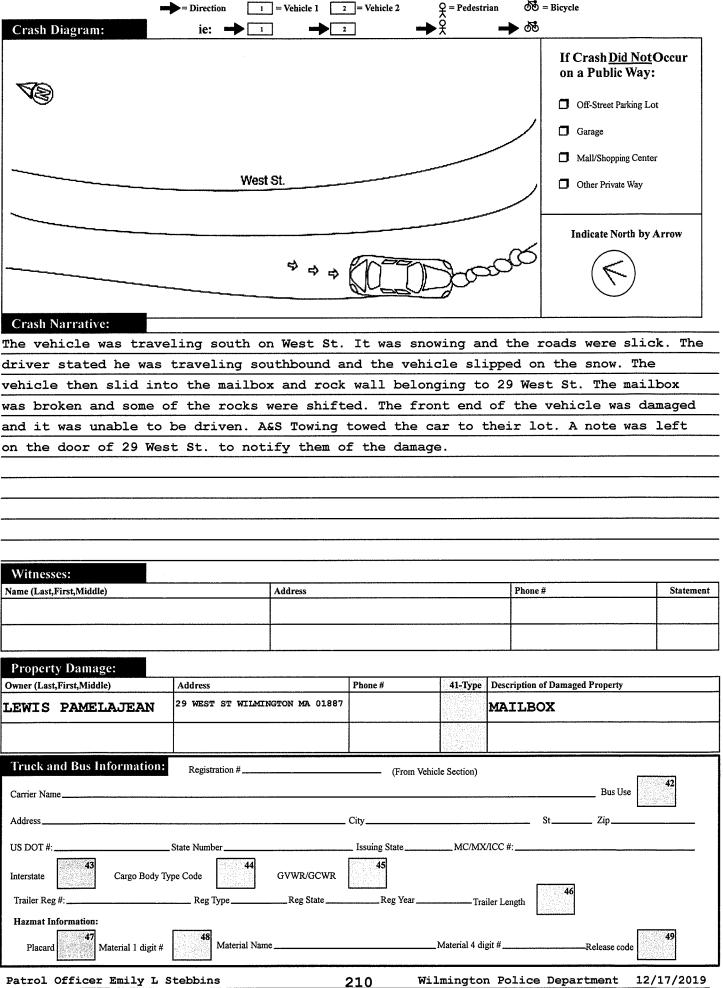
	Pol	lice Use Only		Cor	nmonv	vealth	of Massa	ach	use	etts		ſ		RMV	V Docu	ıment N		
	Date of Crash	Time of Crash		ity/Town	Mo	tor Veh	icle Cra	sh		ımber hicles	Num	1	•	Limit.	35	- Local	Police Discount Police Discoun	
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				lso at Intersecti			Feet	NS	EW	of	Route	.#		Interce	ecting F	Roadway	Street	2
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² 2	Rodre# Bite	ction	Traine 0	i intersecting re	oadway/Bucci	1								La	ndmark	<		4
3	Please Select of the Follow		1 2 #0	Occupants	Hit/Run	Moped	Crash I	Report	ID#	19	-4	30) – .	AC	•			
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5	Citation # (If Is	sued)				Mos	Harmful Event	1	24				pe of T	iest: st Resu	ılt:	30		
	Viol. 1: Ch/Sec	/Sub	Viol	. 2: Ch/Sec/Sub		Driv	er Contributing Co	ode	1	25	25			cohol:		Susp.	Drug: 32	1 13
6	Viol. 3: Ch/Sec	/Sub	Viol	. 4: Ch/Sec/Sub		Driv	er Distracted by	0	26			To	wed fr	rom sc	ene?	1 33		
⁶ 1	Name (Last First I	Please fill out fo	or operator	and all occupan	ts involved		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mo	edical Facility	7
	Operat				See Above		DOB/Age	Ż	1	1			0	10	1	100	atom r dorney	
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⁷ 1	Please Select of the Follow		2 1 _#0	Occupants	Non-Motorist	t A Type	15 Action	16	Locatio	on	17	Conditi	on	10		Hit/Run	Морес	1
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8	Operator DE	CAREAU,	WILL!	AM S	Middle		er TODISC	O S	SER	VIC	ES		<u>C</u>		Mi	iddle		-
⁸ 1	Address 4 F	KARA LN				Addi	ess 94 CO	NDO	R S	T							******	- 14
	City BILL	ERICA	_ State M	A Zip 018	321-140	9 City	E BOSTO	N		in the second	_					2128		_ 2
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⁹ 2	Citation # (If Is:	sued)				Mos	Harmful Event	1	24		.0.2=	ВА	.C Tes	st Resu	ılt:	30		
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	Viol. 3: Ch/Sec/			4: Ch/Sec/Sub			er Distracted by	5	26	1 16	36		wed fr	rorn sc	ene?	2 33		_
	Pl Name (Last First M	lease fill out for opera	ator/non-m	otorist and all o	Address	ved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	Trap Code	Injury Status	Transp. Code	Ме	edical Facility	_
	Operat	or/Non-Mot	orist		See Above		> <	X	1	1	4	0	0	10	1			
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		= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestr	ian 📆	= Bicycle	
Crasi	ı Diagram:	ie: 👈	→ □	2	₽Ŝ	→ ॐ		
-							If Crash <u>Did Not</u> on a Public Way	
•			<u>-</u>				Off-Street Parking Lo	ot
		Rte.38/Mair	n st.				☐ Garage	
							■ Mall/Shopping Cente	er
	Line of traffic	⇒ 2	JOO DE	mknজা০) Line	of traffic		Other Private Way	
-			110	known				
				ck-up truck			Indicate North by	Arrow
					(6		()	
	n Narrative:							
		le sitting in						
		causing it to						
		an Ford F150						······································
		per. of the un			and loc	ked at	the rear of hi	LS
truck	and said no d	damage and lef	t the scen	e.				
Oper.	#2 related tha	at he was slow:	ing for tr	affic on Rt	e.38n, a	s he st	arted to break	c, his
		ne break peddl	*****					

Witne	esses:							
Name (La	ast,First,Middle)		Address			Phone	#	Statement
Prop	erty Damage:							
	ast,First,Middle)	Address		Phone #	41-Type	Description of	of Damaged Property	
æ	10.16				1217 1117 1117			
Truck	and Bus Information	Registration #		(From V	ehicle Section)			42
Carrier 1	Name						Bus Use	
Address				City		-	St Zip	
US DO	T #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstat	e Cargo Bo	dy Type Code	GVWR/GCWR	45				
		Reg Type			Tra	iler I ength	46	
	t Information:	10g 1Jpo			Ira	noi rengui		
	eard Material 1 dig	git # 48 Material Na	ame		Material 4 di	git #	Release code	49
	ol Officer Paul	W Tongon		142 V	Vilminato:	Police	Department 12	/16/2019

