	Police Use Only Commonwe						alth of Massachusetts						RMV Document Number				
	Date of Crash	Time of Crash	1	City/Town	Mo1	tor Veh	icle Cr	ash		unber hicles	Num Injur	1 1 -	ed Limit	30	- State Police Local Police MBTA Police	· 🔞	
	04/08/2020	0922 24HR	MITWI	ington		Police	Report		2		0	Lau	tude gitude _		Campus Pol	ice	
		AT INTER	SECTIO	N:	<	LOCA	TION	>	, ¹		TON	AT I	TER	SEC	ΓΙΟΝ:		
																	2 10
	Route# Dire	etion	<u> </u>	Name of Roadw	av/Street		Route# Dir	ection	Addr	ess#	EV	ERET			ay/Street		
¹ 1	10000			At													1
							Fee	t NS	EW	of	— — Mil	– –– e Marker	• —	or _	Exit Num	ber	11
	Route# Dire	ction		of Intersecting I	Roadway/Street	y/Street											2 ''
								t NS			Route	4	Inters	ecting R	Loadway/Stree	et	
² 2	Route# Dire	ction	Name	of Intersecting I	Roadway/Street			- L	l,l				La	andmark			ĺ
	Please Select		ı. 1 #	Occupants	Hit/Dun	Moped	Crash	h Report	ID#	20	<u> </u>	4-7	<u> </u>				1
³ 3	of the Followi	ing:			HIVKUII												4
L	License #_ S3	5907615	St MA	_ DOB/Age	20	_	# <u>7087A</u>								10.00		1 12
	Sex M Lic.	Class D	Lic. Res	trictions B	CDL	Veh	Year 2013		Veh Ma	ake_O	ther-	-not]	iste	d Veh	Config. 9	7	
A	Operator GR	ABOWSKI Last	, CON	NOR W	Middle		er A AND	S !	row	ING	IN Fin	IC st		Mic	ddie		
⁴ 1	Address 3 7	ACORN DE	<u> </u>			Add	ress 222 <i>1</i>	ANDO	VER	S							
	City WILM	INGTON	State 1	1A Zip 01	<u>887-156</u>	O City	WILMIN	GTON	1					Zip 01			
	Insurance Comp	pany THE CO	OMMERO	CE INSU	RANCE C	O Vehi	cle Action Prior	to Crash	1	3	22			a Code:	0 27 7 27	27	
5	Vehicle Travel I	Direction:	SEW	Responding to	Emergency? 2	Ever	nt Sequence	23	23	23	23	Test S			1 ²⁸ 29		
J	Citation # (If Iss	sued)				Mos	t Harmful Event	1	24			• • •	of Test: Fest Res	anlt.	30		
	Viol. 1: Ch/Sec/	/Sub	Vio	ol. 2: Ch/Sec/Su	b	Driv	er Contributing	Code	1	25	25			2 31	Susp. Drug:	2 32	1 13
	Viol. 3: Ch/Sec/	/Sub	Vio	ol. 4: Ch/Sec/Su	ь	Driv	er Distracted by	0	26				i from s		2 33	:	
⁶ 2		Please fill ou	t for operator	r and all occupa	nts involved			-	34 Seat	35 Safety	36 Airbag	37 3: Eject Tra		40 Transp.			-
	Name (Last First M				Address		DOB/Age	Sex	Pos.	System 1	Status	Code Co	de Status	Code 1	Medical Fa	ncility	1
	Operat	<i>or</i>			See Above			\checkmark	1	<u> </u>	4	-	10	-			-
																	_
-	Please Select	One V Valia	le 2 1 #	Occupants	Non-Motorist	A Type	15 Action	16	Locatio		17 C	ondition	18	Ιг.	Hit/Run	Monad	1
⁷ 2	of the Follow	ıng: —		- Companies	140H-MOOUTISE				Locatio	<u>"L</u>							4
	License # SO	0929188	St. MA	DOB/Age	20	_	# 4EV11:				_	Туре _		Re	eg State MA	21	
	Sex M_ Lic.	Class D	Lic. Res	trictions B	CDL Endorsemen	ıt	Year <u>2002</u>						<u> </u>	Veh	Config. 1		
⁸ 1	_	OLINI,	Fi	irst	Middle		ner PAOLI	Last			Fir			Mie	ddle		
1	Address 13	BEECHIN					ress 13 BI	EECH	ING	A	/E						14
	City WILM:	INGTON	State 1	1A Zip 01	887-132	6 City	WILMIN	GTON	<u> </u>						L887-1		4
	Insurance Comp	pany PLYMO	UTH RO	OCK ASS	URANCE	C Vehi	cle Action Prior	to Crash	1	2	22			a Code:	8 ²⁷ 9 ²⁷	27	
	Vehicle Travel I	Direction:	SEW	Responding to	Emergency? 2	Ever	it Sequence 1	23	23	23	23	Test S	tatus: of Test:		29		
⁹ 2	Citation # (If Iss	sued)				Mos	t Harmful Event	1	24				Test Res	sult:	30		
2	Viol. 1: Ch/Sec/	/Sub	Vio	ol. 2: Ch/Sec/Su	b	Driv	er Contributing	Code	99	25	25		Alcohol		Susp. Drug	2 32	
	Viol. 3: Ch/Sec/	/Sub	Vio	ol. 4: Ch/Sec/Su	b	Driv	er Distracted by	99	26			Towe	i from s	сепе?	2 33		
		ease fill out for or	erator/non-n	notorist and all	-	ved	PCD.:		34 Seat	35 Safety	36 Airbag	37 3 Eject Tr Code Co	p Injur		Medical Fa	acilit:	Ī
	Name (Last First M	tor/Non-M	ntorist		Address See Above		DOB/Age	Sex	Pos.	System 1		0 0	de Status	1	Medical Fa	жицу	1
	Operat				200710070			+	 								1
														-			-
									ļ								_

