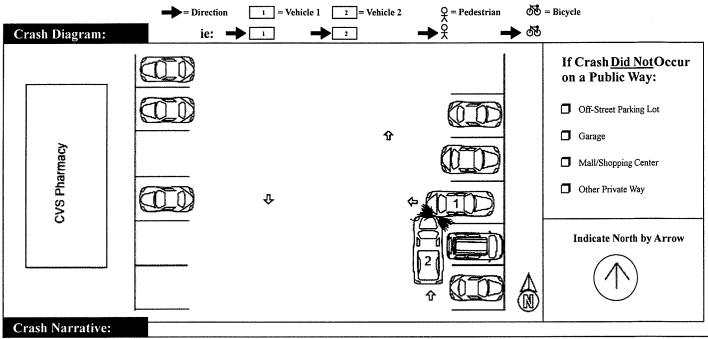
	Police Use Only			Com	mmonwealth of Massachusetts RMV Document Number													
	Date of Crash Time of Crash City/Town] Mote	Motor Vehicle Crash Number Vehicles Injured						ber s	Speed Limit 15 State Police Local Police Local Police Local Police Local Police Local Police Campus Police Campus Police Local Police Lo					
	04/23/2020 1838 Wilmington 24HR			F	Police Report 2 0 Language Police Report 2 Campus Pol Other:													
	AT INTERSECTION:				<	< LOCATION > NOT AT INTERSECTION:												
				000 1777 07									2 10					
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¹ 3				At		Feet NSEW of • or .							or _					
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² 2	Route# Dire	ction	Name	of Intersecting Roa	idway/Street		Feet	NS	EW	of .								
	Please Select	One 57h	0 #	····	I.	Landmark												
3	of the Followi		e 1 Z _#	Occupants H	lit/Run [L	Run												
L	License # <u>\$8</u>	2513553	_	_ DOB/Age		Reg	# <u>7XJ615</u>				Reg	g Type	PC		R	eg State 🎗	M/A 21	1 12
	Sex F Lic.	Class D	Lic. Res	trictions 20	CDL Endorsement		Year 2009			ike B	MW				Veh	Config.	1 "	
4	-	RRAY, G	Fi	rst	Middle		er NEVAEH	Last			Fir	rst			Mi	ddle		
⁴ 1		ELM ST				_	ess <u>135 EI</u>		ST									
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	Insurance Comp	pany SAFET		URANCE C	OMPANY	Vehi	cle Action Prior to		L	TO	22		maged st Stati		Code:	4 ²⁷ 3	21 21	
5	Vehicle Travel I	Direction: N S	E	Responding to Em	nergency? 2	Even	t Sequence 1	ᆛ	23	23	23		oe of T			29		
	Citation # (If Iss	sued)			Harmful Event	1	24	25	25		C Tes	t Resu	ılt:	30	,	13		
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⁶ 1	Viol. 3: Ch/Sec/	/Sub				Drive	er Distracted by	99	34	35	36	Tov 37	wed fr	om sce	ene?	1 33]
_	Name (Last First N		for operator	and all occupants	Address	Scat Safety Airbag Eject Trap Injury Transp.								ical Facility				
	Operat	or			See Above		> <	X	1	1	2	0	0	10 1				
	BRIELLA BU	RKHARDT		135 ELM ST TEWKSBURY, MA	01876		02/20/2019	F	6	4	2	0	0	10	1			
	Please Select	One Nation	#	Occupants N	on-Motorist A	T	15 Action	16	ocatio		17	Conditi		18		Hit/Run	Moped	1
⁷ 1	of the Followi	ing: Venicie	· 4.44	Occupants L.	on-Motorist A													
	License # S7	1422611 19 1	St_ MA 9	_ DOB/Age,		Reg # 3BYZ11 Reg Type PC Reg State MA										21		
	Sex M Lic.	Class	Lic. Res	trictions	CDL Endorsement	CDL Veh Year 2020 Veh Make Other-not listed Veh Config. 1										1		
⁸ 1	_	NNETT, C	Fi	E KEITH	Middle													
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	City WILMINGTON State MA Zip 0188								22									
	•	-		22 22 23 Test Status: 28														
	Vehicle Travel Direction: SEW Responding to Emergency?					Mark Hamfal Frank 1 24 Type of Test:												
⁹ 2	Citation # (If Issued)					BAC Test Result: 30									32			
\	Viol. 1: Ch/Sec/Sub —— Viol. 2: Ch/Sec/Sub —— Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Susp. Alcohol: 2 31 Susp. Drug: 2 3									^{nug} .[2			
	Please fill out for operator/non-motorist and all occupa						34 35 36 37 38 39 40								1			
	Name (Last First N		.4		Address		DOB/Age	Sex	Scal Pos.	System	Status	Eject Code	Trap Code	Status	Code	Med	ical Facility	1
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			•					<u> </u>										-
																		



