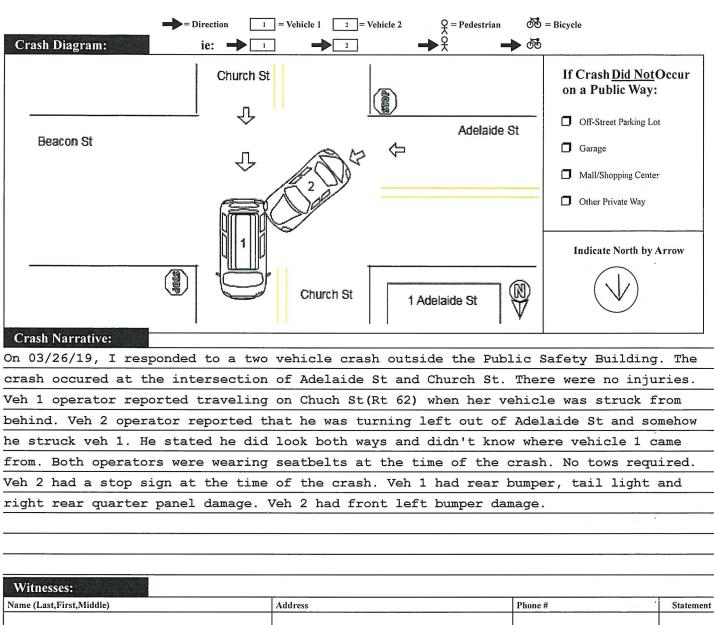
	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Document Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Local I office	8
	03/26/2019 1607 24HR	Wilmington	Police	Report	2	0	Latitude Longitude	MBTA Police Campus Police Other:	_8
	AT INTERS	ECTION:		ATION >		NOT A		SECTION:	_
									2 10
	Route# Direction CHUR	CH ST Name of Roadway/S		Barta# B	A J.J		N- 2	D 3 /64 - 4	
¹ 1	Route# Direction	At	orreer	Route# Direction	Address #		Name of	Roadway/Street	
	ADEL	AIDE ST		Feet N S	E W of				<u> </u>
	Route# Direction	Name of Intersecting Road		[sile	الماميا	Mile Ma	irker	Exit Number	3 11
		Also at Intersection	with	Feet NS		Route#	Interse	ecting Roadway/Street	_
² 1	Route# Direction	Name of Intersecting Road	way/Street	Feet N S	EW of				
	DiS-IO		<u> </u>					ndmark	
3	Please Select One of the Following:	11 #Occupants Hi	t/Run Moped	Crash Report	1D# 19	-11	9-AC		
	License # <u>\$55118963</u>	St MA DOB/Age	Reg	# SEV4		Reg Type	PC	Reg State MA	12
	Sex F Lic. Class D	Lic. Restrictions 20	CDLVeh	Year 2010	Veh Make <u>H</u>	ONDA		Veh Config. 2	1 1 12
	Operator SAWICKI, M	ANDY B	Endorsement Own	er SAWICKI,					
⁴ 2	Address 5 MIDDLE ST	First	Middle	ress 5 MIDDLE		First		Middle	
	City WOBURN			WOBURN	7 -	G.	. MA 7	tip 01801-253	_
	Insurance Company PLYMOU	•	•		[- <u>-</u>		amaged Area		27
				cle Action Prior to Crash	23 23		est Status:	1 28	
⁵ 1	Vehicle Travel Direction:				24		pe of Test:	29	
	Citation # (If Issued)		Mosi	t Harmful Event 1			AC Test Resu	ılt: 1 30	13
	Viol, 1: Ch/Sec/Sub ————			er Contributing Code	25	25 Տւ	sp. Alcohol:		32 1
⁶ 1		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		owed from sc		
т_	Please fill out fo	or operator and all occupants in	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp. Code Medical Facility	
	Operator		See Above		1 1	4 0	0 10	1	
								,	
⁷ 2	Please Select One Vehicle	21 #Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/Run . Mo	ped
2	of the Following:				<u> </u>				
	License # <u>\$20505444</u>	St.MA DOB/Age 20	_	# <u>67JM77</u>		Reg Type			1
	Sex Lic. Class D	Lic. Restrictions (Endorsement	Year 2013		YUNDA	Ţ	_ Veh Config. 1	⅃ ┃
8 1	Operator.	First	Middle	er COTE, SUS		First		Middle .	
	Addres:			ess 401 DANA					14
	City	_ State _ Zip_	City	WILMINGTON				ip 01887-622	<u> </u>
	Insurance Company PROGRE	SSIVE DIRECT	Vehic	cle Action Prior to Crash	4		amaged Area		27
	Vehicle Travel Direction: NS	Responding to Eme	rgency? 2 Even	t Sequence 1 23	23 23		est Status: /pe of Test:	28 29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24	В	/pe or rest: AC Test Rest		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 ²⁵ 4	25	sp. Alcohol:	 	32
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		wed from sc		_
	•	ator/non-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle)	ionia.	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical Facility	
	Operator/Non-Mot	Urisi	See Above		1 1	4 0	0 10	1	
									-
								, , , , , , , , , , , , , , , , , , ,	
	i	1		1 1		. 1			1



Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged	Property	
		(4)					
Truck and Bus Information:	Registration #		(From Vehic	e Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IO	CC #:		
Interstate 43 Cargo Body Typ		GVWR/GCWR	45		46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	r Length		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	e	1	Material 4 digit	#	-Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

03/26/2019

Police Officer Name (Please Print)

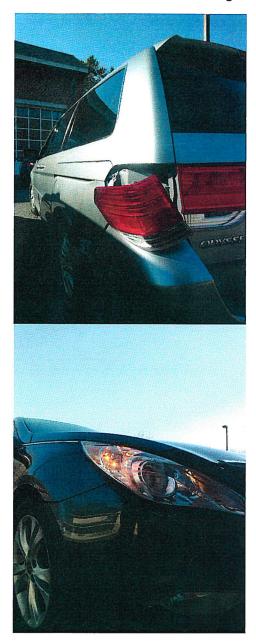
Signature

ID/Badge #

Department Precinct/Barracks

Date

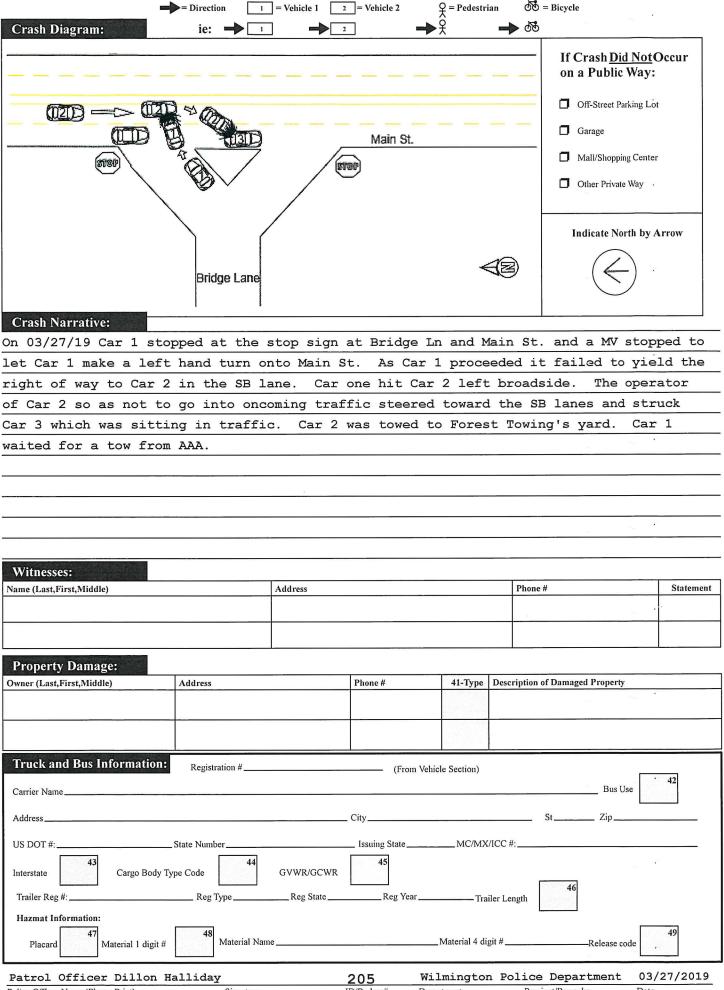
Wilmington Police Department Images Associated with 19-119-AC