ID/Badge #

	Pol	lice Use Only		Cor	nmonw	vealth	of Mass	ach	use	etts				RM	V Doci	ament N		
	Date of Crash 12/17/2019	Time of Crash	1	City/Town	Mot	or Veh	icle Cra	ash		umber hicles		4	•	Limit.	25	Local	Police Po]
	12/17/2019	0926 24HR	1	ington		Police	Report		1		0	ŀ	Latitud Longit					
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	Route# Direc	ction	Name	of Intersecting Ro	oadway/Street						M	ile Ma	ker			Exit	Number	1 11
				Also at Intersection	on with			N S			Route	e#]	Interse	cting F	Roadway	/Street	
² 2	Route# Direc	ction	Name	of Intersecting Ro	oadway/Street		Feet	NS	EW	of								_
	Please Select 0	One 574			1					1 0			1		ndmarl	K		1
³ 4	of the Followi		le 1 <u>2</u>	Occupants	Hit/Run	Moped	Crash	Report	ID#	ТЭ	-4	<u>ا</u>	L	AC	<u> </u>			
	License # SA	0830777		_ DOB/Age		Reg	# 9RH817				Re	д Туре	PC		R	eg State	MA 21	3 12
	Sex M Lic.	Class D 19	Lic. Res	strictions 1 20	CDL	Veh	Year 2012		Veh M	ake T	'OYO	ATC			Veh	Config.	1	
4	1	OUE, MA	F	irst	Middle		er DUQUE	Last			F	irst			Mi	iddle	······································	
⁴ 1	1	ELM VIE					ess 19 EL		IEV	T								
				MA Zip 023			BROCKTO			149.50	22						-3601 27 27	
	_	_		RAL INSU			cle Action Prior t			23	23		ımageo st Stat		Code:	1 28	27 8 27	
5	Vehicle Travel I	عـــ	X E W	Responding to E	mergency? 2		t Sequence 10	1000			2.5	Ту	pe of 7	Test:		29		
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⁶ 3	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		Dnv	er Distracted by	<u> </u>	34	35	36	37	38	39	40	1		-
	Name (Last First M	Aiddle)		T ====================================	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Мо	dical Facility	4
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	GUERLIN JE	AN BAPTISTE		129 EXCHANGE MEDFORD, MA				м	1	1	4	0	0	10	1			_
⁷ 1	Please Select (le 2#	Occupants	Non-Motorist .	A Type	15 Action	16	Location	on	17	Condit	on	18		Hit/Run	☐ Moped	7
1	of the Followi	ng:	C4	DOD/A		n	#	48.E.M			D-	- T	150			eg State		-
	License # Sex Lic.	Class 19	19	DOB/Age strictions 20	CDL	Reg	Year									-	21	
	Operator	Class	Lic. Kes	surctions [Endorsement	t	or		VCII IVI	ake					ven	Comig.	DATAMESTOS.	
⁸ 1	Address	Last	F	írst	Middle		ess	Last			F	irst			Mi	iddle		
			State_	Zip								Stat	e	2	Zip			4 14
	Insurance Comp	any				Vehi	cle Action Prior t	o Crash	1	in in the second	22	Da	mageo	d Area	Code:	27	27 27	
	Vehicle Travel D	Direction: N	S E W	Responding to E	mergency?	Even	t Sequence	23	23	23	23		st Stati			28		
⁹ 2	Citation # (If Iss	sued)				Mos	Harmful Event	33 d 4	24			-	pe of T	Fest: st Resi	ılt.	30		
2	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		Driv	er Contributing C	ode	The set	25	25			cohol:	A400 232	Susp. 1	Drug: 32	
	Viol. 3: Ch/Sec/	Sub	Vic	ol. 4: Ch/Sec/Sub		Drive	er Distracted by		26			То	wed fr	om sc	ene?	33	h	
	Ple Name (Last First M		perator/non-r	notorist and all oc	cupants involve	ed	DOB/Age	Sex	34 Scat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ме	dical Facility	T
		or/Non-M	otorist		See Above			X	1	ĺ	<u> </u>						······································	1
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Police Officer Name (Please Print)

