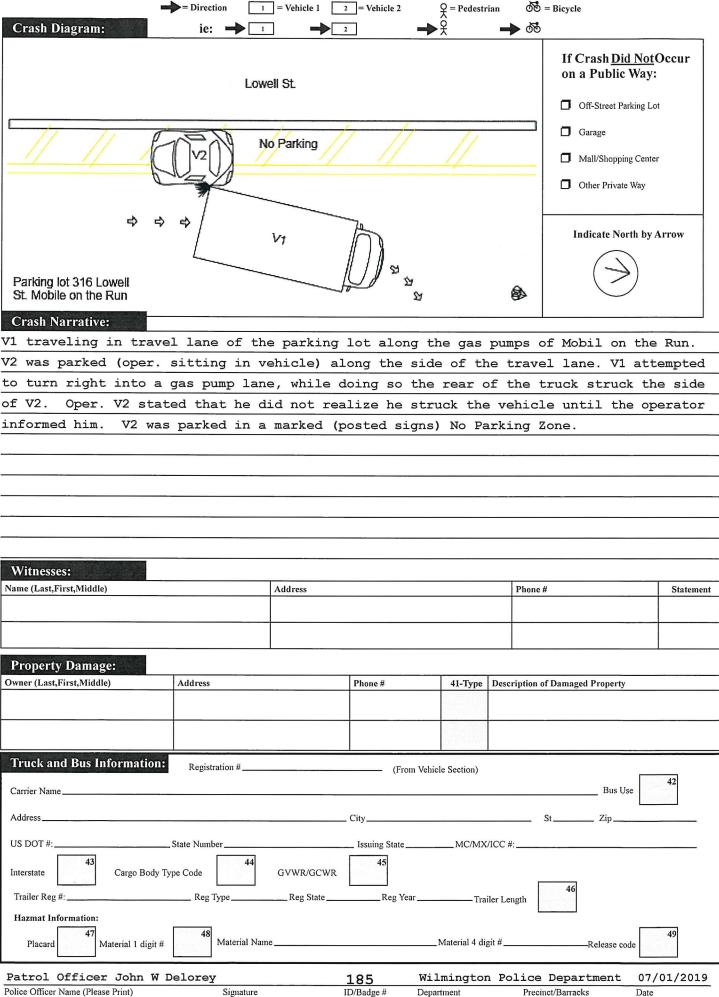
	Poli	ice Use Only		Common	wealth	of Massa	chus	setts	}		RM	V Docu	iment Number	
	Date of Crash	Time of Crash	City/Town	Mo	tor Veh	icle Cras	sh 🛚	Number Vehicles	Numb	.a  Speec	d Limit.	5	State Police Local Police	
	07/01/2019	1047 K	Vilmingto	on	Police :	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:	<b>5</b>
		AT INTERSI	ECTION:	<	LOCA		,	**	NOT	AT IN		SECT		
														2 10
	Route# Direc	etion.	Name of F	Roadway/Street		Route# Directi		L6 dress#	LO	WELL.			ay/Street	_ [
<sup>1</sup> 1	Router Direc	Mon		At						IN:	ame or	Koadw	ay/Sireei	<del></del>
L						Feet [	N S E	V of		(	• —	or _	Exit Number	
	Route# Direc	etion		ting Roadway/Street		_ [	vieleb		Mile	Marker			EXII Number	5 11
			Also at In	tersection with		_	NSEV	_	Route	!	Interse	ecting R	Roadway/Street	-
<sup>2</sup> <b>1</b>	Route# Direc	etion	Name of Intersec	ting Roadway/Street		Feet L	N S E V	V of						
<u> </u>	D 6 1 6				<u></u>							ndmark		-
3	Please Select C of the Followin		1 #Occupant	S Hit/Run	Moped	Crash Ro	eport ID#	19	-2	23-	AC	•		
L	License # S8	7209085	St. <b>MA</b> DOB/A	Age	Reg	# <u>\$59482</u>			Reg	Туре <u>СС</u>	)	Re	eg State <b>MA</b>	
	Sex <b>M</b> Lic. (	Class D 19	Lic. Restrictions	20 CDL	_	Year <b>2017</b>			-				21	<b>1</b> 12
	i	INNEY, D	L	Endorseme	nt	er EAN HO						,	Comig.	-
<sup>4</sup> 1	1	Last HOBSON S	First	Middle		ess 14002	ast		Firs		1 7		<sup>ddle</sup> 1500	_
L <u>-</u>	l			01841-400				<u> </u>						-
			-	01841-490	•	TULSA			22				$\frac{1134-0000}{6^{27}}$	7 I
		any SAFETY				cle Action Prior to		11		Damage Test Sta		Code:	28	1
<sup>5</sup> 1		Direction: N N		ng to Emergency? 2	Even	t Sequence 2	3 23	23	23	Type of			29	
<u> </u>	Citation # (If Iss	ued)			Most	Harmful Event	2 24			BAC Te		ılt:	30	
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/S	ec/Sub	Drive	er Contributing Coo	le 99	25	25	Susp. A	lcohol:	31	Susp. Drug: 32	2 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	Sub —	Viol. 4: Ch/S	ec/Sub	Drive	er Distracted by	99 <sup>26</sup>			Towed i	from sc	ene?	2 33	
