- State Police Local Police MBTA Police	0000
06/02/2022	24HR	ıımıngco	n	Police :	Report		1		0	Lai	ngitude		Campus Police	_ 🗖
	AT INTERSE	CTION:	<	LOCA	TION	>			NOT	AT I	NTEF	RSECT	TION:	
			2,000											
Route# Dire	ection	Name of R	oadway/Street		Route# Dir	ection .	17 Addre	ess #	BO		ELL Name o	ST Roadwa	av/Street	
Troutes Bire	201011	Titalia of It	At		Trouten Di						Truste O	11000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					Fee	t NS	EW	of ·	— —	Marke		or _	Exit Number	
Route# Dire	ection		ting Roadway/Street		Face	t NS	E W	-c	TVIIIC	Warke	•		Sant Framou	
		Also at Illi	ersection with			t NS			Route#	-	Inters	ecting R	oadway/Street	_
Route# Dire	ection	Name of Intersec	ting Roadway/Street		Fee	t [N]S]	EW	of .						
DI C-1-4		_										andmark		
Please Select of the Follow		2#Occupants	Hit/Run	Moped	Crash	Report	ID# Z	22	-1	71	$-\mathbf{A}$	3		
License # S7	1460436	St MA DOB/A	gı	Reg	EVLW77	7			_ Reg î	Гуре <u>Е</u>	C	Re	g State FL	
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	ACOSTA, AN		Endorsemen	nt	er EAN H								- COUNTY	
	Last 4 GARFIELD	First	Middle		ess 14002	Last			First		дрт	150		
			01901-573					~						24
City WOBU	RN	State MA Zip	01601-575		TULSA		Г		22			Zip	134-14 27 2 27	27
Insurance Comp	•			Vehic	cle Action Prior			<u> </u>			status:	a Code.	28	951)
Vehicle Travel I	Direction: S E	W Respondir	ng to Emergency? 2	Even	t Sequence 2	2		23	23		of Test:		29	ı
Citation # (If Is	sued)			Most	Harmful Event	22	-			18.8	Test Res	ult:	30	
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Viol. 3: Ch/Sec/	/Sub	Viol. 4: Ch/Se	ec/Sub	Drive	er Distracted by	0	26			Towe	d from s	cene?	L 33	
		operator and all oc	-				34 Seat	35 Safety	Airbag I	ject Tr	8 39 ap Injury	40 Transp.		
Name (Last First)			Address See Above		DOB/Age	Sex			Status C	ode Co	xde Status	_	Medical Facilit	У
Operat	: <i>OF</i>	7-2-	See Above			\checkmark			-	+		7	Vinchester	
					-1	-	6	1	4 0	0	10	2 1	Hospital 	
						~								
					F _S									
Please Select	One Division	#Occupants	Ь		15	16			17	ndition	18			
of the Followi		#Occupants	Non-Motorist	A Type	Action	L	ocatio	n	Co	ndition			lit/Run L M	oped
License #		St DOB/A		Reg #	<i></i>				_ Reg T	уре		Re		21
Sex Lic.	Class 19 19 1	Lic. Restrictions	CDL		/ear	v	/eh Ma	ke				Veh (Config.	21
Operator	Last	First	Middle		er	Last			First			Mid	41.	
