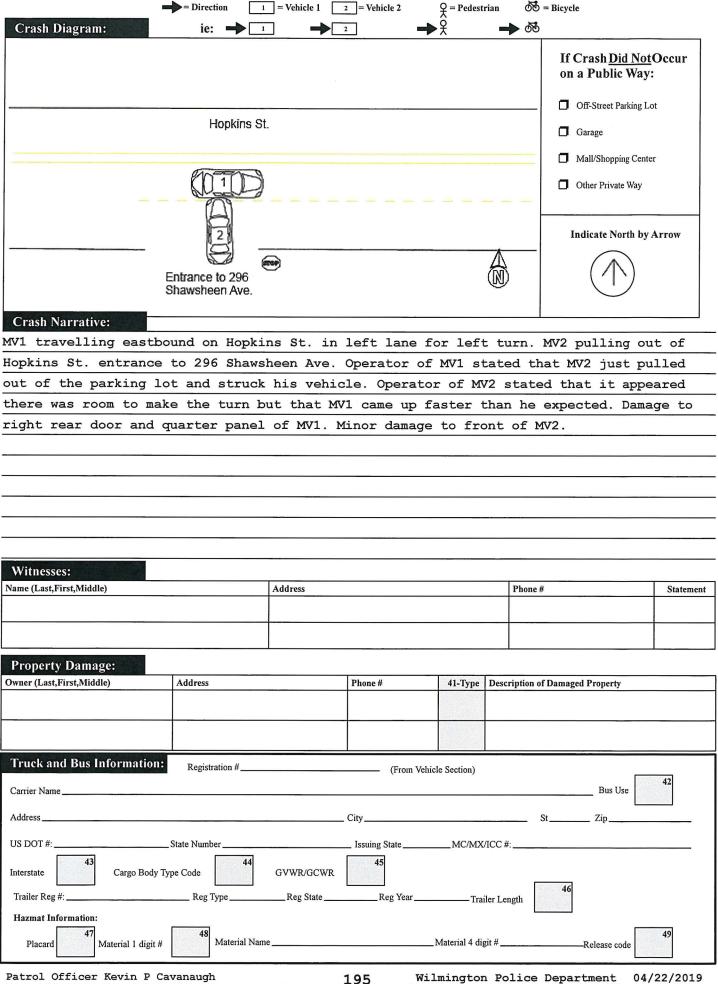
	Pol	ice Use Only	Com	monwealth	of Massacl	ıusetts	}	RM	IV Docı	ument Number	
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t25	State Police Local Police MBTA Police	1
	04/22/2019	1423 Wi	ilmington	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	i
		AT INTERSE	CTION:	< LOCA	TION >	1	NOT A	T INTER	RSEC'	TION:	7
											2 10
	Route# Direc		Name of Roadway/S	Street	Route# Direction	85 Address #	GLEN		f Roadw	/ay/Street	
¹ 1			At					114410			1
		·			Feet N S	E W of	Mile Ma	rker	or _	Exit Number	-
	Route# Direc	ction	Name of Intersecting Road Also at Intersection		Feet N S	E W of					2 11
					Feet N S		Route#	Inters	ecting F	Roadway/Street	
² 3	Route# Direc	ction	Name of Intersecting Road	lway/Street	1000	1=1:-1 04		1	andmark	*	-
	Please Select C		1 #Occupants Hi	t/Run Moped	Crash Repor	. ID# 1 Q	_1/1			`	7
3	of the Followi	ng.									_
	License # S14		St MA DOB/Age	Reg	<u>652KJ2</u>		Reg Type	PC_	R	eg State MA	- 1 12
	Sex Lic. (Class D 19 19 L	Lic. Restrictions 20	CDL Veh '	Year <u>2010</u>	Veh Make <u>1</u>	ATOYO!		Veh	Config. 1	
4	Operator	Last	First		er BABCOCK,	ELLEN	First		Mi	ddle	-
⁴ 1	Address.	-		Addr	ess 27 OHIO	ST					-
	City.		StateZip	City	WILMINGTON	<u></u>	Sta	te MA	Zip 01	L887-1656	-
	Insurance Compa	any ARBELLA	MUTUAL INS	Vehic	le Action Prior to Crasl	հ 2	22 D	amaged Are	a Code:		
5	Vehicle Travel D	Direction: SE	W Responding to Eme	rgency? 2 Even	Sequence 1 23	23 23	23	est Status:		28	
⁵ 1	Citation # (If Iss	ued)		Most	Harmful Event 1	24	_	/pe of Test: AC Test Res	,, ₁ ,,	30	
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1 25	25	isp. Alcohol			1 13
	Viol. 3: Ch/Sec/S	Sub	- Viol. 4: Ch/Sec/Sub -	Drive	r Distracted by	26		wed from s	L	2 33	
⁶ 2		Please fill out for o	perator and all occupants in	nvolved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-
	Name (Last First M	*****		Address	DOB/Age Sex	Pos. System		Code Status	Code 1	Medical Facility	-
	Operate			See Above		1 1	4 0	10	1		-
											_

⁷ 1	Please Select O		#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condit	ion 18		Hit/Run Moped	Γ.
1	License # SO4		t MA DOB/Age		168PK1			PC		eg State MA	\dashv
		10 10	20	_	Year 1997					21	-
	Sex F Lic. C	RRITY, EM		Indorsement	er GARRITY,			<u> </u>	ven	Config. 1	
⁸ 2	-	Last OYLE ST	First	Middle	Last ess 6 BOYLE		First		Mic	ddle	1
-	City WILMI		State MA Zip 0188		WILMINGTON		Sto	MZ	zin () 1	L887-2274	1 14
	•		S INSURANCE	-	le Action Prior to Crash			amaged Area	·		1 1
	Vehicle Travel D				Sequence 1 23	23 23		st Status:	Ì	28	
		nection.			Harmful Event 1	24	_{Ty}	pe of Test:	Ì	29	
⁹ 2		,			r Contributing Code	5 25	25	AC Test Res		30	
			- Viol. 2: Ch/Sec/Sub —	<u></u>	r Distracted by			sp. Alcohol:		Susp. Drug: 32	
ļ	Viol. 3: Ch/Sec/S		- Viol. 4: Ch/Sec/Sub — r/non-motorist and all occup		Distracted by 99	34 35	36 37	38 39	40	1	4
	Name (Last First Mi	iddle)		Address	DOB/Age Sex	Scat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	_
	Operato	or/Non-Motor	rist	See Above	$\nearrow\!$	1 1	4 0	0 10	1		_
ļ									П		7

= Dir	rection 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestria	n 🐯 = Bicy	cle	
Crash Diagram:	e: 👈 🔟	→ [2	→ ĝ	→ %		
						Crash <u>Did Not</u> n a Public Way	
					-	Off-Street Parking Lo	ot
				300		Garage	
					-	Mall/Shopping Cente	r
	7410					Other Private Way	
\(\sqrt{\sqrt{2}}\)						Indicate North by	Arrow
	State .						
	85 Glen Rd	Í		(2)		\bigcirc	
Crash Narrative:						(4)	
V1 traveling north on Gel							
V2 traveling behind V1 fa	ailed to	stop in	time result	ing in V2	crashing	into the r	ear of
<u>V1</u>							<u> </u>
							_
W							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
		Trudi Cos			A none ii		Statement
Property Damage:							
Owner (Last,First,Middle) Addres	is		Phone #	41-Type D	escription of Dama	ged Property	
Truck and Bus Information: Regi	istration #		(From V	ehicle Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	PERSONAL PROPERTY.
US DOT #:State Nu	mber		Issuing State	MC/MX/IC	CC #:		
Interstate Cargo Body Type Code	44	GVWR/GCWR	45				
Trailer Reg #: Re			Self and Self	Trailer	Length 4	5	
Hazmat Information:	ec (55,5)			- Italici		J	
Placard 47 Material 1 digit # 4	8 Material Nam	ne		Material 4 digit	#	Release code	49
Patrol Officer John W Delore	∍y			lilmington	Police Dep	artment 04/	22/2019
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barr	acks Date	

