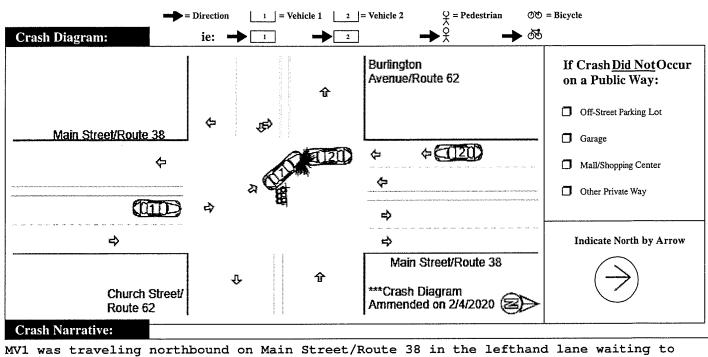
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Carrier Name						Bus Use	
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US DOT #:	_State Number		Issuing State	MC/MX	/ICC #:		
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Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	:
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Patrol Officer Darvl J	Ceruolo		212 Wil	minato	n Police	Department 01	1/19/2020

Department

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⁶ 2	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub and all occupants	involved	Driver	Distracted by	99	34	35	36	To-	wed fr	om sc	ene?	1 33		4
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turn left from Main Street onto Burlington Avenue/Route 62 westbound.MV1 entered the intersection and began turning left onto Burlington Ave.MV2 was traveling westbound on Church Street/Route 62 approaching the intersection with Main Street.According to the witness, MV2 was traveling at a high rate of speed as it approached the intersection and appeared to be trying to "beat the red light." The operator of MV1 claimed to have a green light and the right of way to turn left.MV2 entered the intersection and struck MV1 as it was in the process of turning.MV2 suffered significant front end and left side damage, was disabled, and towed from the scene.MV1 suffered front and right side damage and was also towed from the scene. The operator of MV2 was transported to Lahey Hospital with complaints of neck pain. The operator of MV1 signed a medical refusal with the WFD.

Witnesses:								
Name (Last,First,	Middle)		Address	20 C C C C C C C C C C C C C C C C C C C		Phone #		Statement
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Owner (Last,First,	J.VIIdale)	Address		Phone #	41-1ype D	escription of Damage	a Froperty	
Truck and B								
Carrier Name		Registration #		(From V		St	Bus Use	42
US DOT #:	43	State Number44	···	Issuing State	MC/MX/IC	C #:		
Interstate	Cargo I	Body Type Code	GVWR/GCWR			46		
Trailer Reg #:		Reg Type	Reg State	Reg Year	Trailer	Length		
Placard	47 Material 1	digit # 48 Material Nar	ne		Material 4 digit	#	-Release code	49
Patrol Off:	icer Micha	ael A Wilson		209 %	lilmington	Police Depar	tment 01	/19/2020

Department

Wilmington Police Department

Page: 1

PERSONNEL NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 20-18-AC

Entered: 02/04/2020 @ 1734 Entry ID: 209 Modified: 02/04/2020 @ 1825 Modified ID: 209

On Tuesday, February 4, 2020 I, Officer Wilson, was assigned to the Wilmington Public Saftey Building as the uniformed Duty Desk Officer for the 8:00 AM - 4:00 PM shift. At approximately 3:00 PM, I spoke with Mr. Andrew Joseph Spinali, an involved and unbiased witness to the accident, via telephone to verify the statements he had made to me on scene on the day of 01/19/2020. I asked Mr. Spinali to explain what he had observed while he was stopped in traffic at the intersection of Burlington Avenue/Route 62 and Main Street/Route 38. Mr. Spinali stated that Mr. Polsonetti's vehicle, a white 2001 Buick LeSabre was traveling northbound on Main Street and began turning left onto Burlington Avenue. Mr. Spinali stated that the vehicle Ms. Larkin was operating, a green 1999 Toyota Corolla, was traveling southbound on Main Street towards Woburn. Mr. Spinali stated that Ms. Larkin's vehicle appeared to be traveling at a high rate of speed as it entered the intersection, "as if she might have been trying to beat a light," as she continued southbound on Main Street. He stated that Ms. Larkin's vehicle collided with Mr. Polsonetti's vehicle as he was turning onto Burlington Avenue. I asked Mr. Spinali to clarify Ms. Larkin's direction of travel several times, because while speaking with Mr. Spinali on scene, after the accident, he had initially stated that Ms. Larkin was traveling westbound on Church Street/Route 62 towards Burlington Avenue/Route 62 when the collision occurred. Mr. Spinali apologized for not being clear about the direction Ms. Larkin was traveling when we originally spoke. I advised Mr. Spinali that his clarified statement changed the dynamics of the accident and the report would now be amended to reflect that. I also advised Mr. Spinali that I would reach back out if further information was needed.

I had previously spoke with Ms. Samantha Larkin and her mother Jean, via phone, and they reported that my initial accident report did not accurately reflect the circumstances and facts of the accident. Ms. Larkin was transported from the scene with a possible neck injury, so I was unable to speak with her at great length about her account of the accident. Ms. Larkin insisted that she was traveling southbound on Main Street returning from CVS in Wilmington when the collision occurred, and had not been traveling westbound on Church Street/Route 62. Ms. Larkin also stated that she was in possession of a dated and time stamped receipt from 12:01 PM that day that would corroborate her account. Ms. Larkin also insisted that she did not "run" any red lights as was initially reported and claimed that Mr. Polsonetti had "cut her off" as he attempted to turn left onto Burlington Avenue/Route 62. Once I learned of the new information regarding the accident from Mr. Spinali's statements, I immediately informed Ms. Larkin what I had just learned and stated that I would now be amending my report to accurately reflect the events of the accident. I also advised Ms. Larkin that I was unsure of how my amended report would affect any payments made by her insurance company to Mr. Polsonetti prior to today or which person was now deemed to be "at fault" for the accident.

