	Police Use Only	Comn	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash 08/20/2023 1812 Wilπ	City/Town ington	Motor Veh	icle Cras	h [Numbe Vehicle		Jopes	d Limi	4.	State Police Local Police MBTA Police	0800	
	24HR	ixing con	Police 1	Report	2	2	o	Laut	ude gitude _		Campus Police Other:	_ 🗖	
	AT INTERSECTI	ON:	< LOCA	TION >			NOT A	T IN	TER	SEC	TION:		
	ROUTE 62	HWY										Ì	2 10
i_	Route# Direction	Name of Roadway/Stre	et	Route# Direction	on Ad	dress#		N	ame of	Roady	way/Street		
1		At t		Feet N	SE	w of		_	•	or _			
		e of Intersecting Roadwa	ny/Street	-	· · · · · · · · · · · · · · · · · · ·		Mile N	1arker			Exit Number	_	3 ^{II}
	 	Also at Intersection wi	th	Feet N		_	Route#		Inters	ecting l	Roadway/Street	—	
² 2	Route# Direction Nam	e of Intersecting Roadwa	ny/Street	Feet N	SE	W of							
	Please Select One Nation 1	#Ossusanta					- 0.6			ndmar	k		
3	of the Following: Vehicle	#Occupants Hit/R	Moped	Crash Rep	port ID#	23	-26	3-	·A(<u>. </u>			
	License # S	OB/Age	Reg #	2JY732			Reg Ty	pe PC	<u> </u>	R			12
	Sex F Lic. Class D Lic. Re	estrictions CD	L Veh \	/ear <u>2010</u>	Veli l	Make 🎝	COYOT	Ą		Vel	ı Config. 1	<u>֚֚֚֚֚֚֚֚֚֚֓֞֝֟֝</u>	
4	Operator GURNANI, KAJOI	First	Middle	er <u>GURNANI</u> Las	a .	JLS:	First			М	liddle		
⁴ 2		APT 12		ess 21 TUCF	KER	ST	APT	12					
		MA Zip 01463		PEPPEREL.	L						1463-157	I	
	Insurance Company THE COMMER			le Action Prior to Ci	,	6	ᆜ,	Damage Fest Sta		Code:	2 27 27	27	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Event	Sequence 1 23	<u> </u>	23	*3	Type of			29		
<u>-</u>	Citation # (If Issued)	-		Harmful Event 1		26	25	BAC Te	st Res	ult:	1 30	_	_ 13
	Viol. 1: Ch/Sec/Sub ——— V			r Contributing Code		25 3	·	Susp. A			Susp. Drug:2	32	1 ′′
⁵ 1	Viol. 3: Ch/Sec/Sub — V Please fill out for operate	iol. 4: Ch/Sec/Sub ——	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r Distracted by) 20	35	36 37	Fowed 1	from sc	ene?	2 33		
	Name (Last First Middle)		Address	DOB/Age :	Sex Pos	1 Safety	Airbag Ejec	t Trap	Injury	Transp. Code	Medical Facility		
	Operator	See	Above	>>>	$X \mid 1$	1	4 0	0	10	1			
,	Please Select One	#Occupants Non-N	Aotorist A Type	15 Action 1	6 Local	ion	17 Cond	ition	18	Г.	Hit/Run Moj	bad.	
3	of the Pollowing:					.0						, ca	
	License St	_ DOB/Age		PDJ6612	······································		Reg Ty _l				eg State TX	<u> </u>	
	ت ا		orsement				HEVRO				Config. 8	-	
2	Operator LINDSTROM, ERI Last t Address 1 RIDGE RD	CA MORRISC	Middle	r LINDSTRO Last SS 1 RIDGE		<u>EKI</u>	First	ZKK.	150		ddle		
		MA Zip 01821-		ss <u>i kidge</u> Billeric <i>i</i>				M7	D 7	Ո1	L821-347	<u> </u>	14
	Insurance Company PROGRESSIV	•	•	e Action Prior to Cr		1				Code:		<u>, </u>	
	Vehicle Travel Direction: X S E W	Responding to Emerge	_	Sequence 23	23	23		est Stat		•	1 28	7	
	Citation # (If Issued)	Trosponding to Emerge	-	Harmful Event 1	24			ype of			29		
2	Viol. 1; Ch/Sec/Sub ————Vi	ol 2: Ch/Sec/Sub		Contributing Code	<u> </u>	25	25	AC Te: usp. Al	- 1		1 30	32	
		ol. 4: Ch/Sec/Sub ——		Distracted by	26			owed fi	1	_	Susp. Drug: 2 3		
	Please fill out for operator/non-		ts involved		34 Seni	35 Safety	36 37 Airbag Eject	38	39 Injury	40 Transp.			
	Name (Last First Middle) On a rator (Non Motorist		Above	DOB/Age S	Sex Pos.	System 1	Status Code	Code	Status	Code	Medical Facility		
	Operator/Non-Motorist	11 WINN VALLEY DR	Above		\perp			-				_	
	JOANNE BROSCA	BURLINGTON, MA 018	03-4726	F	3	1	4 0	0	10	1	- -	\blacksquare	
						<u> </u>		ļ					

-	= Direction 1	= Vehicle 1	z = Vehicle 2	ਊ = Pedestri	an 🚳 :	= Bicycle	
Crash Diagram:	ie: 👈 📑	→ □	→	·Ŷ	→ ‱		
Route 62						If Crash <u>Did No</u> on a Public Wa	
	\				CY10402-2-140	Off-Street Parking	Lot
						Garage	
		railer iorses)	277	= \		Mall/Shopping Cen	ter
		01303)				Other Private Way	
			(Free)			Indicate North by	y Arrow
	9		Off ramp Exit 34, 193			\bigcirc	
Crash Narrative:							
MV 1 was exiting I93 NB			······································			· · · · · · · · · · · · · · · · · · ·	
the intersection with Wo							
with the rear right side							
MV 1 sustained minor dar							
rear right side of the							
Both vehicles were able							
stop at the stop sign at	the end of t	he off ram	and failed	to yield	to the	right of way	
of MV 2.							
Witnesses:		Lasi			- In	·	
Name (Last, First, Middle)		Address	RD BILLERICA M	N 01021-24	Phone #		Statement
MUISE ASHLEY E		52 LEXINGTON	RD BILLERICA M		084		
LONG SCOTT ANTHONY		52 LEXINGTO	ON RD BILLERIC	A MA 018	21		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration # PD.	16612	(From Vehic	(- C)			
Carrier Name	registration #		(Prom Venic	ie Section)		Bus Use	42
Address 1471 DEER PARK RD			City KILEEN		s	TX Zip 76542	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Typ		GVWR/GCWR	45			46	
Trailer Reg #: 286600M	Reg Type TR	Reg State TX	Reg Year <u>201</u>	5 Traile	r Length 1		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	3		Material 4 divit	:#	Rolonse and	49
racaro ivateriar i digit #			· · · ·			Neicase code	
Patrol Officer Michael A							/20/2023
Police Officer Name (Please Print)	Signature	ı	D/Badge # Depar	tment	Precinc	t/Barracks Date	

