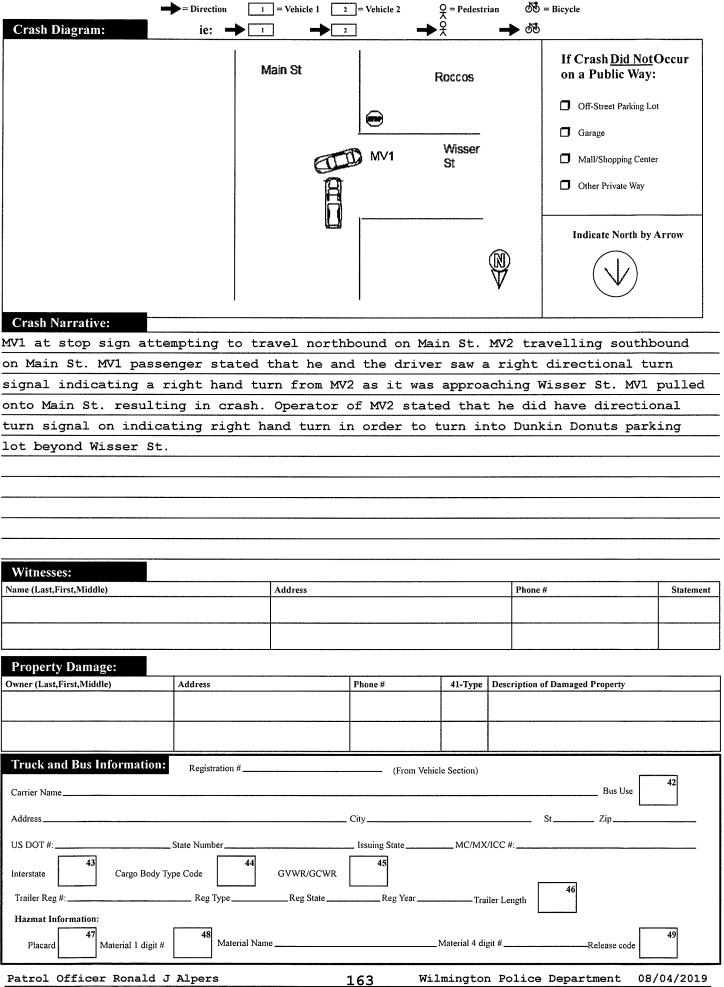
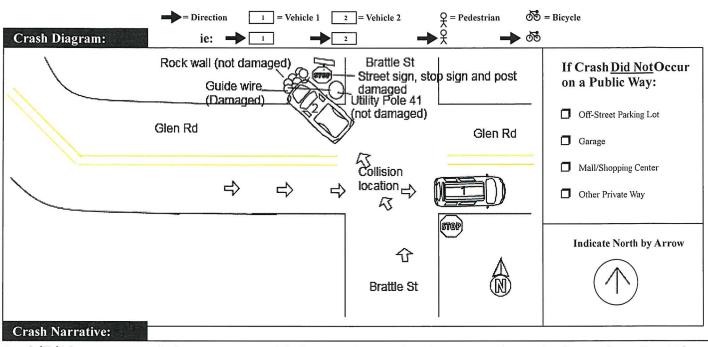
| | Police Use Only | Com | monwealth | of Massach | usetts | | RM | V Document Number | | |
|----------------|---|-----------------------------------|--------------------|---------------------------|--|-----------------------------|----------------------------|--|------------------|----|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | Number Injured | Speed Limit | | 0000 | |
| | 08/04/2019 0843 Wil | mington | Police | Report | 2 | 3 | Latitude Longitude | MBTA Police Campus Police Other: | 8 | |
| | AT INTERSECT | ION: | | ATION > | | <u> </u> | | SECTION: | | |
| | | | | | | | | | 2 | 10 |
| | | | | <u>38 s</u> | 193_ | MAIN | | | | |
| ¹ 1 | Route# Direction | Name of Roadway/S | Street | Route# Direction | Address # | | Name of | Roadway/Street | | |
| <u>.</u> | | 110 | | Feet N S | E W of | | - • - | or | | |
| | Route# Direction Na | me of Intersecting Road | lway/Street | | | Mile Ma | | Exit Number | — 3 ¹ | 11 |
| | | Also at Intersection | with | Feet NS | | Route# | WISSE Interse | ER ST ecting Roadway/Street | - | _ |
| ² 1 | Route# Direction Na | me of Intersecting Road | lway/Street | Feet N S | E W of | | | | | |
| 1 | | | | <u> </u> | | | La | ındınark | | |
| ³ 2 | Please Select One of the Following: | #Occupants | t/Run Moped | Crash Report | 1D# 19 | -25 | 9-AC | • | | |
| 2 | License #_ S22503723 St 1 | /A DOR/A == | | # <u>7RW576</u> | | Dec Turn | . PC | Pag State MA | | |
| | 10 10 | 20 | _ | | | | | 1 | 21 1 | 12 |
| | <u> </u> | <u> </u> | Endorsement | Year 2018 | | | | | _ | |
| 4 _ | Operator KENNEDY, MICH | First | Middle | er KENNEDY , | | First | | Middle | | |
| ⁴ 2 | Address 313 AMES HILL | | | ress 313 AMES | | | | | | |
| | City TEWKSBURY Sta | te MA Zip 0187 | 6-1160 City | TEWKSBURY | | | | Zip 01876-11 | | |
| | Insurance Company PROGRESS | VE DIRECT | Vehi | cle Action Prior to Crasl | ı 4 | | amaged Area | <u> </u> | 27 | |
| 5 | Vehicle Travel Direction: NSWW | Responding to Eme | ergency? 2 Ever | nt Sequence 1 23 | 23 23 | 23 | est Status: | 1 ²⁸ 29 | | |
| ⁵ 1 | Citation # (If Issued) | | Mos | t Harmful Event 1 | 24 | | ype of Test: | | | |
| | Viol. 1: Ch/Sec/Sub ———— | Viol 2: Ch/Sec/Sub = | Driv | er Contributing Code | 1 25 | 25 | AC Test Resusp. Alcohol: | | 32 1 | 13 |
| | Viol. 3: Ch/Sec/Sub | | | er Distracted by | 26 | | owed from so | | ᆛᄃ | |
| ⁶ 1 | ļ | rator and all occupants i | | | 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 Winchester | | |
| | Operator | | See Above | \times X | 1 1 | 3 0 | 1 8 | 2 Hospital | | |
| | SCOTT KENNEDY | 1202 ALYSSA DR GROVELAND, MA (| 01834-1669 | ! м | 3 1 | з 0 | 0 8 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | <u></u> _ | | | | |
| ⁷ 3 | Please Select One of the Following: | #Occupants | on-Motorist A Type | 15 Action 16 | Location | 17 Condi | tion 18 | Hit/Run Mc | oped | |
| | | 1A DOB/Age. | Pag | # <u>2698ZM</u> | , L | Reg Typ | 。PC | Reg State MA | | |
| | 19 19 | 20 | | Year 2014 | | | | | 21 | |
| | | لـــــا | Endorsement | ner KOUYOUMJ | | | | ven conng. | _ | |
| ⁸ 1 | Operator KOUYOUMJIAN, | First | Middle | Last | | First | | Middle | - | |
| | Address 17 MARJORIE R | | | ress 17 MARJO | | | 3.77 | 01007 271 | | 14 |
| | City WILMINGTON Sta | • | City | WILMINGTON | [| | | Zip 01887-375 | 27 | |
| | Insurance Company AMICA MUT | | Vehi | cle Action Prior to Crasl | <u>' </u> | ᆜ . | amaged Area | a Code: 1 27 27 27 28 | | |
| | Vehicle Travel Direction: N E W | Responding to Eme | ergency? 2 Ever | nt Sequence 1 23 | 23 23 | 23 | ype of Test: | 29 | | |
| ⁹ 2 | Citation # (If Issued) | | Mos | t Harmful Event 1 | 24 | ^ | AC Test Res | ult: 30 | | |
| 2 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub - | Driv | er Contributing Code | 1 25 | 25 S | usp. Alcohol: | 31 Susp. Drug: | 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub - | Driv | er Distracted by | 26 | T | owed from so | cene? 1 33 | _ | |
| | Please fill out for operator/n | on-motorist and all occu | pants involved | | 34 35 Scat Safety | 36 37 Airbag Eject | 38 39 Trap Injury | 40 Transp. | \dashv | |
| | Name (Last First Middle) | | Address | DOB/Age Sex | Pos. System | Status Code | Code Status | Code Medical Facility | <u>;</u> | |
| | Operator/Non-Motoris | SI . | See Above | | 1 1 | 3 0 | 0 8 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | I | _LL | <u> </u> | | <u> </u> | | |



