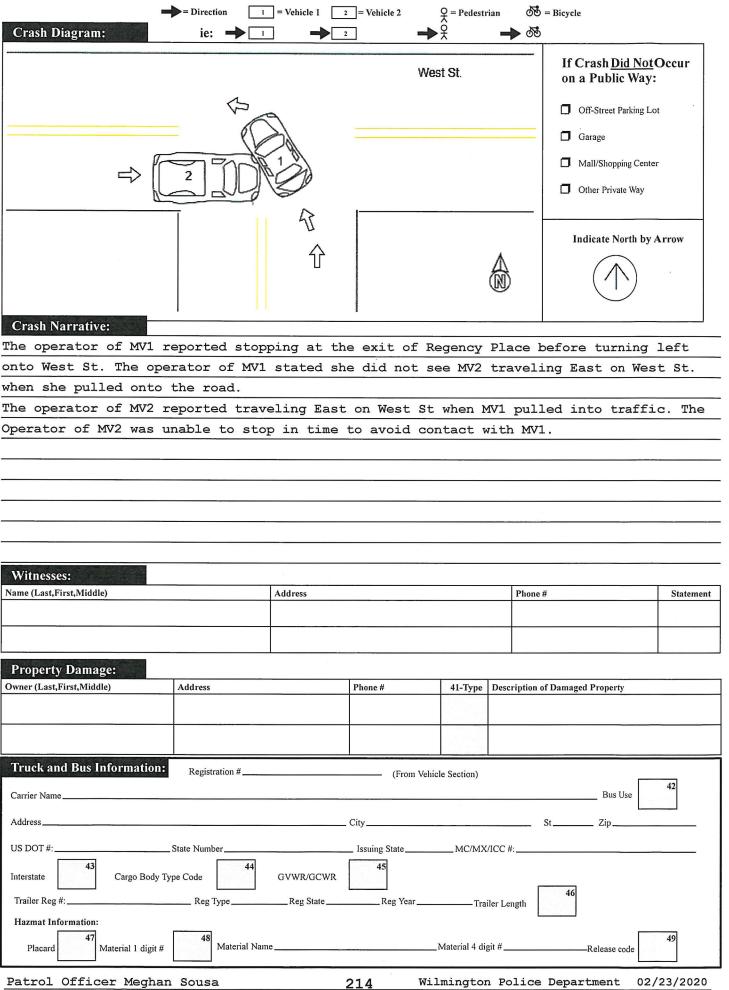
|                | Police Use Only  | Com   | monwealt             | h of Massach                 | usetts                              |                                      | RMV Document Number                     |                       |                                       |  |
|----------------|--|---|----------------------|------------------------------|-------------------------------------|--------------------------------------|---|-----------------------|---------------------------------------|--|
|                | Date of Crash   Time of Crash   02/23/2020   1237   Wili | City/Town<br>mington                              | Motor V              | ehicle Crash                 | Number<br>Vehicles                  | Number<br>Injured                    | Speed Limi                              | 30                    | State Police Local Police MBTA Police | 1  |
|                | 24HR   | ming con  | Polic                | e Report                     | 2                                   | 0                                    | Latitude<br>Longitude _                 |                       | Campus Police Other:                  |  |
|                | AT INTERSECT   | ION:  | < LO                 | CATION >                     |                                     | NOT A                                | r inter                                 | SECT                  | TION:                                 | ]  |
|                |  |   |                      |                              | 113                                 | WEST                                 | ST                                      |                       |                                       | 2 10   |
| 1_             | Route# Direction   | Name of Roadway/S                                 | treet                | Route# Direction             | Address #                           | WESI                                 | Name of                                 | Roadwa                | y/Street                              | 1  |
| 1              |  | At  |                      | Feet N S                     | E W of                              |                                      | _ •                                     | ог                    |                                       |  |
|                | Route# Direction Nar                                     | ne of Intersecting Road                           | way/Street           |                              |                                     | Mile Ma                              | ırker                                   |                       | Exit Number                           | 5 11   |
|                |  | Also at Intersection                              | with                 | Feet N S                     |                                     | Route#                               | Inters                                  | ecting Ro             | oadway/Street                         |  |
| <sup>2</sup> 1 | Route# Direction Nar                                     | ne of Intersecting Road                           | way/Street           | Feet N S                     | E W of                              |                                      |   |                       |                                       | _  |
|                | Please Select One Vivini 1                               | #O  |                      |                              |                                     | ~1                                   | *************************************** | ındmark               |                                       | -  |
| 3              | of the Following: Vehicle 11                             | _#Occupants                                       | t/Run Mope           | ed Crash Report              | ID# 20                              | -6T                                  | -AC                                     |                       |                                       |  |
|                | License # <b>S50031857</b> St <b>M</b>                   | A DOB/Age   | R                    | teg# <b>1FBG44</b>           | ****                                | Reg Type                             | PC                                      | Reg                   |                                       | 1 12   |
|                | Sex <b>F</b> Lic. Class D 19 Lic. I                      |   | CDL V<br>Endorsement | /eh Year <u>2019</u>         | Veh Make <u>M</u>                   | ERCEDI                               | S-BEN                                   | Z Veh C               | Config. 21                            |  |
| 4              | Operator CHEKMEYAN, SY                                   | First   | Middle               | owner MICHAEL 1              | MARINA                              | SALC<br>First                        | N INC                                   | Midd                  | fle                                   |  |
| <sup>4</sup> 1 | Address 111 LOWELL RD                                    |   |                      | address 2 MAIN S             | T                                   |                                      |   |                       |                                       |  |
|                | City NORTH READING State                                 |   |                      | City WOBURN                  | <u> </u>                            | <del></del> ,                        | te <b>MA</b>                            |                       |                                       |  |
|                | Insurance Company PREFERRED                              | MUTUAL IN   | SURANC V             | ehicle Action Prior to Crasl |                                     | ᅼᅟ                                   | amaged Area                             | Code: 7               | 27 27 27                              |  |
| 5              | Vehicle Travel Direction: N S E                          | Responding to Eme                                 | rgency? 2 E          | vent Sequence 1 23           | 23 23                               | 23                                   | est Status:  /pe of Test:               | 1                     | 29                                    |  |
|                | Citation # (If Issued)                                   | <del></del>                                       | N                    | Most Harmful Event 1         | 24                                  | В.                                   | AC Test Res                             | ult: 1                | 30                                    | <u></u>  |
|                | Viol. 1: Ch/Sec/Sub ————                                 | Viol. 2: Ch/Sec/Sub —                             | D                    | Oriver Contributing Code     | 4 25                                | 25<br>St                             | sp. Alcohol:                            | 2 31                  | Susp. Drug: 2 32                      | 1 13   |
| <sup>6</sup> 1 |  | Viol. 4: Ch/Sec/Sub —                             |                      | Priver Distracted by         | 26                                  |                                      | wed from so                             | 드                     | 33                                    |  |
|                | Please fill out for opera<br>Name (Last First Middle)    | ator and all occupants in                         | nvolved<br>Address   | DOB/Age Sex                  | 34 35<br>Seat Safety<br>Pos. System | 36 37<br>Airbag Eject<br>Status Code | 38 39<br>Trap Injury<br>Code Status     | 40<br>Transp.<br>Code | Medical Facility                      |  |
|                | Operator   | S   | See Above            | $\rightarrow$ X              | 1 1                                 | 4 0                                  | 0 10                                    | 1                     |                                       |  |
|                |  |   |                      |                              |                                     |                                      |   |                       |                                       | ]  |
|                |  |   |                      |                              |                                     |                                      |   |                       |                                       | 1  |
|                |  |   |                      |                              |                                     |                                      |   |                       |                                       | 1  |
|                | Please Select One of the Following:                      | #Occupants No                                     |                      | 15 16                        | <u> </u>                            | 17                                   | . 18                                    |                       |                                       | 1  |
| 1              | or the ronowing.   | _#Occupants   Nor                                 | n-Motorist A Type    | Action                       | Location                            | Condit                               | ion                                     | Н                     | it/Run Moped                          | _  |
| :              | 10 10  | A DOB/Age   |                      | eg # <b>799ZE5</b>           |                                     | Reg Type                             | PC                                      | Reg                   | State MA                              |  |
|                | Sex M Lic. Class D Lic. R                                | Restrictions 1                                    | Endorsement          | eh Year <b>2001</b>          |                                     |                                      |   | Veh C                 | Config. 1                             |  |
| 3<br>1         | Last   | N EDWARD<br>First                                 | Middle               | wner <u>CALLINAN</u>         |                                     | EDWA<br>First                        | RD                                      | Midd                  | lle                                   |  |
| _              | Address 11 TARPIN TER                                    | NA 0106   |                      | ddress 11 TARPI              | N TER                               |                                      |   |                       | 067 4006                              | 14   |
|                |  | MA Zip 0186                                       |                      | ity READING                  |                                     |                                      | te <b>MA</b> 2<br>amaged Area           | _                     | $\frac{867 - 4006}{27  27  27}$       |  |
|                | Insurance Company PLYMOUTH I                             |   |                      | chicle Action Prior to Crash | 23 23                               |                                      | st Status:                              | Code: 1               | 28                                    |  |
|                | Vehicle Travel Direction: NSWW                           | Responding to Emer                                |                      | veni sequence 1              | 24                                  | 1                                    | pe of Test:                             |                       | 29                                    |  |
| 2              | Citation # (If Issued)                                   |   |                      | fost Harmful Event 1         | 7-25                                | 25                                   | AC Test Res                             |                       | 30                                    |  |
|                |  | /iol. 2: Ch/Sec/Sub —                             |                      | river Contributing Code      | 26 25                               | St                                   | sp. Alcohol:                            |                       | Susp. Drug: 2 32                      |  |
|                | Viol. 3: Ch/Sec/Sub                                      | /iol. 4: Ch/Sec/Sub —<br>n-motorist and all occur |                      | river Distracted by 0        | 34 35                               | 36 37                                | wed from so                             | 40                    |                                       | 1  |
|                | Name (Last First Middle)                                 | ·   | Address              | DOB/Age Sex                  | Seat Safety<br>Pos. System          | Airbag Eject                         | Trap Injury<br>Code Status              | Transp.               | Medical Facility                      | -  |
|                | Operator/Non-Motorist                                    | s   | See Above            | $\times$ X                   | 1 1                                 | 4 0                                  | 0 10                                    | 1                     |                                       |  |
|                |  |   |                      |                              |                                     |                                      |   |                       |                                       |  |
|                |  |   |                      |                              |                                     |                                      |   |                       |                                       | The source of th |
|                |  |   |                      |                              |                                     |                                      |   |                       |                                       | 1  |



Police Officer Name (Please Print)