CDP1 11-24-00

Wilmington Police Department Images Associated with 23-263-AC





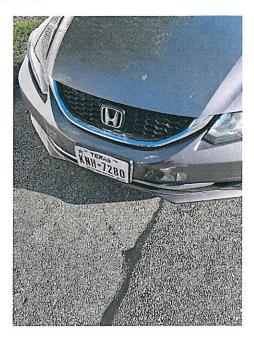
	Pol	lice Use Only	Comi	Commonwealth of Massachusetts RMV Document Number									
	Date of Crash 08/22/2023	1	City/Town	Motor Veh	icle Cras	h Ni	ımber hicles	Number Injured	l'opec.	d Limit	30	State Police Local Police MBTA Police	
	08/22/2023	24HR	mington	Police 1	Report	2		0	Latitu Longi	itude		Campus Police Other:	<u> </u>
		AT INTERSECT	TON:	< LOCA	TION >			NOT A	T IN	TER	SEC	TION:	
						31	6	LOW	RT.T.	QП			2 10
1	Route# Dire	ction	Name of Roadway/St	reet	Route# Direction			1011				vay/Street	
¹ı			At		Feet N	SEW	of -		,		or _		_
	Route# Dire	ection Na	me of Intersecting Roady	vay/Street				Mile M	larker			Exit Number	9 11
			Also at Intersection w	vith		SEW		Route#		Interse	ecting l	Roadway/Street	- [
² 1	Route# Direc	ction Na	ane of Intersecting Roady	vay/Street	Feet N	S E W	of -						
-	Please Select (One \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	#0sausasta		T		22	26	1		ndmar	K	-
3	of the Followi		#Occupants Hit/	Run Moped	Crash Rep	ort ID#	23 ⁻	-20 	4-	AU			
	License #.	St 19	DOB/Age		1LAN62							21	- 1 12
	Sex M Lic.	Class D Lic.	Restrictions 1 C	ndorsement	⁄еат <u>2006</u>			OYOTZ	<u> </u>		Veh	Config. 1	-
⁴ 1		IAN, BABAK	First	Middle	er <u>ALIAN,</u>	t		First			M	iddle	-
1		ARLINGTON			ess <u>131 ARI</u>	INGT				_			-
	,	UT Sta	-		DRACUT	<u>-</u>			ate M Damage		-	1826-4008	-, I
		Dany ARBELLA N			le Action Prior to Cr	ــــــــــــــــــــــــــــــــــــــ	23		Test Sta		Couc.	2 28	ا ا
5	Vehicle Travel D		Responding to Emerg	-	i Sequence 1	24			ype of	Test:		29	
		sued)			Harmful Event 1	<u> </u>	25	75	BAC Te			1 30	13
		Sub			r Contributing Code r Distracted by	26			Susp. Al Sowed f		_	22	<u> </u>
⁶ 1	Viol. 3: Ch/Sec/	Sub Please fill out for oner	ator and all occupants inv		1 Distracted by	34	35	36 37	38	39	40	2 33	
	Name (Last First M	fiddle)		Address	DOB/Age	Sex Pos.	System	Airbag Ejec Status Code	Code	Status	Transp. Code	Medical Facility	_
	Operate	or	Se	ee Above		X 1	1	4 0	0	10	1		_
⁷ 3	Please Select C of the Followin		_#Occupants Non-	-Motorist A Type	15 Action 1	6 Locatio	n	17 Cond	ition	18		Hit/Run Mope	ed
	License #	Sı	DOB/A¿	Reg #	KNH7280			_ Reg Typ	e PC		R	eg State TX	_]
	Sex F Lic. C	Class C 19 19 Lic.	Restrictions 1 C	DL Veh Y	ear <u>2015</u>	Veh Ma	ike H (ONDA			Veh	Config. 21	
8	Operator ME	RAZ, JANETH			r MERAZ ,	MORA	YMA	First			Mi	iddle	-
81	Address 230	4 TIERRA RI	CA WAY	Addre	ess <u>2304 TI</u>	ERRA	RI						14
	City EL PA	ASO Stat	e TX Zip 7993 1	B City	EL PASO						• "	9938	- 1
	Insurance Compa	any PROGRESSI			le Action Prior to Cr	1	4	┙,)amage 'est Stat		Code:	1 27 27 27 2 28]
	Vehicle Travel D	Direction: NEW	Responding to Emerg		Sequence 1 23	23	23	23	ype of			29	
⁹ 2	Citation # (If Iss	,	_		Hamful Event 1	·	25	25	AC Te			1 30	,
	Viol. 1: Ch/Sec/S	Sub ————	Viol. 2: Ch/Sec/Sub		r Contributing Code	16		S	usp. Al			Susp. Drug: 2 32	<u> </u>
1	Viol. 3: Ch/Sec/S	Subease fill out for operator/no	Viol. 4: Ch/Sec/Sub ——		r Distracted by	34	35	36 37	owed fi	39	40	2 3	_
-	Name (Last First M	liddle)	1	Address	DOB/Age 5	Sex Pos.	Safety	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operate	or/Non-Motoris	t Se	ee Above	>>>	1	1	4 0	0	10	1		

	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestrian	් = Bicycle		
Crash Diagram:	ie: 🖚 🗔	→ [2	▶ 8 •	→ №		
мов	BIL LOWELL ST					rash <u>Did Not</u> O Public Way:	ecur
Томась него сиден и поставления поставлен	Diamen Adoptive group and programment Angles and an angles and an angles and an analysis of the second and and	(StriberColours)			 •	off-Street Parking Lot	
GAS PU	MPS				 G G	arage	
		1	i			fall/Shopping Center	
						Other Private Way	
	RT 129 LOWELL ST			ı &	Ind	dicate North by A	rrow
Crash Narrative: MV1 WAS TRAVELING W OR	V ROTTER 129/TOW	T.T. ST TOWA	RDS THE SET (OF TICHTS A	T THE WEST	ST	
INTERSECTION. MV2 WAS						· · · · · · · · · · · · · · · · · · ·	
MV2 COLLIDED WHEN MV2							
INJURIES, AND BOTH PAR							
DAMAGE BUT WERE STILL							
				1			
		n'					
					, I,		
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:		····					
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damageo	I Property	
Truck and Bus Information	Registration #		(From Vel	nicle Section)			
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT#:	State Number		Issuing State	MC/MX/ICC	#:		
Interstate Cargo Body	Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	ength 46		
Hazmat Information:					<u></u>		
Placard Material 1 digit	# 48 Material Nan	ne		Material 4 digit#.		-Release code	49
Patrol Officer Kayla I	M Hanson			ilmington Po	olice Depart		22/2023

Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 23-264-AC





	Police Use Only	Com	ommonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash 08/22/2023 1957 Wil	City/Town mington	Motor Vel		Number Vehicles		Speed Lim	it <u>30</u>	State Police Local Police MBTA Police		
	24HR	ming con		Report	1	0	Longitude_		Campus Police Other:		
	AT INTERSECT	ION:	< LOC/	TION >		NOT A	Γ INTE	RSECT	TION:		
					116	NICE	OLS S	ST			2 10
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #				ay/Street		
4		At		Feet N	S E W of		<u> </u>	- ог _			
	Route# Direction Na	me of Intersecting Road	·	m Nile	و ابواعا ه	Mile M	arker		Exit Number		1
		Also at Intersection v	vith		SEW of	Route#	Inter	secting R	Roadway/Street		
² 1	Route# Direction Na	me of Intersecting Roads	way/Street		ol Elm or		1	andmark			
	Please Select One Vehicle 11	#Occupants His	/Run Moped	Crash Reno	rt ID# 2 3	-26			· · · ·		
3	of the Following.			I							
	License #, St.	, DOB/Age		# <u>6WS578</u>					2	1	1. 12
		1 1 7	ndorsement	Year 2020				Veh	Config.	╜┃	
⁴ 1	Operator AZEVEDO, SUSA Last Address 65 WHIPPLE RD	First	Middle	er <u>AZEVEDO,</u> Last ress <u>65 WHIP</u> I		First	1/A	Mid	3dle		
	City BILLERICA Stat	" МА — 7:: 0182"		BILLERICA			MZ	უ: _ი ∩1	821-223	<u> </u>	
	Insurance Company PROGRESSI	-	•	cle Action Prior to Cras	<u> </u>		amaged Are	_		27	
	Vehicle Travel Direction: NXEW			t Sequence 31 23 3			est Status:		1 28	_	
5	Citation # (If Issued) 142133AC-C			Harmful Event 31		T	ype of Test:		29		
	Viol. 1: Ch/Sec/Sub 90 24			er Contributing Code	10 25	25	AC Test Res asp. Alcohol	,	1 30 Susp. Drug 99	32	30 ¹³
	Viol. 3: Ch/Sec/Sub 90 9			er Distracted by	26		owed from s	<u> </u>	33 33		
⁶ 1		ator and all occupants in		ļ	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.			
	Name (Last First Middle) Operator		ee Above	DOB/Age Sea	Pos. System		Code Status	Code	Medical Facility		
	Орстигот				1 ,	-		 -			

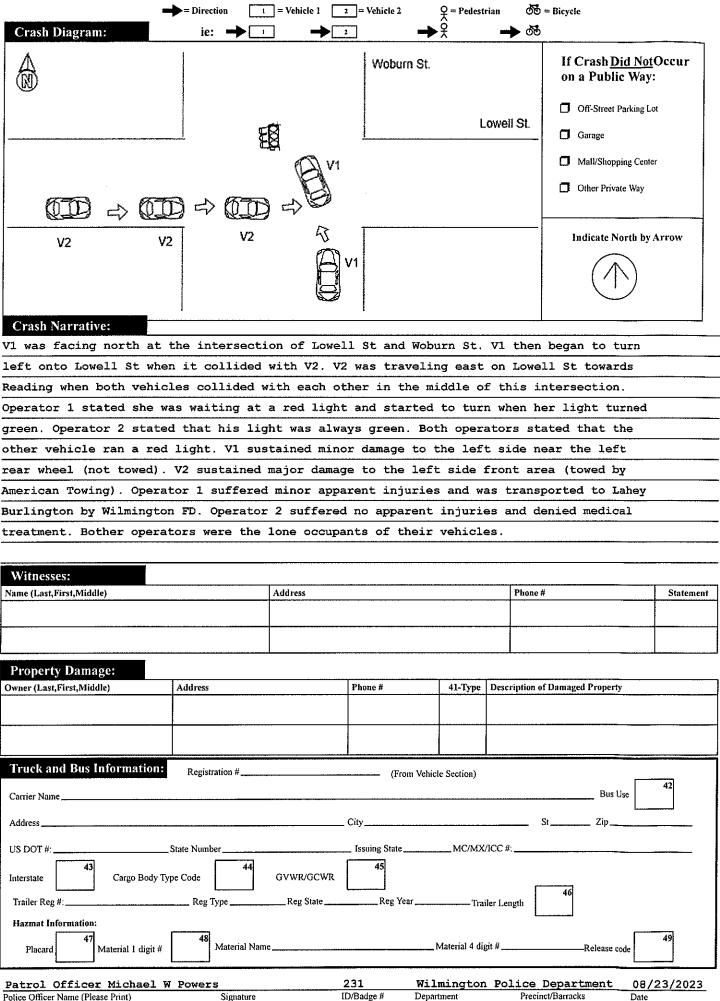
						<u></u>				_	
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action 16	Location	17 Condi	lion 18	Щн	lit/Run 🔲 Mo	ped	
	License # St	DOB/Age	Reg #			Reg Type	2	Re			
	Sex Lic, Class 19 19 Lic, F		DL Veh Y	Year	Veh Make			Velı (1	
8	Operator	First 151		er		First		Mids	dle		
1	Address		Addr	ess	· · · · · · · · · · · · · · · · · · ·					_	14]
	City State	: Zip	City_				te 2	·		[1 14
	Insurance Company		Vehic	le Action Prior to Cras	L	┙,	amaged Area est Status;	Code:	27 27 2	27]	
	Vehicle Travel Direction: N S E W	Responding to Emerg	gency? Even	Sequence 23	23 23	23	pe of Test:	-	29		
² 2	Citation # (If Issued)			Harmful Event	24 25	B	AC Test Res	ułt:	30	_	
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26	Su	sp. Alcohol:	\vdash	Just Diag.	32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			r Distracted by	34 35	To 36 37	wed from so	ene?	33	_	
	Name (Last First Middle)	·	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trup Injury Code Status	Transp.	Medical Facility		
	Operator/Non-Motorist	! Se	ee Above	\times	1						

