	Police Use Only	Com	monwealth	of Massa	ichu	setts	}		RM	V Docu	ment Number	
	A CONTRACT TO A CONTRACT CONTR	City/Town	Motor Vel	hicle Cras	sh [Number Vehicles		, Dpcc	d Limit	35	— Local Police	
	11/27/2022 1454 Wilm	ington	Police	Report		2	3	Laut	ude itude _		MBTA Police Campus Police Other:	
	AT INTERSECTION:		< LOC				NOT AT INTERSECTION:				1	
	Route# Direction	Name of Roadway/S	treet	Route# Direct		ddress #	MA:	[N S		Roadwa	ay/Street	2 10
¹ 1	- Kouter Direction	At	ucci						anic or	Roadwa	ay/Breet	-
	Route# Direction Name	e of Intersecting Road	way/Street		N S E			Marker	• —	or _	Exit Number	6 11
<u> </u>	Also at Intersection with Coute# Direction Name of Intersecting Roadway/Street			Feet NSEW of Feet NSEW of				Route# Intersecting Roadway/Street				
² 3	Route# Direction Name	e of Intersecting Road	way/Street						La	ndmark	1)	1
3	Please Select One of the Following:											
	License # unknown St			# 1GYT23							21	1 12
	Operator ATIVES TOOR	F	Endorsement	Year <u>2009</u> ner FERREI							Config. 1	-
⁴ 1	Address 5 FOLEY ST	First		iress 159 BE						Mid	Idle	
	City WOBURN State	M7A 7in 0190		WOBURN				State M	A 7	in 01	.801	
	Insurance Company PROGRESSIV				0 1	4	22	Damage				
				icle Action Prior to	- Inner	23	23	Test Sta			1 28	
5	Vehicle Travel Direction: S E W	Responding to Emer	rgency? 2 Eve	m Sequence II	1			Type of	Test:		29	
	Citation # (If Issued)	-	Мо	st Harmful Event	1 2	8		BAC Te	est Resi	ılt:	1 30	13
	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub —	Dri	ver Contributing Coo	ie 8	25 2	1 25	Susp. A	lcohol:	2 31	Susp. Drug: 1 32	1 "
	Viol. 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	0 2	6		Towed	from sc	ene?	1 33	
2	Please fill out for operate		34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp.						er er man und	7		
	Name (Last First Middle)		Address	DOB/Age			Status C	ode Code	Status 7	Code 1	Medical Facility Lahey Clinic	1
	Operator	3	See Above		\triangle	1 1	1 0	- -	-			-
]
												1
				15	16		17	s	18			1
⁷ 1	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	Action	Loc	ation	Co	ndition	10	Н	lit/Run Moped	
	License # S46636167 St MA	DOB/Age 04/2	20/1974 Reg	# <u>9BP158</u>			Reg T	уре РС		Re	g State MA	
	19 19	estrictions 1 20	CDL Veh	Veh Year 2019 Veh Make MERCEDES-BENZ Veh Config. 1 21								
	Operator MALLATYASAMY,		Endorsement Middle Ow	ner MALLAI	YASA	MY,		KUM	AR		JI.	
2	Address 2 EAGLEVIEW DR	First	100000000	lress 2 EAGL	est EVII	EW D	First R			Mid	ale	
	City WILMINGTON State	MA Zin 0188'	7-4203 City	WILMING	ON			State M	A _ z	ip 01	887-4203	1 14
	, many - 1				Crash	1	22	Damage		_		-
					23 23		23	Test Sta		5	28	
				Event Sequence 1 Type of Test: 29								
2	Citation # (If Issued)	_					25	BAC Te			1 30	
	Viol. 1: Ch/Sec/Sub ———V	Driv	Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
	Viol. 3; Ch/Sec/SubV	Driv	Driver Distracted by 0 26 Towed from scene? 1 33]	
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occup	oants involved Address	DOB/Age	S	34 35 Seat Safety Sos. System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	S	See Above	><	X	1 1	1 0	0	8	2	Lahey Clinic	
	VIBHUSH SIVAKUMAR	2 EAGLEVIEW DR WILMINGTON, MA	01887	07/11/2007	м з	1	1 0	0	8	2	Lahey Clinic	
								+		\vdash		1
		-				-	-			$\vdash \vdash$		-
									İ			

	= Vehicle 1 2	= Vehicle 2	Q = Pedestria	2.2	Bicycle							
Crash Diagram: ie: -	2		> X	<u>→ №</u>								
500 Main Street			5-1		If Crash <u>Did No</u> on a Public Wa							
		MoE	0 -000	Mari	Off-Street Parking	Lot						
			[]2	$\bigcup_{i \in I} I_i $	☐ Garage							
W.				Marie Committee of the	☐ Mall/Shopping Ce	nter						
					Other Private Way							
1					Indicate North b	oy Arrow						
			2		\Rightarrow							
			130									
Crash Narrative:	20 1			1 2 2 2								
Vehicle 1 was traveling North on Rout						<u> </u>						
due to the medication they had been t travel. Vehicle 2 was traveling south												
straight towards him. Vehicle 2 attem												
collided with them head on. both vehi												
along with airbag deployment. both operators had to be transported to the hospital due to their injuries. Cains towing secured both vehicles and towed them from the scene.												
				and the second								
		***************************************	80 × 000		1							
Witnesses:				_								
Name (Last,First,Middle)			Phone #		Statement							
					1							
Property Damage:												
Owner (Last,First,Middle) Address		Phone #	41-Type D	Description of D	amaged Property							
Truck and Bus Information: Registration #	-	(From Veh	icle Section)			42						
Carrier Name					Bus Use	42						
Address		City		St_	Zip							
US DOT #:State Number		Issuing State	MC/MX/IC	CC #:								
Interstate Cargo Body Type Code 44	GVWR/GCWR	45										
Trailer Reg #: Reg Type	Reg State	Reg Year	———Trailer	r Length	46							
Hazmat Information:						49						
Placard Material 1 digit # Material Nam	e		_Material 4 digit	#	Release code	4)						
Patrol Officer Thomas Lawrenson Police Officer Name (Please Print) Signature			lmington artment	Police De		1/28/2022						