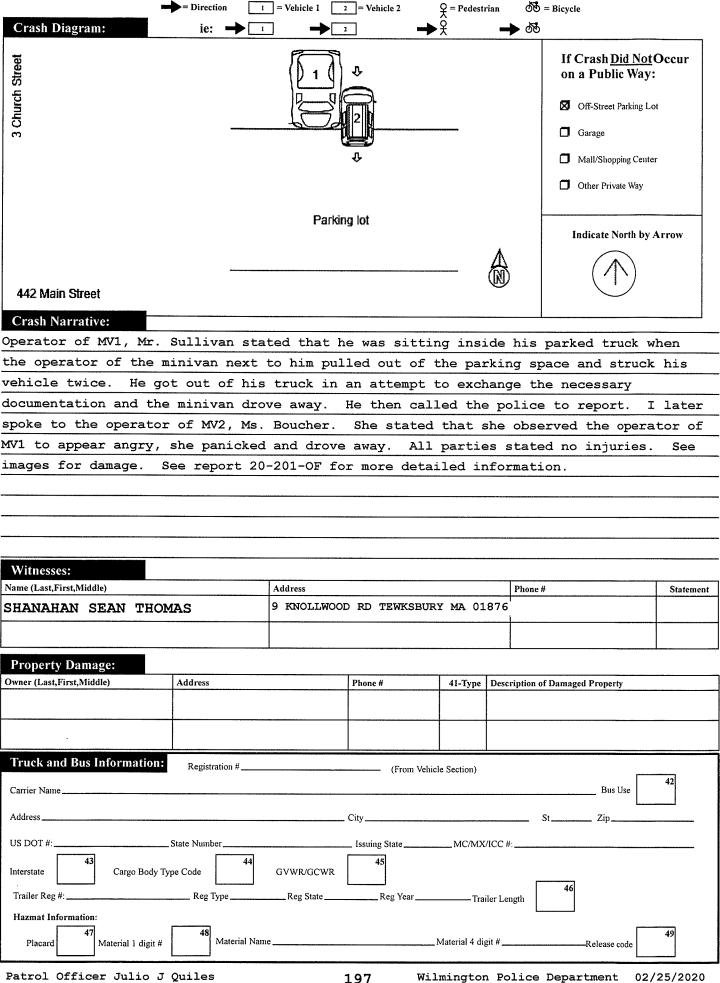
Signature

ID/Badge #

Department Precinct/Barracks

Date

|                       | Pol                                | lice Use Only |                | Com                   | monwea             | lth   | of Mass                           | ach          | use                  | tts             |                   |              | RM               | V Doc           | ument Number       | 7            |
|-----------------------|------------------------------------|---------------|----------------|-----------------------|--------------------|-------|-----------------------------------|--------------|----------------------|-----------------|-------------------|--------------|------------------|-----------------|--------------------|--------------|
|                       | Date of Crash<br>02/25/2020        | Time of Crash |                | City/Town<br>ington   | 1                  |       | icle Cra                          | sh           |                      |                 | Number<br>Injured | Speed        | d Limit          | 10              | MBTA Police        |              |
|                       |                                    | 24HR          | EODIC          |                       |                    |       | Report                            |              | 2                    |                 |                   |              | itude _          |                 | Other:             | _            |
|                       |                                    | AT INTERS     | ECTIC          | )N:                   | <                  | LOCA  | TION                              | >            |                      | N               | OT A              | T IN         | TER              | SEC             | TION:              | 100          |
|                       | Route# Dire                        | ction         |                | Name of Roadway/S     | Street             |       | Route# Direc                      | tion .       | 3<br>Addres          |                 | CHUI              |              |                  |                 | /ay/Street         | 2 10         |
| <sup>1</sup> 3        |                                    |               |                | At                    |                    |       |                                   |              |                      |                 |                   | 196          | anie oi          | Koauw           | /ay/oneer          | -            |
| L                     | Route# Direct                      | ction         | Name           | of Intersecting Road  | dway/Street        |       | Feet                              | N S          | E W c                | f —             | Mile M            | arker        | • —              | or _            | Exit Number        |              |
|                       |                                    |               |                | Also at Intersection  | with               |       | Feet                              | N S          | E W                  |                 |                   |              |                  |                 | 10                 | 5            |
| <sup>2</sup> <b>2</b> | Route# Direc                       | ction         | Name           | of Intersecting Road  | lway/Street        |       | Feet                              | N S          | EW c                 | f —             | oute#             |              |                  |                 | Roadway/Street     | _            |
|                       | Please Select (                    | One 🔽         |                |                       |                    |       |                                   |              |                      |                 |                   |              |                  | ndınarl         | (                  | -            |
| 3                     | of the Followi                     | ng: Vehicle   |                |                       | t/Run N            | Aoped | Crash F                           |              |                      |                 |                   |              |                  |                 |                    | _            |
|                       | Sex M Lic.                         | 10 10         | 5              | DOB/Age 20            | CDL                |       | # <u>406T</u><br>Year <u>2014</u> |              |                      |                 |                   |              |                  |                 | eg State MA        | <b>7</b> 12  |
|                       | l                                  | LLIVAN,       | 3              |                       | Endorsement        |       | er SULLIV                         |              |                      |                 | L J               |              |                  |                 |                    |              |
| <sup>4</sup> 1        | 1                                  | OLLINS F      |                | iri(                  |                    | Addr  | ess 2 ROLI                        | Last<br>LINS | RI                   | )               | First             |              |                  | Mi              | ddie               |              |
|                       | City <b>WILM</b>                   | INGTON        | State <b>1</b> | <b>1A</b> Zip 0188    | 7-3120             | City  | WILMING                           | TON          |                      |                 |                   |              |                  |                 | L887-3120          |              |
|                       | Insurance Comp                     | oany THE CO   | MMERC          | CE INSURA             | NCE CO             | Vehic | ele Action Prior to               | Crash        | 1                    | 1 22            | ם                 | amage        | d Area           | Code:           |                    |              |
| 5                     | Vehicle Travel D                   | Direction: NS | EX             | Responding to Eme     | ergency? 2         | Event | t Sequence 1                      | 23           | 23 2                 | 3 2             | "                 | est Stat     |                  |                 | 1 28<br>29         |              |
|                       | Citation # (If Iss                 | sued)         |                |                       |                    | Most  | Harmful Event                     | 1            | 24                   |                 |                   | ype of       |                  |                 | _ 30               |              |
|                       | Viol. 1: Ch/Sec/                   | Sub           | Vio            | ol. 2: Ch/Sec/Sub —   |                    | Drive | er Contributing Co                | ode          | 1 2                  | 5               | 25                |              | st Resu          |                 | Susp. Drug: 2 32   | <b>2</b> 13  |
| <sup>6</sup> 1        | Viol. 3: Ch/Sec/                   | Sub           | Vio            | l. 4: Ch/Sec/Sub -    |                    | Drive | r Distracted by                   | 0            | 26                   |                 | T                 | owed fi      | rom sc           | ene?            | 2 33               |              |
| т_                    | Name (Last First M                 |               | or operator    | and all occupants i   | nvolved<br>Address |       | DOB/Age                           | Sex          | Seat S               | afety Ai        | thag Eject        | 38<br>Trap   | 39<br>Injury     | 40<br>Transp.   | A distriction      |              |
|                       | Operate                            |               |                |                       | See Above          |       | IX/II/Qe                          | X            |                      | ystem St<br>9 4 | otus Code         | Code<br>0    | Status<br>10     | Code<br>1       | Medical Facility   |              |
|                       |                                    |               |                |                       |                    |       |                                   |              |                      |                 |                   |              |                  |                 |                    | ]            |
|                       |                                    |               |                |                       |                    |       |                                   |              |                      |                 |                   |              |                  |                 |                    |              |
|                       |                                    |               |                |                       |                    |       |                                   |              |                      |                 |                   |              |                  |                 |                    |              |
| <sup>7</sup> 9        | Please Select C<br>of the Followin |               | 21 #0          | Occupants No          | n-Motorist A T     | уре   | 15 Action                         | 16<br>L      | ocation              | 1               | 7<br>Condi        | tion         | 18               |                 | Hit/Run Moped      | ]            |
|                       | License # SAC                      | 0640453       | St <b>MA</b>   | _ DOB/Ag              | ,                  | Reg#  | 2524NM                            |              |                      |                 | Reg Typ           | PC           |                  | R               | eg State <b>MA</b> | 1            |
|                       | Sex <b>F</b> Lic. 0                | Class D 19 19 | Lic. Rest      |                       | CDL                | Veh Y | ear 2009                          | V            | eh Mak               | TO              | YOTA              |              |                  | _ Velı          | Config. 21         |              |
|                       | Operator BO                        | UCHER, S.     | ARA :          | ISABELLA              |                    | Owne  | BOUCHE                            | R,           | SUS                  | AN_             | VIEI              | RA           |                  |                 | <u> </u>           |              |
| 81                    | Address 71                         | SCHOOL S      | Fir<br>T       | rst                   | Middle             | Addre | ess 71 SCH                        | Last<br>IOOI | SI                   | 1               | First             |              |                  | Mic             | idle               |              |
|                       | City <b>TEWKS</b>                  | BURY          | State M        | IA Zip 0187           | 6-4350             |       | TEWKSBU                           |              |                      |                 | Sta               | te MZ        | <b>A</b> z       | in <b>0</b> 1   | 876-4350           | 1 14         |
|                       | Insurance Compa                    |               |                | E INSURA              |                    |       | le Action Prior to                |              | 1                    | 0 22            | 1                 |              |                  | Code:           |                    | $\mathbf{H}$ |
|                       | Vehicle Travel D                   | -             |                | Responding to Eme     |                    |       | Sequence 2                        |              | 23 2                 | _               | To                | est Stat     | tus:             | Ì               | 1 28               |              |
|                       | Citation # (If Issu                | ued)          |                |                       |                    |       | <u> </u>                          | 2            | 24                   |                 |                   | pe of        |                  |                 | 29                 |              |
| ິ2                    | Viol. 1: Ch/Sec/S                  | Sub           | — Viol         | I. 2: Ch/Sec/Sub —    |                    | Drive | r Contributing Co                 |              | <br>12 <sup>25</sup> | 15              | 25                |              | st Resu          |                 | 1 30 32            |              |
|                       | Viol. 3: Ch/Sec/S                  |               |                | 1. 4: Ch/Sec/Sub —    |                    |       | •                                 |              | 26                   | ـــــــالـ      |                   |              | cohol:           |                 | Susp. Drug: 2 32   |              |
| -                     |                                    |               |                | otorist and all occup | pants involved     |       | <del></del>                       |              |                      |                 | 6 37              | 38           | 39               | 40              |                    | -            |
| ŀ                     | Name (Last First Mi                |               | , .            |                       | Address            |       | DOB/Age                           | Sex          | Pos. Sy              | stem Sta        |                   | Trap<br>Code | Injury<br>Status | Transp.<br>Code | Medical Facility   | -            |
|                       | Operato                            | or/Non-Mot    | orist          | 5                     | See Above          |       |                                   | X            | 1 1                  | 4               | 0                 | 0            | 10               | 1               |                    |              |
|                       |                                    |               |                |                       |                    |       |                                   |              |                      |                 |                   |              |                  |                 |                    |              |
|                       |                                    |               |                |                       |                    |       |                                   |              |                      |                 |                   |              |                  |                 |                    | 1            |
|                       |                                    |               |                |                       |                    |       |                                   |              |                      |                 |                   | <u> </u>     |                  |                 |                    | 1            |



197

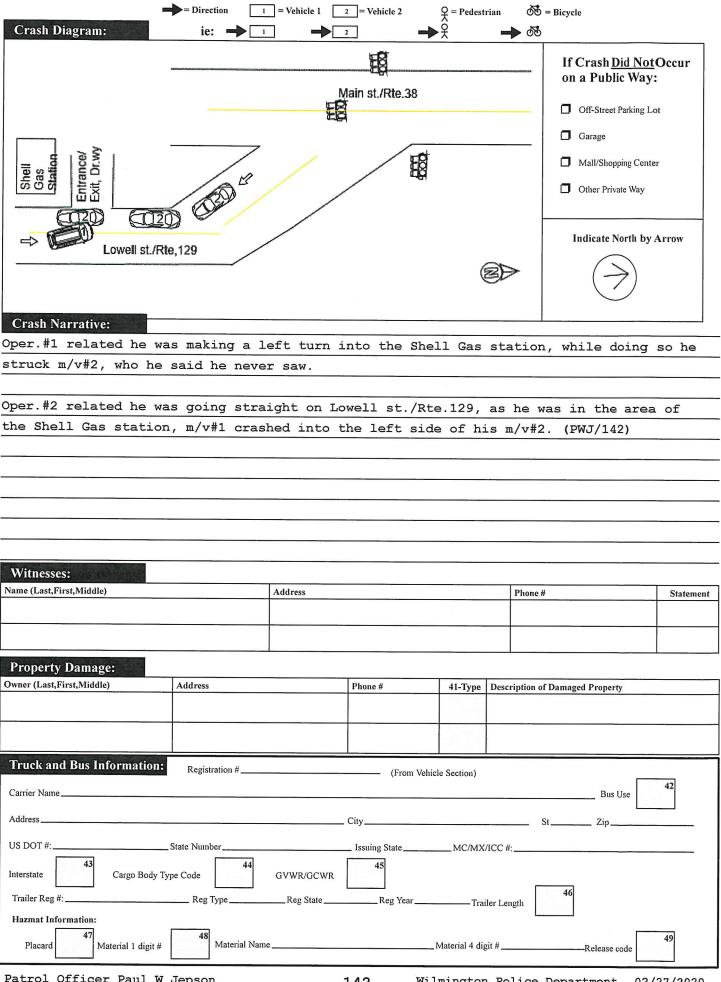
### Wilmington Police Department Images Associated with 20-63-AC







|                | Pol                         | lice Use Only           |                 | Com                      | monwea            | alth   | of Mass            | ach      | lus                                   | etts                   | 5                      |                     |                    | RM                     | V Doc                 | cument Number                    |             |
|----------------|-----------------------------|-------------------------|-----------------|--------------------------|-------------------|--------|--------------------|----------|---------------------------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|----------------------------------|-------------|
|                | Date of Crash<br>02/27/2020 | Time of Crash           |                 | City/Town<br>.ngton      | Motor             | ·Veh   | icle Cra           | ish      |                                       | lumber<br>ehicles      |                        |                     | •                  | Limit                  | 3                     | Local Police                     |             |
|                | 02/2//2020                  | 24HR                    | A T TIIIT       | ington                   | Po                | lice   | Report             |          | 2                                     | cinoics                | 0                      |                     | Latitud<br>Longit  |                        |                       | MBTA Police Campus Police Other: |             |
|                |                             | AT INTERS               | ECTIO           | N:                       | <                 | LOCA   | TION               | >        |                                       |                        | NO'                    | ТАТ                 | 'IN                | ΓER                    | SEC                   | CTION:                           |             |
|                |                             |                         |                 |                          |                   |        | 120 =              |          | -                                     |                        |                        | ~                   |                    | ~-                     |                       |                                  | <b>2</b> 10 |
| 1              | Route# Dire                 | ction                   | Ŋ               | Vame of Roadway/S        | treet             |        | Route# E Dire      | ction    | Add                                   | ress#                  | <u> </u>               | OWE                 |                    |                        |                       | vay/Street                       | -           |
| 4              | 1                           |                         |                 | At                       |                   |        | Feet               | NS       | Ew                                    | ] <sub>of</sub>        |                        |                     | _ •                |                        | ^=                    |                                  |             |
|                | Route# Dire                 | ction                   | Name o          | of Intersecting Road     | way/Street        |        | 1000               | <u> </u> | 1211                                  | j 01                   | Mi                     | ile Mai             | ker                |                        | 01.                   | Exit Number                      | 11          |
|                |                             |                         | Ā               | Also at Intersection     | with              |        | Feet               |          |                                       | -                      | Route                  | e#                  |                    | Interse                | ecting                | Roadway/Street                   | 5           |
| <sup>2</sup> 3 | Route# Dire                 | ction                   | Name o          | of Intersecting Road     | way/Street        |        | Feet               | N S      | EW                                    | of                     |                        |                     | •                  |                        | ocuing .              | rtoud.way/BiteOt                 |             |
|                | Please Select               | 000 52                  |                 |                          |                   |        |                    | ***      |                                       |                        |                        |                     |                    |                        | ndmar                 | k                                | 4           |
| <sup>3</sup> 2 | of the Followi              |                         | ı <u>l</u> #(   | Occupants Hit            | /Run              | Moped  | Crash l            | Report   | ID#                                   | 20                     | -6                     | 4 -                 | -A                 | C                      |                       |                                  |             |
|                | License # NH                | L13244412               | St <b>NH</b>    |                          |                   | Reg #  | 441792             | 4        |                                       |                        | Re                     | д Туре              | PC                 |                        | R                     |                                  | _ 12        |
|                | Sex M Lic.                  | Class D 19              | Lic. Rest       | rictions 20              | CDLEndorsement    | Veh Y  | Tear 2005          |          | Veh M                                 | ake <b>E</b>           | 'ORI                   | )                   |                    |                        | Vel                   | Config. 21                       | 1           |
| Л              | Operator LE                 | E, SCOTT                | DAV]            | <u>D</u>                 | Middle            | Own    | er LEE, S          | CO       | ГT                                    | D                      | 170                    | irst                |                    |                        |                       | liddle                           |             |
| <sup>4</sup> 1 | _                           | BEACON                  |                 |                          |                   | Addre  | ess <u>35R B</u>   | EAC      | ОИ                                    | HI:                    |                        |                     |                    |                        | М                     | nucie                            |             |
|                | City DERRY                  | <u>Y</u>                | State_ <b>N</b> | <b>H</b> Zip <b>0303</b> | 8                 | City   | DERRY              |          |                                       |                        |                        |                     |                    |                        |                       | 3038                             |             |
|                | Insurance Comp              | any <u>USAA GI</u>      | ENRAI           | 4                        |                   | Vehic  | le Action Prior to | Crash    | 1                                     | 4                      | 22                     |                     |                    |                        | Code:                 | <u> </u>                         |             |
| 5              | Vehicle Travel D            | Direction: N S I        | E 🔀             | Responding to Emer       | rgency? 99        | Event  | Sequence 1         | 23       | 23                                    | 23                     | 23                     |                     | t Statu<br>be of T |                        |                       | 28                               |             |
|                | Citation # (If Iss          | sued)                   |                 |                          |                   | Most   | Harmful Event      | 1        | 24                                    |                        |                        |                     |                    | t Resu                 | ılt:                  | 30                               |             |
|                | Viol. 1: Ch/Sec/            | Sub —                   | — Viol          | . 2: Ch/Sec/Sub —        |                   | Drive  | r Contributing Co  | ode      | 4                                     | 25                     | 25                     | Sus                 | p. Alç             | ohol:                  | 31                    | Susp. Drug: 32                   | 1 13        |
| <sup>6</sup> 2 | Viol. 3: Ch/Sec/            | Sub                     |                 |                          |                   | Drive  | r Distracted by    | 0        | 26                                    | ·                      |                        | Tov                 | ved fr             | om sce                 | ene?                  | 2 33                             |             |
|                | Name (Last First M          |                         | r operator      | and all occupants in     | volved<br>Address |        | DOB/Age            | Sex      | 34<br>Seat<br>Pos.                    | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility                 |             |
|                | Operate                     | or                      |                 | s                        | ee Above          |        | >>                 | X        | 1                                     | 1                      | 4                      | 0                   | 0                  | 10                     | 1                     |                                  | 1           |
|                |                             |                         |                 |                          |                   |        |                    |          |                                       |                        |                        |                     |                    |                        |                       |                                  |             |
|                |                             |                         |                 |                          |                   |        |                    |          |                                       |                        |                        |                     |                    |                        |                       |                                  | -           |
|                |                             |                         |                 |                          |                   |        |                    |          |                                       |                        |                        |                     |                    |                        |                       |                                  | -           |
|                | Please Select C             | One 🔽                   | <b>.1</b> 40    |                          |                   |        | 15                 | 16       |                                       |                        | 17                     |                     |                    | 18                     |                       | <u> </u>                         | 1           |
| 1              | of the Followir             |                         | #0              | Non                      | ı-Motorist A      | Туре   | Action             | l.       | ocatio                                | n                      | C                      | Conditio            | on                 |                        | <u> </u>              | Hit/Run Moped                    |             |
|                | License # <b>S95</b>        | 10 10                   | St MA           | DOB/Age                  |                   | Reg#   | 87EE87             |          | · · · · · · · · · · · · · · · · · · · |                        | Reg                    | Type .              | PC                 |                        | R                     | eg State MA 21                   |             |
|                | Sex.M Lic. (                | Class                   | Lic. Restr      | ictions C                | DL<br>ndorsement  | Veh Y  | ear <u>2004</u>    | \        | √eh Ma                                | ike <b>B</b>           | UIC                    | KS                  |                    |                        | _ Veh                 | Config. 1                        |             |
| 1              |                             | PHEE, ERI               | First           | SEPH                     | Middle            |        | r MCPHEE           | Last     |                                       |                        | Fir                    | st                  |                    |                        | Mi                    | ddle                             |             |
| -              |                             | REXHAME :               |                 | - ^106                   |                   |        | ss 22 REX          |          | ME                                    | STF                    | REE!                   |                     |                    |                        | HOV                   |                                  | _ 14        |
|                |                             | BILLERICA               |                 | •                        |                   | City_  | BILLERI            | CA       |                                       |                        | 22                     |                     |                    |                        | ·                     | L821-0000                        | 1           |
|                |                             | any THE COM             | <del>-</del> -  |                          |                   |        | e Action Prior to  |          |                                       | 23                     | Ц.                     |                     | naged<br>t Statu   |                        | Code:                 | 7 27 6 27 27<br>28               |             |
|                | Vehicle Travel D            |                         | W F             | Responding to Emer       | gency? 2          |        | Sequence 1         |          | 23                                    | 23                     | 23                     |                     | e of T             |                        |                       | 29                               |             |
| 2              | Citation # (If Issu         | ,                       |                 |                          |                   |        | Hannful Event      | 1        |                                       | 25                     | 25                     | BA                  | C Test             | Resul                  | lt:                   | 30                               |             |
|                |                             | Sub ————                |                 | 2: Ch/Sec/Sub —          |                   |        | Contributing Co    |          | 26                                    |                        |                        |                     | p. Alce            | L                      | 31                    | Susp. Drug: 32                   |             |
|                | Viol. 3: Ch/Sec/S           | ase fill out for operat |                 | 4: Ch/Sec/Sub —          | ants involved     | Driver | Distracted by      | 0        | 34                                    | 35                     | 36                     | Tov                 | ed fro             | om sce                 | ne?                   | 1 33                             | 1           |
|                | Name (Last First Mi         | ddle)                   |                 | und an occupa            | Address           |        | DOB/Age            | Sex      | Seat<br>Pos,                          | Safety                 | Airbag                 | Eject               | Trap               |                        | Transp.<br>Code       | Medical Facility                 |             |
| ŀ              | Operato                     | or/Non-Moto             | rist            | Se                       | ee Above          |        | ><                 | X        | 1                                     | 1                      | 4                      | 0 (                 | ) :                | 10                     | 1                     |                                  |             |
|                |                             |                         |                 |                          |                   |        |                    |          |                                       |                        |                        |                     |                    |                        |                       |                                  |             |
|                |                             |                         |                 |                          |                   |        |                    |          |                                       |                        |                        |                     |                    |                        |                       |                                  | ]           |
| l              |                             |                         |                 |                          |                   |        |                    |          |                                       |                        |                        |                     |                    |                        |                       |                                  | 1           |



