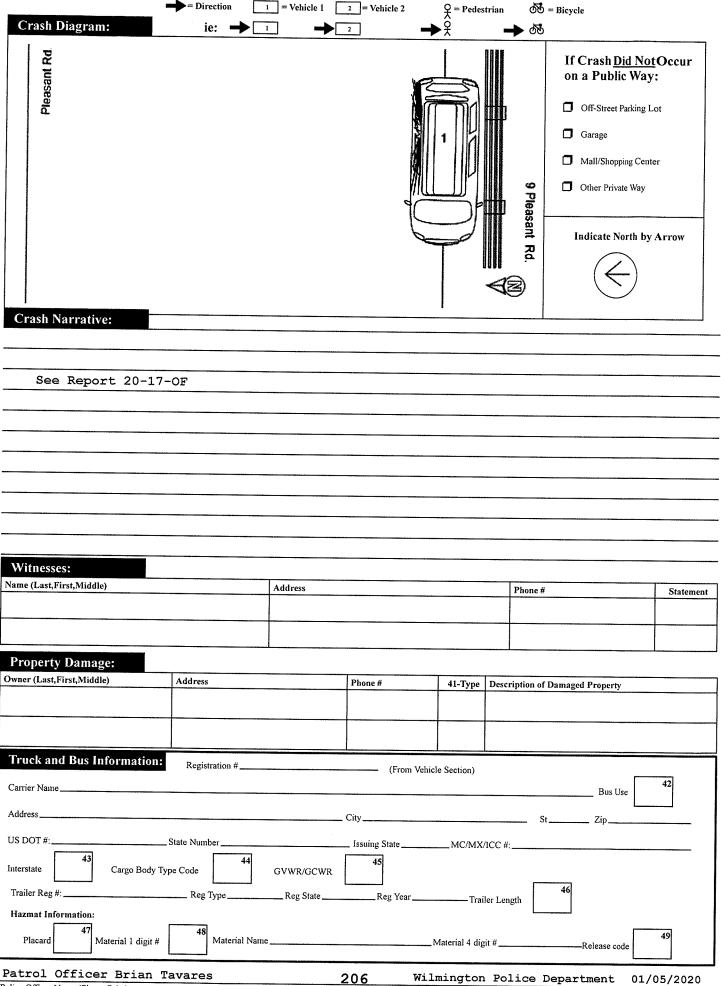
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Sex Lic. Class	Lic. Restrictions	CDL Veh Endorsement	Year 2013	Veh Make <u>GM</u>	C		. Veh Config.	L 21
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h	ic. Restrictions C	DL Veh '	Year V	eh Make			Veh Config.	21
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Department

Wilmington Police Department

Page: 1

PERSONNEL NARRATIVE FOR PATROL OFFICER BRIAN TAVARES

Ref: 20-17-OF

On Sunday January 5, 2020 I, Officer Tavares, was assigned to full uniformed patrol for the 8 a.m. to 4 p.m. shift in car 32 sector 2. At approximately 9:52 a.m. I was dispatched to 9 Pleasant Rd. for a report of a past Hit and Run.

On Arrival I was met by the reporting party, Lisa Mackenzie, standing next to a damaged 2013 GMC Yukon, MA Reg 4145XA, which was parked in the roadway in front of 9 Pleasant Rd. The damage appeared to be from a white sedan from the height of the damage, see attached photos. The damage span from the front door to the back bumper on the passenger side. It appeared the vehicle that struck the GMC was travelling eastbound on Pleasant Rd. There was also a piece of the suspects door hinge, see attached photo, left behind which correlates with the paint transfer on the GMC.

Ms. Mackenzie stated she arrived to 9 Pleasant Rd. at about 5:00 p.m. on January 4, 2020 and hadn't been out to it until this morning. There was no note left on the vehicle from the party who struck the vehicle. I also couldn't see any surveillance cameras in the area of the parked vehicle. I was unable to locate a vehicle with similar damage in the neighborhood.

