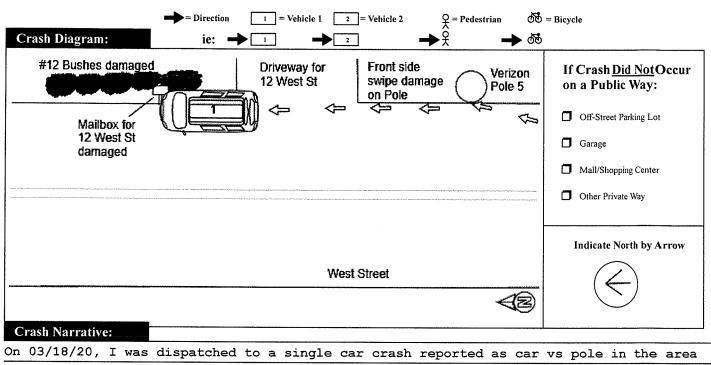
	Police Use Only	Comi	monwealth	of Massacl	ıusetts	}	RM	V Docume	nt Number	
	Date of Crash Time of Crash 03/18/2020 0741 Wil	City/Town mington		icle Crash	Number Vehicles		Speed Limit Latitude		State Police Local Police MBTA Police Campus Police	
	24HR		Police	Report	1	0	Lantude Longitude		Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT A	Γ INTER	SECTION	ON:	<u> </u>
	Route# Direction	Name of Roadway/St	reet	Route# Direction	12 Address #	WEST		Roadway/S	Straat	2 10
¹ 1	- District	At At		Router Birection	Audiess #		Name of	Noadway	Sirce	
	Route# Direction Na	ame of Intersecting Roady	vay/Street	Feet N S		Mile Ma	nrker	or	Exit Number	1 11
		Also at Intersection w	vith	Feet N S		Route#	Interse	ecting Road	dway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadv	vay/Street	Feet N S	E W of		La	ndmark		
3	Please Select One of the Following:	#Occupants		Crash Repor						
	,	MA DOB/Age	Reg	# SSARGE		Reg Type	PC	Reg S	itate MA 21	2 12
	Sex F Lic. Class D 19 Lic.		DL Veh	Year 2015	Veh Make 1	'OYOTA		Veh Cor	nfig. 1	3
	Operator TULLY, JUDITE			ner TULLY, J	UDITH	A First		Middle		
⁴ 1	Address 38 WEST ST			ress 38 WEST	ST	rust		ivildale		
	City WILMINGTON Sta	te MA Zip 01887	7-3040 City	WILMINGTO	N	Sta	nte MA 2	Zip 018	87-3040	
	Insurance Company VERMONT 1	MUTUAL INSU	TRANCE Vehi	cle Action Prior to Cras	h 1	22 D	amaged Area	Code: 2	27 3 27 27	
	Vehicle Travel Direction: X S E W	Responding to Emer	gency? 2 Even	nt Sequence 22 23		23 Te	est Status:	1	28	
5	Citation # (If Issued)	•		t Harmful Event 22		-	ype of Test:	<u> </u>	29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code		25	AC Test Resi	1	30 Drug 2 32	22 ¹³
	Viol. 3: Ch/Sec/Sub —————			er Distracted by	26		usp. Alcohol:		usp. Drug: 2 32	
⁶ 1		rator and all occupants in			34 35	36 37	38 39	40		4
	Name (Last First Middle)		Address	DOB/Age Sex		Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	So	ee Above	\times	1 1	2 0	0 10	1		
										1
										1
	Plana Calana			15 16		17	18			4
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16	Location	Condi	tion	Hit/	Run Moped	
	License # St St	DOB/Age	Reg	#		Reg Type	e	Reg S	itate	
	Sex Lic. Class Lic.	Restrictions C	ndorsement Own	Year	Veh Make			Veh Coi	nfig.	
⁸ 1	Lost Address	First	Middle	Last		First		Middle		
	CitySta	te Zin		CSS		Sto	ite 2	Zip		1 14
	Insurance Company	21p	•	cle Action Prior to Cras			amaged Area		27 27 27	
		Posnonding to E		23	n		est Status:		28	
		Responding to Emerg	-	a sequence	24		ype of Test:	<u> </u>	29	
⁹ 2	Citation # (If Issued)			t Harmful Event	25	B	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —		er Contributing Code	<u> </u>	Sı	isp. Alcohol:	L	usp. Drug: 32	
Į	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from so	L_	33]
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupa	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	St Se	ee Above	X	1					
ŀ										
				+			 			
										-



