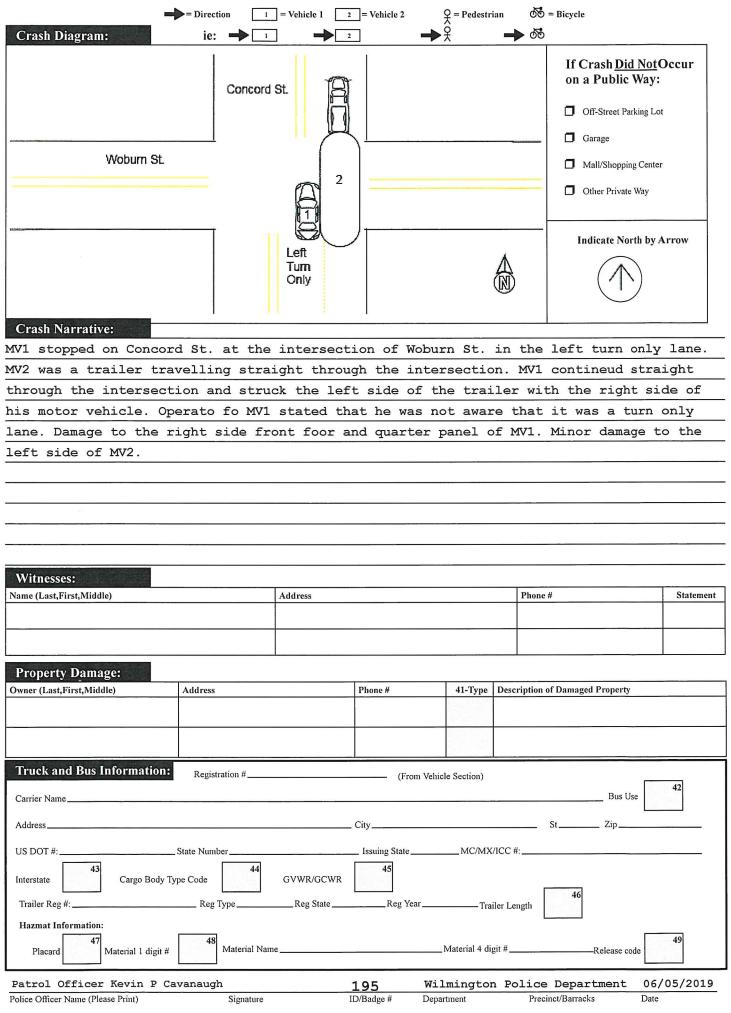
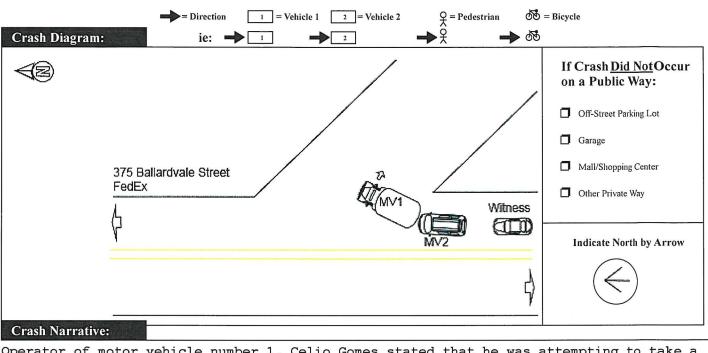
	Police Use Only	monwealth of Massachusetts RMV Docume										
	Date of Crash Time of Crash 06/05/2019 1200 Wil:	City/Town	Motor Vel	nicle Cras	h [Number Vehicles	Numb Injure	A Popos	Limit.	35	State Police Local Police MBTA Police Campus Police	
	24HR	mington	Police	Report	2		0	Latitu Longi			Campus Police	i
	AT INTERSECT	ION:	< LOCA	ATION >			NOT	AT IN	TER:	SECT	ΓΙΟΝ:	
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	Route# Direction WOBURN	ST Name of Roadway/Str	reet	Route# Direction	on Ad	dress #		Na	me of	Roadwa	ay/Street	-
¹ 1		At			.1 . 1 1							1
	Route# Direction CONCORD	ST ne of Intersecting Roady	vov/Stroot	Feet N	SISIE	W of	Mile	Marker		or _	Exit Number	- 11
	Touter Direction Ival	Also at Intersection w		Feet N	SE	w of						4
2				Feet P	SE	W of	Route#		Interse	ecting R	oadway/Street	
² 1	Route# Direction Nat	ne of Intersecting Roadv	vay/Street	<u> </u>					Lai	ndmark		_
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Re	port ID#	19	-19	90-	AC	;		
	License # S94306172 St M	IA DOR/Age	Par	# 351GCK			Pag	Tuna PC		Da	ur State MA	
	19 19	20		Year 2004							21	1 12
	Operator POWER, WILLIA	E	ndorsement	ner POWER,						ven	Conng.	
⁴ 3	Address 1624 MAIN ST	First	Middle	ress 1624 M	st		First			Mid	die	
	City TEWKSBURY Stat			TEWKSBUR						·. 01	.876-0000	
	Insurance Company COMMERCE	•	•	cle Action Prior to C		1	22	Damage		_		i
	Vehicle Travel Direction: SEW	Responding to Emer		nt Sequence 1		23	23	Test Sta			28	
⁵ 1	Citation # (If Issued)	Responding to Emer		· <u>-</u> [1 24	L 		Type of	Test:		29	
	Viol. 1: Ch/Sec/Sub	Vi-1 2 Ct /5/5-1		er Contributing Cod		25 1	9 25	BAC Te			30	1 13
	Viol. 3: Ch/Sec/Sub —————			·	0 26			Susp. Al	•		Susp. Drug: 2 32	
⁶ 1		ator and all occupants in		or Bishacted by	3-		36	37 38	39	40	2	-
	Name (Last First Middle)		Address	DOB/Age	Sex Po	s. System	Status C	Eject Trap Code Code	1	Transp. Code	Medical Facility	4
	Operator	S	ee Above		X 1	1	4 0	0	10	1		_
												7
7	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action	16 Loca	+ian	17 Ca	ndition	18		lit/Run Mopec	.1
⁷ 2	of the Pollowing:							L		\I	With	4
	10 10	DOB/Age		# <u>T542979</u>				Гуре Т R			g State NH	-
	Sex M Lic. Class A Lic. I	Restrictions C En	ndorsement	Year 2018						Veh (Config. 8	
⁸ 2	Last	UA B First	Middle	ner MB TRAC	st		QUI First		<u>r</u>	Mid	Idle	-
	Address 44 OAK RIDGE I			ress PO BOX	289							14
	•	e ME Zip 0408	4 City	TILTON			22	State NI Damage				- 💾
	Insurance Company CROSS INS			cle Action Prior to C		23	Ц.	Test Star		Code	28	
	Vehicle Travel Direction: SEW	Responding to Emer		nt Sequence 1		<u>, l.</u>	23	Type of			29	
⁹ 2	Citation # (If Issued)		Mos	t Hannful Event	1 24	<u> </u>	25	BAC Te	st Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Cod		25	25	Susp. Al			Susp. Drug: 2 32	
	1000	Viol. 4: Ch/Sec/Sub —		er Distracted by	0 20		7. 1	Towed f	rom sco	ene?	2 33	_
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup	ants involved Address	DOB/Age	Sex Po	at Safety	36 Airbag I Status C	37 38 Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	t S	ee Above		X 1	1	4 0	0	10	1		
									<u> </u>			7
									 			-
		I		1 1	1	1	1 1		1			1



