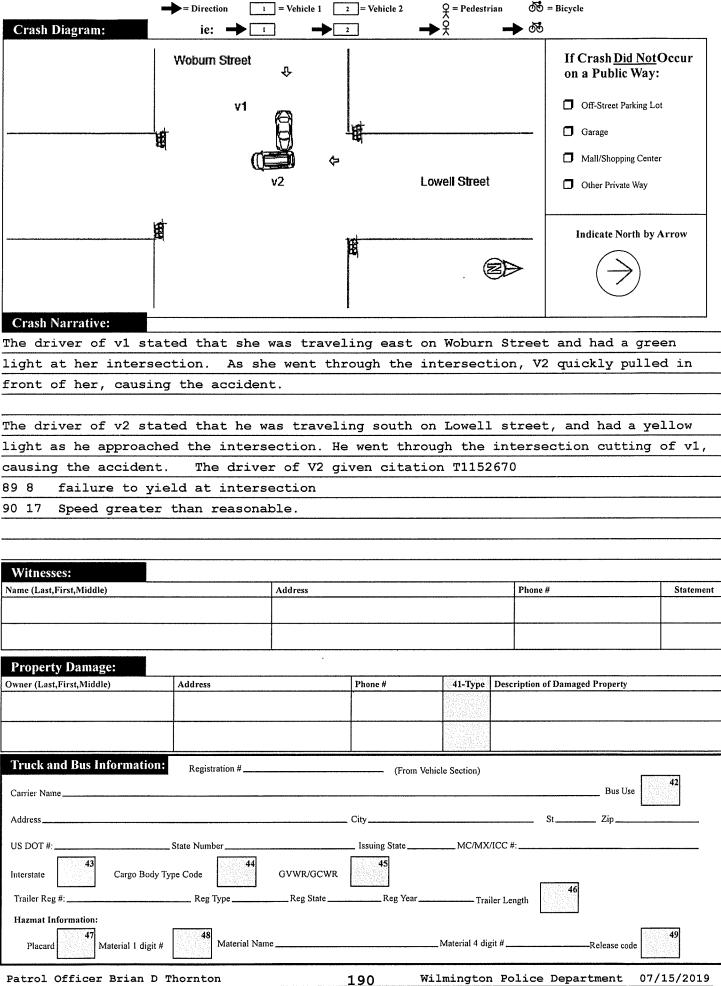
	Police Use Only	Comm	onwealth (	of Massach	usetts		R	MV Docu	iment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lin	it <u>35</u>	State Police Local Police MBTA Police Campus Police	
	07/15/2019 2145 Wil	mington	Police 1	Report	2	0	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	<u> </u>		ΓΙΟΝ:	1
	·				<del>'</del>					2 10
	LOWELL LOWELL			Destall Distriction	A 12 #		Nama	of Roadw	iou/Stroot	
4	Route# Direction	Name of Roadway/Street	t	Route# Direction	Address #		Name	or Koadw	ay/Street	-
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		ne of Intersecting Roadway	/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection with		Feet NS		Route#	Inte	rsecting R	Roadway/Street	
² <b>1</b>	Route# Direction Na	me of Intersecting Roadway	/Street	Feet N S	E W of					
1				- 1				Landmark		
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash Repor	1D# 19	-23	5-A	С		
		(A popu				p 7	DC.	D.	- C MA	1
	Sex <b>F</b> Lic. Class D Lic. 1	DOB/Age	-						21	1 12
		hndo	rsement	Year 2012			<b>1</b>	Veh	Config. L	
t	Operator LE, CHRISTINE	First N	- Own	er <b>LE , VIET</b>	HOANG	First		Mie	ddle	
3	Address 8 WING RD		Addr	ess 8 WING R	D					
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>01887</b>	City_	WILMINGTO	<u> </u>	St	ate <b>MA</b>	Zip <b>01</b>	1887-2531	
	Insurance Company LM GENERA	I.	Vehic	ele Action Prior to Crasl	h 1	<b>22</b>	Damaged Ar	ea Code:	27 27 27 1	
	Vehicle Travel Direction: NS W	Responding to Emergen	icy? 2 Even	t Sequence 1 23	23 23	23 T	est Status:		28	
1	Citation # (If Issued)			Hamful Event 1	24	T	ype of Test	:	29	
				L	7 25	25	AC Test Re		30	13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	S	usp. Alcoho	13 303 -45 4	Susp. Drug: 32	1
1	Viol. 3: Ch/Sec/Sub			r Distracted by			owed from	<u> </u>	1 33	_
	Please fill out for opera	ator and all occupants involv	ved Idress	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator	See A	Above	X	1 1	1 0	0 10	1		
	1		<del>,</del>		1					-
					-		-			_
									<u> </u>	
	Please Select One Vehicle 21	#Occupants Non-M	T.	15 16	T	17 Condi		8 .	Hit/Run Moped	7
2	of the Following:	-#Occupants   Non-M	otorist A Type	Action	Location	Condi	tion		11t/Kun   Wioped	_
	License # <u>S96813502</u> St <u>M</u>	A DOB/Age	Reg #	P72058		Reg Typ	e CO	Re	eg State MA	
	Sex.M_ Lic, Class D 19 Lic. I	Restrictions 20 CDL	Veh V	/ear <b>2013</b>	Veh Make <b>D</b>	ODGE		Veh	Config. 2	
	Operator KENNY, BRIAN	P	Own	er GELCO FL	EET TR	UST				
1	Address 10 PETER RD	First M	fiddle Addre	ess 940 RIDG	EBROOF	First RD		Mic	ddle	
		• <b>MA</b> Zip 02360-	5023 City	SPARKS		Sta	ate MD	Zip <b>21</b>	L152-0000	1 14
	Insurance Company NATL UNIO	•		le Action Prior to Crasl	ı <u>1</u>		amaged Ar	,		-
				22	23 23	42	est Status:		3 28	
	Vehicle Travel Direction: N E W	Responding to Emergen		Sequence 1		51 S. 67 B	ype of Test:		97 <sup>29</sup>	
2	Citation # (If Issued) <b>T1152670</b>	_		Harmful Event 1	24		AC Test Re	F	1 30	
	Viol. 1: Ch/Sec/Sub 90 17	Viol. 2: Ch/Sec/Sub 89	8 Drive	r Contributing Code	4 25 1	<b>9</b> 25 S	usp. Alcoho	ol: 1 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	T	owed from	scene?	1 33	
	Please fill out for operator/no	•			34 35 Scat Safety	36 37 Airbag Eject	38 39 Trop Inju	ry Transp.		
	Name (Last First Middle)		dress	DOB/Age Sex	Pos. System	Status Code	Code Stat	us Code	Medical Facility	-
	Operator/Non-Motorist	See A	Above		1 1	1 0	0 10	1		-
										_
							<del>                                     </del>	+		1
	į	l		1	1	i I	1	1 1		1



