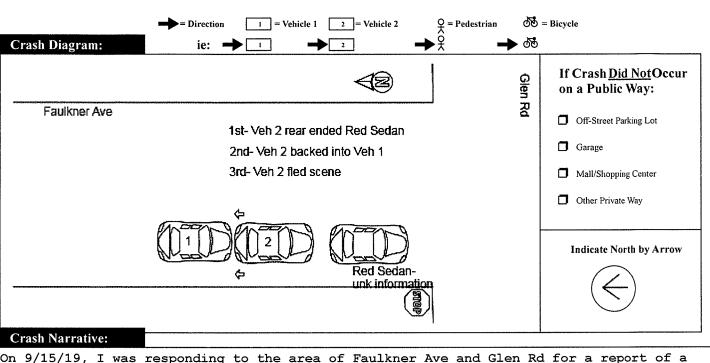
	Police	Use Only	Con	monv	vealth (	of Massa	ach	use	etts				RMV	Docu	ment Nu		
		Time of Crash	City/Town	Mo1	tor Veh	icle Cra	sh		mber	Num	''ا د۔۔	•	Limit_	30	State P	Police 🔀	]
	09/15/2019 <b>1</b>	.140 Wil	mington		Police 1	Report		2		0	12	atitude ongitu			MBTA Campu Other:	s Police	
	A	AT INTERSECT	TION:	<	LOCA		>		***	NO		<u> </u>		SECT	ION:		1
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	Route# Direction	FAULKNE	R AVE Name of Roadway	/Ctroct		Route# Direct	tio:	Addre				Mar	na of F	Pood	y/Street		
<sup>1</sup> 1	Route# Direction	on	Name of Roadway At	Street		Koute# Direct	tion	Addre	ess#			Nan	ne or K	coadwa	ly/Street		-
		GLEN RI	)			Feet	N S	E W	of					or _	Evit N	Number	
	Route# Direction	on Na	ame of Intersecting Roa			Feet	NI C	r w		1/11	ie iviai k	ei			LAILI	van ber	8 11
			Also at Intersection	n with						Route	#	Iı	ntersec	cting R	oadway/S	Street	
<sup>2</sup> <b>1</b>	Route# Direction	on Na	me of Intersecting Roa	dway/Street		Feet	N S	EW	of								_
	Please Select On	57												dmark			1
3	of the Following		#Occupants H	lit/Run	Moped	Crash R	leport	ID#	L 9	-3	06	-1	AC				
	License # S57	<b>690663</b> St <b>1</b>	<b>1A</b> DOB/Age		Reg	# <u>JF530B</u>				Reg	g Туре _	PC		Re	g State <b>1</b>		12
	Sex_ <b>F</b> Lic. Cla	ass D 19 Lic.	Restrictions 20	CDL	Veh '	Year <b>2014</b>	,	Veh Ma	ıke <b>M</b>	AZI	A			_ Veh (	Config.	1 21	1
	Operator LAR	GENTON, AI	AY BETH	Endorsemen		er LARGEN	TOL	1, 1	AMY	BE	CTH						
<sup>4</sup> 2		Last ULKNER AV	First	Middle		ess 4 FAUI	Lası	-		Fi				Mid	dle		
		<b>NGTON</b> Sta		37-352		WILMING'					State	MA		n 01	887-	-3526	
		y QUINCY M				cle Action Prior to		ſ	2	22				Code:		27 27	
	_						23	23	23	23		Statu			28		
<sup>5</sup> 1		ection: N E W		iergency? 2		i sequence 1	<u> </u>	24			Тур	e of T	est:		29		
	Citation # (If Issue	:d)				Harmful Event	<u></u>		25	25	1		t Resul		1 30		13
	Viol. 1: Ch/Sec/Su	b	Viol. 2: Ch/Sec/Sub			er Contributing Co		26		23			ohol:		Susp. D	orug: 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Su	b			Drive	er Distracted by	0						om sce	<u>_</u>	2 33		_
<u> </u>	Name (Last First Midd	•	rator and all occupants	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	Medi	ical Facility	
	Operator	•		See Above		$\sim$	X	1	1	4	0	5	10	1			1
ŀ	-					<del>/                                    </del>	<u> </u>	6	1	4	0 0		10	1			1
}						1	+	<u> </u>									4
1							<b>_</b>	4	1	4	0 (	)	10	1			4
<sup>7</sup> 3	Please Select On		#Occupants	on-Motorist	A Type	15 Action	16	Locatio	ın 📗	17	Conditio	n	18	П н	lit/Run	Moped	
3			<u> </u>								_						4
	License # <u><b>S02</b></u>	19 19	DOB/Agt			# <u>8MFJ10</u>									g State 🕽	21	
	Sex <b>F</b> Lic. Cla	ass D Lic.	Restrictions	CDL Endorsemen	nt	Year <b>2017</b>						.SH		_ Veh	Config.	1	
<sup>8</sup> 1	-	NCATO, MIC	First	Middle		er STANCA	Last			Fi	rst			Mid	ldle		
		BURROUGHS				ess 70A BU										<b></b>	14
	-	READING Sta	-		3 City.	NORTH R	EAD							_		-1103	
	Insurance Compan	y COMMERCE	INSURANCE	<u>'</u>	Vehic	cle Action Prior to	Crash	<u>t</u>	<u> </u>	22				Code:	5 27	27 27	
	Vehicle Travel Dire	ection: N E W	Responding to En	nergency? 2	Even	t Sequence 1	23	23	23	23		t Statu e of T		ŀ	29		
<sup>9</sup> 2	Citation # (If Issue	d) <b>T1683074</b>			Most	t Harmful Event	1	24					esi. t Resul	lt:	30		
	Viol. 1: Ch/Sec/Su	b 90 24	Viol. 2: Ch/Sec/Sub	90 2	24 Drive	er Contributing Co	ode	14	<sup>25</sup> 1	O <sup>25</sup>			ohol:		Susp. D	orug: 1 32	
	Viol. 3: Ch/Sec/Su	b	Viol. 4: Ch/Sec/Sub		Drive	er Distracted by	99	26					om sce		2 33	لـــــت	
		se fill out for operator/n	on-motorist and all occ	•	ved			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap		40 Transp.			1
	Name (Last First Midd			Address		DOB/Age	Sex	Pos.	System	Status 4	Code 0	Code	Status	Code	Winches		-
	Operatoi	r/Non-Motori:	) <i>i</i>	See Above				1	1	*		-	10	- I	Hospita	т	_
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																	1



On 9/15/19, I was responding to the area of Faulkner Ave and Glen Rd for a report of a three vehicle crash. There were no injuries and everyone involved was wearing the appropriate safety devices. Upon arrival, two of the three vehicles had already left the scene. I spoke to the operator of Veh 1 who was still on scene. She reported she was behind Veh 2. Veh 2 was behind a red sedan. Veh 1 Operator reported that she witnessed Veh 2 rear end the red sedan. She reported Veh 2 then backed into her vehicle and the fled the scene turning left onto Glen Rd. The red sedan left shortly after. Her vehicle suffered damage to the front bumper. Veh 2 was located and operator identified. Damage on Veh 2 matched damage to Veh 1. Veh 2 was summoned for leaving the scene of property damage and reckless operation. See 19-353-AR. No tow was required.

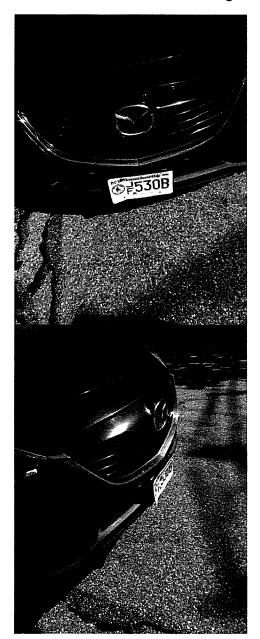
Witnesses:								
Name (Last,First,Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Desci	iption of Damageo	l Property	
Truck and Bus Information:			(From Vehicl	e Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC#			
Interstate 43 Cargo Body Ty	pe Code 44	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Ler	ngth		
Hazmat Information:								
Placard Material 1 digit #	48 Material Name	3	1	Material 4 dig	git #		-Release code	49
		<del>*** *********************************</del>						