Address	Last	First	iviiddle	Addr	ess				FIRST			Mid	uie	
Cir.		State Zip		City_						State_		Zip		
CIIV	pany	-			ele Action Prior	to Crash			22	Dama	ged Area	Code:	27 27	27
				Even	t Sequence	23	23	23	23	Test S	status:	9	28	
Insurance Comp		W Respondir	a to Emergency?			Steel leve	100			Type	of Test:		29	
Insurance Comp	Direction: NSE		ng to Emergency?	Most		1000	24						30	
Insurance Comp Vehicle Travel I Citation # (If Is:	Direction: NSE				Harmful Event	5102001		25	25		Test Res	- 01	503100	20
Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec	Direction: NSE	Viol. 2: Ch/Se	ec/Sub ————	Drive	Harmful Event	Code		25	25	Susp.	Alcohol	31	Susp. Drug:	32
Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/	Direction: NSE ssued)	Viol. 2: Ch/So Viol. 4: Ch/So	ec/Sub	Drive	Harmful Event	Code	26			Susp.	Alcohol	31 cene?	503100	32
Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec. Viol. 3: Ch/Sec.	Direction: NSE ssued)	Viol. 2: Ch/So Viol. 4: Ch/So	ec/Sub	Drive	Harmful Event	Code	26 34 Seat	35 Safety	36 Airbag I	Susp. Towe	Alcohol	231 cene?	Susp. Drug:	
Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ PI Name (Last First N	Direction: NSE ssued)	Viol. 2: Ch/So Viol. 4: Ch/So or/non-motorist and	ec/Sub ec/Sub I all occupants involv	Drive	Harmful Event or Contributing (Code	26 34 Seat	35 Safety	36 Airbag I	Susp. Towe	Alcohol	231 cene?	Susp. Drug:	
Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ PI Name (Last First N	Direction: NSE ssued)	Viol. 2: Ch/So Viol. 4: Ch/So or/non-motorist and	ec/Sub	Drive	Harmful Event or Contributing (Code	26 34 Seat Pos.	35 Safety	36 Airbag I	Susp. Towe	Alcohol	231 cene?	Susp. Drug:	
Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ PI Name (Last First)	Direction: NSE ssued)	Viol. 2: Ch/So Viol. 4: Ch/So or/non-motorist and	ec/Sub	Drive	Harmful Event or Contributing (Code	26 34 Seat Pos.	35 Safety	36 Airbag I	Susp. Towe	Alcohol	231 cene?	Susp. Drug:	
Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ PI Name (Last First)	Direction: NSE ssued)	Viol. 2: Ch/So Viol. 4: Ch/So or/non-motorist and	ec/Sub	Drive	Harmful Event or Contributing (Code	26 34 Seat Pos.	35 Safety	36 Airbag I	Susp. Towe	Alcohol	231 cene?	Susp. Drug:	

		a rotes ku			If Crash <u>Did</u> on a Public V	
	17 Boutwell	Street			☐ Off-Street Park	ing Lot
					☐ Garage	
				ur	☐ Mall/Shopping	Center
					Other Private W	
		M171	7		Indicate North	-
>	W DEV)	World	Telep	hone Pole	→)
Crash Narrative:						
NV 1 was driving on Bo						e
oole #2. No injuries.						
Refer to 22-176-AR. Op				child enda	ngerment, Negligen	t
peration, etc. MV 1	was towed by For	rest Towing	g.			
	-					
a a						
	•	-				
Witnesses:						
Name (Last,First,Middle)	· · · · · · · · · · · · · · · · · · ·	Address	- VA		Phone #	Statement
		5			(F	
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type Desc	cription of Damaged Property	
Owner (Last, First, Middle)	Address		1 Hone #	41-Type Desi	cription of Damageu 1 Toperty	
						S
Truck and Bus Information	n: Registration #		(From Vel	nicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	ENCORTON NA
					#:	
US DOT #:	State Number		Issuing State	wic/wix/icc	r	
	y Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer Le	ength	
Hazmat Information:						40
47	48			***		49
Placard Material 1 digit	# Material Nan	ne		_ Material 4 digit #_	Release code	
Placard Material 1 digit Student Officer (Academy) Thom	v v	ne				06/02/2022

Direct Continue Time of Croate Part Chapter Part Chapter Part Chapter Part	Police Us	e Only	monw	ealth	of M	assa	ch	use	etts				RMV	Docum	nent Nu			
