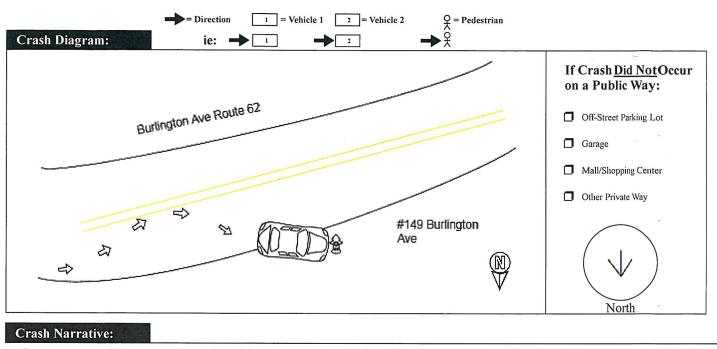
			nonw	onwealth of Massachusetts													
	Date of Crash 03/10/2019	Time of Crash	City/To Vilming				icle Cra	ish		mber nicles	Numbe Injured	Spee Lat.	d Limi	t_2	5 S	tate Police Cocal Police MBTA Police	]
		24HR			<u> </u>		Report		1		0	Lon.			N	MBTA Police [ https://www.mbt.net.	
		AT INTERSI	ECTION:		<	LOCA	TION	>			NOT A	T IN	TER	SEC	TIO	N:	9
									149	)	BUR	LIN	GTC	N A	AVE		2
¹ <b>1</b>	Route# Direc	etion	Name	of Roadway/Str At	reet		Route# Direc	ction	Addre	ss#			ame of				2 10
				А			Feet	N S	E W	of -			•	or .			_
	Route# Direc	etion		rsecting Roadw				lvi el	r lw		Mile N	/larker		<del></del>	Е	xit Number	-
<sup>2</sup> <b>4</b>	-		Also a	t Intersection w	nth			N S			Route#		Inters	ecting	Roadv	vay/Street	
4	Route# Direc	etion	Name of Inte	rsecting Roadw	vay/Street		reet	14 3	E W	oi -			Ι.	andmar	1.		_[1 '']
3	Please Select C		1 <b>1</b> #Occup	ants Hit/	Run Tr	Moped				1	9-9	<u> </u>			K		
	of the Followin	'8·			<b>'</b>												4
		18 18	St MA DO	19	-		8AN186									20	-
		LTON, BRI		En	DL ndorsement		COT TOX							Vel	1 Conf	ig [1]	
<sup>4</sup> 1	į.	Last FOREST S'	First		Middle		er COLTON ess 43 FOI	Last			First			N	liddle		<b>5</b> 12
	1	NGTON		z:. 01887	-2824		WILMING					M	<b>7</b>	O	100	7-2024	-
	I	any COMMERC				•	le Action Prior to		Г		21					8 <b>7–2824</b> le <sup>-</sup> Up to Three)	
<sup>5</sup> 2	1	rirection: NS I		nding to Emerg			Sequence 27	.,			<u> </u>	Damage	ed Area	Code:	(Circi	ie Op to I nree)	
		ned)			,		-				(			A		0 None 10 Undercarria	ge
	Viol. 1: Ch/Sec/S	Sub/	— Viol. 2: C	h/Sec/Sub			r Contributing Co	<u> </u>		7	24	_	ľί	$\sqrt{}$	)	11 Totaled 97 Other	
<sup>6</sup> 3	1	Sub/					ride/Override		2=1	LLL Towed	<u>_</u> _8		7	7	6	99 Unknown	
		Please fill out for							26 Seat	27 Safety	28 29 Airbag Airb		31 Trap	32 Injury	33 Transp.		30 <sup>13</sup>
	Name (Last First Mi	Operator			Address ee Above		DOB/Age	Sex	Pos.	System	Status Swit	ch Code	Code	Status 10	Code 1	Medical Facility	30
		operato.			- Above						*	+-	+	-0	_		-
								-				-	-	<u> </u>	-		_
												-		ļ			4
7_							<u> </u>							<u> </u>			4
<b>1</b>	Please Select O of the Followin		#Occupa	ants Non-	Motorist A	Туре	Action	15 L	ocation		Conc	lition	17		Hit/Ri	un 🔲 Mopeo	ī
	License #		St DOI	3/Age		Reg#					_ Reg Ty	oe		R	eg Sta	te	-
	Sex Lic. C	Class 18 18	Lic. Restriction	s 19 CL	DL	Veh Y	ear	V	eh Mak	ке				Veh	Confi	ig. <b>20</b>	
³ <b>1</b>	Operator	Last	First	Ell	Middle	_ Owne	r	Last			First				iddle		-
	Address					Addre	SS			-	1 11 11				idale .	***	-
	City		_ State 2	Zip		. City_					S	ate	Z	Zip			-
	Insurance Compa	iny				Vehicl	e Action Prior to		L			Damage	d Area	Code:	(Circl	e Up to Three)	
		rection: NSE		nding to Emerg	ency?	_ Event	Sequence		Ц	22	22 2		ΛÌ	7	<b>\</b>	0 None	
	i i	ed)					Hannful Event	L	23	4	24	←	9		13	10 Undercarria 11 Totaled	ge
		ub/					Contributing Co		25				<u> </u>	<u></u>	ر و	97 Other 99 Unknown	
		ub // use fill out for operat					ride/Override			Cowed	28 29	30	31	32	33	T	_
	Name (Last First Mic	•	ionnon-motorist	•	Address	•	DOB/Age	Sex	Seat 5	Safety /	Airbag Airba Status Swite	g Eject	Trap Code	Injusy Status	Transp. Code	Medical Facility	_
	Орега	tor/Non-Motorist		See	e Above												
										_ [							



MV1 was traveling west on Burlington Ave R62 heading toward Burlington. It was snowing and the roads were extremly slippery. Operator of MV1 started to loose control of his vehicle around one of the curves. MV1 slid off the road and crashed into a fire hydrant in front of #149 Burlington Ave. There was damage to the front end of MV1 and it was stuck on top of the hydrant. A&S Towing and the Wilmington Water Department arrived on scene and removed the vehicle from the hydrant. No injuries, MV1 was towed from the scene by A&S.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
-			
		V <sub>L</sub>	

Phone #

Property Damage:
Owner (Last,First,Middle)

TOWN OF WILMINGTON 121 GLEN RD WILMINGTON MA 01887	3 FIRE HYDRANT
Truck and Bus Information: Registration #	35
Carrier Name	
Address	City St Zip
US DOT #:State Number	Issuing State ICC #:Interstate
Cargo Body Type Code Gross Vehicle Weight 38	39
Trailer Reg #: Reg State Reg State	Reg YearTrailer Length
Hazmat Information:	
Placard Material 1 digit # 41 Material Name	Material 4 digit #Release code

