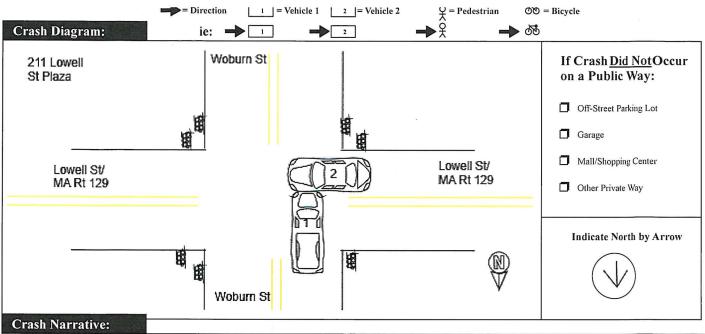
	Polic	e Use Only		Con	nmonv	vealth	of Mass	ach	ıus	etts	S			RM	V Doc	ument l	Number	
	1	Time of Crash	City WILMIN	//Town	Mo	tor Veh	icle Cra	ash		lumber ehicles			•	d Limit		Loc	e Police al Police TA Police	
		24HR	00 T TH/1 T I/	GION		Police	Report		2		0		Latitu Longi	ide itude _			npus Police	8
		AT INTERS	SECTION	:	<	LOCA	TION	>			NO	ΓΑΊ	ſ IN	TER	SEC	TION	V:	
		LOWE	ELL ST															2 10
¹ 4	Route# Directi			ne of Roadway	/Street		Route# Direc	ction	Add	ress#			Na	ame of	Roady	vay/Stre	et	
4		WORU	JRN ST	At			Feet	N S	EW	of					or _			
	Route# Directi		Name of I	ntersecting Ro							Mi	le Ma	rker			Exi	t Number	3 11
			Als	o at Intersection	n with			N S		_	Route	#		Inters	ecting l	Roadwa	y/Street	- []
² 3	Route# Directi	ion	Name of I	ntersecting Roa	adway/Street		Feet	NS	EW	of of								_
L	Please Select Or		. 1 2 _#Occ	cupants 🗀 L	lit/Dun	Moped	Crash I	D	ID#	1 0		60			ndmar	k		
3	of the Following	».			ii/Kuii													
	License # S31	10 1	St_ MA _ I	20			49FF22										21	1 12
	Sex M Lic. Cl		Lic. Restric		CDL Endorsemen	ıt	/ear 2018								Veh	Config.	1	
⁴ 3	Operator MUL			JOHN	Middle		er MULLEN	Last			Fii	HN			М	iddle		-
	Address 24 D			~: 010 <i>i</i>	01_162		ess 24 DAI											-
	Insurance Compan				<u> </u>		WOBURN				22				Cip <u>U</u> . Code:		L-1632	- I
	Vehicle Travel Dire			sponding to En			le Action Prior to	23	23	23	23		st Stat		Code.	1 28]
⁵ 1	Citation # (If Issue		N	sponding to En	iergency?_2_		Sequence 1	1	24			Ty	pe of	Test:		29		
	Viol. 1: Ch/Sec/Su	,		Ch/Saa/Suh			Harmful Event r Contributing Co		1	25	25			st Resi		1 30		13
	Viol. 3: Ch/Sec/Su						r Distracted by	0	26					cohol: rom sc		22	Drug: 2 32	2 1
⁶ 2	7101. 5. 011/500/81	Please fill out f				2	- Distracted by		34	35	36	37	38	39	40	2 33		_
	Name (Last First Midd				Address		DOB/Age	Sex	Seat Pos.	Safety System		Ejeet Code	Trap Code	Injury Status	Transp. Code	M	edical Facility	
	Operator		24	DARTMOUTH S	See Above			X	1	1	4	0	0	10	1			
	MAUREEN MULL	EN		BURN, MA 018				F	3	1	4	0	0	10	1			
⁷ 2	Please Select One of the Following:		2 2 #Occ	upants N	on-Motorist	A Type	15 Action	16 L	_ocatio	on	17 C	onditi	on	18	i i	Hit/Run	Море	ed
_	License # S52	170597	St.MA D	OB/Agu		Reg #	1YKZ80				Reg	Type	PC	J	Re	eg State	MA	-
	Sex F Lic. Cla	19 19 19	Lic. Restrict	ions 20	CDL	Veh Y	ear 2018				-					•	21	_
	Operator BOR (GES, IV	ANETE	F	Endorsement	t	r BORGES											_
⁸ 1	Address 500	NORTHSE	IORE RI	APT		Addre	ss <u>500 NC</u>	Last DRTI	HSH	ORI	Fin RI		AP'	т 2		ddle		_
	City PEABO D	Σ	State MA	_ Zip 0196	0-4046	City_	PEABODY	••••				State	e <u>M7</u>	A z	iр 0 1	L960	-4046	<u>1</u> 1 14
	Insurance Company	y LIBERT	Y MUTU	AL INS		Vehic	e Action Prior to	Crash		1	22	Dai	mageo	d Area	Code:		27 27]
	Vehicle Travel Dire	ection: NS	W Res	ponding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		st Stati			28		
⁹ 2	Citation # (If Issued	d)				Most	Hannful Event	1	24			• • •		t Resu	lt:	30		
\dashv	Viol. 1: Ch/Sec/Sub	b	Viol. 2:	Ch/Sec/Sub -		Drive	Contributing Co	de		²⁵ 3	25	Sus	sp. Alc	ohol:	2 31	Susp.	Drug: 2 32	
ļ	Viol. 3: Ch/Sec/Sub			Ch/Sec/Sub -			Distracted by	99	26	·				om sce		1 33		_
ļ	Please Name (Last First Middle	e fill out for oper	ator/non-motor	rist and all occu	npants involve	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	Me	edical Facility	
ĺ	Operator.	/Non-Mot	torist		See Above	-		X	1	1	2 (, 7	0	10	1			
	LELIA GIBSON			1/2 PALMER LEM, MA 0197				F	1	3	2 (,	0	10	1			
												$\neg \dagger$						
-												\dashv						1
L							_L	L				1						



On 10/27/19, I was on patrol an located a two vehicle crash in the area of Lowell St and Woburn St. Veh 1 operator reported that he was traveling south on Woburn St. As he approached the intersection, his light (Woburn St) turned green. Veh 1 operator reported Veh 2 ran the red light and he collided with Veh 2. Veh 2 operator reported that she was traveling straight on Lowell St (Ma Rt 129). She initially reported that she didn't know if her light was red or not. She reported it wasn't like her to run red lights so she didn't believe the light was red. Later she reported her light was green. When I asked if she knew if the other car had a red light she reported she didn't know. Veh 1 suffered damage to front bumper and grill. Veh 2 had damage to drivers door, front quarter, bumper and drivers front wheel. Veh 2 driver's side air bag was deployed. Cains towing arrived and towed Veh 2. Medical refusal for all involved.

Witnesses:					27.204 000
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last,First,Middle) Addres	S	Phone #	41-Type De	escription of Damaged Property	
Carrier Name		City		St Zip	
US DOT #: State Nur Interstate Cargo Body Type Code Trailer Reg #: Reg	44 GVWR/GC	WR 45		46	
Hazmat Information: 47 Placard Material 1 digit #	Material Name		Material 4 digit #	Release code	49

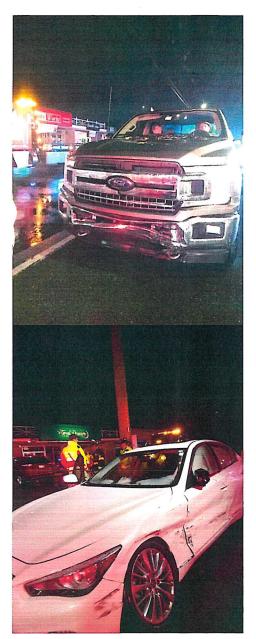
Patrol Officer Daniel P Furbush

196 ID/Badge # Wilmington Police Department

10/27/2019

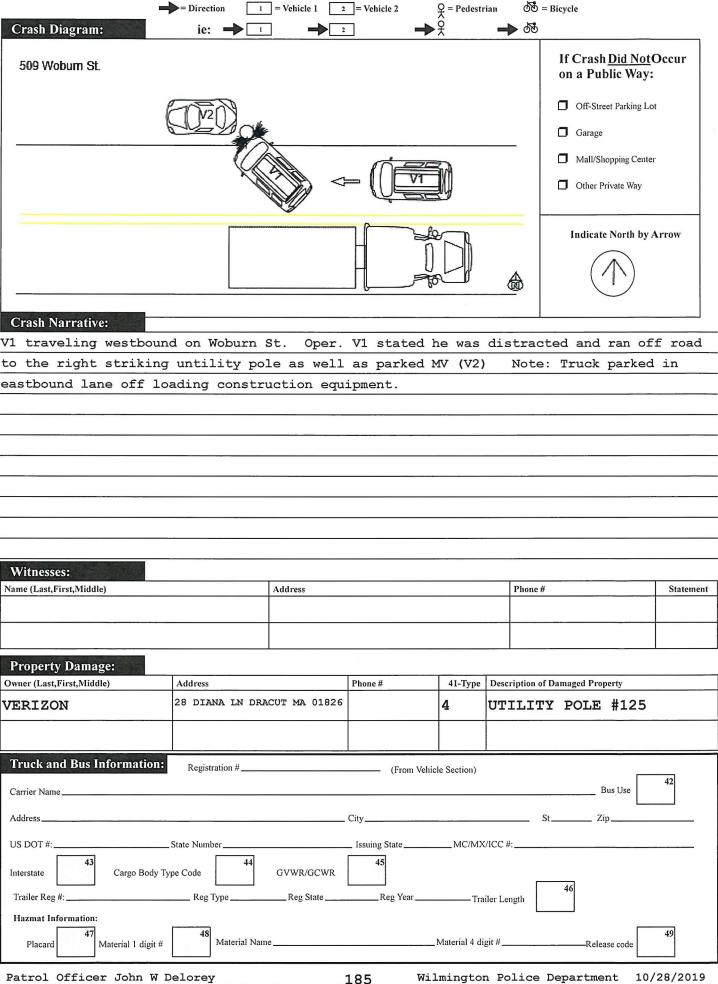
Wilmington Police Department Images Associated with 19-368-AC





