	Police Use Only	Comn	10nwealth	of Massa	chu:	setts	}		RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number Vehicles		ا تا ا	d Limit	2(Local Police	1
	10/30/2022 1109 Wil:	mington	Police 1	Report		V enicles 2	0	Lan	ude gitude _		MBTA Police Campus Police Other:	}
	AT INTERSECT	ION:	< LOCA		_	_	1				TION:	1
		2011	300.									10
	129 LOWELL											
¹ 1	Route# Direction	Name of Roadway/Stre	et	Route# Directi	on A	ldress #		N	lame of	Roadv	vay/Street	_
т	WOBURN			Feet [N S E	w of			. —	or _		_
		me of Intersecting Roadwa					Mile	Marker			Exit Number	3 11
		Also at Intersection wit	h	_	N S E	_	Route#		Inters	ecting l	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadwa	y/Street	Feet	NSE	w of						
<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	····					La	ındmarl	k	4
3	Please Select One of the Following:	_#Occupants Hit/R	un Moped	Crash Re	eport ID/	22	-3	26-	·AC	2		
	License # S21609702 St M	A DOB/Age	Reg #	2WL867		•	Reg	Type PC	:	R	eg State MA	
	19 19	20	_	rear 2011			_				21	1 12
	Operator KING, TARYN	Enc	lorsement	er KING, I							<u> </u>	
⁴ 3	Address 33 KENWOOD AVE		Middle	ess 33 KEN	15L		First			М	iidüle	
	City WILMINGTON Stat			WILMINGT				Sunta M	78.	γ: Δ ΄	1887-3035	-
	Insurance Company THE COMME	-				1	22				8 27 27 27	-
				le Action Prior to (3 23	23	23	Test Sta			28	
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emerge		Sequence 1				Type of	Test:		29	
	Citation # (If Issued)	••••		Ŀ		<u> </u>	25	BAC To	est Resi	elt:	30	13
	Viol. 1: Ch/Sec/Sub			r Contributing Cod T				Susp. A		L		1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	0 26			Towed			1 33	
	Please fill out for open Name (Last First Middle)	ator and all occupants inve	olved Address	DOB/Age	Sex Po	11 Safety	Airbag I	37 38 ject Trap fode Code	injury Status	Transp. Code	Medical Facility	
	Operator	See	Above		X 1		1 0		10	1		
									1	<u> </u>		-
						-	-		+			-
									ļ	ļ		_
⁷ 2	Please Select One of the Following:	#Occupants Non-N	Actorist A Type	15 Action	16 Loca	tion	17 Co	ndition	18		Hit/Run Mopeo	
2		A DODA		1824JT		L	<u></u>	ype <u>PC</u>	, 	<u> </u>	C M7	-
	10 10	A DOB/Age	-								eg State MA	•
			orsement	ear 1999						Veli	Config. 2	
§1	Last		Middle	MACKENZ	st		First	G		Mi	iddle	-
╧╢	Address 27 RICHMOND ST			ess 27 RIC		ט אַ					1005 0605	14
	-	MA Zip 01887-	•	WILMINGT		<u> </u>	22			-	$\frac{1887 - 2637}{\begin{vmatrix} 1 & 27 \end{vmatrix}_{8} & 27 \end{vmatrix} = 27}$. 1
	Insurance Company SAFETY IN	SURANCE COM	IPANY Vehic	le Action Prior to C		4		Test Sta		Code:	28 27 27	İ
	Vehicle Travel Direction: S E W	Responding to Emerge	ncy? 2 Event	Sequence 1 23	1 1	23	23	Type of			29	
2	Citation # (If Issued)		Most	Harmful Event	1 24			BAC Te		ult:	30	
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Cl/Sec/Sub	Drive	r Contributing Code		25	25	Susp. A	icohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26			Towed f	from sc	ene?	1 33	
Ī	Please fill out for operator/nor	•	ts involved	DOH/Age	Sex Pox	n Safety	Airbag E	37 38 jeet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	7
Ì	Operator/Non-Motorist		Above		X 1	1	1 0	0	10	1	resourced County.	1
	4				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+		_	1			_
				+		+			-			4
ļ					_	 				Щ		_

	= Direction	= Vehicle 1	= Vehicle 2	2 = Pedestr	ian 📆	= Bicycle	
Crash Diagram:	ie: 👈	→ □	2	ĝ	→ ₩		
		Lowell st./F	Rte.129	^		If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cen Other Private Way Indicate North by	_ot ter
Crash Narrative:					i		
Oper.#1 related she w	as traveling so	uth on Wobu	n st., as she	approa	ached the	intersection	
of Woburn/Lowell st.,							
her to cross over. Wh			_				
	ile doing so op	er.wz made a	an abrupe lere	. carn e	and Crasi	led into the	
front of her M/V#1.							
Oper.#2 Related that					·····	 	
st., when M/V#2 came	flying across f	rom the othe	er side and cr	ashed i	into his	M/V#2.	
While at the scene I	noted that M/V#	l had almost	completed he	r cross	over ar	nd M/V#2 was	
still at the stop lin	e and cross wal	k area, whil	e attempting	his lef	t turn a	and was	
partially in the oppo	site lane.(PWJ/	142)					
Witnesses:						· •	
Name (Last, First, Middle)		Address			Phone #		Statement
		<u> </u>					
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
						<u> </u>	
Truck and Bus Informatio							
Carrier Name	Registration #		(From Vehicl	e Section)		Bus Use	42
Address			City			Zip	
			•				
	State Number			MC/MX/	RCC #:		
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Ran Stata	Ran Venr		·	46	
	Keg Type	weg state	Keg Teat	Trai	ier Length		:
Hazmat Information:	48					Γ	49
Placard Material 1 digi	t# Material Nar	ne		∕aterial 4 dig	it #	Release code	7/
Patrol Officer Paul W							/30/2022
Police Officer Name (Please Print)	Signature	1	D/Badge # Depart	ment	Precin	ct/Barracks Date	;