	= Direction	1 = Vehicle 1 2	= Vehicle 2	₹ = Pedestri	ian 🐠 :	= Bicycle	
Crash Diagram:	ie: → 🗌	1 -> 2	□ →	> }	→ №		
Faulker Ave			Everett St			If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way	ot .
			1000			Indicate North by	Arrow
				Ę	37	$\overline{\mathcal{P}}$	
Crash Narrative:				•			
V1 was travelling no							
come to a stop to mabeliand V1 and attempt							
the vehicle slid on							
to the hood, A pilla	•						
injuries and no vehi							
Witnesses:							_
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From Veh	icle Section)			
Carrier Name						Bus Use	42
Address			. City			it Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
	Reg Type		Reg Year	———Trai	ler Length	46	
Hazmat Information:					, F	<u></u>	
Placard 47 Material 1 digit	# Material Na	me		_Material 4 dig	it #	Release code	49
Patrol Officer Emily L	Stabbins		210 Wi	Iminator	Police	Department 04	/08/2020

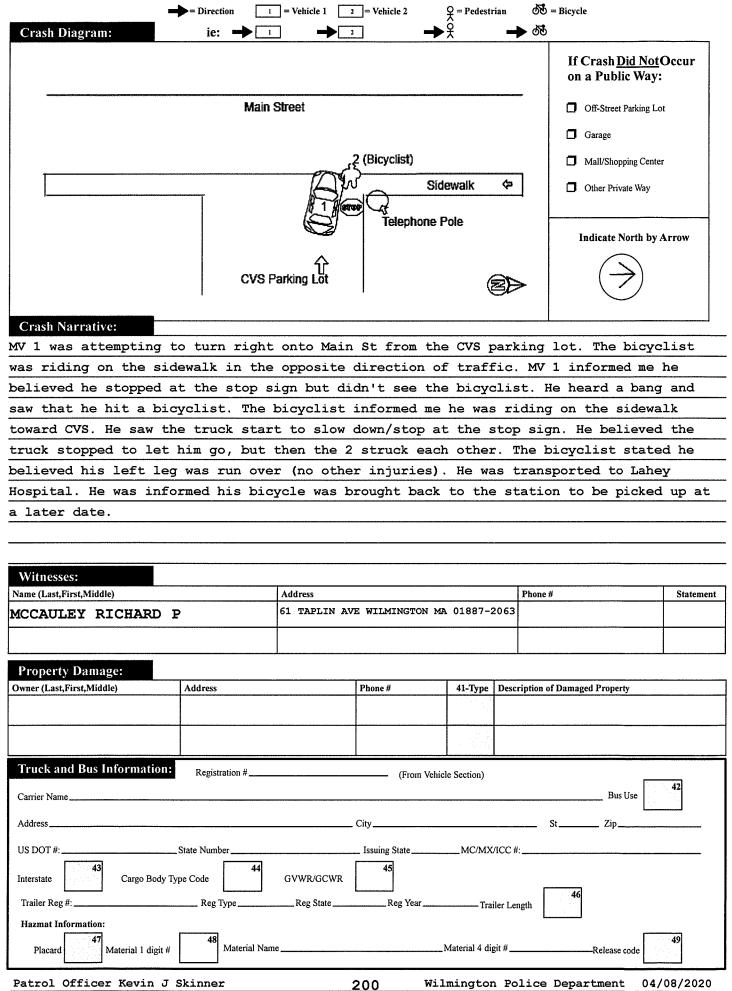
Department

Wilmington Police Department Images Associated with 20-94-AC



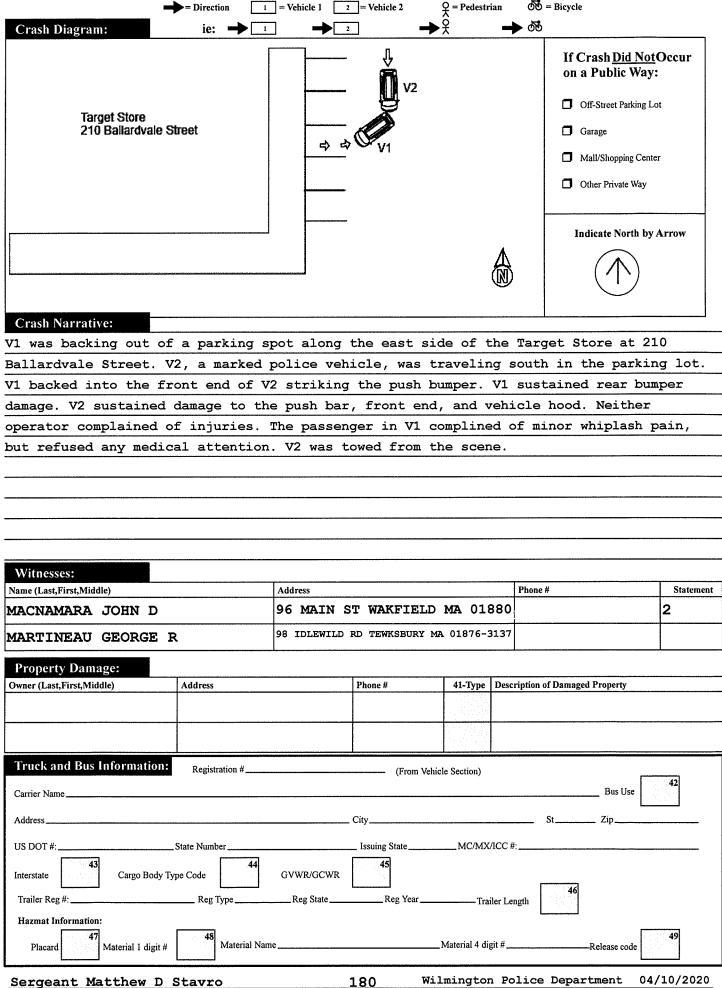


Police Use Only	Com	monwealth	of Massacl	RMV Document Number					
Date of Crash 04/08/2020 1242	City/Town Wilmington	Motor Veh		Number Vehicles	Injured	Speed Limit Latitude	10	State Police Local Police MBTA Police Campus Police	
24HR		<u> </u>	Report	1	4	Longitude_		Campus Police Other:	
AT INTER	SECTION:	< LOCA	TION >		NOT AT	INTER	SECT	ION:	╀