	= Direction t	= Vehicle 1	= Vehicle 2	웃 = Pedestr	ian 🐯	= Bicycle	
Crash Diagram:	ie: 👈 📑	→ [2	□ →	웃	→ ₩		
Mailboxes #111 and #112		Mailboxes #116	and #116R		*	If Crash Did Not on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Cente	yt .
Nichols Street				(E	3)	Indicate North by	Arrow
Crash Narrative:							
MV1 WAS TRAVELING SOUTH	ON NICHOLS ST	REET WHEN I	T LEFT THE RO	ADWAY A	AND STRU	CK MAILBOXES	
116 AND 116R. IT CONTIN	UED SOUTH AND	HIT MAILBOX	ES 111 AND 11	2. MV1	THEN KE	PT DRIVING AND	
SUBSEQUENTLY WAS ARREST	ED FOR OUI.						
Witnesses:		177			l nu		
Name (Last, First, Middle)		Address			Phone i		Statement
GILBERT ROBERT L		111 NICHOLS S	ST WILMINGTON MA	01887-1	.631		
		į					
		I			1		<u> </u>
Property Damage:	Tarana.		nt	41 m.	Daniel C	P	······································
Owner (Last,First,Middle)	Address		Phone #		······································	Damaged Property	
WILLIAMS DAVID NEIL	116R NICHOLS ST WII	MINGTON MA 0188			MAILBO	X	
ZAREMBA JOHN J	116 NICHOLS ST WILE	INGTON MA 01887			MAILBO	X	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)			42
Carrier Name						Bus Use	
Address			City			StZip	
US DOT #:	State Number		_ Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty	44	GVWR/GCWR	45		r		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	er Length	46	
Hazmat Information:					L		
Placard 47 Material I digit #	48 Material Nam	e		Material 4 dig	it #	Release code	49
Datus Officer Varile M.	•		220 Wil		Delder	Donartmont 09/	22/2022

Patrol Officer Kayla M Hanson Police Officer Name (Please Print)

Wilmingt Department ice Departmen Precinct/Barracks 08/22/2023

							nwealth of Massachusetts RMV Document Number											
	Date of Crash 08/23/2023	Time of Crash		City/Town ington	Motor V	eh	icle Cra	sh		umber hicles		rad l	Speed		30	State Pol Local Po MBTA P	olice 🔯	
	06/23/2023	24HR	M T TILL	riig con	Polic	e I	Report		2		1	- 1	.atitud .ongitu			Campus Other:	Police 🗖	
		AT INTERS	ECTIO	ON:	< L0	CA'	TION	>			NOT	ΓAT	INT	ER	SEC	TION:		
		T OMB	. T. C					,			,							2 10
1	Route# Dire	LOWE:		1 Name of Roadway/Str	reet		Route# Direct	tion	Addı	ess#			Nar	ne of	Roadw	vay/Street		
4				At			Feet	NS	FW] _c			_					
	Route# Dire	tetion WOBU		T of Intersecting Roadw	/ay/Street	-	reet [121"	J 01	Mil	e Mar	ker		or _	Exit N	ımber	11
				Also at Intersection w	ith		Feet [N S	E W	of	Route	<u></u> -	т	Interna	ating I	Roadway/St		3
j	Route# Dire	etion	Nama	of Intersecting Roadw	mu/Ctrant		Feet [N S	EW	of	Roste	**	1	interse	cung r	Kuauway/30	icei	
² 1	Router Dire	CHOI	Name	of falcisconing Robus	аульнеес		_							Las	ndmarl	k		
3	Please Select (of the Followi		11	Occupants Hit/	Run 🔲 Mop	ed	Crash R	eport	ID#	23	-2	66	5-2	AC	;			
	License #		_	DOB/Age	• • • • • • • • • • • • • • • • • • •	Ree#	3DBE44				Reg	Type	PC		R	eg State M	A	
	Sex F Lic.	Class 2 19 19	Lic. Res	20		_	ear 2014				_					Г	21	1 12
	Į.	RBETT, S	l	Er Er	dorsement		r CORBET			ANN						Tomis, L		
⁴ 3	1	GLEN RD	F	irst	Middle			Last			Fin	કા			Mi	iddle		
]		State 1	4A Zip 01887			VILMING					State	MA		ip 01	1887-	1943	
	l '			E DIRECT I			e Action Prior to			4	22				Code:			
	1	Direction: XS		Responding to Emerg			Sequence 7	23	23	23	23	Tes	t Statu	is:		1 28		
⁵ 2		sued)		responding to Emerg	•		· <u> </u>	1	24			Тур	e of T	est:		29		
	1			ol. 2: Ch/Sec/Sub ——			Contributing Cod	L	4	25	25		C Test	-		1 30	32	13
				ol. 4: Ch/Sec/Sub			•	99		I			p. Alce ved fro	Ľ		Susp. Dru	g 2 32	
⁵ 1	VIOE, 3; CII/SEC/			r and all occupants inv		J11101			34	35	36	37	38	39	40	2		
	Name (Last First M	fiddle)		T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status		Code	Status	Transp. Code	Medical	l Facility	
	Operate	or		Se	e Above		\geq	X	1	99	4	0 (0	8	2	(BURLINGT		
-	Please Select C	One 🔀 Vehicle	.1 #	Occupants Non-	Motorist A Type		15 Action	16,	Locatio		17	onditio	一	18		Hit/Run	Moped	1
2	of the Followin	ng: Ventcle	<u>. + "</u>	Coccupants L (Non-		<u> </u>			Locaire	"¹ <u> </u>					<u> </u>	THU/Kull (_ wroped	ļ
	License #	19 19	.St	DOB/Age		_	4445B					Type_			Re	eg State M	A	
	Sex F Lic. (Class D M		trictions B CE	dorsement						OLK			N	_ Veh	Config. 1	•	
3		PIN, ANTO	Fi	tat	Middle		SALEM	asi			Firs	ı				ddle		
2		CKINLEY					ss 453 WA	SH	ING	TOL	I SI		API		73			. 14
	City MARBI			1A Zip 01945		City I	OUXBURY				22					2332-		1
	Insurance Compa	any THE CON	MERC	<u>E INSURAN</u>	CE CO V	Vehicle	e Action Prior to		1	<u> </u>	22		naged : Statu		Code:	8 ²⁷ ²	27 27	
	Vehicle Travel D	irection: NS	W	Responding to Emerg	ency? 2 E	Event	Sequence 1	23	23	23	23		e of Te		ł	29		
2	Citation # (If Issu	ued)			Ŋ	Most I	Hannful Event	1	24			BAG	C Test	Resul	lt:	1 30		
_	Viol. 1; Ch/Sec/S	Sub	Vic	ol, 2; Cli/Sec/Sub ——		Driver	Contributing Cod	de	<u> </u>	25	25	Susj	p. Alec	ohol:[2	31		g 2 32	
į	Viol, 3; Ch/Sec/S	Sub	—— Vic	ol, 4; Ch/Sec/Sub ——	r	Driver	Distracted by	0	26			Tow	ed fro	ın sce	ne?	1 33		
	Pic Name (Last First Mi	•	tor/non-n	otorist and all occupa	nts involved		DOB/Age	Sex	34 Seat Pos.	35 Sofety System	36 Airbog Status	37 Eject Code			40 Transp. Code	Medical	Facility	
j	Operato	or/Non-Moto	orist	Se	e Above			X	1	1	4 () :	10	1			
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									<u> </u>			\dashv						
1				1			1	i	I	1		- 1						



