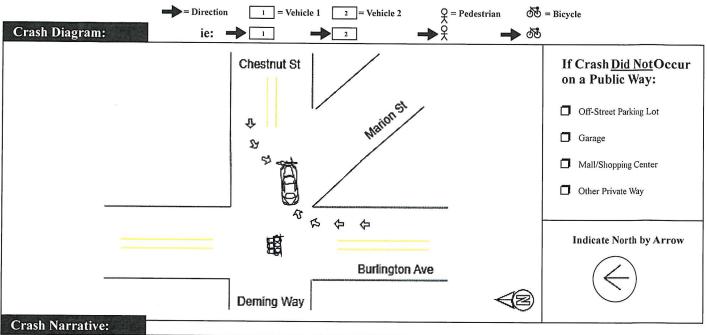
	Police Use Only	Comn	nonwealth (of Massac	chuse	tts		RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nu		nber Speed	Limit 2	Local Police	П
	05/21/2020 0849 Wil	mington	Police 1	Report	1	ncies ing	Latitu Longi		MBTA Police Campus Police Other:	i
	AT INTERSECT	ION:	< LOCA			NO	T AT IN			7
										2 10
	CHESTNU							5 D 1	10:	_
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	n Addre	ess #	Na	me of Road	way/Street	-
	MARION	ST		Feet N	SEW			or	Exit Number	
		me of Intersecting Roadw		- N	SEW		ile Marker		EXIL Number	3 11
		Also at Intersection w	ith		<u> </u>	Rout	e#	Intersecting	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet N	SEW	of				_
-	Please Select One							Landma	rk	┥
3	of the Following:	#Occupants Hit/I	Run	Crash Rep	ort ID#	20-1	-07	AC		
	License # S17877778 St N	A DOB/Age	Reg	# 1190AM		Re	g Туре РС	I		- 12
	Sex F Lic. Class D Lic.			Year 2013	Veh Ma	ke CHE	VROLE:	<u>[</u>	th Config. 1	1
	Operator MCNARY, KAREN		ndorsement Own	er MCNARY,	KARI	EN HA	YES			_
⁴ 1	Address 4 MILLPOND DR	First	Middle	Last ess 4 MILLE		ľ	First	1	Middle	_
L	City NORTH BILLERICA Sta	te MA Zin 01862					State M	A Zip O	1862-2324	_
	Insurance Company SAFETY IN	-		cle Action Prior to Ci	Г	3 22		d Area Code		
	Vehicle Travel Direction: N E W			t Sequence 4 23		23 23	Test Sta	tus:	1 28	
⁵ 2				a sequence 4	24		Type of	Test:	29	
	Citation # (If Issued)			Harmful Event 4	<u> </u>	25 25	[st Result:	1 30	13
	Viol. 1: Ch/Sec/Sub —————			er Contributing Code	26		Susp. Al	cohol: 2	1 Susp. Drug: 2 32	4
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34	35 36	37 38	rom scene?	2 33	4
_	Please fill out for oper Name (Last First Middle)	rator and all occupants inv	/olved Address	DOB/Age	Seat Sex Pos.	Safety Airbag System Status	Eject Trap	Injury Transp Status Code		
	Operator	Se	ee Above		1	1 4	0 0	10 1		
										-
										-
										4
⁷ 2	Please Select One of the Following:	#Occupants Non-	-Motorist A Type 2	15 Action 2	Locatio	n 4 17	Condition 1	18	Hit/Run Mope	i
	License # S75305011 St N	IA DOB/Age.	Reg	#	4	Re	g Type		Reg State	_
	19 19	20	•	Year					21	-
1	Operator FISHER, ILONA	Er	dorsement		ven ivi	iko			on comig.	
⁸ 1	Address 15 WEST ST	First	Middle	Lasi	ı	1	First)	Middle	-
	City WOBURN Sta	. M/A ~ 01901		ress			State	7:		14
	•	te MA Zip O180 .	·		ſ	22		d Area Code		<u> </u>
	Insurance Company			cle Action Prior to Co	<u> </u>	23 23	Test Sta		28	
	Vehicle Travel Direction: N S E	Responding to Emerg	gency? Z Even	t Sequence	<u> </u>	20 20	Type of	Test:	29	
⁹ 2	Citation # (If Issued)		Mos	t Hannful Event	24	25 2		st Result:	30	.
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25 2:	Susp. A	lcohol: 3	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		.,	rom scene?		_
	Please fill out for operator/no	on-motorist and all occupa	ants involved	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbug System Status	37 38 Eject Trap Code Code	39 40 Injury Trans Status Code	p.	
	Operator/Non-Motoris	st Se	ee Above		1	0		8 2	Lahey Clinic	
	- F			+	+					-
										_
					<u> </u>					_