Patrol Officer Daniel P Furbush

196 ID/Badge # Wilmington Police Department

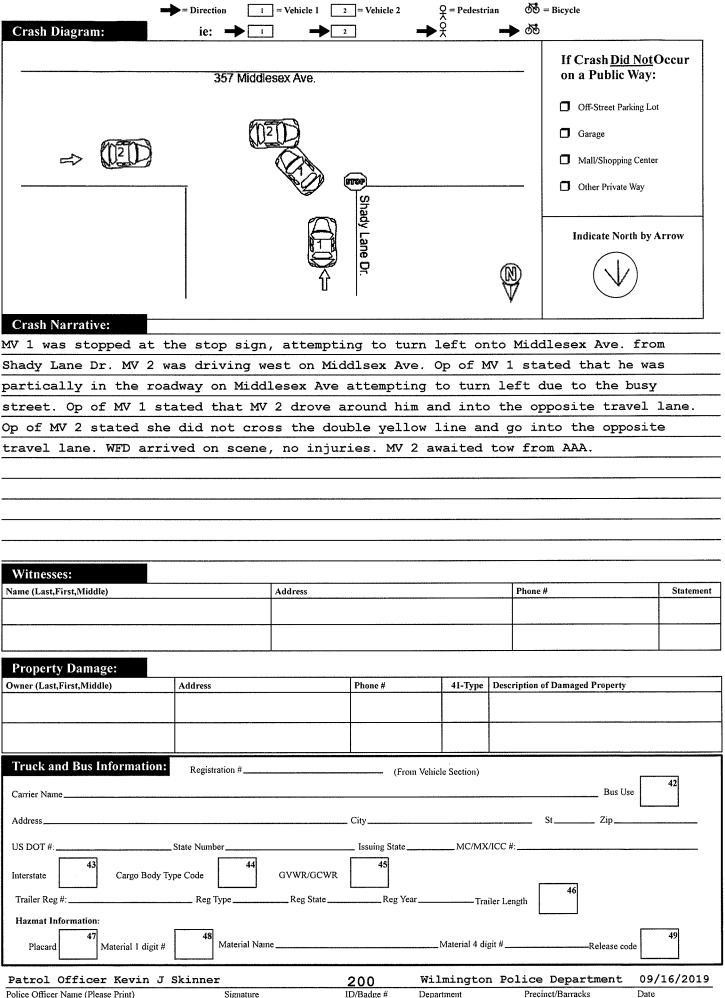
09/15/2019

## Wilmington Police Department Images Associated with 19-306-AC





	Police Use Only	Comn	nonwealth -	of Massac	chuse	etts			RMV	/ Docu	ment Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasi	h Ni	unber	Number	Speed	Limit_	25	Local Police		
	1 3	mington	Police	Report	2 Ve	hicles	Injured O	Latitu			MBTA Police Campus Police		
	24HR	TON.						Longit		~~~	Other:	$\dashv$	
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	TIN	TERS	SECT	HON:		10
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	Route# Direction	Name of Roadway/Str	eet	Route# Direction	352 n Addr		MID				ay/Street		
¹ <b>1</b>		At											
				Feet N	S E W	of -				or	Exit Number		
	Route# Direction Na	me of Intersecting Roadw	ay/Street				Mile N	arker			EXIT Number	<del> </del> 3	11
		Also at Intersection w	ith	Feet N			Route#		Interse	cting R	Loadway/Street	-  -	
2	Route# Direction Na	me of Intersecting Roadw	au/Straat	Feet N	S E W	of				•	•		
<sup>2</sup> <b>1</b>	Notice Direction Na	me of intersecting Roadw	ay/Sifeet			-			Lar	ıdmark			
2	Please Select One Vehicle 13	#Occupants	Run Moped	Crash Rep	ort ID#	19.	-30	7-	AC	1			
3	of the Pollowing.											_	
	License # <b>S96055866</b> St <b>1</b>		Reg	# <b>4YR57</b> 0			_ Reg Ty	ре <u>РС</u>		Re		<u>-</u> -	12
	Sex M Lic. Class D 19 Lic.		DL Veh	Year <b>2009</b>	Veh Ma	ake <b>M</b>	AZDA			_ Veh	Config. 2	1 [1	
	Operator VECCHI, ANGEI	LO M	dorsement Own	er VECCHI,	ANG	ELO	M						
<sup>4</sup> 2	Address 7 SHADY LANE I		Middle	ess 7 SHADY	i		First			Mid	ldle		
_								*	<b></b>	. ^-	007 100	_	
	City <b>WILMINGTON</b> Sta	-	—1909 City	WILMINGTO							887-190	27	
	Insurance Company <b>SAFETY IN</b>		Vehi	cle Action Prior to Cr	rash	4	ㅗ :	Damage		Code:	2 28		
5	Vehicle Travel Direction: NEW	Responding to Emerg	ency? 2 Even	t Sequence 1 23	23	23	23	Γest Stat Γype of		1	29		
<sup>5</sup> 2	Citation # (If Issued)		Mos	t Hannful Event 1	24			BAC Te		14.	30		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19	25	25	Susp. Al	-		1	32 1	13
	Viol. 3: Ch/Sec/Sub			er Distracted by		IL		Towed fi	L	-	2 33	-   F	
<sup>6</sup> 1		rator and all occupants inv	·	T I	34	35	36 37	38	39	40			
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age	Sex Pos.		Airbag Eje Status Coc	t Trap e Code	Injury Status	Transp. Code	Medical Facility		
	Operator	Se	e Above		$  1 \rangle$	1	4 0	0	10	1			
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				+		_	-	0				$\dashv$	
					6	1	4 0		10	1			
7	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 1	6 Locatio	, n	17 Cond	lition	18		Hit/Run Mo	ned	
<sup>7</sup> 1	of the Following:		Type	Themon	Localic	"' <u></u>				<u> </u>		-	
		A DOB/Age	Reg	# <u>2ZB854</u>			_ Reg Ty	oe <u>PC</u>		Re	eg State MA	<del>-</del>	
	Sex <b>F</b> Lic. Class D 19 Lic.	Restrictions 1 CI	OL Veh	Year <b>2015</b>	Veh M	ake <b>H</b>	YUND	AI_		_ Veh	Config. 1	<u>ו</u>	
	Operator SHEPARD, TRAC	EY L	Own	er SHEPARD	, TR	ACE	ΥL						
<sup>8</sup> 1	Address 9 PLUFF AVE	First		ess 9 PLUFF	AVE	!	First			Mid	idle		
	City <b>N READING</b> Stat	te MA 7 in 01864	-1342 City	N READING	G		S	ate MZ	<b>A</b> 7	in <b>01</b>	L864-134	2 1	14
	Insurance Company HANOVER I	•	·	cle Action Prior to Ci		1		Damage			· · · · · · · · · · · · · · · · · · ·	27	
			_	73		23		Γest Stat		ŀ	28	_	
	Vehicle Travel Direction: NSE	Responding to Emerg	ency? Z Even	ii sequence 1	24		1	Type of	Test:	ľ	29		
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event 1	24			BAC Te	st Resu	ılt:	1 30		
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	) 26			Towed f	rom sc	ene?	1 33	_	
	Please fill out for operator/no	on-motorist and all occupa			34 Seat	35 Safety	36 37 Airbag Eje	t Trap	39 Injury	40 Transp.			
	Name (Last First Middle)  Onavator/Non Matoris	· ·	Address	DOB/Age	Sex Pos.		Status Cox	e Code	Status 10	Code 1	Medical Facility		
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	Pol	ice Use Only		C	ommo	nwe	ealth e	of Mass	sac	hus	etts				RMV	Docu	ment Num	ber	
	Date of Crash	Time of Crash	1	ity/Town	N	<b>Ioto</b>	r Veh	icle Cr	ash	N V	umber ehicles	Nun		Speed		30	- Local Poli	ice 🔯	
	09/16/2019	1149 24HR	Wilmi	ngtor	י ו	P	olice l	Report		2	incies	0		Latitud Longiti			MBTA Po Campus P Other:	olice	
		AT INTER	SECTIO	N:		<	LOCA		>			NO				SECT	ΓΙΟN:		1
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										96		MZ	IN	ST					
<sup>1</sup> 1	Route# Dire	ction	N		adway/Street At			Route# Dir	ection	Add	ress #			Nar	ne of F	Roadwa	ay/Street		
				2				Fee	t N	S E W	of			- •		or _			
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			Α	lso at Inter	section with					S E W	_	Route	 e#		nterse	cting R	Loadway/Str	reet	
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<sup>2</sup> <b>1</b>	Troute: Bill														Lan	ıdınark			-
3	Please Select of the Followi		e 12#C	Occupants	Hit/Run		Moped	Crasi	Repo	rt ID#	19	-3	108	3 – 2	AC	)			
		1452020	St MA	DOD/A	<del> </del>		<b>n</b>	1EF424	1			n.	T	PC		D.	Ctata Mi	Δ	<u></u>
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	Sex <b>F</b> Lic.	Ciass D	Lic. Resti		CDL_ Endor	sement		rear <u>2019</u>								_ Veh	Config. [4		
4 _	-	LORZANO Last	Firs	ZAR	Mie	ddle		er PAPAP	Last			D) Fi	rst	TRI		Mic	ddle		1
<sup>4</sup> 3		SWAIN R						ess <u>82 SV</u>	VAI!	N RI	<u> </u>								
	City WILM	INGTON	State M	<b>A</b> Zip	01887-2	2862	City_	WILMIN	GTO	N						-	1887-		
	Insurance Comp	oany <b>COMME</b>	RCE IN	ISURA	NCE		_ Vehic	le Action Prior	to Cra	sh	2	22				Code:		27 27	
E	Vehicle Travel I	Direction:	S E W	Responding	g to Emergenc	y? <u>2</u>	Even	t Sequence 1	23	23	23	23		st Stati			28		
<sup>5</sup> <b>1</b>	Citation # (If Iss	sued)					Most	Harmful Event	1	24				pe of T		, l	30		
	Viol. 1: Ch/Sec/	/Sub	Viol	2: Ch/Sec	/Sub		Drive	er Contributing	Code	1	25	25	1	AC Tes isp. Alc	-			ıg: 2 32	<b>1</b> 13
		/Sub						er Distracted by	0	26	i		-	wed fr	E	2	2 33	6.2	
<sup>6</sup> 1	Viol. J. Cli/Sec/	Please fill out						1		34	35	36	37	38	39	40			1
L	Name (Last First N			I	Add			DOB/Age	Se	Sent Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical	l Facility	-
	Operat	or			See A	bove		>	$\bigvee$	1	1	4	0	0	10	1			
I										6	4	4	0	0	10	1			
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										1	<u></u>		L	<u> </u>					4
<sup>7</sup> 1	Please Select of the Followi		le 2 <b>3</b> _#0	Occupants	Non-Mo	otorist A	Туре	15 Action	16	Locat	ion	17	Condit	ion	18	u i	Hit/Run	Moped	
	License # S3	4947982	St MA	DOB/Age	£		Regi	2AK52	6	1	<u> </u>	Re	o Tyne	PC		Re	eg State <b>M</b>	 A	1
	Sex <b>F</b> Lic.	19	19		20		-	Year 2013			(a) a M							21	
	l			rictions <b>B</b>	Endor	sement										ven	Connig.		
<sup>8</sup> 1		IFFORD,	Fire	st Li	Mi	iddle		er CLIFF	Last			F	irst			Mi	ddle		
<u> </u>		) APACHE			24056	4640	_	ess 120 2			WA	<u> </u>					1056		14
	City <b>TEWK</b>				01876-4	4618	. City.	TEWKSB	URY			22					1876	27 27	
	Insurance Comp	pany <b>GOVT</b>	EMPLO	ZEE I	NS		_ Vehic	cle Action Prior	to Cra		1_			amaged st Stat		Code:	1 28	2' '	
	Vehicle Travel I	Direction:	S E W	Responding	g to Emergenc	y? <u>2</u>	Even	t Sequence	. 23	23	23	23		pe of			29		
<sup>9</sup> 2	Citation # (If Is:	sued)	······································				Most	Harmful Even	1	24			•	AC Tes		ılt:	30		
2	Viol. 1: Ch/Sec/	/Sub	Viol	. 2: Ch/Sec	/Sub		Drive	er Contributing	Code	20	<sup>25</sup> 5	25	5	ısp. Ale	г		Susp. Dri	ug: 2 32	
	Viol. 3: Ch/Sec/	/Sub	Viol	. 4: Ch/Sec	:/Sub		Drive	er Distracted by	6	26			То	owed fr	om sc	ene?	2 33	<u> </u>	
	Pl	ease fill out for op	erator/non-m	otorist and	all occupants	involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		*****	1
	Name (Last First )		, .	1	Add			DOB/Age	S	ex Pos.	System	Status	Code	Code	Status	Code	Medica	al Facility	1
	Operat	or/Non-Mo	otorist ———		See A	bove		<u> </u>	$\checkmark$	$\sqrt{\frac{1}{1}}$	1	4	0	0	10	1		·	_
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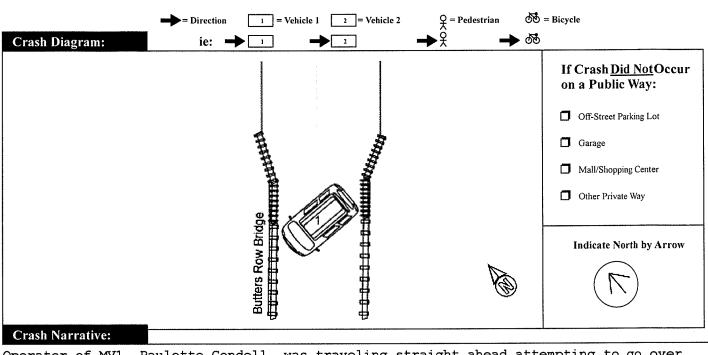
	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestrian	⊙ = Bicycle	
Crash Diagram:	ie: 👈 🔟	] <b>→</b> □	2	₹ -	<b>→</b> ॐ	
	(	3rove			If Crash <u>Did Not</u> on a Public Way:	1
	<i>I</i>	Avenue 			Off-Street Parking Lo	t
					☐ Garage	
					☐ Mall/Shopping Center	r
		- Americanical	Rt.38 N/ Main S	treet	Other Private Way	
	670F3					
					Indicate North by A	Arrow
	V2 V1 ç	96 Main Street		<b>2</b>	$\Rightarrow \qquad (\Rightarrow)$	
Crash Narrative:						
V1 (Solorzano) was	stopped at the	traffic 1	ight at Mai	n and Gro	ve Avenue, when it	was
rear-ended by V2 (C	Clifford). No i	njuries ob	served or r	eported.	Minor damage to bot	h
vehicles. V2 opr. C	Clifford stated	l she momer	tarily look	ed away f	rom the roadway to	adjust
her child's pacifie	er. When return	ing her fo	cus towards	the road	way, she did not ob	serve
traffic stopped in	front of her.	She attemp	oted to stop	but coll	ison occurred.	
					Annual Control of the	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
Owner (Lasti Institutio)	74001033					
Truck and Bus Information	On: Registration #		(From Vel	nicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:	
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	Length 46	
Hazmat Information:	[					49
Placard Material 1 di	git # 48 Material Na	me		Material 4 digit #	Release code	49
Patrol Officer Richa	rd DiPerri		173 W:	ilmington E	<u> </u>	/16/2019
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks Date	

