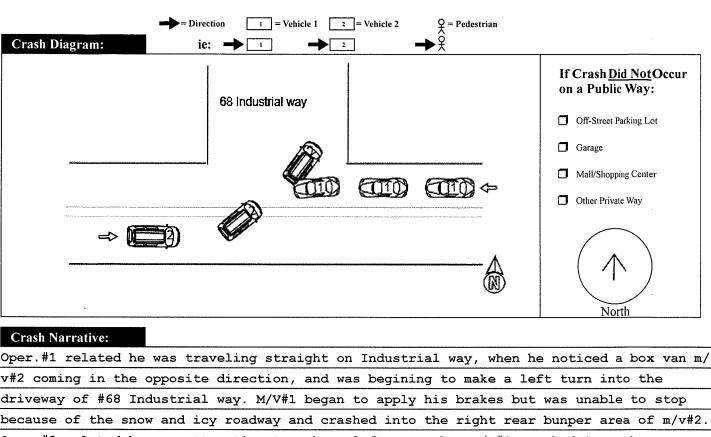
			nmonv	vealth (	of Massa	ich	use	tts									
	Date of Crash 03/04/2019	Time of Crash	City/1		Mo	tor Veh	icle Cras	sh		mber	Numb Injure		d Limit		Sta	ate Police acal Police BTA Police	
	03/04/2019	0641 V	Vilmino	gton		Police 1	Report		2		0	Lat.			M Ot	BTA Police	
		AT INTERSI	ECTION:		<	LOCA	TION :	>			NOT	AT IN	TER	SEC	LIO	N:	
																	2
1,	Route# Dire	etion	Name	e of Roadway	/Street		Route# Direct	ion	68 Addre	ess #	IN	UST N	RIA ame of			eet	
1				At													2 10
							Feet	N S	EW	of -	— — Mile	Marker	• —	or _	Ex	cit Number	
	Route# Dire	ction		at Intersection			Feet	N S	E W	of							
<sup>2</sup> <b>4</b>							Feet				Route#		Interse	ecting R	Coadw	ay/Street	2 11
4	Route# Dire	ction	Name of In	tersecting Ro	adway/Street			11	1			<del></del>	La	ndmark			3
<sup>3</sup> 2	Please Select		1 <b>1</b> #Occu	ipants   T	lit/Run	Moped				1	9-1	34-	- <b>D</b> C	,			
	of the Followi	mg: —					60555										
	l	10 10	_ St_ <b>MA</b> D0	10			687RR5									20	
	Sex.M Lic.	Class D	Lie. Restricti	ons	CDL Endorsemen	ıt	/ear <u>2005</u>				OYO:	<u>'A</u>		Veh	Confi	g. <b>1</b>	
<sup>4</sup> 1		VAS , MAX	First		Middle		er <b>RIVAS</b> ,	ast			First			Mic	idle		<b>1</b> 12
		HOLTON S					ess 22 HOL	TOI	N S	<u>T</u>	APT						
	City <b>LAWR</b>	ENCE	_ State MA	Zip 018	41-411	8 City	LAWRENCE	Ξ				State M	<b>A</b> _ 7	Lip <b>01</b>	.84	1-4118	
	Insurance Comp	pany <b>ALLSTA</b> !	TE INS	URANCE	3	Vehic	le Action Prior to	Crash	<u>L</u>	<u> </u>	21		ed Area	Code:	(Circle	e Up to Three)	
5	Vehicle Travel I	Direction: NS	E Res	ponding to En	nergency? 2	Event	Sequence 1	22	22	22	22				\ <sup>4</sup>	0 None	
	Citation # (If Iss	sued)				Most	Harmful Event	1	23			<b>+</b>	9	[ ]	5	10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/	/Sub/	Viol. 2:	Ch/Sec/Sub	/	Drive	r Contributing Co	de	<u> </u>	24	24		$L_{\frac{1}{2}}$		<u>ئ</u> ر (	97 Other 99 Unknown	
<sup>6</sup> 3	Viol. 3: Ch/Sec/	/Sub/	— Viol. 4:	Ch/Sec/Sub	/	Unde	rride/Override		25	Tower	1_2	<u> </u>	,				
	Name (Last First N	Please fill out fo	or operator and	all occupants	involved Address		DOB/Age	Sex	26 Seat Pos.	27 Safety System	Airbag A	29 30 rbag Ejec vitch Code	Trap Code	32 Injury Status	33 Transp. Code	Medical Facility	1 13
		Operator			See Above					1	4	0	0	10	1		
<sup>7</sup> 1					***************************************		1,1	1.5						<del>                                     </del>	*****		
т	Please Select ( of the Followi		2 <b>1</b> _#Occu	ipants N	Non-Motorist	A Type	Action	15 L	ocatio	ո	16 Co	ndition	17		lit/Ru	ın 🛄 Moped	
	License # 44	7564670	St. <b>NY</b> Do			Reg #	HTK8387				Reg	уре <u>С</u> С		Re	g Stat	te <b>NY</b>	
	Sex M Lic.	Class D 18 18	Lic. Restriction	ons 19	CDL		Tear <b>2012</b>	\	√eh Ma	ke <u>M</u>	ERCE	DES-	BEN	<b>Z</b> Veh	Confi	g. 97 <sup>20</sup>	
8 1	Operator AS	HUROV, K	HASAN I	R	Middle		r MM STA	R I	RUC	CKI	NG First	INC		Mic	1.11.		
	Address 190	O AVENUE	W AP	T 1A	Madic	Addro	ess <b>2971</b> 0	CE	AN_	AVE				WIN	Juic		
	City BROOF	KLYN	_ State <b>NY</b>	Zip <b>112</b>	29	City_	BROOKLYI	N_				State N	<b>Y</b> Z	Zip <b>11</b>	.23	5	
	Insurance Comp	oany NEW SO	UTH IN	s.co.		Vehic	le Action Prior to	Crash		4	21	Damag	ed Area	Code:	(Circle	e Up to Three)	
	Vehicle Travel I	Direction: NS	KW Resi	ponding to En	nergency? 2	Event	Sequence 1	22	22	22	22		<u> </u>		$\Theta$	0 None	
	Citation # (If Iss	sued)	······			Most	Harmful Event	1	23			+	9	11	[ ]	10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/	/Sub/	Viol. 2:	Ch/Sec/Sub		Drive	r Contributing Co	de	4	24	24			L	) (	97 Other 99 Unknown	
	Viol. 3: Ch/Sec/	/Sub/	Viol. 4:	Ch/Sec/Sub		Unde	rride/Override		25	Tower	2	•	7	,	6		
	Ple Name (Last First M	ease fill out for opera	ator/non-motor	ist and all occ	cupants involv	/ed	DOB/Age	Sex	26 Scat Pos.	27 Safety System	Airbag A	29 30 rbag Ejec vitch Code		32 Injury Status	33 Transp. Code	Medical Facility	
		rator/Non-Motorist			See Above						4	0	0		1		
													+				
													-				
											_		-				



		····			North	
Crash Narrative:						
Oper.#1 related he was traveling	straight o	n Industrial	way,	when he	e noticed a box	van m/
v#2 coming in the opposite direct	ion, and w	as begining	to mak	e a le	ft turn into the	9
driveway of #68 Industrial way. M	/V#1 began	to apply hi	s brak	es but	was unable to	stop
because of the snow and icy roadw	ay and cra	shed into th	e righ	ıt rear	bunper area of	m/v#2.
Oper.#2 related he was attempting	to make a	left turn w	hen m/	v#1 cr	ashed into the	rear
of his bumper. (PWJ/142)						
						~
Witnesses:						
Name (Last,First,Middle)	Address			Phone	#	Statement
Property Damage:						
Owner (Last, First, Middle) Address		Phone #	34-Type	Description	of Damaged Property	***************************************
Truck and Bus Information: Registration #		(From Vehicle	Section)			
Carrier Name		(	,	Comion	Januiro Authority Codo	35
					Issuing Authority Code	
Address		City			StZip	26
US DOT #: State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code Gross Vehicle Weight	38					
Trailer Reg #: Reg Type	Pag State	Pag Voor	<b></b>	[	39	
Hazmat Information:	Reg State	Reg rear	Ira	iler Length		
40 41	ne	1	Material 4 di	git #	Release code	42