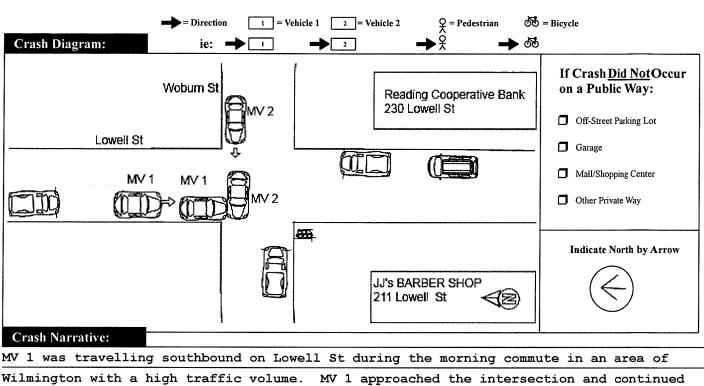
	Pol	lice Use Only		C	Common	wealth	of Mass	ach	lus	etts	\$			RM	V Doc	ument l	Number	
	Date of Crash	Time of Crash	1	City/Town	Mo	tor Vel	iicle Cra	ish		lumber ehicles		mber ured	I ^	l Limit	2	Loc	e Police al Police TA Police ppus Police	
	04/22/2019	1731 24HR	WIIM	ingtor	1	Police	Report		2	•••••	0		Latitu Longi	ide itude			ipus Police	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	T AT	ΓIN'	TER	SEC	TION	V:	1
			-															2 10
	Route# Dire	ction		Name of Roa	adway/Street		Route# Direc	ction	Add	ress #	<u>H</u>	OPK		S S ame of		way/Stre	et	-
¹ 1				,	At			- I	T = 1	1						· · · · · · · · · · · · · · · · · · ·		1
	Route# Dire	ction	Name	of Intersectiv	ng Roadway/Street		Feet	N S	E W	of	M	ile Ma	rker	. —	or .	Exi	t Number	11
	Routes Bres	cuon		Also at Inter			Feet	N S	EW	of								3
							Feet	N S	EW	of	Rout	e#		Interse	ecting :	Roadwa	y/Street	
² 2	Route# Direc	ction	Name	of Intersectin	ng Roadway/Street									La	ndmar	k		1
3	Please Select 0 of the Followi		e 1 <u>1</u> #	Occupants	Hit/Run	Moped Moped	Crash I	Report	ID#	19	-1	48	8 –	AC	,			
³ 3		8207596	c. M2	DOR/A ==			# <u>VB6411</u>					. T	PC		- 		MA	
	Sex M Lic.	10	19	ř	20		# VB0411 Year 2006										2.1	1 12
	1	BINSON,		trictions	CDL_ Endorseme	nt									Ver	i Config.	. []	
⁴ 2	1	Last OXFORD	F	irst	Middle		er ROBINS	Last				irst			М	liddle		
	1			/D ~ (1862		_{ess} 19 OXI N BILLE			<u>u</u>		~ .	, 1M1	n -	,. O	1067	2-1606	
				_						Ī.,	22					3 27	27 27	
	1	any COMME					cle Action Prior to	23	23	23	23		st Stat		Couc.	28		
5 1	Vehicle Travel D		X W	Responding	to Emergency? 2		t Sequence 1	ᆛ	24			Ту	pe of	Test:		29		
	ì	sued)					Harmful Event	1		25	25	3		st Resi		30		13
					/Sub		er Contributing Co		26			Su		cohol:			Drug: 2 32	1
⁶ 2	Viol. 3: Ch/Sec/				Sub	Drive	er Distracted by	0	34	35	36	To 37	wed fi	rom sc	ene?	2 33		_
	Name (Last First M		for operator	and all occi	upants involved Address	· · · · · · · · · · · · · · · · · · ·	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	м	edical Facility	
	Operate	or			See Above		><	X	1	1	4	0	0	10	1			
														<u> </u>				1
																		-
	Diama Salaat (1.			15	16			17		<u> </u>	18	l		Ĭ <u></u>	4
⁷ 9	Please Select C of the Followin		e 2 1 #	Occupants	Non-Motorist	t A Type	Action	I	Locatio	on		Condit	ion	10		Hit/Run	Moped	
	License # S6	5845640	St MA	_ DOB/Age		Reg #	14F370				Re	g Туре	PC		R	eg State		7
	Sex M Lic. (Class D 19 1	Lic. Res	trictions	CDL Endorsemer		Year 2009		Veh M	ake H	ONI)A			Veh	Config.	1 21	
₹	Operator HA	STIE, W	LLLIA	M G	Middle		er HASTIE	, V	VIL	LIA	M (3 irst				iddle		
2	Address 39	HOPKINS	ST		Middle	Addr	ess <u>39 HOI</u>	PKI	NS	ST	r	ırsı			M	idale		
	City WILMI	INGTON	State 1	1A Zip 0	1887-220	9 City	WILMING	TON				Stat	te <u>M7</u>	A_ z	ip <u>0</u> :	1887	7-2209	1 14
	Insurance Compa	any ARBELI	LA MU'	TUAL :	INS	Vehic	ele Action Prior to	Crash		4	22	Da	mage	d Area	Code:	-	27 27	
	Vehicle Travel D	irection: S	EW	Responding	to Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stat			28		
)_	Citation # (If Iss	ued)				Most	Harmful Event	1	24			-	pe of Tes	Test: st Resu	de-	30		
2	Viol. 1: Ch/Sec/S	Sub	Vio	I. 2: Ch/Sec/	Sub	Drive	er Contributing Co	ode	4	25	25	1		cohol:		Susp.	Drug 2 32	
	Viol. 3; Ch/Sec/S	Sub	Vio	I. 4: Ch/Sec/	Sub	Drive	r Distracted by	0	26					om sc		2 33		
		•	erator/non-n	otorist and a	ill occupants involv	ved	200		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M	or/Non-Mo	torist		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code	Status 10	Code 1	M	edical Facility	1
	Sperate				200.10010			丫	-	-				- -				-
								 							<u> </u>			4
								<u> </u>							<u> </u>			_
																		1



195

Department

	Police Use Only	Comi	monwealth	of Massacl	husetts	8	RM	IV Doc	ument Number		
	Date of Crash Time of Crash 04/23/2019 0633 Wil:	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t2!	5 State Police Local Police MBTA Police	8	
	24HR	ming con	Police 1	Report	2	1	Latitude Longitude _		Campus Police Other:	_ 🗖	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTEF	RSEC	TION:		L
								_			2 10
_	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #	LOWE	LL ST Name of		vay/Street		
¹ 1		At			T = 1-1-1						
	Route# Direction Nar	me of Intersecting Roady	vav/Straat	Feet N S	S E W of	Mile Ma	rker	- or _	Exit Number		11
	Academ Breetich 14a	Also at Intersection w		Feet N S	S E W of		WOBU				3
				Feet N S	E W of	Route#	Inters	secting 1	Roadway/Street		
² 2	Route# Direction Nar	ne of Intersecting Roadw	vay/Street				L	andmarl	k		
2	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	rt ID# 19	-14	9-A(7			:
³ 3	or the Following.		i <u></u>								
	10 10	DOB/Age		929XSD						21	1 12
	Sex P1 Lic. Class D Lic. F	E _I	ndorsement	Year 2006				Veh	Config.	┚┠	
⁴ 3	Operator GRANDI, ALBER	First	Middle	er GRANDI,		First		M	iddle		
3	Address 35 WESTWOOD ST			ess 35 WESTV						-	
	City BURLINGTON State	_	5-1102 City	BURLINGTO				-	1803-110	!	
	Insurance Company COMMERCE			le Action Prior to Cras			amaged Area	a Code:	1 ²⁷ 8 ²⁷	27	
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 1 23	23 23	-3	pe of Test:		29		
	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	ult:	1 30	ļ	12]
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 St	ısp. Alcohol:	2 31		32	1 13
⁶ 2	Viol. 3: Ch/Sec/Sub ————			r Distracted by	26		wed from so		1 33	[
	Please fill out for opera Name (Last First Middle)	ator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	,	
	Operator	Se	ee Above	\times	1 1	4 0	0 10	1			
							-	-			
						<u> </u>	10		T T		
⁷ 2	of the Following: Vehicle 21	_#Occupants Non-	Motorist A Type	Action 16	Location	17 Condit	ion 18	D	Hit/Run 🔲 Mo	ped	
	License # S31943556 St M	A DOB/Age	Reg #	3EEH10		Reg Type	PC	R	eg State MA		
	Sex F Lic. Class D 19 19 Lic. R		DL Veh Y	ear <u>2017</u>	Veh Make			Veh	Config. 2	21	
0	Operator GIARDINA, LIN		dorsement Owne	GIARDINA	, LINI					_	
°1	Address 21 KENWOOD AVE	First		ess 21 KENWC	OD AV	First	· , ·······	Mi	ddle	l	
	City WILMINGTON State	MA Zip 01887	-3036 City	WILMINGTO	<u> </u>	Sta	te MA 2	Zip 0 1	1887-303	36	1 14
	Insurance Company PROGRESSI	VE DIRECT	Vehic	le Action Prior to Crast	h 1	22 Da	amaged Area	Code:	3 27 4 27	27	
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23	st Status:		1 28		
· 2	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test: AC Test Res	nlt	29		
2	Viol. 1: Ch/Sec/Sub V	/iol. 2: Ch/Sec/Sub	Drive	Contributing Code	3 25	25	sp. Alcohol:	-	Susp. Drug:2	32	
	Viol. 3: Ch/Sec/Sub \	/iol. 4: Ch/Sec/Sub	Drive	Distracted by	26		wed from so	٠	1 33	-	
	Please fill out for operator/nor	•		DOD/4	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury		M.E. dry W		
	Name (Last First Middle) Operator/Non-Motorist		Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 2	Medical Facility Lahey Clinic	\dashv	
	- P				\-\	 		\vdash		\dashv	
						-				\dashv	
										_	