	Police Use	Only		Commony	vealth	of Massa	ichi	uset	tts			RMV	Docu	ment Nur		
		of Crash	City/Town	Mot	or Veh	icle Cra	sh			Number Injured	Speed Latitud	Limit_ _ +04:	15 2.597	State Po Local Po MBTA I	olice 🔀	
ľ	09/16/2019 154	24HR	mingto	<b>"</b> ]	Police	Report		1	2	•	Latitud	e ide	71.14	Campus Other:	Police	
	AT I	NTERSECT	ION:	<	LOCA	TION	>		N	OT A	T INT					
ſ												~-				<b>2</b> 10
	Route# Direction		Name of Ro	adway/Street		Route# Direc		<b>255</b> Addres		AND	OVER Nar			ay/Street		
1				At												
						Feet	N S	E W c	of —	– –– Mile N	• 1arker		or _	Exit N	umber	11
ŀ	Route# Direction	Nai		ing Roadway/Street		Feet	N S	E W c	of							1
							N S		R	oute#	I	nterse	cting R	oadway/S	treet	
1	Route# Direction	Na	me of Intersecti	ing Roadway/Street								Lan	ıdınark			
	Please Select One	Vehicle 11	#Occupants	Tu:/p.m	Moped	Crash R	anort l	D# 1	<b>a</b> _	. 30	a_	<u>Δ</u>				
	of the Following:															ļ
- 1	License # 01AUO			20	_	# <u>¥2556</u>								1	21	1 12
	Sex M Lic. Class	19 19 M Lic.	Restrictions	CDL Endorsemen	Veh	Year <b>2008</b>	V	eh Mal	ke <b>YA</b>	MAH	A		_ Veh	Config.	3	<u> </u>
	Operator ABREU	, OMAR E	First	Middle	Owi	er ABREU,	OM Last	AR	E	First			Mic	idle		
1	Address 111A B	ABOOSIC	LAKE F	<u> </u>	Add	ress <b>111A</b> F	BABO	os:	IC ]	LAKE	RD					
$\neg$	City MERRIMA	CK Stat	te <b>NH</b> Zip	03054	City	MERRIMA	CK_			s	tate NE	z	ip <b>0</b> 3			
	Insurance Company G	EICO			Vehi	cle Action Prior to	Crash	1	L 22	2	Damageo	l Area	Code:	<u>+ //</u>	27 27	
	Vehicle Travel Direction	n: NXEW	Respondin	g to Emergency? 2	Eve	nt Sequence 43	23 3	23 2	23 2	اد،	Test State			1 28 29		
	Citation # (If Issued)						43	24			Type of T BAC Tes		14.	30		
	Viol, 1: Ch/Sec/Sub —		Viol. 2: Ch/Sec	e/Sub	Driv	er Contributing Co	de	<b>7</b> 2	25	25	Susp. Ale	_			rug: 2 32	<b>40</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub —					er Distracted by	0	26			Towed fr	-		2 33		
1		ase fill out for oper				<del></del>		34 Seat	35 Safety A	36 3' irbag Eje		39 Injury	40 Transp.			1
$\dashv$	Name (Last First Middle)			Address		DOB/Age	Sex	Pos.	System S	tatus Co	de Code	Status	Code	Medi-	cal Facility	
	Operator			See Above		$\nearrow$	X	1	5 5	1	0	7	2	-		
ſ																
ŀ																
	Please Select One			5-3		15	16			17		18				1
1	of the Following:	Vehicle 2	#Occupants	Non-Motorist	A Type 1	Action 7	L	ocation	<sup>1</sup> 4	Con	dition 1		<b> </b>	Hit/Run	Moped	
	License # 05VSC	<b>66201</b> St 1	IH DOB/Ag	<u> </u>	Reg	#				Reg Ty	ре		R	eg State_	21	
	Sex.M Lic. Class	19 19 Lic.	Restrictions	CDL		Year	\	eh Mal	ke				Veh	Config.	21	
	Operator VYNOR	IUS, CHE	RISTOPH			ner	Lası			First				ddle		
1	Address 15 MAR	GARET A	VE.	Middle	Add	ress	1,ast			riisi			MI	date		
	City RAYMOND	Sta	te <b>NH</b> Zip	03077	City						State	z	.ip			1
	Insurance Company				Veh	icle Action Prior to	Crash		2	2	Damage	d Area	Code:		27 27	
	Vehicle Travel Direction	n: NSEW	Respondin	ig to Emergency?	Eve	nt Sequence	23	23	23	-3	Test Stat			28		
	Citation # (If Issued)				Mos	st Harmful Event		24			Type of		te.	30		
2	Viol. 1: Ch/Sec/Sub -			c/Sub	Driv	er Contributing C	ode	-	25	25	BAC Tes Susp. Al	1			32	
	Viol. 3: Ch/Sec/Sub —					er Distracted by		26			Towed fi	i		33	·····	
ŀ			*******	all occupants involv			<del>                                     </del>	34 Seat	35 Safety /	36 3 Airbag Ej	7 38	39 Injury	40 Transp.			1
}	Name (Last First Middle)			Address		DOB/Age	Sex	Pos.		Status Co		Status	Code	Med Lahey C	ical Facility Linic	-
	Operator/N	on-Motoris	St	See Above		<u>/</u>	lacksquare	1				8	2			4
															444	
																1



