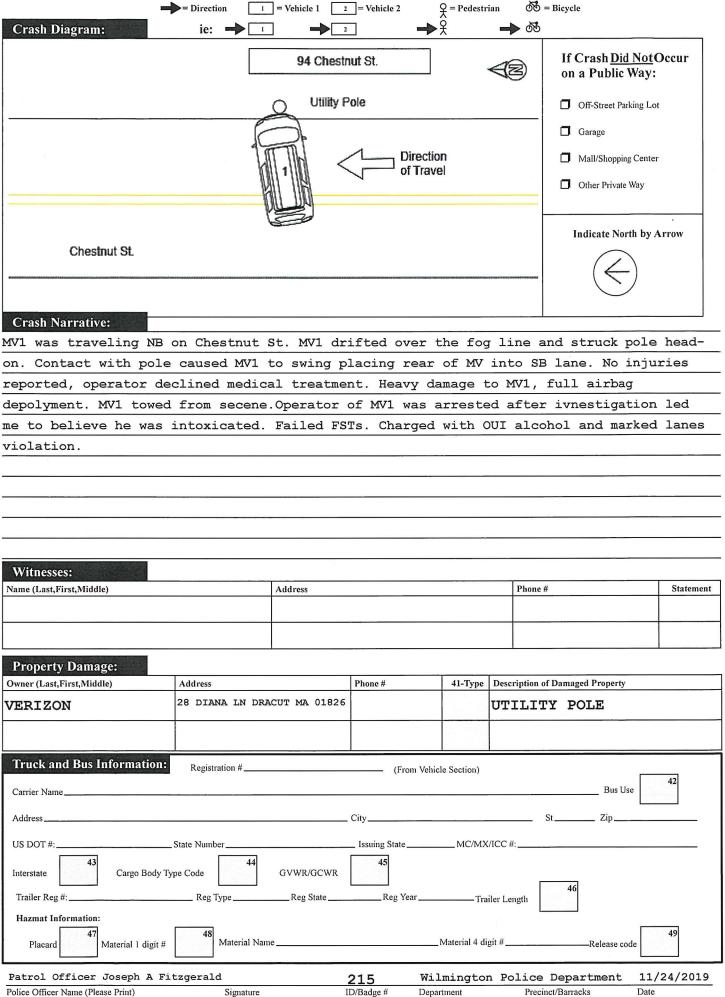
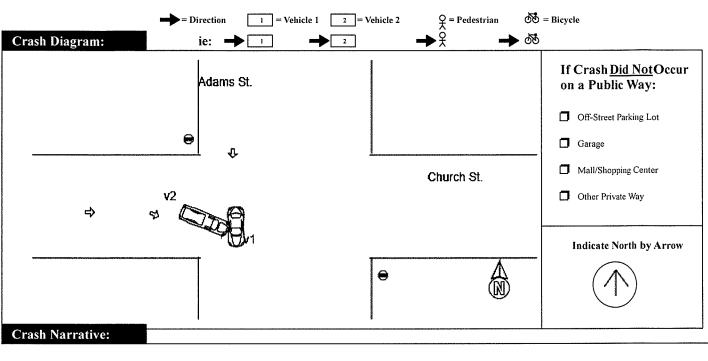
	Police Use Only	Comi	nonwealth (	of Massac	huse	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Ni Ni	imber hicles	Number Injured	1 .	l Limit	25	State Police Local Police	0800
	11/24/2019 2246 Wil	mington	Police 1	Report	1	- 1	0	Latitu	de tude		MBTA Police Campus Police Other:	ᆸ
	AT INTERSECT	ION:	< LOCA			 [	NOT A	<del></del>				<del></del>
			•				·					2 10
	D. A. H. D. C.	N			94		CHES			ST		
<sup>1</sup> 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Addr	ess#		Na	ine of	Roadw	vay/Street	
				Feet N	S E W	of -				or _		
	Route# Direction Na	me of Intersecting Roady	vay/Street				Mile M	arker			Exit Number	1 11
		Also at Intersection w	rith	Feet N			Route#		Interse	ecting I	Roadway/Street	_
<sup>2</sup> 3	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N	SEW	of						
3									La	ndmarl	k	
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Repo	rt ID#	19-	-39	9-	AC	,		
	License # <b>S43752397</b> St <b>N</b>	IA DOR/Age	Reg	3ZB278			Pag Tur	. PC	)	D	ag State MA	
	19 19	20	_	Year 2015							7	1 <b>7</b> 12
		F,	ndorsement							Veh	Config.	J ├── <sup>J</sup>
<sup>4</sup> 1	Operator <b>DUNCOMBE</b> , <b>CHF</b>	First	Middle	er DUNCOMBE			First	<u>ier</u>		М	iddle	_
T	Address 3 BALDWIN RD			ess 3 BALDW		D D						-
	City WILMINGTON Sta	•		WILMINGTO	N						1887-284	I
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	cle Action Prior to Cra	sh	<u></u>				Code:	11	27
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 40 23	23	23	23	est Stat			3 28 29	
_	Citation # (If Issued) <b>T1683883</b>		Most	Harmful Event 2	2 24			ype of AC Te		.)4.	2 30	
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub8	9 4A Drive	er Contributing Code	14	25	25				Susp. Drug: 2	22 <sup>13</sup>
,	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26			owed f	,		1 33	┙
<sup>6</sup> 2		ator and all occupants in			34 Seat	35 Safety	36 37 Airbag Eject	38 Tonn	39 Injury	40 Transp.		$\dashv$
	Name (Last First Middle)		Address	DOB/Age Se	x Pos.	System	Status Code	1	Status	Code	Medical Facility	
	Operator	Se	ee Above		1	99 3	3 0	0	10	1		
				}								
					1				<del>                                     </del>			
	Please Select One			15 16			17	<u> </u>	18			<b>→</b>
<sup>7</sup> <b>1</b>	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	Action	Locatio	n	Condi	tion	16		Hit/Run Mo <sub>I</sub>	ed
	License #St	DOB/Age	Reg #	4			_ Reg Typ	e		R	eg State	
	Sex Lic. Class 19 19 Lic.	Restrictions 20 C	DL Veh \	Year	_ Veh Ma	ake				Veh	Config.	1
	Operator		ndorsement Own	er								<b>-</b>
<sup>8</sup> 2	Last Address	First	Middle	Last			First			Mi	iddle	
	City Stat	e 7in					St	ate	7	'in		<b>1</b> 14
	Insurance Company			ele Action Prior to Cra	1		_	amage		•	27 27 2	27
				23	23	23		est Stat			28	_
	Vehicle Travel Direction: NSEW	Responding to Emerg	•	Sequence	24			ype of	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event		251		AC Te	st Rest	ılt:	30	
	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	<u> </u>	25	25 S	usp. Al	cohol:	31	Dusp. Drug.	32
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	<b></b>	Т	owed fi	rom sc	ene?	33	
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	nnts involved Address	DOB/Age Se	34 Seat x Pos.		36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	t Se	e Above		1	aryonealti e	Code	CAUC	uncus	2000	woodar racinty	
	T				+	$\vdash$		-				
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	Police Use Only	Com	monwealth (	of Massa	chuse	etts			RM	V Doci	ument Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	$\mathbf{h}  \begin{bmatrix} \mathbf{N} \\ \mathbf{v}_{\ell} \end{bmatrix}$	ımber hicles	Number Injured	Speed	Limit.	35	State Police Local Police	0 8 0
	11/25/2019 0934 Wil	mington	Police 1	Report	2	incies	0	Latitu	de <del>+04</del>	071.1	MBTA Police Campus Police Other:	占
	AT INTERSECT	ΓΙΟΝ:	< LOCA	TION >			NOT A					
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	Route# Direction	N		38	23		MAI			D I	/61	_[
<sup>1</sup> 1	Route# Direction	Name of Roadway/S	reer	Route# Direction	n Addi	ess#		INa	ime or	Koadw	vay/Street	-
				Feet N	SEW	of -				or _	Exit Number	_ [
	Route# Direction N	ame of Intersecting Road		[5]	الما ما الما		Mile M	arker			Exit Number	<b>-</b> 3 11
		Also at Intersection v	vith	_	SEW		Route#		Interse	ecting I	Roadway/Street	-
