	Police Use Only	Cor	nmonwealth -	of Massach	usetts		RM	V Docume	ent Number	
	Date of Crash Time of Crash 02/03/2020 1602	City/Town Wilmington	Motor Veh	icle Crash	Number Vehicles	You're and	Speed Limit	30_	State Police Local Police MBTA Police Campus Police	
	24H		Police	Report	1. 1	, ' l'	Latitude Longitude		Campus Police Other:	J
	AT INTE	RSECTION:	< LOCA	TION >	N	TA TO	INTER	SECTI	ON:	
					7 A	HODE	TNC C	m		2 10
1	Route# Direction	Name of Roadwa	y/Street	Route# Direction	14 Address #	NO PK	INS S Name of	T Roadway/	Street	_
¹ 1		At		Feet N S	EW of -		_ •	OF.		
	Route# Direction	Name of Intersecting Ro	padway/Street	1000		Mile Mar	ker	01	Exit Number	1 11
		Also at Intersection	on with	Feet NS		Route#	Interse	ecting Road	dway/Street	
² 1	Route# Direction	Name of Intersecting Ro	padway/Street	Feet N S	E W of				22,	
1	Diversity of the second							ndmark		_
3	Please Select One of the Following:	cle 1_1#Occupants	Hit/Run Moped	Crash Report	1D# 20 -	-37-	-AC			
	License # S48014711	St MA _ DOB/Age	Reg	BLAZD		Reg Type	MC	Reg S	State MA	. 12
	Sex.M Lic. Class D M	19 Lic. Restrictions 20	CDL Veh	Year 2011 \	/eh Make SU	ZIKI		Veh Co	nfig. 3 21	1
	Operator GUTIERRE 2	Z, FREDERICK		er GUTIERRE Z	, FREI		K JAM	ES Middle		
⁴ 1	Address 79 BALDWI	N RD		ess 79 BALDW	IN RD	First		Middle		
	City BILLERICA	State MA Zip 018	21-3152 City	BILLERICA		Stat	e MA Z	ip 01 8	21-3152	
	Insurance Company GEIC C	INDEMNITY C	OMPANY Vehic	ele Action Prior to Crash	1 2	J	maged Area			
5	Vehicle Travel Direction: N	S E Responding to E	mergency? 2 Even	t Sequence 43 23 35	23 23 2	-3	st Status:	_	28	
	Citation # (If Issued)		Most	Harmful Event 43	24		oe of Test: C Test Resi		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 ²⁵	35	sp. Alcohol:		usp. Drug: 2 32	40 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by 99	26		wed from sc		33	
	Please fill of Name (Last First Middle)	ut for operator and all occupant	s involved Address	DOB/Age Sex	Seat Safety A	36 37 irbag Eject tatus Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	7
	Operator		See Above	XX	1 5 5		0 7	} 	ney Clinic	1
										-
										-
										4
							- 40			4
⁷ 1	Please Select One of the Following:	cle 2#Occupants	Non-Motorist A Type	Action 16 L	ocation	Conditi	on 18	Hit/	Run Moped	
	License #	St DOB/Age	Reg #	1		Reg Type		Reg S		1
	Sex Lic. Class 19	Lic. Restrictions 20		/ear V	eh Make			_ Veh Coi	nfig.	
8_	Operator	First		erLast		First		Middle		
⁸ 2	Address			Last		rifst		winddle		
	City	State Zip	City_			٦	e Z	ip		1 14
	Insurance Company		Vehic	le Action Prior to Crash	22]	maged Area	C000.	27 27 27	
	Vehicle Travel Direction:	S E W Responding to En	mergency? Event	Sequence 23	23 23 2	.~	t Status: ne of Test:		28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		C Test Resu		30	
-	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	p. Alcohol:		usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Tov	ved from sco	ene?	33	_
	Please fill out for o	perator/non-motorist and all oc	cupants involved Address	DOB/Age Sex	Seat Safety A	36 37 irbag Eject tatus Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
Ī	Operator/Non-M	otorist	See Above	XX	1					1
ŀ										1
}										1
										-
- 1										1

= Direction 1 = Vehicle 1	2 = Vehicle 2	♀ Pedestria	ın 🚳	= Bicycle	
Crash Diagram: ie:	2	→Ŷ	→ ॐ		
rock	1.			If Crash Did Non a Public War Off-Street Parking Garage Mall/Shopping Ce	Lot
				Other Private Way	
Hopkins St.					
		(Indicate North b	oy Arrow
Crash Narrative:					
MV1 travelling westbound on Hopkins St. C					The state of the s
occurred. He stated that he was travellin					
from underneath him and he struck his hea				()	
the motorcycle had spun while sliding and	l struck a r	ock. Opera	ator of	MV1 transpor	rted by
ambulance to Lahey Hospital.					
	-				
				<u></u>	
			44		
Witnesses:					
Name (Last,First,Middle) Address			Phone #	ı	Statement
,					

Property Damage:					
Owner (Last, First, Middle) Address	Phone #	41-Type	Description of	f Damaged Property	
Total and Day Laboration					
Truck and Bus Information: Registration #	(From	Vehicle Section)		Bus Use	42
Address	City		:	St Zip	
US DOT #:State Number					
Interstate Cargo Body Type Code GVWR/GCW	45	IVIC/IVIX/I			
Trailer Reg #: Reg State	Reg Year	T	r I anoth	46	
Hazmat Information:	Rog rear		Lengin		
Placard Material 1 digit # 48 Material Name		Material 4 digi	#	Release code	49
Patrol Officer Kevin P Cavanaugh	195	Wilmington		and the second s	2/03/2020

