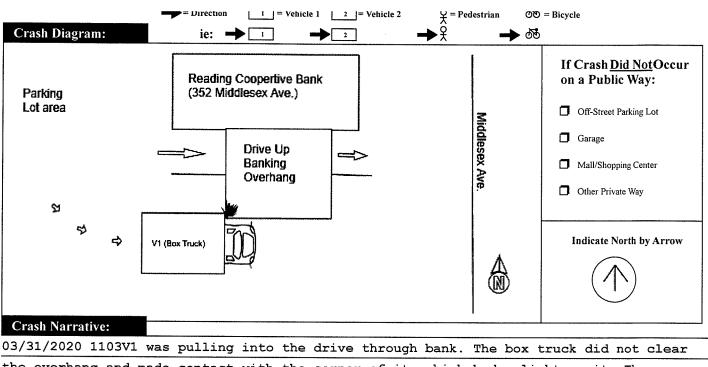
		Police Use Only Commonwealth of Massachusetts						1	RMV Document Number										
	Date of Crash 03/31/2020	Time of Crash	1	City/Town	i i		icle Cr		N V	umbe ehicle		urad	Speed Latitud	Limit	t	Loc	te Police cal Police TA Police	0800	
		24HR					Report		1		0	- 1	Longit				npus Police	Ö	
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	Route# Dire								35	2	<u>M</u> :	[DD:	LES	SEX	'A	Æ			2 10
¹ 1	Koute# Dire	ction		Name of Roadwa At	y/Street		Route# Dire	ection	Addı	ress #			Nai	me of	Roady	vay/Stre	et		
<u> </u>	7						Feet	N S	EW	of		ile Mar	_ •		or _		it Number		
	Route# Direc	etion		of Intersecting Ro			Feet	NS	EW	l of	IVI	ile iviar	Ker			EXI	t Number	_	1 11
2	<u> </u>						Feet NSEW of Route# Intersecting Roadway/Street									-			
² 1	Route# Direc	etion	Name	of Intersecting Ro	oadway/Street				 	,				La	ndmar	k			
3	Please Select C of the Followin		e 1 <u>2</u> #	Occupants 1	Hit/Run [Moped	Crash	Report	t ID#	20	- 9	1-	-A	 C				\exists	
	License # S5	1706955	St MA	DOB/Age		Reg	 # <u>J72577</u>				Par	Temo	<u></u>			C4-4-	MA	\dashv	
	Sex M Lic. 0	Class D	9	strictions 1 20	CDL		Year 2000										-	1	7 12
·	Operator CE	RULLO, A	_ NTHO	NY A	¹ Endorsement		er CERULI								ven	Comg.		╸	
⁴ 1	Address 31	MILL ST	APT	rst A	Middle		ess <u>31 MI</u>	Last				rst			Mi	iddle			
	City BURL I	NGTON	State 1	MA Zip 018	03-2601	_ City.	BURLING	TON	1			_ State	MA	z	ip 0 :	1803	3-260	1	
	Insurance Compa	any THE CO	MMERO	CE INSUR	ANCE CO) Vehic	ele Action Prior to	o Crash	ı [1	22	Dan	naged	Area	Code:	97 ²⁷	27 2	7	
5	Vehicle Travel D	irection: NS	Xw	Responding to Er	nergency? 2	Even	Sequence 35	23	23	23	23		t Statu			1 28			
	Citation # (If Issu	ıed)				Most	Hannful Event	35	24				e of To	est: t Resui	11+-	30			
	Viol. 1: Ch/Sec/S	ub ———	Vio	l. 2: Ch/Sec/Sub		Drive	r Contributing C	ode	19	25	25			_	2 31	Susp.	Drug: 2 3	2 3	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					om sce		2 33	<u> </u>	-	
_	Name (Last First Mi		for operator	and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System				39 Injury Status	40 Transp. Code	Me	edical Facility		
	Operato	r			See Above			X	1 .	1		0 0			1	IVIC	dear racing		
	ANTHONY CER	ULLO		31 MILL ST BURLINGTON, M	A 01803-2601		03/30/1979	м	3	1	4	0 0) :	10	1				
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7	Please Select O	ne Vehicle	2 #0	Occupants			15	16			17		ᆜ	18				\dashv	
⁷ 9	of the Followin	g: Veincle			on-Motorist A	Туре	Action	I	ocatio	1	c	onditio	n		I I	lit/Run	<u></u> Море	ed	
	License #	19 19	1	_ DOB/Age													21	-	
	Sex Lic. C	lass	Lic. Rest	rictions	CDL Endorsement		ear		/eh Mal	ke			****		_ Veh	Config.			
⁸ 4	Operator	Last	Fire	st	Middle			Last			Firs	t			Mid	ldle		-	
			State	Zin			5\$											- -	14
		City State Zip Insurance Company				•	e Action Prior to		Γ		22			Zır Area C		27	27 27	- 1	-
	Vehicle Travel Direction: NSEW Responding to Emergency?					-			23 :	23	23		Status			28		1	
)	Citation # (If Issue	ed)					Harmful Event	T .	24	l		Туре	of Te	st:		29			
2	Viol. 1: Ch/Sec/Su	b	Viol.	. 2: Ch/Sec/Sub -		Driver	Contributing Co	de	2	5	25			Result		30)mg 32	,	
	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————				Susp. Alconor: 52 Susp. Drug						Aug. 32								
	Please fill out for operator/non-motorist and all occupants involved							34 Seat	35 Safety	Airbag 1	Eject T	rap It	39 njury T	40 Fransp.			-		
f		r/Non-Mot	orist		Address See Above		IXOB/Age	Sex	Pos. S		Status (Code C	ode S	itatus (Code	Med	lical Facility	_	
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-													+					_	
-										_	_	-	_					_	
L																			



