	Police Use Only	Com	nonwealth o	of Massac	husetts	S	RM	(V Docur	nent Number		
	Date of Crash Time of Crash 07/22/2019 0625 Wili	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	30	State Police Local Police MBTA Police	080	
	24HR	aring con	Police 1	Report	2	0	Latitude Longitude _		Campus Police Other:	ä	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTER	SECT	ION:		_
					257	MTDE	T E C E V	7 7575	71	2 10	٦
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	357 Address #	MIDE	Name of	Roadwa			لـ
1		At		Feet N	S E W of		_ •	or			
	Route# Direction Nar	ne of Intersecting Roadw	vay/Street			Mile Ma	arker		Exit Number	_ - 3 11	ī
		Also at Intersection w	ith	Feet N		Route#	Inters	ecting Ro	oadway/Street	-	J
² 1	Route# Direction Nar	ne of Intersecting Roadw	ray/Street	Feet N	S E W of						
	Please Select One Vahielo 1 1	" 0 . 	<u> </u>		4 0			ndmark			
3	of the Following:	#Occupants Hit/	Run	Crash Repor	rt ID# 19	1-24	2-A(<u> </u>			
	License # S56899422 St M	A DOB/Age	Reg #	6ZT435		Reg Typ	PC	Reg		1 12	2
	Sex F Lic. Class D Lic. F		OL Veh Y	ear 2015	Veh Make <u>C</u>	CHEVRO	LET	Veh C	Config. 21	-	
4	Operator DION, DEBORAH	ANNE First	Middle Owne	r DION, DE	BORAH	ANNE First		Midd	lle	_	
⁴ 1	Address 108 THOREAU WA			ss 108 THOE	REAU W	AY				-	
	City LAWRENCE State	•	-3881 City]	LAWRENCE					843-388	¬	
	Insurance Company LIBERTY M	UTUAL INS	Vehic	e Action Prior to Cras			amaged Area	Code: 8	27 1 27 2 28	ן נ׳	
5	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 1 23	23 23	- -7	pe of Test:	H	29		
	Citation # (If Issued)			Harmful Event 1	24	B	AC Test Res	ult:	30	13	ה
	Viol. 1: Clı/Sec/Sub — V	Viol. 2: Ch/Sec/Sub —		Contributing Code	4 ²⁵	St	isp. Alcohol:	<u> </u>	Susp. Drug: 37	2 1	
⁶ 1		viol. 4: Ch/Sec/Sub		Distracted by 99	34 35	36 37	wed from so	ene? 2	33	_	
	Please IIII OUL IOF OPERA Name (Last First Middle)	•	Olvea Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility		
	Operator	Se	e Above	><X	1 99	4 0	0 10	1			
7	Please Select One	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hi	t/Run Mop	ad	
⁷ 3	of the Pollowing:				Location						
	19 19	A DOB/Age		973EJ2			PC		21	_	
			dorsement	ear 2006				Veh C	Config.		
³ 1	Operator <u>LAWRENSON</u> , <u>THO</u> Last Address <u>3 DEXTER</u> ST	OMAS W	Middle	r <u>LAWRENSO</u> ss <u>3 DEXTER</u>	•	First	H M	Middl	le	-	
		MA Zip 01887		ss <u>3 DEXIEF</u> VILMINGTO		Sto	ΜΆ σ	:- 01!	887-3716	- 14 5 1	
	Insurance Company CITIZENS	-	•	e Action Prior to Cras			amaged Area	_		- I	
	Vehicle Travel Direction: XSEW	Responding to Emerg		Sequence 1 23	23 23		st Status:	ľ	28	١	
	Citation # (If Issued)	responding to Emerg	<i>-</i>	Harmful Event 1	24		pe of Test:		29		
'2	,	/iol. 2: Ch/Sec/Sub		Contributing Code	99 25	25	AC Test Results AC Alcohol:		Susp Drug 32	a	
		/iol. 4: Ch/Sec/Sub		Distracted by	26		wed from sc		Susp. Drug: 37]	
	Please fill out for operator/non		nts involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-	
	Name (Last First Middle) Operator/Non-Motorist	<u> </u>	Address e Above	DOB/Age Sex		Status Code	Code Status	Code 1	Medical Facility	-	
ŀ	Operator/14011-MOTORISE	36	- AUUVE		1 199	-		-		-	
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							_	

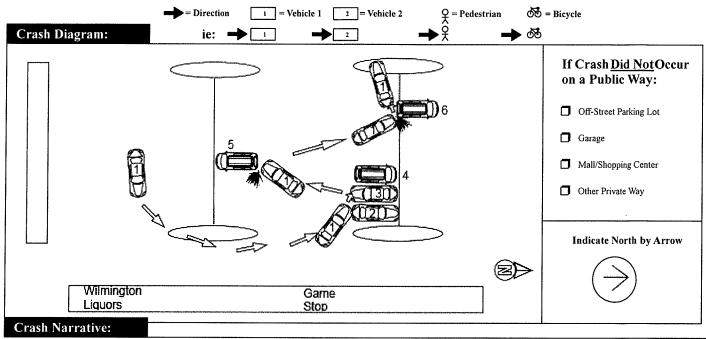
-	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedest	rian ᢐ	= Bicycle	
Crash Diagram:	ie: 👈 🔟	2] =	₽Ř	→ №		
Vehicle 2	Middlese	x Avenue	Vehi	icle 1		If Crash Did on a Public Off-Street Par Garage Mall/Shoppin Other Private	Way: king Lot g Center
Crash Narrative:			Dunkin		≥	Indicate Nor	th by Arrow
Vehicle 1 operator st	ated she was	travelling	South on	Middles	sex Aven	ue turning	left into
the entrance to Dunki							
struck vehicle 2.							
Vehicle 2 operator st	ated he was	travelling :	North on N	Middlese	ex Avenu	e travellir	ng
straight. Vehicle 2 c	perator stat	ed that Veh	icle 1 tu:	rned in	front o	f him and s	struck his
car.							
Both vehicles suffere	d damage to	the front a	nd side of	cars.	No inju	ries.	
Witnesses:		L			l m	,	
Name (Last,First,Middle)		Address			Phone #		Statement
		-					
Property Damage:							
Owner (Last,First,Middle)	Address	I	Phone #	41-Type	Description o	f Damaged Property	
						-	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		Bus Use	42
Address		C	ity		;	St Zip	
US DOT #:	State Number	<u>_</u>	Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:					100	47-151-162 (193)	
Placard Material 1 digit #	48 Material Nam	ne		_Material 4 di	git #	Release cod	e 49
Patrol Officer Michael I	Cabral		<u> </u>	lmingtor		Department	07/22/2019
Police Officer Name (Please Print)	Signature	ID/	Badge # Dep	partment	Precin	ct/Barracks	Date