Patrol Officer Paul W Jepson

142

Wilmington Police Department

02/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

|                | Police Use Only  | Com                                   | monwealth                               | of Massach                 | usetts                              | <b>,</b>                             | RM                                  | V Docum               | nent Number   | 7    |
|----------------|--|---------------------------------------|---|----------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-----------------------|---|------|
|                | Date of Crash   Time of Crash   02/27/2020   0634   Will | City/Town<br>Lmington                 | Motor Vel                               | hicle Crash                | Number<br>Vehicles                  |                                      | Speed Limi                          | 35                    | State Police Local Police MBTA Police Campus Police |      |
|                | 24HR   |                                       | Police                                  | Report                     | 2                                   | 0                                    | Latitude<br>Longitude _             |                       | MBTA Police<br>Campus Police                        |      |
|                | AT INTERSECT   | ΓΙΟΝ:                                 | < LOC.                                  | ATION >                    |                                     | NOT A                                | r inter                             | SECT                  | ION:  | ]    |
|                | 129 LOWELL   | ८ग                                    |   |                            |                                     |                                      |                                     |                       |   | 2 10 |
| 1_             | Route# Direction   | Name of Roadway/S                     | treet                                   | Route# Direction           | Address #                           |                                      | Name of                             | Roadway               | //Street  | .    |
| 12             | ETTE OTT. CE   | At                                    |   | Feet N S                   | EW of                               |                                      |                                     | or                    |   |      |
|                | Route# Direction WEST ST                                 | <u>r·</u><br>ame of Intersecting Road | way/Street                              |                            |                                     | Mile Ma                              | arker                               | O1                    | Exit Number   | 2 11 |
|                |  | Also at Intersection                  | with                                    | Feet N S                   |                                     | Route#                               | Inters                              | ecting Ro             | adway/Street  |      |
| <sup>2</sup> 3 | Route# Direction N                                       | ame of Intersecting Road              | way/Street                              | Feet N S                   | E W of                              |                                      |                                     | ŭ                     |   |      |
| <u> </u>       | Please Select One  |                                       |   | <u> </u>                   |                                     |                                      |                                     | ındmark               |   | -    |
| <sup>3</sup> 2 | Please Select One of the Following:                      | #Occupants Hit                        | /Run Moped                              | Crash Report               | ID# <b>20</b>                       | <b>-65</b>                           | -AC                                 |                       |   |      |
|                | License # <b>02GZJ82181</b> St ]                         | NH_ DOB/Age_                          | Reg                                     | # <b>4</b> 017669          |                                     | Reg Type                             | PC                                  | Reg                   |   | 12   |
|                | Sex M Lic. Class D 19 Lic.                               | Restrictions 20                       | CDL Veh                                 | Year 2017 v                | Veh Make <u>T</u>                   | OYOTA                                |                                     | Veh C                 | onfig. <b>1</b> 21                                  |      |
| 4              | Operator <b>GERSKOWITZ</b> , a                           |                                       |   | ner GERSKOWII              | Z, JO                               | HN P                                 |                                     | Middle                | 0   |      |
| <sup>4</sup> 3 | Address 93G CAPITOL H                                    | ILL DR                                | Add                                     | ress 93G CAPI              | TOL H                               | [LL D                                | R                                   | Ivilda                |   |      |
|                | City <b>LONDONDERRY</b> Sta                              | ate <b>NH</b> Zip <b>0305</b>         | City                                    | LONDONDERR                 |                                     |                                      | te <u>NH</u> 2                      | Zip <b>03</b> (       | 053   |      |
|                | Insurance Company MET LIFE                               |                                       | Vehi                                    | icle Action Prior to Crash | 2                                   |                                      | amaged Area                         | Code: 5               |   |      |
| <sup>5</sup> 1 | Vehicle Travel Direction: SEW                            | Responding to Eme                     | rgency? 2 Ever                          | nt Sequence 23             | 23 23                               | 23                                   | est Status:<br>ope of Test:         | -                     | 28  |      |
|                | Citation # (If Issued)                                   |                                       | Mos                                     | t Harmful Event 1          | 24                                  | _                                    | AC Test Res                         | ult:                  | 30  |      |
|                | Viol. 1: Ch/Sec/Sub                                      | Viol. 2: Ch/Sec/Sub -                 | Driv                                    | er Contributing Code       | 1 25                                | <b>25</b> Տւ                         | isp. Alcohol:                       | 31 5                  | Susp. Drug: 32                                      | 1 13 |
| <sup>6</sup> 2 |  | Viol. 4: Ch/Sec/Sub —                 |   | er Distracted by           | 26                                  | To                                   | wed from so                         | ene? 2                | 33  |      |
|                | Please fill out for ope<br>Name (Last First Middle)      | rator and all occupants in            | avolved<br>Address                      | DOB/Age Sex                | 34 35<br>Seat Safety<br>Pos. System | 36 37<br>Airbag Eject<br>Status Code | 38 39<br>Trap Injury<br>Code Status | 40<br>Transp.<br>Code | Medical Facility                                    |      |
|                | Operator   | s                                     | See Above                               | X                          | 1 1                                 | 4 0                                  | 0 10                                | 1                     |   |      |
|                |  |                                       |   |                            |                                     |                                      |                                     |                       |   | 1    |
|                |  |                                       |   |                            |                                     |                                      |                                     |                       | ****  | 1    |
|                |  |                                       |   |                            |                                     |                                      |                                     |                       |   |      |
|                | Please Select One  |                                       |   | 15 16                      |                                     | 17                                   | 18                                  |                       |   | 1    |
| <sup>7</sup> 2 | of the Following: Vehicle 21                             | #Occupants Nor                        | n-Motorist A Type                       | Action                     | ocation                             | Condit                               | ion                                 | Hie                   | /Run Moped  |      |
|                |  | A DOB/Ag                              | Reg                                     | # <u>358L60</u>            |                                     | Reg Type                             | PC                                  | Reg                   |   |      |
|                | Sex <b>F</b> Lic. Class D 19 Lic.                        |                                       | DL Veh                                  | Year <b>2020</b> V         | eh Make <u>J</u>                    | eep                                  |                                     | Veh Co                | onfig. 21   |      |
| 8.             | Operator ASHOUR, FAYS                                    | First                                 | Middle                                  | er ASHOUR, F               | 'AYSAL                              | NAJIB<br>First                       | M                                   | Middle                | :   |      |
|                | Address 6211 INWOOD D                                    |                                       |   | ress <b>6211 INW</b>       | OOD DE                              |                                      | 6211                                |                       |   | _ 14 |
|                |  | te <b>MA</b> Zip <b>0180</b> :        |   | WOBURN                     |                                     | _                                    |                                     |                       |   | 1 "  |
|                | Insurance Company GOVERNMEN                              |                                       | S INSU Vehi                             | cle Action Prior to Crash  |                                     | ᆜ ㅠ                                  | amaged Area<br>st Status:           | Code: 1               | 27 27 27  |      |
|                | Vehicle Travel Direction: SEW                            | Responding to Emer                    | gency? 2 Even                           | t Sequence 1 23            | 23 23                               |                                      | pe of Test:                         |                       | 29  |      |
| 2              | Citation # (If Issued)                                   |                                       | Mos                                     | t Hannful Event 1          | 24                                  |                                      | AC Test Resi                        | ılt:                  | 30  |      |
|                | Viol. 1: Ch/Sec/Sub                                      | Viol. 2: Ch/Sec/Sub —                 |   |                            | 19 <sup>25</sup>                    |                                      | sp. Alcohol:                        | <del></del>           | Susp. Drug: 32                                      |      |
| -              |  | Viol. 4: Ch/Sec/Sub —                 | *************************************** | er Distracted by 99        | 26                                  |                                      | wed from sc                         |                       | 33  | ]    |
|                | Please fill out for operator/no                          | on-motorist and all occup             | ants involved  Address                  | DOB/Age Sex                | 34 35<br>Seat Safety<br>Pos. System | 36 37<br>Airbag Eject<br>Status Code | 38 39<br>Trap Injury<br>Code Status | 40<br>Transp.<br>Code | Medical Facility                                    |      |
|                | Operator/Non-Motoris                                     | s s                                   | ee Above                                | $\times$ X                 | 1 1                                 | 4 0                                  | 0 10                                | 1                     |   | -    |
|                |  |                                       |   |                            |                                     |                                      |                                     |                       |   |      |
|                |  |                                       |   |                            |                                     |                                      |                                     |                       |   |      |
|                |  |                                       |   |                            |                                     |                                      |                                     |                       |   |      |

| Crash                  | Diagram:   | = Direction ie: | 1 = Vehicle 1 | 2 = Vehicle 2 | Q = Pedestr      | ian 🕉<br>→ 🕉   | = Bicycle  |              |
|------------------------|--|-----------------|---------------|---------------|------------------|----------------|--|--------------|
|                        |  |                 | West st.      |               |                  |                | If Crash Did No on a Public Way  Off-Street Parking I Garage Mall/Shopping Cen | y:<br>Lot    |
|                        |  |                 | Lowell st/Rte | 129           |                  |                | Other Private Way  |              |
|                        | Mobile On The Run<br>Gas Station   |                 | -             | EG            |                  | (N)            | Indicate North by  | Arrow        |
| NIEWSTR BUILDING       | Narrative:   |                 |               |               |                  |                |  |              |
|                        | 1 related while  |                 |               |               |                  |                | 4  |              |
|                        | to go by before to go by before to go by before the total transfer to the total transfer to the total transfer to go by the total transfer to go by the total transfer to go by before to go by before to go by before the total transfer to go by before the total transfer to go by before the transfer trans |                 | onto Lowe.    | II st., wh    | ile doing        | so m/v         | #2 came from 1   | oehind<br>—— |
|                        | a rear ended in  | .S III/ V # 1 . |               |               |                  |                |  |              |
| Oper.#2                | 2 related while  | on West st.     | , approach    | ning Lowell   | l st., he        | was go         | ing to go rig  | ht onto      |
|                        | st. He thought   |                 |               |               |                  |                |  |              |
| st., ar                | nd as he starte  | d to mpve fo    | rward he      | crashed in    | to m/v#1         | who was        | still stoppe   | d. (PWJ/     |
| 142)                   |  |                 |               |               |                  |                |  |              |
|                        | -  |                 |               |               |                  |                |  |              |
| -                      |  |                 |               |               |                  |                |  |              |
| NV24                   |  |                 |               |               |                  |                |  |              |
| Witness<br>Name (Last, | First,Middle)  |                 | Address       |               |                  | Phone #        |  | Statement    |
|                        | ,  |                 |               |               |                  | Thouse ii      | *  | Statement    |
|                        |  | ×-              |               |               |                  |                |  |              |
|                        | To establishments has a promove consensus  |                 |               |               |                  |                |  |              |
| The second second      | ty Damage:   | Address         |               | Phone #       | 41.77            | D 1 11 1       |  |              |
| Owner (Last            | rist, wildie)  | Address         |               | Phone #       | 41-Type          | Description of | Damaged Property   |              |
|                        |  |                 |               |               |                  |                |  |              |
|                        |  |                 |               |               |                  |                |  |              |
| Truck a                | nd Bus Information:  | Registration #  |               | (From \       | Vehicle Section) | -              |  |              |
| Carrier Nam            | ne   |                 |               |               |                  |                | Bus Use  | 42           |
| Address                |  |                 |               | City          |                  | S              | <br>t  |              |
| US DOT #:              |  | State Number    |               |               |                  |                | ·  |              |
| 03 D01 #               | 43   | State Number44  | <del>V.</del> | Issuing State | MC/MX/           | ICC #:         | -  |              |
| Interstate             | Cargo Body Ty  |                 | GVWR/GCWR     |               |                  |                | 46   |              |
| Trailer Reg            |  | Reg Type        | Reg State     | Reg Year_     | ———Trail         | er Length      |  |              |
| Hazmat In              | oformation:  | 48              |               |               |                  |                |  | 49           |
| Placard                | Material 1 digit #   | Material Nan    | ne            |               | Material 4 dig   | it #           | Release code   | 77           |
| Patrol                 | Officer Paul W   | Jenson          |               | 142           | Wilmington       | Police         | Department 02  | /27/2020     |

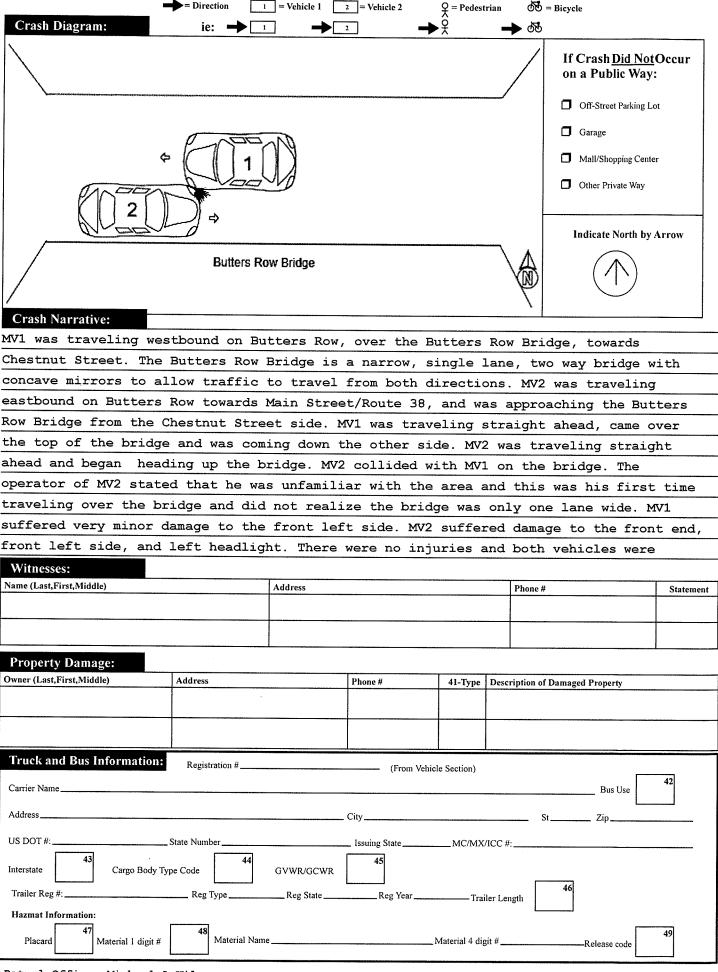
|                | Pol                         | ice Use Only   | Com  | mmonwealth of Massachusetts RMV Document Number |                              |                                     |  |                                     |                       |                                       |      |
|----------------|-----------------------------|----------------|--|---|------------------------------|-------------------------------------|--|-------------------------------------|-----------------------|---------------------------------------|------|
|                | Date of Crash<br>02/27/2020 | Time of Crash  | City/Town<br>Vilmington  | Motor Ve  | hicle Crash                  | Number<br>Vehicles                  | Number<br>Injured                                | Speed Limi                          | 35                    | State Police Local Police MBTA Police |      |
|                |                             | 24HR           | TIMITING COIL  | Police  | Report                       | 2                                   | 0  | Latitude<br>Longitude _             |                       | Campus Police Other:                  |      |
|                |                             | AT INTERSE     | ECTION:  | < LOC   | ATION >                      |                                     | NOT A  | r inter                             | SECT                  | ION:                                  |      |
|                |                             |                |  |   |                              | 337                                 | MAIN   | r em                                |                       |                                       | 2 10 |
| <sup>1</sup> 2 | Route# Direc                | ction          | Name of Roadway/S  | Street  | Route# Direction             | Address #                           | TIME   | Name of                             | Roadwa                | y/Street                              |      |
| 2              | <u> </u>                    |                | At   |   | Feet N S                     | E W of                              |  |                                     | or                    |                                       |      |
|                | Route# Direc                | ction          | Name of Intersecting Road  | dway/Street                                     |                              |                                     | Mile Ma  | ırker                               |                       | Exit Number                           | 3 11 |
|                |                             |                | Also at Intersection   | with  | Feet N S                     |                                     | Route#   | Inters                              | ecting Ro             | oadway/Street                         |      |
| <sup>2</sup> 3 | Route# Direc                | etion          | Name of Intersecting Road  | dway/Street                                     | Feet N S                     | E W of                              |  |                                     |                       |                                       | _    |
|                | Please Select (             | One 🔽          | 1 #Occupants Hi  |   |                              |                                     |  |                                     | ındmark               |                                       | ┪    |
| 3              | of the Followi              | ng: Venicie    |  | t/Run Moped                                     | Crash Report                 | ID# 20                              | -66  | -AC                                 |                       |                                       |      |
|                | į.                          | 10 10          | St_NH_ DOB/Age   | e <sub>i</sub>                                  | g# <b>4544289</b>            |                                     | Reg Type   | PC                                  | Reg                   |                                       | 12   |
|                | Sex_ <b>F</b> _ Lic.        | Class D 19     | Lic. Restrictions 20   | CDL Vel<br>Endorsement                          | Year <b>2018</b>             | Veh Make <u>T</u>                   | OYOTA  | <u> </u>                            | Veh C                 | Config. 21                            |      |
| 4 .            | 1                           | Last           | ALISON L   |   | mer <b>GOLOSOVKI</b><br>Last | ER, AL                              | ISON<br>First                                    | L                                   | Midd                  | lie                                   |      |
| <sup>4</sup> 1 | 1                           | ROYAL CRI      |  |   | dress 47 ROYAL               |                                     |  |                                     |                       |                                       |      |
|                | City <b>NASH</b>            | JA             | State <b>NH</b> Zip <b>0306</b>  | <b>506644</b> City                              | NASHUA                       |                                     |  |                                     |                       | <del></del>                           |      |
|                | Insurance Comp              |                |  | Vel   | nicle Action Prior to Crash  | <u> </u>                            | ᆜ .  | amaged Area                         | Code: 1               | 27 27 27                              |      |
| 5              | Vehicle Travel D            | Direction: N E | Responding to Eme  | ergency? 2 Eve                                  | ent Sequence 1 23            | 23 23                               | 23   | est Status:  /pe of Test:           | -                     | 29                                    |      |
|                | Citation # (If Iss          | ued)           |  | Mo  | st Harmful Event             | 24                                  | В.   | AC Test Res                         | ult:                  | 30                                    |      |
|                | Viol. 1: Ch/Sec/S           | Sub ———        | - Viol. 2: Ch/Sec/Sub -  | Dri   | ver Contributing Code        | 4 25                                | <b>25</b><br>Տւ                                  | sp. Alcohol:                        | 31                    | Susp. Drug: 32                        | 1 13 |
| <sup>6</sup> 2 | Viol. 3: Ch/Sec/S           |                | Viol. 4: Ch/Sec/Sub  |   | ver Distracted by            | 26                                  | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | oved from so                        | ± ب                   | 33                                    |      |
|                | Name (Last First M          |                | operator and all occupants i   | nvolved<br>Address                              | DOB/Age Sex                  | 34 35<br>Scat Safety<br>Pos. System | 36 37<br>Airbag Eject<br>Status Code             | 38 39<br>Trap Injury<br>Code Status | 40<br>Transp.<br>Code | Medical Facility                      |      |
|                | Operate                     | or             |  | See Above                                       | $\rightarrow$ X              | 1 1                                 | 4 0  | 0 10                                | 1                     |                                       |      |
|                |                             |                |  |   |                              |                                     |  |                                     |                       |                                       |      |
|                |                             |                |  |   |                              |                                     |  |                                     |                       |                                       | 1    |
|                |                             |                |  |   |                              |                                     |  |                                     |                       |                                       | 1    |
| 7              | Please Select C             | ne XI valida a | 1 #Occupants No  |   | 15 16                        |                                     | 17   | . 18                                |                       | _                                     | 1    |
| <sup>7</sup> 1 | of the Followir             | 18.            | 1 "Occupants No  |   |                              | Location                            | Condit   | ion                                 | L Hi                  | it/Run Moped                          | 4    |
|                | License # S3                | 10 10          | St MA DOB/Age  | _   | ,# <u>9536</u>               |                                     |  | PC                                  | Reg                   | State MA 21                           |      |
|                | Sex. <b>M</b> Lic. (        | Class          | Lic. Restrictions  | Endorsement                                     | Year 2017                    |                                     |  |                                     | Veh C                 |                                       |      |
| <sup>8</sup> 1 | Ī -                         | Last           | HRISTOPHER S   | Middle  | ner SULLIVAN                 |                                     | STOPH<br>First                                   | ER S                                | Middl                 | le                                    |      |
|                | 1                           | APACHE WA      |  |   | Iress 14 APACH               |                                     |  | 1.29                                |                       | 005 0601                              | 14   |
|                | City WILMI                  |                | State MA Zip 0188  |   | WILMINGTON                   |                                     |  | te <b>MA</b> 2<br>amaged Area       | • –                   | $\frac{887 - 2691}{27   27   27}$     |      |
|                |                             |                | H ROCK ASSUR   |   | nt Seguence 23               | 23 23                               |  | st Status:                          | 2000.                 | 28                                    |      |
|                | Vehicle Travel D            |                | W Responding to Eme  |   | in Sequence 1                | 24                                  | l  | pe of Test:                         |                       | 29                                    |      |
| <sup>9</sup> 2 | Citation # (If Issu         | ,              |  |   | st Hannful Event 1           |                                     | 25   | AC Test Res                         | 21                    | 30                                    |      |
|                |                             |                | - Viol. 2: Ch/Sec/Sub  |   | ver Contributing Code        | 26 25                               | Su   | sp. Alcohol:                        |                       | Susp. Drug: 32                        |      |
|                | Viol. 3: Ch/Sec/S           |                | <ul> <li>Viol. 4: Ch/Sec/Sub —</li> <li>or/non-motorist and all occur</li> </ul> |   | O Distracted by              | 34 35                               | 36 37  | 38 39                               | 40                    |                                       | -    |
|                | Name (Last First Mi         | ddle)          | <u> </u>   | Address   | DOB/Age Sex                  | Pos. System                         | Airbag Eject<br>Status Code                      | Trap Injury<br>Code Status          | Transp.<br>Code       | Medical Facility                      | -    |
|                | Operato                     | or/Non-Moto    | erist   S  | See Above                                       | XX                           | 1 1                                 | 4 0  | 0 10                                | 1                     |                                       |      |
|                |                             |                |  | · · · · · · · · · · · · · · · · · · ·           |                              |                                     |  |                                     |                       | ····                                  |      |
|                |                             |                |  |   |                              |                                     |  |                                     |                       |                                       |      |
|                |                             |                |  |   |                              |                                     |  |                                     |                       |                                       |      |

