	Pol	lice Use Only		Commonwealth			of Massachusetts					RMV Document Number			1.00		
				City/Town	1 MUCUL VUINCIC CLASH			h	Number Number Vehicles Injured		Speed Limit 20 State Police Local Police MBTA Police		· 🗷				
	02/13/2023	2/13/2023 1802 Wilmington 24HR AT INTERSECTION:			Pol	Police Report < LOCATION >			2	0	J	Latitud Longit			Campus Pol	ice 🚨	
					<				NOT AT INTERSECTION:								
									400			THO	1337	20.00	13		2 1
1	Route# Dire	ction		Name of Roadway/	Street		Route# Direction		482 Addres		IIDD				es ay/Street		
¹ 4				At			Feet N	ılslı	elwl a	f				or			
	Route# Direction Name of Intersecting Roads				dway/Street					Mile Marker Exit Number						ber	2
	Also at Intersection w				with					S E W of Route# Intersecting Roadway/Str					oadway/Stree	<u></u>	_
² 1	Route# Direction Name of Intersecting Roady				dway/Street	way/Street Feet N S			S E W of					-			
1				1	1 T					_				ndmark			
3	Please Scleet (of the Followi		.1 #	Occupants H	it/Run 🔲 🖺	Moped	Crash Re	port I	D# 2	3-	47	-A	C				
	License # SA	2030741	St MA	DOB/Ag		Reg	1BEV79			F	eg Type	PC		Re	eg State MA		
	Sex M Lic.	Class D 19	Lic. Res	strictions 20	CDL Endorsement	Veh '	Year <u>2019</u>	Ve	eh Mak	e MA Z	DA			_ Veh	Config. 1	21	1
	Operator FE	ENEY, MA	- <u>.TTHE</u>	W JOHN	Middle	Own	er FEENEY,	М	ATT	HEW	JOH	IN_) A S	idle		
⁴ 5	Address 111	SPRING	ST	N.O.	Patriagie	Addr	ess 111 SPI	RIN	ig s	T	rust			Mit			
	City WAKE	FIELD	State 1	4A Zip 0188	<u>30-3665</u>	City	WAKEFIEL	D							1880-3		
	Insurance Comp	oany GOVERN	MENT	EMPLOYER	<u>ES INSU</u>	Vehic	ele Action Prior to C	rash	2	22		amageo		Code:		27	
5	Vehicle Travel I	Direction: N	EW	Responding to Em	ergency? 2	Even	Sequence 1 23	3 2	3 2	3 23		st Stati /pe of 1			1 28 29		
⁵ 2	Citation # (If Iss	sued)				Most	Hannful Event	1	24		_	AC Tes		ılt:	30		
	Viol. 1: Ch/Sec/	/Sub	Vic	ol. 2: Ch/Sec/Sub -	• • • • • • • • • • • • • • • • • • • •	Drive	er Contributing Code	e [1 ²	5	25 Si	ısp. Ale	cohol:	2 31	Susp. Drug:	2 32	1 1
⁶ 1	Viol. 3; Ch/Sec/	'Sub ———	Vio	ol. 4: Ch/Sec/Sub -	,	Drive	er Distracted by	0	26		To	wed fr	on sc	ene?	2 33		
1	Name (Last First N		or operator	r and all occupants	involved Address		DOB/Age	Sex	Seat S	35 36 lafety Airb ystem State	ng Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fa	cility	
	Operat				See Above			X	1 1		0	0		1			
											<u> </u>						1
								\dashv			-	-					
		 ,									-	-					
												<u></u>					
⁷ 4	Please Select 0 of the Followi		21#	Occupants N	on-Motorist A	Туре	Action 1	16 Lo	ocation	17	Condi	ion	18	 	lit/Run	Moped	
	License # SA	3470088	_ St_ MA	_ DOB/Age_		Reg	39PD98			F	eg Typ	PC		Re	g State MA		
	Sex M Lic.	Class D 19	Lic. Res	trictions B 20	CDL	Veh '	Year 2014	Ve	eh Mak	e TOY	OTA			Veh	Config. 1	21	
Q .	Operator CH	ALMERS,	ROBE	RT MALCO	Endorsement LM Middle	Own	er CHALMER	ß,	RO	BER'	<u>D</u>			12	ddle		
⁸ 4	Address 39	LORRAINE	TER	ilat i	IVIRRITE	Addr	ess 39 LORI	RAI	NE	TER	t met			Mi	and.		
	City ARLII	NGTON	State N	1A Zip 0247	74-1412	City.	arlingto	N_							2474-0		1 1
	Insurance Comp	oany FOREMO	ST IN	ISURANCE	COMPAN	Vehic	le Action Prior to C	rash	1	22		amageo		Code:		27	
	Vehicle Travel I	at Sequence 23 23 23 23 Test Status: 1 28 29															
⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24		_ в	AC Tes		Jt:	30		
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub -		25 25 25								2 32			
	Viol. 3: Ch/Sec/	Sub		Driver Distracted by 95								2 33					
,	Ple Name (Last First M	ease fill out for oper	ator/non-ir	notorist and all occu	upants involved		DOB/Age	Sex	Seat S	35 36 safety Airb ystem State	g Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fa	cility	
		or/Non-Mot	torist		See Above			\mathbf{X}^{\dagger}	1 1		0	0		1			
	4		-					\dashv			+						
			***************************************				+			_	1						
											 				·····		

	= Direction 1	= Vehicle 1	= Vehicle 2	子 = Pedestria:	n ФФ = В	icycle	
Crash Diagram:	ie: → 🔟] →□	2	▶ 윘	→ №		
MV 2 Selent Street Services 482 Middlesex	MV	salemsi 1				If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by	t .
Middlesex Ave	Middlesex Ave			Ć	A)		
Crash Narrative:							
Operator of MV 1 was	travelling south	on Salem S	St attemptin	g to merge	onto Mi	ddlesex Ave.	
Prior to merging onto	Middlesex Ave,	MV 1 was st	ruck from b	ehind by N	NV 2. Min	or damage to	
the rear end of MV 1	and minor damage	to the fro	ont end of M	Ⅳ 2. No re	eported i	njuries. Both	
vehicles operable.							
				•			

	"			11.12			
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
				•			
		<u> </u>					
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of D	amaged Property	
Truck and Bus Information	n: p						
Carrier Name	Registration #		——— (From Vi	ehicle Section)		Bus Use	42
Address			. Cîty		St_	Zip	
US DOT #:	State Number		Iconing State	MC/MY/I	^C #·		
43	44		Issuing State	WC/MA/IC			
	dy Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	46	
Hazmat Information:							
Placard 47 Material I dig	it # 48 Material Nam	ne		Material 4 digit	#	Release code	49
							
Patrol Officer Katlyr Police Officer Name (Please Print)	M Finn Signature			ilmington epartment	Police De		13/2023