	Pol	lice Use Only		C	comm	onw	vealth	of M	assa	ach	use	etts				RM	V Docu	ament N			
	Date of Crash 03/27/2019	Time of Crash		City/Town	_	Mot	tor Veh	icle	Cra	sh		ımber hicles	Nur Inju			Limit	35	Local	Police [Police] A Police [
	03/21/2019	24HR	WIIMI	Ingtor	1]	Police	Repo	ort		3		0	1	_atitue _ongit				ous Police	5	
		AT INTERS	ECTIO	N:		<	LOCA	TION		>			NO'	T AT	IN	rer:	SEC	TION	:		
																				2	10
	Route# Direc		GE LI		adway/Street	t		Route#	Direct	tion	Addr	ess#			Na	me of	Roadw	ay/Stree	t		
¹ 2					At		· · · · · · · · · · · · · · · · · · ·											,	<u></u>	_	
		MAIN							Feet	N S	EW	of		ile Mar		_	or _	Exit	Number	-	
	Route# Direc	ction			ng Roadway				_ Feet	N S	E W	of	***************************************				~			3	11
									_Feet				Rout	e#		Interse	cting R	Roadway	/Street		
² 1	Route# Direc	ction	Name o	of Intersectin	ng Roadway.	/Street										La	ndmark			-	
	Please Select (11 #0	Occupants	IJit/Pu		Moped	<u> </u>	Crash R	anart	ID#	1 0	_1	20) _						
3	of the Followi	ing:						L												_	
	License # <u>\$3</u>	1378636 19 19	7	_ DOB/Age	20			# <u>5JK</u>											21	- 1	12
	Se Lic.	Class D	Lic. Rest	trictions	CDL Endo	orsement	Veh	Year <u>20</u>	15		Veh Ma	ake <u>N</u>	ISS	SAN			_ Veh	Config.	1	<u> </u>	
4	Operato.	Last	rii	rsi		.ddle	Own	er RUC	GIE	RO ,	<u>L</u>	ONA	J	irst			Mi	ddle		-	
⁴ 2	Addres						Addı	ress <u>18</u>	MAI	PLE	WOO	D I	RD							-	
	City		Sta	Zip			City	TEWK	SBU	RY									-1122	, I	
	Insurance Comp	oany METROP	OLITZ	AN PR	OP		Vehi	cle Action	Prior to	Crash		4	22				Code:	-	27 27	<u>'</u>]	
5	Vehicle Travel D	Direction: S	E W	Responding	to Emergen	icy?_2_	Even	it Sequenc	e 1	23	23	23	23		t Stat			28	,		
⁵ 1	Citation # (If Iss	sued)					Most	t Harmful	Event	1	24				c Tes	rest: st Resu	.1±·	30			
	Viol. 1: Ch/Sec/	Sub	Viol	1. 2: Ch/Sec/	/Sub		Drive	er Contrib	uting Co	de	4	25	25	1		cohol:	31	Susp.	Drug: 32	1	13
6	Viol. 3: Ch/Sec/	Sub	Viol	I. 4: Ch/Sec/	/Sub		Drive	er Distrac	ted by	0	26			Tov	ved fi	om sc	ene?	2 33	· I	' -	_
⁶ 1		Please fill out f	or operator	and all occi	•						34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7	
	Name (Last First N			T		Above		DO	B/Age	Sex	Pos.	System 1	Status 4	Code 0	Code 0	Status 10	Code 1	Мо	dical Facility	-	
	Operan				3007			+	<u> </u>		-	<u> </u>					_			_	
								_													
⁷ 3	Please Select (21 #0	Occupants	Non-M	otorist .	A Type	15 Ac	tion	16 I	ocatio	on	17	Conditi	on	18		Hit/Run	Море	ed	
3	of the Followi		. 173					EDT	CAE						_ <u>_</u>		<u> </u>		<u></u>		
		7125300]	_ DOB/Age	20		_	# <u>5DL</u>										eg State	21	-	
	Sex.M Lic.		Lic. Rest	trictions	Endo	rsement		Year <u>20</u>									Veh	Config.	1		
⁸ 1		SA, PAUL	Fir	rst	N	⁄liddle		er HEF		ast			F	irst			Mie	ddle		-	
		EWEY AVE		CX C	11007_	2012		ess 45		المارك	بايان	AN.			3.67		. 01	2120	114/	- <u>1</u> 2	14
	-	LMINGTON		•		2012	·	BOST			[22				•	3 27 1	27 27	- I	
		any ACE IN						cle Action		-,	23	23	23		t Stat		Code.	28	, 1]	
	Vehicle Travel D	سكع		Responding	to Emergen	icy? <u>2</u>		t Sequenc	e [1	┸	24	23		Тур	e of	Test:	}	29			
⁹ 2	Citation # (If Iss	sued)						Harmful		1		25	25		.C Tes	st Resu	ılt:	30			
-	Viol. 1: Ch/Sec/	Sub ———	Viol	1. 2: Ch/Sec/	/Sub			er Contrib			1	25	25	Sus	p, Ale	cohol:	31	Bilop.	Drug: 32]	
	Viol. 3: Ch/Sec/				/Sub			er Distract	ted by	0	26	·		,		om sc	,	1 33		_	
	Ple Name (Last First M	ease fill out for oper	ator/non-m	otorist and a	•	s involve Idress	ed	DO	B/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Мо	edical Facility		
	Operate	or/Non-Mot	torist		See A	Above			<	X	1	1	4	0	0	10	1				
		·																			
											 									_	
								_			<u> </u>										
				1						1	1	l	l			1	i l			1	