Patrol Officer Daryl J Ceruolo

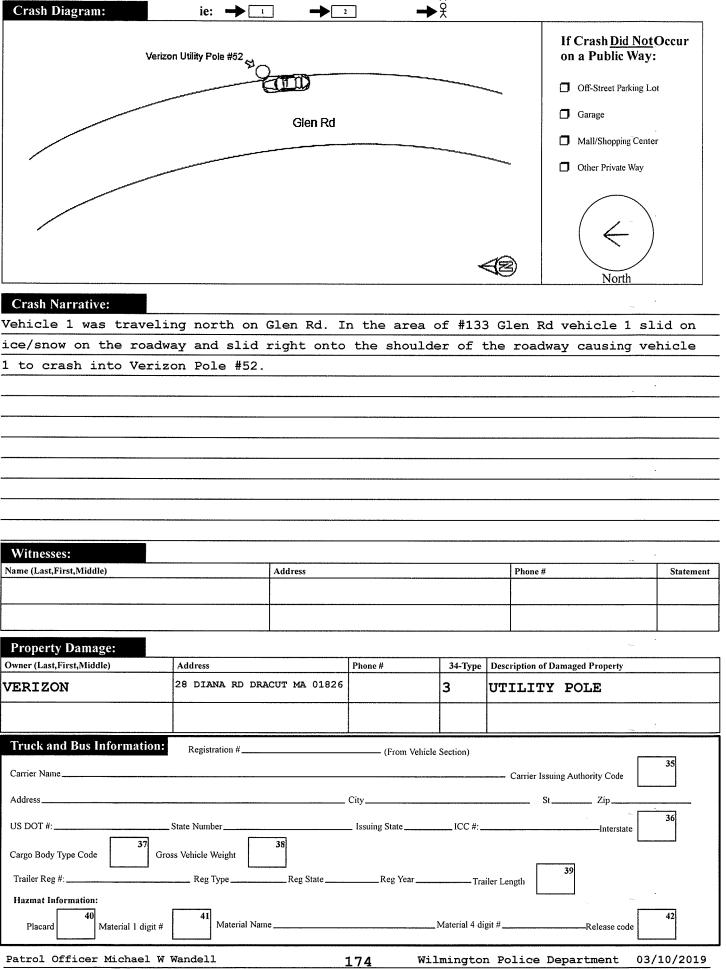
Wilmington Police Department

34-Type | Description of Damaged Property

03/10/2019

Address

		Com	monwealth	of Massach	usetts			
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash		nber Speed Limi	t 25 State F	Police D
	03/10/2019 1236 Wil	mington	Police	Report	1 0	Lat	MBTA Other:	Police Police A Police D
	AT INTERSECT	ION:		ATION >	NO'	T AT INTER		
								2 9
1 _	Route# Direction	Name of Roadway/St	troot	Route# Direction	133 GI	LEN RD	Roadway/Street	
1	Actual Birection	At	ucci	Rotte# Direction	Address #	Name of	Roadway/Sireet	2 <sup>10</sup>
				Feet N S		ile Marker	or	fumber
	Route# Direction Na	me of Intersecting Road  Also at Intersection v		1000 Feet NX			ER RD	uniber
2		Also at intersection v	wan	Feet N S	Route		ecting Roadway/S	Street
<sup>2</sup> <b>4</b>	Route# Direction Na	me of Intersecting Roads	way/Street	reet [N S	E W of			1 ''
<sup>3</sup> 3	Please Select One	#Occupants Hit.			10		andmark	
3	of the Following:	#Occupants   Hit.	/Run			96-A	<i>-</i>	
	License # <b>S65773392</b> St <b>M</b>	DOB/Age.	Reg	# 5RBR20	Rep	g Туре <b>РС</b>	Reg State	
	Sex.M Lic. Class D Lic.		CDL Veh	Year <u>2005</u> v	Veh Make <b>FORI</b>	)	Veh Config.	1 20
<sup>4</sup> 1	Operator WOODS, DAVID	PAUL JR		er <b>WOODS</b> , DA	VID P			
	Address 3 PINERIDGE RI	)		ess 3 PINERII		irst	Middle	5 12
	City WILMINGTON Stat	e <b>MA</b> Zip <b>0188</b>	<b>7-1434</b> City.	WILMINGTON		_ State <b>MA</b>	Zip <b>01887</b> –	1434
	Insurance Company ARBELLA M	UTUAL INS	Vehic	ele Action Prior to Crash	1 21	Damaged Area	a Code: (Circle Up	to Three)
5	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Even	t Sequence 22 22	i	<b>2</b>	4	·
	Citation # (If Issued)			Harmful Event 22	23		T   10 U	lone Indercarriage
	Viol. 1: Ch/Sec/Sub/	Viol 2: Ch/Sec/Sub		L	99 <sup>24</sup> <sup>24</sup>	, 1 <b>₹</b>	-\   11 To	otaled Other
<sup>6</sup> 3	Viol. 3: Ch/Sec/Sub /			rride/Override	25 Towed 2	8	7 6 99 U	Jnknown
		ator and all occupants in		- I	26 27 28	29 30 31	32 33	12
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Airbag Pos. System Status	Airbag Eject Trap Switch Code Code	Injury Transp. Status Code M	fedical Facility 22 <sup>13</sup>
	Operator	S	ee Above		1 4	0 0	10 1	-
<sup>7</sup> 1	Please Select One			14 15	16	17		
	of the Following:	_#Occupants Non	-Motorist A Type	Action	ocation	Condition	Hit/Run	Moped
		DOB/Age	Reg	<i>t</i>	Reg	у Туре	Reg State	
	Sex Lic. Class   18   18   Lic. F		DL Veh '	Year V	eh Make		Veh Config.	20
³1	Operatorlast	First		erlast		rst		<u> </u>
	Address	. 1131		ess	rı	ıxı	Middle	
	City State	e Zip	City_			State 2	Zip	
	Insurance Company		Vehic	le Action Prior to Crash	21	Damaged Area	ı Code: (Circle Up	to Three)
	Vehicle Travel Direction: N S E W	Responding to Emerg	gency?Even	Sequence 22	22 22 22	2 3	4	
	Citation # (If Issued)		Most	Harmful Event	23	1 4 9	-   10 U	one Indercarriage
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	/Drive	r Contributing Code	24 24		11 10	otaled Other
	Viol. 3: Ch/Sec/Sub			rride/Override	25 Towed	8 7	6 99 U	Inknown
	Please fill out for operator/nor				26 27 28	29 30 31 Aidea Fiest T	32 33	
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Sex	Pos. System Status	Airbag Eject Trap Switch Code Code	Injury Transp. Status Code M	fedical Facility
	Operator/Non-Motorist	Se	ee Above					
		1			1 I I	1 1	1 1	1



♀ = Pedestrian

Police Officer Name (Please Print)

