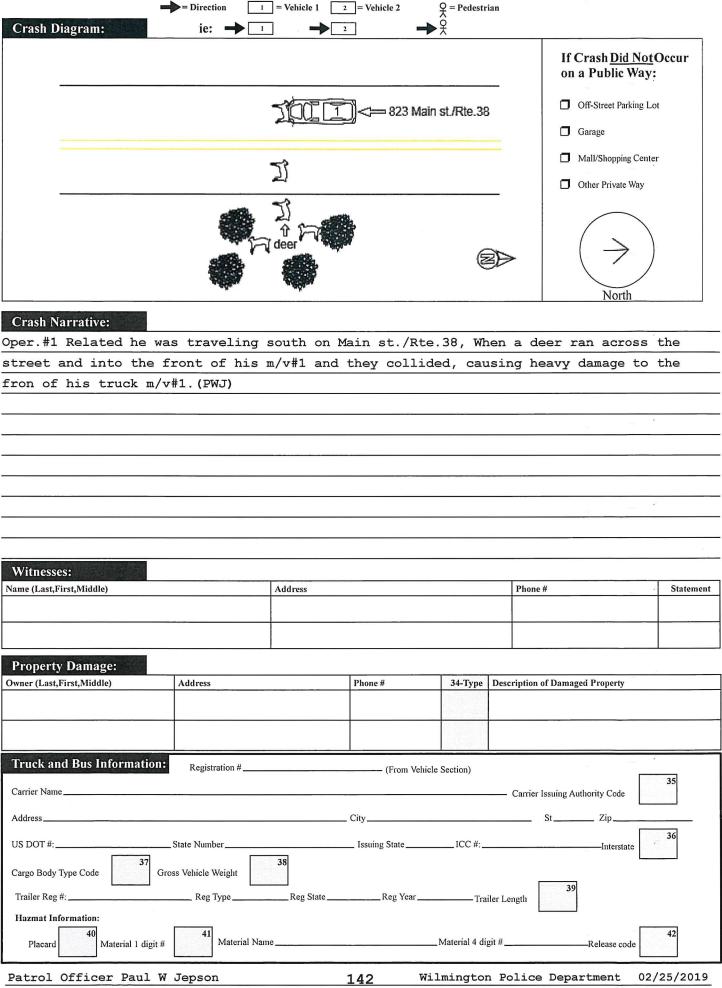
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	AT INTERSEC	CTION:	<	LOCA	TION :	>		NOT	AT IN	TER	SEC	TIO	N:
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Sex M Lie	c. Class D 18 L	Lic. Restrictions	19 CDL	Veh	Year 2015	V	eh Make 🕽	ORD			Veh	Confi	g. 2 20
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Address <u>10</u>	TIFFANY R	First	Middle	Addr	ess 247 PI	ast AYS	TEAD	RD First				ddle	
City SALE	EM :	State NH Zip	03019	City.	MEDFORD				State 1	1A_ :	Zip		
Insurance Cor	npany SAFETY			Vehic	ele Action Prior to	Crash	1	21	Dama	ged Area	Code:	(Circle	e Up to Three)
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Citation # (If)	Issued)			Most	Hannful Event	5	23	(•		$ \cdot $	5	0 None 10 Undercarriage 11 Totaled
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Viol. 3: Ch/Se	c/Sub/	Viol. 4: Ch/Sec	/Sub/	Unde	erride/Override	<u>'</u>	25 Tow	ed 2	3	,	7	6	99 Unknown
	Please fill out for o	operator and all occ	•				26 27 Seat Safet	Airbag A	29 30 irbag Eje	ct Trap	32 Injury	33 Transp.	
Name (Last Firs	Middle) Operator		Address See Above		DOB/Age	Sex	Pos. System	n Status S	vitch Co	de Code	Status 10	Code 1	Medical Facility
			See Above					1-	+	+	-		*****
													<u> </u>
		1						1 1	i	- 1	1 1		
Please Select		#Occupants	Non-Motoris	st A Type	14 Action	15 Lo	ocation	16 Co	ndition	17	، 🗖	Hit/Rı	ın Moped
of the Follov	wing: Venicle 2_				Action	L		Co			<u> </u>		
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of the Follow License # Sex Lic Operator Address	sing: S Class 18 18 Last	DOB/Ag	e	Reg : Veh ' ent Own	Year	V		Co	[Re Veh	eg Stat	g. 20
of the Follow License # Sex Lic Operator Address City	ving: S C. Class 18 18 L	DOB/Ag	e	Reg : Veh Own Addr	Action 4 Year	Vi		Co	ype		Ro Ro Veh	eg Stat	g. 20
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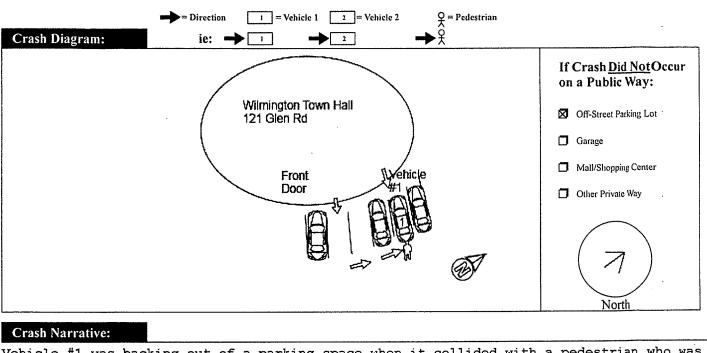


		Com	monwealth	of Massac	husetts	3				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police	
	02/25/2019 0650 W	ilmington	Police	Report	2	0	Lat Lon		MBTA Police Other:	
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	INTER	SECT	ION:	1
						*****				1 2
	Route# Direction	N/5D1/6		Route# Direction	25	CONC	ORD S	T Roadway	/Ctat	
1	Route# Direction	Name of Roadway/S	ireet	Koute# Direction	Address #		Name of	Koadway	Street	2 ¹⁰
				Feet N	S E W of		_ • _	or	Exit Number	
	Route# Direction	Name of Intersecting Road	 	[Fact		Mile Ma	irker		Exit Number	1
		Also at Intersection	with		S E W of	Route#	Inters	ecting Ro	adway/Street	L
2	Route# Direction	Name of Intersecting Road	lway/Street	Feet N	S E W of					2 11
								ındmark		
	Please Select One of the Following:	1 #Occupants Hit	t/Run Moped		1	.9-7:	2-AC	2	•	
	License # \$50934865	St MA DOB/Age	Rea	# <u>261WR9</u>		Reg Typ	· PC	Reg	State MA	1
		19		Year 2010					20	
			Endorsement						onng.	
1	Operator OKEEFE, CHR	First	Middle	er OKEEFE,		First		Middle	e	1 12
	Address 66 TERCENTE			ess 66 TERC						
	City BILLERICA	State MA Zip 0182	1-0000 City	BILLERICA	<u></u>		ite MA	Zip 018	321-0000	
	Insurance Company STANDAR	D FIRE INS.	CO. Vehi	cle Action Prior to Cra	sh 2	21 D	amaged Area	ı Code: (C	Circle Up to Three)	
;	Vehicle Travel Direction: N S	W Responding to Eme	ergency? 2 Ever	nt Sequence 1 22	22 22	22 2	أكم	3	4 0 None	
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	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	/Driv	er Contributing Code	1 24	24		\sim	97 Other	
1	Viol. 3: Ch/Sec/Sub			erride/Override		ed_28	,	7	6 99 Unknown	
		operator and all occupants in			26 27	28 29	30 31	32	33	_ 13
	Name (Last First Middle)		Address	DOB/Age Se	Seat Safety Pos. System	Airbag Airbag n Status Switel	Eject Trap Code Code		ansp. ode Medical Facility	 1 '3
	Operator		See Above		1	4	0 0	10 1		
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1	Please Select One of the Following:	1 #Occupants No	n-Motorist A Type	14 Action 15	Location	16 Condi	tion 17	П ні	t/Run Moped	
		St MA DOB/Age.		#_8JE877	<u> </u>	D T	e PC	P		┨
	19 19	19	_					_	20	
			Endorsement	Year <u>2008</u>			EK	Veh C	onfig. 1	
³ 1	Operator SPRAGUE, DA	First	Middle	er SPRAGUE		First		Middl	e	
	Address 21 MIDDLESE			ress 21 MIDD					····	
	City WILMINGTON	State MA Zip 0188	7-4495 City	WILMINGTO	N		ate MA	Zip 01	887-4495	
	Insurance Company SAFETY	INSURANCE	Vehi	cle Action Prior to Cra	ısh 1	21 D	amaged Area	a Code: (C	Circle Up to Three)	
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	Citation # (If Issued)		Mos	t Harmful Event 1	23	(n	و ا	<u>. </u>	5 10 Undercarriage	e
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		- Viol. 4: Ch/Sec/Sub -		erride/Override		ed 2 8		7	6 99 Unknown	1
		tor/non-motorist and all occur		cinde/overnde	26 27	28 29	30 31		33	┦
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	Operator/Non-Motorist		See Above		1	4	0 0	10 1		
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CDP1 11-24-00