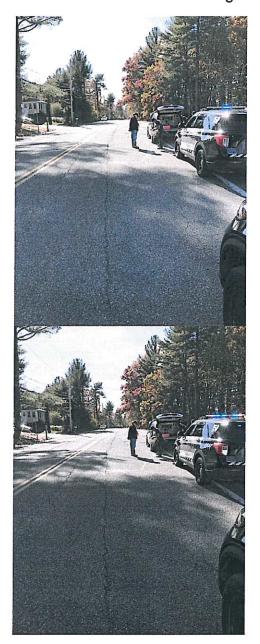
	Police Use Only	Comi	monwealth (of Massa	chus	etts	}		RM	V Docu	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [lumber ehicles		a loboc	d Limit	25	Local Police	
	10/30/2022 1335 Wil	mington	Police 1	Report	lı ,		1	Lant	ude itude _		MBTA Police Campus Police Other:]
	AT INTERSECT	ION:	< LOCA				NOT	AT IN				1
												1 10
		***************************************			3_		HO	PKIN	SS	T		_ []
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	on Add	lress #		N	ame of	Roadw	/ay/Street	-
		711		Feet N	SEW	of			•	or _		.
	Route# Direction Na	me of Intersecting Roady	vay/Street	<u></u>			Mil	e Marker			Exit Number	1 11
		Also at Intersection w	rith		SEW	_	Route	-	Inters	ecting F	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N	SEW	of of						
<u> </u>				1					La	undmark	ζ	_
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Rep	port ID#	22	-3	27-	·AC	7		
	License # S98472536 St M	A DOB/Age	Reut	#3PEK59			Reg	Туре РС	;	R	en State MA	
	10 10	20	_	Year 2016			_				21	1 12
	Operator CORMIER, GLEN	E1	ndorsement	er CORMIER							Comis.	
⁴ 1	Address 31 PLEASANT ST	First	Middle	es 31 PLE?	a		Fin	it		Mi	iddle	-
				•				. 34	7	O'	2180-2033	-
	City STONEHAM Stat			STONEHAM			22				2 180 - 2033 7 27 10 27 27	
	Insurance Company UNITED SE			cle Action Prior to C	rash	23	23	Test Sta		Couc.	7 10 1 28	
5	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	t Sequence 4		23	23	Type of			29	
	Citation # (If Issued)	<u> </u>	Most	Hannful Event	1 24			BACT	est Res	ult:	1 30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25	Susp. A	lcohol:	2 31		4 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26			Towed	from sc	ene?	1 33	
1	·	ator and all occupants inv	volved Address	DOB/Age	34 Seat Sex Pos.	35 Safety	36 Airbug	37 58 Eject Trap Code Code	39 Injury Status	40 Tronsp. Code	Medical Facility	
	Name (Last First Middle) Operator	Se	ee Above	DOB/Age	1	System 99		Code Code	10	1	Medical Pacing	
		31 PLEASANT ST			-				-			_
	NANCY CORMIER	STONEHAM, MA 021	80-2033		3	99	4	0	10	1		_
, 	Please Select One Vehicle 2	#Occupants Non-	-Motorist A Type	15 Action 2	l6 Locati	<u></u>	17 C	ondition	18	П	Hit/Run Mope	,
⁷ 1	of the Following:	1,401	4_					1		<u> </u>	- (170 pec	4
	License # St	DOB/Age 20	Reg #	<i></i>			Reg	Туре		Re	eg State 21	-
	Sex. Lic. Class Lic. I	Restrictions Cl	DL Veli \ ndorsement	/ear	Veh N	lake				Veh		
⁸ 1	Operator Last	First	Middle Own	erLas	1		Firs	ı		Mi	ddle	-
1	Address		Addre	ess								- 14
	City State	Zip_	City_					State				_
	Insurance Company		Vehic	ele Action Prior to C	rash	1	22	Damage		Code:		
	Vehicle Travel Direction: X S E W	Responding to Emerg	gency? 2 Event	Sequence 23	23	23	23	Test Sta			1 ²⁸ 29	
,	Citation # (If Issued)	<u> </u>	Most	Harmful Event	24			Type of BAC To			_ 30	
1	Viol, 1; Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub ——	Drive	r Contributing Code	4	25	25	Susp. A				
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	9 26	It		Towed			2 33	
	Please fill out for operator/no		ants involved		34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		_
	Nume (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status	Code Code	Status	Code	Medical Facility Winchester	_
	Operator/Non-Motorist	. Se	ee Above		$X \mid 1$	0			9		Hospital	_
			••						1			1
I		1		1		1	ı I	1	1	₁ 1		1