CDP1 11-24-00

	Police Use Only	Commonwealth of Massachusetts RMV D							IV Document Number		
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crasl	1 Nu	1	a ^	d Limit	30	State Police Local Police MBTA Police Campus Police	1
	06/05/2019 1814 Wilz	mington	Police	Report	2	1	Laut	ude gitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NO	T AT IN	TER	SECT	ION:	1
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	Route# Direction	Name of Roadway/S	Street	Route# Direction	375 Addre		ALLAR	DVA lame of			
1		At				***************************************					1
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	Route# Direction Nam	ne of Intersecting Road Also at Intersection		Feet N	SEW	of					2 11
				Feet N		Rou	te#	Interse	ecting Re	oadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Road	lway/Street					La	ndmark		-
~	Please Select One Vehicle 11	#Occupants His	t/Run Moped	Crash Repo	ort ID#	19-1	91-	- A C	•		1
3	of the Ponowing.										4
	10 10	A DOB/Age.	_	# <u>T30220</u>						21	1 12
	Sex M Lic. Class D Lic. F	Restrictions	Endorsement	Year 2006			ernati	onal	L Veh (Config. 6	
⁴ 1	Operator GOMES, CELIO	First	Middle	ner BLF COUI			First		Mide	dle	
т	Address 89 MILL RD AF			ress 11 TAYL		ש				001 0000	
	City BOYLSTON State		City	N READING	Г	2 22			_	864-3302	
	Insurance Company PROTECTIV	E INS CO	Veh	cle Action Prior to Cra		3	Damag Test St	ed Area	Code:	5 ²⁷ 5 ²⁷ 27 27 28	
5	Vehicle Travel Direction: S E W	Responding to Eme	ergency? 2 Ever	nt Sequence 1 23	23	23 23	Type o			29	
	Citation # (If Issued)		Mos	t Harmful Event 1	24			est Resi	ılt:	30 L	_ 13
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code		25 2	Susp. A	Alcohol:	2 31	Susp. Drug: 2 32	1 "
· 1	Viol. 3: Ch/Sec/Sub			er Distracted by				from sc		2 33	
-	Please fill out for opera	ator and all occupants in	nvolved Address	DOB/Age S	Seat Seat lex Pos.	35 36 Safety Airbag System Status		n Injury e Status	40 Transp. Code	Medical Facility	
	Operator		See Above	$\rightarrow \rightarrow$	1	1 4	0 0	10	1		
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				15)	 a			10		1	4
⁷ 1	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action 10	Locatio	n 17	Condition	18	н	lit/Run 🔲 Moped	
	License # NHL13371809 St N	H DOB/Age	Reg	# 4586451		Re	g Type P (2	Re	g State NH	1
	Sex F Lic. Class D 19 Lic. F		CDLVeh	Year 2005	_ Veh Ma	ake <u>CHE</u>	VROLE	T	Veh (Config. 1 21	
	Operator MARTIN, ASHLE	Y MARIE	Endorsement Own	er BONTOS,	KHR:						
³ 1	Address 44 NEW ZEALAND	APT 53	Middle Add	ress 7010 PL	EASA		EXT		Mide	dle	
	City SEABROOK State	NH Zip 0387	74 City	LOUDON			State_ N	H _ z	ip 03	307	1 14
	Insurance Company NO INSURA	NCE	Veh	cle Action Prior to Cra	ash	1 22	Damag	ed Area	Code:	L 27 27 27	J
	Vehicle Travel Direction: SEW	Responding to Eme	ergency? 2 Ever	nt Sequence 23	23	23 23	Test St		1	L 28	
)	Citation # (If Issued) T1152739		Mos	t Harmful Event 1	24		Type o		}	29	
2	Viol. 1: Ch/Sec/Sub 720CMR 9067	Viol. 2: Ch/Sec/Sub	90 18 Driv	er Contributing Code	5	25 2	-	est Resu Alcohol:		Susp. Drug: 2 32	
			er Distracted by	9 26			from sc		33		
	Please fill out for operator/nor	n-motorist and all occup	-		34 Seat	35 36 Safety Airbag	37 38 Eject Tra	39 Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motorist	,	Address See Above	DOB/Age S	Pos.	System Status	Code Cod	e Status	Code	Medical Facility Lahey Clinic	1
	Operator/140/1-140torist			/	1			 			4
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							-				



Operator of motor vehicle number 1, Celio Gomes stated that he was attempting to take a right turn into the FedEx lot when he was rear ended. Operator of MV2, Ashley Martin stated that she was traveling straight ahead and MV1 came to an abrupt stop when she Eye witness, John Hoar stated that he was the MV directly rear ended MV1 (See images). behind MV2. He also stated that he observed no improper driving by MV1 and never observed MV2 brake lights before the vehicles collided. Mrs. Martin stated that she sustained minor injuries and was transported to the hospital by members of the Wilmington Fire Department. Her vehicle was towed by Cain's (See attachments) Mr. Gomes stated no injuries and refused medical attention.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
HOAR JOHN F		6 WILDROSE	DR ANDOVE	R MA 018	10		1
Property Damage:							
Owner (Last,First,Middle) Ad	ldress		Phone #	41-Туре	Description of Damaged	Property	
Carrier Name Address US DOT #: Interstate State Cargo Body Type C	e Number44		City		ICC #:	Zip	
Trailer Reg #:	49				er Length 46	Release code	49
Patrol Officer Julio J Qu	iles		197 Wi	lmington	Police Depart	ment 06/	05/2019

Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 19-191-AC

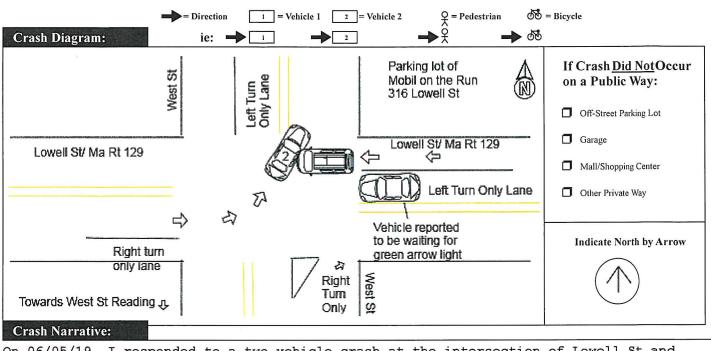








	Pol	lice Use Only	Com	monwealth	onwealth of Massachusetts						MV Docı	ıment Number		
	Date of Crash 06/05/2019	Time of Crash	City/Town	Motor Vel	nicle Cras	sh	Number Vehicle			peed Lin	nit30	State Police Local Police MBTA Police	0000	
	06/05/2019	1918 Wi	lmington	Police	Report		2	0	L	atitude _ ongitude		Campus Police Other:	_ 🗖 📗	
		AT INTERSEC	TION:	< LOCA	ATION >			ron	AT	INTE	RSEC'	TION:		
														2 10
	Route# Dire	LOWELL	ST Name of Roadway/S	treet	Route# Direction		Address #			Name	of Roadw	vav/Street		
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		WEST S			Feet N	SE	E W of		– – e Mark	- • -	— or _	Exit Number		 -,
	Route# Dire	ection 1	Also at Intersection		Feet N	u e r	- [w]	14111	CIVIDIA			DAX THAIRD		3 11
			Also at intersection	with	I =			Route	# -	Inte	rsecting I	Roadway/Street	_	
² 2	Route# Dire	ection 1	Name of Intersecting Road	way/Street	Feet N	V S I E	of of						l	
	Please Select	000 574		——————————————————————————————————————	<u> </u>						Landmarl	<u> </u>	\dashv	
3	of the Follow		#Occupants Hit	/Run Moped	Crash Re	port II	D# 1 9)-1	92	-A	C			
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	Sex F Lic.	Class D 19 Lie		CDL Veh	Year 2012	Ve	h Make	OYO	TA		Veh	Config. 1	21	1
	Operator WE	LCH, JULIE	A	Endorsement Own	ner WELCH,	PA'	TRIC	IA M	1					
[†] 3		Last COTTAGE SI	First	Middle	ress 42 COT '	ist		Fir	st		Mi	iddle		
			tate MA Zip 0188		WILMINGT				_ State	MA	Zio 0	1887-200)2	
			INSURANCE		icle Action Prior to C		1	22			ea Code:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27	
		Direction: NSE	_		nt Sequence 1		3 23	23		Status:		1 28	_	
⁵ 1		L	.		it sequence 1		24		Тур	e of Test	:	29		
	,	sued)			E	<u>.</u>		25		C Test R		1 30	┈┞	_ 13
	Viol. 1: Ch/Sec	/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Cod		L 25			p. Alcoh	L	Susp. Drug: 2	32	1
5 1	Viol. 3: Ch/Sec		Viol. 4: Ch/Sec/Sub —		er Distracted by	0 '		1 1/2 1	Tow	ed from		1 33		
<u> </u>	Name (Last First N	-	erator and all occupants in	ivolved Address	DOB/Age		34 35 Seat Safet Pos. Syste		Eject Code	38 3 Trap Inj Code Sta	ary Transp.	Medical Facility	,	
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								1						
⁷ 2	Please Select		#Occupants No	n-Motorist A Type	15 Action	16 Lo	ocation	17 C	onditio	n :	18	Hit/Run 🔲 M	oped	
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	Sex M_ Lic.		Г	Endorsement			h Make				Veh	Config.	┙	
⁸ 1		ITO, KOSUK	First	Middle	ner EAN HOI	ıst		Fir				iddle	I	
		CAMBRIDGE			ress 14002	EAS	T 21	ST :				1500	_	_ 14
	City CAMB		tate MA Zip 0214	.0 City	TULSA			22			-	4134-000	— , i	
	Insurance Comp	pany SAFECO I	NSURANCE	Vehi	cle Action Prior to C		4	22			ea Code:	3 ²⁷ ²⁷	27	
	Vehicle Travel I	Direction: SEV	Responding to Eme	rgency? 2 Ever	nt Sequence 1 2	3 2	3 23	23		: Status: e of Test		29		
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2	Viol. 1: Ch/Sec/	/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Cod	le [19 ²⁵ :	L8 ²⁵	Susj	p. Alcoh	ol: 2 31	Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				er Distracted by	99	26			ed from	<u> </u>	1 33	_	
	1	•	non-motorist and all occup	•			34 35 Seat Safet		37 Eject	38 3 Trap Inj	9 40 ury Transp.			
	Name (Last First)		ist	Address	DOB/Age	Sex	Pos. Syste		Code	Code Sta		Medical Facility	<u> </u>	
	Operat	or/Non-Motor	ist S	See Above	+	\wedge	1 1	-		11				
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On 06/05/19, I responded to a two vehicle crash at the intersection of Lowell St and West St. This is a four way intersection with functioning traffic lights. Both operators were wearing seatbelts and there were no injuries. Both operators reported a vehicle waiting for a green left arrow on the east side of the intersection which may have visually obstructed Vehicle 2. It was reported by Veh 1 operator that she had a green light and was traveling straight on Rt 129/Lowell St. She reported Veh 2 turned in front of her. Veh 2 operator reported that he had a green light and wanted to turn left onto West St. He reported he did not see Veh 1 coming into the intersection and turned in front of Veh 1. Veh 1 had front bumper, hood, Pass front quarter, Pass headlight. Veh 1 had front airbags deployed. Veh 2 had passenger front and rear door damage. Cains Towing responded and took both vehicles.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dama	iged Property	
		0					
,							
Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body Ty Trailer Reg #:	State Number	GVWR/GCWR	City Issuing State	MC/MX	//CC #:	Zip	
Hazmat Information: 47 Placard Material 1 digit #	18					Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

06/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Wilmington Police Department Images Associated with 19-192-AC