Signature

	Police Use Only		Comm	onwealth	of Massa	chuse	etts			RMVI	Docum	ent Number	ļ
	Date of Crash Time of Crash	1	Town ]	Motor Vel	hicle Cras	h N		Number Injured	Speed I Latitude		20	State Police Local Police MBTA Police Campus Police	
	09/16/2019 <b>2020</b> 24H	Wilming	Jun	Police	Report	1	1	-	Lantude			Campus Police Other:	
	AT INTE	RSECTION:	•	< LOC	ATION >		N	OT A	INT	ERSI	ECT	ION:	
													2 10
	Route# Direction	Name	of Roadway/Stree	et	Route# Direction	on Addr	ress#	BUTI		ROW ne of Ro		/Street	
¹ <b>4</b>			At		_ [	ıl al Elev	1 _		•				
	Route# Direction	Name of Int	tersecting Roadway	r/Street	Feet [	N S E W	of —	Mile Ma		— (	or	Exit Number	11
	Route# Direction		at Intersection with		Feet [	N S E W	of					100	
					Feet [	N S E W	of R	.oute#	Iı	ntersecti	ing Ro	adway/Street	
<sup>2</sup> 1	Route# Direction	Name of Int	tersecting Roadway	y/Street						Land	mark		·
3	Please Select One Veh	icle 1 <u>1</u> #Occu	ipants Hit/Ru	un Moped	Crash Re	port ID#	19-	.31	0 – 2	AC			
3	of the ronowing:											a M7	
	License # <b>S8621167</b>	19	20		# 7GP254							1 21	<b>1</b> 12
	Sex <u><b>F</b></u> Lic. Class D	Lic. Restricti	ons CDI	orsement	Year <b>2014</b>						Veh C	onfig.	
4	Operator <u>CONDELL</u> ,		<u>5</u>	Middle	ner CONDELI	ist		T E First			Middl	le	
<sup>4</sup> 1	Address 5 TOWPATH				dress 5 TOWP.					<u></u>			
	City WILMINGTON				WILMING'I	ON		_				887-3917	
	Insurance Company ARBE	LLA MUTU	AL INS		nicle Action Prior to C		1 22	ᆜ ㅠ		Area C	ode: 2	27 27 27	
5	Vehicle Travel Direction:	S E Res	ponding to Emerge	ncy? 2 Ev	ent Sequence 24 2	3 23	23 2	"	est Statu ype of T		1	29	
J	Citation # (If Issued)			Мо	st Harmful Event	24 <sup>24</sup>				t Result:	:  -	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2:	Ch/Sec/Sub	Dri	ver Contributing Cod	ie <b>11</b>	<sup>25</sup> 12	25		ohol: 1		Susp. Drug: 2 32	<b>24</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub ———	Viol. 4:	Ch/Sec/Sub	Dr	ver Distracted by	99 <sup>26</sup>				om scen	_	33	
<sup>6</sup> 1	Please fill	out for operator and	all occupants invo	lved		34 Seat	Safety A	36 37 irbag Eject	38 Trap	Injury Ti	40 ransp.		1
	Name (Last First Middle)			Address	DOB/Age	Sex Pos.		tatus Code		Status C		Medical Facility inchester	1
	Operator		See	Above		$X^1$	99 4	0	0	8 2	H	ospital	-
													_
	Please Select One		Ja	Γ	15	16		17		18			1
<sup>7</sup> 1	of the Following:	icle 2#Occi	npants Non-N	Motorist A Type	Action	Locati	on	Cond	tion		H	it/Run Moped	_
·	License #	St D	<del></del>	Re	g#			Reg Typ	e		Reg	State 21	
	Sex Lic. Class 19	Lic. Restricti	ions CD	L Ve	h Year	Veh N	1ake				Veh C	Config.	
0	Operator	First			vner	ast		First			Midd	lle	
<sup>8</sup> 4	Address	First			dress	ast		rust			Midd		
	City	State	Zip	Ci	у			St	ate	Zip			1 14
	Insurance Company			Ve	hicle Action Prior to	Crash	2	2 [	amaged	l Area C	ode:	27 27 27	
	Vehicle Travel Direction:	S E W Res	ponding to Emerge	ency? Ev	ent Sequence	23 23	23	23 T	est Stati	us:	L	28	
^	Citation # (If Issued)			M	ost Harmful Event	24			ype of T		-	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub		Ch/Sec/Sub	Dr	iver Contributing Cod	de	25	25	IAC Tes lusp. Alc	t Result		Susp. Drug: 32	
			Ch/Sec/Sub ——	_	iver Distracted by	26			•	om scer	-+	33	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	operator/non-motor				34	35	36 37	38	39	40		4
	Name (Last First Middle)		-	Address	DOB/Age	Sex Seat Pos.	Safety / System 5	Airbag Ejec Status Code	Trap Code		Fransp. Code	Medical Facility	4
	Operator/Non-N	Motorist	See	e Above	$\rightarrow$	$X^1$							_
													7
							+++						



Operator of MV1, Paulette Condell, was traveling straight ahead attempting to go over the Butters Row Bridge. Mrs. Condell stated that a MV was traveling over the bridge towards her and cut her off. She swerved and struck the guardrail (See images). She then struck her face on the steering wheel and sustained minor injuries to her nose. She stated she had just come from eating dinner at the 99's restaurant and had consumed 1 glass of wine. During my investigation I did not observe any signs of impairment or intoxication. She was treated by WFD and transported to Winchester Hospital. MV was towed by Forrest (See attachments for inventory report). Ofc. Stavro (Unit 39) and Sgt. Sugrue (Unit 35) were on scene to assist. Ofc. Stavro spoke to an eye witness who stated that she was outside, observed the MV drive by, and doesn't believe that the MV was speeding, but does not recall seeing another MV. MASS DOT was notified of damage to

Witnesses:								
Name (Last,First,Middle)		Address			Ph	one#		Statement
DIVENUTI BARBARA E	ı	665 MAIN ST	WILMINGTON MA	01887-3	327			1
Property Damage:							<u></u>	
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descript	on of Damage	d Property	
MASS DOT	10 PARK PLZ Apt. #4	160 BOSTON MA 0	l 1	1	WOOD	GUARD	RAIL	
Truck and Bus Information:  Carrier Name			(From Vehic	ele Section)			Bus Use	42
Address			City			St	Zip	
US DOT #: 43 Interstate	pe Code	GVWR/GCWR	45			46		<del></del>
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	e		Material 4 di	git #		-Release code	49

Patrol Officer Julio J Quiles

197

Wilmington Police Department

09/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

# Wilmington Police Department Crash Narrative Case # 19-310-AC

Operator of MV1, Paulette Condell, was traveling straight ahead attempting to go over the Butters Row Bridge. Condell stated that a MV was traveling over the bridge She swerved and struck the towards her and cut her off. She then struck her face on the quardrail (See images). steering wheel and sustained minor injuries to her nose. She stated she had just come from eating dinner at the 99's restaurant and had consumed 1 glass of wine. investigation I did not observe any signs of impairment or She was treated by WFD and transported to intoxication. Winchester Hospital. MV was towed by Forrest (See attachments for inventory report). Ofc. Stavro (Unit 39) and Sqt. Sugrue (Unit 35) were on scene to assist. Ofc. Stavro spoke to an eye witness who stated that she was outside, observed the MV drive by, and doesn't believe that the MV was speeding, but does not recall seeing another MV. MASS DOT was notified of damage to wooded guardrail.