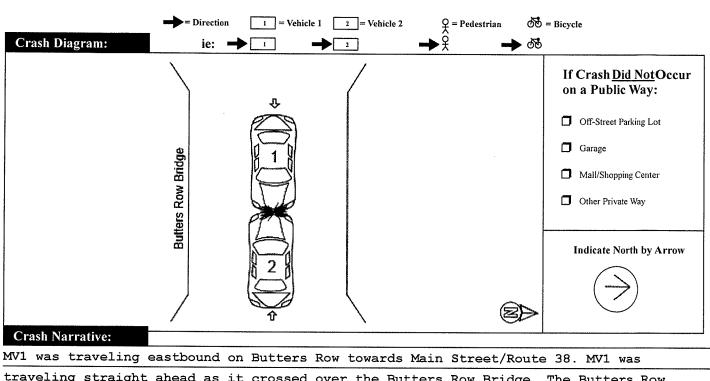
	Police Use Only	Comi	monwealth	of Massach	usetts		RM	IV Docum	ent Number	
	Date of Crash Time of Crash 02/03/2020 1946 Wil	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t <u>25</u>	State Police Local Police MBTA Police Campus Police	1
	24HR	mington	Police	Report	1	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	SECTI	<u> </u>	1
					*****				******	2 10
	Route# Direction	Name of Roadway/St		Route# Direction	10	ALDE	RICH F		10.	
¹ 4	Rome# Direction	At	reet	Route# Direction	Address #		Name of	Roadway	Street	-
				Feet N S	E W of		_ • _	or	T2 '4 37 1	
	Route# Direction Na	me of Intersecting Roady			- Jul	Mile Ma	irker		Exit Number	1
		Also at Intersection w	vith .	Feet N S		Route#	Inters	ecting Roa	adway/Street	\vdash
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet NS	E W of					
	Please Select One							andmark		┨
3	of the Following:	_#Occupants	Run Moped	Crash Report	1D# 20	-38	-AC			
	License # S98578646 St M	IA DOB/Age	Reg	1SKV48		Reg Type	PC	Reg	State MA	
	Sex M Lic. Class D Lic.	Restrictions 1 20 C		Year 2006 V					21	3 ¹²
	Operator FOSTER, PAUL	E	ndorsement	er FOSTER, P				Ven Cc	Jillig.	<u></u>
⁴ 1	Address 17 TOPLIFF ST	First	Middle	ess 17 TOPLIE		First	MV.	Middle	•	
		N/3 - 01921			E ST			010		
	City BILLERICA Stat	<u>-</u>	•	BILLERICA					321-6431	
	Insurance Company LM GENERA	L INSURANCE		ele Action Prior to Crash	1		amaged Area	a Code: 2	27 27 27	
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 22 23	23 23	23	pe of Test:	1	29	
	Citation # (If Issued)		Most	Harmful Event 22	24		AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 ²⁵	25	ısp. Alcohol:		Susp. Drug: 99 32	22 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26		owed from so		33	
⁶ 1	1	ator and all occupants in	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility hey Clinic	-
	Operator	50	ee Above		1 99	1 0	0 9	2		
										1
	Please Select One	#0 I D		15 16		17	18		T	
⁷ 1	of the Following:	#Occupants Non-	-Motorist A Type	Action	ocation	Condit	ion	Hit.	/Run Moped	
		DOB/Age	Reg #	1		_ Reg Type)	Reg S	State	
	Sex Lic. Class 19 19 Lic. I	Restrictions 20 C	DL Veh Y	/ear V	eh Make			Veh Co	onfig.	
	Operator		idorsement Own	er						
1	Last Address	First	Middle Addre	Last		First		Middle		
	CityState	e Zip	City			Sta	te 2	Zin	- "	1 14
	Insurance Company			le Action Prior to Crash			amaged Area		27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg			23 23		st Status:		28	
		Responding to Emerg	, ,	Sequence	24	_{Ty}	pe of Test:		29	
2	Citation # (If Issued)			rammu Event	25	B	AC Test Resi	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		r Contributing Code	L	Su	sp. Alcohol:	31 S	usp. Drug 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		wed from sc		33	
	Please fill out for operator/no: Name (Last First Middle)	•	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist		e Above		1					
				/ / 						
								-		

	= Direction 1	= Vehicle 1	= Vehicle 2	$\frac{Q}{X}$ = Pedest	rian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🗓	→ [:	→	X	→ ₩		
						If Crash <u>Did Not</u> on a Public Way:	II.
	Aldrich Rd in th	ie	, 8			Off-Street Parking Lo	ot
	vacinity of #10					☐ Garage	
						☐ Mall/Shopping Center	г
						Other Private Way	
V1		V1					
			Ø			Indicate North by	Arrow
			O Verizon po	ole #2	4		
					6	(71)	
Crash Narrative:							
Upon my arrival the O	pr was out o	f his vehi	cle standing	by a	vaiting	EMS response.	The
Opr stated that he wa							
ran out infront of hi	m. The Opr s	werved in	an attempt t	o not	hit the	animal and co	llided
with the utility pole	. The collis:	ion caused	a split app	rox 10)-12ft u	p the pole tha	t
required immediate re	sponse by Ve:	rizon and	RMLD. The Op	r's ve	ehicle w	as towed from	the
scene by A&S towing t	o their Faci	lity. WFD	transported	the Or	or to th	e Lahey Clinic	for
medical evaluation.							
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	!	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	Damaged Property	
VERIZON	28 DIANA LN DRA	CUT MA 01826		4	UTILIT	Y POLE	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
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	——Tra	iler Length	46	
Hazmat Information:					5 200		
Placard Material 1 digit #	48 Material Name	e		Material 4 di	git #	Release code	49
Patrol Officer Michael E	Johnson		199 Wil:	mingtor	Police	Department 02/	03/2020
Police Officer Name (Please Print)	Signature		D/Badge # Depart			ct/Barracks Date	

