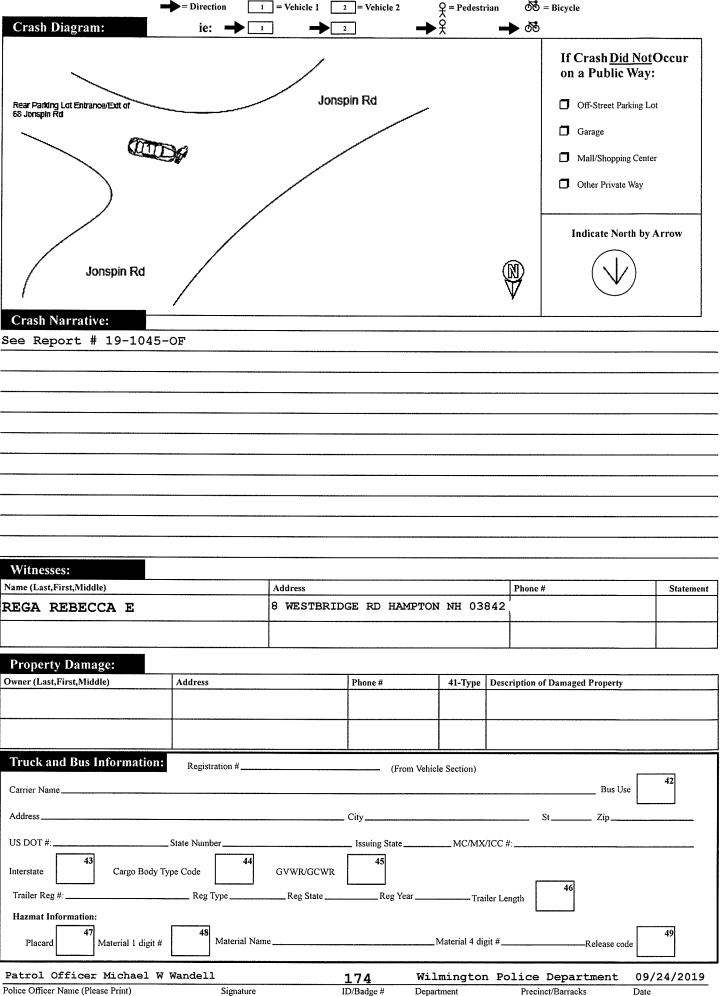
	Polic	e Use Only	C	ommonv	vealth	of Mass	ach	lus	etts	\$			RM	V Doc	ument Number	
	Date of Crash 09/24/2019	Time of Crash 1254 Wil	City/Town .mington	1		icle Cra	ısh		umber ehicles	1		Speed Latitu	l Limit	35	Local Police MBTA Police	9
		24HR				Report		2		1	- 1	Longi			Campus Police Other:	
		AT INTERSECT	TION:	<	LOCA	TION	>			NO	T A T	IN'	TER	SEC	TION:	
	Route# Direct	ion	Name of Roac	lway/Street		Route# Direc	ction	50 Add	ress #	<u>C(</u>	ONC) S		vay/Street	2 10
¹ 1			A	t					······································						,	_
	Route# Directi	ion Na		g Roadway/Street		Feet					ile Ma			or _	Exit Number	- 4 ¹¹
			Also at Interse	ection with		Feet				Route	 e#		Interse	ecting l	Roadway/Street	·
² 2	Route# Directi	ion Na	nne of Intersecting	g Roadway/Street		Feet	NS	EW	of	<u> 19</u>	3N	RA		EX?	r.39	_
3	Please Select Or of the Following	g: Venicie 12		<u>l</u>	Moped	Crash I										
	License # <u>S66</u>	334088 St 1	1A DOB/Age		Reg	1PR693				Re	g Type	PC		R		- 12
	Sex M Lic. C	lass D Lic.	Restrictions	CDL	Veh	Year 2014		Veh M	lake 🗓	eer				Veh	Config. 21	1
	Operator PEA	SE, JOHN C	3	Middle		er PEASE,		OHN	C							_
⁴ 1	1	REENBRIAR I	1 11.01	Middle	Addı	ess 7 GREI	Last ENB	RI	AR I		irst			М	iddle	
	City NORTH	READING Sta	te MA Zip 0	1864-3143		NORTH R					Sta	te MZ	A 2	7in 0	1864-3143	
		ny LIBERTY N	•			ele Action Prior to			9	22				Code:		: 1
							23	23	23	23		st Stat			28	
5		rection: NSWW		to Emergency? 2	Even	t Sequence 1	┰╧	24	23		Ту	pe of	Test:		29	
	Citation # (If Issue	ed)			Mos	Harmful Event	1					AC Te	st Resi	ult:	30	12
	Viol. 1: Ch/Sec/Su	ıb ———	Viol. 2: Ch/Sec/S	Sub ————	Drive	er Contributing Co	ode	99	25	25	Su	sp. Al	cohol:	31	Susp. Drug: 32	1 13
⁶ 1	Viol. 3: Ch/Sec/St	ıb ————	Viol. 4: Ch/Sec/S	Sub ———	Drive	er Distracted by	0	26			То	wed fi	rom sc	ene?	1 33	
1	Name (Last First Mid-	Please fill out for oper	rator and all occup			Bob.		34 Seat	35 Safety	36 Airbag	37 Eject Code	38 Trap	39 Injury	40 Transp.		
	Operato:			Address See Above		DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status 10	Code 1	Medical Facility	
			28 PEABODY			$\overline{}$	$ \wedge $	+	ļ	-		-	<u> </u>	ļ		-
	PAMELA DENNI	ING		ING, MA 01864				3	1	4	0	0	8	1		
⁷ 1	Please Select On of the Following		#Occupants	Non-Motorist	A Type	15 Action	16	Location	on	17	Condit	ion	18		Hit/Run Mope	d
	License # S33	700390 st.1	A DOB/Age		. Reg	1040YB				Re	з Туре	PC		R	eg State MA	_]
	Sex.M Lic. Cl	ass D 19 Lic.	Restrictions	20 CDL		Year 2017		Veh M	ake M	ITS	UB	ISE	II	Veh	Config. 1 21	
a	Operator REG	O, MANUEL	CHAVES	Endorsement		er REGO,	MAI	NUE	L C	HAY	ÆS					_
⁸ 1	Address 9 AI	LENHURST V	First VAY	Middle	Addr	ess 9 ALLE	Last ENH	URS	T	ii XAY	rst			Mi	ddle	
	City WILMI	NGTON Stat	te MA Zip 0 :	1887-4111	L City	WILMING	TON	1			_ Stat	te M 7	3 z	Zip <u>0:</u>	1887- 4 111	1 14
	Insurance Compan	y COMMERCE	INSURAN	CE	Vehic	ele Action Prior to	Crash	ı .	1	22	Da	ımageo	d Area	Code:	8 27 7 27 27	
	Vehicle Travel Dir	ection: NSXW	Responding to	o Emergency? 2	Even	t Sequence 1	23	23	23	23	Te	st Stat	us:		28	
	Citation # (If Issue			g, · <u></u>		Harmful Event	1	24	L_		Ty	pe of 7	Test:		29	
2	,	,					Е		25	25		AC Tes	t Resu		30	
	Viol. 1: Ch/Sec/Su	ıb	Viol. 2: Ch/Sec/S	ub ———		er Contributing Co		99 26			Su	sp. Ale	Ļ	31		
	Viol. 3: Ch/Sec/Su		Viol. 4: Ch/Sec/S			r Distracted by	99	<u></u> _	1 12				om sc	_	1 33	
	Pleas Name (Last First Mide	se fill out for operator/no	on-motorist and all	l occupants involve Address	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	r/Non-Motoris	t	See Above			X	1	1	4	0	0	10	1		
							Ţ_`									
							+	 								\dashv
:																_