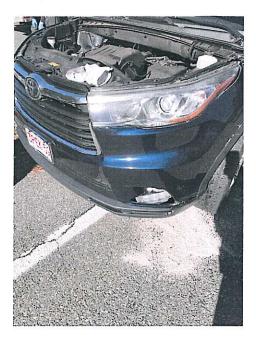
'	= Direction	= Vehicle 1	= Vehicle 2	X = Pedestr	ian OO	= Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	<u> </u>	웃	→ ‱		
	Shawsheen Eler School 298 Shawsheen	-	Seminary S			If Crash <u>Did Not</u> on a Public Way:	i
	250 Onavoneen	AAC.				Off-Street Parking Lo	:
	<u> </u>					☐ Garage	ļ.
Hazirassoludaridad	>				Shawsheen Ave	Mall/Shopping Center	
Ŷ					ieen	Other Private Way	[
†	Hopkins S	t			wst		
B1		**************************************			NS.	Indicate North by A	Arrow
3 Hopkins St	296 Shaws	heen Ave			<i>6</i>	\overline{A}	
Crash Narrative:							
V1 was traveling westb	ound towards th	e Town of E	Billerica in t	he vic	inity of	the 3 Hopkins	
St. While traveling, a	juvenile ridin	g a bicycle	e left the rea	ar of th	ne parki	ng lot of 296	
Shawsheen Ave and atte	mpted to cross	Hopkins St	to meet a gro	oup of	friends	in the schools	
parking lot. The Juven	ile rode across	Hopkins St	and failed t	o yielo	i to V1	which was in	
its lane, had the righ	t of way, forci	ng V1 to sw	verve up on to	the s	idewalk	in an attempt	
to not hit the bicyle	headon.Multiple	people att	empted to ale	ert the	cyclist	of the	
oncoming car, but were	unsuccessful.	V1 subseque	ently struck t	he bic	yle on t	he drivers side	
tire area. After strik	ing the bicyle,	OPR1 pulled	l over and imm	nediatly	y called	911. The	
juvenile sustained mine	or lacerations	to his face	and was trar	sporte	d to the	hospital for	
further care. OPR1 and	his passenger	were not in	jured and ref	used me	edical t	reatment. All	
parent were notified or	f the situation	. V1 was to	wed from the	scene l	y Forre	st Towing.	
Witnesses:					•		
Name (Last,First,Middle)		Address			Phone	¥	Statement
D4. D				•			
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
		•					
				•			
Truck and Bus Information	Registration #		(From Vehic	le Section)		[42
Carrier Name						Bus Use	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	44	GVWR/GCWR	45		-		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:					L		
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 di	git #	Release code	49
Patrol Officer Michael F	Tobason		100 141	minator	Police	Denartment 10/	30/2022