Department

| | Police Use Only | Comi | monwealth | of Massach | iusetts | | RM | AV Docum | nent Number | |
|----------------|--|---------------------------|------------------|----------------------------|----------------------------|-----------------------------|------------------------|---------------|---|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | Number Injured | Speed Lim | it 25 | State Police Local Police MBTA Police Campus Police | 1 |
| | 08/05/2019 1809 Wiln | nington | Police | Report | 2 | 0 | Latitude Longitude | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ON· | | ATION > | - | <u> </u> | r intel | | | 1 |
| | | | | | | 110 1 11 | | tobe i | 2011 | 10 |
| | GLEN RD | | | | | | | | | 2 |
| 13 | Route# Direction | Name of Roadway/St | reet | Route# Direction | Address # | | Name o | of Roadwa | y/Street | - |
| 3 | BRATTLE | | | Feet N S | E W of | | | - or | | |
| | | ne of Intersecting Roady | vay/Street | | | Mile Ma | arker | | Exit Number | 3 11 |
| | | Also at Intersection v | vith | Feet N S | | Route# | Inter | secting Re | oadway/Street | |
| 2 | Route# Direction Nam | ne of Intersecting Roady | way/Stroot | Feet N S | E W of | 110410 | 22114 | | | |
| ² 1 | Notice Breetion Nati | ie of intersecting Roads | vay/Street | | | | I | andmark | | 1 |
| 3 | Please Select One of the Following: | _#Occupants Hit/ | Run Moped | Crash Repor | t ID# 19 | -26 | 0-A | С | | |
| _ | | <u> </u> | | | | | | | - MA | |
| | | A_ DOB/Age | _ | # 7GC344 | | | | | 21 | 1 12 |
| | <u> </u> | E | ndorsement | Year 2007 | | | | | Config. L | ļi |
| 4 | Operator CRUZ, MICHAEL | First | Middle | er CRUZ, MI | CHAEL | L First | | Mide | ile | |
| ⁴ 2 | Address 166 BEDFORD RD | 1 | Add | ress 166 BEDF | ORD RI |) | | | | |
| ************* | City WOBURN State | MA Zip 0180 | 1 City | WOBURN | | Sta | ate MA | Zip 01 | 801 | |
| | Insurance Company GOVT EMPL | OYEE INS | Vehi | cle Action Prior to Crasl | h 1 | 22 | amaged Are | ea Code: | | |
| | Vehicle Travel Direction: NSWW | Responding to Emer | gency? 2 Ever | nt Sequence 1 23 | 23 23 | 23 T | est Status: | 1 | 28 | |
| ⁵ 1 | Citation # (If Issued) T1682677 | _ | Mos | t Harmful Event | 24 | | ype of Test: | ⊢ | 29 | |
| | Viol. 1: Ch/Sec/Sub 90 23 v | | | er Contributing Code | 19 25 | 25 | AC Test Re | | 30 32 | 1 13 |
| | Viol. 3: Ch/Sec/Sub 90 34J | | | er Distracted by | | | usp. Alcoho | - | Susp. Drug: 2 32 | |
| ⁶ 1 | Please fill out for opera | | | er Distracted by | 34 35 | 36 37 | 38 39 | | <u> </u> | 4 |
| | Name (Last First Middle) | nor and an occupants in | Address | DOB/Age Sex | Seat Safety | Airbag Eject | Trap Inju | ry Transp. | Medical Facility | |
| | Operator | s | ee Above | ><X | 1 1 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | - |
| | | | | | | | <u> </u> | | | - |
| | | | | | <u> </u> | | | | | |
| ⁷ 2 | Please Select One of the Following: | _#Occupants Non | -Motorist A Type | 15 Action 16 | Location | 17 Condi | tion 1 | 8 🔲 н | it/Run 🔲 Moped | |
| 2 | | l | <u></u> | | | | | <u> </u> | · \(\mathcal{X}\) | - |
| | 10 10 | A DOB/Age | | # <u>R42787</u> | | | | | g State MA 21 | |
| | Sex M Lic. Class D Lic. R | Lestrictions | ndorsement | Year 2013 | | | | Veh (| Config. 2 | |
| ⁸ 1 | Operator SULLIVAN, GER | ALD First | Owi | er D A SULL Last | IVAN I | NC First | | Mide | lie | |
| | Address 17 BRATTLE ST | | Add | ress 29 ASHWO | OD AV | <u> </u> | | | | 14 |
| | City WILMINGTON State | MA Zip 0188' | 7-3533 City | WILMINGTO | 4 | Sta | ate MA | Zip 01 | 887-4403 | 1 " |
| | Insurance Company MERCHANTS | MUTUAL | Vehi | cle Action Prior to Crasl | h 97 | 22 | amaged Are | ea Code: 1 | | |
| | Vehicle Travel Direction: SEW | Responding to Emer | gency? 2 Ever | nt Sequence 1 23 | 23 23 | 23 | est Status: | 1 | 28 | |
| 9 | Citation # (If Issued) | | Mos | t Harmful Event 1 | 24 | | ype of Test: | - | 30 | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub \ | /iol 2: Ch/Sec/Sub — | Driv | er Contributing Code | 19 25 | 25 | AC Test Re | | Susp. Drug: 2 32 | |
| | | /iol. 4: Ch/Sec/Sub — | | er Distracted by 99 | | | owed from | <u> </u> | 33 Susp. Drug: 2 | |
| | Please fill out for operator/nor | | | | 34 35 | 36 37 | 38 39 | 40 | | 4 |
| | Name (Last First Middle) | 1 | Address | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Inju Code Stat | | Medical Facility | _ |
| | Operator/Non-Motorist | S | ee Above | \times | 1 1 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | 1-1- | + | | 1 |
| | | | | | - | | + | +-+ | | + |
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On 8/5/19, I responded to a two vehicle crash at the intersection of Glen Rd at Brattle St. There were no injuries. Both operators were wearing seatbelts. It was reported by Veh 1 operator that he was traveling straight on Glen Rd towards Middlesex Ave. Veh 2 operator reported he was stopped at the stop sign at Brattle St (Mass Ave side). he stated he looked both ways and pulled out to cross Glen Rd to the other side of Brattle St. He stated he didn't see that Veh 1 was coming. The collision occured in the middle of the intersection. Glen Rd does not have stop signs. After collision, Veh 2 crossed the road, struck a street sign post that had a street sign and stop sign on it and a guide wire for utility pole 41 then stopped after hitting rock wall. Wall was not damaged but wire and sign was. It also pulled cable line off residence of 106 Glen Rd. Veh 1 operator summoned for suspended license, revoked registration and unisured

| Name (Last,First,Middle) | | Address | | | Phon | e # | | S | tatement |
|------------------------------|---------------------|----------------|-----------------|----------------|-------------|------------|--------------|-------|----------|
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description | of Damageo | d Property | | |
| TOWN OF WILMINGTON | 121 GLEN RD WILMIN | NGTON MA 01887 | 1 | 3 | STOP S | SIGN/S | TREET | SIGN/ | POLE |
| READING MUNICIPAL LIGHT DEPT | 230 ASH ST READ | ING MA 01867 | | 4 | GUIDE | WIRE | | | |
| Truck and Bus Information: | Registration # | | (From Vel | nicle Section) | | | | 42 | 1 |
| Carrier Name | | | | | | | Bus Use | | |
| Address | | | City | | | St | Zip | | |
| US DOT #: | State Number | | _ Issuing State | MC/MX | /ICC #: | | | | |
| Interstate 43 Cargo Body Ty | pe Code | GVWR/GCWR | 45 | | | 46 | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | ——— Tra | iler Length | 40 | | | |
| Hazmat Information: | | | | | | | | | - |
| Placard Material 1 digit # | 48 Material Name | e | | Material 4 di | git # | | -Release cod | 49 | |
| | | | | | | | | | |

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

08/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Witnesses:

Wilmington Police Department Crash Narrative Case # 19-260-AC

On 8/5/19, I responded to a two vehicle crash at the intersection of Glen Rd at Brattle St. There were no injuries. Both operators were wearing seatbelts. It was reported by Veh 1 operator that he was traveling straight on Glen Rd towards Middlesex Ave. Veh 2 operator reported he was stopped at the stop sign at Brattle St (Mass Ave side). he stated he looked both ways and pulled out to cross Glen Rd to the other side of Brattle St. He stated he didn't see that Veh 1 was coming. The collision occured in the middle of the intersection. Glen Rd does not have stop signs. After collision, Veh 2 crossed the road, struck a street sign post that had a street sign and stop sign on it and a guide wire for utility pole 41 then stopped after hitting rock wall. Wall was not damaged but wire and sign was. It also pulled cable line off residence of 106 Glen Rd. Veh 1 operator summoned for suspended license, revoked regisrtation and unisured operation