#### Wilmington Police Department Images Associated with 19-310-AC









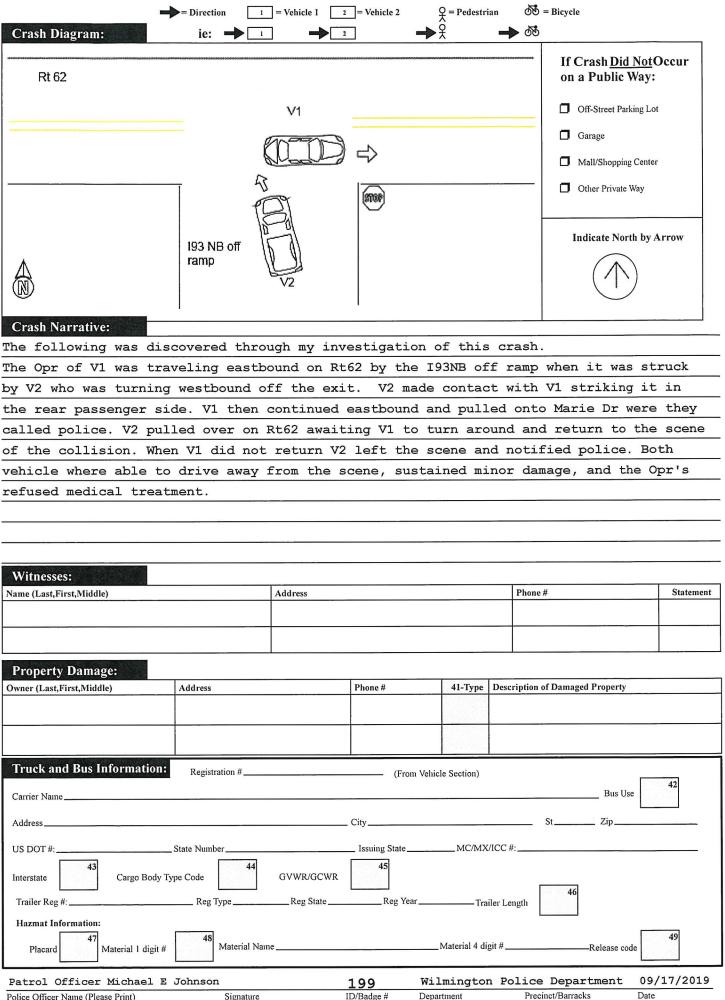




# Wilmington Police Department Images Associated with 19-310-AC



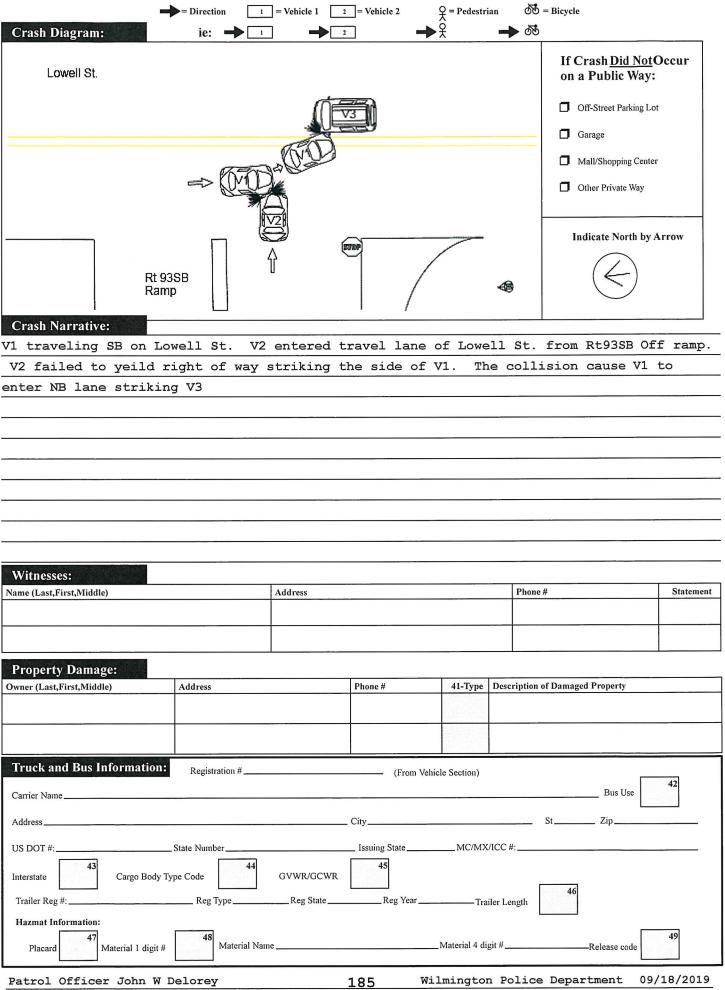
	Poli	ce Use Only		Co	ommony	vealth	of Mas	ssacl	luse	etts				RMV	Docu	ment Num		
	Date of Crash	Time of Crash		ity/Town	Mot	tor Veh	icle C	rash		unber	Num Inju	10	peed L		45	- Local Poli	ice 🔯	1
	09/17/2019	1619 V	ATTWT	ngton		Police	Repor	t	2	incies	0	L	atitude ongitu			MBTA Po Campus F Other:	Police	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NOT				SEC	ΓΙΟΝ:		1
																		2 10
	Route# Direc	tion	N	ame of Road	lway/Street		Route# D	Direction	Addı	ace #	<u>19</u>	3NE				P ay/Street		F
<sup>1</sup> 1	1			At									1100	10 01 1	Coucin	u)/511001		1
	<u> </u>						F	eet N S	EW	of		e Mark		_	or _	Exit Nu	mber	
	Route# Direc	tion		f Intersecting	Roadway/Street		E	eet N S	EW	of								3 11
			7	nso at micrsc	ction with			eet N S			Route	#	Ir	ntersec	cting R	loadway/Str	eet	
<sup>2</sup> 1	Route# Direc	tion	Name o	f Intersecting	Roadway/Street		r	eet [iv]c	12111	J 01				Lau	dmark			
	Please Select C	One Vehicle	.1 #0	)ocupante	٦,,,,,,,					1 0		11	7					1
3	of the Followin	ig: Venicie			Hit/Kun	Moped	Cra	sh Repor	t ID#	ТЭ		<u> </u>	. — <i>£</i>	-1C				4
	License # <b>S3</b> 4	1157356	1	DOB/Age		Reg	# 2PSH6	51			Reg	Type_	PC		Re	g State M		12
	Sex_F Lic. 0	Class D 19	Lic. Restr	rictions 1	CDL		Year <b>201</b>	9	Veh M	ake 🔼	CUR	A			_ Veh	Config. 1		
	Operator GO	YEA, KAT	IE AN	IN	Middle		er GOYE	<b>A</b> ,_K	ATI	E A	NN Fir				Mi	idle		
<sup>4</sup> 2	Address 4 L	ISAMARY	DR		Middle	Add	ress 4 LI	SAM	RY	DR	rii	sı			Mic	udie		
	City N REA	DING	_ State M	<b>A</b> Zip 0:	1864-219	7 City	N REA	DING				_ State	MA	Zi	ip <b>01</b>	L864-	2197	
	Insurance Compa	any <b>AMICA</b>	MUTUA	L INS	<b>.</b>	Vehi	cle Action Pri	or to Cras	h	1	22	Dan	naged	Area (	Code:	6 27 2	27 27	
	Vehicle Travel D	Pirection: NS	W I	Responding t	o Emergency? 2	Ever	nt Sequence	1 23	23	23	23	Test	Statu	s:		1 28		
<sup>5</sup> 1		ued)				Mos	t Hannful Eve	nt 1	24				e of Te			29		
	1	Sub		2: Ch/Sac/S	lub.		er Contributin		1	25	25		C Test	_		1	32	<b>1</b> 13
	į.	Sub					er Distracted		26				p. Alcoved fro	-		2 33	g.[2	
<sup>6</sup> 1	Viol. 3: Ch/Sec/s	Please fill out fo					er Bisiriotea t	9 0	34	35	36	37	38	39	40	2		4
	Name (Last First M		- I	and an occup	Address		DOB/Ag	e Sex	Seat Pos.	Safety System	Airbag Status	Eject Code		Injury Status	Transp. Code	Medical	l Facility	-
	Operate	or			See Above		$\rightarrow$	$\searrow$	1	99	4	0 0	) :	10	1			
									<u> </u>									1
									_				$\dashv$					1
							15	16			17			18	<u>_</u>			1
<sup>7</sup> 3	Please Select C of the Followir		2 <b>1</b> _#C	Occupants	Non-Motorist	A Type	Action		Locati	on	C	Conditio	on		<b> !</b>	Hit/Run	Moped	1
	License # <b>S4</b> 3	3550895	St <b>MA</b>	DOB/Ago		Reg	# <u>V2302</u>	29			Reg	Type_	PC		Re	eg State M	<u>a</u>	1
	Sex. <b>M</b> Lic. 0	19 19 19 19 D	Lic. Restr	rictions 1	20 CDL		Year <b>201</b>	9	Veh M	ake <u>C</u>	HEV	ROI	ET		_ Veh	Config. 1	L 21	
	Operator FRI	ECHETTE,	KEVI	N J	Endorsemen		er RAPP		CON	TRA			IN	C				
<sup>8</sup> 1	Address 26	RUSKIN A	VE Firs	it	Middle	Add	ress 10 C	HEST	ER	CII	<b>3</b>	st			Mie	ddle		
	City METHU	JEN	_ State <b>M</b>	<b>A</b> Zip <b>0</b> :	1844-240	6 City	TEWKS	BURY				_ State	MA	Zi	р <b>01</b>	L876-	3908	1 14
	Insurance Compa	any <b>NGM IN</b>	SURAN	ICE CO	MP	Vehi	cle Action Pri	or to Cras	h	4	22	Dan	naged	Area	Code:	2 27 2	27 27	
	Vehicle Travel D	rirection: NS	EX I	Responding t	o Emergency? 2	Ever	nt Sequence	23	23	23	23	Test	t Statu	s:		1 28		
	Citation # (If Issi	ued)					t Hannful Eve	nt 1	24			• •	e of Te			29		
<sup>9</sup> 2		Sub ————	Vial	2. Ch/s/s			er Contributin	<u> </u>	4	25	25		C Test	_		1 30	32	
							er Distracted	· [_	26	ال			p. Alcoved fro	_		22	<sup>1g</sup> 2	
	Viol. 3: Ch/Sec/S	ase fill out for opera		. 4: Ch/Sec/S			er Distracted i	oy <u>U</u>	34	35	36	37	38	39	40	2 33		-
	Name (Last First M	iddle)		unu di	Address		DOB/Ag	e Sex	Seat Pos.	Safety System	Airbag Status	Eject Code		Injury Status	Transp. Code	Medica	l Facility	4
	Operato	or/Non-Mot	orist		See Above		$\nearrow$	$\bigvee$	1	99	4	0 (	0 :	10	1			_
													1			-		1
										<del>                                     </del>			$\dashv$					1
	I		1				1		1	1	, 1	- 1	- 1					1