Respectfully Submitted,

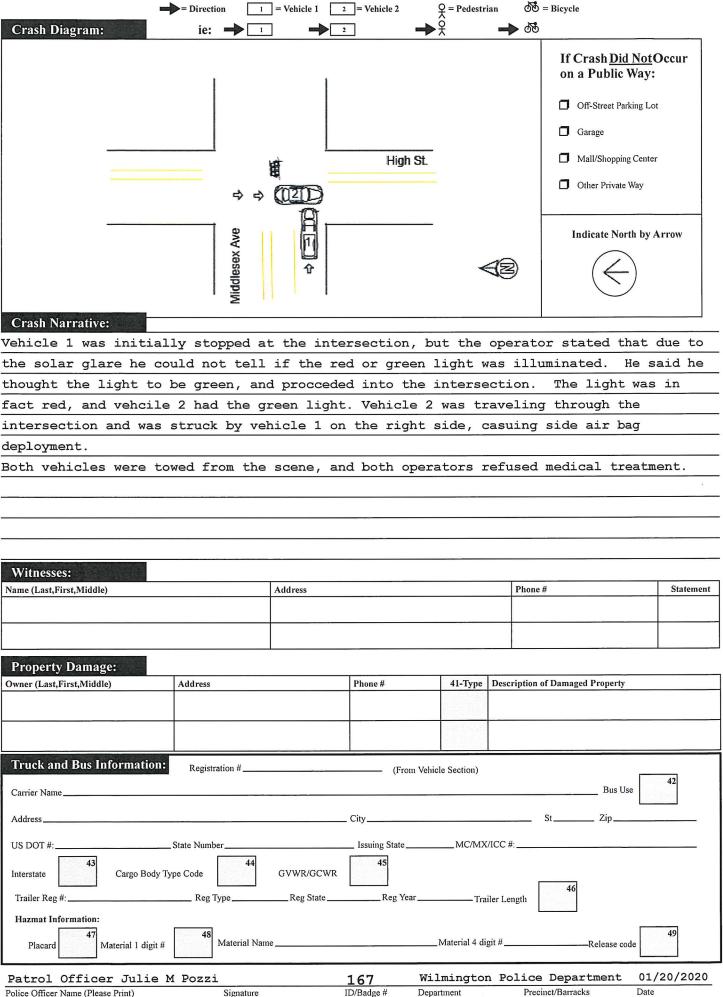
Patrolman Michael A. Wilson #209

Wilmington Police Department Images Associated with 20-18-AC





	Police Use Only	Comm	onwealth	of Massa	chuse	tts		RM	V Docun	nent Number	
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Police Officer Name (Please Print)

Signature

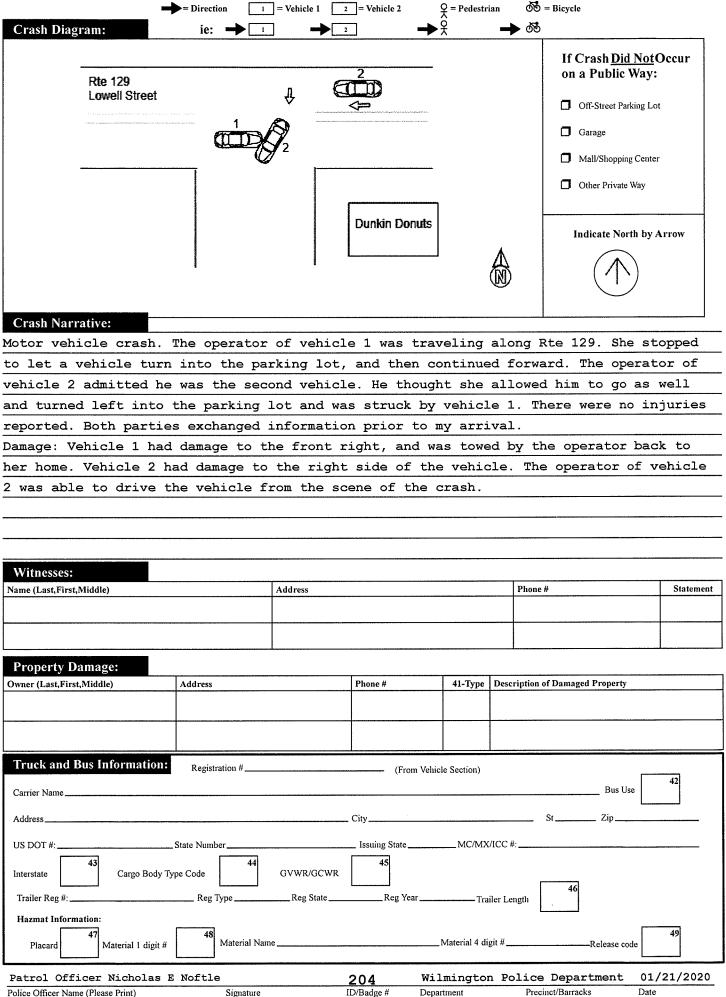
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Precinct/Barracks

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⁸ 1	Operator ONESSIMO, MARY	First	Middle	ner ONESSI	ast			Fi	rst			Mid	idle	_
	Address 41 SHADY HILL			Iress 41 SHA		нт	سليل	DR					064 140	14
	•	MA Zip 01864	_	N READII	NG	Г		22					$\frac{.864-140!}{6^{27}_{5}^{27}_{4}^{27}_{4}^{27}}$	-, i !
	Insurance Company LIBERTY MU	JTUAL INSU	JRANCE Veh	icle Action Prior to			2	Ц.		maged st Stati		Code:	6 2 5 2 4 2	<u> </u>
	Vehicle Travel Direction: N S E	Responding to Emer	rgency? 2 Eve	nt Sequence 1	23	Ц.	23	23		ne of T			29	
⁹ 2	Citation # (If Issued)	_	Mo	st Hannful Event	1_	24			BA		t Resu	lt:	30	
4	Viol. 1; Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub —	Dri	ver Contributing Co	de	٠,	25	25	Su	sp. Alc	ohol:	2 31	Susp. Drug: 2 3	2
	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	0	26			To	wed fr	om sce	ene?	2 33	
	Please fill out for operator/non	-motorist and all occup		DOB/Age	e	34 Seat	35 Safety	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator/Non-Motorist	S	Address See Above	DOBIAge	Sex	Pos.	System 1	Status 4		O Code		1	wedicar Pacing	
		41 SHADY HILL D	R	/										
	MICHAEL ONESSIMO	N READING, MA 0	1864-1405		м	3	1	4	0	0	10	1	****	
		***************************************												1