	Police Use Only	Comn	nonwealth	of Massacl	husetts		RM	V Document Numb	er
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Local I one	ce 🔯
	10/28/2019 0933 Wil	mington	Police :	Report	2	0	Latitude Longitude _	MBTA Poli Campus Po Other:	olice
	AT INTERSECT	ION:	< LOCA			NOT A		SECTION:	
									2 10
	D. III				509	WOBU	JRN ST		
¹ 1	Route# Direction	Name of Roadway/Stro	eet	Route# Direction	Address #		Name of	Roadway/Street	
				Feet N S	E W of				
	Route# Direction Na	me of Intersecting Roadw	ay/Street	[Mile Ma	arker	Exit Nun	1 11
		Also at Intersection wi	th	Feet N S		Route#	Inters	ecting Roadway/Stre	eet
² 2	Route# Direction Na	me of Intersecting Roadw	av/Street	Feet N S	E W of				
2				<u> </u>			La	ndmark	
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repor	t ID# 19	-36	9-AC		
	License # SA1280581 St N	TA DOR/Age	Pag	# <u>M21601</u>		Pag Typ	ം ന	Pag State MA	
	19 19	20		Year 2016					21 1 12
		En	doreament					Veh Config	
⁴ 1	Operator FARRELL, CHRI	First		er L KNIFE	AND SC	First	<u> </u>	Middle	
	Address 10 WESTERN AVI			ess BX K				********	
	City NORTH CHELMSFORD State		-2426 City	KINGSTON				Zip 02364-0	77
	Insurance Company TRAVELERS	IND CO		ele Action Prior to Cras		┙ -	amaged Area	Code: 1 27 2 27	7 27
⁵ 1	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Even	t Sequence 40 23	2 23 2 23	23	est Status:	29	
1	Citation # (If Issued)		Most	Hannful Event 22	24	•	ype of Test: AC Test Res		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	20 25	25	usp. Alcohol:		g 32 22 ¹³
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so		
⁶ 1	Please fill out for oper	rator and all occupants inve	olved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical F	acility
	Operator	Se	e Above		1 1	1 0	0 10	1	

	Blanca Salaat One			15 16		17	18		
⁷ 1	of the Following:	#Occupants Non-	Motorist A Type	Action	Location	Condi	tion	Hit/Run	Moped
	License # St	DOB/Age	Reg #	8MDZ50		Reg Type	e PC	Reg State MA	
	Sex Lic. Class 19 19 Lic.	Restrictions 20 CE	DL Veh \	Year 2005	Veh Make S	UBARU	r	Veh Config. 1	21
	Operator Driverless M.	V .	0	er COLOZZI,	FRANK				
⁸ 2	Last Address	First	Middle	Last ess 509 WOBU		First		Middle	
	City Stat	e Zin		WILMINGTO		Sta	nte MA 2	zip <u>01887-2</u>	2534 1 14
	Insurance Company STANDARD	,	•	ele Action Prior to Cras		_		Code: 6 27 5 27	
	Vehicle Travel Direction: NSE	Responding to Emerg		t Sequence 1 23	23 23		est Status:	28	
		responding to Emergi	·	. [=]	24	_{Ty}	ype of Test:	29	
⁹ 2	Citation # (If Issued)			Harmful Event 1	7 25	B.	AC Test Resi		
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		r Contributing Code	26	St	isp. Alcohol:	31 Susp. Drug	32
	Viol. 3; Ch/Sec/Sub			r Distracted by			owed from sc		
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp. Code Medical F	Facility
	Operator/Non-Motoris	t See	e Above	X	1				
	_	-							
	, , ,								
									-



Wilmington Police Department Images Associated with 19-369-AC





Poli	ce Use Only	C	ommonweal	th of Mass	achus	etts		RMV	Document N	umber
Date of Crash 10/28/2019	Time of Crash 2145 24HR	City/Town Wilmington		^j ehicle Cra ce Report	sh [ured Lati	ed Limit_ tude_+042 gitude05	. 5388 Local	Police Police A Police us Police
	AT INTER	SECTION:	< L(OCATION	>	NO			ECTION	
Route# Direc	etion	Name of Roa		Route# Direct	31 etion Add	.6 <u>L</u>	OWELI		oadway/Stree	t
			at .	Feet	NSEV		 lile Marker			Number
Route# Direc	tion	Name of Intersectin		Feet	N S E V				ting Roadway	***************************************
Route# Direc	etion	Name of Intersection	g Roadway/Street	Feet	NSEV	of			lmark	
Please Select C		e 11 #Occupants	Hit/Run Mo	ned Crash I	Report ID#	19-3	370-		так	
of the Followin License # 011 Sex F Lic. 0	PNT69181	St. NH DOB/Age Lic. Restrictions	20	Reg # EMMALP Veh Year 2008		Re	eg Type P	С	-	21
Operator PE	FRON, TI	RACY E	Endorsement Middle	Owner PLANTE	, KIN	BERLY	First		Middle	
	PACHECO			Address 7 PAR					*	
		State <u>NH</u> Zip <u>0</u> ESSIVE INSU		City BRISTOL Vehicle Action Prior to		1 22			03222	27 27
Vehicle Travel D	-			Event Sequence 40		23 23	Test S		1 28	
	ued)	Y		Most Harmful Event			Type o		. 29	
Viol. 1: Ch/Sec/S	Sub	Viol, 2: Ch/Sec/	Sub ———	Driver Contributing Co	ode 7	²⁵ 22 ²	5	Fest Result		Drug: 2 32
Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/	Sub	Driver Distracted by	0 26		Towed	I from scen		استخبا
Name (Last First Mi		for operator and all occu	pants involved Address	DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Tra Code Coo	p Injury T	40 ransp. Code Me	dical Facility
O perato	or		See Above	\sim	$\sum 1$	1 4	0 0	8 2	Lahey C	Clinic
						i a a qu				
Please Select O of the Followin		e 2#Occupants	Non-Motorist A Typ	pe 15 Action	16 Locat	ion 17	Condition	18	Hit/Run	Moped
License #	19 1	St DOB/Age	20	*		Re			-	21
Sex Lic. C	Class	Lic. Restrictions	Endorsement	Veh Year	Veh N	1ake			Veh Config.	
Operator	Last	First	Middle	Address	Last	1	irst		Middle	
		State Zip		City			State	Zip)	
Insurance Compa	any			Vehicle Action Prior to	Crash	22	Damag	ged Area C	—	27 27
Vehicle Travel D	irection: N S	E W Responding	to Emergency?	Event Sequence	23 23	23 23	Test St		28	
Citation # (If Issu	ned)			Most Harmful Event	24	25	BACT	Test Result	30	
	Sub			Driver Contributing Co	ode	25 2:	Susp. A	Alcohol:	31 Susp. 1	Drug: 32
		Viol. 4: Ch/Sec/Serator/non-motorist and a	- WU	Driver Distracted by	34	35 36	37 38		40	
Name (Last First Mi	iddle)		Address	DOB/Age	Sex Pos.	Safety Airbag System Status		p Injury T	ransp.	dical Facility
Operato	or/Non-Mo	otorist	See Above		X^1			_		
					<u> </u>			-		