Signature

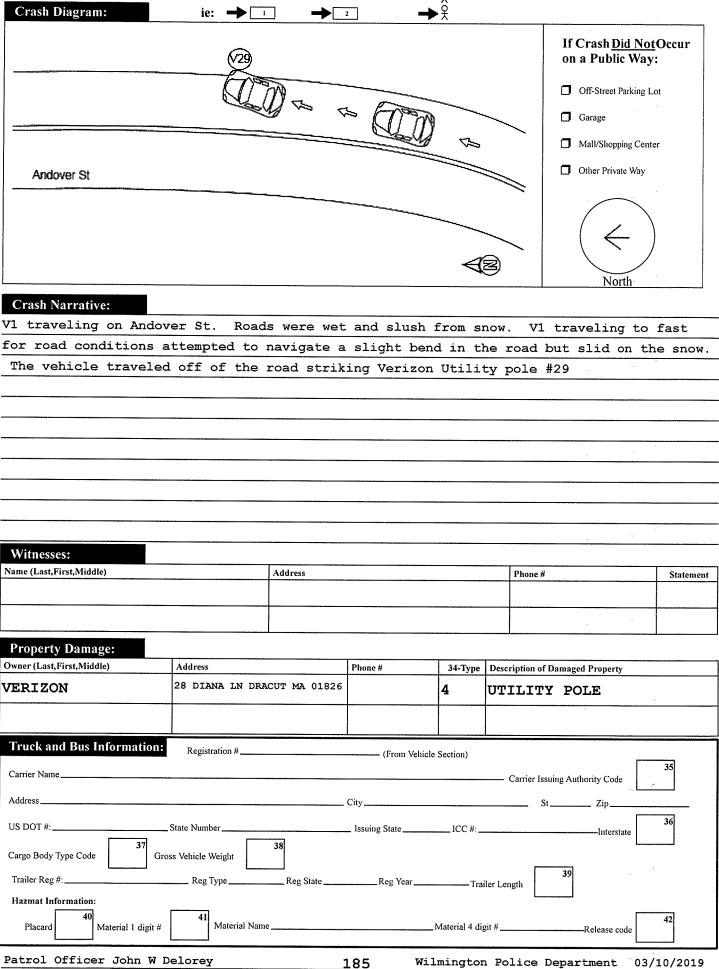
= Direction

1 = Vehicle 1 2 = Vehicle 2

ID/Badge #

Department Precinct/Barracks Date

		Comn	nonwealth	of Mass	achus	etts						
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cra	$sh \begin{bmatrix} N \\ V \end{bmatrix}$		nivered	peed Limi	t30	) Sta	te Police al Police BTA Police	
	03/10/2019 <b>1401</b> Wiln	mington	Police	Report	1	0	L	at on		ME Oth	BTA Police	
	AT INTERSECTI	ION:	< L00	EATION	>	N	TA TC	INTEF	RSEC'	TION	V:	9
				{	10	E ,		777D C				2
1	Route# Direction	Name of Roadway/Str	eet	Route# Direc	tion Add	ress #	MDO	VER S		/ay/Stre	et -	10
	-	At		Feet	NSEW	] <sub>of</sub>			- or			2
	Route# Direction Nam	ne of Intersecting Roadw	ay/Street	_		•	Mile Marl	er	· ·	Exi	it Number	
		Also at Intersection w	th		NSEW	Ro	ute#	Inters	secting F	Roadwa	ny/Street	
4	Route# Direction Nam	ne of Intersecting Roadw	ay/Street	Feet	N S E W	of						1 11
3_	Please Select One Vivin 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		10			andmark	<u> </u>		
3	of the Following: Vehicle 1.1	_#Occupants	Run			Т9	-97	-A(	<i>:</i>			
	10 10	<b>A</b> _ DOB/Age,		g# 3MR753							- 20	
		Restrictions CI	DL Ve dorsement	h Year <u>2017</u>	Veh M	ake <b>SUE</b>	BARU		Veh	Config	1 2	
1	Operator SEARS, ZACHAR	First	Middle	vner SEARS,	Last		First		Mi	iddle		<b>1</b> 12
	Address 58 ASHWOOD AVE			dress <u>58 AS</u>								
	City WILMINGTON State			y <b>WILMING</b>		21					7-4425	
	Insurance Company SAFETY IN			hicle Action Prior to		22 22		naged Are	a Code:	(Circle	Up to Three)	
<b>1</b>	Vehicle Travel Direction: SEW	Responding to Emerg		ent Sequence 40				N	7		0 None 0 Undercarriage	
	Citation # (If Issued)					24	1 4	<b>-</b>  /¦		3 1	1 Totaled 7 Other	
· 3	Viol. 1: Ch/Sec/Sub/ \ Viol. 3: Ch/Sec/Sub/ \			iver Contributing Co derride/Override	ode /	Towed 1	8		7	69	9. Unknown	
<u> </u>		tor and all occupants inv		dernde/Overnde	26	27 28	29	30 31	32	33		12
	Name (Last First Middle)	•	Address	DOB/Age	Sex Pos.	Safety Airh System Stat	as Switch	Eject Trap Code Code	Status	Transp. Code	Medical Facility	<b>22</b> <sup>13</sup>
	Operator	Se	e Above			1 1	-   '	0	10	1		
											17.	
1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	14 Action	15 Location	on 16	Conditio	n 17		Hit/Rui	n Moped	ĺ
		DOB/Age	L Re	g#			en Type		J R	aa State		ĺ
	18 18	19		1 Year						•	20	ĺ
2	Operator	En-	dorsement	/ner	101.111					Comig	"	ĺ
	Last Address	First	Middle	dress	Last		First		Mie	ddle		ĺ
	City State	Zip	Cit	у			State	:	Zip			ĺ
	Insurance Company		Ve	nicle Action Prior to	Crash	21	Dan	naged Area	a Code:	(Circle	Up to Three)	İ
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Ev	ent Sequence	22 22	22 22	2		3	\ <sup>4</sup> (	0-None	İ
	Citation # (If Issued)		Mo	st Hannful Event	23		1	<b>-</b>   ]	<u> </u>	5 19	0 Undercarriage 1 Totaled	
	Viol. 1: Ch/Sec/Sub/ V	/iol. 2: Ch/Sec/Sub	/ Dr	ver Contributing Co	ode	24	24		<u></u>	) 9	7 Other 9 Unknown	
	Viol. 3: Ch/Sec/Sub/ V	/iol. 4: Ch/Sec/Sub	/Un	derride/Override	25	Towed			,	6		
	Please fill out for operator/non Name (Last First Middle)	•	nts involved Address	DOB/Age	Sex Pos.	27 28 Safety Airb System State	ig Airbag	30 31 Eject Trap Code Code	32 Injury Status	33 Transp. Code	Medical Facility	
	Operator/Non-Motorist		e Above								-	
							+++			+		
							++		+			
	l .	1		1	1 1	1 1	1 1	1	1 i	- 1		1



Police Officer Name (Please Print)

Signature

= Direction

1 = Vehicle 1 2 = Vehicle 2

🗣 = Pedestrian

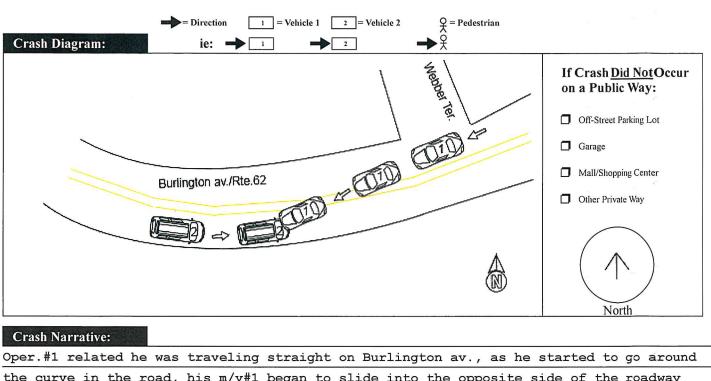
ID/Badge#

Department

Precinct/Barracks

Date

At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with Feet NSEW of Mile Marker  Also at Intersection with Feet NSEW of Route# Inters  Route# Direction Name of Intersecting Roadway/Street	Local Police MBTA Police Other:  RSECTION:  ON AVE f Roadway/Street	<b>2</b> 9
Police Report  24HR Police Report  2   0   Lat.   Lon.   L	Other: RSECTION:  ON AVE f Roadway/Street  or	2
AT INTERSECTION:     Content	RSECTION:  ON AVE f Roadway/Street	2
Route#   Direction   Name of Roadway/Street   Route#   Direction   Address #   Name of Roadway/Street	f Roadway/Street	2
Route#   Direction   Name of Roadway/Street   Route#   Direction   Address #   Name of Roadway/Street	f Roadway/Street	10
At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with Feet NSEW of Mile Marker  Also at Intersection with Feet NSEW of Route# Inters  Route# Direction Name of Intersecting Roadway/Street	- or	101
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Feet NSEW of Route# Intersection  Feet NSEW of Route# Intersection  Route# Direction Name of Intersecting Roadway/Street		2
Also at Intersection with  Feet NSEW of Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with Feet NSEW of Route# Intersection Feet NSEW of Route# Original Roadway/Street	***************************************	
Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Inters		1
Router Direction Name of Intersecting Roadway/Street	secting Roadway/Street	- 11
L	andmark	6
Please Select One of the Following: Wehicle 11 #Occupants   Hit/Run   Moped	2	1
of the Pollowing:		ł
License #_S51932476 St_MA_DOB/Age Reg #_8VZY20 Reg Type_PC  Sex_M_Lic. Class_D  18	20	
Endorsement	Veh Config	
Operator CARUSO, SEAN A  Owner CARUSO, SEAN A  Last First Middle Last First	Middle	<b>1</b> 12
Address 24 COLUMBIA ST  Address 24 COLUMBIA ST	01005 011	
21	Zip <b>01887-2416</b>	
Insurance Company FROGRESTVE DIRECT Vehicle Action Prior to Crash Damaged Area	a Code: (Circle Up to Three)	
Vehicle Travel Direction: NSXW Responding to Emergency? Event Sequence 1 22 22 22	0 None	
Citation # (If Issued) Most Harmful Event 1 23	- 11 Totaled	
Viol. 1: Ch/Sec/Sub/ Viol. 2: Ch/Sec/Sub/ Driver Contributing Code	97 Other 99 Unknown	
Viol. 3: Ch/Sec/Sub/ Viol. 4: Ch/Sec/Sub/ Underride/Override25	,	]
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Please fill out for operator and all occupants involved  Address  DOB/Age  Sex   32 33 Injury Transp. c Status Code Medical Facility	<b>1</b> 13	
Operator See Above	10 1	
	1	1
Please Select One of the Following:  Wehicle 23 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17	Hit/Run Moped	
License # <b>S43934115</b> St <b>MA</b> DOB/Age Reg # <b>4YL730</b> Reg Type <b>PC</b>	Reg State <b>MA</b>	1
Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL Veh Year 2014 Veh Make HONDA	20	
Endorsement Owner NEMODA ANDRIA L		
Last First Middle Last First Address 20 PARK DR Address 20 PARK DR	Middle -	
	zip 01803-1022	
21	a Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 22 22 22 22 27	3 4	
Citation # (If Issued) Most Harmful Event 1 23	0 None 10 Undercarriage	
Viol. 1: Ch/Sec/Sub / Viol. 2: Ch/Sec/Sub / Driver Contributing Code 1 24 24	11 Totaled 97 Other	
	7 6 99 Unknown	
Please fill out for operator/non-motorist and all occupants involved 26 27 28 29 30 31	32 33 J	1
Name (Last First Middle)  Address  DOB/Age  Seat   Safety   Airbag   Eject   Trop   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Code   Code   Normal Clast First Middle   Sex   Pos.   System   Status   Switch   Code   Cod		1
Operator/Non-Motorist See Above1 3 0 0	8 2 Hospital	]
3 1 3 0 0	8 2 Winchester Hospital	
4 4 3 0 0	8 2 Winchester Hospital	
		1