I advised Ms. Mackenzie to file a crash report and to notify her insurance company. I also told her that I will be writing a report and filing a crash report for her.

Officer Tavares #206

Wilmington Police Dept.

Wilmington Police Department Images Associated with 20-17-OF





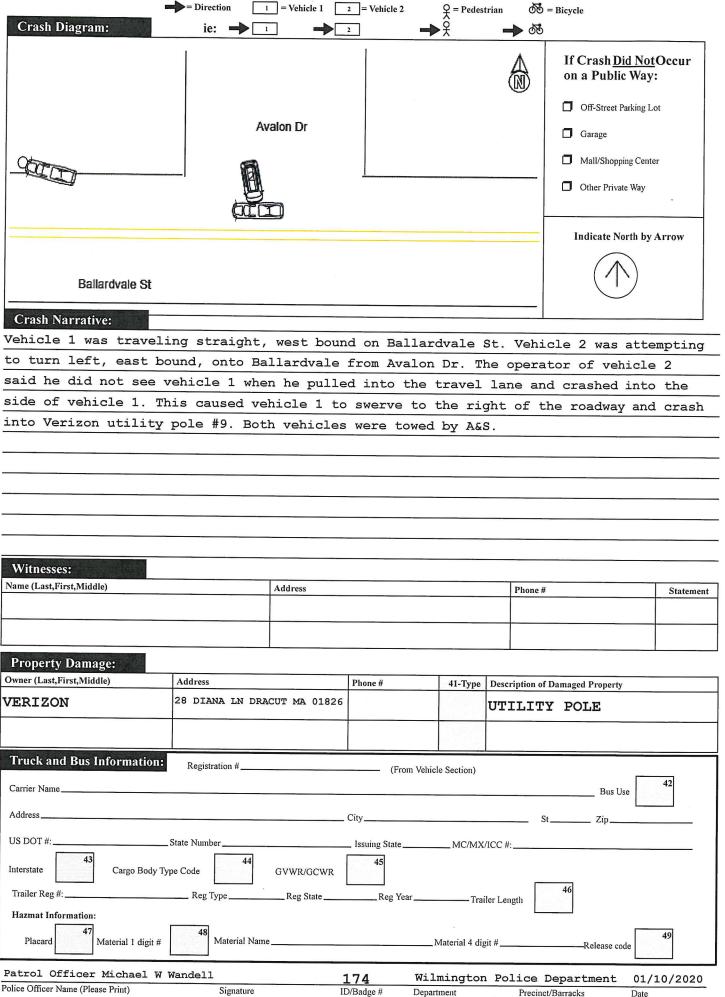




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⁴ 1	Address 110 N LOWELL	RD	Addre	ess 110 N LC	WELL	RD First		Middle			
	City WINDHAM Sta	te NH Zip 03087	1215 City	WINDHAM		Sta	ate NH	Zip 030	871215		
	Insurance Company COMMERCE		Vehic	le Action Prior to Crasi	h 1	22	amaged Are	a Code: 3	27 27 27		
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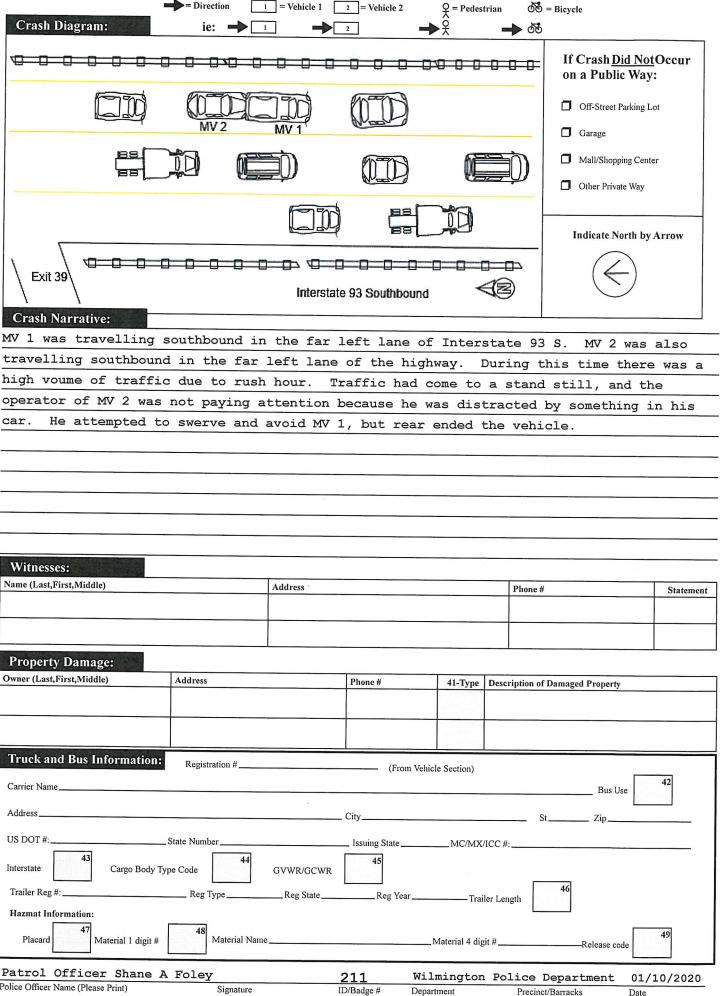
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Crash Diagram:	ie: 👈	1	2	→ × -	→ №	
					If Crash <u>Did No</u> on a Public Wa	
Ches	stnut St.				Off-Street Parking	Lot
					☐ Garage	
			Unknown MV		☐ Mall/Shopping Cer	iter
		رال	1		Other Private Way	
	Rock wall	7 7	<i>y</i>	Δ	Indicate North by	y Arrow
				(N)		
Crash Narrative:		8				
VI travelling east	tbound on Chest	tnut St. C	Operator of	MV1 stated	that a small blue	
enicle travelling	in the opposit	te directi	lon, crossi	ng into MV1	's travel lane. Op	erator
MVI stated it an	ppeared other	operator t	to be texti	ng. He state	ed that he pulled	to the
ight to avoid a co	ollision with t	the unknow	vn MV and s	craped along	g a rock wall. Dam	age to
