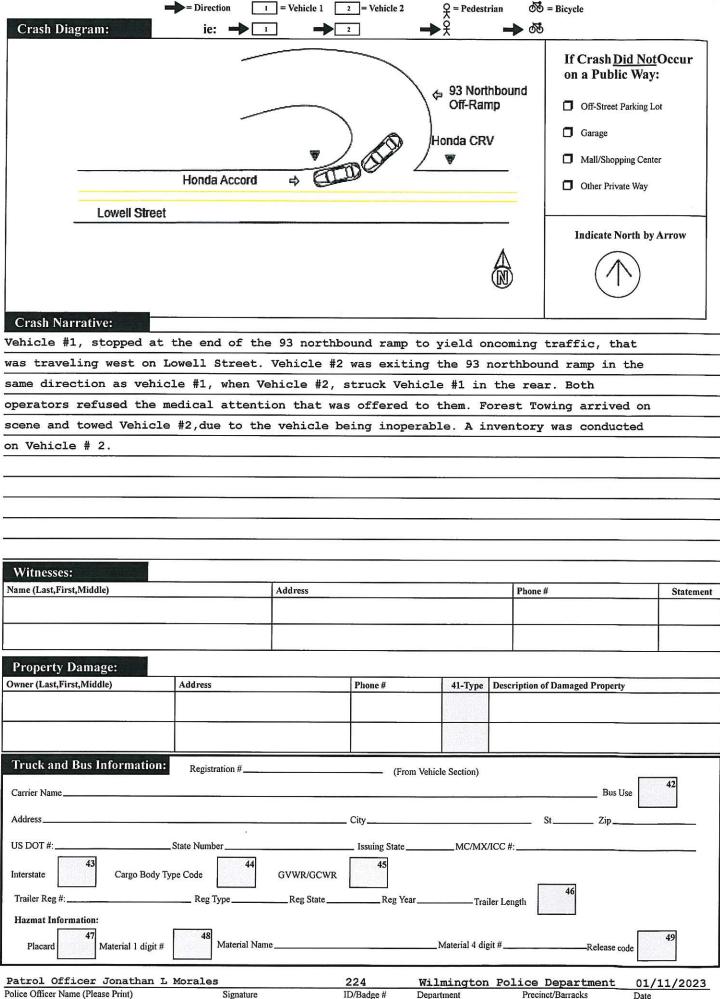
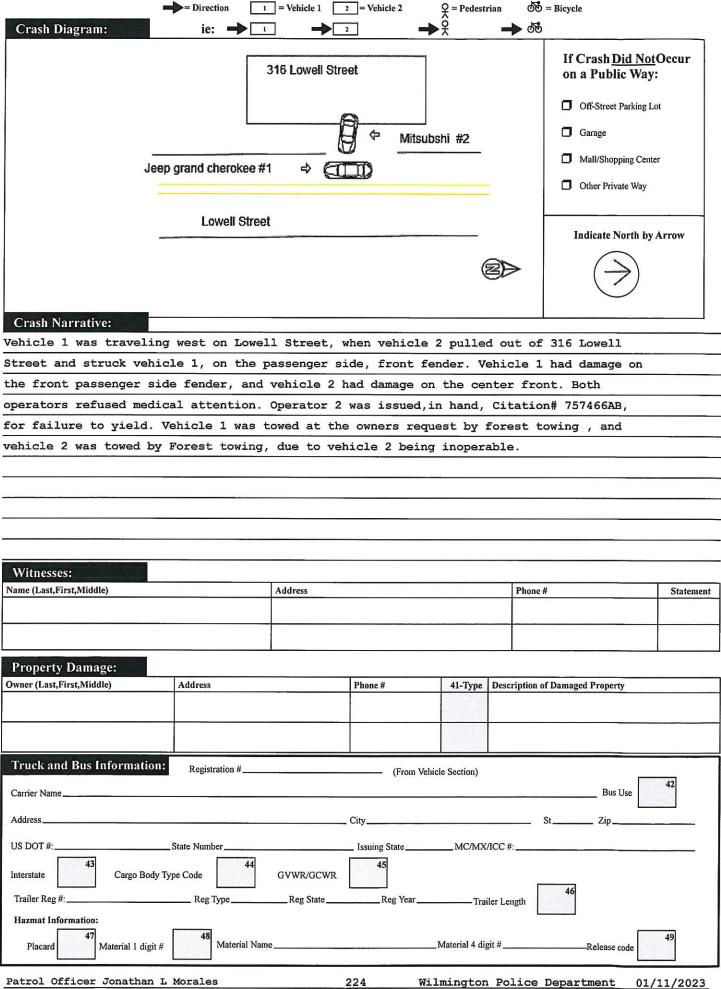
	Pol	lice Use Only		Com	monwea	lth (of Massa	ich	use	etts				RMV	/ Docu	ment Nur		
	Date of Crash	Time of Crash		City/Town	Motor	Veh	icle Cra	sh		ımber hicles	Nun		•	Limit	35	State Po Local Po MBTA I	olice 🔯	
	01/11/2023	0915 24HR	MITH	ington	Pol	lice]	Report		2		0	[1	atitud ongit			Campus Other:	Police	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO:	I AT	INT	ER	SECT	TION:		
									22	2	Ŧ.	NETTO 3	- -	cm				2 10
	Route# Dire	ection	1	Name of Roadway/	Street		Route# Direct	tion	33: Addr		<u> 11</u>)WE			Roadwa	ay/Street		_
¹ 1				At			Feet	N S	E X	of			- •	- Anna anna	or			
	Route# Dire	ection	Name	of Intersecting Roa	dway/Street				- / \	01	Mi	le Mar	ker		V1	Exit N	umber	8 11
				Also at Intersection	with		Feet				93 Route	-#]	Interse	cting R	oadway/S	treet	-
² 1	Route# Dire	ction	Name	of Intersecting Roa	dway/Street		Feet	N S	E W	of								_
1					· I				·					Laı	ndınark			7
3	Please Select of the Followi	One Vehicl	e 1 <u>1</u> #	Occupants H	it/Run	Moped	Crash R	Report	ID# 2	23	-6	- <i>F</i>	/C					
	License # <u>85</u>	4918755	St MA	DOB/Age		Reg #	7HX853				Reg	з Туре.	PC		Re	g State M		12
	Sex M Lic.	Class D	Lic. Res	trictions 1 20	CDL	Veh Y	rear <u>2008</u>		Veh M	ake H	ONI	A		-	Veh	Config.	1 21	1
	Operator BA	RRERA-AME	BROCIO	, FELIPE	Endorsement ANTONIO Middle	Own	er BARRER	<u>A-7</u>	MB	ROC	IO,	_ F '	ELI	PE	AN Mid	TONI	0	.
⁴ 5	Address 287	WASHIN	GTON	ST	1-144014	Addr	ess <u>287 WZ</u>	SH	ING	TOI	I S	T			(41)0			.
	City WOBU	RN	State 1	1A Zip 0180	1-2738	City	WOBURN								_		·2738	.
	Ілѕшалсе Сотр	pany GOVERN	MENT	EMPLOYER	ES INSU	Vehic	le Action Prior to	Crash		2	22				Code:		27 27	-
5	Vehicle Travel I	Direction: N S	EX	Responding to Em	ergency? 2	Even	Sequence 1	23	23	23	23		t Stati ne of T		1	1 28 29		
⁵ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24					t Resu	ılı.	30		