|  | = Direction         | = Vehicle 1 | 2 = Vehicle 2 | 웃 = Pedestria    | an 🚳 =           | Bicycle   |           |
|--|---------------------|-------------|---------------|------------------|------------------|---|-----------|
| Crash Diagram:                               | ie: 👈 🔟             | ] →         | 2             | <u></u>          | → №              |   |           |
|  |                     |             |               |                  |                  | If Crash Did Note on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way | ot        |
|  |                     |             |               | -                | _ ~              | Indicate North by   | Arrow     |
| 337 Main St.                                 |                     |             |               | <                | <b>1</b> 2       |   |           |
| Crash Narrative:                             |                     |             | •             |                  |                  |   |           |
| On 02/27/20 Car 1 whi                        | le travellin        | g SB on Ma  | in St. in th  | ne area          | of 337           | Main St. befo   | re the    |
| tracks, attempted to                         |                     |             |               |                  |                  |   |           |
| Main St. in the left                         | lane was str        | uck by Car  | 1 on the ri   | ght sid          | de. A&S          | towed Car 1   | to        |
| their lot.                                   |                     |             |               |                  |                  |   |           |
|  |                     |             |               |                  |                  |   |           |
| 0  |                     | <u> </u>    |               |                  |                  |   |           |
|  |                     |             |               |                  |                  |   |           |
|  |                     |             |               |                  |                  |   |           |
|  |                     | -           |               |                  |                  |   | -         |
|  |                     |             |               |                  | ×                |   |           |
| Witnesses:                                   |                     |             |               |                  |                  |   |           |
| Name (Last,First,Middle)                     |                     | Address     |               |                  | Phone #          |   | Statement |
|  |                     |             |               |                  |                  |   |           |
|  |                     |             | -             |                  |                  |   |           |
|  |                     |             |               |                  |                  |   |           |
| Property Damage: Owner (Last, First, Middle) | Address             |             | Phone #       | 41-Type I        | Description of I | Samuel Burner   |           |
| Carrie (Carrie Hospitaluste)                 | Tudi ess            |             | Thone #       | 41-1ype 1        | Description of 1 | Damaged Property  |           |
|  |                     |             |               |                  |                  |   |           |
| g = 100                                      |                     |             |               |                  |                  |   |           |
| 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/IO         | CC #·            |   |           |
| Interstate 43 Cargo Body Ty                  | 44                  | GVWR/GCWR   | 45            |                  |                  |   | _         |
| Trailer Reg #:                               | Reg Type            | Reg State   | Reg Year      | Traile           | r Length         | 46  | į         |
| Hazmat Information:                          | w/ 0.5              | -           |               | Traile           | . 2011gui        |   |           |
| Placard 47 Material 1 digit #                | 48<br>Material Name | 2           |               | Material 4 digit | #                | Release code  | 49        |
| Patrol Officer Dillon H                      | alliday             |             | 205 Wil       | mington          | Police D         | epartment 02/   | 27/2020   |

|                       |   |                              |                     |                       |                  |   | nwealth of Massachusetts RMV Document Number |                            |               |                          |                                      |  |                |             |
|-----------------------|---|------------------------------|---------------------|-----------------------|------------------|---|--|----------------------------|---------------|--------------------------|--------------------------------------|--|----------------|-------------|
|                       | Date of Crash<br>02/27/2020             | Time of Crash                |                     | City/Town<br>.ngton   | Moto             | r Veh                                   | icle Crash                                   | Numbe<br>Vehicle           |               | I Speed L                |                                      | Local Police                           | 0000           |             |
|                       | , | 24HR                         | 77 who who did hid. | ing con               | Po               | olice                                   | Report                                       | 2                          | 0             | Latitude<br>Longitu      |                                      | MBTA Police<br>Campus Police<br>Other: | ᆸ              |             |
|                       |   | AT INTERS                    | ECTIO               | N:                    | <                | LOCA                                    | TION >                                       | ******                     | NOT A         | T INT                    | ERSEC                                | TION:                                  |                |             |
|                       |   |                              |                     |                       |                  |   |  | 26                         | mrra          | med ci                   | DOM                                  |  |                | 2 10        |
| <sup>1</sup> 1        | Route# Dire                             | ction                        | N                   | Name of Roadway/S     | treet            |   | Route# Direction                             | 26<br>Address #            | BUI           | TERS:<br>Nam             | e of Roadw                           | vay/Street                             |                |             |
| <b>T</b>              | _                                       |                              |                     | At                    |                  |   | Feet N S                                     | E W of                     |               | •                        | or _                                 |  |                |             |
|                       | Route# Direc                            | ction                        | Name o              | of Intersecting Road  | way/Street       |   |  |                            | Mile N        |                          |                                      | Exit Number                            |                | 5 11        |
|                       |   |                              | A                   | Also at Intersection  | vith             |   | Feet N S                                     |                            | Route#        | In                       | tersecting I                         | Roadway/Street                         | -              |             |
| <sup>2</sup> <b>2</b> | Route# Direc                            | etion                        | Name o              | of Intersecting Road  | way/Street       |   | Feet N S                                     | E W of                     |               | -                        |                                      |  |                |             |
|                       | Please Select (                         |                              | .1 #0               | Occupants Hit         |                  |   |  |                            |               |                          | Landmarl                             | <u> </u>                               |                |             |
| <sup>3</sup> 3        | of the Followi                          |                              | 14#(                | Hit Hit               | /Run             | Moped                                   | Crash Report                                 | 1D# 2 C                    | 1-67          | -AC                      | <u>ع</u>                             |  |                |             |
|                       | l                                       | 6828337<br>19 19             | -                   | DOB/Age.              |                  | Reg#                                    | 9RE975                                       |                            | Reg Ty        | ре <u>РС</u>             | R                                    |  | <del>.</del> - | 12          |
|                       | Sex M Lic.                              | Class                        | Lic. Resti          | rictions <b>B</b>     | DL               | Veh Y                                   | Year <u>2016</u> v                           | /eh Make_                  | FORD          |                          | Veh                                  | Config. 1                              |                | 1           |
| <sup>4</sup> 1        | l                                       | NTURA, G                     | Firs                | RY F                  | Middle           |   | er <b>VENTURA</b> ,                          |                            | DRY F         |                          | Mi                                   | ddle                                   |                |             |
| 1                     | ]                                       | FLORA ST                     |                     |                       |                  |   | ess 10 FLORA                                 | ST                         |               |                          |                                      |  | _              |             |
|                       | l                                       |                              |                     | A Zip 01830           |                  | City_                                   | HAVERHILL                                    | <u></u>                    |               |                          |                                      | L830-660                               | I              |             |
|                       |   |                              |                     | DIRECT                | INSURA           | Vehic                                   | le Action Prior to Crash                     | 1                          |               | Damaged A<br>Test Status | Area Code:                           | 2 <sup>27</sup> 3 <sup>27</sup>        | 27             |             |
| <sup>5</sup> 2        |   | Direction: NS                |                     | Responding to Emer    | gency? 2         | Event                                   | Sequence 1 23                                | 23 23                      | 23            | Type of Te               | -                                    | 29                                     | ١              |             |
|                       | 1                                       | ued)                         |                     |                       |                  |   | Harmful Event 1                              | 24                         |               | BAC Test l               | Result:                              | 30                                     | ŀ              | _ 13        |
|                       |   |                              |                     | . 2: Ch/Sec/Sub       |                  |   | r Contributing Code                          | 1 <sup>25</sup>            |               | Susp. Alco               | <u> </u>                             |  | 32             | 1 13        |
| <sup>6</sup> 2        | Viol. 3: Ch/Sec/S                       |                              |                     | 4: Ch/Sec/Sub —       |                  | _ Drive                                 | r Distracted by 99                           | 34   35                    | · .           | Towed from               |                                      | 2 33                                   | ot             |             |
|                       | Name (Last First M                      |                              | or operator a       | and an occupants in   | Address          |   | DOB/Age Sex                                  | Seat Safety<br>Pos. System | Airbag Ejec   | t Trap h                 | 39 40<br>njury Transp.<br>tatus Code | Medical Facility                       |                |             |
|                       | Operato                                 | or                           |                     | S                     | ee Above         |   | $\times X$                                   | 1 1                        | 4 0           | 0 1                      | 0 1                                  |  |                |             |
|                       |   |                              |                     |                       |                  |   |  |                            |               |                          |                                      |  |                |             |
|                       |   |                              |                     |                       |                  |   |  |                            |               |                          |                                      |  |                |             |
|                       |   |                              |                     |                       |                  |   |  |                            |               |                          |                                      |  | $\dashv$       |             |
| 7                     | Please Select O                         |                              | 2 <b>1</b> #0       | ccupants              | -Motorist A      | Tuma                                    | 15 Action 16 L                               |                            | 17            |                          | 18                                   |  | $\dashv$       |             |
| 1                     | of the Followin                         | 5.                           |                     |                       | -Motorist A      | Туре                                    |  | ocation                    | Cond          |                          |                                      | lit/Run 🔲 Mop                          | ed             |             |
|                       | License # S96                           | 10 10                        | St.MA               | 20                    |                  |   | 2XJE31                                       |                            |               |                          |                                      | g State MA                             | - l            |             |
|                       | Sex M Lic. C                            |                              | Lic. Restri         | ictions <b>I</b> C    | DL<br>ndorsement |   | ear <u>2009</u> v                            |                            |               | <b>3</b>                 | Veh                                  | Config. 1                              | ]              |             |
| 31                    | _                                       | ATH, LOG<br>Last<br>TRULL EA | First               | -                     | Middle           |   | r HEATH, LO                                  |                            | First         |                          | Mid                                  | ldle                                   | -              |             |
|                       | City LOWEL                              |                              |                     | A Zip 01852           | 2-1629           |   | ss 61 TRULL                                  | EAST                       | LN            | 3/2                      | 01                                   | 050 160                                | _}             | <b>4</b> 14 |
|                       |   |                              |                     | UAL INSU              |                  | •                                       | LOWELL                                       | -                          | <del></del> , |                          | Zip U I<br>rea Code:                 | 852-162<br>27 27 2                     | 9  <br>37      | 4           |
|                       | Vehicle Travel Di                       | <del></del>                  | 7                   | esponding to Emerg    |                  |   | Sequence 23                                  | 1<br>23 23                 |               | est Status:              | H                                    | 28                                     | ┛╽             |             |
|                       | Citation # (If Issu                     | <u> </u>                     | <u> </u>            | responding to Emerg   | gency :          |   | sequence 1                                   | 24                         | İ             | ype of Tes               | it:                                  | 29                                     | İ              |             |
| 2                     | •                                       |                              | Viol                | 2: Ch/Sec/Sub —       |                  |   | <u>1</u>                                     | <br>19 <sup>25</sup> 4     | 25            | BAC Test F               | <del>-</del>                         | 30                                     | _              |             |
|                       | Viol. 3: Ch/Sec/S                       |                              |                     | 4: Ch/Sec/Sub —       |                  |   | <u>_</u>                                     | 26 4                       |               | usp. Alcol               | <u> </u>                             | Susp. Drug: 2 3                        | 1              |             |
| •                     |   |                              |                     | torist and all occupa | ants involved    | 201                                     |  | 34 35                      | 36 37         | 38                       | 39 40                                | <u> </u>                               | $\dashv$       |             |
|                       | Name (Last First Mic                    |                              |                     | -                     | Address          |   | DOB/Age Sex                                  | Seat Safety<br>Pos. System |               | Code St                  | jury Transp.<br>atus Code            | Medical Facility                       | _              |             |
| -                     | <u>Operato</u>                          | r/Non-Mot                    | vrist               | Se                    | e Above          | *************************************** |  | 1 1                        | 4 0           | 0 10                     | 0 1                                  |  | _              |             |
|                       |   |                              |                     |                       |                  |   |  |                            |               |                          |                                      |  |                |             |
|                       |   |                              |                     |                       |                  |   |  |                            |               |                          |                                      |  |                |             |
|                       |   |                              |                     |                       |                  | -                                       |  |                            |               |                          |                                      |  |                |             |

# Wilmington Police Department Crash Narrative Case # 20-67-AC

MV1 was traveling westbound on Butters Row, over the Butters Row Bridge, towards Chestnut Street. The Butters Row Bridge is a narrow, single lane, two way bridge with concave mirrors to allow traffic to travel from both directions. MV2 was traveling eastbound on Butters Row towards Main Street/Route 38, and was approaching the Butters Row Bridge from the Chestnut Street side. MV1 was traveling straight ahead, came over the top of the bridge and was coming down the other side. MV2 was traveling straight ahead and began heading up the bridge. MV2 collided with MV1 on the bridge. The operator of MV2 stated that he was unfamiliar with the area and this was his first time traveling over the bridge and did not realize the bridge was only one lane wide. MV1 suffered very minor damage to the front left side. MV2 suffered damage to the front end, front left side, and left headlight. There were no injuries and both vehicles were driven from the scene.