ne rear right pane	el of the work	van. No d	damage to t	he wall. Oth	ner vehicle did no	t stop
make themselves	known.					
	n					
Witnesses:						
ame (Last,First,Middle)		Address			Phone #	
		Audress			Phone #	Statement
Property Damage:						
vner (Last,First,Middle)	Address		Phone #	41-Type Descr	ription of Damaged Property	
Truck and Bus Informatio	n: Registration #		(From V	ehicle Section)		
arrier Name					Bus Use	42
ddress					St Zip	
S DOT #:	State Number		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MC/MX/ICC #:		
terstate Cargo Bod	y Type Code	GVWR/GCWR				
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Placard Material 1 digit	# 48 Material Nam	ıe		Material 4 digit #	Release code	49
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trol Officer Kevin P ce Officer Name (Please Print)	Cavanaugh Signature			ilmington Pol		09/2020
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4	Operator SWIFT, STEVE	N D First		er SWIFT, S	TEVEN					
⁴ 1	Address 41 BOSTON RD	APT 334		ess 41 BOSTO	N RD	APT :	334	Middl	e	
	City N BILLERICA St	ate MA Zip 01862	-1046 City	N BILLERI	CA	Sta	te MA	Zip 018	862-1046	
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				MCD, FA 01843-	-2606		 	ļ <u>-</u>	-	1	4 0	0	10	1		_	
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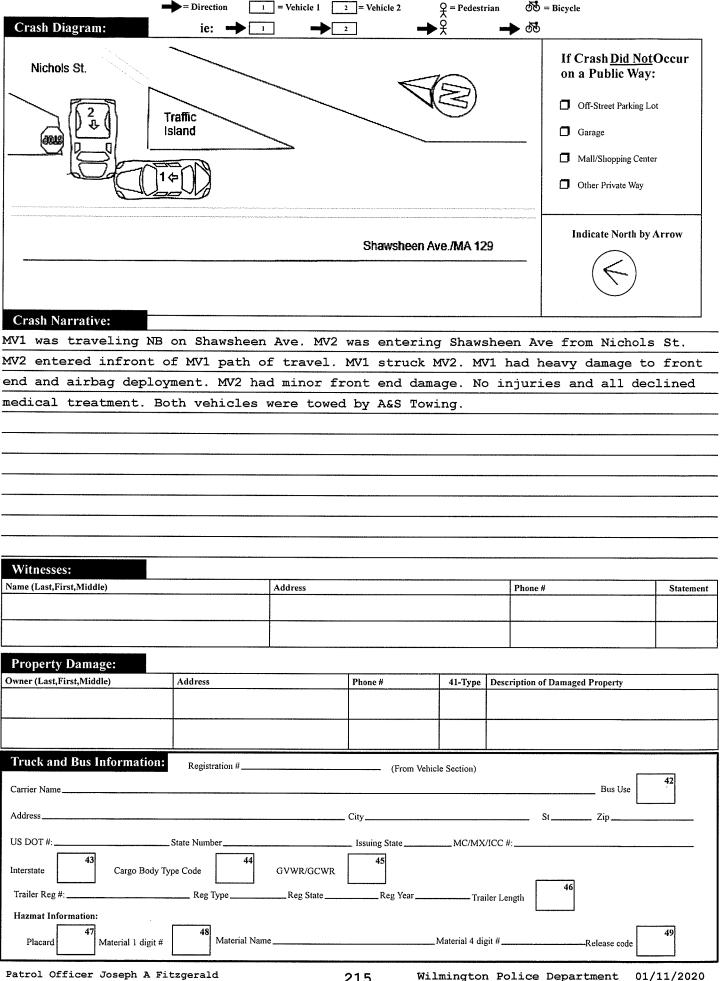