Wilmington Police Department Images Associated with 23-266-AC





					nmonwealth of Massachusetts RMV Document Number												
	Date of Crash 08/24/2023	Time of Crash 0627	City/Town Vilmingto	Moto	r Veh	icle Cra	tsh	Num Vehic		Number Injured		l Limit		ما ات	ite Police (cal Police (BTA Police (
	30,24,2023	24HR	***************************************	" Po	olice	Report		1		<u> </u>	Latitu Longi			Car	mpus Police (
		AT INTERS	ECTION:	<	LOCA	TION	>		N	OT A	TIN	TER	SEC	CTIO	N:	_	
								850		MAII	a Sr	ľ				2	10
1 1	Route# Direc	etion		adway/Street		Route# Direc	etion	Address					Road	way/Str	eet		
1				At		Feet	N S	E W of	: <u> </u>	Mile M	_ •		ог,			_	
]	Route# Direc	tion		ing Roadway/Street		F	NIE	E W of		Mile M	arker			Ex	it Number	-	[1]
ļ			Also at inte	rsection with				EW of	R	oute#	•	Inters	ecting	Roadwa	ay/Street	⁻ -	
² 1	Route# Direc	tion	Name of Intersect	ing Roadway/Street		reet	1.(19)	[<u>22] (1)</u> (1)				1.3	ndmar	rk			
	Please Select C		2_#Occupants	Hit/Run	Moped	Crash I	Report	1D# 2	マ-	26	7-				***		
-	of the Followin	' ' '													3/7	_	
- 1	License# Sex _F Lic. (19 19	St DOB/Ag Lic, Restrictions 9	20		# <u>4VB128</u> Year <u>2007</u>									21	- 1	12
		EA, KIMPU		Endorsement		er CHEA,				<u>AUJ</u>			ve	n Conng	. <u> </u>	F	
4	-	Last	First T APT HO	Middle Middle		ess 42 VAI	Last			First PT	ном	E	M	1iddle		_	
				01854-3416		LOWELL							Zip O	185	4-3416	_	
lı	nsurance Compa	my GOVERNM	MENT EMPLO	OYEES INSU	Vehic	le Action Prior to	Crash	1	0 22	•	amage					- 1	
, V	Vehicle Travel D	irection: NXI	E W Responding	g to Emergency? 2	Event	Sequence 3	23	23 23	2	1	est Stat			1 28			
° (Citation # (If Issu	ied)			Most	Hannful Event	3	24	<u> </u>		ype of '		ult	30			
V	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Cl/Se	c/Sub	Drive	r Contributing Co	ode	13 ²⁵	19	25	usp. Ale			Susp	. Drug: 32] 3	13
61 V	/iol. 3: Ch/Sec/S	Sub	Viol. 4; Ch/Se	c/Sub	Drive	r Distracted by	99	26		T	owed fi	rom sc	епе?	2 33		'	
1	Name (Last First Mi		r operator and all occ	upants involved		DOB/Age	Sex	Seat Sa	fety Ai	16 37 rbag Eject stus Code		39 Injury Status	40 Transp. Code		Aedical Facility		
	Operato	or		See Above			X	1 1	4	0	0	10	1		<u>`</u>		
ci	HAN MALY L	OR	242 LIBE LOWELL,	RTY ST MA 01851-3119		09/16/1980	F	3 1	4	0	0	10	1				
-																	
	Please Select O	ne 🗀	#Occupants	<u> </u>		15	16	LL	1			18			<u></u>	\exists	
	of the Followin		#Occupants	Non-Motorist A	Type 1	Action 2		ocation	5	Condi	tion 1			Hit/Rus	п 🔲 Морс	rd	
L	icense /	19 19	St DOB/Ag	20	Reg#	·				Reg Typ	e		R	leg State	21	-	
	ex.M Lic. C	lass	Lic. Restrictions	CDL Endorsement		ear		/eh Make					Veh	1 Config			
8_	•	MGLER, J	JOSEPH First	Middle		er	Last			First			М	liddle		-	
A		<u>Wabon ST</u> Ester	State MZ 7:- f	02121		ess				C+-	ite	2	'in			- -	14
	-		INSURANC		•	le Action Prior to			22		amagec		-	0 27	27 27	ĪĖ	
	ehicle Travel Di			to Emergency? 2				23 23	2:	To	est Stati	us:		28		'	
		ed)		, , , , , , , , , , , , , , , , , , , ,		Harmful Event	<u> </u>	24	l	•	pe of T			29 30			
2	•	•		/Sub	Drive	r Contributing Co	de	25		25	AC Tes isp. Alc	г		لـــــا	Drug: 32	1	
				:/Sub		r Distracted by		26			wed fr	1		33		1	
ļ		•	tor/non-motorist and	all occupants involved		DOINA - :	Sex	34 3 Seat Sai Pos. Sys	ely Air	bag Eject	38 Trap Code	39 Injury States	40 Transp.		laking to deb	7	
-	Operato	r/Non-Moto	orist	Address See Above		DOB/Age	Ž	Pos. Sys 1 99		tus Code		Status 8	Code 2		edical Facility Clinic	\dashv	
H	- 1								+	+		-				\dashv	
-									_							-	
						1	1 1		1	- 1	1		i	1		1	