				Commony	vealth	of Massa	ichi	isetts	S					j
		Time of Crash	City/Town	Mot	or Veh	icle Cra	sh	Number		Speed Lin	nit	Stat	e Police	
	02/25/2019	1214 Wi	ilmingto	a	Police	Report		1	0	Lat Lon,			al Police ATA Police Corr.	
		AT INTERSE	CTION:	<	AND REAL PROPERTY.	PARAMETER STATE	>		NOT A		RSEC			
					RADIO Ser September									2 %
	- "	 						121	GLEN		CD 1	10.		
L	Route# Direct	ion	Name of Ro	adway/Street At		Route# Direct	ion .	Address #		Name	of Roadw	ay/Stree	et	2 10
			•			Feet [NSI	E W of			— or _			
	Route# Direct	ion	Name of Intersecti	ng Roadway/Street					Mile M	ırker		Exit	t Number.	1
			Also at Inter	section with				E W of	Route#	Inte	rsecting F	Roadwa	y/Street	
L	Route# Direct	ion	Name of Intersecti	ng Roadway/Street		Feet	NSI	E W of	WILM	NGTO	N TO	NWO	HALL	1 11
	Trouten Brook		Traine of intersecti	ing reduction							Landmark			
7	Please Select O		1#Occupants	Hit/Run	Moped			1	9-7	3-A	CR	fer	riseal	4/19
	License # S54		st MA DOB/Ag		Reg	#44SY64			Кед Тур	PC	R	eg State	MA 20	
	Sex F Lic. C	lass D 18 18	Lic. Restrictions B	CDL	Veh	Year <u>2006</u>	Vo	eh Make <u>I</u>	IONDA		Veh	Config	1 20	
1	Operator COF	CORAN, G	LORIA L	Middle	Own	er CORCOR	AN,	GLO	RIA L		Mi	iddle		1 12
_	Address 615	WOBURN S	T		Add	ess 615 WC	BUR	N ST						
	City WILMI	NGTON	State MA Zip	01887-296	2 City	WILMING'	ION		St	ite MA	Zip_ 0	188	7-2962	
	Insurance Compa	ny SAFETY	INSURANC	E	Vehi	cle Action Prior to	Crash	10	21	amaged Ar	rea Code:	(Circle	Up to Three)	
-	Vehicle Travel Di	rection: NS	W Responding	to Emergency? 2	Ever	nt Sequence 3	22 2	22 22	22 2		3	1	None	
	Citation # (If Issu	ed)			Mos	t Hannful Event	3	23	1 .	← }	9	= 11	0 Undercarriage 1 Totaled	e
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L	Viol. 3: Ch/Sec/S	ub/	– Viol. 4: Clı/Sec	/Sub/	Und	erride/Override		25 Tow	ed 2 8		7	6		
	V 4 F V		operator and all occ	•		DOB/Age	Sex	26 27 Seat Safety Pos. System		30 3 Eject Tra	ap Injury	33 Transp. Code	Medical Facility	3 13
	Name (Last First Mid	Operator		Address See Above		DOWNER .	sex	Pos. System	4	0 0		1	Medical Facility	
		Operator						-	-	-	-	\vdash		-
				· · · · · · · · · · · · · · · · · · ·						-			-,	4
				9										
)	Please Select O		#Occupants	Non-Motorist	A Type 1	14 Action 5	15 Lo	ocation 4	16 Cond	tion 99	17	Hit/Ru	n Moped	
	License # S39	199537 s	st MA DOB/Ag	e	leg	#			Reg Typ	e	R	eg State		1
	Sex F Lic. C	lass 18 18 I	Lic. Restrictions	CDL		Year	v	elı Make_			Vel	Config	20	
39	Operator TAV	ARES, MA	RGARET M			ier	Last		First			iddle		
_	Address 58]	LOWELL ST	1 1131	Middle	Add	ress			PHSC					
	City WILMI	NGTON	State MA Zip	01887-294	8 City				St	ate	_ Zip			
	Insurance Compa	ny			Vehi	cle Action Prior to	Crash		21	amaged A	rea Code:	(Circle	Up to Three)	
	Vehicle Travel Di	rection: NSE	W Responding	g to Emergency?	Eve	nt Sequence	22 2	22 22	22 2		3	\ ⁴		
	Citation # (If Issu					t Harmful Event	一	23		<u> </u>		. [1	0 None 0 Undercarriag	e
		ub/	Viol 2: Ch/Sec	/Sub/		er Contributing Co	de [24	24		ŤV) 0	1 Totaled 7 Other	
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		use fill out for operato						26 27	28 29	30 3	11 32	33		-
	Name (Last First Mic	ddle)		Address		DOB/Age	Sex	Seat Safet Pos. System			rap Injury ode Status	Transp. Code	Medical Facility	-
	Opera	tor/Non-Motorist		See Above						$\perp \perp$	8	2		-
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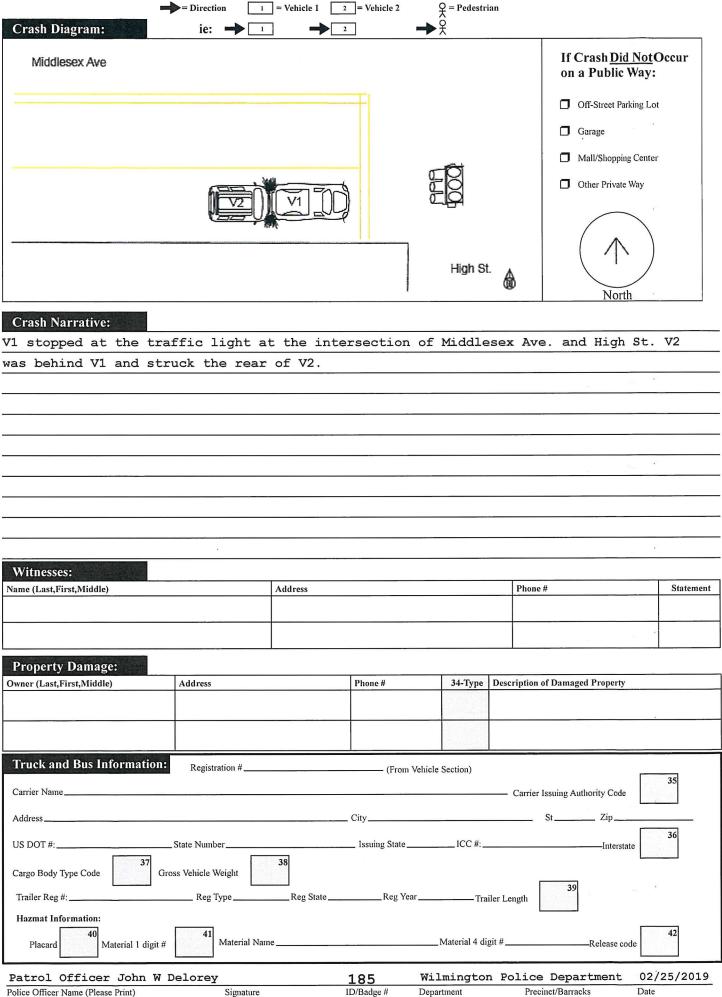


						6	North	
Crash Na	rrative:							
Vehicle	#1 was b	acking	out of a	parking spa	ace when it	collided	with a pedestrian	who was
passing	behind t	he vehi	cle at th	nat time.Wi	tnesses indi	cated tha	t the pedestrian a	ppeared
to stop	behind t	he vehi	cle just	prior to be	eing struck	and was t	urned facing the b	ack of
vehicle	#1 at th	at time						
								
Witnesses							In "	
Name (Last,Fin		•		Address	D CH CTOIL	CECMED M	Phone # A 978-944-1988	Statement 2
GEORGE	SHARON	A						
TOUMA-C	CONWAY	CHRIST	INE R	26 HIDE	AWAY LN ME	THUEN M	978-833-8439	
Property	Damage:							
Owner (Last,F		A	ddress		Phone #	34-Type De	scription of Damaged Property	
		-						
Truck and	l Bus Inforn	nation:	Registration #		(From Vehic	ele Section)		······
Carrier Name							- Carrier Issuing Authority Code	35
A 44					City		St Zip	
Address		······································						36
US DOT #:			te Number		Issuing State	ICC #:	Interstate	
Cargo Body T	ype Code	37 Gross V	Vehicle Weight	38				
Trailer Reg#	:		Reg Type	Reg State	Reg Year	Trailer I	39 Length	
Hazmat Info	ormation:							
Placard	40 Materia	l I digit#	41 Material 1	Name		Material 4 digit #	Release code	42

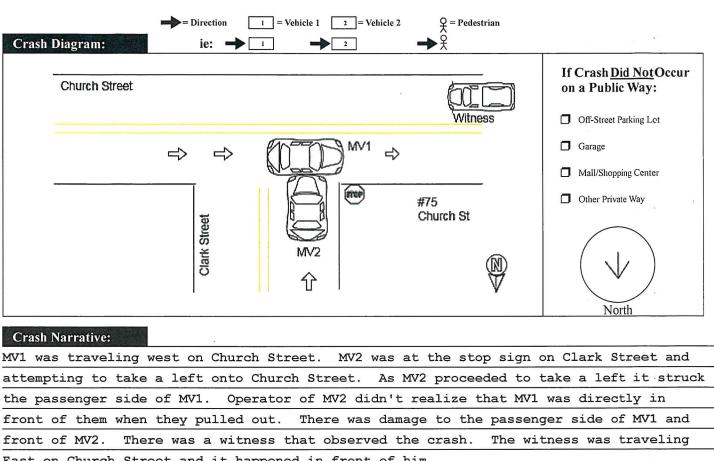
Sergeant David J Bradbury 158 Wilmington Police Department 02/25/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

		Comm	onwealth o	of Massa	chu	setts							
	1		Motor Veh	icle Cras	sh [Number Vehicles	Number Injured	1	Limit_	25	State	e Police al Police Al TA Police	
	02/25/2019 1440 Wilmi	.ngton	Police 1	Report		2	0	Lat Lon			- MB	TA Police	
	AT INTERSECTIO	N:	< LOCA	TION >			NOT A	TINT	rers	SECT	ION	:	- 01
													2 🦎
1 .	Route# Direction MIDDLESEX	AVE Name of Roadway/Stree	·+	Route# Direction		ddress #		Na	me of F	Roadwa	v/Stree		
'1 	Touten Direction 1	At						1141	- COLI	Coadiva	yiblice		2 10
	HIGH ST			Feet	SE	W of	Mile M	•		or	Exit	Number	
		of Intersecting Roadway		Feet N	N S E	w of	11110 11	an KOI					
2	ŕ	uso at intersection with	'	Feet F			Route#]	Interse	cting Ro	oadway	//Street	_ 11
² 1	Route# Direction Name of	of Intersecting Roadway	//Street	Feet [1 S E	or [vv]				, ,			2
3	Please Select One Vivin 1 #6					-	0 7	л .		dmark			
	of the Following: Vehicle 11 #0	Hit/Ru	m Moped			Т	9-7	4 –.	AC				
	 	_ DOB/Age.	Reg #	P10413			Reg Ty	oe <u>CO</u>		Reį	g State		
	Sex M Lic. Class B Lic. Rest			/ear 2011	Veh	Make <u>C</u>	MC			_ Veh (Config.	1 20	
[‡] 3	Operator MCDERMOTT, MICH	JART C	orsementOwne	EASTERN		ROPAN		S IN	1C				12
<u> </u>	Address 171 PLD BURLEY			ess 131 WA'		ST	First			Midd	ile	<u>.</u>	1
	City DANVERS State M	IA Zip 01923	City .	DANVERS			S	ate MZ	Zi	р 01	923	3727	
	Insurance Company U S FIRE IN			le Action Prior to C	Crash	2	21	Damageo	d Area (Code: (Circle	Up to Three)	
⁵ 1	-	Responding to Emerge		Sequence 2			22 2		3		4		
Τ	Citation # (If Issued)	F		<u> </u>	1 2	3						None Undercarriage Totaled	
	Viol. 1: Ch/Sec/Sub / Viol	1. 2. CL/C/C. 1		r Contributing Cod		24	24	-	廾		97	Other	
⁶ 1	Viol. 3: Ch/Sec/Sub/ Viol			rride/Override	2	 L	8`		7		6 99	Unknown	
<u> </u>	Viol. 3: Ch/Sec/Sub Viol Please fill out for operator			Inde/Overnde [26 27	28 29	30	31	32	33		121
	Name (Last First Middle)	•	ddress	DOB/Age		Seat Safety Pos. System	Airbag Airb Status Swit	ng Eject ch Code	Trap Code		Fransp. Code	Medical Facility	1 13
	Operator	See	Above		-	1	4	0	0	10 1	L		
												·	
											-		
⁷ 2		<u> </u>			15		1/	<u> </u>	15				
2	Please Select One of the Following: Vehicle 2.1 #0	Occupants Non-N	Interist A Type	Action	Loc	ation	Cond	lition	17	Н	lit/Run	Moped	
	License # S71390513 St MA	_ DOB/Age	Reg #	4TR776			Reg Ty	pe PC		Re	g State	MA	
	Sex F Lic. Class D Lic. Rest			ear 2014	Veh	Make N	ISSA	<u> </u>		_ Veh (Config.	1 20	
8 2	Operator BEOHNER, NANCY	M	orsement Own	er BEOHNE	3. N	IANC	M						
	Address 391 SALEM ST	st	Middle	ess 391 SA	18‡		First			Mide	dle		
	City BRADFORD State M	IA Zip 01835-	-7622 City	BRADFORD)		s	tate MZ	1 Zi	р 01	835	5-7622	
	Insurance Company PLYMOUTH RO	-	•	le Action Prior to C		2	21			•		Up to Three)	
		Responding to Emerge	_	Sequence 2		, <u></u>	22 2		3		4		
	Citation # (If Issued)	reaponding to Emerge			1 2	3			1			None Undercarriage	
	, , ,	1. 2: Ch/Sec/Sub ——		r Contributing Cod		9 24	24	4-	<u>ام</u> ر		92	Totaled Other	
					2				7		6 99	Unknown	
	Viol. 3: Ch/Sec/Sub/ Viol Please fill out for operator/non-m	1. 4: Ch/Sec/Sub	***************************************	mide/Ovemide [5 Towe	28 29	30	31	32	33		
	Please fill out for operator/non-in Name (Last First Middle)	•	ddress	DOB/Age	S	Seat Safety Pos. System	Airbag Airb	g Eject	Trap Code	Injury T	Fransp. Code	Medical Facility	
	Operator/Non-Motorist	See	Above		-	1	4	0	0	10	1		
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					-	_		-	\vdash	-+	_		