	Poli	ice Use Only	Comi	nonwealth	of Massa	chus	etts	5		RM	V Doc	ument Number		
	Date of Crash 02/06/2020	Time of Crash	City/Town Lmington	Motor Veh	icle Cras	h [Vumber Vehicles		, SPCC	d Limi	65	5 State Police Local Police MBTA Police	0000	
		24HR	LMLIIG COII	Police	Report	1		0	Lan	ude gitude _		Campus Police Other:	_ 🛮 📗	
		AT INTERSEC	TION:	< LOCA	ATION >			NOT	AT IN	TER	SEC	TION:		
								TO 2	an.	TTT-T31	•		2	2 10
1	Route# Direc	etion	Name of Roadway/St	reet	Route# Direction	on Ade	iress #	19:	SSB N			vay/Street		
¹ 4			At		Feet N	ISEV	VI of			_				
	Route# Direc	etion N	ame of Intersecting Roady	vay/Street	Feet [1	, 5 5 7	<u>. 1</u> 01	Mile	Marker	•	or _	Exit Number	١.	. 11
			Also at Intersection w	rith	Feet N	SEV	v of	Route#		Intoro	antina I	Roadway/Street	_	
² 4	Route# Direc	tion N	ame of Intersecting Roady	vav/Street	Feet N	SEV	V of	Router		inters	ecting i	Koadway/Street		
4				·		•				La	ındınarl	k		
3	Please Select C of the Followin		#Occupants Hit/	Run Moped	Crash Re	port ID#	20	-39) — <u>A</u>	VC				
	License # S1	6 597687 St	MA DOB/Age .	Reg	# 2AW574			Reg T	vne PC		R	eg State MA		
	Sex M Lic. 0	19 19	20		Year 2001								21 3	3 12
	İ	LANCO, NIC	E ₁	ndorsement Own	er POLANCO						,		┙	
⁴ 1	Address 361	Last HAMPSHIRE	First APT 3	Middle	ess 361 HAN	st		First		. 3	M	iddle		
	City LAWRE	INCE St	ate MA Zip 01841		LAWRENCE						7in 0 :	1841-310	7	
			MUTUAL INSU		cle Action Prior to C		1	22				10 27 1 27 4		
	1	irection: NXEW	_		t Sequence 24		23	23	Test Sta			28	_	
5		ied)	,			24 ²⁴			Type of	Test:		29		
	1		Viol, 2: Ch/Sec/Sub —		er Contributing Code		25	25	BAC To			30	32 2	24 ¹³
			Viol. 4: Ch/Sec/Sub —		, r	99 26	<u>'iL</u>		Susp. A Towed		L	Susp. Drug:	32	.4
⁶ 4	VIOI. 5. CII/300/C		erator and all occupants inv		J. Distracted by	34	35	36	7 38	39	40		\blacksquare	
	Name (Last First Mi	ddie)	•	Address	DOB/Age	Sex Pos.	Safety System		eet Trap ide Code	Injury Status	Transp. Code	Medical Facility		
	Operato) <i>†</i>		e Above		X 1	99	4 0	0	10	1			
	LORENZA LOP	EZ	140 HOWARD ST LAWRENCE, MA 018	41-2904	F	3	99	4 0	0	10	1			
7	Please Select O		#Occupants Non	Motorist A Type	15 Action 1	16 Locat		17	dition	18	Ь.	Hit/Run Mo		
⁷ 1	of the Followin	g: Vender 2	Tan Kon	With Type	Action	Local		Coi	dition			HII/Kun L (VIO	pea	
	License #	19 19	DOB/Age	Reg #	ł			Reg T	/pe		R			
	Sex Lic. C	Class Lic.	Restrictions CI	OL Veh Y dorsement	/ear	Veh N	1ake				Veh	Config.		
8 3	Operator	Lasi	First	Middle	erLas	1		First			Mi	ddle	-1	
	Address				ess								— <u> </u>	14
	City	Sta	teZîp	City_					State		- 1		<u>_</u> 1	•
		ny		Vehic	le Action Prior to C	,		22	Damage Test Sta		Code:	27 27	27	
	Vehicle Travel Di	rection: NSEW	Responding to Emerg	ency? Event	Sequence 23	<u> Ц</u>	23	23	Type of			29		
⁹ 2		ed)			Harmful Event	24	25	25	BAC Te	st Resi	ılt:	30		
	Viol. 1: Ch/Sec/S	ub ———	Viol. 2: Ch/Sec/Sub		r Contributing Code		25	25	Susp. A	lcohol:	31		32	
			Viol. 4: Ch/Sec/Sub —		r Distracted by	26		1/ 1	Towed f		, !	33		
	Plea Name (Last First Mic	•	on-motorist and all occupa	nts involved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 3 Airbag Ej Status Co	et Trap		40 Transp. Code	Medical Facility		
	Operato	r/Non-Motoris	St Se	e Above		1								
									+	-				
									-	-		·		

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 🕳 =	Bicycle	
Crash Diagram:	ie: 👈 🛚 1	→ [2	→ ♀	→ №		
					# ************************************	If Crash <u>Did Not</u> on a Public Way	
						Off-Street Parking Lo	ot
	⊅ <u></u> -				EDECOMAN .	☐ Garage	
	Ź	1				☐ Mall/Shopping Cente	er
		প্র				Other Private Way	
***************************************	Acottocomente and acommon parachemistra	<u> </u>		ELECTRIC PROPERTY OF THE PARTY	<u>.</u>		
NAMES THE PARTY OF		23				Indicate North by	Arrow
93 SB		Q					
			Ø å		₹ 2	(\leftarrow)	
Crash Narrative:							
Vehicle 1 was trave	lling southbou	nd on int	erstate 9	3. Vehicle	one los	t control on	a
mixture of ice and							
the highway hitting							
in vehicle were not							
State Police. (Wilm	ington Handled	the acci	dent on b	ehalf of M	ISP due t	o another acc	ident
that they were tied	up on).						
Witnesses:		T					
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
Truck and Bus Information							
Carrier Name	Registration #		(Fron	1 Vehicle Section)		Bus Use	42
Address			City		St.	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		-
Interstate Cargo Body	/ Type Code	GVWR/GCWR	45				
	Reg Type			rTrail	er Length	46	
Hazmat Information:				irali	Ci Penkii		
Placard 47 Material 1 digit	# Material Name	e		Material 4 dig	it #	Release code	49
Patrol Officer Michael	R Cabral		207	Wilmington	Police T	epartment 02/	06/2020
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Barracks Date	-0,2020