	Viol, 1; Ch/Sec/	/Sub	Vic	ol. 2: Cli/Sec/Sub -		Drive	er Contributing Co	de	1	25	25	1		ohol:		Susp. Dr	rug: 2 32	1 13
6	Viol. 3; Ch/Sec/	/Sub	Vio	ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26					om sc		2 33	<u> </u>	
⁶ 1			for operator	r and all occupants					34 Seat	35 Safety	36 Airbag	37 Eject	38 Tmp	39 Injury	40 Transp.			7
	Name (Last First A				Address See Above		DOB/Age	Sex	Pos.	System	Status 4	Code	Code O	Status 10			al Facility & Womans	-
	Operan				See Above				1	Ĭ	-				-	nospital		┨
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									ļ									_
																		╛
⁷ 6	Please Select 6 of the Followi		e 2 1 #	Occupants N	on-Motorist A	Туре	15 Action	16 I	ocatio	n l	17	Conditio	on	18	☐ H	łit/Run [Moped	
6		3067183	c. M7A	DOB/Age_		Dag d	2LA959					Tuna	PC		P ₀	g State M	<u> </u>	-
	Sex M Lic.	19	[9]	trictions 1 20	CDL	_	/ear 2012	,	Joh M	de H	-					Config.	21	`
		RRSON, I		<u> </u>	Endorsement		er LARSSO								ven	Conng. [
8 1	_	Last DWARDS	Fi	tal	Middle		ess 4 EDWA	Last			Fi				Mid	ldle		
				1A Zip 018	87		WILMING					State	M	7	in 01	887-	2808	1 14
	_			PERTY &			le Action Prior to			2	22				Code		27 27	F
	Vehicle Travel I	-		Responding to Em					23	23	23		t Stati			1 28		
			<u> </u>	responding to Env	ergency:		Harmful Event	<u> </u>	24			Тур	e of T	Test:		29		
⁹ 2	Citation # (If Iss		3.5.	1 2 0 0 0 0			riarmul Event r Contributing Co	de de	5	25	25			t Resu		1 30	29	
				ol. 2: Ch/Sec/Sub -				0	26 26	_				ohol: om sce		Susp. Dr	ug 2 32	
	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub =		. Drive	. Distracted by	<u>Ľ</u>	34	35	36	37	38	39	40	<u>. </u>		4
	Name (Last First N	_	v-avu/nUn•ll	occurs and all OCCI	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbog Status	Eiget 1	Trap Code	Injury Status	Transp. Code	Medica	al Facility	_
	Operate	or/Non-Mo	otorist		See Above		> <	\boxtimes	1	99	99	0	0	10	1			
1																		
																-		-