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3	of the Followin		1 #Occupants	Hit/Run Moj	oed Crash	Report ID	# 2 C)-10	-AC				
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	City READ	NG	State MA Zip 018	67-3563	City READING	;	,				1867-3563		
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ļ						+				-		-	
	Planca Salant O	00 5Z	<u> </u>			16		15	<u>l, </u>	3		1	
1	Please Select O of the Followin		L#Occupants N	Ion-Motorist A Type	Action Action	16 Loc	ation	17 Condit	tion		Hit/Run Moped		
	License # S46		t MA DOB/Age	F	Reg # 5XT974	-	-	Reg Type	PC	R	eg State MA	1	
	Sex M Lic. C	lass D 19 L	ic. Restrictions 20	CDL\	/eh Year <u>2002</u>	Veh	Make 1	IISSAN	•	Veh	Config. 21		
-	Operator WEF	IBE, RAMI	N First		owner WEHBE,	NAS	SER	A			111		
2	Address 1 H	ILLTOP DR			Address 1 HIL	LTOP	DR	First		Mi	ddle		
	City PEABO	DY s	State MA Zip 019 (60-3185	city PEABODY			Sta	te MA	Zip 0 1	<u>1960-3185</u>	1 14	
	Insurance Company	ny ARBELLA	MUTUAL INS	URANCE	/ehicle Action Prior to	Crash	1		amaged Are	a Code:			
	Vehicle Travel Di	rection: NS	W Responding to Em	nergency? 2	Event Sequence 1	23 23	23	23	st Status:		28		
2	Citation # (If Issue	ed)		N	Most Harmful Event	1 24			pe of Test: AC Test Re	sult:	30		
	Viol. 1: Ch/Sec/Su	ub ———	- Viol. 2: Ch/Sec/Sub -	r	Oriver Contributing Co		25	25	sp. Alcohol		Susp. Drug: 2 32		
L	Viol. 3: Ch/Sec/Su		- Viol. 4: Ch/Sec/Sub -		Priver Distracted by	0 26		To	wed from s	cene?	1 33		
	Plea Name (Last First Mid		/non-motorist and all occ	upants involved Address	DOB/Age	Sex Po	at Safety	36 37 Airbag Eject Status Code	38 39 Trap Injur Code Statu	40 Transp. S Code	Medical Facility		
	Operato	r/Non-Motor	rist	See Above		X 1		1 0	0 10	1	and the state of t		
F										+			
-							-						
			ľ				1			1 1			