	Police Use Only	Com	monwealtl	h of Massa	chus	etts			RMV	/ Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Vo	ehicle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Numbe Injure	, lopeca	Limit_	35	Local Police]
	01/21/2020 1600 Wil	mington	Polic	e Report	2	emeres	0	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		CATION >			<u> </u>	AT IN		SECT		1
							1101			<u></u>	1011	10
					21	1	LOV	VELL				2
¹ 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	n Add	ress #		Na	me of I	Roadw	ay/Street	_
Т		At		Feet N	SEW	of .		_ •	_	or		
	Route# Direction Na	me of Intersecting Road	way/Street			J	Mile	Marker			Exit Number	3 11
		Also at Intersection	with	Feet N	SEW	of .	Route#		I	-4' D	Loadway/Street	
า				Feet N	SEW	of	Koute#		merse	cing K	toadway/Street	
² 1	Route# Direction Na	ne of Intersecting Road	way/Street						Lar	ndmark		_
	Please Select One Vehicle 11	#Occupants Hit	t/Run Mope	ed Crash Re	port ID#	20	-2	_ <u>D</u>	\overline{C}]
³ 99	or the Fonowing.											4
	40 40	A DOB/Age	R	.eg# <u>5FW673</u>			Reg T	ype PC		Re	eg State MA	1 12
	Sex F Lic. Class D 19 Lic.		CDL V Endorsement	eh Year <u>2009</u>	Veh N	lake D	ODGE	1		_ Veh	Config. 1	
	Operator RIVERA, KAREN			wner RIVERA,	KAR	EN	L			Mic		
⁴ 1	Address 52 CLIFTON AVE	First		ddress 52 CLI	FTON	AVE	First			Mic	ddle	
	City_ SAUGUS Stat	e MA Zin 0190	6-3860 c	tity SAUGUS				State MZ	A 7	in 01	<u> 1906-3860</u>	
	Insurance Company PROGRESSI	•		ehicle Action Prior to C		1	22	Damage				
				<u> </u>	3 23	23	23	Test Stat			28	
⁵ 1	Vehicle Travel Direction: N S W	Responding to Eme	ergency? 2 E	vent Sequence 1	1 1			Type of	Test:	Ì	29	
<u></u>	Citation # (If Issued)		N	Nost Hannful Event	1 24			BAC Te	st Resu	lt:	1 30	12
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	E	Priver Contributing Code	e <u>1</u>	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	E	Priver Distracted by	0 26			Towed f	rom sce	ene?	1 33	
⁶ 1	-	ator and all occupants is			34 Seat	35 Safety	Airbag E	37 38 ject Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System		ode Code	Status	Code	Medical Facility	-
	Operator		See Above		$X \mid 1$	1	4 0		10	1		_
						1						1
				15	16		17		18			4
⁷ 3	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	Action	Locati	on	Co	ndition	10	•	Hit/Run Moped	
	License # S21140490 St M	A DOB/Age	R	eg# 10455			Reg 7	vne PC		Re	eg State MA	1
	19 19	20		eh Year 2005	Vol. N	Gla G					Config. 1	
		MAS S	Endorsement	owner OCONNEI						_	·	
⁸ 2	Last	First	Middle	l.a.	st		First	י מוער	CAD		ddle	
	Address 217 HAMILTON S			ddress 217 HAI	ATTTA	אכ			_			14
	City SAUGUS Stat	e MA Zip 0190	6-1561 C	Sity SAUGUS							1906-1561	1
	Insurance Company SAFETY IN	SURANCE CO	2 v	ehicle Action Prior to C	Crash	4	22	Damage		Code:	3 27 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Eme	rgency? 2 E	vent Sequence 1 23	3 23	23	23	Test Stat			29	
9 _	Citation # (If Issued)		N	fost Hannful Event	1 24			Type of BAC Te		14.	30	
⁹ 2	Viol. 1; Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —		oriver Contributing Code	e 4	25	25	Susp. Al	-		<u> </u>	
		Viol. 4: Ch/Sec/Sub —		Priver Distracted by	0 26		1	Towed f	Ľ		2 33	
	Please fill out for operator/no				34	35		37 38	39	40		4
	Name (Last First Middle)		Address	DOB/Agc	Sex Pos.	Safety System		jeet Trap ode Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	<i>t</i>	See Above		X_1	1	4 0	0	10	1		
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Wilmington Police Department Images Associated with 20-21-AC