CDP1 11-24-00

Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 22-327-AC





	Pol	lice Use Only	vealth	of Massa	ach	uset	ts			RM	V Doc	ument Num				
	Date of Crash 10/31/2022	Time of Crash 2251 W	City/Town ilmingto	-	icle Cra	sh	Num Vehic		inneral	Speed Latitu	Limit.	25	5 State Poli Local Pol MBTA Po	lice 🔀		
	10, 31, 2022	24HR	**************************************		Police	Report		1	0		Longit			Campus I Other:	Police 📋	
		AT INTERSE	ECTION:	<	LOCA	TION	>		NC	T AT	`INT	rer:	SEC	TION:		1
								286	_	HES	זואיני	T TTT	СTT			2 10
1	Route# Dire	ection		adway/Street		Route# Direc	tion	Address		1120				vay/Street		
¹ 4]			At		Feet	N S	E W of			···· •		OF			
	Route# Dire	ection	Name of Intersect	ing Roadway/Street					λ	iile Ma	rker			Exit Nu	ınber	11
			Also at Inte	rsection with				E W of	Rou	te#		Interse	ecting l	Roadway/Sti	reet	
² 1	Route# Dire	ction	Name of Intersect	ing Roadway/Street		Feet	NS	E W of	•					•		
<u> </u>	Di Color												ndmarl	k		-
3	Please Select of the Followi		1 #Occupants	Hit/Run	Moped	Crash R	Report i	1D# 2	2-3	328	3 –.	AC	•			
	License # SA	4280024	St MA DOB/Ag		Reg	3KXD27			R	eg Type	PC		R	eg State M	A	12
	Sex M Lic.	Class D 19	Lic. Restrictions 1		Veh	Year <u>2004</u>	V	eh Make	Inf	ini	ty		Veli	Config. 1	L 21	7
	Operator <u>CA</u>	LVO, DEVI	N JOSEPH	Endorsemen Middle		er CALVO,	DE	VIN	JOS	ЕРН				iddle		
⁴ 1	Address 23	CHESTNUT	ST	Milde	Addı	ess 23 CHE	Last EST1	TUI		First			м	edic.		
	City WILM	INGTON	State MA Zip	01887-391:	L City.	WILMING'	TON			Stat	e M	_ z	ip 0	1887-	3911	
	Insurance Comp	pany THE COM	MERCE INS	SURANCE C	O Vehic	le Action Prior to	Crash	1	22	Da	mageo	i Area	Code:	<u> </u>	27 27	
5	Vehicle Travel [Direction: SE	W Responding	g to Emergency? 2	Even	Sequence 31	23	23 23	23		st Stat			1 28 29		
,	Citation # (If Iss	sued)			Most	Harmful Event	31	24		-	pe of 1 AC Tes	rest: it Resu	ılt [,]	30		
	Viol. 1; Ch/Sec/	Sub	Viol. 2: Ch/Se	c/Sub	Drive	er Contributing Co	ide [7 25	9 ²	e .		oliol:		Susp. Dru	g 2 32	30 ¹³
6	Viol, 3: Clı/Sec/	'Sub	Viol. 4: Ch/Se	c/Sub	Drive	r Distracted by	0	26				om sce	-	2 33	<u> </u>	
⁶ 2	Name (Last First M		operator and all occ	upants involved		DOB/Age	Sex	Seat Sa	35 36 fety Airbag stem Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code)	Facility	1
	Operate			See Above		DODINGE	V	1 1	4		0	1.0	1	Wedicar	Pacing	
	-														<u>,</u>	1
								-	-					<u> </u>		1
		, ,									<u> </u>					4
						1.5			121			10				4
⁷ 1	Please Select C of the Followin		#Occupants	Non-Motorist	A Type	Action	16 L	ocation	17	Condíti	on	18	 	Hit/Run	Moped	
	License #		St DOB/Ag	e	Reg #				Re	д Туре			R	eg State		1
	SexLic. (Class 19 19	Lic. Restrictions	CDL		/ear	v	eh Make					Veh	Config.	21	
	Operator	Last	First	Middle		er	i nst			îisi			Mi	iddle		
1	Address				Addr	ess				-						
	City		State Zip_		City_					Stat	е	Z	ip			1 14
	Insurance Compa	any			Vehic	le Action Prior to			22		•	l Area	Code:	27 2	27 27	
	Vehicle Travel D	Direction: NSE	W Responding	to Emergency?	Even	Sequence		23 23	2.3		st Stati pe of T			29		
· 2	Citation # (If Iss	ued)			Most	Hannful Event	L,	24		, BA		t Resu	ilt:	30		
_	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Cli/Sec	:/Sub	Drive	r Contributing Co		25	2:	Sus	sp. Alc	ohol:	31	Susp. Dru	g: 32	
	Viol. 3; Ch/Sec/S	Sub	Viol. 4: Ch/Sec	/Sub	Drive	r Distracted by	<u> </u>	26				om sce		33]
	Ple Name (Last First M	ease fill out for operate	or/non-motorist and	all occupants involve Address	ed	DOB/Age	Sex	Seat Sa	iS 36 fety Airbag stem Status		38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility	
	Operate	or/Non-Moto	rist	See Above		> <	X	1						-		
														<u></u>		
								\dashv	+							
									 	\Box						

-	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedesti	rian 🐠	= Bicycle	
Crash Diagram:	ie: 🖚 🔳	→	□ →	S	→ ॐ		
N 2 C	lailboxes for 86 & 287 hestnut St	#286 Chesti	Chestnut St		2 >	If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative:							
MV (Infinity) was travel							
the operator lost contro						vehicle struck	
a mailbox which was on t							
	or admitted t						······································
	vas also wet d						
damage to the the rear of	drivers side o	of the vehic	le. No repor	ted in	juries a	nd vehicle was	
operable.							

Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
						;	
Duanauty Damaga					-		
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description (of Damaged Property	
NILSEN EMILY N	18 MORELAND ST HAVE	ERHILL MA 01830-			MAILBO		
MIDSEN EMILI N				<i>31</i>	MAT UD	/A	
ANDERSON JUSTIN	287 CHESTNUT ST WII	LMINGTON MA 0188		97	MAILBO	X	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
						•	
	State Number		_ Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					- L		
Placard Material 1 digit #	48 Material Nam	e	P	Aaterial 4 dis	zit #	Release code	49
1 tagain 1 digit #							
Patrol Officer Daryl J (``	_	010 1741	-i-atan	Polico	Department 10/	21 /2022