MV 1 was travelling southbound on Lowell St during the morning commute in an area of Wilmington with a high traffic volume. MV 1 approached the intersection and continued to travel southbound through the intersection when his light transitioned from red, to green. Mv 2 was travelling westbound on Woburn St approaching the same intersection. Woburn St. runs perpendicular to Lowell St. MV 2 approached the intersection and travelled through the intersection despite her light transitioning from green, to red. This caused MV 1 to collide with MV 2. Through her own admission, the operator of MV 2 acknowledged that she was at fault because her light had turned red prior to her driving through the intersection.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	ne#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descripti	on of Damaged	Property	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)				42
Carrier Name							Bus Use	
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/	ICC #:			
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46		
Hazmat Information:						\		
Placard Material 1 digit #	48 Material Name	÷	N	Aaterial 4 digi	it #		Release code	49
		1 100						***

Patrol Officer Shane A Foley

211

Wilmington Police Department

04/23/2019

Police Officer Name (Please Print)

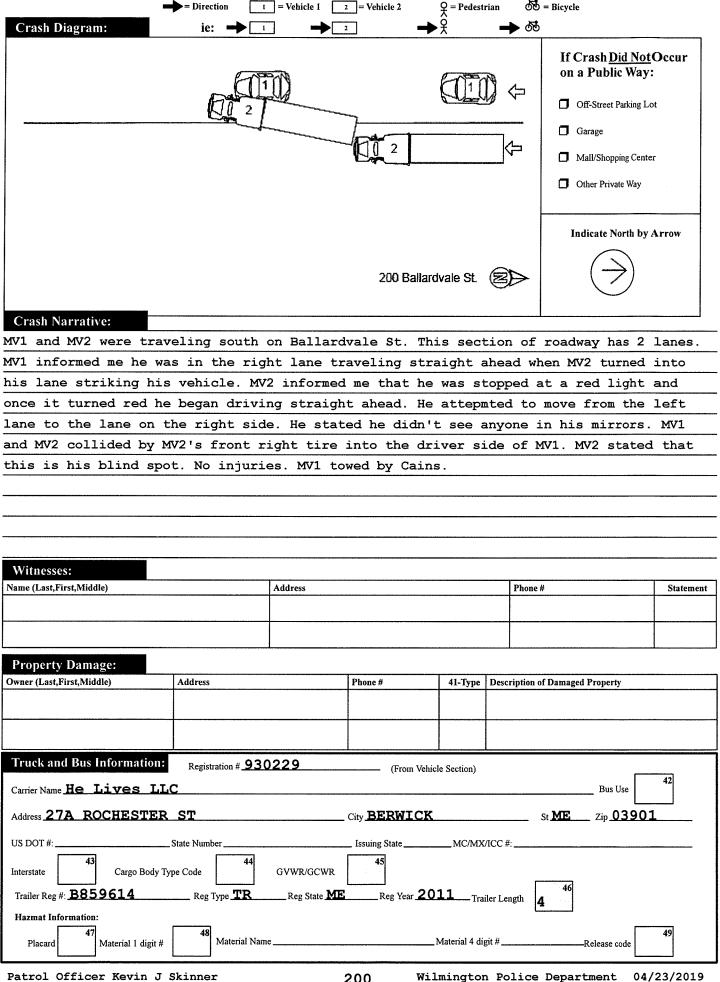
Signature

ID/Badge #

Department

Precinct/Barracks

	Pol	lice Use Only		Com	monwea	lth o	of Massa	ach	use	etts		ſ		RMV	V Doci	ument N	lumber]
	Date of Crash 04/23/2019	Time of Crash	1	City/Town ington	1		icle Cra	sh		umber hicles	Num Inju	1	peed l atitud	Limit_	40	Loca	Police Di Police A Police	1
	04, 23, 2023	24HR	W T TI	ing con	Pol	ice I	Report		2		0		antud ongitu				pus Police 🔲	
		AT INTER	SECTIO	ON:	<]	LOCA	TION	>			ron	AT	INT	ERS	SEC	TION	:	<u> </u>
									20	1	B 2	LLZ	מפו	37 2 3.1	r.e	ST		2 10
1	Route# Dire	ction		Name of Roadway/S	Street		Route# Direc	tion	Addr							/ay/Stree	t	, -
1				At			Feet	NS	EW	of			- •		or _			
	Route# Dire	ction	Name	of Intersecting Road	lway/Street						Mil	e Marl	er			Exit	Number	3 11
				Also at Intersection	with	I	Feet				Route	# -	I	nterse	cting F	Roadway	/Street	
² 1	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	N S	EW	of								
_	Please Select	One 🔀	. 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_					1 0		<u> </u>			ndmark	K .		1
3	of the Followi	ng: Vehicle	e 1 <u>.1.</u>	Occupants Hi	t/Run N	Toped	Crash R	leport	ID#	ТЭ	<u> </u>	<u> </u>	-1	AC	,			1
	License # S4	1936350	St MA	DOB/Ag			1AA631										21	1 12
	Sex M Lic.	Class D	Lic. Re	strictions 1	CDL Endorsement		ear 2015					TA			_ Veh	Config.	1	
⁴ 1	1	AVERS, C	F	irst	Middle		TRAVER	Last			Fin					iddle		
T		RIVERS					ss <u>945 RI</u>		KSI	DE	DR	A				1044	6710	
				MA Zip 0184	4-0/18		METHUEN			4	22				ip 0] Code:		27 27	
		oany NORFLE			0.7		e Action Prior to		23	23	23		Statu		Code.	7 28		
5	Vehicle Travel I	L	[EW	Responding to Eme	rgency? 2		sequence 1	_ـــ	24		ت	Тур	e of Te	est:		29		
	Citation # (If Iss	,	3.7'	1.2.61/0./0.1			Harmful Event Contributing Co	1		25	25			Resul		1 30	72	13
	Viol. 1: Ch/Sec/			ol. 2: Ch/Sec/Sub — ol. 4: Ch/Sec/Sub —			•	0	26	I				ohol: 2		Susp.	Drug: 2 32	
⁶ 1	VIOI. 3. CII/Sec/.			r and all occupants in		Bliver			34	35	36	37	38	39	40	1		1
	Name (Last First M			T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Status	Code	Code	Status	Transp. Code	Ме	dical Facility	-
	Operate	or 		\$	See Above			X	1	1	4) () 	10	1			-
													_					
																		1
⁷ 1	Please Select C		2 1 _#	Occupants No	n-Motorist A T	ype	15 Action	16 L	Locatio	n	17 C	onditio	n	18		Hit/Run	Moped Moped	
_	License # 579	98071	St ME	_ DOB/Ag		Reg#	930229				Reg	Туре	AP		Re	eg State	ME	1
	Sex M Lic. 0	10 1	9	trictions 1 20	CDL											Config.	21	
		ITTER, I		_I	Endorsement		HE LIV									•	<u> </u>	
81	Address 27A	ROCHES	rer s	rrst L T	Middle	Addre	ss <u>27 ROC</u>	HE:	STE	R S	Firs T	AP'	r A		Mic	ddle		
	City BERW	CK	State 1	4E Zip 0390	1	City_	BERWICK					State	ME	Zi	p 03	3901	-2268	1 14
	Insurance Comp	any				Vehicle	e Action Prior to	Crash		1	22				Code:		27 27	
	Vehicle Travel D	Direction: N	EW	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		Statu: of Te			28		
⁹ 2	Citation # (If Iss	ued)				Most I	Harmful Event	1	24			• •		Resul	lt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	de	10	25	25	Susp	. Alco	ohol:	31	Susp.	Drug: 2 32	
	Viol. 3: Ch/Sec/S			ol. 4; Ch/Sec/Sub -		Driver	Distracted by	0	26					m sce	<u> </u>	1 33]
	Ple Name (Last First M	•	rator/non-n	notorist and all occup	oants involved Address		DOB/Age	Sex	34 Seat Pos.		36 Airbag Status	37 Eject Code	38 Trap Code		40 Transp. Code	Me	dical Facility	
	Operate	or/Non-Mo	torist	s	See Above		> <	X	1	1	4 () (]	10	1			
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																		-