<sup>2</sup> 1	Route# Direction N	ame of Intersecting Road	way/Street	Feet N	SEW	of						
4										ndmarl	k	
3	Please Select One of the Following:	#Occupants	/Run Moped	Crash Rep	ort ID#	19	-40	0 –	AC	•		
	License # <b>S66174821</b> St ]	MA DOB/Age.	Reg #	28KA18			Reg Typ	e PC		R	eg State <b>MA</b>	12
	Sex F Lic. Class D Lic.	Restrictions 20	CDLVeh	Year <b>2012</b>	Veh M	ake <b>H</b> (	ONDA			Veh	Config. 1	1 1
	Operator WRIGHT, NICO	LE F	Indorsement	er WRIGHT,								· 🗀
<sup>4</sup> 3	Last Address 13 PHILLIPS A		Middle	ess 13 PHII	1		First			М	iddle	_
	City WILMINGTON Sta			WILMINGT				M7	Δ 7	را سري	1887-2068	_
	Insurance Company USAA GENE	_	•				<del></del>	ate <u>1411</u> Damage		•	<del></del>	-, I
				t Sequence 23		23		est Stat			28	4
<sup>5</sup> 1	Vehicle Travel Direction: N E W	•	gency? 2 Even	r sequence 1	1 1			ype of	Test:		29	
-	Citation # (If Issued) <b>T1683630</b>			Harmful Event	<u> </u>	0.5		BAC Te	st Resi	ılt:	30	13
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25 S	usp. Al	cohol:	2 <sup>31</sup>	Susp. Drug: 2	2 1 1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		1	owed f	rom sc	ene?	2 33	
Τ	Please fill out for ope	rator and all occupants in	volved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	S	ee Above		X 1		4 0	0	10	1		
				+								_
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<sup>7</sup> 2	Please Select One Vehicle 21	#Occupants No	n-Motorist A Type	15 Action	Locatio	on	17 Cond	ition	18		Hit/Run Mop	ed
2	of the Pollowing:			07.0071						<u> </u>		
	10 10	MA DOB/Age		2LPB71			Reg Typ				eg State MA 21	<u> </u>
		Restrictions C	ndorsement	Year <u>2019</u>			ONDA			Veh	Config. 2	j
<sup>8</sup> 1	Operator OSBORN, DEBOI	First	Middle	er <u>OSBORN ,</u> Las	t.		S First			М	iddle	-
<u> </u>	Address 69 CURVE ST			ess 69 CURY	/E SI							14
	City <b>WELLESLEY</b> Sta	te <b>MA</b> Zip <b>0248</b>	2-4663 City	WELLESLE	Υ						2482-466	<u>3   1</u>
	Insurance Company THE COMME	RCE INSURA	NCE CO Vehic	ele Action Prior to C	rash	4				Code:	6 27 27 2	]
	Vehicle Travel Direction: NSE	Responding to Emer	rgency? 2 Even	Sequence 1 23	23	23	23	est Star			29	
<sup>9</sup> 2	Citation # (If Issued)	<del></del>	Most	Harmful Event	L 24			ype or BAC Te		ılt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	99	25	25	usp. Al			Susp. Drug: 2 3	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26			owed f	1		1 33	1
	Please fill out for operator/n	on-motorist and all occup			34 Sent		36 37 Airbag Eject	38 Trap Code	39 Injury	40 Transp.		_
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Code		Status	Code	Medical Facility	$\dashv$
	Operator/Non-Motoris	St	ee Above		X 1	99	4 0	0	10	1		_
								1	1			
	i	ı		1	3	1 1		1	t	1	1	1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedestr	ian 🐠 = E	icycle	
Crash Diagram:	ie: 🔫	<b>▶</b> □ <b>→</b>	2	₽Ŷ	→ 565		
Main Street (Route 38)	#.D	235 Main Street Driveway		<b>▶</b> X	→ 6%	If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way  Indicate North by A	t .
		1					
Crash Narrative:					' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
V1 was traveling sou	th on Mair	n Street in	the right la	ne. V2 w	as turni	ng left in to	the
parking lot of 235 M	ain Street	t (Wilmington	n Crossing)	from the	left no:	thbound lane	of
Main Street. Both no	rthbound a	and southbou	nd traffic h	ad green	lights.	The southbou	nd
traffic in the left	lane was r	waiting to to	urn left. As	V2 made	the turn	n, V1 struck	the
right rear tire area							
V1 fled the scene. T							
complained of injury			2.02		nt rear	tire. Vi sust	ained
moderat front bumper	damage. \	VI was towed	from the sc	ene.			
			***				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
			¥				
		*					
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
Truck and Bus Information:							
Truck and Dus Information	Registration #	#	(From Ve	ehicle Section)		[-	42
Carrier Name						Bus Use	72
Address			City		St	Zin	
1100.000			c.t.y			<i></i>	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	Гуре Code	GVWR/GCWI	3 45				
		197				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length		
Hazmat Information:	The same and the s						
Placard	48 Mater	rial Name		Material 4 dig	git #	Release code	49
Sergeant Matthew D	Stavro		180 W	ilmingtor	Police D	epartment 11/	25/2019
Police Officer Name (Please Print)	Sigr	nature	ID/Badge # De	epartment	Precinct/	Barracks Date	