	Police Use Only	Comi	monwealth	onwealth of Massachusetts RMV Doc						
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police Campus Police	1
	03/27/2019 0643 Wil	mington	Police	Report	3	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTER	SECT		1
									***************************************	2 10
	Route# Direction BRIDGE	LN Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	v/Street	
¹ 2		At At					14anie or	readway	y/oneet	1
	MAIN ST			Feet N S	E W of	Mile Ma		or	Exit Number	
	Route# Direction Na	me of Intersecting Roads Also at Intersection v		Feet N S	E.W.of	14110 1410	inc.			3 11
		Also at intersection v	vitti	Feet N S		Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	reet [N]S	E V OI		τ.			-
	Please Select One	#0 -			1 0	10	····	ndmark		-
3	of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# 19	-12	U-AC	<i>.</i>		
	· · · · · · · · · · · · · · · · · · ·	A DOB/Age	Reg	# 8GN396		Reg Type	PC_	Reg		12
	Sex M Lic. Class D 19 Lic.		DL Veh	Year 2019 v	Veh Make <u>J</u>	eep	***************************************	Veh C	Config. 21	
	Operator DEMATTEO, JAN	ES R		er DEMATTEO,	JAME			Middl		
⁴ 2	Address 270 ASTLE ST	rim		ress 270 ASTL	E ST	First		Middl	le	
	City TEWKSBURY Sta	te MA Zip 0187 6	5-2558 City	TEWKSBURY		Sta	ite MA	Zip 01	876-2558	
	Insurance Company GOVT EMPI	OYEE INS	Vehi	cle Action Prior to Crash	2	22 D	amaged Area	Code: 6	27 27 27	
	Vehicle Travel Direction: N X E W	Responding to Emer	gency? 2 Ever	at Sequence 1 23	23 23	23 Te	est Status:		28	
⁵ 1	Citation # (If Issued)	_	Mos	t Harmful Event 1	24		ype of Test:		29	
		Viol. 2: Ch/Sec/Sub —		er Contributing Code	1 25	25	AC Test Res		Susp Drug 32	1 13
	Viol. 3: Ch/Sec/Sub ————			er Distracted by	26		usp. Alcohol: owed from so		Susp. Drug: 32	
⁶ 1		ator and all occupants in		T I	34 35	36 37	38 39	40		4
	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	S	ee Above	\times X	1 1	4 0	0 10	1		
										1
										-
	Plana Salan One 🗔			15 16		17	. 18		<u> </u>	┪
⁷ 3	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action	ocation	Condi	tion	Hi	it/Run Moped	
	License # St	DOB/Age	Reg	#		Reg Type	2	Reg		1
	Sex Lic. Class 19 19 Lic.	Restrictions 20 C	DL Veh	Year \	Veh Make			Veh C	Config. 21	
Q.	Operator	First		ierlast		First		Middl	,	
ັ1	Address			ress		Lust		MIGG		L.,
	City Sta	e Zip	City			Sta	ite2	Zip		2 14
	Insurance Company		Vehi	cle Action Prior to Crash		22 D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency?Even	t Sequence 23	23 23	23	est Status:	_	28	
9_	Citation # (If Issued)		Mos	t Harmful Event	24	•	pe of Test: AC Test Res	, -	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25	ac Test Res asp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so	<u> </u>	33	
	Please fill out for operator/no	on-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	······································	7
	Name (Last First Middle) Operator/Non-Motoris	4	Address	DOB/Age Sex	Pos. System		Code Status		Medical Facility	-
	Operator/Inon-Motoris	5	ee Above		1					-
										_
									•	
										1



Police Officer Name (Please Print)