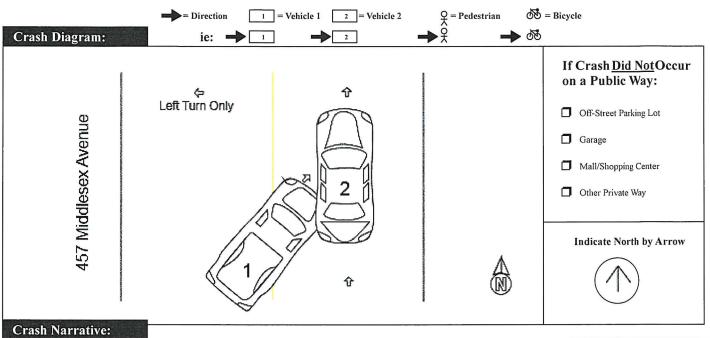




Wilmington Police Department Images Associated with 19-192-AC



							wealth of Massachusetts RMV Document Number											
	Date of Crash 06/06/2019	Time of Crash	Cit Wilmiı	ty/Town	Motor	Vehi	icle Cras	sh		nber icles	Num Injur	. 19	peed I atitude		30	State Police Local Police MBTA Police		
	08/08/2019	24HR	MITIULI	ng con	Pol	ice I	Report		2		0		ongitu			Campus Police Other:	ā	
		AT INTERS	SECTION	٧:	< I	LOCA	ΓION >	>			TON	AT	INT	ERS	ECT	TION:		
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1	Route# Dire	ction	Na	ame of Roadway/	Street		Route# Directi		Addre		1/11	ינוט.				ny/Street		
1				At			Feet	NS	E W	of -			- •		or			
	Route# Dire	ection	Name of	Intersecting Roa	dway/Street						Mil	e Marl	er			Exit Number		4 11
Ì			A	lso at Intersection	with		Feet	N S	E W	of _	Route	 -	I	ntersec	ting R	oadway/Street	-	
² 2	Route# Dire	ection	Name of	f Intersecting Roa	dway/Street		Feet	v s	E W	of -								
_	Please Select	One SZA	•		——————————————————————————————————————				-	_					dmark			
3	of the Follow		: 1 2 #O	ecupants H	it/Run L N	loped	Crash Ro	eport 1	ID#	L 9 ·	<u> </u>	93	<u> </u>	AC				
	License #.		_	DOB/Ag		Reg#	SAGAL				_ Reg	Type_	PC		Re		21	1 12
	Se> _ Lic.	Class D 1	Lic. Restr	ictions I 20	CDL Endorsement	Veh Y	ear 2016	V	/eh Ma	ke N	ISS	AN			_ Veh (Config. 1		
4	Operator	Lain			Middle	Owne	r SAGAL,	KA	RL	IA	N	rst			Mid	Idle		
⁴ 1	Addre:			····		Addre	ss 46 HIL	LCI	RES	T I	N							
	City,		State	_ Zip		City	PELHAM				====				-	3076	_	
	Insurance Com	pany				Vehic	le Action Prior to		<u>L</u>	b	22		naged t Stati		Code:	2 27 3 27 28	27	
5	Vehicle Travel	Direction: S	E W F	Responding to Em	ergency? 2	Event	Sequence 1 2	23	Ц.	23	23		e of T		-	29		
	Citation # (If Is	sued)				Most	Harmful Event	1	24			BA		t Resul	lt:	30		12
	Viol. 1: Ch/Sec	/Sub	Viol.	2: Ch/Sec/Sub -		Drive	r Contributing Coo	ie		²⁵ 4	25	Sus	p. Alc	ohol:	31	Susp. Drug 2	32	1 13
⁶ 1	Viol. 3: Ch/Sec	/Sub	Viol.	4: Ch/Sec/Sub -		Drive	r Distracted by	99	26				ved fr	om sce		2 33		
1	Name (Last First		for operator	and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Salety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operat	tor			See Above			X	1	1	4	0	0	10	1			
	KARL SAGAL	1		46 HILLCREST L PELHAM, NH 030				м	3	1	4	0	0	10	1			
	Please Select	One ISZI	3 "6				15	16			17			18	<u> </u>			
⁷ 1	of the Follow	mg:	2 3 #0	Occupants N	on-Motorist A	Туре	Action		ocatio			Conditi				Hit/Run Me	opea	j
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	Sex F Lic.	. Class D	Lic. Rest	rictions	CDL Endorsement		_{Tear} <u>2019</u>								_ Veh	Config. 1		
⁸ 2	ł	NKS, CHE	Firs	VE T	Middle		er EAN HO	.ast			Fi	irst			Mic	ddle		
	l	11 AVALO					ess 155 E	CL	EVE	LAN	ID .			•				14
	City WILM	INGTON	State <u>M</u>	A Zip 0188	87-1164	City_	NEWARK		Г		22				ip _ 1 	7 27 6 27	27	2
	Insurance Com	· ·			_		le Action Prior to		23	23	23		maget st Stat		Code.	7 6 28		
	Vehicle Travel	<u> </u>	-LLJ	Responding to En	nergency? 2		sequence 1		24			Туј	oe of T	Гest:		29		
⁹ 2		ssued)					Hannful Event	1_	一	25	25	3	.C Tes	t Resu		30		
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	Viol, 3: Ch/Sec	e/Sub		. 4: Ch/Sec/Sub		Drive	r Distracted by	0	34	35	36	37	38	om sce	40	2 -		ļ
	Name (Last First	=	crator/non-m	otorist and all occ	Address		IXOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facilit	<u>y</u>	-
	Opera	tor/Non-Mo	otorist		See Above		\nearrow	X	1	1	4	0	0	10	1			-
	ROBERT TOO	cco		235 WASHINGTON GLOUCESTER, MA				м	4	1	4	0	0	10	1			
								i	6	4	4	0	0	10	1			



MV1 was stopped in heavy traffic in the left turn only lane on Middlesex Avenue approaching the intersection with Salem Street. MV2 was traveling straight ahead in heavy traffic on Middlesex Avenue as well. MV1 attempted to merge right from the left turn only lane of Middlesex Avenue into the straight ahead travel lane that continues on towards Ballardvale Street. MV2 continued to travel straight ahead in its travel lane. As MV1 pulled out from the left turn only lane, into the straight ahead travel lane, MV1 struck the left side and left rear end of MV2 as it continued straight and passed MV1. MV1 suffered damage to the front right side and front right bumper. MV2 suffered sideswipe damage to its left side and left rear bumper. There were no injuries and both vehicles were able to driven away from the scene.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	ne#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descripti	on of Damage	ed Property	
Truck and Bus Information:	Registration #		(11011110111			5	Bus Use	42
Address			. City			St	Zip	8
US DOT #:	44	GVWR/GCWR	45	MC/MX	/ICC #:			
Trailer Reg #:				Trai	ler Length	46		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	e		_Material 4 dig	git #		—Release code	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

06/06/2019

Police Officer Name (Please Print)