Wilmington Police Department Images Associated with 19-260-AC













Wilmington Police Department Images Associated with 19-260-AC



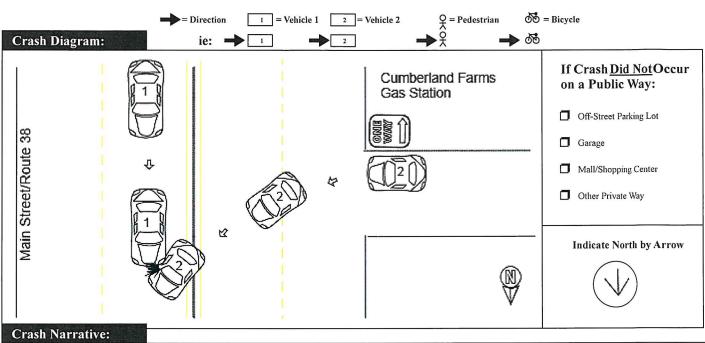








| | Police Use Only | Comi | monwealth of Massachusetts RMV Document Number | | | | | | | | | | | |
|----------------|---|---------------------------|--|-------------------------|----------|-------------|-----------------|----------------------------------|--------------------|--|-----------------------|------------|----------------|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cras | sh | | nber icles | Number Injured | Prote | l Limit | 35 | Locai . | Police 🔯 | |
| | 08/05/2019 2151 Wili | mington | Police 1 | Report | | 2 | | 0 | Latitu Longi | | | | A Police | |
| ĺ | AT INTERSECT | ION: | < LOCA | | | | | NOT A | | *************************************** | SEC | | | 1 |
| | | | | | | | | | | | | | | 2 10 |
| | Route# Direction | Name of Bankun/St | | Destall Disset | | <u> 208</u> | | MAI | | | Dander | /ay/Street | | |
| ¹ 4 | Route# Direction | Name of Roadway/St | reet | Route# Direction | on . | Addres | SS # | | INE | ime or | Koaaw | /ay/Street | | |
| _ | | | | Feet | N S I | E W | of - | | • | · — | or _ | 17(4.1) | Number | |
| | Route# Direction Nar | ne of Intersecting Roady | | r. | باجاء | | | Mile N | larker | | | EXIL | Number | 3 11 |
| | | Also at Intersection v | rith | Feet [| | | | Route# | | Interse | ecting F | Roadway/ | Street | |
| ² 1 | Route# Direction Nar | ne of Intersecting Roady | vay/Street | Feet | NISII | E W c | of - | | | | | | | |
| | Plana Salara Oran | | | | | | | | | | ndmark | k | | 1 |
| 3 | of the Following: | #Occupants Hit/ | Run Moped | Crash Re | port I | D# 1 | .9 | -26 | 1- | AC | • | | | |
| | License # S09979094 St M | A_ DOB/Age | Reg# | 738VE8 | | | | _ Reg Ty | ре <u>РС</u> | ! ! | R | eg State | MA | 12 |
| | Sex M Lic. Class D Lic. 19 | Restrictions B 20 | DL Veli Y | ear 2017 | V | eh Mal | ke F (| ORD | | | _ Veh | Config. | 1 21 | 1 " |
| | Operator MARTIN, PATRI | E | ndorsement | MARTIN | | | | | | | | | | |
| ⁴ 5 | Address 15 STARLIGHT A | First | Middle | ess 15 STA | ıst | | | First | | | Mi | iddle | | |
| | City CHELMSFORD State | | | CHELMSFO | | | | | tate M | A 7 | _{in} 01 | 1824 | -1633 | |
| | Insurance Company COMMERCE | - | - | le Action Prior to O | | 1 | 1 | | Damage | | 1 | | | |
| | Vehicle Travel Direction: X S E W | Responding to Emer | | | | <u> </u> | 23 | | Test Sta | | | 28 | | |
| ⁵ 1 | | | | Sequence 1 | <u> </u> | 24 | | | Type of | Test: | | 29 | | |
| | Citation # (If Issued) | | | Ľ | <u> </u> | | 25 | 25 | BAC Te | | | 30 | | _ 13 |
| | Viol. 1: Ch/Sec/Sub | | | r Contributing Cod آ | | 26 | | | Susp. Al | | | | Drug: 2 32 | |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | | | r Distracted by | 99 | | 35 | | Fowed f | rom sc | ene? | 2 33 | | |
| | Please fill out for opera | ator and all occupants in | volved Address | DOB/Age | Sex | | Safety | 36 31 Airbag Eje Status Co | t Trap | Injury | Transp. Code | Med | lical Facility | |
| | Operator | s | ee Above | \sim | X | 1 | 99 | 4 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | 1 |
| | | | | + | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 4 |
| ⁷ 3 | Please Select One of the Following: | #Occupants Non | -Motorist A Type | Action | 16 L | ocation | 1 | Con | lition | 18 | | Hit/Run | Moped Moped | |
| | License # 060NR01111 St N | H DOB/Age | Reg # | 4269643 | <u> </u> | | L | Reg Tv | ne PC | : | R | eg State | NH | 1 |
| | | 20 | | ear 2007 | | | | | | | | - | 1 21 | |
| | Operator OLSEN, REBECC | | ndorsement | or OLSEN, | | | | | | | VCII | Comig. | | |
| ⁸ 2 | Address 16A CRANE CROS | First | Middle | ess 16A CR | ısı | | | First | מם י | 1 | Mi | iddle | | |
| | | NH Zip 0385 | | NEWTON | EXIVE | | NO D | | | | · Ω1 | 3858 | | 1 14 |
| | Insurance Company AMICA MUT | - | - | | | | | | | | | 2 27 3 | | |
| | | | _ | le Action Prior to C | | 23 : | <u> </u> | | Test Sta | | | 28 | | |
| | Vehicle Travel Direction: SEW | Responding to Emer | | Sequence 1 | <u> </u> | 24 | | - 1 | Type of | Test: | | 29 | | |
| ⁹ 2 | Citation # (If Issued) T1153000 | | | Harmful Event | <u> </u> | | , <u>-</u>][| 25 | BAC Te | st Rest | ılt: | 30 | | |
| - | Viol. 1: Ch/Sec/Sub <u>89</u> 8 | Viol. 2: Ch/Sec/Sub — | Drive | r Contributing Cod F | | | ²⁵ 4 | | Susp. Al | | | | Orug: 2 32 | |
| Į | | Viol. 4: Ch/Sec/Sub — | *************************************** | r Distracted by | 99 | 26 | | | Towed f | rom sc | | 2 33 | |] |
| | Please fill out for operator/no Name (Last First Middle) | n-motorist and all occup | ants involved Address | DOB/Age | Sex | | | 36 3 Airbag Eje Status Co | at Trap le Code | 39 Injury Status | 40 Transp. Code | Med | lical Facility | |
| | Operator/Non-Motorisa | t s | ee Above | | X | | | 4 0 | 0 | 10 | 1 | | |] |
| | | | | | | \dashv | - | \dashv | | | \vdash | | | 1 |
| | | | | - | | \dashv | | - | | 1 | | | | - |
| | | | | | | | | | | - | | | ··· | _ |
| | | | | | | | | | | | | | | |



MV1 was traveling northbound on Main Street/Route 38. MV2 was exiting the driveway of the Cumberland Farms Gas Station and attempting to make an illegal left turn onto Main Street/Route 38 northbound. There was a posted sign that states vehicles exiting the driveway can only turn right onto Main Street. MV2 failed to follow the sign and also failed to yield to oncoming traffic as she exited the driveway of the gas station. MV2 turned left out of the driveway and crossed three travel lanes and merged into the innermost northbound travel lane. MV2 did not yield to MV1 as it continued traveling straight ahead. MV1 collided with the right side of MV2 as it was entering its travel lane. MV1 suffered minor damage to its front end and front left side. MV2 suffered minor damage to its right side and front right end. There were no injuries and both vehicles were driven from the scene. Operator of MV2 was cited for Left Turn Where Prohibited.

| Witnesses: | | | | | | | | |
|--|-----------------|-----------|---------------|---------------|-----------|------------------|--------------|-----------|
| Name (Last,First,Middle) | | Address | | |] | Phone # | | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | · | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Descri | iption of Damage | d Property | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: Carrier Name Address | | | | | | | ar by the | 42 |
| US DOT #: | 44 | GVWR/GCWR | Issuing State | MC/MX | /ICC #:, | | | <u> </u> |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | iler Leng | gth 46 | | |
| Hazmat Information: 47 Placard Material 1 digit # | 48 Material Nam | e | | Material 4 di | git # | | Release code | 49 |