03/31/2020 1103V1 was pulling into the drive through bank. The box truck did not clear the overhang and made contact with the corner of it, which had a light on it. The operator of V1 said he usually clears the overhang at his normal bank, and did not think to check the height when he pulled in to Reading Cooperative Bank. There was damage to the front driver's side corner on the box of the truck. The gutter and spotlight were damaged on the bank. The impact shook some ceiling tiles loose inside the bank. There appeared to be no structural damage to the building, but the building inspector was contacted by the fire department and bank manager just in case and it will be inspected at a later time.

Witnesses:										
Name (Last,First,Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle) Address		Phone #	41-Type	Description of Damaged Property						
READING COOPERATIVE BANK MIDDLESEX AVE WI	LMINGTON MA 01887		97	GUTTER						
				SPOTLIGHT ON BUILD	ING					
Truck and Bus Information: Registration #										

Patrol Officer Emily L Stebbins

210

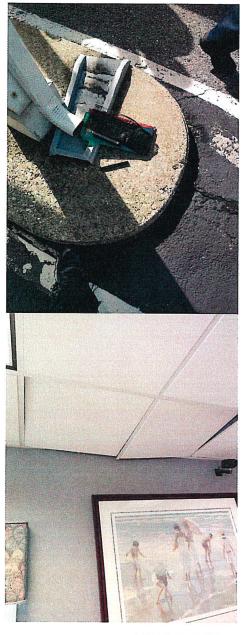
Wilmington Police Department

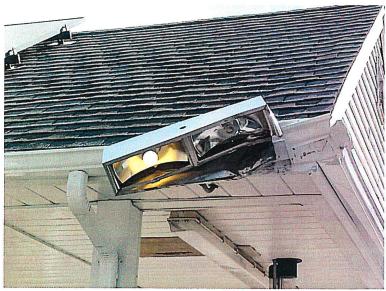
03/31/2020

Signature

Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 20-91-AC





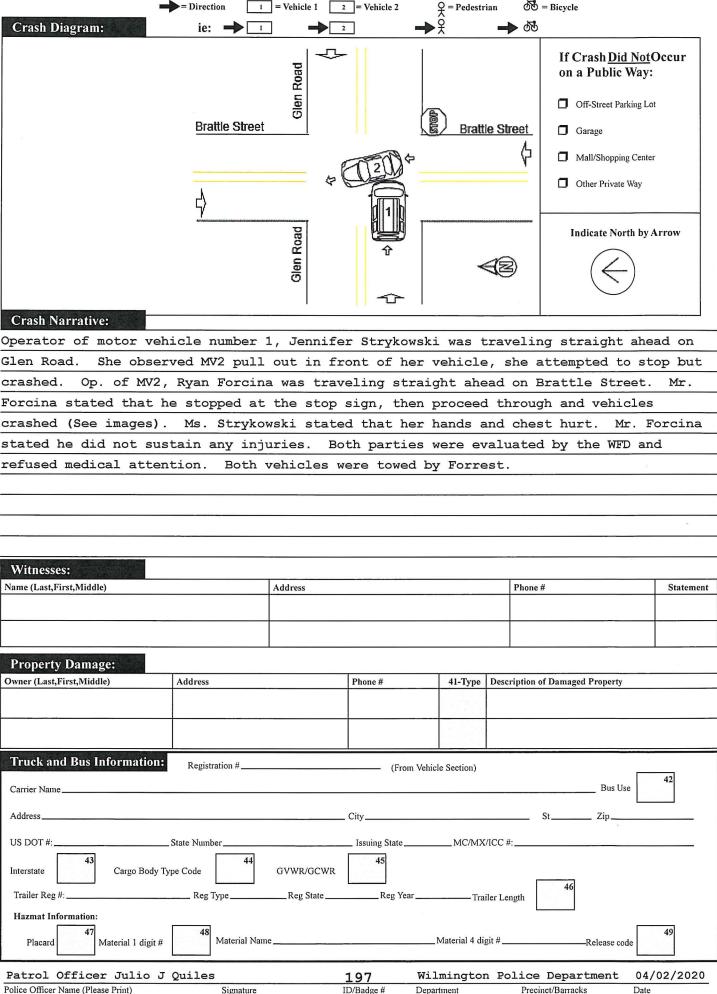


Wilmington Police Department Images Associated with 20-91-AC





	Police Use Only Commonwealth of Massachusetts RMV Document Numb						ent Number					
	1 1	City/Town ington	Motor Veh	icle Crasl	Numb Vehicl		Speed Limi	23	State Police Local Police			
	24HR	Ing con	Police	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	8		
	AT INTERSECTION	ON:	< LOCA	ATION >		NOT A	TINTER					
					-744.6					2 10		
	Route# Direction	Name of Roadway/Stre	oot.	David Branch	108	GLE						
¹ 1	2100107	At	et	Route# Direction	Address	#	Name of	Roadway/S	Street			
				Feet N	S E W of			or		_		
	Route# Direction Name	of Intersecting Roadwa		ਹਿ	Mile Marker Exit Number							
		Also at Intersection wit	.h	Feet NSEW of Route# Intersecting Roadway/S								
² 2	Route# Direction Name	of Intersecting Roadwa	y/Street	Feet NSEW of								
	Please Select One						***************************************	mdmark		-		
³ 3	of the Following:	#Occupants Hit/R	un Moped	Crash Repo	rt ID# 2 ()-92	-AC					