	Police Use Only		Comi	monwealth	of Massa	chus	etts		R	MV Doc	cument Number	
	Date of Crash Time of Cra		City/Town	Motor Ve	hicle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$		Number Injured	Speed Lin	ու <u>3</u>	O State Police Local Police MBTA Police	
	11/03/2022 1756	1	ington	Police	Report	2	0	-	Latitude_ Longitude		Campus Police Coller:	វ
	AT INTE	ERSECTIO	ON:	< LOC	ATION >		N	OT A	INTE	RSEC	CTION:	7
				_							******	2 10
	Route# Direction		Name of Roadway/St	reet	Route# Direction	<u>35</u>	2 1	MIDD	LESE Name		VE way/Street	_
¹ 3	Touten Brotton		At	7000	-	, ,			144110	01 11000	nay, garan	
	-				Feet [N S E W	of —	Mile Ma		— or	Exit Number	
	Route# Direction		of Intersecting Roady Also at Intersection w		East N	SEW	l of					2 11
			Aiso at illersection v	· tui		SEW	. Ri	oute#	Inte	rsecting	Roadway/Street	
² 1	Route# Direction	Name	of Intersecting Roady	vay/Street		Halpin	J 01		·····	Landmai	-1.	_
	Please Select One	1 #	Occupants Hit	. D	1		22	221			N.	1
³ 2	of the Following;	hicle L± "	Hit/	Run Moped	Crash Re	port ID#		32	у-A	<u> </u>		
	License # NHL119545		DOB/Age	Reg	# <u>3638230</u>			Reg Type	PC	F		- 12
	Sex M Lic. Class D	19 Lic. Res	strictions 1 20 C	DL Vel	Year <u>2008</u>	Veh M	ake FO	RD_		Vel	h Config. 21	
	Operator TAFT, LU	CAS A	irst E	Middle Ow	ner TAFT , V	/ICTO	RIA	LYNN First			fiddle	-
⁴ 1	Address 2 CLOCKTO				iress 1 CLOC		R PI		PT 30		addie	_
	City NASHUA	State 1	NH Zip 0306	O City	NASHUA			Sta	te NH	Zip 0	30603377	_
	Insurance Company NONE		·	Vei	icle Action Prior to C	Crash	1 22	Da	unaged Ar	ea Code	1 27 8 27 2 27	
	Vehicle Travel Direction:	SEW	Responding to Emer	gency? 2 Eve	nt Sequence 1 2	3 23	23 23	Te	st Status:		1 28	
⁵ 2	Citation # (If Issued)			Мо	st Harmful Event	1 24	- 1	•	pe of Test		29	
	Viol, 1; Ch/Sec/Sub		ol 2: Ch/Sec/Sub	Dri	er Contributing Code	e 99	25	25	AC Test Re sp. Alcoho		<u> </u>	1 13
	Viol. 3: Ch/Sec/Sub ———				Ţ	99 ²⁶	!		sp. Aicom wed from		33 33	
⁶ 1			r and all occupants in			34	35 3	6 37	38 3	10		-
	Name (Last First Middle)	······································	<u> </u>	Address	DOB/Age	Sex Pox.	Safety Air System Sta	bag Eject tus Code	Trap Inju Code Stat	ry Transp. us Code	Medical Facility	_
	Operator		S	ee Above		$X \mid 1$	99 4	0	0 10	1		
					 -							
	Please Select One		<u> </u>		15	16	1	<u> </u> 7]		8 7		_
⁷ 1	of the Following:	nicle 2 <u> </u>	Occupants Non	-Motorist A Type	Action	Locati	on	Condit	ion		Hit/Run Mope	d _
	License # <u>\$8569701</u>		_ DOB/Age	Reg	# <u>717JZ5</u>		1	Reg Type	PC	R	teg State MA	-
	Sex M Lic. Class D	19 Lic. Resi		DL Veh	Year 2019	Veh M	ake <u>CHI</u>	EVRO	LET	Vel	ı Config. [1 21]	
Q	Operator CAVANAUG	H, KEV	IN PATRIC	K Ow	ner <u>CAVANAU</u>	IGH,	KEVI	N PA	TRIC	Κ	fiddle	-
⁸ 1	Address 9 CHAPMAN	AVE	171		ress 9 CHAPI	MAN A	VE	tarat		10.	ijodic	-
	City WILMINGTON	State M	1A Zip 01887	7-1405 City	WILMINGT	ON		Stat	e <u>MA</u>	Zip 0	1887-1405	_ 1 4
	Insurance Company THE	STANDAF	O FIRE IN	ISURAN Veh	icle Action Prior to C	'rash	2 22	Da	maged Ar	ea Code:	6 27 5 27 4 27	
	Vehicle Travel Direction:	SEW	Responding to Emerg	gency? 2 Eve	nt Sequence 1 23	23	23 23	1	st Status:		1 28	
9	Citation # (If Issued)			Mos	t Harmful Event	L ²⁴			pe of Test:		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Vic	ol, 2; Ch/Sec/Sub ——	Driv	ם er Contributing Code	: 1	25	25	AC Test Re sp. Alcoho		<u> </u>	
	Viol. 3: Ch/Sec/Sub		ol. 4; Ch/Sec/Sub —		er Distracted by) 26			wed from	<u> </u>	2 33	
			notorist and all occupa	ants involved		34 Seni	35 36 Safety Airl	5 37 sag Eject	38 35 Trap Inju	40 ry Transp.		4
	Name (Last First Middle)		1	Address	DOB/Age	Sex Pos.	System Sta	ius Code	Code Stat	as Code	Medical Facility	_
	Operator/Non-N	<u> 10torist</u>	Se	ee Above		X 1	1 4	0	0 10	1		_
		-										