	Poli	ice Use Only	Com	nonwealth	of Massa	ichus	etts	3		RM	V Doc	ument N	umber	
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Cras	$sh \left[\begin{array}{c} 1 \\ 1 \end{array} \right]$	Number /ehicles		a Jopec	d Limi	1.	Local	Police Police A Police	
	02/06/2020	1049 Wil	Lmington	Police	Report	2		Injur	Lan	ude			us Police 🔲	
		AT INTERSEC	TION:	7		>					SEC	TION		1
	A-101	· · · · · · · · · · · · · · · · · · ·						1101	222 22		ODC	11011	•	10
						24		BU	TTER	SRC	W			2
¹ 1	Route# Direc	etion	Name of Roadway/St	reet	Route# Directi	ion Ado	lress #		N	lame of	Roadv	vay/Stree	t	-
			Al		Feet	NSEV	of				or _			
	Route# Direc	etion N	ame of Intersecting Roady	vay/Street				Mile	Marker			Exit	Number	6 11
			Also at Intersection w	rith	Feet [NSEW	of	Route#		Lutara	antina l	Roadway	/Street	
2	Route# Direc	via	- CIA S D 1	(0)	Feet	N S E W	of	Routen		mters	ecung	Koadway	Street	
² 3	Route# Direc	etion N	ame of Intersecting Roady	vay/Street						La	ındmarl	k		·
3	Please Select C of the Followin		#Occupants Hit/	Run Moped	Crash Re	eport ID#	20	-4	1 — Z	\C				1
³ 5		ig:			L									-
	License # S38	10 10	MA DOB/Age	Reg	# <u>8VNG30</u>			Reg	Гуре <u>Р</u> С	<u> </u>	R	eg State	MA 21	12
	Sex F Lic. (Class D 19 Lic	. Restrictions C	DL Veh	Year <u>2008</u>	Veh N	lake <u>N</u>	AZD.	4		Veh	Config.	1 21	
	Operator HE	BERT, JENN			er HEBERT	, BAF	BAF							
⁴ 1	Address 1 E	LIZABETH D	R		ess 1 ELIZ	ABETI	H D	R First			M:	iddle		
	City WILMI	NGTON St	ate MA Zip 01887	7-3397 City	WILMINGT	ON			State M	IA :	Zin 0 :	1887	-3397	
			NSURANCE CO		cle Action Prior to (1	22	Damag		•		27 27	
	Vehicle Travel D		1			23 23	23	23	Test Sta			28		
5		<u></u>	,		t Sequence 1	1 1			Type of	f Test:		29		
	Citation # (If Issu	ued)		Most	Harmful Event	<u> </u>			BAC T	est Res	ult:	30		121
	Viol. 1: Ch/Sec/S	Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 20	²⁵ 7	25	Susp. A	Alcohol:	2 31	Susp. I	Orug: 2 32	1 13
⁶ 2	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶			Towed	from so	ene?	2 33		
2		-	erator and all occupants inv			34 Seat	35 Safety	36 Airbag	37 38 iject Trap ode Code	39 Injury	40 Transp.			1
	Operato			Address	DOB/Age	Sex Pos.	System				1	Mec	fical Facility	-
	Орегию	//	36	ee Above		X^1	1	4 0	0	10	1			-
														1
	Diama Calant O			<u> </u>	15	16	<u> </u>	17		10	<u> </u>	<u> </u>		1
⁷ 1	Please Select O of the Followin		#Occupants Non-	Motorist A Type	Action	Locati	on	17 Co	ndition	18		Hit/Run	Moped	
	License # S46	5287736 st J	MA DOB/Ag	Reg	7CF677			Reg	уре Р С	3	R	eg State	MZA.	1
	Sex F Lic. C	10 10	20		ear 2018		T					-	1 21	
1		HUGH, SHANI	Er	dorsement				_			ven	Conng.	<u>+</u>	
8 ₄ [-	Last	First	Middle	er MCHUGH ,	ast		First			Mi	iddle		
		MOUNT VER			ess 136 MO1	UNT Y	/ERI							14
	City MELRO		te MA Zip 02176		MELROSE						٠,			4
	Insurance Compa	my CITIZENS	INSURANCE C	COMPAN Vehic	le Action Prior to C	Crash	1	22	Damage	ed Area	Code:	- 10	27 27	
l	Vehicle Travel Di	irection: NSE	Responding to Emerg	ency? 2 Event	Sequence 1	3 23	23	23	Test Sta			28		
9	Citation # (If Issu	ued)		Most	Harmful Event	1 24		_	Type of			30		
2	Viol 1: Ch/Sec/S	uh	Viol. 2: Ch/Sec/Sub	Drive	L r Contributing Code	e 1	25	25	BAC Te)rug 32	
						99 26	ال		Susp. A		_	Susp. 1.	Orug: 2 32	
-	Viol. 3: Ch/Sec/S		on-motorist and all occupa		. Distracted by	34	35	36	37 38	39	40	1 -	***************************************	ļ
	Name (Last First Mic	•	•	Address	DOB/Age	Seat Pos.	Safety System	Airbag I	jeet Trap ode Code	Injury	Transp. Code	Med	lical Facility	
	Operato	r/Non-Motoris	St Se	e Above		\times 1	1	4 0	0	10	1			
ŀ							1			+				1
-						_	-		_	+	$\vdash \vdash$			
-														
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MV1 was traveling eastbound on Butters Row towards Main Street/Route 38. MV1 was traveling straight ahead as it crossed over the Butters Row Bridge. The Butters Row Bridge is a two-way, narrow, single lane, wooden bridge that requires the use of concave mirrors to determine if it is safe to proceed. MV2 was traveling westbound on Butters Row from Main Street/Route 38 and began traveling straight ahead onto the Butters Row Bridge. MV1 crested the bridge and saw MV2 approaching from the other direction. MV1 attempted to stop, but was unable to stop due to the wet, icy road conditions and collided head-on with MV2 who had stopped. Both MV1 and MV2 suffered front end damage. MV2 was disabled from the collision and was towed from the scene. There were no injuries.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Carrier Name Address US DOT #: \$ 5			City		StZip	
	e Code Reg Type		Reg Year			49
Placard Material I digit #	Material Name	9		Material 4 digi	it #Release code	