Upon arrival, I observed a MV in the middle of Chestnut St/Marion St intersection with a bike underneath it and a female party laying on the ground about 10 feet from the MV. MV Operator stated that she was turning from Burlington Ave onto Chestnut Street through a yellow light when she struck the cyclist. She reported that when she turned onto Chestnut St the sun was in her eyes and she could did not see the cyclist. The Cyclist reported that she was riding on Chestnut street. Then as she got to the intersection she attempted to turn around in the street to head back the opposite direction when she was struck by the vehicle. She reported that the light on Chestnut Street was green. She sustained injuries to her leg and lower back and was transported to Lahey. Note:Cyclist was not wearing a helmet. The bike was brought to the station with significant damage.

Witnesses:									
Name (Last,First,Middle)		Address			Pl	ione #			Statement
Property Damage:									
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descript	tion of Da	maged Prope	erty	
FISHER ILONA	15 WEST ST WOB	URN MA 01801			LOOK	585	WHITE	CYCLI	NG BIKE
Truck and Bus Information:	Registration #		A CONTRACTOR OF THE CONTRACTOR				Bu	s Use	42
Address			City			_ St	Zip		
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:				
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45						
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	i	46		
Hazmat Information:						A			
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	git #		Releas	e code	49
Dotmol Officer Coatt D									

Patrol Officer Scott Dunnett

202

Wilmington Police Department

05/21/2020

Department

Wilmington Police Department Images Associated with 20-107-AC



	Pol	ice Use Only		Comn	nonw	ealth o	of Massa	ach	use	etts				RM	V Docı	ument N		
	Date of Crash	Time of Crash	City/To	1	Moto	or Veh	icle Cra	sh		unber hicles	Nur Inji		Speed		35	Local	Police Police A Police Dus Police	1
	05/21/2020	1635 W:	ilming	con	F	Police 1	Report		2	incica	0	ned	Latitud Longit				A Police ous Police	
		AT INTERSE	CTION:		<	LOCA	TION	>	-		NO'	ГАТ			SEC'	TION		1
																		2 10
	Route# Direc		Name o	f Roadway/Stre	eet		Route# Direc	tion	77: Addr		<u>S2</u>	ALE	M S		Roady	/ay/Stree	t	
¹ 1				At											11000	2,754,00		-
							Feet	NS	EW	of	 M:	le Ma	• rker		or _	Exit	Number	
	Route# Direc	etion		secting Roadw Intersection wi			Feet	N S	EW	of				***************************************				9911
			11100 41					N S			Route	e#		Interse	cting I	Roadway	/Street	
² 1	Route# Direc	etion	Name of Inter	secting Roadw	ay/Street		1001	1.1	ربرت	01				La	ndmark			
	Please Select (1 #Occups	ints Triagr	. I	Moped	Crash F	· · · · · ·	TD# 4	20	_ 1		o	-		`		1
³ 97	of the Followi	g .		Hit/F	Kun L	Moped	Crash F	Report	ID#	20		. 0 6	o –	AC	<u> </u>			
	License # S6		St MA DOE			Reg#	4RH281				Re	д Туре	PC		R	eg State.	MA 21	12
	Sex_F Lic.	Class D 19 19	Lic. Restriction	s 1 20 CI	DL dorsement	Veh Y	'ear 2012		Veh M	ake <u>V</u>	OL1	70			Veh	Config.	1 21	
4	Operator MA	RTIGNETTI	, TIA	2	Middle	Owne	r MARTIG	NE!	<u>rti</u>	, E		SE irst	MAI	RIE	Mi	iddle		
⁴ 1	Address 7 C	ASTLE DR				Addre	ess 7 CAST		DR	<u>. </u>								
	City WILM	INGTON	State MA	Zip 01887	-3188	_ City_	WILMING	TON	Ī			_ Sta	te M	_ z	ip 0	1887	-3188	
	Insurance Comp	any ARBELLA	MUTUA	L INSU	RANCE	Vehic	le Action Prior to	Crash	ı	1	22	Da	amage	d Area	Code:	-	27 27	
5	Vehicle Travel D	Direction: NS	W Respon	nding to Emerg	ency? 2	Event	Sequence 5	23	23	23	23		st Stat			1 28		
⁵ 2	Citation # (If Iss	ued)				Most	Hannful Event	5	24				pe of		1.	29		
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch	/Sec/Sub —		Drive	r Contributing Co	ode	1	25	25	1	AC Tes		2 31	1	Drug: 2 32	5 13
	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch	/Sec/Sub		Drive	r Distracted by	0	26				wed fi			2 33	2	
⁶ 1		Please fill out for	operator and al	occupants inv	olved			<u> </u>	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Ме	dical Facility	-
	Operate	or			e Above			hightarrow	1	1	4	0	0	10	1			-
7	Please Select C		3 #Occupa	nts Non-	Motorist A	Type	15 Action	16	Locatio	n [17	Condit	ion	18		Hit/Run	☐ Moped	1
⁷ 1	of the Followin	ng:													<u></u>			-
	License # S2	19 19	St. MA _ DOE	20		_	114XOW									eg State.	21	
	Sex.M Lic. (Lic. Restriction	En	OL dorsement		ear <u>2020</u>								Veh	Config.	<u></u>	
⁸ 1		LLETT, ER	First		Middle		MILLET	Last			C F	rst			Mi	iddle		
		W WATER S					ss 34 W V		ER_	ST								14
	City WAKE		State MA 2	-		-	WAKEFIE		1		22					,	27 27	
	Insurance Comp.	any ELECTRIC		RANCE C	OMPAN	Vehic	le Action Prior to	Crash		23	23		amaged st Stat		Code:	7 ²⁷ 8	27 27	
	Vehicle Travel D		KS	nding to Emerg	ency? 2	Event	Sequence 5	23	23	23	23		pe of			29		
⁹ 2	Citation # (If Iss	ued)	·····			Most	Hannful Event	5	24			1	AC Tes	st Resu	ılt:	1 30		İ
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch	/Sec/Sub ——		Drive	r Contributing Co	ode	1	25	25	Su	ısp. Ale	cohol:	2 31	Susp.	Drug: 2 32	
	Viol. 3: Ch/Sec/S	Sub ————	Viol. 4: Ch	/Sec/Sub —		Drive	r Distracted by	0	26			,	wed fi	,		2 33]
	Ple Name (Last First M	ease fill out for operato	or/non-motorist	•	nts involved	ď	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
		or/Non-Moto	rist		e Above		>	X	1	1	4	0	0	10	1			
	JENNIFER MI	LLETT		WATER ST TELD, MA 018	380			1 '	6	1	4	0	0	10	1			
								+	3	1	4	0	0	10	1			1
								†	<u> </u>					-	-			1
			i				i	1	i .	į.	ı	İ	i	I	1	I		I