Patrol Officer Michael A Wilson

209

Department

Wilmington Police Department

02/27/2020

|                | Pol                                | ice Use Only                    | Com                           | mmonwealth of Massachusetts RMV Document Number |                           |   |                             |                             |               |                                    |             |
|----------------|------------------------------------|---------------------------------|-------------------------------|---|---------------------------|---|-----------------------------|-----------------------------|---------------|------------------------------------|-------------|
|                | Date of Crash<br>02/27/2020        | Time of Crash 0814 Wi           | City/Town  Imington           | Motor Veh                                       | icle Crash                | Number<br>Vehicle                       |                             | Speed Lim                   | it <b>4</b> ( | State Police<br>Local Police       |             |
|                | 52/21/2020                         | 24HR                            | Initing con                   | Police  | Report                    | 2                                       | 0                           | Latitude<br>Longitude.      |               | MBTA Police Campus Police Other:   | 3           |
|                |                                    | AT INTERSEC                     | TION:                         | < LOCA  | ATION >                   |   | NOT A                       | T INTE                      | RSEC          | TION:                              |             |
|                |                                    |                                 |                               |   |                           |   |                             |                             |               |                                    | 2 10        |
| <u> </u>       | Route# Direc                       | otion                           | Name of Roadway/S             | reet  | Route# Direction          | 859<br>Address #                        | MAIN                        |                             | f Roady       | vay/Street                         | -           |
| 1              |                                    |                                 | At                            |   | - Nie                     | الماما .                                |                             |                             |               |                                    |             |
|                | Route# Direc                       | etion 1                         | Name of Intersecting Road     | vav/Street                                      | Feet N S                  | S E W of                                | Mile Ma                     | arker                       | - or -        | Exit Number                        |             |
|                |                                    |                                 | Also at Intersection v        |   | Feet N S                  | E W of                                  |                             |                             |               |                                    | . 2         |
| 2_             | Route# Direc                       | etion N                         | Jame of Intersecting Roads    | var/Star at                                     | Feet N S                  | E W of                                  | Route#                      | Inter                       | secting l     | Roadway/Street                     |             |
| <sup>2</sup> 2 | Router Bire                        | onon r                          | dame of finersecting Roads    | vay/Street                                      |                           |   |                             | L                           | andmarl       | k                                  |             |
| <sup>3</sup> 3 | Please Select C<br>of the Followin |                                 | #Occupants                    | Run Moped                                       | Crash Repor               | t ID# <b>2</b> 0                        | -68                         | -AC                         |               |                                    |             |
| 3              | License # S6                       | 9360212 St                      | MA DOB/Age                    | Reg   | 8HS748                    | *************************************** | Rea Tyn                     | , PC                        | P             | an Stata MA                        |             |
|                | Sex_ <b>F</b> _ Lic. 0             | 19 19                           | 20                            |   | Year 2005                 |   |                             |                             |               | 21                                 | <b>1</b> 12 |
|                | İ                                  |                                 | LIE ALEXAND                   | ndorsement                                      | er FORGIONE               |   |                             |                             | ven           | Comig.                             |             |
| <sup>4</sup> 1 |                                    | East CRAWFORD D                 | First                         | Middle  | Last<br>ess 17 CRAWE      |   | First                       |                             | М             | iddle                              | -           |
|                |                                    |                                 | ate <b>MA</b> Zip <b>0187</b> |   | TEWKSBURY                 |   |                             | nto MA                      | 7in 0'        | 1876-3003                          | -           |
|                |                                    |                                 | MUTUAL INSU                   |   | ele Action Prior to Crasi |   |                             |                             | -             | 5 27 4 27 0 27                     | .           |
|                | İ                                  | rirection: NXEW                 | _                             |   | Sequence 23               | 23 23                                   |                             | est Status:                 |               | 28                                 |             |
| <sup>5</sup> 2 |                                    | ued)                            |                               |   | Hamful Event 1            | 24                                      | Ty                          | ype of Test:                |               | 29                                 |             |
|                |                                    | ,                               | Viol. 2: Ch/Sec/Sub —         |   | r Contributing Code       | 1 25                                    | 35                          | AC Test Re                  |               | 30                                 | 13          |
|                |                                    |                                 | Viol. 4: Ch/Sec/Sub —         |   | r Distracted by           | 26                                      |                             | isp. Alcohol<br>owed from s |               | 23                                 | -           |
| <sup>6</sup> 2 |                                    |                                 | erator and all occupants in   |   |                           | 34 35                                   | 36 37                       | 38 39                       | 40            | 2 33                               | -           |
|                | Name (Last First Mi                |                                 |                               | Address   | DOB/Age Sex               | Seat Safety<br>Pos. System              |                             | Trap Injur<br>Code Statu    |               | Medical Facility                   |             |
|                | Operato                            | or                              | S                             | ee Above  |                           | 1 1                                     | 4 0                         | 0 10                        | 1             |                                    |             |
|                |                                    |                                 |                               |   |                           |   |                             |                             |               |                                    |             |
|                |                                    |                                 |                               |   |                           |   |                             |                             |               |                                    |             |
|                |                                    |                                 |                               |   |                           |   |                             |                             |               |                                    |             |
| <sup>7</sup> 3 | Please Select O                    |                                 | #Occupants Non                | -Motorist A Type                                | 15 Action 16              | Location                                | 17 Condit                   | 18                          |               | Hit/Run Mope                       | _           |
| 3              | of the Followin                    | #:                              |                               |   |                           |   |                             |                             | Ш             |                                    |             |
|                | License # S66                      | 10 10                           | MA DOB/Age                    |   | S64850                    |   |                             |                             | Re            | eg State MA                        | -           |
|                | Sex. M Lic. C                      |                                 | E:                            | dorsement                                       | ear 2017                  |   |                             |                             |               | Config. 1                          |             |
| §1             |                                    | L, STEVEN<br>Last<br>FREMONT ST | First                         | Middle  | er ORKIN EX               | TERMIN                                  | First                       | CO 1                        |               | ddle                               | -           |
|                | City LOWEL                         |                                 | APT 1<br>ate MA Zip 01850     |   | ess                       |   |                             |                             |               |                                    | 14          |
|                | ,                                  |                                 | BLIC INSURAN                  | , -<br>, -                                      |                           |   |                             | amaged Are                  | ٠,            | 8 <sup>27</sup> 1 <sup>27</sup> 27 | _ 2         |
|                | -                                  |                                 | 1                             |   | le Action Prior to Crash  | 23 23                                   |                             | st Status:                  | i Code.       | 28                                 |             |
|                | Vehicle Travel Di                  |                                 | Responding to Emerg           | •   | Sequence 1 23             | 24                                      | 1                           | pe of Test:                 |               | 29                                 |             |
| 2              | ,                                  | ed)                             |                               |   | Harmful Event 1           | 19 <sup>25</sup> 5                      | 25                          | AC Test Res                 |               | 30                                 |             |
|                |                                    |                                 | Viol. 2: Ch/Sec/Sub —         |   | r Contributing Code       |   |                             | sp. Alcohol                 | -             | Susp. Drug: 2 32                   |             |
| •              | Viol. 3: Ch/Sec/S                  |                                 | on-motorist and all occupa    |   | Distracted by 99          | 34 35                                   | 36 37                       | wed from so                 | cene?         | 2 33                               | 4           |
|                | Name (Last First Mic               | idie)                           | · ·                           | Address   | DOB/Age Sex               | Seat Safety<br>Pos. System              | Airbag Eject<br>Status Code | Trap Injury<br>Code Status  | Transp.       | Medical Facility                   | _           |
|                | Operato                            | r/Non-Motori:                   | St Se                         | e Above   | $\times X$                | 1 1                                     | 4 0                         | 0 10                        | 1             |                                    |             |
|                |                                    |                                 |                               |   |                           |   |                             |                             |               |                                    |             |
| Ī              |                                    |                                 |                               |   |                           |   |                             |                             |               |                                    |             |
|                |                                    |                                 |                               |   |                           |   |                             |                             |               |                                    |             |
| L              |                                    |                                 |                               |   | 1                         | 1 1                                     | 1 1                         | 1 1                         | 1 1           |                                    | ı           |

| -  | = Directio            | n 1  | = Vehicle 1                           | 2 = Vel  | icle 2      | ♀ Pedest       | rian ᢐ            | = Bicycle                               |           |
|--|-----------------------|--|---------------------------------------|----------|-------------|----------------|-------------------|---|-----------|
| Crash Diagram:                             | ie:                   | 1  | _                                     | 2        | <b>→</b>    | Ŷ              | → ॐ               |   |           |
| Eames Street                               |                       | EL SELECTION DE L'ANGUE DE L'ANGU |                                       |          |             | Û              | 1                 | If Crash <u>Did Not</u> on a Public Way | :         |
|  | <b>\( \rightarrow</b> |  |                                       |          |             |                | St                | On-Street Farking L                     |           |
|  |                       |  |                                       |          | 000         | 576            | le l              | ☐ Garage                                |           |
|  | ♦                     |  |                                       |          |             |                | Main Street/Route | ☐ Mall/Shopping Cente                   | er        |
|  |                       | 1  |                                       |          | Æ           |                | ite 38            | Indicate North hou                      | A         |
|  |                       | POSTORIO PARTE DE PROFESSORIO PRÍMEIRO   |                                       | û        | <b>û</b>    |                | 8                 | Indicate North by                       | Arrow     |
| Crash Narrative:                           |                       | •  |                                       |          | **          |                |                   |   |           |
| MV1 was traveling sout                     | hbound                | d on M   | ain Str                               | eet/Rou  | te 38 ai    | nd stor        | oped in           | traffic as the                          |           |
| vehicle in front of it                     |                       |  |                                       |          |             |                |                   |   |           |
| traveling southbound o                     |                       |  |                                       |          |             |                |                   |   |           |
| traveling straight ahe                     |                       |  |                                       |          |             |                |                   |   | time      |
| as MV1 came to a stop.                     |                       |  |                                       |          |             |                |                   |   |           |
| right rear damage. MV2                     |                       |  | _                                     |          |             |                |                   |   |           |
| injuries and both vehi                     |                       |  |                                       |          |             |                |                   |   |           |
|  | -                     |  |                                       |          |             |                |                   |   | ·         |
|  |                       |  |                                       |          |             |                |                   |   |           |
|  |                       |  |                                       |          |             |                |                   |   |           |
|  |                       |  |                                       |          |             |                |                   |   |           |
| Witnesses:                                 |                       |  |                                       |          | · · ·       |                | *                 | ,                                       |           |
| Name (Last,First,Middle)                   |                       |  | Address                               |          |             |                | Phone #           |   | Statement |
|  |                       |  |                                       |          |             |                |                   |   |           |
|  |                       |  |                                       |          |             |                |                   |   |           |
|  |                       |  |                                       |          |             |                |                   |   |           |
| Property Damage: Owner (Last,First,Middle) | Address               |  |                                       | DI.      |             | 41.77          | ln                |   |           |
| Owner (East, Prist, Widdle)                | Address               |  |                                       | Phone i  |             | 41-Type        | Description of    | f Damaged Property                      |           |
|  |                       |  |                                       |          |             |                |                   |   |           |
|  |                       |  |                                       |          |             |                |                   |   |           |
| Truck and Bus Information:                 | Registrati            | on #   |                                       |          |             |                |                   |   |           |
| Carrier Name                               |                       | OII #  |                                       |          | (From Vehic | le Section)    |                   | Bus Use                                 | 42        |
| Address                                    |                       |  |                                       | City     |             |                |                   | St Zip                                  |           |
| US DOT #:S                                 | tate Number.          |  |                                       | Issuing  | State       | MC/MX          | /ICC #:           |   | <u></u> 9 |
| Interstate Cargo Body Type                 | e Code                | 44   | GVWR/GC                               | WR 4     | 5           |                | _                 |   |           |
| Trailer Reg #:                             | Reg Typ               | e  | Reg State                             | ·        | Reg Year    | ———Trai        | ler Length        | 46                                      |           |
| Hazmat Information:                        |                       |  |                                       |          |             |                | L                 |   |           |
| Placard Material 1 digit #                 | 48 M                  | aterial Name   | e                                     |          | 1           | Material 4 dig | sit #             | Release code                            | 49        |
| Patrol Officer Michael A                   | Wilson                |  |                                       | 209      | Wil         | mingtor        | Police            | Department 02/                          | 27/2020   |
| Police Officer Name (Please Print)         |                       | Signature  | · · · · · · · · · · · · · · · · · · · | ID/Badge |             |                |                   | ct/Barracks Date                        |           |

|                       | Pol                         | ice Use Only                     | Com   | monwealth              | of Massach                  | usetts                     | Š                           | RI                         | AV Doc    | ument Number  | ]        |
|-----------------------|-----------------------------|----------------------------------|---|------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-----------|---|----------|
|                       | Date of Crash<br>02/28/2020 | Time of Crash 1225 Wi            | City/Town<br><b>Lmington</b>                        | 1                      | hicle Crash                 | Number<br>Vehicles         |                             | Speed Lim                  | it35      | State Police Local Police MBTA Police Campus Police |          |
|                       |                             | 24HR                             | LMIIIG COII   | Police                 | Report                      | 2                          | 0                           | Latitude<br>Longitude      |           | Campus Police Other:                                |          |
|                       |                             | AT INTERSEC                      | ΓΙΟΝ:   | < LOC                  | ATION >                     |                            | NOT A                       | T INTE                     | RSEC      | TION:   |          |
|                       |                             |                                  |   |                        |                             | 411                        | MAIN                        | ST                         |           |   | 2 10     |
| <sup>1</sup> 1        | Route# Direc                | ction                            | Name of Roadway/S                                   | treet                  | Route# Direction            | Address #                  | TIME                        |                            | f Roadw   | vay/Street  |          |
|                       |                             |                                  | At  |                        | Feet N S                    | E W of                     |                             |                            | – or      |   |          |
|                       | Route# Direc                | etion N                          | ame of Intersecting Road                            |                        |                             |                            | Mile Ma                     | arker                      |           | Exit Number   | 5 11     |
|                       |                             |                                  | Also at Intersection                                | with                   | Feet N S                    |                            | Route#                      | Inter                      | secting F | Roadway/Street                                      |          |
| <sup>2</sup> <b>1</b> | Route# Direc                | etion N                          | ame of Intersecting Road                            | way/Street             | Feet N S                    | EW of                      |                             |                            |           |   |          |
|                       | Please Select (             | One Vehicle 11                   | #Osaupants D  |                        |                             | ~~                         |                             |                            | andmark   | K   | 1        |
| 3                     | of the Followi              |                                  | #Occupants His                                      | t/Run Moped            | Crash Repor                 | ID# 20                     | -69                         | -AC                        |           |   | ]        |
|                       | l                           | 10 10                            | MA DOB/Age  | Re                     | # 1RHG81                    |                            | Reg Type                    | e PC                       | Re        |   | 12       |
|                       | Sex M Lic. 0                | Class D Lic                      | Restrictions 1                                      | CDL Vel<br>Endorsement | Year <u>2008</u>            | Veh Make 🗜                 | ONDA                        |                            | Veh       | Config. 21  | <u> </u> |
| <sup>4</sup> 1        |                             | REU, ROBER                       | First   | Middle                 | ner <u>ABREU, Re</u>        | OBERT                      | ELI<br>First                |                            | Mic       | iddle   |          |
| 1                     | į                           |                                  | FL APT 2  |                        | dress 77 ORLEA              | NS ST                      | FL 2                        | APT 2                      |           |   |          |
|                       |                             |                                  | nte <b>MA</b> Zip <b>0185</b>                       |                        | LOWELL                      |                            |                             |                            | •         | 1850-1114   |          |
|                       |                             |                                  | T EMPLOYEE  |                        | nicle Action Prior to Crash |                            | ┵, "                        | amaged Are                 | a Code:   | 2 27 4 27 27  |          |
| <sup>5</sup> 2        |                             | virection: SEW                   | Responding to Eme                                   | rgency? 2 Eve          | ent Sequence 23             | 23 23                      | 23                          | ype of Test:               |           | 29  |          |
|                       |                             | ued)                             |   |                        | st Harmful Event            | 24                         | В                           | AC Test Re                 | sult:     | 1 30  | 13       |
|                       |                             |                                  | Viol. 2: Ch/Sec/Sub —                               |                        | ver Contributing Code       | 4 25                       | <b>25</b><br>Տւ             | sp. Alcohol                | 2 31      |   | 1 13     |
| <sup>6</sup> 1        | Viol. 3: Ch/Sec/S           |                                  | Viol. 4: Ch/Sec/Sub —<br>rator and all occupants in |                        | ver Distracted by           | 26 34 35                   | Tc 36 37                    | owed from s                | cene?     | 2 33  |          |
|                       | Name (Last First Mi         | -                                | rator and an occupants in                           | Address                | DOB/Age Sex                 | Seat Safety<br>Pos. System | Airbag Eject                | Trap Injur<br>Code Statu   | Transp.   | Medical Facility                                    |          |
|                       | Operato                     | or .                             | S   | ee Above               | $\rightarrow$ X             | 1 1                        | 4 0                         | 0 10                       | 1         |   |          |
|                       |                             |                                  |   |                        |                             |                            |                             |                            |           |   |          |
|                       |                             |                                  |   |                        |                             |                            |                             |                            |           |   |          |
|                       |                             |                                  |   |                        |                             |                            |                             |                            |           |   |          |
| 7                     | Please Select O             |                                  | #Occupants Nor                                      | n-Motorist A Type      | 15 Action 16                |                            | 17                          | 18                         | ]         | Hit/Run Moped                                       | 1        |
| 1                     | of the Followin             | g:                               |   |                        |                             | Location                   | Condit                      |                            |           | Hit/Run Moped                                       | -        |
|                       | License # S79               | 10 10                            | DOB/Age   |                        | # 5MVC80                    |                            | 0                           | PC                         | Re        | eg State MA 21                                      |          |
|                       | Sex F Lic. C                | <u> </u>                         | E E   | ndorsement             |                             | Veh Make <b>H</b>          |                             |                            | Veh       | Config. 1   |          |
| § <sub>1</sub>        |                             | RTINS-GIL,<br>Last<br>HIGHLANDVI | First   | Middle                 | ner MARTINS – C             |                            | First                       | NHA C                      | Mid       | ldle  |          |
|                       | City <b>TEWKS</b>           |                                  | te MA Zip 01876                                     |                        | ress 16 HIGHL               | ANDATI                     |                             | 1/7                        | 01        | 076 1710  | 14       |
|                       | -                           |                                  | RCE INSURAL   | 707 00                 | TEWKSBURY                   | -                          |                             | te <b>MA</b><br>amaged Are | -         | 876-1718<br>27 27 27 27                             |          |
|                       | Vehicle Travel Di           |                                  |   | _                      | nt Sequence 1 23            | 23 23                      |                             | st Status:                 | . Code.   | 1 28  |          |
|                       | Citation # (If Issu         |                                  | responding to Lines                                 | -                      | st Harmful Event 1          | 24                         | Ту                          | pe of Test:                |           | 29  |          |
| <sup>'</sup> 2        | ,                           | ub ———                           | Viol. 2: Ch/Sec/Sub —                               |                        | ver Contributing Code       | 1 25                       | 25                          | AC Test Res                |           | 1 30  |          |
|                       | Viol. 3: Ch/Sec/S           |                                  | Viol. 4: Ch/Sec/Sub —                               |                        | rer Distracted by           | 26                         |                             | sp. Alcohol                |           | Susp. Drug: 2 32                                    |          |
| •                     |                             |                                  | on-motorist and all occup                           |                        |                             | 34 35<br>Supt Safuty       | 36 37                       | 38 39                      | 40        | 2 33  | 1        |
|                       | Name (Lost First Mic        |                                  |   | Address                | DOB/Age Sex                 | Seat Safety<br>Pos. System | Airbag Eject<br>Status Code | Trap Injury<br>Code Status | Code      | Medical Facility                                    |          |
|                       | — Орегию                    | r/Non-Motoris                    | ž S   | ee Above               |                             | 1 1                        | 4 0                         | 0 10                       | 1         |   |          |
| }                     |                             |                                  |   |                        |                             |                            |                             |                            |           |   |          |
| ]                     |                             |                                  |   |                        |                             |                            |                             |                            |           |   |          |
|                       | r                           |                                  |   |                        |                             |                            |                             |                            |           |   |          |