	License # S88448446 St MA	DOB/A	Reg #	1786YF		Reg Typ	e PC	Reg Si	tate MA			
	Sex F Lic. Class D 19 Lic. Re		L Veh \	Year <u>2014</u>				_	7.1	1 12		
	Operator STRYKOWSKI, JE	NNIFER A	Own	er STRYKOWS								
⁴ 2	Address 67 NORTH WASHIN		Middle	ess 67 NORT	•	First		Middle		- '		
	City WILMINGTON State 1			WILMINGTO				r. 019	97-2312	-		
	Insurance Company METROPOLITA			le Action Prior to Cra	F	22 27 27 27 27						
	Vehicle Travel Direction: N S W	Responding to Emerge	_		sh 1 23 23		est Status:	<u> </u>	28	J		
⁵ 1	Citation # (If Issued)		•	Sequence 1	24		ype of Test:		29			
				Harmful Event 1		25	AC Test Resu	1	30	13		
	Viol. 1: Ch/Sec/Sub — Vio			r Contributing Code	26 25	S	usp. Alcohol:		sp. Drug: 2 32	1 1		
⁶ 2		ol. 4: Ch/Sec/Sub		r Distracted by 0		- ,	owed from sc	ciic. <u>1</u>	33			
	Please fill out for operato Name (Last First Middle)	•	ddress	DOB/Age Se:	34 35 Seat Safet Pos. Syste		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
	Operator	See	Above	\times	1 1	1 0	0 8	1				
										4		
		<u> </u>			<u> </u>							
⁷ 2	Please Select One of the Following: Vehicle 21 #	Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/R	Run Mope	d		
	License # SA0450731 St MA	_ DOB/Age	Reg#	1CPF17		Reg Type	PC	Reg Sta	ata MZ	1		
	Sex. M Lic. Class D Lic. Res	20		ear 2008	Vals Malsa				_ 21	-		
	Operator FORCINA, RYAN (Endo	orsement	Veh Year 2008 Veh Make MITSUBISHI Veh Config. 1 Owner FORCINA, KRYSTN FLLIOTT								
1	Last Fi	rst N	Middle	ss 6 SENEC		First		Middle		-		
		IA Zip 01887-		VILMINGTO		G.	. M7\ a	0100	27_1000	- 14		
	Insurance Company SAFETY INSI	•	, _				te IVIA . Z imaged Area		3 7-1980 27 27 27	-		
			_	e Action Prior to Cras	h 1		st Status:	1 2				
	<u> </u>	Responding to Emergen	•	sequence 1	24		pe of Test:	2	19			
2	Citation # (If Issued)			Harmful Event 1			AC Test Resu	lt: 1 3	50			
			Contributing Code	1 25	25 Su	sp. Alcohol:		sp. Drug: 2 32				
	iol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Distracted by 0	26		wed from see	1	3			
	Please fill out for operator/non-m Name (Last First Middle)		s involved dress	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
	Operator/Non-Motorist	See A	Above	X	1 1	2 0		1	c weetily	7		
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Precinct/Barracks