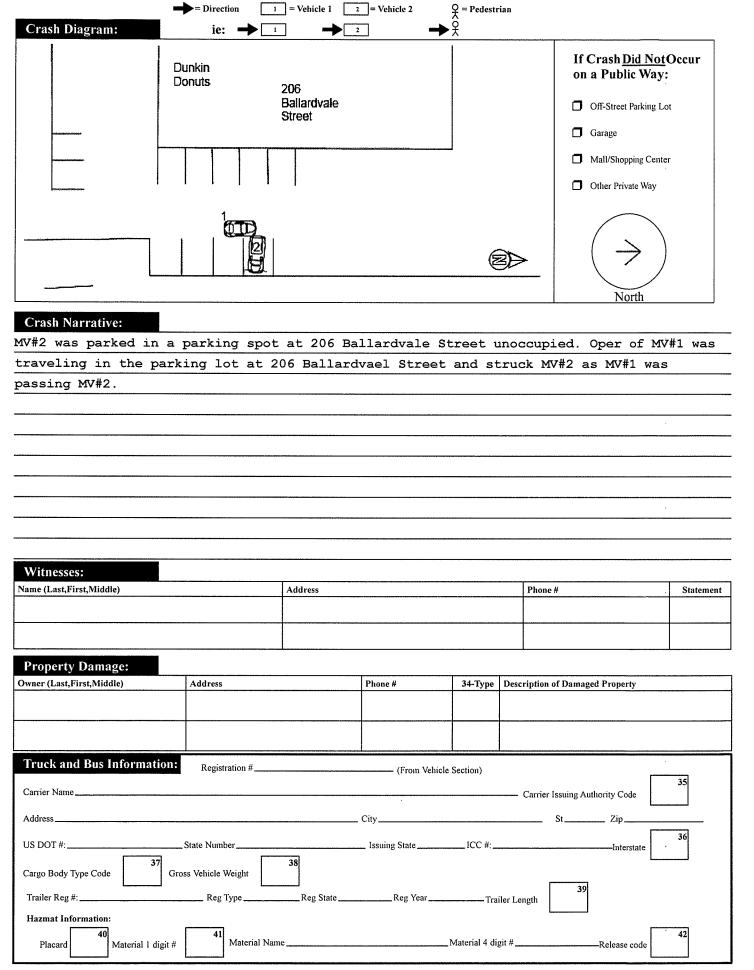
Patrol Officer Paul W Jepson

Wilmington Police Department

Department

03/04/2019

		Com	monwealth	of Massac	husett	8			•	
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crash	Number Vehicle		Speed Limit	20_	State Police Local Police MBTA Police	
	03/04/2019 0853 Wil:	mington	Police	Report	2	0	Lat Lon		MBTA Police Other:	
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	INTER	SECTI		
						***				2 9
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	206 Address #	BALI	ARDVA Name of	LE S' Roadway/		
1		At								2 10
	Route# Direction Na	ne of Intersecting Road	wow/Streat	Feet N	S E W of	Mile Ma	rker —	Or	Exit Number	
	Routes Direction (Val	Also at Intersection		Feet N	S E W of					
1				Feet N	S E W of	Route#	Inters	ecting Roa	dway/Street	1011
	Route# Direction Na	ne of Intersecting Road	way/Street				La	ndmark		
3	Please Select One of the Following:	#Occupants Hit	/Run Moped		1	9-8	5-AC	<b>Y</b>		
		7 2024		7CVM50						
	18 18	A DOB/Age		# 7GYM50					20	
		E	Endorsement	Year 2017				Veh Co	onfig.	
1	Operator GENTILE, MOLI	First	Middle	ner GENTILE		First		Middle		9912
	Address 40 FIORENZA DE			dress 40 FIOR			\/T	010	07 4407	
	City WILMINGTON Stat			N WILMING		21			87-4427	
	Insurance Company COMMERCE			icle Action Prior to Cra	sh <b>1</b>	D 22 2	amaged Area 3	Code: (Ci	rcle Up to Three)	
2	Vehicle Travel Direction: SEW	Responding to Eme		nt Sequence 2 22	23		$\Box$	$\sqrt{N}$	0 None	
	Citation # (If Issued)			st Harmful Event 2		24	وار ا←	$\downarrow \downarrow \downarrow \downarrow$	5 10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/Sub/			ver Contributing Code	19 24		<u> </u>	إكرالك	97 Other 99 Unknown	
3	Viol. 3: Ch/Sec/Sub/		·····	lerride/Override		ed 2	T 20 T 31			
	Please fill out for oper- Name (Last First Middle)	ator and all occupants in	Nddress	DOB/Age Se	26 27 Seat Safet × Pos. System		30 31 Eject Trap Code Code	32 33 Injury Tran Status Co	isp.	2 13
	Operator	S	See Above		1	4	0 0	10 1		
1	N. C. L. C. L. C.		Г	14 15		16	17		1	1
	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion 1	Hit/	Run Moped	
	License # St	DOB/Age	Reg	# <u>8ZA844</u>		Reg Type	PC	Reg S	State MA	
	Sex Lic. Class 18 18 Lic. I	Restrictions 19	CDL Veh	Year <b>2018</b>	Veh Make	ORD		Veh Co	onfig. 2	
99	Operator Driverless M.		Indorsement Ow	ner EAN HOLL	INGS :			Middle		
	Address	PHR		iress <b>14002 E</b>	AST 21	ST ST	ST A	PT 1		
	City State	2 Zip	City	TULSA		Sta	te <b>OK</b> 2	Zip <b>741</b>	34-0000	
	Insurance Company SAFECO IN	SURANCE	Veh	icle Action Prior to Cra	sh	<b>21</b> D	amaged Area	Code: (Ci	rcle Up to Three)	
	Vehicle Travel Direction: NSEW	Responding to Emer	rgency? Eve	nt Sequence 22	22 22	22 2	3		4 0 None	
	Citation # (If Issued)		Mo	st Harmful Event	23	1	<b>-</b> 9	$\{ \cdot \}$	5 10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	/Dri	ver Contributing Code	24	24			97 Other	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	/ Unc	lerride/Override	25 Tow	ed 2 8	7	'	99 Unknown	
	Please fill out for operator/no		oants involved		26 27 Seat Safety			32 33 Injury Tran	nsp.	†
	Name (Last First Middle)		Address	DOB/Age Se		Status Switch		Status Co		-
	Operator/Non-Motorist	S	ee Above							



Patrol Officer Daniel C Cadigan

178

Wilmington Police Department

03/04/2019

Police Officer Name (Please Print)