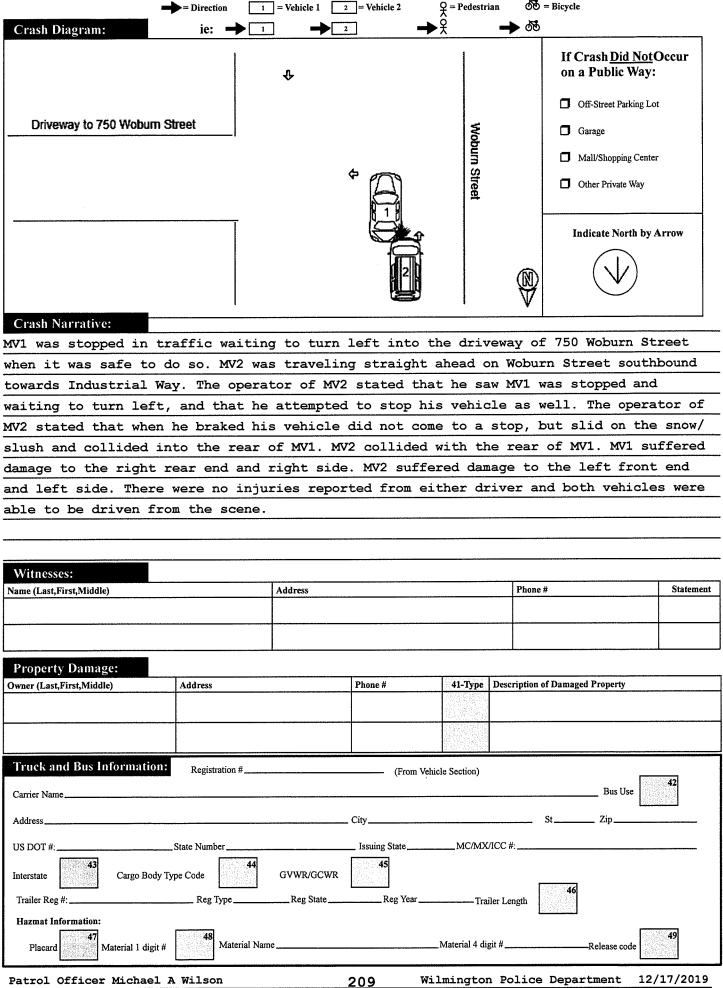
Signature

ID/Badge #

Department Precinct/Barracks

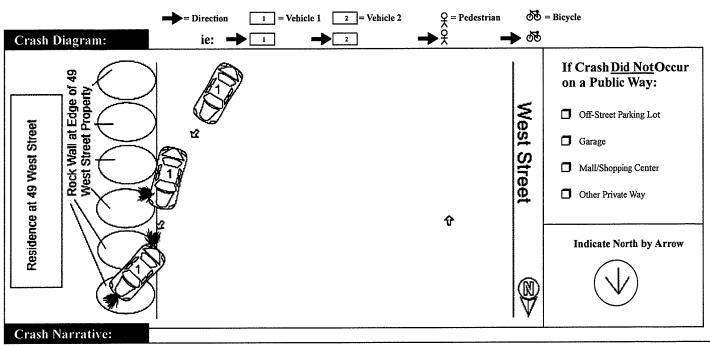
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² 4	Route# Dire	ction	Name	of Intersecting Roa	adway/Street		Feet	N S	EW	of								_	
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³ 5	of the Followi	ng: Vehicle	1#	Occupants H	lit/Run	Moped	Crash R	Report	ID# .	ГЭ	-4	<u>52</u>		AC	•			_	
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⁴ 1		AFFIER,		JANE ist	Middle		STAFFI	Last			RD Fir	al D			Mi	ddle	***************************************	-	
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⁶ 7	Viol. 3: Ch/Sec/	Sub Please fill out		r and all occupants			1 Distracted by	122	34	35	36	37	38	39	40	2	<u></u>	┩	
	Name (Last First M			1	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code		Injury Status	Transp. Code	Med	lical Facility	-	
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⁷ 3	Please Select C		21#	Occupants N	lon-Motorist A	Type	15 Action	16 I	Locatio	on 💮	17 c	Conditi	on [18		Hit/Run	П Морес	.	
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⁸ 2	Address 100	SUNSET	AVE	rst	Middle	Addre	ess 100 SU	Last JNS	ET	AVI	Fir	st			Mi	ddle		-	_
L	City LAWR	ENCE	State 1	1A Zip 0184	41-1139	City	LAWRENC	E				_ State	MA	z	ip 0	L841	-1139	_ 4 14	1
	Insurance Comp	oany METROP	OLITA	N PROPE	RTY AND	Vehic	le Action Prior to	Crash		1	22				Code:	8 ²⁷ 7	27 27		ı
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⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24				C Test		ılt:	30			
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	Pol	ice Use Only		Con	nmonw	ealth	of Massa	chi	use	etts		i i	F	RMV	Docur	ment Numb		
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³ 5	of the Followi	ng: Venic		Occupants]	Hit/Run	Moped												-
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⁴ 1	1	Last	Fi	NAJIB M	Middle		er ASHOUR	ast			Fir	IB st	М		Mid	dle		
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⁶ 7	VIOI. 5; CII/Sec/			r and all occupant				<i>9.9.</i>	34 Seat	35 Safety	36 Airbag	37	38	39	40 fransp.			1
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⁷ 1	Please Select (of the Followi		le 2#	Occupants 1	Non-Motorist	A Type	Action A	16 L	ocatio	n	17 C	onditio	n	18	Н	Iit/Run	Moped	
_	License #		St	DOB/Age		Reg	#				Reg	Туре_			Re	g State		1
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0	Operator	Last		rsi	Endorsement		ier	ast			Fir				Mid			
⁸ 2	Address		Fi	rst	Middle	Addı	ress	.asi			Fir	st			Mid	idle		
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	Insurance Comp	any	1-11-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-			Vehi	cle Action Prior to				22		naged A		Code:	27 2 28	7 27	
	Vehicle Travel D	Direction: N	SEW	Responding to E	mergency?	Even	t Sequence	23	23	23	23		Status: of Tes			29		
⁹ 2	Citation # (If Iss	ued)				Mos	t Harmful Event		24				C Test I		t:	30		
	Viol. 1: Ch/Sec/	Sub	Vio	l. 2: Ch/Sec/Sub		Drive	er Contributing Co	de [200	25	25	Susp	o. Alcol	hol:	31	Susp. Dru	g: 32	
				l. 4: Ch/Sec/Sub			er Distracted by	-68000 -300 EUS	26	1.5			ed fron			33		
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MV1 was traveling southbound on West Street towards Nickerson Avenue. MV1 was approaching a slight bend in the road and attempted to slow down and turn slightly left to maintain the travel lane. The operator of MV1 stated that he attempted to brake and turn with the road, but that he felt his vehicle start to skid on the snow and slush. The operator stated he attempted to swerve back into the travel lane, but MV1 left the roadway to the right, struck several boulders that make up the rock wall at 49 West Street, and finally came to rest on top of two boulders. The operator was not injured. MV1 suffered extensive undercarriage damage and had to be towed from the scene. There

was also extensive damage to the rock wall. The homeowners at 49 West Street were

notified, and stated they would be filing a claim through their homeowner's insurance.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:			
Owner (Last,First,Middle)	Address	Phone # 41-Ty	pe Description of Damaged Property
FITZGERALD DANIEL C	49 WEST ST WILMINGTON MA 01887-301	97	ROCK (BOULDERS) WALL AT EDGE OF ROAD
FITZGERALD KALI E	49 WEST ST WILMINGTON MA 01887	97	ROCK (BOULDERS) WALL AT EDGE OF ROAD

FITZGERALD F	WIT E					
Truck and Bus Info	ormation: Registration#		(From Ve	chicle Section)	******	astrale Mass
Carrier Name				p(w) + 4,		Bus Use
Address			. City		St	Zip
US DOT #:	State Number	<u> </u>	Issuing State	MC/MX/ICC #:		A-111
Interstate 43	Cargo Body Type Code 44	GVWR/GCWR	45		590335 3 2	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	40	
Hazmat Information:						
Placard 47 Mat	terial 1 digit # 48 Material Na	ame		Material 4 digit #		Release code

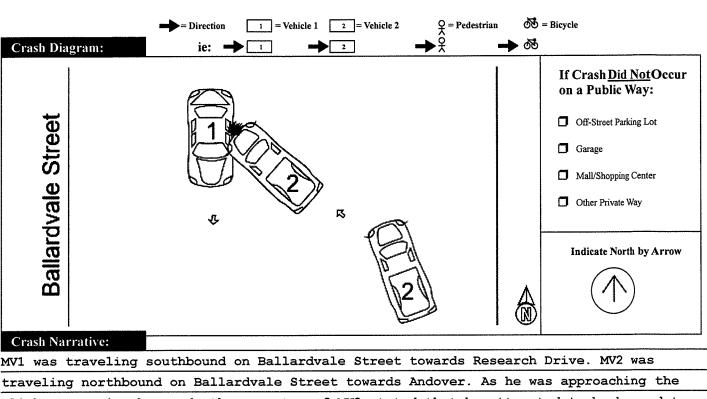
Patrol Officer Michael A Wilson

Wilmington Police Department

Department

12/17/2019

	Pol	ice Use Only		Com	monwea	lth (of Massa	ch	use	etts				RMV	Docu	ment Nui		
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MV1 was traveling southbound on Ballardvale Street towards Research Drive. MV2 was traveling northbound on Ballardvale Street towards Andover. As he was approaching the slight curve in the road, the operator of MV2 stated that he attempted to brake and turn the wheel slightly right to maintain his travel lane. The operator of MV2 stated that the vehicle began to skid/slide on the snow/slush on the roadway towards the double yellow center-line. The operator of MV2 stated that he then lost control the of MV2 as it crossed the double yellow line into the southbound travel lane and struck MV1. MV1 was traveling straight ahead when it was struck on the left side by MV2. MV1 suffered damage to its front and rear left side and MV2 suffered damage to the the front left side. The operator of MV1 was transported to Winchester Hospital by the Wilmington FD. The operator of MV2 signed a medical refusal with the WFD. MV1 was towed from the scene

Witnesses:								
Name (Last,First,Middle)		Address			Phor	ne #		Statement
						···		

Property Damage:	1		T	1.55.225		45	10	
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description	n of Damage	d Property	
Truck and Bus Information:	Registration #		(From Vel	hicle Section)			Bus Use	42
Address			_ City			St	Zip	105/127-0
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	40		
Hazmat Information:								
Placard Material 1 digit #	48 Material Name			Material 4 dig	git #		-Release code	49