1	N d d'a		or operator and all o	•			34 Sea	t Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		
	Name (Last First M  Operate			Address See Above		DOB/Age	Sex Po	s. System	Status 4	Code Code	Status 10	Code 1	Medical Facility	
	Орегин			Jee Above			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				10	-		
	Please Select (	One Mississis	2 <b>1</b> #Occupants			15	16	[	17	[	18	<u></u>		
<sup>7</sup> 1	of the Followin		2 1 #Occupant	Non-Motoris	t A Type	Action	Loca	tion		ondition		<b>  </b>	Hit/Run Mope	ed
<b>——</b>	License # S6	9541268	St.MA_DOB/A		Reg	#1GL759			Reg	Туре <u>РС</u>	<u>:</u>	Re	eg State <b>MA</b>	_
	Sex <b>M</b> Lic. 0	Class D 19	Lic. Restrictions	CDL	Veh	Year <b>2009</b>	Veh	Make <b>1</b>	'OYO'	TA		Veh	Config. 21	
	Operator RO	DRIGUEZ,	MARCOS	Endorsemer  Middle		er RODRIG	JEZ,	MAI						_
<sup>8</sup> 1	Address 276	LOWELL	ST	Middle	Addr	ess <u>276 LO</u>	est WELL	ST	Firs			Mic	ddle	
	City <b>WILM</b>	NGTON	_ State <b>MA</b> Zip	01887-302	. City.	WILMINGT	ON			State M	<b>A</b> _ z	ip <b>01</b>	L887-3023	1 14
	Insurance Comp	any AMICA 1	MUTUAL I	NS	Vehic	cle Action Prior to	Crash	1	22	Damage	ed Area	Code:	7 27 6 27 27	7
	Vehicle Travel D	, K <del></del>		ng to Emergency? 2	Even	t Sequence 2	3 23	23	23	Test Sta	itus:		28	<b>1</b>
		ued)	<del></del>	g to 2e.gee, ,		. 1	1 <sup>24</sup>			Type of	Test:		29	
<sup>9</sup> 2	,	,		<i>(</i> 0.1		ł		25	25	BAC Te	ſ		30	,
<b></b>				ec/Sub		er Contributing Coo	36			Susp. A	ı	31	32	
		Sub				er Distracted by	U		1.6	Towed 1		ene?	2 33	_
	Ple Name (Last First M	•	ator/non-motorist an	d all occupants invol Address	ved	DOB/Age	Sex Pos	t Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate	or/Non-Moto	orist	See Above			$X_1$	99	4 (	0	10	1		
								-			<del>                                     </del>			
									$\vdash \vdash$		+-			-
											-			_



