Date of Cr	1	l l	City/Town	_		of Mass icle Cra			umber	Num	DPC	ed Limi	30	State Police	
02/16/20	025 4		ington	1		Report		1	ehicles	Injur O	Lati	tude		MBTA Poli Campus Po	ce 🗖
	AT INTE	RSECTIC	N:		LOCA		>			NOT	AT IN				
								~~		3.7			_		
Route#	Direction]	Name of Roadway/	Street		Route# Dire	ction	99 Add	ress#	AL	DRIC 1			ay/Street	
			At			Feet	NS	EW	of			• —	or or		
Route#	Direction	Name	of Intersecting Roa	dway/Street							Marker			Exit Num	ber
			Also at Intersection	with				EW		Route	- -	Inters	ecting F	loadway/Stre	et
Route# I	Direction	Name	of Intersecting Road	dway/Street		Feet	NS	EW	of						
Please Sel		olo 12 #	Occupants H	://p	Moped		n	. 15//	20		2 <i>-1</i>		ındmark		-
of the Fol	lowing:			To Run											
	37242606	19	20			6EZ183									21
	Lic. Class D	Lic. Res	L	CDL Endorsement		ear <u>2011</u>							Veh	Config.	
-	Last 7 TINKHAI	Fi	rst	Middle		r WOODBU	Last	•		Firs			Mie	Idle	
	RLINGTON		1A 7in 0180	3-1508		VILMING					State N	(7 <u>2</u>	zin ∩1	887-2	700
	Company LIBER					e Action Prior to			,	22		ged Area			
	vel Direction:		Responding to Em			Sequence 35			23	23	Test St			28	l
	If Issued)			Berne) :		Harmful Event	35				Туре о	f Test:		29	
Viol. 1; Ch/	Sec/Sub	Vio	l. 2: Ch/Sec/Sub =			Contributing C	Ъ.	19	²⁵ 2	0 25		Test Res Alcohol:		30 Susp. Drug:	32
	Sec/Sub		l. 4: Ch/Sec/Sub -			Distracted by	6	26			-	from so		33 Jusp. Drug:	02
			and all occupants i			T		34 Seat	35 Safety	36 Airbag	37 38 Eject Traj	39 p Injury	40 Transp.	<u> </u>	
Oper				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code Cod	le Status		Medical Fa	eility
			20 CENTRAL ST			00/05/100		\							
AMELIA W	OODBURY		WILMINGTON, MA	01887-2709		09/06/1991	F	3	1	4 0	0	10	1		
							1					ļ			
			<u> </u>				<u> </u>		L						
Please Seld of the Foll		ele 2#0	Occupants No	on-Motorist A	Туре	15 Action	16	Locatio	on	17 Co	ndition	18	☐ F	Iit/Run	Moped
License #		St	DOB/Age		Reg#					Reg	Гуре		Re	g State	
Sex L	Lic. Class	19 Lic. Rest		CDL	Veh Ye	ear		Veh M	ake				Veh	Config.	21
Operator_	Last	Fir		Endorsement	Owne	r	Lası								
Address		rıı	31	Middle	Addre	ss	Last			First			Mid	dle	
City		State	Zip		City_						State	2	Zip		
nsurance Co	ompany	······································			Vehicle	e Action Prior to	Crash	1	,	22	·	ed Area	Code:	27 27	27
/ehicle Trav	el Direction:	S E W	Responding to Eme	ergency?	Event	Sequence	23	23	23	23	Test Sta			28	
Citation # (If	f Issued)				Most I	Hannful Event		24			••	est Resi	ult:	30	
√iol. 1: Ch/S	Sec/Sub	Viol	. 2: Ch/Sec/Sub —		Driver	Contributing Co	ode		25	25	Susp. A	Alcohol:	31	Susp. Drug:	32
/iol. 3: Ch/S	Sec/Sub	Viol	. 4: Ch/Sec/Sub -		Driver	Distracted by		26			Towed	from sc	ene?	33	
Name (Last Fi	Please fill out for o	perator/non-m	otorist and all occu	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag I	37 38 Eject Trap Fode Code	Injury	40 Transp. Code	Medical Fa	cility
Oper	ator/Non-M	otorist		See Above		><	X	1							
-			L					4			$-\!$				
	-														
		:													

		= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedes	trian 🚳	= Bicycle	
Crash Di	agram:	ie: =	→ □ → □	2	₽	→ ∞		
	Stone	rd	Aldrich				If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cent Other Private Way	v: Lot
							Indicate North by	/ Arrow
Crash Na	rrative:							
Oper.#1	related whi	le traveli	ing on Alrich	road, he was	talki	ng with	his girlfrien	d who
was the	front seat	passenger,	, and was not p	paying atten	tion t	o the ro	adway. While	doing
			nt side of the					
			nder and blowing					<i>-</i>
Witnesses	:							
Name (Last,Fir	st,Middle)		Address			Phone #	E	Statement
			•					
Property	Damage:							
Owner (Last,Fi	rst,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
TRUEIRA	DAVID A	99 ALDRICH 1	RD WILMINGTON MA 01887	-	97	STONEW	ALL	
Truck and	Bus Informatio	n: Pagistration	n #					
		registration		(From Vehi	cle Section)		Bus Use	42
Address				_ City			it Zip	
US DOT #:		State Number		Issuing State	MC/MX	K/ICC #:		
Interstate	43 Cargo Boo	ly Type Code	44 GVWR/GCWR	45				
						Г	46	
Trailer Reg #:		Reg Type	Reg State	Reg Year	Tra	niler Length		
Hazmat Infor		 				!		
Placard	47 Material 1 dig	it # 48 Mat	erial Name		Material 4 di	igit #	Release code	49
Patrol O	fficer Paul	W Jepson		142 Wi	lmingto	n Police	Department 02	/16/2020
	nne (Please Print)		gnature		artment		ct/Barracks Date	