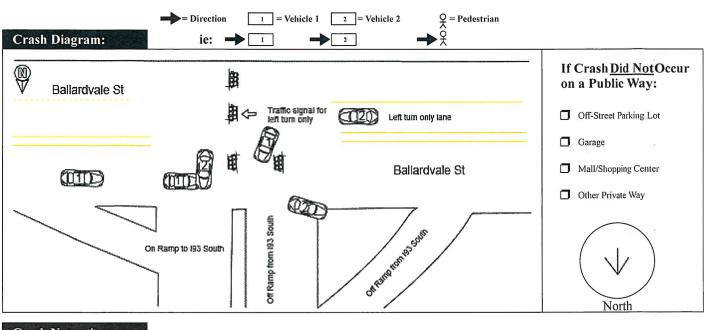
		Com	monwealth -	of Massa	ichi	iset	ts							
	Date of Crash Time of Crash 02/26/2019 1444 Wilm	City/Town	Motor Veh	icle Cra	sh	Num Vehi			Speed 1			Sta	te Police 🔲 cal Police 🔯 BTA Police 🔲	
	24HR	ington	Police :	Report		2	0		Lat Lon			ME Otl	BTA Police	
	AT INTERSECTI	ON:	< LOCA	TION :	>		NC	T AT	INT	ERS	SECT	ΓΙΟΝ	٧:	9
	CHURCH S	ייי												2
1 1	Route# Direction	Name of Roadway/St	reet	Route# Direct	ion .	Addres	s#		Nam	ne of R	Coadwa	ay/Stre	et	10
		At •		Feet	N S F	EW o	f —		- •		or			2
	Route# Direction CLARK ST	e of Intersecting Roady	vay/Street				Ν	/lile Mai	rker			Exi	it Number	
		Also at Intersection w	vith	Feet	N S E	E W o	f	te#	Iı	ntersec	ting R	oadwa	ny/Street	
² 1	Route# Direction Nam	e of Intersecting Roady	vay/Street	Feet	N S F	∑w o	f		•					3 11
3	Please Select One Name 1	#0 · D					1 0	77.	- ,		dmark			
	of the Following:	#Occupants Hit/	Run Moped				19-	-75) — <u>I</u>	AC				
		A DOB/Age	Reg	1YNB50			R	eg Type	PC		Re	g State		
	Sex_F Lic. Class D 18 Lic. R	estrictions 19 C	DL Veh	Year 2013	Ve	eh Mak	e FOR	D			_ Veh	Config	g. 1	
⁴ 2	Operator MCCONOLOGUE, Last			er MCCONO	LOG	UE,		NDA First	S		Mid	ldle		1 12
	Address 11 TOMAHAWK DR			ess 11 TOM		WK		- I II 31			IVIIG	- Idic		<u>.</u>
	City WILMINGTON State	MA Zip 0188	7-2266 City	WILMING:	CON			Stat	e MA	Zi	p 01	.88	7-2266	
	Insurance Company COMMERCE	INSURANCE	Vehi	ele Action Prior to	Crash	1	. 21	Da	ımaged	Area (Code: ((Circle	: Up to Three)	
⁵ 2	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 1	22 2	22 2	22 22	2		_3		\ ⁴	0 None	
<u></u>	Citation # (If Issued)	_	Mosi	Harmful Event	1	23		1	⊢ │	7		[₂ 1	0 Undercarriage 1 Totaled	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	/Drive	er Contributing Co	de	1 ²	4 2	4		$ \perp $	V_) 9	7 Other 9 Unknown	
⁶ 1	Viol. 3: Ch/Sec/Sub/ V	iol. 4: Ch/Sec/Sub —	/ Unde	erride/Override		25 _T	owed 2	8 		7		6 ′	> Chikhowh	
	Please fill out for operat	or and all occupants in		DOD/4	6	Seat 5	27 28 Safety Airba		30 Eject Code			33 Transp. Code	Medical Facility	1 13
	Name (Last First Middle) Operator	S	ee Above	DOB/Age	Sex	Pos. S	ystem Statu	s Switch				1		
						+								
7														
⁷ 3	Please Select One of the Following:	#Occupants Non	-Motorist A Type	14 Action	15 Lo	ocation	16	Condit	ion	17	l I	lit/Ru	n Moped	
	License # <u>\$52456805</u> St <u>M</u>	A_ DOB/Age	Reg	5HD135			R	ед Туре	PC		Re	g State	MA	
	Sex F Lic. Class D 18 Lic. R	estrictions B 19 C		Year <u>2005</u>	V	eh Mak	e SUB	ARU			_ Veh	Config	g. 1	
8 1	Operator TARARA, IRENE	First	ndorsementOwn	er TARARA	, I	REN	E	First			Mid		· -	
	Address 5 LANG ST	rnst		ess 5 LANG	ST			rirst			Mid	idie		
	City WILMINGTON State	MA Zip 01887	7-2515 City	WILMING'	ron			Sta	te MA	Zi	р 01	.88	7-2515	
	Insurance Company CITIZENS	INSURANCE	Vehi	cle Action Prior to	Crash	4	21	Da	maged	Area (Code: ((Circle	Up to Three)	
	Vehicle Travel Direction:	Responding to Emer	gency? 2 Even	t Sequence 1	22 2	22 2	22 22	2		3	7	\ ⁴	0 None	
	Citation # (If Issued)		Mos	Harmful Event	1	23		(1)∢	-	9	$ \cdot $	₅ 1	Undercarriage Totaled	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub —	/ Drive	er Contributing Co	de 4	4 ²	⁴ 19 ²				\perp	1 9	97 Other 99 Unknown	
	Viol. 3: Ch/Sec/Sub/ V	iol. 4: Ch/Sec/Sub —		erride/Override		25 _T	owed 2	- 8		7		6 ′	, comoun	
	Please fill out for operator/non	-motorist and all occup	ants involved	DOB/Age	Sex		27 28 Safety Airba System Statu		30 Eject Code			33 Transp. Code	Medical Facility	
	Operator/Non-Motorist	s	ee Above	DOD/Age		1		3			$\neg \neg$	1		
					$\vdash \vdash$			-						
					\vdash									
			The state of the s											



Crash Narrative:						
MV1 was traveling west	on Church	Street. M	V2 was at th	e stop s	ign on Clark Str	eet and
attempting to take a l	eft onto Chu	ırch Stree	t. As MV2 p	roceeded	to take a left	it struck
the passenger side of	MV1. Operat	tor of MV2	didn't real	ize that	MV1 was directl	y in
front of them when the	y pulled out	t. There	was damage t	o the pa	ssenger side of	MV1 and
front of MV2. There w	vas a witness	s that obs	erved the cr	ash. Th	e witness was tr	aveling
East on Church Street	and it happe	ened in fr	ont of him.			
						r
					*	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
LEONE MARC JOSEPH		38 FAIRMEADOW	RD WILMINGTON M	A 01887-1649	9	2
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Owner (Last, First, Wildlie)	Address		1 Hone #	34-туре Des	scription of Damaged Froperty	
Truck and Bus Information:	Registration #					
	Registration #		(From Vehicle	ŕ		35
Carrier Name					- Carrier Issuing Authority Code	
Address	-,		City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstat	36
37	190	38				
Cargo Body Type Code Gros	s Vehicle Weight				39	•
Trailer Reg #:	Reg Type	Reg State	Reg Year	——Trailer L	Length	
Hazmat Information:						
Placard Material 1 digit #	Material Nam	e		Material 4 digit #	Release cod	de 42
Patrol Officer Daryl J (Ceruolo		212 Wil	mington P	Police Department	02/26/2019

