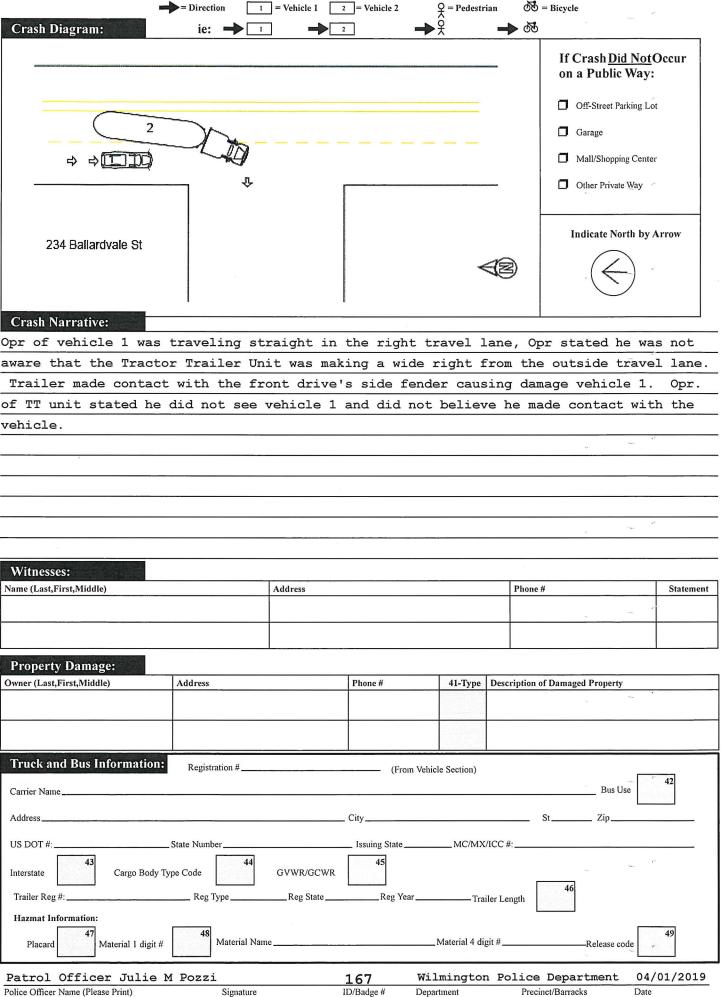
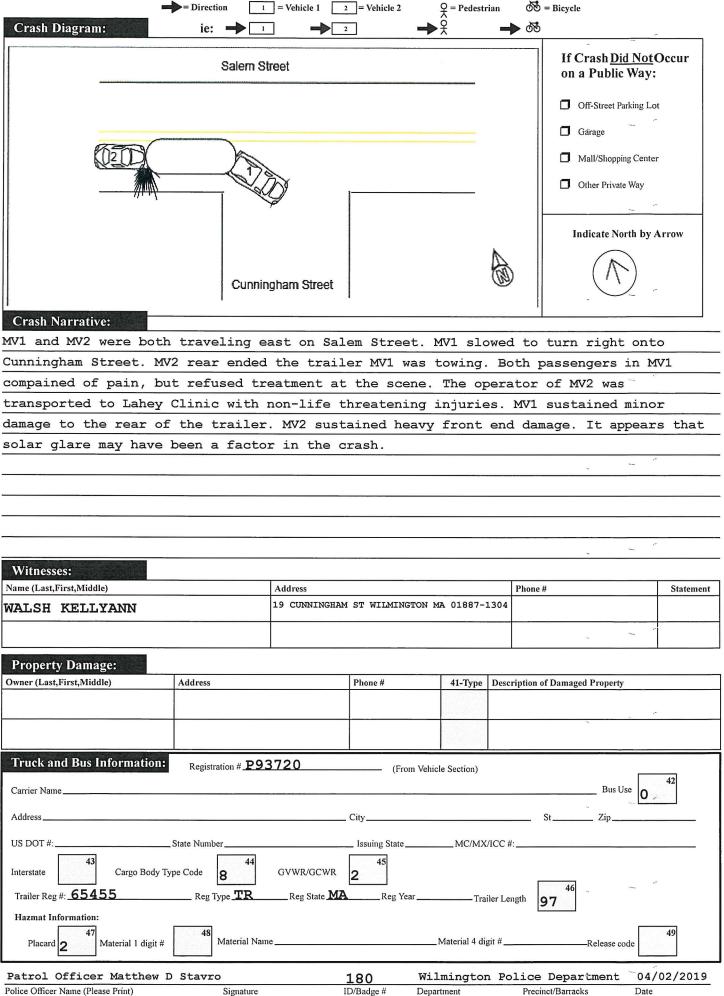
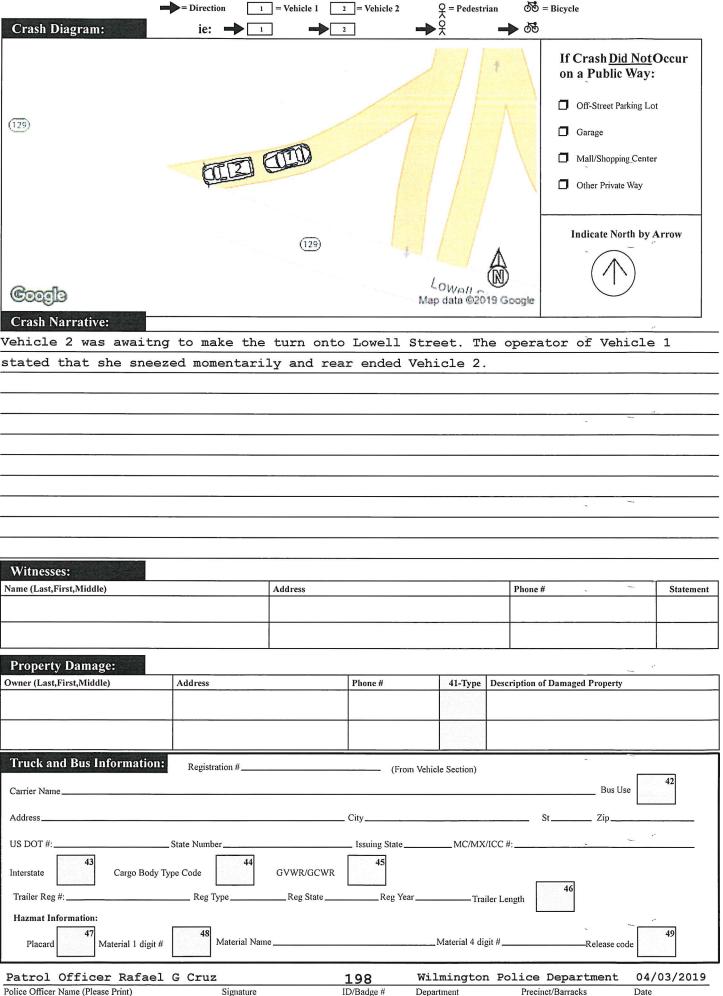
| | Police Use Only | Commonwealth of | of Massach | usetts | | RMV | Document Number | |
|---|--|------------------------------------|--|-------------------------------------|--------------------------------------|--------------------------------|--|------|
| | Date of Crash Time of Crash City/Town | | icle Crash | Number Vehicles | Number Injured | Speed Limit | 35 State Police Local Police MBTA Police Campus Police | 1 |
| | 04/01/2019 1400 Wilmingto | Police 1 | Report | 2 | 0 | Latitude Longitude | MBTA Police Campus Police Other: | |
| | AT INTERSECTION: | < LOCA | INDICATION AND ARREST ADDRESS OF SALES | | | INTERS! | | 1 |
| | Double Division | | | 234 | | ARDVAL | E ST | 2 10 |
| ¹ 1 | Route# Direction Name of I | Roadway/Street At | Route# Direction | Address # | | Name of Ro | padway/Street | _ |
| _ | Route# Direction Name of Interse | cting Roadway/Street | Feet NS | | Mile Ma | — • — c | Exit Number | 3 11 |
| | Also at In | tersection with | Feet N S | EW of | Route# | Intersect | ing Roadway/Street | |
| ² 1 | Route# Direction Name of Interse | cting Roadway/Street | Feet NS | E W of | | Land | | - |
| 3 | Please Select One of the Following: | | Crash Report | | | | | |
| | License # S14069956 St MA DOB/ | | 42102 | | Reg Type | PC | Reg State MA 21 | 12 |
| | Sex M Lic. Class D 19 19 Lic. Restrictions | Endorcement | Year 2018 \ | | | | Veh Config. 1 | |
| ⁴ 1 | Operator CONRAD, MICHAEL R | | er ACAR LEAS | | First | | Middle | |
| <u> </u> | Address 25 SARGENT ST | | ess 4001 EMB2 | | | | | |
| | City GLOUCESTER State MA Zip | | OUT OF STA | EU-ST-84 | | te CT Zip | | |
| | Insurance Company plymouth rock | ins Vehic | ele Action Prior to Crash | 1 | | maged Area Co | - Committee Control Control Control Control | |
| 5 ' | Vehicle Travel Direction: N K E W Respond | ing to Emergency? 2 Event | t Sequence 23 | 23 23 | 23 | st Status: | 28 29 | |
| | Citation # (If Issued) | Most | Harmful Event 1 | 24 | - | pe of Test: AC Test Result: | | |
| , ¥ | Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/S | ec/Sub Drive | er Contributing Code | 99 ²⁵ | 25 | sp. Alcohol: 2 | 31 Susp. Drug: 2 32 | 1 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/S | ec/Sub Drive | er Distracted by | 26 | То | wed from scene | e? 2 33 | |
| <u>. </u> | Please fill out for operator and all o | ccupants involved | DOB/Age Sex | 34 35 Seat Safety | 36 37 Airbag Eject | Trap Injury Tr | 40 ansp. | 1 |
| | Operator | See Above | DOB/Age Sex | Pos. System 1 1 | Status Code 4 0 | 0 10 1 | Code Medical Facility | 1 |
| | di i | | | | | | | 1 |
| | 1, 1, 1 | | | | | | | 1 |
| | | 19-1 | | | | | | |
| ⁷ 1 | Please Select One of the Following: | Non-Motorist A Type | 15 Action 16 L | ocation | 17 Conditi | ion 18 | Hit/Run Moped | |
| | License # G155440933844603359 St NY DOB/A | Age. Reg # | 2639328 | | _ Reg Type | AP | Reg State_IN | |
| r in | Sex M Lic. Class 99 19 Lic. Restrictions | Endorsement | /ear 2015 V | | | listed | Veh Config. 21 | |
| 8 1 | Operator GONZALEZ, CORNELIO Last First | Owne | er RYDER TRU Last | ICK RE | NTAL First | | Middle | |
| <u>,</u> | Address 425 W 205TH ST APT | 2H Addre | ess 3100 INDU | JSTRIA | L WAY | | | _ 14 |
| | City NEW YORK State NY Zip | . 10034 City | <u>JEFFERSONV</u> | ILLE | Stat | e IN Zip- | 47130 | 1 14 |
| * | Insurance Company NTL UNION FIRE | INS PITTS Vehic | le Action Prior to Crash | 3 | 22 Da | maged Area Co | | |
| | Vehicle Travel Direction: N E W Respondi | ing to Emergency? 2 Event | Sequence 23 | 23 23 | 23 | st Status: | 28 | |
| 0 | Citation # (If Issued) | Most | Harmful Event 1 | 24 | | pe of Test: | 30 | |
| 2 | Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/S | ec/Sub Drive | r Contributing Code | 9 25 | 25 | C Test Result: | 411201 | |
| 182 | Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/S | ec/Sub Drive | r Distracted by | 26 | То | wed from scene | e? 2 33 | |
| | Please fill out for operator/non-motorist an | nd all occupants involved Address | DOB/Age Sex | 34 35 Seat Safety Pos. System | 36 37 Airbag Eject Status Code | Trap Injury Tra | 40 ansp. Code Medical Facility | |
| | Operator/Non-Motorist | See Above | $\rightarrow \propto$ | 1 1 | 4 0 | 0 10 1 | | |
| | *** , | | | | | | | |
| | | | | | | | | |
| * | | | | | | | | |