Patrol Officer Michael A Wilson

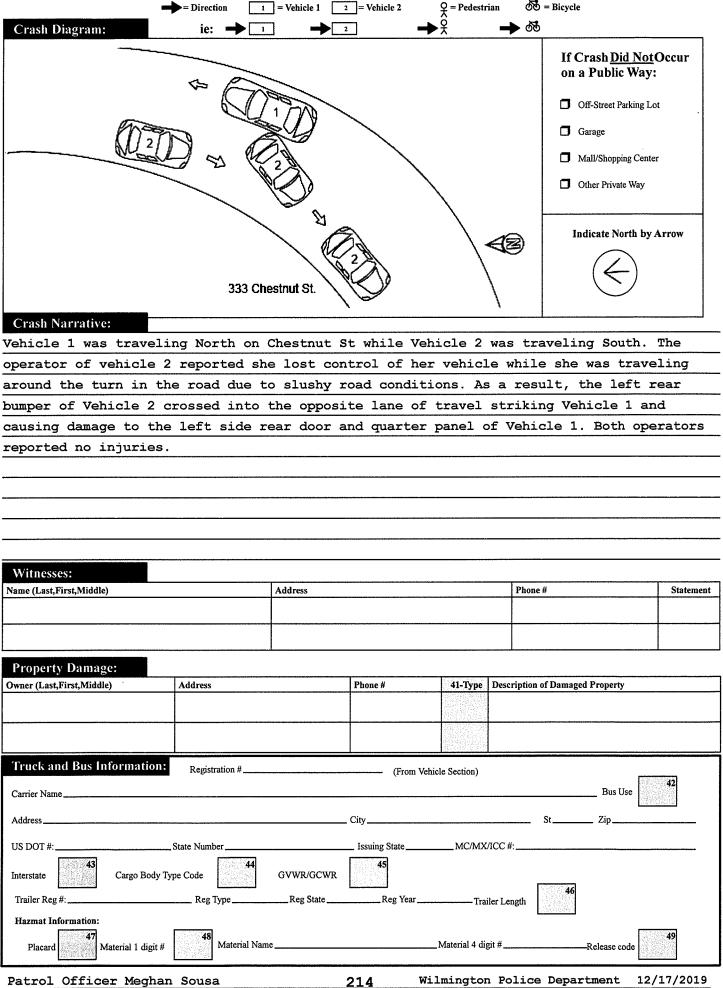
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Wilmington Police Department

12/17/2019

Department

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Police Officer Name (Please Print)

Signature

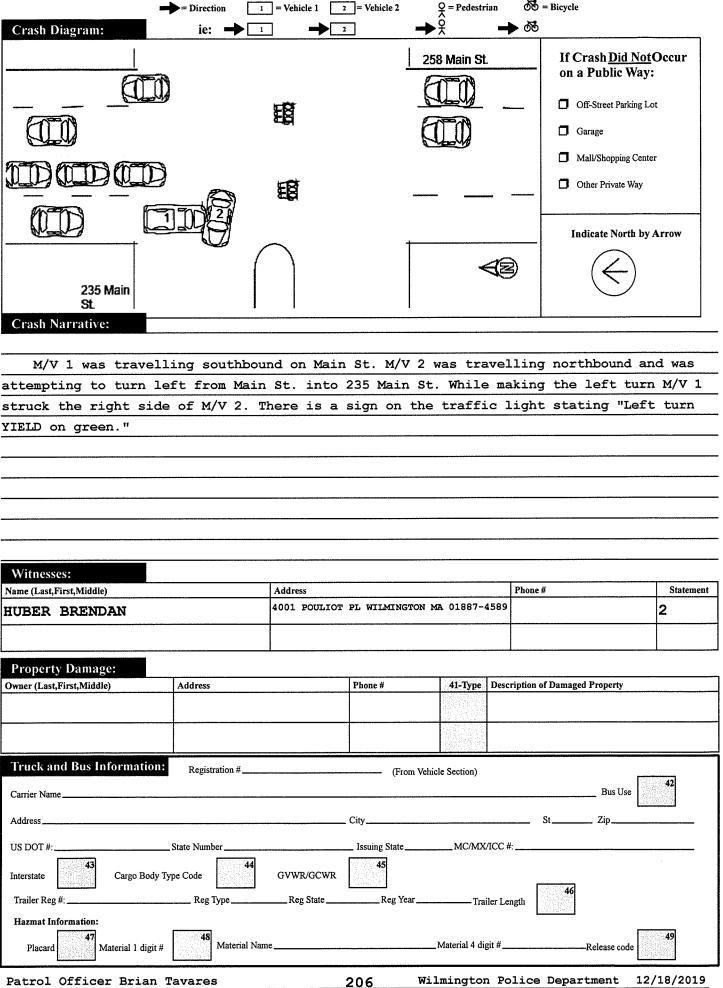
ID/Badge#

Department

Precinct/Barracks

Date

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Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Citation # (If Issued) T1683918 Wiol. 1: Ch/Sec/Sub 89 8 Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Driver Distracted by Dob/Age Sex Poss Square Result: 1 30 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Poss Square Result: 1 30 Damaged Area Code: 2 27 27 27 27 Test Status: 1 28 Type of Test: BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Poss Square Result: Safety Airbag Signer Result: 1 30 Name (Last First Middle) Medical Facility Medical Facility	Address 6232 AVALON DR	irst Middle	Address 16 MANNI		Mic	adle
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	•	•		34 35 36 37 Seat Safety Airbag Ejer		
Operation/Non-motorist See Address 1 2 4 6 7 2 2			DOB/Age Sex	1		Medical Facility
	Operator/Inon-Motorist	See Above	─			
				 		



Police Officer Name (Please Print)