				222	MAIN	em.			2
Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #	MAIN		Roadway	/Street	_
	At		Feet N	SEW of			or		
Route# Direction	Name of Intersecting Road	lway/Street	1000	-1-1-1-04	Mile Mar	ker	<u> </u>	Exit Number	
	Also at Intersection	with	Feet N	SEW of	Route#	Inters	ecting Ros	adway/Street	F
Route# Direction	Name of Intersecting Road	lway/Street	Feet N	S E W of				,	
				•			ındmark		-
Please Select One of the Following:	e 11#Occupants Hit	t/Run	Crash Repo	rt ID# 20	-95-	-AC			
License #_S83525708	St MA DOB/Age	Reg	# Z2175		Reg Type	PC	Reg	State MA	₽
Sex M Lic. Class D		CDL Veh	Year 2006	Veh Make F	ORD		Veh Co	onfig. 21	7
Operator WOODSIDE,	NEIL LLOYD	Endorsement Owr	er WOODSIDE	, NEIL	LLOY	D			1
Address 120 ALDRIC		Middle Add	ress 120 ALD	RICH RE	First		Middle	e	ı
City WILMINGTON	State MA Zip 0188	7-2227 City	WILMINGTO	N	Stat	e MA 2	Zip 018	387-2227	۱
Insurance Company THE CO	MMERCE INSURA	NCE CO Vehi	cle Action Prior to Cra	sh 3	22 Da	maged Area	Code: 2	27 27 27	ı
Vehicle Travel Direction:	E W Responding to Eme	ergency? 2 Ever	t Sequence 4 23	23 23	" "	st Status:	1	28	
Citation # (If Issued)		Mos	t Harmful Event 4	24		pe of Test:		30	1
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub _	Driv	er Contributing Code	19 25	25	AC Test Res sp. Alcohol:		Susp. Drug: 2 32	4
Viol. 3: Ch/Sec/Sub ———	Viol. 4: Ch/Sec/Sub		er Distracted by	26		wed from so	2.1		H