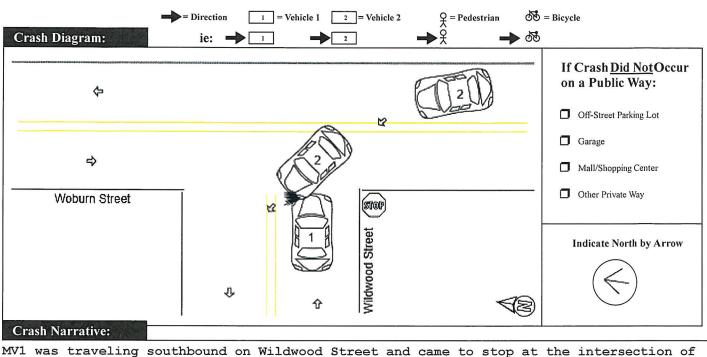
Patrol Officer Michael A Wilson

209

Wilmington Police Department

02/06/2020

	Pol	ice Use Only		Comi	monw	ealth (of Mass	ach	lus	etts	\$			RM	V Doc	ument l	Number		
	Date of Crash 02/06/2020	Time of Crash		City/Town ington	Moto	or Veh	icle Cra	sh		umber ehicles	1	nber iired		Limit	25	Loc	te Police		ł
	02, 00, 2020	24HR	M T TI	riigton	P	olice 1	Report		2		1		Latitu Longi				BTA Police npus Police ner:	_봅	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO'	ТАТ	'IN	ΓER	SEC	TION	V:		ĺ
			WOOD	ST															2 10
¹ 1	Route# Direc	ction		Name of Roadway/St	reet		Route# Direc	tion	Addı	ress#			Na	ine of	Roadw	vay/Stre	eet		
	1	WORU	RN S'				Feet	N S	E W	of			_ •		or _				
	Route# Direc		Name	of Intersecting Roady					T	1	Mi	ile Ma	rker	****		Exi	it Number		3 11
				Also at Intersection w	ith .		Feet				Route	e#		Interse	ecting I	Roadwa	y/Street	-	
² 2	Route# Direc	otion	Name	of Intersecting Roadw	vay/Street		Feet	NS	E W	of				La	ındınarl	k		_	
3	Please Select (of the Followin		13_#	Occupants Hit/	Run [Moped	Crash F	Report	ID#	20	<u> </u>	12-	- A	C					
³ 3		//s·																	Ē
	1	8585128 19 1	9	DOB/Age			647VCH										7	1	1 12
	Sex F Lic. 0	Ciass D	Lic. Res	C.	DL ndorsement		(ear <u>2002</u>									Config	<u> </u>	┚╏	
⁴ 2				NNE MARGA	RET Middle		r MORRIS	Last	-			E M	AR	GAR	ET	iddle			
2		ANDALF V					ess 6 GANI	DAL	F W	IAY									
	City WILM	INGTON	State 1	/A Zip 01887	-2320	_ City_	WILMING'	TON	ī								7-232	9	
	Insurance Comp	any SAFETY	INS	URANCE CO	MPANY	Vehic	le Action Prior to	Crash	1	2	22				Code:		8 ²⁷ 1	27	
⁵ 1	Vehicle Travel D	Direction: N	EW	Responding to Emerg	gency? 2	_ Event	Sequence 1	23	23	23	23		st Stat			28		İ	
1	Citation # (If Iss	ued)				Most	Harmful Event	1	24			-	pe of	lest: st Resi	.11+-	30			
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2; Ch/Sec/Sub		Drive	r Contributing Co	ode	1	25	25				2 31		Drug: 2	32	1 13
6	Viol. 3: Ch/Sec/S	Sub —	Vio	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					rom sc		1 33	٠ <u>١</u> ـ	-	
⁶ 2			or operator	r and all occupants inv					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				
	Name (Last First M: Operate				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	М	Medical Facility		
				6 GANDALF WAY	e Above			\triangle	1	1	4	0	0	10	1				
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	NICHOLAS FR	ROST		59 GLEN RD WILMINGTON, MA 0	1887-1819			M	6	1	4	0	0	10	1				
⁷ 3	Please Select O		21 #	Occupants Non-	-Motorist A	Type	15 Action	16 I	Locatio	on [17	Conditi	ion	18		Hit/Run	п 🔲 Мој	ped	
3	License # S20	~	c. MZ	_ DOB/Age,			00 TV17						P.C				<u> </u>		
	Sex M Lic. C	10 10	5	20	21	-	89JX17 ear 2016						<u>rc</u>			eg State	_ 2	<u> </u>	
		<u> </u>	Lic. Res	En	OL idorsement										Veh	Config.	. <u>L</u>	┚┃	
⁸ 2		Last	Fir	rst	Middle		FITZGE	ast			Fit	rst	JK		Mie	ddle		-	
		WASHINGT			0207		ss 12 WAS			ON	AV.							<u>-</u>	14
				1A Zip 01887		·	N WILMIN	NGT	1		22				٠,		7-230	I	4
				URANCE CO			le Action Prior to			4			mageo st Stati		Code:	7 28	8 27 1	27	
	Vehicle Travel D	irection: S	EW	Responding to Emerg	ency? 2	_ Event	Sequence 1	23	23	23	23		pe of 7			29			
⁹ 2	Citation # (If Issu	ied)				Most	Hannful Event	1	24					t Resu	ılt:	30			
_	Viol. 1: Ch/Sec/S	Sub ———	Vio	1, 2: Ch/Sec/Sub		Driver	Contributing Co	de	9	²⁵ 7	25	Sus	sp. Alc	ohol:	2 31	Susp.	Drug: 2	32	
	Viol. 3: Ch/Sec/S	Sub	— Viol	l. 4: Ch/Sec/Sub		Driver	Distracted by	0	26			To	wed fr	om sc	ene?	2 33	-		
	Plea Name (Last First Mi	=	ator/non-in	otorist and all occupa	nts 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		ledical Facility		
		r/Non-Mot	torist	1	e Above) John Marie	Ÿ	1	1					1	M	corear racially		
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MV1 was traveling southbound on Wildwood Street and came to stop at the intersection of Wildwood Street and Woburn Street. MV2 was traveling northbound on Woburn Street and attempting to turn left onto Wildwood Street. MV2 began turning left from Woburn Street onto Wildwood Street and struck MV1 which was stopped. The operator stated that he took the turn too fast and too sharply and collided with the front end of MV1. MV2 cut across MV1's travel lane when it struck MV1. Both MV1 and MV2 suffered left front end and left side damage. MV1 was disabled as a result of the crash and was towed from the scene. The two passengers of MV1 both signed medical refusals with the Wilmington Fire Department. One passenger, Mr. Gale, initially complained of neck soreness after the collision.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
i i						
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of Damaged Property	
			2			
Truck and Bus Information: Carrier Name	Registration #		(110111 7411101		Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/IC	CC #:	
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	r Length	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	e		Material 4 digit	#Release code	49