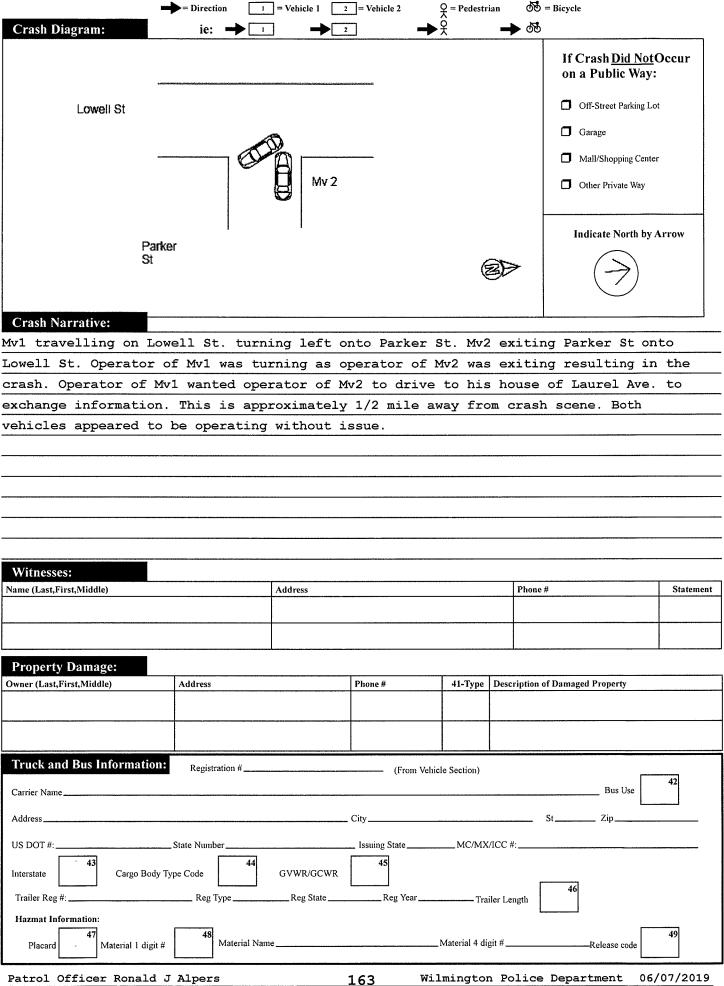
Signature

ID/Badge #

Department

Precinct/Barracks

	Poli	ce Use Only		Com	monw	ealth	of Mass	ach	use	etts			RM	V Docu	ıment Number		1
	Date of Crash 06/07/2019	Time of Crash	-	Town	Moto	or Veh	icle Cra	ısh		unber hicles	Numb Injure	1 10000	d Limit	25	State Police Local Police MBTA Police	0800	
	06/07/2019	1346 W	/ilmin	gton	P	olice	Report		2		0	Lain	ide itude		Campus Police Other:	_ᆸ	İ
		AT INTERSE	ECTION:		<	LOCA	TION	>			NOT	AT IN	TER	SEC'	TION:		
																	2 ¹⁰
	Route# Direc	tion	Nam	ne of Roadway/S	Street		Route# Direc	etion	10 Addr	ess #	LA	JREL N			/ay/Street		J
1				At													
	<u> </u>						Feet	N S	E W	of -		Marker	• —	or _	Exit Number		
	Route# Direct	tion		ntersecting Road			Feet	N S	E W	of .							3 11
							l	N S			Route#		Interse	cting F	Roadway/Street		
² 1	Route# Direct	tion	Name of Ir	ntersecting Road	lway/Street				l	•			La	ndmark	ζ		ĺ
	Please Select O		1 . #Occ	cupants Hi	_{t/В.п.} Г	Moped	Crach	Danast	ID# °	1 0	_1	94-					
³ 2	of the Followin	8			-	-										\blacksquare	
		19 19		20			# <u>5JN812</u>								2	21	1 12
	Sex M Lic. C	Class D	Lic. Restrict	tions 1	CDL Endorsement		Year <u>2006</u>							_ Veh	Config. 1	┚┃	
⁴ 2	1	GHSON, RY	First		Middle		er HUGHSC	Last			MUR First	RAY		Mi	iddle		
2	1	LAUREL A					ess 10 LA	URE:	L A	VE						-1	
	City WILMI	NGTON	_ State MA	_ Zip_ 0188	7-2931	_ City	WILMING	TON			_				1887-293		
	Insurance Compa	any ARBELLA	MUTU	AL INS		Vehi	cle Action Prior to	Crash		4	22	Damag		Code:	6 ²⁷ ²⁷ 28	27	
⁵ 1	Vehicle Travel De	irection: S E	W Res	sponding to Eme	ergency? 2	Even	t Sequence 1	23	23	23	23	Test Sta			29		
1	Citation # (If Issu	ned)				Mos	t Harmful Event	1	24	<u> </u>		BAC T		ılt:	30		L
	Viol. 1: Ch/Sec/S	Sub ————	Viol. 2:	Ch/Sec/Sub -		Drive	er Contributing C	ode	99	25	25	Susp. A	lcohol:	31	Susp. Drug:	32	1 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub ————	Viol. 4:	Ch/Sec/Sub -		Drive	er Distracted by	99	26			Towed	from sc	ene?	2 33	_	<u> </u>
1	Name (Last First Mi	Please fill out for	operator and	d all occupants i	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag I	37 38 Eject Trap Tode Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operato				See Above		DOB/Age	∇	1	99	4 0		10	1	Medical Facility		
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		* 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						╄									
								<u> </u>					<u> </u>	<u> </u>			
⁷ 3	Please Select O of the Followin		1 #Occ	upants No	on-Motorist A	Туре	15 Action	16 I	Locatio	n	17 Co	ndition	18		Hit/Run 🔲 Mo	ped	
	License # 970	463780	St.NY D	OB/Age		Reg	# 2LSA31			<u> </u>	Reg T	ype P (<u> </u>	R	eg State MA		
	Sex M Lic. C	lass D 19	Lic. Restrict	ions 1 20	CDL		Year 2016		Veh M	ake H	YUNI			Veh	Config. 1	21	
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81	Address 55	Last ADAMS ST	First		Middle	Addı	ess 55 AD	Last AMS	ST	1	First			Mi	iddle		
	City WILMI	NGTON	State MA	_ _{Zip} _0188	7-2400	_ City.	WILMING	TON	I			State M	A _ 2	ip 0 :	1887-240	20	1 14
	Insurance Compa	any COMMERC	E INS	URANCE		Vehi	cle Action Prior to	Crash		6	22	Damag	ed Area	Code:	1 27 27	27	\Box
	Vehicle Travel Di	irection: N E	W Res	sponding to Eme	ergency? 2	_ Even	t Sequence 1	23	23	23	23	Test St			28		
⁹ 2	Citation # (If Issu	ied)				Most	Harmful Event	1	24			Type of BAC T		ılt.	30		
2	Viol. 1: Ch/Sec/S	ub	Viol. 2:	Ch/Sec/Sub -		Drive	er Contributing C	ode	99	25	25	Susp. A		31	ل	32	
	Viol. 3: Ch/Sec/S	iub ————	Viol. 4:	Ch/Sec/Sub -		Drive	er Distracted by	99	26		_	Towed	from sc	ene?	2 33		
	Plea	ase fill out for operat	tor/non-moto	rist and all occu	pants involved	1	DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag I	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility		
		or/Non-Moto	orist		See Above			X	1		4 0		10	1			
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	Police U	Use Only	nmonwe	monwealth of Massachusetts RMV Document Number													
		me of Crash	City/Town	Moto	r Veh	icle Cra	sh		ımber hicles	Nun Inju		•	Limit_	30	State Police Local Police MBTA Po	ce 🔯	
	06/07/2019 1	558 Wil:	mington	P	olice]	Report		2		1	1	Latitud Longiti			Campus P	olice 🛄	
	A	Γ INTERSECT	ION:	<	LOCA	TION :	>			NO.	ГАТ	INT	ERS	SEC	ΓΙΟΝ:		
		CATEM C	П														2 10
1	Route# Direction	SALEM S	Name of Roadway	y/Street		Route# Direct	tion	Addre	ess#			Naı	ne of I	Roadw	ay/Street		
¹ 1			At			Feet [N S	E W	of .					or			
	Route# Direction	CUNNING Nai	HAM ST me of Intersecting Ro	padway/Street		reet [110	2 11	OI.		le Mar			01 _	Exit Nu	nber	2 11
			Also at Intersection	on with		Feet [N S	EW	of .	Route	-# .		interse	cting R	Roadway/Str	eet	
² 1	Route# Direction	Nar	me of Intersecting Ro	oadway/Street		Feet [N S	EW	of	TOUR	.ir		merse	cung r			
	Diagram Calcad Occ					<u> </u>								ndmark			
3	Please Select One of the Following:	¥ Vehicle 12	#Occupants	Hit/Run	Moped	Crash R	eport	ID#	19	-1	.95	5 — 2	AC				
	License # <u>\$576</u>		IA_ DOB/Age	3	Reg #	8TK474				_ Reg	з Туре	PC		R	eg State M		12
	Sex M Lic. Clas	s D 19 Lic. 1	Restrictions 20	CDL Endorsement	_ Veh Y	Year 2018	\	Veh Ma	ake J	eer				_ Veh	Config. 1	. 21	
	Operator BERN	AL, CARLO)S First	Middle	_ Own	er BERNAL	ast	JOS	E I		rst			10	ddle	··-	
⁴ 2	Address 370 S	SALEM ST	F1150	Milde	Addr	ess <u>370 S</u>	.,	M S	T		rst			Mi	dule		
	City ANDOVE	R Stat	e MA Zip 018	10-2315	City _	ANDOVER					Stat	e M Z	z	ip 0]	L810-2	2315	
	Insurance Company,	COMMERCE	INSURANC	E	_ Vehic	ele Action Prior to	Crash		2	22	Da	maged	l Area	Code:		7 27	
5	Vehicle Travel Direc	tion: N E W	Responding to E	mergency? 2	Event	t Sequence 1	23	23	23	23		st Stati			1 28		
⁵ 1	Citation # (If Issued))			Most	Hannful Event	1	24		•		pe of T	fest: t Resu	16:	29		
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Drive	er Contributing Co	de	1	25	25	1			2 31	1	g: ₂ 32	1 13
6	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26					om sce		2 33	t	
⁶ 1	l .	Please fill out for oper	ator and all occupant					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First Middle) Operator			Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code O	Code O	Status 10	Code 1	Medical	Facility	
	NOLAN RICCI		8 CARTER RD				M	3	1	4	0	0	10	1			
	NOME RECOL		WILMINGTON, N	4A 01887-2839				-			_						
								<u> </u>									
⁷ 3	Please Select One of the Following:	Vehicle 21	#Occupants	Non-Motorist A	Туре	Action	16 1	Locatio	on	17	Conditi	on	18		Hit/Run	Moped	
	License # <u>\$554</u>		IA DOB/Ag		Reg #	124757				Re	g Type	MC		Re	eg State M		
	Sex.M Lic. Clas	s D M Lic. 1	Restrictions 20	CDL Endorsement	_ Veh Y	rear 2017	\	Veh Ma	ake HZ	ARLE	Y-D	AVII	oso	Veh	Config. 3	21	
8	Operator WARD	, GEORGE	SIII	- Endorsement	_ Own	er WARD,	GEC	ORG	E S	I]	II			h #*	ddle		
⁸ 1	Address 54 DE	LWOOD RD	rust	Middle	Addre	ess 54 DEI	-MO	OD_	RD	I*1	rsı			MI	dale		
	City TEWKSB	URY Stat	e MA Zip 018	76-2418	City_	TEWKSBUI	RY				Stat	e M	z	ip 0]	1876-:	2418	1 14
	Insurance Company	COMMERCE	INSURANC	E	_ Vehic	ele Action Prior to	Crash		1	22	Da	magec	i Area	Code:	T	27	
	Vehicle Travel Direc	tion: NEW	Responding to E	mergency? 2	Event	Sequence 1	23	23	23	23		st Stati			1 28 29		
⁹ 2	Citation # (If Issued))			Most	Harmful Event	1	24			-	pe of T	iest: it Resu	ıltı	30		
2	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Drive	er Contributing Co	de	19	25	25	1		ohol:	2.1	Susp. Dru	g 2 32	
	Viol. 3: Ch/Sec/Sub				Drive	er Distracted by	0	26			•	-	om sc		2 33		
		fill out for operator/no	on-motorist and all oc	•	*	Don't		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First Middle) Operator/	Non-Motoris	<i>t</i>	Address See Above		DOB/Age	Sex	Pos.	System 5	Status 5	Code 3	Code 0	Status 9	Code 1	Medical	Facility	1
	Sperator.		-					╅		-	-					**************************************	1
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		THE RESIDENCE OF THE STREET					ļ	ļ									