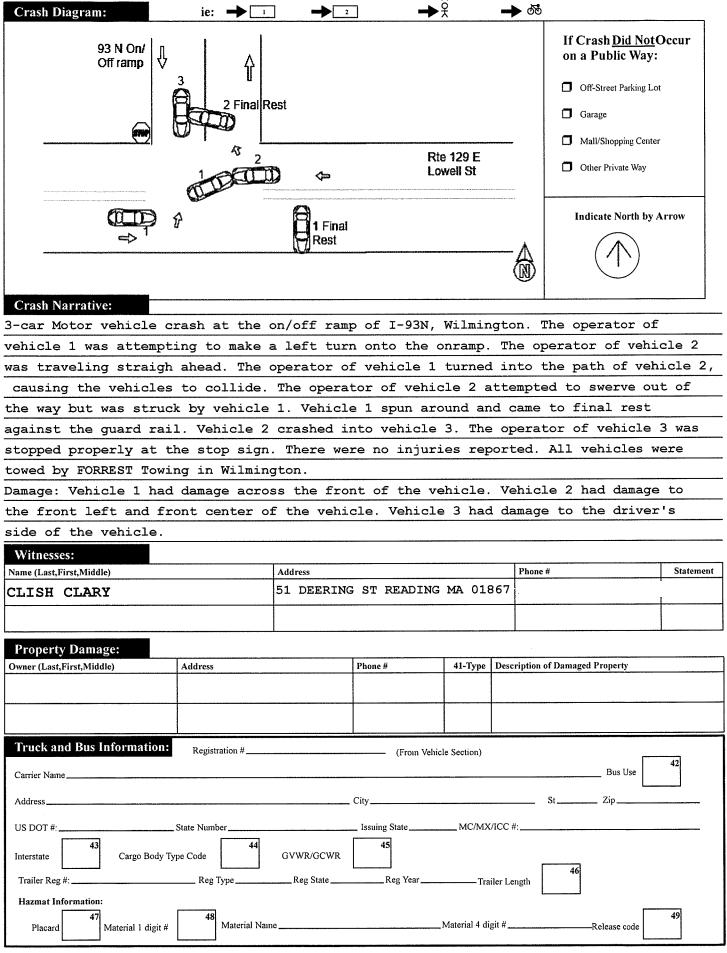






	Police Use Only	Com	monwealth	of Massach	nusetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash 01/21/2020 1934 Wil:	City/Town mington	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit	40	State Police Local Police MBTA Police Campus Police	
	24HR	ming con	Police	Report	3	0	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOC	ATION >		NOT AT	INTER	SECT	ION:	
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4		At		Feet N S	EW of		.	OΓ		
	Route# Direction Nam	ne of Intersecting Road	lway/Street	1001 [11]	121	Mile Ma	rker		Exit Number	3 11
		Also at Intersection	with	Feet N S		Route#	Interse	ecting Ro	oadway/Street	
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	Feet N S	E W of					
	N C. I C.		1_	1				ndmark		1
³ 99	Please Select One of the Following:	#Occupants Hi	t/Run Moped	Crash Repor	t ID# 20 ·	-22	-AC			
	· · · · · · · · · · · · · · · · · · ·	A DOB/Age	Reg	# 23BG85		_ Reg Type	PC	Reg		12
	Sex M Lic. Class D 19 Lic. 1		CDL Veh	Year 2011	Veh Make CZ	ADILL	AC	Veh C	Config. 21	1
	Operator MONAGHAN, TIM	OTHY IGNA!	TIUS Own	ner <u>MONAGHAN</u>	, TIMO	THY I	GNATI	US Midd	llo	
⁴ 2	Address 148 MAIN ST			ress 148 MAIN	ST	1 Hat		iviidu		
	City NORTH ANDOVER State	e MA Zip 0184	5-2434 City	NORTH AND	OVER			_	845-2434	
	Insurance Company SAFETY IN	SURANCE CO	OMPANY Veh	icle Action Prior to Cras	h 4		amaged Area	Code: 1		
5	Vehicle Travel Direction: NSWW	Responding to Eme	ergency? 2 Eve	nt Sequence 1 23	23 23		est Status: ype of Test:	1	28	
⁵ 1	Citation # (If Issued)		Mos	st Hannful Event 1	24	_	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	4 25 1 !	9 ²⁵ Si	ısp. Alcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26	То	owed from so	ene? 1	. 33	
Τ	Please fill out for oper Name (Last First Middle)	ator and all occupants in	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		See Above	X	1 1	4 0	0 10	1		
										1
										1
	Please Select One Vivier 21			15 16		17	18			1
⁷ 3	of the Following:	_#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	н.	it/Run Moped	
	License # S23205386 St M	DOB/Age	Reg	# <u>8ES695</u>		_ Reg Type	PC	Reg	State MA	
	Sex M Lic. Class D Lic. 1	Restrictions 1	Endorsement	Year 2011		eep		Veh C	Config. 1	
⁸ 2	Operator GORMAN, MATTH	EW JOHN First	Middle	ner GORMAN ,		First		Midd	fle	
	Address 11 JAMES RD	0106		ress 11 JAMES					060 0000	14
	•	e <u>MA</u> Zip <u>0186</u>	•	READING	ļ		ite <u>MA</u> 2 amaged Area		$\frac{867 - 3757}{27_8 27 27}$	
	Insurance Company ARBELLA M			icle Action Prior to Cras	n L		amaged Area	Code. 1	28	ľ
	Vehicle Travel Direction: NSE	Responding to Eme		nt Sequence 1 23 1	24	- 1	pe of Test:	-	29	
⁹ 2	Citation # (If Issued)			st Harmful Event 1	1 25 1:	- 25	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub			ver Contributing Code	26		isp. Alcohol:	<u> </u>	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol. 4: Ch/Sec/Sub —		er Distracted by	34 35	36 37	owed from so	40		4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	-
	Operator/Non-Motoris	t :	See Above	\times	1 1	4 0	0 10	1		-
										1

	Pol	lice Use Only		Com	monwe	alth (of Mass	ach	use	tts			RMV	V Docu	ment Numb	er	
	Date of Crash	Time of Crash	l l	City/Town	Motor	r Veh	icle Cra	ish		mber	Numbe	. Jopeen	Limit.	40	- Local Police	e 💆	
	01/21/2020	1934 24HR	WIIMI	.ngton	Po	lice]	Report		3		0	Latitue			MBTA Poli Campus Po Other:	lice	
		AT INTER	SECTIO	N:	<	LOCA	TION	>	1]	NOT A	AT IN		SECT			
	******																2 10
	D			7 CD 1 /0			D		400		LOW	ELL		n 1			
¹ 4	Route# Dire	ction		Name of Roadway/S At	treet		Route# Dire	ction	Addre	SS#		Na	me of I	Roadwa	ay/Street		
							Feet	N S	E W	of -		_ •	_	or	Y2 1: 37		
	Route# Dire	ction		of Intersecting Road							Mile	Marker			Exit Num	ber	3 11
			A	Also at Intersection	with			N S			Route#		Interse	cting R	oadway/Stre	et	\vdash
² 1	Route# Dire	ction	Name o	of Intersecting Road	way/Street		Feet	N S	EW	of							
-					<u> </u>									ndmark			ł
³ 99	Please Select of the Followi	One Nehicl	e 3 2 #	Occupants Hit	t/Run	Moped	Crash	Report	id# 2	20-	-22	2-A	C				
99	License # S8	7657230	St MA	_ DOB/Age		Rea f	IC35YD				Reg T	me PC		Re	o State MA		L
	Sex F Lic.	10		20	-		ear 2016										1 12
		Ciuss D		I	CDL Endorsement						_				Comig.		
⁴ 2		ILLY, J	Fit	rst IVI	Middle		er REILLY	Last			First			Mid	idle		
		SPRUCE			n 446-		ess 82 SP		<u>s</u> R								
				Z ip 0186		City_	READING	i		-	_			r	867-1		
	Insurance Comp	oany CITIZI	ENS IN	ISURANCE	COMPAN	Vehic	le Action Prior t			<u> </u>	22	Damage		Code:	7 27 27	27	
⁵ 1	Vehicle Travel I	Direction: N	EW	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23	Test Stat		3	29		
1	Citation # (If Iss	sued)	····			Most	Harmful Event	1	24			BAC Tes		ılt:	30		
	Viol. 1: Ch/Sec/	/Sub	Vio	l. 2: Ch/Sec/Sub		_ Drive	r Contributing C	ode	1	25	25	Susp. Al	r		Susp. Drug	2 32	1 13
	Viol. 3: Ch/Sec/	/Sub	Vio	1. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26	,		Towed fi	£		1 33		J
⁶ 1		Please fill out	for operator	and all occupants in	nvolved				34 Seat	35 Safety		7 38 eet Trap	39 Injury	40 Transp.			•
	Name (Last First N			1	Address		DOB/Age	Sex	Pos.	System	Status Co	de Code	Status	Code	Medical F	acility	
	Operat	or		82 SPRUCE RD	See Above			\angle	1	1	4 0	0	10	1			
	DECLIN REI	LLY		READING, MA 018	167		04/07/200	ВМ	3	1	4 0	0	10	1			
												-					
															······		1
	Please Select	One 🗔					15	16		\vdash	17		18				1
⁷ 3	of the Followi		e 4#(Occupants No.	n-Motorist A	Туре	Action	L	ocatio.	n	Cor	dition		I I	lit/Run	Moped	
	License #		St	_ DOB/Age		Reg #	ł				_ Reg T	/pe		Re	g State		
	Sex Lic.	Class 19	Lic. Rest	trictions 20	CDLEndorsement	Veh Y	/ear	V	/eh Ma	ke				Veh	Config.	21	
	Operator	LL	I			Own	er										
⁸ 2	Address	Last	Fir	st	Middle		ess	Last			First			Mid	ldle		
			State	Zip		City						State	Z	in .			1 14
	Insurance Comp		5.4.0			•	le Action Prior t		Γ	2	22	Damage		· г	27 27	27	
	,	Direction: N S	e le lu	Responding to Eme	-comov?		Sequence		<u>L</u> 23	23	23	Test Stat	us:		28	<u></u>	
İ		1		Responding to Eme	argency?		. Г		24			Type of	Test:		29		
⁹ 2		sued)					Harmful Event	<u> </u>		25	25	BAC Te	st Resu		30		
	Viol. 1: Ch/Sec/	'Sub ————	Vio	1. 2: Ch/Sec/Sub			r Contributing C	ode	26			Susp. Al	ı	31	Susp. Drug	32	
				1. 4: Ch/Sec/Sub —		_ Drive	r Distracted by	<u> </u>		7.5	76 1 -	Towed fi	rom sc	<u> </u>	33		1
	Ple Name (Last First N	•	erator/non-m	notorist and all occup	pants involved Address		DOB/Age	Sex	34 Seat Pos.		Airbag E	7 38 eet Trap ide Code	39 Injury Status	40 Transp. Code	Medical I	acility	
	Operat	or/Non-Mo	otorist		See Above		>	X	1								
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							1					- 1					1