	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	⊙ = Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	→ ♀	→ №	
lg3N on/off ramp Ext.39					on a Public	
				Marie Marie and American American	☐ Garage	
					☐ Mall/Shoppii	ng Center
	MTD		oncord st.		Other Private	e Way
→ (III) (I) → (oncold st.	<u></u>	Indicate No	rth by Arrow
Crash Narrative:						
Oper.#1 related, wh	ile traveling	on Concord	d st he	was behind	m/v#2 and belie	ved m/v#2
to be oper., errati						
he relates that m/						e doing so,
Oper.#2 related, wh			Concord s	t., m/v#1	came into his tr	avel lane
and crashed into hi	s m/v#2. (PWJ/	142				
Witnesses:						
Name (Last,First,Middle)	12.	Address	W8.,		Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
Truck and Bus Information						
Carrier Name	Registration #		——— (From	Vehicle Section)	Bus U	42 Se
Currer Punto						The second of th
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C#:	
43	T 0.1	OLIVER (GOVER	45			
Control of the Control	y Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length	
Hazmat Information:					THE PROJECT AND A STATE OF	
Placard 47 Material 1 digit	# Material Nan	ne		Material 4 digit #	Release co	49 ide
	Emilysten Edul		_			Construction of the Contract of
Patrol Officer Paul Police Officer Name (Please Print)	W Jepson Signature			Wilmington 1 Department	Police Department Precinct/Barracks	09/24/2019 Date
. onee onieer ranne (1 lease Fillit)	Signature		ID/Dauge #	ocpai unem	1 recinct/Darracks	Date

	Police Us	se Only	Con	nmonwealth	of Massac	huse	tts		RMV	V Docun	nent Number	
	1 1	ne of Crash 25 Wil:	City/Town mington	Motor Vel		n Nur Veh	mber Nun	10poc	d Limit	30	State Police Local Police MBTA Police	
		24HR	ming con	Police	Report	1	1	Latit	uae gitude		Campus Police Other:	រី
	AT	INTERSECT	ION:	< LOC.	ATION >		NO'	ΓAT IN	TER	SECT	ION:	
¹ 1	Route# Direction		Name of Roadway	r/Street	Route# Direction	68 Addre		ONSPI		D Roadwa	y/Street	2 10
1	Route# Direction	Na	At me of Intersecting Ro	adway/Street	Feet N	S E W		le Marker	• —	or	Exit Number	
			Also at Intersectio		3000 Feet	S E W	of			ER		1
² 1	Route# Direction	Nai	ne of Intersecting Ro	adway/Street	Feet N	SEW	Route of			ecting Ro	oadway/Street	_
3	Please Select One of the Following:	Vehicle 11	_#Occupants I	Hit/Run	Crash Rep	ort ID# 1	L9-3	17-				
	License # S6057	77012 St M	A DOB/Age_	Reg	# 584HJ6		Reį	у Туре Р (3	Reg	State MA	
	Sex M Lic. Class	19 19 Lic. I	Restrictions B		Year 2009					_	21	- 1 12
	Operator BRUSS			Endorsement Ow	ner BRUSS,							
⁴ 1	Address 7 KEN	•	First	Middle	Last ress 7 KENDA		Fi	rst		Midd	le	-
	City LEXINGT		MX 7 024						70	. 02	401_7110	-
	l		-	_	LEXINGTON	Г	22			Code:	421-7118 27 27 27	ı I
	Insurance Company _				icle Action Prior to Cr		<u> </u>	Test St		Code. 0	28	1
5	Vehicle Travel Directi	on: XSEW	Responding to En	nergency? 2 Eve	nt Sequence 3 23		23 23	Type of		-	29	
	Citation # (If Issued)_			Mos	t Harmful Event 3		———		est Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub -		Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	4 2	²⁵ 19 ²⁵	Susp. A	dcohol:	2 31	Susp. Drug: 2 32] 3 13
⁶ 1	Viol. 3: Ch/Sec/Sub -		Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Towed	from sce	ene? 2	33	
1	Pl Name (Last First Middle)	lease fill out for opera	ator and all occupants	involved	DOB/Age S		35 36 Safety Airbag	37 38 Eject Trap	39 Injury	40 Transp.		7
	Operator (See Above	DOB/Age S		System Status 99 4	Code Code		Code 1	Medical Facility	-
	Орегиго.			560110076		1	-	-	-	_		-
												_
⁷ 9	Please Select One of the Following:		_#Occupants	Jon-Motorist A Type	Action 2	Location	17 (Condition	18	Ні	it/Run Mope	d
	License # S3601 Sex F Lic. Class	19 19	A DOB/Age	CDL Veh	#Year		_	туре		_	21	-
	Operator ULIAN	O, MAURE	EN A	Endorsement Owi	ierlast							_
31	Address 2 SRY	BNY AVE	rust		ress		Fin	rst		Midd	le	
	City HAVERHI	LL State	MA Zip 018	32-1330 City	****			_ State	Zi	ip		_ 1 14
	Insurance Company			Veh	cle Action Prior to Cra	ısh	22	Damag	ed Area	Code:	27 27 27	
	Vehicle Travel Direction	on: NSEW	Responding to En	nergency? Ever	nt Sequence 23	23 2	23 23	Test Sta	atus:		28	'
	Citation # (If Issued)_	<u> </u>	. •	Mos	t Harmful Event	24		Type of	Test:	_	29	
2	Viol. 1: Ch/Sec/Sub -		Vi-1 2. Cl./2/2-1		er Contributing Code		25 25		est Resu		30	,
					Ţ	26		Susp. A	L		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub -				er Distracted by	34	35 36	37 38	from sce	40		_
	Please III Name (Last First Middle)	out for operator/no	n-motorist and all occ	Address	DOB/Age S	Seat	Safety Airbag System Status	Eject Trap Code Code	Injury	Transp. Code	Medical Facility	
	Operator/N	Non-Motorisi	<i>!</i>	See Above		1			8	2 L	ahey Clinic	
												7
									+	-		-
						+			+-			_



Wilmington Police Department Page: 1

PERSONNEL NARRATIVE FOR PATROL OFFICER MICHAEL W WANDELL

Ref: 19-317-AC

Entered: 09/24/2019 @ 1529 Entry ID: 184
Modified: 09/24/2019 @ 1529 Modified ID: 184
Approved: 09/24/2019 @ 1536 Approval ID: 184

On 9/234/2019, I Officer Wandell was assigned to marked cruiser #32, sector 2 on the 0800 - 1600 hrs shift. at approximately 1225 hrs I was dispatched to the area of 55 Jonspin Rd for the report of a motor vehicle crash involving a pedestrian. I along with Officers Jepson, Cavanaugh and Sgt Ahern all responded.