		= Direc	tion I	= Vehicle 1	2 = Vehicle 2	♀ Pedestr	ian 💇	= Bicycle	
Crash Diagrai	m:	ie	-] → □	2	→ ĝ	→ ∞		
	A E	1 A	Ŷ					If Crash <u>Did No</u> on a Public Wa	y:
			Đ					Garage	1
			A	4					
		Joseph Vehicle	(R)	1				☐ Mall/Shopping Cer ☑ Other Private Way	iter
		₹5	æ					Indicate North b	y Arrow
			র	K.				\bigcirc	
Crash Narrati	ve:								
The operator		stated t	hat whil	e she was h	acking o	ut of her pa	rking s	pace at work,	
she backed in	to one o	f her co	-workers	. The opera	tor of M	V 1 stated t	hat she	backed out	
slowly but co	uld not	see her	co-worke	r behind in	nevitably	hitting him	١.	,	
The male part	y stated	that wh	ile he w	as walking	to his ve	ehicle in hi	s work	parking lot, a	
co-worker of	his back	ed into	him hitt	ing his leg	J. The mal	le party wal	ked awa	y from the	
vehicle befor	e fallin	g to the	ground	and request	ing an ar	mbulance. Th	e male)	party was	
transported t	o Lahey	clinic.							
Witnesses:									
Name (Last,First,Mide	ile)			Address			Phone :	*	Statement
Property Dama	·	T			T-: "	1 = 1			
Owner (Last, First, Mid	ldle)	Address			Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus	Informatio	Regist	ration#		(From	m Vehicle Section)			40
Carrier Name	 							Bus Use	42
Address					City			StZip	
US DOT #:		State Numb	er			MC/MX/	ICC #:		
Interstate 43		/ Type Code	44	GVWR/GCWR	45		Г	46	
Trailer Reg #:		Reg	Гуре	Reg State	Reg Yea	arTrail	er Length		
Hazmat Information	;	40						 	40
Placard 47	Material 1 digit	# 48	Material Name	e		Material 4 dig	it #	Release code	49
Patrol Officer R	obert M DeG	regorio II	ı		223	Wilmington	Police	Department 08	/24/2023
Police Officer Name (Ple	ease Print)		Signature	[D/Badge #	Department		ct/Barracks Date	

Wilmington Police Department Images Associated with 23-267-AC













Wilmington Police Department Images Associated with 23-267-AC







	Police Use Only	Com	monwealth	of Massa	chus	ett	S		RM	IV Doc	ument Numbe	r	-
	Date of Crash Time of Crash	Cîty/Town	Motor Veh	icle Cras	h [Number Vehicle:		4 Poper	d Limi	. 3!	Local Police		1
	08/25/2023 1436 Wil:	mington	Police	Report	2		0	Lane	ude gitude _		MBTA Polic Campus Poli Other:	ce d	
	AT INTERSECT	ION:	< LOCA	TION >			NOT.			SEC	TION:		1
												· · · · · ·	2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction)8 dress#	MA]	N S		Roady	vay/Street		.F
11		At											1
	Route# Direction Nam	51	(0)	Feet N	ISEV	V of	Mile	— Marker	• —	- ог _	Exit Numb	ег	<u> </u>
	Rotte# Direction Nat	me of Intersecting Roady Also at Intersection w		Feet N	SEV	v of	_						2 11
				Feet N	SEV	vl _{of}	Route#		Inters	ecting l	Roadway/Stree	t	
² 2	Route# Direction Na	me of Intersecting Roady	vay/Street	<u></u>		_			La	andmar	k		
2	Please Select One Vehicle 11	_#Occupants Hit/	Run Moped	Crash Re	port ID#	23	-26	SB-	·AC	٠.			1
³ 3	of the Pollowings												4
	License St St	DOB/Age		MAYBRY				-			_	21	1 12
	<u> </u>	E ₁	idorsement	/ear <u>2010</u>						Veh	Config. 1		
⁴ 3	Operator SALERNO, MICH	ELE First	Middle	er SALERNO	i.		I.E First			M	iddle		
3	Address 1040 SOUTH ST			ess 1040 SC		ST							
	City TEWKSBURY State	-	•	TEWKSBUR	Υ		22				1876-23		İ
	Insurance Company THE COMME			le Action Prior to C		2		Damage Test Sta		Code;	5 ²⁷ ²⁷		
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emerg	,	Sequence 1 23	<u> </u>	23	23	Type of			29		
- - -	Citation # (If Issued)		Most	Harmful Event		ماري		BAC Te	st Res	ult:	30		127
	Viol. 1: Clı/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. A	lcohol:	2 31	Susp. Drug:	2 32	1 13
· 2	Viol, 3; Clı/Sec/Sub			r Distracted by				Towed:			2 33		
_	Please fill out for opera	ntor and all occupants inv	Olved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 3 Airbag Ej Status Co	ct Trap	39 Injury Status	40 Trausp. Code	Medical Fac	ility	
	Operator	Se	e Above	>>>	$\sqrt{1}$	1	4 0	0	10	1			
								-					
						<u> </u>							
				15 1	6	<u> </u>	17	ᆣ	18				
2	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	Action	Locati	ion	Con	dition	10	ı	Hit/Run 🔲 !	Moped	
	License # S	_ DOB/Age	Reg #	4MG900			Reg Ty	ре <u>Р</u> С		Re	eg State MA		
	Sex M Lic. Class D Lic. R		OL Veh Y	ear <u>2007</u>	Veh N	íake E	ORD			Velı	Config. 1	21	
	Operator COLBERT, JOSE			r COLBERT	, JC	SEF	H E			\ C	ldle		
1	Address 35 OAK ST	PBS		ess 35 OAK	ST		Mirsi			Ми	udic		
	City TEWKSBURY State	MA Zip 01876	-4323 City_	<u>rewksbur</u>	Y		5	iate <u>M</u>	A z	ip 01	L876-43	323	1 14
	Insurance Company LIBERTY M	UTUAL INSU	RANCE Vehic	le Action Prior to Cr	ash	2	22	Damage	d Area	Code:	1 27 2 27	27	
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Event	Sequence 23	23	23	4.5	Test Sta			1 28 29		
	Citation # (If Issued)	_	Most	Harmful Event 1	24			Type of BAC Te		ılı:	30		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	Contributing Code	99	25	25	Susp. Al			Susp. Drug: 2	32	
	Viol. 3: Clv/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	Distracted by	26			Towed f			2 33		
ľ	Please fill out for operator/non	•		Pople	34 Seat	35 Safety	36 3° Airbag Eje Statur Co	38 et Trap	39 Injury	40 Transp.			
ŀ	Name (Last First Middle) Operator/Non-Motorist		Address e Above	DOB/Age S	Pos.	System 1	Smus Co	le Code	Status 10	Code 1	Medical Faci	my	
-	Specialisti Con Lixotorios				+-	┼							
-					-	-		-		\vdash			
_						ļ	-				·		
- 1		1		1 1		1	1		1	1 1		- 1	

-	= Direction	= Vehicle 1	z = Vehicle 2	웃 = Pedestr	ian 📆	= Bicycle	
Crash Diagram:	ie: → 🔟	_ →_	2 →	Ŷ	→ ₩		
Richmond St		4)	Main St (RT 38)			If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente	ıt
	Ģ Š	e e		McDor RiteAid	nalds/ d Parking	Other Private Way	
	·	~ ₩		Lot		Indicate North by	Arrow
					_		
Crash Narrative:							
V1 was a a complete sto	p in the cente	er lane at t	he red light	on Mair	St goi	ng southbound.	
V2 was also in the cent	er lane and sl	lowing down	for the red]	Light, k	out was w	nable to stop	
in time and rear ended	V1. V1 has dam	age to the	rear bumper,	tailgat	ce, and p	ossibly the	
trailer hitch. V2 has d	amage to the f	ront bumper	and grill. N	To parti	Les were	injured. Both	
parties were wearing the	eir seatbelts.	It was rai	ning and the	road wa	as slick.		
			. ,, ., ., ., ., ., ., ., ., ., ., ., .,				
The second secon							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of	Damaged Property	