of 12 West St. Upon arrival, the operator was already out of the car. The operator was not injured. Wilmington Fire checked out the operator. It was reported by the operator that her windshield started to frost over. She reported that she was looking down trying to turn on her defroster when her car struck Verizon utility pole #5. The vehicle, after striking the pole, continued straight striking the mailbox for #12 West St and bushes for #12 West St. Several bushes were damaged and the mailbox was knocked down. The utility pole suffered minor damage to front of pole. Vehicle suffered heavy damage to

front passenger side. Damage on car included hood, grill, front bumper, front left

doors. A&S Towing towed vehicle. Verizon was dispatched. #12 resident was present.

Witnesses:

Name (Last,First,Middle)

Address
Phone # Statement

quarter panel, passenger mirror and front passenger tire as well as both passenger side

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826	ACUT MA 01826 4 UTILITY POLE	UTILITY POLE	
Truck and Bus Information:	Registration #	(From Vehic	le Section)	
Carrier Name				Bus Use

Address	City	St Zip
US DOT #:State Number	Issuing StateMC/MX/ICC #:	
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR		46
Trailer Reg #: Reg Type Reg State	Reg YearTrailer Length	
Hazmat Information:		
Placard Material 1 digit # Material Name	Material 4 digit #	Release code

Patrol Officer Daniel P Furbush

Wilmington Police Department

03/18/2020

Department

Wilmington Police Department Images Associated with 20-84-AC











Wilmington Police Department Images Associated with 20-84-AC







Wilmington Police Department Images Associated with 20-84-AC



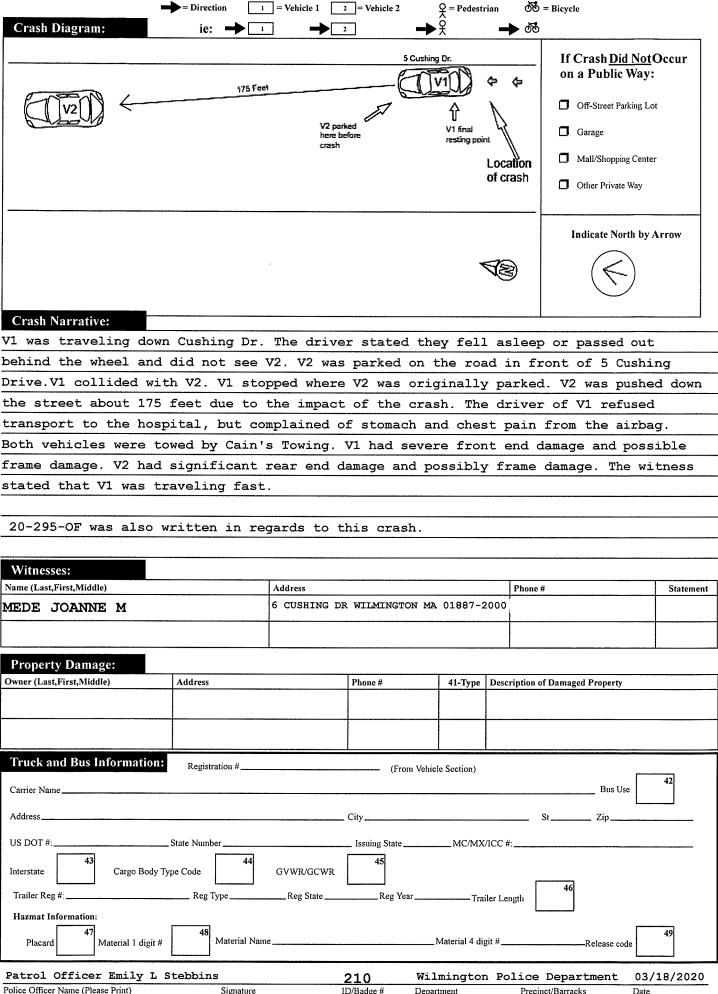


	Police Use Only	Com	monwealth	of Massa	chu	isett	S	l		RMV	/ Docu	ament Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh	Numbe Vehicle			Speed	Limit.	35	Local Police 2	3
	03/18/2020 0927 Wil	mington	Police	Report		2	0		Latitud Longiti		• • • • • • • • • • • • • • • • • • • •	MBTA Police Campus Police Other:	3
	AT INTERSECT	ION:		TION >	>	1	NO		Ť		SEC'	TION:	
													2 10
						603		AIN					
¹ 1	Route# Direction	Name of Roadway/S	reet	Route# Directi	on A	Address #			Nar	me of	Roadw	/ay/Street	_
		At		Feet	N S E	w of			- •	_	or _		_
	Route# Direction Na	me of Intersecting Road	way/Street				М	ile Mar	ker			Exit Number	2 11
		Also at Intersection v	vith	Feet	N S E	w of	Rout	 e#	I	Interse	cting F	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Road	vav/Street	Feet [N S E	w of						y	
1	Notice Breeton Na	ane of interseeting Road	way/Street							Laı	ndmark	ζ	