	Police Use Only	Com	monwealth	of Massac	husetts	S	RM	IV Document Number	
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cras	Number Vehicles		Speed Limi	t 35 State Police Local Police MBTA Police	9
	24HR			Report	2	0	Longitude_	Campus Police Other:	<u> </u>
	AT INTERSECTI	ON:	< LOC	CATION >		NOT A	T INTER	RSECTION:	
	129 E LOWELL S	ST							2
¹ 4	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #		Name of	Roadway/Street	_
	93 s			Feet N	S E W of	Mile M	•	orExit Number	
	Route# Direction Name	e of Intersecting Road Also at Intersection		Feet N	S E W of	Mile M	arker	EXIL NUMBER	- 3
					S E W of	Route#	Inters	ecting Roadway/Street	
² 1	Route# Direction Name	e of Intersecting Road	lway/Street				La	andmark	
3	Please Select One of the Following:	#Occupants Hi	t/Run 🔲 Mopeo	I Crash Rep	ort ID# 2 0	-53	-AC		
	License # S61637310 St M 2	DOB/Age	. Re	g# T87582		Reg Typ	e CO	Reg State MA	1
		1 1 1 1	CDL Ve	h Year 2017	_ Veh Make_	ODGE		Veh Config. 21	1
	Operator GIBB, JONATHAN	J J	Endorsement On	vner GIBB, J	ONATHAI	N J		Middle	_
2	Address 93A WEST ST			ldress 93A WES	T ST	First		Middle	_
	City WILMINGTON State	MA Zip 0188	7-3042 Ci	y WILMINGT	N			Zip 01887-3042	-
	Insurance Company NGM INSURA	NCE COMP	ANY Ve	hicle Action Prior to Cr			Damaged Area	a Code: 1 27 27 27 27 28	
1	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Ev	ent Sequence 23	23 23	23	est Status: Type of Test:	29	
	Citation # (If Issued)			ost Harmful Event 1	24	25	AC Test Res		
	Viol. 1: Ch/Sec/Sub Vi			iver Contributing Code	25	S	usp. Alcohol:		1
1	Viol. 3: Ch/Sec/Sub — Vi Please fill out for operate	or and all occupants in		iver Distracted by 9	34 35	36 37	owed from so	40	_
	Name (Last First Middle)	1	Address	DOB/Age S	Seat Safety Pos. System		Trap Injury Code Status		
	Operator		See Above		1 99	4 0	0 10	1	
1									
3	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Run Mopeo	1
	License # S61255001 St MP	DOB/Age	_ Re	g# 85NB66		Reg Typ	e PC	Reg State MA	
	Sex. M Lic. Class D 19 Lic. Re		CDL Ve	n Year <u>2005</u>	_ Veh Make _1	OYOTA		Velı Config. 21	
1	Operator TIMONY, JAMES			vner TIMONY,	JAMES	H First		Middle	-
1	Address 128 MABLIN AVE		Ad	dress 128 MAB	LIN AV			iviidate	-
		MA Zip 0184		y N ANDOVER				Zip 01845-4154	_ 1
	Insurance Company SAFETY INS			nicle Action Prior to Cra		_ _	amaged Area	Code: 3 27 0 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emer	· ,	ent Sequence 1 23	23 23 24	23	ype of Test:	29	
2	Citation # (If Issued)			est Harmful Event		25	AC Test Resi		
	Viol. 1: Ch/Sec/Sub Vi Viol. 3: Ch/Sec/Sub Vi			ver Contributing Code ver Distracted by	26	Si	usp. Alcohol:	2 33	
	Please fill out for operator/non-			ver Distracted by	34 35	36 37	owed from sc	40	4
	Name (Last First Middle)	<u> </u>	Address	DOB/Age So				Transp. Code Medical Facility	-
	Operator/Non-Motorist	S	See Above		1 99	4 0	0 10	1	_
									_

= Direction 1	= Vehicle 1	= Pedestrian 💍	\delta = Bicycle	
Crash Diagram: ie:	→ 2 → ₹	→ 8	ే	
2 D Trailer I-93 SB Off Ramp to Wilmington	I-93 SB Off Ramp	well St/IMA-129	If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	r
Crash Narrative:				
MV1 was exiting the I-93 SB ramp,	turning WP onto Tourill	C+ M71	wod formand to	hlas-
EB traffic on Lowell St to take the				
lane waiting for traffic to pass.				
move forward. MV2, traveling EB or				
pass MV1. MV1 struck the right sight			Both vehicles we	re
damaged but were drivable. No one	reported any injuries.			
Witnesses:				
Name (Last, First, Middle)	Address	Phon	e #	Statement
		7.10.1		Statement
Property Damage:		•		•
Owner (Last, First, Middle) Address	Phone #	41-Type Description	of Damaged Property	
			· or zamagaa r roporty	
Truck and Bus Information: Registration #				
Carrier Name	(From Vehicle S	Section)	Bus Use	42
Address	City		St Zip	
US DOT #:State Number_	Issuing State	MC/MV/ICC #.		
43 544	Issuing State 45	_IVIC/IVIX/ICC #;		
Interstate Cargo Body Type Code	GVWR/GCWR			
Trailer Reg #: Reg Type	Reg State Reg Year	——Trailer Lenoth	46	
Hazmat Information:		or Dengul		
47 48				49
Placard Material 1 digit # Material Name	eMa	terial 4 digit #	Release code	
				1000
Patrol Officer Joseph A Fitzgerald	215 Wilmi	ington Police	Donartment 66.4	16/2020

	Poli	ice Use Only		Com	monw	ealth (of Massa	ach	use	etts				RM	V Doci	ument Nu	ımber	
	Date of Crash	Time of Crash		City/Town	Mot	or Veh	icle Cra	sh		umber			Speed	Limit	35	Local I	Police 🔯	1
	02/17/2020	1531 V	V1 Lm1	ngton]	Police 1	Report		2	illuies	0	nea	Latitue Longit				Police	
		AT INTERS	ECTIO	N:	<	LOCA		>			NO'	ΓΑΤ			SEC	TION:		1
						200.							****		<u> </u>	***************************************		10
		WOBUI																2
¹ 1	Route# Direc	ction		Jame of Roadway/S	treet		Route# Direc	tion	Addı	ess#			Na	me of	Roadw	/ay/Street		-
		LOWE	г.т. сл				Feet	N S	EW	of			_ •	_	or _			
	Route# Direc			of Intersecting Road	way/Street						M	le Ma	rker			Exit 1	Number	3 11
			A	Also at Intersection	with		Feet	NS	EW	of	Route	.#		Interce	acting I	Roadway/	Street	
2	Pouto# Disco		NT	CI.	/6.		Feet	N S	EW	of	Kout	511		merse	seing i	XUauway/i	Street	
² 1	Route# Direc	ction	Name o	of Intersecting Road	way/Street									La	ndmarl	k		
2	Please Select C		1 1 _#0	Occupants His	/Run	Moped	Crash R	Report	ID#	20		Δ.	- A	C			10.00.00.00.00]
³ 97	of the Followin				. 1													-
		5649366	St. MA	DOB/Age	· · · · · · · · · · · · · · · · · · ·	_	812LY4									•	31	1 12
	Sex M Lic. 0	Class D 19	Lic. Rest	rictions 1 (CDLEndorsement	Veh \	rear 2017		Veh M	ake <u>J</u>	eer	<u> </u>			Veh	Config.	1 21	
	Operator FE	LIX, CLA	YSMON	NN O	Middle		er FELIX,	CI	LAY	SMC	NN	0				iddle		
⁴ 3	Address 92	CONCORD	RD	31	Middle	Addr	ess <u>92 CON</u>	1CO	RD	RD	F	rsl			Mı	iddle		
	City BILLE	ERICA	State M	Zip 0182	1-2523	City_	BILLERI	CA				Stat	te M Z	4 _ z	Zio O:	1821·	-2523	
		any GOVERNI				. <u>-</u>	le Action Prior to			1	22				Code:		27 27	
	•	Direction: XS					<u></u>	23	23	23	23		st Stat			1 28		
⁵ 2		**************************************		Responding to Eme	rgency? 2		Sequence 1		24			Ту	pe of	Test:		29		
	Citation # (If Iss	ued)				Most	Harmful Event	1					AC Tes	st Resu	ılt:	1 30		13
	Viol. 1: Ch/Sec/S	Sub	Viol	. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	3_	25	25	Տս	sp. Al	cohol:	2 31	Susp. D	orug: 2 32	1 '
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Viol	. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26			То	wed fi	rom sc	ene?	2 33		
1			r operator	and all occupants in					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Operate				Address		DOB/Age	Sex	Pos.	System 1	Status	Code	Code 0	Status	Code 1	Medi	ical Facility	1
ŀ	Орегию				See Above			hickip	1	-	*	-	ļ .	10	<u> </u>			-
	•																	
Ì								 										1
	N 01 10						15	16			17			10				1
⁷ 2	Please Select O of the Followin		2 2 _#C	Occupants No	n-Motorist A	Туре	Action Action	16	Locatio	on	17	Conditi	ion	18	 	Hit/Run	Moped	
	License # S36	5072493	St MA	DOB/Age		Reg #	87G570				Red	Type	PC		R	eg State 1	MA.	1
	Sex M Lic. C	19 19		20	CDL	_	ear 2017				-					-	21	
		RT, JONA		- I	Endorsement								<u> </u>		ven	Comig.		
8.		Last	Firs	TIPL THEW	Middle		CAPUA,	Last			Fi	rst			Mi	ddle		
		FEDERAL					ess 110 FE			S'.	<u>'</u>							14
l	City WILMI	NGTON	_ State <u>M</u>	A Zip 0188	7-2554	City_	WILMING'	TON	<u> </u>								-2554	
	Insurance Compa	any LIBERT	rum Y	UAL INST	JRANCE	Vehic	le Action Prior to	Crash		1	22				Code:	2 27	27 27	
	Vehicle Travel D	irection: NS	W	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28		ŀ
9	Citation # (If Issu	ued)				Most	Harmful Event	1	24				pe of			30		
⁹ 2	Viol. 1: Ch/Sec/S	Sub ————	Viol	. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	ī	25	25			t Resu		<u>+</u>	orug: 2 32	
								0	26				-	onoi:	2	2 33	""g 2	
ļ		Subase fill out for opera					. Distributed by	<u> </u>	34	35	36	37	38	39	40	2		1
	Name (Last First Mi	•	KOI/HOH-III	otorist and an occup	Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	
	Operato	or/Non-Mote	orist	s	See Above			X	1	1	4	0	o	10	1			
Ī	JENNIFER CA	PUA		110 FEDERAL ST WILMINGTON, MA	01887-2554			F	6	1	4	0	0	10	1			1
-				, IM	2004			 	 									1