Signature

	Police Use Only	Comi	monwealth (	of Massa	chus	setts			RMV	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h	Number Vehicles	Numbe	, popula	Limit.	45	Local Police	7
	09/18/2019 <b>1409</b> Wili	mington	Police 1	Report		3	1	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >			NOT	AT IN		SECT		1
	3444		-									2 10
	Route# Direction LOWELL			D						D 1	IC++	
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	on Ac	ldress #		Na	ine or	Koadwa	ay/Street	-
	I93SBR3	8 RAMP		Feet N	SE	w of		_ •		or _	Exit Number	
		ne of Intersecting Roady			Jalal		Mile	Marker			EXII NUMBER	3 11
		Also at Intersection w	vith	Feet N			Route#		Interse	cting R	loadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nar	ne of Intersecting Roady	vay/Street	Feet N	V S E	w of		***********				_
<u></u>	n		I	T T						ndmark		4
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Re	port ID#	19	-31	L2-	AC	;		
	License # <b>S17778968</b> St <b>M</b>	A DOB/Age	Reg	1467			Reg T	vne PC		Re	g State <b>MA</b>	1
	19 19	20	-	Year 2003			_	-			21	1 12
	Operator WHITE, ROBERT	<b>—</b> Е	ndorsement	er WHITE,						_ ,	comig	
<sup>4</sup> 2	Address 95 EVERETT ST	First	Middle	er WILLE, La ess 95 EVE	st		First			Mid	ldle	
-		MA - 0247				, ot			~~~~~	. 00	171-6001	
	City <b>ARLINGTON</b> State			ARLINGTO			22	State MA Damage		г	2474-6921 1 <sup>27</sup> 3 <sup>27</sup> 27	
	Insurance Company LIBERTY M			ele Action Prior to C		1		Test Sta		Code	28	
<sup>5</sup> 1	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Even	t Sequence 1	3 23	23	23	Type of		ŀ	29	
	Citation # (If Issued)		Most	Harmful Event	1 24	<u> </u>		BAC Te		ılt:	30	<u></u>
	Viol. 1: Ch/Sec/Sub ————	Viol, 2; Ch/Sec/Sub —	Drive	er Contributing Cod	e <b>1</b>	25	25	Susp. Al	lcohol:	31	Susp. Drug: 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	0 26			Towed f	rom sc	ene?	1 33	
<sup>6</sup> 1	-	ator and all occupants in			3 Se	at Safety	Airbag E	7 38 ect Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)  Operator	S .	ee Above	DOB/Age	Sex Po		Status C	ode Code	Status 9	Code 2	Medical Facility  Lahey Clinic	-
	Орегиног	3			$\mathcal{A}_{1}$	.   *			-			-
						_						_
												7
	Please Select One	#Occupants   N		15	16		17		18	<u></u>	Hit/Run Moped	1
<sup>7</sup> 3	of the Following:	Non	-Motorist A Type	Action	Loca	ition		ıdition		Land 1	Hit/Run Moped	4
		A DOB/Age.	Reg	1GTL44			Reg T	уре <b>РС</b>		Re	eg State MA	
	Sex M Lic. Class D 19 Lic. I	Restrictions 97 20 C	DL Veh	Year <u>2005</u>	Veh	Make <b>H</b>	OND	<u> </u>		_ Veh	Config. 21	
8	Operator DELACRUZ, CAR			er DELACRU	JZ,	CARI	OS Z	<b>.</b>		Mic	idla	
<sup>8</sup> 2	Address 100 PHILLIPS S	T		ess 100 PH	ÏLLI	PS :	ST	***		tviic	uuie	, <b></b>
	City <b>METHUEN</b> State	e <b>MA</b> Zip <b>0184</b> 4	1-4314 City.	METHUEN				State <b>M</b>	<b>A</b> _ z	ip <b>01</b>	L844-4314	1 14
	Insurance Company <b>GEICO GEN</b>	ERAL INS	Vehic	ele Action Prior to C	Crash	6	22	Damage	d Area	Code:	8 <sup>27</sup> 1 <sup>27</sup> 2 <sup>27</sup>	
	Vehicle Travel Direction: N S X W	Responding to Emer	gency? 2 Even	t Sequence 1	3 23	23	23	Test Sta	tus:		28	
	Citation # (If Issued) <b>T1151295</b>		Most	Harmful Event	1 24	<u></u>		Type of			30	
<sup>9</sup> 2		Viol. 2: Ch/Sec/Sub —	Drive	ם er Contributing Cod	e 4	25	25	BAC Te Susp. Al		ılt: 31		
			<b>5</b> .	Ţ	99 26	 		Towed f	ı		33 July 1	l
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub — n-motorist and all occup			3	4 35		37 38	39	40	<u>+</u>	-
	Name (Last First Middle)	<u> </u>	Address	DOB/Age	Sex Po		Airbag E Status C	ject Trap ode Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motoris	t s	ee Above		X 1	. 1	4 0	0	10	1		
									<del>                                     </del>			1
					-	-	$\vdash$					1
							1					1