3	Please Select One of the Following:	#Occupants Hit	Run Moped	Crash Ro	eport II	D# 2 () — 8	35-	-A	C			
	License # S23782328 St N	(A) DOD/4		# 1JDB18					DC.			s. M7	
	10 10	20										21	- 1 12
	Sex E Lic. Class D Lic.	Restrictions 1	Indorsement	Year 2015					ER		Veh	Config.	
4	Operator DALEY , SHANNO	First	Middle	er DALEY ,	ast		F	irst			Mi	iddle	-
⁴ 1	Address 8 WESTDALE AVI	<u> </u>	Addr	ess 8 WEST	DAL	E AV	E						-
	City WILMINGTON Stat	te MA Zip 0188	7-0000 City	WILMINGT	ON.			Stat	е МА	z	ip 0]	1887-0000	-
	Insurance Company CITIZENS	INSURANCE	COMPAN Vehic	cle Action Prior to	Crash	2	22	Da	maged	i Area	Code:		
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	t Sequence 1 2	3 2.	3 23	23		st Statu			1 28	
3	Citation # (If Issued)		Most	: Harmful Event	1 2	24			pe of T			29	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	ا er Contributing Cod	T.	25	25	-1	C Tes	_		1	1 13
	Viol. 3: Ch/Sec/Sub			١		 26			sp. Aic		2 31	33 2 33	
⁶ 1		rator and all occupants in		Distracted by		34 35	36	37	38	39	40	2	-
	Name (Last First Middle)	and an occupants in	Address	DOB/Age		Seat Safet Pos. Syste		Eject Code	Trup Code	Injury Status	Transp. Code	Medical Facility	
	Operator	s	ee Above		X	1 1	4	0	0	10	1		
	KYRA FALVEY	139 NICHOLS ST WILMINGTON, MA	01887-1627		F 3	3 1	4	0	0	10	1		
						_							1
													4
⁷ 1	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	15 Action	16 Lo	cation	17	Conditi	on	18		Hit/Run 🔲 Mope	d
	License # S56103802 St N	IA DOB/Age	Pag					д Туре	PC		L	eg State MA	-
	10 10	20	_	Year 2014				٠				21	-
		E E	ndorsement								ven	Config. 1	
⁸ 1	Operator SRIVASTAV, SA	First	Middle	er SRIVAS	ast	•		irst	AK.		Mi	iddle	-
	Address 10 CHARME RD	0105		ess 10 CHA		RD							14
		te MA Zip 0187 0	•	TEWKSBUF	S.A.		22					1876-3204	. I I
	Insurance Company GEICO GEN	ERAL INSUR	ANCE C Vehic	cle Action Prior to (Crash	1	22				Code:	1 27 27 27 28	
	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Even	t Sequence 1 2	3 23	3 23	23		st Statu pe of T			29	
⁹ 2	Citation # (If Issued)		Most	: Hannful Event	1 2	24			C Tes		ılt:	1 30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod	le 1	L9 ²⁵	25	:	sp. Alc			Susp. Drug: 2 32)
	Viol. 3: Ch/Sec/Sub	er Distracted by	99 2	26			wed fro	Ľ		1 33			
	Please fill out for operator/no		ants involved			34 35 Seat Safet		37 Eject	38 Trap	39 Injury	40 Transp.	<u></u>	7
	Name (Last First Middle)	,]	Address	DOB/Age	Sex	Pos. Syste	m Status	Code	Code	Status	Code	Medical Facility	_
	Operator/Non-Motoris	S	ee Above		Δ	1 1	4	0	0	10	1		4
					-	-							-
- 1		1			1			1 1		l	1		