1 = Vehicle 1 2 = Vehicle 2

= Direction

♀ = Pedestrian

Ø = Bicycle

Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

01/21/2020

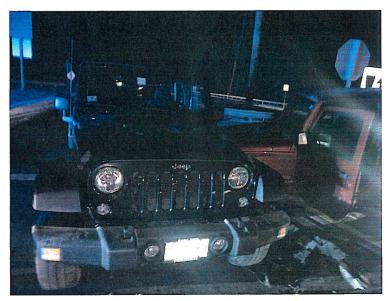
Department

Wilmington Police Department Images Associated with 20-22-AC

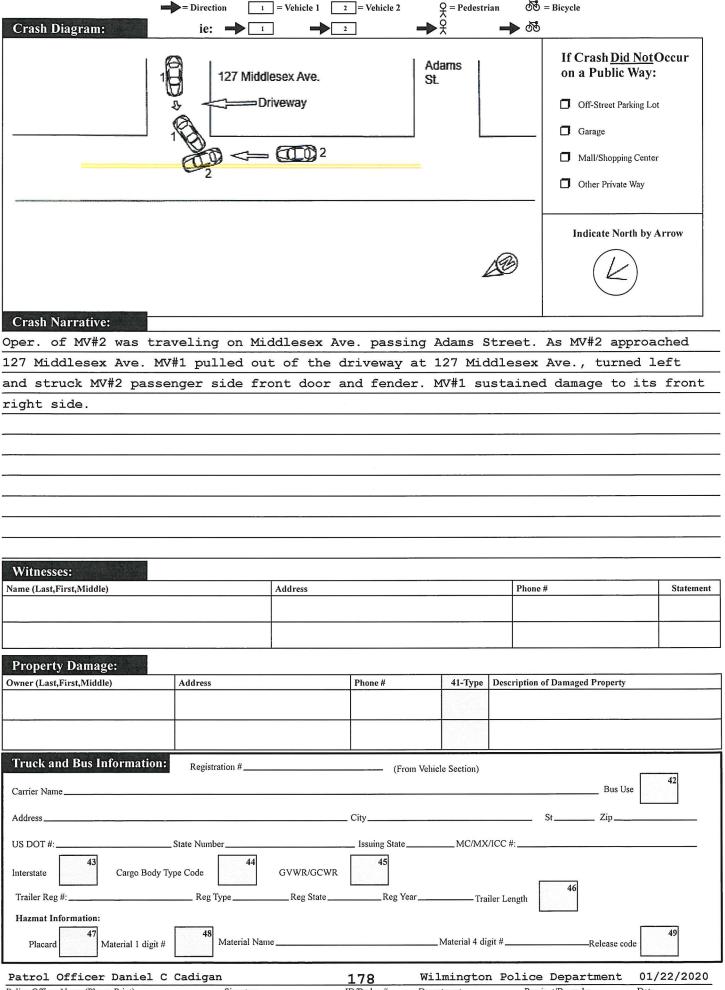








	Pol	ice Use Only		Co	mmonw	ealth	of Massa	ach	use	etts				RMV	Docu Docu	ment Nu		
	Date of Crash 01/22/2020	Time of Crash		ity/Town	Mote	or Veh	icle Cra	sh		mber hicles	Nun Inju	, 191	eed L		30	Local	Police Police Police Police Police Police Police Police Police	
	01/22/2020	24HR	MITHT	ngton	I	Police	Report		2		0	Le	ititude ongitu				us Police	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NO	[AT]	NT	ERS	SECT	ΓΙΟN:		
																		2 10
	Route# Dire	ction	N	lame of Roady	vay/Street		Route# Direct	tion	120 Addre		MI	DDL				E ay/Street		-
1				At													-	-
	Route# Dire			FI-4	D - 1 /C+ 4		Feet	N S	EW	of ·	Mi	le Mark	er		or _	Exit	Number	111
	Route# Dire	ction		Also at Intersec	Roadway/Street		Feet	N S	E W	of .								3 ``
		·						N S			Route	#	Ir	ntersec	cting R	loadway/	Street	
1	Route# Dire	ction	Name o	f Intersecting	Roadway/Street									Lan	dmark			_
	Please Select		1 1 #0	Occupants	Hit/Run	Moped	Crash R	eport	ID#	20	-2	3-	Α(~				
,	of the Followi	ing:		i_	<u> </u>												\	1
	License # _	19 19	9	DOB/Age_	20		# <u>834EY3</u>										21	1 12
		Class D	Lic. Rest	rictions 1	CDL Endorsement		Year <u>2006</u>								_ Veh	Config.		
1	Operati	Last	Fin	sí	Middle		er GRIFFI	Last			Fi	rst			Mic	idle		
1	Address						ess <u>127 M</u>			EX	AV.							
	Cit		State	Zip			WILMING	TON	ſ		22				-		<u>-2724</u>	
	Insurance Comp	pany THE CO	MMERC	E INSU	JRANCE CO	O Vehi	cle Action Prior to		<u>1</u>	0	Ц,		aged Statu		Code:	2 28	21 21	}
2	Vehicle Travel I	Direction: N	EW	Responding to	Emergency? 2	Ever	nt Sequence 1	23	23	23	23		of To			29		
2	Citation # (If Iss	sued)				Mos	t Harmful Event	1	24			BAC		Resu	lt:	30		
	Viol. 1: Ch/Sec/	/Sub	— Viol	. 2: Ch/Sec/St	ıb ———	Driv	er Contributing Co	de	19	25	25	Susp	. Alco	ohol:	31	Susp. I	Orug: 32	1 13
· 1	Viol. 3: Ch/Sec/	/Sub	Viol	. 4: Ch/Sec/St	ıb dı	Driv	er Distracted by	0	26			Tow	ed fro	om sce	ne?	2 33		
1	Name (Last First N	Please fill out f	or operator	and all occupa	ants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury Status	40 Transp. Code	Med	dical Facility	
	Operat				See Above			X	1	99	4	0 0			1	****		1
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<u></u>	Please Select (of the Followi		21#0	Occupants	Non-Motorist A	Туре	Action	16 L	ocatio	on	17	Conditio	n	18	Ī	Hit/Run	Moped Moped	
	License # S6	3209176	St MA	DOB/Age,		Reg	# 115CMA				Re	Type _	PC		Re	eg State	MA	
	Sex M Lic.	10 10	Lic. Rest	rictions 1	20 CDL	_	Year 2006										1 21	
		FABIO, A	J MEDEC	<u> </u>	Endorsement	Owr	er DIFABI	ο,	AM	EDE	0							.
³ 1	Address 36	TERCENTE	Fin ENNIA	L DR	Middle		ress 36 TER	Last			Fi	DR.			Mic	ddle		
	City BILLI	ERICA	State M	Z Zip 01	821-2951	- City	BILLERI	CA				State	MA	Zi	ip 01	L821	-2951	. 14
	Insurance Comp	oany METROP		-		•	cle Action Prior to	Crash		1	22				Code:		27 27	
	Vehicle Travel I				Emergency? 2		nt Sequence 1	23	23	23	23	Test	Statu	ıs:		28		
······································	Citation # (If Iss	sued)	L	, ,	,		t Hannful Event	1	24				of T		.	30		
2	Viol 1 Ch/Sec/	/Sub	Viol	2: Ch/Sec/Si	ıb	Driv	er Contributing Co	de	1	25	25		C Test	Resu	lt: 31	اليسيا	Drug: 32	
	Viol. 3: Ch/Sec/			. 4: Ch/Sec/St			er Distracted by	0	26					om sce		2 33	J	
		ease fill out for oper						<u> </u>	34 Seat	35 Safety	36 Airbag	37	38	39 Injury	40 Transp.	=		1
	Name (Last First N		4		Address		DOB/Age	Sex	Pos.	System	Status			Status	Code	Me	dical Facility	-
	Operat	or/Non-Mo	orist		See Above				1	99	4	0 0	<u>'</u>	10	1			4
									<u></u>									_