CDP1 11-24-00

	Poli	ice Use Only		Com	nonwea	lth (of Mass	ach	us	etts	1			RM	V Doc	ument Ni			
	Date of Crash 07/22/2019	Time of Crash 1535 W		City/Town ington	Motor	Veh	icle Cra	sh		umber chicles			Speed Latitu	Limit		Local	Police Police A Police	2 8 0	
	07/22/2013	24HR	T	ing con	Pol	lice]	Report		6		0	1	Lantu Longi				us Police	<u> </u>	
		AT INTERSE	ECTIC	N:	<	LOCA	TION	>			NO	T AT	'IN'	ΓER	SEC	TION:			_
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T1	Route# Direc	etion]	Name of Roadway/Str	reet		Route# Direc	tion	24 Addı	ess#	MA	AIN			Roadv	vay/Street	t		L
1				At			East	N S	l E lw	ا م									
	Route# Direc	etion	Name	of Intersecting Roadw	vay/Street		rcct		121	J OI	M	ile Mar	ker		01 _	Exit 1	Number	- 3 ¹¹	
				Also at Intersection w	rith		Feet	N S	EW	of	Route	e#		Interse	ecting l	Roadway/	/Street	- 3	
² 2	Route# Direc	etion	Name	of Intersecting Roadw	/av/Street		Feet	NS	EW	of	reour			11110151	Zung 2	.coud.nay	Savoi		
2				<u> </u>											ndmari	k		_	
3	Please Select C of the Followin		_1 #	Occupants Hit/	Run 🔲 M	loped	Crash F	Report	ID#	19	-2	43	3 –	AC	•				
	License # S34	1673941	St MA	DOB/Age		Reg#	8WN719				Re	g Type	PC		R	eg State]		- <u>12</u>	7
	Sex F Lic. 0	Class D 19 19	Lic. Res	trictions 20 CI	DL	Veh Y	_{ear} 2019	1	Veh M	ake <u>T</u>	OYO	OTA			_ Veh	Config.	1 21	1	
	Operator WES	ST, NICOI	E M		Middle	Owne	EAN HO	LD	ING	S I	LC					iddle		_	
⁴ 1		LOWELL S			viidite	Addre	ess 14002	EA	ST	21		irst ST	ST	7		150	0	_]	
	City WILMI	NGTON	State 1	IA Zip 01887	-2910	City_	TULSA					State	e OF	_ z	ip <u>7</u>		-0000	_ 1	
	Insurance Compa	any SAFECO	INS	URANCE		Vehic	le Action Prior to			1	22				Code:		27 2 27]	
5	Vehicle Travel D	irection: NSE	X	Responding to Emerg	gency? 2	Event	Sequence 2	23 2	23 2	23 21	23 L		t Stati			1 28 29			
	Citation # (If Issu	ued) T16824	73			Most	Harmful Event	21	~ 1			• •	oe of T .C Tes	rest: st Resu	ılt:	30			
	Viol. 1: Ch/Sec/S	Sub 90 24	Vio	1. 2: Ch/Sec/Sub9	0 24	Drive	r Contributing Co	de	10	25	25	j		cohol:		Susp. D	orug: 32	1 13	
⁶ 1	Viol. 3: Ch/Sec/S	Sub 90 24	Vio	l. 4: Ch/Sec/Sub 9	0 241	Drive	Distracted by	0	26			Tov	wed fr	om sc	ene?	1 33			J
1	Name (Last First Mi		operator	and all occupants inv	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility		
	Operato)r		Se	e Above		X	X	1	99	4	0	0	10	1		•		
														ļ					
								<u> </u>											
	Di 6 .l (15	16			17			18				4	
⁷ 1	Please Select O of the Followin		1_#	Occupants Non-	-Motorist A T	уре	Action	I	Locatio	n		Conditio	on		<u> </u>	Hit/Run	<u></u> Море	d	
	License # S25		St MA	_ DOB/Age		Reg#	1LPH90				Reg	д Туре	PC		R	eg State 🏻		_	
	Sex F Lic. C	Class D 19 19	Lic. Rest		DL dorsement	Veh Y	ear <u>2010</u>	\	Veh Ma	ake F	ORI)			_ Veh	Config.	1 21		
* ₁	,	EOVERN, L	Fir	A M	Middle		r MCGOVE	Last			Fi	1 ·			Mi	iddle		-	
		1 POULIO					ss <u>3801 </u>			T I	P.							14	7
	City WILMI			IA Zip 01887	<u>-4587</u>	City <u>I</u>	WILMING'	TON			22						-4587	- 1	
	Insurance Compa	ny ARBELLA		rual ins		Vehicl	e Action Prior to			<u> </u>	22		maged t Stati		Code:	5 27 28	21 21	J	
	Vehicle Travel Di		w	Responding to Emerg	ency?		Sequence 1	ᆛ	24	23	23		e of T			29			
2	Citation # (If Issu	ed)					Harmful Event	1_		25	25		C Tes	t Resu		1 30		,	
	Viol. 1: Ch/Sec/S	ub	Viol	l. 2: Ch/Sec/Sub	·····		Contributing Co	<u></u>	1 26		4.5	Sus		ohol:		33	Orug 2 32]	
ļ	Viol. 3: Ch/Sec/S			. 4: Ch/Sec/Sub	inte involved	Driver	Distracted by	0	34	35	36	Tov 37	ved fr	om sce	40	2 33		4	
	Plez Name (Last First Mic	•	or/non-m	otorist and all occupa	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	lical Facility	_	
	Operato	r/Non-Moto	rist	Se	e Above		> <	X	1	99	4	0	0	10	1				
Ī																			

	Police Use Only	Com	monwealth	of Massacl	husetts	5	RM	IV Doc	ument Number	
	Date of Crash Time of Crash 07/22/2019 1535 Wil :	City/Town mington	Motor Vel	icle Crash	Number Vehicles		Speed Lim	it	State Police Local Police MBTA Police	
	24HR	mang con	Police	Report	6	0	Lantude Longitude		Campus Police Other:	ă
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	
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1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #	PIATI		f Roadv	vay/Street	
<u> </u>		At		Feet N S	SEW of			- or		
	Route# Direction Na	me of Intersecting Road	lway/Street			Mile M			Exit Number	3 11
		Also at Intersection	with	Feet N S		Route#	Inter	secting I	Roadway/Street	-
2 2	Route# Direction Nam	ne of Intersecting Road	lway/Street	Feet N S	E W of					_
	Please Select One Value 3 0		I		4 ^		***************************************	andmarl	k	-
3	of the Following:	_#Occupants	t/Run Moped	Crash Repor	1 ID# 19	-24	3-A(<u> </u>		
		DOB/Age	Reg	# <u>8CG539</u>		Reg Typ	e <u>PC</u>	R	eg State MA	12
	Sex Lic. Class 19 19 Lic. I	Restrictions 20	CDL Veh	Year 2007	Veh Make <u>I</u>	EXUS		Veh	Config. 1	<u> </u>
ı	Operator Driverless M.	V First	Middle Own	er IRAHETA,		First		Mi	iddle	
1	Address			ess 2 MARBLE		APT 2				
	City State	e Zip	City	HAVERHILL						-, I
	Insurance Company LM GENERA	<u>L</u>		cle Action Prior to Cras			amaged Are	a Code:	27 27 27	<u> </u>
5	Vehicle Travel Direction: NSEW	Responding to Eme	ergency? Even	t Sequence 1 23 1		23	ype of Test:		29	
	Citation # (If Issued)		Mosi	Harmful Event 1	24	B.	AC Test Res	sult:	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	25		usp. Alcohol	L] 1 "
· 1	Viol. 3: Ch/Sec/Sub			er Distracted by	26 34 35	To 36 37	owed from s		1 33	_
	Please fill out for opera	ator and all occupants i	NVOIVED Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury	y Transp.	Medical Facility	
	Operator		See Above	\times	1					
									:	
	Please Select One Navariate 40	#Occupants No	Maria A Toron	15 Action 16	, ti	17	18		Hit/Run Mope	_
1	of the Following:	Woccupants []No			Location	Condi		<u> </u>	Hit/Kun L Mope	20
	License # St St	DOB/Age	_	# 2FBR11		-		R	eg State MA 21	-
	Sex Lic. Class Lic. F	Restrictions	Endorsement	Year 2019			LET	Veh	Config. 2	
1	Operator Driverless M.	V . First	Middle	er THURELL,		First		Mi	iddle	-
	Address	a:		ess <u>52 CASTI</u>			. 3473	O1	1001_2024	- 14 5 14
	City State Insurance Company COMMERCE	·-	-	BILLERICA			amaged Are		1821-3236	, I
	Vehicle Travel Direction: NSEW			t Sequence 23	h 11		est Status:		28	<u> </u>
	Citation # (If Issued)	Responding to Eme		Hannful Event 1	24		pe of Test:		29	
2	Viol. 1: Ch/Sec/Sub	Jiol 2: Ch/Saa/Sub		er Contributing Code	25	25	AC Test Res	- 31	Susp Drug: 32	,
		viol. 2: Ch/Sec/Sub		er Distracted by	26		isp. Alcohol owed from se	ا ا	Susp. Drug: 32	1
	Please fill out for operator/nor				34 35 Seat Safety	36 37	38 39	40		7
	Name (Last First Middle)	. T	Address	DOB/Age Sex	Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	_
	Operator/Non-Motorist		See Above		1			-		_