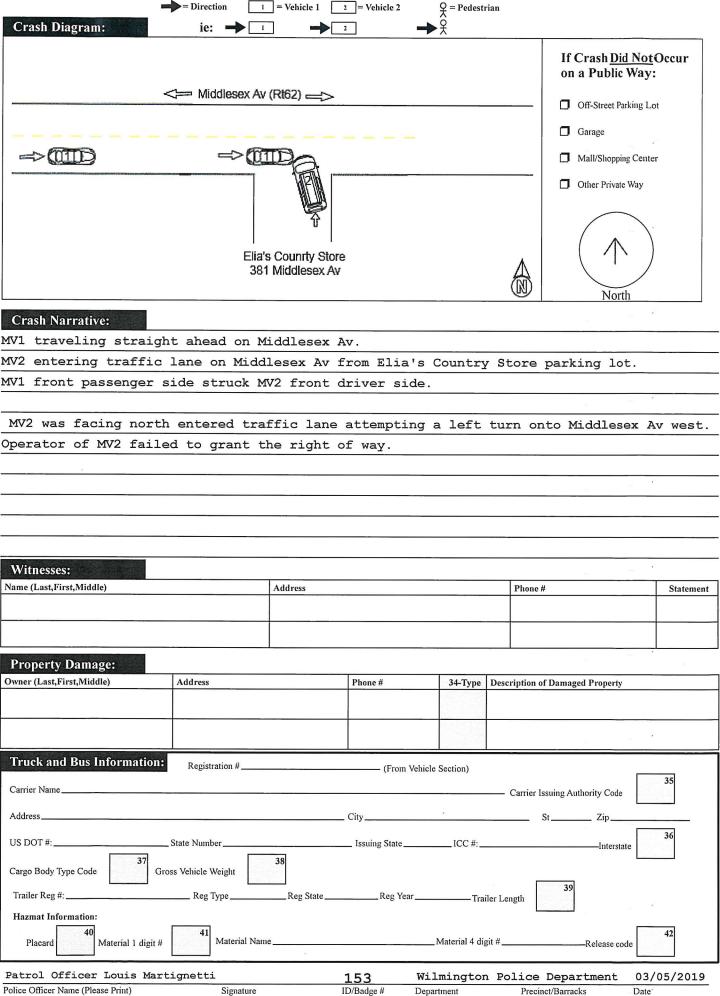
Signature

ID/Badge #

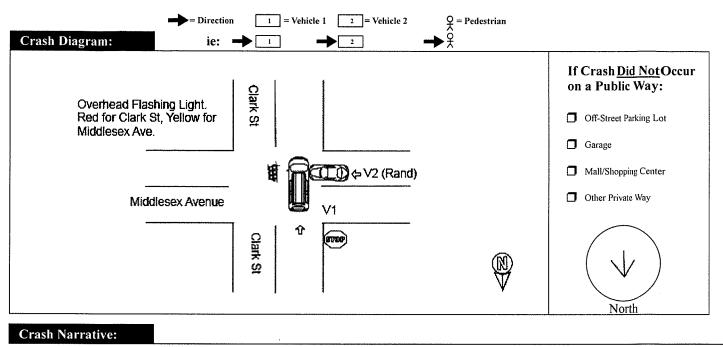
Department Precinct/Barracks

Date

Commonwealth of Massachusetts									,						
	Date of Crash Time of Crash	City/Town	Motor	Vehi	icle Cras	sh	Num		ımber jured	Speed	Limit_	25		Police D	
	03/05/2019 1010 Wiln	nington	Pol	lice F	Report		2	0		Lat Lon			MB7 Othe	「A Police 🔲	
	AT INTERSECTI	ON:	<	LOCA	rion >	>		NC	T AT	'INT	ERS	ECT	ION	:	
															2
<sup>1</sup> 1	Route# Direction	Name of Roadway/S	treet		Route# Directi		<u>381</u> Addres		IDD			AVE oadway		t	
<u> </u>		At								**					2 10
	Route# Direction Nam	e of Intersecting Road	waw/Streat	l	Feet	N S I	<u>Ε</u> [ <b>W</b> ] ο		— — ∕iile Ma	- • rker		or	Exit	Number	
	Notice Direction 14din	Also at Intersection		[	Feet	N S I	E W o								
<sup>2</sup> 1					Feet	N S I	E W o	f	ite#			ting Ro			3 <sup>11</sup>
	Route# Direction Nam	e of Intersecting Road	way/Street					<u>E1</u>	ıΙΑ'	SC		dmark	(S	TORE	
3	Please Select One of the Following:	_#Occupants	/Run 🔲 N	Moped				19	-86	5-2	AC				
		A DOB/Age	<u></u>	Rea #	2XH148	**		P	ea Tyne	PC.		Rag	State	MA	
	18 18	19	CDL		ear 2008									20	
	Operator CHINAPPI, MAR	I	indorsement		CHINAP							_ ven C	onng.		131
<sup>4</sup> 1	Address 85 TRACEY DR	First	Middle			ast			First			Middle	e		1 12
	City WHITINSVILLE State	MA 7in 0158	8-1334		VHITINS				Ctn	. MZ	7:.	. 01	588	-1334	
	Insurance Company PROGRESSIV				e Action Prior to		1	21						Jp to Three)	
5	Vehicle Travel Direction: N S W	Responding to Emer	rganov? 2					2 22	<b>2</b>	maged	3	Jode. (C	4	op to Tillee)	
	Citation # (If Issued)	Responding to Line	gency :		· <u>La</u>	1	23			. [	$\downarrow \downarrow$			None Undercarriage	
	Viol. 1: Ch/Sec/Sub/ V		/		Contributing Cod	Е	1 2	4 2	4 (		廾		3 11 97	Totaled Other	
· 1	Viol. 3: Ch/Sec/Sub/ V				ride/Override	<u>_</u>	ما	owed 2	_ 8 _		7	ريلا	6 99	Unknown	
<u> </u>	Please fill out for operat			Onder	l l		26	27   28	29	30	31		33		13
	Name (Last First Middle)	<u> </u>	Address		DOB/Age	Sex	Pos. S	afety Airba ystem Statu	g Airbag Switch	Eject Code	Trap Code		ansp. 'ode	Medical Facility	1 '3
	Operator	S	ee Above				1	4	ļ	0	0 :	10 1			
<sup>7</sup> 3	Please Select One Vehicle 21	#Occupants No.	n-Motorist A	Туре	14 Action	15	ocation	16	Conditi		17	Пи	t/Dun	☐ Moped	
	or the ronowing.		- Motorist At	<u> </u>						<u> </u>	1			L	
	10 10	A DOB/Age			S66850				eg Type				State	20	
	-	E	DL ndorsement					e				Veh C	onfig.	13	
³ <b>1</b>	Operator MOAKLEY, WILL	First	Middle		- <b>J W A I</b>	ast			C First			Middle	e		
	Address 10 KINGSTON ST		. F000		s 28 ASH	LAN	D S	T							
		MA Zip 0182:	1-3008		<u> MALDEN</u>			21			-			<u>-7014</u>	
	Insurance Company PROTECTIVE				e Action Prior to (		2 2		Da <b>2</b>	maged	Area C	Code: (C	Circle U 4	Jp to Three)	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2		sequence 1		23				T			None	
	Citation # (If Issued)	<del></del>	,		l	<u> </u>		4 2	_ ¹ ◀	<b> </b>	191		5 11	Undercarriage Totaled	
	,	iol. 2: Ch/Sec/Sub —			Contributing Cod		1 24 25 T	<u> </u>	<sup>1</sup> 3		7	كلا	6 99	Other Unknown	
		iol. 4: Ch/Sec/Sub —		Underr	ride/Override	r		owed 2		20 1	3, T	17 1	11		
	Please fill out for operator/non Name (Last First Middle)	-motorist and all occup	Address		DOB/Age	Sex	Seat   S	27 28 afety Airba ystem Statu	g Airbag Switch	30 Eject Code	31 Trap Code	Injury Tra	33 insp. ode	Medical Facility	
	Operator/Non-Motorist	s	ee Above				1	4		0	0 1	10 1			
													$\top$	,	
			- <del> </del>				$\dashv$						+		
											-		+		
	İ	1			1	I		ı	1 1		- 1	ı	- 1		



Commonwealth of Massachusetts										
	1 1	City/Town	<b>Motor Vel</b>	nicle Cras	Number Vehicle	Number Injured	Speed Limit	30	State Police Local Police MBTA Police	1
	24HR	ington	Police	Report	2	0	Lat Lon		MBTA Police Other:	
	AT INTERSECTIO	N:	< LOC	ATION >		NOT A	T INTER	SECTI	ON:	<u></u>
										2
<sup>1</sup> 1	NA S CLARK ST Proceedings	Name of Roadway/Stre	eet	Route# Direction	on Address #		Name of	Roadway	/Street	
		At			<del></del>					2 10
	NA E MIDDLESEX		10.	Feet N	S E W of	Mile Ma		or	Exit Number	
		of Intersecting Roadwa Also at Intersection wi		Feet N	SEWof				***************************************	1
<sup>2</sup> 1				Feet N	SEWof	Route#	Inters	ecting Roa	idway/Street	11
	Route# Direction Name of	of Intersecting Roadwa	ay/Street				La	ndmark		
3	Please Select One Vehicle 12 #6	Occupants Hit/F	Run Moped		1	9-8	7-AC	,		1
	or the ronowing.		· 1							4
	18 18	DOB/Age		# <u>P74801</u>					20	
		i Ir.		Year <b>2012</b>				Veh Co	onfig. 6	
<sup>4</sup> <b>4</b>	Operator BODURTHA, DAVII	D RICHARD		ner <b>DUNBAR</b> La:	st	First		Middle	:	<b>1</b> 12
	Address 28 COOLIDGE RD			ress 50 SCH	ILLING	RD	***************************************			
	City AYER State M	IA Zip 01432	<b>-1914</b> City	HUNT VAL	LEY		te <b>MD</b> 2	Zip <b>210</b>	31-1105	
	Insurance Company HARTFORD F	IRE INS	Vehi	icle Action Prior to C		21 D	amaged Area	Code: (C	ircle Up to Three)	
<sup>5</sup> 1	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Ever	nt Sequence 1 22	<u> </u>	22 2			4 0 None	
	Citation # (If Issued) <b>T1151248</b>		Mos	t Harmful Event	1 23	1	<b>←</b>   ] 9	<u> </u>	5 10 Undercarriage	
	Viol. 1: Ch/Sec/Sub <u>89 /9</u> Viol	I. 2: Ch/Sec/Sub	/ Driv	er Contributing Code	e <b>3 <sup>24</sup></b>	24	$ \!$	للا	97 Other 99 Unknown	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub/ Viol	I. 4: Ch/Sec/Sub	/ Und	erride/Override	25 Tow	8 ed 2			6	
	Please fill out for operator Name (Last First Middle)	•	olved Address	DOB/Age	26 27 Seat Safety Sex Pos. System			32 3 Injury Trai Status Co	nsp.	<b>1</b> 13
	Operator	Sec	e Above		1	4	0 0	10 1		
	MARIA NACOPOULOS	4 TEABERRY LN BURLINGTON, MA 01	.803-1916		F 6 1	4	0 0	10 1		1
		<u> </u>								1
										-
<sup>7</sup> 2										1
2	Please Select One of the Following: Vehicle 21 #0	Occupants Non-I	Motorist A Type	14 Action	Location	16 Condit	ion 17	Hit	/Run Moped	
	License # <b>S64645974</b> St <b>MA</b>	_ DOB/Age.	. Reg	# 398LG6		Reg Type	PC	Reg S	State MA	1
	Sex M Lic. Class D 18 Lic. Rest	trictions 19 CD	DL Veh	Year <b>2011</b>	Veh Make_1	ISSAN		Veh Co	onfig. <b>1</b> 20	
<sup>8</sup> 1	Operator RAND, MICHAEL			ner RAND, M	ICHAEL					
_	Address 1 KINGFISHER RD	st		ress 1 KINGI	SISHER	RD First		Middle		
	City <b>TEWKSBURY</b> State <b>M</b>	IA Zip 01876	<b>-2206</b> City	TEWKSBUR	Y	Sta	te <b>MA</b> 2	Zip <b>018</b>	76-2206	
	Insurance Company COMMERCE IN	ISURANCE	Vehi	cle Action Prior to C	rash 1	21 Da	amaged Area	Code: (Ci	ircle Up to Three)	
	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Ever	nt Sequence 1 22	22 22	22 2	3		4 0 None	
	Citation # (If Issued)		Mos	t Harmful Event	L <sup>23</sup>		<b>-</b>   \	$\{ \cdot \}$	5 10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/Sub/ Viol	I. 2: Ch/Sec/Sub	/ Driv	er Contributing Code	<b>1</b> 24	24			97 Other	
	Viol. 3: Ch/Sec/Sub/ Viol	i. 4: Ch/Sec/Sub	/ Und	erride/Override	25 Towe	ed 18	7	,	6 99 Unknown	
	Please fill out for operator/non-in-	•			26 27 Seat Safety	28 29 Airbag Airbag	30 31 Eject Trap	32 3: Injury Tran	nsp.	1
	Name (Last First Middle)  Operator/Non-Motorist		Address Above	DOB/Age	Sex Pos. System	Status Switch	Code Code	Status Co	de Medical Facility	
	- F	300				-		-	-	-