AT INTERSECTION: LOCATION Note of Intersecting Readway/Street Readed Direction Name of Readway/Street Readed Direction Name of Readway/Street Readed Direction Name of Readway/Street Readed Direction Address # Name of Readway/Street Readed Direction Name of Intersecting Readway/Street Name of Readway/S	The second secon	ALCO CARROLL STATE OF THE STATE	2000					sh			0.000 0.000	ا ا	•		35	Local P MBTA	olice olice olice olice olice	
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Restel Direction Name of Roadway/Street Alt Feet Name of Roadway/Street Name of Intersecting Roadway/Street Roadway/Street Name of Intersecting Roadway/Street Feet Name of Intersecting Roadway/Street Roadway/Street Name of Intersecting Roadway/Street Name of Road	AT	INTERSECTION	ON:	< LOCATION > NOT AT INTERSECTION										ION:				
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Route Direction Name of Intersecting Roadways/Street Feet NS E W or Intersecting Roadways/Street Landmark	Route# Direction	Name					_				Mile	Mark	сег			Exit N	Jumber	1
Pieses Select One Company SAFETY INSURANCE COMPANY Vehicle Travel Direction No. 2 Close-Sub Viol. 4: ChSec/Sub Viol. 5: ChSec/Sub Viol. 5: ChSec/Sub Viol. 5: ChSec/Sub Viol. 5: ChSec/Sub Viol. 6:			Also at Intersection	with			_				Route#	-	Ir	ntersec	ting Ro	adway/S	Street	ŀ
License # SA1460953 St. MA DOB/Ags Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg # 1FSF22 Reg Type PC Reg State MA Reg Type PC Reg State PC	Route# Direction	Name	e of Intersecting Roa	dway/Street						•				Lan	dmark	,		1
See M		Vehicle 11	#Occupants H	it/Run	Moped	(Crash Re	eport	ID#	22	-1	72	-7	AC				
Sex_M. Lic. Class 1 Lic. Restrictions 2 Cl. Endorsement 2 Endorsemen	License # SA146	0953 St M	DOB/Age		Reg	# 1FSI	22				_ Reg T	Гуре_	PC		Reg	State 1		
Operator NUMBR SAINT RAHUL K Feet Modelle	Sex M Lic. Class	19 19 D Lic. Re	estrictions			Year <u>20</u>	09	\	√eh Ma	ake <u>H</u>	OND	A			_ Veh C	onfig.	1 21	7
City TEWKSBURY State MA Zip D1876-1873 City TEWKSBURY State MA Zip D1876-1873 Damaged Area Code	Last		RAHUL K		Own		L	ast			First		ζ		Midd	le		- 1
Damaged Area Code 27 27 10									HST	ONE								-
Nemerical Company State T INSTRUCT Contributing Code Company State Zip Contributing Code Company State Zip Compand Company State Zip Compand Company Code						TEWK	SBUF	RY	Г		_				_			-
Vehicle Tave Direction: N E N Responding to Emergency Event sequence 46 35 31 Type of Test: 30 35 34 35 35 35 35 35 35										Т	10				ode: 1		- 10 - 1	
Viol. 1: Ch/Sec/Sub	Paper to the Constitute for			ergency? 2					31	23	23	Тур	e of Te	est:				
Viol. 3: Ch/Sec/Sub					_ 7					25	25				100	The Sales	22	
Please fill out for operator and all occupants involved Address	Management of the second of th				Α.		- 1	HEAT \$1.00				-		1.0	200 P. C.		rug: 32	٩
Non-Motorist A Type 15 Action 16 Location 17 Condition 18 MidNe Modeled Facility					Div	Distracti	tu by	U				37	38	39	40			4
Please Select One of the Following: Vehicle 2		out of operation	- T			DOE	/Age	Sex	Pos.		Airbag I Status C	ode	Code :	Injury Status	Iransp. Code	Medic	cal Facility	4
Vehicle 2 #Uccupants Non-Motorist A Type Action Location Condition Hit/Run Moped	Operator	96.	and place and	See Above			\leq	X	1	1	1 0	- 0) 1	10	1			╛
Vehicle 2 #Uccupants Non-Motorist A Type Action Location Condition Hit/Run Moped																		
Vehicle 2 #Uccupants Non-Motorist A Type Action Location Condition Hit/Run Moped													5					
Vehicle 2 #Uccupants Non-Motorist A Type Action Location Condition Hit/Run Moped																		
Sex Lic. Class		Vehicle 2	#Occupants No	on-Motorist A	A Type	15 Acti	on	16 L	ocatio	n	17 Co	nditio	on	18	Hi	t/Run [Moped	
Sex Lic. Class Lic. Restrictions CDL _ Endorsement Veh Year _ Veh Make	License #			/n <u>=</u> .	Reg	#					_ Reg T	уре_			Reg	State_	21	
Address		Lic. Re	estrictions					v	/eh Ma	ıke					Veh C	onfig.		