Department

		Comr	nonweal	th o	f Massa	chı	usei	tts							
	; I !	City/Town	Motor V	Vehi	cle Cras	sh		nber icles	Number Injured	Speed	Limit_	25	_ Stat	te Police al Police TA Police	
	24HR 24HR	ington	Poli	ce F	Report		2	ĺ	0	Lat Lon			MB Oth	TA Police 🗖	
	AT INTERSECTION	ON:	< L(OCAT	TION >]	NOT A	T INT	ERS	SECT	ΓΙΟΝ	l:	0
															2
1,	Route# Direction BALLARDV.	ALE ST Name of Roadway/Str	eet		Route# Direction	on -	Addres	ss #		Naı	ne of F	Roadwa	ay/Stre	et	10
`1 		At													2 10
	93 S 193SBR41		10	-	Feet	N S I	E W c	of -	— — Mile M			or	Exi	t Number	J
		of Intersecting Roadw			Feet N	N S I	E W c	of _							
² 1					Feet				Route#	1	Intersec	cting R	oadwa	y/Street	2 11
	Route# Direction Name	of Intersecting Roadw	ay/Street					_			Lan	ıdınark			3
3	Please Select One Vehicle 11 #	Occupants U:+/	Run Mo	nad				1 (9-7	6-				****	
	of the Pollowing:	THE PARTY OF THE P	Xuii IVIO												
	10 10	DOB/Age		-	185ZZ4									20	
	Sex M Lic. Class D Lic. Res	strictions 1 Cl	OL	Veh Ye	ear 2012	V	eh Mal	ke H	YUND	7I		_ Veh	Config	. 1	
⁴ 3	Operator TWOMBLY, KEVIN	irst	Middle	Owner	TWOMBLY	Z,	KEV	IN	M First			Mid	fdle		1 12
	Address 92R PINEDALE AV	7E		Addres	ss 92R PI	NED	ALI	E A	VE						
	City BILLERICA State	MA Zip 01821	-6316	City_	BILLERIC	A_			S	ate MZ	Zi	ip 01	.82:	<u>1-6316</u>	
	Insurance Company PLYMOUTH R	OCK ASSU		Vehicle	e Action Prior to C	Crash	1	L ²	21	Damageo	d Area	Code:	(Circle	Up to Three)	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2	Event S	Sequence 1 2	2 2	22 :	22	22 2		3	7	\ ⁴ ,	0 None	
	Citation # (If Issued)	•		Most F	Harmful Event	1	23		_ (1)	4	9	$(\cdot $	1.0	Undercarriage Totaled	
	Viol. 1: Ch/Sec/Sub/ Viol.	ol. 2: Ch/Sec/Sub —	1	Driver	Contributing Cod	le :	1 2	24	24			\sum	1 9	7 Other 9 Unknown	
⁶ 1	Viol. 3: Ch/Sec/Sub / Viol.	ol. 4: Ch/Sec/Sub —		Under	ride/Override	<u>+</u>	25	Towed	18		7		6 '	9 Olikilowii	
	Please fill out for operato						26 Seat	27 Safety	28 29 Airbag Airb	30 g Eject	31 Trap	32 Injury	33 Transp.		13
	Name (Last First Middle)		Address		DOB/Age	Sex	Pos.	System	Status Swit	h Code	Code	Status	Code	Medical Facility	1
	Operator	Se	ee Above					1	3	0	0	10	1		
										<u> </u>					
⁷ 5	Please Select One	#Occupants D	N		14	15 ,			16 Cond		17	<u></u>	lit/Ru	n Moped	
	of the Pollowing:	Non-	-Motorist A Ty	<u> </u>	Action		ocation	<u> </u>							
		DOB/Age		-	7DY716				_ Reg Ty					2.0	
	<u> </u>	strictions 1 C	DL idorsement		ear 2018							_ Veh	Config	. 1	
⁸ 1	Operator ROBERTS, DANIE	LLE M	Middle	Owner	r ROBERTS	S,	DAN	IE:	LLE :	M		Mic	ldie		
	Address 6121 AVALON DR			Addres	ss 6121 A	VAI	ON	DR							
	City WILMINGTON State I	MA Zip 01887	-1165	City 💆	VILMINGI	NO:				ate M	1 Z	ip 01	88.	7-1165	
	Insurance Company METROPOLIT	AN PROP		Vehicle	e Action Prior to (Crash	4	4	┙ へ	Damageo	d Area	Code:	(Circle	Up to Three)	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2	Event	Sequence 1 2	2 2	22	22	22		$\frac{3}{1}$	7	\ ⁴	0 None	
	Citation # (If Issued)	-		Most F	Hannful Event	1	23		1	+	9	$\left(\mid \cdot \right)$	1.0	OUndercarriage 1)Totaled	
	Viol. 1: Ch/Sec/Sub/ Viol.	ol. 2: Ch/Sec/Sub —	/	Driver	Contributing Cod	le [4 2	24	24			\sum	1 0	7 Other 9 Unknown	
	Viol. 3; Ch/Sec/Sub/ Vio	ol. 4: Ch/Sec/Sub		Under	ride/Override		25 -	Towed	18		7		6 1	, chancon	
ļ	Please fill out for operator/non-	motorist and all occupa							28 29 Airbag Airb	g Eject	31 Trap	32 Injury	33 Transp.		i
	Name (Last First Middle) Operator/Nov-Motorist		Address ee Above		DOB/Age	Sex		System 0	Status Swit	h Code	Code	Status 8	Code 2	Medical Facility Lahey Clinic	
	Operator/Non-Motorist	36						-	_	 			-		



Crash Narrative:

Vehicle 1 was traveling West on Ballardvale St. As the operator approached the intersection to the I93 South bound ramps, vehicle 2 which was traveling East on Ballardvale St made a left hand turn in an attempt to go onto the on ramp to I93 South bound. Vehicle 2 cut directly into the path of vehicle 1 causing vehicle 1 to crash into vehicle 2. Vehicle 1 sustained heavy front end damage. Vehicle 2 sustained heavy front end damage to the passenger side of the vehicle. Vehicle 2 had a yellow, caution left turn arrow, vehicle 1 had the green light. The operator of vehicle 2 was transported to Lahey Clinic. Both vehicles were towed by A&S.

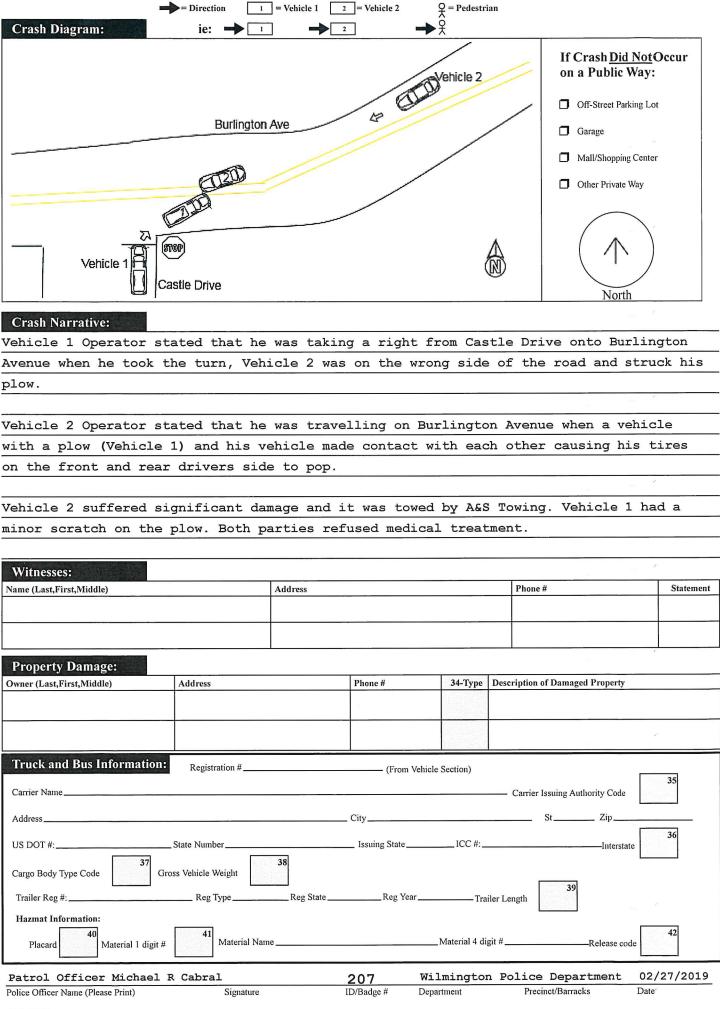
Witnesses:					5	
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	34-Туре	Description of Damaged Property	
Truck and Bus Information: Carrier Name			(From Vehic		— Carrier Issuing Authority Code	35
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
	ss Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	- A"
Hazmat Information:						
Placard Material 1 digit #	Material Nam	e		_Material 4 dig	git #Release code	42

Patrol Officer Michael W Wandell

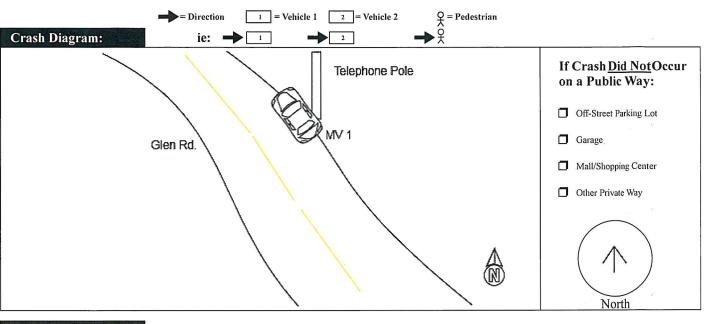
Wilmington Police Department

02/26/2019

		Com	nonwealth	of Massa	chus	etts						
	1 1 1	City/Town	Motor Vel	nicle Cras	$sh \begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Number Injured	Speed I	_imit	25	State Police Local Police MBTA Police	
	02/27/2019 1759 Wilm	ington	Police	Report	2	cinolos	0	Lat Lon			MBTA Police Other:	
	AT INTERSECTION	ON:	< LOCA	ATION :	>	···	NOT A	T INT	ERSI	ECTIO	ON:	_ 9
												2
1 .	Route# Direction	Name of Roadway/St	reet	Route# Direct	ion Add	lress #	CAST			oadway/S	Street	
4		At		<u> </u>		_						2 10
				Feet _	N S E W	of	Mile M		— (Exit Number	
		of Intersecting Roads Also at Intersection w		Feet	N S E W	/l of						1
² 1		THE AT INCIDENTAL T		1	NSEW	_	Route#	Iı	ntersect	ing Road	dway/Street	_ 11
1	Route# Direction Name	of Intersecting Roady	vay/Street	1000	. 1-1-1] 01			Land	mark		5
3	Please Select One Vehicle 11	#Occupants rv:	Run Moped			1	9-7	7 - 7				1
	of the Following:	Hit					·········					4
		DOB/Age.	Reg	# <u>6XM922</u>			Reg Typ	e PC		_ Reg S	State MA 20	
	Sex M Lic. Class D 18 Lic. Re		DL Veh	Year 2006	Veh N	1ake <u>C</u>	HEVRO	LET		Veh Co	nfig. 1	
⁴ 2	Operator VACHON, EVAN C			ner VACHON	, KEN	INET	H JOS	SEPH		Middle		1 12
	Address 47 GRACE DR			ress 47 GRA	CE DI	R				- Induit		
	City WILMINGTON State	MA Zip 0188	7-1618 City	WILMING'	ON		St	ate MA	Zip	018	87-1618	
	Insurance Company STANDARD F	'IRE INS	Veh	icle Action Prior to	Crash	3	21	Damaged	Area C	ode: (Ci	rcle Up to Three)	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Eve	nt Sequence 1	22 22	22	22 2		3	7	4 ONone	
	Citation # (If Issued)	-	Mos	t Harmful Event	1 23			_	19/	´ _:	, 10 Undercarriage	
	Viol. 1: Ch/Sec/Sub/ Vi	ol. 2: Ch/Sec/Sub —	/Driv	er Contributing Co	de 99	24	24		Δ		97 Other	
⁶ 1	Viol. 3: Ch/Sec/Sub/ Vi			erride/Override	25	Towe	8 d_2		7	(99 Unknown	l
	Please fill out for operator				26 Seat	27 Safety	28 29 Airbag Airba	30 g Eject		32 33 njury Tran		13
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Swite	h Code	Code S	status Coc		
	Operator	S	ee Above			- 99	4	0	0 1	.0 1		-
⁷ 3	Please Select One Vehicle 21	#Occupants	M	14	15		16 Cond		17		Run Moped	1
	of the Ponowing:	Nor		Action	Locat	1011						4
		DOB/Age	Reg	# <u>322XT2</u>			Reg Typ	e PC		Reg S	State MA 20	
	Sex M Lic. Class D 18 18 Lic. Re	strictions 99 19	DL Veh	Year 2015	Veh N	/lake M	ITSU	BISH	I_	Veh Co	nfig. 1	
⁸ 1	Operator HOFFMAN, BRYAN	[M First	Ow	ner HOFFMA	N, BF	RYAN	M First			Middle	,	
	Address 4 POPLAR ST		Add	ress 4 POPI	AR S	T						
	City WILMINGTON State	MA Zip 0188'	7-3196 City	WILMING'	ron		St	ate MA	Zip	018	87-3196	
	Insurance Company GREAT NORT	HERN INS	Veh	icle Action Prior to	Crash	1	21 I	Damaged	Area C	Code: (Ci	rcle Up to Three)	
	Vehicle Travel Direction:	Responding to Emer	gency? 2 Eve	nt Sequence 1	22 22	22	22 2		3	ر لا	4 0 None	
	Citation # (If Issued)	- -	Mos	st Harmful Event	1 23		1	←	9	-	5 10 Undercarnage	е
	Viol. 1: Ch/Sec/Sub / Vi	ol. 2: Ch/Sec/Sub —	/ Driv	er Contributing Co	de 99	24	24	_k	<u>/ [</u>	إللا	97 Other	
	Viol. 3: Ch/Sec/Sub/ Vi	ol. 4: Ch/Sec/Sub —	/ Unc	erride/Override	25	Towe			7	(9 × 011K110W11	
	Please fill out for operator/non-	motorist and all occup		-	26 Seat			g Eject	Trap I	32 33 Injury Tran	nsp.	1
	Name (Last First Middle) Operator/Non-Motorist		ee Above	DOB/Age	Sex Pos.	System 99	Status Swite			Status Coo	de Medical Facility	1
	Operation resolution					+	-	-	-	- -		-
												1