	Police Use Only	Comi	nonwealth (	of Massach	usetts		R	MV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lir		Local Police	1
	11/26/2019 1745 Wil	mington	Police 1	Report	2	0	Latitude _ Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	1	TION >		NOT A				1
					····					2 10
	CHURCH									
<sup>1</sup> 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name	of Roadwa	ay/Street	-
**	ADAMS S			Feet NS	EW of			or		
		me of Intersecting Roady	vay/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection w	vith	Feet N S		Route#	Inte	ersecting R	Loadway/Street	
2	Route# Direction Na	me of Intersecting Roady	vov/Street	Feet N S	E W of					
<sup>2</sup> 1	Router Breeton Ival	me of intersecting reads	vay/Bucci		•			Landmark		1
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Report	1D# <b>19</b>	-40	1-A	C		
	License # <b>S90082046</b> St <b>M</b>	<u> </u>		1 1AMS75					a. M7	<u> </u>
	10 10	20	_						21	1 12
	Sex_E Lic. Class D Lic.	Е	ndorsement	Year <b>2018</b>					\	
4	Operator MITCHELL, KAT	First	Middle	er MITCHELL, Last		First	RISTO	PHER	ldle	
<sup>4</sup> 2	Address 78 FAULKNER AV	/E	Addr	ess 78 FAULK	NER AV	7E				
	City WILMINGTON Stat	e <b>MA</b> Zip <b>0188</b> 7	7-1360 City	WILMINGTON					L887-1360	
	Insurance Company ARBELLA M	UTUAL INSU	Vehic	cle Action Prior to Crash	1	<b>22</b>	Damaged A	rea Code:		
	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:	ŀ	28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Tes	ŀ	30	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sac/Sub	Drive	er Contributing Code	1 25	25	AC Test R			1 13
				er Distracted by	26		usp. Alcoh		Susp. Drug: 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants in		J. Distracted by 0	34 35	36 37	38 3	39 40 E	2	4
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Inj	jury Transp. atus Code	Medical Facility	4
	Operator	s	ee Above	$\times$ X	1 1	4 0	0 99	9 1		
										1
										-
								_		_
							<u> </u>		γ	_
<sup>7</sup> 2	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Cond	ition	18   I	Hit/Run Moped	
		IA DOB/Age	Para	 # <u>N88516</u>		Pon Tun	CO	<u> </u>	eg State <b>MA</b>	1
	19 19	20		Year 2018	17				21	
	P	Restrictions 1 C	ndorsement						Config.	
<sup>8</sup> 2	Operator FRASER, JUSTI	First	Middle	er <b>FRASER</b> , (		Y RAI First	NDOLLE	Mic	ddle	
	Address 17 DADANT DR			ess 17 DADAN		<u></u>				14
	City WILMINGTON Stat	e <b>MA</b> Zip <b>0188</b>	7-2112 City	WILMINGTON					L887-2112	2
	Insurance Company <b>SAFETY IN</b>	SURANCE CO	<b>MPANY</b> Vehic	cle Action Prior to Crash	1 3			rea Code:	8 27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23	est Status: ype of Tes		29	
<sup>9</sup> 2	Citation # (If Issued)	···	Mos	Hammful Event 1	24		SAC Test R		30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	lusp. Alcoh			
		Viol. 4: Ch/Sec/Sub —	<b>.</b>	er Distracted by	26		owed from		2 33	
	Please fill out for operator/no				34 35 Seat Safety	36 37 Airbag Eject		39 40 jury Transp.		-
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code St	atus Code	Medical Facility	4
	Operator/Non-Motoris	<i>t</i> s	ee Above	$\nearrow X$	1 1	4 0	0 1	0 1		
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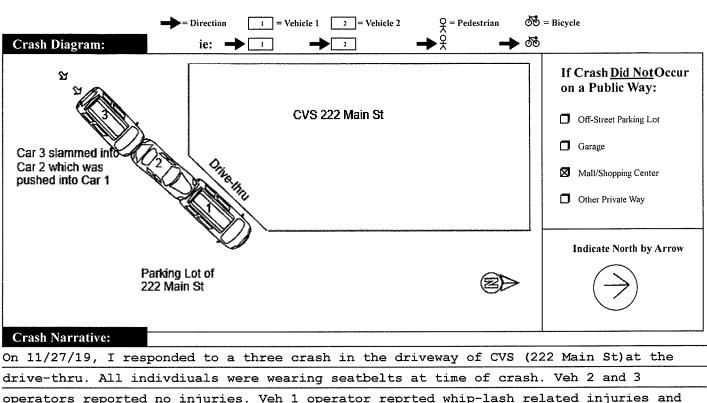