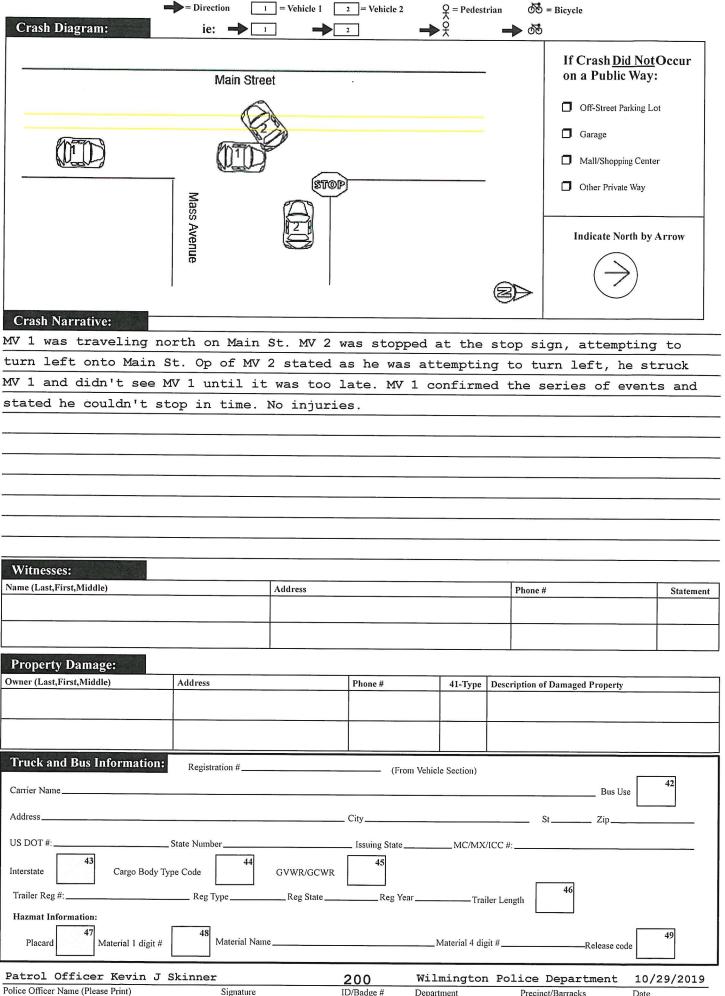
	= Vehicle 1 2	= Vehicle 2	오 = Pedestr			
Crash Diagram: ie:		」 →	<u> </u>	→ №		
316 Lowell Street Mobil On The Run					h <u>Did Not</u> C ıblic Way:	Occur
				☐ Off-Str	reet Parking Lot	
	0			☐ Garage	e	
		» ↔ √	<	New Second Control Control	Shopping Center	
		-	~	Spiritual		
				Other	Private Way	
				Indica	te North by A	rrow
	·			$\overline{\mathbb{A}}$ ($\widehat{\wedge}$	
Crash Narrative:				L		
V1 was traveling west on Lowell S	Street. The	operator st	ated a	ttempted to sl	ow for	the
upcoming intersection, but the br	akes were	not function	ing pr	operly. The ve	hicle th	nen
ran off of the right side of the	road where	it struck a	n over	head sign supp	ort knoo	cking
it from the base. The concrete ba	se was pus	hed approxiπ	ately	1 foot forward	. V1	
sustained heavy front end damage.	The opera	tor was tran	sporte	d to Lahey Cli	nic with	n what
appeared to be minor injuries.						
100 110 PM						
Witnesses: Name (Last,First,Middle)	Address			Di essa #		S4-4
Name (Last, First, Windule)	Address			Phone #		Statement
Property Damage:	š					
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of Damaged Pro	perty	
MASSACHUSETTS DEPT OF TRANSPORTAT 10 PARK PLZ Apt. #	4160 BOSTON MA 0		1	OVERHEAD SIG	N SUPP	ORT
Truck and Bus Information: Registration #		(From Vehicle	e Section)			42
Carrier Name					Bus Use	72
Address		City		St 2		
US DOT #:State Number		Issuing State	MC/MX/	TCC #:		
Lateratus 43 Corea ReducTree Code 44		45				
Interstate Cargo Body Type Code Trailer Reg #: Reg Type	GVWR/GCWR	Reg Vear		46		
Hazmat Information:	og otate	Nog Teal	Irai	ici Lengili		
47 49	me		Material 4 dig	iit#Rele	ease code	49
Patrol Officer Matthew D Stavro		180 Wil	mington	Police Departme	ent 10/	

	Police Use Only	Comn	nonwealth (of Massach	usetts		RM	V Document Number	
	Date of Crash Time of Crash 10/29/2019 0821 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit Latitude +04	35 State Police Local Police MBTA Police	200
	24HR		Police 1	Report	2	0	Latitude Longitude	Campus Police Other:	ă
	AT INTERSECT	ION:	< LOCA	TION >		NOT AT	INTER	SECTION:	
	38 N MAIN ST								2 10
1_	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway/Street	
1	62 BURLING	At TON AVE		Feet N S	E W of		- • —	or	
		ne of Intersecting Roadw			T-1-1	Mile Ma	rker	Exit Number	2 11
		Also at Intersection w	ith	Feet N S		Route#	Interse	ecting Roadway/Street	- [
² 2	Route# Direction Nam	ne of Intersecting Roadw	ray/Street	Feet N S	E W of				
	Please Select One	#Occupants Hit/I			1 0	27:		ndmark	-
³ 3	o			Crash Report					
	License # S10759758 St M	DOB/Age.		2AF186				21	1 12
	Sex E Lic, Class D Lic. I	Restrictions B CI	dorsement	Year 2003			AC	_ Veh Config. 1	
⁴ 3	Operator HANSEN, GAYNE	LL R	Middle	er HANSEN, (L R First		Middle	-
3	Address 103 BALSAM PL	0107.0		ess 103 BALS					_
	City TEWKSBURY State	•	·	TEWKSBURY			te MA 2 unaged Area	Code: 27 27 27 2	<u>O</u>
	Insurance Company SAFETY IN			t Sequence 23	23 23		imaged Area st Status:	1 28	<u> </u>
⁵ 1	Vehicle Travel Direction: NEEW	Responding to Emerg	•		24		pe of Test:	29	
	Citation # (If Issued)			Harmful Event 1	25	25	AC Test Resu		13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	7 ²⁵ 5		sp. Alcohol:		
⁶ 2	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub		er Distracted by 0	34 35	36 37	wed from sc	40	_
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Medical Facility	
	Operator	Se	e Above	\times X	1 1	4 0	0 10	1	
			11 = 111111111						
⁷ 2	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Conditi	18	Hit/Run Mop	ed
2		A DOR(A :	Bd	8VV356		D T	DC.	D See MA	_
		A DOB/Age 20 CE	_	/ear 2018	Vals Mel T.	Reg Type		Reg State MA 21	<u> </u>
	Operator CALANDRELLO,	En	dorsement	er CALANDRE				ven comig]
§1	Address 595 NORTH ST	First	Middle	Last ess 595 NORT	•	First		Middle	_
		MA Zip 01876		TEWKSBURY		Stat	e MA Z	cip 01876-122	8 1 14
	Insurance Company ARBELLA M	UTUAL INS	Vehic	le Action Prior to Crash	2		maged Area	·	77
	Vehicle Travel Direction: N KEW	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23 Te	st Status:	1 28	_
 2	Citation # (If Issued)		Most	Hannful Event 1	24	•	pe of Test: AC Test Resi	30	
2	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	sp. Alcohol:		2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from sc		-
	Please fill out for operator/not Name (Last First Middle)	•	nts involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp. Code Medical Facility	
	Operator/Non-Motorist	-1	e Above		1 99		0 10	1	
	_			T Y					
									\dashv

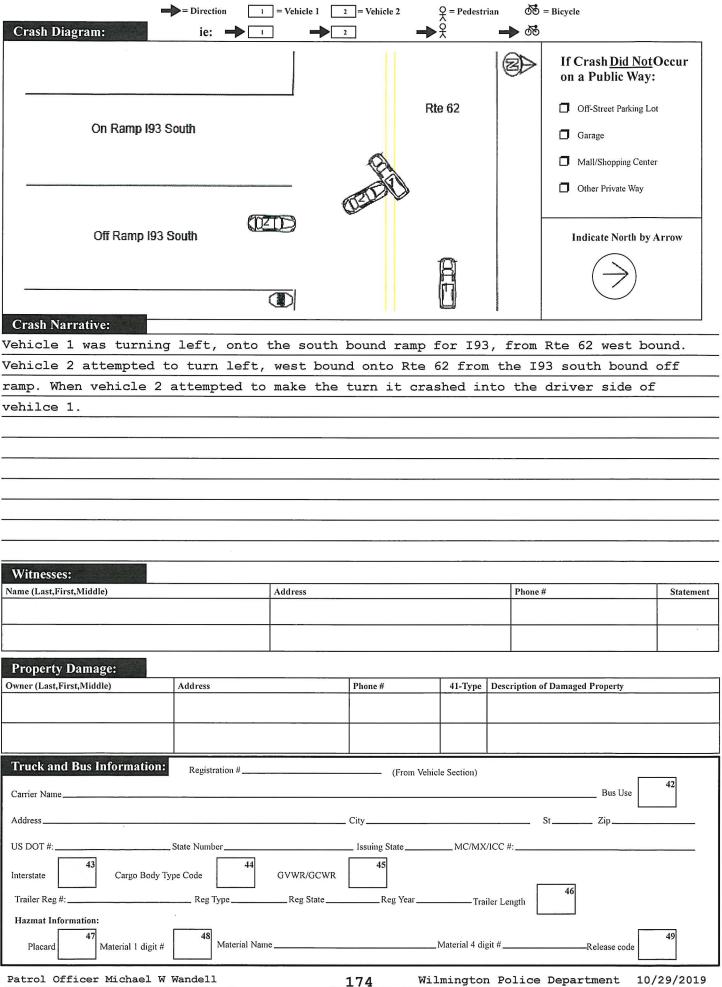
		1			1			l	1

-	= Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestri	an 🐠 =	Bicycle	
Crash Diagram:	ie: →	ı →	2	Ê	→ №		
(Route	on Avenue 62)	V2 V1	Main St	reet		If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cent	.ot
(Route	n Street 62)				3 >	Indicate North by	Arrow
Crash Narrative:							
V1 & V2 were traveling	south on	Main Street	. V2 stopped	d at th	e red li	ght. V1 rear	ended
V2. The operator stated	i that the	e light was	yellow and s	she tho	ught V2	was going to	go
through the light. No p	parties co	omplained of	injury. V1	sustai	ned mode	rate front e	nd
damage. V2 sustained mi	nor rear	end damage	as well as p	oossibl	e damage	to the exha	ust
system. Both vehicles w						-	
Witnesses:			,				i i
Name (Last,First,Middle)	8	Address			Phone #		Statement
(and)							
Property Damage:	11		In	1 44 m	D 1 1 1 1		
Owner (Last,First,Middle) A	Address		Phone #	41-Type	Description of I	Damaged Property	
				V			
Truck and Bus Information:	Registration #		— (From Vehic	ele Section)			
Carrier Name						Bus Use	42
carret ivanic							
Address			_ City		St	Zip	
US DOT #:Sta	ite Number		Issuing State	MC/MX/	ICC #:		
43	44	1	45		and the state of t	-	
Interstate Cargo Body Type		GVWR/GCWR			_		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trai	ler Length	46	
Hazmat Information:							
47	48	-			to II	Г	49
Placard Material 1 digit #	I Material N	Vaine		N 4 - 4 1 4 - 1	24 H		1
				iviateriai 4 dig	at #	Release code	
Patrol Officer Matthew D S						L	0/29/2019