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only	Com	monwealth	of Massac	huse	tts		RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crasi	h Nun	nber Numb	.a Jopeen	Limit 25	5 State Police Local Police	800
	01/23/2020 0715 Wil	mington	Police	Report	2	0	Latitud Longit		MBTA Police Campus Police Other:	ᆸ
	AT INTERSECT	ION:		ATION >		NOT		rersec		\neg
										2 10
					48		TTERS			
¹ 1	Route# Direction	Name of Roadway/S	Street	Route# Direction	n Addres	ss #	Na	me of Roady	vay/Street	
т		Al		Feet N	S E X		•	or _		
	Route# Direction Nam	me of Intersecting Road	dway/Street	-			Marker		Exit Number	1011
		Also at Intersection	with	Feet N	SEW	of	<u> </u>	Intersecting	Roadway/Street	- FÙ
2	Route# Direction Na	me of Intersecting Road	dway/Street	Feet N	S E W	of				
² 1	Router Direction 14a	ne of intersecting Road	uway/Street	<u> </u>				Landmar	k	
3	Please Select One of the Following:	_#Occupants Hi	it/Run Moped	Crash Rep	ort ID# 2	20-2	4-A	С		
³ 97			<u> </u>	07777070			- P.C			
		DOB/Age_		g# <u>8HZ978</u>		_			21	1 12 12
	Sex M Lic. Class D Lic. 1	<u> </u>	Endorsement	Year <u>2005</u>				Vel	1 Config.	J
4	Operator DESROSIERS, R	ONSARD E	Middle Ov	mer DESROSI	ERS,	RONSA		M	fiddle	-
⁴ 1	Address 25 FOREST ST		Ad	dress 25 FORE	ST S	<u>r</u>				-
	City WILMINGTON Stat	e MA Zip 0188	37-2857 Cit	y WILMINGTO	ON		State M7	Zip 0	1887-285	7
	Insurance Company PROGRESSI	VE DIRECT	INSURA Vel	nicle Action Prior to Cr	ash [L 22	Damage	d Area Code	1 27 8 27 2	27
	Vehicle Travel Direction: NSE	Responding to Em	ergency? 2 Eve	ent Sequence 23	23	23 23	Test Stat	us:	1 28	
⁵ 2	Citation # (If Issued)		Mo	st Hannful Event 1	24		Type of		29	
	Viol. 1: Ch/Sec/Sub			ver Contributing Code		25 25		st Result:	1 30	13 13 13 13 13 13 13 13 13 13 13 13 13 1
				·			Susp. Ale	L	1 22	
⁶ 1	Viol. 3: Ch/Sec/Sub			ver Distracted by	34	35 36	37 38	om scene?	2 33	
	Please fill out for oper Name (Last First Middle)	ator and all occupants	Address	DOB/Age	Seat	Safety Airbag	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility	
	Operator		See Above		1	1 4 0	0	10 1		
⁷ 1	Please Select One Vehicle 21	#Occupants No	on-Motorist A Type	15 Action 1	6 Location	17 Co	ondition	18	Hit/Run Mop	oed
1	of the ronowing:									
	License # St St St	DOB/Age		g#		Reg	Туре	R	Reg State21	ī
		Restrictions	CDL Vel Endorsement	ı Year	Veh Mal	ke		Vel	h Config.]
⁸ 1	Operator unknown Last	First	Ov	nerLast		Firs			Middle	-
1	Address		Ad	dress						14
	CityStat	e Zip	Cit	у			State	Zip		_ 1 '
	Insurance Company		Vel	nicle Action Prior to Ci	ash	22	Damage	d Area Code	<u> </u>	27
	Vehicle Travel Direction: NSEW	Responding to Em	ergency? Eve	ent Sequence 23	23	23 23	Test Stat	us:	28	
	Citation # (If Issued)		Mo	st Harmful Event	24		Type of		29	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sa-/Sub		ver Contributing Code		25 25		st Result:	30 1 Sun David 3	32
				ver Distracted by	26		Susp. Al-	rom scene?	1 Susp. Drug: 3]
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub -		To Distracted by	34	35 36	37 38	39 40		
	Name (Last First Middle)	n-motorist and an occi	Address	DOB/Age	Seat	Safety Airbag	Eject Trap Code Code	Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motoris	t	See Above		(1					
				T						
							_		1	