Date

	Pol	lice Use Only		Con	ımonwe	alth o	of Mass	ach	use	etts				RM	V Doc	ument N	lumber		
	Date of Crash 01/11/2023	Time of Crash		ity/Town .ngton	Moto	r Veh	icle Cra	sh		imber hicles	Nun Inju		Speed Latitu	Limit	35	Loca	Police I Police A Police		
	01/11/2023	24HR			Po		Report		2		0		Lamu				pus Police		
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NO.	ΓΑΙ	'IN'	ΓER	SEC	TION	:	_	- 10
									316	6	LC	WE	LL	ST				2	2 10
¹ 1	Route# Dire	ction	1	Name of Roadway	/Street		Route# Direc	tion	Addro							vay/Stree	t		
т				Al			Feet	N S	E W	of					or _			_	
	Route# Dire	ction		of Intersecting Roa				N S	E hv		Mi	le Ma	rker			Exit	Number	-	3 11
			,	Also at Intersection	i with			N S			Route			Interse	ecting l	Roadway	/Street	-	
² 1	Route# Dire	ction	Name o	of Intersecting Roa	dway/Street			1.151	21	Ų1				La	ndmarl	k		_	
2	Please Select	One 🔀 Vehicle	ı 1 #0	Occupants H	lit/Run	Moped	Crash F	Report	ID# 2	23	-7		<u> </u>					┪	
,	of the Followi	7770783					3ACK43										3.673		
	Sex F Lic.	19 19	1	DOB/Age	CDL		ear 2022									_	21	Ţ [<u>1</u>	1 12
		POLOS, D	j.	<u> </u>	Endorsement		r AMPOLO				_				VCII	Connig,	•••	'	
⁴ 1	1 -	PINEWOOD	Fir	st	Middle		ess 18 PIN	Last			Fi	rst			М	idále			
	i	INGTON		IA Zip 018	87		WILMING					Stat	e M7	z	Zip O :	1887	l	_	
	Insurance Comp	any GOVERNI	MENT	EMPLOYE	es insu	Vehic	le Action Prior to	Crash		1	22	Da	ımageo	i Area	Code:	3 27 2	27 2	7	
5	Vehicle Travel I	Direction: NS	EX	Responding to Em	nergency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28 29			
⁵ 2	Citation # (If Iss	sued)				Most	Hannful Event	1	24			•	pe of I AC Tes	fest: it Rest	alt.	30			
	Viol. 1: Ch/Sec/	Sub ———	Vio	1. 2: Ch/Sec/Sub =		Drive	r Contributing Co	ode	1	25	25				2 31	Susp. 1	Drug: 2 3	2 1	L 13
⁶ 1	Viol. 3: Clv/Sec/	Sub —	Vio	l. 4: Ch/Sec/Sub =		Drive	Distracted by	0	26			To	wed fr	om sc	ene?	1 33		╝	
	Nume (Last First M		or operator	and all occupants	involved Address		DOB/Age	Sex	34 Scot Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mo	dical Facility		
	Operate	or			See Above		><	X	1	99	4	0	0	10	1				
7	Please Select C		2 1 #0	Decupants N	on-Motorist A	Type	15 Action	16 L	ocatio	n	17 C	Conditi	on	18		Hit/Run	□ Море	ed	
⁷ 1	of the Followin	9775530		DOB/Age,			1LS894					у Туре	DC.			eg State	<u> </u>	\dashv	
	Sex M Lic. (10 10		rictions B 20	CDL	-	ear 2011	V	leh Ma	ka M	_					eg State Config.	21		
		VAS, EDW			Endorsement		r HORTOP								7611	Contrg.			
⁸ 1		HIGH ST	Fin	it.	Middle		ss 157 HI	Last			Fir				Mi	ddle			
	City READ	ING	_ State M	A Zip 018	67	City 🕽	READING					_ Stat	е М А	z	ip 0]	1867	-2420	2 1	L 14
	Insurance Comp	any GOVERNI	ÆNT.	<u>EMPLOYE</u> E	ES INSU	Vehic	e Action Prior to	Crash	[3	22		-		Code:	-	27 27	7	
	Vehicle Travel D	irection: NX	E W	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		st Statu pe of T			1 ²⁸ 29			
⁹ 2	•	ued) 757466					Harmful Event	1	24					t Resu	ılt:	1 30			
_	Viol. 1: Ch/Sec/S	Sub <u>89 9</u>	Viol	l. 2: Ch/Sec/Sub -			Contributing Co		-	25	25			ohol:		Ousp. L	Orug: 2 32	2]	
ļ	Viol. 3: Ch/Sec/S			. 4: Ch/Sec/Sub		_ Drive	Distracted by	0	34	,, I	7¢ I	To:	wed fr	OIN SC	ene?	1 33			
	Ple Name (Last First M	ase fill out for opera	itor/non-inc	otorist and all occu	ipants involved Address		DOB/Age	Sex	Scat	35 Safety System	36 Airbag Status	37 Eject Code	Trap Code		40 Transp. Code	Med	lical Facility		
	Operate	or/Non-Mote	orist		See Above		> <	X	1	99	4	0	0	10	1				



01/11/2023 Date

ID/Badge #

	Pol	ice Use Only		Com	ımonwea	ılth c	of Massa	ch	use	etts			R	MV Do	cument Number		
	Date of Crash 01/11/2023	Time of Crash	1	City/Town			icle Cra	sh		ımber hicles	Nun Inju	, 19	eed Lii	4440	O State Police Local Police MBTA Police	080	
		24HR		-			Report		2		0	Lo	ongitude	·	Campus Police Other.		
		AT INTER	SECTIO	N:	< !	LOCA	TION :	>			NO.	ΓΑΤ	INTE	RSEC	CTION:		10
									85		MZ	ARIC	N S	T			2 1
¹ 1	Route# Direct	ction		Name of Roadway/	Street		Route# Direct		Addr	ess#					way/Street		
1				At			Feet [N S	EW	of			• -	— or			
	Route# Direc	ction		of Intersecting Roa	-	<u> </u>	<u>.</u>	lal			Mi	le Mark	ег		Exit Numbe	r	3 []
			•	Also at Intersection	with		Feet [Route	# -	Inte	ersecting	Roadway/Street		
² 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		Feet [NIS	EW	of					1.		
	Please Select (One 🔽	le 1 1 _#	Occupants		1	Crash R			2 2	0	_ 7\		Landma	rk		
3	of the Followi	ng: Venici	le [H	it/Run l	Moped											
	License # <u>S8</u>	5538346	St MA	DOB/Age			4DPG21									21	1 12
	Sex_ F Lic.	Class D	Lic. Res	trictions 1	CDL Endorsement		ear 2018							Ve	h Config. 1		_
⁴ 1	l .	ZZELLA,	Fi	rst	Middle		r VOZZEL	ast			Fi	rsi		1	vliddle		
1	İ	MURRAY					ss 19 MUR			ILI	<u>. C</u>		···		1007		
	'			<u>(A</u> Zip 0188			WILMING'		- 1		22				1887	27	
	1	_		CE INSUR	_		le Action Prior to		23	23	23		Status:	ica Couc	7 8 1		
⁵ 2	Vehicle Travel I		<u>* </u>	Responding to Em	ergency? 2		Sequence 1		24			Тура	of Tes	t:	29		
		sued)						1_	ᆜ	25	25		Test R		1 30		13
							r Contributing Co		26			Susp		ol 2 3	Susp. Drug: 2	32	1
⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub = r and all occupants	involved	Drive	r Distracted by	0	34	35	36			scene?	1 3		
	Name (Lust First M			Тана ан оссирана	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject		ury Transp itas Code		ity	
	Operate	or			See Above		\geq	X	1	99	4	0	10	1			
									<u> </u>								
7	Please Select (e 2 1 #	Occupants N	on-Motorist A	Tyne	15 Action	16	Locatio		17	Conditio	Ţ	18	Hit/Run 🔲 N	Aoned	
⁷ 1	of the Followi	u Pie				· L				<u> </u>			<u> </u>				l
	License # 16	10	19	_ DOB/Age			V77564					g Type (Reg State MA	21	
	Sex M Lic.	Class C J		trictions 1	CDL Endorsement		_{ear} <u>2020</u> r AMAZON							Ve	n Config. 🔼		
⁸ 1		Last	Fit	APT 91	Middle		es 410 TE	.ast			Fi	rst		ŀ	Middle		
,				X Zip 773			SEATTLE		······································			State	WA	Zin 9	8109-52	10	1 14
	· ·			C INSUR			le Action Prior to	Crash		4	22			-	8 27 27	27	
	Vehicle Travel D			Responding to Em			Sequence 1		23	23	23	Test	Status:		1 28		
		ued)	 ;				· [-	1	24				of Tes		29		
⁹ 2	Ì	ŕ		ol. 2: Ch/Sec/Sub =			r Contributing Co	<u>. </u>	6	25	25	l	Test R	esult: ol: 2	1 Susp. Drug 2	32	
				ol. 4: Ch/Sec/Sub =			_	0	26	ال				scene?	2 33		
	Ple	ase fill out for op		notorist and all occi	upants involved				34 Sent	35 Safety	36 Airbeg	Eject	l'map Inj	9 40 ury Transi			
	Name (Last First M	or/Non-Mo			Address See Above		DOB/Age	Sex	Pos.	System	Status	Code (Code St	tus Code	Medical Facil	ity	
	Орегии	/1/1 \ OIL-1\1 C	nor ist	ļ	Dec VOOAC			\triangle	╀		*		+	+			
				ļ							•					· · · · · · · · · · · · · · · · · · ·	
			····						ļ								
								1									