Signature

ID/Badge #

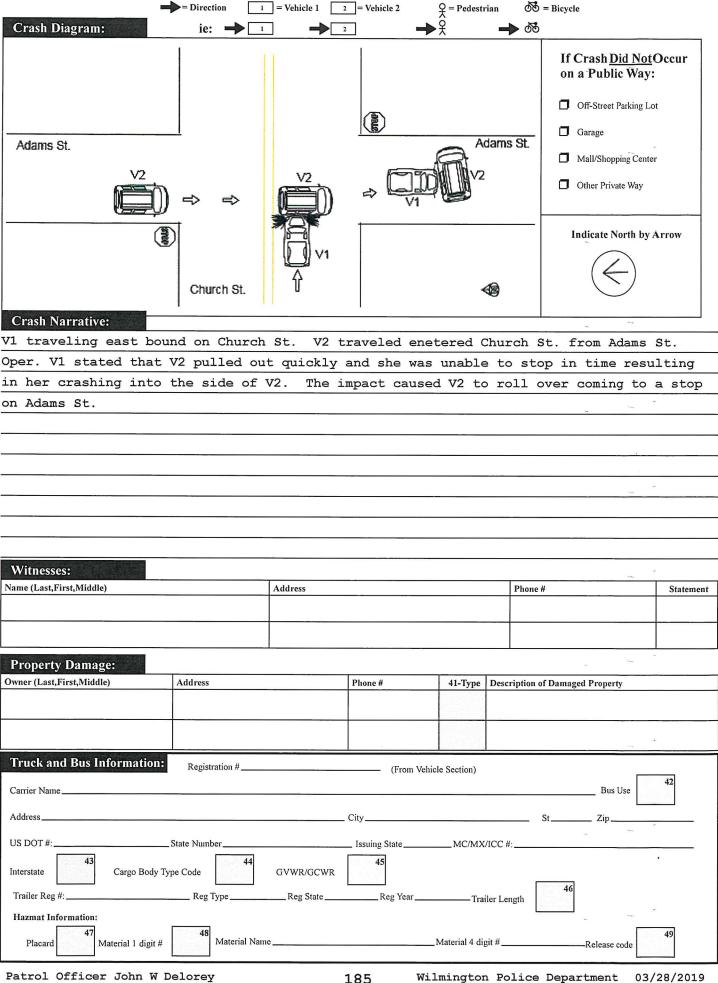
Department Precinct/Barracks

Date

	Police Use Only	Comr	nonwealth (of Massach	iusetts	}	RN	AV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it4(Local Police	1
	03/27/2019 1408 Wil:	mington	Police 1	Report	2	0	Latitude Longitude.		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A	T INTE			1
										10
					210	BAL	LARDV			
11	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name o	f Roady	vay/Street	-
<u>.</u>		At		Feet N S	E W of		- • -	- or _		
	Route# Direction Na	me of Intersecting Roadw	vay/Street			Mile M	arker		Exit Number	2 11
		Also at Intersection w	rith	Feet N S	E W of	Route#	Inter	secting	Roadway/Street	
² 1	Route# Direction Na.	me of Intersecting Roadw	/ov/Streat	Feet N S	E W of	10000			. Coudinay/our doc	
1	Touter Direction 14a.	me of intersecting Roads	vay/Street			***************************************	L	andmar	k	1
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	t ID# 19	-12	1-A	C		
										1
	License # S77591876 St N Say M Lic Class 19 19 19	20	_	243CW8					21	1 12
	Sex Lic. Class D		ndorsement	Year <u>2002</u>			1	Vel	Config. 1	F
4	Operator GONZALEZ , OSF	First	Own	er GONZALEZ	, OSB	ALDO First		М	iddle	
⁴ 3	Address 304 HIGH ST		Addr	ess 304 HIGH	ST					
	City LAWRENCE Stat	e MA Zíp 01841	2806 City	LAWRENCE		St	ate MA	Zip_ 0	1841-2806	
	Insurance Company GREEN MOU	NTAIN INS	Vehic	ele Action Prior to Crasl	հ 1	22	Damaged Are	a Code:	2 27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:		1 28	
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Test:		29	
	Viol. 1: Ch/Sec/Sub —————			er Contributing Code	1 25	25	BAC Test Re		1 30 32	1 13
				er Distracted by	26		usp. Alcoho		Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub —— ator and all occupants inv		er Distracted by	34 35	36 37	38 39		1 5	-
	Name (Last First Middle)	ator and an occupants inv	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injur	y Transp.	Medical Facility	
	Operator	Se	ee Above	>>>	1 1	4 0	0 10	1		
										1
			***************************************	<u> </u>	 		1	-		1
					 					-
⁷ 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Cond	ition 18		Hit/Run Moped	
		1		70006				11	1/2	-
	10 10	DOB/Age		70206			e <u>TL</u>		eg State MA	
	[Er	ndorsement	Year 2006				Vel	Config. 10	
⁸ 1	Operator DUQUE, VICENT	E A JR First	Own	er DEMOULAS	SUPER	R MKTS First	SINC	М	iiddle	
<u> </u>	Address 73 MELVIN ST	APT 3	Addr	ess 875 EAST	ST					14
	City LAWRENCE Stat	e MA Zip 01841	4310 City	TEWKSBURY				-	1876-1469	1
	Insurance Company TRAVELERS	IND CO	Vehic	ele Action Prior to Crash	1 1		Damaged Are	a Code:		
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:		28 29	
9	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Test:		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1 25	25	BAC Test Re Jusp. Alcoho		<u></u>	
		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		owed from s		33 Jusp. Drug. 2 33	
	Please fill out for operator/no				34 35	36 37	38 39	40		1
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System		Trap İnjur Code Statı		Medical Facility	4
	Operator/Non-Motoris	t Se	ee Above	\times X	1 1	4 0	0 10	1		
										1
							 	 		-
		1		1	1 1	1 1	1	1	1	1