Please fill out	for operator and all occupants in			34 35 Scat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
Name (Last First Middle)		Address	DOB/Age Se	x Pos. System	Status Code	Code Status	Code 1	Medical Facility	\exists
Operator		See Above		111	4 0		-		\dashv
									4
Please Select One of the Following:	2#Occupants No	n-Motorist A Type 2	Action 2	Location 9	17 Conditi	on 18	☐ Hit	t/Run Moped	1
License # <u>\$57899006</u>	St MA DODA			<u> </u>		14	Pag	State	+
	9 20		# Year					21	
Operator MURPHY, P2	I	Endorsement	er	_ ven iviake			ven co	oning.	
Address 22 ST PAUL	First	Middle	Last	***************************************	First		Middle	0	
City WILMINGTON			C33		Stat	۵ .	Zin		1
Insurance Company			cle Action Prior to Cra	11.2		maged Area	· -	27 27 27	F
	E W Responding to Eme	_	t Sequence 23	23 23	23 Tes	st Status:		28	
Citation # (If Issued)	X		t Harmful Event	24	Ty	pe of Test:		29	
Viol. 1: Ch/Sec/Sub			er Contributing Code	25	25	C Test Res		Susp Drug 32	ł
Viol. 3: Ch/Sec/Sub			er Distracted by	26		sp. Alcohol: wed from so	\vdash	Susp. Drug: 32 33	
	erator/non-motorist and all occup			34 35 Sect Sector	36 37	38 39	40		1
Name (Last First Middle)		Address	DOB/Age Se	x Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Code	Medical Facility	+
Operator/Non-Mo	torist S	See Above		1 99		8	2		_
			<u> </u>				+		1
	I .		1 !		1 1	ı 1			