Heavy traffic conditions. The driver of V1 stated that she was stopped at the stop sign on Adams Street going south bound. She stated that the oncoming traffic on Church street, (including v2) had flashed their headlights, indicating that she could go She proceeded through the intersection and then was struck by v2. the operator of V2 stated that he was sorry and he was talking with his friend on the The driver of V2 stated that he had stopped on Church street west bound, in an attempt to take a right onto Adams Street. He stated that he did blink his lights at a vehicle on the other side of Adams, but not V1. He stated that as he took his right, V1 cut him off pulling in front of him suddenly causing accident. He stated that he was not on his phone.

Witnesses:		Manufacture and the second sec						
Name (Last,First,Middle)		Address			P	hone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descrip	ption of Damaged	Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC#:_			
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Leng	th		
Hazmat Information:  Placard 47  Material 1 digit #	48 Material Nam	e		Material 4 dig	rit #		Release code	49
Patrol Officer Brian D T	hornton		190 Wil	.mington	Pol	ice Depart	tment 11	/26/2019

	Pol	lice Use Only		C	ommony	wealth	of M	assa	ch	use	etts			R	MV Doc	ument	Number	
	Date of Crash			y/Town	Mo	tor Vel	icle (	Cras	sh		mber hicles	Numb	.a 10p	ed Lin	it <u>1</u>	Loc	e Police al Police ITA Police Impus Police Impus Police Impus ITA Police Impus ITA Police Impus Police Impus ITA Police Impus	1
	11/27/2019	1155 W	ilmir	ngton	,	Police	Repo	rt		3	meies	1	Lai	itude ngitude				
		AT INTERSE	CTION	V:	<	LOCA	ATION	>	>			NOT			RSEC			1
	***************************************																	<b>2</b> 10
	Route# Dire	ection	N <sub>1</sub> -		dway/Street		D	D'		222		MA	IN		of Road	/C+		
1	Koule# Dile	ection			At		Route#	Direction	on	Addre	ess #			Name (	or Koad	vay/Sire		-
								_Feet [	N S	E W	of				- or		t Niverban	
	Route# Dire	ection			ig Roadway/Street			F	امار	-		Mile	Marke	r		EX	it Number	8 11
			Al	so at Inters	section with		<u></u>	_Feet _				Route#		Inte	rsecting	Roadwa	ny/Street	-
2	Route# Dire	ection	Name of	Intersectin	g Roadway/Street			_Feet [	NS	E W	of							_
				T		l .									Landmai	k		-
<del></del>	Please Select of the Follow		<b>1</b> _#0	ecupants	Hit/Run	Moped		Crash Re	eport	ID#	19	<b>-4</b>	02	-A	C			
	License # S8	4480882	St MA	DOB/Age		Reg	# <u>8688</u>	BRX				Reg '	Type <b>E</b>	C	F	Reg State	MA	1
	Sex <b>F</b> Lic.	10 10	Lic. Restri	Ĕ	20 CDL	•	Year <b>20</b>					_				-	21	1 12
		Class D M PROB, HEID		Chons L	Endorsemen	nt	ner STR								VC	п Сонц	;. <u>-</u>	
1		Last	First		Middle			I.a	ast			First			N	4iddle		
<u> </u>		MAPLE S'					ress <b>24</b> 4			<u> </u>	T.		···					
	· ·	SBURY		•		•	TEWK	SBUR	ŁΥ	Г							6-1514 27 27	
	Insurance Comp	pany THE COM	MERCE	<u> INS</u>	URANCE C	CO Vehi	cle Action	Prior to C			2	22			ea Code	5 27	2/ 2/	
;	Vehicle Travel I	Direction: NXE	w R	esponding	to Emergency? 2	Ever	nt Sequence	1 2	.3	23	23	23		Status: of Test:		29		
	Citation # (If Is	sued)				Mos	t Harmful I	Event [	1	24			• • •	Test Re		, 30		
	Viol. 1: Ch/Sec/	/Sub	Viol. :	2: Ch/Sec/	Sub	Driv	er Contribu	iting Cod	le	1	25	25		Alcoho	,	1 Susp	. Drug: 2 32	2 13
:	Viol. 3: Ch/Sec/	/Sub	Viol.	4: Ch/Sec/	Sub	Driv	er Distracte	ed by	0	26					scene?	2 33		
1		Please fill out for	operator a	nd all occu	pants involved		<u> </u>			34 Seat	35 Safety	36 Airbag		8 35				1
	Name (Last First M				Address		DOE	3/∧ge	Sex	Pos.	System	Status	Code C	ode Stat	us Code	1	Medical Facility	+
	Operat	or 			See Above				$\triangle$	1	1	4 0	0	9	1	ļ		_
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								***************************************										
																		1
	Please Select	One SZt	<b>-</b>	. T			15		16		Т	17			8	1	T.,	┪
1	of the Followi		<b></b> #Oc	ccupants	Non-Motorist	t A Type	Acti	ion		Locatio	n	Co	ndition			Hit/Ru	n Moped	
	License # S8	4113623	St <b>MA</b>	DOB/Age		Reg	# <u>17H</u>	<b>1</b> 73				_ Reg	Гуре <b>_Е</b>	C	F	Reg Stat		
	Sex.M_ Lic.	Class D 19	Lic. Restri	ctions	20 CDL		Year <b>20</b>	11	\	∕eh Ma	ike <b>F</b>	ORD			Ve	h Config	, <b>1</b> 21	
	Operator <b>FL</b>	YNN, TIMO	THY	J	Endorseme		er <u>FLY</u>	NN,	TI	MO'	ГНY	J						
1	Address 253	Last  MOBURN S	First		Middle	Add	ress <b>25</b> 3	1.a 3 <b>WO</b>	ist BUI	RN	ST	First			V	/liddle		
	City WILM	INGTON	State MZ	A Zin O	1887-210		WILM						State 1	ΜA	Zin O	188	7-2105	1 14
		pany <b>QUINCY</b>		•			cle Action			ſ	2	22			ea Code			-
	Vehicle Travel I				to Emergency? 2		nt Sequence	7			23	23		Status:		1 28		
		L	-1	esponding	to Emergency:		•	· 1		24			Туре	of Test:	:	29		
2	l ·	sued)					t Harmful I	Ľ	1		25	25		Test Re		1 30		İ
	Viol. 1: Ch/Sec/	/Sub	Viol. 2	2: Ch/Sec/	Sub ———		er Contribu	Г		26				Alcoho		+	. Drug: 2 32	
		/Sub ————					er Distracte	ed by	0			,			scene?	2 33		_
	Pl Name (Last First N	ease fill out for operat	tor/non-mot	torist and a	all occupants involv Address	ved	IXOR	3/∧ge	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject T	18 35 rap Inju ode Stat	ry Transp		Medical Pacility	
	Operat	or/Non-Moto	rist		See Above				X	1	1	4 0		10				
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Police Use Only  Commonwealth of Massachusetts  RMV Document Number  Date of Crash   Time of Crash   City/Town   Motor Vehicle Crash   Number   Number   Speed Limit   10   State Police   2										
	1 1	City/Town	top				State Police Local Police MBTA Police Campus Police			
	24HR 24HR	mington	Police	Report	3	1	Latitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	r intei	RSECT	ΓΙΟΝ:	
									***************************************	2 10
	Route# Direction	Name of Roadway/S	Street	Route# Direction	222 Address #	MAIN	I ST Name o	f Roadwa	ay/Street	
<sup>1</sup> 1		At		F						1
				Feet NS	E W of	Mile Ma	— • — arker	- or _	Exit Number	- ,,,
	Route# Direction Na	me of Intersecting Road Also at Intersection		Feet N S	E W of					8 11
				Feet N S		Route#	Inter	secting R	oadway/Street	
<sup>2</sup> 2	Route# Direction Na	me of Intersecting Road	lway/Street				L	andmark		
	Please Select One Vehicle 3 1	#Occupants Hi	t/Run Moped	Crash Repor	+ ID# 1 Q	-40				1
3	or the Pollowing.									4
	10 10	1A DOB/Age	`	# 3040TY					21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D Lic.	Restrictions	Endorsement	Year <b>2001</b>				Veh	Config. 1	
4	Operator SACCOCEA, VIF	First D	Middle	ner SACCOCEA		First	D	Mic	ldle	
<sup>4</sup> 1	Address 78 FEDERAL ST			iress 78 FEDEF						
	City WILMINGTON State			WILMINGTO	<u> </u>				27 27 27 27	
	Insurance Company THE COMME	RCE INSURA		nicle Action Prior to Cras			amaged Are	ea Code:	28	
5	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2 Eve	ent Sequence 2 23	23 23	23	ype of Test:	}	29	
	Citation # (If Issued)		Mo	st Hannful Event 2	24	В	AC Test Re	ŀ	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Code	19 <sup>25</sup> 9	<b>7</b> 25 S	usp. Alcoho	1: 2 31	Susp. Drug: 2 32	2 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Dri	ver Distracted by	) <sup>26</sup>	Т	owed from	scene?	2 33	
1	Please fill out for oper	ator and all occupants i	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injur Code State	ry Transp.	Medical Facility	
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<sup>7</sup> <b>1</b>	Please Select One of the Following:	_#Occupants  No	on-Motorist A Type	15 Action 16	Location	17 Cond	ition 1:	*   <b>□</b>	Hit/Run Moped	
	License #St	DOB/Age	Res	3.#	L	Reg Typ	e	Re	eg State	1
	19 19	20	•	ı Year					21	
	Operator		Endorsement Ow	ner						
<sup>8</sup> 1	Last Address	First	Middle	last dress		First		Mi	ddle	
	City Sta	e Zip	Cit	у		St	ate	Zip		1 14
	Insurance Company	•		nicle Action Prior to Cras	sh	22	Damaged Are	ea Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Eme	ergency? Evo	ent Sequence 23	23 23	23	est Status:		28	
Q	Citation # (If Issued)		Mo	st Hannful Event	24		ype of Test:	-	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Code	25	25	BAC Test Re			
	Viol. 3: Ch/Sec/Sub		n .	ver Distracted by	26		owed from	-	33	
	Please fill out for operator/no	on-motorist and all occu	•		34 35 Seat Safety		38 39 Trap Inju	ry Transp.	M.P. 47- 22	1
	Name (Last First Middle)  Operator/Non-Motoris	· t	Address See Above	DOB/Age Sex	Pos. System	Status Code	: Code Stat	us Code	Medical Facility	1
	Special of the state of the sta				+-	+ + -	<del>                                     </del>			-
										-
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operators reported no injuries. Veh 1 operator reprted whip-lash related injuries and was checked out by FD. She refused medical. Veh 3 operator reported that she was pulling behind the other two vehicles and stepped on the gas pedal instead of the brake pedal accelerating the car into Veh 2. Veh 2 was pushed into Veh 1. There was no airbag deployment with any of the vehicles. Veh 1 has damage to rear bumper. Veh 2 has extensive damage had damage to front bumper, grill, hood, rear bumper, trunk and drivers side tail light. Veh 3 suffered damage to front passenger side bumper. RMV will be getting an Immediate threat request for veh 3 operator. See 19-1299-OF. No tows were required.