	Pol	lice Use Only		C	ommon	wealth	of Mass	ach	lus	etts	5			RM	V Doc	ument N	lumber		
	Date of Crash 07/22/2019	Time of Crash	1	City/Town ingtor	Mo	tor Vel	iicle Cra	ısh		lumber ehicles		mber ured	•	Limit		Loca	e Police al Police TA Police		
	0172272013	24HR		1119 001		Police	Report		6		0		Latitu Longi	itude			pus Police	ă	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	ТАТ	ΓIN	TER	SEC	TION	l:		
									24	6	M	AIN	י פי	יד					2 ¹⁰
¹ 1	Route# Dire	ction		Name of Roa			Route# Direc	tion		ress #		7.1.1			Roady	way/Stree	et		
1				A	At		Feet	NS	EW	of					or _				
	Route# Dire	ction	Name	of Intersecting	ng Roadway/Street	t					М	ile Ma	rker			Exit	t Number	4	3 ¹¹
				Also at Inters	section with		Feet			_	Rout	e#		Inters	ecting 1	Roadway	y/Street	-	لــــّ
² 2	Route# Dire	ction	Name	of Intersection	g Roadway/Street	!	Feet	NS	EW	of									
	Please Select (One 🔯	-0 #	Occupants	1	I				1 0					ndmar	k		\dashv	į
3	of the Followi	ng: Vehicl	e 5 <u>U</u>	Occupants	Hit/Run	Moped	Crash F	Report	ID#	<u> </u>	- 2	4.	<u>5 –</u>	AC	<i>.</i>				i
	License #			DOB/Age	20		<u> 5FKH80</u>										21	_	1 12
	SexLic.			strictions	CDL Endorseme	Veh	Year 2015		Veh M	lake E	ORI	<u> </u>			Veh	Config.	2	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
⁴ 1	Operator D	<u>iverles</u>	s M.V	irst	Middle	Own	er MORRIS	Last			F	irst			M	liddle		-	
1							ess 189 BI											-	
		300=1		-			<u>METHUEN</u>				22				-	$\frac{1844}{6^{27}}$		4	
	_	any ARBEL					cle Action Prior to	Crash 23	23	23	23		ımage st Stat		Code:	6 28			
5		Direction: N S		Responding	to Emergency?		i Bequence 1	ᆛ	24		23		pe of			29			
	Ì	sued)		•				1	٦	25	25		AC Te	st Resi		30		_	13
		Sub					er Contributing Co	ode	26] Su	-	cohol:		22	Drug: 3	2	1
⁶ 1	Viol. 3: Ch/Sec/	Sub ————————————————————————————————————			pants involved	Drive	er Distracted by	<u>L</u> T	34	35	36	37	38	rom sc	40	2 33		_	
	Name (Last First M	fiddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System		Eject Code	Trap Code	Injury Status	Transp. Code	Ме	edical Facility	_	
	Operate	or			See Above		\geq	X	1										
⁷ 1	Please Select C		e 6 1 #	Occupants [Non-Motorist	t A Type	15 Action	16 I	Locati	on	17	Conditi	ion	18		Hit/Run	□ Мор	ed	
Τ	License # S74		S+ M Z	DOB/Ags		Post	1DSZ81					д Туре	PC			eg State	MA	\dashv	
	Sex F Lic. (19 1			20 CDL	_	ear 2018									Config.	21		
	Operator RE		PATRI		Endorsemen	nt	r RETALI								+011	Comig.	<u> </u>	ا ا	
⁸ 1	•	Last EDICK RI	D Fi	rst	Middle		ess 9 GEDI	Last				irst			Mi	iddle			
	City BURLI	NGTON	State <u>1</u>	<u> </u>	1803-100		BURLING'					_ Stat	e M Z	1 z	ip 0 1	1803	-100	7	1 14
	Insurance Compa	any COMMER	CE I	NSURAN	ICE	Vehic	le Action Prior to	Crash		11	22	Da	mageo	d Area	Code:	4 27	27 2	7	
	Vehicle Travel D	rection: NS	EW	Responding	to Emergency?	Even	Sequence 1	23	23	23	23		st Stat			28			
, 2	Citation # (If Issu	ued)				Most	Harmful Event	1	24				pe of T	Fest: st Resu	ilt.	30			
2	Viol. 1: Ch/Sec/S	Sub	Vio	1. 2: Ch/Sec/S	Sub	Drive	r Contributing Co	de		25	25				2 31	Susp. I	Drug 2 3	2	
	Viol. 3: Ch/Sec/S	Sub	Vio	l. 4: Ch/Sec/S	Sub	Drive	r Distracted by		26			To	wed fr	om sc	ene?	1 33		_	
	Ple. Name (Last First Mi	ase fill out for ope	rator/non-n	notorist and a	ll occupants involv	ved	DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ma	dical Facility		
		or/Non-Mo	torist		See Above			X	1	99			0		1	1710			
									-										
								-										\dashv	
- 1				II.			1	1	1					1	1	l		- i	



V1 was traveling through the parking lot of Wilmington Plaza. V1 drove over a traffic island in front of Wilmington Liquors and then turned west up the next aisle. V1 then struck the front ends of V2 & V3. V3 was pushed into the right side of V4. V1 backed up and then attempted to continue west. V1 crossed to the opposite side of the travel lane and struck the left rear V5 pushing it into the next parking spot. V1 backed up and attempted to continue west. V1 then veered to the right side of the lane and struck the right rear side of v6 turning it almost 90 degrees. V1 then drove up on to the traffic island and crashed head on into a tree. V1 sustained heavy front end damage. V2 sustained minor front end damage. V3 sustained heavy front end damage. V4 sustained minor damage to the rear tire rim. V5 sustained moderate left rear side damage. V6 sustained heavy right rear damage. V1, V3, & V6 were all towed from the scene.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
SHEEHAN BRYAN J		2 FACTORY I	RD WILMINGTON	MA 018	87	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
				-		
Truck and Bus Information: Carrier Name			(From Vehicl	e Section)	Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/I	CC #:	
Interstate Cargo Body Ty	rpe Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:						
Placard 47 Material 1 digit #	48 Material Name	e	N	Aaterial 4 digi	t#Release code	49

Patrol Officer Matthew D Stavro

180

Wilmington Police Department

07/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 19-243-AC













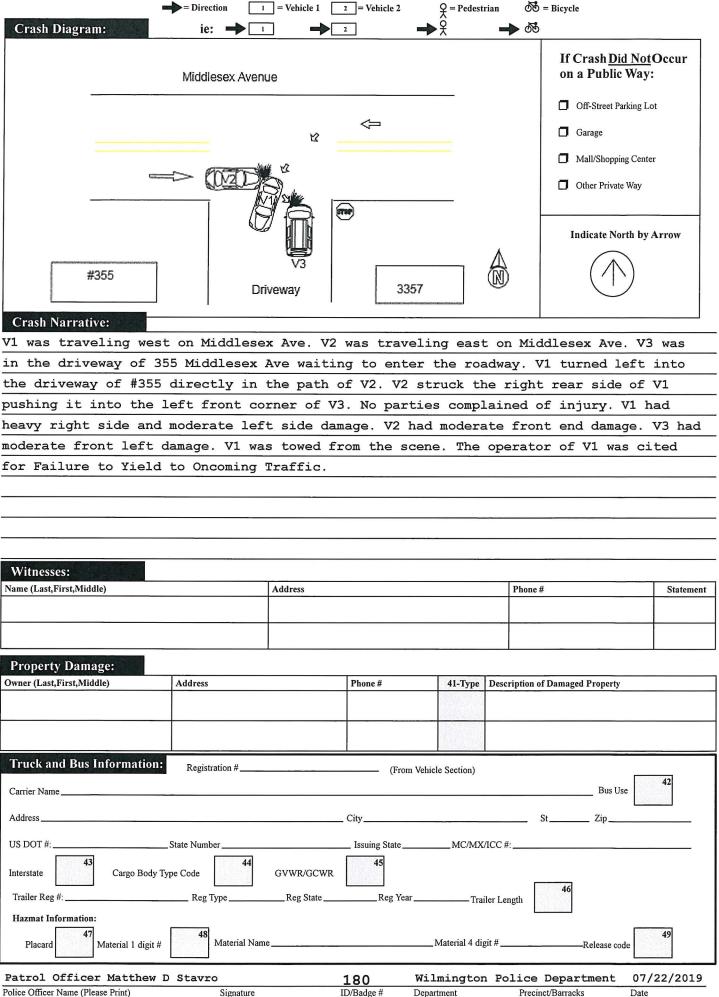
Wilmington Police Department Images Associated with 19-243-AC