		= Direc	tion 1	= Vehicle 1	2	= Vehicle 2	9	2 = Pedest	rian 💇	= Bicycle		
Crash Diagram	1:	ie:	: → □		2		→ ²	Š	→ 65	ı.		
		Lowe	III St	mv 1)				If Cra on a I Off- Gar Mal	Street Parking Loage Al/Shopping Center Per Private Way	ot r
								~			(\leftarrow)	
		W	obum St									
Crash Narrativ			<u>'</u>		,							
DESCRIPTION OF THE PROPERTY OF	Sec. 2. 6 (4) (1) (2) (4)		-1 7		1 11							-
At the time		-				_						
transitioning												
attempted to												
	The light										reen lig	ht was
attempting to	o take a	left 1	hand tu	rn from	Wobu	ırn st	onto	Lowel	ll st.	This r	esulted	in mv
2 colliding v	with mv 1											
			.,_									
Witnesses:	300											
Name (Last,First,Middle	e)			Address					Phone	#		Statement

										1		
Property Damas	ge:											
Owner (Last,First,Midd	le)	Address			P	hone #		41-Type	Description	of Damaged P	roperty	
		<u> </u>	20									
PURSEL TOWN												
Truck and Bus I	nformation:	Registr	ration#			—— (From	n Vehicle	Section)				42
Carrier Name	-										Bus Use	
Address					Cit	у				St	Zip	
US DOT #:		State Numb	oer		1	ssuing State_		MC/MX	/ICC #:			
43			44			45						
Interstate	Cargo Body Ty	•		GVWR/GCV	<u></u>				Г	40		
Trailer Reg #:		Reg ?	Гуре	Reg State		Reg Yea	nr	——— Trai	ler Length	46		
Hazmat Information:									L			
Placard 47	Material 1 digit #	48	Material Nam	e			M	laterial 4 dis	git #		lease code	49
Patrol Office		Foley			21	.1	Wilm	ningtor	Police	Departm	ment 02/	17/2020
Police Officer Name (Pleas	se Print)		Signature		ID/E	ladge #	Departn	nent	Preci	nct/Barracks	Date	

	Police Use Only		Com	monwealth	of Massach	usetts		RM	V Document	Number	
	Date of Crash Time of Cra 02/18/2020 1818	I	City/Town	Motor Vel	hicle Crash	Number Vehicles	Number Injured	Speed Limit	Lc	rate Police Deal Police BTA Police Dampus Police	7
		HR W11m	ington	Police	Report	2	1	Latitude Longitude _	Ca	BTA Police ampus Police ther:	
	AT INTI	ERSECTI	ON:	< LOC.	ATION >		NOT A		SECTIO		1
									· · · · · · · · · · · · · · · · · · ·		2 10
	Route# Direction		Name of Roadway/St	reet	Route# Direction	Address #	BALI		LE ST Roadway/Str	root	
¹ 3			At		Notice Breefield	Audiess #		Name of	Koauway/3ii	cci	-
					Feet N S	E W of	Mile Ma	•	or	xit Number	
	Route# Direction	Name	e of Intersecting Roady Also at Intersection w		Feet N S	E W of	IVIIIC IVIA	irci		tit i vuinoci	3 ¹¹
					Feet N S		Route#	Inters	ecting Roadw	/ay/Street	
² 3	Route# Direction	Name	e of Intersecting Roady	vay/Street	reet [N] B	LE VI OI		т.			-
	Please Select One	L:_r_ , 1	#Occupants Hit/		<u> </u>	20	EE	***************************************	ındınark		1
3	of the Following:		Hit/	Run Moped	Crash Report	ID# ZU	-22	-AC			_
	License # <u>\$7838794</u>		A_ DOB/Age	Reg	# D842		Reg Type	PC	Reg Stat		12
	Sex M Lic. Class D 19	19 Lic. Re		DL Veh	Year 2006	Veh Make ${f T}$	OYOTA	L	Veh Confi	g. 1 21	
	Operator TONKS , P	HILIP			ner TONKS, R	ICHARD	J				
⁴ 3	Address 51 ROCKY	HILL I	RD		ress 51 ROCKY	HILL	RD First		Middle		
	City ANDOVER	State	MA Zip 01810	0-6126 City	ANDOVER		Sta	te MA 2	Zip 0181	0-6126	
	Insurance Company SAFE	TY INS	URANCE CO	MPANY Veh	icle Action Prior to Crash	4		amaged Area			
_	Vehicle Travel Direction:	NEW	Responding to Emerg	gency? 2Ever	nt Sequence 23	23 23		est Status:	28		
⁵ 1	Citation # (If Issued)		_		t Harmful Event 1	24	— Ty	pe of Test:	29	1	
	Viol. 1: Ch/Sec/Sub		ol 2: Ch/Soo/Sub		er Contributing Code	99 25	25	AC Test Res			13
	Viol. 3: Ch/Sec/Sub		ol. 4: Ch/Sec/Sub —		er Distracted by 99			sp. Alcohol:		o. Drug: 32	
⁶ 2			or and all occupants inv	******	Distracted by 33	34 35	36 37	38 39	1 40	<u> </u>	-
	Name (Last First Middle)		- and an occupants me	Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	1
	Operator		Se	ee Above	\times X	1 1	4 0	0 99	1		
											1
											1
	DI CLASS										4
⁷ 3	Please Select One of the Following:	nicle 2.1	#Occupants Non-	-Motorist A Type	Action 16	Location	Condit	ion 18	Hit/Ru	ın 🔲 Moped	
	License # <u>\$9376385</u>	6 St MA	DOB/Age	Reg	# 1KRA20	<u> </u>	Reg Type	PC	Reg State	e MA	1
	Sex F Lic. Class D	19 Lic. Re	strictions 1 20 CI	OL Veh	Year 2011 v	Veh Make V (_ Veh Config	21	
	Operator EDWARDS,	ROBER		ndorsement Own	er EDWARDS,					"	
⁸ 1	Address 180 PATRI	CK RD	irst	Middle	ess 180 PATR		First		Middle		
	City TEWKSBURY	State 1	MA Zip 01876		TEWKSBURY			e MA 7	in 0187	6-4705	4 14
	Insurance Company SAFE		•		cle Action Prior to Crash	1		maged Area			
		skw	Responding to Emerg	_				st Status:	28		
	Citation # (If Issued)		responding to Emerg		Harmful Event 1	24	Ty	pe of Test:	29		
2					L	99 ²⁵	25 BA	AC Test Resu		J	
			ol. 2: Ch/Sec/Sub ——			26	Su	sp. Alcohol:		. Drug: 32	
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		notorist and all occupa	**	er Distracted by 99	34 35	To 36 37	wed from sc	ene? 1 33]
	Name (Last First Middle)	operator/non-f	•	nts involved Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-M	<i>Aotorist</i>	Se	e Above	\rightarrow X	1 1	4 0	0 8	2 Lahey	Clinic	
											1
ŀ											1
}											
											ĺ