Patrol Officer Michael A Wilson

209

Wilmington Police Department

08/05/2019

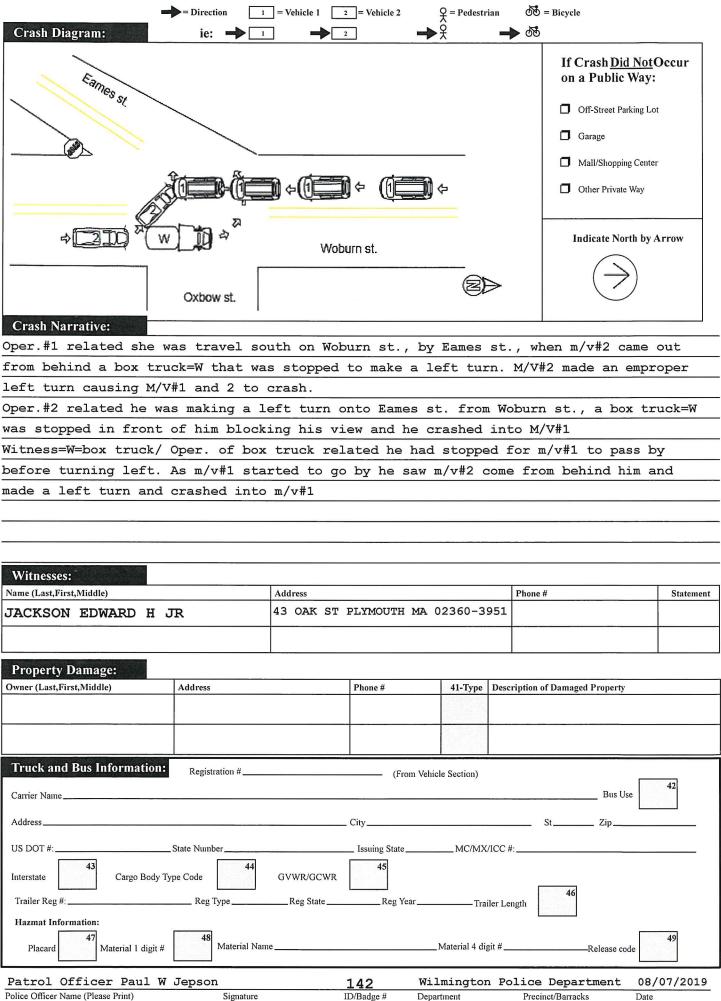
Department

| | Police Use Only | Comi | nonwealth o | of Massa | ichu | setts | 5 | | RM | V Docu | ıment Number | | |
|-----------------------|--|--|--------------------------|-------------------------|-------------|----------------------------|-------|-------------------------|------------------|-----------------|--|--------------|-----------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cra | sh [| Number | | 1 1 - | Limit | 25 | Local Police | | |
| | 08/06/2019 1040 Wil: | mington | Police 1 | Report | | 2 | 0 | Lanu | de tude | | MBTA Police Campus Police Other: | . 🖫 | |
| | AT INTERSECT | ION: | < LOCA | | > | | NOT | AT IN | | SEC' | | | Ì |
| | | | | | | | | | | | | | 2 ¹⁰ |
| | D | | | | | 99 | LO | WELL | | | | | |
| ¹ 1 . | Route# Direction | Name of Roadway/St | reet | Route# Direct | ion A | ddress # | | Na | ine of | Roadw | ay/Street | , | ĺ |
| | | | | Feet [| N S E | w of | | | . — | or _ | | | |
| | Route# Direction Nam | me of Intersecting Roady | | г | | | Mil | e Marker | | | Exit Numb | er | 2 11 |
| | | Also at Intersection w | rith | _ | N S E | | Route | - | Interse | ecting F | Roadway/Street | | |
| ² 1 | Route# Direction Name | me of Intersecting Roady | vay/Street | Feet | N S E | W of | | | | | | | |
| <u></u> | | | l | | | | | | | ndmark | (| | |
| 3 | Please Select One of the Following: | #Occupants Hit/ | Run Moped | Crash R | eport ID | # 1 9 | -2 | 62- | AC | • | | | |
| | License # S82577328 St M | IA DOB/Age | Reg # | 187PW8 | ****** | | Reg | Туре РС | · | R | eg State MA | | 12 |
| | 19 19 | 20 | | ear 2013 | | | | | | | | 21 | 1 12 |
| | Operator CORMIER, DALE | E | ndorcement | | | | | | | | comig. | | |
| ⁴ 5 | Address 146 COUNTY RD | First | Middle | er CORMIE ess 146 CC | ast | v pn | Fir | sl | | Mi | ddle | | İ |
| J | City TEWKSBURY State | M7 01074 | | | | . KU | | a. 34 | λ - | A: | 1076-04 | 116 | ĺ |
| | | | | TEWKSBU | | | 22 | _ State Damage | | | 1876-24 | 27 | |
| | Insurance Company COMMERCE | | | le Action Prior to | | 23 | 23 | Test Sta | | Code. | 5 28 | | |
| ⁵ 1 | Vehicle Travel Direction: N E W | Responding to Emer | gency? 2 Event | Sequence 1 | 23 23 | Ц—— | | Type of | | | 29 | | |
| | Citation # (If Issued) | | Most | Hannful Event | 1 2 | <u> </u> | | BAC Te | st Resu | alt: | 30 | | 12 |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | r Contributing Co | de 1 | 25 | 25 | Susp. Al | lcohol: | 31 | Susp. Drug: | 32 | 1 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub ———— | Viol. 4: Ch/Sec/Sub — | Drive | r Distracted by | 0 2 | 6 | | Towed f | rom sc | ene? | 2 33 | | |
| 1 | Please fill out for oper Name (Last First Middle) | ator and all occupants in | | DODA | | 34 35 Seat Safety | | 37 38 Eject Trap | 39 Injury | 40 Transp. | Ma Earl Frai | tio. | |
| | Operator | | Address ee Above | DOB/Age | | os. System | | Code Code | Status 10 | Code 1 | Medical Fac | itty | |
| | Орегиног | 5 | | | | 1 | - | | - | _ | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 7 | Please Select One Vehicle 21 | #Occupants Non | -Motorist A Type | 15 Action | 16 | ation | 17 | ondition | 18 | Г. | Hit/Run | Moped | Ì |
| ⁷ 4 | of the Ponowing: | 11011 | | | | | | | | | | viopea - | l |
| | License # S75877736 St M | A DOB/Age | - | T26751 | | | _ | Туре РС | | | eg State MA | 21 | |
| | | Restrictions C | DL Veli Y indorsement | ear 2017 | Vel | Make <u></u> | CHEV | ROLE | <u> </u> | Veh | Config. 1 | | |
| ⁸ 2 | Operator SILVA, LEONAR | DO S | Owne | r SILVA, | NAI | ARA | S | st. | | Mi | iddle | | |
| 2 | Address 21 COPELAND ST | 1 | Addre | ss 21 COF | ELA | ND S | T | | | | | | |
| | City WEST BRIDGEWATER Stat | e MA Zip 0237 9 | 0-1258 City 1 | WEST BR | IDGE | WATE | IR | State M | A z | ip 0 2 | 2379-12 | 258 | 1 14 |
| | Insurance Company SAFETY IN | SURANCE | Vehic | le Action Prior to | Crash | 2 | 22 | Damage | d Area | Code: | | 27 | |
| | Vehicle Travel Direction: N E W | Responding to Emer | gency? 2 Event | Sequence 1 | 23 23 | 23 | 23 | Test Sta | tus: | | 28 | | |
| 0 | Citation # (If Issued) | | Most | Harmful Event | 1 2 | 4 | | Type of | | | 30 | | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub | Viol 2: Ch/Sec/Sub | Drive | r Contributing Co | de 1 | 9 25 | 25 | BAC Te Susp. Al | 1 | alt: 31 | | 32 | |
| | | | | _ | | 6 | | Towed f | | | 33 January 2013 | | |
| | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | viol. 4: Ch/Sec/Sub — n-motorist and all occup | | | | 34 35 | 36 | 37 38 | 39 | 40 | <u> </u> | | 1 |
| | Name (Last First Middle) | · | Address | DOB/Age | | Seat Safety Pos. System | | Eject Trap Code Code | Injury Status | Transp. Code | Medical Fac | ility | |
| | Operator/Non-Motoris | t S | ee Above | >< | X | 1 1 | 4 | 0 0 | 10 | 1 | | | |
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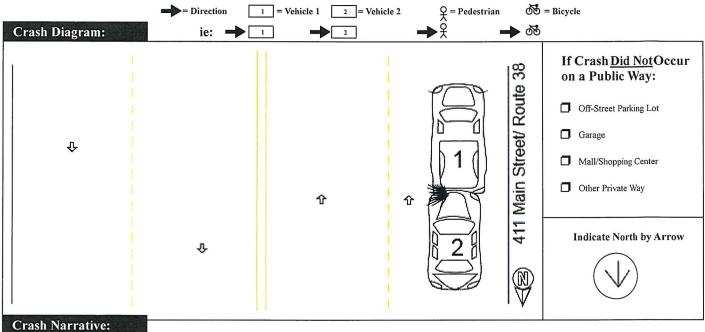
| | = Direct | tion 1 | = Vehicle 1 | 2 = Vehicle 2 | Q = Pedestr | ian 🚳 | = Bicycle | |
|----------------------------------|--------------------|---------------|--------------|----------------|--------------------|----------------|--|---------------------------------------|
| Crash Diagram: | ie: | - |] → [| 2 | → Ĥ | → ॐ | | |
| Lowell St | | | | | | | If Crash <u>Did N</u> on a Public W | |
| | | | | | | | Off-Street Parkin | ng Lot |
| | | | | | | | ☐ Garage | |
| | | | | | > | | ■ Mall/Shopping C | Center |
| | | | | | | , | Other Private Wa | ny |
| | | | | / 4 | /vp.3/ | | | |
| | | | | | | | Indicate North | by Arrow |
| | | Rt93 SB | | | | | (\leftarrow) | |
| | | Off Ramp | 9/ | | | 48 | | |
| Crash Narrative: | | | | | | | | |
| V1 and V2 exiting | g the off : | camp of | 93 SB of | f ramp on | to Lowell | St. V1 | stopped bef | ore |
| enetering traffi | .c lane on 1 | Lowell S | St. Oper | . V2 stat | ed that he | though | t V1 had ent | ered |
| Lowell St. while | he was lo | oking le | eft towar | ds Lowell | St. traff | ic lane | . V2 struck | the rear |
| of V1. | | | | | ····· | | | |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Witnesses: | | | | | | | | |
| Name (Last,First,Middle) | | | Address | | | Phone | l . | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Owner (Last, First, Middle) | Address | | | Phone # | 41-Type | Description of | f Damaged Property | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Infor | nation: Regist | ration # | | (From | n Vehicle Section) | | | 42 |
| Carrier Name | | | | | | | Bus Use | |
| Address | | | | City | | | St Zip | |
| US DOT#: | State Numl | per | | Issuing State_ | MC/MX | /ICC #: | | |
| Interstate Ca | rgo Body Type Code | 44 | GVWR/GCWR | 45 | | | | |
| | Reg | Type | Reg State | Reg Yes | arTra | iler Length | 46 | |
| Hazmat Information: | 0 | _ | | · · | *14 | | | |
| Placard 47 Materia | 48 al 1 digit # | Material Name | e | | Material 4 di | git # | Release code | 49 |
| Patrol Officer Jo | ohn W Delore | | | 185 | Wilmington | Police | Department | 08/06/2019 |
| Police Officer Name (Please Prin | | Signature | | ID/Badge # | Department | | | Date |