	Police Use Only	Commo	onwealth (of Massacl	husetts		RM	V Docum	ient Number	
	Date of Crash Time of Crash	City/Town	Aotor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	10/29/2019 1019 Wilr	mington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A	Γ INTER	SECT		l
				,						10
	MAIN ST				•					2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name of	Roadway	y/Street	
	MASS AV			Feet N S	E W of		- •	or		
		ne of Intersecting Roadway/S	Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection with		Feet N S	E W of	Route#	Inters	ecting Ro	adway/Street	
2	Route# Direction Nan	ne of Intersecting Roadway/S	Ptyroat	Feet N S	E W of	Rodion	incis	comig ito	acturation	
² 2	Route# Direction Nan	ne of intersecting Roadway/s	Street				La	andmark		
3	Please Select One of the Following:	_#Occupants	Moped	Crash Repor	t ID# 19	-37	2-AC	•		
³ 3										
	10 10	A DOB/Age		# 2DN989					2.1	1 12
	Sex M Lic, Class D Lic, F	Restrictions 1 CDL_	sement	Year 2001			LET	Veh C	Config. 1	
4	Operator WORTMAN , JASO	N_D First Mi	ddle Own	er MONTROY,	EDITE	L L		Middl	le .	
⁴ 2	Address 10 ABBEY RD A	PT 102	Addr	ess 10 ABBEY	RD :	APT 1	02	11100		
	City LEOMINSTER State	MA Zip 01453	City.	LEOMINSTE	R	Sta	nte MA	Zip 01	453-4880	
	Insurance Company COMMERCE	INSURANCE	Vehic	cle Action Prior to Cras	h 1	22 D	amaged Area	a Code: 8	27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emergenc		t Sequence 23	23 23	23 Te	est Status:	1	28	
⁵ 1	<u> </u>			E	24		ype of Test:		29	
	Citation # (If Issued)			Harmful Event 1		35	AC Test Res		30	_ 13
	Viol. 1: Ch/Sec/Sub — V	Viol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	╚	S	usp. Alcohol:		Susp. Drug: 2 32	1
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	26		owed from so		33	
	Please fill out for opera	tor and all occupants involve		DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	İ
	Operator	See Al			1 1	4 0	0 10	1	7,000,000	1
	- F				+-		-			
								1		
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										İ
_	Please Select One Vehicle 21	#Occupants		15 16		17	. 18			
⁷ 3	of the Following:	_#Occupants Non-Mo	torist A Type	Action	Location	Condi	tion	H	t/Run Moped	
	License # S69041345 St M	A DOB/Ag	Reg #	492GK5		Reg Type	PC_	Reg		
	Sex M Lic. Class D 19 Lic. R	Lestrictions 1 20 CDL_		Year 2013	Veh Make 1	OYOTA		Veh C	onfig. 1	
	Operator SUPRENANT, GE	ORGE H	sementOwn	er SUPRENAN	T, GEC	RGE E	1			
81	Address 36 KING ST	First Mic	Jdie Addr	ess 36 KING	ST	First		Middl	le	
	City WILMINGTON State	MA Zin 01887-1		WILMINGTO		Sta	te MA	Zin 01 8	887-1940	1 14
	Insurance Company AMICA MUT			ele Action Prior to Cras			amaged Area			
			_	12	23 23		est Status:	1	28	
	Vehicle Travel Direction: NSE	Responding to Emergency	y? <u>∠</u> Even	t Sequence 1 23		l l	ype of Test:	-	29	
⁹ 2	Citation # (If Issued)	<u></u>	Most	Harmful Event 1	24		AC Test Res	ult: 1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	19 25	25 Sı	isp. Alcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	owed from so	ene? 2	33	
	Please fill out for operator/nor	•			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury			
	Name (Last First Middle) Operator/Non-Motorist	Addr		DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	
	Operator/Indu-Material	See Al			1 1	*	0 110	++		
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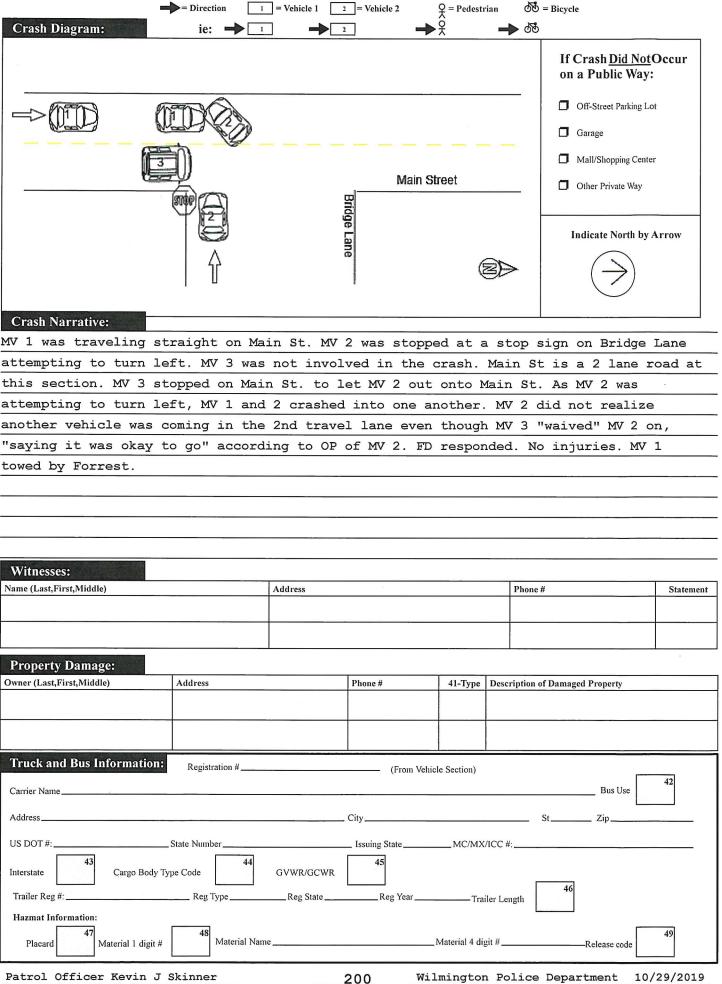


