	Police Use Only Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash		Motor Veh	icle Cras	sh [s	lumber ehicles	Number Injured	Speed		35	State Police Local Police MBTA Police Campus Police	
	01/27/2024 1904 Wilm	nington	Police 1	Report	2		0	Latitud Longitu			Campus Police	
	AT INTERSECTION:		< LOCATION >				NOT AT INTERSECTION:				1	
	THE TENEDOTTON											2 10
					43		MAIN					
¹ 4	Route# Direction	Name of Roadway/Street		Route# Directi	on Add	lress #		Nar	ne of F	Roadwa	y/Street	-
4		At		Feet I	NSEV	of			_	or		
	Route# Direction Nam	e of Intersecting Roadway/	Street	_			Mile M	arker			Exit Number	5 11
			Feet NSEW of Rout				e# Intersecting Roadway/Street					
2							Router Intersecting Routeway/Street					
² 1	Route# Direction Nam	Street	Landmark									
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	eport ID#	24	-38	-A	C	3-3-900		
³ 99	of the Following:				-							-
	License # S10025490 St M	A_DOB/Age_02/11/		454Z20							21	1 12
	Sex M Lic. Class D 19 Lic. R	estrictions 1 CDL	Veh Y	Year 2010	Veh N	/Iake <u>A</u>	UDI			_ Veh C	Config. 1	
	Operator PEABODY, AAROL			r PEABOD	Y, EI	IZA	BETH	ANN	<u> </u>	Midd	dla.	
⁴ 3	Address 67 BURLINGTON	AVE	Addre	ess 67 BUR	LING'	TON	AVE			Mido	ше	
	City WILMINGTON State	MA Zip 01887-3	3906 City	WILMINGT	ON.		St	ate MA	Zi	р 01	887-3906	
	Insurance Company GOVERNMENT			le Action Prior to (4		amaged		_		
				2		23		est Statu		1	28	
⁵ 2	Vehicle Travel Direction: S E W	Responding to Emergence		I concupred	24		200	ype of T	est:		29	
	Citation # (If Issued)	_	Most	Harmful Event	1 24	ا ا		AC Test	t Resul	t: 1	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Cod	the state of	25	25	usp. Alc	ohol: 2	31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26		Т	owed fro	om sce	ne? 1	33	
⁶ 1		tor and all occupants involve			34 Seat	35 Safety	36 37 Airbag Eject	38 Trap		40 Transp.	Medical Facility	
	Name (Last First Middle)	Add		DOB/Age	Sex Pos.	System 1	Status Code		Status 10	Code 1	Medical Facility	1
	Operator	See A	.bove		$\frac{1}{1}$	+	-	Ĭ		_		-
											X-2002	
	264469 44045 5455	<u> </u>		15	16		17	7545-51	18			1
⁷ 2	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	Action	Locat	ion	Cond	tion	10	Н	it/Run Moped	
_	License # 595138373 St N	Y_DOB/Age_07/20/	1967 Reg #	X36714			Reg Typ	e PC		Reg	State MA	1
	10 10	estrictions 1 CDL			Veh N	Aake C			ľ	Veh C	Config. 1	
		Endor	rsement	Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 Owner ANGEL RENTAL CAR CORP								
⁸ 1	Operator GONCALVES DEFI	First Mi	iddle	L	ıst		First	<u>/I/L</u>		Midd	ile	
	Address 12A SHERIDAN S			ess 255 TH	ACHE.	K Si				00	106 2010	14
	City WOBURN State		MILTON						_	186-3219	1	
	Insurance Company ARBELLA PROTECTION INSURA			le Action Prior to (Crash	1				Code: 1	27 2 27 8 27	
	Vehicle Travel Direction: NXEW Responding to Emergency? 2			Sequence 2	3 23	23	23	est Statu ype of T		1	29	
0	Citation # (If Issued) T3282170		Most	Harmful Event	1 24			AC Tes		t.	30	1
⁹ 2		Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Cod	le 1	25	25		E	-	Susp. Drug: 2 32	
	A community of control		Driver Contributing Code Susp. Alcohol: 2 31 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 1 33							33		
		ol. 3: Ch/Sec/Sub ————————————————————————————————————				35	36 37	38	39	40		1
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occupants		DOB/Age	Sex Pos	Safety	Airbag Eject	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See A	bove		X	1	4 0	0	10	1		
			· · · · · · · · · · · · · · · · · · ·					+		+		1
								-		4		-

	= Direction	= Vehicle 1	2 = Vehicle 2	웃 = Pedestri	an 🐠 =	Bicycle					
Crash Diagram:	ie: 🖚 🔟	→	2	→ }	→ 22						
Main St				<	3	If Crash Did Non a Public W	ay:				
	taz	579				☐ Mall/Shopping C	enter				
	Q <u>C</u>	<u>)O</u> b				want shopping c	ontor				
	U.	JU				Other Private Wa	у				
	MV 2 [] []	MV 1 Burlington A	ve			Indicate North	by Arrow				
Crash Narrative:	<u> </u>										
MV 2 was travelling	southbound on Ma	in St when	he approach	ed the int	ersection	of Main St					
at Burlington Ave.											
light and attempted							**************************************				
Main St when he appr						light but					
beleived he would be	able to make the	e left hand	turn witho	ut issue.	The ope	rator of MV 1					
was unable to make t	he turn onto Bur	lington Ave	and collid	led into MV	2.						
					*						

Witnesses:							***				
Name (Last, First, Middle)	Address		10.75	Phone #	none #						
	**		Autress								
Property Damage:		•									
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property					
Owner (East, Frist, Fridance)	Tiddress		1 1010 11	No. of the second							

Truck and Bus Informati				mouse feet all							
Carrier Name	Registration #		(From	Vehicle Section)		Bus Use	42				
			O':		04	Z:-					
Address			_ City		51	Zip					
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:						
	ody Type Code	GVWR/GCWR				46					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length						
Hazmat Information:											
Placard 47 Material I di	igit # 48 Material Nar	me		Material 4 dig	it #	Release code	49				
Patrol Officer Shane	A Folor		211	Wilmington	Police D	epartment (1/27/2024				
Police Officer Name (Please Print)	Signature Signature			Department			ate				