Department

20	Police Use Only Comm				monwea	nonwealth of Massachusett				etts	ts RMV Doc				/ Docu	1.16		
- 1	Date of Crash	Time of Crash	1	City/Town			icle Cra	sh		ımber hicles	Nun Inju	nber ired	Speed	Limit.	2.589	State Po Local F MBTA	olice 🔯 Police 🖸	
	4/10/2020	24HR	1		Pol	lice I	Report		2		1		Longit	ude	071.1	60 Campu Other:	s Police	
L		AT INTER	SECTIO	N:	<	LOCA	ΓΙΟΝ	>			NO'	Г АТ	INT	TER!	SEC'	TION:		lacksquare
									21	n	B1	ALL.	ARI	777A.	T.F!	STP		2
R	loute# Direc	ction]	Name of Roadway/	Street		Route# Direc	tion	Addr							ay/Street		
				At			Feet	N S	EW	of			- •		OI			
R	Loute# Direc	ction	Name	of Intersecting Road	dway/Street						Mi	ile Mar	ker			Exit N	Jumber	3
				Also at Intersection	with		Feet	N S	EW	of	Route	e#		Interse	cting F	Roadway/S	Street	<u> </u>
R	Loute# Direc	etion	Name	of Intersecting Road	łway/Street		Feet	N S	EW	of								
															ndmark	<		ł
	Please Select C of the Followi		le 1 2 #	Occupants Hi	t/Run 🔲 🛚	Moped	Crash F	Report	ID#	20	- 9	6-	-A	C				
Li	icense #_ S6 .	5463411	St MA	DOB/Age		Reg#	7RV625				Re	д Туре	PC		R	eg State	1/A	_
Se	ex F Lic. (Class D	19 Lic. Res		CDL	Veh Y	ear 2017		Veh M	ake V	OL/	70			_ Veh	Config.	1 ²¹	1
		OMSON,	 HEATH		Endorsement	Owne	r WOMBWE	LL,	. N	ATA			NN					
	-	Last LUPINE	Fi	irst PT 8	Middle	Addre	ss 49 LUI	Last PIN	E F	ED C		irst T8	1		Mi	ddle		
				//A Zip 018 :	10	City.	ANDOVER					Stat	е М 7	1 z	ip 0	1810-	-3900	
	•			LTY INSUF			le Action Prior to		ı	10	22				Code:		27 27	
	ehicle Travel D	Direction: N	s X w	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23	Te	st Stat	us:		1 28		
Ci	itation # (If Iss	sued)				Most 1	Harmful Event	ī	24			-	pe of ?			30		
-	-			ol. 2: Ch/Sec/Sub -		Driver	r Contributing Co	ode	19	25	25			t Resu	ılt: 2 31		rug 2 32	1
				ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26	نسالننس				om sc		2 33		
L.				r and all occupants				T	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
\dashv	Name (Last First M				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medi	cal Facility	
	Operate			49 LUPINE RD	See Above				1	1	4		0		1			
NA	ATALIE WON	MBWELL		ANDOVER, MA 01	810-3900		12/31/1982	F	3	0	4	0	0	8	1			
P	Please Select C		le 2 1 #	Occupants No	on-Motorist A	Type	15 Action	16	Locatio	on	17	Conditi	on	18		Hit/Run	Moped	
	of the Followin		a. MA	7074			E572						DC			eg State 1	.CX	┨
		4942472	19	DOB/Age		_	E572 ear 2019			. 127						-	21	
	EX. F Lic. (Lic. Res		CDL Endorsement		ear ZULY r WILMIN								_ ven	Config.		
	-	Last DELAIDE	Fi	irst	Middle		ss 1 ADEI	Last			Fi	irst			Mi	ddle		
— ՝՝՝				1A Zip 0188	27		WILMING					Ctot	. MZ	A 7	i. 01	1887		1
- 1	-	any MIIA	State _	253 Zip V 1 O	2.	-	le Action Prior to			1	22					1 27 2	27 27	<u> </u>
	surance Comp ehicle Travel D	_	EW	Responding to Em	2		г	23	23	23	23		st Stat			1 28		
	itation # (If Iss	L	A E W	Responding to Em	ergency /		Harmful Event	1	24			Ty	pe of T	Γest:		29		
	,	·	1.0	1.2.01/0./0.1			Contributing Co		1	25	25	l		t Resu		30	22	
	Viol. 1: Ch/Sec/Sub						Distracted by	0	26		<u> </u>	j Su		cohol:	2 31	Susp. D	rug 2 32	
Vi	iol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub =		Dilvei	. Distracted by		34	35	36	37	38	39	40	<u> </u>		ļ
_	Name (Last First M	fiddle)	·		Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	cal Facility	-
	Operate	or/Non-M	otorist		See Above		\geq	X	1	1	4	0	0	10	1			
								 										