V1 (Dunbar Armored T	ruck) traveli	ing straigh	nt on Clark	Street	and	entered	intersect	ion of
Middlesex Avenue cau	sing collisio	on with V2	(Rand). V1	had ove	erhe	ad flashi	ng red li	ght
and stop sign while	approaching i	ntersection	on. V1 opr.	Bodurth	na s	tated he	was focus	ed on
red light and drove	into intersec	ction with	out stopping	and ca	ausi	ng collis	ion. V2 O	pr.
Rand stated truck di	d not stop fo	or light or	c stop sign	when ap	opro	aching in	tersectio:	n. No
injuries to driver/p	assenger V1.	V2 opr tra	ansported by	WFD fo	or p	ossible m	inor inju	ries.
V1 damaged on right	side pass doc	or. V2 dama	aged on fron	t end a	and	was towed	by Cain'	s
Towing (978-658-3387	).							
				. ,				
Witnesses:								
Name (Last,First,Middle)		Address				Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	34-Tyne	Descr	ription of Damaged	Property	
O'Mer (Sasignatur)	radicas		T Hole n	J- Type	Desci	Tption of Daniageo	Troperty	~~~~
Truck and Bus Information	Registration #		(From Vehicle	- G 1' )				
			(From Venice				,	35
Carrier Name					(	Carrier Issuing Auth	ority Code	
Address			_ City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:			Interstate	36
Cargo Body Type Code G	ross Vehicle Weight	38					<u> </u>	
						39		
	Reg Type	Reg State	Reg Year	Tra	iler Len	ngth		
Hazmat Information:	41							42
Placard Material 1 digit #	41 Material Nar	me		Material 4 di	git#		-Release code	74

Patrol Officer Richard DiPerri

Material 1 digit #

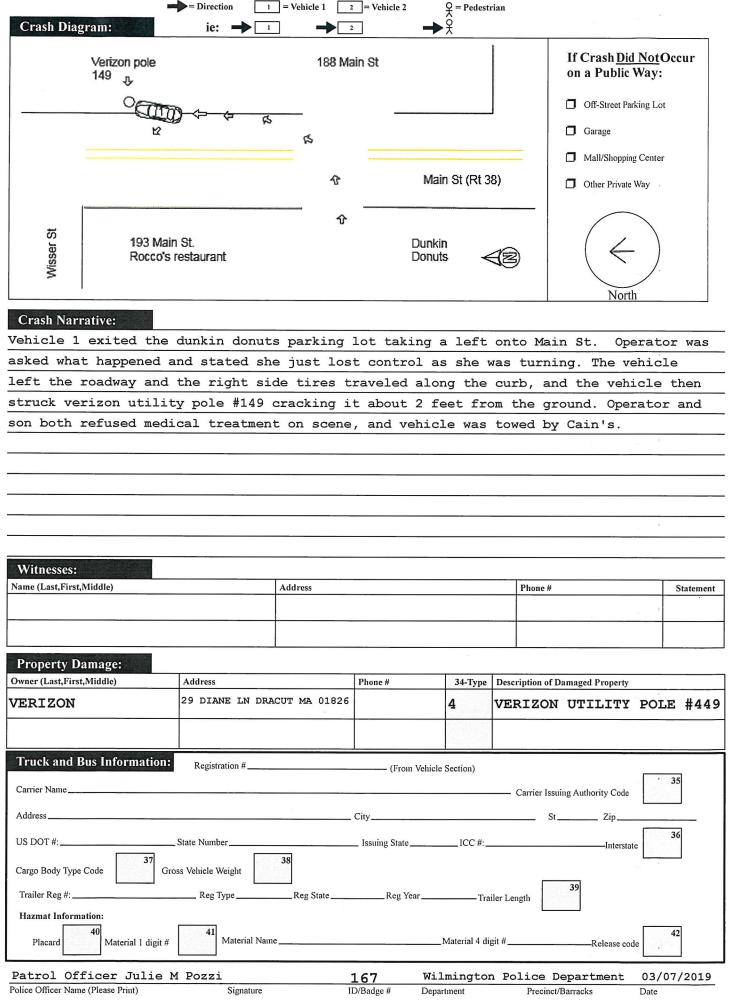
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Department

Wilmington Police Department

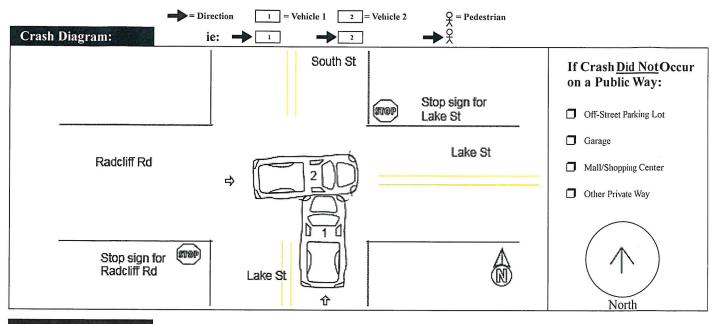
03/06/2019

		Com	monwe	alth c	of Massa	chu	setts	}					2	
	Date of Crash   Time of Crash   03/07/2019   1535   Wilm	City/Town	Motor	r Vehi	icle Cras	sh [	Number Vehicles		4 1		35	Sta Lo	ate Police at Police BTA Police	
	24HR	ungton	Po	lice I	Report		1	0	Lat Lon			MI Otl	BTA Police her:	
	AT INTERSECTI	ON:	<	LOCA	rion >	>		NOT.	AT IN	TER	SEC	TIOI	N:	9
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	Route# Direction Nam	e of Intersecting Road	lway/Street		reet [	N 3 E	or or	Mile	Marker	-	or _	Ex	it Number	
		Also at Intersection			Feet	N S E	w of	D . "		7 .			/G.	
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	Route# Direction Nam	e of Intersecting Road	lway/Street							La	ndmark	ς		
3	Please Select One of the Following:	#Occupants Hi	t/Run	Moped			1	9-8	38-	AC	,			
	License # <b>S81887274</b> St <b>M</b>	A DOB/Ag		Reg#	23BM24			Reg T	vne PC	•	Re	ea State	- MA	
	18 18	19	CDI		ear 2009								20	
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1	Address 17 CRESENT ST	First	Middle			asi	•	First	4		Mic	ddle		3 <sup>12</sup>
	City WILMINGTON State	MA 7in 0188	7-0000		VILMING!				Ctata M	Δ -	/i ∩1	1 22	7-0000	
	Insurance Company LIBERTY M	,			e Action Prior to			21						
5	Vehicle Travel Direction: SEW						22	<u></u> 2		d Area	Code:	(Circle	Up to Three)	
	Citation # (If Issued) T0152818	Responding to Eine	rgency? Z		Sequence 22					$\bigvee$	$\sqrt{}$	`,	0 None 0 Undercarriage	
		<del>-</del>	,		Harmful Event	£- £-	7 24	24	<b>+</b>	片	$\left\{ \right\}$	1	1 Totaled 07 Other	
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	Operator		See Above				1	1	0	0	10	1		
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1	Operator	First	Middle	Оwne	r	ast		First			Mi	ddle		
	Address			Addre	58	ust		rust			Will	duic		
	City State	Zip		City				:	State	Z	Zip			
	Insurance Company			Vehicle	e Action Prior to (	Crash		21	Damage	d Area	Code:	(Circle	: Up to Three)	
	Vehicle Travel Direction: N S E W	Responding to Eme	rgency?	Event	Sequence 2	2 22	22	22 2		3	7	4	0 None	
	Citation # (If Issued)	-		Most I	Harmful Event	23		1	<b>4</b>	9	<b>{ </b>  -	_ 1	0 Undercarriage 1 Totaled	
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	Viol. 3: Ch/Sec/Sub / V	iol. 4: Ch/Sec/Sub —		Unden	ride/Override	25	Towe	d8		7		6 9	9 Unknown	
	Please fill out for operator/non-	motorist and all occup				2 Se	at Safety	Airbag Air	9 30 bag Eject	31 Trap		33 Transp.		
	Name (Last First Middle)  Operator/Non-Motorist		Address		DOB/Age	Sex Po	s. System	Status Sw	itch Code	Code	Status	Code	Medical Facility	
	Operator/1901-1910f0f1st	_	See Above				_		+-	ļ				
									$\perp$					