| | Police Use Only | Com | nonwealth | of Massach | usetts | | RM | V Document Number | |
|-----------------------|--|--------------------------|---------------------|---------------------------|----------------------------|-----------------------------|-----------------------------|--|---------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number | | Speed Limit | 30 State Police Local Police | 0800 |
| | 04/02/2019 0801 Wilr | mington | Police | Report | Vehicles 2 | Injured 3 | Latitude +04 | 071.175 Campus Police | 8 |
| | AT INTERSECT | ION: | | ATION > | | | | SECTION: | _ |
| | | | . 1000 | TION - | | NOTA | INIER | SECTION. | _ 10 |
| | <u>SALEM S'</u> | | | | | | | | 2 |
| ¹ 1 | Route# Direction | Name of Roadway/St | reet | Route# Direction | Address # | | Name of | Roadway/Street - | |
| Τ. | CIDINITATO | At | | Feet N S | E W of | | - • - | or | |
| | Route# Direction CUNNING Nam | ne of Intersecting Roady | vay/Street | | | Mile Ma | | Exit Number | 2 11 |
| | | Also at Intersection v | vith | Feet N S | E W of | Route# | Interes | ecting Roadway/Street | _ 💾 |
| 2 | Route# Direction Nam | CI (D I | 15. | Feet N S | E W of | Koute# | imerse | cing Roadway/Street | |
| ² 1 | Route# Direction Nan | ne of Intersecting Roads | vay/Street | | | | La | ndmark | |
| 3 | Please Select One Vehicle 12 | #Occupants Hit/ | Run Moped | Crash Report | 1D# 1 9 | -12 | 6-AC | • | |
| 3 | of the Following. | | | | | | | | |
| | License # S91382570 St M | A DOB/Age | | # <u>P93720</u> | | | | | 1 12 |
| | Sex M Lic. Class B M Lic. R | Restrictions C | DL Veh | Year 1995 | Veh Make <u>G</u> | MC | | Veh Config. 6 | |
| | Operator DINSMORE, BRI | | Own | er BRIAN J DI | NSMORE | LANDS: | CAPE CO | ONTRACTORS I | NC |
| ⁴ 1 | Address 14 TOPLIFF ST | 1430 | | ess 14 TOPLI | FF ST | First | | Middle | |
| ***** | City BILLERICA State | MA Zip 01821 | 6435 City | BILLERICA | | Sta | te MA Z | Cip 01821-643 | 35 |
| | Insurance Company COMMERCE | _ | | ele Action Prior to Crash | 3 | | | Code: 5 27 - 27 | 27 |
| | Vehicle Travel Direction: NSWW | Responding to Emer | | - 23 | 23 23 | | est Status: | 1 28 | |
| 5 | | Responding to Emer | | | 24 | | pe of Test: | 29 | |
| | Citation # (If Issued) | | Mos | Harmful Event 1 | | | AC Test Resi | alt: 30 | 13 |
| | Viol. 1: Ch/Sec/Sub \ | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Code | 1 25 | 25 St | ısp. Alcohol: | ~ | 32 1 1 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4: Clı/Sec/Sub | Drive | er Distracted by | 26 | To | owed from sc | ene? 2 33 | |
| 1 | Please fill out for opera | tor and all occupants in | | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 Trap Injury | 40 Transp. | |
| | Name (Last First Middle) Operator | | Address ee Above | DOB/Age Sex | Pos. System | Status Code | Code Status | Code Medical Facility 1 | <u></u> |
| | Operator | 108 CURRIER RD | ee Adove | | 1 99 | 4 0 | 0 9 | | |
| | JAMES CAULFIELD | PELHAM, NH 03076 | | 06/30/1964 M | 3 99 | 4 0 | 0 9 | 1. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Diagonal Control | <u> </u> | F | 15 16 | | 17 | 18 | <u> </u> | \rightarrow |
| ⁷ 3 | Please Select One of the Following: | _#Occupants Non | -Motorist A Type | Action I | Location | Condi | ion | Hit/Run Mo | oped |
| | License # S55419267 St M | A DOB/Age | Reg | 28E940 | | Reg Type | PC | Reg State MA | |
| | 19 19 | 20 | _ | Year 2008 v | Vah Maka F | | | | 21 |
| | Operator DESOUSA, ANDE | E . | idorsement | er DESOUSA, | | | | _ ven comig. | - |
| ⁸ 1 | Last | First | Middle | Last | | First | , | Middle | _ |
| | Address 324 ANDOVER RD | | | ess 324 ANDO | VER RI | | | | 14 |
| | City BILLERICA State | • | 1441 City. | BILLERICA | | | | tip <u>01821-144</u> | , |
| | Insurance Company GOVT EMPLO | OYEE INS | Vehic | ele Action Prior to Crash | 1 | | amaged Area | 2000. | 27 |
| | Vehicle Travel Direction: NSWW | Responding to Emerg | gency? 2 Even | Sequence 23 | 23 23 | 23 | st Status: | 1 28 29 29 | |
| ⁹ 2 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | • | pe of Test: AC Test Resu | ` _ | |
| 2 | Viol. 1: Ch/Sec/Sub ——— V | /iol. 2: Ch/Sec/Sub | Drive | er Contributing Code | 13 25 | 25 | sp. Alcohol: | | 32 |
| | Viol. 3: Ch/Sec/Sub ———— V | | | er Distracted by 99 | 26 | | wed from sc | | |
| | Please fill out for operator/non | | | | 34 35 | 36 37 | 38 39 | 40 | — |
| | Name (Last First Middle) | | Address | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | Transp. Code Medical Facility | |
| | Operator/Non-Motorist | Se | ee Above | $>\!\!<$ X | 1 99 | 1 0 | 0 8 | 2 Lahey Clinic | |
| | | | | | | | | | |
| | | | | | | | | | — |
| | | | | | | | | | |
| | | | | | | | | | |