|                            | = Direction  | 1         | = Vehicle 1 | 2 = Vehicle 2                          | Q = Pedest     | rian 🕳      | ) = Bicycle   |           |
|----------------------------|--------------|-----------|-------------|--|----------------|-------------|---|-----------|
| Crash Diagram:             | ie: =        | 1         | ] →[        | 2                                      | ·Ŷ             | → 88        | 5   |           |
| 396 Ma                     | ain St.      | 200       |             | ped Vehicles  1)  1)  1)  1)  Main St. |                | <u></u>     | If Crash Did Note on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way  Indicate North by A | r         |
| Crash Narrative:           |              |           |             |  |                |             |   |           |
| The operator of MV2 w      | as trave     | ling      | South on    | Main St. who                           | en the         | operat      | or of MV1 pulle   | d out     |
| of the parking lot of      |              |           |             |  |                |             |   |           |
| of MV1 pulled out int      |              |           |             |  |                |             |   |           |
| The operator of MV2 d      |              |           |             |  |                |             |   |           |
| oumper and rear bumpe      |              |           |             |  |                |             |   | •         |
| MV1 has damage to the      | right s      | ide :     | front and   | rear bumpers                           | s. MV2         | has da      | mage to the rig   | ht        |
| rear bumper.               |              |           |             |  |                |             |   |           |
|                            |              |           |             |  |                |             |   |           |
|                            |              |           |             |  | 192            |             |   |           |
|                            |              |           |             |  |                |             |   |           |
|                            |              |           |             |  |                |             |   |           |
| Witnesses:                 |              |           | 1           |  |                |             |   |           |
| 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 Vehic                            | le Section)    |             |   |           |
| Carrier Name               | -            |           |             | Consistence Consistence                | ,              |             | Bus Use   | 42        |
| Address                    |              |           |             | City                                   |                |             | St Zip  |           |
|                            |              |           |             |  |                |             | 2tp   |           |
| US DOT #:                  | state Number | 44        |             | Issuing State                          | MC/MX/         | /ICC #:     |   |           |
| Interstate Cargo Body Typ  | e Code       |           | GVWR/GCWR   |  |                | -           |   |           |
| Trailer Reg #:             | Reg Type_    |           | Reg State   | Reg Year                               | ———Trai        | ler Length  | 46  |           |
| Hazmat Information:        |              |           |             |  |                |             |   |           |
| Placard Material 1 digit # | 48<br>Mate   | rial Name | e           |  | Material 4 dig | git #       | Release code  | 49        |
| Patrol Officer Meghan      | Sousa        |           |             | 214 Wil                                | mington        | Police      | Department 02/  | 28/2020   |

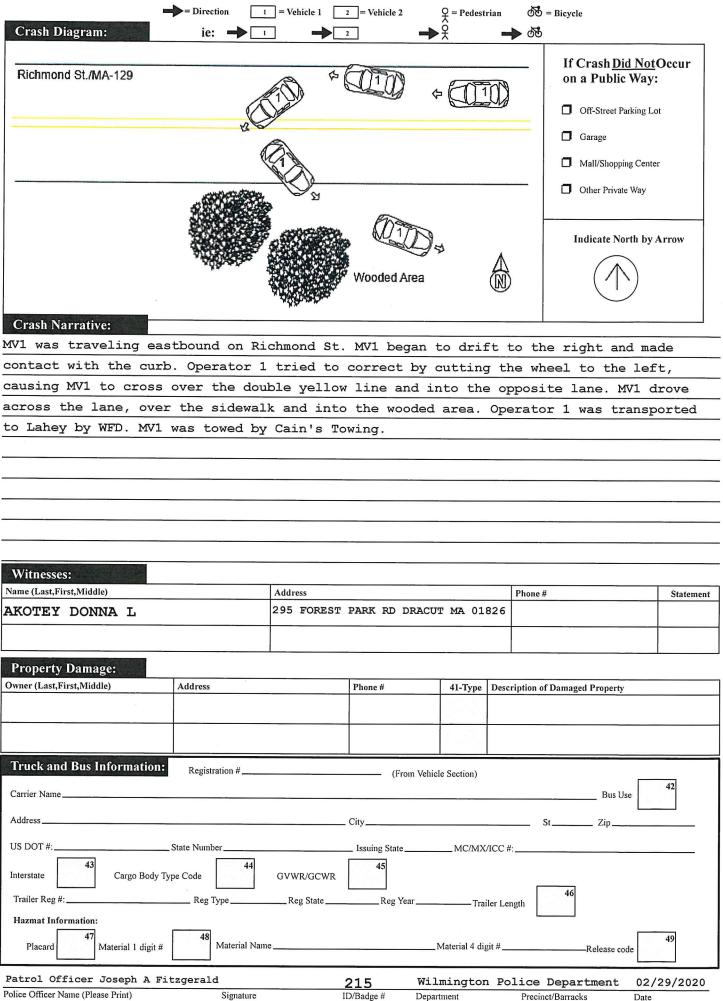
Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

|                | Police Use Only   | Com                         | nonwealth             | of Massach                | RM                                  |                                      |                                     |                       |   |                  |
|----------------|---|-----------------------------|-----------------------|---------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-----------------------|---|------------------|
|                | Date of Crash   Time of Crash   02/29/2020   <b>0857</b>   <b>Wil</b> | City/Town<br>.mington       | Motor Vel             | nicle Crash               | Number<br>Vehicles                  |                                      | Speed Limit                         | - <del></del>         | State Police Local Police MBTA Police Campus Police | 1                |
|                | 24HR  | .m.r.rig corr               | Police                | Report                    | 1                                   | 1                                    | Latitude<br>Longitude_              |                       | MBTA Police Campus Police Other:                    |                  |
|                | AT INTERSECT  | TION:                       | < LOCA                | ATION >                   |                                     | NOT A                                | TINTER                              | L                     |   | 7                |
|                |   |                             |                       |                           |                                     | *****                                | ······                              |                       | ***************************************             | 2. 10            |
|                | Route# Direction  | reet                        | Route# Direction      | Address #                 | RICE                                | MOND                                 | ST<br>Roadway/S                     | 244                   | -   |                  |
| <sup>1</sup> 1 |   | Name of Roadway/Str         |                       | Route# Birection          | Address #                           |                                      | Name of                             | Koauway/S             | Street  | -                |
| L              |   |                             |                       | Feet N S                  | E W of                              | Mile M                               | <b></b>                             | or                    | Exit Number   |                  |
|                | Route# Direction Na   | Also at Intersection w      |                       | Feet N S                  | EW c                                | IVIIIe IVI                           | arker                               |                       | Exit Number   | 1 11             |
|                |   | ruso at intersection w      | 1(1)                  |                           |                                     | Route#                               | Inters                              | ecting Road           | lway/Street   |                  |
| <sup>2</sup> 1 | Route# Direction Na   | me of Intersecting Roadw    | ay/Street             | Feet N S                  | E W of                              |                                      |                                     |                       |   | _                |
|                | Please Select One   | #O                          |                       |                           |                                     |                                      |                                     | ındmark               |   | ┨                |
| 3              | of the Following:   | #Occupants Hit/I            | Run                   | Crash Report              | ID# 20                              | -70                                  | -AC                                 |                       |   | ļ                |
|                | License # <b>S76077575</b> St <b>1</b>                                | A DOB/Age                   | Reg                   | # 1HJX15                  |                                     | Reg Typ                              | e PC                                | Reg St                | tate MA   | 12               |
|                | Sex <b>F</b> Lic. Class D 19 Lic.                                     |                             | DL Veh                | Year 2004                 | Veh Make <u>N</u>                   | IISSAN                               | Ι                                   | Veh Con               | nfig. <b>1</b> 21                                   | 1 '              |
|                | Operator DICOCCO, MARI  | SSA PAIGE                   | dorsement             | er DICOCCO,               |                                     |                                      |                                     |                       | - L.  |                  |
| <sup>4</sup> 1 | Address 15 DOLORES DR   | First                       | Middle                | ess 15 DOLORI             |                                     | First                                |                                     | Middle                |   |                  |
|                | City <b>TEWKSBURY</b> Stal  | e MA Zin 01876              |                       | TEWKSBURY                 |                                     |                                      | MA 7                                | 018'                  | 76-2534   |                  |
|                | Insurance Company THE COMME   |                             |                       | ele Action Prior to Crash | 1                                   |                                      | amaged Area                         |                       |   |                  |
|                | Vehicle Travel Direction: N S E                                       |                             |                       | t Sequence 20 23 42       |                                     |                                      | est Status:                         |                       | 28  |                  |
| 5              | Citation # (If Issued) <b>T1684857</b>                                |                             |                       |                           |                                     | 1 Ty                                 | ype of Test:                        | 7                     | 29  |                  |
|                |   |                             |                       | Harmful Event 21          |                                     |                                      | AC Test Resi                        | ılt: 3                | 30  | 131              |
|                | Viol. 1: Ch/Sec/Sub 90 24F  |                             |                       |                           | 26                                  | 25<br>St                             | isp. Alcohol:                       |                       |   | 20 <sup>13</sup> |
| <sup>6</sup> 1 | Viol. 3: Ch/Sec/Sub 90 24E  |                             |                       | r Distracted by 99        | 33                                  |                                      |                                     |                       |   |                  |
|                | Please fill out for oper Name (Last First Middle)                     | ator and all occupants inve | olved<br>Address      | DOB/Age Sex               | 34 35<br>Seat Safety<br>Pos. System | 36 37<br>Airbag Eject<br>Status Code | 38 39<br>Trap Injury<br>Code Status | 40<br>Transp.<br>Code | Medical Facility                                    |                  |
|                | Operator  | Sec                         | e Above               | X                         | 1 99                                | 4 0                                  | 0 9                                 |                       | ey Clinic   | 1                |
|                |   |                             |                       |                           |                                     |                                      |                                     |                       |   | 1                |
|                |   |                             |                       |                           |                                     |                                      |                                     |                       |   |                  |
|                |   |                             |                       |                           |                                     |                                      |                                     |                       |   |                  |
|                |   |                             |                       |                           |                                     |                                      |                                     |                       |   |                  |
| <sup>7</sup> 1 | Please Select One of the Following:                                   | _#Occupants Non-            | Motorist A Type       | 15 Action 16 L            | ocation                             | 17<br>Condit                         | 18                                  | Hit/R                 | Run Moped   | 1                |
|                |   |                             |                       |                           |                                     |                                      |                                     | <u> </u>              |   | -                |
|                | 19 19   | DOB/Age                     |                       |                           |                                     |                                      |                                     |                       | 21  |                  |
|                | Sex Lic. Class Lic. I   | Restrictions CD End         | L Veli Y<br>forsement | 'ear V                    | /eh Make                            |                                      |                                     | _ Veh Conf            | fig.  |                  |
| 2              | OperatorLast  | First                       | Middle                | Last                      |                                     | First                                |                                     | Middle                |   |                  |
|                | Address   |                             |                       | ess                       |                                     |                                      |                                     |                       |   | 14               |
|                | CityState   | 2 Zip                       | City_                 |                           |                                     | Star                                 | te Z                                | ip                    |   | 1 14             |
|                | Insurance Company   |                             | Vehic                 | le Action Prior to Crash  |                                     | <b>22</b> Da                         | maged Area                          |                       | 27 27   |                  |
|                | Vehicle Travel Direction: NSEW  | Responding to Emerge        | ency? Event           | Sequence 23               | 23 23                               |                                      | st Status:                          | 2                     |   |                  |
|                | Citation # (If Issued)  | <del></del>                 | Most                  | Hannful Event             | 24                                  | •                                    | pe of Test:<br>AC Test Resu         | <u> </u>              |   |                  |
| 2              | Viol. 1: Ch/Sec/Sub   | Viol. 2: Ch/Sec/Sub         | Drive                 | Contributing Code         | 25                                  | 25                                   | sp. Alcohol:                        |                       | sp. Drug: 32  |                  |
|                | Viol. 3: Ch/Sec/Sub   | Drive                       | Distracted by         | 26                        |                                     | wed from sce                         | 2110                                | 7.5.05                |   |                  |
| İ              | Please fill out for operator/nor                                      |                             |                       |                           | 34 35<br>Seat Safety                | 36 37<br>Airbag Eject                | 38 39                               | 40<br>Transp.         | <u></u>   | J                |
| ŀ              | Name (Last First Middle)  |                             | Address               | DOB/Age Sex               | Pos. System                         | Status Code                          | Code Status                         |                       | Medical Facility                                    | -                |
|                | Operator/Non-Motorist   | See                         | Above                 |                           | 1                                   |                                      |                                     |                       |   |                  |
| Ĺ              |   |                             |                       |                           |                                     |                                      |                                     |                       |   |                  |
|                |   |                             |                       |                           |                                     |                                      |                                     |                       |   |                  |
| İ              |   |                             |                       |                           |                                     |                                      |                                     |                       |   |                  |
| - 1            |   | I                           |                       | : 1                       |                                     |                                      |                                     | 1                     | 1   | í                |