Crash Diagram:	ie:	2 = Vehicle 2	Q = Pedestrian	= Bicycle
	Stopping it to turn left			If Crash <u>Did Not</u> Occur on a Public Way:
	(() **Z100 &	¢		☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center
		alem St /ilmington		Other Private Way
Cunningham			2 >	Indicate North by Arrow
Crash Narrative:				
On 6/7/19, I responded	to a two vehicle of	crash- SUV vs	motorcycle. The	nere was no airbag

On 6/7/19, I responded to a two vehicle crash- SUV vs motorcycle. There was no airbag deployment. Veh 1 driver and passenger were wearing a seatbelt. Veh 2 (motorcycle) operator was wearing proper protective gear. Both operators reported Vehicle 1 coming to a stop to turn left onto Cunningham St. Veh 2 reported that he couldn't stop in time and proceeded to dump the motorcycle in an effort to prevent a full collision. Veh 2 hit back of Veh 1. Veh 1 had damage to rear bumper. Veh 2 had damage to lights, front fork, front visor, and front wheel cover. Veh 1 operator and passenger reported no injury. Veh 2 reported possible minor injury. Veh 2 operator was checked out by Wilmington Fire and refused medical. Both vehicles were able to drive away.

Witnesses:												
Name (Last,First,Middle)		Address			Phone #	Statement						
Property Damage:	& M-775, 0488											
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Property							
Truck and Bus Information: Registration #												
Interstate 43 Cargo Body Typ Trailer Reg #: Hazmat Information:	pe Code	GVWR/GCWR	45		46							
Placard Material 1 digit #	48 Material Name			Material 4 digit	#Release code	49						

Patrol Officer Daniel P Furbush

Wilmington Police Department

06/07/2019

Police Officer Name (Please Print)