MV1 was backing out of a parking space(headed westbound) in the CVS Pharmacy parking lot.

MV2 was headed northbound through the CVS parking and traveling straight ahead. There

were several other vehicles legally parked in other parking spaces around MV1. The

operator of MV1 stated she checked in both directions before backing. Parked directly to

the right of MV1 was a larger black vehicle with very dark tinted windows. The operator

of MV2 stated he was traveling straight ahead and did not see MV1 starting to back up

around the black and tinted vehicle that was parked next to MV1. MV1 continued to back

out of the parking space. MV2 was unable to stop in time and collided with the right rear

side of MV1. MV1 suffered right rear and right side damage. The right side airbags of MV1

were deployed and MV1 was towed from the scene by Cain's towing. MV2 suffered front right

and right side damage, but was driven from the scene. There were no injuries reported to FD.

Witnesses:						
Name (Last,First,Middle)		Address		Phone #	Statement	

Property Damage:						
Owner (Last,First,Middle)	ddress		Phone #	41-Type I	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle	e Section)		42
Carrier Name					Bus Use	7
Address			City	······································	St Zip	······································
US DOT #:Stat	te Number		_ Issuing State	MC/MX/IC	CC #:	
Interstate 43 Cargo Body Type C	Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length 46	
Hazmat Information:					Name of the state	
Placard Material 1 digit #	48 Material Name		N	/aterial 4 digit	#Release code	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