SHEET A COURSE OF A PART AND A PROPERTY OF THE PART AND A PART AND		= Vehicle 1	= Vehicle 2	₹ = Pedestr		= Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	≥ ¥	→ ₩		
			/	/	// ,	If Crash <u>Did Not</u> Con a Public Way:	Occur
					ا /ی	Off-Street Parking Lot	
				//	N. C.	_	
,				/ \s ²	7	☐ Garage	
603 Main St.			/ //			☐ Mall/Shopping Center	
						Other Private Way	
			n O				
	20010		FE			Indicate North by A	Arrow
					19	(\leftarrow)	
		-V			73		
Crash Narrative:					¥		
The operator of MV1 r	eported stop	ping for t	raffic in	the left	: lane t	raveling south	on
Main St. The light wa							
her to turn MV2 struc		_					
no injuries.							
The operator of MV2 r	eported trav	eling sout	h on Main	St when	MV1 sud	denly stopped.	The
operator reported no	injuries. MV	1 was towe	ed by the op	perator'	s insur	ance company f	rom
the parking lot of Z&	S Gas.						
Witnesses: Name (Last,First,Middle)		Address		——————————————————————————————————————	Phone #		Statement
,					1 110110		
					5.		
Property Damage:	T		<u>,</u>				
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
		·					
Truck and Bus Information:	Registration #		——— (From Vel	hicle Section)			42
Carrier Name						Bus Use	42
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	44		45				
Interstate Cargo Body Ty		GVWR/GCWR		(x)		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Trai	ler Length		
Hazmat Information:	48						49
Placard Material 1 digit #	Material Nam	e		Material 4 dig	git #	Release code	
Patrol Officer Meghan	Sousa		214 W:	ilmingtor	Police	Department 03/	18/2020

Department

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Number	Speed Limit	30	State Police Local Police MBTA Police Campus Police	1
	03/18/2020 1401 Wil	mington	Police	Report	2	Injured 1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	-	ATION >		1	INTER	SECT		1
						NOT I	TIVI EA	<u>BBC1</u>	1011.	10
					5	CUSH	ING D			2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	y/Street	
Τ.		At		Feet N S	E W of			or		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile Ma	ırker		Exit Number	2 11
		Also at Intersection w	vith	Feet NS	E W of	Route#	Intern	D -	J/St t	
2	Destall Disease			Feet N S	E W of	Koute#	inters	ecting Ko	oadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street				La	ındınark		
3	Please Select One Vehicle 11	_#Occupants Hit/	Run Moped	Crash Report	ID# 20	-86	- <u>a</u> c			1
3	of the Following:									1
	,	DOB/Age	Reg	# 11XL91		Reg Type	PC	Reg		12
	Sex F Lic. Class D 19 Lic.		DL Veh	Year 2016 \	Veh Make N	ISSAN		Veh C	Config. 21	1
	Operator GRILO, ANA MA			er GRILO, AN	TONIC	A				
⁴ 1	Address 12 CUSHING DR	rnst		ess 12 CUSHII	NG DR	First		Midd	lle	
	City WILMINGTON State	e MA Zip 01887		WILMINGTON		Sta	te MA	Zio 01	887-2000	
	Insurance Company GEICO GEN			cle Action Prior to Crash					27 27 8 27	
				[22]	23 23		est Status:	1	28	
5	Vehicle Travel Direction: NSW	Responding to Emer	gency? <u>2</u> Even	t Sequence 1 23			pe of Test:	Ė	29	
	Citation # (If Issued)		Mos	Harmful Event 1	24		AC Test Res	ult:	30	<u> </u>
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	17 ²⁵ 2	1 25 St	sp. Alcohol:	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	To	owed from so	ene? 1	33	
⁶ 1		ator and all occupants in	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	So	ee Above		1 1	3 0	0 9	1		1
]
							 			1
								 		1
⁷ 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18	Hi	it/Run Moped	
	License #St	DOB/Åge	Reg	2ZFY50		Pag Type	PC	Pag	, State MZA	1
	19 19	20		Year 2016					21	
	L	r.	ndorsement					Veh C	Config.	
§ 1	Operator Driverless M.	First	Middle	er TKACHUK, Last		First		Middl	le	
_	Address		Addr	ess 124 POND	ST	· · · · · · · · · · · · · · · · · · ·				14
	City Stat	e Zip	City.	WILMINGTON				-	887-3768	1 1
	Insurance Company SAFETY IN	SURANCE CO	MPANY Vehic	cle Action Prior to Crash	11	22 D	amaged Area	Code: 5	27 4 27 6 27	
	Vehicle Travel Direction: N S E W	Responding to Emerg	gency? Even	t Sequence 23	23 23	23 Te	est Status:	_	28	
	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test:	_	29	
2		Vial 2. Ch/Saa/Sal		<u> </u>	1 25	25	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub			-	26		isp. Alcohol:	L	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	wed from so	ene? 1		1
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	t Se	ee Above		1					
								$\dagger \dagger \dagger$		1
										4
										1