Police Officer Name (Please Print)

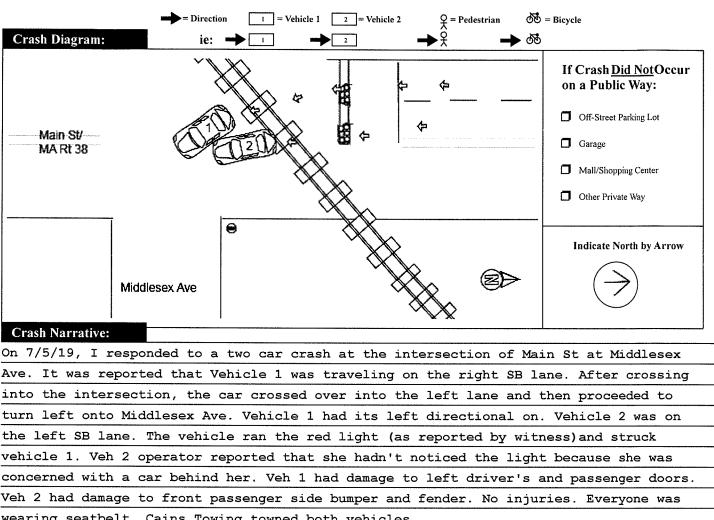
Signature

ID/Badge #

Precinct/Barracks

Date

Date of Crash	Time of Crash	City/	Town	monwo		icle Cra		Nı	ımber	Nun			Limit_		— Local P	olice (
07/05/2019	2331 1 24HR	Wilmin	gton	P	olice l	Report		2	hicles	Inju O	1	_atitud			MBTA I Campus Other:	Police [
	AT INTERS	ECTION:		<	LOCA	TION	>			NO				SEC'	TION:	
Route# Direc		LESEX Name	AVE e of Roadway	/Street		Route# Dire	ction	Addr	ess#			Nai	me of I	Roadw	ay/Street	
			At			F	N S	E W	- C							
Route# Direc	MAIN		tersecting Roa	adway/Street		reet	14131	EIW	OI		le Mar			or _	Exit N	итьет
		Also	at Intersection	a with		Feet	N S	E W	of	Route	<u></u> .	,		ating C	Roadway/S	trant
Route# Direc	etion	Name of In	tersecting Roa	dway/Street		Feet	N S	E W	of	Koue	:#		merse	cing r	Coadway/5	urcei
		Traine of Its	T	iaway/sireet									Lar	ndmark	ζ	
of the Followin		1 <b>1</b> #Occi	ipants H	lit/Run	Moped	Crash	Report	ID#	19	-2	24	<b>l</b> – <i>i</i>	AC	•		
License # S5	5687642	St MA D	OB/Age		. Reg #	9GD466				Re	з Туре	PC		Re	eg State K	IA.
Sex M Lic.	Class D	Lic. Restricti	ons 20	CDL	_ Veh Y	rear <b>2014</b>		Veh Ma	ake <b>S</b>	UBA	RU			_ Veh	Config.	1 <sup>21</sup>
Operator <b>KA</b>	TCHER, W	ILLIAM	COLE	Endorsement	_ Own	er KATCHI	ER,	DA	NIE	L :	[					
Address 25	STANDISE	I RD		Middle	_ Addre	ess 25 ST	AND:	ISH	RI		rst			Mi	ddle	
City <b>NEED!</b>	IAM	State <b>MA</b>	Zip <b>024</b>	92-1115	City_	NEEDHAM	<u> </u>				_ State	MZ	z	ip <b>02</b>	2492-	1115
Insurance Comp	any USAA C	ASUALT	Y INS		_ Vehic	le Action Prior t	o Crash		4	22	Da	maged	l Area	Code:	7 27	27 27
Vehicle Travel D	Direction: NX	E W Res	ponding to Em	nergency? 2	_ Event	Sequence 1	23	23	23	23		t Stati			1 28	
Citation # (If Iss	ued)				Most	Harmful Event	1	24			٠.	oe of T	fest: t Resu	16.	30	
Viol. 1: Ch/Sec/:	Sub	Viol. 2:	Ch/Sec/Sub -		Drive	r Contributing C	ode	97	25	25			ohol:		1	ug: 2 32
Viol. 3: Ch/Sec/	Sub	Viol. 4:	Ch/Sec/Sub		Drive	r Distracted by	99	26					om sce		1 33	<u>-</u>
Name (Last First M		for operator and	all occupants					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap		40 Transp.		
Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code 0	Code O	Status 10	Code 1	Medie	al Facility
- operate	**						$\leftarrow$	1	_	-				_		
Please Select C of the Followin		2 <b>1</b> _#Occu	ipants N	on-Motorist A	Туре	15 Action	16 L	ocatio	n	17	Conditi	on	18		Hit/Run [	Море
License # S3	6646854	St.MA Do	OB/Age		Reg#	3TM625				Ren	Type	PC		Re	eg State <b>M</b>	[A
Sex_ <b>F</b> _ Lic. (	10 10	71	20	CDL		ear 2018		∕eh Ma	ike <b>N</b>						Ī	1 <sup>21</sup>
l	DDIE, CO	RINNE	A	Endorsement		. KEDDII										
Address 74	Last WASHINGT	First		Middle		ess <b>74 WA</b>	Last			Fi	rst			Mie	ddle	
City WOBUF	N. M.	State <b>MA</b>	Zip 0180	01-4663	City 1	WOBURN					_ State	MA	Zi	iр <b>01</b>	1801-	4663
Insurance Comp	any LM GEN	ERAL			_ Vehic	le Action Prior to	o Crash	E		22				Code:		27 27
Vehicle Travel D	irection: NX	E W Res	onding to Em	nergency? 2	_ Event	Sequence 1	23	23	23	23	Tes	t Statı	.is:		1 28	
Citation # (If Iss	ned)				Most	Harmful Event	1	24				e of T		.	30	
1	Sub	Viol. 2:	Ch/Sec/Sub -		Drive	r Contributing C	ode	4	25	25			t Resu			ug: 2 32
Viol. 1: Ch/Sec/S	Sub	Viol. 4:	Ch/Sec/Sub -		Drive	r Distracted by	99	26					om sce		1 33	- E
								34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap		40 Transp.		<del></del>
Viol. 3: Ch/Sec/S	ase fill out for oper	rator/non-motor				1 popu	Sex	Pos.	System	Status	Code	Code	Status	Code	Medic	al Facility
Viol. 3: Ch/Sec/S Ple Name (Last First M.	iddle)			Address See A hove		DOB/Age	V	1	,	ا ہ	ا م	ا م	10	,		at racinty
Viol. 3: Ch/Sec/S Ple Name (Last First M.	•			Address See Above		DOBAge	X	1	1	4	0	0	10	1		ar r acincy
Viol. 3: Ch/Sec/S Ple Name (Last First M.	iddle)					IXIII/Age	X	1	1	4	0	0	10	1		araciny