City State Zip	Last		First	Middle			L	ast		¥	First				Middl	le		
Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Most Harmful Event Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Vehicle Action Prior to Crash Event Sequence 23 23 23 23 23 23 Toset Status: Type of Test: BAC Test Result: 30 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Driver Contributing Code Viol. 4: Ch/Sec/Sub Driver Distracted by DoB/Agc Sex DoB/Agc Sex DoB/Agc Dob/A		State	Zip			Sec. 101					,i	State		Zi	p			_ 1
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Citation # (If Issued) Most Harmful Event			Responding to Em	ergency?	Even	t Sequence	2	23	23	23	23					140.00		
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code	Citation # (If Issued)_		•		Mos	: Harmful I	Event		24			3515						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age DOB/Age	Viol. 1: Ch/Sec/Sub =	v	iol, 2: Ch/Sec/Sub =		Drive	er Contribu	ting Cod	de	Division in the second	25	25			E	-	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rug: 32	
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Safety Airbag Eject Status Code Code Code Status Code Medical Facility	Viol. 3: Ch/Sec/Sub =	v	iol. 4: Ch/Sec/Sub =		Driv	er Distract	ed by		26			Tow	ved fro	m sce	ne?	33		
POINT (Last Tist Whorle)		Il out for operator/non-	-motorist and all occi		ed	DOF	/Ape	Sex	Seat	Safety	Airbag I	ject	Trap	Injury	Transp.	Medi	ical Facility	7
		Von-Motorist		and the second				X										
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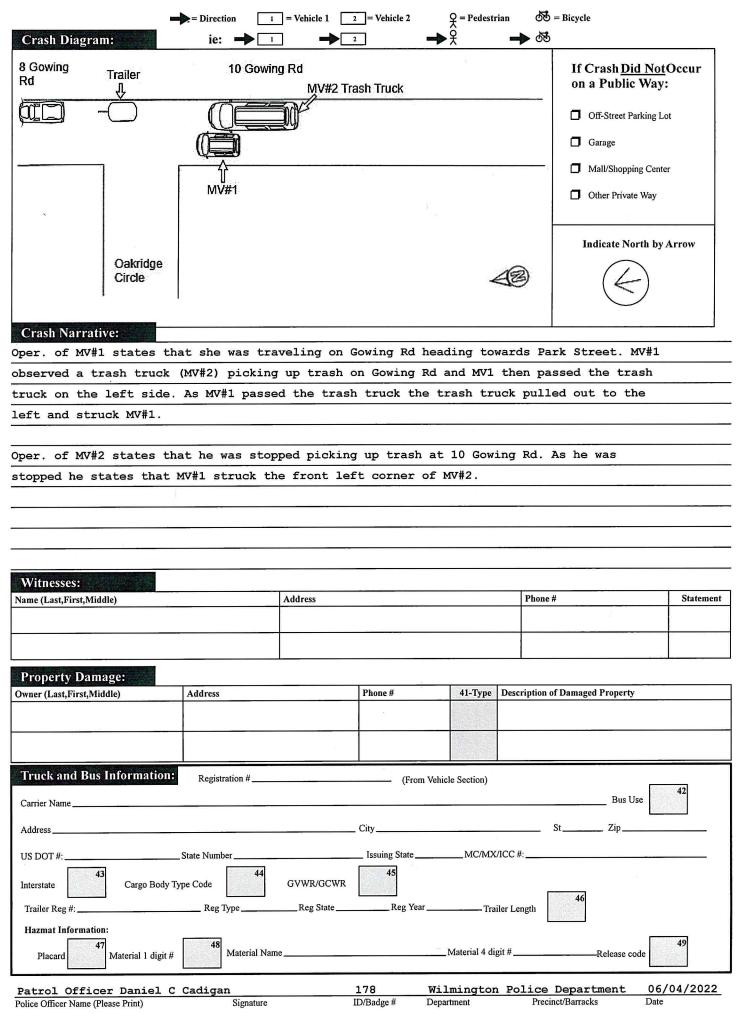


Wilmington Police Department Crash Report Report # 21-173-AC

Record Requests for Wilmington Police Department Report 21-173-AC, should be sent to the following email address:

publicrecords@wpd.org

	Police Use Only Commonwealth of Massachusetts RMV Document Number											
		City/Town Mo	tor Veh	icle Cras	$sh \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Number /ehicles	Number		Limit_	20	State Police Local Police MBTA Police Campus Police	
	06/04/2022 0934 Wilm :	ington	Police 1	Report	2		Injured O	Latitud			MBTA Police Campus Police Other:	l
	AT INTERSECTION	ON:	LOCA	- Nation - Devocation of the	>		NOT A		_	SECT		7
	THE INCLUSION OF THE PROPERTY											2 10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	dress #	<u>GOW</u>			Roadwa	y/Street	
¹ 1		At		Feet	N S E V	v of				or	Exit Number	-
		of Intersecting Roadway/Street	t	,† 			Mile M	arker			EXIL Number	4 11