		Comr	nonwealth (of Massa	chus	setts							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [Number Vehicles	Number Injured	Speed	Limit_	20	State P	Police D	
	02/28/2019 0649 Wili	mington	Police 1	Report]		0	Lat Lon			MBTA Other:	Police 🗖	
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	T INT	ERS	SECT	ION:		
													2
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction		32 Idress #	GLE			Roadway	v/Street		
'1	None Director	At										7,111-11-11-11-11-11	2 10
				Feet F	(SE	W of	Mile M			or	Exit N	umber	
	Route# Direction Nar	ne of Intersecting Roadw Also at Intersection w		Feet N	SE	w of			*********		***************************************		
2		Also at intersection w		Feet N			Route#]	Intersec	cting Ro	adway/S	treet	_ 11
² 2	Route# Direction Na	ne of Intersecting Roadw	ay/Street	reet [·	15121	<u></u>] 01			Lan	ıdmark			1
3 _	Please Select One Name 1	_#Occupants Hit/				1	9-7	O					
°4	of the Following:	#Occupants Hit/											
		A DOB/Ag	Reg	154TV3			Reg Ty	e <u>PC</u>		Reg	State M	<u> 20</u>	
	Sex M Lic. Class D 18 Lic. 1	Restrictions 19 C	OL Veh '	Year 2017	Veh	Make F	ORD			_ Veh C	Config.	1	
4 1	Operator BUCKLEY, JAME	S HAROLD	Own	er BUCKLEY	<u>, J</u>	AMES	HAR	OLD		Midd	le		1 12
	Address 6 CHRISTINE DE	₹		ess 6 CHRI	STIN	E DI							
	City N WILMINGTON State	e MA Zip 01887	-1803 City	N WILMIN	GTO	И	St	ate MZ	Zi	р 01	887-	1803	
	Insurance Company SAFETY IN	SURANCE	Vehic	cle Action Prior to C	Crash	1	21	Damageo	i Area	Code: (0	Circle Up	to Three)	
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 22	2 22	22	22 2		<u>_</u> 3	7	⊕	one	
	Citation # (If Issued)			<u></u>	22 ²³	1		_			_ 10 U	Indercarriage	
	Viol. 1: Ch/Sec/Sub		/ Drive	ے er Contributing Cod	e 1	24	24			<u>\</u>	97.0	otaled Other	
⁶ 4	Viol. 3: Ch/Sec/Sub			erride/Override	25	Towe	d 2 8		7		6 99 0	Inknown	
		ator and all occupants in			2 Sc	6 27 eat Safety	28 29 Airbag Airba	g Eject	31 Trap		33 ransp.		22 ¹³
	Name (Last First Middle)		Address	DOB/Age	Sex Po	os. System	Status Swite	h Code	Code	Status (Code N	fedical Facility	22
	Operator	Se	e Above			1	1	0	U	10 1	-		
			,										
⁷ 1	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	14 Action	15	ation	16 Cond	ition	17		it/Run [Moped	
	of the Following:	Non	-Wiotorist A Type	Action	Loc	ation	Conc			'I	io Kun L	vroped	
	License # St	DOB/Age	Reg	#			Reg Ty	e	····	Reg	g State	20	
	Sex Lic, Class Lic. 1	Restrictions C	DL Veh	Year	Veh	Make				Veh C	Config.		
⁸ 1	Operator	First	Own	erla	ısı		First			Midd	lle		
	Address		Addı	ess									
	City Stat	e Zip	City				s	ate	Z	ip		· ·	
	Insurance Company		Vehi	cle Action Prior to C	Crash		<u></u> _	Damage	d Area	Code: (Circle U _l	p to Three)	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence 2	2 22	22	22 2	7	$\frac{3}{1}$	7	4) 01	lone	
	Citation # (If Issued)		Mos	t Harmful Event	23	3	1	←	9			Jndercarriage Totaled	
	Viol. 1: Ch/Sec/Sub/	Viol. 2: Ch/Sec/Sub	/ Drive	er Contributing Cod	e	24	24		Δ	للا	J 97 C	Other Jnknown	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	/ Unde	erride/Override	25	Towe	ed8		7		6 - (
	Please fill out for operator/no	on-motorist and all occup				eat Safety		g Eject	31 Trap		33 ransp.	Audioal No. (22)	
	Name (Last First Middle) Operator/Non-Motorist	9.	Address ee Above	DOB/Age	Sex Po	os. System	Status Swit	h Code	Code	Status	Code N	Medical Facility	
	Operator/Hon-Intotorist	31						-			_		
								-					
								_					
												_	



						North	
Crash Narrative:							
While travelling r	orthbound on G	len Rd. MV	1 was opera	ating in	accord	ance within	the
speed limit and hi	t a patch of i	ce and los	t control of	f his mo	tor veh	icle. In re	eaction
to the sliding on	the ice, he at	tempted to	right the	direction	n of th	e vehicle a	nd was
unable to do so.	As a result he	crashed i	nto Verizon	Telepho	ne pole	52.	
		-					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
						-	
	I					N.	
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Tyne	Description of	Damaged Property	
o wher (Easi, Francis)	- radicis		T none ::	2,7 pc			
-0							. r
Truck and Bus Informat	ion: Registration #		(From Vehic	-la Castian)			
	8						35
Carrier Name					— Carrier Is	suing Authority Code	P
Address			City			st Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
	Gran Vahiala Waight	38					
Cargo Body Type Code	Gross Vehicle Weight				96 158	39	, P
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	er Length		
Hazmat Information:	200.00.00041						42