CDP1 11-24-00

		Commo	nwealth	of Massa	chuse	tts						
	1 1	City/Town Mington	lotor Veh	icle Cras	h Nu		in the second		nit <u>20</u>	Sta	ate Police	
	24HR	ington	Police	Report	2	0	_	Lat Lon		—  Мі	BTA Police  her:	
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	COLUMN AM				,							2 1
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		At		- I	delelw							2 1
	Route# Direction RADCLIFF Name	RD of Intersecting Roadway/Str	reet	Feet _	VISIEW		Mile Ma	rker	— ог _	Ex	it Number	
		Also at Intersection with		Feet N	SEW							
<sup>2</sup> <b>1</b>	Route# Direction Name	CI ( )		Feet N	N S E W	of Ro	ıte#	Inte	ersecting F	Coadwa	ay/Street	<b>3</b> 11
	Route# Direction Name	of Intersecting Roadway/Str	reet						Landmark	ζ.		
3	Please Select One of the Following:	Occupants Hit/Run	Moped			19	-89	9-A	.C			
	License # <b>S97734695</b> St <b>MA</b>	DOR/Ag	Pag	<u> 1</u> # <u>75XX07</u>		D	. T	PC	D.	an Stat	. M/A	
	18 18	strictions 19 CDL		Year 2006							20	
A	Operator BRENNAN, JOSEP	Endorse	ment	er BRENNAN					ven	Conng	y. <b>[_</b> ]	
<sup>4</sup> 2	Address 17 PERLEY AVE	irst Middl	le	er BRENNAL ess 17 PER	st		First		Mi	iddle		<b>1</b> 12
	City PEABODY State 1	ντα ∞. 01960-41		PEABODY					O1	106	0-4526	
	Insurance Company ARBELLA MU	•			Г	21			•			
5	Vehicle Travel Direction: SEW			t Sequence 22		22 22	Da 2	maged A	rea Code:	(Circle	Up to Three)	
<sup>5</sup> 1				r sequence 1	1 23			$\overline{\Lambda}$	II		0 None 10 Undercarriage	
	Citation # (If Issued)			Hannful Event		24 2	<b>1)</b> ∢	┡╽╱	7	3 1	1 Totaled Of Other	
<sup>6</sup> 1	Viol. 1: Ch/Sec/Sub / Viol.			er Contributing Code	<u> </u>		``] <sub>8</sub>		7	ر و و	99 Unknown	
1	Viol. 3: Ch/Sec/Sub / Vio	ol. 4: Ch/Sec/Sub r and all occupants involved		rride/Override	26	Towed 2	29	30 3	1 32	33		
	Name (Last First Middle)	Addres:		DOB/Age	Seat	Safety Airbs System State	g Airbag	Eject Tr Code Co	ap Injury ode Status	Transp. Code	Medical Facility	<b>1</b> 13
	Operator	See Abo	ove			1 4		0 0	8	2	Lahey Clinic	
	COLIN BRENNAN	17 PERLEY AVE PEABODY, MA 01960		}	xí 3	1 4		0 0	10	1		
<sup>7</sup> 2	Please Select One			14	15	16			17			
_	Please Select One of the Following:	Occupants Non-Moto	rist A Type	Action	Location	1	Conditi	on	<u> </u>	Hit/Ru	n Moped	
		DOB/Age	Reg	212A698		R	eg Type	PC	Re	eg State		
	Sex M Lic. Class D 18 Lic. Res	strictions 19 CDL	Veh '	Year <b>2016</b>	Veh Ma	ke CHE	VRO:	LET	Veh	Config	g. <b>2</b> 20	
<sup>8</sup> 1	Operator LAMOS , ALLEN E		Own	er LAMOS,	ALLEN	E	First			iddle		
	Address 305 MAPLE HILL		-	ess <u>305 MA</u> I	PLE H	ILL I			1411			
	City <b>JOHNSON</b> State <b>N</b>	<b>/T</b> Zip <u>05656</u>	City_	JOHNSON			Stat	e <b>VT</b>	Zip <b>05</b>	565	6	
	Insurance Company <b>GEICO</b>		Vehic	ele Action Prior to C	Crash	L 21	Da	maged A	rea Code:	(Circle	: Up to Three)	
	Vehicle Travel Direction: NSWW	Responding to Emergency?	2 Even	t Sequence 1 22	2 22	22 22	2	$\overline{\Lambda}$	<u>(3</u>	\ <sup>4</sup>	0 None	
	Citation # (If Issued)		Most	Hannful Event	L <sup>23</sup>		1	<b>-</b>	9	5 1	0 Undercarriage 1 Totaled	
	Viol. 1: Ch/Sec/Sub/ Vio	ol. 2: Ch/Sec/Sub ————	/ Drive	er Contributing Code	· 19	24 2	4	-V	$\sum$	) 9	77 Other 99 Unknown	
	Viol. 3: Ch/Sec/Sub/ Vio	ol. 4: Ch/Sec/Sub	/ Unde	mide/Override	25	Towed 2			7	6 2	. Juniowii	
	Please fill out for operator/non-n	•		Pon//	26 Seat	27 28 Safety Airba	g 29 Airbag	30 3 Eject Tr	ap Injury	33 Transp.		
	Name (Last First Middle)  Operator/Non-Motorist	Address See Abo		DOB/Age		System Statu		Code Co		Code 1	Medical Facility	
	oposition motorist	See Aug						-	-	_		



## Crash Narrative:

On 03/07/19, I responded to a two vehicle crash at the intersection of Lake St/South St/Radcliff Rd. Vehicle 1 operator reported traveling on South St towards Tewksbury town line when Vehicle 2 pulled out in front of him without stopping at the stop sign and he could not stop in time. Veh 2 operator reported he did not see veh 1 when he pulled out. He reported there was a nearby snow bank that might have obstructed view. He also believed Vehicle 1 was traveling to fast for area. He did state that he did pull out in front of Veh 1. Snow bank present but does not appear high enough to cause obstruction. Veh 1 operator and passenger was wearing seatbelt. Veh 1 operator transported to Lahey Clinic for minor injuries. Veh 2 opeator was wearing seatbelt and was not injured. Veh 1 suffered front end damage. Veh 2 suffered passenger side damage. Cains Towing towed both vehicles.

Name (Last,First,Middle) Adda	ress		Phone #	Statement
Property Damage:			n <sub>e</sub>	
Owner (Last, First, Middle) Address	Phone #	34-Type Des	scription of Damaged Property	
Carrier Name	City Issuing State	ICC #: Trailer L	St ZipInterstate	36

Patrol Officer Daniel P Furbush

Wilmington Police Department

03/07/2019

Police Officer Name (Please Print)