When I arrived Officer Cavanaugh was administering first aid to the victim later identified as Maureen Uliano, until he was relieved by WFD. Maureen was laying on the ground, in the roadway, in front of Ma Reg:584HJ6 a 2009, White, Toyota Camry. Maureen appeared to have minor injuries to her right knee and right elbow. Maureen was transported to Lahey Clinic by WFD.

Officer Jepson was speaking with the operator of the Camry, identified as Kenneth Bruss. Kenneth stated he was attempting to pull out of the back parking lot of UniFirst Corp located at 68 Jonspin Rd. As Kenneth approached the exit and attempted to pull out onto the roadway he looked left then looked right and pulled out turning left onto Jonspin Rd and crashed into Pedestrian Maureen Uliano. Kenneth stated he never saw Maureen when he looked to his left prior to pulling onto the roadway. Kenneth was forth coming with how the crash occured and it did not appear anything other than inattentiveness caused the crash. Kenneth was issued Massachusetts Uniformed Citation #T1152214 for Failure to use care at an intersection (CMR 720/9.06) and Failure to slow for a pedestrian in the roadway(90/14).

Wilmington Police Department

Page: 1

PERSONNEL NARRATIVE FOR PATROL OFFICER MICHAEL W WANDELL

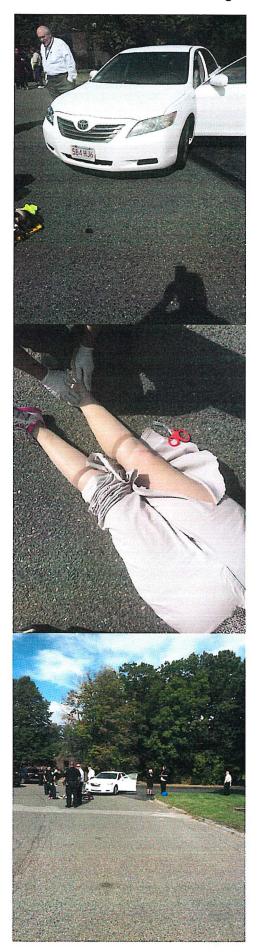
Ref: 19-1045-OF

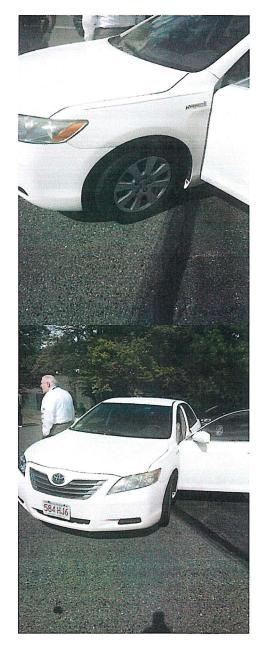
Entered: 09/24/2019 @ 1434 Entry ID: 174 Modified: 09/24/2019 @ 1512 Modified ID: 174 Approved: 09/24/2019 @ 1526 Approval ID: 184

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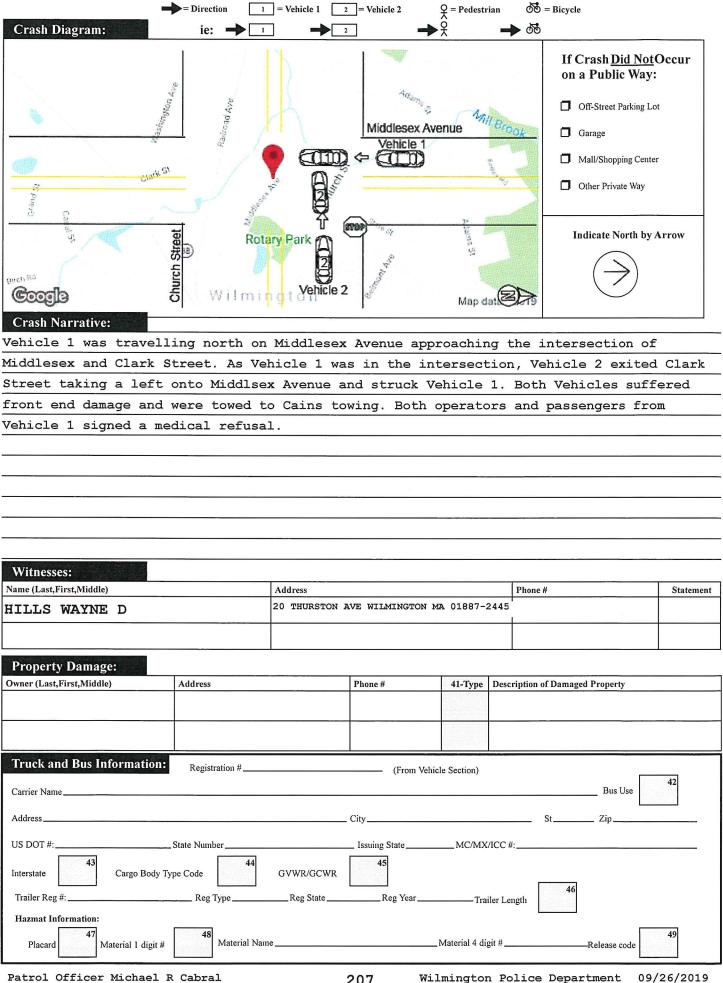