Witnesses:						
Name (Last,First,Middle)	,	Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	<b>Description of Damaged Property</b>	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		42
Carrier Name		- <del> </del>		11.122	Bus U	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	TCC #:	
Interstate 43 Cargo Body Ty	44	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length	
Hazmat Information:	<u></u>					
Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	rit #Release co	ode 49
Patrol Officer Daniel P	Furbush		196 Wil	mington	Police Department	11/27/2019

ID/Badge#

## Wilmington Police Department Images Associated with 19-402-AC







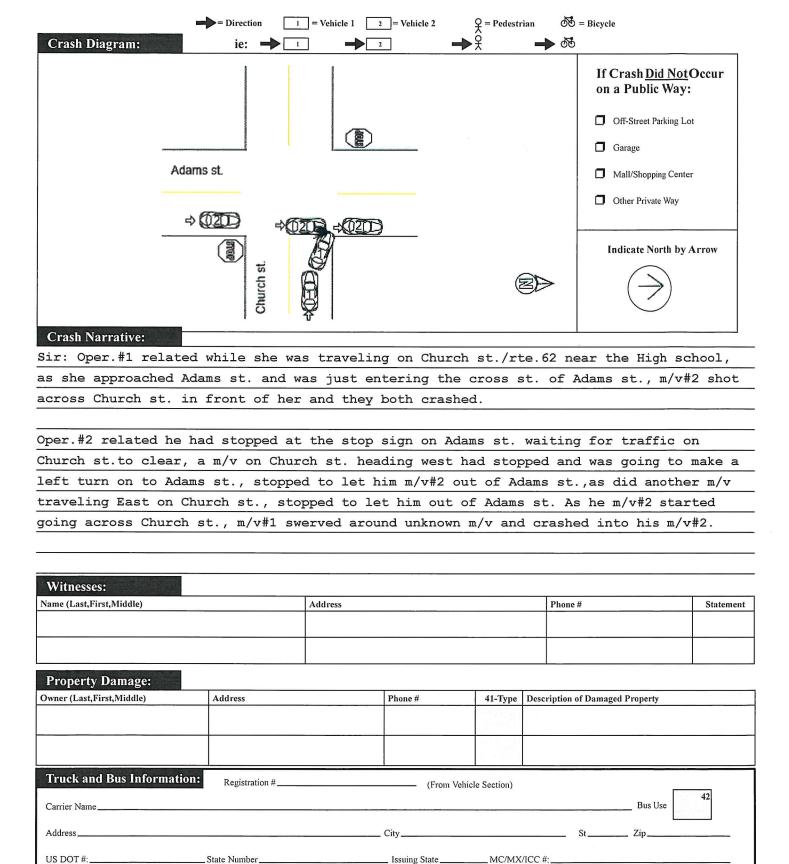
### Wilmington Police Department Images Associated with 19-402-AC







	Pol	lice Use Only		Commonwealth of Massachusetts  City/Town  Motor Vehicle Crash  Number  Number  Number  Speed Limit 35   State Police Local Police Police Local Police Police Police Local Police Polic														
	Date of Crash 11/27/2019	Time of Crash		City/Town Lngton	Motor V	ehic	cle Cra	sh		mber hicles	Nun Inju	-04	•		35	State Polic Local Polic MBTA Pol	ce 🔯	
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¹ <b>1</b>	Route# Dire	ction	1	Name of Roadway/St	reet	R	Route# Direct	tion	Addr	ess#			Nar	ne of I	Roadw	ay/Street	-	
_		ADAN	IS ST			-	Feet [	N S	EW	of ·		le Mar	- •		or _	Exit Nur	nher	
	Route# Dire	ction		of Intersecting Roady Also at Intersection w		_	Feet	NS	E W	of	IVII	ie iviar	Kei			EXIL IVIII	noei	3 11
			•	ruso at intersection w	atti	-	Feet				Route	#	Ī	Interse	cting R	Roadway/Stre	eet	
<sup>2</sup> <b>2</b>	Route# Dire	ction	Name	of Intersecting Roady	vay/Street									Lan	ıdınark			
3	Please Select of the Followi		e 1 <u>1</u> #	Occupants Hit/	Run Mope	ed	Crash R	eport	ID#	19	-4	03	3-2	AC	)			
	License # S6	7040371	St MA	_ DOB/Age	F	Reg #_ <b>£</b>	322XA9				_ Reg	, Туре.	PC		Re	eg State <b>M</b> Z		12
	Sex_ <b>F</b> Lic.	Class D	Lic. Res		DL \	Veh Yea	r 2013		Veh Ma	ake <u>C</u>	ADI	LLZ	AC		_ Veh	Config. 1	21	1 '-
	Operator <b>MU</b>	NI, GIT	A I	rst E	ndorsement (	Owner_	MUNI,	INI	טט ג	A								
<sup>4</sup> 2	Address 5 1	VESTWARD		ist		Address	5 WEST	last 'WA	RD	CIF	Fi:	rst			Mi	ddle		
	City <b>N RE</b>	ADING	State <b>1</b>	1A Zip 01864	1-1423 c	City <b>N</b>	READII	NG				_ State	e <u>M</u> Z	z	ip <b>01</b>	L864-I	.423	i
	Insurance Comp	oany <b>GOVERN</b>	MENT	EMPLOYEES	S INSU V	Vehicle .	Action Prior to	Crash		1	22				Code:	8 27 7 2	7 27	i
5	Vehicle Travel I	Direction: N S	EX	Responding to Emer	gency? 2 E	Event Se	equence 1	23	23	23	23		t Statu be of T			28		i
<sup>5</sup> 1	Citation # (If Iss	sued)			Ν	Most Ha	armful Event	1	24					t Resu	lt:	30		
	Viol. 1: Ch/Sec/	'Sub —	Vio	ol. 2: Ch/Sec/Sub —	r	Oriver C	Contributing Co	de	1	25	25	Sus	sp. Alc	ohol:	31	Susp. Drug	g: 32	1 13
<sup>6</sup> 1	Viol. 3; Ch/Sec/	'Sub	Vio	d. 4: Ch/Sec/Sub —		Oriver D	Distracted by	0	26			Tov	ved fr	om sce	ene?	2 33		
1	Name (Last First N		for operator	and all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility	
	Operat	or		S	ee Above		> <	X	1	1	4		0	10	1			
																		i
												$\neg \dagger$						
	Please Select (	One X Vehicle		Occupants	<b>N</b>	1	15	16			17			18	<b>.</b>	Hit/Run	Moped	
<sup>7</sup> 2	of the Followi	ng.		-	-Motorist A Type		Action		Locatio			Condition	<u> </u>					
		2383244	19	DOB/Age.		_	7816WR - 2014									eg State ME	21	
	Sex M Lic.	ANS, JEN	Lic. Res	E:	ndorsement		DZABIE				<u> </u>				_ ven	Conng.		
<sup>8</sup> 1	•	Last  IMBALL	Fi	rst	Middle		14 IND	Last			Fi IE 1		•		Mie	ddle		
	City WOBUI			1A Zip 01801			CARBOR							Z Z	ip <b>0</b> 4	1074		<b>1</b> 14
		oany PROGRI		•			Action Prior to		ſ	1	22				Code:		7 27	
	Vehicle Travel I	·		Responding to Emer	gency? 2 E	Event Se	equence 1	23	23	23	23	Tes	t Stati	us:		28		
9	Citation # (If Iss	sued)			N	Most Ha	armful Event	1	24			٠.	oe of T		te.	30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/	Sub	Vio	1, 2; Ch/Sec/Sub		Oriver C	Contributing Co	de	4	25	25		ic res sp. Alc	t Resu	31		g: 32	
	Viol. 3: Ch/Sec/	Sub	Vio	ıl. 4: Ch/Sec/Sub —	r	Driver E	Distracted by	0	26				•	om sce	ene?	33		
	Ple Name (Last First M	•	erator/non-n	notorist and all occup	ants involved		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	
		or/Non-Mo	otorist	Se	ee Above		Dobrige	Ÿ	1	1	4				1	;viculeal	()	
	*					1			3	1	4	0	0	10	1			1
								<del> </del>	<u> </u>		-	-						-
				1														1