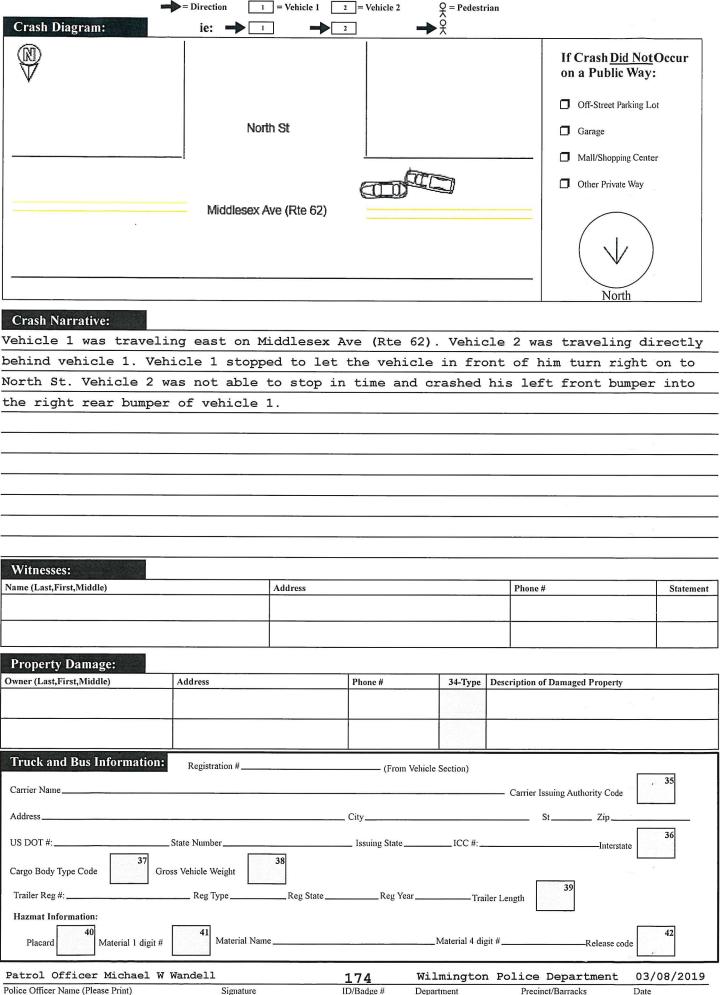
Department

## Wilmington Police Department Images Associated with 19-89-AC



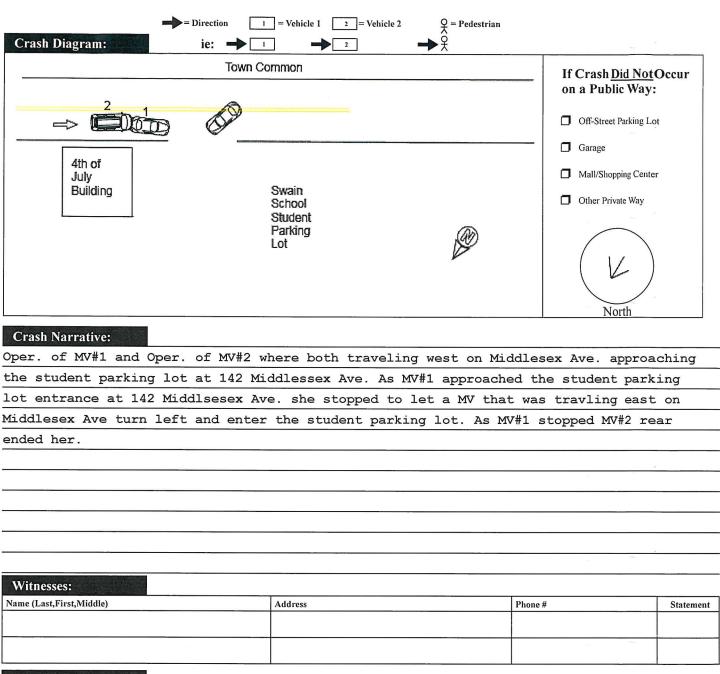


		Com	monwealth	of Massacl	husetts	8				
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number	3	Speed Limit	25	State Police D	
	03/08/2019 0815 Wil	mington	Police	Report	Vehicles 2	Injured	Lat Lon		Local Police MBTA Police Dither:	
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						110111	**********			2 9
1				62 E	397	MIDD	LESEX			
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of	Roadway/S	treet	2 10
	-			Feet N S	S E W of			or		
	Route# Direction Nat	me of Intersecting Road	way/Street			Mile Ma			Exit Number	
		Also at Intersection	vith	10 Feet N S		Route#	NORTI Inters	I ST ecting Road	way/Street	
<sup>2</sup> 1	Route# Direction Na	ne of Intersecting Road	way/Street	Feet N S	S E W of				•	2 11
			<u> </u>	<u> </u>			La	ındmark		
3	Please Select One of the Following:	_#Occupants	/Run   Moped		1	9-9	OA-O			
	License # <b>S61502305</b> St <b>M</b>	A DOB/Age	. Reg	#2PC378		Reg Type	PC	Rea St	ate MA	
	19 19	19		Year <b>2010</b>					20	
4	Operator LANG, ADAM M	E	Endorsement	ter LANG, AD					ng.	
<sup>4</sup> 1	Address 8232 AVALON DE		Middle	Last				Middle		<b>1</b> 12
	1			ress <u>8232 AV</u>						
	City WILMINGTON State		•	WILMINGTO			te <b>MA</b> 2	Zip <b>018</b>	37-1170	
	Insurance Company GOVT EMPL		Vehi	cle Action Prior to Cras			amaged Area	Code: (Cir	cle Up to Three)	
5	Vehicle Travel Direction: N S W	Responding to Eme	rgency? 2 Ever	t Sequence 1 22	22 22	22 2	T		0 None	
	Citation # (If Issued)		Mos	t Harmful Event 1	23	1		<b>]</b>   5	10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/Sub/	Viol. 2: Ch/Sec/Sub —	/ Driv	er Contributing Code	1 24	24			97 Other 99 Unknown	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	/ Unde	erride/Override	25 Tow	ed 2 8	•	7 6	,, o	
	-	ator and all occupants ir			26 27 Seat Safety		30 31 Eject Trap	32 33 Injury Trans	n.	13
	Name (Last First Middle)  Operator		Address See Above	DOB/Age Sex	Pos. System	Status Switch	Code Code	Status Code	Medical Facility	<u> </u>
	Operator .				+			10 1		
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<sup>7</sup> 1	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	14 Action 15	Location	16 Condit	ion 17	Hit/F	tun Moped	
		A DOB/Aga	Pag	# 6PZ763		Pag Tung	PC	Don St	MA	
	18 18	19		Year 2016				_	20	
R	Operator HALLIDAY, DIL	E	Indorsement					ven Con	ng.	
³ <b>1</b>	Address 404 ANDOVER ST	First	Middle	er <u>HALLIDAY</u> ess <u>404 AND</u> C	•	First		Middle		
	City WILMINGTON State				-		1/7	. 010	7 1005	
	•	•	•	WILMINGTO		21		,	37-1005	
	Insurance Company SAFETY IN		_	cle Action Prior to Cras		Da	amaged Area	Code: (Cire	ele Up to Three)	
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	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	/Unde	erride/Override	25 Towe	ed <u>2</u> 8				
	Please fill out for operator/nor	n-motorist and all occup	ants involved	DOB/Age Sex	26 27 Seat Safety Pos. System	28 29 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 33 Injury Transp Status Code		
	Operator/Non-Motorist	S	ee Above	DOBING SEX	1	4	0 0	10 1	anearear racinity	
									<u> </u>	



Signature

		Com	monwealth	of Massa	chus	etts						
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cras	h N	lumber ehicles	Number Injured	Speed Lin	nit <u>30</u>	_ State Po	olice 📮	
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	Route# Direction Nat	ne of Intersecting Road		-		<b>-</b>	Mile Ma	ırker		Exit Nu	mber	
		Also at Intersection v	vith	1 =	I S E W	_	Route#	Inte	rsecting Ro	oadway/St	reet	
<sup>2</sup> 1	Route# Direction Nar	ne of Intersecting Roads	way/Street	Feet N	SEW	of			•	·		2 11
									Landmark			
3	Please Select One of the Following:	_#Occupants Hit	/Run <sub>,</sub> Moped			1	9-9	1-A	C		-	
	License # <b>S73808662</b> St <b>M</b>	A DOB/Age	. Re	g# <u>7KS940</u>			Pag Type	PC	Par	r Stata M	Δ	
	18 18	19		h Year <u>2008</u>							20	
		E	indorsement						ven C	Config. [4		
<sup>4</sup> 1	Operator AHERN, JESSIC	First	Middle	vner AHERN,	st		First		Midd	lle		1 12
	Address 49 ASHWOOD AVE			dress 49 ASH		AVI						
	City WILMINGTON State	MA Zip 0188	7-4403 Cit	y <b>WILMINGT</b>	ON			te MA	. Zip <b>01</b>	887-	4403	
	Insurance Company LM GENERA	L	Ve	hicle Action Prior to C	rash	2	21 D	amaged Ar	ea Code: (	Circle Up	to Three)	
⁵ <b>2</b>	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Ev	ent Sequence 1 2:	2 22	22	22 2	$\overline{}$	in	4 ) 0.No	me	
	Citation # (If Issued)		Мо	ost Harmful Event	1 <sup>23</sup>		1	← 🗎	9	(5) 10 Ui	idercarriage taled	
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<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub/	Viol. 4: Ch/Sec/Sub —		derride/Override	25	Towe	d_28		7	6 37 01	IKHOWII	
	Please fill out for opera	ntor and all occupants in	volved		26 Seat	27 Safety	28 29 Airbag Airbag	30 3 Eject Tra	p Injury T	33 ransp.		13
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Switch	Code Co		Code Me	dienl Facility	1
	Operator	S	ee Above			1	4	0 0	10 1	-		
				1	1 3	1	4	0 0	10 1			
<sup>7</sup> 1	Please Select One Vivin 1		Γ	14	15	┸	16	1	7 .		_	
-	of the Following: Vehicle 2.1	_#Occupants Non	-Motorist A Type	Action	Locati	on	Condit	ion	H	it/Run	Moped	
	License # <b>S15732242</b> St <b>M</b>	A DOB/Age.	Re	g# 276NVA			Reg Type	PC	Reg	State <b>M</b>	A	
	Sex M Lic. Class D 18 Lic. F			1 Year <u>2009</u>	Veh M	lake <b>G</b>	MC		Veh C	Config. 1	_ 20	
<sup>3</sup> 1	Operator		ndorsement Ow	vner HARTZEI	L, W	ILI	IAM F	I				
_	Address		Middle Ad	dress <b>14 PIL</b> I	LING	RD	First		Midd	lle		
	City State	Zip.	Cit	v WILMINGT	ON		Sta	te <b>MA</b>	Zip <b>01</b>	887-	0000	
	Insurance Company PROGRESSI	-		nicle Action Prior to C		1	21	amaged Ar				
	Vehicle Travel Direction: NSE	Responding to Emer	_	ent Sequence 1 22		22	22 2	ged 7 ii	3	4	to rince)	
		Responding to Enter	•	· <del>-</del> -	23		_ (	. 1	L/) `	) <b>@</b> Vc	ne idercarriage	
	Citation # (If Issued)	<del></del>		st Harmful Event		24	24	┡╽		5 11 To 97 Ot	taled	
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		Viol. 4: Ch/Sec/Sub —		derride/Override	25	Towe		T T				
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occup	ants involved  Address	DOB/Age	Sex Pos.	27 Safety System	28 29 Airbag Airbag Status Switch	30 31 Eject Tra Code Cox	p Injury Ti	33 iransp. Code Me	dical Facility	
	Operator/Non-Motorist	S	ee Above			1	4	0 0	10 1			
									+			
			. 163							-		
						<u> </u>						



**Property Damage:** Owner (Last,First,Middle) Address Phone # 34-Type | Description of Damaged Property Truck and Bus Information: Registration #\_\_\_\_\_ (From Vehicle Section) Carrier Name\_ Carrier Issuing Authority Code Address\_ \_\_ City\_ US DOT #:\_\_\_ \_State Number\_ \_\_\_\_ Issuing State\_\_\_\_\_ ICC #:\_\_\_ 38 Cargo Body Type Code Gross Vehicle Weight \_\_\_Reg State \_\_\_\_\_Reg Year \_\_\_\_ Trailer Reg #: \_ Reg Type\_\_\_ —Trailer Length Hazmat Information: \_\_\_\_\_Material 4 digit #\_\_ Material Name\_ Placard Material 1 digit #