Police Officer Name (Please Print)

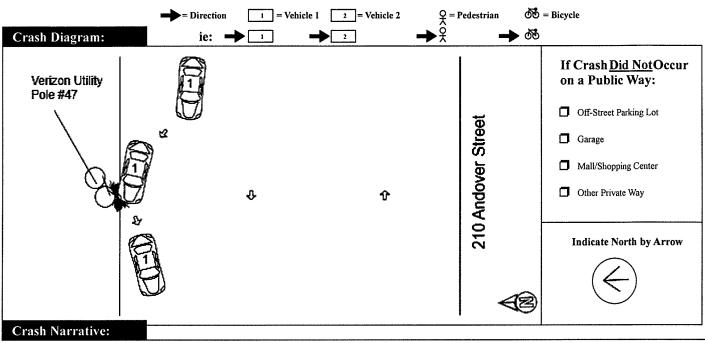
Signature

ID/Badge #

Department Precinct/Barracks

Date

	Police Use Only	onwealth (of Massachusetts					RMV Document Number					
	Date of Crash Time of Crash	City/Town	Aotor Veh	icle Cras	sh [Number Vehicles		, DP-00.	d Limit	30	State P Local F MBTA	Police 🔯	
	04/11/2020 1736 Wiln	nington	Police 1	Report	1		1	Latitu Long				s Police 🔲	
	AT INTERSECTI	ON:	< LOCA	TION >	>		NOT	AT IN	TER	SEC	TION:		<u> </u>
					21	. ^	75 3.77)	ם מ	m			2 10
1	Route# Direction	Name of Roadway/Street		Route# Directi		dress #	MINI	NOVE:			ay/Street		
1		At		Feet [N S E V	v of		(or			
	Route# Direction Nam	ne of Intersecting Roadway/S	Street				Mile	Marker		· -	Exit N	Number	11
		Also at Intersection with		Feet [N S E V	v of	Route#		Interse	ecting R	Roadway/S	Street	
² 1	Route# Direction Nam	ne of Intersecting Roadway/S	Street	Feet I	N S E V	v of					•		
	Please Select One X value 17	#Occupants Hit/Run				20	0'	7 70		ndmark			1
3	of the Following:	_#Occupants Hit/Run	Moped	Crash Re									
	101 101	A_ DOB/Age	_	# <u>7BR780</u>								1A 21	7 12
	Sex M Lic. Class D 19 Lic. R	estrictions B CDL	Veh '	Year 2015	Veh 1	Make H	IOND	A		Veh	Config.	1 "	
4	Operator GANTI, JAGADE:	SH First Mi	Own	er GANTI ,	JAGZ	ADES	SH First			Mic	ddle		
⁴ 1	Address 28 NADINE LN		Addr	ess 28 NAD	INE	LN							
	City NORTH ANDOVER State	MA Zip 01845-5	5932 City	NORTH AN	DOVE	R				•		-5932	
	Insurance Company GEICO GENE	RAL INSURANC	CE C Vehic	cle Action Prior to C	Crash	1	22			Code:	2 27 3 2 28	27 27	
5	Vehicle Travel Direction: NSE	Responding to Emergence	y? <u>2</u> Even	t Sequence 40 ²	3 23	23	23	Test Sta		}	3 20		
	Citation # (If Issued) T1684039		Most	Harmful Event	22 ²⁴			BAC Te		ŀ	2 ²⁹ 5 ³⁰		
	Viol. 1: Ch/Sec/Sub 90 24 V	viol. 2: Ch/Sec/Sub 90	24 Drive	er Contributing Cod	le 9	25	25	Susp. A	lcohol:			rug: 2 32	22 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub 89 4A V	/iol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶			Towed t	from sc	ene?	3 33		
1	Please fill out for operation Name (Last First Middle)	tor and all occupants involve		DOB/Age	34 Sea Sex Pos		Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Modi	cal Facility	
	Operator	See A			X_1	1	1 0	О	8	1			
						 							