Oper.#1 related he was traveling straight on Burlington av., as he started to go around the curve in the road, his m/v#1 began to slide into the opposite side of the roadway and crashed into m/v#2, that was coming from the opposite direction. \*\*\*(It should be noted that the roadway was wet and there was a flash freeze, which cause the roadway to turn ICY)\*\*\*

Oper.#2 related she was traveling staright on Burlington av., as she started going around the curve, she observed m/v#1 coming across the double yellow line into her travel lane and crash into her m/v#2. She also noted that the roadway was ICY.(PWJ/142)

Name (Last, First, Middle)	1			T5. "	
tunie (Sasti notjivitale)	Add	ress		Phone #	Statemen
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type I	Description of Damaged Property	***
(u					
Truck and Bus Information	Registration #	(From Ve	hicle Section)	2.	35
Carrier Name				— Carrier Issuing Authority Code	
Address		City		St Zip	
	State Number	Issuing State	ICC #:	Interst	ate 36
US DOT #:					
US DOT #:	Gross Vehicle Weight			39	

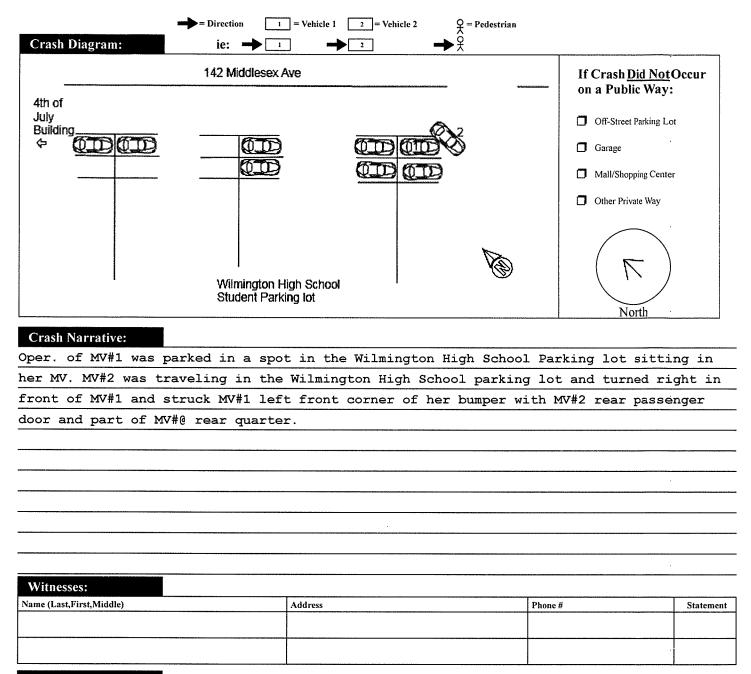
Patrol Officer Paul W Jepson

142

Wilmington Police Department

03/11/2019

		Com	monwealth	of Massac	husetts	<b>s</b>			,	
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crasl	Number Vehicles	l laiurad l	Speed Limit.	15	State Police Local Police	
	03/14/2019 0731 Wil	lmington	Police	Report	2	O	Lat Lon		MBTA Police	
	AT INTERSECT	ΓΙΟΝ:		ATION >		NOT AT				<b></b>
										2 9
					142	MIDD	LESEX			
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of	Roadway/S	Street	2 <sup>10</sup>
		A		Feet N	S E W of					
	Route# Direction N	ame of Intersecting Road	way/Street	-		Mile Ma	ker		Exit Number	
		Also at Intersection v	with	Feet N	S E W of	Route#	Interse	eting Road	lway/Street	
<sup>2</sup> 2	Route# Direction N	ame of Intersecting Road	way/Street	Feet N	S E W of				-··- <b>,</b>	3 11
	reduction Direction	ane of intersecting Road	way/street	<u> </u>			Laı	ndmark		ļ
1	Please Select One of the Following:	#Occupants	/Run Moped		1	9-99	-AC	;		
		MA_DOB/Age		2# <u>8VXB70</u>	<del></del>	D T	P.C	D . C	M7	1
	18 18	19						_	20	
	Se) _ Lic. Class D Lic		Endorsement	1 Year <b>2001</b>					nfig. 🔼	
<b>1</b>	Operator	First	Middle	ner <b>WATSON</b> ,		First		Middle		7 12
	Addres:		Ad	dress 9 MOUNT	PLEAS				<del> </del>	┢─┤
	CitySt	a Z.	Cit	y WAKEFIELD	)		e <b>MA</b> Z	ip <b>018</b>	80-3418	
	Insurance Company COMMERCE	INSURANCE	Vel	nicle Action Prior to Cra	ash 11	<b>21</b> Da	maged Area	Code: (Cir	rcle Up to Three)	
2	Vehicle Travel Direction: N S E	Responding to Eine	rgency? 2 Eve	ent Sequence 1 22	22 22	22 2	3	<del></del> ^	0 None	
	Citation # (If Issued)		Mo	st Harmful Event 1	23	1		/	10 Undercarriage	
	Viol. 1: Ch/Sec/Sub/	Viol 2: Ch/Sec/Sub	/ Dri	ver Contributing Code	1 24	24		<b>\     </b>	11 Totaled 97 Other	
, 1	Viol. 3: Ch/Sec/Sub			derride/Override	25 <sub>Tow</sub>	ad 2 8	7		99 Unknown	
<u> </u>		erator and all occupants in		demae/Override	26 27	28 29	30 31	32 33	. T	
	Name (Last First Middle)		Address	DOB/Age S	Seat Safety ex Pos. System		Eject Trap Code Code	Injury Trans Status Cod		2 13
	Operator	S	See Above		1	4	0 0	10 1		
7			····			<u> </u>				ļ
1	Please Select One of the Following: Vehicle 21	#Occupants No	n-Motorist A Type	14 Action 15	Location	16 Condit	ion 17	Hit/	Run Moped	
		<u> </u>		04 7270	<u> </u>		DC	L	MA	ł
	18 18	MA_ DOB/Age		;# <u>8HJ278</u>		Reg Type			tate MA	
	Ser _ Lic. Class D Lic		Endorsement	Year <u>2008</u>			<u> </u>	_ Veh Cor	nfig. 1	
99	Operatoi Lavi	First	Middle Ow	ner MUNRO , Last	SCOTT (	First		Middle		
	Address _	<del></del>	Ad-	dress 60 ASHW	OOD AV	E				
	City, Sta	ate _Ziı	Cit	WILMINGTO	NN		e <b>MA</b> Z	ip <u>018</u>	87-4425	
	Insurance Company AMICA MU	TUAL INS	Vel	nicle Action Prior to Cra	ash 3	<b>21</b> Da	maged Area	Code: (Cir	rcle Up to Three)	
	Vehicle Travel Direction: NSE	Responding to Emer	rgency? 2 Eve	ent Sequence 2 22	22 22	22 2	3	7 (4	0 None	
	Citation # (If Issued)		Mo	st Harmful Event 2	23	1		/	10 Undercarriage	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	/Dri	ver Contributing Code	12 24	24		$\bigvee$	11 Totaled 97 Other	
	,	Viol. 4: Ch/Sec/Sub —	,	derride/Override	25 <sub>Tow</sub>	8 ~	7	6	99 Unknown	
	Viol. 3: Ch/Sec/Sub/ Please fill out for operator/i			Londer o retiride	26 27	28 29	30 31	32 33		1
	Name (Last First Middle)	motorist and an occup	Address	DOB/Age S	Seat Safety Pos. System	Airbag Airbag	Eject Trap Code Code	Injury Trans Status Cod	sp.	
	Operator/Non-Motorist	s	See Above		1	4	0 0	10 1	4	
									_	1
						+			<u>'</u>	1