Patrol Officer Paul W Jepson

Material 1 digit #

Cargo Body Type Code

Wilmington Police Department

— Trailer Length

11/27/2019

Reg Type\_

\_\_Reg State \_\_\_\_\_\_Reg Year \_\_\_\_\_

GVWR/GCWR

Material Name\_

\_\_\_\_Material 4 digit #\_\_

Interstate

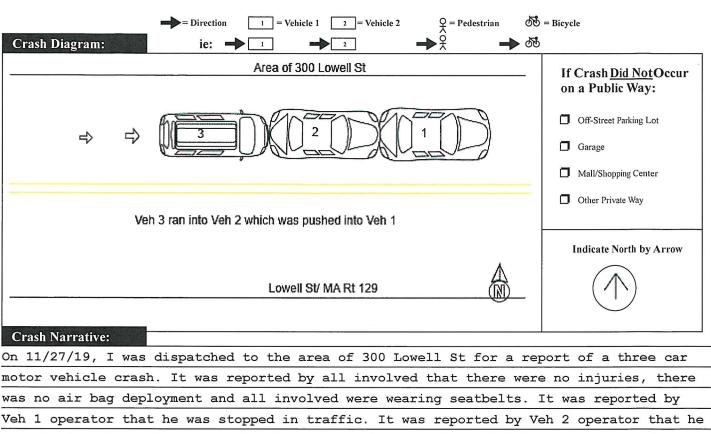
Trailer Reg #:\_

Placard

Hazmat Information:

	Police Use Only		Comn	nonweal	th o	f Massa	ich	use	etts			RM	V Doc	ument Nu		
	Date of Crash Time of Crash	•	/Town	Motor V	/ehi	cle Cras	sh		mber hicles	Num		d Limit	40	Local P	olice 🔀	
	11/27/2019 1323 24HR	Wilmin	gton	Poli	ce F	Report		3	meres	0	Lan	ude gitude		MBTA Campus Other:	Police	
	AT INTER	SECTION:	:	< L(	DCAT	TION :	>			NOT	AT IN	TER	SEC	TION:		
																2 <sup>10</sup>
	Route# Direction	Naır	ne of Roadway/Stre	eet	-	Route# Direct	ion	300 Addr		LC	WELL N			vay/Street		
<sup>1</sup> 1			At		_ -											
					-	Feet	N S	EW	of	— – Мі	– –– e Marker	•	or _	Exit N	lumber	<u> </u>
	Route# Direction		ntersecting Roadwa	·		Feet	N S	E W	of						***	8 11
						Feet				Route	#	Interse	ecting I	Roadway/S	Street	
<sup>2</sup> 2	Route# Direction	Name of I	ntersecting Roadwa	ay/Street		L		ll				La	ındınarl	k		
	Please Select One Vehicle	. 1 <b>1</b> #Occ	cupants Hit/F	tun Mo	ned	Crash R	enort	ID# ·	1 0	_ 4	04-					
3	of the Following:															ļ
	License # <b>S19797888</b>	St_ <b>MA</b> [	OOB/Age			861LP5									21	<b>1</b> 12
	Sex 141 Lic, Class B	Lic. Restrict	tions CE En	DLdorsement		ear <b>2014</b>							Veh	Config.	1	
<sup>4</sup> 1	Operator MEROLA, W.	First	A	Middle		MEROLA	ast			Fit	st		M	iiddle	<u> </u>	
1	Address 22 WILLIAM					ss 22 WIL			ΑŢ							
	City WILMINGTON		•		City <b>V</b>	VILMING'	ron	1							-0000	
	Insurance Company <b>LIBER</b>		JAL INSU	RANCE	Vehicle	e Action Prior to	Crash			22	Damag		Code:	4 27 28	27 27	
5	Vehicle Travel Direction: N S	W Res	sponding to Emerg	ency? 2	Event S	Sequence 1	23	23	23	23	Test Sta			29		
	Citation # (If Issued)				Most I-	lannful Event	1	24			BAC T		ult:	1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2:	: Ch/Sec/Sub		Driver	Contributing Co	de	1	25	25	Susp. A	dcohol:	2 31	Susp. D	rug: 2 32	<b>1</b> 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4:	: Ch/Sec/Sub		Driver	Distracted by	0	26			Towed	from sc	ene?	2 33		
1	Please fill out	for operator and	d all occupants inve	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Madi	eal Facility	
	Operator			e Above		Dodninge	Ż	1	1		0 0	10	1	Medi	ear racinty	
	<b>A</b>												$\vdash$			i
	•							<del> </del>	<u> </u>			- <del> </del>				İ
								-	ļ			-				
													<u> </u>			1
<sup>7</sup> 1	Please Select One of the Following:	e 2 <u>1</u> #Occ	cupants Non-	Motorist A Ty	ne	15 Action	16 I	Locatio	n	17	ondition	18		Hit/Run	Moped	
<u>.</u>	License # S32916602	St MA D	OOB/Age		Reg#	 5HZ757				Ren	Туре РС		R	eg State N	1A	1
		9 Lic. Restrict	20	ot.	-	ar <b>2016</b>		Veh Ma	ake S						1 21	
	Operator MINGHELLA		LES P	Ldorsement		MINGHE										
<sup>8</sup> 1	Address <b>5 ALLENHUR</b>	First		Middle		s 5 ALLE	ast			Fir	st		М	liddle		
			_ <sub>Zip</sub> _01887	-4111		ILMING					State M	<b>A</b> 2	Zip <b>0</b> :	1887-	-4111	1 14
	Insurance Company THE CO	MMERCE	INSURAN	CE CO	Vehicle	Action Prior to	Crash		2	22	Damag	ed Area	Code:	1 27 5	27 27	
	Vehicle Travel Direction: N S	W Res	sponding to Emerge	ency? 2	Event S	Sequence 1	23	23	23	23	Test Sta	atus:		1 28		
0	Citation # (If Issued)			•	Most F	Harmful Event	1	24	l		Type of			29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2:	: Ch/Sec/Sub ——		Driver	Contributing Co.	de	1	25	25	BAC To Susp. A			1 30	rug: 2 32	
	Viol. 3: Ch/Sec/Sub		: Ch/Sec/Sub ——		Driver	Distracted by	0	26	JL		Towed			2 33		
	Please fill out for ope			nts involved				34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.	<u>-                                    </u>		
	Name (Last First Middle)  Operator/Non-Mo	torist		Address		DOB/Age	Sex	Pos.	System 1	Status	Code Code	Status 10	Code	Medi	eal Facility	-
	Operator/Ivon-IVIO	vivi isi		e Above			$\triangle$	1	_	-	-	1.0	-			-
									<u> </u>			-				