| | · Police Use Only | Comn | nonwealth (| of Massa | achi | use | etts | | | | RM | V Doc | ument Number | |
|----------------|---|--------------------------|------------------|--------------------|--------------|------------|----------------|------------------|---------------|-------------------|---|--|--|------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cra | sh | | mber hicles | Nun Inju | ۱۰ د ـــ | • | Limit | 25 | 5 State Police Local Police | |
| | 04/03/2019 1645 Wilm | ington | Police 1 | Report | | 2 | incies | 1 | <u>'</u> ' | Latitud Longit | | | MBTA Police Campus Police Other: | 8 |
| | AT INTERSECTI | ON: | < LOCA | TION | > | | | NO | _ | | | SEC | TION: | |
| | | | | | | | | | | | | | | 2 10 |
| | Route# Direction | Name of Roadway/Stre | o pt | Route# Direct | tion - | Addre | acc # | <u>I9</u> | 3N | BR3 | 38 : | RAM | 1P vay/Street | |
| 1 | - Tourist - Direction | At | | Konca Direct | tion . | Addie | | | | 144 | ine or | Noauv | vay/Silect | |
| | | | | Feet | N S I | E W | of - | | le Mar | — • | | or _ | Exit Number | |
| | Route# Direction Nam | e of Intersecting Roadwa | | Fact | N S I | e w | of. | 1411 | ic iviai | KCI | | | DAR THATOL | 2 11 |
| | | ruso at intersection wi | | | N S I | | | Route | # | | Interse | ecting l | Roadway/Street | - |
| ² 1 | Route# Direction Nam | e of Intersecting Roadwa | ay/Street | reet | 11 5 1 | 2111 | - | | | | 1 | ndmar | 1- | |
| | Please Select One XI Valida 1 1 | #Occupants Hit/F | | | | - | 1 0 | 1 | 2" | 7 | *************************************** | | К | |
| 3 | of the Following: | #Occupants Hit/R | Run Moped | Crash R | eport I | D# _ | LY | _ T | | <u> </u> | AC | <u>. </u> | | |
| | | A DOB/Ag | Reg # | 28E460 | | | | _ Reg | g Type | PC | | R | | 12 |
| | Sex F Lic. Class D 19 Lic. R | | DL Veh \ | ear 2018 | Ve | eh Ma | ike F (| ORD |) | | | Veh | n Config. 1 21 | |
| | Operator JOYCE, NANINA | | | JOYCE, | NA | NII | NA. | M | rst | | | ~ | liddle | _ |
| ⁴ 5 | Address 900 PADDOCK LN | | | ess <u>900 P</u> | DDO | CK | LN | | rsı | | | м | ndare | _ |
| | City BOXBOROUGH State | MA Zip 01719 | -1793 City | BOXBORO | UGH | | | | _ State | e M Z | _ z | zip <u>0</u> | 1719-1793 | <u>.</u> |
| | Insurance Company STANDARD | FIRE INS | Vehic | le Action Prior to | Crash | | 1 | 22 | Da | mage | d Area | Code: | 2 27 27 2 | 7 |
| <u></u> | Vehicle Travel Direction: N K E W | Responding to Emerg | ency? 2 Event | Sequence 1 | 23 2 | 23 | 23 | 23 | Tes | st Stat | us: | | 1 28 | |
| ⁵ 1 | Citation # (If Issued) | _ | Most | Harmful Event | 1 | 24 | | | | oe of | | | 29 | |
| | Viol. 1: Ch/Sec/Sub ———— V | iol. 2: Ch/Sec/Sub | Drive | r Contributing Co | de 2 | 20 | 25 | 25 | | | st Rest | ılt: 2 31 | 1 30 Susp. Drug: 2 32 | 1 13 |
| | Viol. 3: Ch/Sec/Sub — V | | | r Distracted by | | 26 | !L | | | | om sc | | 33 | |
| ⁶ 1 | Please fill out for operat | | | T | | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | - |
| | Name (Last First Middle) | | Address | DOB/Age | Sex | | System | Airbag Status | Eject Code | Trap Code | Injury Status | Transp. Code | Medical Facility | _ |
| | Operator | See | e Above | \geq | X | 1 | 99 | 4 | 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Please Select One Name 2 | <u> </u> | | 15 | 16 | | | 17 | | $\overline{}$ | 18 | 二 | <u> </u> | _ |
| ⁷ 6 | Please Select One of the Following: | #Occupants Non- | Motorist A Type | Action | Lo | ocatio | n | C | Conditi | on | | | Hit/Run Mop | ed |
| | | DOB/Age. | Reg # | 899LD1 | | | | _ Reg | Туре | PC | | R | eg State MA | - |
| | Sex M Lic. Class D 19 19 Lic. Re | estrictions 20 CD | DL Veh Y | ear <u>2007</u> | Ve | eh Ma | ke F (| ORD |) | | | Veh | Config. 21 | |
| 8 4 | Operator BARBOSA, RONN | | | r BARBOS | A ,] | ROI | INN | E 2 | | | | M | iiddle | _ |
| 4 | Address 50 BOOTH RD | | Addre | ss 50 BOC | TH | RD | | | | | | | ** | |
| | City METHUEN State | MA Zip 01844 | -5621 City 1 | METHUEN | | | | | | | | | 1844-562 | |
| | Insurance Company LM GENERAL | | Vehic | le Action Prior to | Crash | | 2 | 22 | Da | mageo | l Area | Code: | 4 27 5 27 6 2 |] |
| | Vehicle Travel Direction: N K E W | Responding to Emerge | ency? 2 Event | Sequence 1 | 23 2 | 3 | 23 | 23 | | t Stati | | | 1 28 | |
| 92 | Citation # (If Issued) | - | Most | Hannful Event | 1 | 24 | | | | oe of T | Γest: :t Resu | dt. | 29 | |
| 2 | Viol. 1: Ch/Sec/Sub V | iol. 2: Ch/Sec/Sub | Drive | Contributing Co | de 1 | L | 25 | 25 | | | ohol: | | <u> </u> | a |
| | Viol. 3: Ch/Sec/Sub V | iol. 4: Ch/Sec/Sub —— | Drive | Distracted by | 0 | 26 | | 1 | | - | om sc | | 2 33 | 1 |
| | Please fill out for operator/non- | • | | | | 34 Seat | | 36 Airbag | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | | _ |
| | Name (Last First Middle) Operator/Non-Motorist | | Address | DOB/Age | | Pos. | System | Status | Code | Code O | Status 8 | Code 2 | Medical Facility LAWRENCE GENERAL | |
| | | 50 BOOTH RD | e Above | | \wedge | _ | | | | | | | | |
| | PATRICIA BARBOSA | METHUEN, MA 01844 | -5621 | | F 1 | 1 | 99 | 4 | 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | , | | |



| | Police Use Only | nmonwealth of Massachusetts RMV Document Number | | | | | | | | | | |
|----------------|--|---|-------------------------|-------------------------|----------|--------------------------|-----------------------------|------------------------|----------------|--|--------------------------|---|
| | Date of Crash Time of Crash | City/Town | Motor Ve | hicle Cras | h | Number Vehicles | Number Injured | Speed Lin | nit <u>25</u> | State Police Local Police | 080 | |
| | 04/04/2019 1417 Wil: | mington | Police | Report | | 2 | 0 | Latitude Longitude | | MBTA Police Campus Police Other: | _ | |
| | AT INTERSECT | ION: | < LOC | ATION > | | | NOT A | | | TION: | | |
| | | | | | | | | | | | 2 10 | 0 |
| | Route# Direction | Name of Roadway/S | Street | Route# Directio | | 97 ddress # | MIDE | LESE: | X AV | | | ┙ |
| ¹ 1 | | At | | | | | | Tidine (| | 197511001 | | |
| | | | | Feet N | SE | W of | — — - Mile Ma | • | – or _ | Exit Number | _ | _ |
| | Route# Direction Na. | me of Intersecting Road Also at Intersection | | Feet N | SE | w of | | | | | — 2 ¹¹ | 1 |
| | , | | | Feet N | | _ | Route# | Inte | rsecting R | oadway/Street | | |
| ² 1 | Route# Direction Nat | ne of Intersecting Road | lway/Street | reet [r | 1012 | [<u></u>] 01 | | , | Landmark | | | |
| | Please Select One Vivaria 1 | #Occupants Hi | | | | " 1 O | 12 | | | e de la companya de l | | |
| 3 | of the Following: | Hoccupants Hi | t/Run Moped | Crash Rep | ort ID | # <u>1</u> 9 | -12 | 5 - A | <u></u> | | | |
| | | DOB/Age. | Reg | # 49TY82 | | | Reg Type | PC | Re | - | 12 | 2 |
| | Sex M Lic. Class D 19 Lic. | Restrictions 1 | CDL Vel- Endorsement | Year 2017 | Veh | Make N | ISSAN | | Veh | Config. 2 | <u> </u> | |
| 4 | Operator GUM, JAMES C | First | Ow | ner GUM, JA | MES | C | First | | - Mid | dia | | |
| 1 | Address 35 MOORE ST | | | iress 35 MOOF | RE S | ST | riist | | Min | die | | |
| | City WILMINGTON Stat | e MA Zip 0188 | 7-3736 City | WILMINGT | ON | | Sta | te MA | Zip 01 | 887-373 | 6 | |
| | Insurance Company PLYMOUTH | ROCK ASSU | Vel: | icle Action Prior to C | rash | 4 | 22 D | amaged Ar | ea Code: | 4 27 27 2 | 27 | |
| | Vehicle Travel Direction: NS W | Responding to Eme | ergency? 2 Eve | nt Sequence 23 | 23 | 23 | 23 Te | st Status: | 3 | L 28 | | |
| • | Citation # (If Issued) | | Мо | st Harmful Event | L 2. | 4 | • | pe of Test: | - | 30 | | |
| | Viol. 1: Ch/Sec/Sub ———— | Viol. 2: Ch/Sec/Sub - | | er Contributing Code | 1 | 25 | 25 | AC Test Re | | Susp. Drug: 2 | 32 1 13 | 3 |
| | | Viol. 4: Ch/Sec/Sub — | | ver Distracted by | | 6 | | isp. Alcoho | | 33 July 133 | | ┙ |
| 1 | | ator and all occupants i | | | | 34 35 | 36 37 | 38 39 | 40 | <u> </u> | | |
| | Name (Last First Middle) | <u> </u> | Address | IX)B/Age | | eat Safety os. System | Airbag Eject Status Code | Trap Inju Code Stat | | Medical Facility | | |
| | Operator | | See Above | | X^{-1} | 1 1 | 4 0 | 0 10 | 1 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | ** | | |
| | | | | | | | | | 1 | | | |
| | Diama Salant One 57 | | | 15 1 | 16 | | 17 | | 8 . | | _ | |
| 3 | Please Select One of the Following: | #Occupants No | n-Motorist A Type | Action | Loc | ation | Condi | ion | Ů Į∟ ₽ | lit/Run 🛄 Moj | ped | |
| | License # S77631031 St M | A DOB/Age | Reg | # <u>3197AX</u> | | | Reg Type | PC | Re | g State MA | | |
| | Sex F Lic. Class D 19 Lic. 1 | | CDL Veh | Year 1999 | Veh | Make T | OYOTA | L | Veh (| Config. 2 | 1 | |
| | Operator CONLIN, EVELY | | Endorsement Ow | ner CONLIN, | EV | ELYN | | | | | | |
| 1 | Address 13 GUNDERSON F | First | Middle Ado | ress 13 GUNE | ERS | SON I | First | | Mid | dle | | |
| | City WILMINGTON Stat | e MA Zip 0188 | 7-1519 City | WILMINGT | ON | ************* | Sta | te MA | Zip. 01 | 887-151 | 9 1 14 | 4 |
| | Insurance Company CITIZENS | INSURANCE | Veh | icle Action Prior to Ci | rash | 1 | | amaged Ar | | | 27 | |
| | Vehicle Travel Direction: NS W | Responding to Eme | rgency? 2 Eve | nt Sequence 23 | 23 | | 23 To | st Status: | 3 | ı ²⁸ | _ | |
| | Citation # (If Issued) | | Mo | st Harmful Event | 2 | 4 | | pe of Test: | | 29 | | |
| 2 | | Viol. 2: Ch/Sec/Sub — | | er Contributing Code | | 9 ²⁵ 5 | 25 | AC Test Re | | 30 | 37 | |
| | | | - | ver Distracted by | | ╗ | | isp. Alcoho | | Susp. Drug: 2 | 32 | |
| | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | Viol. 4: Ch/Sec/Sub — n-motorist and all occur | ***** | Jistiacica by | | 34 35 | 36 37 | 38 39 | 40 | | | |
| | Name (Last First Middle) | | Address | DOB/Age | | eat Safety os. System | Airbag Eject Status Code | Trap Inju Code Stat | | Medical Facility | | |
| | Operator/Non-Motoris | t : | See Above | | X_{1} | [1 | 4 0 | 0 10 | 1 | · | | |
| | | | | | | | | | | | | |
| | * . | | | | \top | | | | | | \neg | |
| | | | | | + | | | | + | | | |
| | 1 | ĺ | | | - 1 | 1 | | | | | | |

| | = Direction | = Vehicle 1 | 2 = Vehicle 2 | 웃 = Pedestria | n 🕭 = Bic | ycle | |
|---------------------------|--|--|---------------|-----------------------|--------------------|---|-----------|
| Crash Diagram: | ie: - | → | 2 | <u> </u> | → № | | |
| Middlesex Ave | M | V1 | MV2 ← | | | f Crash <u>Did Not</u> on a Public Way: | |
| | Commit Construction of the | | | gring a ray december. | 1 | Off-Street Parking Lo | t |
| | K | TACTOR FOR THE STATE OF THE STA | | on the second second | 1 | d Garage | |
| | 43 | | | | | Mall/Shopping Center | |
| | 4 | | | | | Other Private Way | |
| | | | 380 Middlesex | 4ve | | | |
| | | | | | | Indicate North by A | Arrow |
| | | | | | | | |
| | | | | 7 | 7 | -(V) | |
| | | | | • | | | |
| Crash Narrative: | | | | | | | |
| MV1 and MV2 were tra | | | | | | ······ | |
| the parking lot of | | | | | | | urn it |
| was struck from behi | ind by MV2. N | o reported | injuries, r | 1V2 Was | towed by | A&S. | |
| | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | |
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| | | , | | | | | |
| | , | | | | | - | |
| | | | | | | | |
| Witnesses: | | | | | | | <u> </u> |
| Name (Last,First,Middle) | | Address | | | Phone # | | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of Dar | naged Property | |
| | | | | | | , | |
| | | | | | | | |
| Truck and Bus Information | Designation # | | | | | | |
| Carrier Name | Registration # | | (From Vehic | le Section) | | Bus Use | 42 |
| | | | Q! | | | | |
| Address | | | _ City | | St | Zip | ! |
| | State Number | | Issuing State | MC/MX/I | CC #: | | |
| Interstate 43 Cargo Body | 7 Type Code | GVWR/GCWR | 45 | | <u> </u> | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | er Length | 46 | |
| Hazmat Information: | | | | | L | | |
| Placard Material 1 digit | # Material Nar | me | | Material 4 digit | t # | Release code | 49 |
| Patrol Officer Daryl | J Ceruolo | | 212 Wil | mington | Police De | partment 04/ | 04/2019 |

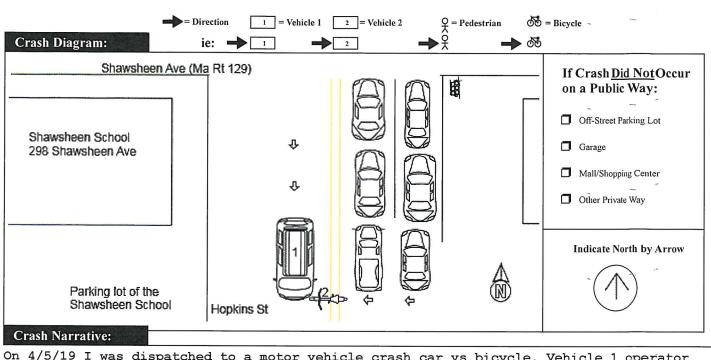
Department

| | Police Use Only | ommonwealth | of Massach | usetts | RMV Docu | ment Number | |
|-----------------------|--|---|---------------------------|---------------------------------------|---------------------------------|----------------------------------|-------------|
| | Date of Crash Time of Crash City/Town | Motor Veh | icle Crash | Number Numbe Vehicles Injured | Speed Billing | Local Police | 1 |
| | 04/04/2019 1524 Wilmington | Police | Report | 2 1 | Latitude | MBTA Police Campus Police Other: | |
| | AT INTERSECTION: | COSTO CONTRACTOR DATE VALUE OF THE PARTY OF | ATION > | NOT A | AT INTERSECT | | 1 |
| | | | | | | | 2 10 |
| | Route# Direction Name of Roac | d /C44 | Boots# Dissetion | | NB40 | /G: -1 | |
| ¹ 1 | Route# Direction Name of Road A | | Route# Direction | Address # | Name of Roadwa | ay/Street | |
| _ | ¥ | | Feet N S | | • or | | |
| | Route# Direction Name of Intersecting | | | | Marker | Exit Number | 2 11 |
| | Also at Interse | ection with | Feet N S | Route# | Intersecting R | Roadway/Street | |
| ² 1 | Route# Direction Name of Intersecting | g Roadway/Street | Feet N S | E W of | | | |
| Τ, | | | <u> </u> | | Landmark | | 4 |
| 3 | Please Select One of the Following: Vehicle 11 #Occupants | Hit/Run Moped | Crash Report | 1D# 19-12 | 9-AC | | |
| | License # S36433421 St MA DOB/Age | Reg | # 4BW856 | Reg Ts | me PC Re | og State MA | |
| | Sex F Lic. Class D Lic. Restrictions 1 | 20 | Year 2008 \ | - | | 21 | 1 12 |
| | | Endorsement | | | | | H |
| ⁴ 5 | Operator CRUZ, BELLANILDA Last First | Middle | er CORDERO - C | First | Mid | DES idle | |
| <u>. ် ႏ</u> | Address 12 PLYMOUTH ST | | ess 359 LAWRI | | , | | |
| | City METHUEN State MA Zip O | | LAWRENCE | | State MA Zip 01 | | |
| | Insurance Company PREFERRED MUTUAL | Vehic | cle Action Prior to Crash | Art 250 (10) | Damaged Area Code: | | |
| 5 | Vehicle Travel Direction: SEW Responding t | to Emergency? 2 Even | t Sequence 23 | 23 23 | Test Status: | 1 28 29 | |
| ⁵ 2 | Citation # (If Issued) | Most | Hamful Event 1 | 24 | Type of Test: BAC Test Result: | 30 | |
| | Viol. 1: Ch/Sec/Sub ———— Viol. 2: Ch/Sec/S | Sub Drive | er Contributing Code | 25 25 | Susp. Alcohol: 2 31 | Susp. Drug: 2 32 | 1 13 |
| , | Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/S | Sub Drive | er Distracted by | 20 | | 1 33 | |
| ⁶ 1 | Please fill out for operator and all occup | | | 34 35 36 3 Seat Safety Airbag Eje | 7 38 39 40 | - Expects (| 1 |
| | Name (Last First Middle) | Address | DOB/Age Sex | Pos. System Status Co. | de Code Status Code | Medical Facility | |
| | Operator | See Above | | 1 1 4 0 | 0 10 1 | | |
| | * # J | | | | | | |
| | | | | | | | 1 |
| | x 2: | | | | | | |
| | | | 15 16 | 17 | 10 | | 1 |
| ⁷ 6 | Please Select One of the Following: Vehicle 2 1 #Occupants | Non-Motorist A Type | Action 16 L | Location 17 Con | dition 18 | Hit/Run Moped | |
| | License # S62094551 St MA DOB/Age | Reg # | # T10008 | Reg Ty | pe CO Re | g State MA | 1 |
| 000 | Sex M Lic. Class D 19 19 Lic. Restrictions 1 | 20 | Year 2017 v | | | 21 | |
| *1 | Operator FARMER, MARCUS L | Endorsement | er OZ PACIFI | | - | | |
| 8 4 | Address 31 ROLLINS ST | Middle | ess 41 ROGERS | First | Mid | dle | |
| | City GROVELAND State MA Zip O | | HAVERHILL | | | 835-6931 | 14 |
| | * * | | | 22 | Damaged Area Code: | | |
| | Insurance Company CONTINENTAL WEST | _ | ele Action Prior to Crash | | Test Status: | 28 | |
| | Vehicle Travel Direction: SEW Responding to | o Emergency? 2 Event | Sequence 1 23 | 25 25 | Type of Test: | 29 | |
| ⁹ 2 | Citation # (If Issued) | Most | Harmful Event 1 | | BAC Test Result: | 30 | |
| | Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/S | ub Drive | r Contributing Code | 19 ²⁵ 5 ²⁵ | Susp. Alcohol: 2 31 | Susp. Drug: 2 32 | |
| 12 | Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/S | dub Drive | er Distracted by 99 | 26 | Towed from scene? | 1 33 | |
| | Please fill out for operator/non-motorist and all | | DODA | 34 35 36 37 Seat Safety Airbag Eje | et Trap Injury Transp. | Maria e m | Ī |
| | Operator/Non-Motorist | Address See Above | DOB/Age Sex | Pos. System Status Cox 1 1 1 0 | le Code Status Code 0 9 1 | Medical Facility | |
| • | - por acoust size is a size is a | | | | | | |
| | | | 1 | | | | |
| 1 | | | | | | | |
| | . | | | | | | |