Crash Diagram: ie:	1 = Vehicle 1 2 = Vehicle	2	Ø = Bicycle
	1 2	→ ĝ	→ 55
			If Crash <u>Did Not</u> Occur on a Public Way:
Lowell St			Off-Street Parking Lot
(Rt. 129)			☐ Garage
			☐ Mall/Shopping Center
	0^2		Other Private Way
	A THE STATE OF THE		Indicate North by Arrow
Cuash Namatina			
Crash Narrative: Both MVs travelling eastbound on	Towell S+ /B+ 1	20) :- + 55:	2.1
that MV2 had been travelling ver	cv closely to her	cear humper i	ncluding not being able
to see its headlights at a coupl	le of points. She s	tated that sh	was slowing for traffic
when she felt the impact. Operat	or of MV2 stated t	hat he does n	ot have ABS so when MV1
oraked he was unable to stop in	time. No injuries	reported. Min	or damage to the rear
oumper of MV1. Significant damag	ge to the front of	MV2. MV2 towe	d by A&S Towing.
· .			
Witnesses:			
Name (Last,First,Middle)	Address		Phone # Statement
Property Damage:			
	Phone #	41-Type Desc	cription of Damaged Property
Owner (Last,First,Middle) Address			
Owner (Last,First,Middle) Address			
Owner (Last,First,Middle) Address			
Truck and Rus Information			
	(Fr	om Vehicle Section)	Bus Use 42
Truck and Bus Information: Registration #	(Fr	om Vehicle Section)	Bus Use
Truck and Bus Information: Registration # Carrier Name Address	City	om Vehicle Section)	Bus Use
Truck and Bus Information: Carrier Name Address US DOT #: State Number 43 Cargo Body Type Code	City Issuing State GVWR/GCWR 45	om Vehicle Section) MC/MX/ICC	Bus Use
Truck and Bus Information: Carrier Name Address US DOT #: State Number 43 Cargo Body Type Code Trailer Reg #: Reg Type	City Issuing State GVWR/GCWR 45	om Vehicle Section) MC/MX/ICC	Bus Use
Truck and Bus Information: Carrier Name Address US DOT #: State Number Interstate 43 Cargo Body Type Code Trailer Reg #: Reg Type Hazmat Information:	City Issuing State Issuing State 45 Reg State Reg Yo	om Vehicle Section) MC/MX/ICC #	Bus Use 42 St Zip
Truck and Bus Information: Carrier Name Address US DOT #: State Number Interstate Cargo Body Type Code Trailer Reg #: Reg Type Hazmat Information:	City Issuing State GVWR/GCWR 45	om Vehicle Section) MC/MX/ICC #	Bus Use 42 St Zip