	Police Use Only	Com	monwealth	of Massach	usetts	RMV Docum	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Number Vehicles Injured	Speed Limit 40	Local Police	
	11/27/2019 1323 Wil	mington	Police	Report	3 0	Latitude	MBTA Police Campus Police Other:	
	AT INTERSECT	TION:		TION >	NOT A	T INTERSECT		
							1:	<b>2</b> 10
	Route# Direction	Name of Roadway/St			300 LOW.	ELL ST  Name of Roadwa		
¹ <b>1</b>	Routes Direction	At	treet	Route# Direction	Address #	Name of Roadwa	19/Street	
				Feet N S	EW of ——	• or	Exit Number	
	Route# Direction Na	une of Intersecting Roads		Feet NS		ldikci		8 11
		Also at Intersection v	vitn		Route#	Intersecting R	.oadway/Street	
<sup>2</sup> 2	Route# Direction Na	une of Intersecting Roads	way/Street	Feet NS	E W of			
	Please Select One Name 21				10 10	Landmark		
3	of the Following:	#Occupants Hit	/Run Moped	Crash Report	10# <b>19-4</b> 0	4-AC		
	License # <u>\$56793513</u> St 1	1A DOB/Age	Reg	# 4TZ232	Reg Ty	ne <b>PC</b> Re		_ 12
	Sex <b>F</b> Lic. Class D 19 Lic.		CDL Veh	Year <b>2009</b> v	eh Make <b>SUBAR</b> !	J Veh	Config. <b>1</b> 21	1
	Operator MONTAGNA, LAU	JRA MARGARE	Endorsement  T Own	er <b>MONTAGNA</b> ,	LAURA MA	RGARET		
<sup>4</sup> 1	Address 8 TENNYSON RD	First		ess <b>8 TENNYS</b>	ON RD	Mid	ıdle	
	City <b>READING</b> Sta	te <b>MA</b> Zip <b>0186</b> '	7-1650 City	READING	S	ate <b>MA</b> Zip <b>01</b>	867-1650	
	Insurance Company PROGRESSI	-	_	cle Action Prior to Crash		Damaged Area Code:		
	Vehicle Travel Direction: NSWW					Test Status:	1 28	
5	Citation # (If Issued)	•		Harmful Event 1	24	Type of Test:	29	
	1			<u></u>	25 25	BAC Test Result:	1 30	13
	Viol. 1: Ch/Sec/Sub				26	Susp. Alcohol: 2 31	Susp. Drug: 2 32 33	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by 99	34   35   36   37	Towed from scene?	2 33	
	Please fill out for ope Name (Last First Middle)	rator and all occupants in	Address	DOB/Age Sex	Seat Safety Airbag Ejec Pos. System Status Cod	t Trap Injury Transp.	Medical Facility	
	Operator	s	See Above	$\searrow$ X	1 1 4 0	0 10 1		
			***************************************					
			<b></b>					
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants  Nor	n-Motorist A Type	Action 16 L	ocation 17 Cond	ition 18 1 H	Hit/Run Moped	
	License #St	DOB/Age	Reg	#	Reg Tv	ne Re	or State	
	19 19	20	Č	Year V			21	
	Operator	E	Indorsement	erv	CII IVIARC	von	comg.	
³ <b>1</b>	Last	First	Middle	ess	First	Mid	ldle	
	Address	. 7				7.		1 14
	City Sta					ate Zip Damaged Area Code:	27 27 27	
	Insurance Company			cle Action Prior to Crash		Test Status:	28	
	Vehicle Travel Direction:   N S E W	Responding to Emer	rgency? Even	t Sequence	1	Type of Test:	29	
2	Citation # (If Issued)	<del></del>	Mos	Harmful Event		BAC Test Result:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		Susp. Alcohol: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Towed from scene?	33	
	Please fill out for operator/no	on-motorist and all occup	oants involved	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Ejec Pos. System Status Cod		Medical Facility	
	Operator/Non-Motoris	st s	See Above		1			
			,					



On 11/27/19, I was dispatched to the area of 300 Lowell St for a report of a three car motor vehicle crash. It was reported by all involved that there were no injuries, there was no air bag deployment and all involved were wearing seatbelts. It was reported by Veh 1 operator that he was stopped in traffic. It was reported by Veh 2 operator that he was slowing almost to a stop when he was struck from behind. Veh 2 operator stated that his foot was already on the brake so when his car was hit, he ended up braking hard burt he still ended up colliding with the car in front of him. Veh 3 operator reported that she was traveling straight on Lowell St and as she approached the traffic, her foot slipped off the brake and she drove into the back of Veh 2 which was pushed into Veh 1. No tows were required. Veh 1 had damage to right side to rear bumper. Veh 2 had damage to rear bumper and small hole in front bumper. Veh 3 had damage to hood, grill and front

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
				٠			
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dama	ged Property	
Truck and Bus Information:  Carrier Name  Address							42
US DOT #:S  Interstate	e Code	GVWR/GCWR	45		46	-	
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	it #	—Release code	49

Patrol Officer Daniel P Furbush

Wilmington Police Department

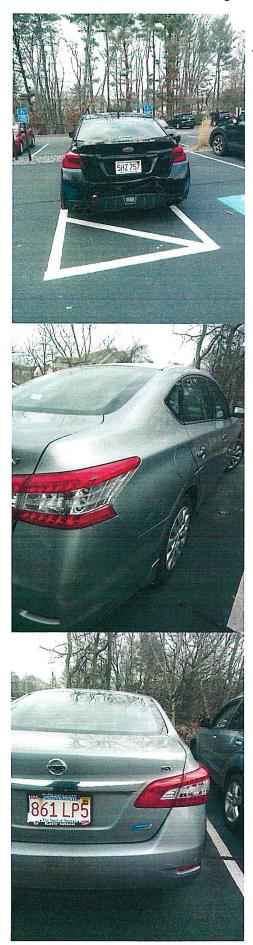
11/27/2019

Department

# Wilmington Police Department Crash Narrative Case # 19-404-AC

On 11/27/19, I was dispatched to the area of 300 Lowell St for a report of a three car motor vehicle crash. It was reported by all involved that there were no injuries, there was no air bag deployment and all involved were wearing seatbelts. It was reported by Veh 1 operator that he was stopped in traffic. It was reported by Veh 2 operator that he was slowing almost to a stop when he was struck from behind. Veh 2 operaotr stated that his foot was already on the brake so when his car was hit, he ended up braking hard burt he still ended up colliding with the car in front of him. Veh 3 operator reported that she was traveling straight on Lowell St and as she approached the traffic, her foot slipped off the brake and she drove into the back of Veh 2 which was pushed into Veh 1. No tows were required. Veh 1 had damage to right side to rear bumper. Veh 2 had damage to rear bumper and small hole in front bumper. Veh 3 had damage to hood, grill and front bumper.