Police Officer Name (Please Print)

Signature

ID/Badge #

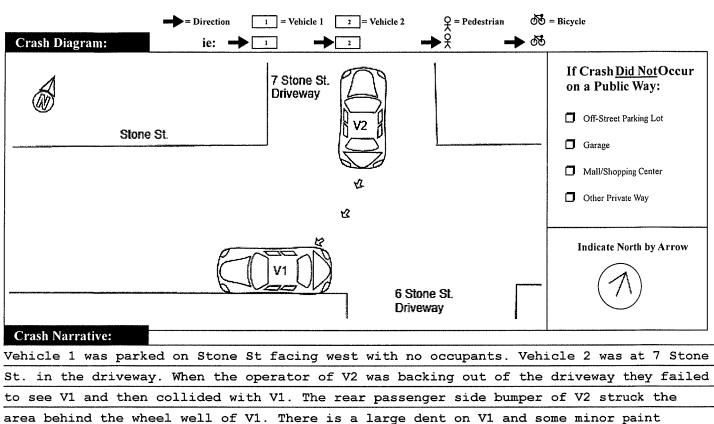
Department Precinct/Barracks

Date

07/16/2019 0701 Wilmington Police Report Speed Limit S	A Light State State (State State Sta
Police Report 2 1 Landide Ca	ate Police Cal Police BTA Police Campus Poli
	mpus Police D
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION	N:
804 WOBURN ST	4
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Str	eet
1 AtFeet N S E W of • or	
Route# Direction Name of Intersecting Roadway/Street Mile Marker Ex	kit Number
Also at Intersection with Feet NSEW of Route# Intersecting Roadw	
Route# Direction Name of Intersecting Roadway/Street Feet N S E W of	
Lanunaix	
Please Select One of the Following: Vehicle 11_#Occupants	
License # <b>S21894812</b> St <b>MA</b> DOB/Age Reg # <b>1CV471</b> Reg Type <b>PC</b> Reg Stat	te <b>MA</b>
Sex M Lic. Class D 19 19 Lic. Restrictions CDL Veh Year 2016 Veh Make HONDA Veh Confi	g. <b>1</b> 21 [
Operator RAMOS-ALDEA . LEONARDO Operator RAMOS-ALDEA . LEONARDO	
1 Address 14 BENNINGTON ST FL APT 3 Address 14 BENNINGTON ST FL APT 3	
City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-3125</b> City <b>LAWRENCE</b> State <b>MA</b> Zip <b>0184</b>	1-3125
Insurance Company GEICO GENERAL INS Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27	7 27 27
Vehicle Travel Direction: N K E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status:	1
Citation # (If Issued) Most Hamful Event 1 24 BAC Test Result: 33	
BAC lest Result:	) 5. Drug: 32
0 26 Tand 6 33	التنتنا ا
Please fill out for operator and all occupants involved 34 35 36 37 38 39 40	
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code	Medical Facility
Operator         See Above         1         1         4         0         0         8         1	
Please Select One Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Ru	ın Moned
1 of the Following: Vehicle 2.1 "Occupants I Non-Motorist A Type Action Location Condition II Hit/Ru	ın Moped
1 of the Following: Vehicle 2.1 #Occupants Non-Motorist A Type Action Location Condition Hit/Ru  License # S73020540 St MA DOB/Age Reg # 175VF1 Reg Type PC Reg State	te <b>MA</b>
of the Following: Vehicle 2.1 #Occupants Non-Motorist A Type Action Location Condition Hit/Ru  License # S73020540 St MA DOB/Age Reg # 175VF1 Reg Type PC Reg Stat  Sex M Lic. Class D Lic. Restrictions CDL Veh Year 2004 Veh Make LINCOLN Veh Confi	te <b>MA</b>
of the Following:  Vehicle 2	te <b>MA</b>
1 of the Following: Vehicle 2.1 #Occupants Non-Motorist A Type Action Location Condition Hit/Ru  License # \$73020540 St MA DOB/Age Reg # 175VF1 Reg Type PC Reg Stat  Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Veh Year 2004 Veh Make LINCOLN Veh Configure FERGUSON, DONALD J  Operator FERGUSON, DONALD J  Address 210 BROADWAY Address 210 BROADWAY	g. 1 21
1 of the Following: Vehicle 2	ne MA g. 1 21 g. 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1 of the Following: Vehicle 2.1 #Occupants Non-Motorist A Type Action Location Condition Hit/Ru  License # \$73020540 St MA DOB/Age Reg # 175VF1 Reg Type PC Reg State  Sex M Lic Class 19 19 Lic Restrictions CDL Endorsement Operator FERGUSON, DONALD J  Operator FERGUSON, DONALD J  Address 210 BROADWAY Address 210 BROADWAY  City WAKEFIELD State MA Zip 01880-3108  Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash Damaged Area Code: 2 27  Damaged Area Code: 2 27  Test Status: 28  Occupants Non-Motorist A Type Action Location Condition Line Hit/Ru  Condition Condition Condition Condited Condition Condition Condition Condition Condition Condition C	0-3108 1 27 27
1 of the Following: Vehicle 2.1 #Occupants Non-Motorist A Type	0-3108 1 27 27
1 of the Following: Vehicle 21 #Occupants Non-Motorist A Type	0-3108 1 27 27
1 of the following: Vehicle 2_L#Occupants	0-3108 1 27 27 . Drug 32
1 of the Following: Vehicle 2  Moccupants Non-Motorist A Type Action Location Condition Hit/Ru  License # \$73020540  St MA DOB/Age	0-3108 1 27 27 . Drug 32
1 of the Following: Vehicle 2 1 #Occupants   Non-Motorist A Type   Action   Location   Condition   Hit/Rt    License # \$73020540   St MA DOB/Age   Reg # 175VF1   Reg Type PC   Reg Stat    Sex M Lie. Class   D	0-3108 1 27 27 . Drug 32
1 of the Following: Vehicle 2	0-3108 1 27 27 27 Drug 32
1 of the Following:	0-3108 1 27 27 27 Drug 32
1 of the Following:  Vehicle 2_L #Occupants  Non-Motorist A Type	0-3108 1 27 27 27 Drug 32