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	O = Bicycle	
Crash Diagram:	ie: 🔷 🗔	→ [2	->	→ ૹૼ	
	48 Butters	Row			If Crash <u>Did N</u> on a Public W	ay:
	E NOO	M			☐ Garage	
	, Was	JAMV 1			9	
	MIN				☐ Mall/Shopping C	enter
	MV 2				Other Private Wa	у
					Indicate North	by Arrow
Crash Narrative:						
MV 1 was travelling	g west on Butte	ers Row to	wards Main	St in the	town of Wilmingto	n. MV 2
was travelling at a						ane of
traffic in order to						2
attempted to merge						ollided
with MV 1 causing					e operator of MV	2, left
the scene of the a	ccident without	exchangi	ng informa	tion.		
					0	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
(,						
		\$				
Truck and Bus Informati	On: Registration #		— (From	Vehicle Section)		
Carrier Name					Bus Use	42
					0. 7'	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	2#:	
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45			
Trailer Reg #:	Property Constitution of the Constitution of t	Pag Stata	Pag Vann		46	
	Keg Type	Neg state	Keg rear	Trailer I	Length	
Hazmat Information: 47	48					49
Placard Material 1 di	git # Material Na	ne		Material 4 digit #	Release code	
Patrol Officer Shar	e A Folev		211	Wilmington F	Police Department	01/23/2020
Police Officer Name (Please Print)	Signature			Department		Date

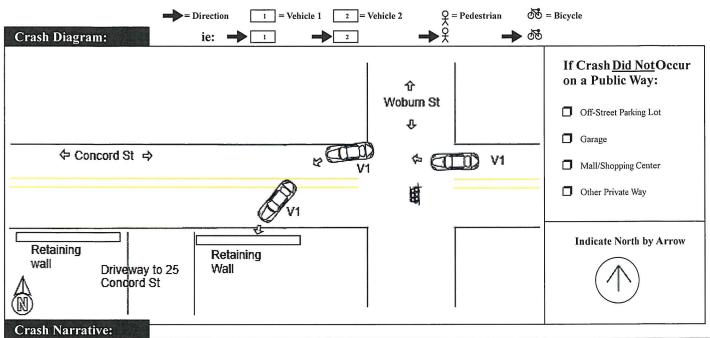
Signature

ID/Badge #

Wilmington Police Department Images Associated with 20-24-AC



	Police Use Only	Comi	monwealth	of Massach	usetts	;	RMV Document Number					
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Limit	Loc	te Police al Police ITA Police Inpus Police			
	01/23/2020 2115 Wil	mington	Police	Report	1	1	Latitude Longitude	MB Car Oth	TA Police			
	AT INTERSECT	ION:		ATION >		NOT A						
	111111111111111111111111111111111111111		200.	OCATION > NOT AT INTERSECTION:						2 10		
					25	CONC	ORD S			2		
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway/Stre	eet			
4		At		Feet N S	E W of			or				
	Route# Direction Na	vay/Street			it Number	1 11						
		Also at Intersection w	vith	S E W of								
2	Route# Direction Na	STA DA	164	Feet N S	E W of							
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street				Lai	ndmark				
3	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Report	ID# 20	-25	-AC					
3	of the Pollowing:											
	License # S60243128 St N	DOB/Age		# <u>38A290</u>					21	2 12		
		Restrictions 1 C	DL Veh	Year 2012	Veh Make <u></u>	(IA		_ Veh Config	, 1			
	Operator DALL, ANDREW	M First		ner DALL, AN	DREW 1	¶ First		Middle				
⁴ 4	Address 41 KILBY ST	1 1130		ress 41 KILBY	ST	rust		Middle				
	City WOBURN Stat	te MA Zip 0180 1	1-2902 City	WOBURN		Sta	nte MA Z	te MA Zip 01801-2902				
	Insurance Company PROGRESSI	-		icle Action Prior to Crasl	1		amaged Area					
	Vehicle Travel Direction: N S E			·	78							
⁵ 1		Responding to Emer		<u> </u>			ype of Test:	29				
	Citation # (If Issued) T1683297			t Harmful Event 35		25	AC Test Resu			_ 13		
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code		s	usp. Alcohol:			30 ¹³		
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	rer Distracted by 99	26	T	owed from sc	ene? 1 33				
	Please fill out for oper Name (Last First Middle)	rator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code M	Medical Facility			
	Operator	S	ee Above	JODINA, SAN	1 0	1 0	0 9		Clinic			
	operator .					 						
	Please Select One	#0 -		15 16		17	. 18	 	<u>Г</u>	1		
⁷ 3	Please Select One of the Following: Wehicle 2#Occupants Non-Motorist A Type 15 Action Location 17						Condition Hit/Run Moped					
	License #St	DOB/Age	Reg	#		Reg Typ	Reg Type Reg State					
	Sex Lic. Class 19 19 Lic.	Restrictions 20 C		Year	Veh Make_			Veh Config	3. 21			
	Operator	indorsement Own	nerLast			First Middle						
⁸ 1	Last Address	Middle Add		First								
	City State	te 7in			99 ¹⁴							
		-	·	Vehicle Action Prior to Crash Damaged Area Code: 27 27 Test Status: 28								
	Insurance Company											
	Vehicle Travel Direction: NSEW	rgency? Eve										
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test Resu	ılt: 30				
	Viol. 1: Ch/Sec/Sub ————	Driv	Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 3									
	Viol. 3: Ch/Sec/Sub	Driv	Driver Distracted by			owed from sc						
,	Please fill out for operator/no	on-motorist and all occup			34 35 Seat Safety			40 Transp.	V 11 12 22	Ţ		
	Name (Last First Middle)	۔ ۔ ۔ ۔ ۔	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1		
	Operator/Non-Motoris	S	ee Above		1		-			-		
										1		



The following was determined through my investigation of this crash. While traveling westbound on Concord Rd the OPR of V1 lost control of his vehicle, struck the guardrail on the westbound side of the road, then crossed the into the eastbound lane colliding with the retaining wall infront of 25 Concord. Upon my arrival to the crash the OPR was out of his vehicle and had sustained injury to his face. He stated that he was coming from Woburn, got distracted, struck the guard rail lost control and crashed. The operator was taken from the scene by ambulance to Lahey Hospital for medical treatment. Due to the operatros negligence he was issued MAcitation T1683297 for Negligent operation of a motor vehicle. His vehicle was towed from the scene by A&S towing, to their facility. The homeowner of 25 Concord St was made aware of the damage done to the retaining wall and given insurance information.