CDP1 11-24-00

	Police Use Only	Com	nonwealth	of Massa	chus	ett	S		RM	AV Do	cument !	Number	
	Date of Crash Time of Crash 01/11/2020 1105 Wil	City/Town mington	Motor Vel	nicle Cras	h [Number Vehicle:		and lope	ed Lim	it <u>2</u>	Loca	e Police	
	24HR	ming con	Police	Report	2		0	Lat	itude igitude _			TA Police	
	AT INTERSECT	TION:	< LOCA	ATION >			NOT	AT II					-
	100								****			· · · · · · · · · · · · · · · · · · ·	2 10
12.	Route# Direction SHAWSHE	EN AVE Name of Roadway/Str	eet	Route# Direction	n Add	iress#	-	1	Vame o	f Pood	way/Stree	nt .	
¹ 1		At				_			vaine o	1 Koau	way/Sile		_
	Route# Direction Na		10	Feet N	SEV	of		– – e Marker		- or	Exit	Number	
	Routes Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N	SEV	V of		o markor			2		3 11
				Feet N		_	Route	#	Inter	secting	Roadway	y/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ray/Street	1000	1-1-1				ī	andma	al a		-
3	Please Select One Vehicle 13	#Occupants Hit/I	Run Moped	Crash Rep		20	1	1 2		anuma	IK.		1
3													
	License # S63408465 St M	20	Reg	#CC4299			Reg	Туре Р	<u> </u>	F	Reg State		12
	Sex_E Lic. Class D Lic. 1	Restrictions 99 CI	DL Veh	Year 2017	Veh N	1ake I	YUN	DAI		Vel	h Config.	1 21	1
4	Operator KUCHARSKI, GA	First	Middle Own	er KUCHARS	KI,	JOI	IN A				4iddle		
⁴ 2	Address 17 GOV HUTCHIN	ISON RD	Addr	ess 17 GOV	HUT	CHI					Addie		
	City BILLERICA State	e MA Zip 01821	City_	BILLERICA	A			State N	IA .	Zip <u></u>	1821	-2026	
	Insurance Company ELECTRIC	INSURANCE C	OMPAN Vehic	ele Action Prior to Cr	rash	1	22	Damag	ed Are	a Code	1 27 8	27 2 27	
5	Vehicle Travel Direction: X S E W	Responding to Emerg	ency? 2 Even	Sequence 23	23	23	23	Test St	atus:		1 28		
⁵ 2	Citation # (If Issued)		Most	Harmful Event 1	24			Type o			30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	99	25	25	BAC T Susp. A	est Res			32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26				from so		33 33	Drug: 2 32	
1	Please fill out for opera	ator and all occupants invo			34	35	36	37 38	39	40	<u> </u>		1
	Name (Last First Middle)		Address	DOB/Age S	Seat Pos.	Safety System	Airbag Status	Eject Trap Code Cod	Injury e Status		Мо	dical Facility	
	Operator	See	e Above		$\sqrt{1}$	1	1 0	0	10	1			
	JOHN KUCHARSKI	BILLERICA, MA 018		м	3	1	1 0	0	10	1			
	I	·			4	1	4 0	0	10	1			
									†				
,	Please Select One of the Following:	#Occupants		15 16	6	<u> </u>	17		18	一	<u></u>		1
3	or the Following.	Non-F	Motorist A Type	Action	Location	on	Co	ndition			Hit/Run	Moped	
	10 10	A DOB/Age	Reg#	218AG8		<u>-</u>	Reg T	Гуре <u>РС</u>		R	eg State		
	Sex M Lic. Class D 19 Lic. R	estrictions 99 20 CD End	L Veh Y lorsement	ear <u>2008</u>	_ Veh M	ake G	MC			Veh	Config.	1 21	
_	Operator MANNE, JOSEPH	First	Middle Owne	r MANNE , I ast	JOSE	PH	V First			10	ddle		
2	Address 21 BRITTANY LN		Addre	ss 21 BRIT	TANY	LI				1411	uuie		
	City BILLERICA State	MA Zip 01821-	-2259 City I	BILLERICA	7			State M	A _ z	Zip <u>0</u> 1	L821	-2259	1 14
	Insurance Company PLYMOUTH F	ROCK ASSURAL	NCE C Vehicle	e Action Prior to Cra	ash	1	22	Damage	ed Area	Code:	1 ²⁷ 8	27 27	
	Vehicle Travel Direction: N S E	Responding to Emerge	ncy? 2 Event	Sequence 23	23	23	23	Test Sta			1 28		
2	Citation # (If Issued)		Most I	Harmful Event 1	24			Type of BAC Te		.14.	30		
_	Viol. 1: Ch/Sec/Sub V	riol. 2: Ch/Sec/Sub	Driver	Contributing Code	99	25	25	Susp. A	r		Susp. D	Orug 32	
	Viol. 3: Ch/Sec/Sub	iol. 4: Ch/Sec/Sub	Driver	Distracted by 9	9 26			Towed i	L	-	33 1		
Ī	Please fill out for operator/non-				34 Seat	35 Safety	Airbag E	37 38 ject Trap	39 Injury	40 Transp.			1
ļ	Operator/Non-Motorist		Above	DOB/Age Ser	x Pos.	System	Status C	ode Code	Status	Code	Med	ical Facility	
ŀ	F IIAOLOI ISL	366			$\frac{1}{1}$	-	4 0	0	10	1			
}													