Signature

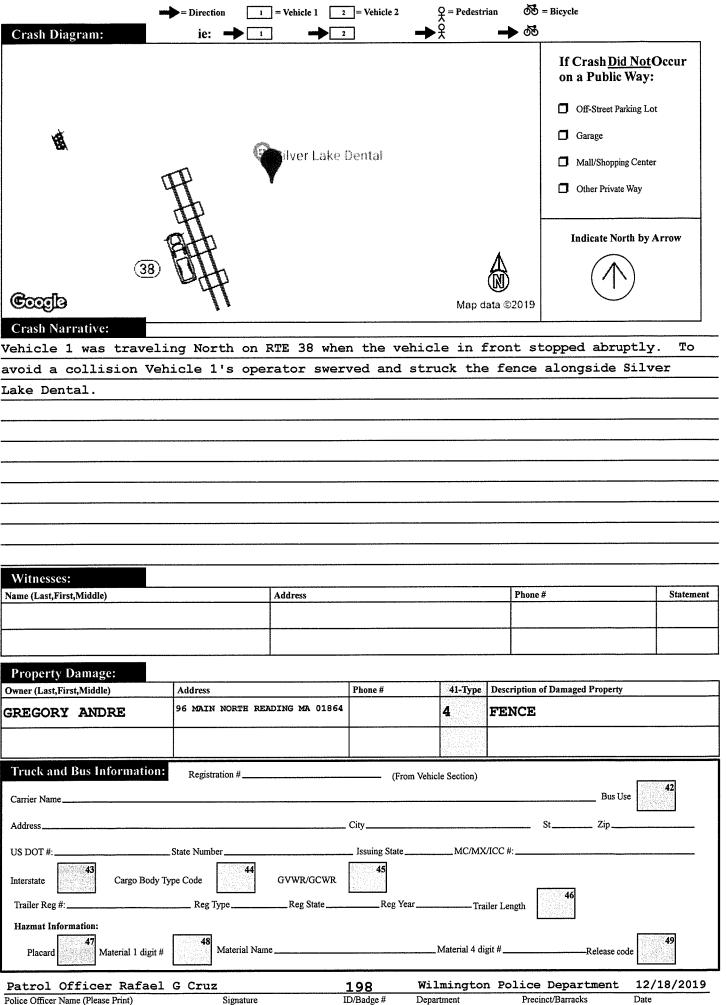
ID/Badge #

Department

Precinct/Barracks

Date

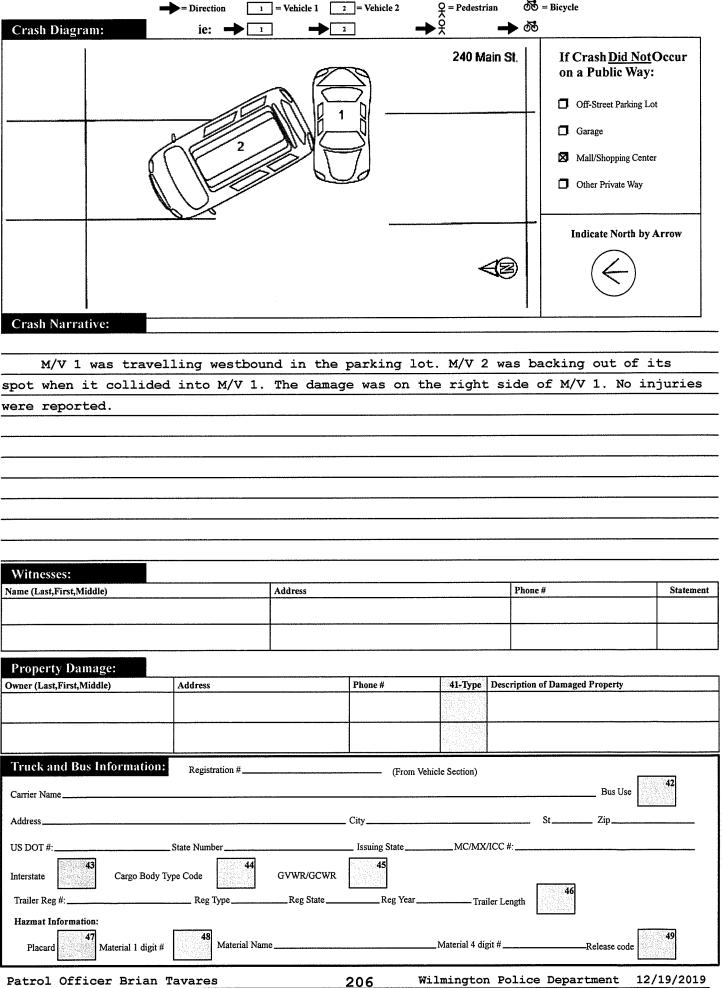
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⁵ 1		E	- L	sponding to	Emergency?		t Harmful Event		24		Ту	pe of	Test:		29		
	1	sued)		G: 10 10 1			er Contributing Co	1 <u>70</u>	11 ²⁵	2	5	AC Tes	•		1 30	23 22	30 ¹³
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⁶ 2	Viol. 3: Ch/Sec/	/SubPlease fill out	for operator an			Dilv	el Distracted by	0		35 36	37	38	39	40	2		1
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	Operat	or			See Above		\geq	X	1 9	9 4	3	0	10	1			
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⁷ 3	of the Followi	ng: — venter	4		11011-1710101151	i A Type	Action		Cation							Mopeu	4
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	Vehicle Travel I	Direction: N S	E W Re	sponding to	Emergency?	Ever	t Sequence			<u>'</u>		pe of		ŀ	29		
⁹ 2	Citation # (If Iss	sued)				Mos	t Harmful Event		24	li a		AC Tes	st Resu	ılt:	30		
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		INGTON		A Zin 018	87-4016		WILMING'					State	MA	z	ip 01	.887	-4016	
	l	oany VERMON					ele Action Prior to		1	6	22				Code:		27 27	
		Direction: N S					Fig. 1		23	23	23	Tes	t Statı	15:		28	- Marin Parkers	1
				Responding to Ei	mergency? 2		r bequence 1	(10) 100 to 10	24	354 99		Тур	e of T	est:		29		
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	Viol. 1: Ch/Sec/	/Sub	Viol	l. 2: Ch/Sec/Sub			er Contributing Co	3-81,15.7	13 26	<u> </u>				ohol:	31		Orug: 32	1
1	Viol. 3: Ch/Sec/	/Sub				_ Drive	er Distracted by	0	44.5	,				om sc	<u> </u>	1 33		_
Τ	Name (Last First N		for operator	and all occupants	s involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mec	lical Facility	
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9	Please Select 6 of the Followi		2 1 _#	Occupants	Non-Motorist A	Type	15 Action	16 I	Locatio	n 🗔	17 C	onditio	on	18	☐ E	lit/Run	Moped	i
9			a 3/7	2024			. 6 VV 210			1.3%	<u> </u>	Туре	PC	es const		- 04-4-	M2	-
		1763380	9	_ DOB/Age		_	# 6XY318									g State	21	•
	Sex F Lic.		Lic. Rest	2.6.5,115,602	CDL Endorsement		Year <u>2015</u>								_ Veh	Config.	1 (3.5.5)	
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	4	MCGUIRE					ess 37 MCG	JUI)	RE	RD								- 14
	City SUTTO			Zip 015		•	SUTTON			23/8/4/2	- lan				_		-2726	. 2
	Insurance Comp	oany THE CO	MMERC	E INSUR	ANCE CO	Vehic	cle Action Prior to	Crash		1 00	22				Code:	2 2/ 28	27 27	
	Vehicle Travel I	Direction: S	EW	Responding to Er	mergency? 2	Even	t Sequence 1	23	23	23	23		t State of T			29		
· 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24					t Resu	ılt:	30		
2	Viol. 1: Ch/Sec/	Sub	Viol	l. 2: Ch/Sec/Sub		Drive	er Contributing Co	de	1	25	25			ohol:		Susp. I	Drug: 32	
	Viol. 3: Ch/Sec/	/Sub	Vio	l. 4: Ch/Sec/Sub		_ Drive	er Distracted by	0	26			Tov	wed fr	om sc	ene?	2 33	100.1 100.00	
	į.	ease fill out for ope	rator/non-m	otorist and all oc	•				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7
	Name (Last First M		40000	<u> </u>	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Мо	dical Facility	\dashv
	Operate	or/Non-Mo	iorist		See Above	- INIII			1	1	4	0	0	10	1			-
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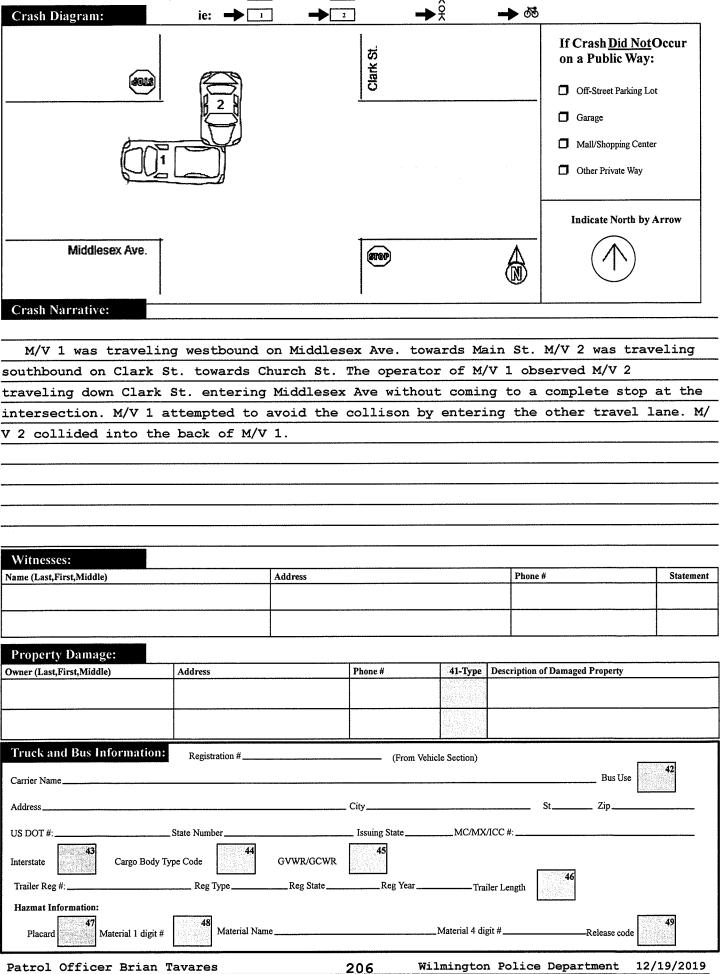
1	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestr	ian 📆 =	= Bicycle	
Crash Diagram:	ie: 👈 🔟] → [2	→Ŷ	→ ॐ		
Lucci's supe	ermarket	Lucci's supermarket ext./ent.drivewav				If Crash Did on a Public V Off-Street Parl Garage Mall/Shopping Other Private Indicate Nor	Way: king Lot g Center Way
				€	€3		
Crash Narrative:							
Oper.#1 related she	was attemptia	a to orit	+ho dri	oway of Tu	uggi le m	arkot Whil	e doing
so the traffic was h							
turn when a pick-up	truck came ou	t of know	where an	d crashed	in to t	ne side or	ner m/v#1
Oper.#2 related she					of the	driveway i	n front
of her. She had know							
***It should be note							
driveway, which make	it difficult	at times	to see o	ther m/v's	as you	enter/exit	the lot.
***(PWJ/142)							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		<u> </u>	**				
Property Damage:				Le settinge video (4)			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From	n Vehicle Section)			
Carrier Name						Bus Use	e 42
Address			City		5	St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	State of the state	GVWR/GCWR			· o	46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	arTrai	ler Length		
Hazmat Information:	[· · · · · · · · · · · · · · · · · · ·						[
Placard Material 1 digit #	# Material Nam	e		Material 4 dig	git #	Release cod	le 49
Patrol Officer Paul V			142	<u>_</u>		Department	12/19/2019
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precin	ct/Barracks	Date