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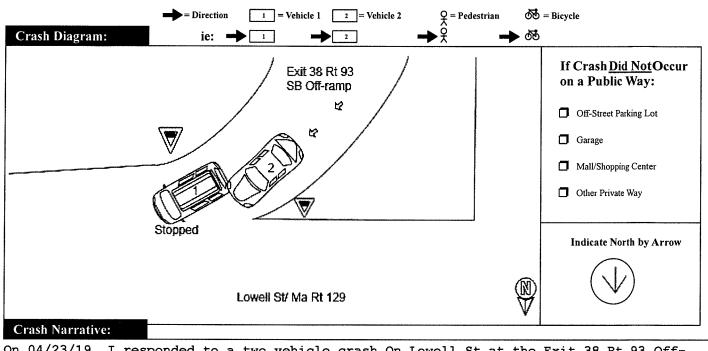
Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only		Comr	nonwealth	of Massa	ichu	setts	3		RMV	Docu	ment Number	
	Date of Crash Time of Crass	ľ	City/Town	Motor Ve	hicle Cra	sh	Number Vehicles		.a Speec	Limit_	40	State Police Local Police MBTA Police	7
	04/23/2019 1624 24H	1	ington	Police	Report		2	0	Latitu Longi			Campus Police Other:	
	AT INTE	RSECTIO	ON:	< LOC	ATION :	>		NOT	AT IN	TERS	EC'	ΓΙΟΝ:]
													2 10
	Route# Direction	vell s	'L' Name of Roadway/Str	reet	Route# Direct	ion A	Address #		Na	me of R	toadw	ay/Street	-
1			At		ſ	N S E	Two c		_				1
	Route# Direction EX		RT 93 SB of Intersecting Roadw		- Feet [NSE	ot ot	Mile	Marker	_	or _	Exit Number	11
			Also at Intersection w		Feet [N S E	w of	Route#		Y	4' D	Loadway/Street	2
2	Route# Direction	Nome	of Intersecting Roadw	vov/Stroot	Feet [N S E	w of	Koute#		intersec	xing K	toadway/Sireei	
² 2	Route# Direction	Name	of filtersecting Roadw	/ay/succi						Land	dmark		-]
3	Please Select One of the Following:	icle 1 <u>1</u>	Occupants Hit/	Run Moped	Crash R	eport ID	# 19	-1!	51-	AC			
	License # S86484495	St MA	DOB/Agt _	Rei	# RWAJ76			Reg	Type PC		Re	eg State MA	1
	Sex M Lic. Class D	19	20		Year 2006			_				21	3 12
	Operator SAWYER,		Er	ndorsement	ner SAWYER							Coming.	
⁴ 5	Address 297 WOBUR	F	irst	Middle	iress 297 WO	ast		First			Mic	idle	
	City READING		MA Zip 01867		READING				State M7	7 .ir	。01	.867-2841	
	Insurance Company USAA		-		icle Action Prior to		2	22	Damage	_			
	Vehicle Travel Direction: N		Responding to Emerg			23 23		23	Test Stat	us:		1 28	
⁵ 1	Citation # (If Issued)	LK			. [=	1 2	4		Type of			29	
	Viol. 1: Ch/Sec/Sub		ol 2: Ch/Sac/Sub		ver Contributing Co	<u> </u>	25	25	BAC Tes			1 30 32	1 13
	Viol. 3: Ch/Sec/Sub ————				-	0 2			Susp. Al Towed fi		-	Susp. Drug: 2 32	
⁶ 1			r and all occupants inv		l l	L	34 35		37 38	39	40	<u>4</u> j	4
	Name (Last First Middle)	•	T	Address	DOB/Age	Sex P	Seat Safety System	Status C	iject Trap Code Code	Status	fransp. Code	Medical Facility	-
	Operator		Se	e Above		X.	1 1	4 0	0	10 1	1		
											ŀ		
													1
7	Please Select One Vehi	cle 2 1 _#	Occupants Non	Motorist A Type	15 Action	16	ation	17 Co	ndition	18		Iit/Run Moped	1
⁷ 6	of the Polloving:						L						4
	License # 056976657	19	_ DOB/Ag		# <u>CHX9035</u>				ype <u>PC</u>			g State GA	
	Sex F Lic. Class C	Lic. Res	trictions CI	dorsement					WAGE		_ Veh	Config. 1	
⁸ 1	Operator HAZEL-RAF	F	irst	Middle	ner HAZEL-I	ast		First			Mid	ldie	
_	Address 3809 MEANI				lress 3809 M	EANI	JERI!					0047	14
	_		SA Zip 30047		LILBURN			22	State GZ Damage		r		
	Insurance Company geic				icle Action Prior to	Crash	23	23	Test Stat		ode.	28	
	L	s X w	Responding to Emerg	•	nt Sequence 1	1 2	<u> </u>		Type of	Test:	ľ	29	
⁹ 2	Citation # (If Issued)				st Harmful Event			25	BAC Tes			1 30	
	Viol. 1: Ch/Sec/Sub ————	Vic	ol. 2: Ch/Sec/Sub ——		er Contributing Coo				Susp. Al	1			
	Viol. 3: Ch/Sec/Sub		ol. 4: Ch/Sec/Sub —		er Distracted by	23	34 35	36	Towed fi	om scen	1e?	1 33	4
	Please fill out for o	perator/non-n	notorist and all occupa	nts involved Address	DOB/Age	s	eat Safety os. System	Airbag E	37 38 ject Trap ode Code	Injury T	ransp. Code	Medical Facility	
	Operator/Non-M	Totorist	Se	e Above		X^{1}	1 1	4 0	0	10 1	1		
													7
												,,,,	1
				.,,									1
	1					- 1		1 1					



On 04/23/19, I responded to a two vehicle crash On Lowell St at the Exit 38 Rt 93 Off-ramp. There were no injuries and all involved were wearing seatbelts. It was reported that Vehicle 1 was at the end of the off ramp trying to enter Lowell St but due to oncoming traffic, Veh 1 was stopped. Vehicle 2, exiting the highway, drove into the back of Veh 1. Veh 1 suffered damage to left tail light and rear bumper damage on left side. Dent about light was already present prior to crash. Veh 2 suffered damage to left side of hood, left front quarter panel, front bumper left side and left headlight. Veh 1 did not need a tow. Veh 2 required a tow and was towed by a private tow. There were yield signs present.