1	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	a ⊘ 20 = 1	Bicycle	
Crash Diagram:	ie: 🖚 🗔	_ → _	2	₽Š	→ ‱		
Amazon Van #2		(T)	85 Marion Street GMC Yukon #1			If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cent Other Private Way	ot
				 		Indicate North by	Arrow
Crash Narrative:							
Vehicle 1 was traveling							
hand turn into the dri							
Vehicle 1 had driver s	ide damage and	vehicle 2 1	had left from	t bumper	damage.	Both opertors	
refused medical treatme	ant. Vehicle 1	was towed h	oy Forest Tow	ring, due	to being	inoperable.	
						. ,	
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement

Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of D	amaged Property	
, <u></u>							
Truck and Bus Information:	Registration #		(From Vehi	-1- C4			
	registration #		(From Vehi	cle Section)			42
Carrier Name						Bus Use	
Address			City		St_	Zip	
LIC DOT #.	State Number		In Chat	MONEYRO	O.#.		
US DOT #:	State Number			MC/MX/ICC	C #:	···········	
Interstate Cargo Body 1	Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Ren State	Rep Vear	T	Laugh	46	
			rog roat		rengin		
Hazmat Information: 47	48						49
Placard Material 1 digit #		ne		_Material 4 digit #	ļ	Release code	7
						L	
Patrol Officer Jonathan I Police Officer Name (Please Print)				lmington E			/11/2023
. once Officer rathe (Ficase Filli)	Signature	J	ID/Badge # Depa	artment	Precinct/	Barracks Date	

	Po	lice Use Only	Com	ımonwealth	of Massac	husett	S	RM	V Document Nu	mber	
	Date of Crash 01/11/2023	Time of Crash	City/Town lmington	ŀ	hicle Cras	h Number		Speed Limit	MBTA	Police 🚨 .	
		24HR	_	 	Report	2	0	Longitude_	Other.	is Police 🔲 🗎	1
	<u></u>	AT INTERSEC	CTION:	< LOC	ATION >		NOT A	TINTER	SECTION:		
		***************************************				200		EARCH			2 10
¹ 1	Route# Dire	ection	Name of Roadway/	Street	Route# Direction	n Address	!	Name of	Roadway/Street		
<u></u>					Feet N	S E W of	Mile M	arker		Number	
	Route# Dire	ction	Name of Intersecting Roa Also at Intersection		Feet N	S E W of					3 11
² 1	Route# Dire	ection	Name of Intersecting Roa	dway/Street	Feet N	SEW of	Route#	Inters	ecting Roadway/S	itreet	
			·····					La	ndmark		1
3	Please Select (of the Followi		#Occupants H	it/Run	Crash Rep	ort ID# 2 3	3-9-	AC			
	License #		DOB/Age	Re	g# <u>5KMG29</u>		Reg Typ	e <u>PC</u>	Reg State		_ 12
	SexLic.	L.,	c. Restrictions 20	Endorsement	n Year 2013			\I	Veh Config.	1 21	7
⁴ 1	ł .	iverless M	1. V. First	Ov	vner MIRANDA		First	106	Middle	· · · · · · · · · · · · · · · · · · ·	
	Address		tateZip		dress 7 STEDM y LEXINGTO				Zip 02421-	-7100	
	· .		NT EMPLOYER		hicle Action Prior to Cr		20		Code: 6 27	27 27	
	·	Direction: NSE	_		ent Sequence 7	23 23		est Status:	1 28		
2	Citation # (If Iss	sued)		Mo	ost Harmful Event 1	24		ype of Test:	.29		
	Viol. 1: Ch/Sec/	Sub	Viol. 2; Ch/Sec/Sub	Dri	ver Contributing Code	1 25	25	AC Test Res usp. Alcohol:	T	rug: 2 32	2 13
5	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	26	Т	owed from so	ene? 2 33		
1	Name (Last First M	-	perator and all occupants	involved Address	DOB/Age S	34 35 Seat Safe	y Airbag Eject	38 39 Trap Injury	40 Transp.		
	Operate			See Above	IXIII/Ige	Sex Pos. Syste	m Status Code	Code Status 0 10	Code Medic	cal Facility	
		1.1791									
' 1	Please Select C		#Occupants	on-Motorist A Type	15 Action 1	6 Location	17 Condi	tion 18	Hit/Run	Moped	İ
	License #	St.	DOB/Age	Re	# unknown		Reg Typ	e	Reg State		
	Sex Lic. (10 10	20 . Restrictions	CDL Vel	Year		•		Ī	21	
	Operator <u>un</u>	known	First	Endorsement Middle Ow	ner		First		Middle		
1	Address	5401	2 831		dress		rus.		Mindle		
	City	St	tateZip	Cit	y			nte 2			1 14
	Insurance Compa	·	<u></u>		nicle Action Prior to Cr			amaged Area est Status:	Code: 99 27	27 27	
		Direction: NSE	.	-	ent Sequence 2 23	23 23	25	ype of Test:	29		
2	,	ued)			st Harmful Event 2		25	AC Test Resi			
			Viol. 2: Ch/Sec/Sub		ver Contributing Code		Sı	isp. Alcohol:		ug 99 32	
			— Viol. 4: Ch/Sec/Sub —		ver Distracted by 9	34 35	36 37	owed from so	40		
	Name (Last First M	iddle)		Address	DOB/Age S	Seat Safet lex Pos. Syste	y Airbag Eject m Status Code	Trap Injury Code Status	Transp. Code Medica	al Facility	
	Operato	or/Non-Motori	ist	See Above		1 99	99 0	0 99	1		
											ı
											1