Crash Diagram:		= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🚳 🛨 🚳	= Bicycle	
Ballardvale to rt125	93 south off	ramp &		X		If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	t
Crash Narrative:	+						
The driver of v1 sta stated that he was a							He
stated that he had a						on Ballardvale	
Street, when v1 sudd							ver of
V2 stated that she h							
					-		
Witnesses:		T					
Name (Last, First, Middle)		Address			Phone	¥	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus Information:							
	Registration #		(From Vehic	le Section)		<u> </u>	42
Carrier Name						Bus Use	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:			Pag Year	-	[46	
Hazmat Information:	Rog Type	reg state	Keg rear	———Trai	iter Length		
Placard Material 1 digit #	48 Material Nam	e	1	Material 4 dig	git #	Release code	49
Patrol Officer Brian D	Thornton		190 Wil	mingtor	n Police	Department 02/	18/2020

190ID/Badge #

	Police Use Only	Comr	nonwealth	of Massach	usetts	1	RM	IV Docu	ment Number	
	Date of Crash Time of Crash 02/19/2020 0656 Will	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t 40	Local Police	1
	02/19/2020 0656 Wi]	mington	Police	Report	2	0	Latitude Longitude_		MBTA Police Campus Police Other:	:
	AT INTERSECT	TION:	1	TION >		<u> </u>	INTER	SECT		1
										10
	David Divid				316	LOWE	LL SI			
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	Roadwa	ay/Street	-
	-	7 M		Feet NS	E W of			- or		
	Route# Direction No	ame of Intersecting Roadw	ay/Street			Mile Ma	ırker		Exit Number	2 11
		Also at Intersection w	ith	Feet N S	E W of	Route#	Inters	ecting R	.oadway/Street	
² 2	Route# Direction No	une of Intersecting Roadw	au/Street	Feet N S	E W of	romen	mor	comg K	coudway/ourcet	
2	Atotion Birection 144	ane of intersecting Roadw	ay/Street				L	andmark		_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# 20	-56	-AC			1
										4
	License # <u>S20702375</u> St] Sex M Lic Class 2 19 19 Lic	20		6CE466					21	1 12
	Sex M Lic. Class D Lic.	Restrictions 1 Cl	DL Veh '	Year 2011 \	Veh Make <u>\$</u>	UBARU		Veh	Config. 1	
4	Operator MARION, JAKE	R First	Middle Own	er MARION, J	AKE F	First		Mid	I.D.	
⁴ 1	Address 9 LARKSPUR RD			ess 9 LARKSPI	UR RD	Pitsi		Mid	late	
,	City BILLERICA Sta	te MA Zip 01821	-3022 City	BILLERICA		Sta	te MA	Zip 01	821-3022	l
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	ele Action Prior to Crash	2	 ,	amaged Are	_		
	Vehicle Travel Direction: N S W	Responding to Emerg			23 23		est Status:	[1 28	
5		responding to Emerg	•		24	_T	pe of Test:		29	
	,			Hannful Event 1		B	AC Test Res	ult:	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	اـــــا	1 25	S	ısp. Alcohol	2 31	Susp. Drug: 2 32	1 "
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26	To	wed from s	ene?	2 33	
	Please fill out for ope	rator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury			Ī
	Operator		e Above	DOB/Age Sex	Pos. System 1 1	Status Code	Code Status	Code 1	Medical Facility	1
	Орегиног		- TOOVE		1 -	- 0	0 10	+		-
										1
	Please Select One Nation 21	" <u> </u>	Г	15 16		17	18			1
⁷ 1	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	Action L	ocation	Condit	ion	Н	lit/Run Moped	
	License # S72421313 St N	IA_ DOB/Age	Reg #	3MT261		Reg Type	PC	Reg	g State MA	1
	Sex F Lic. Class D Lic.	Restrictions B 20 CI	DL Veh Y	ear 2011 v	eh Make N	ISSAN		Veh (Config. 1	
	Operator HAYES, CASEY		dorsement Own	HAYES, CA						
⁸ 1	Address 9 CLARK TER	First	Middle	ess 9 CLARK 7		First		Midd	dle	
	City WILMINGTON Stat	M7 ~ 01887					1/7	01	007 0000	99 ¹⁴
		-		WILMINGTON						99
	Insurance Company THE COMME			le Action Prior to Crash	2		ımaged Area st Status:	Code:	28	
	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23	pe of Test:	1	29	
⁾ 2	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	99 ²⁵	25	sp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by 99	26		ved from so		33	
	Please fill out for operator/no	n-motorist and all occupa-	ıts involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
ļ	Operator/Non-Motoris	I See	Above		1 1	1 0	0 10	1		
								++		
										1

Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	♀ Pedest	rian 0 [®] → 0 [®]	= Bicycle	
	Unknown TT Unit	Lowell St. (Route 129				If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	t
Crash Narrative:							
V1 was traveling east							
around a tractor trai							
did not slow down and							
damage to the rear dr side headlight. The d							
that until I was clear							
they had no injuries			No. A.		DIE. BO	th drivers sta	tea
	And Andrews Commenced Comm						
Witnesses:							
Name (Last,First,Middle)		Address	-		Phone #	!	Statement
7							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City			L	
LIC DOT #							
US DOT #:	State Number44		Issuing State	MC/MX	/ICC #:		
Interstate Cargo Body Typ		GVWR/GCWR					
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length	46	
Hazmat Information:	- 10l						
Placard Material 1 digit #	Material Name]	Material 4 dig	git #	Release code	49
Patrol Officer Emily L S	to = 1-1					Department 02/	