	-	= Direction	ո 🗾	= Vehicle 1	2 = Veh	icle 2	Pedest	rian	් = Bicycle	
Crash Diagrar	n:	ie:	→ □		2	→	≥ ⋛	-	∙ 929	
									If Crash <u>Did Not</u> on a Public Way	
		352 Mide	ilesex A	ve					Off-Street Parking Lo	ot]
									☐ Garage	
	entre en	enamoneura necessimente summeta antime	** Pomonomore	na al de sante de la compansión de la comp	Alberton .	Particular	A CONTRACTOR CONTRACTOR		Mall/Shopping Center	r I
									Other Private Way	
		V1 🜘		act C)					
				V2	-	millementen skastiliteren filosophian tipoliteren			Indicate North by	Arrow
							(3>		
Crash Narrati	ve:									
· · · · · · · · · · · · · · · · · · ·									he 4-12 tour. At	
									of a motor vehicle n traffic he rear	
ended V2. V2										
reported. Nei	ther vehic	le towed	. Dama	ige to V2	2 consist	ent wit	h being	rear	ended.	
Marian control and an analysis of the second										
						····				
-, .,, ., .,										
Witnesses:				T		·····	-			
Name (Last,First,Midd	le)			Address				P	'hone #	Statement
										[
				<u> </u>		,				
Property Dama Owner (Last, First, Mid		Address			Phone		41-Tyne	Descrin	otion of Damaged Property	
									,	

Truck and Bus	nformation:	Registratio	on#			(From Vehi	cle Section)			
Carrier Name									Bus Use	42
Address					City				St Zip	
US DOT#:	 	State Number_			Issuing	State	MC/MX	ЛСС #:_		
Interstate 43	Cargo Body Ty	pe Code	44	GVWR/GCV	wr 4	5				
Trailer Reg #:		Reg Type	e	Reg State		Reg Year	Tra	iler Lengt	46 h	
Hazmat Information		48								40
Placard	Material 1 digit #	40 Ma	aterial Nam	e			Material 4 di	git #	Release code	49
Patrol Office	r Paul Maco	rilvrav			221	wi.	lminator	Poli	ce Department 11/	03/2022

	Pol	ice Use Only	C	ommonwe	th of Massachusetts						RMV Document Number							
	Date of Crash	Time of Crash	City/Town	Moto	r Veh	icle Cra	sh		mber hicles	Nua Inju	l'	Speed Latitu	Limit	35	Local I	Police Po		
	11/04/2022	24HR	ilmington	P	olice I	Report		1		0	ľ	Latitu Longit				ıs Police		
		AT INTERSE	CTION:	<	LOCA	TION	>			NO	ГАТ	'IN'	rer	SEC	TION:			_
				=													2 1	10
	Route# Direc	ction	Name of Roa	dway/Street	······	Route# Direc	tion	161 Addre		SI	iAW.			Roady	vay/Street			_
¹ 4			A	11		_	N S	E 132										
	Route# Direc	ction	Name of Intersecting	e Roadway/Street		reet	[IX]3]	EW	10	— Mi	le Mar	— ∙ ker		or "	Exit ?	Number		11
	20000		Also at Inters			Feet	N S	EW	of	Route			1		Roadway/	Chungt	L	╛
1			35 03	D t ///		Feet	N S	E W	of	Kouk	;#		merse	econg s	Koadwayi	atteet		
² 1	Route# Direc	ction	Name of Intersectin	ig Koagway/Sireet									La	ndmar	k		1	
3	Please Select O of the Followi	One Vehicle L	1 #Occupants	Hit/Run	Moped	Crash F	Report	ID# 💈	22	-3	30) –	AC					
			St. MA DOB/Age		Rea #	2CHZ18				Rei	7 Type	PC		R	en State I	MA.	<u>L</u>	
	Sex F Lic.	10 10	Lic. Restrictions	20 CDL	_	ear 2022										2.1	1 1	12
		NNEY, SAM	L	Endorsement	_	r KENNEY								701	Comig.			
⁴ 1	-	OND CIR	First	Middle			Last			Fi	[¥]			М	iddle			
_	City MEDFO		State MA 7 in 0	2155-1053		MEDFORD					State	. МZ	A 7	in O	2155	-1053		
	-			URANCE CO		e Action Prior to		ſ	1	22				. Code:				
	•	Direction: NSE		to Emergency? 2				L	23	23		st Stat			1 28			