**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\_ US DOT #:\_\_\_ \_State Number\_ \_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_ 38 Cargo Body Type Code Gross Vehicle Weight \_\_Reg State \_\_\_\_\_Reg Year \_\_\_\_ Trailer Reg #: \_ Reg Type \_\_ **Hazmat Information:** Material Name Placard Material 1 digit # \_\_\_\_\_ Material 4 digit #\_\_

Patrol Officer Daniel C Cadigan

178

Wilmington Police Department

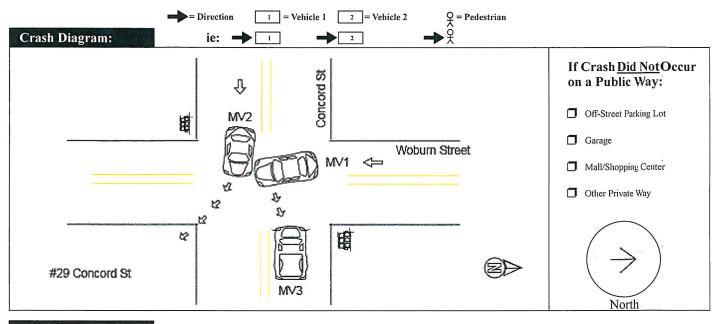
03/14/2019

		Comr	nonwealth (	of Massa	chus	setts						
	1 1	City/Town	<b>Motor Veh</b>	icle Cras	sh [	Number Vehicles	Number Injured		Limit_	35	State Police Local Police	
	03/15/2019 1056 Wilmi	ington	Police 1	Report	2		0	Lat Lon			MBTA Police	ă
	AT INTERSECTIO	N:	< LOCA	TION >	>		NOT A			ECTI	ON:	
	**************************************	'										<b> </b> 2
1	62 E SALEM ST	Name of Roadway/Str		Route# Direct	ion Ad	dress #		Mar	ma of D	.oadway/	/Ctucat	
1	Kotte# Direction	At	eer	Route# Direct	ion Au	dress #		inai	me or K	.cagway/	Street	<b>—</b> 2 10
	93 S I93 SB40			Feet	NSE	w of				or	Exit Number	_ <b> </b> -
		of Intersecting Roadw	<u> </u>		vi ol ple	<del></del>	Mile M	arker			Exit Number	-
2		Also at Intersection w	ith		NSE		Route#		Intersec	ting Roa	idway/Street	-
<sup>2</sup> 2	Route# Direction Name	of Intersecting Roadw	ay/Street	Feet L	NSEV	V of						_3 11
2	N. C.L.									dmark		_
<sup>3</sup> 3	Please Select One of the Following:	Occupants Hit/	Run Moped			19	9-10	0-	-AC	7		
	License # <b>S97279792</b> St <b>MA</b>	_ DOB/Age_	Reg #	8SC943			Reg Typ	e PC		Reg	State <b>MA</b>	
	Sex <b>F</b> Lic. Class D Lic. Res	trictions 1 19 Cl	DL Veh \	/ear <b>2018</b>	Veh :	Make <b>T</b>	OYOTZ	4		_ Veh Co	onfig. 1	
4	Operator BROWN, KRISTIN	E:	ndorsement	BROWN,			C				-	1 12
<sup>4</sup> 2	Last Fi Address <b>43 HOPKINS ST</b>	irst	Middle	ss 43 HOP	ast		First			Middle	:	_
	City WILMINGTON State N	/Δ <sub>7:-</sub> 01887		WILMING			C.	ata MZ	1 7:	. 018	387- <b>4</b> 55	
	Insurance Company STANDARD F		•			<b>-</b>	21					- 1
5	<u></u>			le Action Prior to	22 22	22	22 2	Jamageo	Area (	Lode: (C	ircle Up to Three	<sup>3)</sup>
<sup>5</sup> <b>1</b>		Responding to Emerg		Bequeñec 1		<u> </u>	(		$\prod$		0 None 10 Undercarr	ioga
	Citation # (If Issued)				<u> </u>	24	24	←	判		11 Totaled	lage
6	Viol. 1: Ch/Sec/Sub/ Vio			r Contributing Co		!	,`			كلا	97 Other 99 Unknown	
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub/ Vio	ol. 4: Ch/Sec/Sub	/ Unde	rride/Override	25	Towe			<del>,</del>			_
	Please fill out for operator Name (Last First Middle)	r and all occupants inv	olved Address	DOB/Age	Sex Por	nt Safety	28 29 Airbag Airba Status Swite			32 3 Injury Tra Status Co		ıy <b>1</b> 13
	Operator	Se	e Above			- 0	4	o	0 :	10 1		
											,	
										-		
7												
<sup>7</sup> 3	Please Select One of the Following:	Occupants Non-	-Motorist A Type	14 Action	15 Loca	tion	16 Cond	ition	17	Hit	/Run Mop	ed
		DOB/Age		7SL951			Reg Tyr	PC		-		
	18 18	19									State MA 20	T
0		E1	dorsement	ear 1997				انظيار	<u> </u>	_ Veh Co	onfig. 1	J
<sup>8</sup> 1	Operator CALLAHAN, MARI	NA K	Middle	er CALLAH	ast		First			Middle	;	-
	Address 18 REVERE RD			ess 260 HI		T						_
	City <b>TEWKSBURY</b> State <b>1</b>	*	-3264 City	NEWBURYI	PORT			ate <b>M</b>	Zi <sub>l</sub>	019	950-386	5
	Insurance Company COMMERCE I	NSURANCE	Vehic	le Action Prior to		6	┵ 、	Damageo	l Area (	Code: (C	ircle Up to Three	<del>?</del> )
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Event	Sequence 1	22 22	22	22 2		<u>,                                    </u>		4 0 None	
	Citation # (If Issued)		Most	Harmful Event	1 23			←	9	-	5 10 Undercarr	iage
	Viol. 1: Ch/Sec/Sub/ Vio	ol. 2: Ch/Sec/Sub	/ Drive	r Contributing Co	de <b>4</b>	24	24		<u>ل</u> ــُ	للا	97 Other 6 99 Unknown	
	Viol. 3: Ch/Sec/Sub / Vio	ol. 4: Ch/Sec/Sub —	/ Unde	rride/Override	25	Towe	8 d_28		7		6	
;	Please fill out for operator/non-n	notorist and all occupa			20 Sea	n Safety	28 29 Airbag Airba	g Eject		Injury Tra	nsp.	
	Name (Last First Middle)		Address	DOB/Age	Sex Po		Status Swite	h Code	Code	Status Co	ode Medical Facili	ty:
	Operator/Non-Motorist	86	e Above			1	1	<del> </del>		-0 1		