	= Direction	1 = Vehicle 1 2	= Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈	1 2] →	Ŷ.	→ 85	
	Target P	arking Lot			on a Pub Off-Stree	et Parking Lot
					☐ Mall/Sho	opping Center
WANTED THE REPORT OF THE PARTY	*************			***************************************	Other Pr	ivate Way
			200 Ballardva	ale St. 🗷	Indicate	North by Arrow
Crash Narrative:						
MV 1 and MV 2 were	traveling str	aight on Bal	lardvale St	t. Op of	MV 2 stated t	he street
light was turning f						
ended him. Op of MV			~ ~~~~~~			
time to stop before						
						<u>, , , , , , , , , , , , , , , , , , , </u>
Witnesses:			*****			1 2 1
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:				***************************************		
Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Damaged Prop	ertv
				11 13pc Dc	scription of Damaged 110p	<i></i> 1,
Truck and Bus Informatio	n: Registration # 70	1206		<u> </u>		
Carrier Name Demoulas			(From Vehic	ele Section)	Bı	us Use 0
Address 875 EAST ST		(city TEWKSBU	RY	St MA Zip	01876
US DOT #: 018292	State Number		Issuing State MA	MC/MX/ICC	C #:	
43	y Type Code 97		45 3			
Trailer Reg #: 13184	Reg Type TL	Reg State L.A	 Reg Year_ 20	03 Trailer I	ength 46	
Hazmat Information:	~ · · · ·	<u> </u>		Hanel I	4	,
47	48			Name of the St. Co. H		49
Placard 2 Material 1 digi	t# Material Na	nine		ıvıaterial 4 digit #	Releas	e code
Patrol Officer Kevin	J Skipper	~	00 Wil	minator F	olice Departmer	nt 03/27/2019
Police Officer Name (Please Print)	Signature		. • •	rtment	Precinct/Barracks	Date