wearing seatbelt. Cains Towing towned both vehicles.

Witnesses:							
Name (Last,First,Middle)		Address				Phone #	Statement
CABRAL MICHAEL		1 ADELAIDE	ST WILMINGTO	N MA 01	887	978-658-5071	
		NAME OF THE OWNER O					
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Desci	ription of Damaged Property	
Truck and Bus Information:  Carrier Name			(From Vehic	le Section)		Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	/ICC #:		
Interstate Cargo Body Ty		GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Len	ngth	
Hazmat Information:							
Placard Material 1 digit #	48 Material Name	e	1	Material 4 dig	git #	Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

07/05/2019

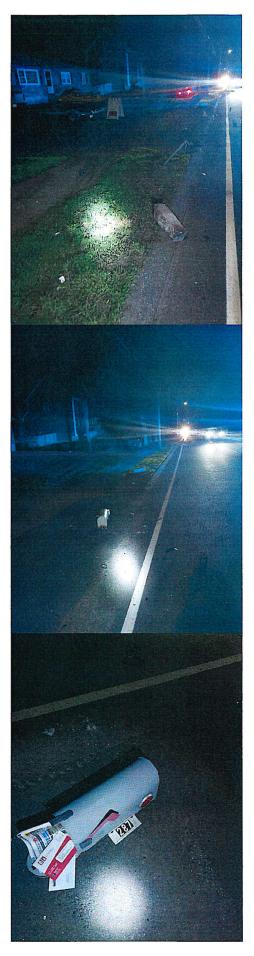
Department

	Police Use Only	Comi	nonwealth (	of Massa	ichu	sett	S		RMV	V Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	sh [	Numbe Vehicle		- 1 ( '	Limit.	30	State Police Local Police	
	07/05/2019 0238 Wil	mington	Police 1	Report		1	0	Lann	de tude		MBTA Police Campus Police Other:	러
	AT INTERSECT	ION:	< LOCA	<u> </u>	>		NOT	'AT IN		SEC		7
												2 10
	D (1)					285		LEM S				
<sup>1</sup> 4	Route# Direction	Name of Roadway/St	reet	Route# Direct	ion A	Address #		Na	me of	Roadw	ay/Street	
-				Feet	N S E	of of				or _		_
	Route# Direction Nam	ne of Intersecting Roady	vay/Street	-			Mil	e Marker			Exit Number	1 11
		Also at Intersection w	rith :		N S E		Route	<del>_</del>	Interse	cting R	Roadway/Street	- []
<sup>2</sup> <b>1</b>	Route# Direction Nar	ne of Intersecting Roady	vay/Street	Feet	N S E	W of				Ü	•	
1			14,754,664						La	ndmark		
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash R	eport IE	» 1 S	9-2	25-	AC	·		
	License # <b>S41874547</b> St <b>M</b>	DOR/Are	_ I	6 <u>4</u> 6 <u>4</u> V2 61			n	т РС		D.	МА	
	19 19	20	_				_				21	- <b>7</b> 12
	EE	E:	ndorsement	Year <u>2011</u>				-CEQ-1	DE:INZ	Veh	Config.	
<sup>4</sup> 1	Operator NELSON, LEE M	First	Middle	er NELSON	.asi		Fire	st		Mic	ddle	-
1	Address 52 MOONLIGHT I			ess <u>52 MOO</u>	NLI	GHT						-
	City_TEWKSBURY Stat	e <b>MA</b> Zip <b>0187</b> 6	5-2209 City	TEWKSBU	RY						L876-2209	7 I
	Insurance Company COMMERCE	INSURANCE	Vehic	ele Action Prior to	Crash	1	22			Code:	1 27 0 27 27	]
5	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Even	t Sequence 31	23 23	23	23	Test Sta			1 28	
J	Citation # (If Issued) <b>T1152753</b>	*****			T	4		Type of		1	97 <sup>29</sup>	
	Viol. 1: Ch/Sec/Sub 90 24	Viol 2: Ch/Sec/Sub 9	0 24 Drive	er Contributing Co	de <b>1</b>	.0 <sup>25</sup>	9 25	BAC Te Susp. Al	_		<u> </u>	10 <sup>13</sup>
	Viol. 3: Ch/Sec/Sub 89 4A		er Distracted by		26		Towed f			33 Drug.[2	<u>ا المار</u>	
<sup>6</sup> 1	Please fill out for operator and all occupants involved			T Sistance of the state of the		34 35		37 38	39	40	<u> </u>	4
	Name (Last First Middle)		Address	DOB/Age		Seat Safet Pos. Syste		Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	S	ee Above	><	X	1 0	1	0 0	10	1		
					<del></del>	_						
							<u></u>		<u> </u>			4
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants  Non	-Motorist A Type	15 Action	16 Lo	cation	17 C	ondition	18		Hit/Run 🔲 Mope	ed
<u></u>	License #St	DOB/Age	P ou é	#			Pog	Trans		D.	an State	
	19 19	20	ū								21	_
		Restrictions C	ndorsement	Year	Vei	n Make_		·		ven	Config.	
<sup>8</sup> 1	Operator	First	Middle Own	er	.ast		Fire	st		Mis	ddle	-
	Address			ess								14
	City Stat	e Zip	City_				22	_ State		٠,	27 27 27	
	Insurance Company		Vehic	le Action Prior to			Щ,	Damage		Code:	28	J
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence	23 23	23	23	Test Star Type of			29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	2	24		BAC Te		ılt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Co	de	25	25	Susp. Al	ı		Susp. Drug: 32	
	Viol. 3; Ch/Sec/Sub	Drive	er Distracted by	2	26		Towed f	rom sc	ene?	33	-	
	Please fill out for operator/no					34 35 Seat Safet		37 38 Eject Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)	, ]	Address	DOB/Age	Sex 1	Pos. Syste	m Status	Code Code	Status	Code	Medical Facility	
	Operator/Non-Motoris	T S	ee Above			1			<u> </u>			
									L			
							+		1	$\vdash$		
							1 1		1	1	İ	ı