	Pol	ice Use Only		Con	nmonwea	alth c	of Massa	ich	use	etts				RMV	/ Docu	ıment Number	
	Date of Crash 12/19/2019	Time of Crash	1	City/Town Lngton	Motor	Veh	icle Cra	sh		ımber hicles	Nun Inju		Speed Latitud	Limit_	20	State Police Local Police MBTA Police Campus Police	
	12/19/2019	1434 24HR	MITIM	ing con	Po	lice I	Report		2		0	- 1	Longit			Campus Police Other:	i
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									24	n	MZ	AIN	ST				2 10
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	Route# Direc	ction		of Intersecting Ro					(Mi	ile Mar	ker			Exit Number	1011
				Also at Intersectio	n with		Feet				Route	e#	J	Interse	cting R	Roadway/Street	╌┣─┤
² 1	Route# Direc	ction	Name	of Intersecting Ro	adway/Street		Feet	NS	EW	of				Ya	ndmark	-	_
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	Sex F Lic.	Class D D	Lic. Res	strictions B	CDL Endorsement		ear 2012					JΤA			Veh	Config.	
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⁶ 1	VIOL 3. CIDBOON			r and all occupants					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-
	Name (Last First M	······································		<u> </u>	Address		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code	Status	Code 1	Medical Facility	_
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⁷ 1	Please Select C of the Followin		le 2 1 _#	Occupants	Non-Motorist A	Туре	15 Action	16	Locatio	on	17	Conditi	on	18	<u> </u>	Hit/Run Mope	d
-	License # SO	4988318	St MA	DOB/Age		Reg#	HP1347				Re	g Type	ST		Re	eg State MA	_
	Sex F Lic. 6	Class D D	Lic. Res	strictions 1 20	CDL	Veh Y	ear 2011		Veh M	ake E	ORI				_ Veh	Config. 21	
8	Operator HA	WKINS,	MARIL	YN NICOI		Owne	r COMMON	WE Z	ALT:	H C	F	MAS irst	SAC	HU	SET	TS	-
⁸ 1	Address 215	BURRIL	L ST	APT UN		Addre	ss 1 ASHE	SUR'	TON	P					1411		- 14
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	Vehicle Travel D	Direction: N S	S E	Responding to En	nergency? 2	Event	Sequence 1	23	23	23	23		oe of T			29	ļ
⁹ 2	Citation # (If Iss	ued)				Most :	Harmful Event	1	24	عدا!	on the same		.C Tes	t Resu	ılt:	1 30	
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	Pol	lice Use Only		Co	mmon	wealth	of Massa	ach	use	etts	,			RM	V Doci	ument N				
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¹ 3				At			Feet	NS	ЕW	of			 •		or					
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1				-	-										ndmarl	K				
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	License # S3	7602806	St.MA	DOB/Ag		Reg	# <u>8780ZS</u>				Re	д Туре	PC		R	eg State	MA		_ 1:	2]
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⁴ 2	Address 117	PRINGL	E ST	ırst	Middle	Add	ress 117 P F	RIN	GLE	S'		ırst			М	iddie		_		
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⁵ 1	Citation # (If Is:	sued)				Mos	t Harmful Event	1	24			•	pe of Tes	Test: st Resi	ılt-	30				
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⁶ 1			for operator	r and all occupa					34 Seat	35 Safety	36 Airbag	37 Eject Code	38 Trap	39 Injury	40 Transp.	.,	F 15 33			
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⁷ 2	Please Select of the Followi	One Vehicle	2 2 _#	Occupants	Non-Motoris	at A Type	15 Action	16	Locatio	on	17	Condit	ion	18		Hit/Run	□ Мор	ed		
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		Class D D	0		20 CDL		Year 2009					<u> </u>			_ Veh	Config.	1 21			
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⁸ 1		CAMBRII	Fi	irst I T	Middle		ess 109 CZ	Last			F	irst			М	iddle		_[
	City BURL	INGTON	State 1	<u> </u>	803-411	.5 City.	BURLING	TON	I			Stat	te M7	_ z	ip 0	1803	-411	5	1	4
	Insurance Comp	oany ALLSTA	TE IN	NSURANC	E COMPA	AN Vehi	cle Action Prior to	Crash	ı	1	22	Da	mage	d Area	Code:	2 27	27 2	7		
	Vehicle Travel I	Direction: N	EW	Responding to	Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stat			2 28				
⁹ 2	Citation # (If Iss	sued)				Mos	Harmful Event	1	24			-	pe of Tes	Fest: st Resu	de-	29				
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1 = Vehicle 1 2 = Vehicle 2