Winchester Health Center 500 Salem St Shea Concrete 773 Salem St. If Crash Did No on a Public Way 773 Salem St. □ Off-Street Parking I □ Garage □ Mall/Shopping Cen □ Other Private Way	
II III	
	er
MV 1	Arrow
Crash Narrative:	
MV 2, operated by Erik Millett was travelling westbound on rt 62 in the town of	
Wilmington when they saw a deer come out from the woods and the car collided with	the
front end of the vehicle as well as the drivers side mirror. The deer was sent in	to the
other lane of traffic from the impact. MV 2, operated by Tia Martignetti was tra	velling
eastbound on rt 62 and collided with the deer.	
NP.	
Witnesses: Name (Last, First, Middle) Address Phone #	Statement
	Statement
	Statement
Name (Last,First,Middle) Address Phone #	Statement
Name (Last,First,Middle) Address Phone # Property Damage:	Statement
Name (Last,First,Middle) Address Phone #	Statement
Name (Last,First,Middle) Address Phone # Property Damage:	Statement
Name (Last,First,Middle) Address Phone # Property Damage:	Statement
Name (Last, First, Middle) Address Phone # Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section)	Statement 42
Name (Last,First,Middle) Address Phone # Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Rus Information:	
Name (Last, First, Middle) Address Phone # Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section)	
Name (Last,First,Middle) Address Phone # Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # Carrier Name Bus Use Phone # 41-Type Description of Damaged Property From Vehicle Section) Bus Use	
Name (Last,First,Middle) Address Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City St Interstate Address GVWR/GCWR Address Phone # 41-Type Description of Damaged Property City St Zip 45 GVWR/GCWR	
Name (Last, First, Middle) Address Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	
Name (Last,First,Middle) Address Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name St St Zip US DOT #: State Number Issuing State MC/MX/ICC #:	

Department