	= Direction	1 = Vehicle 1 2	= Vehicle 2	Q = Pedestrian	= Bicycle	
Crash Diagram:	ie: <b>→</b> [	1 2	<b>→</b>	Ŷ <b>→</b> ₫	29	
				8	If Crash Did Not Con a Public Way:  Off-Street Parking Lot Garage	
		THE PART OF THE PA				
				<b>₹</b>	☐ Mall/Shopping Center	
				•	Other Private Way	
		_	~~~~	Salem St.		
	4	4		Salem St.	Indicate North by A	rrow
				M		
Crash Narrative:						
*See Arrest Report	19-253-AR Wit	h Included	Photos*			
**************************************						
Witnesses:						
Name (Last,First,Middle)		Address		Pho	ne#	Statement
Dunnautu Damaga.	W. S. C.					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Tyne Description	on of Damaged Property	
MACIVER ROBERT E	007 637 777	MINGTON MA 01887-4	- 1010		BOX AND LAWN	
GAGLIONE MICHAEL		MINGTON MA 01887-1			BOX AND LAWN	
Truck and Bus Information	on: Registration #		(From Vehic	ele Section)		
Carrier Name			(		Bus Use	42
Address			City		StZip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #:		
43	dy Type Code		45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	46	
Hazmat Information:						
Placard 47 Material 1 dig	git # 48 Material N	Name		Material 4 digit #	Release code	49
Patrol Officer Bria	n Tavares		206 Wil	lmington Poli	ce Department 07/	06/2019
Police Officer Name (Please Print)	Signatur		<del></del>		recinct/Barracks Date	