| | = Direction | = Vehicle 1 | 2 = Vehicle 2 | Q = Pedesti | ian 🕳 = I | licycle | |
|---------------------------|------------------|--------------|---------------|----------------|------------------|---|---------------|
| Crash Diagram: | ie: 👈 | □ → □ | 2 | ·ĝ | → ॐ | | |
| | \$ \$ \$ \$ | MV1 | MV2 / CHIQUE | and Edited | | If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by | ot - er |
| | Davida CO | | | | V | | |
| *** | Route 62 | | | | | V | - |
| Crash Narrative: | | | | | | - | |
| MV1 and MV2 were bo | th traveling r | orth on th | o TOS North | off_~- | mn /Frit | 40). MV1 ha | لم |
| slowed down to atte | | | | | | | |
| was struck from beh | | | | | | | |
| refused any medical | | | | | | | |
| • | | | | | | , | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | e. |
| Witnesses: | | | | | | | |
| Name (Last,First,Middle) | | Address | | | Phone # | | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of D | amaged Property | |
| | | | | | | | |
| | | | | | | - | <u>:</u> |
| | | | | | | | |
| Truck and Bus Information | Registration # | | (From Vehic | ele Section) | | | |
| Carrier Name | | | | | | Bus Use | 42 |
| Address | | | City | | St | Zip | |
| US DOT #: | State Number | | Issuing State | MC/MX | /ICC #· | | |
| 43 | 44 | | 45 45 | we was | 100 H. | | |
| | ly Type Code | GVWR/GCWR | | | <u> </u> | 46 | _ |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trai | ler Length | 70 | |
| Hazmat Information: | 46 | | | | 1 | | |
| Placard Material 1 digi | it # Material Na | ne | | Material 4 dig | git # | Release code | 49 |
| Patrol Officer Daryl | J Ceruolo | | 212 Wil | mingtor | Police D | epartment -04/ | 04/2019 |

ID/Badge #

| | | | | nwealth of Massachusetts | | | | RMV Document Number | | |
|-------------------------|-------------------------------------|------------------------------|---------------------|---------------------------|----------------------------|-----------------------------|-----------------------------|---------------------|----------------------------------|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | Number Injured | Speed Limi | | Local Police 🔯 | 1 |
| | 04/05/2019 1657 Wil: | mington | Police | Report | 1 | 1 | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | | ATION > | <u></u> | NOT A | | | | 1 |
| | | | | | | | | 1020 | | 10 |
| | SHAWSHE | | | | | | | | | 2 |
| ¹ 1 | Route# Direction | Name of Roadway/St | reet | Route# Direction | Address # | | Name o | f Roadw | /ay/Street | |
| Τ | HOPKINS | | | Feet NS | E W of | | | - or _ | | 1 |
| | | me of Intersecting Roady | vay/Street | | | Mile Ma | ırker | | Exit Number | 3 11 |
| | | Also at Intersection w | vith | Feet N S | E W of | Route# | Inter | secting F | Roadway/Street | |
| 2 | Route# Direction Na | | | Feet N S | E W of | Router | mor | - | Coadway/Street | |
| ² 2 | Route# Direction Na | me of Intersecting Roady | vay/Street | | | | L | andmarl | < | ╛ |
| 3 | Please Select One of the Following: | #Occupants Hit/ | Run Moped | Crash Report | 1D# 19 | -13 | 0-A | ~ | | |
| 3 | or the ronowing. | | | | | | | | | - |
| | 10 10 | DOB/Age | | # 43PA09 | | | | | ~ 21 | 1 12 |
| | Sex E Lic. Class D Lic. | Restrictions C | DL Veh | Year <u>2015</u> \ | /eh Make D | ODGE | | `Veh | Config. 1 | |
| <u> </u> | Operator MACEACHERN, K | ERRILYN F | | er MACEACHER | N, AL | AN R | | Mi | ddle | |
| ⁴ 1 | Address 173 POND ST | | | ess 173 POND | ST | rust | | MI | dule | |
| | City BILLERICA Stat | e MA Zip 01821 | -1334 City | BILLERICA | | Sta | ite MA | Zip 0 | 1821-1334 | |
| *. | Insurance Company SAFETY IN | SURANCE | Vehi | cle Action Prior to Crash | 1 | | amaged Are | | | |
| | Vehicle Travel Direction: N K E W | Responding to Emerg | | | 23 23 | | est Status: | | 1 28 | |
| 5 | | | | a Sequence 4 | 24 | T ₃ | pe of Test: | | 29 | |
| | Citation # (If Issued) | | Mos | Hannful Event 4 | | | AC Test Re | sult: | 1 30 | 13 |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Code | 1 25 | 25 St | ısp. Alcohol | l: 2 31 | Susp. Drug: 2 32 | 4 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub ——— | Viol. 4: Ch/Sec/Sub — | Drive | er Distracted by | 26 | To | owed from s | cene? | 2 33 | |
| 1 | - | ator and all occupants in | | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 Trap Injur | y Transp. | | |
| | Name (Last First Middle) Operator | | Address ee Above | DOB/Age Sex | Pos. System | Status Code | Code Statu | S Code | Medical Facility | 1 |
| | Орегию | 30 | | | 1 1 | - | | <u> </u> * | | - |
| | | | | | | | | - | | |
| | | | | | | | | | | |
| | | | | | | | | | | 1 |
| | Please Select One | | Γ | 15 16 | | 17 | 18 | | I | 1 |
| ⁷ 1 · | of the Following: | _#Occupants Non- | -Motorist A Type 2 | Action 2 | ocation 4 | Condi | ion 1 |] - | Hit/Run Moped | |
| | License #St | DOB/Age | Reg | 4 | | Reg Type | | Re | eg State | 1 |
| | Sex M Lic. Class 19 19 Lic. 1 | Restrictions 20 C | _ | Year \ | | | | | 21 | |
| | Operator BRANLEY, KENN | E1 | ndorsement | | en wake | | | VCII | comig. | |
| ⁸ 1 | Last | First | Middle | erLast | | First | | _ Mi | ddle | |
| _ | Address 55 SWAIN RD | | | ess | | | | | | 14 |
| | City WILMINGTON State | e MA Zip 0188 | City | | | | te | | | 1 |
| | Insurance Company | | Vehic | ele Action Prior to Crash | 97 | | amaged Are | a Code: | = | |
| | Vehicle Travel Direction: N S E | Responding to Emerg | gency? Even | t Sequence 23 | 23 23 | 20 | est Status: | _ | 1 28 29 | |
| 9_ | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | • | pe of Test: | 16. | 30 | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Code | 19 ²⁵ | 25 | AC Test Res Isp. Alcohol | _ | Susp. Drug: 2 32 | |
| | Viol. 3: Ch/Sec/Sub | | 5.1 | er Distracted by 99 | 26 | | owed from s | <u> Z</u> | 33 33 | |
| | Please fill out for operator/no | | | | 34 35 | 36 37 | 38 39 | 40 | - | 1 |
| | Name (Last First Middle) | | Address | DOB/Age Sex | Sent Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Statu | | Medical Facility | - |
| | Operator/Non-Motoris | t Se | ee Above | \times | 1 0 | | 8 | 1 | | |
| | | | | | | | | | | 1 |
| | | | | | _ | | | | | - |
| | | | | | | | | | | _ |
| | | | | | | | | | | |