	= Direction	1 = Vehicle 1	2 = Vehicle 2	O = Pedestrian			
Crash Diagram:	ie: →	1 -	2	<b>&gt;</b> X		- *	
M)	Rte	93				ash <u>Did Not</u> C Public Way:	Occur
	Noi Bot	rth und Off			☐ Off	Street Parking Lot	
	Rai	mp			☐ Ga	rage	
						Il/Shopping Center	
		)			☐ Oti	ner Private Way	
	Rt	e 62					
						North	
rash Narrative:							*
nicle 1 was trav	eling straight	t, East on	Rte 62 (Sale	em St). Ve	hicle 2 was	stopped	on
e off-ramp from	193 North. Veh	nicle 2 was	attempting	to turn ]	.eft, west h	ound onto	o Rte
. The operator o	f vehicle 2 st	tated she	did not see	vehicle or	e in the ea	st bound	lane
en she attempted	to cross the	lane. Vehi	cle 2 crashe	ed into th	ne side of v	rehicle 1	
				1,100,000			
					<u>.</u>		
	-						
					-	Se.	
J:4							
Vitnesses: ne (Last,First,Middle)		Address			Phone #		Stateme
ic (Last,First,Fittuic)		Address			1 Hone #		Stateme
		_					
roperty Damage:							
ner (Last,First,Middle)	Address		Phone #	34-Type De	scription of Damaged	Property	
						v.	
ruck and Bus Informat	ion: Registration #		(From Vehic	ala Sastian)			
	110810111111111111111111111111111111111		(From venic				35
rrier Name					- Carrier Issuing Author	rity Code	
ldress			City	· · · · · · · · · · · · · · · · · · ·	St	_ Zip	
DOT #:	State Number		Issuing State	ICC #:		Interctate	36
rgo Body Type Code	, .	38				—Interstate	
railer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39		
lazmat Information:							
Placard Material 1 d	igit # 41 Material N	Name		Material 4 digit #	I	Release code	42
	l W Wandell	-	174 W		Police Depart		15/2019

		nonwe	ealth o	f Massa	ichi	use	tts								
	Date of Crash   Time of Crash   03/16/2019   1056   Wiln	City/Town	Moto	r Vehi	cle Cra	sh		mber hicles	Num Inju	امما	d Limit	40	Sta	ate Police	
	24HR	ungton	Po	olice R	Report		3		0	Lat Lon.			MI	BTA Police  her:	
	AT INTERSECTI	ON:	<	LOCAT	TION :	>			NOT	`AT IN	TER	SEC	TIO	N:	_ 9
															2
<sup>1</sup> 1	Route# Direction CONCORD	Name of Roadway/Stre	eet		Route# Direct	ion	Addre	ess #		N	ame of	Roadw	/ay/Stre	eet .	_ 10
		At			[	vi al		_							2 '
	Route# Direction WOBURN S	<b>ST</b> ne of Intersecting Roadw	av/Street	L	Feet	NS	EW	of ·		e Marker	• —	or _	Ex	it Number	
		Also at Intersection wi	·		Feet [	N S	E W	of .	ъ.	<del></del> —				/G/	
<sup>2</sup> <b>1</b>	Route# Direction Nam	CI.	/0.		Feet [	N S	E W	of	Route	#	Interse	ecting i	Koadwa	ay/Street	9 11
	Route# Direction Nam	e of Intersecting Roadw	ay/Street								La	ndmar	k		
3	Please Select One of the Following:	#Occupants Hit/F	Run 🔲	Moped				19	)-1	L02	-A	C			
	License # <b>S42228976</b> St <b>M</b>	A DOR/Age	ll	Reg #	8VVH80	-			Ren	Type PC		R	ea Stat	<sub>e</sub> MA	
	18 18	19	DL		ar 2010									20	
4	Operator MAILEY, ROBER'	En	dorsement		MAILEY							Ven	Comp		121
<sup>4</sup> 3	Address 2 ISABELLA WAY	First	Middle			ast			Fir	st		М	iddle		1 12
	City WILMINGTON State		-3077		ILMING					State M	<b>7</b> A -	zi., Ω'	1 2 2	7-3077	
	Insurance Company SAFETY IN			_	Action Prior to		Γ		21			-		e Up to Three)	
5 _	Vehicle Travel Direction: NXEW	Responding to Emerg	onau? 2					1 22	<u> </u>	2)	eu Area	Code.	4	e op to Tinee)	
<sup>5</sup> 2	Citation # (If Issued)		ency?_Z		Sequence 1		23				M	A		0 None 10 Undercarriage	
	, ·		,		larmful Event	1		24	24	<b>1</b> )←	뷝	$\left  \cdot \right $	] ]	11 Totaled	
<sup>6</sup> 1	Viol. 1: Ch/Sec/Sub /				Contributing Co	ae [	<u> </u>	Tower		3	7	<u>, V</u>	ر 6	99 Unknown	
Τ	Viol. 3: Ch/Sec/Sub/ \ \	tor and all occupants inv		Onder	ide/Override	<u> </u>	26	27	28	29 30	31	32	33	-	127
	Name (Last First Middle)	•	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Airbag Eject Switch Code	Trap Code	Injury Status	Transp. Code	Medical Facility	<b>1</b> 13
	Operator	Se	e Above					1	1	0	0	10	1		
														-	
											T			, ,	
<sup>7</sup> 2	Please Select One	#Occupants Non-			14	15	l		16		17	 		<u></u>	
	or the ronowing.		Wiotorist A	Туре	Action		ocatio		ᆚ	ondition				m Moped	
	License # <b>S51498735</b> St <b>M</b>	A_ DOB/Age		_	1VS792					Туре <b>Z</b> 2	<u>.                                    </u>	R	eg Stat	e <b>MA</b> 20	
	Sex M Lic. Class D Lic. R	estrictions 1 CI	dorsement		ar <u>2008</u>								•	g. <b>1</b>	
<sup>8</sup> 1	Operator MARTINEZ PERLEF	First	Middle		MARTIN	ası			Fir	st	FRE	DO M	ALI iddle	EX	
	Address 162 PUTNAM ST				s 162 PU			ST	A]	PT 2					
	City <b>EAST BOSTON</b> State		-0000	City_ <b>E</b>	AST BOS	STO	<u>N_</u>		21	State M	<b>A</b> 2	Zip <b>0</b> :	212	8-0000	
	Insurance Company ARBELLA M	UTUAL INS		. Vehicle	Action Prior to		L	<u> </u>	21	Damage	ed Area	Code:	(Circle	e Up to Three)	
	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2	Event S	Sequence 1	30	4	22	22		N	7	- 1	0 None	
	Citation # (If Issued) <b>T1152021</b>	_		Most H	larmful Event	1	23			<b>□</b>	وا	[	3	10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/Sub 89 /9 V	riol. 2: Ch/Sec/Sub ——		_ Driver	Contributing Co	de [	<u> </u>	24	24	8		<u></u>	$\mathcal{J}_{\epsilon}^{s}$	97 Other 99 Unknown	
	Viol. 3: Ch/Sec/Sub /	iol. 4: Ch/Sec/Sub	/	Underr	ide/Override			Towe		-		_			]
	Please fill out for operator/non Name (Last First Middle)	•	nts involved Address		DOB/Age	Sex	26 Scat Pos.	27 Safety System	28 Airbag Status	29 30 Airbag Eject Switch Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	e Above					1	4	0	0	10	1	~	
											1	<u> </u>			
											+	<del>                                     </del>	<del>  </del>		
											-				
		1					- 1			1				-	1