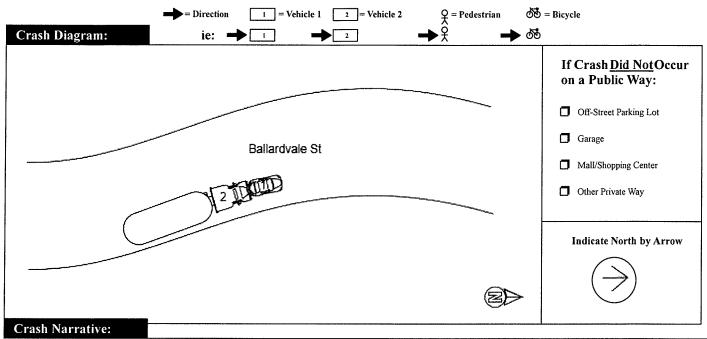


	Pol	ice Use Only		Com	monweal	lth o	of Mass	ach	lus	etts	3			RM	V Doc	ument N		
	Date of Crash 07/22/2019	Time of Crash	Wilm	City/Town	Motor	Veh	icle Cra	sh		lumber ehicles		mber ured	1 *	Limit	3(Local	Police Police A Police	
	07/22/2019	24HR	MITIU	ington	Poli	ice l	Report		3		0		Latitu Longi				ous Police 🔲	
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				Also at Intersection v	vith		Feet	NS	EW	of	Rout	e#		Interce	ecting l	Roadway	/Street	3 "
² 2	Route# Direc		Name	of Intersecting Roady	vav/Street		Feet	N S	EW	of	7000	0,,		merse	oting i	icoaumay	, odect	
2					· · · · · · · · · · · · · · · · · · ·		<u> </u>							La	ndmari	k		4
³ 3	Please Select C of the Followin		e 1 <u>1</u>	#Occupants Hit/	Run 🔲 M	oped	Crash F	Report	ID#	19	-2	24	4 –	AC	•			
	License # S7	6259840	St MA	DOB/Age,		Reg#	1423YV				Re	д Туре	PC		R	eg State.	MA	_ 12
	Sex M Lic. (Class D 19 1	9 Lic. Re	strictions 20 C	DL	Veh Y	ear <u>2006</u>		Veh M	lake <u>T</u>	OYO	ATC			_ Veh	Config.	1 21	1 12
	Operator MC	GOWAN, C	CODY		ndorsement	Owne	r MCGOWA	N,	JA	MES	T							
⁴ 1	Address 18	FAIRFIE	LD RI	Pirst	Middle	Addre	ss 18 FA]	Last ERF	IEI	ם ב		irst			M	iddle		
	City WILM	INGTON	State 】	MA Zip 01887	7-1708	City J	WILMING	TON	T			Sta	te M	A z	ip O :	1887	-1708	
	Insurance Compa	any SAFETY	INS	URANCE		Vehicl	le Action Prior to	Crash	ı	4	22	Da	amage	d Area	Code:	6 27 4	27 27	
	Vehicle Travel D	Direction: N S	E	Responding to Emer	gency? 2	Event	Sequence 1	23 1	23	23	23		st Stat			1 28		
,	Citation # (If Iss	ued) T1682 .	542	•		Most l	Harmful Event	1	24			-	pe of	Test: st Resu	de.	30		
	Viol. 1: Ch/Sec/S	Sub 89 8	Vie	ol. 2: Ch/Sec/Sub —		Driver	Contributing Co	ode	4	25	25	3		cohol:			Drug: 2 32	1 13
 6	Viol. 3: Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26					rom sc		1 33		
⁶ 2	V 7 . F . W		for operato	or and all occupants in					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First M			Se	Address ee Above		DOB/Age	Sex	Pos.	System 99	Status 1	Code	Code	Status 10	Code 1	Me	dical Facility	1
									 									-
									<u> </u>	<u> </u>	<u> </u>							-
								-										
							<u> </u>		<u></u>		15	<u> </u>	<u> </u>					<u> </u>
⁷ 9	Please Select O of the Followin		2 4 _#	Occupants Non	-Motorist A Ty	/pe	15 Action	16 I	Locatio	on	17	Condit	ion	18		Hit/Run	Moped	
	License # S52	2946644	_ St MA	DOB/Age		Reg#	41P690				Re	g Type	PC		R	eg State		1
	Sex F Lic. C	Class D 19	Lic. Res		DL	Veh Ye	ear <u>2004</u>		Veh M	ake <u></u>	ONI	A			_ Veh	Config.	1 21	
3 .	Operator DII	DOMENICO Last), RA		Middle	Owne	SULLIV	AN,	. A	NNE		irst			Mi	ddle		
´1	Address 30	WASHING				Addre	ss 12 SHA	DY	LA	NE								_ 14
	City STONE			MA Zip 02180	-3814	City <u>V</u>	VILMING'	TON							1		-1937	1 '
	Insurance Compa	my SAFETY	INS	URANCE		Vehicl	e Action Prior to			<u> </u>	22		ımaged st Stat	d Area	Code:	1 ²⁷	27 27	
	Vehicle Travel D	irection: NS	Χw	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		pe of T			29		
2	Citation # (If Issu	1ed)		•		Most I	Harmful Event	1	24				C Tes	st Resu	lt:	30		
	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	de r	<u> </u>	25	25	Su	sp. Alo	cohol:	2 31		Orug: 2 32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26	16	36	To	wed fr	om sco	ene?	2 33		
	Plea	•	rator/non-n	notorist and all occupa	ants involved Address		DOB/Age	Sex	Seat Pos.	35 Safety System	Airbag Status	Eject Code	Trap Code	39 Injury Status	Transp. Code	Med	dical Facility	
	Operato	or/Non-Mo	torist	Se	e Above		><	X	1	99	4	0	0	10	1			
	SAMANTHA JA	CKSON		8 SUMNER ST NORTH BILLERICA,	MA 01862			F	3	99	4	0	0	10	1			
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									6	4	4	0	0	10	1			

	Police Use Only	Com	monwealth	of Massach	usetts	RMV	Document Number	
	Date of Crash Time of Crash 07/22/2019 1921 Wi	City/Town lmington	Motor Vel	icle Crash	Number Numb Vehicles Injur	ad open Billing_	30 State Police Local Police MBTA Police	
	24HR	Till Till Coll	Police	Report	3 0	Latitude Longitude	Campus Police Other:	
	AT INTERSEC	CTION:	< LOCA	TION >	NOT	AT INTERSI	ECTION:]
					255 MT	DDIECEV :	n tre	2 10
1	Route# Direction	Name of Roadway/St	treet	Route# Direction	355 Address #	DDLESEX 2 Name of Ro	padway/Street	-
1		At		Feet N S	EW of —		or.	
	Route# Direction	Name of Intersecting Roads	way/Street	1001 [7][7]		Marker	Exit Number	3 11
		Also at Intersection v	vith	Feet N S	E W of Route#	Intersecti	ing Roadway/Street	
² 2	Route# Direction	Name of Intersecting Roady	way/Street	Feet N S	E W of			
						Landı	mark	-
³ 3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Report	ID# 19-2	44-AC		
	License # S28792533 St	MA DOB/Age	Reg	#_ 6WBN80	Reg	Туре РС		12
		F	ndorcoment	Year 2013 v	Veh Make HYUN	DAI	Veh Config. 21	
4	Operator RAWDING , LYN	ETTE ANDREA	Middle Own	er RAWDING	LYNETTE	ANDREA	Middle	
⁴ 1	Address 39 SANDY LN		Addı	ess 39 SANDY				
	City TEWKSBURY S	tate MA Zip 0187 (6-4247 City	TEWKSBURY	,		01876-4247	
	Insurance Company CITIZENS	INSURANCE	Vehi	cle Action Prior to Crash		Damaged Area Co	ode: 8 27 27 27 28	
5	Vehicle Travel Direction: SEV	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23 23	Test Status: Type of Test:	29	
	Citation # (If Issued)		Most	Harmful Event 1	24	BAC Test Result:	30	12]
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25 25	Susp. Alcohol: 2		1 13
⁶ 2	Viol. 3: Ch/Sec/Sub			er Distracted by	26	Towed from scene	<u> </u>	
	Please fill out for op Name (Last First Middle)	perator and all occupants in	volved Address	DOB/Age Sex	Seat Safety Airbag I	Eject Trap Injury Tra	40 ansp. Code Medical Facility	
	Operator	S	ee Above	$\times X$	1 99 4 0	0 10 1		
								1
7	Please Select One Vehicle 4	#Occupants Non	-Motorist A Type	15 Action 16 L	ocation 17 Co	ndition 18	Hit/Run Moped	1
' 9	of the Following:							4
	19 19	DOB/Age		#			21	
	L		ndorsement	Year V	eh Make		Veh Config.	
⁸ 1	Operator	First	Middle	erLast	First		Middle	
	CityS	tate Zin		ess		StateZip_		1 14
	Insurance Company			le Action Prior to Crash	22	Damaged Area Co		
	Vehicle Travel Direction: N S E W	-			23 23 23	Test Status:	28	
<u> </u>	Citation # (If Issued)		•	Harmful Event	24	Type of Test:	30	
´2	Viol. 1: Ch/Sec/Sub			r Contributing Code	25 25	BAC Test Result: Susp. Alcohol:	31 Susp. Drug: 32	
		Viol. 4: Ch/Sec/Sub		r Distracted by	26	Towed from scene	Gasp. Drug.	
	Please fill out for operator/	non-motorist and all occup			Seat Safety Airbag I	eject Trap Injury Tra	40 ansp.	1
	Name (Last First Middle) Operator/Non-Motori	ist se	Address ee Above	DOB/Age Sex	Pos. System Status C	Code Code Status Co	ode Medical Facility	
	opolatoi/11on-motort				1			1
								4
								1



	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docum	nent Number	
	Date of Crash Time of Crash 07/24/2019 0930 Wili	City/Town mington	Motor Ve	hicle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police	8
	24HR	ming con	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	8
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	ΓINTER	SECT	ION:	
					337	DATT	ARDVA	T TO C	201	2 10
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	DUTT		Roadwa		
¹ 1		At		Feet N S	E W of		_ •	or		
	Route# Direction Nar	ne of Intersecting Road	way/Street			Mile Ma			Exit Number	2 11
		Also at Intersection	with	4000 Feet N S		Route#	RESEZ Inters		DR padway/Street	- []
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	Feet NS	E W of					
_	Please Select One Vivin 12	"O			1 0			ındmark		
3	of the Following:	_#Occupants	/Run Moped	Crash Report	ID# 19	-24)A-c	<u> </u>		
	License # 016448780331 St I	L DOB/Age	Reg	# Z107190		Reg Type	PC_	Reg	State IL 21	12
	[<u> </u>	E	CDL Veh	Year 2015	Veh Make H	ONDA		Veh C	Config. 1	
⁴ 1	Operator OBERLANDER , J	First	Middle	ner <u>OBERLANDI</u> Last	•	First		Midd	lle	_
1	Address 311 LOWELL ST			dress 311 LOWE						-
	City ANDOVER State	-	•	ANDOVER			te MA 2	·		_
	Insurance Company LIBERTY M			icle Action Prior to Crash	<u> </u>		amaged Area	Code: 6	27 27 27]
5	Vehicle Travel Direction: SEW	Responding to Emer	• •	nt Sequence 1 23	23 23 24	23	pe of Test:	<u> </u>	29	
	Citation # (If Issued)			st Harmful Event 1		25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub			ver Contributing Code	26	Sı	isp. Alcohol;		Susp. Drug: 2 32	2 1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — ator and all occupants in		ver Distracted by 0	34 35	36 37	wed from so	ene? 2	33	
	Name (Last First Middle)	nor and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator	S	ee Above	\times X	1 1	4 0	0 10	1		
					4 4	4 0	0 10	1		
		<u>.</u>								
⁷ 1	Please Select One of the Following:	#Occupants Non	a-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hi	it/Run Mope	ed
		A DOB/A _£	Reg	# AP9884		Reg Type	AP	Reg	State NH	_
		F	DL Veh	Year 2009	Veh Make Ot	her-no	t listed	1 Veh C	config. 10 21	
8 1	Operator ROONEY, DENNI	S P III	Middle Own	ner INTERRA	INNOVA	TION First	INC	Middl	le	_
1	Address 80 CHURCH ST		Add	ress 400 AMHE	RST ST		302			_ 14
	City WILMINGTON State	MA Zip 0188	7-2704 City	NASHUA			te NH Z			- ┞╴│
	Insurance Company ZURICH AME	ERICAN INSU	JRANCE Veh	icle Action Prior to Crash		ᅼ	amaged Area	Code: 2	27 27 27	"
	Vehicle Travel Direction: S E W	Responding to Emer	gency? 2 Ever	nt Sequence 1 23	23 23	23	st Status:	1	29	
⁹ 2	Citation # (If Issued) T1152209			t Harmful Event	24	B	AC Test Resi	ılt:	30	_
_	Viol. 1: Ch/Sec/Sub <u>85 2</u> v	/iol. 2: Ch/Sec/Sub		er Contributing Code	5 ²⁵ 1		sp. Alcohol:		Susp. Drug: 2 32	<u> </u>
ļ		/iol. 4: Ch/Sec/Sub —		er Distracted by 99			wed from sc	ene? 2	33	_
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	S	ee Above	$\times X$	1 1	4 0	0 10	1		
Ī										
ļ										