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

Patrol Officer Daniel P Furbush

196

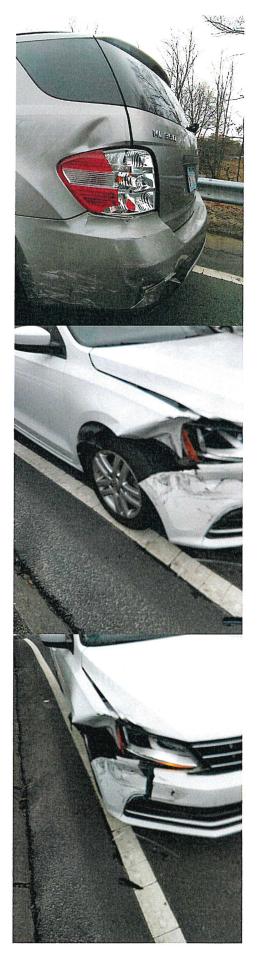
Wilmington Police Department

04/23/2019

Department

Wilmington Police Department Images Associated with 19-151-AC





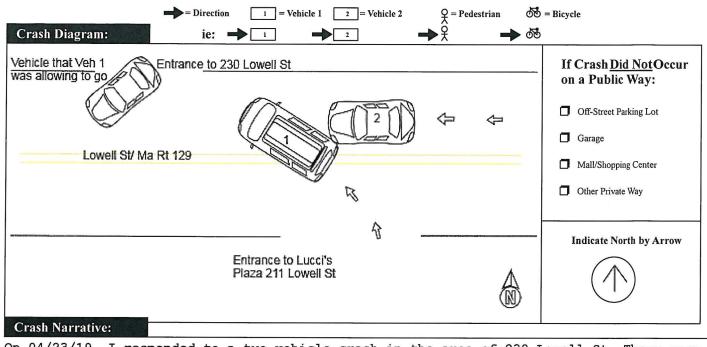
	Police Use Only Commonwealth of Massa					use	tts			RMV	/ Docu	ment Nu	mber	
	Date of Crash Time of Crash	City/Town] Motor V	ehicle Cra	ish			Number Injured	Speed		25	State Po Local Po MBTA	olice 🔯	
	04/23/2019 1625 Wiln	nington	Polic	e Report		2	C	·	Latitud Longit				s Police	
	AT INTERSECTI	ON:	< L0	CATION	>		N	OT AT			SECT			İ
		******			<u> </u>	************						***		2 10
	Route# Direction	Name of Roadway/S		Route# Dire		205 Addres		MAIN			Poaduu	ay/Street		
¹ 1	Roder Direction	At	otteet	Koute# Dife	CHOIL	Addres			Nai	ine or i	Noadwa	ay/Sileet		
				Feet	NS	E W	of —	Mile Ma			or _	Evit N	lumber	<u> </u>
	Route# Direction Nam	ne of Intersecting Road			N S	E W		IVIIIe IVIa	ikei			LAILI	umoer	3 11
		Also at Intersection	With				R	oute#		Interse	cting R	loadway/S	Street	
² 1	Route# Direction Nam	ne of Intersecting Road	lway/Street	Feet	NS	EW	of 							
	Please Select One Nation 1							4 F /			ıdınark			
3	of the Following:	#Occupants Hi	t/Run Mor	ed Crash	Report	ID#	.9-	152	Z – .	AC	,			
	License # S13761126 St M	A DOB/Age,		Reg # 1FGT31				Reg Type	PC		Re	g State 💃		_ 12
	Sex Lic. Class D Lic. R			Veh Year 2003	v	eh Mal	ke VO	LKSW	AGE	IN	_ Veh	Config.	1 21	1
	Operato:		Fndorsement	Owner BECHA	KIAN	, <i>P</i>	NN	C			Mic			
⁴ 1	Address			Address 5 PIN	Last EHUI	RST	AVI	First			Mic	idle		
	City Star	_ Zi _i		City BILLERI	CA			Sta	te M Z	z	ip 01	821-	-5901	
	Insurance Company AMICA MUT	UAL INS		Vehicle Action Prior t		4	1 22	•			Code:		27 27	
	Vehicle Travel Direction: N S E	Responding to Eme		Event Sequence 1			23 2	<u>1</u> 3	st Stat	us:		1 28		
5	Citation # (If Issued)			Most Harmful Event	1	24		_T ک	pe of T	Test:		29		
***************************************	Viol. 1: Ch/Sec/Sub — V			Driver Contributing C	L	1 ²	25	25	AC Tes	-		1 30	22	13
				Driver Distracted by	o	26			isp. Ald	-		Susp. D	rug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub V			Driver Distracted by		34	35	36 37	38	39	40	2		ļ
	Name (Last First Middle)	- I	Address	DOB/Age	Sex			rbag Eject atus Code	Trap Code	Injury Status	Transp. Code	Medie	eal Facility	-
	Operator		See Above	\sim	X	1	99 4	0	0	10	1			
					1									1

				15	16			7	<u> </u>	10				1
⁷ 1	of the Following: Vehicle 21	_#Occupants No	on-Motorist A Typ	Action	L	ocation	1	Condit	tion	18	-	lit/Run	Moped	
	License # S21898776 St M	A _ DOB/Age,		Reg # 2VB367				Reg Type	PC		Re	g State 1	1A	
	Sex M Lic. Class D 19 Lic. R	testrictions 1 20	CDL Endorsement	Veh Year 2007	\	eh Mal	ke MA	ZDA			_ Veh	Config.	1 21	
_	Operator GENTILE, BRAN			Owner GENTI	LE,	BRA	ANDO	N D						
⁸ 1	Address 231 SHAWSHEEN	First AVE	Middle	Address 231 S	Last HAW:	SHEI	EN A	First			Mic	ddle		
	City WILMINGTON State	MA Zip 0188	7-2294	City WILMING	TON			Sta	te M Z	3 z	ip 01	L887-	-2294	1 14
	Insurance Company ARBELLA M	UTUAL INS		Vehicle Action Prior t	o Crash	4	4 22	•			Code:		27 27	
	Vehicle Travel Direction: NXEW	Responding to Eme	_	Event Sequence 1	23		23 2	1 3 Te	est Stat	us:		1 28		
	Citation # (If Issued)			Most Harmful Event	1	24		•	pe of			29		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sac/Sub		Driver Contributing C	ode	1 2	25	25	AC Tes			1 30	32	
				Driver Distracted by	99	26	IL		isp. Ale			Susp. D	rug: 2 32	
	Viol. 3: Ch/Sec/Sub V Please fill out for operator/nor	viol. 4: Ch/Sec/Sub				34	35	36 37	38	39	40			4
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos.		rbag Eject atus Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	-
	Operator/Non-Motorist	!	See Above		X	1	99 4	0	0	10	1			1
							$\neg +$							1
	1	1		ı	1	, ,		1	i	1				1

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: -> 1	2		> X •	→ ፡፡	
EØ					If Crash <u>Did Not</u> on a Public Way	
					Off-Street Parking L	ot
					☐ Garage	
	Tan Decar		Main :	Street	Mall/Shopping Cent	er
	W2 LD	l				
, and an execution of the second					Other Private Way	
ige					Indicate North by	
Richmond Street Bridge					Indicate North by	AFFOW
Siree						
E 0,	Cumberla	and Farms				
Crash Narrative:						
Vehicle 1 was	turning into Cumber	land Farms	. Vehicle	2 struck	the rear of vehicle	e 1 as
	ing into Cumberland	Farms. The	e operator	of Vehic	le 2 stated he had	looked
down at his ph	one.					

······································						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Do	escription of Damaged Property	
Truck and Bus Info	ormation.					
			(From Vel	hicle Section)		42
Carrier Name					Bus Use	
Address			City		St Zip	<u>.</u>
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:	
Interstate 43	Cargo Body Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:						
Placard 47 Mai	terial 1 digit # 48 Material Nam	e		Material 4 digit #	Release code	49
Patrol Officer	Rafael G Cruz		198 W	ilmington 1	Police Department 04	1/23/2019
Police Officer Name (Please	Print) Signature			partment	Precinct/Barracks Dat	e

	Pol	ice Use Only	Com	monwealth	of Massacl	ıusetts	3	RM	iV Docu	ment Number	
	Date of Crash 04/23/2019	Time of Crash 1804 Wil	City/Town mington	Motor Vel	icle Crash	Number Vehicles		Speed Limi	t40	State Police Local Police MBTA Police	Ţ
	04, 23, 2013	24HR	mrng con	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	<u>i </u>
		AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	SECT	TION:	
						230	T.OWE	ELL SI	,		2 10
1_	Route# Direc	etion	Name of Roadway/St	reet	Route# Direction	Address #	HOME	Name of		ay/Street	_
1			At		Feet N S	E W of			- or		
	Route# Direc	ction ~ Na	me of Intersecting Roads	way/Street			Mile M	arker		Exit Number	3 11
			Also at Intersection v	vith	Feet N S		Route#	Inters	ecting R	oadway/Street	
² 2	Route# Direc	ction Na	me of Intersecting Roads	way/Street	Feet N S	E W of		T.			_
	Please Select C		#Occupants Hit	Run Moped	Crash Repor	. ID# 1 Q	_15		andmark		┪
3	of the Followin	ig.									_
	License # S6.	10 10	DOB/Age.	-						21	1 12
	Sex M Lic. (Е Е	ndorsement	Year 2015				Veh (Config. 1	
⁴ 1	_	HERTY, DENN	First	Middle	er DOHERTY,		S M First	<u> </u>	Mido	dle	- [
т		MARCIA RD NGTON Stat	M7 ~ 0199		ess 31 MARCI			163		007 2575	-
		any ARBELLA M	•	•	WILMINGTO			amaged Area		887-2575 27 27 27 27	-
	Vehicle Travel D		Responding to Emer	_	t Sequence 23	23 23		est Status:	1	28	
5		need)	Responding to Emer	•	Harmful Event 1	24	T ₃	pe of Test:		29	
	· ·	Sub	— Viol 2: Ch/Sec/Sub —		er Contributing Code	1 25	25	AC Test Res 1sp. Alcohol:		Susp Drug 2 32	1 13
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		wed from so	+	Susp. Drug: 2 32 33	
⁶ 1			ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		┥
	Name (Last First Mi			Address ee Above	DOB/Age Sex	Pos. System		Code Status 0 10		Medical Facility	-
	Operato		J			+			-		-
						4 4	4 0	0 10	1	·····	_
											_
	·										
⁷ 1	Please Select O of the Followin		_#Occupants Non	-Motorist A Type	15 Action 16	Location	Condit	ion 18	Н	it/Run Moped	1
	License # S78		A DOB/Age	Reg #	285FE2		Reg Type	PC	Reş	g State MA	.]
	Sex M Lic. C	Class D 19 Lic. 1		DL Veh Y	(ear <u>2000</u>	Veh Make H	ONDA		Veh (Config. 21	
8_	Operator REA	M. MATTHEW			er REAM, LA I	JREN J	First		Midd	ile	
°1	Address 972	MAIN ST			ess 972 MAIN	ST					- 14
	City READI		MA Zip 01867	7-1720 City	READING				_	867-1720	. 1 ''
		ny AMICA MUT			le Action Prior to Crash			amaged Area	Code: 8	27 27 27 27	
	Vehicle Travel Di		Responding to Emerg	,	Sequence 1 23	23 23	~~	pe of Test:	1	29	
2	Citation # (If Issu	,	_		Harmful Event 1	24		AC Test Res	<u>, </u>	30	
		ub			r Contributing Code	20 ²⁵ 1		sp. Alcohol:		Susp. Drug: 2 32	
ļ	Viol. 3; Ch/Sec/S	ubnse fill out for operator/no	Viol. 4: Ch/Sec/Sub		r Distracted by 5	34 35	Tc 36 37	wed from so	40	. 33	4
	Name (Last First Mic	ddle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operato	r/Non-Motoris	! Se	ee Above	\times X	1 1	4 0	0 10	1		