Patrol Officer Shane A Foley

Material 1 digit #

Wilmington Police Department

Material 4 digit #

Department

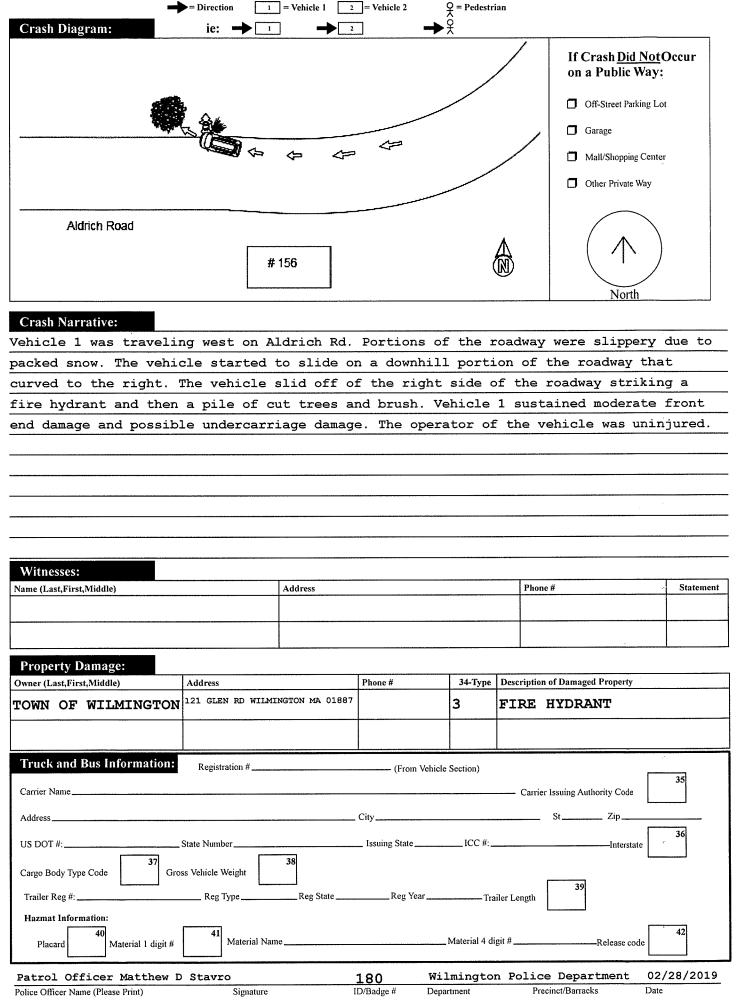
02/28/2019

Material Name

-Release code

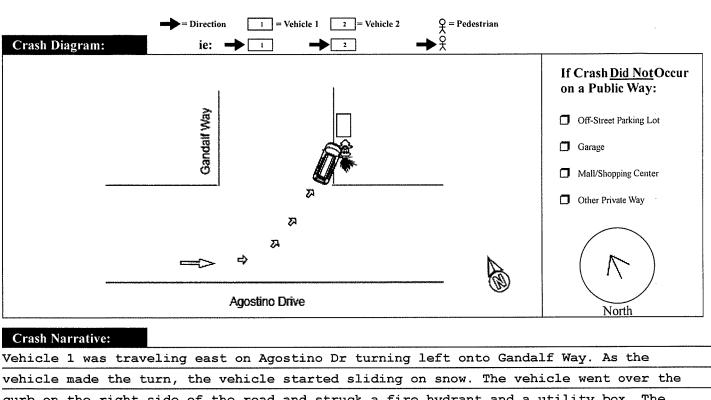
Placard

	Commonwealth of Massachusetts														
	Date of Crash Time of Crash 02/28/2019 0757 Wil	City/Town mington	Motor Vo	ehicle Crash	Number Vehicles	Number S Injured	peed Limit_ at_+042.5	48087 Lo	ate Police						
	24HR	miring con	Polic	e Report	1	0 [on	210560 MI Ot	BTA Police D						
	AT INTERSECT	ION:	< L0	CATION >		NOT AT	INTERS	ECTIO	N:	9					
				156 ALDRICH RD											
¹ 1	Route# Direction	Name of Roadway/S	Street	Route# Direction		AUUN.		Roadway/Str	eet	2 10					
		At		Feet N	S E W of			ог		2					
	Route# Direction Na	me of Intersecting Road	lway/Street			Mile Mar	ker	Ex	tit Number						
		Also at Intersection	with		S E W of	Route#	Interse	cting Roadw	ay/Street						
² 2	Route# Direction Na	ane of Intersecting Road	lway/Street	Feet N	S E W of					1 11					
1	Diama Salam On Th							dmark							
J	Please Select One of the Following:	#Occupants Hi	t/Run Mope	ed	1	9-79)-AC								
	License # S77016794 St 1		R	keg#IC24PD		Reg Type	PC	Reg Stat							
	Sex F Lic. Class D 18 18 Lic.	Restrictions 19	CDL \	/eh Year 2001	_ Veh Make <u>J</u>	eep		_ Veh Confi	g. 2 20						
4 1	Operator AU , KAMING	First		wner LEONG, Last	VILLIAM	JEFF	REY	Middle		7 12					
	Address 128 CROSS ST		A	Address 16 SHOR	T ST										
	City MALDEN Sta	te MA Zip 0214	8-7855	city READING			MA Z	p 0186	7-1013						
	Insurance Company METROPOL	TAN PROP		/ehicle Action Prior to Cra	ish Z	\dashv \diamond	maged Area	Code: (Circl	e Up to Three)						
5	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2 E	Event Sequence 40 22		22 (2)	Tİ		0 None						
	Citation # (If Issued)		М	Most Harmful Event 3		0	-) 9	(10 Undercarriage 11 Totaled						
	Viol. 1: Ch/Sec/Sub/	Viol. 2: Ch/Sec/Sub -		Driver Contributing Code	7 24	24 8		إركلا	97 Other 99 Unknown						
⁶ 3	Viol, 3; Ch/Sec/Sub			Inderride/Override	25 Towe	d_1									
	Please fill out for oper Name (Last First Middle)	rator and all occupants i	nvolved Address	DOB/Age So	26 27 Seat Safety ex Pos. System	28 29 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 33 Injury Transp. Status Code	Medical Facility	30 ¹³					
	Operator		See Above		1	4	0 0	10 1							
71	Please Select One	<u> </u>		14 15	<u> </u>	16	17		<u> </u>						
	Please Select One of the Following:	#Occupants No	on-Motorist A Type	Action	Location	Conditi	on	Hit/Rt	un Moped						
	License # St	DOB/Age	F	Reg #		Reg Type		Reg Sta	te						
	Sex Lic. Class Lic.	Restrictions	CDL \ Endorsement	/eh Year	_ Veh Make			_ Veh Confi							
⁸ 1	OperatorLast	First	(OwnerLast		First		Middle							
	Address			Address											
	City Sta	•		City		21	e Z	•							
	Insurance Company			/ehicle Action Prior to Cra	22 22	Da Da	maged Area 3	Code: (Circl 4	e Up to Three)						
	Vehicle Travel Direction: NSEW		-	event sequence	23		M	7	0 None 10 Undercarriage						
	Citation # (If Issued)			Most Harmful Event	24	24	- / }	\	11 Totaled 97 Other						
	Viol. 1: Ch/Sec/Sub			Oriver Contributing Code	25		7	و لا	99 Unknown						
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub =		Jnderride/Override	26 27	28 29	30 31	32 33	1						
	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occu	Address	DOB/Age S	Seat Safety Pos. System	Airbag Airbag	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility						
	Operator/Non-Motorist		See Above												
]					



CDP1 11-24-00

	Commonwealth of Massachusetts Date of Crash Time of Crash City/Town Motor Vehicle Crash Number Speed Limit 30 State Police Time of Crash Speed Limit 30 State Police Time of Crash Number Speed Limit 30 State Police Time of Crash Speed Limit 30 Speed L															
	Date of Crash Time of Crash	City/Town	r Veh	icle Cras	sh	Num Vehic		niurad 1			30	State	e Police al Police ATA Police			
	02/28/2019 1020 Wil	mington	P	olice I	Report		1	0	1	Lat Lon			MB'	TA Police		
	AT INTERSECT	ION:	<	LOCA	TION >			N	OT AT	INT	ERS	ECT	ION	:		
			····												2	
1	Route# Direction AGOSTIN	O DR Name of Roadway/S	Street		Route# Direction		Address	<u> </u>		Nam	ie of R	oadwa	v/Stree		_ 10	
`1 		At			Feet NSEW of — — • — or											
	GANDALF				Feet	N S E	E W o	f —	Mile Ma		_	or	Exit	Number		
	Route# Direction Name	ne of Intersecting Road Also at Intersection		Feet	N S E	E W o										
² 2		1 100 11 11 11 11 11			Feet F			Re	oute#	Ir	ntersec	ting Ro	oadway	//Street	11	
2	Route# Direction Name	ne of Intersecting Road		Teet [1.7.1.					Lan	dmark			1		
3	Please Select One Vehicle 11	#Occupants Type	.m	<u> </u>				10	-80)						
	of the Following:	#Occupants Hi	t/Run	Moped				тэ	-01) — <u>r</u>	-1C					
		DOB/Age	- Adam or	Reg#	62MW11		•		Reg Type	PC		Reį	g State	MA 20		
	Se Lic. Class D 18 18 Lic.		CDL Endorsement	_ Veh Y	ear <u>2013</u>	Ve	eh Mak	e KI	A			_ Veh C	Config.	2 20		
⁴ 1	Operator Last		Middle	_ Owne	SULLIV	AN,	MA	RK	J			Midd	u .		1 12	
т	Address		Mudie	_ Addre	ss 49 AGO	STI	NO	DR	rust			Mide	не			
	City Stat	Zi _I		. City J	WILMINGT	ON			Sta	te MA	Zi	p <u>01</u>	887	-2323		
	Insurance Company UNITED SE	RVICES		_ Vehic	le Action Prior to (Crash	4	21	Da	maged	Area (Code: (Circle	Up to Three)		
5	Vehicle Travel Direction: NSWW	Responding to Eme	ergency? 2	Event	Sequence 40	2 35 2	2 2	2 2	2		3		4			
	Citation # (If Issued)		0 ,		Harmful Event		23	L	_ 	_ `		/	_ 10	None Undercarriage		
		Viol. 2: Ch/Sec/Sub -	/		ا r Contributing Cod	Γ	7 2	4	24	-	介) 97	Totaled Other		
⁶ 3						L	<u> </u>	oved 2			7		6 99	Unknown		
	Please fill out for cogretor and all accuments involved 26 27 28 29 30 31 32 33														12	
	Name (Last First Middle)	ator and an occupanto	Address		DOB/Age	Sex	Seat S Pos. S	Safety Air ystem Sta	bag Airbag itus Switch	Eject Code	Trap Code		ransp. Code	Medical Facility	30 ¹³	
	Operator		See Above				1	. 4		0	0	10 1	L			
⁷ 3		<u> </u>			14	15			6		17			I		
3	Please Select One of the Following:	#Occupants No	on-Motorist A	Туре	Action	Lo	ocation		Condit	ion		Н	it/Run	Moped		
	License # St	DOB/Age		Reg#					Reg Type	;		Re	g State			
	Sex Lic. Class 18 18 Lic.		CDL	_ Veh Y	ear	V	eh Mak	e				_ Veh (Config.	. 20		
8 1	Operator		Endorsement	_ Owne	r											
<u> </u>	Last Address	First	Middle	_ Addre	Li :SS	ast			First			Mide	dle			
	City Stat	e Zip		City_					Sta	te	Zi	р				
	Insurance Company	-		-	le Action Prior to (21	1					Up to Three)		
	Vehicle Travel Direction: N S E W						22 2	2 2	<u> </u>		3		4	,		
	Citation # (If Issued)	responding to Em	<u> </u>		Harmful Event		23		_	.	$\frac{1}{1}$	/ .) None) Undercarriage		
	Viol. 1: Ch/Sec/Sub		,		r Contributing Cod	<u>.</u> Г		4	24		州		9	l Totaled 7 Other		
				1		25 _T	JL	٦ ₈	V	7		6 99	9 Unknown			
	Viol. 3: Ch/Sec/Sub / Please fill out for operator/no	*		erride/Override 23 Towed												
	Please fill out for operator/no Name (Last First Middle)	m-motorist and all occu		DOB/Age	Sex	Seat S		bag Airbag	Eject	Trap Code	Injury 7	ransp. Code	Medical Facility			
	Operator/Non-Motorist		See Above										_			
														7		
	,								1				\dashv		1	
								-	-	\vdash			\dashv		1	
									- 1							



Crash Narrative:					
Vehicle 1 was traveling eas	st on Agostino Dr	turning lef	t onto	Gandalf Way. As the	1e
vehicle made the turn, the	vehicle started	sliding on s	now. T	he vehicle went over	er the
curb on the right side of t	the road and stru	ck a fire hy	drant	and a utility box.	The
operator was uninjured. Veh	nicle 1 sustained	moderate fr	ont en	d damage. The fire	hydrant
was knocked from it's base.	,				
Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last, First, Middle) Address		Phone #	34-Type	Description of Damaged Property	
TOWN OF WILMINGTON 121 GLE	N RD WILMINGTON MA 01887		3	FIRE HYDRANT	
Truck and Bus Information: Registr	ration #	(From Vehicle	Section)		
Carrier Name		(-		Carrier Issuing Authority Code	35
Address		_ City		St Zip	36
US DOT #:State Numb	per	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code Gross Vehicle V	Weight 38				
Trailer Reg #: Reg	ГуреReg State	Reg Year	——— Trai	iler Length	
Hazmat Information:				<u> </u>	
Placard Material 1 digit #	Material Name		Material 4 dig	git #Release code	42