		= Vehicle 1	2 = Vehicle 2	Q = Pedestr		icycle	
Crash Diagram:	ie: <b>→</b>			nit on side of ay making De	<u>→ ₩</u>	If Crash <u>Did No</u> on a Public Wa	
*COLARY CREEK AND THE SHEET HET FOR THE SHEET HE						Off-Street Parking	Lot
	0(020) <	9				Garage	Lot
and a second discount of the control		nant i simboli sont komo minant literatura sonannantano. Mi	entralise et al. 1887 (al. 118 anniel 2008). Et al 1888 (al. 1888)	managani na Asantan ani na managan	, d johns si na kalamatan kan yay	Mall/Shopping Ce	
		Wobum st				_	
		SANOTERIA CONTRACTOR SANOTERIA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO				Other Private Way	
804 Woburn st. A	nalog Devices			6		Indicate North b	y Arrow
Crash Narrative:							
per.#1 related he	was traveling	south on	Woburn st	., when m/	v#2 came	from behind	d and
rearended his m/v#	1.						
per.#2 related as							
on the side of the							
close to m/v#1, who	en he realized	how close	he was i	t was too	late and	he rearende	ed m/v#1.
PWJ/142)							
PART 1 APR 4		,,	<del>" .'. ·</del>				
	* '						<u></u>
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
						33000	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
Truck and Bus Informati	Registration #		(Fron	n Vehicle Section)			
Carrier Name						Bus Use	42
Address			City		St_	Zip	
US DOT #:	State Number	······································	Issuing State	MC/MX/	ICC #;	(C	
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTrail	er Length	46	
Hazmat Information:					<u> [2-253.3</u>	<u></u>	
Placard 47 Material 1 di	git # 48 Material Nam	ne		Material 4 dig	it #	Release code	49
Patrol Officer Paul	W Jepson		142	Wilmington	Police De	epartment 0	7/16/2019
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/I	Barracks Da	te