	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Documer		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	I	State Police Local Police MBTA Police Campus Police	
	09/24/2019 2117 Wil	mington	Police	Report	1	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >	1	NOT AT	INTER			1
										2 ¹⁰
	Route# Direction	Name of Roadway/St	treet	Route# Direction	7 Address #	LIND	A RD	'Roadway/S	treet	
¹ 4		At								
				Feet N S	EW of	Mile Ma	• rker	or	Exit Number	
	Route# Direction Na	Also at Intersection v		Feet NS	E W of					1 11
				Feet N S		Route#	Inters	ecting Road	way/Street	
² 1	Route# Direction Na	ame of Intersecting Roads	way/Street		-		I.	ındmark		
	Please Select One Vehicle 11	#Occupants Hit.	/Run Moped	Crash Report	1D# 1 Q	_ 21				1
3	of the rollowing:									
	License # S38732793 St 1	MA DOB/Age	_	# 2WS595				•	21	1 12
	Sex.M Lic. Class D Lic.	Restrictions		Year 2016				Veh Con	ifig. 1	
4	Operator MASELLI, MARI	K FRANCIS	Own	er MASELLI ,	LILIA	First		Middle		
⁴ 1	Address 25 NORTH ST		Add	ess 25 NORTH	ST					
	City WILMINGTON Sta	te MA Zip 0188	7-2135 City	WILMINGTON					87-2135	
	Insurance Company COMMERCE	INSURANCE	Velni	cle Action Prior to Crash	3		amaged Area		27 3 27 27 28	
5	Vehicle Travel Direction: N E W	Responding to Emer	rgency? 2 Ever	t Sequence 22 23	23 23	43	est Status:	3	29	
	Citation # (If Issued) T1682802		Mos	Harmful Event 22	24	_	AC Test Res	<u> </u>	30	
	Viol. 1: Ch/Sec/Sub <u>90</u> <u>13B</u>	Viol. 2: Ch/Sec/Sub	00 24 Driv	er Contributing Code	10 25	25 Sι	sp. Alcohol:	1 31 Su	sp. Drug: 32	22 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub 90 24	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	To	wed from so	ene? 1	33	
1	Please fill out for ope	rator and all occupants in	volved Address	DODA LA		36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	A P 1P 75	
	Operator (Last Pirst Mindle)	S	ee Above	DOB/Age Sex	Pos. System	Status Code 3 0	Code Status	Wine	Medical Facility chester pital	
	operato.				1					1
										1
										-
⁷ 1	Please Select One of the Following:	#Occupants	n-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/F	Run Moped	
<u></u>		DOB/Age	Pag	#	<u> </u>	Pag Tung		Pag St	into	1
	19 19	20	· ·	Year		0 ,.			21	
	Operator	Kesarctions E	ndorsement	er	ven wake			ven con	ing.	
³ 1	Last Address	First	Middle	Last		First		Middle		
	City Sta	ite 7in		CSS		Sto	te2	7in		1 14
	Insurance Company	2.p		cle Action Prior to Crash			amaged Area		27 27 27	
	Vehicle Travel Direction: NSEW	1		t Sequence 23			st Status:		28	
	Citation # (If Issued)	responding to zimo		Harmful Event	24		pe of Test:		29	
2	Viol. 1: Ch/Sec/Sub	Viol 2, Ch/Saa/Sub		er Contributing Code	25	25	AC Test Res		30	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		isp. Alcohol: owed from so	<u> </u>	sp. Drug: 32	
	Please fill out for operator/n				34 35 Sont Spfuty	36 37	38 39	40]
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	-
	Operator/Non-Motoris	St S	ee Above		1					_

ı	= Direction 1	= Vehicle 1	= Vehicle 2	웃 = Pedestria	ი დე.	= Bicycle	
Crash Diagram:	ie: 👈 📑	→ □	2	X	→ №		
		High St				If Crash <u>Did Not</u> (on a Public Way:	
						Off-Street Parking Lot	t
	Limda Rd					☐ Garage	
High St	8					☐ Mall/Shopping Center	
						Other Private Way	
						Other Private way	
		ial crash			ŀ	Indicate North by A	Arrow
	pleasant R	_		,	Λ		
O	b/6924.	₹ DIOAC 6		Ĩ	M) (M	(1)	
@000g/p		and sto	peu	Map dat	a ©2019		
Crash Narrative:							
Vehicle crashed into							
front of 7 Linda Rd.			texting whil	e divin	ing an	d drinking alc	oholic
beverages. Operator	arrested for	O.U.I.					
							
						····	
Witnesses:							
Name (Last,First,Middle)		Address	DD MOTATORIA MA	01460 00	Phone #	:	Statement
AHO HEATHER A		20 CLEMENT	RD TOWNSEND MA	01469-00			
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription o	f Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	le Section)			42
Carrier Name						Bus Use	42
Address			City			StZip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:	***************************************	
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45				
					Γ	46	
Trailer Reg #: Hazmat Information:	Reg Type	Keg State	Keg Year	Traile	Length		
47	48			Market 1 4 M C	n		49
Placard Material 1 digit #	Material Nam	ne		Material 4 digit	#	Release code	
Patrol Officer Rafael	G Cruz		198 Wil	mington	Police	Department 09/	25/2019

Department

O9/26/2019 1137 Wilmington Police Report 2 O Latitu Longi	ideOther:
24HR POIICE REPORT 2 0 Longi	Other:
Route# Direction Name of Roadway/Street Route# Direction Address # Na	EDSECTION:
Route# Direction Name of Roadway/Street Route# Direction Address # Na	ERSECTION.
At	ne of Roadway/Street
Feet NSEW of — Mile Marker	or
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet NSEW of	LAR IVIIIOEI
Route#	ntersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street	Landmark
Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# 19-319-	
License # S08681402 St MA DOB/Age Reg # 1HDH35 Reg Type PC	
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Veh Year 2008 Veh Make HONDA	21
Operator RIJO-PEREZ, ALBA M Owner RIJO-PEREZ, ALBA M	ven Conng.
Last First Middle Last First Address 229 MOODY ST APT D Address 229 MOODY ST APT D	Middle
	Zip 01854-3960
	Area Code: 8 27 7 27 27
Which Total Direction MC Play Banding For 2 2 For 23 23 23 23 23 Test State	40
Citation # (If Issued) You keeponding to Emergency? Event Sequence Type of	
BAC Te	
5tisp. Al	ohol: 2 31 Susp. Drug 2 32 om scene? 1 33
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/S	39 40 Injury Transp.
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code	Status Code Medical Facility
Operator See Above 1 99 4 0 0	10 1
F 4 99 4 0 0	10 1
F 6 99 4 0 0	10 1
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition	18 Hit/Run Moped
	Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Veh Year 2012 Veh Make TOYOTA	Veh Config. 21
Operator ARNOLD, ALINE Last First Middle Last First 16 NOPMAN PD 16 NOPMAN PD	Middle
Address 16 NORMAN RD Address 16 NORMAN RD	
City BILLERICA State MA Zip 01821-2233 City BILLERICA State M7	
Tot Sto	Area Code: 8 27 1 27 2 27 28
Vehicle Travel Direction: NSW Responding to Emergency? Event Sequence 12 25 25 25 Type of	"
Citation # (If Issued) Most Harmful Event 1 24 BAC Te:	Result: 30
Viol. 1: Ch/Sec/Sub ———— Viol. 2: Ch/Sec/Sub ———— Driver Contributing Code 4 Susp. Al	
	om scene? 1 33
Please fill out for operator/non-motorist and all occupants involved Please fill out for operator/non-motorist and all occupants involved DOB/Age Pos. System Status Code Code	39 40 Injury Transp. Status Code Medical Facility
Operator/Non-Motorist See Above 1 99 4 0 0	10 1
	1 1