	Police Use Only	Commo	nwealth	of Massa	ichu	setts	}		RM	V Doci	ument Number	
		City/Town Mington	Iotor Veh		sh [Number Vehicles	Numb		d Limit	35	State Police Local Police MBTA Police Campus Police	
1.4	24HR WITM	Ling con	Police	Report		2	0	Laun	ıde itude		Campus Police Other:	i
	AT INTERSECTION	ON:	< LOCA	TION >	>		NOT	AT IN	TER	SEC	TION:	
	CHURCH S	т										2 10
¹ 1		Name of Roadway/Street		Route# Direct	ion A	ddress #		N	ame of	Roadw	/ay/Street	
1	ADAMS ST	At		Feet	N S E	w of			• —	or _		
		of Intersecting Roadway/St	reet					Marker			Exit Number	3 11
0		Also at Intersection with	<u>1867</u>		N S E	_	Route#		Interse	ecting I	Roadway/Street	
² 1 ·	Route# Direction Name	of Intersecting Roadway/St	reet	Feet	N S E	W of						_
	Please Select One	Occupants Hit/Run	Moped	Crash R	anort ID	_# 1 0	_1′	22-		ndmarl	<u> </u>	┨
3	of the Following: License # S54691845 St MA										- 1/7	-
	19 19	20	=:	# <u>5DN269</u>							21	1 12
		strictions CDL_ Endorse	ement	_{Year} <u>2002</u> er VEILLE'						Veh	Config.	\vdash
⁴ 2	Operator VEILLETTE, KAI Last F Address 33 WOBURN ST	irst Midd	le	ress 33 WOB	ast		First	A TAT		Mi	iddle	-
<u> </u>	City WILMINGTON State 1	MA 7in 01887		WILMING		IJΙ		State M	Z A ~	zin ∩°	1887	
	Insurance Company GOVT EMPLO			cle Action Prior to		1	22	Damage				
1.5	Vehicle Travel Direction: N S W	Responding to Emergency	_		23 23	200000000000000000000000000000000000000	23	Test Sta			28	
⁵ 1	Citation # (If Issued)			Harmful Event	1 2	4	X (TEXT	Type of			29	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub ——		er Contributing Coo	de 1	25	25	BAC Te		in a contract of	Susp Drug: 32	1 13
	vi.	ol. 4: Ch/Sec/Sub			0 2	0.000000	1000	Susp. A		TOTAL SERVICE	Susp. Drug: 32	
⁶ 1	•	r and all occupants involved				34 35 Seat Safety	36 Airbag E	37 38 ject Trap	39	40 Transp.	Listage &	-
	Name (Last First Middle)	Addres		DOB/Age		os. System	Status C	ode Code	Status	Code	Medical Facility	_
	Operator	See Abo	ove		Χ.	1 1	4 0	0	10	1		_
	ELOISEE VIELLETTE	WILMINGTON, MA 01887		04/08/2015	F 6	4	4 0	0	10	1		_
	NOELLA VEILLETTE	WILMINGTON, MA 01887		12/05/2016	F 4	4	4 0	0	10	1	*	
											-	
⁷ 2	Please Select One of the Following:	Occupants Non-Moto	orist A Type	15 Action	16 Loc	cation	17 Con	ndition	18	<u> </u>	Hit/Run 🔲 Mopes	
_	License # S52348971 St MA		L972 Reg	1RSV50			Reg T	ype PC	:	R	eg State MA	_
•	19 19	strictions 20 CDL_	Veh	Year 2017	Veh	Make B					Config. 21	
	Operator ZAYKOVSKAYA, A	NGELA V	Own	er ZAYKOV	SKAY	A, A	NGEI	LA V				_
⁸ 2	Address 6 SUMMER ST	ns. Middl		ess 6 SUMM	ER S	ST	First			Mi	ddle	
	City WILMINGTON State 1	<u>VIA</u> Zip 01887-38	802 City	WILMINGT	ON			State M	A _ z	zip 0 1	L887-3802	1 14
	Insurance Company SAFETY INS	URANCE	Vehic	ele Action Prior to	Crash	6	22	Damage	ed Area	Code:	11 27 27 27	
TQ.	Vehicle Travel Direction: NEW	Responding to Emergency	? <u>2</u> Even	t Sequence 2	23 23	23	23	Test Sta			28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 2	4		Type of BAC Te		ılt:	30	
_	Viol. 1: Ch/Sec/Sub — Viol.	ol, 2: Ch/Sec/Sub ———	Drive	er Contributing Coc	ie 4	25	25	Susp. Al	1	31	Susp. Drug: 32	
9	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	99 ²	6		Towed f	from sc	ene?	1 33	
	Please fill out for operator/non-in Name (Last First Middle)	notorist and all occupants in		DOB/Age	S	34 35 leat Safety Pos. System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Abo	ove		X :	1 1	2 0	o		1		
										~	-	
	,											

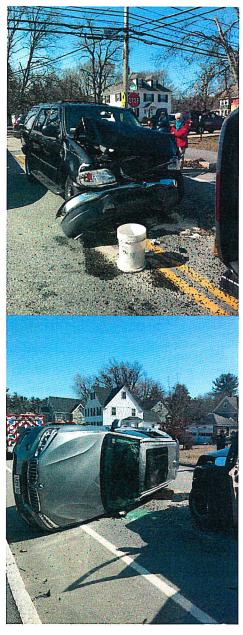


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Department

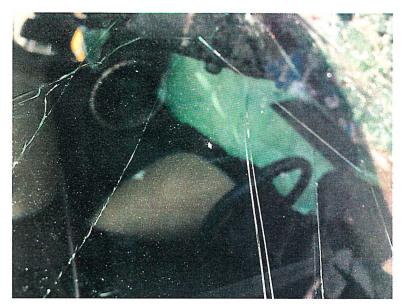
Wilmington Police Department Images Associated with 19-122-AC