	Police Use Only	Comn	nonwealth	of Massach	usetts		RM	IV Docun	ment Number	
	Date of Crash Time of Crash 10/29/2019 1027 William	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	35	State Police Local Police MBTA Police Campus Police	7
	10/29/2019 1027 Wilr	mington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTER	SECT		1
										2 10
	93 S ROUTE 62	2 HWY Name of Roadway/Stre	eet	Route# Direction	Address #	***************************************	Name of	Roadway	v/Street	
1		At						_	,	1
	Route# Direction Nam	ne of Intersecting Roadwa	ov/Street	Feet N S	E W of	Mile Ma	arker	or	Exit Number	
	reducti Direction (Value	Also at Intersection wi		Feet N S	E W of					3 ''
2				Feet N S	E W of	Route#	Inters	ecting Ro	oadway/Street	
² 3	Route# Direction Nan	ne of Intersecting Roadwa	ay/Street				La	andmark		_
³ 2	Please Select One of the Following:	_#Occupants	Run Moped	Crash Report	1D# 19	-37	3-AC	٦ -		
2		A_ DOB/Age	Page	# 6HR262		D T	PC.		MA	
		estrictions 1 CD		Year 2015					21	1 12
	Operator GUPTILL, EMIL	End End	dorsement	er GUPTILL,				ven C	.onng.	
⁴ 2	Address 22 COTTAGE PAR	First	Middle	er GOPTTIII, ess 22 COTTA		First	***************************************	Middl	le	
	City READING State			READING	y <u>n Fri</u>		M/2	z: 010	867-2214	
	Insurance Company ESURANCE				[<u>,</u>		amaged Area	-		
	Vehicle Travel Direction: SEW	Responding to Emerge	_	cle Action Prior to Crash	23 23		est Status:	1	28	
⁵ 1	Citation # (If Issued)		•	t Sequence 1 23	24	l	ype of Test:		29	
	•			Harmful Event 1	1 25	25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	S	usp. Alcohol:		Susp. Drug. 2 32	
⁶ 2	Viol. 3: Ch/Sec/Sub \ Please fill out for opera	tor and all occupants invo		er Distracted by 0	34 35	36 37	owed from so	ene? 1		4
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airhag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	1
	Operator	See	e Above	\times X	1 1	2 0	0 10	1		
						ŧ				
										1
										1
	Please Select One Vehicle 21	#Occupants Non-		15 16		17	18	 		1
[′] 3	of the Following:	Non-1	Motorist A Type	Action	ocation	Condi	tion	Hi	it/Run Moped	_
	10 10	A DOB/Age	_	VT4291		Reg Type		Reg	State MA	
	Sex M Lic. Class D Lic. R	estrictions 1 CD	L Veh Y	rear <u>2016</u> \	Veh Make <u>C</u>	HEVRO	LET	Veh C		
	Operator WILKINSON, DOL	JGLAS J First	Middle	er WILKINSON Last	•	GLAS First	J	Middl	le	
	Address 14 HOOD DR			ess 14 HOOD I	DR					14
		MA Zip 01810	-4757 City	ANDOVER		,			810-4757	1
	Insurance Company QUINCY MU	TUAL FIRE	Vehic	ele Action Prior to Crash	ь	ᅼᇺ	amaged Area est Status:	Code: 1	27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 1 23	23 23	23	pe of Test:	1	29	
2	Citation # (If Issued)	_	Most	Hannful Event 1	24	В.	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub ———— V	iol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	4 25	25 St	sp. Alcohol:	2 31	Susp. Drug: 2 32	
Į		iol. 4: Ch/Sec/Sub		r Distracted by 0	26		wed from so	<u> </u>	33	
ļ	Please fill out for operator/non Name (Last First Middle)	•	nts involved 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/Non-Motorist	See	Above	XX	1 1	4 0	0 10	1		1
İ										1
ŀ										1
}										1
I		1		1 1		1		1 1		1



ID/Badge #

	Date of Crash Time of Crash City/Town					Commonwealth of Massachusetts RMV Document Number												
	Date of Crash 10/29/2019	Time of Crash	1	City/Town ington	Motor	Veh	icle Cra	sh		umber	Nun		•	Limit.	35	State Police Local Police MBTA Police	0800	
	10/29/2019	24HR	1	ington	Pol	lice]	Report		2		0	ľ	Latitud Longit			Campus Police Other:		
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	ΓΑΤ	'INT	rer:	SEC	TION:		
		MAII	र ९ग															2 10
1 .	Route# Direc			Name of Roadway/S	street		Route# Direct	tion	Addr	ess#			Naı	ne of	Roadw	ay/Street		
'1		DDT	.OB 11	At			Feet	N S	EW	of			- •		ОГ			
	Route# Direc		Name	N of Intersecting Road	lway/Street		***************************************				Mi	le Mai	ker			Exit Number	_	3 11
				Also at Intersection	with		Feet				Route			Interse	cting R	Roadway/Street		
² 2	Route# Direc	ction	Name	of Intersecting Road	lway/Street		Feet	N S	E W	of				La	ndınark			
	Please Select (. 11 #	Occupants Hit	t/P	Moped	Crash R	lanavt	104	1 0	_ 3	7/	1_					
3	of the Followi	5.			i/Run	•		·····										
		7409861	St MA 19	_ DOB/A _E			# 8MZ115									2	1	1 12
	Sex F Lic.	Class D	Lic. Res	trictions 1 (CDL Endorsement		Year <u>2002</u> er JACOBS								Veh	Config. 1	╛╏	
⁴ 2	ì	Last GREENHA	F	irst	Middle		es 14 GRE	l,ast			Fi	irst	***	*	Mie	ddle		
	1			<u>-</u> <u>//A</u> Zip 0187	6-4123		TEWKSBU						e M Z	A z	in 0 1	1876-412	3	
				OCK ASSU			ele Action Prior to				22				Code:		27	
-	Vehicle Travel D	Direction: N	EW	Responding to Eme	ergency? 2	Even	t Sequence 1	23	23	23	23	Te	st Stati	us:		1 28		
⁵ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24				pe of T		14.	29		
	Viol. 1: Ch/Sec/	'Sub	Vic	ol. 2: Ch/Sec/Sub -		Drive	er Contributing Co	de	1	25	25			t Resu cohol:		<u> </u>	32	1 13
6	Viol. 3: Ch/Sec/	'Sub	Vic	ol. 4: Ch/Sec/Sub —		Drive	er Distracted by	0	26					om sc		2 33	_	
⁶ 2			for operato	r and all occupants is					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First M Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code 0	Code 0	Status 10	Code 1	Medical Facility	_	
	op								-									
	J																\dashv	
1										<u> </u>						1	_	ı
⁷ 4	Please Select (of the Followin	One ng: Vehicl	e 2 1 _#	Occupants No	n-Motorist A	Туре	Action	16 I	Locatio	on	17	Conditi	On	18	<u> </u>	Hit/Run Mo	ped .	
	License # S9	6999465		_ DOB/Age		Reg #	9MR877				Re	д Туре	PC		Re	eg State MA	_	
	Sex_ F Lic. (Class D		<u></u>	CDL Endorsement		Year 2001					SUB	ISH	II_	_ Veh	Config. 1	ן נ	
⁸ 1		RRES, K	Fi	rst	Middle		er TORRES	Last			A Fi	rst			Mie	ddle		
т		DUBLIN		- 010-	4 4000		ess 13 DUE	3LI	N S	T						1054 400	_	14
	City LOWE			<u>/A</u> Zip 0185	4-4222	•	LOWELL				22					1854-422	2	
		oany GEICO	K 21		- 0		ele Action Prior to		23	23	23		maged st Stati		Code:	8 7 7 7 7		
	Vehicle Travel D		XW	Responding to Eme	rgency?_Z		t Sequence 1	_	24			Ty	pe of T	Γest:		29		
⁹ 2	Ì	sued)		1 0 0 0 0 10 1			Hannful Event	1		²⁵ 1	o 25	1		t Resu		1 30	_	
	Viol. 1: Ch/Sec/S			ol. 2: Ch/Sec/Sub — ol. 4: Ch/Sec/Sub —			er Contributing Co er Distracted by	0	26		0	1 54		ohol:	2 31 ene?	Susp. Drug: 2	32	
				notorist and all occup	pants involved		1	<u> </u>	34 Seai	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First M		240====	1	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility		
	Operate	or/Non-Mo	norisi		See Above	····			1	1	4	0	0	10	1			



	Date of Crash Time of Crash City/Town					ealth	of Massa	ach	uset	ts			RMV	V Doci	ument Nu		
	Date of Crash 10/30/2019	i I		•	Mot	or Veh	icle Cra	sh	Num		unber jured	•	Limit	25	Local I		
	10/30/2013	24HR	AA 'T' 'T' III' T	ing con	I	Police	Report		2	0		Latitud Longit				us Police	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>		NC	T AT	INI	ΓERS	SEC'	TION:	***	
		CLAR	K GW														2 10
1	Route# Dire			Name of Roadway/	Street		Route# Direct	tion	Addres	s #		Na	me of	Roadw	vay/Street		
4		1.7755		At			Feet	N S	E W o	f —			_	or			
	Route# Dire		11000.1400.1	K AVE of Intersecting Roa	dway/Street						Aile Ma	rker			Exit 1	Number	3 11
			,	Also at Intersection	with	,			EW o	Rot	ite#		Interse	cting F	Roadway/	Street	
² 2	Route# Dire	ction	Name	of Intersecting Roa	dway/Street		Feet	N S	EW o	f							
	Please Select	One 57	.		ı,									ndmarl	k		1
³ 3	of the Followi		14#	Occupants H	it/Run [Moped	Crash R	keport l	ID# 1	9-:	37	5 –.	AC	<u> </u>			
	License # S2	2634517	٦.	_ DOB/Age		Reg	# 2MC811			R	ед Туре	PC		R	eg State 🎗		12
	Sex F Lic.	Class D 19	Lic. Res	trictions 20	CDLEndorsement	Veh	Year 2012	v	eh Mak	TOY	OTA			_ Veh	Config.	1 21	
4		MBOODIRI Last	Fir	rst	Middle	Own	er PURAYA	NNU Last	R,		YAN First	AN	CH		RABH iddle		
⁴ 4	l	PARLMONT					ess 96 PAF			PARI	ζ						
		LLERICA			52-2721	_ City	N BILLE	RIC	A					-			
	Insurance Comp	pany GEICO	GENE	RAL INS		Vehic	ele Action Prior to		1			amageo est Stat	d Area	Code:	1 28	27 27	
⁵ 1	Vehicle Travel I	Direction: N	EW	Responding to Em	ergency? 2	Even	t Sequence 1	23 :	23 2	3 23		pe of			29		
	Citation # (If Iss	sued)				Most	Hannful Event	1	24	1/	В.	•	st Resu	ılt:	1 30		12
	Viol. 1: Ch/Sec/	Sub	Vio	l. 2: Ch/Sec/Sub -		Drive	er Contributing Co		99 25		St	ısp. Ale	cohol:	2 31		orug: 2 32	1 13
⁶ 2	Viol. 3: Ch/Sec/	****		1. 4: Ch/Sec/Sub -		Drive	er Distracted by	99	26			,	om sce		2 33		
	Name (Last First N		or operator	and all occupants	involved Address		DOB/Age	Sex	Seat S	35 36 afety Airba estem Statu	g Eject s Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	ical Facility	
	Operat	or			See Above		><	X	1 9	9 4	0	0	10	1			