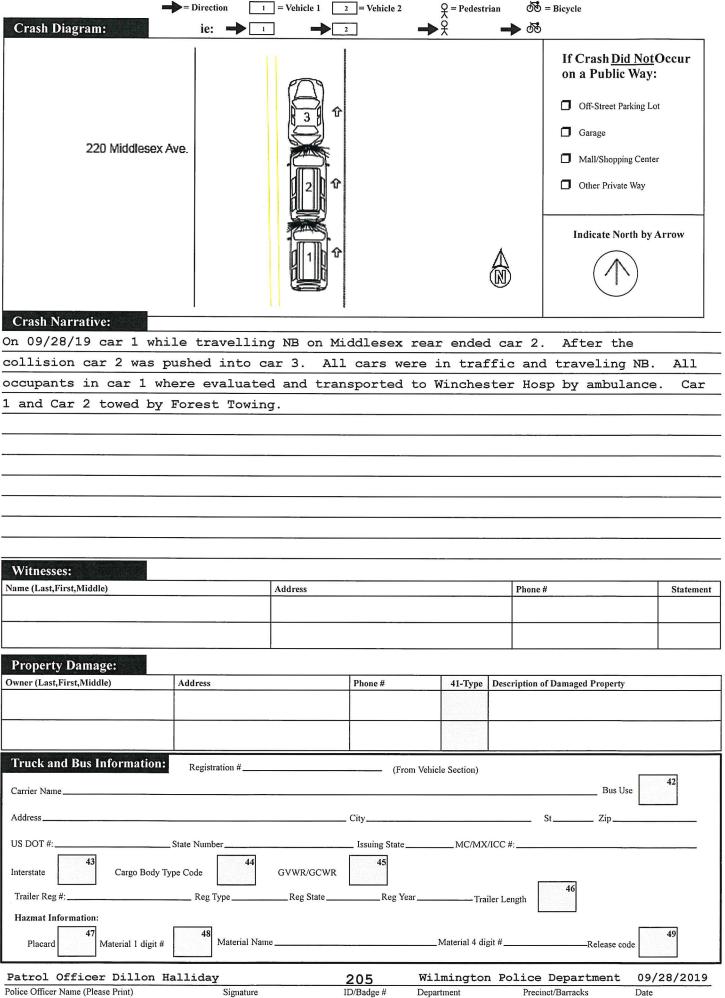


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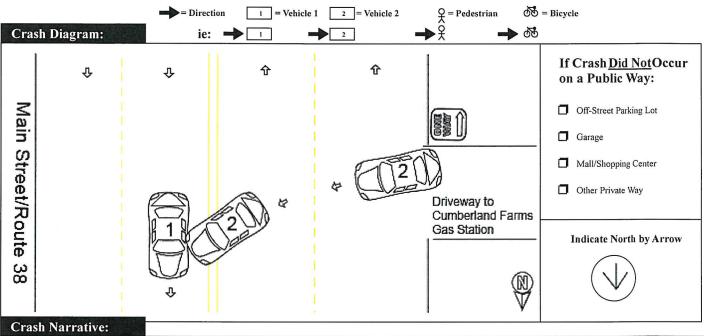
Department

	Police Use Only	Comn	nonwealth	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	30 State Police Local Police MBTA Police Campus Police	1
	24HR	mington	Police	Report	3	0	Latitude Longitude	Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	ATION >	Ì	NOT A	INTER:	SECTION:	
									2 10
r 	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	220 Address #	MIDD	LESEX Name of	AVE Roadway/Street	-
¹ 1		At		- NG	Irlay a				
L	Route# Direction Na	nne of Intersecting Roadwa	av/Street	Feet N S	EW of	Mile Ma	rker	orExit Number	11
		Also at Intersection wi		Feet N S					2
2	Destall Disastina		(0)	Feet N S	E W of	Route#	Interse	cting Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadwa	ay/Street				La	ndmark	_
3	Please Select One of the Following:	_#Occupants Hit/R	Run Moped	Crash Report	1D# 19	-32	0 - A C		
		MA_DOB/Age.	<u>l</u>	# 2CMZ31					
		20		# <u>2CM251</u> Year <u>2016</u>				21	1 12
	Operator AURELIO, KRIS	En	dorsement				iac .	Veh Config.	
⁴ 1	Address 34 WILDWOOD R	First	Middle	er AURELIO , ress 34 WILDW		First		Middle	
_	City DANVERS Sta				OOD RL		1/7	01002-1754	
		-	·	DANVERS			amaged Area	ip 01923-1754 Code: 27 27 27 27	
	Insurance Company COMMERCE			cle Action Prior to Crash	23 23		est Status:	28	
5	Vehicle Travel Direction: S E W		•	a sequence 1	24		pe of Test:	29	
	Citation # (If Issued)			Harmful Event 1		25 B.	AC Test Resu	ılt: 30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub		er Contributing Code	19 ²⁵	St	ısp. Alcohol:	31 Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 0			owed from sc		_
	Please fill out for oper Name (Last First Middle)	rator and all occupants inve	Olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medical Facility	
	Operator	Sec	e Above	><X	1 1	1 0	0 10	Winchester Hospital	
		1		м	6 1	1 0	0 10	Winchester Bospital	7
1				м	4 1	1 0	0 10	Winchester 2 Hospital	_
İ				F	3 1	1 0	0 10	Winchester	-
	Places Salant One 57	T-		15 16	<u> </u>	17	18	Hospital	4
⁷ 1	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	Action	Location	Condit	tion	Hit/Run Moped	_
	License # S91223128 St N	A DOB/Age	Reg	# 41 P510		_ Reg Type	PC	Reg State MA	.]
	Sex F Lic. Class D 19 Lic.		L Veh 'dorsement	Year 2018	Veh Make K	IA		Veh Config. 1 21	
R	Operator LUCOZZI, GAII			er LUCOZZI,	GAIL	LORRA	INE	Middle	
⁸ 1	Address 35 SCHOOL HOUS	SE LN		ess 35 SCHOO	L HOUS	E LN		Middle	
	City BILLERICA State	te MA Zip 01821	-4433 City	BILLERICA		Sta	te MA Z	ip 01821-4433	2 14
	Insurance Company LIBERTY N	MUTUAL INS	Vehic	cle Action Prior to Crash	2	22 D	amaged Area	Code: 1 27 5 27 27	
	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23 23		est Status:	28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	_	/pe of Test: AC Test Resu	30	
2	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	isp. Alcohol:	31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub —————	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from sc		
	Please fill out for operator/no	•				36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	-
	Name (Last First Middle) Operator/Non-Motoris		Address Above	DOB/Age Sex	Pos. System	Status Code 1 0	Code Status	Code Medical Facility 1	-
	Operator/14on-14totoris	z Sec	AUUVE			-	0 10		-
									_
									7