Patrol Officer Matthew D Stavro

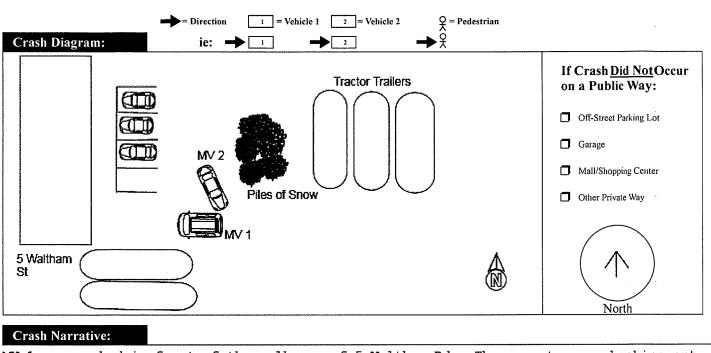
180

Wilmington Police Department

02/28/2019

Department

Commonwealth of Massachusetts																
	i i	City/Town	Motor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	1	Injured 1	Speed Lim	it <u>15</u>	Sta Lo	te Police					
	02/28/2019 1354 Wilm	ington	Police 1	Report	2	0		Lat Lon		MI Otl	cal Police STA Police her:					
	AT INTERSECTION	ON:	< LOCA	TION >	>	N	ОТ АТ	INTE	RSEC	TIO	٧:	9				
												2				
4	Route# Direction	Name of Roadway/Stree	et .	Route# Direction Address # Name of Roadway/Street												
1		At				1						2 10				
	Route# Direction Name	of Intersecting Roadway	./544	Feet	N S E W	of —	Mile Ma	rker	– or <u> </u>	Ex	it Number					
	Route# Direction Name	Also at Intersection with		Feet	N S E W	of										
1				Feet	N S E W		oute#	Inter	secting F	Roadwa	ny/Street	1011				
_	Route# Direction Name	of Intersecting Roadway	y/Street	Landmark												
97	Please Select One Vehicle L1	#Occupants Hit/Ru	un Moped	Moped 19-81-AC												
	of the Following:			Reg # 0206409 Reg Type PO Reg State MA												
	License # S12700382 St MA	19	_								20					
	<u> </u>	strictions 1 CDI	orsement	ear 2010		_		n	Veh	Config	g. 9 7					
1	Operator SANTEUSANIO, CHE			-	ast	ERVI	First		Mi	iddle		7 12				
	Address 50 MOUNT VERNON			288					·							
	City NORTH READING State	·	•	OTHER		21	l									
	Insurance Company SELF INSUR			le Action Prior to		10	Di	amaged Ar	ea Code:	(Circle	e Up to Three)					
2	Vehicle Travel Direction: N S W	Responding to Emerge	ncy? 2 Event	Sequence 1	22 22	22 22		Λ			0 None					
	Citation # (If Issued)	_	Most	Harmful Event	1 23		1	← ∫	9	"	10 Undercarriage 11 Totaled					
	Viol. 1: Ch/Sec/Sub // Vi	ol. 2: Ch/Sec/Sub	/ Drive	r Contributing Cod			24 8		<u> </u>	ノ ;	97 Other 99 Unknown					
1	Viol. 3: Ch/Sec/Sub / Vi	ol. 4: Ch/Sec/Sub ——	Unde	rride/Override	25	Towed 2	<u> </u>		,							
7	Please fill out for operato Name (Last First Middle)	•	lved Address	DOB/Age	Sex Pos.	Safety Air	28 29 rbag Airbag atus Switch	30 3 Eject Tra Code Cod	p Injury	33 Transp. Code	Medical Facility	1 13				
	Operator	See	Above			1 4		0 0	10	1	-					
									-							
						1			- 							
7									=		*					
1	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	Action Action	Locati	ion 1	Condit	ion I		Hit/Ru	m Moped					
	License # S35369103 St MA	DOB/Age_	Reg #	5RCY80			Reg Type	PC	R	eg Stat	e MA					
	18 18	estrictions 1 19 CD	_	_{ear} 2010					Veh	Confi	g. 1 20					
99	Operator PRESTIPINO, DI	ANE DUBOIS	lorsement Own	r PRESTI	PINO,	DIA	NE D	UBOI	S							
99	Address 94 HAWTHORN ST	First	Middle	ess 94 HAW	ast		First		M	iddle						
		MA Zip 01851		LOWELL			Sta	te MA	Zip 0	185	1					
	Insurance Company COMMERCE I	•	•	le Action Prior to	Crash	1 21	1				e Up to Three)					
	Vehicle Travel Direction: NXEW	Responding to Emerge	_		22 22	22 2	- a		3	4						
	Citation # (If Issued)	Troopenang to amongs	•	Harmful Event	1 23			_ `	[/] .		0 None 10 Undercarriage	,				
	· · · ·	iol. 2: Ch/Sec/Sub ——		er Contributing Co		24	24		ÍV	-) ,	11 Totaled 97 Other					
	,		,	rride/Override	25	Towed 2			7	6	99 Unknown					
	Viol. 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub ——— motorist and all occupan		1	26	27	28 29	30 3	32	33 Team		1				
	Name (Last First Middle)	-	Address	DOB/Age	Sex Pos.	System St	rbag Airbag atus Switch	Code Co	de Status	Transp. Code	Medical Facility	-				
	Operator/Non-Motorist	See	Above			- 1 4		0 0	10	1						



							North	
Crash Narrative:								
MV 1 was parked in from	t of the wa	alk way of	5 Waltham R	d. Th	e opera	tor was	backing	g out
of the parking lot after	r making a	delivery.	MV 2 was 1	eaving	the pa	rking lo	ot when	she,
at the last minute notice	ced MV 1 ba	acking out	of the park	ing sp	ot. Sh	e attemp	oted to	honk
her horn to get her att	ention but	was unable	e to do so.	She w	as unab	le to ge	et his	
attention because the o	perator of	the mail	truck is dea	f. MV	2 attem	pted to	swerve	out
of the way but still max	naged to hi	it the rig	nt side of M	V 1.				
			PACE SOCIETY AND THE SOCIETY A					
							-	
Witnesses:								
Name (Last,First,Middle)		Address			Phone i	ļ		Statement
Property Damage: Owner (Last, First, Middle) Additional Action of the	ddress		Phone #	34-Tyne	Description of	f Damaged Pro	nerty	
Owner (Basig-Haijimuure)	uures		T Note II	or type	Description	- Daniagea : To	prity	
Truck and Bus Information:	Pagistration #		(From Vehicle					
			(From Vehicle				-	35
Carrier Name					—— Carrier I	ssuing Authority	Code	
Address			City			St Z	.ip	
US DOT #:Stat	te Number		Issuing State	ICC #:		I:	nterstate	36
Grand Radio Trans Code	Anti-la Maisla	38						
	/ehicle Weight				Γ	39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length			
Hazmat Information:	41							42
Placard Material 1 digit #	Material Name	e	1	Material 4 dig	git #	Rele	ase code	

Patrol Officer Shane A Foley

Wilmington Police Department

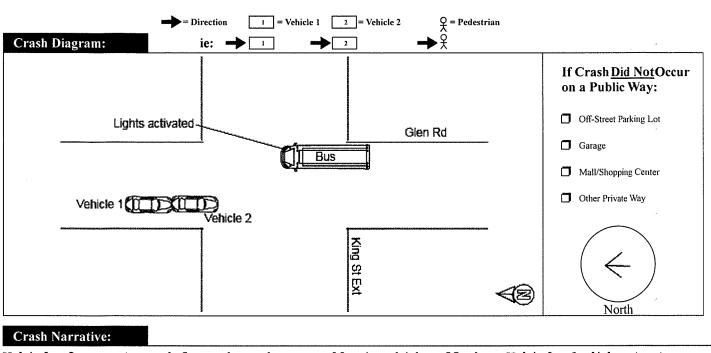
02/28/2019

Wilmington Police Department Images Associated with 19-81-AC





	Commonwealth of Massachusetts															
	Date of Crash Time of Crash 02/28/2019 1508 Wil	City/Town	Motor V	ehicle Cra	sh [Number Vehicles	Number Injured	1	Limit	L	ate Police					
	24HR	mington	Polic	e Report		2	0	Lat Lon		M	BTA Police 🗖 ther:	ı				
	AT INTERSECT	ION:	< L0	CATION	>		NOT A	T INT	ERSE	CTIO		9				
	CIEN DD										-	2				
1	Route# Direction GLEN RD	Name of Roadway/S	treet	Route# Direct	ion A	ddress #		Nan	ne of Ro	adway/St	reet	10				
		At		Feet	N S E	W of			<u> </u>	г		2				
	Route# Direction KING ST	me of Intersecting Road	way/Street				Mile M	arker		E	xit Number					
		Also at Intersection	with	Feet [N S E	w of	Route#		ntersecti	ng Roady	vay/Street					
² 1	Route# Direction Na	ne of Intersecting Road	way/Street	Feet [N S E	w of						2 11				
3	Planca Salaat One			Landmark 10-82-7C												
,	Please Select One of the Following:	#Occupants Hi	t/Run 🔲 Mop													
	License # S50464488 St M	DOB/Age		Reg # 6DF271			Reg Ty	e PC		_ Reg Sta	te MZ 20					
	Sex M Lic. Class D 18 Lic.	Restrictions 99 19	CDL Endorsement	Veh Year 2011	Veh	Make <u>T</u>	OYOTA	}		Veh Conf	ig. 1					
¹ 1	Operator LOUN, SOUN	First		Owner LOUN,	SOUN	Ī	First			Middle		1 12				
	Address 427 LINCOLN ST	<u> </u>		Address 427 L]	NCOI	IN S	<u> </u>				<u> </u>					
	City LOWELL Stat	e MA Zip 0185	2-4812	City LOWELL			 j	ate MA	Zip	0185	2-4812					
	Insurance Company GOVT EMPI	OYEE	,	Vehicle Action Prior to	Crash	2	<u></u>	Damaged	l Area Co	ode: (Circ	le Up to Three)	İ				
5	Vehicle Travel Direction: NEW	Responding to Eme	ergency? 2	Event Sequence 1	22 22	22	22 2		$\frac{3}{\sqrt{1}}$	\bigcap^{\dagger}	0 None					
	Citation # (If Issued)		1	Most Harmful Event	1 23	3	1	←	j		10 Undercarriage 11 Totaled	İ				
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -		Driver Contributing Co	de 9	9 24	24		$\frac{1}{7}$	إلا	97 Other 99 Unknown	ĺ				
⁶ 1	Viol. 3: Ch/Sec/Sub/	Viol. 4: Ch/Sec/Sub -		Underride/Override	25	5 Towe	d <u>2</u> 8		,							
	Please fill out for oper Name (Last First Middle)	ator and all occupants i	nvolved Address	DOB/Age	Se	26 27 eat Safety os. System	28 29 Airbag Airba Status Swite	g Eject	Trap In	32 33 jury Transp atus Code	Medical Facility	1 13				
	Operator		See Above			99	4	0	0 1	0 1	enc.,					
										<u> </u>						
⁷ 2				14	15		16		17		<u> </u>	l				
	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Loc	ation	Conc	lition		Hit/R	un Moped					
	· · · · · · · · · · · · · · · · · · ·	IA DOB/Agr	1	Reg # 8EN215			Reg Ty	ре <u>РС</u>		_ Reg Sta	nte MA 20					
	Sex F Lic. Class D 18 18 Lic.		CDL Endorsement	Veh Year 2006	Veh	Make H	ONDA			Veh Conf	ig. 1					
81	Operator <u>COLANTUONI</u> , A	LANAH M First	Middle	Owner <u>COLANT</u>	Last		First			Middle						
	Address 10 NEW HAMPSH	RE RD		Address 10 NEV	I HAN	MPSH:	IRE F	D				İ				
	City WILMINGTON Stat	e MA Zip 0188	7-1608	City WILMING	TON			tate MA	Zip.	0188	37-1608					
	Insurance Company COMMERCE	INSURANCE		Vehicle Action Prior to	Crash	2		Damaged	l Area Co	_	le Up to Three)					
	Vehicle Travel Direction: NEW	Responding to Eme	ergency? 2	Event Sequence 1	22 22	22	22 2	7	1	7	0 None					
	Citation # (If Issued)		:	Most Hannful Event	1 2	3	1	←	垣	(3	10 Undercarriage 11 Totaled					
	Viol. 1: Ch/Sec/Sub/	Viol. 2: Ch/Sec/Sub -		Driver Contributing Co	de 9	9 24	24 8		<u>/ \</u>	إللا	97 Other 99 Unknown					
	Viol. 3: Ch/Sec/Sub/	Viol. 4: Ch/Sec/Sub -		Underride/Override	2:	5 Towe	d_28			0	-]				
	Please fill out for operator/no	on-motorist and all occu	pants involved	DOB/Age	s	26 27 leat Safety os. System	28 29 Airbag Airb Status Swit	ag Eject	Trap li	32 33 njury Transp tatus Code	Medical Facility					
	Operator/Non-Motorist		See Above		-	99	4	0		0 1		!				
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								-				1				
						_		-		-		1				
	•						1	1				1				