Date of Crash Time of Crash		monwealth o	) I IVIUSSUCII	usetts		K.V.	V Docur	ment Number	
!	City/Town Wilmington	Motor Veh	icle Crash	Number Vehicles	Taringand	Speed Limi Latitude	20	State Police Local Police MBTA Police	
24HR	WIIMING CON	Police I	Report	2	^	Latitude Longitude _		Campus Police (	5
AT INTERS	ECTION:	< LOCA	TION >	]	NOT AT	INTER	SECT	TION:	
				6	STON	ਦ ਦੂਜ			2
Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	SION		Roadwa	y/Street	
	At		Feet NS	EW of -		_ •	· or		
Route# Direction	Name of Intersecting Roads	way/Street			Mile Ma		OI	Exit Number	_ 
	Also at Intersection w	vith	Feet NS	EW of	Route#	Inters	ecting Ro	oadway/Street	-  -
Route# Direction	Name of Intersecting Roady	vav/Street	Feet N S	E W of		*******		out may, on the	
						L	andmark		_
Please Select One of the Following:	10_#Occupants Hit/	Run Moped	Crash Report	19 <b>19</b>	-23'	7-A(	2		
License #	St DOB/Age	Reg#	69MP69		Reg Type	PC	Res	g State <b>MA</b>	_ _
Sex Lic. Class 19 1	9 20	_	ear <u>2007</u> \					21	1
Operator Driverless	E لنستا	ndorsement	SPENCER,						
Address	First	Middle	ss 398R CHES		First		Midd	ile	_
City			WILMINGTON			e MA	Zip <b>01</b>	887-1161	_
Insurance Company ARBELI	•		e Action Prior to Crash		_	inaged Are			- 1
Vehicle Travel Direction: N S				2 0,000,000	2.4	st Status:	1	28	1
Citation # (If Issued)	<u></u>		Harmful Event 1	24	Ty	pe of Test:	1. 2. 2.	29	
			Contributing Code	1 25	25	AC Test Res		30	,
Viol. 1: Ch/Sec/Sub			10.00	<u>-</u> ]	Su	sp. Alcohol wed from s		Susp. Drug: 99 32	ا ا
Viol. 3: Ch/Sec/Sub	For operator and all occupants in		Distracted by 0	34   35	36 37	38 39	ene? 2	<u> </u>	4
Name (Last First Middle)	or operator and an occupants in	Address	DOB/Age Sex	Seat Safety / Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	_
Operator	S	ee Above	$\times \times$	1					
<b>12.</b> 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.							+		$\dashv$
Di		. Ta	15 16	[1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	17	18			$\dashv$
Please Select One of the Following:	21 #Occupants Non	-Motorist A Type	Action L	ocation	Condit	on	H	it/Run Mope	d
License # <b>S76794844</b>	St_MA_ DOB/Age	Reg#	9PBC50		Reg Type	PC		g State <b>MA</b>	
Dicellac # W/V/JAVAT					- Kop Type		Reg		_
19 10	Lic. Restrictions <b>B</b> C	DL Veh Ye	ear <b>2018</b> v	eh Make <b>M</b>				Config. 21	-
Sex <b>F</b> Lic. Class D	Lic. Restrictions <b>B</b> C	ndorsement Owne			TSUB		Veh C	Config. 1 21	-
Sex <b>F</b> Lic. Class D 19 19 Operator <b>PRESTON</b> , <b>E</b> Last	Lic. Restrictions B C E	ndorsementOwne	ear <b>2018</b> V	MICHA	TSUB			Config. 1 21	-
Sex <b>F</b> Lic. Class D 19 19 Operator <b>PRESTON</b> , <b>E</b> Last Address <b>370 MANNING</b>	Lic. Restrictions B C E	ndorsement Owne Middle Addre	ear <b>2018</b> v	MICHA	TSUB EL R First	ISHI	Veh C	Config. 1 21	- - - - 1
Sex <b>F</b> Lic. Class D 19 19 Operator <b>PRESTON</b> , <b>E</b> Last Address <b>370 MANNING</b> City <b>JEFFERSON</b>	Lic. Restrictions B C Et LIZABETH First S ST State MA Zip 01522	Owne Addre: City	ear <b>2018</b> V r <b>PRESTON</b> , Last ss <b>370 MANN</b> ]	MICHAI	TSUB  L R  First  State	ISHI	Veh C	Config. 1 21 522 522 - 1556	, I
Sex F Lic. Class D 19 19 Operator PRESTON , E Address 370 MANNING City JEFFERSON Insurance Company COMMER	Lic. Restrictions B C E	Owne   Address   City   Vehicle	r PRESTON, Last SS 370 MANNI JEFFERSON e Action Prior to Crash	MICHAI ING ST	First State 2 Date 23 Te	e MA : maged Area st Status:	Veh C	21 21 21 21 21 21 21 21 21 21 21 21 21 2	, I
Sex F Lic. Class D 19 19 Operator PRESTON , E Address 370 MANNING City JEFFERSON Insurance Company COMMER Vehicle Travel Direction: NX	Lic. Restrictions B C Extractions B C Extractions C Extraction C Extra	Owne   Addres	r PRESTON, Last ss 370 MANNI JEFFERSON e Action Prior to Crash	MICHAI ING ST	First State Da 23 Te Ty	e MA maged Areast Status:	Veh C	21 21 21 21 21 21 21 21 21 21 21 21 21 2	, I
Sex F Lic. Class 19 19 Operator PRESTON, E Address 370 MANNING City JEFFERSON Insurance Company COMMER Vehicle Travel Direction: NX Citation # (If Issued)	Lic. Restrictions B C E	Owne  Addres  2-1556  City Vehicle  gency? 2  Event  Most I	r PRESTON, Last ss 370 MANNI JEFFERSON e Action Prior to Crash Sequence 2 23 Harmful Event 2	MICHAI ING ST	State Da Da Ty	e MA : maged Area st Status: pe of Test:	Veh C  Midd  Zip <b>01</b> a Code: 4	21 21 21 21 21 21 21 21 21 21 21 21 21 2	
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Vehicle 1 was parked on Stone St facing west with no occupants. Vehicle 2 was at 7 Stone St. in the driveway. When the operator of V2 was backing out of the driveway they failed to see V1 and then collided with V1. The rear passenger side bumper of V2 struck the area behind the wheel well of V1. There is a large dent on V1 and some minor paint damage. The operator of V2 left her name and phone number with the party responsible for V1, but did not leave any other info. I was able make contact with her via phone and she stated that she did in fact hit V1. The operator of V2 said there was only a small amount of paint damage to V2. I was unable to see V2 in person, but the operator described the damage and it was consistent with what the reporting party stated they saw.

Witnesses:								
Name (Last,First,Middle)		Address			Pl	hone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descript	tion of Damage	d Property	
Truck and Bus Information:  Carrier Name	Registration #		(	icle Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:S	State Number		Issuing State	MC/MX/	ICC#:			
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Lengtl	1 7 <b>0</b>		
Hazmat Information:						1		
Placard 47 Material 1 digit #	48 Material Name			_Material 4 dig	it #		-Release code	49
				* ***				