		Comm	onwealth	of Massa	chuset	tts		-	*	
	1 1	City/Town	Motor Veh	icle Cras	sh Nun Vehi		lobeog pun	it 40	State Police Local Police	
	24HR	ington	Police	Report	3	o	Lat Lon		MBTA Police U	
	AT INTERSECTION	ON:	< LOCA	TION >	>	NOT A	T INTE	RSECT	ION:	- 9
								-		2 ′
<sup>1</sup> 1	Route# Direction CONCORD	<b>ST</b> Name of Roadway/Stree	et	Route# Directi	on Addres	s #	Name o	of Roadway	//Street	. 10
-		At		Г						2 10
	Route# Direction WOBURN S	T of Intersecting Roadwa	v/Street	Feet L	N S E W o		— • — Лагкег	— or	Exit Number	
		Also at Intersection with	***************************************	Feet	N S E W o					
<sup>2</sup> 1				Feet [1	N S E W o	Route#	Inter	rsecting Ro	adway/Street	9 11
	Route# Direction Name	of Intersecting Roadwa	y/Street				1	Jandmark		
3	Please Select One of the Following:	Occupants Hit/R	un Moped			19-1	02 <i>-1</i>	VC		
	License # <b>S98642800</b> St <b>MA</b>	DOB/Age 04/16	5/1983 Reg	# <b>LG474</b>		Reg Tv	ne PC	Reg	State MA	1
	19 19	strictions 19 CDI	_	Year <b>2014</b>					20	
4	Operator WILLIAMS, ERIN	End	orsement	er WILLIAN					<u></u>	_ 12
<sup>4</sup> 3	Address 475 MASSACHUSE	irst	Middle	ess <b>475 MA</b>	ast	First	AVE	Midd	e	1
	City <b>LEXINGTON</b> State			LEXINGTO				Zip <b>02</b>	420-4024	
	Insurance Company <b>GOVT EMPLO</b>			cle Action Prior to 0		31			Circle Up to Three)	
<sup>5</sup> 2	Vehicle Travel Direction: NSE	Responding to Emerge	ncy? 2 Even	t Sequence 2		22 22 2		3	4	
	Citation # (If Issued)			<u> </u>	1 23	 1			0 None 10 Undercarriage	
	Viol. 1; Ch/Sec/Sub/ Viol.		/ Drive	ו er Contributing Cod	ie <b>1</b> 2	4 24		ÍΊ	97 Other	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub/ Viol.			erride/Override	25 <sub>T</sub>	owed 1 8		7	6 99 Unknown	
	Please fill out for operator	r and all occupants invo	lved			27 28 2 Safety Airbag Air	) 30 31 ag Eject Tra	p Injury Tr	33 ansp.	13
	Name (Last First Middle)  Operator		Above	DOB/Age	Sex Pos. S	ystem Status Sw	teh Code Coc	le Status C	Code Medical Facility	1
	Operator	3ee	Above			, <u>, , , , , , , , , , , , , , , , , , </u>	-	10 1		
<sup>7</sup> 2	Please Select One of the Following:	Occupants Non-N	Aotorist A Type	14 Action	15 Location	16 Con	dition 1	7 <b>-</b> Hi	t/Run Moped	
	License # St St	DOB/Age	Reg	#		Reg Ty	ре	Reg	State	
0		strictions   CDI	Veh orsement	Year	Veh Mak	e		Veh C		
81		irst	Middle		ast	First		Midd	e	
	Address	7'		ess			tate			
	City State Insurance Company			cle Action Prior to 0	Crash	21			Circle Up to Three)	
	Vehicle Travel Direction: NSEW	Responding to Emerge		·		22 22 2	Daniaged An	3	4	
	Citation # (If Issued)	Responding to Emerge	,	Hannful Event	23				0 None 10 Undercarriage	
	Viol. 1: Ch/Sec/Sub / Vi	ol 2: Ch/Sac/Sub		er Contributing Cod	le 2	4 24		Ť\ .	11 Totaled 97 Other	
	Viol. 1: Ch/Sec/Sub / Viol. 3: Ch/Sec/Sub / Viol. 3: Ch/Sec/Sub			erride/Override	25	owed8	<u></u>	7	6 99 Unknown	
	Please fill out for operator/non-n				26	27 28 2 Safety Airbag Airb	) 30 31 ag Eject Tra		33 pnsp.	J
	Name (Last First Middle)		ddress	DOB/Age	Sex Pos. S	ystem Status Swi			ansp. Code Medical Facility	1
	Operator/Non-Motorist	See	Above					+		-
										<u> </u>
	-									



## **Crash Narrative:**

MV1 was traveling south on Woburn Street through the intersection and was struck by MV2.

MV2 was traveling east Concord Street. MV1 had a green light and MV2 had a red light.

Due to the impact, MV1 crashed into the front of MV3 which was stopped at the traffic

light on Concord Street. MV2 ended up driving off the road and into the front yard of

#29 Concord Street. MV2 went through a small fence at the residence and also did damage

to the front lawn. No injuries reported and all three vehicles were towed by A&S.

Operator of MV2 was issued Massachusetts Uniform Citation T1152021 for Red Light

Violation S89/Ch9. There were 2 witnesses on scene.

Witnesses:	*		,
Name (Last, First, Middle)	Address	Phone #	Statement
FIORE JANET M	12R CONCORD ST WILMINGTON MA 01887-2102	978-375-2030	2
COTTER-CHAKOIAN DONNA M	30 CRESENT ST WILMINGTON MA 01887-1957	978-265-3832	2

## **Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	34-Туре	Description of Damaged Property
FIGUEIREDO JACINTO C	29 CONCORD ST WILMINGTON MA 01887-	617-285-7428	97	FENCE AND LAWN DAMAGE

Truck and Bus Information: Registration #	(From Vehicle Section)	35
Carrier Name	Carrier Issuing Authority Code	
Address	St Zip	
US DOT #:State Number	Issuing StateICC #:Interst	ate 36
Cargo Body Type Code Gross Vehicle Weight 38	39	
Trailer Reg #: Reg State	Reg Year Trailer Length	
Hazmat Information:		_
Placard 40 Material 1 digit # Material Name	Material 4 digit #Release co	ode 42

Patrol Officer Daryl J Ceruolo

212

Wilmington Police Department

03/16/2019

Police Officer Name (Please Print)

Signature

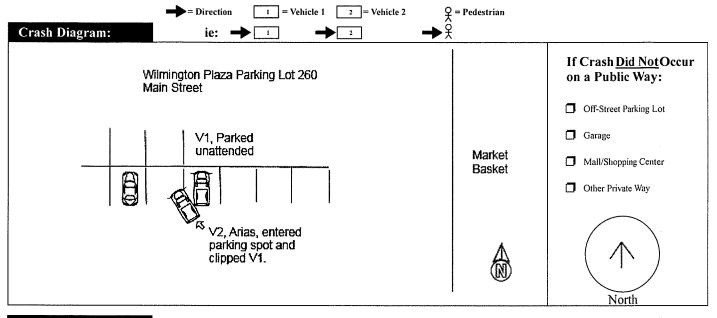
ID/Badge #

Department

Precinct/Barracks

Date

		Com	monweal	lth c	of Massa	chu	setts	i					
	Date of Crash Time of Crash	City/Town	Motor \	Vehi	icle Cras	sh [	Number Vehicles		1 '	Limit	10 s	tate Police Ocal Police MBTA Police	
	03/15/2019 <b>1453</b> Wil	mington	Poli	ice I	Report		2	0	Lat Lon		N	MBTA Police Dither:	
	AT INTERSECT	ION:	< L	OCA.	ΓΙΟN >			NOT A	T IN	ΓERSI	ECTIO	N:	0
						^	60						2
<sup>1</sup> 1	Route# Direction	Name of Roadway/S	Street		Route# Directi		60 ddress#	MAI	N S? Na	me of Ro	adway/St	reet	_ 10
		At			Feet	v e F	w .c						2 👸
	Route# Direction Na	me of Intersecting Road	lway/Street	[	reet [	1315	or or	Mile N	/larker	0	F	xit Number	
		Also at Intersection	with		Feet	N S E	w of	Route#		Intersecti	na Roadi	way/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nan	ne of Intersecting Road	lway/Street		Feet	N S E	w of				-	A LOT	3 11
3			<u> </u>							Landr	nark		
3	Please Select One of the Following:	#Occupants Hi	t/Run	oped			19	9-1	06-	-AC			
		DOB/Age		Reg#	87525			Reg Ty	ре <b>РС</b>		_ Reg Sta		
	Sex Lic. Class 18 18 Lic. 1	Restrictions 19	CDL Endorsement	Veh Ye	ear <u>2008</u>	Veh	Make <b>I</b>	EXUS			Veh Conf	fig. <b>1</b>	
<sup>4</sup> 1	Operator Driverless M.	V.	Middle	Owne	r BACON-	ZEGA	, J7	NICE First	ALI	MA_	Middle		<b>7</b> 12
	Address			Addre	ss 9 WAYN		<u> </u>	rust			Middle		
	City State	e Zip		City _	PEABODY				tate M	<b>1</b> Zip.	0196	60-1011	
	Insurance Company ARBELLA M	UTUAL INS		Vehicl	e Action Prior to C	Crash	11	21	Damage	d Area Co	ode: (Circ	ele Up to Three)	
5	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2	Event	Sequence 1 2	2 22	22	22 2		$\sqrt{1}$	าา⁴	0 None	
	Citation # (If Issued)			Most I	Harmful Event	1 2	3	1	<b>←</b>	9	5	10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -		Driver	Contributing Cod	ie <b>1</b>	24	24 8		$\angle \downarrow $		97 Other 99 Unknown	
<b>1</b>	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -		Under	ride/Override	2:	Towe	d 28		,			
	Please fill out for oper Name (Last First Middle)	ator and all occupants i	nvolved Address		DOB/Age	S	26 27 eat Safety os. System		ng Eject	Trap in	32 33 jury Transp atus Code		2 13
	Operator		See Above			-							
										<del>                                     </del>			
<sup>7</sup> 9	Di S-I O			Г	14	15		16		17		<u> </u>	1
<del></del>	Please Select One of the Following: Vehicle 21	#Occupants No	n-Motorist A Ty	/pe	Action	Loc	ation	Con	dition		Hit/R	un Moped	
		A DOB/Age.		Reg#	7XDZ70			Reg Ty	ре <u>РС</u>		_ Reg Sta		
	Sex.M Lic. Class D 18 Lic. I		CDL Endorsement	Veh Ye	ear <b>2012</b>	Veh	Make <u>J</u>	eep			Veh Conf	fig. <b>1</b> 20	
³ <b>1</b>	Operator ARIAS, RAFAEL	First	Middle	Owne	r REYES,	NID	IA Z	First			Middle	-	
	Address 96 JEWETT ST			Addre	ss 96 JEW	ETT	ST					<u></u>	
	City <b>LOWELL</b> State	e <b>MA</b> Zip <b>0185</b>	0-2025	City_	LOWELL				tate MZ	A Zip.	0185	50-2025	
	Insurance Company LM GENERA	<u></u>		Vehicl	e Action Prior to C	Crash	97		Damage	$\sim$	ode: (Circ	ele Up to Three)	
	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2	Event	Sequence 2	2 22	22	22 2		3	า_^ำ	0 None	
	Citation # (If Issued)	_		Most I	Harmful Event	2 2	<u> </u>	1	<b>←</b>	9	5	10 Undercarriage 11 Totaled	
	Viol. 1: Ch/Sec/Sub/	Viol. 2: Ch/Sec/Sub -		Driver	Contributing Cod		<del></del>	24 8		$\angle \downarrow $	إلا	97 Other 99 Unknown	
		Viol. 4: Ch/Sec/Sub -		Unden	ride/Override	2:	lowe	d 2				·	]
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occu	pants involved  Address		DOB/Age		27 gat Safety os. System	28 29 Airbag Airl Status Swi	ag Eject ch Code	Trap In	32 33 jury Transp atus Code		
	Operator/Non-Motorist		See Above				99	99	99	0 1			
									1				
									+-	$\vdash \vdash$			i
									-				
									1				