Patrol Officer Daniel C Cadigan

178 ID/Badge # Wilmington Police Department

03/08/2019

		Com	monwealtl	of Massa	achus	etts					e	
	Date of Crash Time of Crash	City/Town	Motor Vo	hicle Cra	sh [	Number Vehicles	Number Injured	Speed Limi	t <u>30</u>	State I	Police D Police D A Police D	
	03/08/2019 1454 Wilr	mington	Police	e Report	2		0	Lat Lon		MBTA Other:	A Police	
	AT INTERSECT	ION:			>		NOT A	r inter	RSECT			
												2 9
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				Feet	NSEV	v of	Mile Ma		- or	Fyit N	Number	
	Route# Direction Nam	ne of Intersecting Roady Also at Intersection v		East	NSEV	vl -c	IVIIIC IVI	ii KCi		Dan 1	·	
2 _		Also at finersection v	vitti		NSEV		Route#	Inters	secting Re	oadway/S	Street	_ 11
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3	Please Select One	#0 <b>-</b>					<u> </u>		andmark		*************	-
	of the Following: Vehicle 1.1	_#Occupants  Hit	Run Mope	d		Т.	9-9	2-A(	ز_			
	License # <b>S46397616</b> St <b>M</b>	A_ DOB/Age.	R	eg # <b>4AE223</b>			Reg Typ	PC_	Re	g State 1		
	Sex <b>F</b> Lic. Class D 18 Lic. F		DL V	eh Year <u>2010</u>	Veh 1	Make <b>F</b>	ORD		Veh (	Config.	1 20	
<sup>4</sup> 1	Operator LANDRY, BARBA	RA J		wner <u>LANDRY</u>	, BAI	RBAR	AJ					12
<u> </u>	Address 158 PIKE ST	First		ddress <u>158</u> P	Lasi IKE S	T	First		Mide	Jle		<u></u>
	City <b>TEWKSBURY</b> State	MA Zip 0187	<b>6-2546</b> C	ty <b>TEWKSBU</b>	RY		Sta	te <b>MA</b>	Zip <b>01</b>	876-	-2546	
	Insurance Company GEICO GEN			chicle Action Prior to		2	21	amaged Are				
5	Vehicle Travel Direction: SEW		_	r	22 22	22	22 2		3	4		
	Citation # (If Issued)	-	•	ost Harmful Event	1 23						None Undercarriage Totaled	
	Viol. 1: Ch/Sec/Sub/			river Contributing Co		24	24		Ä	97.0	Other	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			nderride/Override	25	Towe	8		7	6 99 L	Jnknown	
т		Viol. 4: Ch/Sec/Sub — ator and all occupants in		idemde/Ovemde	26	27	28 29	30 31	32	33		
	Name (Last First Middle)	T Company in	Address	DOB/Age	Sex Pos		Airbag Airbag Status Switch	Eject Trup Code Code	Injury T	Fransp. Code N	Medical Facility	1 13
	Operator	S	ee Above			- 1	4	0 0	10	r -	-	
									1	-		
<sup>7</sup> 1					10		16		1 1			i
Τ	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	14 Action	Local	tion	16 Condi	tion 17	Н 🗖 н	lit/Run	Moped	
	License # <b>S96188698</b> St <b>M</b>	A DOB/Ago	R	ед# 9ЈН428			Reg Type	PC	Reį	g State <b>N</b>	1A	
	Sex M Lic. Class D Lic. R	Restrictions 19 C	DL Ve	eh Year <b>2015</b>	Veh N	Make <b>M</b>	ITSUB	ISHI	Veh (	Config.	<b>1</b> 20	
<sup>8</sup> 1	Operator WEAVER, SAMUE		ndorsement O	wner <b>WEAVER</b>	. CHI	RIST	OPHER	T			<u> </u>	
<u>.</u>	Address 75 CASTLEWOOD	Pirst  DR	Middle	idress 75 CAS	Last		First		Mide	ile		
	City BILLERICA State	MA Zip 01821	L <b>-3233</b> C	ty_BILLERI	CA		Sta	te <b>MA</b>	Zio <b>01</b>	821-	-3233	
	Insurance Company NORFLK DE	·		chicle Action Prior to		1	21	amaged Are	•			
	Vehicle Travel Direction: SEW	Responding to Emer		<del></del>	22 22	22	22 2		3	4 _		
	Citation # (If Issued)	g to 2		ost Harmful Event	1 23						None Undercarriage	
	, , ,			iver Contributing Co		<sup>24</sup> 5	24				Fotaled Other	
				•	25				7	6 99 L	Jnknown	
	Viol. 3: Ch/Sec/Sub/ \ Please fill out for operator/nor	Viol. 4: Ch/Sec/Sub		nderride/Override	26	Towe	28 29	30 31	32	33	·	
	Please IIII out for operator/nor Name (Last First Middle)		Address	DOB/Age	Sex Pos	l Safety	Airbag Airbag Status Switch	Eject Trap	Injury T	Fransp.	Medical Facility	
	Operator/Non-Motorist	S	ee Above			- 1	4	0 0	10 1	L		
			V- 100-00-00-00-00-00-00-00-00-00-00-00-00-									
									1			
	40					-			-	+		
						l				1		

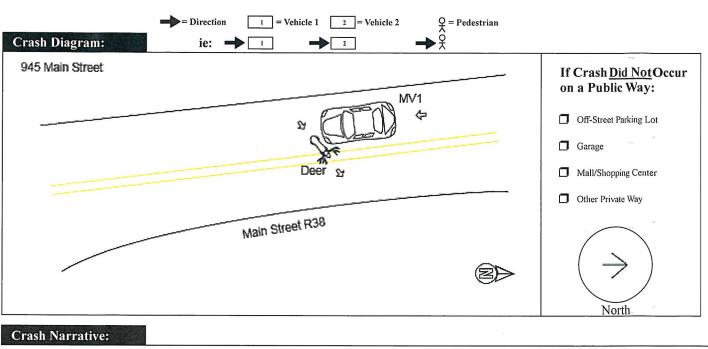
Crash Diagram: ie: -	1 2	<b>→</b> Ŷ		
turning vehicle			If Crash <u>Did Not</u> on a Public Way  Grash Garage	:
V1	V2	************	☐ Mall/Shopping Center	er
Salem Street	199 Salem Street	_	Other Private Way	
		·	North	
Crash Narrative:	7 TO THE PROPERTY OF THE PROPE		1 Noith	
V1 (Landry) and V2 (Weaver) wer	re traveling North/Wes	t on Sale	m Street near Valyn I	ane.
V1 slowed/stopped for vehicle t				
injuries observed or reported.				
and hood of V2. V2. opr stated				to
crash. Inattention and followin	ng too closely probabl	e factor	in crash.	
			.,	
Witnesses:				
Name (Last,First,Middle)	Address		Phone #	Statement
Property Damage:	- In			
Owner (Last,First,Middle) Address	Phone #	34-Type	Description of Damaged Property	
		l l		
Truck and Bus Information: Registration #_	(From W	shicle Section)		
Truck and Bus Information: Registration #_	(110m) VC		Carrier Issuing Authority Code	35
Carrier Name	(TOM V		— Carrier Issuing Authority Code	35
Carrier Name	City		St Zip	35
Carrier Name Address State Number State Number	City		<u> </u>	
Carrier Name State Number State Number Cargo Body Type Code Gross Vehicle Weight	City Issuing State	ICC #:	St ZipInterstate	
Carrier Name	City Issuing State	ICC #:	St ZipInterstate	
Carrier Name	City Issuing State	ICC #: Trai	StInterstate	

Department

			Com	monw	ealth o	of Massa	ach	use	tts						. <del>.</del>	
	l I	of Crash	City/Town	Moto	or Veh	icle Cra	sh		nber icles	Number Injured	Speed	Limit_	35	State	Police Police A Police	
	03/09/2019 134	24HR W111	mington	P	olice l	Report		2	icics	0	Lat Lon			MBTA	A Police	
	AT	INTERSECT	ION:	<	LOCA	TION :	>			NOT A	INT	ERS	ECT	ION:		
																2 9
1 _	Route# Direction		Name of Roadway/S	treet		Route# Direct	tion	280 Addres		LOWE			loadway	/Street		
`1 			At								71417			7011001	<del></del>	2 10
						Feet	N S	E W	of ·	— — – Mile Ma	•		or	Exit N	Number	
	Route# Direction	Nar	ne of Intersecting Road  Also at Intersection			Feet	N S	E W	nf						-	
<sup>2</sup> 1	-					-		E W		Route#	I	ntersec	ting Ro	adway/S	Street	11
	Route# Direction	Nan	ne of Intersecting Road	way/Street				``	•			Lan	dmark			2
3	Please Select One	XI Vehicle 11	_#Occupants	-/P.un	Moped				1	9-9	3 – 7					
	of the Following:			/Kuii Ļ												
	License # <u>\$7027</u>	10 10	A DOB/Age			5084XV							_		<b>1/A</b> 20	
	Sex <b>F</b> Lic. Class	Lic. F	Restrictions	CDL Endorsement	Veh Y	<sub>'еаг</sub> <u>2012</u>		Veh Mal	(e <b>T</b>	OYOTA			_ Veh C	onfig.	1	
<sup>4</sup> 1	Operator <b>VONKA</b>		First	Middle	Owne	er <b>VONKAH</b>	LE ,	_AM	IY_	First			Middle	e		<b>1</b> 12
	Address 18 RAN					ess 18 RAN	IDO:	LPH	DF	₹						
	City <b>TEWKSBU</b>	State	MA Zip 0187	6-1962	_ City_	TEWKSBU	RY_			<del></del>	te <b>MA</b>	Zi	p. <b>01</b> 8	376-	-1962	
	Insurance Company C	OMMERCE	INSURANCE		Vehic	le Action Prior to	Crash	2	2	<b>21</b> D	amaged	Area (	Code: (C	Circle U	p to Three)	
5	Vehicle Travel Direction	n: NSE	Responding to Eme	rgency? 2	_ Event	Sequence 1	22	22 2	22	22 2		3	7	4 1 0 N	None	
	Citation # (If Issued)				Most	Harmful Event	1	23		1	←	9	´  (	ı	Undercarriage Fotaled	
_	Viol. 1: Ch/Sec/Sub	/	Viol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de	1 2	4	24		<u> </u>			Other Unknown	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub —		Viol. 4: Ch/Sec/Sub -		Under	ride/Override		25	Towe	8		7		6		
	Ple	ase fill out for opera	tor and all occupants in	nvolved Address		DOB/Age	Sex			28 29 Airbag Airbag Status Switch	30 Eject Code		Injury Tra	33 ansp. ode 1	Medical Facility	<b>1</b> 13
	Oper	ator		See Above						4			10 1		victical Facility	
											$\vdash$		$\dashv$	$\dashv$		
													_	-		
								-	_					_		
7							<u> </u>								-	1
1	Please Select One of the Following:	Vehicle 2 <u>1</u> .	_#Occupants  No	n-Motorist A	Type	Action	15 L	ocation		Condit	ion	17	Hi:	t/Run	Moped Moped	
	License # <b>S1958</b>	4832 St M	A_ DOB/Age		Reg#	63HY68				Reg Type	PC		Reg	State 1	MA	
	Sex M Lic. Class	18 18 Lic. F		CDL	_ Veh Y	ear <u>2006</u>	/	√eh Mak	е_ <b>Н</b> (				. Veh C	onfig.	1 20	
3 1	Operator THOUC	H, TOM		Endorsement	_ Owne	THOUCH	<i>,</i> 1	'OM								
<u> </u>	Address 8 BELL	EVUE ST	First	Middle	_ Addre	ss 8 BELL	.ast .EVI	UE S	ST	First			Middle	e		
	City CHELMSFORD State MA Zip 01824-160				04 City CHELMSFORD State MA Zip 01824-16									-1604		
	Insurance Company <b>G</b>	EICO GEN	ERAL INS		_ Vehicl	le Action Prior to	Crash	1		21 D	amaged	Area C	Code: (C	ircle U	p to Three)	
	Vehicle Travel Direction	1: N S E	Responding to Eme	rgency? 2	_ Event	Sequence 1	22	22 2	22	22 2		3	$\overline{\lambda}$	4	. T	
	Citation # (If Issued)				Most	Harmful Event	1	23	············			191	<b>/</b>	, 10 t	None Undercarriage Fotaled	
	Viol. 1: Ch/Sec/Sub		viol. 2: Ch/Sec/Sub -		Driver	Contributing Cod	de	19 <sup>2</sup>	4	24			للا	97 (	Other	
	Viol. 3: Ch/Sec/Sub —	/	viol. 4: Ch/Sec/Sub -		Underride/Override 25 Towed 2 8 7 6 99 Unknov							Unknown 	:			
		out for operator/nor	n-motorist and all occup		1					28 29 Airbag Airbag	30 Eject	31 Trap	Injury Tra	33 Insp.		l
	Name (Last First Middle) Operator/No	n-Motorist		Address See Above		DOB/Age	Sex	Pos. S		Status Switch			Status C		Medical Facility	
	Sperator/10									-			+	_		
									_						-	
														_		