On 04/23/19, I responded to a two vehicle crash in the area of 230 Lowell St. There were no injuries. All adults were wearing seatbelts and child passenger in Veh 1 was in proper car seat. Veh 1 operator reported that he observed a clearing in traffic and proceeded left out of the parking lot of 211 Lowell St. Before completing the turn, Veh 1 Oper reported he stopped to let a car exit the parking lot at 230 Lowell St when he was struck. Veh 2 operator stated that he was traveling straight on Lowell St. He stated he was looking down at a tick which he was trying to remove from himself when his car hit Veh 1. Veh 1 suffered damage to right rear tire, rear bumper right side, and molding over tire. Veh 2 suffered damage to drivers side headlight, front and left side damage on front bumper and left front quarter panel. Both vehicles were towed by private tows.

Witnesses:			000				
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damage	ed Property	
Truck and Bus Information: Carrier Name	Registration #		(From Your	<u>*</u>		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/I	ICC #:		
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length 46		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name			Material 4 digi	it #	Release code	49
					200 St. 100 St		

Patrol Officer Daniel P Furbush

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Wilmington Police Department

04/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Wilmington Police Department Images Associated with 19-153-AC



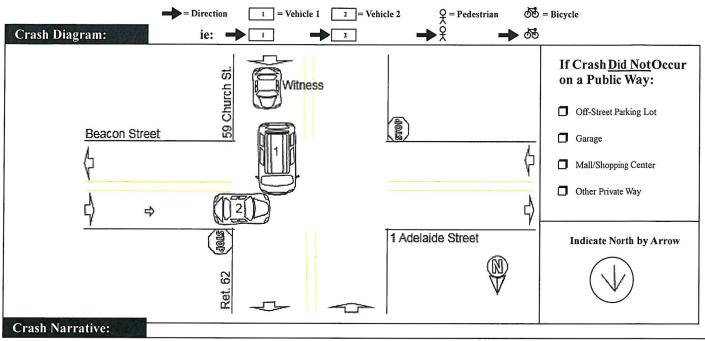








	Police Use Only	Com	nonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash	City/Town Limington	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police	1	
	24HR	. Iming ton	Police :	Report	2	1	Latitude Longitude _		Campus Police Other:		
	AT INTERSEC	< LOCA	LOCATION > NOT AT INTERSECTION:								
										2 10	
	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	ADEL	AIDE Name of	ST Roadway	/Street		
¹ 1		At			ماماسا					1	
	Route# Direction	Name of Intersecting Roady	vav/Straat	Feet N	S E W of	Mile Ma	rker	or	Exit Number	11	
	Touten Direction	Also at Intersection v		Feet N	S E W of					3	
				Feet N	S E W of	Route#	Inters	ecting Roa	adway/Street		
² 1	Route# Direction	Name of Intersecting Roady	way/Street				La	ındmark		<u>.</u>	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 19	-15	4 – AC	7		1	
	License # S55314465 S	- MA DOD/4		8ZN349					a. M7		
	19 19	20		ear 2005					21	1 12	
		E	ndorsement	er HENDERSC				ven Co	oning.		
⁴ 2	Operator COX, KOURTNI Last Address 48 MARSHALL	14130	Middle	Last Exs 6 W DEX!	•	First	<u> </u>	Middle	•		
<u></u>	City FITCHBURG			WOBURN	IER AV		. MA	n10	301-1618		
	Insurance Company COMMERCI		-		_1		amaged Area				
	Vehicle Travel Direction: SE			le Action Prior to Cras	sh 1 23 23		est Status:	1	28		
⁵ 1	Citation # (If Issued) T115159			Bequence 1	24	1	pe of Test:		29		
	Viol. 1: Ch/Sec/Sub 90 10A			Harmful Event 1 r Contributing Code	1 25	25	AC Test Res		30	13	
				r Distracted by	26	Su	sp. Alcohol: wed from so	·	Susp. Drug: 2 32 33	1	
⁶ 1	Viol. 3: Ch/Sec/Sub Please fill out for o	perator and all occupants in		I Distracted by	34 35	36 37	38 39	40		4	
	Name (Last First Middle)	portion and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	-	
	Operator	So	ee Above	\times	1 1	4 0	0 10	1			
	Please Select One X valida 2.1	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condit	. 18		/Run Moped	1	
⁷ 2	of the ronowing:		<u> </u>		Location			<u> </u>		4	
	10 10	DOB/Age		835LP5			PC	Reg	State MA 21		
	Sex M Lic. Class D Li	c. Restrictions C	ndorsement	ear 2011				Veh Co	onfig. 1		
8 1	Operator FASULO, ROBE	First	Middle	FASULO,		First		Middle	;		
_	Address 19 BROAD ST	NO. 01007		ss 19 BROAL				010	207 1044	14	
	City WILMINGTON S	•	•	WILMINGTO			te MA Z maged Area		387-1944 27 ₈ 27 27		
	Insurance Company GEICO GE			le Action Prior to Cras	sh 1 23 23		st Status:	20de. 7	28		
	Vehicle Travel Direction: NSE	Responding to Emer	-	Sequence 1 23	24	- 1	pe of Test:	-	29		
2	Citation # (If Issued)			Harmful Event 1	25	25	AC Test Resu		30		
	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub —		Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug 2 32							
	Viol. 3: Ch/Sec/Sub Please fill out for operator		Driver Distracted by 0 26 Towed from scene? 1 33								
	Name (Last First Middle)	mon-motorist and all occupa	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility		
	Operator/Non-Motor	<i>ist</i> Se	ee Above	>>>	1 1	1 0	0 8	1			
;											
										1	
					1 1	1 1	i I	1 1			



Op. of MV#1, Kourtney Cox, was traveling north on Church St/Route 62. Op. of MV#2, Robert Fasulo was traveling west on Beacon St. Mr. Fasulo stated he had stopped at the stop sign, and thought he had a clear oppertunity to continue driving onward. Mrs. Cox stated she was traveling straight ahead, when MV#2 drove out in front of her. Vehicles collided and both sustained damage (See images). Vehicles were towed by Cain's and brought to tow yard (See attachments). Mrs. Cox claimed no injuries and refused medical attention. Mr. Fasulo sustained minor injuries to forehead, was treated by Wilmington Fire Dept. and refused transport to a hospital. Witness, Eric Bruyn stated he was directly behind MV#1 and corroborated Mrs. Cox statements. Mrs. Cox was issued Massachusetts Uniform Citation #T1151593 for unlicensed operation of MV (See report 19-161-AR).

Witnesses:									
Name (Last,First,Middle)	Address			Phone #	Statement				
BRUYN ERIC S	3 VALLEY RD	NORTH READING	MA 01864-1	740	1				
		9.5							
Property Damage:									
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of Damaged Property					
Truck and Bus Information: Registration #									
US DOT #: State Numbe Interstate Cargo Body Type Code	44 GVWR/GCWR	Issuing State	MC/MX/I	CC #:					
Trailer Reg #: Reg Ty	peReg State	Reg Year	Traile	er Length 46					
Hazmat Information: Placard 47 Material 1 digit # 48	Material Name		_Material 4 digi	t #Release code	49				
Patrol Officer Julio J Quiles		197 Wi	lmington	Police Department	04/24/2019				

ID/Badge #

Department

Precinct/Barracks

Signature

Police Officer Name (Please Print)

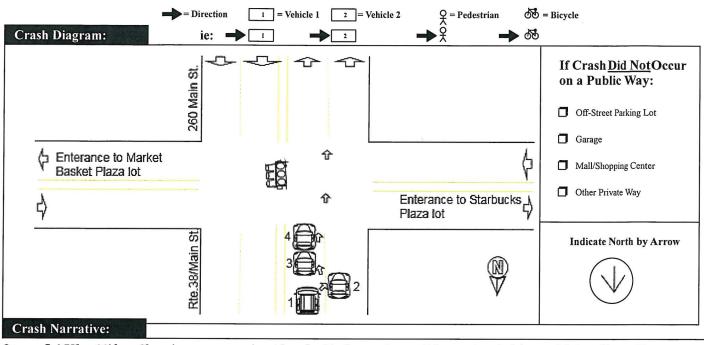
Wilmington Police Department Images Associated with 19-154-AC