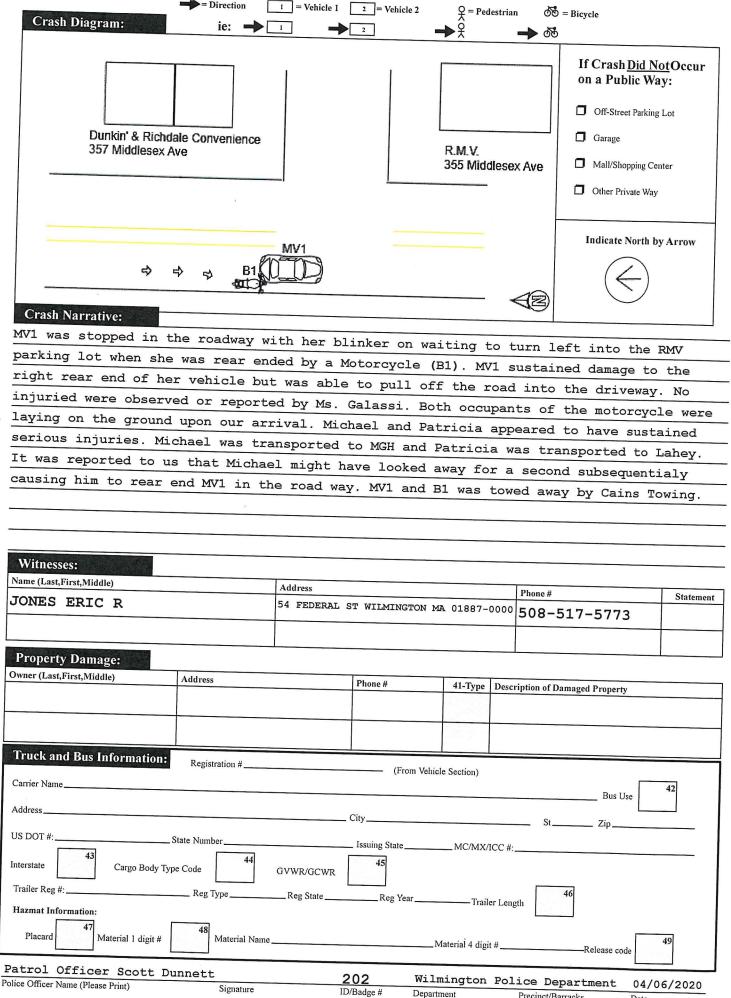
Wilmington Police Department Images Associated with 20-92-AC