= Direction

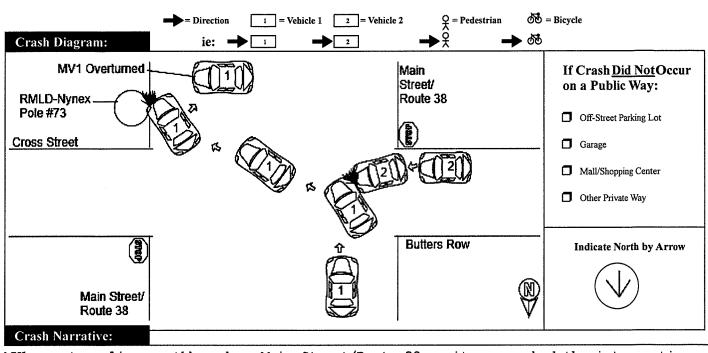
Q = Pedestrian

ණී = Bicycle

	Pol	ice Use Only		Con	nmonwe	alth	of Mass	ach	use	etts		1	I	RMV	Docu	ment Num	ber	
	Date of Crash	Time of Crash	1	City/Town	Moto	r Veh	icle Cra	ısh		ımber hicles	Numb	5	eed Li		40	State Poli Local Pol MBTA Po	ice 🔯]
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3	of the Followi		le 1. 1 #	Occupants	Hit/Run	Moped	Crash l	Report	ID#	T 9	-4	4		3C				
		7609548	St MA	DOB/Age		_	# 7056RT									100	21	1 12
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⁴ 1		NEWBURY					ess 11 NE			ST	AE	T 1						
				=	21-5136		BILLERI				22				` .	L821- 5 27 - 2	27 27	
	_	-			COMPANY		cle Action Prior to	o Crash	23	23	23		ageu z Status		Code.	5 28		
⁵ 2	Vehicle Travel I	<u> </u>	s X w	Responding to E	mergency? 2		t Sequence 1		24		. S.11	Туре	of Te	st:	Ì	2 29		
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⁶ 1	Viol. 3: Ch/Sec/			r and all occupant	ts involved		Distracted by	Ų,	34	35	36	37	38	39	40			1
	Name (Last First M	fiddle)	•	T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Status	Code C	ode S	Status	Transp. Code	Medical	l Facility	
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	******							<u> </u>				_						_
⁷ 1	Please Select C		le 2 .1 #	Occupants	Non-Motorist A	Type	15 Action	16	Locatio	on .	17 C	ondition	1	18	l I	Hit/Run	Moped	
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⁸ 1		CEDAR S	F	irst	Middle		ess 17 CE	Last			Firs	t			Mic	ddle		
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⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24			• •	Test 1		lt:	30 1		
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		_ Drive	er Contributing C	ode	19	25	25	Susp	. Alco	hol:	2 31		ug:2 32	
	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		_ Drive	er Distracted by	0	26	,			ed from			2 33		<u> </u>
	Ple Name (Last First M		perator/non-n	notorist and all oc	cupants involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System		Eject 7	rap L		40 Transp. Code	Medica	l Facility	
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Crash Diagram:	ie: 👈 🔟] → [2	→ }	→ ‱		
	200 :					If Crash <u>Did N</u> on a Public W	
	280 L01	well Street				Off-Street Parkin	g Lot
						☐ Garage	
						■ Mall/Shopping C	enter
						Other Private Wa	у
		1) (12		(Indicate North	by Arrow
				,	<u> </u>	(V)	
Crash Narrative:							
MV 1 and MV 2 were d							ded MV 1.
Operator of MV 1 was	s arrested fo	r OUI. No	injuries	. Cains to	wed MV 1	•	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
			·				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of E	amaged Property	
ALEXA CONTRACTOR OF THE CONTRA				100			
Truck and Bus Information:				· 建乙酰硫酸盐医氯			
Carrier Name	8		(Fron	n Vehicle Section)		Bus Use	42
Carrier Name							
Address						Zip	
US DOT #:			·	MC/MX/	ICC #:		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45		<u> </u>		
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTrail	er Length	46	
Hazmat Information:	[Section of the section of the secti				L		70
Placard Material 1 digit #	48 Material Nam	ne		Material 4 dig	it #	Release code	49
Patrol Officer Kevin J	Skinner		200	Wilmington	Police D	epartment	12/19/2019
Police Officer Name (Please Print)	Signature		ID/Badge #	Department			Date

	Pol	ice Use Only		Com	monwea	lth o	f Massa	ch	use	etts		1.5		RMV	⁷ Docu	ment Nur	atearin	
	Date of Crash 12/20/2019	Time of Crash 1755	1	City/Town ington			cle Cras	sh		mber hicles	Num Inju	٠, ١٠	Speed Latitud	-	45	MBTA I	olice 🔯 Police 🗖	
	12,20,2013	24HR	11-1-1-11-				leport	-	2		4	- 1	ongit.			Campus Other:	Police 🖸	4
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² 1	Route# Direc			of Intersecting Roa	dway/Street		Feet [11/3	<u>15 W </u>	01				Lar	ıdmark			-
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	Sex M Lic.		1171	2012/99007/6	CDL Endorsement		ar 2019 YEBY,											
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	l			MA Zip 0185	50-1145		OWELL					State	e MZ	7	in 01	L850-	-1145	
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⁵ 1		sued)		responding to 2m				43	24	:::::: -) eac.	• • •	pe of T			29		
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	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -		Driver	Distracted by	99	26					om sce		33 1	. 55 2	
⁶ 1				r and all occupants					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First N				Address See Above		DOB/Age	Sex	Pos.	System 99	Status 3	Code 0	Code	Status 9	Code 2	Medi- Lahey Cl	al Facility inic	1
	Operate			***UNKNOWN***	See Above		10/00/1006		4				0			Lahey Cl	inic	4
	SEKA ANDRII	EN YEBY		LOWELL, MA		-	12/22/1996	_		99	3	<u> </u>		9		Lahey Cl	inic	-
	YAO KOJASS	I.		LOWELL, MA			06/12/1993	М	3	99	3	0	0	9	2	Lahey Cl	inic	4
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⁷ 2	Please Select O of the Followi		le 2 1	Occupants N	on-Motorist A	Туре	15 Action	16 I	ocatio	n	17 C	Conditi	on	18	<u> </u>	Hit/Run	Moped	ı
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		LRENAN,	E JA	NE	Endorsement	Owner	MULREN	AN,	E	JA	NE Fi					ddle		
⁸ 2	Address 30	PARK ST	•	ırst	Middle	Addres	s 30 PAR	K	ST		rı	121			MI			
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	Insurance Comp	oany SAFET	Y INS	URANCE C	OMPANY	Vehicle	Action Prior to	Crash		6	22				Code:	8 ²⁷ 1 28	27 2 27	
	Vehicle Travel I	Direction: N	s X w	Responding to Em	ergency? 2	Event S	Sequence 1	23	23	23	23		st Stati pe of T			29		
⁹ 2	Citation # (If Iss	sued)				Most F	Iarmful Event	1	24	ezelfas	· · · · · · · · · · · · · · · · · · ·	• •		t Resu	ılt:	30		
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	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -		Driver	Distracted by	99	26					om sc	,	2 33		_
	Ple Name (Last First M		perator/non-i	notorist and all occ	upants involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	cal Facility	
	Operate	or/Non-M	otorist		See Above		$\geq <$	X	1	99	4	0	0	10	1			
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MV1 was traveling southbound on Main Street/Route 38 as it approached the intersection of Butters Row and Cross Street. MV2 was stopped at the stop sign at the intersection of Butters Row and Main Street/Route 38. MV2 started to pull out of Butters Row headed across Main Street towards Cross Street. MV1 was traveling straight ahead as MV2 started to pull out in front of it. MV1 swerved to the left in an attempt to avoid MV2, but MV2 collided with the right side of MV1. After colliding with MV2, MV1 then swerved left across the northbound lane on Main Street, mounted the curb, struck Nynex Utility Pole #73, and rolled over coming to rest on its roof. MV2 suffered minor damage to its front end, but was able to be driven from the scene. MV1 was totaled, suffering damage in all areas, and was towed from the scene. All four occupants of MV1 were transported to Lahey Hospital for evaluation by Action EMS and Wilmington FD. Operator of MV2 was not injured.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
PHELAN JOSEPH B	11 SUSAN DR SAUGUS MA 01906-1262		
KOMMINENI SAGAR C	2 MURRAY HILL CIR WILMINGTON MA 01887		

Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damag	ed Property
READING MUNICIPAL LIGHT DEPARTMEN	230 ASH ST REAL	OING MA 01867		4	NYNEX	#73	UTILITY POLE
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			
Carrier Name							Bus Use
Address			City			St	Zip
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		Г		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:							
Placard Material 1 digit #	48 Material Nan	ne	***************************************	Material 4 di	git #		—Release code

Patrol Officer Michael A Wilson

209

Wilmington Police Department

12/20/2019

Department

	Polic	ce Use Only	Com	monweal	lth d	of Massa	ach	use	etts				RMV	V Doci	ament Numb		
	1 1	Time of Crash 1239 Wi	City/Town	Motor `	Veh	icle Cra	sh		ımber hicles	Nur Inju	I~	peed atitud	Limit.	25	State Police Local Police MBTA Poli	e 🗵	
	12/21/2013	24HR		Poli	ice l	Report		2		0		ongit			Campus Po Other:	lice 🔲	
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								20		NTT	CKI	פסק	·ON	25.77	re:		2 ¹⁰
	Route# Direct	tion	Name of Roadway/	Street		Route# Direc	tion	Addr	ess#	7/1	CIVI				/ay/Street		
1			At			Feet	NS	ЕW	of			- •	_	or			
	Route# Direct	tion	Name of Intersecting Roa	dway/Street	—	1001				Mi	le Marl	ker		V1 _	Exit Num	iber	8 11
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3	Please Select O of the Followin		1#Occupants	it/Run 🔲 M	oped	Crash R	Report	ID#	19	-4	43	3-3	AC	•			
	License #_S33	812918 s	St_MA_DOB/Age	<u> </u>	Reg#	543SP1				Reg	g Type	PC		R	eg State MA		_ 12
	Sex_ F _ Lic. C	10 10	ic. Restrictions 20	CDL	-	ear 2012									1351	21	1 12
	1	ESS, DORO		Endorsement	Owne	CRESS,	DC	RO'	THY	Α							
1	1	Last ' RIVERSIDE	First	Middle		ess <u>99 RI</u> V	Last			Fi	rst			Mi	iddle		
	City MEDFO		State MA Zip 0215	55-0000		MEDFORD						M	z	ip 0	2155-0	000	
			MUTUAL INS	URANCE	Vehic	le Action Prior to	Crash		1	22					8 27 27		
	Vehicle Travel Di				Event	Sequence 2	23	23	23	23	Tes	t Stati	1S:		1 28		
2	Citation # (If Issu	ied)			Most	Harmful Event	2	24	-477 VI 1964			e of T			29		
	Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	10000	16	25	25	1		t Resu ohol:	20.000	100	32	2 13
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26	3 0 H 122	V. (2.224.4)			om sc	● (4)(3)(13)	2 33	[2]	F
1	7,011.51.013.00.0		operator and all occupants				T2.3 K3	34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First Mic	· · · · · · · · · · · · · · · · · · ·		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Modical Fo Winchester	acility	
	Operato	r		See Above			X	1	1	4	0	0	10	2	Hospital		-
							<u> </u>										
	Please Select O		#Occupants N	on-Motorist A T	уре	15 Action	16	ocatio	m S	17	Conditio	n Si	18		Hit/Run	Moped	1
1	of the Following	g:			100		200		1.54	1107		\$37					ł
	License #	19 19	t DOB/Age 20		_	6SV868									eg State MA	21	
	Sex Lic. C		(100 AN 14 AN	CDL Endorsement		ear 2011					AN			_ Veh	Config.		
1	_	verless 1	First	Middle		BROWN,	Last			Fi	rst			Mi	ddle		
	Address					ess 20 NIC			N F	VE				. 01	1007_2	0.41	14
	-		State Zip Zip		-	WILMING'		ſ		22				ip U . Code:	1887-3 27 27	27	<u> </u>
	•		SIVE DIRECT			le Action Prior to		23	23	23		t Stati		Couc.	28	\$2,634E	
ĺ	Vehicle Travel Di	[LL.	J	ergency?_2		Sequence [24			Тур	e of T	est:		29		
2	,	ed)				Harmful Event		20	25	25		C Tes	t Resu		30	Distriction of the second	
			- Viol. 2: Ch/Sec/Sub -			Contributing Co	de	26			Sus	•	ohol:	0 r 2005	Susp. Drug	: 32	
ļ			- Viol. 4: Ch/Sec/Sub -		Drive	Distracted by	M. 10	34	35	36	Tov	ved fro	om sce	ene?	33		ļ
	Plea Name (Last First Mid	=	r/non-motorist and all occu	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject	Trap Code		Transp. Code	Medical F	acility	
	Operato	r/Non-Motor	rist	See Above		><	X	1									
																	1
, i																	

	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	Ø Ø = B	icycle	
Crash Diagram:	ie: 👈 🔟] →□	2		→ ‱		
	20 Nickers	on Ave				If Crash Did Noton a Public Way Off-Street Parking I Garage Mall/Shopping Cent Other Private Way Indicate North by	ot er
				(
				`			
Crash Narrative:							
See report 19-1394	-OF					-	
					***************************************	****	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
		<u> </u>					
Property Damage:	Address		Phone #	41-Type De	carintian of D	amaged Property	
Owner (Last,First,Middle)	Address		I none #	artiyye De	scription of D	imaged r roperty	
Truck and Bus Informati	on:			1 33 35 3 3 3 3 3 1			
Track and Das miorman	On: Registration #		(From	Vehicle Section)			42
Carrier Name			City		St	Bus Use	
US DOT #:				MC/MX/ICC) #:		
	ody Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	ength	46	
Hazmat Information:			-	220004 2			
Placard 47 Material 1 di	git # 48 Material Nam	e		Material 4 digit #		Release code	49
							104 /005

Patrol Officer Meghan Sousa Police Officer Name (Please Print)

Department

Wilmington Police Department 12/21/2019