Signature

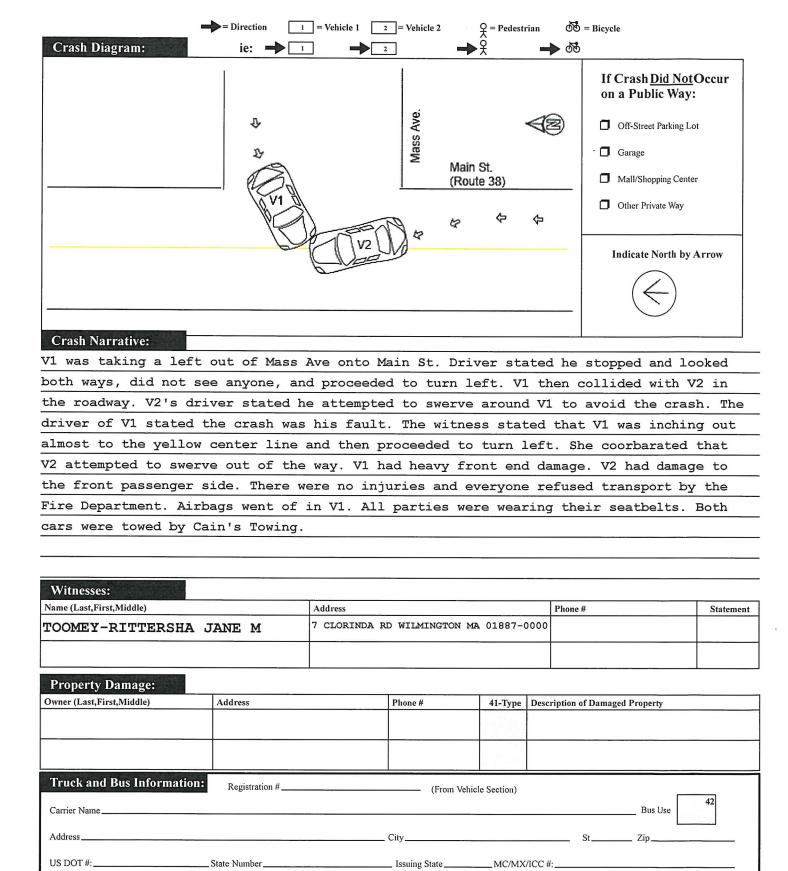
ID/Badge #

Precinct/Barracks

|                | Police Use Only Commonwealth of Massachuse               |  |  |                                       |                                 |   | RM                          |                     |                                       |                  |
|----------------|--|--|--|---------------------------------------|---------------------------------|---|-----------------------------|---------------------|---------------------------------------|------------------|
|                | Date of Crash   Time of Crash   02/29/2020   1520   Wil: | City/Town<br>mington   | Motor Ve                                     | hicle Crasl                           | h Numb                          |   | DP000 Dini                  | it 25               | State Police Local Police MBTA Police | 1                |
|                | 24HR   | ming con   | Police                                       | Report                                | 2                               | 0                                       | Latitude<br>Longitude _     |                     | Campus Police Other:                  | i                |
| ,              | AT INTERSECT   | ION:   | < LOC  | ATION >                               |                                 | NOT A                                   | T INTE                      | RSEC                | ΓΙΟΝ:                                 |                  |
|                |  |  |  |                                       |                                 |   |                             |                     |                                       | 2 10             |
|                | Route# Direction   | Name of Roadway/S  | treet  | Route# Direction                      | 260<br>Address                  |   | N ST<br>Name o              | f Roadw             | ay/Street                             |                  |
| <sup>1</sup> 1 |  | At   |  |                                       |                                 |   |                             |                     |                                       |                  |
|                | Route# Direction Na                                      | me of Intersecting Road  | way/Street                                   | Feet N                                | S E W of                        | Mile N                                  | •<br>larker                 | - or _              | Exit Number                           | -                |
|                |  | Also at Intersection   | - · · · · · · · · · · · · · · · · · · ·      | Feet N                                | S E W of                        |   |                             |                     |                                       | 9911             |
| 2              | Route# Direction Na                                      | SI D. I  | (0)  | Feet N                                | S E W of                        | Route#                                  | inter                       | secting K           | loadway/Street                        |                  |
| <sup>2</sup> 1 | Route# Direction Nam                                     | me of Intersecting Road  | way/Street                                   |                                       |                                 | *************************************** | L                           | andmark             |                                       | _                |
| 3              | Please Select One of the Following:                      | #Occupants Hit   | /Run Moped                                   | Crash Rep                             | ort ID# <b>2</b>                | 0-71                                    | -AC                         |                     |                                       |                  |
|                | •  | DOB/Age  | Pag  | # 985ZS6                              |                                 | Pag Tu                                  | PC                          | D.                  | og Stata MA                           | ┨                |
|                |  | 20   |  | Year 1997                             |                                 |   |                             |                     | 21                                    | 99 <sup>12</sup> |
|                | Operator TILTON, PATRI                                   | I  | Endorsement                                  | ner TILTON,                           |                                 |   |                             | ven                 | Conng.                                |                  |
| <sup>4</sup> 1 | Address 3 PARK AVE                                       | First  | Middle                                       | I.ast<br>Iress 3 PARK                 |                                 | First                                   |                             | Mic                 | idle                                  | -                |
|                | City WILMINGTON Stat                                     | . MZ 7: 0188   |  | WILMINGTO                             |                                 |   | MZ                          | <sub>7i</sub> , ∩1  | L887-3737                             | -                |
|                | Insurance Company USAA GENE                              |  |  |                                       |                                 | 22                                      | Damaged Are                 |                     |                                       |                  |
|                | Vehicle Travel Direction: N E W                          | Responding to Eme  |  | nt Sequence 23                        | 23 23                           |   | Γest Status:                |                     | 1 28                                  |                  |
| 5              |  | Responding to Eme  |  | in sequence 2                         | 24                              | l i                                     | Type of Test:               | İ                   | 29                                    |                  |
|                | Citation # (If Issued)                                   |  |  | st Harmful Event 2                    |                                 | 25                                      | BAC Test Re                 |                     | 1 30                                  | 13               |
|                | Viol. 1: Ch/Sec/Sub ————                                 |  |  | ver Contributing Code                 | 26                              |   | Susp. Alcohol               | -                   | Susp. Drug: 2 32                      | 2                |
| <sup>6</sup> 1 | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | Viol. 4: Ch/Sec/Sub —<br>ator and all occupants in   |  | ver Distracted by 0                   | 34 3                            |   | Fowed from s                | cene?               | 1 33                                  | _                |
|                | Name (Last First Middle)                                 | ator and an occupants in   | Address                                      | DOB/Age S                             | Seat Sal<br>Pos. Sys            | cty Airbag Eje                          | t Trap Injur                | y Transp.<br>s Code | Medical Facility                      |                  |
|                | Operator   | S  | See Above                                    | $\rightarrow \rightarrow \rightarrow$ | 1 10                            | 4 0                                     | 0 10                        | 1                   |                                       |                  |
|                |  |  |  |                                       |                                 |   |                             |                     |                                       |                  |
|                |  |  |  |                                       |                                 |   |                             |                     | ,                                     |                  |
|                |  |  | ·  |                                       |                                 |   |                             |                     |                                       |                  |
|                | Please Select One  | #0IDI  | T  | 15 10                                 | <u> </u>                        | 17                                      | 18                          |                     |                                       | 1                |
| <sup>7</sup> 1 | Please Select One of the Following: Vehicle 21           | #Occupants No  | n-Motorist A Type                            | Action                                | Location                        | Conc                                    | lition                      |                     | lit/Run Mope                          |                  |
|                | [  | DOB/Age  | Reg  | #                                     | oe                              | Re                                      |                             | -                   |                                       |                  |
|                | Sex Lic. Class 19 19 Lic. I                              | Restrictions 20 C  | CDL Veh                                      | Year                                  | _ Veh Make                      |   |                             | Veh                 | Config. 21                            |                  |
| 8              | Operator unknown Last                                    | First  | Ow   | nerLast                               |                                 | First                                   |                             | Mid                 | kile                                  | -                |
| 99             | Address  |  | Add  | ress                                  |                                 | <del> </del>                            |                             |                     |                                       | - 14             |
|                | City State   | e Zip  | City   | r                                     |                                 |   | tate                        | Zip                 |                                       | - 1 '            |
|                | Insurance Company  |  | Veh  | icle Action Prior to Cra              | ash                             |   | Damaged Are                 | a Code:             | 27 27 27<br>28                        |                  |
|                | Vehicle Travel Direction: NSEW                           | Responding to Emer   | rgency? Eve                                  | nt Sequence 23                        | 23 23                           | 23                                      | Fest Status:  Type of Test: | }                   | 29                                    |                  |
| 92             | Citation # (If Issued)                                   | and the same of th | Mos  | st Hannful Event                      | 24                              |   | BAC Test Res                | sult:               | 30                                    |                  |
|                | Viol. 1: Ch/Sec/Sub ————                                 | Viol. 2: Ch/Sec/Sub —  | Driv   | ver Contributing Code                 | 25                              | 25                                      | Susp. Alcohol               | 31                  | Susp. Drug: 32                        |                  |
|                | Viol. 3: Ch/Sec/Sub                                      | Driv   | Driver Distracted by 26 Towed from scene? 33 |                                       |                                 |   |                             |                     |                                       |                  |
|                | Please fill out for operator/no                          | n-motorist and all occup   | oants involved                               | DOB/Age S                             | 34 3<br>Seat Saf<br>ex Pos. Sys |   |                             |                     | Medical Facility                      |                  |
|                | Operator/Non-Motorisa                                    | t s  | See Above                                    |                                       | 1                               |   | 15000                       |                     |                                       |                  |
|                | -  |  |  |                                       |                                 |   |                             |                     |                                       | 1                |
|                |  |  |  |                                       |                                 |   |                             |                     |                                       | $\dashv$         |
|                |  |  |  |                                       |                                 |   |                             | +                   |                                       | -                |
|                |  |  |  |                                       | 1 1                             | 1 1                                     | 1                           |                     |                                       |                  |

| -                                  | = Direction    | 1       | = Vehicle 1 | 2 = Vehicle 2  | ♀ Pedest                       | rian 👌      | 🕏 = Bicycle                              |           |
|------------------------------------|----------------|---------|-------------|----------------|--------------------------------|-------------|--|-----------|
| Crash Diagram:                     | ie: 📥          | 1       | ] →□        | 2              | →Ŷ                             | <b>→</b> Ø  | <b>Š</b>                                 |           |
|                                    |                |         |             |                |                                |             | If Crash <u>Did Not</u> on a Public Way: | :         |
|                                    |                |         |             |                |                                |             | ☐ Garage                                 |           |
|                                    |                |         |             |                |                                |             |  |           |
| PO TON                             |                |         |             |                |                                |             | ☐ Mall/Shopping Cente                    | r         |
| Will)                              |                |         |             |                |                                |             | Other Private Way                        |           |
|                                    |                |         |             |                |                                |             |  |           |
|                                    |                |         | -           |                | Market Basket<br>Parking Lot ≺ | <b>√</b> 2  | Indicate North by                        | Arrow     |
|                                    |                |         |             |                |                                |             |  |           |
| Crash Narrative:                   |                |         |             |                | *                              |             |  |           |
| The Operator of MV1 o              | called to      | repo    | ort an acc  | cident in      | the park:                      | ing lot     | of Market Bask                           | .et       |
| when she returned to               | her car t      | o fi    | ind the fi  | ont bump       | er ripped                      | off. A      | Market Basket                            |           |
| employee identified a              | s Maryjan      | e Ma    | artin stat  | ted the d      | river of                       | the ver     | nicle that struc                         | k MV1     |
| came into the store v              | ith her d      | laugh   | nter. Anot  | ther woma      | n who was                      | not ir      | nvolved in the                           |           |
| accident talked to or              | erator of      | MV2     | 2 and rela  | ayed the       | informatio                     | on to N     | Maryjane in an a                         | ttempt    |
| to contact the operat              |                |         |             |                |                                |             |  |           |
| obtained the operator              | of MV2's       | inf     | formation   | but was        | able to id                     | dentify     | the woman on t                           | he        |
| Market Basket video.               | MV2 was d      | lesci   | ribed as a  | a black S      | ilverado 1                     | truck v     | vith unknown pla                         | ite.      |
| Investigation to cont              |                |         |             |                |                                |             |  |           |
|                                    |                |         |             |                |                                |             |  |           |
|                                    |                |         |             |                |                                |             |  |           |
| Witnesses:                         |                |         |             |                |                                |             |  |           |
| Name (Last,First,Middle)           |                |         | Address     |                |                                | Phon        | e#                                       | Statement |
| MARTIN MARYJANE E                  |                |         | 36 ELEANOR  | OR WILMINGT    | ON MA 01887-                   | 00001       |  |           |
|                                    |                |         |             |                |                                |             |  |           |
|                                    |                |         |             |                |                                |             |  |           |
| Property Damage:                   |                |         |             | 1              |                                |             |  |           |
| Owner (Last,First,Middle)          | Address        |         |             | Phone #        | 41-Type                        | Description | of Damaged Property                      |           |
|                                    |                |         |             |                |                                |             |  |           |
|                                    |                |         |             |                |                                |             | *  |           |
| Truck and Bus Information:         |                |         |             |                |                                |             |  |           |
| Carrier Name                       | Registration # |         |             | —— (Fro        | m Vehicle Section)             |             | Bus Use                                  | 42        |
| Carrier Name                       | ·              |         |             |                |                                |             |  |           |
| Address                            |                |         |             | _ City         |                                |             | St Zip                                   |           |
| US DOT #:                          | _State Number  |         |             | Issuing State_ | MC/MX                          | :           |  |           |
| Interstate 43 Cargo Body T         | vne Code       | 44      | GVWR/GCWR   | 45             |                                |             |  |           |
|                                    |                |         |             | D V-           | =1.                            |             | 46                                       |           |
| Trailer Reg #:                     | Keg Type       |         | Keg State   | Keg Ye         | arTra                          | iler Length |  |           |
| Hazmat Information: 47             | 48             |         |             |                |                                |             | 1  | 49        |
| Placard Material 1 digit #         | Mater          | al Name | e           |                | Material 4 di                  | git #       | Release code                             |           |
| Patrol Officer Meghan              | n Sousa        |         |             | 214            | Wilmington                     | n Polic     | e Department 02/                         | /29/2020  |
| Police Officer Name (Please Print) |                | ture    |             | ID/Badge #     | Department                     |             | cinct/Barracks Date                      |           |