On 4/5/19 I was dispatched to a motor vehicle crash car vs bicycle. Vehicle 1 operator was not injured and was wearing a seatbelt at the time of crash. She reproted that she was traveling on Hopkins St when a bicycle suddenly popped out in front of her from a line of cars stopped in traffic. She reported it happened quickly and she was unable to avoid crash. Veh 1 struck bike at front tire knocking down rider. Rider was not wearing helmet at time of crash. Rider reported he was trying to cross Hopkins St and rode through a line of vehicles. Rider reported he did not look for oncoming traffic and rode out in front of Veh 1. Veh 1 stopped after crash and attempted to render aid. Veh 1 suffered front bumper damage and a flat front driver's tire caused from running over bike tire. Bike suffered damage to front tire. Witnesses confirmed bike pulled out in front of the oncoming Veh 1. Rider did not use crosswalk. Rider had minor injuries. See

| Witnesses: | | | | | |
|---|--------------|---------------|-------------|---------------------------------|-----------|
| Name (Last, First, Middle) | Address | | | Phone # | Statement |
| ANDERSON JEANINE ALLARD | 1 DANIEL FIR | NN CIR BILLEF | RICA MA 018 | 21 | |
| JAGELER SABINA SCHILLER | 45 TOWPATH D | R WILMINGTON | MA 01887-39 | 917 | |
| Property Damage: | | | | | |
| Owner (Last,First,Middle) Address | | Phone # | 41-Type I | Description of Damaged Property | |
| | | | | | |
| | | | | | |
| Truck and Bus Information: Carrier Name Address US DOT #: 43 44 | | City | | | 42 |
| Interstate Cargo Body Type Code Trailer Reg #: Reg Type Hazmat Information: | | Reg Year | | #Release code | 49 |
| Patrol Officer Daniel P Furbush | | 196 ₩: | ilmington | Police Department 04, | /05/2019 |

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

On 4/5/19 I was dispatched to a motor vehicle crash car vs bicycle. Vehicle 1 operator was not injured and was wearing a seatbelt at the time of crash. She reproted that she was traveling on Hopkins St when a bicycle suddenly popped out in front of her from a line of cars stopped in traffic. She reported it happened quickly and she was unable to avoid crash. Veh 1 struck bike at front tire knocking down rider. Rider was not wearing helmet at time of crash. Rider reported he was trying to cross Hopkins St and rode through a line of vehicles. Rider reported he did not look for oncoming traffic and rode out in front of Veh 1. Veh 1 stopped after crash and attempted to render aid. Veh 1 suffered front bumper damage and a flat front driver's tire caused from running over bike tire. Bike suffered damage to front tire. Witnesses confirmed bike pulled out in front of the oncoming Veh 1. Rider did not use crosswalk. Rider had minor injuries. See 19-367-OF

Wilmington Police Department Images Associated with 19-130-AC



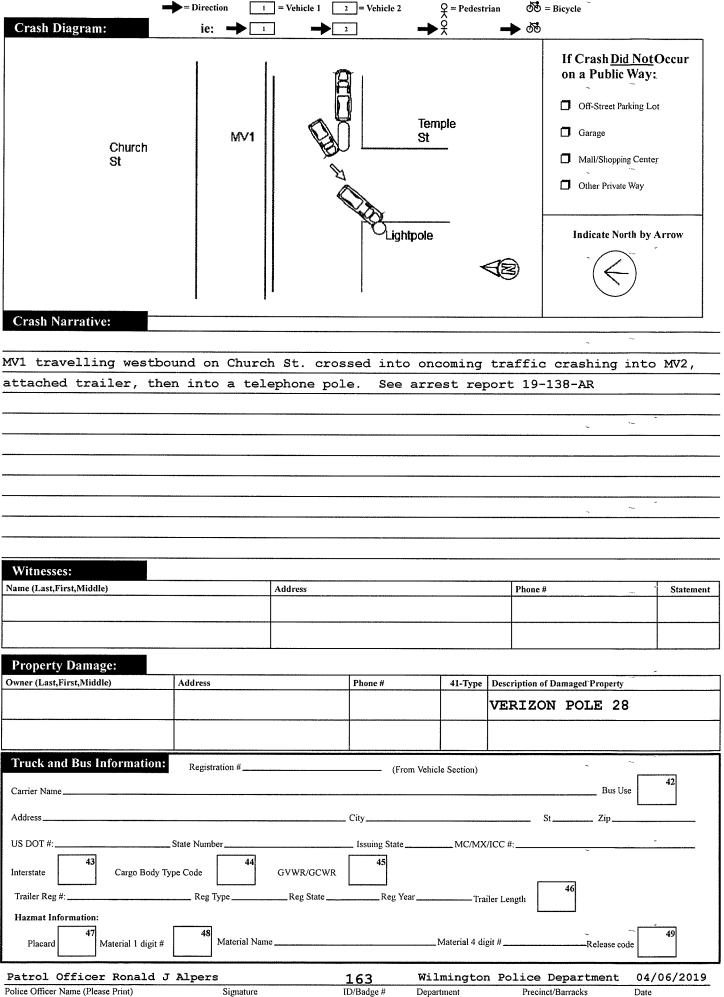


| | Police Use Only | Comm | ıonwealth | of Massacl | husetts | 3 | RM | IV Docu | ment Number | |
|-----------------------|-------------------------------------|-----------------------------------|--|--------------------------|----------------------------|-----------------------------|-----------------------------|---------------|--|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limi | t <u>`30</u> | Local Police | 1 |
| | 04/05/2019 1707 Wil: | mington | Police | Report | 2 | O | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | | TION > | I | NOT A | INTER | | 1 | 1 |
| | | | | | | | | | | 10 |
| | D. " | | | | 474 | MAIN | | - | | 2 |
| ¹ 1 | Route# Direction | Name of Roadway/Stre | et | Route# Direction | Address # | | Name of | f Roadwa | iy/Street | - |
| | | 7.11 | | Feet N S | E W of | | | or | | |
| | Route# Direction Nam | me of Intersecting Roadwa | y/Street | F | | Mile Ma | arker | | Exit Number | 3 11 |
| | | Also at Intersection wit | h | Feet N S | | Route# | Inters | secting R | oadway/Street | |
| ² 1 | Route# Direction Na | me of Intersecting Roadwa | v/Street | Feet N S | E W of | | | | | |
| 1 | | | | | | | L | andmark | | 4 |
| 3 | Please Select One of the Following: | _#Occupants Hit/R | un Moped | Crash Repo | rt ID# 1 9 | -13 | 1-A | 3 | | |
| | | A DOB/Age | | # <mark>7HA213</mark> | | | DC | ~ ~ | | |
| | 10 10 | 20 | | | | | | | 21 | 1 12 |
| | | | lorsement | Year 2013 | | | | Veh (| Config. 1 | |
| 4_ | Operator COOK, PAXTON | A First | Middle | er COOK, RO | | P First | | Mide | dle | |
| ⁴ 1 | Address 31 APACHE WAY | | Addı | ess 90 WOBUF | RN ST | | | | | |
| | City WILMINGTON Stat | e MA Zip 01887 - | -2692 City | WILMINGTO | N | | ite MA | Zip 01 | 887-1432 | |
| | Insurance Company STANDARD | FIRE INS | Vehi | cle Action Prior to Cras | h 4 | 22 D | amaged Are | a Code: | | |
| | Vehicle Travel Direction: NSWW | Responding to Emerge | ency? 2 Even | t Sequence 23 | 23 23 | 23 Te | est Status: | - | 28 | |
| ⁵ 1 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | • | ype of Test: | . | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol 2: Ch/Sec/Sub | Drive | er Contributing Code | 4 25 | 25 | AC Test Res | | | 1 13 |
| , | | Viol. 4: Ch/Sec/Sub | | er Distracted by | | | usp. Alcohol owed from s | ` | 22 | |
| ⁶ 1 | | ator and all occupants invo | | Si Distracted by | 34 35 | 36 37 | 38 39 | cene? 2 | <u> </u> | |
| | Name (Last First Middle) | • | Address | DOH/Age Sex | Seat Safety Pos. System | Airbag Eject | Trap Injury | | Medical Facility | |
| | Operator | See | Above | >>>X | 1 1 | 4 0 | 0 10 | 1. | _ | |
| | ` | | | | 3 1 | 4 0 | 0 10 | 1 | | 1 |
| | | | | | | | | + | | - |
| | | | | | | | | | | - |
| | | | | | | | | | yel Manga | 1 |
| ⁷ 3 | Please Select One of the Following: | _#Occupants Non-N | Motorist A Type | 15 Action 16 | Location | 17 Condi | tion 18 | Н 🛄 н | lit/Run Moped | |
| 3 | | A _ DOB/Age, | | | <u> </u> | | | | | ┨ |
| | 10 10 | 20 | | 6CR735 | | Reg Type | | | g State MA 21 | |
| | E | End | orsement | Year 2017 | | | | Veh (| Config. 2 | |
| ⁸ 1 | Operator FERNANDES, NA | YARA M First | Middle | er FERNANDE Last | • | ARA M First | [| Mide | dle | |
| - | Address 20 REED AVE | | | ess 20 REED | AVE | | | | | 14 |
| | City EVERETT State | MA Zip 02149- | -3920 City | EVERETT | | , | | ٠ - | | 1 |
| | Insurance Company GOVT EMPL | OYEE INS | Vehic | ele Action Prior to Cras | h 1 | | amaged Area | a Code: 8 | | |
| | Vehicle Travel Direction: N E W | Responding to Emerge | ncy? 2 Even | t Sequence 23 | 23 23 | 23 | est Status: | | 28 | |
| ⁹ 2 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | - | /pe of Test: AC Test Res | ,,je. - | 30 | |
| 2 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub —— | Drive | er Contributing Code | 1 25 | 25 | isp. Alcohol | | Susp. Drug: 32 | |
| | | Viol. 4: Ch/Sec/Sub —— | | r Distracted by | 26 | | wed from s | ` _ | 33 Jan 20 | |
| | Please fill out for operator/no: | | | | 34 35 Sont Sefetti | 36 37 | 38 39 | 40 | | 1 |
| | Name (Last First Middle) | ^^ | ddress | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | | Medical Facility | - |
| | Operator/Non-Motorist | | Above | \times | 1 1 | 4 0 | 0 10 | 1 | | |
| | CEARA SIRQUERIA | 37 SCHOOL ST EVERETT, MA 02149 | | F | 3 1 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | 1- | | 1 |
| | | | ······································ | | + | | | | | 1 |
| | | | | | | | | | | 1 |