Patrol Officer Emily L Stebbins

210

Wilmington Police Department

07/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

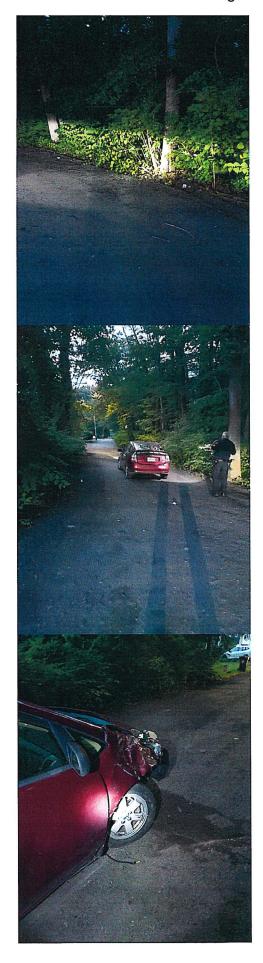
Department Precinct/Barracks

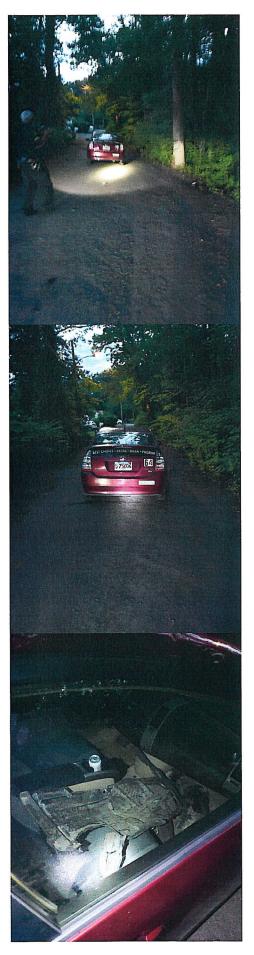
Date

	Police Use Only	Comm	ıonwealth (	of Massacl	husett	S	RN	MV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Numbe Vehicle		Speed Lim	it 30	State Police Local Police MBTA Police	
	07/17/2019   <b>0430</b>   <b>Wil</b>	mington	Police 1	Report	1	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION	< LOCA		<u> </u>		r intel			1
	ATTIVIERSECT	ion.	LOCA			NOTA	1 11112	WOLC !	10111	10
					1	KILE	BY ST			2
1_	Route# Direction	Name of Roadway/Stre	et	Route# Direction	Address #	‡	Name o	of Roadwa	ny/Street	-
<sup>1</sup> 5		At		Feet N	E W of		_ • _	or		
	Route# Direction Nam	me of Intersecting Roadwa	ny/Street			Mile M	arker		Exit Number	1 11
		Also at Intersection wit	ih	Feet N	S E W of	Route#	Into	essating P	oadway/Street	
2		CV.	10.	Feet N	S E W of	Kome#	inci	rsecting ic	oadway/Sireet	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadwa	ny/Street				I	Landmark		1
2	Please Select One Vehicle 11	_#Occupants  Hit/R	un Moped	Crash Repo	rt ID# <b>1</b>	9-23	8-A	С		
3	of the Pollowing:								1.73	┪
	License # St	DOB/Agr		# <b>LV75606</b>					21	<b>7</b> 12
	See Lic. Class 99 99 Lic.	Restrictions 1 CD	L Veh '	Year <b>2004</b>	_ Veh Make	TOYOTA	7	Veh	Config. 1	
	Operator.		Middle Own	er <b>VESTA IN</b>	1C	First		Mid	ldle	
<sup>4</sup> 1	Address.		Addr	ess 24 CROS	S ST					
L	City Stat	e Zip	City	NORTON		St	ate <b>MA</b>	Zip <b>02</b>	766-2325	
	Insurance Company		Vehi	cle Action Prior to Cra	ısh 4	22	Damaged Ar	ea Code:	2 27 27 27	
	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Even	t Sequence 21 23	23 23	23 T	est Status:		1 28	
5	Citation # (If Issued) <b>T1152758</b>			Hannful Event 2	1 24	Т	ype of Test:	:	29	
	Viol. 1: Ch/Sec/Sub 90 10			er Contributing Code	10 25	25	BAC Test Re		1 30	21 <sup>13</sup>
				-			usp. Alcoho		Susp. Drug: 2 32	
<sup>6</sup> 5		Viol. 4: Ch/Sec/Sub		er Distracted by	34 3:		owed from		1	4
Ľ	Please fill out for oper Name (Last First Middle)	ator and all occupants invo	Olved Address	DOB/Age Se	Seat Saf	ety Airbag Ejec	Trap Inje	ary Transp.	Medical Facility	
	Operator	See	e Above	$\rightarrow$	1 0	4 0	0 10	1		
			-							
										_
								-		_
										_
<sup>7</sup> 1	Please Select One Vehicle 2	#OccupantsNon-	Motorist A Type	15 Action 16	Location	17 Cond	ition 1	18 🔲 I	lit/Run Moped	
1	of the Following:				<u> </u>		<u> </u>			-
	License # St	DOB/Age		#					21	
	Sex Lic. Class Lic.	Restrictions CD	DL Veh dorsement	Year	_ Veh Make			Veh	Config.	
<sup>8</sup> 1	Operator	First	Middle	Last		First		Mic	idle	
1	Address		Addi	ress						- 14
	City Stat	te Zip	City			St	ate	Zip		.  1 '
	Insurance Company		Vehi	cle Action Prior to Cra	ish	22 I	Damaged Ar	rea Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Ever	nt Sequence 23	23 23	23	est Status:		28	
	Citation # (If Issued)		Mos	t Hannful Event	24		ype of Test		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Saa/Sub		er Contributing Code	25	25	BAC Test R			
L				er Distracted by	26		Susp. Alcoho	ч. Г	Susp. Drug: 32	ŧ
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol, 4: Ch/Sec/Sub ——		. Distracted by	34 3		38 3	9 40		4
	Name (Last First Middle)		Address	DOB/Age Si	Seat Sai ex Pos. Sys	ety Airbag Ejec	t Trap Inji	ury Transp.	Medical Facility	_
	Operator/Non-Motoris	See	e Above	$\langle \rangle \langle \rangle$	(1					
										7
						<del>    -</del>	+ +			-
										4