	Police Use Only	Com	monwealth	of Massach	usetts		RM	IV Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	it30	Local Police	1
	09/28/2019 1443 Wil	mington	Police	Report	3	0	Latitude Longitude_		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	r intei	RSEC		1
										2 10
	Route# Direction	Name of Roadway/St	rant	Route# Direction	220 Address #	MIDI	LESEX		E ray/Street	
¹ 1	- Notice Direction	At	reet	Route# Direction	Address #		Name o	1 Koadw	ay/street	-
				Feet N S	E W of	Mile Ma	•	or _	Exit Number	
	Route# Direction Na	me of Intersecting Roads		Feet N S	r w c	IVIIIE IVI	arker		EXIT NUMBER	2 11
		Also at Intersection v	vitii			Route#	Inter	secting R	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roads	way/Street	Feet N S	E W of					_
_	Please Select One	T _C			4.0			andmark	(-
3	of the Following:	_#Occupants Hit	Run Moped	Crash Report	1D# 19	-32	0-A	C		
	License # S77830788 St N	TA_DOB/Age	Reg	# 88ZW12		Reg Typ	e PC	Re	eg State MA	12
	Sex F Lic. Class D Lic.		DLVeh	Year 2012 v	Veh Make H	ONDA		Veh	Config. 21	1 "
	Operator CHATEAUNEUF,		ndorsement	er CHATEAUNE						
⁴ 1	Address 9 WEBBER ST	First	Middle	ess 9 WEBBER	·	First		Mic	ddle	
	City WILMINGTON Stat	e MA 7 in 0188'	110111111111	WILMINGTON		St.	ne MA	7in 01	L887-3602	
	Insurance Company LIBERTY M	-	-	cle Action Prior to Crash	<u> </u>		amaged Are			
					23 23		est Status:		28	
5	Vehicle Travel Direction: SEW	Responding to Emer		a Sequence 1	24	1	ype of Test:	Ì	29	
	Citation # (If Issued)	_		t Harmful Event			AC Test Re	sult:	30	13
	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub		er Contributing Code	25	25 S	usp. Alcoho	31	Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from s	<u>i</u>	2 33	
т.	Please fill out for oper Name (Last First Middle)	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 Injur Code Statu	y Transp. s Code	Medical Facility	
	Operator	s	ee Above		1 1	4 0	0 10	1		1
										-
								-		-
							ļļ			_
⁷ 1	Please Select One Vehicle 4	#Occupants Non	n-Motorist A Type	15 Action 16 L	ocation	17 Condi	tion 18		Hit/Run Moped	7
1	or the rollowing:									4
	License # St	DOB/Age	Reg	#		Reg Typ	e	Re	eg State	
	Sex Lic. Class Lic.	Restrictions C	DL Veh	Year \	Veh Make			Velı		
8.	OperatorLast	First	Middle	erLast		First		Mic	ddle	
<u> </u>	Address		Addı	ess						14
	City Stat	e Zip	City.			Sta	nte	Zip		2 14
	Insurance Company		Vehi	cle Action Prior to Crash		22 D	amaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence 23	23 23	23	est Status:		28	
9 _	Citation # (If Issued)		Mosi	Harmful Event	24	'	ype of Test:		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25	AC Test Resusse. Alcohol		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s	``——	33	
	Please fill out for operator/no				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	y Transp.		†
	Name (Last First Middle)	. 1	Address	DOB/Age Sex	Pos. System			s Code	Medical Facility	-
	Operator/Non-Motoris	<i>t</i> S	ee Above	X	1			11		_
		V								
										7
								+		1



	Police Use Only	Comn	nonwealth (of Massa	chuse	etts			RM	V Docu	ument Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$h $ $\begin{bmatrix} N \\ V \end{bmatrix}$	umber chicles	Number Injured	1 '	l Limit.	35	Local Fonce		
	09/28/2019 1850 Wil	mington	Police 1	Report	2	incies	1	Latitu			MBTA Police Campus Police Other:		
	AT INTERSECT	ION:	< LOCA	TION >			NOT A			SEC			
											****		2 10
	Route# Direction	Name of Roadway/Stre	eet	Route# Directio	21 Addi	2 ress #	MAI			Roadw	/ay/Street		
¹ 3		At				_				roudi	ayronou		
			·	Feet N	SEW	of -	 Mile N			or _	Exit Number		
	Route# Direction Na	nne of Intersecting Roadwa		Feet N	SEW	of							3 11
					SEW		Route#		Interse	ecting R	Roadway/Street		
² 1	Route# Direction Na	me of Intersecting Roadwa	ay/Street		. L L L	-			La	ndmark			
2	Please Select One Vehicle 13	#Occupants Hit/R	tun Moped	Crash Rep	nort ID#	1 0.	-32	1_			·		
3	of the Pollowing.												
	License # S56531268 St N Sex M Lic Class 19 19 Lic	20		8MX728								211	1 12
	Description of the second of t	Restrictions CD	dorsement	/ear 2011				<u> </u>		Veh	Config. 1	╛┞	
⁴ 5	Operator VILLETTE, NIC	First	Middle	er VILLETT Las	i ,		First			Mis	ddle		
5	Address 29 CONNOLLY RI			ess 29 CONN								-	
	City BILLERICA State		-5039 City	BILLERIC	A						1821-503	, I	
	Insurance Company GOVT EMPI		Vehic	le Action Prior to C		1	ᆜ .			Code:	8 ²⁷ 7 ²⁷	27	
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Event	Sequence 23	<u> </u>	23	23	Test Sta Type of			29		
Т.	Citation # (If Issued)		Most	Harmful Event 1	L 24			BAC Te		ılt:	30		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	1	25	25	Susp. Al	cohol:	2 31	Susp. Drug:2	32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by) ²⁶		7	Towed f	rom sc	ene?	3 33	_	
1	Please fill out for oper	ator and all occupants invo	Dived Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Ejec Status Cod	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator		e Above	DOBINGE	1		4 0	0	9		Lahey Clinic		
					3	1	4 0	0	10	2	Lahey Clinic		
		·		-				+			Lahey Clinic		
					6	4	4 0	0	10	2			
⁷ 9	Please Select One of the Following:	#Occupants Non-I	Motorist A Type	15 Action 1	Locatio	on	17 Cond	ition	18		Hit/Run 🔲 Mo	ped	
	License # S71308840 St N	A DOB/Age	Reg #	5CS548			Reg Tyı	e PC		Re	eg State MA		
	19 19	Restrictions B 20 CD	L Veh Y	ear 2016	Veh M	ake N	ISSA	<u> </u>		_ Veh	Config. 1	21	
	Operator LLOYD, CHARLE	S CARROLL	dorsement JR Owne	LLOYD,	CHAR	LES	CAR	ROL	LJ	R			
⁸ 2	Address 27 ROBINHOOD 1			ess 27 ROBI	NHOC	D L	First N			Mic	ddle	[
	City BILLERICA Stat	e MA Zip 01821	-3221 City 1	BILLERIC	A		St	ate M	A z	ip 01	L821-322	1	1 14
	Insurance Company COMMERCE	INSURANCE	Vehic	le Action Prior to Ci	rash	4 2	22 I	Damage	d Area	Code:	1 27 2 27	27	
	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Event	Sequence 23	23	23	23	est Sta	tus:		28		
9	Citation # (If Issued) T1682748		Most	Harmful Event 1	24			ype of		.	30		
⁹ 2	Viol. 1: Ch/Sec/Sub 89 8	Viol. 2: Ch/Sec/Sub	Drive	∟ r Contributing Code	4	²⁵ 3	25	BAC Te lusp. Al				32	
		Viol. 4: Ch/Sec/Sub —		r Distracted by	9 26			owed f			2 33	-	
	Please fill out for operator/no	n-motorist and all occupar	nts involved		34 Seat	35 Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.	***************************************	\dashv	
	Name (Last First Middle) Operator/Non-Motoris		Address Above	DOB/Age	Sex Pos.		Status Code	Code	Status 10	Code 1	Medical Facility	-	
	- P			\forall	1			+					
					_			-					