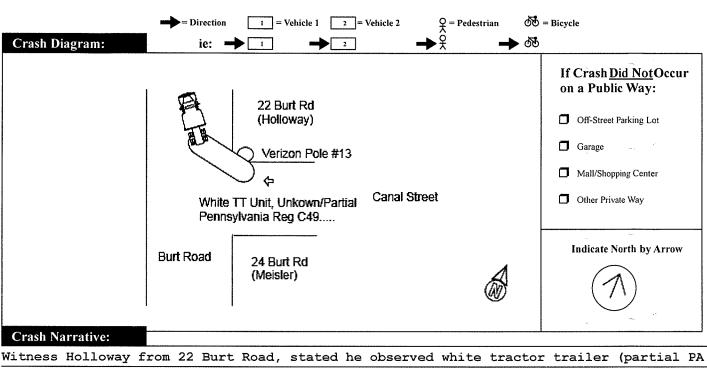
| | = Direction 1 | = Vehicle 1 | = Vehicle 2 | ♀ Pedestri | an 👧 | = Bicycle | |
|----------------------------|-----------------|--------------|---|-----------------|----------------|---|-----------|
| Crash Diagram: | ie: 👈 🔟 | → □ | 2 | 웃 | → № | | |
| | | | | | Ħ | If Crash <u>Did Not</u> on a Public Way: | |
| | | v2 | | | | Off-Street Parking Lo | t |
| | 3 | | b | | | ☐ Garage | |
| | 1 | \mathbf{a} | | | | - | |
| | | A | | | | Mall/Shopping Center | |
| *** | _. v1 | Ø | g | | | Other Private Way | |
| | | ৳ | | | | Indicate North by A | Arrow |
| | | | | (| 16 | | |
| 474 Main St | eet | 仓 | | (2 | 50 | (>) - | |
| | | • | | | | | |
| Crash Narrative: | | | | | | | |
| The driver of v1 stat | | | | | | | |
| stated the north boun | d traffic wa | ved him th | rough, he at | ttempte | d to ta | ke his left an | d he |
| collided with V2 | | | | | | | |
| 72 stated she was sei | ng gouth on | Main atma | +b1 | | | | |
| W2 stated she was goi | ing south on i | Main Stree | c, when vi p | pulled | out or | the lot and st | ruck |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | ٠. | |
| | | | | | | | |
| Witnesses: | | | | | | | |
| Name (Last,First,Middle) | | Address | | | Phone # | | Statement |
| | | | | | | پ. | |
| | | | | | | _ | |
| Property Damage: | | | *************************************** | | i | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of | Damaged Property | |
| | | | | | | , w | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | le Section) | | | |
| Carrier Name | | | | | | Bus Use | 42 |
| Address | | | City | | 9 | St Zip | |
| | | | • | | | | |
| US DOT #: | State Number | | Issuing State | MC/MX/I | CC #: | | |
| Interstate Cargo Body Ty | | GVWR/GCWR | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | er Length | 46 | |
| Hazmat Information: | [c] | | | | L | | |
| Placard Material 1 digit # | Material Nam | e | | Material 4 digi | t # | Release code | 49 |
| Patrol Officer Brian D T | hornton | | 190 Wil | mington | Police | Department 04/ | 05/2019 |

Department

| | Police Use Only | Commo | onwealth o | of Massa | chu | setts | 3 | | RM | V Doct | ament Number | |
|-------------------------|---|------------------------------|-------------------|--|-------------------|--------------------------|---------------|----------------------------------|------------------|-----------------------|---|----------|
| | | City/Town 1 | Iotor Veh | icle Cras | sh | Number Vehicles | | ا ا | d Limit | 35 | Local Police | П |
| | 04/06/2019 1509 Wilm | ington | Police 1 | Report | | 2 | 1 | Latit | ude gitude | - | MBTA Police Campus Police Other: | i |
| | AT INTERSECTION | ON: | < LOCA | ACCRETATION TO THE PARTY OF THE | > | | NOT | | | SEC' | TION: | 7 |
| | | | | | | | | | | | | 2 10 |
| | Route# Direction | Name of Roadway/Street | | P. + # D' + # | | 27 ddress # | CH | JRCH | | | /0 | _ |
| ¹ 1 | Route# Direction | At | | Route# Directi | ion A | adress # | | N | ame or | Koadw | vay/Street | - |
| | | | 1 | Feet | N S E | w of | | | • — | or _ | Exit Number | - L |
| | Route# Direction Name | of Intersecting Roadway/S | Street | Г | , I a l a | | Mile | Marker | | | Exit Number | 3 11 |
| | × | Also at Intersection with | | | N S E | | Route# | _ | Interse | ecting F | Roadway/Street | |
| ² 2 , | Route# Direction Name | of Intersecting Roadway/S | Street | Feet | N S E | W of | TEM | PLE | ST | | | _ |
| | N al a | <u> </u> | | | | | | | | ndmark | (| - |
| ³ 1 | Please Select One of the Following: | #Occupants Hit/Run | Moped | Crash Ro | eport ID | <i>*</i> 19 | -1 | 32- | ·AC | | | |
| | License # S95686041 St MA | DOB/Ag. | Reg # | 6WF452 | | | Reg | Гуре РС | | R | eg State MA | - 12 |
| | Sex M Lic. Class D 19 Lic. Re | estrictions 1 20 CDL_ | Veh Y | ear 2017 | Veh | Make E | ORD | | | Veh | Config. 2 21 | 1 12 |
| | Operator CLOUGH , ROBERT | Endors | Sement | r CLOUGH | | | | | | | ŭ | |
| ⁴ 1 , | Address 85 CHURCH ST | First Mid | ldle | ess 85 CHU | ast | | First | | | Mi | ddle | - |
| | City WILMINGTON State | MA 7in 01887-0 | | WILMING | | | | State M | Ά - | 7in 0 | 1887-0000 | |
| | Insurance Company METROPOLIT | - | | le Action Prior to | | 7 | 22 | Damag | | | | |
| | | | | | | STATE OF THE | 23 | Test Sta | | | 1 28 | |
| ⁵ 2 | • 1× | Responding to Emergency | | | 23 | | | Type of | Test: | | 29 | |
| | Citation # (If Issued) T1151734 | - | | | 22 ²⁴ | | - 25 | BAC To | est Resi | ult: | 30 | _ 13 |
| | Viol. 1: Ch/Sec/Sub 90 24G Vi | | | r Contributing Cod | CONTRACTOR OF THE | 200000 | 7 25 | Susp. A | | SERVING STATES | | 1 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub <u>90 24E</u> Vi | | | r Distracted by | 5 20 | | | Towed | | | 1 33 | |
| ļ <u> </u> | Please fill out for operato Name (Last First Middle) | or and all occupants involve | | DOB/Age | Sex P | eat Safety os. System | | 37 38 Eject Trap Code Code | Injury Status | 40 Transp. Code | Medical Facility | |
| | Operator | See At | oove | | X 1 | | 4 0 | | 9 | 2 | Winchester Hospital | 7 |
| | - | | | | | | | | | | | 1 |
| | M es de | - | | | - | | | - | | , | - | - |
| | | * | | | | | | <u> </u> | | | | _ |
| | | | | | | | | | | | | |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non-Mot | torist A Type | 15 Action | 16 Loc | ation | 17 Cc | ndition | 18 | | Hit/RunMopeo | |
| 1 | | | | D00770 | | 18.00 | | | | - | 1/7 | - |
| | 19 19 | DOB/Age. | _ | D82779 | | | | Type TF | | | eg State MA | - |
| | D No. of Phones | strictions 1 CDL_ Endors | ement | ear 2017 | | | | not 1: | ra rec | <u>≁</u> Veh | Config. | |
| 81 | Last I | First Mid | dle | r MINGHE | ast | | LLIP First | М | | Mi | ddle | - |
| | Address 21 MIDDLESEX AV | | | ss 21 MID | | EX . | AVE | | | - | | - 14 |
| | City WILMINGTON State 1 | MA Zip 01887-2 | .756 City 1 | WILMINGT | ON | 1.5.2.313 | 22 | | | | L887-2756 | . 1 |
| | Insurance Company GREEN MOUN | TAIN INS | Vehic | le Action Prior to | | 1 | 22 | Damage | | Code: | 6 ²⁷ ²⁷ ²⁷ | |
| | Vehicle Travel Direction: NSWW | Responding to Emergency | /? <u>2</u> Event | Sequence 1 2 | 23 | 23 | 23 | Test Sta | | | 29 | 1 |
| ⁹ 2 | Citation # (If Issued) | - | Most | Harmful Event | 1 24 | 1 | | BAC To | | alt: | 30 | |
| | Viol. 1: Ch/Sec/Sub — Viol. | ol. 2: Ch/Sec/Sub ——— | Driver | Contributing Coc | ie 1 | 25 | 25 | Susp. A | | 31 | Susp. Drug: 32 | : 8 |
| | Viol. 3: Ch/Sec/Sub — Viol. | ol. 4: Ch/Sec/Sub ——— | Driver | Distracted by | 0 20 | 5 | | Towed | from sc | ene? | 2 33 | |
| | Please fill out for operator/non- | • | | | Se | 4 35 eat Safety | Airbag 1 | 37 38 Eject Trap | 39 Injury | 40 Transp. | | 7 |
| | Name (Last First Middle) Operator/Non-Motorist | Addre See Ab | | DOB/Age | Sex Po | os. System | Status 0 | Code Code | Status 10 | Code 1 | Medical Facility | \dashv |
| | Operator/Ivon-Iviotorist | See At | Jove | | X^1 | - - | 4 0 | - 10 | 1.0 | - | | - |
| | | | | | | | | | | | | |
| | 9 | | | | | | | | | | - | |
| ¥ | | | | | | | | | | - | - | 7 |