## Wilmington Police Department Images Associated with 19-225-AC



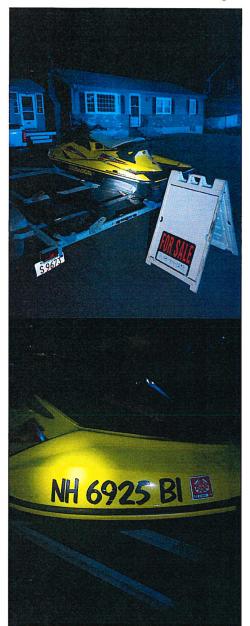


## Wilmington Police Department Images Associated with 19-225-AC



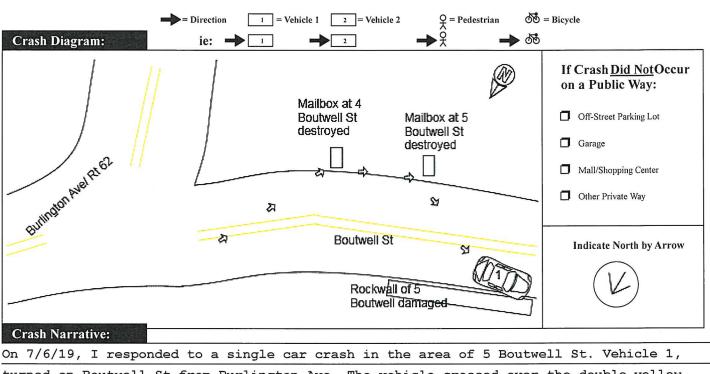


## Wilmington Police Department Images Associated with 19-225-AC





	Police Use Only	Comn	nonwealth (	of Massach	usetts		RMV	Document Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicles	Indiana I	Speed Limit_	30 State Police Local Police	
	07/06/2019 2006 Wil	mington	Police 1	Report	1.	^ !	Latitude Longitude	MBTA Police Campus Police Other:	3
	AT INTERSECT	ION:	< LOCA					SECTION:	
			200.			101711		320110111	2 10
					6	BOUT	WELL :		_2
<sup>1</sup> 3	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of I	Roadway/Street	_
3		At		Feet N S	EW of -			or	_
	Route# Direction Na	me of Intersecting Roadw	ay/Street			Mile Ma	rker	Exit Number	1 11
		Also at Intersection wi	th	Feet NS		Route#	Interse	cting Roadway/Street	-
2	Route# Direction Na	me of Intersecting Roadw	av/Street	Feet N S	E W of			B	
<sup>2</sup> 3	Router Direction iva	ine of intersecting Roadw	ay/Street		-		Lar	ndmark	
3	Please Select One of the Following:	#Occupants    Hit/F	Run Moped	Crash Report	ID# 19-	-22	6-AC	•	1
<sup>3</sup> 2	License # <b>S93203823</b> St <b>N</b>	47 page 01/1	9/1989 -						┨
	10 10	2.0	_	# 6ST478				21	<b>3</b> 12
	Sex E Lic. Class D Lic.	En	dorsement	Year 2004				_ Veh Config. L	
4	Operator TENTERS, STEE	First	Middle	er TENTERS,		First		Middle	-
<sup>4</sup> 1	Address 28 KENMAR DR	APT 283	Addr	ess 28 KENMA	R DR	APT 2			-
	City <b>BILLERICA</b> Stat	te <b>MA</b> Zip <b>01821</b>	<b>-0000</b> City.	BILLERICA				ip <b>01821-000</b>	- 1
	Insurance Company <b>GOVT EMPI</b>	LOYEE INS	Vehic	cle Action Prior to Crash	1 2	22 Da	amaged Area	Code: 2 27 7 27 3 27	<u> </u>
5	Vehicle Travel Direction:	Responding to Emerg	ency? 2 Even	t Sequence 41 23 31	<sup>23</sup> 31 <sup>23</sup> 35	23	est Status:	1 28	
3	Citation # (If Issued)			Harmful Event 35		Ty	pe of Test:	29 - 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	2 25 1 9	25	AC Test Resu isp. Alcohol:	···· <u>1</u>	30 <sup>13</sup>
	Viol. 3: Ch/Sec/Sub			er Distracted by 99	26		wed from so		<b>」</b>
<sup>6</sup> 2		rator and all occupants inv			34 35	36 37	38 39	40	
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Medical Facility	
	Operator	Se	e Above	$\times$ X	1 1	4 0	0 10	1	
				<u> </u>					_
<sup>7</sup> 1	Please Select One of the Following:	#Occupants  Non-	Motorist A Type	Action 16	Location	17 Condit	tion 18	Hit/Run Mope	ed
	License #St	DOB/Age	Pag	#		Rea Type	<u> </u>	Reg State	_