Patrol Officer Michael A Wilson

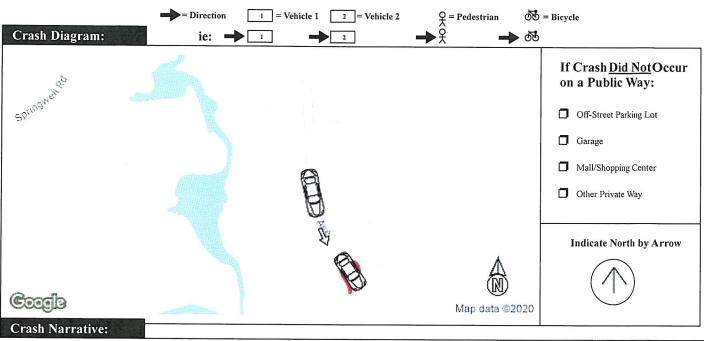
209

Wilmington Police Department

02/06/2020

Department

	Pol	lice Use Only		Com	monw	ealth	of Mas	sacl	hus	etts	S	ſ		RMV	Docu	ıment Nu	mber	
	Date of Crash 02/07/2020	Time of Crash	T-T-1 7	City/Town	Mot	or Veh	icle Cr	ash	1	Vumber			Speed	Limit _	30	State Po	olice 🔲	
	02/07/2020	24HR	MIII	nington]	Police	Report		1	/ehicle:	s Inji 0	- 1	Latitud Longitu			MBTA Campus Other:	olice Dolice Police Des Police De	
		AT INTER	SECTI	ON:	<		TION	>	Γ		NO'				ECT	TION:		1
													•		****			2 10
	Route# Direc	ction		Name of Roadway/St	reet		Route# Dir	ection	9 Add	lress #	<u>H2</u>	ARO:		AVE		ay/Street		
¹ 1				At									1400	iic or ic	Oadwa	ay/Sirect		-
	Route# Direc	etion	Nam	e of Intersecting Roady			Fee	t NS	EW	of	Mi	le Mar	– ∙ ker		ог	Exit N	lumber	
	Atomics Biles	otion	INAIII	Also at Intersection w			Fee	t N S	EW	of					***			1 "
2							Fee	t N S	EW	of	Route	#	Iı	ntersect	ting R	oadway/S	treet	
² 3	Route# Direc	ction	Nam	e of Intersecting Roady	vay/Street					-				Land	lmark		*************************************	-
3	Please Select C of the Followin	One Vehicle	e 1 <u>1</u>	#Occupants Hit/	Run [Moped	Crash	Repor	t ID#	20	-4	্ব_	- Δ (1
		7910118		A DOB/Age			<u> </u>											-
		Class D 19 1		20			2RRD81										21	7 12
	1			E ₁	DLndorsement		/ear <u>2009</u>								Veh (Config.	1	H
⁴ 1	1	LVA, CAI		First	Middle		r SILVA					II.			Mide	dle		
<u> </u>	J	SESAME					ess <u>120 S</u>			ST								
				MA Zip 01876			TEWKSBU	JRY									2512	
	Ì			OCK ASSURA			le Action Prior			4	22				ode: 1	1 ²⁷ 3	6 27	
5	Vehicle Travel D	irection: N	EW	Responding to Emerg	gency? <u>2</u>	Event	Sequence 2:	23 35		23	23		t Status e of Te		-	29		
	Citation # (If Issu	ued)		-		Most	Harmful Event	22	24					Result:	. F	30		
	Viol. 1: Ch/Sec/S	Sub ————	Vi	iol. 2: Ch/Sec/Sub —		Drive	r Contributing (Code	2	25	25		p. Alcc			Susp. Dri	ug: 32	22 ¹³
<u>.</u> 2	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	99	26			Tov	ved fro	m scen	e? 1	33		
	Name (Last First Mi		for operate	or and all occupants inv	olved		DOB/Age	Sex	34 Seat Pox.	35 Safety System		37 Eject Code		Injury Tr	40 ansp.			
	Operato)r		Se	e Above			X	1	99		0 (Status C	l'ode	Medica	d Facility	1
								4	\ <u> </u>						_			1
								-	-				_	_	_			-
1	Please Select Or of the Following		2	Occupants Non-	Motorist A	Туре	15 Action	16	Locatio	on	17 C	onditio	n	18] н	it/Run	Moped	
_	License #		St	DOB/Age	***************************************	Pec#					<u> </u>	т						
	SexLic. C	19 10)	20	DL		ear										21	
	Operator] <i>Die.</i> Re.		dorsement				ven ivi	аке					Ven C	Config.		
1	Address	Last	F	irst	Middle		r	Last			Firs				Middl	le		
			State	Zip			SS											14
ı	Insurance Compar			Zip		_					22			Zip_ Area Co	F	27 2	27 27	1
	Vehicle Travel Dir						e Action Prior to	23	23	23	23		Status:		-	28		
		<u>L</u>		Responding to Emerge	ency?		Sequence	1	24				e of Tes		F	29		
2	Citation # (If Issue	,		•			Hamnful Event			25	25	BAC	C Test F	Result:		30		
	Viol. 1: Ch/Sec/Su	ıb ———	—— Vic	ol. 2: Ch/Sec/Sub ——		Driver	Contributing C	ode	<u></u>	25		Susp	. Alcol	hol:	31	Susp. Dru	ıg: 32	
-	Viol. 3: Ch/Sec/Su	······································		ol. 4: Ch/Sec/Sub ——			Distracted by	<u> </u>	26					n scene		33]
_	Pleas Name (Last First Mide		ator/non-n	notorist and all occupar	nts involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject 1	Frap In	jury Tra	nsp.	Medical	Facility	
	Operator	r/Non-Mot	orist	See	Above		$\supset <$	X	1								· ·	
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Vehicle 1 was travelling on Harold Ave. According to operator, they were travelling 23 MPH and hit a patch of ice and lost control striking the utility pole and fire hydrant. Vehicle one struck the support cable for the utility pole causing the top half of the pole to break and force the power line to rip off a home across the street. Operator stated that they were heading to Shawesheen Tech School (Billerica). It should be noted that the residental neighborhood of Harold Ave is not connected to Shawsheen Tech. The operator stated that he goes through Harold Ave to "beat the light". The light is located at Lake Street and Shawsheen Avenue. The only way to avoid the light from Harold Avenue is to continue through further residental neighborhoods. Through my experience, the vehicle was travelling well over 35 mph when it lost control and the ice that Vehicle 1 struck was avoidable as the road was clear in the middle and salt was put down

Witnesses:								
Name (Last, First, Middle)		Address			Phon	e #		Statement
						s		
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damageo	d Property	
Truck and Bus Information: Carrier Name	Registration #		70				Bus Use	42
Address			City			St	Zip	
US DOT #:S	State Number		_ Issuing State	MC/MX/	ICC #:			
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46		
Hazmat Information:								
Placard Material 1 digit #	48 Material Name	e		Material 4 dig	it #		-Release code	49

Patrol Officer Michael R Cabral

207

Wilmington Police Department

02/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Crash Narrative Case # 20-43-AC

Vehicle 1 was travelling on Harold Ave. According to operator, they were travelling 23 MPH and hit a patch of ice and lost control striking the utility pole and fire hydrant. Vehicle one struck the support cable for the utility pole causing the top half of the pole to break and force the power line to rip off a home across the street. Operator stated that they were heading to Shawesheen Tech School (Billerica). It should be noted that the residental neighborhood of Harold Ave is not connected to Shawsheen Tech. The operator stated that he goes through Harold Ave to "beat the light". The light is located at Lake Street and Shawsheen Avenue. The only way to avoid the light from Harold Avenue is to continue through further residental neighborhoods. Through my experience, the vehicle was travelling well over 35 mph when it lost control and the ice that Vehicle 1 struck was avoidable as the road was clear in the middle and salt was put down prior.