## Crash Narrative:

V1 parked unoccupied in row 2 area in front of Market Basket. V2 (Arias) was observed by Market Basket employee attempting to enter adjacent parking spot on driver side of V1.

V2 hit V1 and caused damage to the left rear bumper light area (dents, scrapes). Witness stated after causing damage V2 moved out of spot and parked several spaces away. Middleaged hispanic male (identified as Arias) then walked past V1 and looked at damage before entering store. Employee provided security camera screen shot of Arias leaving store which was compared to RMV photo. Arias left scene w/o notification to store or police.

V2 out of Lowell, MA. Lowell PD contacted but did not contact family members at residence till 03/18/19. Opr. Arias & translator arrived to station that day and spoke to OIC Ahern to view damage and provide information exchange. V2 opr. assuming responsibility for damage. V1 R/O advised. No charges pending.

Witnesses:					, , , , , , , , , , , , , , , , , , ,
Name (Last,First,Middle)	Address		Phone #	Statement	
MARCIN GINA E	4 HOBSON AVE	WILMINGTON MA	01887-2018	781-541-0851	1
Property Damage:					
Owner (Last,First,Middle) Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information: Registration:	on #				35
Carrier Name				· Carrier Issuing Authority Code	
Address		City		St Zip	
US DOT #:State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gross Vehicle Wei				39	
Trailer Reg #: Reg Typ  Hazmat Information:	eReg State	Reg Year	Trailer L	ength	
40	aterial Name	1	Material 4 digit #_	Release code	42

Patrol Officer Richard DiPerri

173

Wilmington Police Department

03/19/2019

	Police Use Only	Comr	nonwealth (	of Massach	usetts		RM.	(V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number	Number	Speed Limi	t20	State Police Local Police MBTA Police Campus Police	
	03/15/2019 1742 Wil	mington	Police `	Report	Vehicles 2	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	'ION·	-	TION >			r inter	SECT		1
	AT INTERSECT	ion.	LOCA	TION >		NOI A.	I IIII I	SEC I	ion.	10
	93 OFF	RAMP							·	2
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	f Roadway	y/Street	
¹3		At	-	Feet N S	E W of		_ • _	- 0"		
	Route# Direction CONCORD	<b>ST</b> une of Intersecting Roadw	/av/Street	1001 [11]	1211101	Mile Ma		01	Exit Number	11
		Also at Intersection w		Feet N S	E W of			~	***	2
				Feet N S	E W of	Route#	Inters	secting Ro	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	une of Intersecting Roadw	/ay/Street				L	andmark		
	Please Select One Valvation 1	#Occupants Hit/	Run Moped	Crash Report	m# 1 Q	_12	3-70	~	MILES	1
3	of the Pollowing:		Run Liviopeu	Crash Report	110# 19					1
	License # <b>S69119601</b> St <b>N</b>	<del></del>	Reg	1RCW81		Reg Typ	e PC	Reg		12
	Sex M Lic. Class D 19 Lic.		DL Veh	Year <b>2015</b>	Veh Make $oldsymbol{T}$	OYOTA	<b>.</b>	Veh C	Config. 21	
	Operator CHEN, HSIYUAN	1	ndorsement Own	er CHEN, HS	IYUAN					
<sup>4</sup> 3	Address 9 KIMBALL CT	First	Middle	ess 9 KIMBAL		First		Midd	Ле	
	City <b>BURLINGTON</b> Sta	te MA Zin 01803		BURLINGTON		St-	ate MA	Zip <b>01</b>	803-3862	
	Insurance Company GOVT EMPI			cle Action Prior to Crash			amaged Are			
				22	23 23		est Status:	1	28	
<sup>5</sup> <b>1</b>	Vehicle Travel Direction: SEW			r sequence 1	24		ype of Test:	Ī	29	
	Citation # (If Issued)		Most	Hammful Event 1			AC Test Re	sult: 1	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	<b>25</b> S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 "
6 .	Viol. 3: Cli/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from s	cene? 2	2 33	
<sup>6</sup> 1	·	rator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trup Injur			Ī
	Name (Last First Middle)  Operator		Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	1
		36			1 1	* 0	10 120	+++		4
									ı	1
		<del>                                     </del>		15 16		17	18			1
<sup>7</sup> 6	of the Following:	#Occupants Non-	-Motorist A Type	Action	Location	Condi	tion	<u>"</u> ] [ <b>]</b> н	it/Run Moped	
	License # <b>S12083373</b> St <b>N</b>	<b>1A</b> DOB/Age.	Reg	#4EG326		Reg Typ	e PC	Rep	g State <b>MA</b>	1
	19 19	Restrictions 20 CI	DL Veh '	Year 2009	Veh Make <b>N</b>	ISSAN	1	Veh C	Config. 1	
	Operator BHAIRRAJU, SA	Er	ndorsement	er BHAIRRAJI						
<sup>8</sup> 4	Address 56 MERRIMACK 1	First	Middle	ess 56 MERRI	-	First	WS T.N	Midd	fle	
								A1	876-1075	1 14
	City <b>TEWKSBURY</b> Sta	•		TEWKSBURY			ate <b>MA</b> Damaged Are	_		
	Insurance Company COMMERCE	INSURANCE	Vehic	cle Action Prior to Crash	, 1	ᆸ ㅠ	est Status:	a Code: 1	28	
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 1 Even	t Sequence 1 23	23 23	23	ype of Test:	片	29	
<sup>9</sup> 2	Citation # (If Issued)	-	Most	Harmful Event 1	24	,	AC Test Re	sult: 1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	13 <sup>25</sup>	<b>25</b> S	usp. Alcohol	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————	Drive	er Distracted by	26		owed from s		2 33		
	Please fill out for operator/ne	on-motorist and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	y Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	1
	Operator/Non-Motoris	Z Se	ee Above		1 1	4 0	0 10	1		4
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