Truck and Bus Information:	Registration #		(From Vehicl	e Section)			
Carrier Name	W-1		•••		.	Bus Use	42
Address			City		S	t Zin	
			-				
				MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		_	 1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					<u></u>		
Placard 47 Material 1 digit #	48 Material Nam	e	1	Material 4 digi	it #	Release code	49
Patrol Officer Emily L M	cMeekin		210 Wil:	mington	Police	Department 08/	25/2023

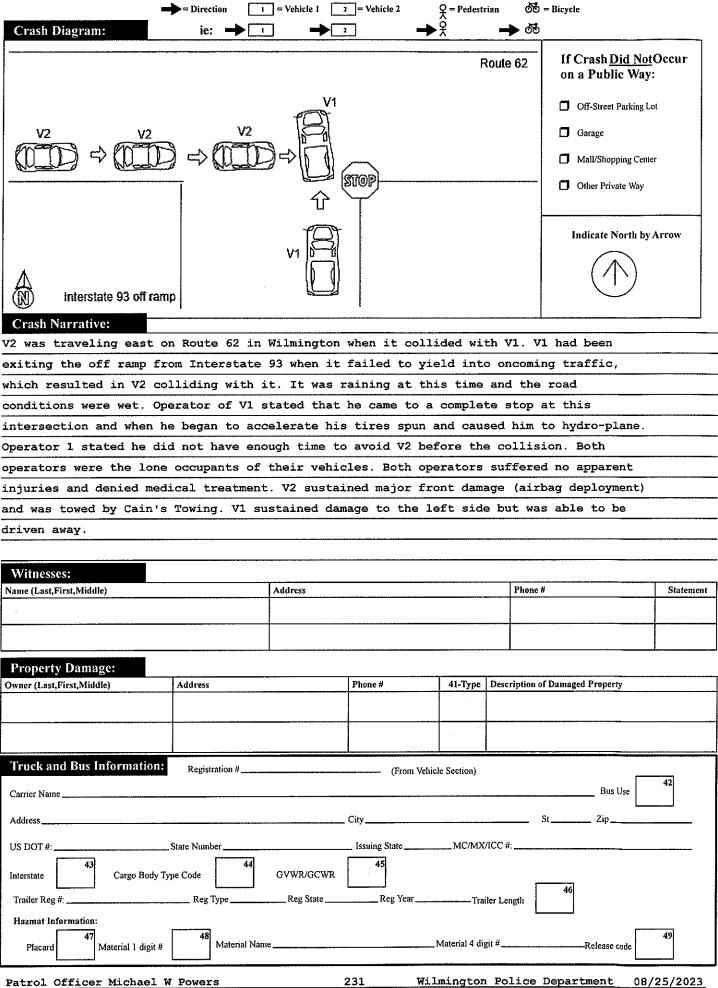
Department

Wilmington Police Department Images Associated with 23-268-AC





	Police Use Only	nonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash 08/25/2023 1425 Wil:	City/Town mington	Motor Veh	icle Cras	h Nur Veh	nber Num icles Injur		d Limit_	L	tate Police	
	24HR	miling con	Police	Report	2	0		itude	C	Campus Police Dither:	
	AT INTERSECT	ION:	< LOCA	TION >		ТОИ	AT IN	TERS	ECTIC	N:	<u> </u>
					34	RO	UTE	62 H	WY		2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction					oadway/Si	treet	_
1		At		Feet N	N S E W	of — —			or		
	Route# Direction Nat	ne of Intersecting Roads	way/Street		T T T T T T T T T T T T T T T T T T T		e Marker		E	Exit Number	3 11
		Also at Intersection v	vith		S E W	Route	-	Intersect	ting Roads	way/Street	
² 3	Route# Direction Nan	ne of Intersecting Roady	vay/Street	Feet N	N S E W	of ———		T	1 t-		_
<u> </u>	Please Select One November 1 1	#Occupants Hit/			port ID# 2	2-2	60-		lmark		1
3	of the Following:	#Occupants Hit/	L	<u> </u>							-
	License # 5	DOB/Age	_	6LH246						21	1 12
		E	ndorsement	Year <u>2014</u>				ŗ	Veh Conf	fig. 1	
⁴ 2	Operator <u>OUINLAN</u> , <u>JAKE</u>		Middle	er QUINLAN	si .	Firs	W		Middle		
2	Address 24 MANHATTAN D			ess 24 MANI					0100		
	City BURLINGTON State	-		BURLINGT	Γ	22		A Zip d Area C		7 27 27	İ
	Insurance Company USAA GENE			t Sequence 23		23 23	Test Sta		1 2		
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emer			24		Type of	Test:	2	9	
	Citation # (If Issued)	****		Harmful Event	<u> </u>	5 25		st Result:		J	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26			cohol: 2		p. Drug 2 32	
⁶ 2		Viol. 4; Ch/Sec/Sub — ntor and all occupants in:		er Distracted by	34	35 36	37 38	39	40	<u> </u>	4
	Name (Last First Middle)	nor tare on overpunts in	Address	DOB/Age		Safety Airbog System Status	Eject Trap Code Code		runsp. Code	Medical Facility	-
	Operator	S	ee Above		X 1	L 4 C	0	10 1			_
7	Please Select One Vehicle 2.1	#Occupants Non	-Motorist A Type	15 Action 1	16 Location	17 Co	ondition	18] Hit/R	un Moped	1
⁷ 3	of the Following:			. 5007/11		<u> </u>					4
	License	B/Age		5SE741 Year 2015		_	Туре РС Па		_ Reg Sta	_ 21	
	Sex F Lic. Class D Lic. F Operator DUFFY , ELIZAB	E	ndorsement	PT DUFFY,			+2		Veh Confi	ıg. <u>–</u>	
⁸ 2	Address 17 MAIN ST	First	Middle	ess 17 MAIN	št.	Firs	ı		Middle		
-		MA Zip 01887		WILMINGT			State M	A Zip	0188	37-1729	4 14
	Insurance Company PLYMOUTH I			le Action Prior to C	crash 1	22		d Area Co		8 27 7 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Event	Sequence 1 23		23 23	Test Stat		1 2	4	
9	Citation # (If Issued)	<u></u>	Most	Harmful Event	1 24		Type of	Test: st Result:	25		
⁹ 2	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	ـــ r Contributing Code	2 1 ²	5 25		cohol: 2	1	p. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			rom scen			
	Please fill out for operator/not	1-motorist and all occupa	ants involved	DOB/Age		Safety Airbag .	37 38 Eject Trup Code Code	Injury Tr	40 unsp. Code	Medical Facility	1
	Operator/Non-Motorist	Se	ee Above		1 1			10 1	\neg	resources Cartiny	1
ļ		-		+		_					1
ŀ											-
}									<u> </u>		1