	Police Use Only	Comm	onwealth	of Massac	husetts	\$	RM	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Number Vehicles		Speed Limi	t <u>30</u>	Local Police	1
	03/20/2020 1238 Wil	mington	Police ?	Report	2	O	Latitude Longitude _		MBTA Police Campus Police	
	AT INTERSECT	TION:	< LOCA			NOT A	r inter	RSECT		1
						***				2 10
	D. I. B. C.					MASS	AVE			
¹ 1	Route# Direction	Name of Roadway/Stree	t	Route# Direction	Address #		Name o	f Roadwa	ny/Street	-
		•••		Feet N	S E W of			- or		
	Route# Direction Na	une of Intersecting Roadway	/Street			Mile Ma	arker		Exit Number	5 11
		Also at Intersection with	ı		S E W of	Route#	Inters	secting R	oadway/Street	
² 2	Route# Direction Na	ime of Intersecting Roadway	//Street	Feet N	S E W of				,·	
2							L	andmark		1
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash Repo	ort ID# 2 0	-87	-AC			
	License # S56619214 St N	A DODA		# 1LMH11			DC.		. M2	1
	10 10	20							21	1 12
	Den Die. Class D Die.	Restrictions 1 CDL Endo	orsement	Year <u>2018</u>				Veh (Config. 1	\vdash
4	Operator DEMARCO , ANNE	E MARIE First N	Middle	er DEMARCO Last		First	I	Mid	dle	
⁴ 1	Address 25 OAKDALE RD		Addr	ess 25 OAKD	ALE RD					
	City WILMINGTON Sta	te MA Zip <u>01887</u> -	4015 City	WILMINGTO	N	Sta	ate MA	Zip 01	887-4015	
	Insurance Company SAFETY IN	SURANCE COM	PANY Vehic	le Action Prior to Cra	nsh 1	22 D	amaged Are	a Code:	3 27 27 27	
-	Vehicle Travel Direction: N E W	Responding to Emergen	ncy? 2 Even	Sequence 23	23 23	23 To	est Status:	1	L 28	
5	Citation # (If Issued)		Most	Harmful Event 1	24	T <u>y</u>	ype of Test:		29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code	1 25	25	AC Test Res			13
				r Distracted by	26		usp. Alcohol	-	73	
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	rator and all occupants invol-		Distracted by	34 35	36 37	owed from s	cene? 2	2 3	_
	Name (Last First Middle)	•	Idress	DOB/Age S	Seat Safety ex Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	See A	Above	$\langle \rangle$	1 1	4 0	0 10	1		
										1
						 	 			-
							<u> </u>	-		-
]
⁷ 1	Please Select One of the Following:	_#Occupants Non-M	otorist A Type	15 Action 16	Location	17 Condit	tion 18	н	lit/Run Moped	
+		<u> </u>		DC466V	<u> </u>				1/2	-
	19 19	1A DOB/Age		RS466X			PC		21	
		Restrictions 1 CDL Endo	rsement	ear 2009				Veh (Config.	
⁸ 1	Operator BENARD, SCOTT	MATTHEW First M	fiddle	er BENARD ,		First		Midd	Ile	
	Address 22R EDSON ST			ess 22 ALLG	ROVE L	N				14
	City LOWELL Stat	e MA Zip 01851-	2403 City	WILMINGTO	N			_		1 '
	Insurance Company LM GENERA	L INSURANCE	COMP Vehic	le Action Prior to Cra	sh 1	22 D	amaged Area	a Code: 1	27 ₈ 27 27	
	Vehicle Travel Direction: X S E W	Responding to Emergen	cy? 2 Event	Sequence 1 23	23 23	23	est Status:	1		
9	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test:	-	29	
⁹ 2	Viol. 1: Ch/Sec/Sub —————	Viol 2: Ch/Sec/Sub	Drive	r Contributing Code	8 25	25	AC Test Res		30	
				r Distracted by	26		isp. Alcohol owed from se		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	** * * * * * * * * * * * * * * * * * *		. Distracted by O	34 35	36 37	38 39	40	<u>. </u>	ļ
	Name (Last First Middle)	•	dress	DOB/Age So	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motoris	t See A	Above	\rightarrow	1 1	1 0	0 10	1		
										1
					+			+		1
								1		1