04/23/2020

Department

	Police Use Only			Co	ommony	mmonwealth of Massachusetts RMV Document Number												
	104/25/2020 1613 Williamington				tor Veh	Vehicle Crash Number Number Speed Limit 30 Latitude						Local	Police Police A Police					
	04/23/2020	24HR	ATTIL	ing con		Police	lice Report 2 1 Lantide Campus Prother:							ous Police 🔲	i			
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1	Route# Direction Name of Roadway/Street At						Route# Direc	tion	Addr	ess#					Roadw	/ay/Stree	t	
¹ 1				Feet NSEW of or										_				
	Route# Dire	ction		- Mile Marker Exit Number										3 11				
			Feet NSEW of Route# Intersecting Roadway/Street															
² 1	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of										_	
	Please Select One Vehicle 11 #Occupants Hit/Run						Landmark Creek Report ID# 20-101-AC										1	
3	of the Followi	ny:			_ HIVKUII	Moped											4	
		5623966	St. MA [9]	_ DOB/Age _	20	-	Reg # 1APD 15 Reg Type PC Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 1 21										1 12	
	Sex M Lic.	Class D	Lic. Res	L	CDL Endorsemen	nt									Veh	Config.	1	
⁴ 1		NG, KRIS	Fi	rst	Middle		Owner KING, KRISTEN LEE Last First Middle Address 60 N MAIN ST APT 403										-	
1		N MAIN						1A.I.	N S	·r	AP				0.	1760	-2456	-
	· ·	CK Dany PREFER		-		•	NATICK	C 1		4	22						-3456 27 27	
	Vehicle Travel I	<u></u>	EX		o Emergency? 2		Vehicle Action Prior to Crash 4 Test Status: 28											
5		sued)	YY	Responding to	o Emergency :		t Sequence 1 Harmful Event	1	24			Тур	oe of 7	Test:		29		
		/Sub		I 2: Ch/Sao/S	uh		er Contributing Co	ıde.	19	²⁵ 4	25			st Resi		30	Drug 32	1 13
		/Sub			ub		er Distracted by	7	26					cohol: rom sc	<u>~</u>	Susp. 1	Drug: 2 32	
⁶ 1	VIOL 3. CID GCO	Please fill out						Ë	34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			-
	Name (Last First N				Address		DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status	Code	Мо	dical Facility	-
	Operat				See Above				1	<u> </u>				10				-
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⁷ 9	Please Select O of the Followi		e 2 <u>1</u> #	Occupants	Non-Motorist	A Type	15 Action	16	Locatio	on	17	Conditio	on	18		Hit/Run	Морес	i
	License # S6	2013938	St MA	_ DOB/Age		Reg	2G4417				Reg	Type .	MC		R	eg State	MA	_
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0	Operator BO	RELLI, S	- SANTI	<u>NO</u>	Endorsemer		er BORELL	I,	SA	NTI	NO Fi				1.0	iddle		_
⁸ 2	Address 287	PARK S	T		·····	Addr	ess 287 PF	RK	ST	!	rı	151			IVII			-
	City MEDF	ORD	State 	7A Zip 02	2155-266	6 City	MEDFORD										-2666	_ 1 14
	Insurance Comp	pany PROGRE	ESSIVE	DIREC	T INSUF	Vehic	cle Action Prior to	Crash	ı	<u> </u>	22				Code:	1 27 28	27 27	
	Vehicle Travel I	Direction: N S	Ww	Responding to	Emergency? 2	Even	t Sequence 1	23	23	23	23		t Stati e of T			29		
⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24					t Resu	ılt:	30		
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved						er Contributing Co		1	25	25			cohol:			Orug: 2 32	
ļ							Driver Distracted by 0 26 Towed from scene? 1 33									_		
	Ple Name (Last First M	-	ziator/non-ir	otorist and all	occupants involv	vea	DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		dical Facility	_
	Operate	or/Non-Mo	torist		See Above		> <	X	1	5	5	3 (0	8	2	Lahey C	TINIC	
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	-	= Direct	tion 1	= Vehicle 1	2 = Vehicle 2	Q = Pedesti	ian 🚳	= Bicycle	
Crash Diagran	n:	ie:	1] → [2	→Ř	→ %		
								If Crash <u>Did Not</u> on a Public Way:	l l
***************************************								Off-Street Parking Lo	ot
	☐ Garage								
								☐ Mall/Shopping Cente	ır .
	egyppykkija ne China i Robin Section den Anna Heri yn Llyna i sistem d	to a comment of the c			+			Other Private Way	
				A CONTRACTOR OF THE PROPERTY O	Entrance to Shell		M)	Indicate North by	Arrow
Crash Narrativ	ve:								
MV1 travelli	ng westbo	und or	n Lowel	1 St. tur	ning into	the entra	ince of	Shell. MV2	
travelling e	eastbound	on Lov	well St	. Operato	r of MV2	stated tha	at MV1	cut in front of	him
and he did n	ot have t	ime to	stop.	Operator	of MV1 s	tated that	he wa	s distracted wh	ile
trying to se	e the pri	ce of	gas at	the Shel	l station	and turne	ed in w	ithout looking.	
Extensive da	mage to M	V2. Da	amage t	o the rig	ht side a	nd rear of	MV1.	Operator of MV2	
transported	by Action	Ambu.	lance t	o Lahey H	ospital.	Both vehic	cles to	wed by Forrest	Towing.
	······································								
		·							
Witnesses:							,		
Name (Last,First,Midd	lle)			Address			Phone	#	Statement
							<u> </u>		<u> </u>
Property Dama Owner (Last, First, Mid		Address			Phone #	41-Type	Description	of Damaged Property	
Owner (Last,First,Mid	uicj	Address			1 none #	41-1ypc	Description	or Damageu 1 roperty	
Truck and Bus	Information:	Registr	ration#		(From	n Vehicle Section)			
Carrier Name						,		Bus Use	42
Address					City			St Zip	
US DOT #:		State Numb	er		Issuing State	MC/MX	/ICC #:		
Interstate 43	Cargo Body Ty	pe Code	44	GVWR/GCWR	45				
 Trailer Reg #:		=				rTra	iler Length	46	
Hazmat Information							- L		
Placard 47	Material 1 digit #	48	Material Nam	ae		Material 4 di	git #	Release code	49
	Kevin P Ca				105	77: 7	Dali	Donartmont 04/	(O.E. (O.O.O.)

Department