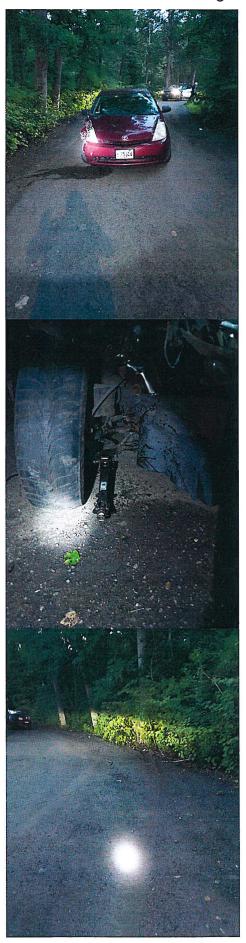
C 1 D:							
Crash Diagram:	ie: 👈 🔟	<b>&gt;</b> _	2	<b>→</b> X	<u>→ ₩</u>		
						If Crash Did Not Con a Public Way:  Off-Street Parking Lot Garage	
						■ Mall/Shopping Center	
						Other Private Way	
		\			-		
		1				Indicate North by A	Arrow
1 Kilby St.				4			
					V	w)	
Creat Nametine							
Crash Narrative:							
* See REPORT 19-	271-AR and PH	OTOS*					
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
vame (Last,First,Widdle)		Audress			r none #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Paristration #						
Carrier Name	Registration #					Bus Use	42
			C't.			7:	
Address							
·	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					<u>L</u>		
Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Officer Brian Police Officer Name (Please Print)	Tavares Signature			Wilmington Department	<del></del>	Department 07/	17/2019

## Wilmington Police Department Images Associated with 19-238-AC





## Wilmington Police Department Images Associated with 19-238-AC





	Police Use Only	Comi	nonwealth (	of Massac	huset	tts		RMV	Oocument Number	- 1	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Num Vehi				15 State Police Local Police	0080	
	07/17/2019 0705 Wil	Lmington	Police 1	Report	2	0	Latitud Longit		MBTA Police Campus Police Other:	· 🖁	
	AT INTERSECT	ΓΙΟΝ:	< LOCA			NOT			ECTION:		
											<b>2</b> 10
					205		IN ST				
¹ <b>1</b>	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Addres	s #	Na	me of Ro	adway/Street		
				Feet N	S E W		•	<del></del> 0			
	Route# Direction N	ame of Intersecting Roady	vay/Street				e Marker		Exit Numbe	er .	10
		Also at Intersection v	vith	Feet N		Route	#	Intersecti	ng Roadway/Street		
<sup>2</sup> 1	Route# Direction N	ame of Intersecting Roady	vay/Street	Feet N	SEW	of					
Ţ								Landr	mark		
3	Please Select One of the Following:	#Occupants  Hit/	Run Moped	Crash Rep	ort ID# $oldsymbol{1}$	9-2	39-	AC			
	License # <b>S02718732</b> St <b>J</b>	MA DOB/Age 09/0	06/1969 Reg	# <u>418YVJ</u>		Reg	Type PC		Reg State <b>MA</b>		
	10 10	20		Year <b>2015</b>		-				21	7 12
										'	
<sup>4</sup> 1	Operator STICKNEY, BR	First	Middle Own	er STICKNE Last ess 6 KIRK		Fir	st		Middle		
	Address 6 KIRK ST	20100					3.67		01007 20		
	City WILMINGTON Sta			WILMINGTO		22	_ State <b>MA</b> Damage		01887-32 ode: 4 27 5 27	27	
	Insurance Company COMMERCE	_		cle Action Prior to Cr		<u>. U</u>	Test Stat		28		
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23		23 23	Type of		29		
	Citation # (If Issued)		Mosi	Harmful Event 1		<del></del>	BAC Tes	st Result:	30		12
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	<u>1</u> 2	5 25	Susp. Al	cohol:	31 Susp. Drug:	32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		Towed fi	rom scene	e? 2 33		
<sup>6</sup> 1		erator and all occupants in				35 36 Safety Airbag	37 38 Eject Trap	Injury To	40 ansp.		
	Name (Last First Middle)  Operator		ee Above	DOB/Age 5		System Status	Code Code	Status C	Code Medical Faci	my	
	Орегию	3	ee Above		1	73 1		-0  -			
											İ
_	Please Select One Vehicle 21	#Occupants   No.	n-Motorist A Type	15 Action 1	6 Location	17	Condition	18	Hit/Run .	Moped	l
<sup>7</sup> 1	of the Following:		<b>'</b> · L				L			viopeu	
		MA DOB/Age 04/2	29/1993 Reg	#_LV69514	<u></u>	Reg	д Туре <b>RV</b>		_ Reg State MA_	21	
	Sex <b>F</b> Lic. Class D 19 Lic	Restrictions 99 20	DL Veh	Year <b>2015</b>	Veh Mal	e FORD	)		Veh Config. 1		ĺ
8	Operator BUSH, CHRIST			er SURRIMA	SSINI	INC	rst		Middle		İ
<sup>8</sup> 1	Address 10 AUBURN AVE	<u> </u>	Addı	ess 100 COR	RPORA!			APT			141
	City <b>WILMINGTON</b> St	ate <b>MA</b> Zip <b>0188</b>	<b>7-2611</b> City	PEABODY			_ State M	A Zip	01960-38	309	1 14
	Insurance Company SAFETY I	NSURANCE	Vehi	cle Action Prior to Cr	rash	22	Damage	d Area Co	<u> </u>	27	
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Ever	nt Sequence 23	23	23 23	Test Stat		28		
0	Citation # (If Issued)	<u>-</u> 	Mos	t Hannful Event 1	24	<del></del>	Type of		30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driv	ـــــ er Contributing Code	99 2	25 25		st Result:	31 Susp. Drug:	32	
		Viol. 4: Ch/Sec/Sub —			9 26			rom scen	220		
	Please fill out for operator/s			, <u>c</u>	34	35 36 C.C. A.A.	37 38		40 ransp.		
	Name (Last First Middle)	·	Address	DOB/Age		Safety Airbag System Status	Eject Trap Code Code	Status C	Code Medical Fac	ility	
	Operator/Non-Motori	ist s	lee Above		X 1	99 4	0 0	10 1			
		1			1 1			1 1	1		ı