-	= Direction 1	= Vehicle 1	= Vehicle 2	♀ Pedestria	n 👧 =	Bicycle	
Crash Diagram:	ie: 👈 🗓	→ □	2	-	→ ₩		
200 Research Drive						If Crash <u>Did Not</u> on a Public Way	
		١				Off-Street Parking Lo	ot
		-				☐ Garage	ļ
						■ Mall/Shopping Cente	er
				Marida de la companya		Other Private Way	
· /) 2 <i> </i>	·				Indicate North by	Arrow
				(2		\bigcirc	
Crash Narrative:							
	·						
The Registered Owner (R							
damage to the rear drive pulled into the spot ne							
MV2 left the scene with						adriver or	
THE LOLD DIC DOCKE WEEK	Jac Leaving a	110 00/ 11110	on my a da dea		252011		
				· · · · · · · · · · · · · · · · · · ·			
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							·
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of l	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name	·					Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
43 Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:				Traile	r Length	46	
Hazmat Information:					<u>L</u>		
Placard Material 1 digit #	48 Material Name	E	 	Material 4 digit	#	Release code	49
Patrol Officer Brian Ta	vares		206 Wil	lmington	Police D	epartment 01/	11/2023
Police Officer Name (Please Print)	Signature			rtment		/Barracks Date	