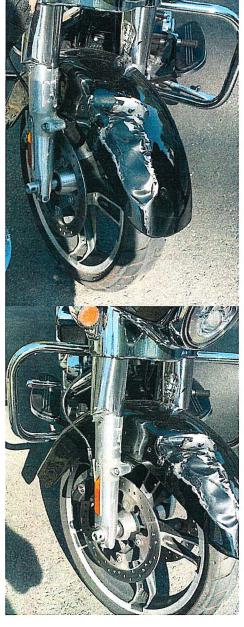
Signature

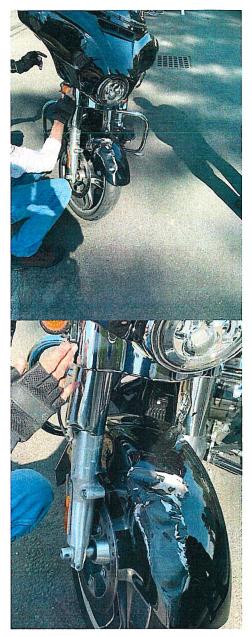
196ID/Badge #

Department Precinct/Barracks

Wilmington Police Department Images Associated with 19-195-AC









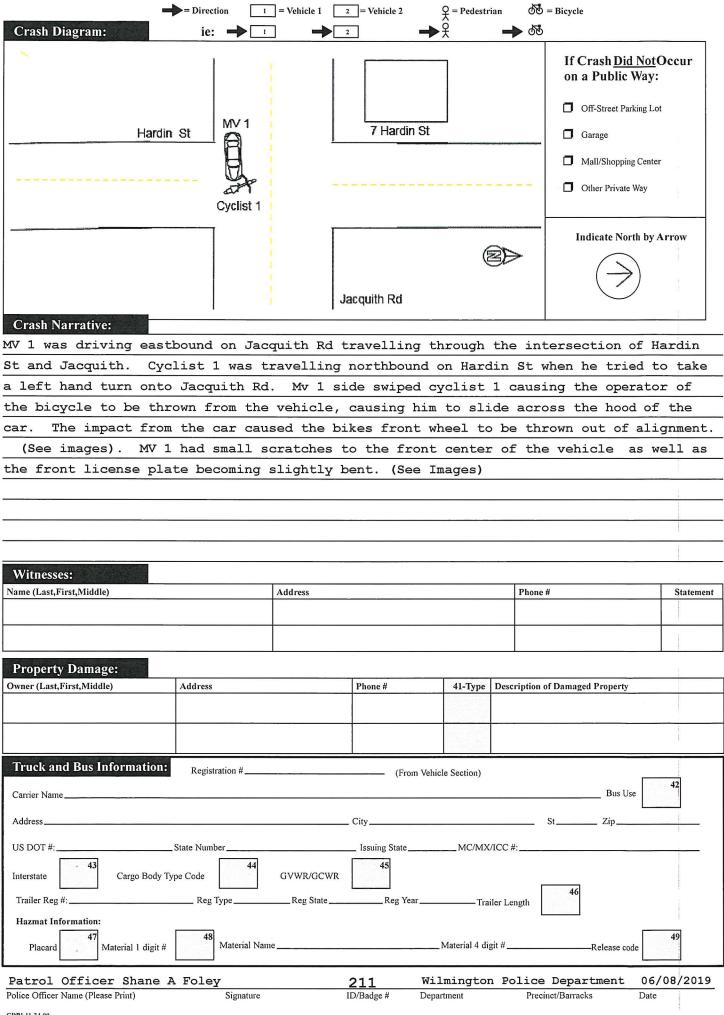
Wilmington Police Department Images Associated with 19-195-AC







	Police Use Only		Comr	Commonwealth of Massachusetts RMV Document Number						er			
	Date of Crash Time of Crash 06/08/2019 1258		ity/Town ngton	Motor	Veh	icle Crash	Num Vehic		a Jopeen		30 State Police Local Police MBTA Poli	e 🔯	7
	24HF		ington	Pol	ice l	Report	1	0	Latitud Longit		Campus Po	lice 🗖	
	AT INTER	RSECTIO	N:	< 1	LOCA	TION >		NOT	AT IN	ΓERSE	ECTION:		<u> </u>
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1	Route# Direction	N	lame of Roadway/Str	eet		Route# Direction	31 Address		Na		adway/Street		
1			At			Feet NS	Jelw			·			
	Route# Direction	Name o	f Intersecting Roadw	av/Street		Feet N	o E W o		Marker	<u> </u>	rExit Num	ber	11
			Also at Intersection w			Feet N S	E W of				- 1 /a		5
2	Route# Direction	N	Clara di B. I	ID.		Feet N S	E W of	Route#		Intersectu	ng Roadway/Stre	et	
² 1	Route# Direction	Name o	f Intersecting Roadw	ay/Street					***************************************	Landn	nark		
³ 97	Please Select One of the Following:	cle 1 <u>3</u> #0	Occupants Hit/I	Run 🔲 M	loped	Crash Repoi	t ID# 1	9-19	96-	AC			
97	License # S14363626	s: MA	DOR/Age 09/1	_ 5/1982	Pag#	1GZ375		P.o.a. T	ma PC	***************************************	Por State MA		
	Sex M Lic. Class D	19	_ 20	DL		ear 2017							1 12
	<u> </u>		Er	dorsement		r COHEN, K					ven Conng.		
⁴ 1	Operator <u>COHEN</u> , <u>DA</u> Address <u>16 KENDALI</u>		şt	Middle		Last ESS 16 KEND		First			Middle		
	City WILMINGTON		Δ _{7:-} Λ1 ΩΩ'	 7		WILMINGTO			Ct., M7	. ~	01887-0	000	
	Insurance Company COMME						Г	22		d Area Co	F		
	Vehicle Travel Direction: N			. 0.2		le Action Prior to Cras	h 1	3 23	Test Stat		1 28		
⁵ 2	<u></u>		Responding to Emerg	ency?_Z		Sequence 4	24		Type of	Test:	29		
	Citation # (If Issued)					Harmful Event 4		25		st Result:	1 30		_ 13
	Viol. 1: Ch/Sec/Sub					Contributing Code	26			cohol: 2	22	2 32	4
⁶ 1	Viol. 3: Ch/Sec/Sub		. 4: Ch/Sec/Sub and all occupants inv		Drive	Distracted by 0		35 36	10wed fr	om scene	2 33		ļ
	Name (Last First Middle)	n for operator	and an occupants inv	Address		DOB/Age Sex	Seat Sa	ifety Airbag E	ject Trap ode Code	Injury Tra	nsp. ode Medical Fa	acility	
	Operator		Se	e Above		>>>	1 1	4 0	0	10 1			
	KRISTYN COHEN		16 KENDALL ST WILMINGTON, MA 0	1887-0000		F	3 1	4 0	o	10 1			
							6 4	4 0	0	10 1			
	Please Select One		5-2		Г	15 16	<u> </u>	17		18			
⁷ 2	of the Following:	le 2#C	Occupants Non-	Motorist A T	ype 2	Action 1	Location	2 Con	ndition 1		Hit/Run	Moped	
	License #		DOB/Age		Reg#			Reg T	уре		Reg State		
	Se: Lic. Class 19	Lic. Restr		DLdorsement	Veh Y	ear	Veh Make				Veh Config.	21	
8	Operato:	Firs		Middle	Owne	rLast		First			Middle		
81	Address			·	Addre	SS		7 43			Muddle		
	City	Stat	_ Zip		City_				State	Zip_			1 14
	Insurance Company	· · · · · · · · · · · · · · · · · · ·			Vehicl	e Action Prior to Cras	h '	22	Damageo			27	
	Vehicle Travel Direction:	S E W	Responding to Emerg	ency? 2	Event	Sequence 23	23 23	23	Test Stat		28		
⁹ 2	Citation # (If Issued)	·····			Most	Harmful Event 1	24		Type of T		30		
2	Viol. 1: Ch/Sec/Sub ————	Viol.	2: Ch/Sec/Sub		Driver	Contributing Code	25	25	Susp. Ale		31 Susp. Drug	2 32	
	Viol. 3: Ch/Sec/Sub	Viol.	4: Ch/Sec/Sub —		Driver	Distracted by	26		Towed fr	om scene		ـــــــ	
	Please fill out for op	oerator/non-mo	otorist and all occupa			DOD/A	Seat Sa	fety Airbag E	37 38 ject Trap ode Code	Injury Tra		. Man	
	Operator/Non-M	otorist		Address e Above		DOB/Age Sex	Pos. Sy 1 0	stem Status C	ode Code	Status Co	ode Medical Fa	аенну	
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CDP1 11-24-00