Police Officer Name (Please Print)

| | Police Use Only | Comi | nonwealth | of Massach | usetts | | RM | V Docur | ment Number | |
|----------------|--|---------------------------------------|-------------------|---------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---------------|---|----------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | Number Injured | Speed Limi | 30 | State Police Local Police MBTA Police Campus Police | |
| | 08/07/2019 0508 Wil | mington | Police | Report | 2 | 1 | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | | TION > | | NOT A | r inter | SECT | | 1 |
| | *** · | , , , , , , , , , , , , , , , , , , , | | | | | | | | 2 10 |
| | Route# Direction WOBURN | | | | | | 3.1 | | 104 | _ |
| ¹ 2 | Rome# Direction | Name of Roadway/St | reet | Route# Direction | Address # | • | Name of | Roadwa | ly/Street | - |
| | EAMES S | | | Feet N S | E W of | | _ • _ | or | Exit Number | |
| | Route# Direction Nar | ne of Intersecting Roady | | - [1] | | Mile Ma | arker | | EXIL Number | 9 11 |
| | | Also at Intersection w | ath . | Feet N S | | Route# | Inters | ecting Ro | oadway/Street | |
| ² 2 | Route# Direction Nat | ne of Intersecting Roady | vay/Street | Feet N S | E W of | | | | | _ |
| | Diam Calayo | | | | | | | andmark | | - |
| ³ 1 | Please Select One of the Following: | _#Occupants | Run Moped | Crash Report | ID# 19 | -26 | 3-A | 3 | | |
| | License # S39391710 St M | A DOB/Age | _ Reg | # <u>487YD2</u> | | Reg Typ | e PC | Re | g State MA | - 12 |
| | Sex F Lic. Class D Lic. I | Restrictions 20 C | DL Velı | Year 2010 | Veh Make G | MC | | Veh (| Config. 1 | 1 " |
| | Operator ROBARGE, JULI | E | ndorsement | er ROBARGE, | | | | | , <u> </u> | |
| ⁴ 1 | Address 24A PARKER ST | First | Middle | ress 24A PARK | | First | | Mide | dle | |
| | City WILMINGTON State | MA 7: 01885 | | WILMINGTON | | C. | MZ | 7in N1 | 887-2918 | |
| | Insurance Company METROPOLI | | - | | | | amaged Are | _ | | • |
| | | | | cle Action Prior to Crash | 23 23 | | est Status: | | 28 | |
| 5 | Vehicle Travel Direction: NEW EW | Responding to Emer | • | | | 1 | ype of Test: | f | 29 | |
| | Citation # (If Issued) | | Mos | t Harmful Event 1 | 24 | | AC Test Res | sult: | 30 | 13 |
| | Viol. 1: Ch/Sec/Sub — | Viol. 2: Ch/Sec/Sub — | Driv | er Contributing Code | 1 25 | 25 S | usp. Alcohol | 31 | Susp. Drug: 32 | 1 ' |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub — | Driv | er Distracted by 0 | 26 | T | owed from s | cene? 1 | L 33 | |
| Τ . | Please fill out for opera | ator and all occupants in | volved Address | DOB/Age Sex | 34 35 Seat Safety Pos. System | 36 37 Airbag Eject Status Code | 38 39 Trap Injury Code Status | | Medical Facility | |
| | Operator | So | ee Above | | 1 | 1 0 | 2 8 | | Cahey Clinic | 7 |
| | | | | | | | | | | \dashv |
| | | | | | | | | - | | _ |
| | | | | | | | | | | _ |
| | | | | | | | | | | |
| 7 _ | Please Select One Vehicle 21 | #Occupants Non | -Motorist A Type | 15 Action 16 I | Location | 17 Condi | tion 18 | П н | lit/Run Moped | 7 |
| 4 | of the ronowing: | | | 077640 | | | | Ш | | - |
| | 19 19 | A_ DOB/Age. | | # 8BB643 | | | e <u>PC</u> | | 2.1 | · |
| | Sex M Lic. Class D Lic. F | Restrictions C | ndorsement | Year 2017 | | | | Veh (| Config. 2 | |
| ⁸ 1 | Operator OHEARN, PATRI | First | Middle Own | er OHEARN, I | PATRIC | K M | | Mide | dle | - |
| _ | Address 97 W HIGHLAND | AVE | Addi | ress 97 W HIG | HLAND | | | | | - 14 |
| | City MELROSE State | MA Zip 02176 | 5-1249 City | MELROSE | | | | _ | 176-1249 | - 1 |
| | Insurance Company ARBELLA M | UTUAL INS | Vehi | cle Action Prior to Crash | 4 | | amaged Are | a Code: 1 | | |
| | Vehicle Travel Direction: SEW | Responding to Emer | gency? 2 Even | nt Sequence 1 23 | 23 23 | 23 | est Status: | - | 28 | |
| ⁹ 2 | Citation # (If Issued) | | Mos | t Harmful Event 1 | 24 | • | ype of Test: AC Test Res | - | 30 | |
| 2 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Driv | er Contributing Code | 4 25 6 | 25 | usp. Alcohol | | Susp. Drug: 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub — | Drive | er Distracted by | 26 | | owed from s | | 33 | |
| | Please fill out for operator/no | n-motorist and all occup | ants involved | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 Trap Injury | 40 Transp. | | - |
| | Name (Last First Middle) | | Address | DOB/Age Sex | Pos. System | Status Code | Code Status | Code | Medical Facility | - |
| | Operator/Non-Motorist | I So | ee Above | | 1 1 | 4 0 | 0 10 | 1 | | 4 |
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| | Police Use Only | Comr | nonwealth (| of Massac | chuse | etts | | | RM | V Docu | iment Number | |
|-----------------------|--|----------------------------|-------------------|----------------------------|---|------------------------|----------------------------|--------------------------------|--|-----------------------|---|----------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crasl | $h $ $\begin{bmatrix} N \\ V_4 \end{bmatrix}$ | umber chicles | Numb Injure | . | l Limit. | 35 | State Police Local Police MBTA Police Campus Police | |
| | 08/07/2019 1703 Wili | mington | Police 1 | Report | 2 | incles | 0 | Latitu Longi | | | Campus Police Other: | |
| | AT INTERSECT | ION: | | TION > | | | NOT | | | SEC' | TION: | 1 |
| | *************************************** | | | | | | | | | | | 2 10 |
| | Route# Direction | N | | B | 41 | | MA] | N S' | | D 1 | /64 | |
| ¹ 1 | Route# Direction | Name of Roadway/Str | eet | Route# Direction | n Addi | ess # | | Na | ame or | Koaaw | ray/Street | - |
| - | | | | Feet N | S E W | of | | _ • | • — | or _ | E 'all all | |
| | Route# Direction Nar | ne of Intersecting Roadw | | [| | 1 | Mile | Marker | | | Exit Number | 2 11 |
| | | Also at Intersection w | rith | Feet N | | | Route# | . <u></u> | Interse | cting F | Roadway/Street | |
| ² 1 | Route# Direction Nam | ne of Intersecting Roadw | vay/Street | Feet N | SEW | of | | | | | | _ |
| | | T | | | | | _ | | | ndmark | (| - |
| 3 | of the Following: | _#Occupants Hit/ | Run Moped | Crash Rep | ort ID# | 19 | -2 | 54- | AC | ; | | |
| | License # SA0500405 St M | A DOB/Ag | . Reg | P69584 | | | Reg T | уре <u>С</u> С |) | Re | eg State MA | - 12 |
| | Sex M Lic. Class D Lic. I | Restrictions 20 C | | Year 2006 | | | | | | | 21 | 1 '- |
| | Operator MARTINEZ, JHO | | ndorsement | er PODS EN | | | | | | | ~ [| |
| ⁴ 1 | Address 13 UNION ST | First | Middle | Last ess 5585 RI | t | | First | | | Mi | ddle | |
| | City HAVERHILL State | MA 7in 01830 | | CLEARWATI | | | | | L 7 | _{in} 33 | 3760-0000 | 1 |
| | Insurance Company CONTINENT | | | ele Action Prior to Cr | | | 22 | | | | 6 27 5 27 27 | · |
| | | | | | | 23 | 23 | Test Sta | | | 28 | |
| 5 | Vehicle Travel Direction: NEW EW | Responding to Emerg | | Sequence 1 | 1 24 | | | Type of | Test: | | 29 | |
| | Citation # (If Issued) | | | Harmful Event 1 | - | 25 | 25 | BAC Te | | | 30 | 13 |
| | Viol. 1: Ch/Sec/Sub ——— | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Code | | 25 | 23 | Susp. A | | | | 1 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | | | r Distracted by | | | , <u>,</u> | Towed 1 | | ene? | 2 33 | _ |
| - | Please fill out for opera Name (Last First Middle) | ator and all occupants inv | volved Address | DOB/Age : | Sex Pos. | 35 Safety System | 36 Airbag I Status C | 37 38 ject Trap ode Code | 39 Injury Status | Transp. Code | Medical Facility | |
| | Operator | Se | ee Above | | $\sqrt{1}$ | 1 | 4 0 | 0 | 10 | 1 | | 7 |
| | _ | | | | | | | | | | | 1 |
| | | | | | | | | | - | | | - |
| | | | | | | | | | - | | | _ |
| | | | | | | | | | | | | |
| ⁷ 1 | Please Select One of the Following: | _#Occupants Non- | -Motorist A Type | 15 Action 1 | 6 Locati | on | 17 Co | ndition | 18 | ; | Hit/Run 🔲 Moped | 1 |
| т_ | | 7 2024 | | #8KJ923 | | <u> </u> | | | • | | | - |
| | 10 10 | A DOB/Age. 20 | | | | . m | | ype <u>PC</u> | | | eg State MA | * |
| | <u> </u> | Restrictions CI | ndorsement | Year 2015 | | | | .А | | Veh | Config. 1 | |
| ⁸ 2 | Operator ANDON, ROBERT | First | Middle | er ANDON, | ı | | First | | | Mi | iddle | · |
| | Address 12 GOODWIN AVE | | | ess 12 GOOD | DMTM | AV | | | | | 2440 4500 | - 14 |
| | _ | MA Zip 02148 | 6-1520 City | MALDEN | | <u> </u> | 22 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | . 2 |
| | Insurance Company GEICO GEN | ERAL INS | Vehic | ele Action Prior to Cr | | T_ | | Test Sta | | Code: | 8 27 1 27 2 27 | |
| | Vehicle Travel Direction: N E W | Responding to Emerg | gency? 2 Even | Sequence 1 23 | 23 | 23 | 23 | Type of | | | 29 | |
| ⁹ 2 | Citation # (If Issued) | | Most | Hannful Event 1 | 24 | | | BAC Te | st Resi | ılt: | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Code | 20 | ²⁵ 1 | 9 ²⁵ | Susp. A | lcohol: | 2 31 | Susp. Drug: 2 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub — | Drive | r Distracted by | 26 | | | Towed i | from sc | ene? | 1 33 | |
| | Please fill out for operator/no | n-motorist and all occupa | ants involved | DOB/Age | 34 Seat Sex Pos. | 35 Safety System | Airbag I | 37 38 ject Trap ode Code | 39 Injury Status | 40 Transp. Code | Medical Facility | |
| | Operator/Non-Motorisa | t Se | ee Above | | 1 | 1 | 4 0 | | 10 | 1 | | 7 |
| | 1 | | | | + | | | _ | | | | - |
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MV1 was traveling southbound on Main Street/Route 38 in heavy traffic. MV2 was also traveling southbound on Main Street/Route 38. MV1 came to a stop in traffic. MV2 continued traveling straight ahead and collided with the left rear and center rear end of MV1. The operator of MV2 stated that he was traveling straight ahead in traffic when his cell phone dropped onto the floor of the vehicle. The operator of MV2 stated that he looked down and reached to pick up his cell phone for approximately one second. He stated that when he looked back up that MV1 had come to a stop, he was unable to stop his vehicle in time, and he crashed into the rear of MV1. MV1 suffered minor rear end damage, but was driven from the scene. MV2 suffered significant front end damage and was towed from the scene by A&S Towing. Neither operator suffered any injuries and the operator of MV2 was evaluated by the WFD and signed a medical refusal.