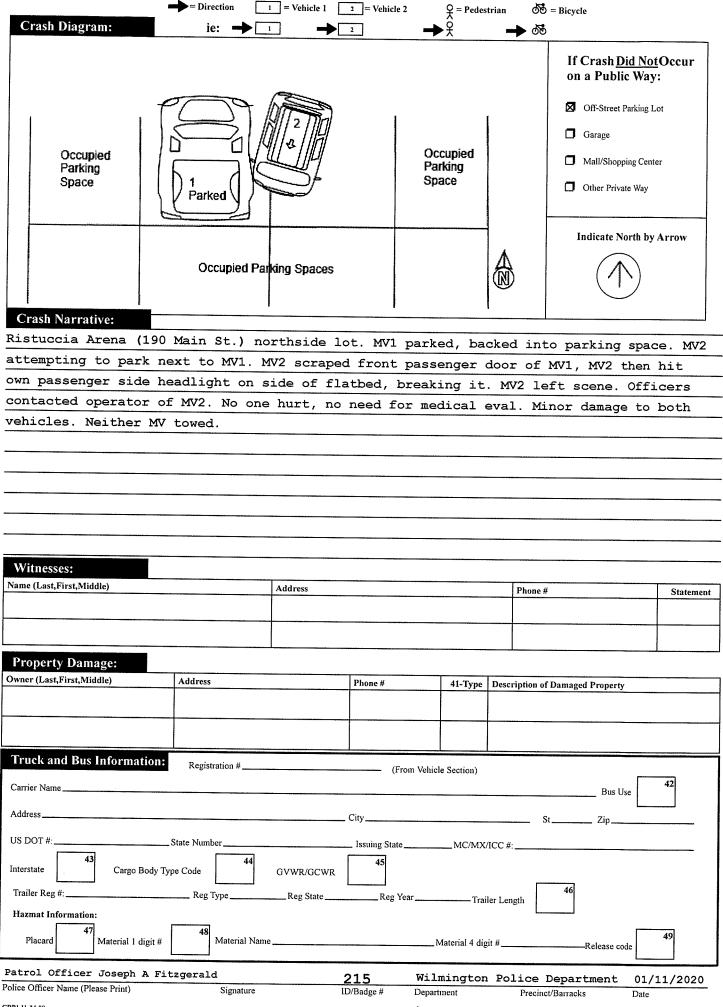


Patrol Officer Joseph A Fitzgerald

Department

01/11/2020

	Police Use Only	Comi	monwealth	of Massacl	husetts	RM	IV Document Number			
	Date of Crash Time of Crash 01/11/2020 1254 Wi	City/Town	Motor Vel	r Vehicle Crash Number Number Vehicles Injured				Local Police		
	01/11/2020 1254 W1	lmington	Police	Report	2	O	Latitude Longitude _	MBTA Police Campus Police	. 0	
	AT INTERSEC	TION:		ATION >		1-		Other:		
						NOTAL	1111121	BECTION.	_ 10	
	Devet Division				190	MAIN			2	
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	f Roadway/Street		
L	_	711		Feet N S	S E W of		•	- or		
	Route# Direction 1	Name of Intersecting Roadw	vay/Street			Mile Ma	rker	Exit Numbe	5 11	
		Also at Intersection w	rith	Feet N S	E W of	Route#	Interes	secting Roadway/Street		
² 1	Route# Direction	Name of Intersecting Roadw	inv/Street	Feet N S	E W of	Routen	inters	ecting Roadway/Street		
1		tame of interseeing Roads	ray/Bucet				La	andmark		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 20	-12	-AC			
	License # S95665964 St.	MA popu								
	10 10	20		# SR737T					21 1 12	
		L r	idorsement	Year <u>2002</u>				Veh Config. 2		
4_	Operator NEWHOUSE , RA	LPH E III First	Middle	er NEWHOUSE	, RALI	PH E J	R	Middle		
41	Address 28 NASSAU AVE		Addr	ess 193 TAFT	' RD	1 1130		Middle		
	City WILMINGTON Se	ate MA Zip 01887	-2820 City	WILMINGTO	NR	Sta	te MA 2	zip 01887-28	20	
	Insurance Company QUINCY M	UTUAL FIRE I	NSURA Vehic	cle Action Prior to Crasl	h 11	22 Da	ımaged Area	a Code: 3 27 27	27	
[Vehicle Travel Direction: X S E W	Responding to Emerg		t Sequence 23	23 23	23 Te	st Status:	1 28	_	