⁵ 2		ued)		to Emergency:		Harmful Event	5	24	J		Туј	pe of 1	Test:		29			
				′Sub		Contributing Co	_	1	25	25			t Resi		30	32	5	13
				'Sub		Distracted by	0	26	!				conot: com sc	2 31 ene?	Susp. L	orug 2 32	<u> </u>	
⁶ 1	VIOI, 3; CIVSec/:		operator and all occu			- Distinuited of		34	35	36	37	38	39	40]	
	Name (Last First M	liddlo)	- T	Address		DOB/Age	Sex		Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	-	
	Operate	or		See Above			X	1	1	4	0	0	10	1				
																	1	
-	Please Select C		#Occupants	Non-Motorist A	Type	15 Action	16	ocatio	. [17	Conditi	<u>"</u>	18	\Box	Hit/Run	Moped	1	
⁷ 1	of the Followi	ıg:	<u> </u>									<u> </u>					-	
	License #	19 19	St DOB/Age	20	- 0						•				-	21		
	Sex Lic. 0	Class	Lic. Restrictions	CDL Endorsement	_ Veh Ye	еаг	\	/eh Ma	ke					Veh	Config.			
⁸ 1	Operator	Ļast	First	Middle			Last			Fi	nst			Mi	ddle			
	Address					5S											1	14
	,		State Zip		•			Γ		22			Z I Area	ap Code:	27	27 27	<u> </u>	╛
	Insurance Compa				-	e Action Prior to			23	23		t Stati			28			
		\		to Emergency?		aequence					Тур	e of T	Test:		29			
⁹ 2	•	•							25	25			t Resu		30			
						_	ide [•	cohol:			orug: 32		
		Sub			Driver	Distracted by		34	35	36	Tov 37	ved fr	om sc	ene? I ₄o			1	
	Ple Name (Last First M	•	OLYNOH-HIOROTISE and a	Address		DOB/Age	Sex	Seat	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	1	
	Operate	or/Non-Moto	rist	See Above		\geq	X	1]							
ŀ							1						<u> </u>		·		1	
t						i			Į.				ı				1	
⁹ 2	Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	Sub ————————————————————————————————————	Viol. 2: Ch/Sec/	ll occupants involved	Most I	Harmful Event Contributing Co	ode [24 26 34 Seat Pos.	25 35 Safety	25 36 Airbag	Typ BA Sus Tov	C Tes C Tes p. Alo wed fr	Test: It Result	31 ene?	30 Susp. D			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	又 = Pedestr	ian OO	= Bicycle	
Crash Diagram:	ie: 🕕 🔟	_ →	2	}	→ 🕸		
	161 Shawsheen Av	e				If Crash <u>Did Not</u> 0 on a Public Way:	
Steen Assablied Developed Cond. The electrical Administration of Cond. The electrical Administration of Cond. The Assable Cond. The Assabl	1 3			200000000000000000000000000000000000000		Off-Street Parking Lo	
			<=				`
	30					☐ Garage	
	200	_				Mall/Shopping Center	
	ł	DEER				Other Private Way	
						Indicate North by A	Arrow
						\bigcirc	
Crash Narrative:							
MV (Honda Civic) was t	raveling west o	n Shawsheer	n Ave. In th	e area	of 161 St	nawsheen Ave,	
the operator struck a						neavy damage to	
the front drivers side		ender and fi	cont door).	Vehicle ———	was stil	ll drivable.	
Unable to locate deer.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
Truck and Bus Information	Registration #		(F	-l- B!)			
Carrier Name	registration is		——— (From Vehi	cie Section)		Bus Use	42
			City			St Zin	_
			Issuing State				
US DOT #:	State Number		Issuing State	NC/MX	TCC #:		
Interstate Cargo Body	Type Code	GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length		
Hazmat Information:	40				_		49
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 dig	git #	Release code	***
Patrol Officer Darwl J	Cornela		212 141	lminator	Police	Department 11/	04/2022