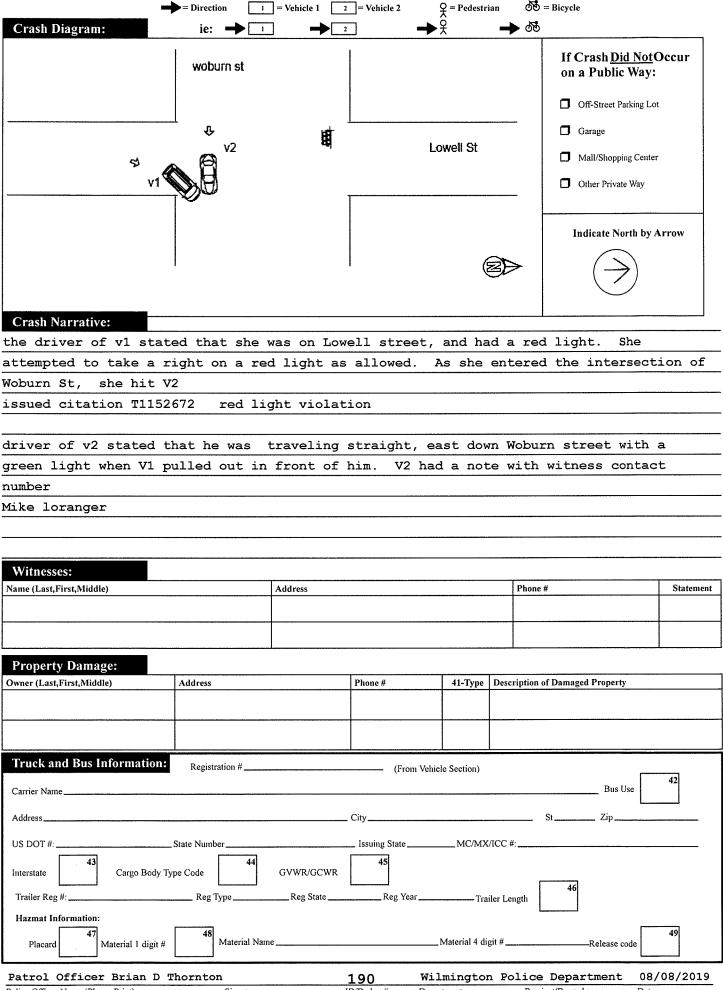
| Witnesses: | | | | | | | | |
|---|---------------------|-----------|-------------------|-----------------|-------------|------------|---------------|-----------|
| Name (Last,First,Middle) | | Address | | | Phone | # | | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description | of Damaged | Property | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information: | State Number44 | GVWR/GCWR | CityIssuing State | MC/MX/ | /ICC #: | St | - | |
| Placard Material 1 digit # | 48 Material Name | e | | _Material 4 dig | git # | | -Release code | 49 |

Patrol Officer Michael A Wilson

209

Wilmington Police Department

08/07/2019



Police Officer Name (Please Print)

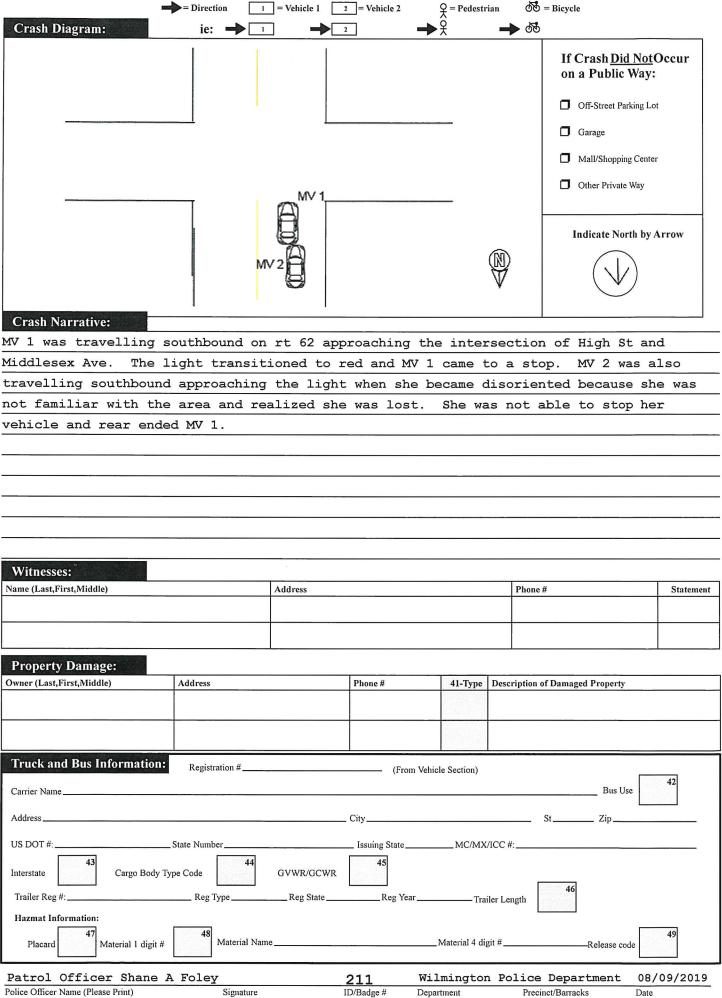
Signature

ID/Badge #

Department Precinct/Barracks

Date

| | Pol | lice Use Only | | Comr | nonwea | lth o | of Massa | ich | use | etts | | | | RMV | Docu: | ment Nu | | |
|-----------------------|------------------------------|-------------------|-----------------|---|---|---------------|--------------------|----------|--------------|------------------|------------------|---------------|--------------------|------------------|-----------------|-------------|-------------------|-------------|
| | Date of Crash | Time of Crash | l . | City/Town | Motor | Vehi | icle Cra | sh | | mber hicles | Num Inju | . 1~ | Speed I | | 35 | Local I | Police 🔀 | |
| | 08/08/2019 | 2349 24HR | MITW | ington | Pol | ice I | Report | | 2 | illetes | 0 | | atitud Longitu | | | | Police Is Police | |
| | | AT INTER | SECTIO | N: | 7 | JOCA | | > | | | NOT | | | | SECT | TION: | | İ |
| | | | | | | | | <u> </u> | | | | | | | | | | 2 10 |
| | | | EM ST | | | | | | | | | | | | | | | |
| ¹ 4 | Route# Dire | ection | | Name of Roadway/Str At | reet | | Route# Direct | ion | Addre | ess# | | | Nan | ne of F | Roadwa | ay/Street | | |
| 4 | | MTDI | DLESE | | | | Feet | N S | E W | of · | | | - • | | or _ | | | |
| | Route# Dire | ection | | of Intersecting Roadw | vay/Street | | | | | | Mil | e Mar | ker | | | Exit ? | Number | 2 11 |
| | | | | Also at Intersection w | rith | | Feet | | | | Route | <u>#</u> | I- | ntersec | cting R | oadway/ | Street | |
| 2 | Route# Dire | ection | Namo | of Intersecting Roadw | rass/Stanat | | Feet [| N S | E W | of | rtoute | | • | | oung re | .oud.ruj/ | J. 101 | |
| ² 1 | Route# Dire | ction | Ivanie | or intersecting Roadw | vay/Sireet | | _ | | | | | | | Lan | ıdınark | | | |
| 3 | Please Select of the Followi | | e 1 <u>1</u> # | Occupants Hit/ | Run 🔲 M | loped | Crash R | eport | ID# | 19 | -2 | 66 | 5-2 | AC | | | | |
| ³ 97 | | mg. | | | | - | | | | | | | | | | | | ł |
| | | 1640015 | 19 | DOB/Age | | | 7DL418 | | | | | | | | | | 21 | 1 12 |
| | Sex M Lic. | Class D | Lic. Res | trictions 1 Cl | DL ndorsement | | ear <u>2005</u> | | | | OND | A | | | _ Veh | Config. | 1 | |
| А | Operator DU | ARTE RI | BEIRO | , RAFAEL | Middle | Owne | r RIBEIR | O, | RU | DI | Fir | st | | | Mid | ldle | | |
| ⁴ 3 | | BUCKNAM | | | | Addre | ss 82 SAR | (GE) | NT | RD | | | | | | | | |
| | City EVER | ETT | State 1 | MA Zip 02149 | 9-2609 | City I | BROOKLII | NE_ | | | | _ State | е М А | Zi | ip. <u>02</u> | 445 | -7571 | |
| | Insurance Comp | pany GEICO | GENE | RAL INS | | Vehicl | e Action Prior to | Crash | | 1 | 22 | Da | maged | Area | Code: | 1 27 | 27 27 | |
| | Vehicle Travel I | Direction: N | EW | Responding to Emerg | gency? 2 | Event | Sequence 1 | 23 | 23 | 23 | 23 | Tes | t Statu | ıs: | | 1 28 | | |
| ⁵ 2 | Citation # (If Is: | sued) | | | | Most l | Hamful Event | 1 | 24 | | | | oe of T | | | 29 | | |
| | | ŕ | | ıl. 2: Ch/Sec/Sub — | | | Contributing Co | L | 1 | 25 | 25 | | .C Test | - | | 1 30 | 32 | 1 13 |
| | | | | | | | Distracted by | 0 | 26 | | | | sp. Alc wed fro | - | 2 31 | 22 | Orug: 2 32 | |
| ⁶ 1 | Viol. 3; Ch/Sec/ | | | l. 4: Ch/Sec/Sub —— and all occupants inv | *************************************** | Driver | Distracted by | | 34 | 35 | 36 | 37 | 38 T | 39 | 40 | 2 33 | | 1 |
| | Name (Last First N | | for operator | and an occupants inv | Address | | DOB/Age | Sex | Seat Pos. | Safety System | Airbag Status | Eject Code | Trap Code | | Transp. Code | Med | lical Facility | |
| | Operat | or | | Se | ee Above | | >< | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | | | | | | 4000 | | 1 |
| | | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | | |
| ⁷ 2 | Please Select of the Followi | | e 2 1 # | Occupants Non- | -Motorist A T | ype | 15 Action | 16 1 | _ocatic | | 17 | Conditi | on | 18 | ŀ | lit/Run | Moped | |
| 2 | | <u> </u> | 4 >=== | | | | | | | <u> </u> | | | | | L | | | 4 |
| | | L1283250 | 19 | 20 | | | 3330398 | | | | | | | | | g State | 21 | |
| | Sex F Lic. | Class D | Lic. Res | trictions 1 C | DL ndorsement | | ear <u>2006</u> | | | | | | | | _ Veh | Config. | 1 | |
| ⁸ 1 | Operator MA | URO, CY | NTHIA Fi | ALICE | Middle | Owne | r MAURO, | CY | NT. | HIA | AI Fi | JC: | E | | Mid | ldle | | |
| 1 | Address 103 | CLUFF | XING | RD APT U | 77 | Addre | ss 103 CI | UF: | F X | INC | ; R | D | AP' | r U | 7 | | | _ 14 |
| | City SALE | M | State_ 1 | VH Zip 0307 | 9 | City 🕻 | SALEM | | | | | _ Stat | e <u>NH</u> | z | ip 03 | 3079 | | 1 " |
| | Insurance Comp | oany | | | | Vehicl | le Action Prior to | Crash | | 1 | 22 | Da | maged | Area | Code: | | 27 27 | |
| | Vehicle Travel I | Direction: N | EW | Responding to Emerg | gency? 2 | Event | Sequence 1 | 23 | 23 | 23 | 23 | | st Statu | | | 1 28 | | |
| 0 | Citation # (If Iss | sued) | | | | Most 1 | Harmful Event | 1 | 24 | | | • • | oe of T | | . | 30 | | |
| ⁹ 2 | Viol. 1: Ch/Sec/ | /Sub | Vio | ıl. 2: Ch/Sec/Sub — | | Driver | r Contributing Co | de | 20 | 25 | 25 | | C Test sp. Alc | г | | 1 | Orug: 2 32 | |
| | Viol. 3: Ch/Sec/ | | | 1. 4: Ch/Sec/Sub | | | · · | 5 | 26 | | | | sp. Aic | E | _ | 33 2 | 7.ug.[2 | |
| | | | | notorist and all occupa | | 2,1761 | | <u> </u> | 34 | 35 | 36 | 37 | 38 | 39 | 40 | <u> </u> | | 4 |
| | Name (Last First N | • | | 1.5.57.57 and an occupa | Address | | DOB/Age | Sex | Seat Pos. | Safety System | Airbag Status | Eject Code | Trap Code | Injury Status | Transp. Code | Med | lical Facility | - |
| | Operat | or/Non-Mo | otorist | Se | ee Above | | > < | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| ļ | | | | | | | | | | | | | | | | | | |
| } | | | | | | | | | | | | | | | | | | 1 |
| - | | | | | | | | | | | | | | | | | | - |
| | | | | I . | | | 1 | 1 | 1 | 1 | | | ı | | | | | 1 |