MV1 was traveling northbound on Main Street/Route 38 in the innermost northbound travel lane.MV2 was exiting the second driveway of the Cumberland Farms Gas Station and attempting to turn left out of the gas station onto Main Street/Route 38 northbound. Posted at the second driveway is a sign that states "Right Turn Only" and that patrons are prohibited from taking a left across three lanes of traffic onto Main Street northbound.MV2 disregarded the posted sign and took a left turn out of the Cumberland Farms driveway onto Main Street northbound.MV2 also failed to yield to oncoming traffic that was traveling straight ahead on Main Street northbound and collided with MV1.MV2 struck MV1 on the left(Driver's) side door.MV1 had damage to the front left and left side of the vehicle.MV2 suffered damage to the front right side of the vehicle.The operator of MV1 claimed chest pain/injury, was transported, and MV1 was towed from the

Witnesses:								
Name (Last,First,Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	ription of Damaged I	Property	
Truck and Bus Information: Carrier Name Address US DOT #: Interstate 43 Cargo Body Tyl Trailer Reg #: Hazmat Information:	State Number	GVWR/GCWRReg State	City Issuing State 45Reg Year	MC/MX.	/ICC #	agth 46	•	42
Placard Material 1 digit #	Material Name	e		_Material 4 dig	git #	R	elease code	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

09/28/2019

Wilmington Police Department Crash Narrative Case # 19-321-AC

MV1 was traveling northbound on Main Street/Route 38 in the innermost northbound travel lane.MV2 was exiting the second driveway of the Cumberland Farms Gas Station and attempting to turn left out of the gas station onto Main Street/Route 38 northbound. Posted at the second driveway is a sign that states "Right Turn Only" and that patrons are prohibited from taking a left across three lanes of traffic onto Main Street northbound.MV2 disregarded the posted sign and took a left turn out of the Cumberland Farms driveway onto Main Street northbound.MV2 also failed to yield to oncoming traffic that was traveling straight ahead on Main Street northbound and collided with MV1.MV2 struck MV1 on the left(Driver's) side door.MV1 had damage to the front left and left side of the vehicle.MV2 suffered damage to the front right side of the vehicle. The operator of MV1 claimed chest pain/injury, was transported, and MV1 was towed from the scene.

Police Use Only	Com	monwealth (oi massacii	usells			TI Y DOCK	ument Number	ı
Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lin	_{iit} 25	State Police Local Police	
	mington	Police	Report	1	1			Campus Police	1
	ION:				NOT A				1
			:						2 10
Bt. Diversity	N 6D 1 6			20	GROV			10.	_
Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name	of Roadw	/ay/Street	_
-			Feet N S	E W of		_ • -	— or _	r '. N. 1	_
Route# Direction Na					Mile Mi	irker		Exit Number	1 11
	Also at Intersection	with			Route#	Inte	rsecting F	Roadway/Street	·
Route# Direction Na	ane of Intersecting Road	.way/Street	Feet N S	E W of					_
N 0 1 1 0						***************************************	***************************************	ζ	-
of the Following: Vehicle 11	#Occupants	t/Run Moped	Crash Report	1D# 19	-32	2-A	C		
License # S78986547 St N	1A DOB/Age	Reg	#_2E6817		Reg Typ	MC	R	eg State MA	
10 10	20							21	1 12
[т ——	Endorsement						- J	
Last	First				First		Mi	iddle	-
	. MA 7: 0188				Ç.	. M75	~: ∩1	1007-3525	-
									, I
					<u></u>		ca code.	1 28	ⁱ
	Responding to Eme	rgency? Z Even				pe of Test	:	29	
			Harmful Event 43		В	AC Test R	esult:	1 30	12
			er Contributing Code		25 S	isp. Alcoh	ol: 1 31	Susp. Drug: 2 32	40 ¹³
Viol. 3: Ch/Sec/Sub 90 24	Viol. 4: Ch/Sec/Sub	90 10 Drive	er Distracted by 99	26	To	wed from	scene?	1 33	
•	rator and all occupants in		DOB/Age Sex	34 35 Seat Safety Pos System	36 37 Airbag Eject Status Code	38 3 Trap Inje	ry Transp.	Medical Facility	7
			1000 A	1	5 1	0 8		Saints Memorial	7
- F				1-					\dashv
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						-			1
Please Select One Vehicle 2							_		
venicle 2	_#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion	8	Hit/Run Mone	
of the Following:	#Occupants No	n-Motorist A Type	Action		Condi	tion		Hit/Run 🔲 Mope	d
License # St	DOB/Age		15 Action 16		Condi	tion			d
License # St St St	DOB/Age	Reg ;	Action		Condi Reg Typ	tion	Ro	eg State21	d -
License # St St St	DOB/Age	Reg ;	Action		Condi Reg Typ	tion	Ro	eg State21	d -
License # St St Sex Lic. Class 19 19 Lic.	DOB/Age	Reg a CDL Veh ' Endorsement Own Middle	Action Year Year		Condi	tion	Ro	eg State 21	
License # St_ Sex Lic. Class 19 19 Lic. Operator	DOB/Age	Reg a CDL Veh Endorsement Middle Own Addr	Year	Veh Make	Condi Reg Typ	tion	Row Veh	eg State 21 Config.	- - - - 1 14
License # St_ Sex Lic. Class 19 19 Lic. Operator Last Address	DOB/Age	Reg : CDL Veh Veh Condorsement Middle Addr City	Action Year Last	Veh Make	Condi Reg Type First Sta 22	teamaged Ar	Row Veh	eg State 21 Config. 21	- - - - 1 14
License # St _ St _ Sex _ Lic. Class 19 19 Lic.	DOB/Age	Reg s CDL Veh ' Endorsement Middle Addr City Vehic	Year Last	Veh Make	Condi Reg Type First Sta 22 D 23	teamaged Ar	Row Veh	eg State 21	- - - - 1 14
License # St Sex Lic. Class	DOB/Age	Reg i CDL	YearLast eessLast	Veh Make	Condi Reg Type First Sta 22 D Type	teamaged Ar	Ro Veh	eg State 21 Config. 21	- - - - 1 14
License # St Sex Lic. Class	DOB/Age	Reg i CDL Veh ' Endorsement Own Middle Addr City. Vehic rgency? Even	Action Year Last ess cle Action Prior to Crash t Sequence 23	Veh Make	Condi Reg Type First Sta 22 D To Ty B	teamaged Ar	RoVeh	eg State 21 config. 21 ciddle 27 27 27 27 28 29 30	
License # St St Sex Lic. Class 19 19 Lic. Operator Last Address Stat Insurance Company Vehicle Travel Direction: N S E W Citation # (If Issued)	DOB/Age	Reg a CDL	YearLast essLast t SequenceLast Harmful Event	Veh Make	Condi Reg Type First Sta 22 D To B 25 Sa	teamaged Arst Status:	Re Veh Mi Zip ea Code:	eg State 21	
License # St	Restrictions 20 CF First Te Zip Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —	Reg i CDL Veh ' Endorsement Own Middle Addr City. Vehic rgency? Even Most Drive	Year	Veh Make	Condi	tte	Row Veh Mi Zip ea Code: essult: 31 scene?	eg State 21 Config. 21 iddle 27 27 27 28 29 30 Susp. Drug: 32	
License # St Sex Lic. Class	Restrictions 20 C F First te Zip Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occup	Reg s CDL	Year	Veh Make	Condi Reg Type First Sta 22 D Type 25 Sta To To	teamaged Arest Status: //pe of Test AC Test R isp. Alcohowed from	Re Veh Mi Zip ea Code: esult: 31 scene?	eg State 21 Config. 21 iddle 27 27 27 28 29 30 Susp. Drug: 32	
License # St	Restrictions 20 C F First te Zip Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occup	Reg s CDL Veh v Endorsement Own Middle Addr City. Vehic rgency? Even Most Drive Dants involved	Year	Veh Make	Condi Reg Type First Sta 22 D 23 To B 25 Sta To Airbag Eject	amaged Arest Status: //pe of Test AC Test R Isp. Alcohowed from 38 38 37 Trap laip	Re Veh Mi Zip ea Code: esult: 31 scene?	eg State 21 Config. 21 iddle 27 27 27 27 28 29 30 Susp. Drug: 32 33	
License # St Sex Lic. Class	Restrictions 20 C F First te Zip Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occup	Reg s CDL	Year	Veh Make	Condi Reg Type First Sta 22 D 23 To B 25 Sta To Airbag Eject	amaged Arest Status: //pe of Test AC Test R Isp. Alcohowed from 38 38 37 Trap laip	Re Veh Mi Zip ea Code: esult: 31 scene?	eg State 21 Config. 21 iddle 27 27 27 27 28 29 30 Susp. Drug: 32 33	
License # St Sex Lic. Class	Restrictions 20 C F First te Zip Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — on-motorist and all occup	Reg s CDL	Year	Veh Make	Condi Reg Type First Sta 22 D 23 To B 25 Sta To Airbag Eject	amaged Arest Status: //pe of Test AC Test R Isp. Alcohowed from 38 38 37 Trap laip	Re Veh Mi Zip ea Code: esult: 31 scene?	eg State 21 Config. 21 iddle 27 27 27 27 28 29 30 Susp. Drug: 32 33	
	Route# Direction Route# Direction Route# Direction Na Please Select One of the Following: Vehicle 11 License # \$\sigma 78986547\$ St. \$\sigma \text{Lic. Class p} 19 19 Lic. Operator CELATA , ANTHO Last Address 11 WALNUT ST City WILMINGTON Stat Insurance Company PROGRESSI Vehicle Travel Direction: N S E \$\text{N}\$ Citation # (If Issued) \$\text{T1683181}\$ Viol. 1: Ch/Sec/Sub 90 18 Viol. 3: Ch/Sec/Sub 90 24 Please fill out for oper Name (Last First Middle) Operator	Route# Direction Name of Roadway/S Route# Direction Name of Intersecting Road Also at Intersecting Road Also at Intersecting Road Also at Intersecting Road Route# Direction Name of Intersecting Road Please Select One of the Following: Vehicle 11 #Occupants Hite License # \$78986547 St MA DOB/Age Sex M Lic. Class 19 19 19 Lic. Restrictions 20 Celebrate Properties Propert	AT INTERSECTION: Route# Direction Name of Roadway/Street	AT INTERSECTION: Route# Direction	AT INTERSECTION: AT INTERSECTION: AT INTERSECTION: AT INTERSECTION: AND A INTERSECTION AND A	AT INTERSECTION: AND AD Address ## AD Address ## AD Address ## AD DIrection Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersection with Feet NS E W of Route# Feet NS E W of Route# AD Address \$1 \text{ No S E W of Route#} Feet NS E W of Route# AD Address \$2 \text{ No S E W of Route#} AD Address \$2 \text{ No S E W of Route#} AD Address \$3 \text{ No Report ID# 19 - 32 \text{ No S E W of Route#} Owner DELUCIA, CHRISTOPHE Last Address \$3 \text{ JONES AVE} City WILMINGTON State MA Zip 01887-3137 To Wehicle Action Prior to Crash Address \$3 \text{ JONES AVE} City WILMINGTON State MA Zip 01887-3137 To Wehicle Action Prior to Crash Address \$3 \text{ JONES AVE} Driver Contributing Code \$10^{25} \text{ 22} Sign Sidely Address Sign Sidely Sidely Sidely Signs Sidely Sidel	Police Report 1 1 Lantitude AT INTERSECTION:	Police Report 1 1	AT INTERSECTION: AND ADDRIVE AVE Name of Roadway/Street AND ADDRIVE AND INTERSECTION: AT INTERSECTION: AND ADDRIVE AND AND