Patrol Officer Michael W Powers

Department

Wilmington Police Department Images Associated with 23-269-AC

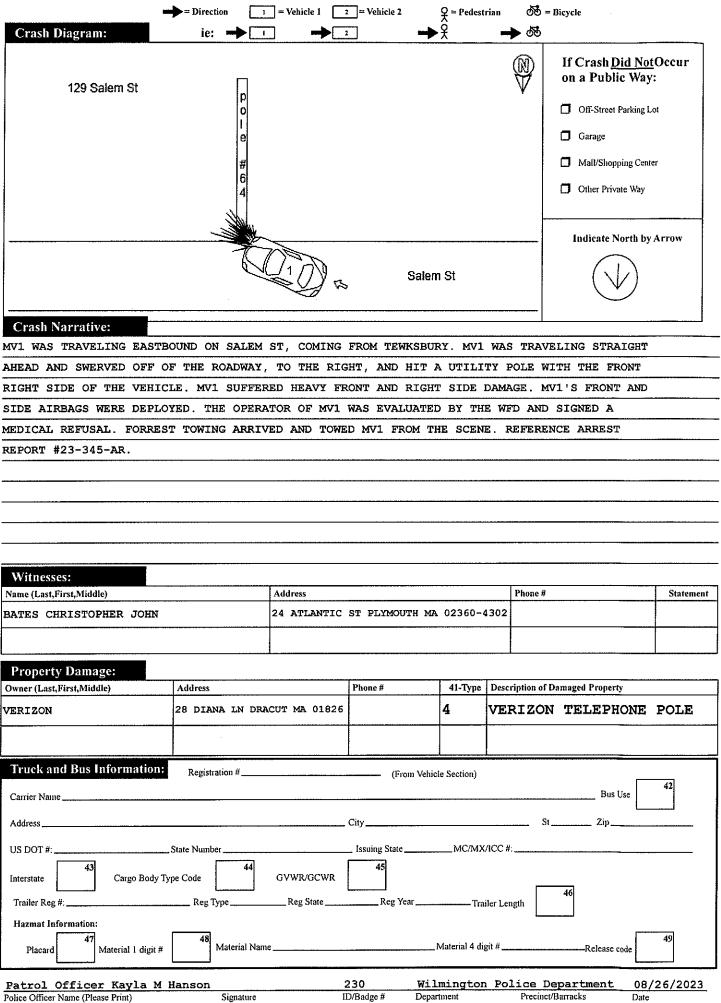








	Police Use Only		Comi	mmonwealth of Massachusetts RMV Document Number							
	Date of Crash 08/26/2023	Time of Crash 2151 Will	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	it <u>30</u>	State Police Local Police MBTA Police Campus Police	1
	00,20,2023	24HR	airing con	Police	Report	1	0	Latitude Longitude_		Campus Police Other:	i
		AT INTERSECT	< LOCA	OCATION > NOT AT INTERSECTION:						_ 10	
				132 SALEM ST							
1	Route# Dire	ction	Name of Roadway/St	reet	Route# Direction	Address #	SAUL		f Roadw	/ay/Street	
¹ 4				Feet NSEW of or						_	
	Route# Dire	ction Nar	vay/Street							1 11	
			Also at Intersection w	vith	Feet N S E W of Route# Intersecting Roadway/Street						
² 1	Route# Direc	ction Nan	vay/Street	Feet N S	E W of			andmark	,	_	
	Please Select (#Occupants Hit/	Run Moped	Crash Report	. ID# 23	-27				-
3	of the Followi	ng: Venicit (2									_
	License #	Class 19 19 Lie I	DOB/Age		# 4HPB59					21	7 12
	Sex F Lic. Class D Lic. Restrictions B CDL Veh Year 2019 Veh Make NISSAN Veh Config. 1										
⁴ 1	Operator HALL, IRENE R Last First Middle 1.0 LELAND CH. A DH. 2										-
Т	Address 10 LELAND ST APT 2 Address 10 LELAND ST APT 2										-
	City MALDEN State MA Zip 02148-7003 City MALDEN State MA Zip 02148-70 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27										
	Test Status: 28										
5	Vehicle Travel D	Direction: NSWW ued) 148513AC			Harmful Event 22	- 1		pe of Test:		2 29	
	Viol. 1: Ch/Sec/S		 Viol. 2: Ch/Sec/Sub		er Contributing Code		- 25	AC Test Res		5 30 31	22 ¹³
	Viol. 3: Ch/Sec/S		Viol. 2: Ch/Sec/Sub ——		er Distracted by	26		isp. Alcohol owed from s	<u> </u>	Susp. Drug: 2 32	22
⁶ 1	VIOI. 3. CIPSec/.		tor and all occupants inv			34 35	36 37	38 39	10	1	4
	Name (Last First M		<u> </u>	Address	DOB/Age Sex	Seat Safety Pos. System	Status Code	Trap Injury Code Status	Code	Medical Facility	_
	Operate	or	Se	ee Above		1 99	3 0	0 10	1		
, 1	Please Select C		#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	l u	lit/Run 🔲 Moped	
	License #		DOB/Age	Reg #			Reg Type		Re	z State	-
	License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Veh Year Veh Make Veh Config.									21	'
	Operator	<u> </u>	dorsement	Owner							
³1	Lest First Middle Address				Last First Middle Address						
											1 14
Insurance Company Vehicle Action Prior to Crash Damaged Area Code								Code:	27 27 27		
l	Vehicle Travel D	irection: NSEW	ency?Event								
, .	Citation # (If Issu	ied)	_	Most	Harmful Event	24		pe of Test; AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/S	Jub du	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	sp. Alcohol:		Susp. Drug 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				Driver Distracted by 26 Towed from scene? 33						
	Plea Name (Last First Mi	ase fill out for operator/non	•	nts involved Address	DOB/Age Sex	34 35 Sent Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
ļ	· · · · · · · · · · · · · · · · · · ·	or/Non-Motorist	Se	e Above	\times	1					1
									\Box		1
-											1
-											1



Signature

Department

Precinct/Barracks

Date