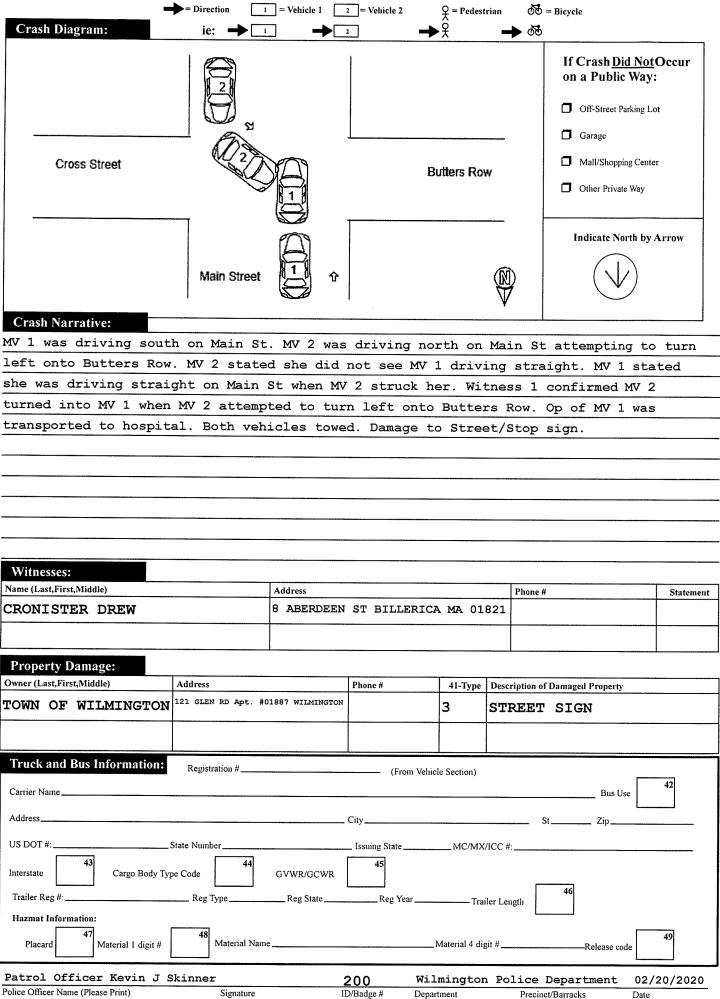
Department

Wilmington Police Department Images Associated with 20-56-AC



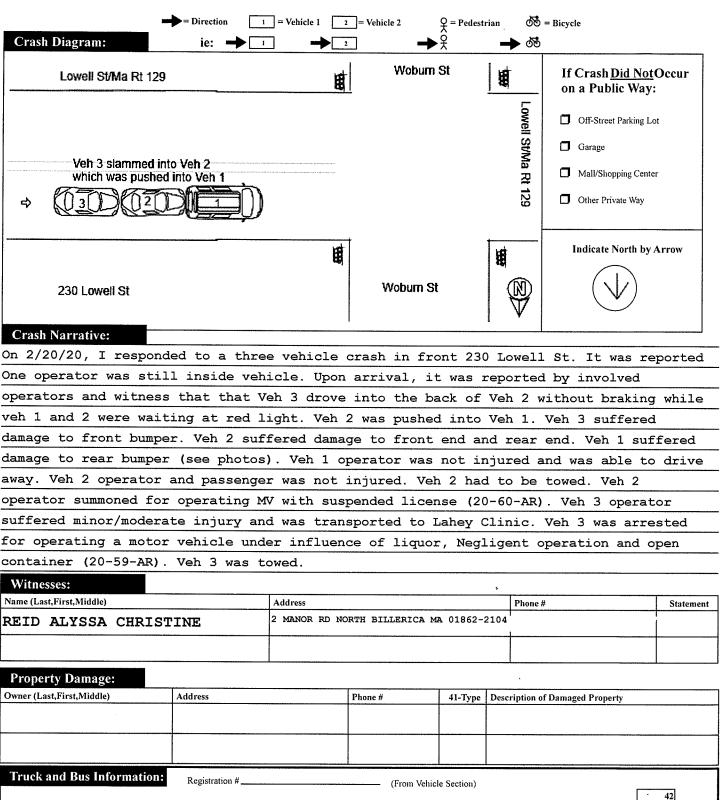


	Police Use Only	Com	nonwealth	of Massach	usetts	RMV D	ocument Number	
	Date of Crash Time of Crash 02/20/2020 1532 Wil	City/Town mington	Motor Veh	icle Crash	Number Numbe Vehicles Injured	opere zimit	State Police Local Police MBTA Police	1
	24HR	ming con	Police	Report	2 0	Latitude Longitude	MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >	NOT A	T INTERSE	CTION:	1
								2 10
1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #	N ST Name of Roa	dway/Street	
¹ 1		At		- Ne	r lw .			
	Route# Direction Na	ine of Intersecting Roadw	/av/Street	Feet NS		— • — or ∕larker	Exit Number	
		Also at Intersection w	-	Feet N S				3
² 1	Route# Direction Na	me of Intersecting Roadw	tos //Stroot	Feet N S	E W of Route#	Intersectin	g Roadway/Street	
1		me of intersecting Roadw	/ay/Siteet			Landm	ark	1
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# 20-57	-AC		
	License # S96115133 St N	A DOB/Ag	Regi	1DMK91	Pag Ti	ne PC	Par State MA	
		20		/ear 2018 V			21	1 12
	Operator ITHIVONGSUPAR	Er Er	idorsement	er ITHIVONGS			<u> </u>	
⁴ 1	Address 8 CAPTAIN PARI	First	Middle	ess 8 CAPTAIN	First		Middle 1	
	City LEXINGTON State		11001	LEXINGTON			2421-7035	
	Insurance Company THE COMME			le Action Prior to Crash		Damaged Area Cod		
	Vehicle Travel Direction: N E W	Responding to Emerg				Test Status:	1 28	
5	Citation # (If Issued)		•	• =	24	Type of Test:	29	
:	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		L	- 25 25	BAC Test Result:	1 30	13
		Viol. 4: Ch/Sec/Sub —		<u>L</u>	36	Susp. Alcohol: 2	31 Susp. Drug: 2 32	
⁶ 1		ator and all occupants inv		Distribution of	34 35 36 37	38 39 40	<u> </u>	ļ
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Airbag Fje Pos. System Status Coo	et Trap Injury Trans le Code Status Cod	e Medical Facility	
	Operator	Se	e Above	\times X	1 1 4 0	0 10 1		
⁷ 1	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16 Lo	ocation 17 Cond	18	Hit/Run Moped	
1	of the Following:							
	License # 12FKC62141 St N	20		4626643		pe_PC	21	
		Restrictions CE En	dorsement	ear <u>2019</u> ve		Ve	eh Config. 1	
8 1	Operator FLECK, CHRIST	First	Middle	r FLECK , CH	First		Middle	
	Address 301 LAKE ST	NH 02060		ss 301 LAKE			2000	14
	City NASHUA State	е NH Zip <u>U3U6U</u>	·	NASHUA	22	ate NH Zip C Damaged Area Code		
	Insurance Company		_	e Action Prior to Crash	4	Pamaged Area Code Test Status:	1 28 21	
	Vehicle Travel Direction: SEW	Responding to Emerg	•	sequence 1		Type of Test:	29	
⁹ 2	Citation # (If Issued)			Tallintin Event	I	BAC Test Result:	1 30	
	Viol. 1: Ch/Sec/Sub				26	Susp. Alcohol: 2 3		
		Viol. 4: Ch/Sec/Sub		Distracted by 0		Towed from scene?	1 33	
	Please fill out for operator/non	•	its involved Address		34 35 36 37 Scat Safety Airbag Ejec Pos. System Status Cod	Trap Injury Transp	o. Medical Facility	
	Operator/Non-Motorist	See	Above	\times	1 4 0	0 10 1		
1								