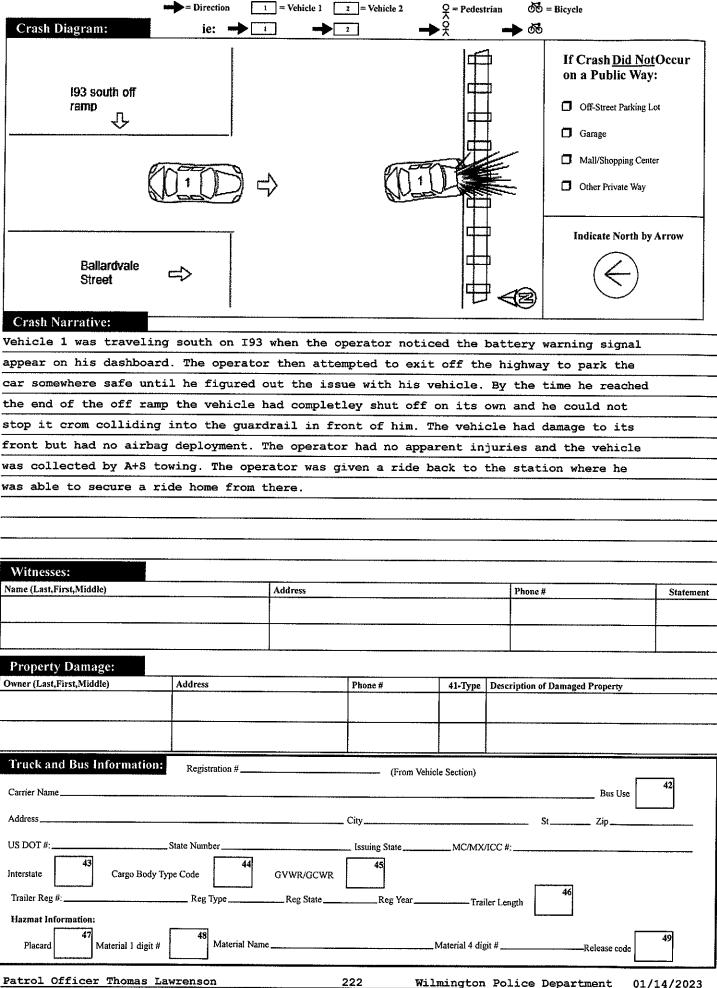
	Pol	ice Use Only		C	ommon	wealt	h o	f Massa	ach	use	etts				RM	V Docu	ment N	Number	
:	Date of Crash 01/13/2023	Time of Crash	City Wilmir	y/Town	Me			cle Cra	sh		ımber hicles	Nun Inju	. I'	Speed Latitud	Limit.	30	Loca	Police Al Police	
	01/13/2023	24HR	MTTWITT	ig com				Report		2		0]	Longit	ude		Cam Othe	r	
		AT INTERS	SECTION	!:	<	LO	CAT	ION	>		u	NO.	ΙΑΙ	'IN	ΓER	SEC	TION	<u>{:</u>	10
										93		M	.NK	RUN	I R	D			2 "
I _	Route# Direc	ction	Na		dway/Street			Route# Direc	tion	Addr	ess#						ay/Stre	et	
6				A	t		-	Feet	N S	EW	of			- •		or _			.
	Route# Direc	ction	Name of	Intersecting	g Roadway/Stre	et						Mi	le Mai	rker			Exi	t Number	101
			Als	so at Interse	ection with		-			EW		Route	#		Interse	ecting F	Roadwa	y/Street	-
5	Route# Direc	ction	Name of	Intersecting	g Roadway/Stre	et	-	Feet	NIS	EW	of				1.				_
	Please Select (One 🔽	.1 #0	auponte l'	-	Пп.,		Crash F			2 2	_ 1	Λ-	_ 7\		ndmark			1
97	of the Followi		e 1 <u>1</u> #0d	ccupants	Hit/Run	Мор													_
	License #,	<u></u>	St MA	DOB/Age	20		-	3BVP38										2.1	1 1
1	Sex _ Lic.	Class	Lic. Restri	ctions 1	CDL	nent		ar <u>2008</u>								Veh	Config	. 1	-
	Operator.	last.	First		Middle			TILDSI	Last			Fi	√ ir≱t		· · · · · · · · · · · · · · · · · · ·	Mi	ddle		-
1	Address_							s 16 AR		LIA	N I	DR_							-
	City 1	_	State	Zip			City E	BILLERI	CA			22						1-2911	•
	Insurance Comp	oany THE CO	MMERCE	E INS	URANCE	CO ,	Vehicle	Action Prior to	Crash		<u> </u>			image st Stat		Code:	28	2 27 8 27	
2	Vehicle Travel I	Direction: N S	X W R	esponding 1	to Emergency?.	2 1	Event :	Sequence 1	23	23	23	23		pe of			29		
2	Citation # (If Iss	sued)				I	Most I	Iannful Event	1	24			. BA	_	st Resi	ult:	1 30		I
	Viol. 1: Ch/Sec/	Sub ———	Viol.	2: Ch/Sec/	Sub ———		Driver	Contributing Co	ode	19	25	25	Su	sp. Al	cohol:	2 31	***************************************	Drug: 2 32	1 '
4	Viol. 3: Ch/Sec/	·	Viol.				Driver	Distracted by	0	26		•			rom se		1 33		┛
4	Name (Last First N		for operator a	nd all occu	pants involved Address			DOB/Age	Sex	34 Scal Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	м	ledical Facility	
	Operate	or			See Abov	re		$>\!\!<$	X	1	1	1	0	0	10	1			
									-	╁┈	<u> </u>			<u> </u>		<u> </u>			_
				I_				15	16	<u>J.</u>		17			18	上		T	-
1	Please Select C of the Followi		e 2 <u>1 </u> #00	ccupants	Non-Motor	ist A Type	•	Action		Locatio	on		Conditi	ion			Hit/Rur	Морес	
	License #_		St MA	DOB/Age		_ 1	Reg#.	2VLZ56				Re	д Туре	PC		R	eg State	MA 21	-
	Sex Lic.	Class D 19 1	Lic. Restri	ctions 1	CDL		Velı Ye	ar 2010		Veh M	ake 🗛	CUE	RA_			Veh	Config	. 1 21	
	Operator_	i.asi			Middle		Owner	CROAK,	R	OBE	RT	J	irst			Mi	idále		-
1	Address.	,,	_				Addres	s 2 CHIS	SHO	LM	WA	Y					-		1
	City.	_	State	_ Zip.			City 🗜	VILMING	TON	1								7-6250	- 4
	Insurance Comp	any GOVERN	NMENT E	EMPLO	YEES IN	ISU	Vehicle	e Action Prior to	Crasl		4	22				Code:	5 ²⁷	27 27	
	Vehicle Travel I	Direction: NS	W R	esponding t	to Emergency?	2	Event :	Sequence 1	23	23	23	23		st Stat pe of			29		
2	Citation # (If Iss	sued)	<u></u>			1	Most ł	Harmful Event	1	24			, B/	-	st Resi	ult:	1 30		
	Viol. 1: Ch/Sec/	Sub	Viol.	2: Ch/Sec/	Sub		Driver	Contributing Co	ode	1	25	25	Su	sp. Al	cohol:	2 31		Drug 2 32	
	Viol. 3: Ch/Sec/	Sub	Viol.	4: Ch/Sec/	Sub		Driver	Distracted by	0	26					rom se		2 33		_
	Ple Name (Last First N	ease fill out for ope	erator/non-mot	torist and a	Il occupants inv	olved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbog Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	м	ledical Facility	
	·····	or/Non-Mo	otorist		See Abov	re			X	1	1	4	o	0	10	1			
	4								T						 		 		1
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									<u> </u>		<u> </u>		<u> </u>	<u> </u>			<u> </u>		

	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestria	n 📆 = Bicy	cle	
Crash Diagram:	ie: 👈	· →	2	→ ♀	→ №		
	MV2		Mink Run		01	Crash <u>Did Not</u> n a Public Way Off-Street Parking L	/:
					0	Mall/Shopping Cent	er
	_ (MV 1					Other Private Way	
							2.
						Indicate North by	Arrow
Leonard Lane	ភ					Andrease North by	Airow
i s				(2		(\rightarrow)	
	nopulis in the control of the contro						
Crash Narrative:							
MV 1 was travelling e	astbound on Hop	kins St. 1	The operator	of MV 1 e	ngaged thei	r left turn	
signal attempting to							
eastbound on Hopkins	St behind MV 1.	The opera	ator of MV 2	was not pa	aying enoug	h attention	
and rear ended MV 1.	At the time of	the collis	sion the roa	ds were qu	ite slick f	rom the	
rain, which froze due	to the freezing	f temperatu	ire.				
							2-2
With				-			
Witnesses: Name (Last,First,Middle)		Address			Phone #	- X	Statement
							Statement
				190			
Property Damage:			-,				
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Dama	ged Property	
and the state of							
Truck and Bus Information	n: Registration #			ENG. SECTIONS			
	Registration #	3/*	——— (From	Vehicle Section)			42
Carrier Name	37		¥4			Bus Use	
Address	0		City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
Interstate 43 Cargo Body	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traila	Langth 46		
Hazmat Information:				Traffel	Longui		
47	48 Material Nam	ne		Motorial 4 dicit	#	D.1	49
Placard Material 1 digit	" Iviateriai Naii			iviaterial 4 tilgit	"	Kelease code	
Patrol Officer Shane	A Foley		211	Wilmington	Police Depa	rtment 01/	13/2023