Vehicle 1 and vehicle 2 were both travelling north on Ballardvale St. Vehicle 2 did not see vehicle 1 in front of him and crashed into the rear of vehicle 1. The operator of vehicle 2 did not realize he had crashed into vehicle 1 and continued driving straight as vehicle 1 pulled to the right side of the roadway. As vehicle 1 pulled to the right vehicle 2 continued causing damage to both the rear bumper and rear driver side quarter panel of vehicle 1. I located the truck at Interra Innovation Inc on Lowell Junction Rd in Andover. I was able to identify the truck from fresh damage to the front passenger side bumper as well as a marker that had broken off the bumper and was in the roadway where the crash had occurred. The operator of vehicle 2 stated he did not realize he had hit a vehicle as he was carrying full cargo in the trailer. The operator of vehicle 2 was issued Massachusetts Uniformed Citation #T1152209 for following to close (85/2).

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

Patrol Officer Michael W Wandell

174

Wilmington Police Department

07/24/2019

Police Officer Name (Please Print)

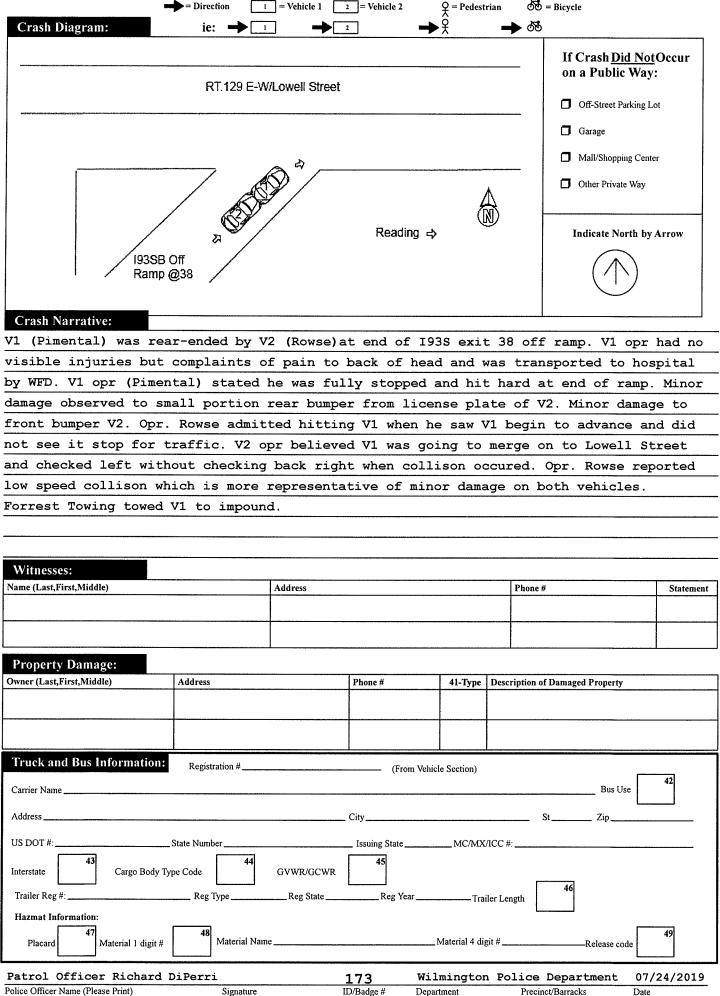
Signature

ID/Badge #

Department Precinct/Barracks

Date

	Poli	ice Use Only		Com	monwe	alth (of Mass	ach	us	etts	}			RM	V Doc	ument Number		
	Date of Crash 07/24/2019	Time of Crash	i .	City/Town ington	Motor	r Veh	icle Cra	sh		umber ehicles		bose.	Speed Latitu	Limit		State Police Local Police MBTA Police	0800	
	07,24,2023	24HR	17 ± ±111		Po	lice]	Report		2		1	- 1	Latitu Longi			Campus Police		
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO'	T AT	'IN	ΓER	SEC	TION:		
	93 S	тазо	22220	RAMP														2 10
1	Route# Direc			Name of Roadway/S	treet		Route# Direc	tion	Add	ress #			Na	me of	Roadv	vay/Street		
1				At			Feet	NS	Ew	l of				_	or			
	Route# W Direct		ELL S Name	T of Intersecting Road	way/Street		rcc		121	101	M	ile Mai	ker		01 _	Exit Number		11
				Also at Intersection	with		Feet	NS	E W	of	Route	e#		Interse	ecting l	Roadway/Street		2
² 1	Route# Direc	tion	Name	of Intersecting Road	way/Street		Feet	NS	EW	of								
	Please Select C	ne 🔽	.1	Occupants D						1 0	_		^		ndmarl	К		
3	of the Followin	ng: Venicie	. TT	Occupants Hit	/Run	Moped	Crash R											
	License # S46	5314572 19 1	_	DOB/Age.			8CK122										21	1 12
	Sex M Lic. (Class	Lic. Re	strictions C	CDL Endorsement		Tear 2013								Veh	Config. 1	ב"	
⁴ 5		MENTEL,	F	REY N	Middle		PIMENT	Last				Y N			Mi	iddle		
ט	ŀ	BOWDOIN			2 0444		ess 49 BOV		IN							1010 ==		
	· .			MA Zip 0184:	<u>5-2111</u>		LAWRENC			·	22				Cip O : Code:	1843-21: 27 27	27	
		any SAFETY				Vehic	le Action Prior to			23			mageo st Stati		Code:	5 27 27	ا لئـ	
⁵ 1	Vehicle Travel D	irection: NS	EX	Responding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23		oe of T			29		
_	,	1ed)				Most	Harmful Event	1	24				.C Tes	t Resu	ılt:	30		12
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co		1	25	25	Sus	sp. Alc	cohol:	2 31		32	1 13
⁶ 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					om sc		1 33		
-	Name (Last First Mi		for operato	r and all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	,	
	Operato	or .		s	iee Above		><	X	1	1	4	0	0	9	2	LAWRENCE GENE	RAL	
	Please Select O	ne Vehicle	.1 #	Occupants Day		_	15	16		\vdash	17			18				
6	of the Followin	g: Venicle	2.4	Occupants Nor	ı-Motorist A	Туре	Action	1	Locatio	on		Conditi	on		<u> </u>	Hit/Run M	ped	
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3 ₄	_	VSE, DAV	Fi	ıst	Middle		r CHAMBE	ast			NC3		LLE	EN	Mi	ddle		
-	Address 2 HI						ss 2 HUNT										}	14
	City S HAM			IA Zip 01982	2-1439	City _	S HAMIL	ron	<u> </u>		32					L982-000		1
	-	ny <u>COMMER</u>	CE			Vehicl	e Action Prior to			<u> </u>	22		naged t Stati		Code:	0 ²⁷ 27 27 28	27	
	Vehicle Travel Di	rection: NS	EX	Responding to Emer	gency? 2	Event	Sequence 1		23	23	23		e of T			29		
2	Citation # (If Issu	ed)				Most	Harmful Event	1	24	251	ادم	BA		t Resu	ilt:	30	_	
	Viol. 1: Ch/Sec/S	ub	Vio	I. 2: Ch/Sec/Sub		Driver	Contributing Co	de		²⁵ 1	9 25	Sus	p. Alc	ohol:	2 31		32	
Ļ	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub		Driver	Distracted by	0	26		,			om sce	- 1	2 33		
	Plea Name (Last First Mic	•	rator/non-n	notorist and all occup	ants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operato	r/Non-Mo	torist	S	ee Above		><	X	1	1	4	0	0	10	1			
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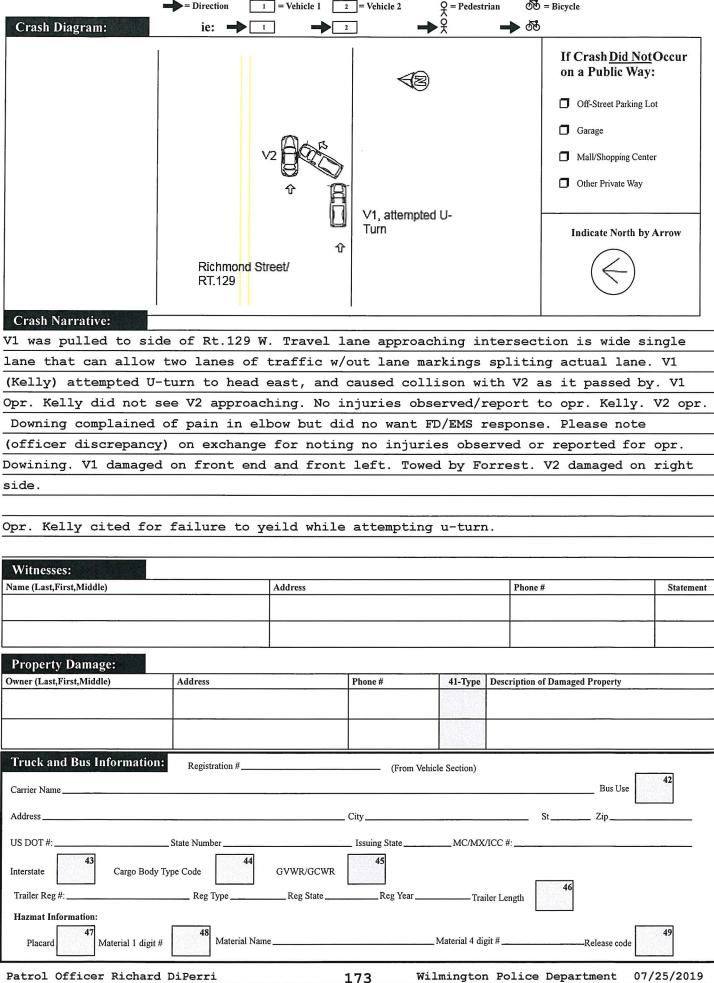