	Pol	lice Use Only	C	commonv	vealth	of Massa	ichi	uset	tts			RMV	/ Docu	ment Number		
	Date of Crash	Time of Crash	City/Town	Mot	tor Vel	nicle Cras	sh	Nun Vehi		umber njured	Speed	_	45	State Police Local Police MBTA Police	0000	
	09/18/2019	24HR	ilmingtor	<b>1</b> ]	Police	Report		3	1		Latitud Longiti			Campus Police	_ 🛮 📗	
		AT INTERSE	CTION:	<	LOC	ATION :	>		NO	OT A	rni 1	ERS	SECT	TION:		
															2	10
	Route# Dire	LOWEL:		adway/Street		Route# Direct	ion -	Addres	s#		Nai	ne of I	Roadwa	ay/Street		
1				At		[	vial,		_							
	Route# Dire		R38 RAMP Name of Intersection	na Ponduny/Street		Feet	ווצוא	E W c		Mile Ma	rker		or _	Exit Number		11
	Router Bit	CHOIL	Also at Inter			Feet [	N S I	E W o							3	
<u> </u>		<del></del>				Feet	N S I	E W c		ute#	1	interse	cting K	.oadway/Street		
<sup>2</sup> 1	Route# Dire	ection	Name of Intersection	ng Roadway/Street								Lar	ıdmark			
3	Please Select of the Follow		1 #Occupants	Hit/Run	Moped	Crash R	eport I	D# <b>1</b>	9-	31	2-2	AC				
	License # S1	9316047	St <b>MA</b> DOB/Ag		_ Reg	# <u>V32939</u>			F	Reg Typ	. CO		Re	g State <b>MA</b>		12
	Sex <b>M</b> Lic.	10 10	Lic. Restrictions	20 CDL	Veh	Year <b>2019</b>									21 1	12
	Operator <b>LA</b>	INE, NATH	ANAEL	Endorsemen		ier EAN HO	LDI	NGS	LLC	3						
<sup>4</sup> 2		RUSH ST	First	Middle	Add	ress <b>14002</b>	EAS	ST 2	21ST	First ST	ST	A	PT.			
	City <b>SOME</b>	RVILLE	State MA Zip	02145-322	B City	TULSA				Sta	nte <b>OK</b>	z	ip <b>74</b>	134-00	00	
	Insurance Comp	pany SAFECO	INSURANC	E	Veh	icle Action Prior to	Crash	1	- 22	D	amageo	i Area	Code:		27	
-	Vehicle Travel l	Direction: S E	W Responding	g to Emergency? 2	Eve	nt Sequence 1	23 2	23 2	23 23		est Stati			28		
<sup>5</sup> 1	Citation # (If ls	sued)			Mos	t Harmful Event	1	24			ype of T AC Tes		<u>,                                    </u>	30		
	Viol. 1: Ch/Sec.	/Sub	<ul><li>Viol. 2: Ch/Sec</li></ul>	/Sub	Driv	er Contributing Co	de [	1 <sup>2</sup>	5	25	usp. Alc	г	31		32 1	13
	Viol. 3: Ch/Sec.	/Sub	Viol. 4: Ch/Sec	/Sub	Driv	er Distracted by	0	26			owed fr	L	ene?	2 33		
<sup>6</sup> 1			operator and all occ	•					35 36 Safety Airb	ag Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First )  Operat			Address See Above		DOB/Age	Sex		System State L 4	us Code	Code	Status 10	Code 1	Medical Facili	ty	
	Operai					$\overline{}$	$\triangle$		-   -	<del> </del>		10	_			
										_	-					
										_	ļ					
<sup>7</sup> 3	Please Select of the Follow		#Occupants	Non-Motorist	A Type	15 Action	16 L	ocation	17	Condi	tion	18	□ ı	Hit/Run 🔲 M	loped	
<u> </u>	License #		DOB/Age	,	Reg	#			_ <u></u>	l Reg Tyn	e		Re	eg State		
	SexLic.	19 19	Lic. Restrictions	20 CDL	_	Year									21	
	Operator	<u> </u>	<u>L</u>	Endorsemen	t	ner										
<sup>8</sup> 2	Address	Last	First	Middle		ress	Last			First			Mic	ddle		
	City		StateZip_		City					Sta	ate	z	ip		1	14
	Insurance Com	pany			Veh	icle Action Prior to	Crash	Γ	22	E	amageo	i Area	Code:	27 27	27	
	Vehicle Travel	Direction: N S E	W Responding	g to Emergency?	Eve	nt Sequence	23	23 2	23 23	[	est Stat			28		
0	Citation # (If Is	sued)			Mos	t Harmful Event		24	·····L		ype of T			30		
<sup>9</sup> 2	Viol. 1: Ch/Sec.	/Sub	<ul><li>Viol. 2: Ch/Sec</li></ul>	/Sub	Driv	er Contributing Co	de	2	5	25	AC Tes usp. Ale	г			32	
		/Sub				er Distracted by		26			owed fr	L		33		
	1	lease fill out for operate	or/non-motorist and	•	red .				35 36 Safety Airb	ag Eject		39 Injury	40 Transp.			
	Oneral	Middle) tor/Non-Moto	rist	Address See Above		DOB/Age	Sex	Pos.	System Stat	us Code	Code	Status	Code	Medical Facil	ıty	
	Operat	.01/1 1016-111010		555716010				-	_				-			
									_				$\left  - \right $			
										$\perp$	<u> </u>					