Wilmington Police Department Images Associated with 19-196-AC



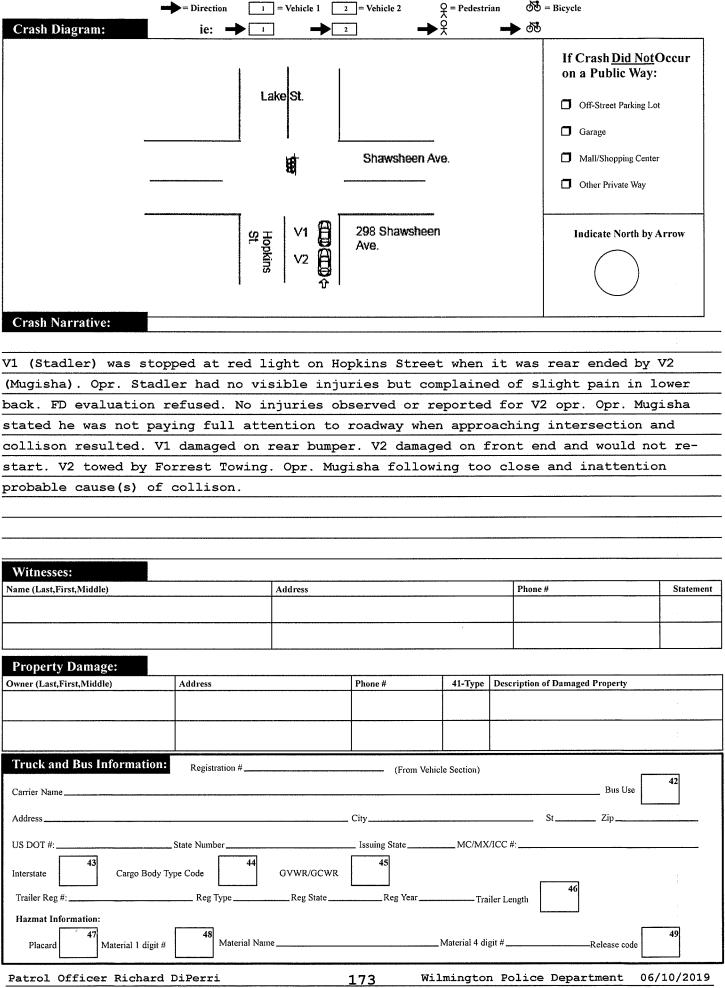








	Police Use Only			Com	Commonwealth of Massachusetts RMV Document Number													
	Date of Crash Time of Crash City/Town			Mot	Motor Vehicle Crash				mber nicles	Numbe Injured	Popoda	Limit_	30	State Police Local Police MBTA Poli	:e 🔞			
	06/06/2019 1514 Wilmington 24HR				Police Report				- 1	1	Latitude MBTA Police Campus Police Other:							
	·····	AT INTER	LOCATION > NOT AT INTERSECTION:															
											•						2 10	
	Route# Dire	Route# Direction HOPKINS ST Name of Roadway/Stre					reet Route# Direction					Na	Name of Roadway/Street					
¹ 1			Route# Direction Address # Name of Roadway/Street															
	129	SHA										nber	111					
	Route# Dire	ction	Feet NSEW of											2 ''				
				Feet NSEW of Intersecting Roadway								.oadway/Stre	:et					
² 1	Route# Dire	ction	Name	of Intersecting Roa		Landmark												
	Please Select One Vi Vahiola 1 1 #Occupants His/Dun Manad Greek Bargert ID# 1 9 - 1 98 - 7 C																	
3	of the Followi	ing:																
	License # \$74966887 St MA DOB/Age Reg # 3520GG Reg Type PC Reg State MA													1 12				
	Sex F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2014 Veh Make SUBARU Veh Config. 1																	
⁴ 3		Last	Fr	Y LAVOIE	Middle			Last			First			Mic	Idle		1	
3		BRIERWOO					ess 8 BRIE		OOD	CI							1	
				<u>/A</u> Zip 018:		-	ANDOVER		Г					-	L810-3		1	
	-			NSURANCE	2	Vehi	cle Action Prior to		<u>-</u>		22	Damage Test Stat		Code:	5 27 27	7 27	1	
⁵ 1	Vehicle Travel I	Direction: X 5	Even	t Sequence 1	23		23	23	Type of		ŀ	29						
	Citation # (If Iss	sued)				Mos	t Hannful Event	1	24	-1		BAC Te		Jt:	30			
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 1 25 Susp.											Susp. Al	cohol:	2 31	2 32	1 13		
⁶ 1	Viol. 3: Ch/Sec/	/Sub	er Distracted by	0	Towed from scene? 2 33													
1	Name (Last First N	Please fill out		DOB/Age	4 35 36 37 38 39 40 at Safety Airbag Eject Trap Injury Transp. s. System Status Code Code Status Code Me					Medical I	acility							
	Operator			See Above			X	1 1 4 0			О							
												+					i	
				<u> </u>									10					
⁷ 2	Please Select (of the Followi		le 2 <u>1</u> #	Occupants N	on-Motorist	A Type	15 Action	16 L	Location	n	Cor	dition	18	 	Hit/Run	Moped		
_	License # S5	7890625	St MA	_ DOB/Ag		Reg	# 7VC139				Reg T	_{гре} РС		Re	g State MA	<u> </u>		
	Sex M Lic.	Class D	19	strictions 1 20	CDL	Veli	Year 2005		√eh Ma	ke M			·	_ Veh	Config. 1	21		
			 DOUGL	AS KEITH	Endorsement Middle		er MUGISH	Α,	DOI	JGL.		EIT	H					
⁸ 1	Address 110	LEXING	Add	Address 110 LEXINGTON RD Middle														
	City BILLI	ERICA	O City	City BILLERICA State MA Zip 01821-0000 1														
	Insurance Company GEICO GENERAL INS						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27											
	Vehicle Travel Direction: S E W Responding to Emergency? 2						Event Sequence 23 23 23 Test Status: 1 28											
9	Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29 BAC Test Result: 30											
⁹ 2	Viol. 1: Ch/Sec/	/Sub	Driv	25 - 25									32					
	Viol. 3: Ch/Sec/Sub ————— Viol. 4: Ch/Sec/Sub ————						Driver Distracted by 5					Towed from scene? 1 33						
	Please fill out for operator/non-motorist and all occupants involved								34 Seat		36 E	7 38 ect Trap	39 Injury	40 Transp.			1	
	Name (Last First N	for/Non-Me	otorist		Address See Above		DOB/Age	Sex	1		Status Co	de Code	Status 10	Code 1	Medical I	acility	1	
	Operat	01/1 1011-1/1	owi ist		See Audve						-	+					1	
													ļ				-	
																	4	



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks