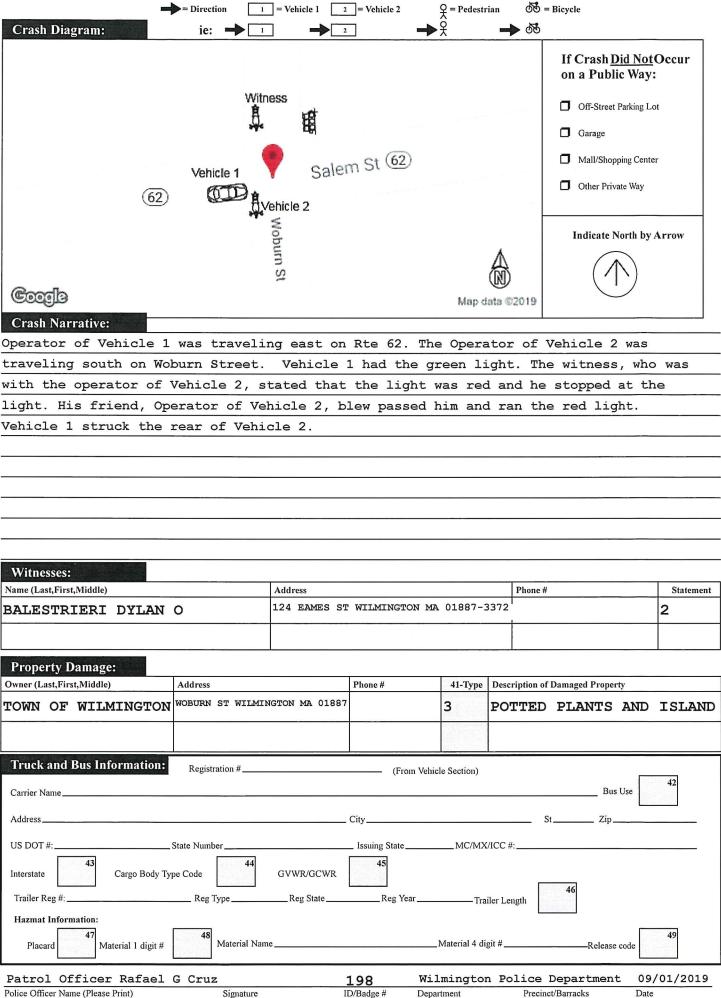
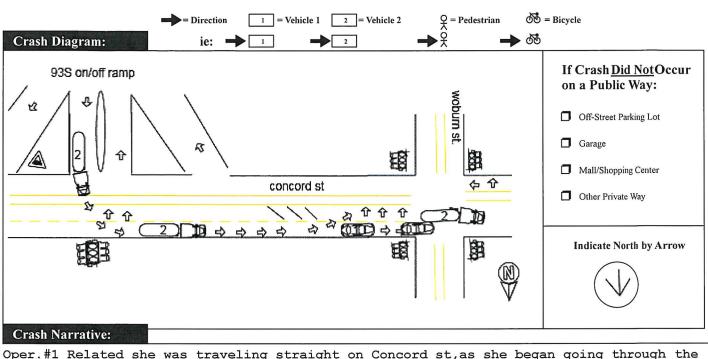
	Police Use Only	Com	nmonwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash	City/Town mington	Motor Veh	icle Cras	h Nu	l l	Inivered	Speed I		40	State Police Local Police MBTA Police Campus Police	
	24HR 24HR	mington	Police 1	Report	2	1		Latitude Longitu			Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		N	ОТ АТ	INT	ERS	SEC 7	ΓΙΟΝ:	
												2 10
	Route# Direction ROUTE 6	2 HWY Name of Roadway/St	reet	Route# Direction	n Addre	ess #		Nan	ne of R	Coadwa	ay/Street	
1 4		At	***************************************		I []							1
	Route# Direction WOBURN	ST me of Intersecting Roads	uni/Street	Feet N	S E W		Mile Ma	rker		or _	Exit Number	111
	Router Direction Iva	Also at Intersection v		Feet N	SEW	of						3
				Feet N	S E W	of Ro	oute#	Iı	ntersec	ting R	Loadway/Street	
² 1	Route# Direction Na	me of Intersecting Roads	vay/Street						Lane	dmark		1
3	Please Select One of the Following:	#Occupants Hit.	Run Moped	Crash Rep	ort ID#	L9-	292	2 – 7	AC			
,		<u> </u>									- 03	┨
	License # S21809682 St N	20	_	7CBZ835							21	1 12
		E E	ndorsement	Year 2011						_ Veh	Config.	
⁴ 3	Operator SMISSEN, MICH	First	Middle	er SMISSEN			First			Mic	ldle	
3	Address 315 A ST APT			ess 21462 C								
	City BOSTON Sta	•	City.	MISSION '	Г	22	Sta			г		
	Insurance Company JP MORGAN			cle Action Prior to Co	L	<u> </u>		amaged st Statu		Code:	8 ²⁷ 1 ²⁷ 27 28	
⁵ 1	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 1 23	<u> </u>	23 23	1	pe of T		ľ	29	
<u></u>	Citation # (If Issued)		Most	Harmful Event				AC Test	t Resul	ıt:	1 30	121
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25 St	ısp. Alc	ohol: 2	31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		To	wed fro	om sce	L	1 33	
Т	Please fill out for oper	rator and all occupants in	volved Address	DOB/Age	34 Seat Sex Pos.	Safety Air	6 37 bag Eject itus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	s	ee Above		/ .	1 1	0			1	<u> </u>	
					\rightarrow							1
								\vdash				-
					_							_
⁷ 2	Please Select One of the Following:	#Occupants Nor	-Motorist A Type	15 Action 1	6 Locatio	n 1	7 Condit	ion	18	<u> </u>	Hit/Run Moped	
	License # S64971250 St N	A DOB/Age	Regi	# <u>2H2082</u>			Reg Type	MC		Re	eg State MA	1
	19 19	20	_	Year 2013	Veh Ma						21	
	Operator DULLEA, PATRI	Е Е	ndorsement	er DULLEA,						_ ,	Comig. [2	
⁸ 2	Address 29 WILSON ST	First	Middle	ess 29 WILS			First			Mic	ddle	
		te MA Zip 0188 '		WILMINGT			Sta	te MA	Zii	ո 01	L887-2540	1 14
	Insurance Company ARBELLA N	•	_	cle Action Prior to C	Г	1 22		amaged				
	Vehicle Travel Direction: N K E W	Responding to Emer		t Sequence 1 23		23 23	T.	st Statu		ľ	1 28	
	Citation # (If Issued)	responding to Emer		Harmful Event	24		ل _{Ty}	pe of T	est:	[29	
⁹ 2	, , , , , , , , , , , , , , , , , , ,			er Contributing Code		25	25	AC Test	г		1 30	
	Viol. 1: Ch/Sec/Sub				9 26	lL	St	isp. Alc owed fro			Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		in Distracted by	34		6 37	38	39	40	1	4	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.		bag Eject	Trap	Injury	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	st s	ee Above		1	5 5	3	0	7	2	Lahey Clinic	
										İ		
								+				-
							1	1		- 1		1



CDP1 11-24-00

	Police Use Only	Comi	monwealth (of Massacl	husetts	\$	RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	09/05/2019 0711 Wilr	nington	Police	Report	2	O	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >	<u> </u>		r inter	SECT		1
										2 10
	CONCORD									
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	//Street	-
	WOBURN			Feet N S	S E W of		_ • —	or		
		ne of Intersecting Roady	vay/Street	[7-1]		Mile M	arker		Exit Number	4 11
		Also at Intersection v	vith		S E W of	Route#	Inters	ecting Ro	adway/Street	\mathbf{H}
² 2	Route# Direction Nam	ne of Intersecting Roady	vay/Street	Feet N	S E W of					
			<u> </u>					ndmark		-
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Repo	rt ID# 1 9	-29	3-AC			
	License # S34877328 St M	A DOB/Age	Reg	# <u>7THP60</u>		Reg Typ	e PC	Reg	State MA	12
		20	_	Year 2017					21	1 12
	Operator ELLIOTT, NANC	E	ndorsement	er ELLIOTT,						
⁴ 3	Address 4 LUCAYA CIR	First	Middle	ess 4 LUCAY		First		Middl	le	
	City WILMINGTON State	. MZ 7: 0188'		WILMINGTO		C.	MZ ,	zis 019	887-1555	
							anaged Area	•		
	Insurance Company SAFETY IN			cle Action Prior to Cras	sh 1 23 23		est Status:	8	28	
⁵ 1	Vehicle Travel Direction: NSE	Responding to Emer		t Sequence 1 23	24	1	ype of Test:	r	29	
	Citation # (If Issued)		Most	Harmful Event 1	25		AC Test Res	ult:	30	13
	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 '
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by 0	26	1	owed from so	ene? 2	33	
Т.	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age Se	34 35 Seat Safety × Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	s	ee Above		1 1	4 0	0 10	1	madail 1 aont	1
					1-					1
								-		-
										_
⁷ 2	Please Select One Vehicle 21	#Occupants Nor	a-Motorist A Type	15 Action 16	Location	17 Cond	tion 18	П ні	t/Run Moped	
2	of the rollowing:									4
	License # M6225-040554-03 St Q	C DOB/Age	_	# <u>L600788</u>			e TL		21	
		Restrictions C	ndorsement	Year 2015			t 11ste	Veh C	Config. 10	
⁸ 1	Operator MARCOUX, JACO	First	Middle	er R.A. EXE Last		First		Middl	le	
	Address 277 ST LEON DE	STANDON		ess <u>26 RUE</u> :						14
	City OTTAWA State	QC Zip GOR4	LO City	ST-CAMILLE	-DE-LEI					1
	Insurance Company BFL CANAD	A	Vehi	cle Action Prior to Cra	sh 1		amaged Area	Code: 4	27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23	est Status: ype of Test:	F	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	nlt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 ²⁵	25	usp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol, 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26	т	owed from so	ene? 2	33	
	Please fill out for operator/nor	n-motorist and all occup			34 35 Seat Safety		38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Se:	N Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motorist	S	ee Above		1 1	5 0	0 10	1		-
	-									
										1
ļ		1		1 1	1 1	1 1	1 1	1 1		1



Oper.#1 Related she was traveling straight on Concord st,as she began going through the intersection of Concord/Woburn st., A T.T.unit that she believes was in the left turn only lane continued to go straight intead of turning. As the T.T.unit began going straight, it turned into m/v#1 travel lane and side swiped her drivers side mirror and right front fender. M/V#1 then had to follow T.T. unit into Lopez rd., to inform the T.T. units driver that he struck her m/v#1.

Oper.#2 Related that he had just come off of rte.93 and made a left turn onto Concord st., and was traveling straight and was in the proper lane and he never went into the left turn only lane. He continued going straight through the intersection of Concord/Woburn st. He was unaware at the time that his trailer struck another m/v#1. The only damage on the trailer was to the right rear tire. (PWJ/142)

Witnesses:					
Name (Last,First,Middle)	Addre	ess		Phone #	Statement
Property Damage:	•				
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property	
			100 con 100 co		-
			Parelly Charges	we we were	
Truck and Bus Information:	6		ehicle Section)	PI	42
Carrier Name R.A. Expres	s inc.et			Bus U	o
Address 26 RUE INDUST	RIELLE	City_ST.CAMI	LLE DE L	ELLIS St QC Zip G	OR250
US DOT #:	_State Number	Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo Body T	Type Code GVW	VR/GCWR 45			
Trailer Reg #: RG6586R	Reg Type TR	eg State QC Reg Year 2	2017 _{Trai}	iler Length	
Hazmat Information:					
Placard 47 Material 1 digit #	48 Material Name		Material 4 dig	git #Release co	ode 49

Patrol Officer Paul W Jepson

142

Wilmington Police Department

09/05/2019

Police Officer Name (Please Print)

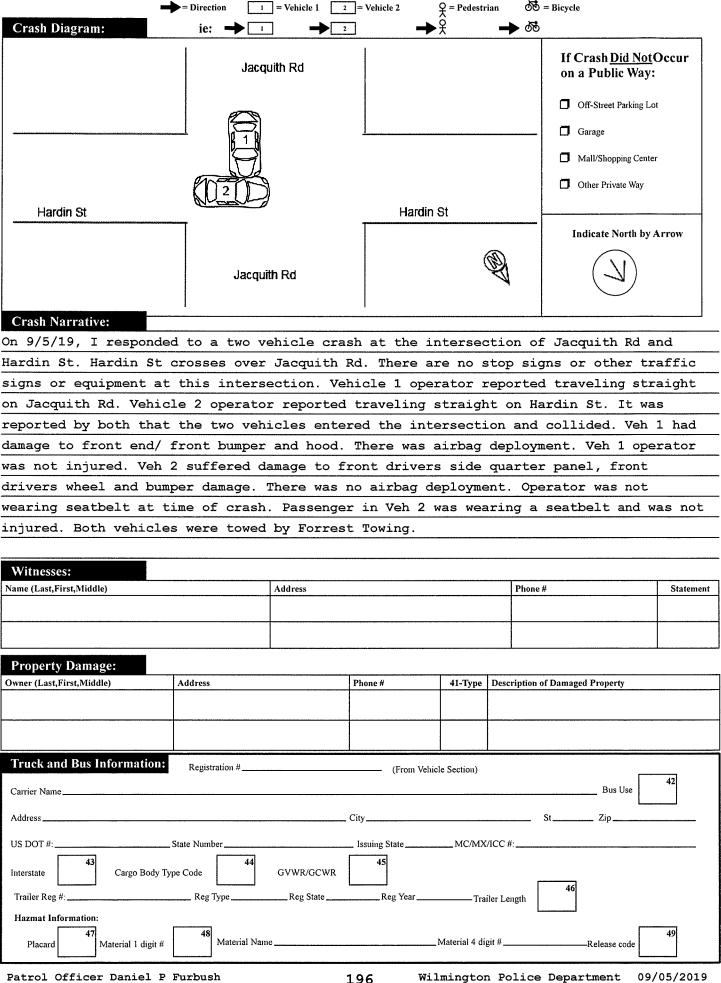
Signature

ID/Badge # Department

Precinct/Barracks

Date

	Police Use Only	Com	monwealth -	of Massac	huse	etts			RM	V Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash		ımber hicles	Numl Injur		d Limit	30	Local Police	
	09/05/2019 1657 Wilr	mington	Police	Report	2	incles	0	Lam	ude gitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	_	TION >			NOT			SEC	TION:	1
												2 10
٠	HARDIN											
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Addr	ess#			lame of	Roadw	/ay/Street	-
	JACQUIT			Feet N	s e w	of ·			• —	or _		
		ne of Intersecting Roads	vay/Street				Mile	Marker			Exit Number	1 11
		Also at Intersection v	vith	Feet N			Route		Interse	ecting F	Roadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roady	vav/Street	Feet N	SEW	of						
1		_				•				ndmark	<	4
3	Please Select One of the Following:	_#Occupants Hit,	Run Moped	Crash Repo	ort ID#	19	-2	94-	-AC			
	License # S13008183 St M	A_ DOB/Age.	Reg	# 163XA2			Reg	Type P	3	R	eg State MA	
		20		Year 2014							21	1 12
	E	₌	ndorsement	er MORIART							Comig.	
⁴ 1	Operator MORIARTY, KAT	First	Middle	Last	-		Firs	<u>. </u>		Mi	iddle	•
т_	Address 26 ELM ST	0101		ess 11 SHER								
	City ANDOVER State	•	<u>J-3633</u> City.	HAVERHILI			22				1830-3318 1 27 27 27	-
	Insurance Company LM GENERA			cle Action Prior to Cra		<u> </u>	<u>Ц</u>	Damag Test St		Code:	28	
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	t Sequence 1 23	23	23	23	Type o			29	
	Citation # (If Issued)	<u> </u>	Most	Harmful Event 1	24				est Resi	ult:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26				from sc		1 33	
⁶ 1	,	ator and all occupants in			34 Seat	35 Safety	36 Airbag	37 38 Eject Tra Code Cod	hjury	40 Transp.		7
	Name (Last First Middle) Operator		ee Above	DOB/Age S	Pos.	System 1		Code Cod	e Status	Code 1	Medical Facility	-
	<i>Орегию</i>	3	ee Above		1	-	+ (,	10	1		_
	, , , , , , , , , , , , , , , , , , , ,											
	Please Select One X value 22	<u> </u>		15 16	6		17		18		<u> </u>	7
⁷ 2	Please Select One of the Following:	#Occupants Nor	-Motorist A Type	Action	Location	on _	C	ondition			Hit/Run Moped	<u>'</u>
		A_ DOB/Age	Reg	<u>64H398</u>			Reg	Туре Р (R	eg State MA	-
	Sex. M Lic. Class D 19 Lic. R	Restrictions 20	DL Veh	Year 2007	_ Veh M	ake B	MW			Veh	Config. 21	
	Operator MARTIN, MATTH			er MATTHEW	MAR	TIN						.
⁸ 1	Address 16 COURT ST	rest		ess 16 COUR	T SI	1	Firs			Mi	iddle	-
	City WOBURN State	MA Zip 0180:	L-5013 City	WOBURN				State M	A 2	Zip 0 :	1801-5013	9714
	Insurance Company ARBELLA P	ROTECTION	Vehic	ele Action Prior to Cra	ash	1	22	Damag	ed Area	Code:	8 27 7 27 27	
	Vehicle Travel Direction: NSEX	Responding to Emer	gency? 2 Even	t Sequence 23	23	23	23	Test St	atus:		1 28	
	Citation # (If Issued)	F		Harmful Event 1	24			Туре о	f Test:		29	
⁹ 2				er Contributing Code	4	25	25		est Res		1 30 - 32	
	Viol. 1: Ch/Sec/Sub				26	!L			Alcohol:		22	
Ţ		Viol. 4: Ch/Sec/Sub —		er Distracted by	34	35	36	Towed	from sc	ene?	1 33	4
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occup	Address	DOB/Age S	Seat Pos.	Safety System	Airbag	Eject Tra Code Cod	lnjury	Transp. Code	Medical Facility	
	Operator/Non-Motorist	t s	ee Above	$\rightarrow \rightarrow$	1	0	4 (0	10	1		
	ARAS SALAYI	579 LINCOLN AVE SAUGUS, MA 01900	5-3809	м	1	1	4 (0	10	1		
					-				+-			-
					_				+			_
				1	1			1	1			



Patrol Officer Daniel P Furbush

Wilmington Police Department

09/05/2019

= Direction

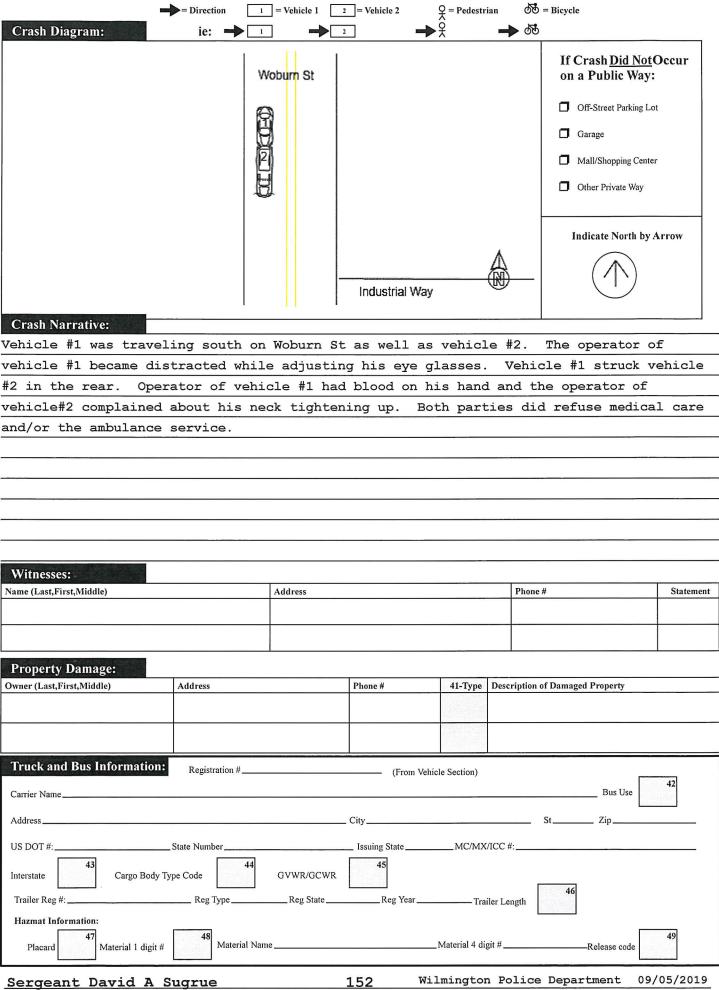
ರ್ಠ = Bicycle

Wilmington Police Department Images Associated with 19-294-AC



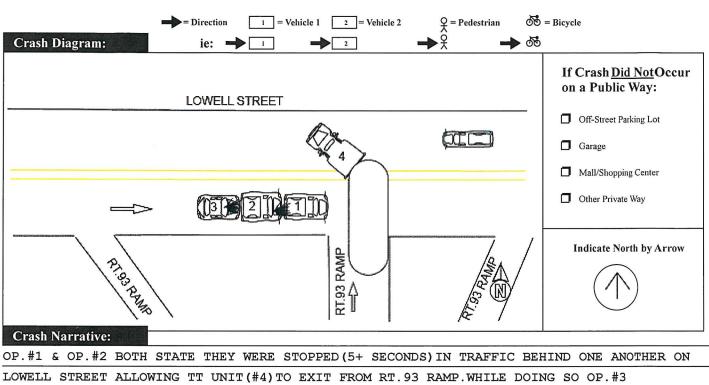


	Police Use Only	Comr	nonwealth	of Massac	huse	etts			RMV	⁷ Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Nu	mber	Number	Speed	Limit_	35	Local Police	1
	09/05/2019 1701 Wil	mington	Police	Report	2 ve.	hicles	Injured 2	Latitud			MBTA Police Campus Police	
	AT INTERSECT	ION:		TION >			NOT A	Longit		SECT	Other:	1
	AT INTERSECT	1011.	Loca	MON >		-	NOI A	411	LIIK)LC	i ion.	10
					86	7	WOB	URN	ST			2
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Addre	ess#		Na	me of I	Roadwa	ay/Street	
1		At		Feet N	SEW	of -		_ •		or _		
	Route# Direction Nam	me of Intersecting Roadw	/ay/Street				Mile M	larker			Exit Number	8 11
		Also at Intersection w	ith	Feet N	S E W	of _	Route#		Interce	cting R	loadway/Street	
2	Route# Direction Na			Feet N	SEW	of	Kouten		merso	cing i	toauway/oneer	
² 1	Route# Direction Nat	me of Intersecting Roadw	/ay/Street			_			Lar	ıdmark]
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repo	ort ID#	19-	-29	5-	AC	! •		
3	of the Pollowing:							:				┨
	License # 01GIR54011 St N	20		SUPRBEE							21	1 12
	Sex M Lic. Class D Lic.	Restrictions 1 CI	ndorsement	Year <u>2007</u>							Config. 1	
4	Operator GOBBI, RONALD	R First	Own	er GOBBI , I	RONA:	LD I	R First			Mid	ddle	
⁴ 1	Address 47 ADAMS POND	RD	Addı	ess 47 ADAM	S PO	ND	RD					
	City DERRY Stat	e NH Zip 0303	City	DERRY			s	tate N	1 z	ip 03	3038	
	Insurance Company STATE FAR	M	Vehi	cle Action Prior to Cra	ash	1 2	22	Damage	d Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	t Sequence 23	23	23	23	Test Stat	us:		1 28	
⁵ 2	Citation # (If Issued)		Mos	Harmful Event 1	24			Type of]	29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code		25	25	BAC Tes	_		30	1 13
				er Distracted by				Susp. Al Towed fi	-		22	<u> </u>
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants inv		er Distracted by 5	34	35	36 37		39	40	2 33	4
	Name (Last First Middle)	ator and an occupants inv	Address	DOB/Age S	Seat ex Pos.	Safety .	Airbag Ejec Status Cod	et Trap		Transp. Code	Medical Facility	
	Operator	Se	ee Above	>>>	(1	1 /	4 0	o	9	1		
												1
												-
								_				-
												_
⁷ 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action 16	Locatio	n	17 Cond	lition	18	l l	Hit/Run Moped	
		II nonu			<u>.</u>			DC		<u> </u>		1
	10 10	DOB/Age.		# <u>26SC21</u>							eg State MA 21	
		Restrictions 1 CI	ndorsement	Year 2011						_ Veh	Config. 2	
⁸ 1	Operator QUINN, WILLIA	M F First	Middle	er QUINN, I Last	WILL:	IAM	First			Mic	ddle	
<u> </u>	Address 21 WOODLAND AV			ess 21 WOOD	LAND	AV						14
	City SAUGUS Stat	e MA Zip 01906	5-1243 City	SAUGUS								1 "
	Insurance Company COMMERCE	INSURANCE	Vehi	cle Action Prior to Cra	ash	1 2		Damage		Code:		
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	t Sequence 23	23	23		Test Stat			1 28 29	
9	Citation # (If Issued)		Mos	Harmful Event 1	24			Type of ' BAC Te:		14.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1	25	25	Susp. Al	-			
		er Distracted by	26	!		Towed fi	E		2 33			
	Please fill out for operator/no	Viol. 4: Ch/Sec/Sub —— on-motorist and all occupa			34	35 Salety	36 37	38	39	40 Transp.		1
	Name (Last First Middle)	·	Address	DOB/Age S	Seat Pos.	System	Airbag Ejec Status Cod	et Trap le Code	Status	Transp. Code	Medical Facility	1
	Operator/Non-Motoris	t Se	ee Above		$\sqrt{1}$	1 '	4 0	0	9	1		
												1
						\vdash						1
- 1		I			- 1	1 1	- 1	1	1			1



	Pol	ice Use Only	Com	monwealth of Massachusetts					RMV Document Number			
	Date of Crash	Time of Crash	City/Town	Motor Vo	ehicle Crash	Num Vehi		1 ا ا⊷	eed Limit	30	Local Police	
	09/05/2019	1651 Wil	lmington	Police	e Report	3	3	La	ititude ingitude		MBTA Police Campus Police Other:	1
		AT INTERSEC	TION:	<u> </u>	CATION >		NO'		NTER	SEC		
		t was to the second										2 10
	Route# Direc	-1:	N CD L/	S4 4	Route# Direction	399 Addres		WEL	L ST Name of		/Stanist	_ [
¹ 1	Kone# Direc	ction	Name of Roadway/	Street	Route# Direction	Addres	S #		Name or	Roadw	ay/Sireet	-
					Feet N 5	S E W o				or _	Exit Number	
	Route# Direc	ction N	lame of Intersecting Roa	· · · · · · · · · · · · · · · · · · ·	_ [5]	Jelw		le Marke	er		Exit Number	- 2 11
			Also at Intersection	with	Feet N S		Route		Inters	ecting R	Loadway/Street	·
² 1	Route# Direc	ction N	Vame of Intersecting Roa	dway/Street	Feet N S	S E W o	f					_
т.	DI 0.1									ındmark		-
3	Please Select (of the Followi		#Occupants H	it/Run Mope	d Crash Repor	rt ID# 1	9-2	96	$-\mathbf{A}$	3		
	License # NH	L11282365 St	NH_ DOB/Age	R	eg# <u>693569</u>		Re	g Туре 	PC PC	Re	eg State NH	- 12
	Sex M Lic.	10 10	20 Restrictions B	CDL V	eh Year 2015						21	1 "
			WILLIAM First	Endorsement	wner MILLER,						T	
⁴ 1		OAK RIDGE		Middle	ddress 15 OAK		F	irst		Mie	ddle	_
			tate NH Zip 038		ity ATKINSON			State	NH_	շոր ՈԴ	3811	-
			Zip O O O			sh 2	22		aged Area			
	Insurance Comp		7		ehicle Action Prior to Cras		3 23		Status:		28	
⁵ 1		Direction: N S V	_	•	vent Sequence 1 23	24		Туре	of Test:		29	
		sued)			fost Hammful Event 1		5 25		Test Res	ult:	30	13
	Viol, 1; Ch/Sec/	Sub ———	Viol. 2: Ch/Sec/Sub -		river Contributing Code	<u> </u>		Susp	. Alcohol:	Ь—	Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub -		river Distracted by 0	26		,	ed from so		1 33	
	Name (Last First M		erator and all occupants	involved Address	DOB/Age Se:	Seat 5	35 36 Safety Airbag ystem Status	37 Eject 1 Code C	38 39 Trap Injury Code Status		Medical Facility	
	Operate	or		See Above		1 1	1	0 0	9	1		
										1	11101	1
												\dashv
												4
⁷ 1	Please Select (One Vehicle 21	#Occupants N	on-Motorist A Type	15 Action 16	Location	17	Condition	18	ر 🗖 ا	Hit/Run Mope	d
1			363		- 7xxxx							
		10 19	MA DOB/Age		eg # <u>7YNN30</u>						eg State MA 21	-
	Sex M Lic.			Endorsement	eh Year <u>2016</u>					Veh	Config. 1	
⁸ 1		NTAOUS, HI	First	Middle	owner BENTAOUS		F	irst		Mi	ddle	-
		CLIFTON RE			ddress 47 CLIF	CON F	XD					14
	City METH		tate MA Zip 0184		ity METHUEN		33				L844-1644	
	Insurance Comp	oany PROGRESS	IVE DIRECT	V	ehicle Action Prior to Cra		 _		aged Area Status:	a Code:	4 ²⁷ 5 ²⁷ 6 ²⁷	
	Vehicle Travel D	Direction: N S W	Responding to Em	ergency? 2 E	vent Sequence 23	23 2	23		of Test:		29	
⁹ 2	Citation # (If Iss	sued)		N	fost Harmful Event 1	24		• •	Test Res	ult:	30	
2	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub -		river Contributing Code	1 2	5 25		. Alcohol:		Susp. Drug: 32]
	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————				river Distracted by	26		Tow	ed from se	cene?	1 33	
	i	•	non-motorist and all occ	•			35 36 Safety Airbag		38 39 Trap Injury Code Status			
	Name (Last First M	or/Non-Motori	ict	Address See Above	DOB/Age Se:	Pos. S	system Status	Code C		Code 1	Medical Facility	
	Operati	01/1 3011~191010F 1	St	See Auove		1,	- -		- -	+		

	Police Use Only	Comn	nonwealth (of Massac	chus	etts			RM	V Docı	ıment Num	ber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasi	$h $ $\begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles	Number Injured	Poposi	d Limit	30	Local Pol	ice 🔯	
	09/05/2019 1651 Wil:	mington	Police 1	Report	3	Micros	3	Latitu			MBTA Po Campus I Other:	Police	
	AT INTERSECT	ION:	< LOCA	TION >			NOT A			SEC			1
													2 10
	Route# Direction	Name of Roadway/Stre	apt	Route# Direction	39	ess#	LOW				/ay/Street		
1		At At		Konter Direction	i Add			146	anic or	Roadw	ayroneer		
				Feet N	SEW	of -	Mile N	• Varker		or _	Exit Nu	mber	
	Route# Direction Nat	me of Intersecting Roadwa		Feet N	SEW	l _{of}							2 11
		7 MSG de intersection wi		Feet N		:	Route#		Interse	ecting F	Roadway/Sti	reet	
² 1	Route# Direction Na	ne of Intersecting Roadwa	ay/Street	reet [N	19121	J 01 -			ī.	ndmark			
	Please Select One Valvelie 2 1	#Occupants Hit/F	tun Moped	Crash Rep		1 0.	-20	6_			`		
3	or the Following.	Hit/R	Wioped	Crash Rep	ort ID#	T 2.	- <u>2</u> 3	0-	AC	,			
		DOB/Age	Reg #	17HL34			_ Reg Ty	ре <u>РС</u>	<u> </u>	R	eg State M	A 21	1 12
	Sex M Lic. Class D 19 19 Lic. I	Restrictions I CE	DL Veh Y	ear 2017	Veh M	ake Do	ODGE			Veh	Config. 1	. 21	
A	Operator MAGAZZU, ROBE			er MAGAZZU Last	, SA	LVA	TORE First			Mi	ddle		
⁴ 1	Address 105 ARCADIA AV	/E	Addre	ess 105 ARC	ADIA	AV							
	City READING State	e MA Zip 01867	-0000 City	READING			s	tate M	A z	zip 0 1	L867-:	2207	
	Insurance Company CITIZENS	INSURANCE	Vehic	le Action Prior to Cr	ash	1	22	Damage	d Area	Code:	1	27 27	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Event	Sequence 23	23	23		Test Sta			28		
⁵ 1	Citation # (If Issued) T1682487		Most	Harmful Event 1	24			Type of BAC Te		.14.	30		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19	²⁵ 7	25	Susp. Al				g aa 32	1 13
6	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			Towed f	,		1 33	°[<u>33</u>]	
⁶ 1	-	ator and all occupants inve	olved		34 Seat	35 Safety	36 37 Airbag Eje	38 et Trap	39 Injury	40 Transp.			
	Name (Last First Middle)		Address	DOB/Age S	Sex Pos.	System	Status Coo	TT	T	Code	Medical	Facility	
	Operator	260	e Above		$\frac{1}{1}$	1	3 0	0	9	1			
					l								
⁷ 1	Please Select One Vehicle 4	#Occupants Non-	Motorist A Type	15 Action 1	6 Location	on l	17 Con	dition	18	П	Hit/Run	Moned	
1	or the ronowing:		J		<u> </u>					<u></u>			
	19 19	DOB/Age		!							Γ	21	
	Sex Lic. Class Lic. F	Restrictions CD End	L Veh Y dorsement	ear	Veh M	ake				_ Veh	Config.		
⁸ 1	Operator	First	Middle	ErLast			First			Mie	ddle		
	Address	_,		ess									14
	City State	•	•					tate Damage		· .	27 2	27 27	
	Insurance Company			le Action Prior to Cr	ash 23	<u></u>		Test Stat		Code.	28		
	Vehicle Travel Direction: NSEW	Responding to Emerge	•	Sequence	24		1	Type of	Test:		29		
2	Citation # (If Issued)			Harmful Event		25		BAC Te	st Resu	ılt:	30		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——		r Contributing Code	26	23		Susp. Al	ı	31		g: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by		35		Towed f			33]
	Please fill out for operator/nor Name (Last First Middle)	•	nts involved Address	DOB/Age S	34 Seat Pos.	Safety	36 37 Airbag Eje Status Cox	t Trap	39 Injury Status	40 Transp. Code	Medical	Facility	
	Operator/Non-Motorist	f See	Above		1								
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				1 1	1	!	1	1	1	1 I		1	i



OP.#1 & OP.#2 BOTH STATE THEY WERE STOPPED(5+ SECONDS) IN TRAFFIC BEHIND ONE ANOTHER ON LOWELL STREET ALLOWING TT UNIT(#4) TO EXIT FROM RT.93 RAMP.WHILE DOING SO OP.#3

APPROACHED TRAVELING IN THE SAME DIRECTION FROM BEHIND THEM, DROVE STRAIGHT CRASHING INTO THE REAR OF M/V#2 WITH SUCH FORCE CAUSED A CHAIN REACTION, PUSHING M/V#2 IN M/V#1 CAUSING FURTHER DAMAGE.OP.#2 STATED THAT JUST PRIOR(APPROX.20 SECONDS) HE CAME FROM WEST STREET. TURNED RIGHT ONTO lOWELL FROM A STOP.HE NOTED THAT M/V#3 APPOACHED HIM VERY RAPIDLY WHEN HE WAS STOPPED THERE, COULD HEAR THE LOUD EXHAUST WINDING DOWN CAUSING CONCERN, SHORTLY AFTER THEN STRUCK BY THAT VEHICLE. WHILE ON SCENE OPERATOR OF THE TT UNIT(4) RETURNED TO PROVIDE THE FOLLOWING STATEMENT. M/V'S#1 WERE STOPPED TO ALLOW HIM TO EXIT RAMP.HE LOOKED LEFT AND OBSERVED THE BLACK CHARGER APPROACH FAST, TRAVELING STRAIGHT, OP#3'S HEAD LOOKING DOWN, OP#3 DROVE/CRASHED STRAIGHT INTO REAR M/V #2 W/O BREAKING.OP#3 CITED-FAIL

Witnesses:								
Name (Last, First, Middle)		Address				ione #	Statement	
JOHNSON GLEN CHR	ISTIAN	68 AMES ST	METHUEN MA	01844-7	602			1
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descript	ion of Damage	ed Property	
Truck and Bus Informatio Carrier Name Address	A Constitution in the cons		(42
US DOT #:	ly Type Code	GVWR/GCWR	45			46		
Placard Material 1 digi	t # Material Name	2		Material 4 dig	git #		—Release code	49

Detective Christopher J Dindo

170

Wilmington Police Department

09/05/2019

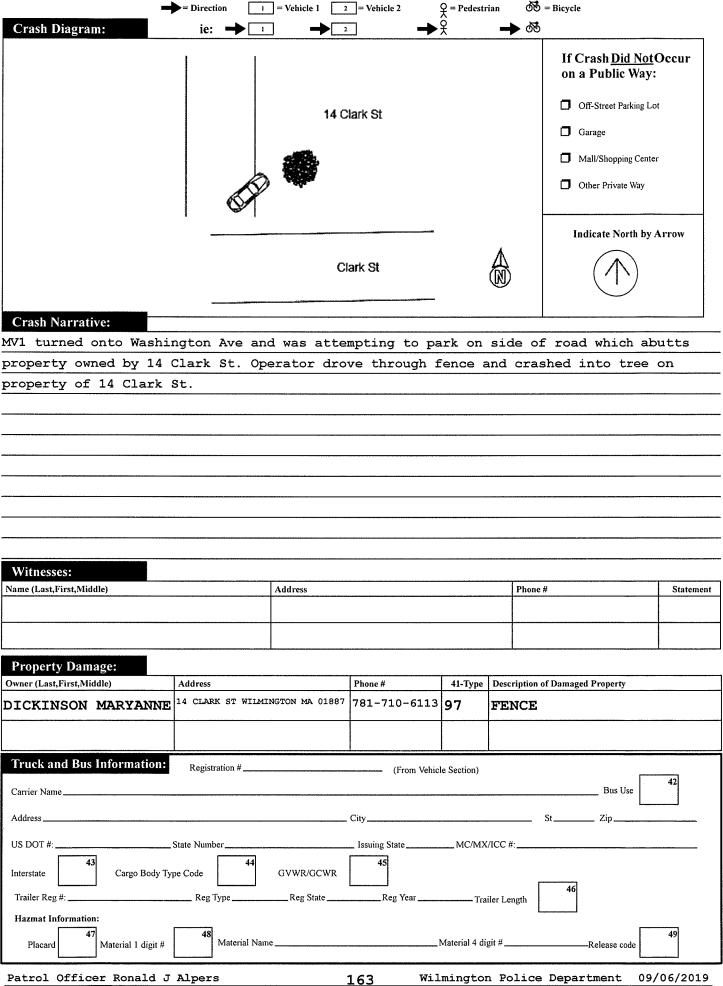
Department

Wilmington Police Department Crash Narrative Case # 19-296-AC

OP.#1 & OP.#2 BOTH STATE THEY WERE STOPPED(5+ SECONDS)IN TRAFFIC BEHIND ONE ANOTHER ON LOWELL STREET ALLOWING TT UNIT (#4) TO EXIT FROM RT.93 RAMP. WHILE DOING SO OP. #3 APPROACHED TRAVELING IN THE SAME DIRECTION FROM BEHIND THEM, DROVE STRAIGHT CRASHING INTO THE REAR OF M/V#2 WITH SUCH FORCE CAUSED A CHAIN REACTION, PUSHING M/V#2 IN M/V#1 CAUSING FURTHER DAMAGE.OP.#2 STATED THAT JUST PRIOR (APPROX.20 SECONDS) HE CAME FROM WEST STREET. TURNED RIGHT ONTO lOWELL FROM A STOP. HE NOTED THAT M/V#3 APPOACHED HIM VERY RAPIDLY WHEN HE WAS STOPPED THERE, COULD HEAR THE LOUD EXHAUST WINDING DOWN CAUSING CONCERN, SHORTLY AFTER THEN STRUCK BY THAT VEHICLE. WHILE ON SCENE OPERATOR OF THE TT UNIT(4) RETURNED TO PROVIDE THE FOLLOWING STATEMENT. M/V'S#1 WERE STOPPED TO ALLOW HIM TO EXIT RAMP.HE LOOKED LEFT AND OBSERVED THE BLACK CHARGER APPROACH FAST, TRAVELING STRAIGHT, OP#3'S HEAD LOOKING DOWN, OP#3 DROVE/CRASHED STRAIGHT INTO REAR M/V #2 W/O BREAKING.OP#3 CITED-FAIL TO USE CARE STOPPING

	Police Use Only	Com	nonwealth	of Massach	usetts	•	RM	V Documen	t Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	L	tate Police ocal Police MBTA Police ampus Police	
	09/06/2019 1231 Wil:	mington	Police	Report	1	0	Latitude Longitude	c	ABTA Police Campus Police Dither:	
	AT INTERSECT	ION:	7	TION >		NOT A	Γ INTER			
										2 10
					14	CLAF	K ST			
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway/St	reet	
<u> </u>		At		Feet NS	E W of		_ •	or		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile Ma	arker	Е	Exit Number	1 11
		Also at Intersection w	rith	Feet NS		Route#	Inters	ecting Roady	vav/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S	E W of		INGTON	Ü		
1			ray/Briodi					ndmark		
³ 2	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Report	1D# 19	-29	7-AC			
2	License # S32209948 St M	DOD/A		# 8RKL50		D 7	P.C	D 6:	. MZ	L
	19 19	20							21	1 12
		E	ndorsement	Year 2015				Veh Conf	ig. 🔟	
⁴ 1	Operator DENNEHY , ELIZ	First	Middle	er DENNEHY ,		First	ANNE	Middle		
T	Address 50 BARBARA D I			ess 50 BARBA						
	City TEWKSBURY Stat	e MA Zip 01876	5-2408 City	TEWKSBURY					76-2408	
	Insurance Company STATE FAR	M MUTUAL	Vehic	cle Action Prior to Crasl	11		amaged Area	<u> </u>		
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 11 23	23 23	~	est Status:		19	
⁵ 1	Citation # (If Issued)		Most	Harmful Event 35	24		ype of Test: AC Test Res			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 25	25	usp. Alcohol:	uit.	sp. Drug: 32	10 ¹³
	Viol. 3: Ch/Sec/Sub	Viol 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so			\square
⁶ 1		ator and all occupants in		<u> </u>	34 35	36 37	38 39	40		1
	Name (Last First Middle)	· · · · · · · · · · · · · · · · · · ·	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator	Se	ee Above	\times	1 1	4 0	0 10	1		
						 				
					<u> </u>			<u> </u>		1
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/R	un 🔲 Moped	
_	License #St	DOB/Age	Reg	#		Reg Type	e.	Reg Sta	ate.	1
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		E	ndorsement		ven make			ven com	ig	
81	Operator	First	Middle	erLast		First		Middle		
	Address			ess					 	14
	City Stat	·	•				ite 2		7 27 27	1
	Insurance Company		Vehic	cle Action Prior to Crash	,		amaged Area		8	ŀ
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23 23	~~	ype of Test:	2	_	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24	•	AC Test Resi	ult: 3	0	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25	usp. Alcohol:		sp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Te	owed from so	ene? 3	3	
	Please fill out for operator/no	n-motorist and all occupa			34 35 Seat Safety		38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	4 -	Address	DOB/Age Sex	Pos. System		Code Status	Code	Medical Facility	1
	Operator/Non-Motoris	ı Se	ee Above		1					-

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