## Wilmington Police Department Images Associated with 19-239-AC





	Police Use Only	Comn	nonwealth	of Massac	huset	ts		RMV Doc	ument Number	A. [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
	Date of Crash   Time of Crash	City/Town mington	Motor Veh	icle Crasl	Num Vehic				State Police Local Police MBTA Police	8
	24HR	ming con		Report	2	0	Longitu		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INT	ERSEC	TION:	
	LOWELL	ST								2
¹3	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address	s #	Nan	ne of Roady	vay/Street	
3	PARKER	At		Feet N	S E W of		•	or .		
		me of Intersecting Roadwa	<del></del>				//arker		Exit Numbe	3
		Also at Intersection wi	th		S E W of	Route#	I	ntersecting	Roadway/Street	
<sup>2</sup> 3	Route# Direction Nam	ne of Intersecting Roadwa	ay/Street	Feet N	S E W of	f 				
_	Please Select One	#Gaussia			1	0 04	^	Landmar	K	
3	of the Following:	_#Occupants  Hit/R				9-24				
	License # <b>S13233343</b> St <b>M</b>	DOB/Age	_	# <u>9LA875</u>		-	-		1,000	21 1
	Sex_E Lic. Class D Lic. 1	Restrictions CD	dorsement	Year 2004				Vel	n Config. 1	
<sup>4</sup> 2	Operator PERENICK, OLI	First	Middle	er PERENIC Last	•	First			liddle	
2	Address 22 PERNOKAS DF			ess 22A G P						
	City WOBURN Stat	•	City	WOBURN	140	200000			1801-00	27
	Insurance Company <b>PLYMOUTH</b>			cle Action Prior to Cr	138		Damaged Test Statu	Area Code	28 27 27	
· 1	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 23			Type of T		29	
-	Citation # (If Issued)			Hamful Event 1	0.1×04-214		BAC Test	t Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		er Contributing Code	1 <sup>25</sup>		Susp. Alc	175 33 53 50	1	32 1
2		Viol. 4: Ch/Sec/Sub ——		er Distracted by		35 36 3		om scene?	1 33	
	Name (Last First Middle)	ator and all occupants invo	Address	DOB/Age S	Sent St	afety Airbag Ejo estern Status Co	et Trap	Injury Transp. Status Code	Medical Facil	ity
	Operator	See	Above	$\rightarrow \rightarrow \rightarrow$	1 1	1 0	0	10 1		
,	Please Select One	#Occupants Non-	Motorist A Type	15 Action 10	Location	17 Con	dition	18	Hit/Run	1oped
3	of the Pollowing:						14.3			Торец
	10 10	A_ DOB/Age		± 57A290					eg State MA	21
	Sex F' Lic. Class D Lic. I	Restrictions CD	dorsement	Year <u>2015</u>		_		Vel	Config. 2	
1	Operator ROONEY, ASHLE	First	Middle	er ROONEY,		First		М	liddle	
	Address 419 CHESTNUT S			ess 419 CHE				a: 0	1007_22	17 /
	City WILMINGTON State Insurance Company GEICO GEN	MA Zip 01887		WILMINGTO	775	22		Area Code:	1887-33 27 27 27	27
	Vehicle Travel Direction: NSE	Responding to Emerge		t Sequence 23	ash 4 23 23		Test Statu		28	NAC OF
	Citation # (If Issued)	Responding to Emerge	•	Harmful Event 1	24		Type of Te	est:	29	
2				er Contributing Code	99 25	25	BAC Test		30	20
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —— Viol. 4: Ch/Sec/Sub ——		er Distracted by	26		Susp. Alco Towed fro	ohol: 31	Susp. Drug:	32
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				34	35 36 37	38	39 40	<u> </u>	
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Sy:	fety Airbag Eje stem Status Co	le Code	Injury Transp. Status Code	Medical Facil	ity
	Operator/Non-Motorist	. See	Above		$1$ $\frac{1}{}$	1 0	0 :	10 1		

	= Direction 1	1 = Vehicle 1 2	= Vehicle 2	웃 = Pedestri	an 🐠 =	Bicycle	
Crash Diagram:	ie: 👈 🗔	1 2	<b>→</b>	Ê	→ №		
			Lo	well Stree	et	If Crash <u>Did</u> on a Public V	
						Off-Street Park	ring Lot
	v1	a				☐ Garage	
	⇒ @	<b>1</b> V2				Mall/Shopping	Center
riyalakun muura ka kisi keristiini miistiin miisti marana kisi kari kisi kisi marana ka keessa ka ka ka ka ka Ka	- Action of the second of the	<u> </u>			oorden oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse oorse o	Other Private	Way
		T	€		-		
						Indicate Nort	th by Arrow
	Parke	er Street		(2		$\bigcirc$	
Crash Narrative:							
he driver of v1 s	tated that she	was traveli	ng north or	l Lowel	1 Stree	t, when V2	pulled in
ront of her sudden							
ne driver of v2 s	tated that she	had pulled	out of Park	er str	eet to	take a left	turn,
nen V1 struck her	. V2 has a sto	op sign at t	he end of I	Parker	Street.		
		· · · · · · · · · · · · · · · · · · ·					
Witnesses:							
ame (Last,First,Middle)		Address			Phone #		Statement
OWE DONNA M		2 ALTON ST	BILLERICA	MA 018	21		2
Property Damage:							
wner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Fruck and Bus Informati	on: Registration #		(From Vehic	le Section)			, , , , , , , , , , , , , , , , , , ,
Carrier Name			(110III VEIIIC	ie dection)		Bus Use	42
			•				
JS DOT #:		Γ		MC/MX/	ICC #:		
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45			1000007.Z	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					<u> </u>	<u> </u>	
Placard Material 1 di	git # 48 Material Na	me		Material 4 digi	t #	Release cod	e 49
	*						
Patrol Officer Brian police Officer Name (Please Print)	D Thornton Signature		<u> </u>	mington		Department ct/Barracks	07/17/2019 Date

Police Officer Name (Please Print)