	Police Use Only	Com	monwealth	of Massach	usett	Š	RM	AV Doc	cument Number	
	Date of Crash Time of Crash 02/20/2020 1903 Wili	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim	it2	Local Police	1
	24HR	mington	Police	Report	3	1	Latitude Longitude.		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSEC	CTION:	1
								-		2 10
····	Route# Direction	Name of Roadway/St	treet	Route# Direction	230 Address #		Name o		way/Street	-
¹ 4		At								-
	Route# Direction Nan			Feet N S	E W of	Mile M		- or .	Exit Number	<u></u>
	Route# Direction Nan	ne of Intersecting Roads Also at Intersection v		Feet N S	E W of	***********				2 11
				Feet N S		Route#	Inter	secting	Roadway/Street	
² 2	Route# Direction Nam	ne of Intersecting Roads	way/Street		· · · · · · · · · · · · · · · · · · ·		ī	andınar	-k	
3	Please Select One Vehicle 11	#Occupants Hita	/Run Moped	Crash Report	1D# 2 C	-58				1
	or the Following.									4
	10 10	A DOB/Age		9KL578					21	1 12
	Sex E Lic. Class D Lic. F	E	Indorsement	Year <u>2018</u>					n Config. 1	
⁴ 3	Operator DOUGHERTY, JE	First	Middle	er DOUGHERT	•	First	DSEPH		fiddle	
3	Address 23 VERANDA AVE			ess 23 VERAN						
	City WILMINGTON State	•	•	WILMINGTON					1887-2006	
	Insurance Company THE COMMEN			ele Action Prior to Crash		┵ ~	Pamaged Are	a Code	5 27 27 27	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23		ype of Test:		29	
	Citation # (If Issued)	_	Most	Harmful Event 1	24	В	AC Test Re	sult:	1 30	
	Viol. 1: Ch/Sec/Sub V	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13
6 1	Viol. 3: Ch/Sec/Sub			r Distracted by 0	26	Т	owed from s	cene?	2 33	
	Please fill out for opera Name (Last First Middle)	tor and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injur Code Statu	y Transp. s Code	Medical Facility	
	Operator	s	ee Above	\times	1 1	4 0	0 10	1		1
										1
			, , , , , , , , , , , , , , , , , , , ,					1		-
									,	1
	Plancia de la companya de la company		· · · · · · · · · · · · · · · · · · ·					1		1
⁷ 2	of the Following: Vehicle 22	#Occupants Non	-Motorist A Type	Action 16	Location	17 Condi	tion 18		Hit/Run Moped	
	License # SA0110003 St M	A DOB/Age.	teg ≠	1FAT65		Reg Typ	e PC	R	eg State MA	1
	Sex. M Lic. Class D 19 Lic. R	estrictions 20 C	DL Veh \	/ear <u>2003</u>	Veh Make I	IONDA		Vel:	Config. 21	
3	Operator HANNA, LUKE M	ILAD First		er HANNA , LU	JKE M	LAD			iddle	
³ 1	Address 10 RIVER DR A	PT A		ess 10 RIVER	DR	APT A		М	idale	
	City DANVERS State	MA Zip 01923	3-3349 City	DANVERS		Sta	ite MA	Zip 0	1923-3349	1 14
	Insurance Company GOVERNMENT	EMPLOYEES	S INSU Vehic	le Action Prior to Crash	2	22 D	amaged Are	a Code:	1 27 5 27 27	
	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	20	est Status:		1 28	
	Citation # (If Issued) T1684816		Most	Harmful Event 1	24		ype of Test: AC Test Res	ndt.	29	
2	Viol. 1: Ch/Sec/Sub 90 23 V	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	isp. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V	/iol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		owed from s		1 33	
	Please fill out for operator/non	-motorist and all occupa	ants involved	trony	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury			1
	Operator/Non-Motorist	Se	ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	1
	ALYSSA PEARSON	10 RIVER DR DANVERS, MA 0192	3	F	3 1	1 0	0 10	1		1
			_					-		1
								-		-

	Police Use Only Commonwealth of Massachusetts RMV Document Num											
	Date of Crash 02/20/2020	Time of Crash	City/Town Wilmington	Motor	Veh	icle Crash	Numb Vehicl		Speed Lin	nit 2!	State Police Local Police MBTA Police Campus Police	
		24HR	MIIMING COL	Po	lice	Report	3	1	Latitude _ Longitude		Campus Police Other:	<u>i</u>
		AT INTERS	ECTION:	<	LOCA	ATION >		NOT A	T INTE	RSEC	CTION:	
							230	T.OW	ELL S	TT:		2 10
¹ 4	Route# Direc	ction	Name of Roa			Route# Direction	Address				vay/Street	
4			Α	.t		Feet N S	E W of			- or _		_
	Route# Direc	etion	Name of Intersecting	g Roadway/Street				Mile M	arker		Exit Number	2 11
			Also at Inters	ection with		Feet N S		Route#	Inte	rsecting	Roadway/Street	
² 2	Route# Direc	etion	Name of Intersecting	g Roadway/Street		Feet N S	E W of					_
	Please Select (One 🔯	• 1 #Occurants				~	\		Landmar	<u>k</u>	_
3	of the Followi	ng: Vehicle	31 #Occupants		Moped	Crash Report	ID# 2 (7-58	-AC			
		10 10	St.MA DOB/Age	20		2RTT30					21	1 12
	Sex M Lic.	Class D	Lic. Restrictions	CDL Endorsement		Year 2011			VAGEN	Vel	n Config.	
⁴ 3			VID JOHN First	Middle		er SHIPLE , I		First		М	fiddle	
3		FAIRMOUN		1000 10		ess 19 FAIRM						
			State MA Zip 0		City	WINCHESTER	<u> </u>				1890-1305 27 27 27	
		-	T MUTUAL]			cle Action Prior to Crash			Damaged Ar Test Status:	ea Code:	27 27 27	
⁵ 1	Vehicle Travel D	1		to Emergency? 2		t Sequence 1 23	23 23	23	ype of Test	:	1 29	
		ued) T16848		00 04		Harmful Event 1	24		SAC Test Re	esult:	6 30	13
i				Sub 90 24		er Contributing Code	14 ²⁵		usp. Alcoho	Е	1 , 533	1
⁶ 1	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/S	Sub —————	Drive	r Distracted by 99	34 35		owed from		3 33	4
	Name (Last First M		or operator and all occu	Address		DOB/Age Sex	Seat Safe Pos. Syste	y Airbag Ejec	Trap Inju	ry Transp.	Medical Facility	
	Operate	or		See Above		\times X	1 0	1 0	0 8	2	Lahey Clinic	
												7
7	Please Select C		4#Occupants	Non-Motorist A	Гуре	15 Action 16	Location	17 Cond	1	8 _	Hit/Run Moped	1
⁷ 2	of the Followir	ığı —			Туре	Action	Location	Cond	alon		Hit/Kuii ivioped	4
	License #	19 19		20	_						21	
	Sex Lic. (Class	Lic. Restrictions	CDL Endorsement		/ear	Veh Make_			Veh	Config.	
⁸ 1	Operator	Last	First	Middle		l.ast		First		М	iddle	1
	Address		_ State Zip			ess		C.		7:		14
	Insurance Compa		State Zip			le Action Prior to Crash			ate amaged Ar	•	27 27 27	
	•	irection: NS		to Emergency?		Sequence 23	23 23		est Status:		28	
		ned)		o Emergency:		Harmful Event	24	— Т	ype of Test:		29	
⁹ 2	•	,		lub		r Contributing Code	25	25	AC Test Re	-	Susp Drug: 32	
						r Distracted by	26		usp. Alcoho owed from	··L	Susp. Drug: 32	
1			ntor/non-motorist and al				34 35 Seat Safe	36 37	38 39 Trap Inju	40		4
-	Name (Last First Mi		orist	Address		DOH/Age Sex	Pos. Syste	n Status Code	Code Stat	us Code	Medical Facility	-
	<u>Operato</u>	or/Non-Mot	UTISI	See Above			1		 			_
-												_
			-									



Carrier Name __ City__ US DOT# ___ State Number _ Issuing State _____ MC/MX/ICC #:_ Cargo Body Type Code GVWR/GCWR Interstate Trailer Reg #:_ Reg Type Reg State_ Reg Year____ -Trailer Length Hazmat Information: Material Name Material 1 digit # _____Material 4 digit #_