Police Officer Name (Please Print)

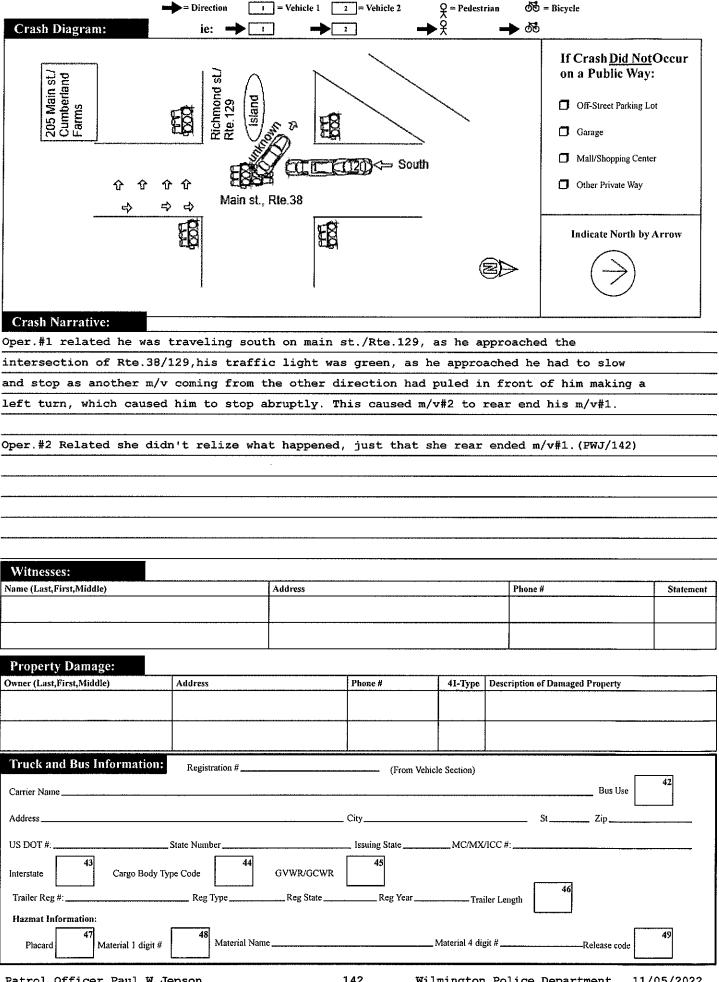
Signature

ID/Badge #

Precinct/Barracks Department

Date

	Police Use Only	Comi	monwealth o	th of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash 11/05/2022 1501 Wili	City/Town	Motor Veh	icle Cra	sh	Number Vehicles		ad Dopue	d Limit	35	State P Local F MBTA	olice 🖸	
	24HR 24HR	mington	Police 1	Report		2	0	Lam	ude gitude			s Police	
	AT INTERSECT	ION:	< LOCA	TION :	>		NOT	'AT IN	TER	SEC'	TION:]
	38 S MAIN ST												2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direct	ion /	Address #		N	ame of	Roadw	/ay/Street		
1	100	At		Feet	NSE	E W of			• —	or _			
	Route# Direction RICHMON Nar	ne of Intersecting Roady	vay/Street				Mil	e Marker			Exit N	lumber	2 11
		Also at Intersection w	rith			W of	Route	-	Interse	ecting F	Roadway/S	Street	
² 2	Route# Direction Nar	ne of Intersecting Roady	vay/Street	Feet [N S E	of of				-	· ·		
	Please Select One Nation 1	<u> </u>				- 22		21		indmark			1
3	of the Following: Vehicle 1	_#Occupants Hit/	Run Moped	Crash R	eport II	D# Z Z	<u>-3</u>	3T-	·AC	<u>; </u>			
	License # S85238442 St M	A DOB/Age.	Reg #	5KDT70			Reg	Туре <u>Р(</u>	:	R	eg State 🚹		12
	Sex M Lic. Class D 19 19 Líc. F	Restrictions 20 C	DL Veli Y	ear <u>2011</u>	Ve	h Make <u>(</u>	MC			Veh	Config.	1 21	
	Operator DOE, MICHAEL			r DOE, M	ICHZ	AEL S	STEF	HEN		Mì	iddle		ŀ
⁴ 3	Address 6 DAVIS RD			ss 6 DAVI		D							
	City N WILMINGTON State	MA Zip 01887	7-0000 City]	NIIMII	MGTC	N		State M	A _ z	Zip 01	L887-	-0000	
	Insurance Company THE COMME	RCE INSURAN	NCE CO Vehic	le Action Prior to	Crash	2	22	Damag		Code:		27 27	1
5	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 1	23 2	3 23	23	Test Sta			28		
⁵ 1	Citation # (If Issued)		Most	Hannful Event	1	24		Type of BAC To		ułt:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Cod	de 1	L 25	25	Susp. A			Susp. D	nug 32	1 13
6	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	0	26		Towed	from sc	ene?	2 33	1	
⁶ 1	·	ntor and all occupants inv		pant.		34 35 Seat Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		16 35	1
	Name (Last First Middle) Operator	Se	Address ee Above	DOB/Age		Pos. System	1	Code Code	Stones 10	Code 1	Medi	al Facility	1
	Operator				\wedge	-							1
							-		<u> </u>				
													Ĺ
⁷ 2	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action	16 Lo	cation	17 C	ondition	18		Hit/Run	Moped	
_	License # S54908366 St M	A DOB/Age	Reg #	53ЈН34			Reg	Туре РС		Re	eg State N	(A	1
	Sex F Lic. Class D Lic. R	Lestrictions 20 CI	DL Veh Y	ear 2014	Ve!	h Make 🛚	OYO!	TA		Velı	Config.	1 21	
	Operator JOHNSON, KARE	N LINDA	Owne	r JOHNSOI	N, I	KAREI	I LI	NDA					
81	Address 2215 DONNY MAR	TEL WAY	Middle Addre	ss 2215 D	ONN	Y MA	RTEI	WAY		Mis	ddle		
	City TEWKSBURY State	MA Zip 01876	-4590 City	<u>rewksbuf</u>	RY			State M	A _ z	ip <u>01</u>	L876-	<u> 4590</u>	1 14
	Insurance Company THE COMMER	RCE INSURAN	ICE CO Vehicl	e Action Prior to	Crash	1	22	Damage	ed Area	Code:		27 27	
	Vehicle Travel Direction: NXEW	Responding to Emerg	gency? 2 Event	Sequence 1 2	23 23	3 23	23	Test Sta			28		
9	Citation # (If Issued)		Most 1	Harmful Event	1 2	24		Type of BAC To		,,, l	30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	de g	9 25	25	Susp. A	1			aug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	99 2	26		Towed	- 1		2 33		
•	Please fill out for operator/nor	n-motorist and all occupa		Destruction		34 35 Sent Safety		37 38 Éject Trap	39 Injury	40 Transp.	,, ,,	12.20-	
}	Name (Last First Middle) Operator/Non-Motorist	Se	Address ee Above	DOB/Age		Pos. System	Status 4	Code Code	Status 10	Code 1	Medic	al Facility	
}								_	1				1
-				+	\perp		H	+]
}					_		\vdash	_	 	\vdash			



Patrol Officer Paul W Jepson

142

Wilmington Police Department

11/05/2022