	= Direction 1	= Vehicle 1 2	= Vehicle 2	₹ = Pedesti	rian 📆 =	= Bicycle	
Crash Diagram:	ie: 👈 🗓	2	□ →	· 옷	→ %		
×Shoex	Tree -		Fence post was damage			If Crash Did Not Oon a Public Way:	
Office					\$	_	
						☐ Garage	
						Mall/Shopping Center	100
						Other Private Way	
	2	0 Grove Ave				Indicate North by A	Arrow
Grove Ave, Wilmington		1					
		1					
Crash Narrative:							
On09/28/19, WPD was d	ispatched to	the area	of Grove Ave	e for a	a report	of Motorcycle	s on
Grove Ave speeding an						-	onded
and located a motorcy							
reported involved fle	d the scene.	Operator	was later fo	ound do	own the	street. He rep	orted
that he was driving d	own Grove and	d lost con	trol. Opera	tor was	s wearin	g helmet at ti	me of
crash. Operator had to	orn clothes	that match	someone who	o was	involved	in motorcycle	crash.
Operator had "road ra	ash" on both	arms legs	, chest and	back.	Operato	r was transpor	ted to
Saints Memorial Hospi	tal in Loweli	l by Tewks	bury Ambula	nce (A-	-1) Moto	rcycle suffere	<u>d</u>
heavy damage all over							
satisfactory. Operator							
lanes, use without au	thority, and	operating	mv with im	proper	classif	ication.See 19	-368-AR
Witnesses:		T					
Name (Last,First,Middle)		Address		01005 (Phone #		Statement
WILLIAMS DAVID A		20 GROVE AVE	WILMINGTON MA	01887-2	2015		
WILLIAMS RUTH		20 GROVE A	VE WILMINGTO	N MA 01	887 '		
Property Damage:		•				•	
Owner (Last,First,Middle)	Address	and other	Phone #	41-Type	Description of	Damaged Property	
WILLIAMS DAVID A	20 GROVE AVE WILMIN	IGTON MA 01887-2		97	FENCE		
WILLIAMS DAVID A	20 GROVE AVE WILMIN	IGTON MA 01887-2	I ====	97	TREE		
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name			No contains it could	***************************************		Bus Use	42
Address			City		5	St Zip	
US DOT #:	State Number		_ Issuing State	MC/MX	I/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Length	46	
Hazmat Information:							

Patrol Officer Daniel P Furbush

Material 1 digit #

196

Wilmington Police Department

Material 4 digit #

09/28/2019

Material Name

-Release code

Placard