| Police Use Only | Comr | monwealth (| of Massach | ıusetts | 1 | RM | IV Docun | nent Number | |
|--|------------------------------|---|---|-----------------------------------|------------------|---|--|---|------------------|
| Date of Crash Time of Crash 04/01/2019 1319 Wi | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limi | t <u>30</u> | State Police Local Police MBTA Police Campus Police | |
| 04/01/2019 1319 Wi] | Lmington | Police 1 | Report | 1 | 0 | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | | | TION > | | NOT A | T INTER | | | 1 |
| | | ~ | | | | | | ~ | 2 10 |
| Route# Direction | Name of Roadway/Str | reet | Route# Direction | 22 Address # | BURT | | Roadway | u/Street | |
| L | At | | | | | | | , blicot | - |
| | | | Feet N S | E W of | — — - Mile Ma | — • — | or | Exit Number | |
| Route# Direction N | Also at Intersection w | | Feet N S | E W of | 14110 1410 | | | | 3 11 |
| Also at Intersection with | | | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | |
| Route# Direction N | ame of Intersecting Roadw | vay/Street | reet 1415 | 12[] 61 | VERIZ | ZON PO | DLE 3 | L3 | |
| Please Select One | #Occupants Hit/ | - - - - - - - - | | 1 0 | 12 | | *************************************** | | 1 |
| of the Following: | HOCCUPANTS AND HILL | Run Moped | Crash Repor | 1D# 1 9 | _T2 | 4-A(| <u> </u> | | |
| | DOB/Age | Reg | <i>t</i> | | Reg Typ | e | Reg | | 12 |
| Sex Lic. Class 19 19 Lic | | DL Veh | Year | Veh Make | | | Veh C | Config. 21 | 3 " |
| Operator unknown | First | | er | | First | | | | |
| Address | £ 24.03 | | Last ess | | | *************************************** | Midd | ic . | |
| CitySt | ateZip | City_ | | | Sta | ite | Zip | | |
| Insurance Company | | | ele Action Prior to Crasl | h | 22 D | amaged Are | a Code: | 27 27 27 | |
| Vehicle Travel Direction: NSFW | _ | | t Sequence 23 | 23 23 | 23 Te | est Status: | | 28 | |
| Citation # (If Issued) | • | - | Harmful Event | 24 | • | ype of Test: | _ | 29 | |
| Viol. 1: Ch/Sec/Sub | | | r Contributing Code | 25 | 25 | AC Test Res | | Susp Drug 32 | 22 ¹¹ |
| Viol. 3: Ch/Sec/Sub | | | r Distracted by | 26 | | usp. Alcohol owed from s | ` | Susp. Drug: 32 | - |
| | erator and all occupants inv | | I Distracted by | 34 35 | 36 37 | 38 39 | 40 | | ┦ |
| Name (Last First Middle) | • | Address | DOB/Age Sex | Seat Safety Pos. System | | Trap Injury Code Status | | Medical Facility | - |
| Operator | Se | ee Above | \times | 1 | | | ` | Novement (| |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 1 | -i | | | | 1 |
| | | | 15 16 | | 17 | 18 | <u> </u> | | 1 |
| Please Select One of the Following: | #Occupants Non- | -Motorist A Type | Action | Location | Condi | tion | Hi | t/Run Moped | |
| License #St_ | DOB/Age | Reg # | f | | Reg Type | · · | Reg | | 1 |
| Sex Lic. Class 19 19 Lic. | | DL Veh | /ear | Veh Make | | | Veh C | Config. 21 | |
| Operator | | ndorsement Own | er | | | . , | ~ | | |
| Address | First | Middle Addr | Last | | First | | Middi | le | |
| CitySta | ate Zip | City_ | | | Sta | ite | Zip | | 1 |
| Insurance Company | • | | le Action Prior to Crasl | | 22 D | amaged Are | a Code: | 27 27 27 | - |
| Vehicle Travel Direction: N S E W | Responding to Emerg | | Sequence 23 | 23 23 | | est Status: | È | 28 | |
| Civil Mark | responding to Emerg | • | Harmful Event | 24 | T ₃ | pe of Test: | | 29 | |
| 2 | | | <u> </u> | 25 | 25 | AC Test Res | | 30 | |
| Viol. 1: Ch/Sec/Sub | | | r Contributing Code | 26 | St | ısp. Alcohol | | Susp. Drug: 32 | |
| Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Please fill out for operator/non-motorist and all occupants involved | | | r Distracted by | 34 35 | 36 37 | owed from s | tene? | <u> </u> | 4 |
| Please fill out for operator/n | • | Address | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject | Trap Injury Code Status | Transp. | Medical Facility | |
| Operator/Non-Motoris | St Se | ee Above | \times X | $\begin{bmatrix} 1 \end{bmatrix}$ | | | | | |
| | | | | | | | | ,- | 1 |
| | | | | | | | + | | 1 |
| | | | | | | | + | | - |
| 2 | | | | | | | | | |



registration C49...) drive down Canal Street (posted truck restriction) and make right turn on to Burt Road. While doing so trailer collided with Verizon utility pole #13, and rode up side of pole damaging it. Services pulled down to 22 and 24 Burt Road. Vehicle left area towards rt.62 without stopping. Responding units unable to locate/identify vehicle. Reading Light, Verizon, & school bus company notified. Temporary road closure and area outage while RMLD evaluated and temporarily stabilized pole. Phone/cable pulled from 22 and 24 Burt road. Neighbor notified resident Jeff Meisler by phone of damage to house where electrical service was pulled off siding. Verizon did not arrive at time of incident and will have to evaluate pole for possible replacement.

| Witnesses: | | | | | | - | | | | | |
|--|--------------------|--------------|----------------|-------------------|-------------------------------|--|----|--|--|--|--|
| Name (Last,First,Middle) | Address | | Phone # | Phone # | | | | | | | |
| HOLLOWAY STEVEN J | 22 BURT RD | WILMINGTON | 887 | | 2 | | | | | | |
| | | | | | | ************************************** | | | | | |
| Property Damage: | | | | | | | | | | | |
| Owner (Last,First,Middle) | Phone # 41-Type De | | | Description of D | scription of Damaged Property | | | | | | |
| VERIZON | 28 DIANE LN DRA | CUT MA 01826 | | 4 VERIZON POLE 13 | | | | | | | |
| | | | | | | e e e e e e e e e e e e e e e e e e e | | | | | |
| Truck and Bus Information: Registration # | | | | | | | | | | | |
| Address | | | City | | St_ | Zip | | | | | |
| US DOT #: | State Number | | Issuing State | MC/MX/ | /ICC #: | | | | | | |
| Interstate 43 Cargo Body Ty | | GVWR/GCWR | 45 Reg Year | Troi | lor I anoth | 46 | · | | | | |
| | | | | | iei Lengiii | | | | | | |
| Hazmat Information: 47 Placard Material 1 digit # | 48 Material Nam | e | | Material 4 dig | git # | Release code | 49 | | | | |
| Patrol Officer Richard DiPerri 173 Wilmington Police Department 04/08/2019 | | | | | | | | | | | |