01/13/2023 Date

ID/Badge #

	Pol	lice Use Only		(Comi	monwe	ealth	of N	I ass	sach	ius	etts	ı			RM	V Doci	ıment	Number	
	Date of Crash 01/14/2023	Time of Crash		City/Town	n		r Veh				V	umber chicles	Inja	wad I	Speed Latitu	Limit de	35	Lo Mi	cal Police STA Police	800
		24HR	CECTI	ON.			olice LOCA				1		0		Longi		OE C	Ot	her:	_
		AT INTER	SECIN	UN:		<	LUCA	AT IO:	· · · · · · · · · · · · · · · · · · ·	>			NU	IAI	IN.	LEK	SEC	110	N:	10
-	Route# Direct	ction		Name of Ro	oadway/St	reet		Route	# Dir	ection	Add	ress#	<u>B</u> 2	ALL			LE Roadw		eet	_ 2
¹ 4					At				F	t NS	E W] _c								
	Route# Dire	ction	Name	of Intersect	ing Roadv	vay/Street			ree	1 113	12 11	1 01		ile Mai			or _	Ех	it Number	11
				Also at Inte	rsection w	/ith			Fee	t NS	EW	of	Route	e#		Interse	ecting F	Soadw	ay/Street	-
² 3	Route# Direc	ction	Name	of Intersect	ing Roadw	vay/Street			Fee	t NS	EW	of			· ··		ndmarl			
3	Please Select (of the Followi		e 1 1	#Occupants	☐ Hit/	Run	Moped		Crash	Repor	ID#	23	-1	.1-	-A					
	License # SA	9150738	St_ M Z	DOB/Ag	ge		Reg	#_ 3Y])L54	1			Re	д Туре	PC		R	eg Stat		12
	Sex U Lic.	Class 99 PTUNE . (strictions		DLndorsement				ATE)A			Veh	Confi	g. 1 21	
⁴ 3		Lost VINE S		First		Middle				NE , Losi INE			F	irst			Mi	ddle		_
_	City EVER			MA_Zip_	0214	9		EVE						Stat	. M7		ip 0 2	214	9	-
	-	any GOVERN								to Crasl	,	1	22				Code:		,	7
	,	Direction: N				gency? 2		t Seque	Г	23	23	23	23	Te	st Stat	us:		1 28		-
⁵ 1		ued)		•	.			Harmfi		 -	24				pe of			29		
		Sub			c/Sub —			er Contr		L	1	25	25	Į.		st Resi	ılt: 2 31	1 30 Sustr	. Drug: 2 3:	2413
	Viol. 3: Ch/Sec/	Sub	Vi	iol. 4: Ch/Se	c/Sub —		Drive	er Distra	cted by	0	26					om sc		1 33		J []
⁶ 2		Please fill out				volved				<u> </u>	34 Seai	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			-
	Operate			T	Se	Address ee Above			OB/Age	Sex	Pos.	System 1	Status 4	Code	Code	Status 10	Code 1	1	dedical Facility	
	Operation							+		*	1	_	_	_						
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										<u> </u>					_	<u> </u>				
⁷ 6	Please Select C of the Followin		e 2 [‡]	#Occupants	Non-	-Motorist A	Туре	15 A	ction	16	Locatio	m	17	Conditi	on	18	<u></u>	Hit/Ru	п 🔲 Мор	ed
	License #	19 1	9	DOB/Ag	e		Reg	#					Re	з Туре			Re	eg State	21	_
	Sex Lic. (Class	Lic. Re	strictions	CI	DL idorsement	_ Veh '	Year			Veh M	ake					Veh	Config		
⁸ 2	Operator	Last	F	irst		Middle		er ess		Last			Fi	rst			Mi	đdle .		- - -
	City		State_	Zip_			City_							State	ε	Z	ip			_ 1 14
	Insurance Compa	any					Vehic	le Actio	n Prior	to Crash	ı		22		•		Code:	27	27 27	
	Vehicle Travel D	rection: NS	EW	Responding	g to Emerg	gency?	. Even	t Seque	ice	23	23	23	23		t State			28 29		
, 2	Citation # (If Issu	ued)		-			Most	Harmfu	l Event		24					t Resu	ılt:	30		
_	Viol. 1: Ch/Sec/S	Sub	Vi	ol, 2; Ch/Sec	:/Sub		Drive	r Contri	buting (Code		25	25	Sus	sp. Ale	ohol:	31	Susp.	Drug: 32	
		Sub					Drive	r Distra	cted by		26					om sc	<u> </u>	33		
	Ple: Name (Last First Mi	ase fill out for ope	rator/non-r	motorist and	•	ants involved Address			OB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	M	fedical Facility	
		or/Non-Mo	torist			e Above			$\overline{\mathbf{x}}$	X	1									
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								-		+										