Patrol Officer Daniel P Furbush

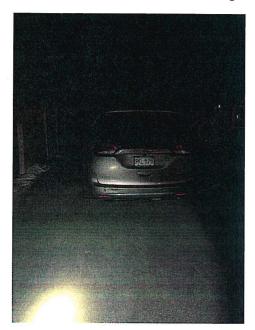
196

Department

Wilmington Police Department

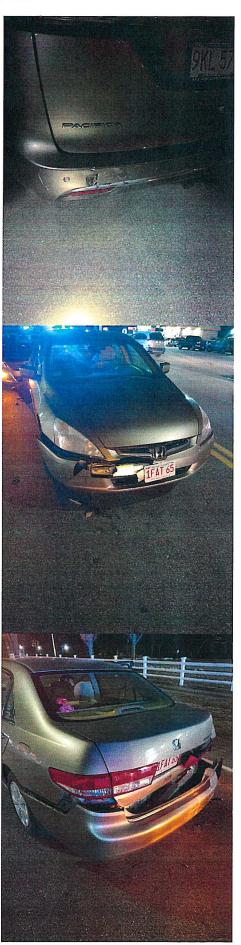
02/20/2020

Wilmington Police Department Images Associated with 20-58-AC

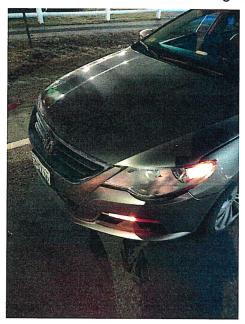








Wilmington Police Department Images Associated with 20-58-AC





	Pol	ice Use Only		Com	monwea	alth (of Massa	ach	uset	ts			RMV	V Docu	ıment N	Number]
	Date of Crash 02/22/2020	Time of Crash	,	City/Town	Motor	·Veh	icle Cra	sh	Num				Limit.	35	Loca	e Police al Police ATA Police ppus Police	
	02/22/2020	24HR	AATTIII	ing con	Po	lice]	Report		2	0		Latitue Longit				TA Police pus Police	
		AT INTER	SECTIO	N:	<	LOCA	TION	>		NC	ТАТ	INI	TER:	SEC	TION	V:	
									E01			- an					2 10
¹ 1	Route# Direc	etion	1	Name of Roadway/	Street		Route# Direct	tion	581 Address		AIN			Roadw	ay/Stre	et	<u> </u>
1				At			Feet	N S	E W o	· —		•		or			
	Route# Direc	etion	Name o	of Intersecting Roa	dway/Street					N	1ile Ma	rker			Exi	t Number	3 11
			I	Also at Intersection	with				E W of	Rou	te#		Interse	cting R	Roadwa	y/Street	
² 1	Route# Direc	etion	Name o	of Intersecting Roa	dway/Street		Feet	NS	E W of	·							
	Please Select (One 🔯	.1 #/	Occupants H		<u>i</u>						-		ndmark			1
3	of the Followin	ig:				Moped	Crash R										1
		0926113	19	_ DOB/Age 12/	/24/1985		276MS6								_	21	1 12
	Sex M Lic. 0	Class D	Lic. Rest	rictions	CDL Endorsement		_{'ear} 2013					LET		_ Veh	Config.	. 1	
⁴ 1	1	NAFIN,	JAMES Fir	P st	Middle		TOWN O	ast			ON First			Mid	ddle		
	Address						ess 45 CEN										
	City Insurance Comp		Stat·	_ Zi ₎			BURLING'			22				Code:	L803	27 27	
	Vehicle Travel D		7	Responding to Em	araanau 2		le Action Prior to		23 23			st Stati		Code	7 28		
5		ued)	<u>.x</u>	Kesponding to Em	ergency:		Sequence 1 Harmful Event	1	24	<u></u> j	Ту	pe of T	Γest:		29		
		•		2: Ch/Sec/Sub -			r Contributing Co			2	=		t Resu		1 30	_ 32	13
	Viol. 3: Ch/Sec/S			. 4: Ch/Sec/Sub =				0	26]			cohol:	2 31 ene?	Susp. 33	Drug: 2 32	
⁶ 1				and all occupants						35 36 afety Airbag	37	38 Trap	39	40 Transp.			1
	Name (Last First M Operate				Address See Above		DOB/Age	Sex		stem Status		Code	Status	Code	Me	edical Facility	_
	Operate	//			See Above	····			1 1	- 4	-	U	10	1			-
						-				-							
;				<u> </u>		·····											
⁷ 1	Please Select O of the Followin		e 2 1 _#C	Occupants No	on-Motorist A	Туре	Action Action	16 L	ocation	17	Conditi	ion	18	П	lit/Run	Moped	
	License # S58	3499002	St MA	DOB/Age		Reg#	137LJ3			Re	g Type	PC		Re	g State	MA	
	Sex.M Lic. (Class D	Lic. Resti		CDL Endorsement	Veh Y	ear 2016	v	eh Make	CHE	VRO:	LET	•	_ Veh (Config.	1 21	
⁸ 1	Operator MU	RRAY, JO	OHN F	il	Middle	Owne	r MURRAY	, J	OHN	F	irst			Mid	Lift's		
1	Address 11	CLAIRE	ST			Addre	ss 11 CLA	IRE	ST					Mid			14
	City TEWKS	BURY	State <u>M</u>	A Zip 0187	6-3911	City _	<u> TEWKSBUE</u>	RY						_		3911	1 14
	Insurance Compa	my LM GEN	IERAL	INSURANC	E COMP	Vehicl	e Action Prior to		3	22				Code:	3 ²⁷ 4	27 27	
	Vehicle Travel D	irection: N	EW I	Responding to Eme	ergency? 2	Event	Sequence 1	23 2	23 23	23		st Statu pe of T		1	29		
⁹ 2	Citation # (If Issu	ned)				Most l	Harmful Event	1	24			C Tes	t Resul	lt:	1 30		
		ub ———	Viol.	2: Ch/Sec/Sub -			Contributing Cod		6 ²⁵	2:] Su		ohol:			Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				Driver	Distracted by	0		5 36	To	wed fro	om sce	ne? 2	2 33]	
	Name (Last First Mi	idle)		NOTES AND AN OCCU	Address		DOB/Age	Sex	Seat Sa	fety Airbag tem Status	Eject	Trap		Transp. Code	Ме	edical Facility	
	Operato	r/Non-Mo	torist		See Above		>	X	1 1	4	0	0	10	1			
														T			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	₹ = Pedestria	n Ø5 = B	icycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	. ₹	→ 🥸		
		n Car Wash e toParking				If Crash Did Note on a Public Way: Off-Street Parking Lo	:
						- Matter and a Contact	
						■ Mall/Shopping Cente	er
	•	AFT				Other Private Way	
000			ENT EL	<u>aa</u> ₩)	~	Indicate North by	Arrow
	581 Ma	in Street	, Min	(2		(\nearrow)	
Crash Narrative:							
MV 1 and MV 2 were tr	aveling sout	h on Main	Street in 2	separat	e lanes.	MV 1 stated	l he
was stopped/slowing i							
Car Wash from the lef							
				WE			<u> </u>
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
		Tradicis			T Hone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	maged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name			(2.70	,		Bus Use	42
Carrier Name					********		
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Corne Body To	44	CVIVID/CCVVID	45				
Interstate Cargo Body Ty		GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length		
Hazmat Information:					<u> </u>	_	 1
Placard Material 1 digit #	48 Material Nam	e		Material 4 digit	#	Release code	49
Patrol Officer Kevin J	Skinner		200 Wil	lmington	Police De	partment 02/	22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