Wilmington Police Department Images Associated with 19-122-AC











Wilmington Police Department Images Associated with 19-122-AC



	Police Use Only	Comm	ionwealth (of Massacl	husetts		RN	IV Docı	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lim	it 40	Local Police	
	03/29/2019 1530 Wil	mington	Police 1	Report	2	O	Latitude Longitude_		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	_	<u> </u>	NOT A	r inter			1
										2 10
					29	CONC	ORD S			
¹ 1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	Address #		Name o	f Roadw	/ay/Street	-
<u> </u>				Feet N S	E W of			- or _		
	Route# Direction Na	me of Intersecting Roadwa	y/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection wit	h	Feet N S		Route#	Inter	secting F	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadwa	y/Street	Feet N S	E W of					
	N			1				andmarl	k	-
3	Please Select One of the Following:	#Occupants Hit/R	un Moped	Crash Repor	rt ID# 19	-12	4-A	C		
	License # S17050138 St N	A DOB/Age	Reg #	# 1MTA11		Reg Typ	e PC	R	eg State MA	12
	Sex F Lic. Class D Lic.	Restrictions 1 20 CD	L Veh '	Year 2004	Veh Make H	ONDA		Veh	Config. 21	1 '2
	Operator MARTINEZ, ENY	End	lorsement	er MARTINEZ						
⁴ 3	Address 67 NEWTON ST	First APT 9	Middle	ess 67 NEWT		First APT	9	Mi	iddle ,	
	City LAWRENCE Stal			LAWRENCE				z: 0°	1843-1346	
	Insurance Company COMMERCE	-	•				amaged Are			
				t Sequence 23	sh 1 23 23		est Status:	0040.	1 28	
⁵ 2	Vehicle Travel Direction: N S E				24		ype of Test:		29	
	Citation # (If Issued)			Harmful Event 1		B	AC Test Re	sult:	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	<u> </u>	S	usp. Alcoho	2 31		1
⁶ 2	Viol, 3; Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26	T	owed from s		2 33	
	Please fill out for oper Name (Last First Middle)	rator and all occupants invo	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code State	y Transp.	Medical Facility	
	Operator	See	Above		1 1	4 0	0 10	1		
							 	1		1
							-			-
								_		-
										1
⁷ 1	Please Select One of the Following:	#OccupantsNon-N	Motorist A Type	15 Action 16	Location	17 Condi	tion 18		Hit/Run Moped	
1				070401	<u> </u>			11		4
	10 10	DOB/Age_	•	# 8NC481					eg State MA	
	Sex U Lic. Class 99 Lic.	Restrictions 99 CD End	lorsement	Year 2005				Veh	Config.	
⁸ 1	Operator COTALIMA, MAF	First	Middle	er <u>COTALIMA</u>	•	First		Mi	iddle	
	Address 167 PLEASANT S			ess 167 PLE?	ASANT					_ 14
	•	te MA Zip 01852 -	-3628 City	LOWELL				-	1852-3628	
	Insurance Company COMMERCE	INSURANCE	Vehic	cle Action Prior to Cras		 , _	eamaged Are	a Code:	1 27 27 27 28	
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Re	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	19 ²⁵ 4	25	usp. Alcoho		Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from s		1 33	
	Please fill out for operator/no				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	y Transp.		1
	Name (Last First Middle) Onergtor/Non-Motoris		About	DOB/Age Sex		Status Code	Code State	1 Code	Medical Facility	+
	Operator/Non-Motoris	See See	Above		1 1	0	10	<u> </u>		-

Crash Diagram:	ie:		= Vehicle 2	X = Pedestri	an 00 = Bicycle	
	MV1 (2)	1	Con	cord St	If Crash Did Noon a Public Way	<i>'</i> :
<u>⊏</u> ⊌(~			THE STATE OF THE S	.00
		MV2			☐ Garage	
_		T			☐ Mall/Shopping Cent	ter
Woburn St		仓			Other Private Way	
Wob		Û			Indicate North by	Arrow
		29 Concord St riveway		(
Crash Narrative:						
MV1 was traveling	g west on Concord	Street in	the left ha	and tur	n lane. MV2 pulled	out of
the driveway at	29 Concord Steet	(taking a	left) and o	crashed	into the drivers si	de of
MV1. There was o	damage to the fro	nt end of	MV2 and the	driver	s side of MV1. No i	njuries,
MV2 was towed by	A&S.					
Witnesses:						•
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Inform	ation: Registration #		(From Vehic	-		42
Carrier Name	,,				Bus Use	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:	
	o Body Type Code	GVWR/GCWR	45		46	
	Reg Type	Reg State	Reg Year	Trail	ler Length	•
Hazmat Information: 47 Placard Material	1 digit # 48 Material Na	ne		Material 4 dig	it #Release code	49
Patrol Officer Dar	yl J Ceruolo		212 Wil	mington	Police Department 03	3/29/2019

Department