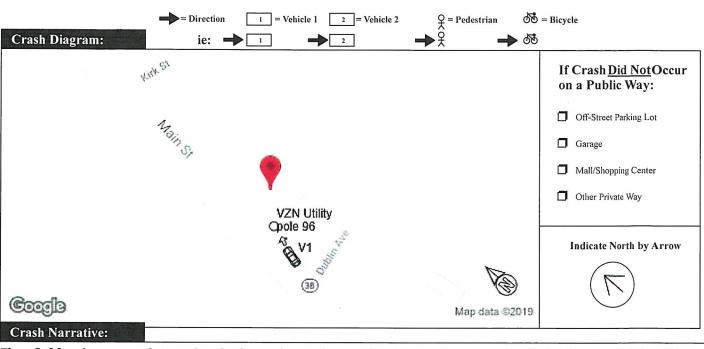
																	1
	Please Select (One Vehicle	.1 #/	Occupants Disc			15	16		17			18			Moped	
[′] 2	of the Followi	ng: Venicie	2.4	Occupants N	on-Motorist A		Action		ocation		Condit	ion			Hit/Run	Moped	
		8870684 19 19	7	_ DOB/Agt			NE78KL				ед Турс			R	eg State 🌡	MA 21	
	Sex M Lic.	Class D	Lic. Rest	trictions	CDL Endorsement					HYU				_ Veh	Config.	1	
3 2	-	AHERTY,	Fir	IAM F	Middle		er FLAHER	Last		LLIA	M F First			Mi	iddle		
_		ELLEY RE		ra	7-2421		ess 6 KELI		KD					. ^-	1007	0401	14
	City WILM			1A Zip 0188			WILMING'		- L	22			L Z i Area			<u>-2421</u>	
		any COMMER					cle Action Prior to		23 2	Щ,		st Stat		Code.	3 1 28		
	Vehicle Travel E	Direction: NS sued) $T16828$		Responding to Em	ergency? Z		t Sequence 1		24		Ту	pe of T	Гest:		29		
2			_					1		3 2	5		t Resu		2 30		
	Viol. 1: Ch/Sec/		V10:	1. 2: Ch/Sec/Sub -			er Contributing Co		99 ²⁵		_ Sı	sp. Ale	L	31	Susp. E	orug: 2 32	
	Viol. 3; Ch/Sec/	Sub ————————————————————————————————————		l. 4: Ch/Sec/Sub -			er Distracted by	99	34	35 36	37	38	om sce	40	2 50]
	Name (Last First M	fiddle)		I and an occi	Address	-	DOB/Age	Sex	Seat S Pos. Sy	stem Statu	g Eject	Trap Code	Injury Status	Transp. Code	Med	ical Facility	
	Operate	or/Non-Mot	torist		See Above		\nearrow	X	1 9	9 4	0	0	10	1			
			**=														
		-							T								
]

	= Direction 1	= Vehicle 1 2	= Vehicle 2	옷 = Pedestri	an 👌	5 = Bicycle	
Crash Diagram:	ie: 👈 🔟	2	→	8	→ Ø	.	
Clark St			Addeset Ave Cent	³¹ S1		If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
©ccc]	≥ Vehicle			Map da	M) ita ©2019	Indicate North by A	rrow
Crash Narrative:							
Vehicle 1 was traveli						Le 2 stated she	
stopped at the light			rd. The ope	rator	for Ve	ehicle 1 stated l	ne was
struck on his side of	the vehicle	•					
Witnesses:							-
Name (Last,First,Middle)		Address			Phor	ie#	Statement
			w w				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description	n of Damaged Property	
TOWN OF WILMINGTON	CLARK ST WILMIN	GTON MA 01887		4	STOP	SIGN	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
			City			C+ 7:-	- '
Address _ ·						StZip	
US DOT #:	State Number	× 1		MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty	/pe Code	GVWR/GCWR	45				
Trailer Reg #:			Pag Voor			46	
***	Keg Type	neg state	Keg Tear	———Trai	er Length		
Hazmat Information: 47	48					_	49
Placard Material 1 digit #	Material Nam	ne	i	Material 4 dig	it #	Release code	
Patrol Officer Rafael	G Cruz	;	198 Wil	mington	Polic	e Department 10/	30/2019

Police Officer Name (Please Print)

ID/Badge # Signature

	Polic	e Use Only		Common	wealth	of Massa	ach	use	tts			RM	V Docu	ıment Num		
	Date of Crash 10/30/2019	Time of Crash 2348 W :	City/Tow ilmingt	1 I V II		icle Cra	sh	Veh	mber nicles	Numbe Injured	DPCCC	l Limit	35	State Poli- Local Poli- MBTA Pol Campus I	ice 🔯	
		24HR				Report		1		0	Longi			Other:	once 🚨	1
		AT INTERSE	CTION:	<	LOCA	TION	>		1	YOT A	AT IN	TER	SEC	TION:	Maria	10
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4				At	. 1881											1
	Route# Direct	ion		ecting Roadway/Stre	eet		N S				— Marker		or _	Exit Nu	mber	1 11
			Also at I	ntersection with		Feet			I	Route#		Interse	ecting F	Roadway/Str	reet	
² 1	Route# Direct	ion	Name of Inters	ecting Roadway/Stre	eet	Feet	N S	E W	of —			La	ndmark		****	
3	Please Select O of the Followin		1#Оссира	nts Hit/Run	Moped Moped	Crash R	leport l	1D# 1	L9-	-37	6-	AC	· -			
	License # S83	223688	St MA DOB		Reg	# <u>6BJE10</u>				Reg T	/ре РС	<u> </u>	R	eg State M		12
	Sex F Lic. C	lass D 19 19	Lic. Restrictions	1 20 CDL_	Veh	Year 2013	v	eh Mal	ke <u>CF</u>	EVR	OLE:	<u>r</u>	Veh	Config. 1	- 21	3 '-
	Operator PIC	ARDI, LI	NDA C	Endorsen	Owr	er PICARD	I,	LIN	IDA.	<u>C</u>						1
1	Address 12	Last SANDRA AV	First /E	Middle		ress 12 SAN	Last IDR<i>I</i>	A A	VE	First			Mi	ddle		
		NGTON		in 01803-10		BURLING'					State M	A 2	in 01	L803-	1044	
		ny GOVT EM		•	•	cle Action Prior to		г	1 ²	3	Damage					
											Test Sta			3 28		
5	Vehicle Travel Di	<u> </u>	-tenant	ding to Emergency?		it Sequence 22		Ц.			Type of	Test:		2 29		
		ed) T16824 9				t Harmful Event		24			BAC Te	st Resi	ılt:	5 30		12
		ub <u>90 24</u>	Viol. 2: Ch/	Sec/Sub 90	24 Driv	er Contributing Co	de	14	25	25	Susp. A	lcohol:	1 ³¹	Susp. Dru	g: 2 32	22 ¹³
2	Viol. 3: Ch/Sec/S	ub 89 4A	- Viol. 4: Ch/	Sec/Sub	Driv	er Distracted by	99	26			Towed f	rom sc	ene?	1 33		
2			operator and all	occupants involved						36 3 Airbag Ej	eet Trap	39 Injury	40 Transp.			1
	Name (Last First Mic			Address See Abov		DOB/Age	Sex		99 4	Status Co	de Code	Status 10	Code 1	Medical	Facility	1
	Орегию			Sec Audi	/ C			1			- -	10	-			_
												<u> </u>				
																1
1	Please Select O		#Оссираг	nts Non-Motor	rist A Type	15 Action	16 L	ocation	n L	17 Con	dition	18		Hit/Run	Moped	
	License #		St DOB/	/Age	Reg	#				Reg T	/pe		R	eg State		1
	Sex Lic. C	lass 19 19	Lic. Restrictions	CDLEndorsen	nent	Year	v	eh Mal	ke				Veh	Config.	21	
1	Operator	Last	First	Middle			Last			First			Mi	ddle		
	Address		State Z	ip		ress					State	z				9914
	Insurance Compa	ny			Vehi	cle Action Prior to	Crash		2	2	Damage	d Area	Code:	27 2	27 27	
	Vehicle Travel Di	rection: NSE	w Respon	ding to Emergency?	Ever	it Sequence	23	23	23	23	Test Sta	tus:		28		
	Citation # (If Issu	ed)			Mos	t Hannful Event		24]	Type of	Test:		29		
2	,	·					 		25	25	BAC Te	1		30	20	
		ub ————				er Contributing Co	ode [26			Susp. A		31	Susp. Dru	ıg: 32	
		ub				er Distracted by	<u></u>		7, 1	16 T -	Towed f	from sc	ene?	33		_
	Plea Name (Last First Mid	ise fill out for operate	or/non-motorist a	and all occupants inv	olved	DOB/Age	Sex			36 3 Airbag Ej Status Co		Injury	40 Transp. Code	Medical	l Facility	
	Operato	r/Non-Moto	rist	See Abov	/e		X	1								
	A					+				+	_	<u> </u>	ļ			1
										-						4
																_



The following was determined through my investigation: Upon arrival I observed V1 off the road, against Verizon pole 96, with significant front damage. The Opr was nearby sitting in the calling party's vehicle awaiting EMS response. From conversation with the Opr, I was informed that she lost control of the vehicle and slid into the pole. During my conversation and investigation of the crash, it was determined that the Opr was intoxicated and she was subsequently arrested for OUI. The Opr refused any medical treatment on scene offered to her by WFD, and FST's offered to her by this officer. The vehicle was towed from the scene by A&S towing to their facility. Once back at the station, the Opr was booked and submitted to chemical breath testing with a result of 0. 13%BAC.