7710-77-17-1004/404									E	North								
Crash N	arrative																	
Vehicle	2 was	stor	pped	for	a bu	ıs wh	o was	s all	owing ki	ids	off whe	en V	ehic	le 1	di	d not	t st	top
and hit	Vehic	le 2	in '	the :	rear.	Bot	h vel	nicle	s suffer	red	damage	and	bot	h pa	rti	es de	eni∈	
medical	treat	ment	•															
																		·
Witnesse				<u></u>													Т	
Name (Last,F	irst,Middle)						Address						Phone 7	4				Statement
Property	/ Damag	e:																
Owner (Last,	First,Middle)		Addres	ss				Phone #		34-Туре	Desci	ription o	f Dama	ged Pro	perty		
																	,-	
Truck an	d Bus In	forma	tion:	Reg	istration #	<i>+</i>			(Fron	n Vehic	le Section)							
Carrier Name	·												Carrier I	ssuing A	uthority	Code		35
Address									. City					St	Z	Zip	·	I
				Carar Nic					Issuing State									36
03 DOT #:_			37	State Nu	mber		38		issuing state		ICC #;_					Interstate		
Cargo Body	Type Code			ss Vehicl	e Weight								-		1		×	
Trailer Reg	#:			Re	ед Туре		Reg S	State	Reg Ye	ear	Tra	iler Lei	ngth	39				
Hazmat Inf	ormation:												L		j			
Placard	40 M	laterial 1	digit #	4	Mater	ial Name					_Material 4 di	git #			Rele	ease code	<u> </u>	42

Patrol Officer Michael R Cabral

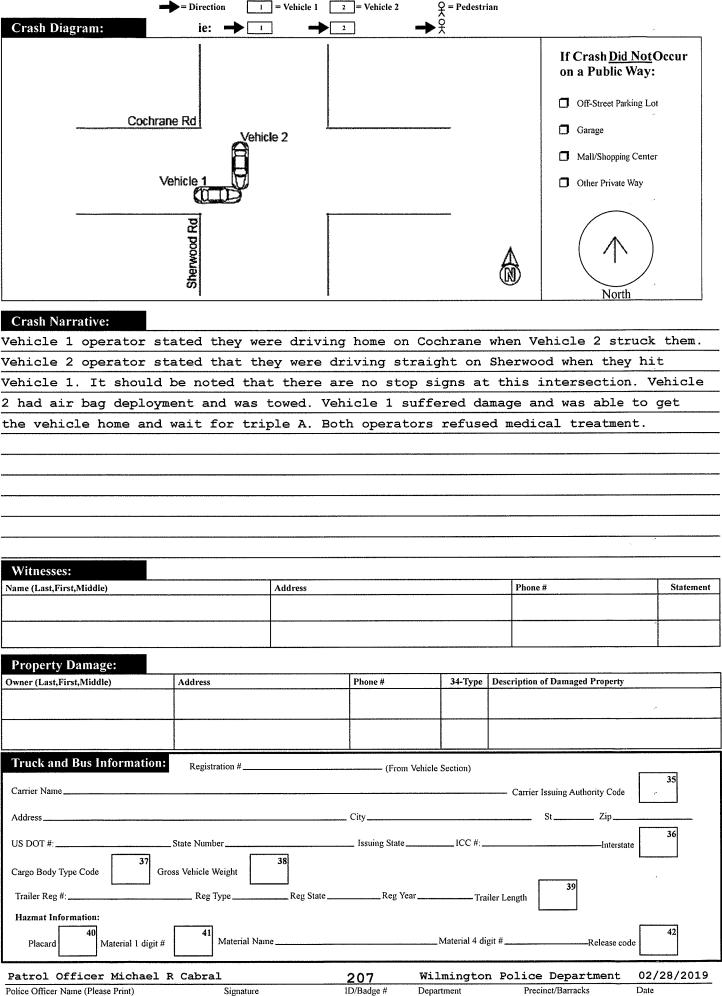
207

Wilmington Police Department

02/28/2019

Department

	Commonwealth of Massachusetts Date of Crash Time of Crash City/Town Motor Vehicle Crash Number Speed Limit 30 State Police															
	1 1	City/Town ington	Mot	tor Veh	icle Cras	sh		mber nicles	Numbe Injured	1		30	_ Sta	te Police cal Police BTA Police		
	24HR	riig con]	Police 1	Report		2		0	Lat Lon			ME Oth	BTA Police 🔲		
	AT INTERSECTION	N:	<	LOCA	TION >				NOT A	T IN	TER!	SECT	rion	٧:	- 9	
	COCHRANE	מפ													2	
¹ 1		Name of Roadway/St	reet		Route# Direction	on	Addre	ss#		Na	me of l	Roadwa	ay/Stre	et	10	
		At			Feet NSEW of Or											
	Route# Direction SHERWOOD Name	of Intersecting Roady	vay/Street							/arker			Exi	it Number		
		Also at Intersection v	vith		Feet	N S I	E W		Route#		Interse	cting R	oadwa	ny/Street		
² 1	Route# Direction Name		Feet NSEW of													
3	Please Select One Vivalia 1			<u></u>				4								
	Please Select One of the Following:	Hit/	Run	Moped				Т.	9-8	<u> </u>	AC	,				
		DOB/Ag		Reg #	27PA76				_ Reg T	pe PC		Re	g State			
	Sex_F Lic. Class D 18 Lic. Res		DLndorsemen	Veh Y	/ear_ 2007	v	eh Ma	ke B	MW			_ Veh	Config	, 1 20		
⁴ 1	Operator CULLEN, ASHLEY		Middle	Own	er CULLEN	, A	SHI	EY	NIC First	OLE		Mid	idle		1 12	
	Address 9 COCHRANE RD			Addre	ess 9 COCH	RAN	Œ :	RD								
	City WILMINGTON State	MA Zip 0188	7-284	City	WILMINGI	'ON			:	tate M	A_ z	ip 01	.88	7-2843		
	Insurance Company COMMERCE I	NSURANCE		Vehic	le Action Prior to 0	Crash	[1	21	Damage	d Area	Code: ((Circle	Up to Three)		
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2	Event	Sequence 2	2 2	22	22	22 2		\ \ \ \ \	7	4	0 None		
	Citation # (If Issued)			Most	Harmful Event	1	23			+	9		, l	0 Undercarriage 1 Totaled		
	Viol. 1: Ch/Sec/Sub/ Viol	ol. 2: Ch/Sec/Sub —		Drive	er Contributing Cod	le [99	24	24		Δ	<u> </u>	و ا	77 Other 99 Unknown		
⁶ 1	Viol. 3: Ch/Sec/Sub/ Viol.	ol. 4: Ch/Sec/Sub —		Unde	mide/Overnide		25	Towe	8)	7		6			
	Please fill out for operato Name (Last First Middle)	or and all occupants in	volved Address		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 2 Airbag Air Status Sw	9 30 oag Eject tch Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility	1 13	
	Operator	s	ee Above						4	0	0		1	Wedter Lemy		
											ļ					
										_						
7											<u> </u>				l	
⁷ 2	Please Select One of the Following:	Occupants Non	ı-Motorist	A Type	Action	15 L	ocatio	n	16 Con	dition	17	l I	lit/Ru	n Moped		
	License # S84234212 St MA	DOB/Ag		Reg #	967WK9				_ Reg T	/pe PC		Re	g Stat			
	Sex F Lic. Class D 18 18 Lic. Res	strictions 99 19	DLndorsemen	Veh \	Year 2012	v	eh Ma	ke H	ONDA			_ Veh	Config	g. 1		
81	Operator BOKUN, MICHELE	L.	Middle		er <u>BOKUN ,</u>	SC	OTT	r a	First			Mic	ddle			
	Address 15 MIDDLEBY RD			Addr	ess 15 MID	DLE	BY	RI								
	City LEXINGTON State 1	MA Zip 0242	L-692	O City_	LEXINGTO	N				State M	A _ z	ip 02	242	1-6920		
	Insurance Company STANDARD F	IRE INS		Vehic	cle Action Prior to 0	Crash	Ŀ	1	21	Damage	d Area	Code:	(Circle	e Up to Three)		
	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2	Even	t Sequence 1 2	2 2	22	22	22 (2)	3	7	\ ⁴	0 None		
	Citation # (If Issued)	•		Most	Harmful Event	1	23		<u>(</u>	(9	[-		10 Undercarriage 11 Totaled		
	Viol. 1: Ch/Sec/Sub/ Viol.	ol. 2: Ch/Sec/Sub —	Drive	er Contributing Coc	le [99	24	24		Δ	7	چ ر	97 Other 99 Unknown			
	Viol. 3: Ch/Sec/Sub/ Viol.	ol. 4: Ch/Sec/Sub —	Unde	rride/Override		25	Towe	8)	7		6				
	Please fill out for operator/non-non-non-non-non-non-non-non-non-non	⁄ed	DOB/Age	Sex	26 Seat Pos.	27 Safety System		9 30 bag Eject itch Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility				
	Operator/Non-Motorist						4	0	0		1					
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									-	-		\vdash				
										1	1					



Police Officer Name (Please Print)

Signature

= Direction