	Pol	ice Use Only	monwealtl	wealth of Massachusetts RMV Document Numb						cument Numbe	r					
	Date of Crash Time of Crash City/Town Motor O4/24/2019 1849 Wilmington Date of Crash City/Town Motor O4/24/2019 O			Motor Vo	ehicle Cra	ish	Numb Vehicl		urad	•	Limit	3.	Local Police			
	04/24/2019	24HR	M T TIII	ington	Police	e Report		4	0	ı	Latituo Longit			MBTA Polic Campus Poli Other:		
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																2 10
	Route# Direc	ction		Name of Roadway/St	reet	Route# Dire	ction	260 Address		AIN			Roady	way/Street		
1				At			ग्रिडी	12 VIII -	********			*				İ
	Route# Direc	etion	Name	of Intersecting Roady	vav/Street	Feet	[N]S]	E W of	N	lile Ma	rker		or .	Exit Numb	er	11
				Also at Intersection v		Feet	NS	E W of				_				4
2	D-4# Di-	4	N T	-CI-tC D 1	/0.	Feet	NS	E W of	Rou	te#		Interse	ecting.	Roadway/Stree	t	
² 1	Route# Direc	cuon	Name	of Intersecting Roady	vay/Street	Landmark										
3	Please Select C of the Followin		1	Occupants Hit/	Run 🔲 Mope	d Crash	Report 1	1D# 1	9-1	155	5 –	AC	•			
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	l			-			. CI	E	22				-		27	
	Vehicle Travel D		Tact Status: 28													
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	•	-		ol. 2: Ch/Sec/Sub —		ost Harmful Event	1		4 F 25	ВА	C Tes	t Resu		1 30		_ 13
						Driver Distracted by 99 26 Towed from scene? 2 33										
⁶ 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub r and all occupants in												
	Name (Last First Mi		u operato	T and an occupants in	Address	DOB/Age	Sex	Seat Safe Pos. Syste	ty Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Fac	ility	
	Operato	or .		Se	ee Above	\sim	X	1 99	4	0	0	10	1			
	Please Select O	me 571	1 "			15	16		17			18		<u> </u>		
⁷ 2	of the Followin		2 1 #	Occupants Non-	-Motorist A Type	Action	L	ocation		Conditi	on			Hit/Run	Moped	
	License # S31		St MA	_ DOB/Age _	Re	g# 8PT326			Re	g Type	PC		R	eg State MA		
	Sex F Lic. C	Class D 19 19	Lic. Res		DL Ve	h Year <u>2013</u>	V	eh Make_	CHE	/RO]	LET		_ Veh	Config. 1	21	
3 _	Operator <u>CAI</u>	LDER , KA	YLEE Fi	C nst		vner CALDER	, K	AYLE		irst			Mi	iddle		
1	Address 7 W	ING RD			Ac	dress 7 WING	RE)								141
	City WILMI	NGTON	_ State <u></u>	IA Zip 01887	-2530 Ci	y <u>WILMING</u>	TON		····	State	e <u>MA</u>	Z	ip 0	1887-25	530	1 14
	Insurance Compa	my PROGRES	SSIV	E DIRECT	Ve	hicle Action Prior to	Crash	2	22			Area	Code:	<u> </u>	27	
	Vehicle Travel Di	rection: NXI	EW	Responding to Emerg	gency? 2 Ev	ent Sequence 1	23 20 2	23 23	23		t Statu be of T			28		
2	Citation # (If Issu	ied)			M	ost Harmful Event	1	24				t Resu	lt:	1 30		
_	Viol. 1: Ch/Sec/S	ub	Vio	1. 2: Ch/Sec/Sub	Dr	iver Contributing Co	ode	1 ²⁵	25	Sus	p. Alc	ohol:	2 31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/S	Dr	iver Distracted by	0	26		Tov	wed fro	om sce	ene?	1 33					
	Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address					DOB/Age	Sex	34 35 Scat Safet Pos. Syste		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fac	lity	•
		r/Non-Mote	orist	Se	e Above	DOM/NGC	V	1 1	4				1	Wicoldai Fac	,	
									-							
									+							

	Police Use Only	nonwealth	lth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh	Number Vehicles		Speek	d Limit	35	Local Police		
	04/24/2019 1849 Wili	mington	Police 1	Report		4	0	Latitu			MBTA Police Campus Police Other:	. 8	
	AT INTERSECT	ION:	< LOCA		>	1	NOT A			SEC'			
							1,011				******		10
						260	MAI						2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	on A	Address #		Na	ame of	Roadw	/ay/Street		
<u> </u>		At		Feet N	N S E	w of		•		or _			
	Route# Direction Nar	ne of Intersecting Roadw	ray/Street				Mile N	larker			Exit Numbe		4 11
		Also at Intersection w	ith	Feet N	N S E	w of	Route#		Inters	anting E	Roadway/Street	<u> </u>	4
2	Destall Division	CT : B	10.	Feet N	N S E	w of	Koute#		miers	ecinig r	Coadway/Sireet	l	
² 1	Route# Direction Nar	ne of Intersecting Roadw	ay/Street						La	ndmark	ζ		
3	Please Select One Vehicle 31	_#Occupants	Run Moped	Crash Re	nort II	D# 1 9	-15	5	Δ	٧.			
,	or the Pollowing:												
		A DOB/Age	Reg	99KT39			Reg Ty	pe <u>PC</u>		R	eg State MA	21	12
	Sex F Lic. Class D 19 19 Lic. F	Restrictions CI	OL Veh '	rear 2012	Ve	h Make 🚺	ISSA	1		Veh	Config. 1		1
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⁴ 3	Address 24 NASSAU AVE	LIM		ess 24 NAS		AVE	First			Mi	ddle		
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	Insurance Company SAFETY IN		_	le Action Prior to C		2		Damage			,	27	
					3 23			est Stat			1 28	一	
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emerg	•	Sequence 1		24		ype of	Test:		29		
	Citation # (If Issued)		Most	Harmful Event	1 -			BAC Te	st Resu	ılt:	1 30	-	121
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	e 1	25	25	Susp. Al	lcohol:	2 31	Susp. Drug:2	32	1 13
6 .	Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 2	26		owed f	rom sc	ene?	2 33	_	
⁶ 1		tor and all occupants inv			:	34 35 Seat Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.		1	
	Name (Last First Middle)		Address	DOB/Age		Pos. System				Code	Medical Facili	ty	
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				12 [17		19		10			\dashv	
⁷ 2	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action 1	Loc	cation	17 Cond	ition	18	o i	Hit/Run 🔲 M	loped	
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1		20	_	ear 2015		h Malea G					Config. 1	21	
- 1	Operator OKEEFE, KATHL	En	dorsement							ven	Connig.		
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	City NASHUA State	NH Zip 03060	City 1	NASHUA							3060	<u>_</u> [1
	Insurance Company ALLSTATE		Vehic	le Action Prior to C	Crash	2)amage		Code:		27	
	Vehicle Travel Direction: NEW	Responding to Emerg	ency? 2 Event	Sequence 23	3 23	3 23		est Stat			1 28		
,	Citation # (If Issued)		Most	Harmful Event	1 ²	:4		ype of		.	29	e .	
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			r Distracted by				usp. Aid	Ľ	_	Susp. Drug: 2			
Ļ	Please fill out for operator/nor		. Distributed by		34 35	36 37	38	39	40				
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Op. of MV1, Mike Cherisme, was in the left lane traveling straight on Main St. He attempted to change into the right lane, sideswiped MV2 Op. by Kaylee Calder, and caused her to hit the curb (Front right tire damage). He then sideswiped MV3 Op. by Theresa Gemellaro, and sideswiped MV4 Op. by Kathleen O'Keefe. He then drove away, leaving the scene of an accident. All other involved parties stated that they were stopped at the red light when they were struck by MV1. There were no other passengers inside any of the vehicles. All parties claimed no injuries and refused medical attention. MV2 contacted a private tow. MV3 and MV4 were in drivable condition. See images for photographs of damage to all vehicles. Mr. Cherisme was later located, admitted to the accident, was issued Massachusetts Uniform Citation #T1151594 and will be summons to Woburn District Court for leaving the scene of property damage (See report #19-160-AR).