Crash Diagram:	ie:	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian  O  X		
					If Crash Don a Publi	
	to the second	(1)20) 4=	**************************************		Garage	
	pro-				☐ Mall/Shop	ping Center
	Lowell st./Rte	e.129			Other Priva	ate Way
	Burger Kir	ng		(E)	No	vrth
Crash Narrative:		***************************************				Name of the second seco
Oper.#1 related she						
of her.As she was do $r^{\#1}$ .	oing so m/V#2	came irom	benind and	crasned :	into the rear e	nd of her m/
Oper.#2 related he v	was on his way	y to Burge:	r King for	lunch. Wh	le he was doin	g so he for
some reason crashed	into the rear	r end of m	/v#1.			
						*
					<u></u>	
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Proper	<b></b>
O Mici (Dasi, Misi, Middle)	Address		Thone #	эттурс БС	scription of Damaged 1 Toper	.,
Truck and Bus Information	Registration #		(From Vehi	cle Section)		
Carrier Name					- Carrier Issuing Authority Co	35 de
Address			_ City		St Zip_	
US DOT #:	State Number		Issuing State	ICC #:	Inter	state 36
	Gross Vehicle Weight	38			39	
	Reg Type	Reg State	Reg Year	Trailer	Length	****
Hazmat Information:  40 Placard Material 1 digit	# 41 Material Na	une		Material 4 digit #	Release	code 42
Patrol Officer Paul Police Officer Name (Please Print)				19-70	Police Department	
once Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks	Date

		Com	monwealth	of Massacl	iusetts					
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crash	Number Vehicles	Trainead	Speed Limit	30	State Police Local Police MBTA Police	
	03/09/2019 1852 Wil	mington	Police	Report	1	0	Lat Lon		MBTA Police Other:	
	AT INTERSECT	TION:	< LOC	ATION >		NOT AT	INTER	SECT		
						.,				2 1
1 .	Route# Direction	Name of Roadway/	Street	Route# Direction	945 Address #	MAIN		Roadway	/Straet	
4		At		Touter Breefiel	7tddiess #		Name of	Roadway	/Bucct	2 10
				Feet N S	E W of	Mile Ma		or	Exit Number	
	Route# Direction Na	Also at Intersection		Feet N S	IEW -c	IVINE IVIA	INCI		LAR TAIMOO	
7	_	Also at intersection	With			Route#	Inters	ecting Roa	adway/Street	11]
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Road	dway/Street	Feet NS	E W of					1 ''
3	Please Select One	, In	I,					ndmark		
	of the Following:	#Occupants Hi	t/Run Moped			9-94	4-AC	; 		
		AA DOB/Age _	Re	g# <b>5LY186</b>		Reg Type	PC	Reg	State MA	
	Sex <b>F</b> Lic. Class D 18 18 Lic.		CDL Ve	Year <b>2017</b>	Veh Make N	ISSAN	•	Veh Co	onfig. <b>1</b> 20	
<sup>4</sup> 1	Operator POWER, KACIE		Endorsement  Middle Ov	vner POWER, K	ACIE M					12
<u> </u>	Address 1011 MAIN ST	APT 18	Middle	dress <b>1011 MA</b> I		First	18	Middle	2	1
	City WOBURN Sta	te <b>MA</b> Zip <b>0180</b>		y <b>WOBURN</b>				Zip <b>01</b> 8	301-0000	
	Insurance Company LIBERTY N			nicle Action Prior to Cras	h 1	21			ircle Up to Three)	
5 2	Vehicle Travel Direction: N K E W			ent Sequence 6 22	22 22	22 2	3	3	4	
	Citation # (If Issued)		•	est Harmful Event 5	23		, N	/	0 None 10 Undercarriage	
				ver Contributing Code	1 24	24	<b>إر ا</b>	<b>┤</b> │	11 Totaled 97 Other	
· 1					25 Tower			,	6 99 Unknown	
т	Viol. 3: Ch/Sec/Sub/	Viol. 4: Ch/Sec/Sub -		derride/Override	26 27	28 29	30 31	32 3	13	
	Name (Last First Middle)	rator and an occupants	Address	DOB/Age Sex	Seat Safety	Airbag Airbag	Eject Trap	Injury Tra		5 <sup>13</sup>
	Operator		See Above		1	4	0 0	10 1		
										!
7_								<b>↓</b>		<u>,</u>
1	Please Select One of the Following:	#Occupants \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	on-Motorist A Type	14 Action 15	Location	Condit	ion 17	Hit	/Run Moped	
	License #St	DOB/Age	Re	3#		Reg Type		Reg	State	
	18 18	19		Year				_	20	
3_	Operator		Endorsement	ner	von Make			1011 00	Jillig.	
1	Last Address	First	Middle	Last dress		First		Middle		
	CitySta	te Zin		у		Star	te 2	rin.		
	Insurance Company			nicle Action Prior to Cras		21		-	ircle Up to Three)	
	Vehicle Travel Direction: NSEW			22	22 22	22 2	anaged Area	Code. (C	4	
		Responding to Eme	•	ant Sequence	23		$\mathcal{M}$	$A \cap$	0 None _ 10 Undercarriage	
	Citation # (If Issued)	<del></del>		st Harmful Event	24	24	<b>۴</b>   کار	$\{ \mid \mid \mid$	5 11 Totaled 97 Other	
	Viol. 1: Ch/Sec/Sub/			ver Contributing Code	25		<u>V</u>	رلا	6 99 Unknown	
	Viol. 3: Ch/Sec/Sub/			derride/Override	10//66		1 70 T	1 22 1		
	Please fill out for operator/no	on-motorist and all occu	pants involved  Address	DOB/Age Sex	26 27 Seat Safety Pos. System	28 29 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 3 Injury Tra Status Co		
	Operator/Non-Motorist		See Above							
								$\vdash$		
								$\vdash$		
								<u> </u>	-	
										1



						North	4
Crash Narrative:							
MV1 was traveling	south on Main	Street. A	As MV1 was	approachi	ng the	area of 945 Ma	in
Street a deer ran	straight acros	s the road	d. MV1 str	ıck the d	eer cau	sing damage to	the
front drivers side	. No injuries	to the or	perator of 1	MV1. Ope	rator w	as able to dri	ve the
vehicle home. Ano	ther Officer a	nd I seard	ched the are	ea for th	e deer	but we were un	able
to locate it.							
		-					
							FI.
Witnesses:							•
Name (Last,First,Middle)		Address			Phone #		Statement
						-	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Informati	on: Registration #		(From Ve	hicle Section)			
Carrier Name					— Carrier Is	suing Authority Code	35
Address			City		\$	t Zip	36
US DOT #:	State Number		Issuing State	ICC #:		Interstate	30
Cargo Body Type Code	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trai	ler Length	39	
Hazmat Information:							
Placard 40 Material I di	git # 41 Material Na	ame		Material 4 dig	it #	Release code	42

Patrol Officer Daryl J Ceruolo

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Department

Wilmington Police Department

03/09/2019