Police Officer Name (Please Print)

Signature

ID/Badge #

	Pol	ice Use Only		Comi	monw	ealth	of Massa	ach	use	etts			R	MV Do	cument N	Number		
	Date of Crash 07/25/2019	Time of Crash	City Wilmir	y/Town	Moto	r Veh	icle Cra	sh		ımber hicles	Nun	12	peed Lii		Loca	Police Il Police l'A Police	0800	
	0772372013	24HR	7	ig con	P	olice :	Report		2		1		annude_ ongitude		Cam Othe	pus Police	Ğ	
		AT INTERS	ECTION	[:	<	LOCA	TION	>			NO.	ГАТ	INTE	RSEC	CTION	[:		
							129 W		1		ו כו	CHA	FONTO	сm			2	2 10
Γi	Route# Direc	ction	Na	me of Roadway/St	reet		Route# Direct	tion	Addr	ess#		CHI		ST of Road	way/Stree	et		
¹ 1				At			Feet	NS	EW	of			. •	— or				
	Route# Direc	ction	Name of	Intersecting Roady	vay/Street						Mi	le Mark	er		Exit	Number	ᆜ,	11
			Als	so at Intersection w	rith		Feet [N S	E W	of	Route	 _	Inte	rsecting	Roadway	v/Street	- F	<u>, </u>
² 1	Route# Direc		Name of	Intersecting Roady	vay/Street		Feet [N S	EW	of						,		
_	Dl		_			-								Landma	rk			
3	Please Select (of the Followi	Vehicle	1 <u>1</u> #Oc	cupants Hit/	Run	Moped	Crash R	eport	ID#	19	-2	47	-A	C				
	License # S7	9205183				_ Reg#	292XV3				Reg	g Type 🗓	PC	I	Reg State			12
	Sex M Lic.	Class D 19 19	Lic. Restric	ctions B C	DL	_ Veh Y	Tear 2014	\	Veh Ma	ıke <u>N</u>	ISS	AN		Ve	h Config.	2 21] [1	-
4	Operator KE	LLY, RYA	N S	LI	Middle	Own	er KELLY,	RY	AN	S	Fi	rst			⁄liddle		_	
⁴ 1	Address 83	MARBLE S				_ Addr	ess 83 MAR		e s	T	r-n			Ŋ			_	
	City ATHOI		_ State MA	Zip 01331	-1803	City_	ATHOL		-							-180	I	
	Insurance Comp	any COMMER	CE INS	SURANCE		_ Vehic	le Action Prior to	Crash		8	22			ea Code		3 27 2	7	
5	Vehicle Travel D	Direction: NS	E Re	esponding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		Status: of Test	,	1 28 29			
	Citation # (If Iss	ued) T11512	50			Most	Harmful Event	1	24				Test R		30			
	Viol. 1: Ch/Sec/S	Sub 90 14	Viol. 2	2: Ch/Sec/Sub		Drive	r Contributing Co	de		25	25	Susp	. Alcoh	ol: 2 3	Susp.	Drug: 2 3	2 1	L 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub				Drive	r Distracted by	0	26			Tow		scene?	1 33		╝	
T	Name (Last First M		r operator an	nd all occupants inv	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject '	38 3 Frap Inju Code Sta	ıry Transp	Me	edical Facility		
	Operate	or		Se	e Above		\times	X	1	1	4	0 0	10	1				
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⁷ 1	of the Followin	ig: Venicie	<u>z II</u> #Occ	Non-	-Motorist A	Туре	Action		ocatio	n _		Condition	1		Hit/Run	Мор	ed	
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	,	any QUINCY		-	4030	•	le Action Prior to			1	22			. Zip <u>U</u> ea Code		27 2	, I	
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⁹ 2	•	iub	Viol 2	: Ch/Sec/Sub			Contributing Cod	<u> </u>	1	25	25		Test R	esult:	30 Susp	Drug: 2 3	2	
	Viol. 3: Ch/Sec/S			: Ch/Sec/Sub			-	0	26				. Alcono		2 33	Di ug [2]	
	Plea	ase fill out for opera		orist and all occupa					34 Scat	35 Safety	36 Airbag	Eject 7	38 3: Trap Inju	uy Transp			-	
	Name (Last First Mi	or/Non-Moto	ariet	*****	Address		DOB/Age	Sex	. 1	System 1	Status	Code C	ode Sta	us Code	Me	dical Facility		
	Орегию)i ist	26	e Above			\triangle	1	-	-	· 0	- -	╬			$-\parallel$	
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Police Officer Name (Please Print)