02/22/202 Date

	Police Use Only	Comm	onwealth	of Massach	usetts	}	RM	(V Docur	ment Number	
	Date of Crash Time of Crash 02/22/2020 1543 Will	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t <u>35</u>	State Police Local Police MBTA Police	Ī
	24HR 24HR	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >	•	NOT A	T INTER	SECT	ION:	7
										2 10
,	Route# Direction	Name of Roadway/Stree	et	Route# Direction	409 Address #	MIDE	LESEX Name of	Roadwa		-
1		At							· · · · · · · · · · · · · · · · · · ·	
	Route# Direction Nam	ne of Intersecting Roadway	v/Street	Feet NS	EW of	Mile Ma	rker	or	Exit Number	- 111
		Also at Intersection with		Feet N S	E W of					2
2	Route# Direction Nan	an of Victoria dia Dia 1	104	Feet N S	E W of	Route#	Inters	ecting Ro	oadway/Street	
² 1	Rotte# Direction Nan	ne of Intersecting Roadway	y/Sireet				La	andmark		
3	Please Select One of the Following:	_#Occupants	ın Moped	Crash Report	ID# 20	-60	-AC			
	License # NHL16356679 St N	H DOR/Age	Peg	BBJM6		Pag Tam	PC	Dag	- State NH	
	19 19	Restrictions 20 CDL		Year 2005				_	21	1 12
	Operator BJORLIE, MATT	Endo	orsement	er BBJM MANA				ven c	Johng.	
⁴ 3	Address 50 TEMPLE ST	First	Middle	ess 17 WALNU		First		Midd	lle	-
	City NASHUA State	NH 7in 03060		HUDSON	+ V+	54-	te NH	z:. 03	051	•
	Insurance Company PROTECTIV		•	ele Action Prior to Crash	1		arnaged Area			-
	Vehicle Travel Direction: N S X W	Responding to Emerger		Sequence 23	23 23		st Status:	1	28	
⁵ 1	Citation # (If Issued)	responding to Emerger		Harmful Event 1	24	Ty	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub	E-1 2. Chieie 1		er Contributing Code	99 ²⁵	25	AC Test Res		30	13
				r Distracted by	26	Sı	sp. Alcohol:		Susp. Drug: 2 32	
1	Viol. 3: Ch/Sec/Sub — N	tor and all occupants invol		Distracted by 99	34 35	36 37	wed from so	40		-
	Name (Last First Middle)	•	ldress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	See A	Above	\times X	1 99	4 0	0 10	1		
										1
										1
,	Please Select One Value 2.1	#Occupants Non-M		15 16		17	18			1
2	5		lotorist A Type	Action	Location	Condit	ion	Hi	it/Run Moped	
	10 10	A DOB/Age 20	Reg #	8ZL346		Reg Type	PC	Reg	State MA 21	
	Sex F Lic. Class D Lic. R	estrictions 1 CDL	Veh Y	/ear_2018\	/eh Make <u>C</u>	ADILL	AC	Veh C		
3 1	Operator NATOLA, ROSANI	NA PASTORE N	Aiddle Owne	er NATOLA, F	ROSANN	A PAS	TORE	Middl	le	
_	Address 12 HEATHER DR			ess 12 HEATHI	ER DR					14
		MA Zip 01887-	, _	WILMINGTON		_		• –	887-1506	1 '
	Insurance Company THE COMMER	RCE INSURANC	CE CO Vehic	le Action Prior to Crash	<u> </u>		unaged Area st Status:	Code: 5	27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergen	cy? 2 Event	Sequence 1 23	23 23		pe of Test:	1	29	
2	Citation # (If Issued)	_	Most	Harmful Event 1	24	BA	AC Test Resi	ılt: 1	30	Ī
	Viol. 1: Ch/Sec/Sub V	fiol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 Su	sp. Alcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V		Driver Distracted by 0 26 Towed from scene? 2 33							
	Please fill out for operator/non Name (Last First Middle)	•	s involved dress	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	See A	Above	X	1 1	4 1	0 10	1		
										1
ŀ										1
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										1

Crash Diagrams ic:	= Direction 1	= Vehicle 1 2 = Vehicle	Q = Pedest	rian 🕳 = Bicycle	
High St. Offstreet Pathing Lee Offstreet Pathing	Crash Diagram: ie:	2	→Ŷ	→ 65	
The operator of MV2 reported she was stopped at the red light on Middlesex Ave when the green arrow for the left lane turned green. As vehicles started to move she stated MV1 hit the back of her vehicle. The operator of MV2 reported no injuries. The operator of MV1 reported he was stopped at the red light when the operator of MV2 started to back into his vehicle. The operator of MV1 reported no injuries. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information Registration # (From Vehicle Section) Carrier Name		ten 2	St.	on a	Public Way:Street Parking Lot rage Il/Shopping Center ter Private Way
### Property Damage: Property Damage:	STOTANGOSOCA GROBE VINTERIO STORIK ARTEKNIK				
The operator of MVI reported he was stopped at the red light when the operator of MV2 started to back into his vehicle. The operator of MVI reported no injuries. Witnesses: Name (Last,First,Middle) Address Phone # Phone # Statement Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Registration # City Starter Name Lussuing State MC/MX/ICC #: Internate Carrier Name Reg Type Reg State R	The operator of MV2 reported she	was stopped at th	ne red light	on Middlese	Ave when the
The operator of MV1 reported he was stopped at the red light when the operator of MV2 started to back into his vehicle. The operator of MV1 reported no injuries. Witnesses: Name (Last,First,Middle) Address Phone # Statement Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City Siate Number Issuing State MC/MX/ICC #: Interstate Address Reg State Number Reg State Re	green arrow for the left lane tur	ned green. As vel	nicles star	ted to move sh	ne stated MV1
## Address Phone #	hit the back of her vehicle. The	operator of MV2	eported no	injuries.	
## Address Phone #					rator of MV2
Witnesses: Name (Last.First,Middle)					
Name (Last, First, Middle) Address Phone # Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # _ (From Vehicle Section) Carrier Name Bus Use Address _ City _ St Zip US DOT #: _ State Number _ Issuing State _ MC/MX/ICC #: Interstate			Design Store Section & Section Section		
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # _ (From Vehicle Section) Carrier Name					
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # _ (From Vehicle Section) Carrier Name					
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # _ (From Vehicle Section) Carrier Name				**************************************	
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # _ (From Vehicle Section) Carrier Name					
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # _ (From Vehicle Section) Carrier Name					
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # _ (From Vehicle Section) Carrier Name					
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name City State Number Issuing State MC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Address Address Otig Address	Witnesses:				
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	Name (Last, First, Middle)	Address		Phone #	Statement
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name					
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name					
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name					
Truck and Bus Information: Carrier Name Carrier Name City St Zip US DOT #: Issuing State MC/MX/ICC #: Interstate Address Reg Type Reg State Reg State Reg Year Trailer Length Hazmat Information: Placard 48 Material 1 digit # Material Name Material 4 digit # Release code 49 Patrol Officer Meghan Sousa 214 Wilmington Police Department 02/22/2020					70.00
Carrier Name	Owner (Last,First,Middle) Address	Phone #	41-Type	Description of Damaged	Property
Carrier Name					
Carrier Name					
Carrier Name	Truck and Bus Information: Registration #	(I	rom Vehicle Section)	<u> </u>	
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Carrier Name				Bus Use 42
Interstate	Address	City		St	Zip
Interstate	US DOT #:State Number	Issuing Stat	eMC/MX	/ICC #:	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	43 44	45			
Hazmat Information: Placard 47 Material 1 digit # 48 Material Name		A CONTRACTOR	YearTra	iler Length	
Placard Material 1 digit # Material Name Material 4 digit # Release code Patrol Officer Meghan Sousa 214 Wilmington Police Department 02/22/2020					
	Placard Material 1 digit # 48 Material Nam	e	Material 4 di	git #R	
		99-10-10-10-1			
	Patrol Officer Meghan Sousa		Wilmington	Police Depart	ment 02/22/2020