Signature

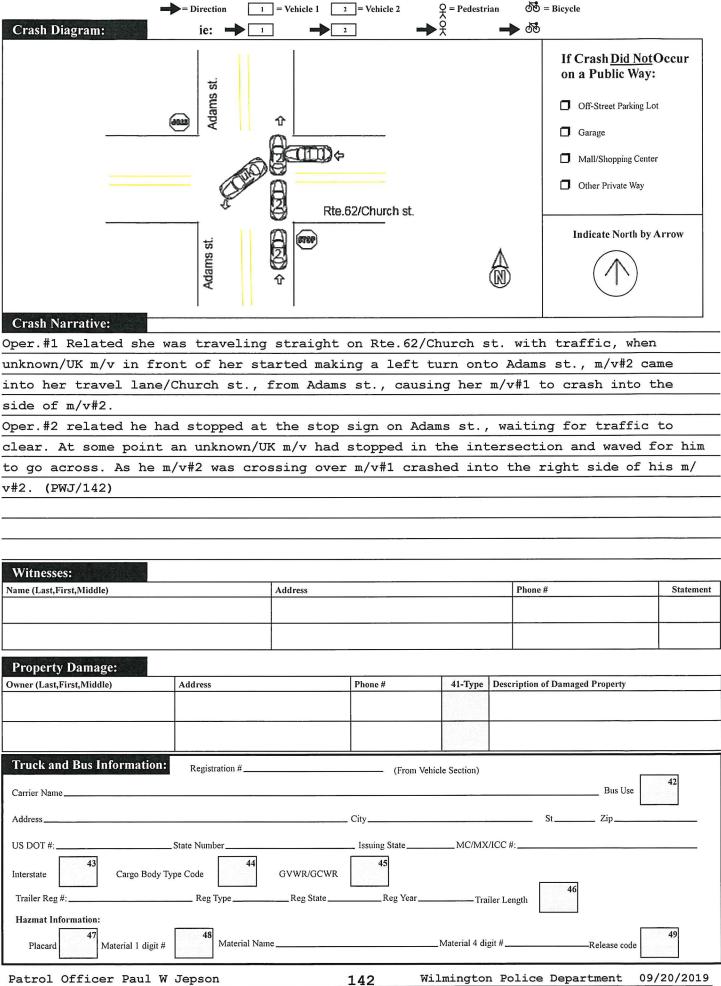
ID/Badge #

Department

Precinct/Barracks

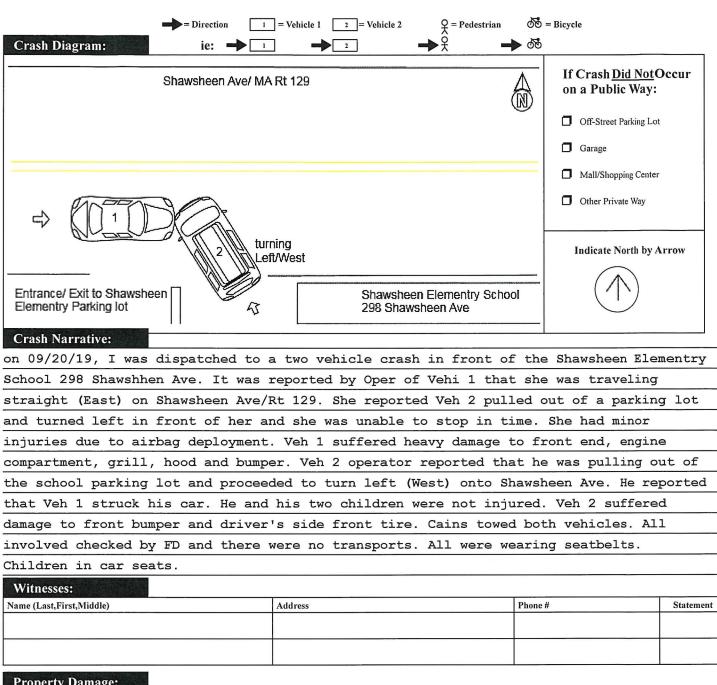
Date

	Police Use Only	Comi	monwealth	of Massa	chuse	etts			RMV I	Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h N	ımber hicles	Number Injured	Speed 1		35	State Police Local Police MBTA Police	
	09/20/2019 1604 Wiln	nington	Police	Report	2		)	Latitud Longitu			Campus Police Other:	ᆿ
	AT INTERSECTI	ON:		TION >			OT A			ECTI	<u> </u>	_
												2 10
	62 W CHURCH S											
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	on Addr	ess#		Nan	ne of Ro	oadway	//Street	_
1	ADAMS ST			Feet N	SEW	of -			— 0	or		_
	Route# Direction Nam	e of Intersecting Roads	vay/Street			1	Mile M	arker			Exit Number	3 11
		Also at Intersection v	vith	·	SEW	, ,	Route#	I	ntersecti	ing Roa	adway/Street	-
<sup>2</sup> 1	Route# Direction Nam	e of Intersecting Roady	vav/Street	Feet N	SEW	of						
1			T						Land	mark		4
3	Please Select One of the Following:  Vehicle 11	_#Occupants Hit	/Run Moped	Crash Re	port ID#	19-	-31	4-1	AC			
	License # 07SHK90291 St N	H DOR/Ans	Par	# <u>4266142</u>		• •	Pag Tur	» PC		Pag	State NH	
	10 10	20	_	Year <b>2014</b>							21	<b>1</b> 12
	Sex Elic. Class D Lie. R	E	ndorsement								onlig.	'. <del> </del>
<sup>4</sup> 2	Operator SMITH, KATHER	First	Middle	er <b>SMITH</b> ,	st		First			Middle	le	-
2	Address 169 CARTER ST			ess 169 CAI		ST						-
	City MANCHESTER State	NH Zip 0310	2 City	MANCHEST	ER		St					-
	Insurance Company <b>travelers</b>	insurance	Vehi	cle Action Prior to C	Crash	1 2			l Area C	ode: 1		<u> </u>
5	Vehicle Travel Direction: N S E	Responding to Emer	rgency? 2 Ever	t Sequence 1	3 23	23	-3	est Stati		-	28	
<sup>5</sup> 1	Citation # (If Issued)		Mos	t Harmful Event	1 24			ype of T		.  -	30	
	Viol. 1: Ch/Sec/Sub — V	/iol. 2: Ch/Sec/Sub	Driv	er Contributing Code	e 1	25	25	usp. Alc	t Result:		Susp. Drug: 32	2 1 13
	Viol. 3: Ch/Sec/Sub — V			er Distracted by	0 26			•	om scen		33	] []
<sup>6</sup> 1	Please fill out for opera				34	35	36 37	38	39	40		-
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety / System S	Airbag Ejec Status Code	Trap Code	Injury Tr Status C	ransp. Code	Medical Facility	
	Operator	S	See Above	$\rightarrow$	X	1 4	0	0	10 1			
						-				-	1	
											· · · · · · · · · · · · · · · · · · ·	_
<sup>7</sup> 2	Please Select One of the Following:	_#Occupants Nor	n-Motorist A Type	15 Action	16 Locati	011	17 Cond	ition	18	☐ Hi	it/Run 🔲 Mop	ed
		A_ DOB/Age	Pag	# 8LS218			Pag Tu	» PC		Rea	State MA	-
	19 19	20	_	Year 2010							21	Γl
	<u> </u>	estrictions C	Indorsement							, ven C	onng.	]
<sup>8</sup> 1	Operator SIN, RAVY	First	Middle	er SIN, ME	ıst		First	HEA		Middl	le	-
	Address 117 LIBERTY ST			ress <b>117 LI</b>	BERTY	ST						
	City <b>LOWELL</b> State	MA Zip 0185	1-3230 City	LOWELL							851-323	<u> </u>
	Insurance Company GOVT EMPL	OYEE INS	Vehi	cle Action Prior to C	Crash	1 2			d Area C	ode: 3	27 27 2	1
	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23	3 23	23	43	Test Stati		-	29	
9 .	Citation # (If Issued)	<u> </u>	Mos	t Harmful Event	<b>1</b> 24			Type of T	resi: st Result:	,  -	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub —	/iol. 2: Ch/Sec/Sub —	Driv	er Contributing Cod	e <b>4</b>	25	25	Susp. Ale			Susp. Drug: 3	2
		/iol. 4: Ch/Sec/Sub —		er Distracted by	O 26			•	om scen		33	<b>-</b>
	Please fill out for operator/nor		pants involved		34 Seat	35 Safety	36 37 Airbag Ejec	38 t Trap	39 Injury T	40 ransp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Cod	e Code	Status	Code	Medical Facility	
	Operator/Non-Motorist	S	See Above		$X^1$	1 4	1 0	0	10 1			
												:
						1 1		-				-
	T .	1		1 1	1	, 1	1	1	, ,	- 1		



ID/Badge#

	Police Use Only	monwealth of Massachusetts RMVI					/ Docu	ment Number					
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Cras	sh	Num		Number Injured	PPTT	Limit_	25	State Police Local Police MBTA Police Campus Police	
	09/20/2019 1803 Wil	mington	Police	Report	2	1	-	Latitude MBTA Police Campus Police Other: Other:			Campus Police Other:		
	AT INTERSECT	ΓΙΟΝ:	< LOC	ATION >	> NOT A				T INTERSECTION:				
													2 <sup>10</sup>
	Route# Direction	Name of Roadway/St	treet	Route# Directi		298 Addres		SHA	NSHE Na			E ay/Street	
¹ <b>3</b>		At											1
<u> </u>			Feet NSEW of — or Exit Number										
	Route# Direction N	way/Street vith	Feet NSEW of									3 11	
		viui.	Feet N S E W of									J	
<sup>2</sup> <b>1</b>	Route# Direction N	Landmark											
	Please Select One Vivalia 1	#Occupants Hit		Crash Re		1	Ω	21	<b></b>				1
3	of the Following:	#Occupants Hit.	/Run Moped	Crash Re	eport II.	)# 1	. 9 –	<u>эт</u>	<u> </u>	AC	•		
	<del> </del>	MA_ DOB/Age	Reg	# <u>VT5962</u>			<del></del>	Reg Ty <sub>l</sub>	e PC		Re	eg State MA 21	12
	Sex <b>F</b> Lic. Class D 19 Lic.		CDL Veh	Year <b>2012</b>	Vel	h Mak	(e <b>FO</b>	RD_			_ Veh	Config. 1	
	Operator KIRBY, ARIAN			ner KIRBY,	EDN	MON	ID J	First			Mic	ddle	
<sup>4</sup> 1	Address 21 BROADLEAF	ST		ress 21 BRO	ADL	EAF	f Si				1711	out	
L	City BILLERICA Sta	ate <b>MA</b> Zip <b>0182</b> :	<b>1-1246</b> City	BILLERIC	:A_			S	ate MZ	<b>4</b> _ z	ip <b>01</b>	L821-1246	
	Insurance Company <b>SAFETY I</b>	NSURANCE	Veh	icle Action Prior to	Crash	1	L 22	I	Damage	d Area	Code:	1 27 27 27	
-	Vehicle Travel Direction: NSWW	Responding to Emer	rgency? 2 Eve	nt Sequence 1 2	3 23	3 2	23 2	3	Test Stat	us:		1 28	
5	Citation # (If Issued)	<u>.                                    </u>	Mos	st Harmful Event	1 2	24			Type of			29 30	
L	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Driv	ا er Contributing Coo	le <b>1</b>		25	35	BAC Te: Susp. Al			1	<b>1</b> 13
		Viol. 4: Ch/Sec/Sub —		er Distracted by	99 2	26	iL		Towed fi			1 33	
<sup>6</sup> 1		erator and all occupants in			T	34		6 37	38	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos. S	System Sta	bag Ejec itus Cod	e Code	Status	Code	Medical Facility	-
	Operator	S	See Above		X	1 3	1 1	0	0	8	1		_
								<u> </u>					1
	Please Select One Vivaria 23			15	16			7	<u> </u>	18			1
<sup>7</sup> 1	of the Following:	#Occupants No	n-Motorist A Type	Action	Lo	cation	1	Conc	lition		<u> </u>	Hit/Run Moped	]
		MA DOB/Age	\g	# <u>7HD453</u>				Reg Ty	ре <u>РС</u>		R	eg State MA	
	Sex M Lic. Class D 19 Lic	Restrictions 20	CDL Veh Endorsement	Year <b>2018</b>	Ve	h Mak	ke <b>VO</b>	LVO			_ Veh	Config. 1	
8	Operator ACKROYD DAN F  Operator ACKROYD DAN F  Last First Middle Last First Middle								ddle				
<sup>8</sup> 1	Address 17 KANSAS RD		Add	ress 17 KAN	SAS	RI	D						14
	City N TEWKSBURY Sta	ate <b>MA</b> Zip <b>0187</b>	6-4810 City	N TEWKSE	BURY	<u> </u>						1876-4810	1 14
	Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash												
	Vehicle Travel Direction: X S E W	Responding to Eme	rgency? 2 Eve	nt Sequence 1	23 23	3 2	23 2	1	Test Stat			1 <sup>28</sup> 29	
<sup>9</sup> 2	Citation # (If Issued)	<del></del>	Mos	st Harmful Event	1 2	24			Type of BAC Te		ılt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Coo	ie 4	1 2	<sup>25</sup> 19	25	Susp. Al	1		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Driv	Driver Distracted by 99 26 Towed from scene? 1 33										
	Please fill out for operator/r	non-motorist and all occup	pants involved	DOB/Age			Safety Ai	66 37 rhag Ejer itus Cod	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	]
	Operator/Non-Motori	st s	See Above	1XAMAge			1 4	0	0		1	Assertan Facility	1
	Per and Andrew						4 4	-	-	10	1		-
				<del>                                     </del>						<b> </b>			4
					- 6	5 4	4 4	0	0	10	1		1



Property Damage:									
Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged Property					
Truck and Bus Information:	Registration #	(From Vel	nicle Section)						
Carrier Name						Bus Use	42		
Address		_ City			St	Zip			
US DOT #:	State Number	Issuing State	MC/MX	//ICC #:					
Interstate 43 Cargo Body Ty	/pe Code 44 GVWR/GCWR	45							
	Reg TypeReg State	Reg Year	Tra	iler Length	46				
Hazmat Information:									
Placard Material 1 digit #	Material Name		_Material 4 di	git #		-Release code	49		

Patrol Officer Daniel P Furbush

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Wilmington Police Department

09/20/2019

Department

## Wilmington Police Department Images Associated with 19-315-AC