Witnesses:											
Name (Last,First,Middle)		Address			Phone #	Phone #					
Property Damage:				9							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property					
VERIZON	28 DIANA LN DRA	CUT MA 01826		3	UTILITY	POLE 96					
Truck and Bus Information: Registration # (From Vehicle Section)											
Carrier Name						Bus Use	42				
Address			City		St	Zin .					
			-			•					
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:						
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45								
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46					
Hazmat Information:											
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	git #	Release code	49				

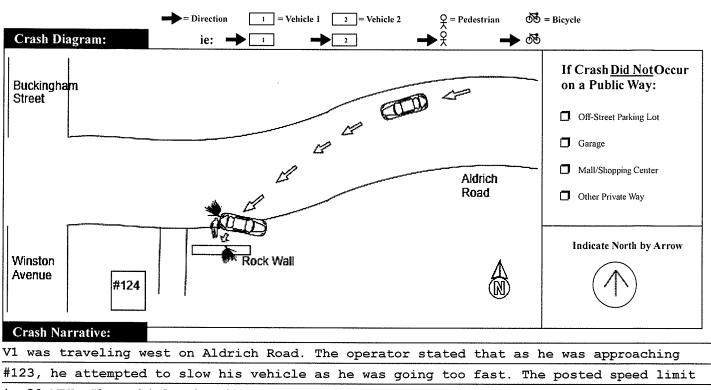
Patrol Officer Michael E Johnson

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Wilmington Police Department

0/31/2019

	Police Use Only	Com	monwealth	of Massac	husetts		RMV Doo	cument Number	
	Date of Crash Time of Crash 10/30/2019 1429 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		eed Limit <u>2</u> titude +042.54	O State Police Local Police MBTA Police Campus Police	1
	24HR			Report	1	1 La	ngituden	Campus Police Other:	
	AT INTERSECT	ATION >		NOT AT I	NTERSEC	CTION:	_ 10		
					124	ALDRI			2
¹ 1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #		Name of Road	way/Street	
	Route# Direction Na	ma of Intersection Boson	d /C4	Feet N	S E W of	Mile Marke	• — or	Exit Number	111
	Route# Direction Na	Also at Intersection		Feet N	s E W of			D 1 (0)	1 ''
² 2	Route# Direction Na	me of Intersecting Road	dway/Street	Feet N	S E W of	Route#	Intersecting	Roadway/Street	
2			-				Landma	rk	-
3	Please Select One of the Following:	#Occupants	it/Run Moped	Crash Repo	rt ID# 19	-377	-AC		
	10 10	1A DOB/Age, 20		# <u>9ME917</u>				21	7 12
	Sex M Lic. Class D Lic.	Restrictions	Endorsement	Year <u>2003</u>			Ve	h Config. 1	
⁴ 1	Operator DIMASTRANTON] Last Address 1 SWAIN RD	First		ter <u>KALINOSK</u> Tess <u>1 SWAIN</u>		First	<u> </u>	Middle	
	City BURLINGTON Sta	te MA Zip 018 (BURLINGTO			MA Zip 0	1803-1052	
	Insurance Company AMICA MU			cle Action Prior to Cra	Γ.	 ,	aged Area Code		
5	Vehicle Travel Direction: NSEX	Responding to Eme	ergency? 2 Ever	it Sequence 41 23	23 23 35	23	Status:	28	
⁵ 2	Citation # (If Issued) T1683279	_	Mos	t Harmful Event 1	24	BAC	of Test: Test Result:	30	
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub -	90 18 Driv	er Contributing Code	10 25 2	25 Susp.	Alcohol: 2 3		3 13
⁶ 1		Viol. 4: Ch/Sec/Sub -		er Distracted by 0	34 35	Towe	ed from scene?	1 33	
	Please THI OUT for oper	rator and all occupants i	Mdress	DOB/Age Se	Seat Safety	Airbag Eject T	rap Injury Transp ode Status Code	. Medical Facility	_
	Operator		See Above	\rightarrow	1 99	4 0 0	10 1		_
									
⁷ 1	Please Select One of the Following:	#Occupants No	on-Motorist A Type 1	Action 2	Location 9	17 Condition	18	Hit/Run Moped	
	,	DOB/Age.	Reg	#		Reg Type	F	Reg State	
	Sex Lic. Class 19 19 Lic.	Restrictions 20	CDL Veh	Year	Veh Make		Ve		
⁸ 2	Operato Last	A 11:31	Middle	Last		First	N	4iddle	
	Address Sta	te _ Zi		ress		State_	Zin		1 14
	Insurance Company			cle Action Prior to Cra			aged Area Code	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Eme	ergency? Even	it Sequence 23	23 23	23	Status:	28	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24	•••	of Test: Test Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	25	25 Susp.	. Alcohol: 3	July Diag	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26 34 35		ed from scene?	33	1
	Please fill out for operator/no		Address	DOB/Age Se	Seat Safety	Airbag Eject T Status Code C	rap Injury Transp ode Status Code		-
	Operator/Non-Motoris	t	See Above		1		7 2	hospital	-
									-
									-



V1 was traveling west on Aldrich Road. The operator stated that as he was approaching #123, he attempted to slow his vehicle as he was going too fast. The posted speed limit is 20 MPH. The vehicle then began to skid in a counter-clockwise manner into the opposite travel lane. V1 then left the roadway on the opposite side of the road striking a pedestrian on the sidewalk in front of #124. The vehicle then struck a rock wall belonging to #124. It is estimated that V1 was traveling in excess of 50 MPH. V1 sustained minor damage to the left side of the vehicle as well as a flat right front tire and was towed from the scene. The operator of V1 was uninjured. The pedestrian was transported with suspected serious injuries.

Witnesses:								
Name (Last,First,Middle)	Address		Phone #	Statement				
SIMONDS LORINDA I	LEIGH 19 CRIMSON	RD BILLERICA	821					
Property Damage:								
Owner (Last,First,Middle)	Address	Phone #	Description of Damaged Property					
GERADE PAUL R	124 ALDRICH RD WILMINGTON MA 01887		97	ROCK WALL				
Truck and Bus Information	Registration #	(From Vehic	le Section)					
Carrier Name	***************************************			Bus Use	42			
Address		City		StZip				

Address	· · · · · · · · · · · · · · · · · · ·	City	StZip
US DOT #:	State Number	Issuing State MC/MX/ICC #:	
Interstate 43 Cargo Body	Type Code GVWR/GCWR	45	
Trailer Reg #:	Reg Type Reg State	Reg YearTrailer Length	46
Hazmat Information:			
Placard Material 1 digit	# Material Name	Material 4 digit #	Release code 49