Signature

ID/Badge #

Date

	Police Use Only		Com	monwe	alth o	of Massa	ach	use	etts				RMV	/ Docu	ment Nu		
	Date of Crash   Time of Crash   07/18/2019   1532	I	ity/Town .ngton	Motor	r Veh	icle Cra	sh		ımber hicles	Num	-ad	peed I atitude		30	- State Po Local Po MBTA	olice 🔯	
	241	1	ing con	Po	olice I	Report		2		1	1	ongitu				Police 🗖	
	AT INTE	RSECTIO	N:	<	LOCA	TION	>			TON	ΓAT	INT	ERS	SEC.	FION:		101
	ME	ST ST															2 10
1	Route# Direction		Name of Roadway/St	reet		Route# Direc	tion	Addr	ess#			Nan	ne of I	Roadw	ay/Street		
1			At		l	Feet	N S	E W	of ·					or _			
	Route# Direction	DUSTRIA Name (	AL WAY of Intersecting Roads	way/Street						Mil	le Mark	er			Exit N	umber	3 11
			Also at Intersection v	vith			N S			Route	<del></del> -	Iı	nterse	cting R	loadway/S	treet	
<sup>2</sup> <b>1</b>	Route# Direction	Name	of Intersecting Roads	way/Street		Feet	N S	E W	of .								
-	Please Select One	<b>4</b> "			L				1 ^		41			ndmark			1
3	of the Following:	iicle 1 <u> </u>	Occupants Hit	/Run	Moped	Crash F	Report	ID#	19		41	. – 1	AC				
	License # S5746766		_ DOB/Age		Reg#	625WS1				Reg	Type_	PC		Re	eg State 💃	<u>21</u>	<b>1</b> 12
	Sex <b>F</b> Lic. Class D	Lic. Res	trictions 20 C	DL		ear <u>2007</u>										1	
4	Operator <u>CHABOT</u> ,	Fi	rst	Middle			Last			AS,	. JE	INN	IF)	ER Mic	CHAB ddle	OT	
<sup>4</sup> 2	Address 39 BROAD	,	T 4			ess 26 MYC		A R									
	City NEWBURYPOR!		•	0-2142	City	STONEHA	M	i						,		2260	
	Insurance Company <b>ARBE</b>		rual ins		Vehic	le Action Prior to	Crash		0	22		naged : Statu		Code:	4 27 3 28	*(  */	
<sup>5</sup> 1	Vehicle Travel Direction:	s Xw	Responding to Emer	gency? <u>2</u>	Event	Sequence 1	23	23	23	23		e of To			29		
1	Citation # (If Issued)					Harmful Event	1	24	26	ചെ	ВА	C Test	Resu	lt:	30		13
	Viol. 1: Ch/Sec/Sub	Vio	1. 2: Ch/Sec/Sub —			r Contributing Co	F1 15 56 7		<sup>25</sup> 3	25		p. Alc	12			սց:2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub				_ Drive	r Distracted by	99	<b>26</b>	35	36	Tow 37	ed fro	om sce	ene?	1 33		-
<u>.</u>	Please fill Name (Last First Middle)	out for operator	and all occupants in	VOIVed Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject	Trap		Transp. Code	Medic	al Facility	
	Operator		S	ee Above		><	X	1	1	3	0 (	)	10	1			
							1										1
_	Please Select One	nicle 2.1 #	Occupants	ı-Motorist A	т	15 Action	16	Locatio		17	Conditio		18		lit/Run [	Moped	1
<sup>7</sup> 3	of the Following:		Nor	i-Motorist A	Туре			Locano	on L			100					1
	License # <b>S1456073</b>	3 St MA	_ DOB/Age.		-	7NTC90				_	Type_			Re	g State 🚹	21	
	Sex M Lic. Class D	Lic. Res	rictions C	DL							LLA	VC_		_ Veh	Config.	1	
<sup>8</sup> 2	Operator WEISSE,	Fir	E xl	Middle		GORDON	1.ast			Fis	NC st			Mic	idie		
	Address 28 FOREST		0107/			ss 201 C7	AMB.	KID	GE	RD		1/7		. 01	001	4705	1 14
	•		<u>IA</u> Zip 01876	0-2321	•	WOBURN		 		22				ip <u>U J</u> Code:		27 27	
	Insurance Company <u>EMPI</u>					le Action Prior to	Crash 23	23	23	23		Statu			28	40 2000	
	_	(sew	Responding to Emer	gency? 2		Sequence 1	ī	24		1767	Тур	e of To	est:		29		
<sup>9</sup> 2	Citation # (If Issued)					Harmful Event			25	25		C Test	-		30	20	
	Viol. 1: Ch/Sec/Sub				-	r Contributing Co	O	26				p. Alco ved fire		2 31	Susp. Di	ug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		otorist and all occup	ants involved	Dilvei	Distracted by	<u>                                      </u>	34	35	36	37	38	39	40	1		1
	Name (Last First Middle)		]	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medic	al Facility	1
	Operator/Non-N	Aotorist	S	ee Above		$\sim$	X	1	1	3	0 0		9	1		··········	1
							1					$\neg$					

Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 0'9 = → 55	Bicycle	
West St.		Industrial W				If Crash Did on a Public V  Off-Street Park Garage Mall/Shopping Other Private V  Indicate North	Vay: ing Lot Center
Crash Narrative:			1				
V1 never stopped a ehicle. Damage to owed by Forrest To  Witnesses:	the front of M						
ame (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Dwner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Informatio	n: Registration #		(From	Vehicle Section)			
Carrier Name			_ City			Bus Use	
Interstate 43 Cargo Bod	ly Type Code	GVWR/GCWR	45		(1) (1)	46	
Hazmat Information:  Placard 47  Material 1 digi	t # 48 Material Nan	ne		Material 4 dig	it #	Release code	49
Patrol Officer Kevin P	Cavanaugh		195	Wilmington	Police I	epartment	07/18/2019
olice Officer Name (Please Print)	Signature		<del> </del>	Department	Precinct	/Barracks	Date