	19 19	20	_	Year				21	_
			dorsement		ven Make			ven Conng.	
<sup>8</sup> 1	OperatorLast	First	Middle	erLast		First		Middle	-
	Address			ess					14
	City State	te Zip	City				te Z		_ 4
	Insurance Company		Vehi	cle Action Prior to Crash	<u> </u>		amaged Area	28 28	<u> </u>
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23		23	pe of Test:	29	
<sup>9</sup> 2	Citation # (If Issued)	<del></del>	Mos	Harmful Event	24	В.	AC Test Resu	ılt: 30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	<b>25</b> Տւ	isp. Alcohol:	31 Susp. Drug: 32	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	То	owed from sc	ene? 33	_
I	Please fill out for operator/no	•				36 37 Airbag Ejeet	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle)  On a wat on /Non Matonis		Address	DOB/Age Sex	1	Status Code	Code Status	Code Medical Facility	
	Operator/Non-Motoris	Se Se	e Above		1				
							T		



On 7/6/19, I responded to a single car crash in the area of 5 Boutwell St. Vehicle 1, turned on Boutwell St from Burlington Ave. The vehicle crossed over the double yellow line, croseed over the oncoming lane, went up on the sidewalk and struck the mailbox for #4 and #5 Boutwell St. The vehicle then crossed back over the street and went off the road and struck the rockwall at #5 Boutwell St. The operator was not injured. She reported that she was heading home and the rear of her car started to spin out, She reported she tried to correct it but the car went off the road, struck two mailboxes and then the car crossed back over the road striking a wall. The operator admitted to using excessive speed. She was not sure her speed because the speedometer was broken. She reported she was having a rough day and just wanted to get home. Forrest Towing towed the car. Suffered damage to left and right sides and front passenger

Witnesses:		-21 21 14							
Name (Last, First, Middle)	Ad	Address				Phone #			
Property Damage:			•						
Owner (Last,First,Middle) Add	dress		Phone #	41-Type	Description of Da	imaged Property			
INSALACO LOUIS S 4 B	OUTWELL ST WILMINGTO	ON MA 01887-		97	MAILBOX				
STEMMLER HEINZ W 5 B	OUTWELL ST WILMINGT	ON MA 01887-	e	97	MAILBOX	AND ROCK	VALL		
Truck and Bus Information:  Registration #									
Address			City		St	Zip			
US DOT #:State	Number		_ Issuing State	MC/MX	/ICC #:				
Interstate 43 Cargo Body Type Co	ode 44	VWR/GCWR	45			46			
Hazmat Information:									
Placard 47 Material I digit #	48 Material Name			Material 4 di	git #	Release code	49		

Patrol Officer Daniel P Furbush

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Wilmington Police Department

07/06/2019