| | Police Use Only | Com | nonwealth of Massachusetts | | | | RMV Document Number | | | | |
|-----------------------|---|----------------------------|--|---|---|---------------------------------------|----------------------------|---------|---|------|--|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | Number Injured | Speed Limit | 35 | State Police Local Police MBTA Police Campus Police | 1 | |
| | 08/10/2019 1232 Wil | mington | Police 1 | Report | 2 | 3 | Latitude Longitude _ | | MBTA Police Campus Police Other: | | |
| | AT INTERSECT | TION: | | TION > | | NOT A | Γ INTER | SECT | <u> </u> | 1 | |
| | | | | | | | | | 2 10 | | |
| | Part H Direction | | Route# Direction Address # CONCORD ST Name of Roadway/Street | | | | | | | | |
| ¹ 1 | Route# Direction | Name of Roadway/Str | reet | Route# Direction | Address # | | Name of | Roadwa | y/Street | - | |
| | - | | | Feet N S | E W of | | | or | | | |
| | Route# Direction Na | 8 | | | Mile Marker Exit Number | | | | | 3 11 | |
| | | Also at Intersection w | ith | 20 Feet NEW of 93 Intersecting Roadway/Street | | | | | | | |
| ² 2 | Route# Direction Na | me of Intersecting Roadw | /ay/Street | Feet NSEW of | | | | | | | |
| | | | | | | | | andmark | | 4 | |
| 3 | Please Select One of the Following: | #Occupants | Run Moped | Crash Repor | 1D# 19 | -26 | 7-AC | 3 | | | |
| | License # S91958728 St 1 | A DOB/Age | Reg | 9PD983 | | Reg Type | e PC | Reg | g State MA | 12 | |
| | Sex F Lic. Class D Lic. | Restrictions 20 C | | Year 2020 | | | | | 21 | 1 '2 | |
| | | E _I | ndorsement | | | | | | | | |
| ⁴ 3 | Operator DEROO, MELISSA ANNE Owner HERTZ VEHICLES LLC Last First Middle Address 15 WELLS RD Address 450 MCCLELLAN HWY | | | | | | | | | | |
| | City READING Sta | . MA ~: 01867 | | City BOSTON State MA Zip 02128-1144 | | | | | | | |
| | | | - | | . [_ | | amaged Area | - | | | |
| | Insurance Company westchest | | | ele Action Prior to Cras | | | est Status: | a code. | 28 | | |
| ⁵ 1 | Vehicle Travel Direction: NSWW | Responding to Emerg | gency? 2 Even | t Sequence 1 23 | | 23 | ype of Test: | F | 29 | | |
| | Citation # (If Issued) | | Most | Hannful Event 1 | 24 | | AC Test Res | sult: | 30 | 12 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Code | 1 25 | 25 S | usp. Alcohol | 31 | Susp. Drug: 32 | 1 13 | |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub ———— | Viol. 4: Ch/Sec/Sub | Drive | er Distracted by | 26 | To | owed from se | cene? 1 | 33 | | |
| 1 | Please fill out for ope | ator and all occupants inv | | DOD/A S | 34 35 Seat Safety | 36 37 Airbag Eject Status Code | 38 39 Trap Injury | | M. EI F. Terr | 1 | |
| | Operator | Se | Address ee Above | DOB/Age Sex | Pos. System | Status Code | Code Status | | Medical Facility Lahey Clinic | 1 | |
| | - | 1 WELLS RD | | | +- | | | 1 | Sahey Clinic | - | |
| | RACHEL BROWN | READING, MA 0186 | 7-1361 | 02/01/1998 F | 3 1 | 3 0 | 0 8 | 2 | - | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Please Select One Vehicle 21 | #Occupants Non | -Motorist A Type | 15 Action 16 | Location | 17 Condi | 18 | | it/Run Moped | 1 | |
| ⁷ 3 | of the Following: | 11011 | <u>L</u> | | Location | | | | Wioped Wioped | 4 | |
| | | DOB/Age | . Reg # | 59EB71 | | Reg Type | e <u>PC</u> | Re | g State MA 21 | | |
| | Sex F Lic. Class D 19 19 Lic. | Restrictions CI | DL Veh Y | rear 2015 | Veh Make H | ONDA | | Veh (| Config. 1 | | |
| 8 | Operator MULLANE, TRAC | | | er MULLANE, | TRACY | A First | | Mide | tla. | | |
| 81 | Address 9 CAPTAIN PAR | KER ARMS | | ess 9 CAPTAI | N PARI | | RMS | windo | | L., | |
| | City LEXINGTON State MA Zip 02421-7038 | | | City LEXINGTON State MA Zip 02421-7038 | | | | | | 1 14 | |
| | Insurance Company LIBERTY MUTUAL INS | | | Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 7 27 27 | | | | | | | |
| | Vehicle Travel Direction: N S E Responding to Emergency? 2 | | | Event Sequence 23 23 23 23 Test Status: 28 | | | | | | | |
| | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | | ype of Test: | - | 29 | | |
| ⁹ 2 | Viol. 1: Ch/Sec/Sub | Viol 2: Ch/Sac/Sub | | r Contributing Code | 4 25 | 25 | AC Test Res | | 30 | | |
| | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | |
| | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | | Driver distracted by 0 | | | 1 1 1 1 1 1 1 1 1 1 | | | | | |
| | Name (Last First Middle) | motorist and an occupa | Address | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject Status Code | Trap Injury Code Status | Transp. | Medical Facility | _ | |
| | Operator/Non-Motoris | <i>t</i> Se | ee Above | \times X | 1 1 | 3 0 | 0 8 | 1 | | | |
| | | | | | | | | | |] | |
| | | | | | | | | | | † | |
| | | | | <u> </u> | | | | | | 4 | |
| | | | | | | | | | | | |

| | = Direction 1 | = Vehicle 1 | 2 = Vehicle 2 | ₹ = Pedestria | n 📆 = Bicycle | |
|--|---------------------|---------------|---------------|-----------------|--------------------------------------|------------|
| Crash Diagram: | ie: 👈 🗓 | → □ | 2 | ▶ १ | → 85 | |
| 193mb of ramp/39 | amp/39 | on ramp/39 | 193NB on ramp | | If Crash <u>Did</u> on a Public V | |
| 193nb on | | | The same | 100000 | Off-Street Park | ing Lot |
| | | - Cu | [D] & | | ☐ Garage | |
| | ## ## | s. 🔊 💮 | | | ☐ Mall/Shopping | Center |
| | ⇒ □2300 ° ⇒ | a - | | | Other Private W | Vav |
| | | Con | cord st. | | | , |
| | | | | | Indicate North | h by Arrow |
| | | | | (| | \ |
| | | | | , | |) |
| | | | | | | |
| Crash Narrative: | | | | | | |
| Oper.#1 related she | | | | | | |
| saw that she had a | | | | o through | n the intersection | , m/v#2 |
| came into her trave Oper.#2 related tha | | | | :+ + o | n+o T02nh mamn/20 | when she |
| collided with m/v#1 | | | | | | |
| happened. (PWJ/142) | . bile also lei | aced chac | SHE HEVEL | Saw III/ VII. | and doesn't know | WildC |
| nappenea. (1110/142) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last,First,Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | • | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 41-Type | Description of Damaged Property | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Informatio | Registration # | | ——— (From V | ehicle Section) | | |
| Carrier Name | | | | | Bus Use | 42 |
| Address | | | _ City | | St Zip | |
| US DOT #: | State Number | | Issuing State | MC/MY/I | CC #: | |
| 43 | 44 | | 45 | NC/NX/ | CC # | |
| Interstate Cargo Bod | y Type Code | GVWR/GCWR | | | 46 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year_ | ———Trail | er Length | |
| Hazmat Information: | | | | | | 40 |
| Placard Material 1 digi | t # 48 Material Nar | me | | Material 4 digi | t #Release code | e 49 |
| Patrol Officer Paul | W Jepson | | 142 V | Vilmington | Police Department | 08/10/2019 |

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date