	Police Use Only	Commonwealth of Massachusetts RMV Document Nu						nt Number				
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number	Speed Limit		State Police Local Police MBTA Police	1		
	02/08/2020 0142 Wil:	mington	Police	Report	2	Injured O	Latitude Longitude _	(MBTA Police Campus Police Other:			
	AT INTERSECT	ION:		ATION >		NOT A	INTER			1		
		***************************************								2 10		
	Route# Direction	Name of Roadway/St		38 N	679	MAIN				2		
ⁱ 4	Rones Direction	At	reet	Route# Direction	Address #		Name of	Roadway/S	street	-		
				Feet N S	E W of		_ • _	or	E 'N I			
	Route# Direction Na	me of Intersecting Roads			- In last	Mile Ma	irker		Exit Number	2 11		
		Also at Intersection v	vith	Feet N S		Route#	Inters	ecting Road	lway/Street			
² 2	Route# Direction Na	ne of Intersecting Roads	vay/Street	Feet NS	E W of							
	Please Select One			l I				ındmark		4		
3	of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# 20	-44	-AC					
	License # S09988657 St M	A DOB/Age	Reg	# 6DF612		Reg Type	PC PC	Reg St	tate MA	12		
	Sex M Lic. Class D 19 19 Lic.		DL Veh	Year 2005	Veh Make H	ONDA		Veh Con	nfig. 1 21	1 12		
	Operator DELACRUZ, MIG		ndorsement	ner DELACRUZ								
⁴ 1	Address 20 WILLOW ST	First	Middle	ress 20 WILLO		First	2	Middle				
	City METHUEN Stat			METHUEN				zis 0184	44-4344			
	Insurance Company LM GENERA			cle Action Prior to Crash	11		amaged Area		27 27 27			
	Vehicle Travel Direction: SEW	Responding to Emer	_	23			est Status:	ļ <u> </u>	28			
5			•	·	24	l	pe of Test:	2	29			
	Citation # (If Issued)			t Harmful Event	7 25	25 B.	AC Test Res	ult:	30	13		
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	St	sp. Alcohol:	<u> </u>	isp. Drug: 32	1		
6 1	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from so	1	33			
-	Please fill out for opera	ator and all occupants in	volved 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	S	ee Above		1 1	1 0	0 10	1				
										1		
					 					-		
										-		
										1		
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16 I	ocation	17 Condit	ion 18	Hit/R	Run Moped			
	License # NHL10001458 St N	H DORA			<u> </u>	NH	1					
	19 19	Γ 20	ū	g # 4683853 Reg Type PC Reg State NH Veh Year 2018 Veh Make HONDA Veh Config. 1 21								
	Operator FRECHETTE, KE	E:	ndorsement				DOMET	Veh Con	ing. 💶			
§1	Last	First	Middle	Owner FRECHETTE, KENNETH DONALD Last First Middle								
	Address 23 HAMPSTEAD F		Address 23 HAMPSTEAD RD City SALEM State NH Zip 030792404									
		NH Zip 0307	92404 City	SALEM						1		
	<u> </u>			Vehicle Action Prior to Crash T. 184								
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Ever	t Sequence 2 23	23 23	23	pe of Test:	3	29			
⁹ 2	Citation # (If Issued) T1684574		Mos	Harmful Event 2	24	B	AC Test Res	ılt: 5 3	30			
_	Viol. 1: Ch/Sec/Sub <u>90 24J</u>	Viol. 2: Ch/Sec/Sub 9	0 240 Driv	er Contributing Code	10 25 2	0 ²⁵ Sι	sp. Alcohol:	1 31 Sus	sp. Drug: 32			
	Viol. 3: Ch/Sec/Sub <u>89 4A</u>	Drive	Driver Distracted by 4 26 Towed from scene?					33				
	Please fill out for operator/no. Name (Last First Middle)	n-motorist and all occup	ants involved	DOB/Age Sex	34 35 Seat Safety Pos System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp.	Madical Unsilies			
	Operator/Non-Motorist	Se	ee Above	DOB/Age Sex		Status Code	Code Status 0 10	Code 1	Medical Facility	†		
	- P - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				1			-		1		
			-							-		

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestr	ian 🕉	= Bicycle				
Crash Diagram:	ie:	2	¬ →	Ŷ	→ 55					
Rte.38/N	Aain st.		Butters row Cross st.			If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A				
Bui	uer		1 1							
						_				
Crash Narrative:										
Oper.#1 related he wa	as parked off	to the si	de of the re	oadway	waiting	for a friend f	rom			
work to drop an item	off to him,	when m/v#2	came from 1	behind	and cra	shed into the r	rear			
of his m/v#1, his m/v	was then pu	shed forwa	rd causing	the fro	nt of h	is m/v to crash	into			
a large rock/bolder.										
Oper.#2 related he wa	as heading ho	me, follow	ing his GPS	, when	he look	ed down to see	where			
he was, he must have	crashed into	m/v#1. Ope	er.#2 also	related	he had	l too much to dr	rink			
and was drinking Vod	a. Ref.to ar	rest#20-48	-AR for fur	ther de	tails.	(PWJ/142)				
						2	0			
Witnesses:										
Name (Last,First,Middle)		Address			Phone	#	Statement			
Duomouty Domogo		1								
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description	f Damaged Property				
			1 10110 11	изре	Description	1 Damaged 1 Toperty	•			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)						
Carrier Name	-					Bus Use	42			
Address			City			St Zip				
	_State Number44					StZip				
US DOT #:43	State Number44	GVWR/GCWR	_ Issuing State	MC/MX/	/ICC #:					
US DOT #: 43 Interstate Cargo Body T	State Number44	GVWR/GCWR	_ Issuing State	MC/MX/	/ICC #:					
US DOT #: Interstate 43 Cargo Body T Trailer Reg #:	State Number	GVWR/GCWRReg State	Issuing State	MC/MX/	ICC #:		49			