5	Citation # (If Issued)	-		Harmful Event 1	24	Ty	pe of Test:	29		
l	Viol. 1: Ch/Sec/Sub			<u> </u>	7 25	25	AC Test Resi		13	
				T Contributing Code	26	Su	sp. Alcohol:		32 2	
⁶ 1		Viol. 4: Ch/Sec/Sub		r Distracted by 0		Ţ	wed from sc			
	Name (Last First Middle)	erator and all occupants inv	Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status		iv	
	Operator	Se	e Above	\times	1 10	4 0	0 10	1		
⁷ 1	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Conditi	18	Hit/Run M		
1	of the Following:				Location	Conditi	on	HIVRUN L. MI	oped	
	License #, S1	DOB/Age.	Reg #	2RFS60		Reg Type	PC	Reg State MA		
	Sex Lic Class D 19 Lic.	Restrictions 99 20 CD	DL Veh Y	ear 2012	Veh Make T	OYOTA		Veh Config.	21	
899	Operato:	rust		SULLIVAN	, DONA					
99	Address			ss 3 BEVERL	Y AVE	First		Middle		
	City Sta	ı Zip.	City J	WILMINGTON	1	Stat	e MA Z	ip 01887-17 1	16 1 14	
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehicl	le Action Prior to Crash	1	22 Da	maged Area	Code: 27 27	27	
	Vehicle Travel Direction: NXEW	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	 23 Tes	t Status:	1 28	_	
	Citation # (If Issued)	,	•	Harmful Event 2	24	_{Тур}	e of Test:	29		
,2		Vi-1 2. Ct /2 /2 :		<u> </u>		25	C Test Resu			
	Viol. 1: Ch/Sec/Sub			Contributing Code		Sus	p. Alcohol:	- ` <u>'</u> <u>- </u>	32	
		Viol. 4: Ch/Sec/Sub		Distracted by 99			ved from sce			
	Please fill out for operator/n Name (Last First Middle)	<u>=</u> '	nts involved	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-Motoris	See See	Above	XX	1 _ -			1		
								:		
}										
ļ										
-	7				<u> </u>	1				



CDP1 11-24-00