## Wilmington Police Department Images Associated with 19-404-AC







#### Wilmington Police Department Images Associated with 19-404-AC







	Police Use Only	Comr	nonwealth (	of Massa	chu	setts			RM	V Docu	ıment Nun		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [	Number Vehicles	Numbe	, lober	d Limit	25	— Local PC	olice 🔯	]
	11/27/2019 1513 Wili	mington	Police ?	Report	]:	2	0	Lann	ıde itude		MBTA I Campus Other:	Police	
	AT INTERSECT	ION:	< LOCA		<u>_</u>	***************************************	NOT			SEC'	TION:		1
												2 10	
	GLEN RD												
<sup>1</sup> 1	Route# Direction Name of Roadway/Street  At			Route# Direction Address # Name of Roadway/Street									
	LEE ST			Feet NSEW of • or									
	Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number							umber	3 11	
	Also at Intersection with			Feet NSEW of Route# Intersection				ecting R	Roadway/S	treet			
2	Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of Intersecting Roadway/Street									
<sup>2</sup> <b>2</b>	Route# Direction Name of Intersecting Roadway/Street			Landma					ndmark	ζ		1	
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Ro	eport ID	<sub>#</sub> 19	-4(	)5-	AC	3			
,	or the Following.												┨
	License # <b>S33566867</b> St <b>M</b>	20		952MT4							Г	21	<b>1</b> 12
	Sex E Lic. Class D Lic. I	Restrictions 99 CI	DL Veh '	Year <u>2019</u>	Veh	Make_ <b>S</b>	UBAF	U		Veh	Config.	1	
1	Operator RUFO, EILEEN Last	<b>M</b> First	Middle Own	er <b>RUFO</b> , I	EILE	EN N	First			Mie	ddle		
<sup>4</sup> 2	Address 169 CHARLTON S	st	Addr	ess 169 CH	ARL'I	ON :							
	City <b>ARLINGTON</b> State	e <b>MA</b> Zip <b>02476</b>	-7243 City	ARLINGTO	N			State <b>M</b>	<b>A</b> _ z	Zip <b>02</b>	2476-	7243	
	Insurance Company <b>SAFETY IN</b>	SURANCE CO	MPANY Vehic	le Action Prior to 0	Crash	4	22	Damage	ed Area	Code:	8 <sup>27</sup> 7	27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Even	Sequence 2	3 23	23	23	Test Sta	itus:		1 28		
<sup>5</sup> 1	Citation # (If Issued)			· <u>-</u>	1 24			Type of	Test:		29		
				ı		25	25	BAC Te			30		13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Cod		!		Susp. A	,		Susp. Dr	ug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			r Distracted by	U	<u> </u>	1 2/ 1	Towed t		<u>,                                     </u>	1 33	**************************************	1
	Please fill out for opera Name (Last First Middle)	ator and all occupants inv	Olved Address	DOB/Age	Sex Po	at Safety	Airbag E	7 38 eet Trap ode Code	39 Injury Status	40 Transp. Code	Medica	al Facility	
	Operator	Se	e Above		X 1	1	4 0	o	10	1			]
							<del>  </del>						1
				-		+						···-	-
7	Please Select One Vehicle 21	_#Occupants Non-	Motorist A Type	15 Action	16 Loca	ation	17 Co	ndition	18		Hit/Run	Moped	1
<sup>7</sup> 3	of the Following:							L		<u> </u>		<u> </u>	4
	License # NHL18136537 St N			<u>4595463</u>								21	
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Veh Year 1985 V				Veh	Veh Make <b>FORD</b> Veh Config. <b>1</b>								
				Owner HARTY, WILLIAM MICHAEL  Last First Middle									
<sup>8</sup> 1	Address 33 CONGRESS ST	APT 28	Addr	ess 33 CON	GRES	SS S	r A	PT 2	8				
	City <b>NASHUA</b> State	e <b>NH</b> Zip 03062	City	NASHUA				State N	<b>H</b> _ 2	Zip <b>0</b> 3	3062		1 14
	Insurance Company Ve			Vehicle Action Prior to Crash  1 22 Damaged Area Code: 2 27 1 27 27							27 27		
	Vehicle Travel Direction: X S E W Responding to Emergency? 2 Even			Event Sequence 1 23 23 23 23 Test Status: 1 28									
	Citation # (If Issued)	Most Homful Front 7 24											
<sup>9</sup> 2	, , ,		BAC Test Result: 30										
	Viol. 1: Ch/Sec/Sub ————		Susp. Alcohol: 2 31 Susp. Drug 2 32							ug: 2 32			
		Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2 Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 1 33							]				
	Please fill out for operator/no. Name (Last First Middle)	•	nts involved Address	DOB/Age	Sex Po	at Safety	Airbag E	7 38 ect Trap ode Code		40 Transp. Code	Medic	al Facility	
	Operator/Non-Motorist	t Se	e Above		X 1	1	5 0	o	10	1			
	_								1				
									-				-
									ļ				

0		= Direction	1 = Vehicle 1 2	= Vehicle 2	웃 = Pedestri	an 📆 =	Bicycle	
Cra	sh Diagram:	ie: 👈	1 2		<b>→</b> 윘	→ №		
							If Crash <u>Did Not</u> on a Public Way:	
	Glen Rd			10000000000000000000000000000000000000		personale.	Off-Street Parking Lo	t
	Oldi Na						Garage	
		=> m21	Den				Mall/Shopping Center	
	***************************************	W.		***************************************	***********************		Other Private Way	ļ
			介	Lee St			Indicate North by A	Arrow
			ü	Le	(2		$(\rightarrow)$	
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	sh Narrative:							
		mpting to make						
		lled into the collision with		in front	or venic	ie z. v	enicie 2 could	not
		<del></del>						
Wit	nesses:							
Name (	Last,First,Middle)	·	Address			Phone #		Statement
ALTERNATION OF THE PARTY.	perty Damage:		la .					
Owner	(Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truc	k and Bus Informat	ion: Registration #		(From \	/ehicle Section)			40
Carrie	r Name						Bus Use	42
Addre	ss			City			St Zip	
US DO	OT #:	State Number	-	_ Issuing State	MC/MX/	ICC #:		
Interst	ate 43 Cargo B	ody Type Code	GVWR/GCWR	45				
Traile	er Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length	46	
Hazn	nat Information:							
Pl	acard 47 Material 1 d	igit # 48 Material N	ame		Material 4 dig	it #	Release code	49
Dota	ol Officer Jul	ie M Pozzi		167	Wilmington	Police	Department 11/	27/2019

Wilmington Police
Department Pro