Signature

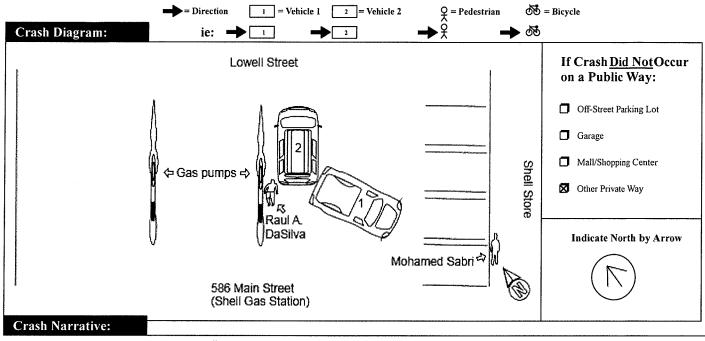
ID/Badge #

07/25/2019

Department

Precinct/Barracks

	Police Use Only	monwealth	of Massach	RM											
	Date of Crash Time of Crash 07/25/2019 2131 Wil	City/Town mington	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limi	t5	State Police Local Police MBTA Police Campus Police						
	24HR	ming con	Police	Report	1_ 1	0	Latitude Longitude _		Campus Police Other:	i					
	AT INTERSECT	ION:	< LOCA	ATION >	1	NOT AT	INTER	SECT	ΓΙΟΝ:						
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	Route# Direction Na	me of Intersecting Road	way/Street	reet [11]5	<u> </u>	Mile Ma	rker	- or	Exit Number	- - 11					
		Also at Intersection	with	Feet N S		Route#	Inters	ecting P	.oadway/Street	<u> </u>					
² 1	Route# Direction Na	me of Intersecting Road	way/Street	Feet NS	E W of	.courten	nicis	come ic	oud nay/Bucci						
1					_			andmark							
3	Please Select One of the Following:	#Occupants Hit	/Run	Crash Report	1D# 19 -	-248	B-AC								
	License # S11630298 St N	IA DOB/Age	Reg	# 156PK1		Reg Type	PC	Re;	g State MA	- 12					
	Sex M Lic. Class D 19 19 Lic.	Restrictions 20	CDL Veh	Year 2016 \					21	7 12					
	Operator CONDELL, ALEX		Indorsement Own	er CONDELL,	ALEX S	3			<u> </u>						
⁴ 1	Address 5 TOWPATH DR	First	Middle Addı	ess 5 TOWPATI	H DR	First		Mid	idle	.					
	City WILMINGTON Stat	e MA Zip 0188'	7-3917 City	City WILMINGTON State MA Zip 01887-3917											
	Insurance Company ARBELLA M	UTUAL INS	Vehi	cle Action Prior to Crash	10 2	Da Da	ımaged Area	Code:	5 27 27 27						
-	Vehicle Travel Direction: NSE	Responding to Emer	rgency? 2 Even	t Sequence 23	23 23 2		st Status:	2	2 28						
3	Citation # (If Issued) T1152995		Most	Harmful Event 2	24		pe of Test: AC Test Res		2 29 30						
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 ²⁵	25	sp. Alcohol:		Susp. Drug: 99 32	2 13					
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	22											
⁶ 1	1	ator and all occupants in			Scat Safety A	36 37 irbag Eject	38 39 Trap Injury	40 Transp.		1					
	Name (Last First Middle) Operator	S	Address See Above	DOB/Age Sex	Pos. System S	tatus Code	Code Status	Code 1	Medical Facility	-					
	Operator	~			1 1					-					
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⁷ 1	Please Select One of the Following:	_#Occupants Non	n-Motorist A Type	15 Action 16 L	ocation	Conditi	on 18	н	lit/Run Moped						
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	Sex Lic. Class 19 19 Lic. I	Restrictions 20 C	DL Veh	Year 2018 V	eh Make <u>TO</u>	YOTA		Veh (Config. 1						
	Operator Driverless M.		ndorsement Own	er SABRI, MO	HAMED				- L						
99	Address	First		ess 236 BURLI	NGTON	First AVE		Midd	dle						
	City State	e Zip	City_	WILMINGTON		Stat	e MA 2	Zip 01	887-3153	1 14					
	Insurance Company GOVT EMPL	OYEE INS	Vehic	ele Action Prior to Crash	11 22	Da	maged Area	Code:	27 27 27						
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence 23	23 23 2	~	st Status:	L	28						
,	Citation # (If Issued)		Most	Harmful Event	24		pe of Test: C Test Resi	ult:	30						
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	25	25	sp. Alcohol:		Susp. Drug: 32						
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from so	ene? 2	33						
Ì	Please fill out for operator/no: Name (Last First Middle)	n-motorist and all occup	ants involved	DOB/Age Sex	Seat Safety Ai	36 37 irbag Eject tatus Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	1					
Ì	Operator/Non-Motorist	. S	ee Above	Source Sex	1 4		June Junes	1000	wichital Facility	1					
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Operator of motor vehicle #1, Alex Condell, was backing up from a parking spot and backed into the rear bumper of MV#2 (Minor damage to both MV's). MV#2 was parked and unoccupied during the crash. Raul DaSilva was pumping gas into MV#2 when he observed Mohamed Sabri is the owner of MV#2 and was walking out of MV#1 crash into the vehicle. the store when he observed MV#1 crash into his vehicle. Parties exchanged paperwork. Mr. Sabri and Mr. DaSilva were concerned because they believed Mr. Condell was under the influence of alcohol, so they called 911. Mr. Condell left the scene before my arrival. Ofc. Wilson (Unit 32) located Mr. Condell at his house and Ofc. Johnson (Unit 31) arrived to assist. They conducted an invesgation and had him perform standard field Sgt. Ahern (Unit 35) later arrived at the house. sobriety tests. Mr. Condell was arrested and charged with O.U.I. Liqour (See Ofc. Wilson's report 19-287-AR).

Name (Last,First,Middle)	Address		Phone #	Statement								
SABRI MOHAMED	236 BURLINGTON	AVE WILMINGTON M	A 01887-31	53	1							
DASILVA RAUL A	30 WARREN A	VE MALDEN MA (2148-56	18	1							
Property Damage:												
Owner (Last,First,Middle) Address		Phone #	41-Type I	Description of Damaged Property								
Truck and Bus Information: Registration #(From Vehicle Section) 42												
Carrier Name				Bus Use	72							
Address		City	St Zip									
US DOT #:State Numb	er	Issuing State	MC/MX/I	CC #:								
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45												
Trailer Reg #: Reg T	ypeReg State	Reg Year	Traile	r Length								
Hazmat Information:												
Placard Material 1 digit # 48	Material Name		Material 4 digit	#Release code	49							

Patrol Officer Julio J Quiles

197

Wilmington Police Department

07/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

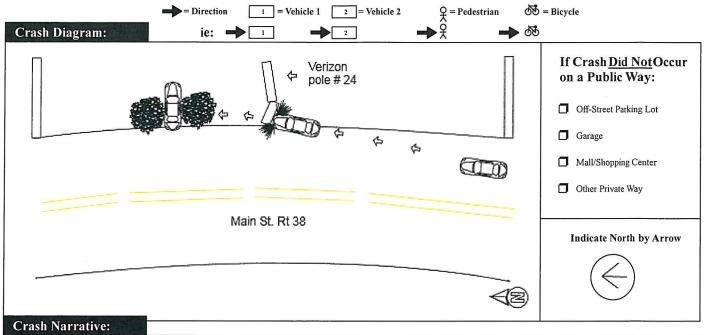
Department

Precinct/Barracks

Date

Witnesses:

	Pol	lice Use Only	Com	monwealth of Massachusetts RMV Document Number								ment Number			
	Date of Crash 07/26/2019	Time of Crash 0544 Wi	City/Town lmington	Motor Veh	icle Cra	sh	Number Vehicle		ad Johan	d Limit	45	State Police Local Police MBTA Police	080		
	0.723,2013	24HR	Imiling con	Police 1	Report		1	1	Latiti Long	itude		Campus Police Other:			
		AT INTERSEC	TION:	< LOCA	TION :	>		NOT	AT IN	TER	SECT	ΓΙΟΝ:			
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3			At		Feet	N S E	w of			• —	or				
	Route# Dire	ction N	lame of Intersecting Roads	·		vi ol n	T	Mile	Marker			Exit Number		1 11	
			Also at Intersection v	vith	Feet NSEW of Route# Intersecting Roadway/Street										
² 1	Route# Dire	ction N	lame of Intersecting Roads	way/Street	Feet NSEW of Landmark										
2	Please Select (#Occupants Hit/	/Run Moped	Crash Report ID# 19-249-AC										
3	of the Followi	mg-										2/7			
	Sex F Lic.	10 10	MA DOB/Age 07/2	_	# 4RB787 Tear 2004							2	7	1 12	
		RMAN, ELIZ	E	ndorsement	er <u>NORMAN</u>			_			ven	Conng.	┙┠		
⁴ 1	_	Last SHELBURNE	First	Middle		ast		Firs			Mid	dle			
			ate MA Zip 0182 1		BILLERIC				State M	A z	Zip 01	821-500	1		
	Insurance Comp	oany COMMERCE	INSURANCE	_	le Action Prior to		1	22	Damage		_				
5	Vehicle Travel D	Direction: SEW	Responding to Emer	gency? 2 Even	Sequence 22	26 23	3 23	23	Test Sta]	L 28			
⁵ 2	Citation # (If Iss	sued) T1152792	<u> </u>	Most		22 ²	4		Type of BAC Te		ılı:	30			
	Viol. 1: Ch/Sec/	Sub 89 4A	Viol. 2: Ch/Sec/Sub _9	00 24 Drive	r Contributing Cod	ie 2	0 25 2	21 ²⁵	Susp. A			Susp. Drug: 99	32	22 ¹³	
⁶ 1	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	5 ²	6		Towed f	rom sc		72			
	Name (Last First M	-	erator and all occupants in	volved Address	DOB/Age		34 35 Seat Safety Pos. Systen	Airbag	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility			
	Operate	or	S	ee Above	\sim	X	1 1	3 0	2	8	2 ^I	Lahey Clinic			
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ŀ															
7	Please Select C		#Occupants Non	-Motorist A Type	15 Action	16	ation	17	ndition	18		lit/Run Mo	ned		
⁷ 1	of the Followin	ig:											eu -		
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	Sex Lic. (Operator	Lic		ndorsement	ear		ı Маке <u>—</u>				ven (Config.]		
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	Insurance Compa	any		Vehic	le Action Prior to (Crash		22	Damage	d Area	Code:	27 27 :	27]		
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92	Citation # (If Issu	ued)		Most	Harmful Event	2	4		Type of BAC Te		ılt:	30			
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		25	25	Susp. Al	1	21	Susp. Drug:	32		
	Viol. 3: Ch/Sec/S	r Distracted by	2			Towed f			33						
	Ple Name (Last First Mi	-	on-motorist and all occupa	Address	DOB/Age	s	34 35 Seat Safety Pos. System	Airbag I	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility			
	Operato	or/Non-Motori:	st Se	ee Above	><	X	1								
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At about 0545 hours, in the area of 885 Main Street, MV1 had driven off the road, hit Verizon utility pole #24 (breaking it at the base) and coming to a stop on its side in a ditch. The Op. was able to free herself from the vehicle with what appeared to be minor injuries. Ms. Norman told me she was at the Red Sox game the night prior then was out all night with friends and "must have" fallen asleep on her way home causing her to go off the road. Due to the sevarity of the the crash, Wilmington Fire & EMS arrived on scene subsequently transporting the Ms. Norman to Lahey Clinic to be further evaluated. Forrest towing towed the vehicle. Due to the damage to the pole and the wires down, WPD had the road closed for app. 8 hours. Verizon and RMLD had a new pole completed in place at about 1:35 PM. Ms. Norman will be receiving a citation (criminal app) #T1152792 for Marked Lanes and Negligent Opperation.