Name (Last, First, Middle)	Address		Phone #	Stateme		
value (East, Frist, Wildie)	Address		T none n	Statement		
Property Damage:						
Owner (Last,First,Middle)		Phone #	41-Type	Description of Damas	ged Property	
CLAUGHLIN EDWARD T 25 CONCORD ST WILD		INGTON MA 01887		97	RETAINING	WALL
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name				nicle Section)	C.	Bus Use 42
					St	Bus Use
Carrier Name			City			Bus Use
Carrier Name	State Number44		City		//ICC #:	Bus Use Zip
Carrier Name Address US DOT #:	State Number44 pe Code	GVWR/GCWR	City	MC/MX	//ICC #:46	Bus Use Zip
Carrier Name Address US DOT #: Interstate Cargo Body Type	State Number44 pe Code	GVWR/GCWR	City	MC/MX	//ICC #:46	Bus Use Zip

Patrol Officer Michael E Johnson

199

Wilmington Police Department

01/23/2020

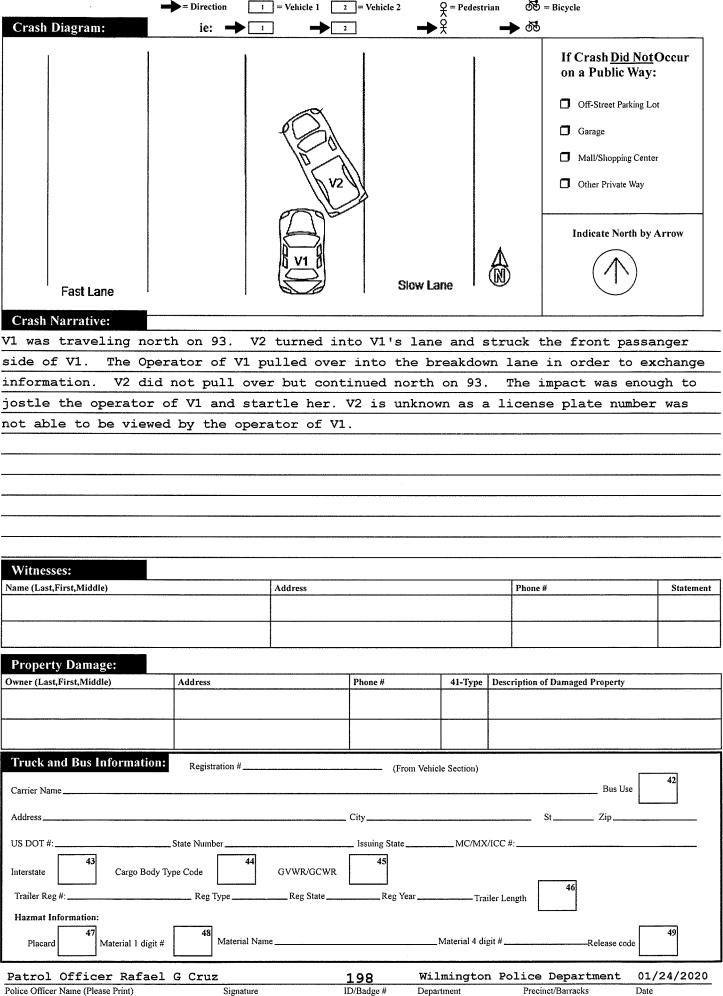
Police Officer Name (Please Print)

Signature

ID/Badge # Department

Precinct/Barracks

	Police Use Only	Police Use Only Commonwealth of Massachuset							RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number Vehicles	Numbe Injured	Opeca	Limit_	65	State Police Local Police MBTA Police Campus Police		
	01/24/2020 1905 Will	nington	Police	Report	2		0	Latitud			Campus Police Other:		
	AT INTERSECT	ION:	< LOCA	TION >			NOT A			SECT	ΓΙΟΝ:	1	
												2 10	
	Route# Direction	N		Route# Direction		dress #	<u> 193</u>	NB F			ay/Street		
14	Route# Direction	Name of Roadway/S	ireer	Koute# Direction	on Ad	uress #		iva	me or r	Coadwa	ay/Sireet	-	
				Feet N	SEV	v of		•	_	or _	Exit Number		
	Route# Direction Nar	ne of Intersecting Road			ادادا		Mile	Marker			EXIL NUMBER	3 11	
		Also at Intersection	with	1	N S E W of Route# In					cting R			
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	Feet N S E W of								_	
		I		<u> </u>						ıdınark		-	
3	Please Select One of the Following:	_#Occupants Hit	t/Run Moped	Crash Re	port ID#	20	-26	S-A	C				
	License # S21563253 St M	A DOB/Age.	Reg	# 213C90			Reg T	me PC		Re	g State MA	1	
	19 19	20	_	Year 2020							21	1 12	
	<u> </u>	I	Endorsement	er ANDREWS							Coming.		
⁴ 1	Operator ANDREWS, JESS	First		ress 4 5TH	ıst	LUGE	First			Mid	Idle		
<u>.</u>	Address 4 5TH ST	N/3 010F	· · · · · · · · · · · · · · · · · · ·		O L					. ^-	050 0140		
	City LOWELL State							State MA Zip 01850					
	Insurance Company GOVERNMEN	r employee	S INSU Vehi	cle Action Prior to C		1	Ц	Damaged Area Code: 5 27 2 27 27 Test Status: 1 28					
5	Vehicle Travel Direction: X S E W	Responding to Eme	rgency? 2 Ever	nt Sequence 1		23	23	Type of			29		
	Citation # (If Issued)		Mos	t Harmful Event	1 24			BAC Te		lt:	1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Cod	le 99	²⁵	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1 13	
	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	O ²⁶			Towed f	_		2 33	\Box	
⁶ 1	Please fill out for oper-	ator and all occupants in	nvolved		3- Se	t Safety	36 3 Airbag Ej	ect Trap	39 Injury	40 Transp.		1	
	Name (Last First Middle)		Address	DOB/Age	Sex Po			de Code	Status	Code	Medical Facility	-	
	Operator		See Above		X^1	99	4 0	0	10	1		4	
	Please Select One Vehicle 2.1			15	16		17		18	K2		1	
⁷ 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Loca	tion	Cor	dition		X I	Hit/Run Moped	_	
	License # St	DOB/Age	Reg	#			Reg T	уре		Re			
	Sex Lic. Class 19 19 Lic. I	Restrictions 20	CDLVeh	Year	Veh	Make				_ Veh	Config. 21		
	Operator unknown	First	Endorsement Own	Owner									
83	Last Address	Middle Last Address			First Middle					ddle	1		
	1		City State Zip								1 14		
	City State Zip			Damaged Area Code: 27							27 27 27		
		venicle Action Phot to Clash 28 28 28						28					
	Vehicle Travel Direction: NSEW Responding to Emergency?			Type					Test: 29				
⁹ 2	Citation # (If Issued)		Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. D						30				
	Viol. 1: Ch/Sec/Sub ————	Driv							Susp. Drug: 32				
	Viol. 3: Ch/Sec/Sub	Driver Distracted by						rom sc	33	_			
	Please fill out for operator/no	n-motorist and all occu	pants involved	DOB/Age	Sex Po	n Safety	Airbag E	7 38 eet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motoris	t :	See Above		X 1							1	
	F				- -			-				-	
								-	-			4	
												_	



CDP1 11-24-00