	1 once use Omy	Louin	поимеани	OI IVIASSAC	nuset	τs	1	RM	IV Doc	cument Number	1
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Num		(Ope	ed Limi	3	O State Police	1
	04/06/2020 1535 Wi:	Lmington	Police 1	Report	Vehic 2	les Inju	Lati	tude		O State Police Local Police MBTA Police Campus Police	
	AT INTERSEC	FION:	< LOCA		<u> </u>			gitude_	SEC	Other:	1
			200%			NO	AI II	1151	SEC	TION.	10
					355	MI	DDLE	SEX	7A.	V E	2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address	#	1	Vame of	Roady	way/Street	
		At		Feet N	S E W of				. 05		
	Route# Direction N	ame of Intersecting Roadw	ray/Street				le Marker		01 .	Exit Number	11
		Also at Intersection w	ith	Feet N	S E W of						2
12				Feet N	S E W of	Route	#	Inters	ecting	Roadway/Street	l
² 1	Route# Direction N	ame of Intersecting Roadw	ay/Street					La	ındmar	k	-
3	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash Repo	et ID# 2	0 <u> </u>	3_7			****	1
	5.										4
	License # S58148801 St]		Reg #	973PX8		Reg	Type P	<u> </u>	R		12
	Sex F Lic. Class D 19 Lic		OL Veh Y dorsement	rear <u>2009</u>	Veh Make	HOND	A		Vel	n Config. 21	
	Operator GALASSI, VIR	GINIA GONTI		er GALASSI ,	VIR	INIA	GON	TIJ	0		
⁴ 1	Address 15 HANKS ST	APT 2		ess 15 HANKS	SST	APT	st 2		М	liddle	
L	City LOWELL Sta	nte MA Zip 01852	-3619 City	LOWELL			State M	IA :	7in 0	1852-3619	
	Insurance Company GEICO GEN			le Action Prior to Cras	[22	Damag				
	Vehicle Travel Direction: N E W	•			23 23	23	Test St		. 0040.	28	
⁵ 2		Responding to Emerg		Sequence 1			Туре о			29	
	Citation # (If Issued)		Most	Harmful Event 1	24		BAC T	est Res	ult:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	Susp. A	Alcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		Towed	from sc	ene?	1 33	
1	-	rator and all occupants inve				5 36 fety Airbag	37 38 Eject Trap		40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. Sys	tem Status	Code Cod	e Status	Code	Medical Facility	-
	Operator	Sec	e Above		1 1	4	0	10	1		
								+			
	N. G.L.G.							<u> </u>	<u> </u>		4
⁷ 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Location	17 C	ondition	18		Hit/Run Moped	
	License # S32394884 St 1	A DOB/Age	Reg #	1K6428	<u>L</u>	Pag	Tuna MC	<u> </u>	D.	eg State MA	1
	19 19	20		ear 2011		·				21	
	Operator PLANTE, MICHA	End End	dorsement						• Veh	Config. 2	
⁸ 1	Last	First	Middle	r PLANTE		Firs		.T.	Mi	iddle	
	Address 11 MYSTIC AVE			ss 11 MYSTI		<u> </u>					14
	City WILMINGTON Sta	te MA Zip 01887	-2116 City T	WILMINGTO	1					1887-2116	1
	Insurance Company SAFETY IN	ISURANCE CON	1PANY Vehicl	e Action Prior to Cras	h 1	22	Damage	ed Area	Code:	1 27 7 27 27	
	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Event	Sequence 1 23	23 23	23	Test Sta			1 28	
⁹ 2	Citation # (If Issued)		Most I	Harmful Event 1	24		Type of			29 30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	20 25	25	BAC Te	ſ			
	Viol. 3: Ch/Sec/Sub	Distracted by 5	26		Susp. A	L	-	Susp. Drug: 2 32			
ļ	Please fill out for operator/no		34 3:	36	37 38	39	40	1	ļ		
ļ	Name (Last First Middle)	•	\ddress	DOB/Age Sex	Seat Saf Pos. Syst	ty Airbag	Eject Trap Code Code		Transp. Code	Medical Facility	
	Operator/Non-Motoris	t See	Above	\times	1 5	5 3	0	7	2	Mass General hospital	
	PATRICIA PLANTE	11 MYSTIC AVE WILMINGTON, MA 01:	887		4 5	5 3	0	7	2	Lahey Clinic	
		,									
								1			
ĺ											



Precinct/Barracks