Police Officer Name (Please Print)

Signature

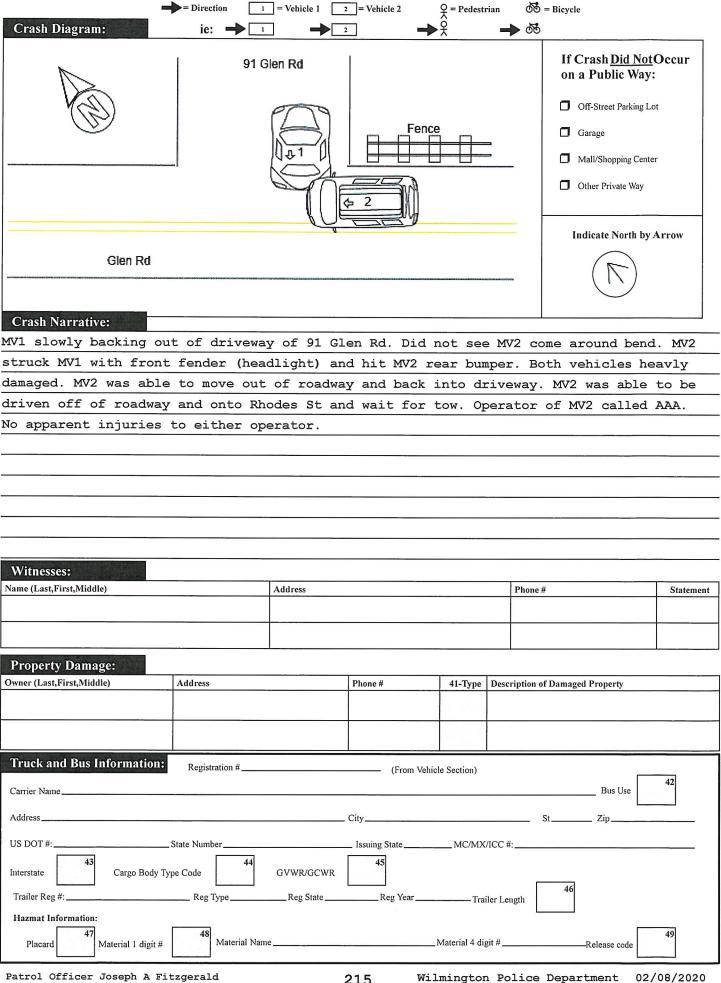
ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Commonwealth of Massachusetts RMV Document Number						ment Number				
	Date of Crash Time of Crash 02/08/2020 1415 Will:	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t <u>25</u>	State Police Local Police MBTA Police			
	02/08/2020 1415 Wil:	mington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:			
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	SECT		1		
										2 10		
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	94 Address #	GLEN		Roadwa	w/Street			
¹ 1		At		Troutes Sirection	7146103511		Traine of	Roadwa	iy/bireet	-		
				Feet N S	E W of	Mile Ma	•	or	Exit Number	·		
	Route# Direction Nan	ne of Intersecting Roadw		Feet N S	E W of					3 11		
				Feet N S		Route#	Inters	ecting Ro	oadway/Street			
² 1	Route# Direction Nat	ne of Intersecting Roadw	ay/Street		1_10			andmark		-		
	Please Select One Vehicle 11	#Occupants Hit/I	Run Moped	Crash Report	1D# 2 A	_15		mumark		7		
3	of the Following:									4		
	License # 19 19	. DOB/Age		1CZD44					21	1 12		
	Sex _ Lic. Class D Lic. I	Restrictions CI	dorsement	Year <u>2013</u>			<u> </u>	Veh C	Config. 1	<u>-</u>		
⁴ 1	Operator Last	First	Minnie	er <u>MOULARAS</u> Last		VI First		Midd	lle			
1	Addre		Addre	ess 91 GLEN	RD							
	Cit Sta	_ Ziţ		WILMINGTON	<u> </u>			_	887-1880			
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehic	le Action Prior to Crash			amaged Area	Code: 4	27 5 27 6 27	l		
5	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23	23	est Status: ype of Test:	1	29			
	Citation # (If Issued)		Most	Harmful Event 1	24	•	AC Test Res	ult:	30			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 Si	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13		
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	owed from se	ene? 2	33			
<u> </u>	Please fill out for opera Name (Last First Middle)	ator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
	Operator	Se	e Above	X	1 1	4 0	0 10	1				
										-		
										\dashv		
										-		
										_		
⁷ 9	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action 16	Location	17 Condi	tion 18	ні 🔲 ні	it/Run Moped			
	License # _ S.	DOB/Age.	Reg #	923FA1		Reg Type	PC	Reg	State MA	1		
	Sex.M Lic. Class D 19 Lic. F	Restrictions 99 CD	DL_ H Veh Y	Year 2004 Veh Make DODGE Veh Config. 1								
	Operator LAMARCA, JESS	dorsement Owne	Owner LAMARCA, LOUIS A JR									
³ 1	Address 60 MAUREEN DR	First		Address 60 MAUREEN DR								
	City TEWKSBURY State	-3621 City	City TEWKSBURY State MA Zip 01876-3621									
	Insurance Company LIBERTY M	RANCE Vehic	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27									
	Vehicle Travel Direction: SEW Responding to Emergency? 2			Event Sequence 23 23 23 23 Test Status: 28								
)	Citation # (If Issued)	<u> </u>	Most	Harmful Event 1	24	-	/pe of Test: AC Test Res		30			
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	99 25	25	isp. Alcohol:		Susp. Drug: 2 32			
	Viol. 3: Ch/Sec/Sub	Drive	Driver Distracted by 99 26 Towed from scene? 1 33									
	Please fill out for operator/nor	•		DOWN	34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1		
	Operator/Non-Motorist		Address Above	DOB/Age Sex	Pos. System 1 1	Status Code	Code Status 0 10	Code 1	Medical Facility	1		
	_				-					-		
										-		
										-		



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Wilmington Police Department

Department