Witnesses:		-									
Name (Last,First,Middle)		Address			Phone #	Phone #					
Property Damage:											
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property					
VERIZON	RIZON 28 DIANA LN DRA			4	VERIZON	RIZON UTILITY PO					
Truck and Bus Information: Carrier Name Address			(2.1011.1011	icle Section)	St_	Bus Use	42				
US DOT #:	pe Code 44	GVWR/GCWR	45			46					
Placard Material 1 digit #	48 Material Name	>		_Material 4 di	git #	Release code	49				

Patrol Officer Scott Dunnett

202

Wilmington Police Department

07/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

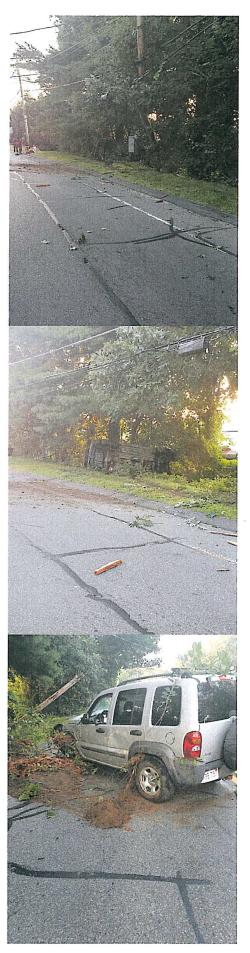
Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 19-249-AC



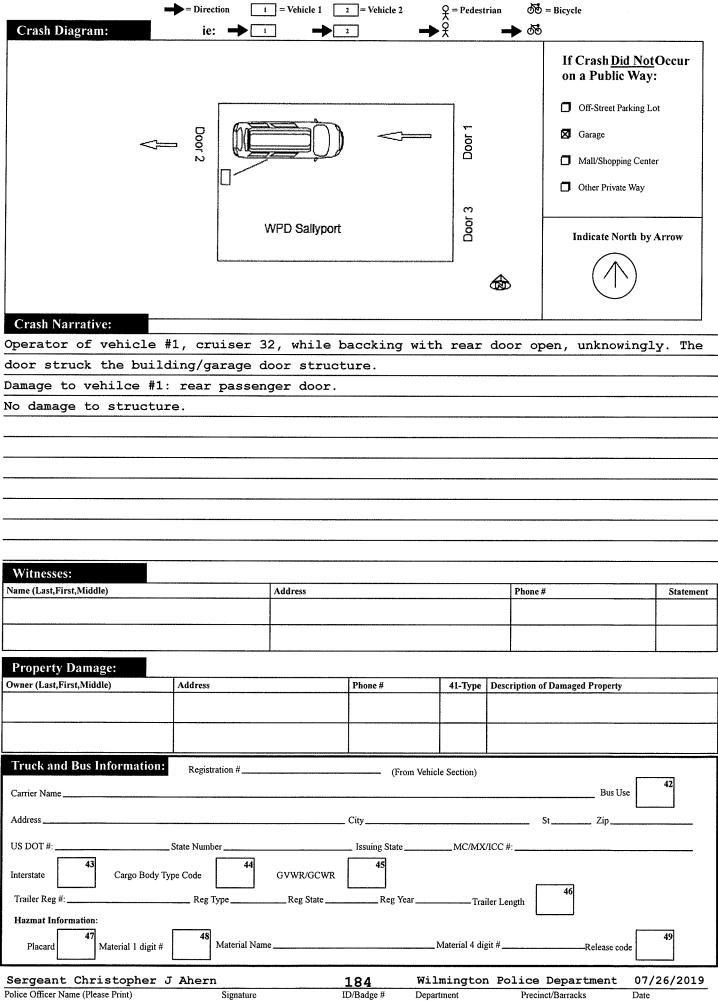


Wilmington Police Department Images Associated with 19-249-AC





	Police Use Only	Comr	nonwealth	of Massacl	RM					
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim	it C	State Police Local Police	8 0 0
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3	of the ronowing:									
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	Sex M Lic. Class D 19 Lic. 1	Restrictions CI	ndorsement	Year <u>2019</u>				Veh	Config. 2	
4	Operator SKINNER, KEVI	N J First	Own	er WILMINGT Last	ON TO	VN OF		Mid	idle	-
⁴ 1	Address 1 ADELAIDE ST			ess 1 ADELAI	DE ST					-
	City WILMINGTON Stat	e MA Zip 01887	<u>'-1979</u> City	WILMINGTO	NN			-	887-2719	- I
	Insurance Company SELF INSU	RED-MIIA	Vehic	ele Action Prior to Cras	h 10		amaged Are	a Code:	3 27 27 27 28	<u>"</u>]
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	Sequence 35 23	23 23	43	est Status: ype of Test:	ŀ	29	
1	Citation # (If Issued)		Most	Harmful Event 35	5 24		AC Test Res	sult:	30	L
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⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	T	owed from s	cene?	2 33	
1	Please fill out for opera	ator and all occupants inv	rolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Statu	y Transp. s Code	Madical English	
	Operator		ee Above	DOM/Age Sex	Pos. System	4 0	0 10	1	Medical Facility	
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⁷ 1	Please Select One of the Following: Vehicle 2	_#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	н	Iit/Run 🔲 Mope	ed
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	Operator	En	dorsement	er	von make				Coming.	
⁸ 99	Last Address	First	Middle	Last		First		Mid	Idle	_
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	Please fill out for operator/nor				34 35 Scat Safety	36 37	38 39 Trap Injury	40		-
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	Police Use Only Commonwe						alth of Massachusetts							RMV Document Number				
	Date of Crash	Time of Crash		City/Town	Motor	Veh	icle Cra	sh		umber			•	Limit	30	Local	Police Police Police Police	
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² 1	Route# Direct	tion	Name o	of Intersecting Roady	way/Street		Feet NSEW of Landmark											
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4	Operator	Lasi	Fire	st	Middle	Owne	r CAIAZZ	O,	MA	RIS		C irst			Mi	iddle		
⁴ 3	Address					Addre	ess 3 PARS	ON	S P	VE								Ì
	City		_ State	Zip		City _	SAUGUS										-1924	
	Insurance Compa	ny GOVT E1	MPLO	ZEE INS		Vehic	le Action Prior to			4	22				Code:	3 ²⁷ 2	27 27	
⁵ 1	Vehicle Travel Di	rection: NS	W	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		st Stat pe of T			29		
1	Citation # (If Issu	ed)				Most	Harmful Event	1	24			-	_	st Resu	ılt:	1 30		
	Viol. 1: Ch/Sec/Su	ub	Viol	. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	19	25	25	Su	sp. Alo	cohol:	2 31	Susp. D	orug: 2 32	1 13
⁶ 1	Viol. 3; Ch/Sec/Si	ub	Viol	. 4: Ch/Sec/Sub		Driver Distracted by 0 26 Towed from scene? 1 33												
1	Name (Last First Mid		r operator	and all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mad	ical Facility	
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	Please Select Or	5-24					15	16		\vdash	17			18		I		1
⁷ 2	of the Following	g: Venicie A	.1#C	Occupants Non	-Motorist A T	уре	Action		Locatio	n		Conditi	on		 1	Hit/Run	Moped	
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	Sex F Lic. Cl	ass D	Lic. Restr	ictions 1 Cl	DL ndorsement	Veh Y	ear 2016	\	Veh Ma	ake <u>H</u>	ONI)A			_ Veh	Config.	1	
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	City STOUG			A Zip 02072	2-1272	City_	STOUGHT	ON			22						-1272	
	Insurance Compar	ny ALLSTA	CE IN	ISURANCE		Vehicl	e Action Prior to			<u> </u>	22		maged st Stati		Code:	1 ²⁷	27 27	
	Vehicle Travel Dir	ection: S F	E W F	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		oe of T			29		
2	Citation # (If Issue	ed)				Most l	Harmful Event	1	24			ВА		t Resu	lt:	1 30		
_	Viol. 1: Ch/Sec/Su	ıb ————	— Viol.	2: Ch/Sec/Sub		Driver	Contributing Co	de	<u> </u>	25	25	Sus	sp. Alc	cohol:	2 31	Susp. D	orug: 2 32	
	Viol. 3: Ch/Sec/Su	Driver Distracted by 0 26 Towed from scene? 3 33]						
	Pleas Name (Last First Mide	-	tor/non-mo	otorist and all occupa	ants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	ical Facility	
		r/Non-Moto	rist	Se	ee Above			X	1	1					1			
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