Witnesses:											
Name (Last,First,Middle)		Address			P	hone #	Statement				
Property Damage:											
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	cription of Damaged Property					
Truck and Bus Information: Carrier Name Address						St		42			
US DOT #:S Interstate	State Number										
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Lengt	th 46					
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name			_Material 4 dig	git #		—Release code	49			

Patrol Officer Julio J Quiles

197

Wilmington Police Department

04/24/2019

Department

Wilmington Police Department Images Associated with 19-155-AC









Wilmington Police Department Images Associated with 19-155-AC





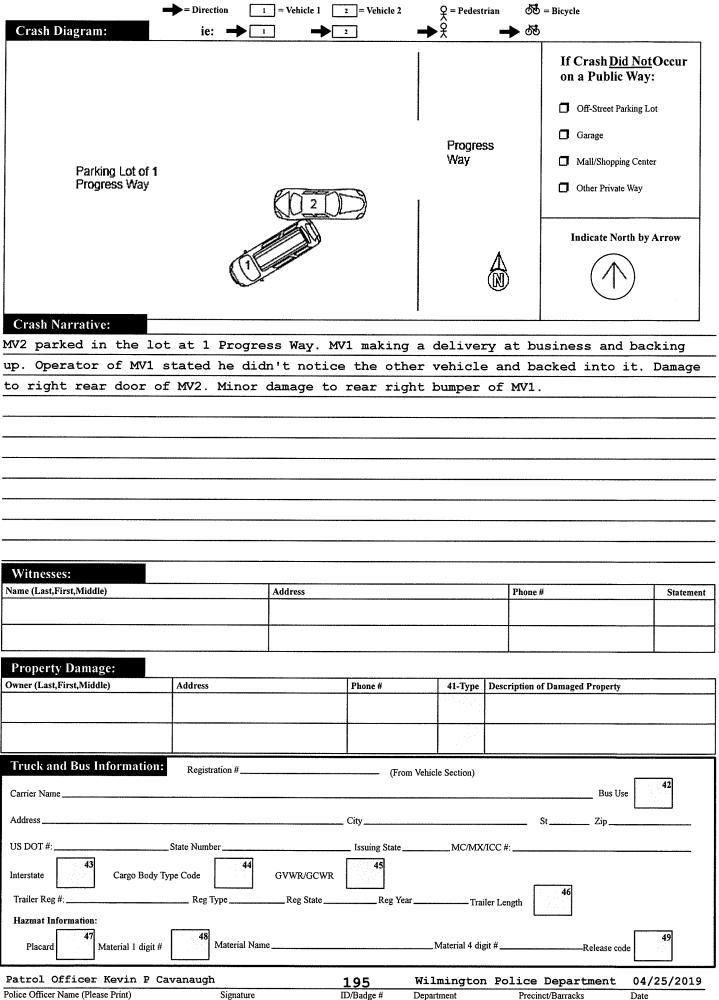




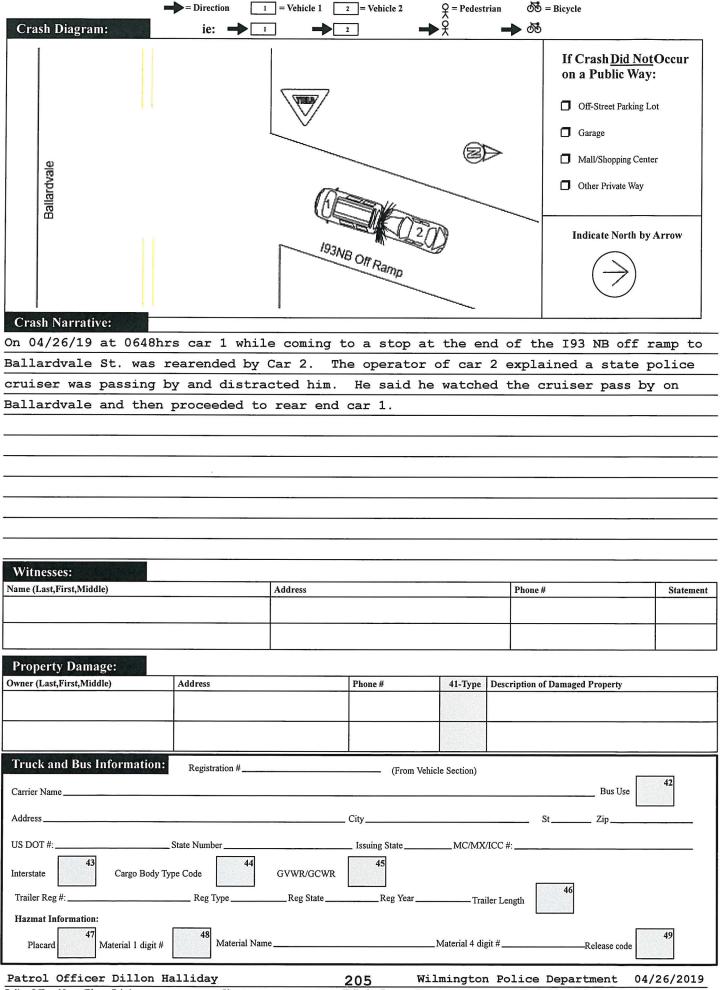




	Police Use Only Commonw						ealth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash City/Town Motor O4/25/2019 1616 Wilmington Date of Crash City/Town City/Town O4/25/2019			r Veh	icle Cra	sh		ımber hicles		ا د	eed Lim	it	5 State Police Local Police MBTA Police	080			
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¹ 1	Route# Dire	ction		Name of Roadway/St	reet		Route# Direc	tion	Addr	ess#	FR				way/Street		
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	Route# Dire	ction	Name	of Intersecting Roads	vay/Street						Mile	Marke	er		Exit Numbe	r	10 ¹¹
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	Please Select 0	One 🔀	. 1	#O		·				1 0				andma	rk		
3	of the Followi		e 1. <u>↓</u>	#Occupants Hit/	Run	Moped	Crash F	Report	ID#	T 9	<u>-T</u>	56	-A(<u> </u>			
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	Sex M Lic.	Class D	Lic. Re		DL ndorsement	Veh Y	Year 2004		Veh Ma	ike <u>G</u>	MC			Vel	h Config. 97	21	
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⁴ 1		ROSE ST				Addre	ess 34 ROS	SE	ST				····				
	'			MA Zip 02151	4409	City	REVERE		r						2151-44		
	Insurance Comp			NSURANCE		Vehic	le Action Prior to			TO	22		aged Are Status:	a Code	27 27 27 28	27	
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	Viol. 1: Ch/Sec/	Sub ———	Vi	ol. 2: Ch/Sec/Sub	<u></u>		r Contributing Co		13	25	25		Alcohol	L		32	2 13
⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —		_ Drive	r Distracted by	99	26	16	- 1. T		d from s	cene?	2 33		
	Name (Last First M		for operato	r and all occupants in	/OIVed Address		DOB/Age	Sex	Seat Pos.	35 Safety System	Airbag 1	ject Ti	18 39 rap Injur ode Statu	y Transp.	Medical Facili	ty	
	Operate	or		Se	e Above		> <	\boxtimes	1	1	4 0	0	10	1			
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		ued)	<u> </u>	Responding to Emerg	ency?		. =	1	24			Type	of Test:		29		
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	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————————————————————————————————————						<u>-</u>	34 Seat	35 Safety		37 3	8 39	40				
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	Operato	or/Non-Mo	urisi	Se	e Above			A	1			_		ļ			
														-			



	Pol	lice Use Only	Com	monwealth	vealth of Massachusetts RMV Document Number							
	Date of Crash 04/26/2019	Time of Crash 0641 Wi	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	25	State Police Local Police MBTA Police	0 8 0 0	
	04,20,2013	24HR		Police	Report	2	0	Latitude Longitude _		Campus Police Other:	<u> </u>	
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² 3	Route# Dire	ction	Name of Intersecting Road	way/Street	Feet [N] S	E W of		T.	ndmark		_	
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			State NH Zip 0303		ATKINSON		Sta	ite NH	Zip 03 (0382624	_	
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⁵ 1	Citation # (If Iss	sued)		Most	Harmful Event 1	24	•	/pe of Test: AC Test Res	ult:	30		
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⁶ 2	Viol. 3: Ch/Sec/	Sub ———	- Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by	26	To	wed from so	ene? 2	33	' 	
2	Name (Last First M		perator 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	40 Transp. Code	Medical Facility		
	Operate	or	2	See Above	\times	1 1	4 0	0 10	1			
7	Please Select C		#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hie	t/Run Mone	<u>_</u>	
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4	_	Last VICTOR ST	First	Middle	ess 27 VICTO		First		Middle		_	
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	Vehicle Travel D	Pirection: NXE	W Responding to Emer	rgency? 2 Event	Sequence 23	23 23	23	st Status:	-	28		
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	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub		Driver Distracted by 7 26 Towed from scene? 2 33							
	Ple Name (Last First Mi	•	/non-motorist and all occup	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		
	Operato	or/Non-Motor	<i>ist</i> s	ee Above	$\times X$	1 1	4 0	0 10	1			



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Wilmington Police Department Images Associated with 19-157-AC