								-					
								_	ļ		······································		-
													1
⁷ 1	Please Select One of the Following:	#Occupants Non-Mo	torist A Type	15 Action	Local	ion	17 C₀	ndition	18	I	Hit/Run	Moped	
	License #St	DOB/Age	Reg #	#			Reg 7	ype		Re	g State_		1
	Sex Lic. Class 19 19 Lic. R	estrictions 20 CDL_		Year	Veh 1	∕lake				_ Veh	Config.	21	
Q	Operator		sement Own	er	ısı		First			Mic	441.		
⁸ 2	Address	rust Mik		ess	ist		rirst			MIC	udie		
	City State	Zip	City_					State	Z				1 14
	Insurance Company		Vehic	ele Action Prior to C	Crash		22	Damage		Code:	27	27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergence	y? Even	t Sequence 2	3 23	23	23	Test Sta			28		
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	24			Type of BAC Te		ılt:	30		
2	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le	25	25	Susp. A	1		Susp. D	rug 32	
	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	26			Towed f	from sc	ene?	33	L	
	Please fill out for operator/non-	-motorist and all occupants		DOB/Age	34 Sea Sex Pos		Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	36.3	cal Facility	1
	Operator/Non-Motorist			Souringe	$\sqrt{\frac{1}{1}}$	Joseph		Code	Serius		woal	one a welling	1
	1					 		-	1				1
					+	-	\vdash		-		<u> </u>		



MV1 was traveling westbound on Andover Street in the area of 210 Andover Street. MV1 was traveling straight ahead and then left the marked travel lane and the roadway to the right and struck Verizon Utility Pole #47. Verizon Utility Pole #47 was a double utility pole that was previously braced together. MV1 struck the older pole that was located closest to the roadway and did not strike to newer and larger utility pole that has been set. MV1 swerved back into the roadway and continued traveling straight ahead before coming to rest just prior to 214 Andover Street. The force of the crash sheared the older pole from the brace and left the older wooden pole and all of the attached wires hanging across the roadway, making it impassable. MV1 suffered front right and right side damage. The operator of MV1 was arrested for O.U.I.-Liquor, Negligent Operation of a Motor Vehicle, and Marked Lanes Violation. MV1 was towed from the scene.

TT ICII COO CO											
Name (Last,First,Middle)	Address			Phone #	Phone #						
					ļ						
								····			
Property Damage:											
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	Description of Damaged Property					
VERIZON FIOS	IGTON MA 01887		4	VERIZON	UTILITY	POLE	#47				
Truck and Bus Information:	Registration #		(From Veh	icle Section)			42				
Carrier Name						Bus Use					
Address			City		St.	Zip		_			
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:	······································					
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		F	1177 7 21					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Тга	iler Length	46					
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name			_Material 4 di	git #	Release code	49				
Potrol Officer Michael A	Mileon		000 Wi	1 m i n m t n n	. Police D	onantmont	04/11/	2020			

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

Witnesses:

Wilmington Police Department Images Associated with 20-97-AC