|                       | Police Use Only  | nonwealth (  | alth of Massachusetts   |   |                  |                    |                  |               |              | RMV Document Number |                  |                                |                |
|-----------------------|--|--|-------------------------|---|------------------|--------------------|------------------|---------------|--------------|---------------------|------------------|--------------------------------|----------------|
|                       | Date of Crash   Time of Crash                          | City/Town  | <b>Motor Veh</b>        | icle Cra  | sh [             | Number<br>Vehicle: |                  | mber<br>ured  | ١.           | d Limit             | t3.              | 5 State Police<br>Local Police | 0800           |
|                       | 02/29/2020 1853 Wil                                    | mington  | Police 1                | Report  | :                | Vemere:<br>2       | 0                | urea          | Latitu       | ide<br>itude _      |                  | MBTA Police<br>Campus Police   | 8              |
|                       | AT INTERSECT   | ION:   | < LOCA                  | _   | >                | -                  |                  | т ат          | <u> </u>     | -                   | SEC              | Other:                         |                |
|                       |  |  |                         |   |                  |                    |                  | 1 11.         |              | 1 101               | OLC.             | 110111                         | 10             |
|                       |  |  |                         |   | 54               | <u>M</u>           | AIN              |               |              |                     |                  | _ 2                            |                |
| <sup>1</sup> 4        | Route# Direction                                       | Name of Roadway/Str  | eet                     | Route# Direct   | ion Ac           | dress #            |                  |               | Na           | ame of              | Roady            | vay/Street                     |                |
| <u> </u>              |  | A  |                         | Feet  | N S E            | w of               |                  |               |              |                     | or .             |                                |                |
|                       | Route# Direction Nat                                   | ne of Intersecting Roadw   | /ay/Street              | ···   |                  |                    | N                | lile Ma       | irker        |                     |                  | Exit Number                    | 3 11           |
|                       |  | Also at Intersection w   | ith                     | Feet NSEW of  |                  |                    |                  |               |              |                     |                  |                                |                |
| 2                     | Route# Direction Nar                                   | STATE OF THE STATE | (0)                     | Feet NSEW of Intersecting Roadway/Street                        |                  |                    |                  |               |              |                     |                  |                                |                |
| <sup>2</sup> <b>1</b> | Rotte# Direction Nat                                   | ne of Intersecting Roadw   | /ay/Street              |   |                  |                    |                  |               |              | La                  | ındmar           | k                              | -              |
| 3                     | Please Select One Vehicle 11                           | _#Occupants  | Run Moped               | Crash R   | enort ID#        | 20                 |                  | 72.           | <u> </u>     | C                   |                  |                                |                |
|                       | 5  |  |                         |   |                  |                    |                  |               |              |                     |                  |                                | _              |
| ·                     | License # <u>S99737875</u> St <u>M</u>                 |  | Reg #                   | 3CY345  |                  |                    | Re               | g Type        | PC           | <u></u>             | R                |                                | 1 12           |
|                       | Sex M Lic. Class D Lic. I                              |  | OL Veh Y                | ear 2018  | Veh              | Make <u>‡</u>      | IYU.             | NDA           | I            |                     | Vel              | 1 Config. <b>1</b>             |                |
| r                     | Operator CAMPEA, PELIN                                 | O  |                         | r CAMPEA  | , PE             | LING               |                  |               |              |                     |                  |                                | _              |
| <sup>4</sup> 1        | Address 25 JOY TER                                     | rust   |                         | ss <b>25 JOY</b>  | TER              |                    | l                | irst          |              |                     | М                | liddle                         |                |
| L                     | City <b>MALDEN</b> State                               | MA Zip 02148   | -4713 City 1            | MALDEN  |                  |                    |                  | Sta           | te MZ        | <b>A</b> 2          | zin <b>0</b> 2   | 2148-4713                      | 3              |
|                       | Insurance Company <b>SAFETY IN</b>                     | •  |                         | le Action Prior to  | CI               | 7                  | 22               |               |              |                     | Code:            |                                | - I            |
|                       |  |  |                         |   | 23 23            | 23                 | 23               |               | est Star     |                     |                  | 28                             | 1              |
| 5                     | Vehicle Travel Direction: N S W                        | Responding to Emerg  | ency? Z Event           | Sequence 1  |                  | - 23               | 23               |               | pe of        |                     |                  | 29                             |                |
|                       | Citation # (If Issued)                                 | _  | Most                    | Harmful Event   | 1 24             |                    |                  |               | AC Te        | st Resi             | ult:             | 30                             |                |
|                       | Viol. 1: Ch/Sec/Sub                                    | Viol. 2: Ch/Sec/Sub  | Drive                   | Contributing Coc  | ie 99            | 25                 | 25               | Sı            | ısp. Al      | cohol:              | 2 31             | Susp. Drug: 2 32               | 2 1 13         |
| <sup>6</sup> 1        | Viol. 3: Ch/Sec/Sub                                    | Viol. 4: Ch/Sec/Sub  | Driver                  | Distracted by   | 99 <sup>26</sup> |                    |                  | To            | wed f        | rom sc              | ene?             | 1 33                           | <b>-</b>       |
| 1                     | · -  | ator and all occupants inv   | olved                   |   | 34<br>Sec        |                    | 36<br>Airbag     | 37<br>Eject   | 38<br>Trap   | 39<br>Injury        | 40<br>Transp.    |                                | 7              |
|                       | Name (Last First Middle)                               |  | Address                 | DOB/Age   | Sex Pos          | System             | Status           | Code          | Trap<br>Code |                     | Code             | Medical Facility               | _              |
|                       | Operator   | Se   | e Above                 |   | $X^1$            | 1                  | 1                | 0             | 0            | 10                  | 1                |                                |                |
|                       |  |  |                         |   |                  |                    |                  |               |              |                     |                  |                                |                |
|                       |  |  |                         |   |                  |                    |                  |               |              |                     |                  |                                |                |
|                       |  |  |                         |   |                  |                    |                  |               |              |                     | -                |                                | $\dashv$       |
|                       |  |  |                         |   |                  |                    |                  |               | <u> </u>     |                     | _                |                                | _              |
| <sup>7</sup> 3        | Please Select One of the Following:                    | _#Occupants  Non-  | Motorist A Type         | 15<br>Action  | 16<br>Loca       | tion               | 17               | Condit        | ion          | 18                  |                  | Hit/Run 🔲 Mope                 | ed             |
|                       | License # <b>S25556505</b> St <b>M</b>                 | A_ DOB/Ag  | Pag#                    | 494FC6  |                  |                    |                  | a Trace       | PC           |                     |                  |                                | -              |
|                       | 19 19  | 20   |                         | Reg # <b>494FC6</b> Reg Type <b>PC</b> Reg State <b>MA</b>      |                  |                    |                  |               |              |                     |                  |                                |                |
|                       |  | Lestrictions B CD  | dorsement               | Veh Year <b>2010</b> Veh Make <b>MAZDA</b> Veh Config. <b>1</b> |                  |                    |                  |               |              |                     |                  |                                |                |
| <sup>8</sup> 1        | Operator TACEY, IAN RH                                 | First  | Middle                  | r HARRING   | ast              |                    | F                | irst          | L            |                     | Mi               | ddle                           | -              |
|                       | Address 22 GREENWOOD A                                 |  |                         | ss 22 GRE   | ENWO             | OD :               | AVE              |               |              |                     |                  |                                | 14             |
|                       | City <b>TEWKSBURY</b> State                            | MA Zip 01876   | -3413 City 7            | PEWKSBUR  | X.               |                    |                  |               |              |                     | •                | 1876-3413                      | <u>፤</u> [1 'T |
|                       | Insurance Company USAA CASUA                           | ALTY INSURA  | NCE C Vehicl            | e Action Prior to C   | Crash            | 1                  | 22               | Da            | unage        | d Area              | Code:            | 8 27 27 27                     | ] [            |
|                       | Vehicle Travel Direction: X E W                        | Responding to Emerge   | ency? 2 Event           | Sequence 2  | 3 23             | 23                 | 23               | Те            | st Stat      | us:                 |                  | 1 28                           |                |
| 9                     | Citation # (If Issued)                                 | ····   | Most I                  | Iannful Event   | 1 24             |                    |                  | -             | pe of '      |                     |                  | 29                             |                |
| <sup>9</sup> 2        | Viol. 1: Ch/Sec/Sub \                                  | inl 2: Ch/Sec/Sub  |                         | Contributing Cod  |                  | 25                 | 25               | 1             |              | t Resu              |                  | 30                             | a <b> </b>     |
|                       |  |  | Г                       | 99 26   |                  |                    |                  |               |              | 2 31                | Susp. Drug: 2 32 | ]                              |                |
|                       | Viol. 3: Ch/Sec/Sub \ Please fill out for operator/non | Distracted by  | J J 11                  | 35  | 36               | 37                 | wed fr           | om sc         | ene?         | 1 50                | _                |                                |                |
|                       | Name (Last First Middle)                               | •  | nts involved<br>Address | DOB/Age   | Sex Pos          | Safety             | Airbag<br>Status | Eject<br>Code | Trap<br>Code | Injury<br>Status    | Transp.<br>Code  | Medical Facility               |                |
| ĺ                     | Operator/Non-Motorist                                  | See  | e Above                 |   | X 1              | 1                  | 4                | 0             | o            | 10                  | 1                |                                |                |
| ļ:                    | ROBERT CHISHOLM  | 30 BRIAN LN<br>TEWKSBURY, MA 018   | 76-0000                 | <del>/</del>  | м 6              | 1                  | 4                | 0             | 0            | 10                  | 1                |                                | $\dashv$       |
| ļ                     |  | 20 KATIE WAY   |                         | 1   |                  | -                  |                  |               | -            |                     |                  |                                |                |
|                       | ZACHARY HINES  | TEWKSBURY, MA 018  | 76-1959                 | 1   | м 3              | 1                  | 4                | 0             | 0            | 10                  | 1                |                                |                |
|                       |  |  |                         |   |                  |                    |                  |               |              |                     |                  |                                |                |



\_\_\_\_\_ Material 4 digit #\_\_\_\_ Material Name\_ Placard Material 1 digit # Patrol Officer Emily L Stebbins 210

GVWR/GCWR

Reg State

Wilmington Police Department

02/29/2020

Reg Type.

Cargo Body Type Code

Reg Year \_\_\_\_\_ Trailer Length

Department

Interstate

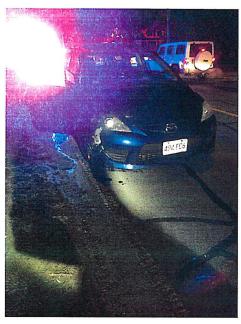
Trailer Reg #:\_

**Hazmat Information:** 

### Wilmington Police Department Images Associated with 20-72-AC

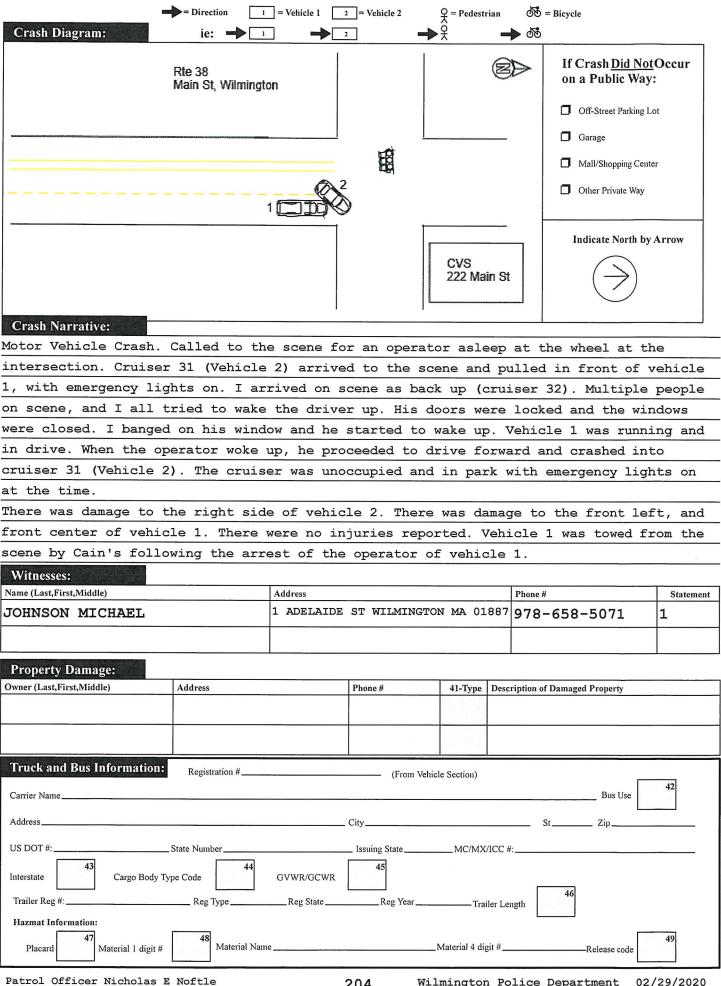








|                       | Police Use Only  | Com  | monwealth          | RMV                          |                                     |   |                                     |                       |   |      |  |
|-----------------------|--|--|--------------------|------------------------------|-------------------------------------|---|-------------------------------------|-----------------------|---|------|--|
|                       | Date of Crash   Time of Crash                            | City/Town<br>mington                               | Motor Ve           | hicle Crash                  | Number<br>Vehicles                  | Number<br>Injured                       | Speed Limit_                        | 35                    | State Police Local Police MBTA Police Campus Police | 1    |  |
|                       | 24HR   | ming con   | Police             | Report                       | 2                                   | 0                                       | Latitude<br>Longitude               |                       | Campus Police Other:                                |      |  |
|                       | AT INTERSECT   | ION:   | < LOC              | ATION >                      | ION:                                | ]                                       |                                     |                       |   |      |  |
|                       |  |  | •                  |                              | 222                                 | MAIN                                    | r em                                |                       |   | 2 10 |  |
| 1                     | Route# Direction   | Name of Roadway/S                                  | itreet             | Route# Direction             | Address #                           | MAIN                                    | Name of I                           | Roadway               | y/Street  |      |  |
| ¹ <b>4</b>            |  | At   |                    | Feet NS                      | EW of                               |   |                                     | or                    |   |      |  |
|                       | Route# Direction Na                                      | me of Intersecting Road                            | way/Street         |                              |                                     | Mile Ma                                 | nrker                               |                       | Exit Number   | 3 11 |  |
|                       | ·  | Also at Intersection                               | with               | Feet NS                      |                                     | Route#                                  | Interse                             | cting Ro              | adway/Street  |      |  |
| <sup>2</sup> <b>1</b> | Route# Direction Na                                      | me of Intersecting Road                            | lway/Street        | Feet NS                      | E W of                              |   |                                     |                       |   | .    |  |
|                       | Please Select One Vivokialo 11                           | "a   |                    |                              |                                     |   |                                     | idmark                |   | 1    |  |
| <sup>3</sup> 99       | of the Following:  | _#Occupants  Hit                                   | t/Run Moped        | Crash Report                 | 1D# 20                              | -73                                     | -AC                                 |                       |   | ]    |  |
|                       | License # <b>\$75046367</b> St <b>1</b>                  | 1A DOB/Age   | Re                 | g# 4527RF                    |                                     | Reg Type                                | PC                                  | Reg                   |   | 12   |  |
|                       | Sex M Lic. Class D M Lic.                                | Restrictions 20 C                                  | CDL Vel            | n Year <b>2017</b> \         | /eh Make <u>C</u>                   | HEVRO                                   | LET                                 | _ Veh C               | config. 2   |      |  |
| 4                     | Operator HANSFORD, JEE                                   | First D  | Ov                 | vner <u>HANSFORD</u> ,       | JERE                                | MY D<br>First                           |                                     | Middl                 | le  |      |  |
| <sup>4</sup> 3        | Address 3 MARK RD  |  |                    | dress 3 MARK RI              | <u> </u>                            |   |                                     |                       |   |      |  |
|                       | City <b>TEWKSBURY</b> Sta                                | •  |                    | y TEWKSBURY                  |                                     | <del></del>                             |                                     |                       | 876-3229  |      |  |
|                       | Insurance Company THE COMME                              |  | NCE CO Ve          | nicle Action Prior to Crash  |                                     |   | amaged Area                         | Code: 8               | 27 27 27 27   |      |  |
| <sup>5</sup> 1        | Vehicle Travel Direction: SEW                            | Responding to Eme                                  | rgency? 2 Eve      | ent Sequence 1 23            | 23 23                               | 23                                      | est Status:<br>ype of Test:         | 3                     | 29  |      |  |
| <u> </u>              | Citation # (If Issued) <b>T2061761</b>                   |  |                    | st Hannful Event 1           | 24                                  | В.                                      | AC Test Resul                       | lt:   <u>2</u><br>    | 30  | 13   |  |
|                       | Viol. 1: Ch/Sec/Sub 90 24                                | Viol. 2: Ch/Sec/Sub                                | 90 24 Dri          | Susp. Monor. 1 Susp. Stug. 2 |                                     |   |                                     |                       |   |      |  |
| <sup>6</sup> 1        | Viol. 3: Ch/Sec/Sub                                      |  |                    | ver Distracted by 5          | 26                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | owed from sce                       | 뜨                     | 33  |      |  |
|                       | Please fill out for oper Name (Last First Middle)        | ator and all occupants in                          | nvolved<br>Address | DOB/Age Sex                  | 34 35<br>Seat Safety<br>Pos. System | 36 37<br>Airbag Eject<br>Status Code    | 38 39<br>Trap Injury<br>Code Status | 40<br>Transp.<br>Code | Medical Facility                                    |      |  |
|                       | Operator   |  | See Above          | ><X                          | 1 0                                 | 4 0                                     | 0 10                                | 1                     |   |      |  |
|                       |  |  |                    |                              |                                     |   |                                     |                       |   | 1    |  |
|                       |  |  |                    |                              |                                     |   |                                     |                       |   | 1    |  |
|                       |  |  |                    |                              |                                     |   |                                     |                       |   | -    |  |
| _                     | Please Select One Vehicle 20                             | #Oceanous Disc                                     |                    | 15 16                        | . [                                 | 17                                      | 18                                  |                       |   | 1    |  |
| <sup>7</sup> 2        | of the Following:  | #Occupants No                                      | n-Motorist A Type  | Action                       | ocation                             | Condit                                  | tion                                | L Hi                  | t/Run Moped   | 1    |  |
|                       | License # St   | DOB/Age  |                    | g# <b>.E571</b>              |                                     |   | LF                                  | Reg                   | State MA 21   |      |  |
|                       | Sex Lic. Class Lic.                                      | Restrictions C                                     | Endorsement        | ı Year <b>2019</b> V         |                                     |   |                                     |                       | onfig.  |      |  |
| <sup>8</sup> 2        | Operator <b>Driverless M.</b> Last                       | V.<br>First  | Middle             | ner TOWN OF W                |                                     | GTON<br>First                           | POLIC                               | E DE                  |   |      |  |
|                       | Address  |  |                    | dress 1 ADELAII              |                                     |   |                                     |                       |   | 14   |  |
|                       | City Sta   | •  |                    | <u> WILMINGTON</u>           | F                                   |   | ite <b>MA</b> Zi<br>amaged Area (   |                       | ·   |      |  |
|                       | Insurance Company  |  |                    | nicle Action Prior to Crash  | 11<br>23 23                         |   | amaged Area (<br>est Status:        | 1                     | 28  |      |  |
|                       | Vehicle Travel Direction: NSEW                           | Responding to Emer                                 | ·                  | in Sequence 1                | 24                                  | ı                                       | pe of Test:                         | Ė                     | 29  |      |  |
| <sup>9</sup> 2        | Citation # (If Issued)                                   |  |                    | st Harmful Event 1           | 25                                  | 25                                      | AC Test Resul                       |                       | 30  |      |  |
|                       | Viol. 1: Ch/Sec/Sub                                      |  |                    |                              | 26                                  | Su                                      | sp. Alcohol:                        |                       | Susp. Drug: 2 32 33                                 |      |  |
|                       | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | Viol. 4: Ch/Sec/Sub —<br>on-motorist and all occur |                    | ver Distracted by            | 34 35                               | 36 37                                   | owed from sce                       | 40                    |   | 4    |  |
|                       | Name (Last First Middle)                                 |  | Address            | DOB/Age Sex                  | Seat Safety<br>Pos. System          | Airbag Eject<br>Status Code             | Trap Injury<br>Code Status          | Transp.<br>Code       | Medical Facility                                    | -    |  |
|                       | Operator/Non-Motoris                                     | t s  | See Above          | $\times$ X                   | 1                                   |   |                                     |                       |   | _    |  |
|                       |  |  |                    |                              |                                     |   |                                     |                       |   |      |  |
|                       |  |  |                    |                              |                                     |   |                                     | _                     |   |      |  |
|                       |  |  |                    |                              |                                     |   |                                     |                       |   |      |  |



204

Wilmington Police Department

02/29/2020

#### Wilmington Police Department Images Associated with 20-73-AC





## Wilmington Police Department Images Associated with 20-73-AC