		Also at Intersection with		_	N S E V		Route#	<u> </u>	Intersec	cting Ro	oadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Street	t	200					Lan	dmark		_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport ID#	22	-17	5-2	AC			
	License # S77781641 St MA	DOB/Age	Reg	#1ETZ22			Reg Typ	e PC		Reg		- 12
	2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	strictions CDLEndorseme	ent	Year 2020						_ Veh C	Config. 21	
4	Operator CROWLEY, SARAH	Irst Middle		er <u>CROWLE</u>	ast		ALI(JE		Midd	le	-
⁴ 1	Address 25 MARCUS RD		Addr	ess 25 MAR	CUS :	RD_						=
	City WILMINGTON State 1	MA Zip 01887-150	OB City	WILMING	ON			ate MA	Zi	p 01	887-1508	-
	Insurance Company THE COMMERO	CE INSURANCE (CO Vehic	cle Action Prior to	Crash	9	22	amaged	l Area (Code: 3		
-	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Even	t Sequence 1	23 23	23	23	est Statı		## 23 24	28	
⁵ 2	Citation # (If Issued)		Most	Harmful Event	1 24			ype of T		. 8	30	
	Viol. 1: Ch/Sec/Sub ————Vio	ol 2: Ch/Sec/Sub ————	Drive	er Contributing Cod	ie 99	25	25	AC Tes usp. Alc		No. 11 Card	Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub —————————Vio			er Distracted by	O 26			owed fro	5	32.35(25)	33	
⁶ 1		or and all occupants involved			34	35	36 37	38	39	40	980 EG	4
	Name (Lost First Middle)	Address		DOB/Age	Sex Pos.		Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	See Above		\sim	X_1	1	4 0	0	10	1		
		9	.1	,12								1
					aral	Territoria.			10			4
⁷ 1	Please Select One of the Following:	Occupants Non-Motoris		Action Action	Locat	200	Condi		18		it/Run Mopeo	4
		DOB/Age	_	# <u>W32228</u>			Reg Typ				State MA	-
	Sex M Lic. Class B 19 19 Lic. Res	strictions CDL Endorseme	nt	Year <u>2021</u> er <u>BMO HA</u> I				'ruc	<u>k</u>	_ Veh C	Config. 13	
⁸ 1	Address 13 JENNIFER LN	irst Middle		es 770 N	ast		First			Midd	le	
		01060-427				K 3.		т.т		E 2 4	202-0002	1 14
		MA Zip 01960-427		MILWAUKE	T.	2000		ate <u>W I</u> amaged		-		
	Insurance Company OLD REPUBL			cle Action Prior to		23		est Stati		8 .	28	
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Even	t Sequence 1	23 23	23	23	ype of T			29	
⁹ 2	Citation # (If Issued)	ŧ	Most	Harmful Event	1 24			AC Tes	t Resul	t:	30	
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 99	25	25 S	usp. Alc	cohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————Viol	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26		Т	owed fr	om sce	ne? 2	33	
	Please fill out for operator/non-r	motorist and all occupants invol	lved	DOB/Age	Sex Pos.		36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above		\sim	X1	1	4 0	0	10	1		
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