01/14/2023

ID/Badge#

Date

	Pol	lice Use Only		Com	monwea	lth c	of Massa	ach	use	etts			RM	IV Doci	ument Number	
	Date of Crash 01/14/2023	Time of Crash		City/Town ington	1		icle Cra	sh		ımber hicles		and Opt	ed Limi	t <u>35</u>	MRTA Police	080
		24HR					Report		2		0	Loi	gitude_		Other:	<u> </u>
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO.	ΓAT I	NTEF	RSEC	TION:	10
									31:	2	<u>M</u> 7	AIN :	ST			_ 2 ^
¹ 4	Route# Dire	ection	1	Name of Roadway/	Street		Route# Direc	tion	Addr	ess#			Name o	Roadw	vay/Street	
-							Feet	N S	E W	of		le Marke	•	- ог _	Exit Number	
	Route# Dire	ction		of Intersecting Roa Also at Intersection			Feet	N S	E W	οf	1011	ic ivial ac			Eartranson	2 11
								N S			Route	#	Inters	ecting F	Roadway/Street	
² 1	Route# Dire	ction	Name	of Intersecting Roa	dway/Street								L	andmarl	k .	
3	Please Select 0 of the Followi	One Vehicle	: 1_ #	Occupants H	it/Run 🔲 N	Aoped	Crash R	Report	ID#	23	-1	2-2	AC			
	License # S6	0112535	St MA	DOB/Age	L	Reg#	8FB963				Re	туре Р	С	R	eg State MA	12
	Sex M Lic.	19 19	9	trictions 1 20	CDL		ear 2018								21	1 1 "
	Operator SH	ERPA, NG	AWAN		Endorsement	Owne	LAMA,	MHE	ND	0 D	OH	1A		NG.	iddle	_
⁴ 1	1	PARK A			Missac	Addre	ss 172 P	NRK.	AV	EN	JE Ü	SECO	ND :			_
		RE				City.	REVERE							- 1	2151-521	, I
	Insurance Comp	any ESURAN		ISURANCE	COMPAN	Vehicl	e Action Prior to		<u> </u>	2	22	Dama Test S		a Code:	5 27 27 2 28	7
⁵ 2	Vehicle Travel D	Direction: XS	EW	Responding to Em	ergency? 2	Event	Sequence 1	 	23	23	23		of Test:		29	
	Ì	sued)					Harmful Event	1	24	25	25		lest Res		30	n 13
	l	Sub					Contributing Co	لـــا	1 26		20			2 31	Susp. Drug 2 3	2 1
⁶ 2	Viol. 3: Ch/Sec/	Sub ————————————————————————————————————		ol. 4: Ch/Sec/Sub — and all occupants i		Driver	Distracted by	0	34	35	36	37 3		40	2 55	_
	Name (Last First M	fiddle)	<u> </u>	<u> </u>	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbog Status	Eject Tra Code Co	de Status	Code	Medical Facility	_
	Operate	<i>or</i>			See Above			X	1	1	4	0 0	10	1		_
													-	ļ		
			.		·											
⁷ 1	Please Select C of the Followin		21#0	Occupants No	on-Motorist A T	уре	15 Action	16 L	ocatio	n	17	Condition	18	 	Hit/Run 🔲 Mop	ed
	License # S10	0657208	7	DOB/Ag		Reg#	3TR289				Reg	туре Р	C	Re	eg State MA	
	Sex M Lic. (Class D 19 19	Lic. Rest		CDL Endorsement		ear 2012				_)		Veh	Config. 2	
⁸ 1	_	TTEN, PA	Fir	.zt	Middle		PATTEN	Last			Fu	rst		Mic	ddle	-
-		EORGIANN		rs - 0192	1_2004		s 5 GEOR		ANN	A F	XD_		<i>-</i>	O1	1921 200	14
	City BILLE	any THE COL		IA Zip 0182 E TNSTRA			BILLERIC e Action Prior to			1	22			Code:	L821-200	4 4
	Vehicle Travel D			Responding to Eme			_		<u> </u>	23	23	Test S			1 28	
0		ued)					· <u>L</u>	1	24	_		Type o			30	
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Vio	l. 2: Ch/Sec/Sub —		Driver	Contributing Co	de	 5	²⁵ 1	25		est Res Alcohol:	ult: 2 31		2
	Viol. 3: Ch/Sec/S	Sub	Vio	l. 4: Ch/Sec/Sub —		Driver	Distracted by	99	26				from so	\neg	2 33	-
	Ple Name (Last First M	ase fill out for oper	ator/non-in	otorist and all occu	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tre Code Co	p Injury	40 Transp. Code	Medical Facility	
		or/Non-Mot	orist		See Above			X		1		0 0	10	1	Action Pacing	-
																
		· · · · · · · · · · · · · · · · · · ·										$\neg +$	1	\Box		
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Crash Diagram:	ie:			^	ո ტტ	= Bicycle	
	ic.	1 →	2	→ 윘	→ ‱		
					1000 1000 1000 1000 1000 1000 1000 100	If Crash Did N on a Public Wa Off-Street Parking Garage Mall/Shopping Co	y: ; Lot
	MV2 ⇒ Miv2		//V1 			Other Private Way	
-	312 Main Street	<u> </u>		2 >	Clark St	Indicate North I	by Arrow
Crash Narrative:	2 44000 94						
MV1 and MV2 were trav	velling North on	Main Stree	t. MV1 was	stopping/	slowing	down prior to	
the traffic light and	d was struck fro	m behind my	MV2. Minor	r damage to	the re	ear of MV1 and	
minor damage to the f	front of MV2. N	o reported	injuries and	d both veh	icles w	ere driveable.	
Note the roads were w	wet and slippery	at the tim	e of the cra	ash.			
							-
Witnesses:				1.			
Witnesses: Name (Last,First,Middle)		Address			Phone t	¥	Statement
		Address			Phone #	¥	Statement
		Address			Phone i	4	Statement
Name (Last,First,Middle)		Address			Phone #	¥	Statement
Name (Last, First, Middle) Property Damage:		Address					Statement
Name (Last,First,Middle)	Address	Address	Phone #	41-Type		# f Damaged Property	Statement
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	41-Type			Statement
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	41-Type			Statement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)							Statement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Off: Registration #		Phone #				Statement 42
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information	Off: Registration #		(From V	/ehicle Section)	Description o	f Damaged Property Bus Use	
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information	Off: Registration #		(From V	/ehicle Section)	Description o	f Damaged Property Bus Use	
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address	Off: Registration #		(From V	/ehicle Section)	Description o	f Damaged Property Bus Use	
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #:	Registration # State Number44		(From V City Issuing State	/ehicle Section)	Description o	f Damaged Property Bus Use	
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Boo	Registration # State Number dy Type Code 44	GVWR/GCWR	CityIssuing State	/ehicle Section) MC/MX/I	Description o	f Damaged Property Bus Use	
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #:	Registration # State Number dy Type Code 44	GVWR/GCWR	CityIssuing State	/ehicle Section) MC/MX/I	Description o	f Damaged Property Bus Use	
Property Damage: Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information:	Registration # State Number dy Type Code 44	GVWR/GCWR	CityIssuing State	/ehicle Section) MC/MX/I	Description o	f Damaged Property Bus Use	
Property Damage: Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Boot Trailer Reg #:	Registration # State Number dy Type Code Reg Type	GVWR/GCWR Reg State	City Issuing State	/ehicle Section) MC/MX/I	Description o	f Damaged Property Bus Use	

CDP1 11-24-00