Patrol Officer Matthew D Stavro

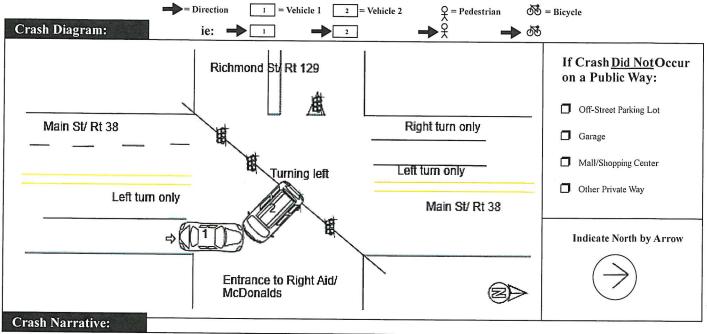
Wilmington Police Department

Department

10/31/2019

	Police Use Only	Comr	nonwealth	alth of Massachusetts RMV Document Nur							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		IDPCC	d Limit	35	Local Ponce 23	
	11/02/2019 0928 Wi]	Lmington	Police	Report	2	s Inju	Latit	ude gitude		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:		TION >			AT IN		SEC		1
							7 8 8 21	· I L		110111	10
	MAIN ST										2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Ν	lame of	Roady	vay/Street	-
<u>.</u>	RICHMON			Feet N S	E W of			•	or _		
		ame of Intersecting Roadw	/ay/Street			Mil	e Marker			Exit Number	1 "
		Also at Intersection w	ith	Feet N S	E W of	Route		Interes	acting l	Roadway/Street	
² 1	Route# Direction No.	ame of Intersecting Roadw	tou/Street	Feet N S	E W of	Route	7	mors	comg	coadway/5treet	
1	Roder Birection 14	ame of finersecting Roads	ay/Siteet	_				La	ındmarl	k	_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 1 9	9-3	78-	-AC	١		
											-
	License # S14041855 St 1	20		# R898						21	1 12
	Sex_E Lic. Class D Lic.	. Restrictions CI	OL Veh 'ndorsement	Year 2012	Veh Make	HOND	<u> </u>		Veh	Config. 1	
4	Operator MCKENNA, KIM	M First	Middle Own	er MCKENNA,	GREG	G D	it		M	iddle	
⁴ 3	Address 1 DEXTER ST		Addr	ess 1 DEXTER	ST						
	City WILMINGTON Sta	ate MA Zip 01887	-3716 City	WILMINGTO	NR		State M	A 2	Zip 0	1887-3716	
	Insurance Company ARBELLA	MUTUAL INS	Vehic	ele Action Prior to Cras	h 1	22	Damag	ed Area	Code:	1 27 27 27	
	Vehicle Travel Direction: X S E W	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23	23	Test Sta	atus:		1 28	
⁵ 1	Citation # (If Issued)	-	•	Harmful Event 1	24		Type of	f Test:		29	
				<u>L=</u>	1 25	25		est Resi		1 30	_ 13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26 25			Alcohol:	·	·············	
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by				from sc	,	1 33	J
	Please fill out for ope Name (Last First Middle)	erator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safet Pos. Syste	y Airbag n Status	37 38 Eject Trap Code Code	39 Injury e Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above	X	1 1	2	0	8	2	Winchester Hospital	1
					+			-			
						1 1					-
7	Please Select One Vehicle 25	#Occupants Non	Motorist A Type	15 Action 16	Location	17	ondition	18	<u></u>	Hit/Run Moped	1
4	of the Following:	Non-	Wiotorist A Type	Action	Location		mattion			Hit/Run Moped	
		MA DOB/Age	Reg #	6NW121		Reg	Туре РС	2	R	eg State MA	
	Sex F Lic. Class D 19 Lic.		DL Veh Y	Year 2014	Veh Make	ACUR	A		Veh	Config. 21	
Q	Operator MENES, MAJA I			er MENES, M	AJA D	UBLI	N				
⁸ 1	Address 121 SAGAMORE	AVE		ess 121 SAGA	MORE	AVE			Mi	ddle	
	City MEDFORD Sta	te MA Zip 02155	-2144 City	MEDFORD			State M	A _ z	Zip <u>02</u>	2155-2144	1 14
	Insurance Company GOVT EMPI	LOYEE INS	Vehic	le Action Prior to Crasl	ı 4	22	Damage				
	Vehicle Travel Direction: NXEW			22	23 23	23	Test Sta			1 28	
		Responding to Emerg	•	Sequence 1	24		Type of	Test:		29	
⁹ 2	Citation # (If Issued)			Harmful Event 1		25	BAC To	est Resi	ılt:	1 30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		L9 ²⁵	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26		Towed	from sc	ene?	1 33	
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris		e Above	Sex Sex	1 1	2 (10	1	wedicai raciity	†
	5 po. atom 100 112010115	1			 -	+-+					-
					3 1	2 (0	10	1		
,		1			4 1	2 0	0	10	1		
j		 -			6 1	2 (0	10	1		1
		1			1 1	1 1	1	1			1

=	Pol	lice Use Only		(Comn	nonwe	ealth	of	Mas	ssa	ch	use	etts		[RM	V Docu	ment Nu	mber	
	Date of Crash 11/02/2019	Time of Crash	1	City/Town	_	Moto	r Vel	nic	le C	ras	sh		umber hicles	Nur Inju		•	Limit	35	Local I		
	11,02,2013	24HR	MTTIII	ing co	11	P	olice	Re	por	t		2		1		Latitu Longit				is Police	
		AT INTER	SECTIO)N:		<	LOCA	XTI(ON	>				NO	ΓΑΤ	'IN'	ΓER	SECT	ΓΙΟΝ:		
		MAIN	у 217																		2 10
¹ 1	Route# Dire	ction		Name of Ro	oadway/Stre	et		Ro	ute# E	Directio	on	Addr	ess#			Na	me of	Roadw	ay/Street		
1		DTC	HMOND	ST	At				F	eet N	v s	EW	of			_ •		or			
	Route# Dire	ction	Name	of Intersect	ing Roadwa									M	le Mai	rker			Exit 1	Number	1 11
				Also at Inte	ersection wit	th		-		eet N				Route	#		Interse	cting R	oadway/	Street	\blacksquare
² 1	Route# Dire	etion	Name	of Intersect	ing Roadwa	ny/Street		-	F	eet N	1121	E W	of				1	ndmark			
_	Please Select		e 25 #	Occupants	☐ Hit/R	T	Moped	Т	Cro	eh Da	nort	ID# '	19	_ 3	75	₹		-			
3	of the Followi	ıııg: —																			-
		3714853	19	_ DOB/A	20				NW12										-	21	1 12
	Sex F Lic.	NES, MA		strictions	CD Enc	Ldorsement			/ENE								***************************************	Veh	Config.	L	
⁴ 3		Last SAGAMO	F	irst		Middle			ÆNE 121	Las	st			F	rst			Mic	ldle		
_		ORD			02155	-2144	-		DFO		للاعت	······	ui E	· v C	Cras	_o MZ	. 7	in 02	155.	-2144	
	Insurance Comp		Jidic .	21p			-		ction Pri		'rash			22			d Area		27	27 27	
***********	·	Direction: N S	EW	Respondin	g to Emerge	ency?	-		uence	23		23	23	23	Te:	st Stat	us:	l	28		
⁵ 1		sued)		·		, · <u></u>		•	mful Eve	nt [<u> </u>	24	i			pe of			29		
		/Sub			c/Sub ——				ntributin	L	e		25	25	l	AC Tes sp. Al	t Resu	ilt: 31	30 Susp. D	32	1 13
	Viol. 3: Ch/Sec/							er Dis	stracted l	by [26	IL		•	•	om sc		33 1	Aug.	
⁶ 1		Please fill out						Т		-		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First N					Address Above		+	DOB/Ag	\uparrow	Sex	Pos.	System	Status	Code	Code	Status	Code	Medi	ical Facility	
	Operar			<u> </u>				-		\searrow	\triangle	5	1	2	0	0	10	1			-
				 				+		-+		3	-	4	U	0	10	4			-
		,																			
									1				<u> </u>				<u> </u>				-
⁷ 4	Please Select 6 of the Followi		e 4#	Occupants	Non-I	Motorist A	Туре	15	Action]	16 L	ocatio	on	17	Conditi	ion	18	u.	lit/Run	Moped	
	License #		_	_ DOB/Ag	ge		Reg	#						Re	з Туре			Re	g State_		
	Sex Lic.	Class 19	Lic. Res	strictions		L	_ Veh	Year_			١	Veh M	ake					Veh	Config.	21	
⁸ 1	Operator	Last	F	irst		Middle	. Owr	er		Las	st		····	F	rst	***************************************		Mid	ldle		
	Address							ress_													_ 14
	City		State_	Zip_			•						-	22			Z		27	27 27	1
	Insurance Comp						_		ction Pri	or to C		23	23	23		mageo st Stat	d Area	Code:	28	-' -'	
	Vehicle Travel I	<u> </u>	EW	Respondin	g to Emerge	ency?		•	uence	L	1	24				pe of			29		
⁹ 2		sued)		1000	10.1				mful Eve	L	_		25	25			t Resu		30	[25]	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contribution Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distract										Ĭ r	c	26			Su	sp. Ale	L	31 ene?	Susp. D	orug: 32	
		ease fill out for op						34 35 36 37 38 39 40								1					
	Name (Last First N		.4	1		Address		+	DOB/Ag		Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trup Code	Injury Status	Transp. Code	Med	ical Facility	_
	Operate	or/Non-Mo	ourist		See	Above		+		\checkmark	\triangle	1									-
								_		_		<u> </u>									
								_									.				
												-									



On 11/02/19, I responded to a two vehicle crash at the intersection of Richmond St and Main St. It was reported that both NB and SB of Main St/Rt. 38 had green lights. Veh 1 operator reported traveling straight through the intersection and Veh 2 turned left in front of her. She was unable to avoid crash. Veh 2 Operator reported She was sitting back in the middle of intersection and Veh 1 drove into her. Witness reported Veh 1 was traveling straight. There was a car stopped in the NB left turn only lane. Witness reported Veh 2 tried to turn left into parking lot cutting in front of Veh 1. Due to location of crash, Crash scene supports collision occured in front of lane that Veh 1 was traveling in supporting report that Veh 2 turned in front of Veh 1. Veh 1 operator transported to Winchester Hospital. Both vehicles had side airbag deployment and front end damage. All involved were wearing seatbelts. Cains towed both vehicles

damage. The involved were wea	ring seam	erts. Cains	cowed I	ooth venicles								
Witnesses:												
Name (Last, First, Middle)	Address			Phone #	Statement							
SHEEHAN DONNA L	231 BEECH	ST TEWKSBURY	MA 0187	76								
Property Damage:												
Owner (Last,First,Middle) Address		Phone #	Description of Damaged Property									
Truck and Bus Information: Registration #												
Address		City		St Zip								
US DOT #:State Number		Issuing State	MC/MX/IC	CC #:								
Interstate 43 Cargo Body Type Code 44	GVWR/GCWR	45										
Trailer Reg #: Reg Type Hazmat Information:	Reg State	Reg Year	———Traile	r Length								
47	ne	N	Material 4 digit	#Release code	49							

Patrol Officer Daniel P Furbush

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Department

Wilmington Police Department

11/02/2010

Wilmington Police Department Images Associated with 19-378-AC



