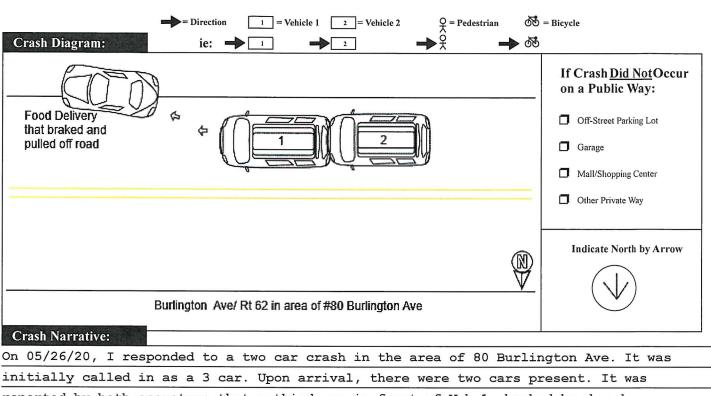
	Police	e Use Only	Com	monwealth	of Massach	usetts	\$	RM	V Docu	ment Number	
	1 1	Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limi	25	Local Police	
	03/20/2020	24HR W11	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
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	Route# Directi	on	Name of Roadway/S	treet	Route# Direction	80 Address #	BURI	INGTC Name of			
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					Feet N S		Route#	Inters	ecting R	Loadway/Street	
<sup>2</sup> 1	Route# Direction	on Na	me of Intersecting Road	way/Street		[=]] 0.		T :	andmark		
	Please Select On		#Occupants Hit	/Run Moped	Crash Report	1D# 2 A	_10				1
3	of the Following										1
L	l .	281043 St 1		Reg	# 3TX465		Reg Typ	e <u>PC</u>	Re	eg State MA 21	12
	Sex <b>M</b> Lic. Cl	ass D Lic.	1 1 -	CDL Veh	Year <b>2015</b>	Veh Make <b>H</b>	ONDA		Veh	Config. 1	
<u></u>	Operator VIC	KERS, ALF	RED G JR	Owr	er VICKERS,	MARIA	A A	****	Mid	tille	
<sup>4</sup> 1	Address 49 E	PINES RD		Add	ress 49 PINES	RD	71131				
	City <b>BILLE</b>	RICA Sta	te <b>MA</b> Zip <b>0182</b>	1 City	BILLERICA	· · · · · · · · · · · · · · · · · · ·	Sta	ate MA	Zip <b>01</b>	821-5129	
	Insurance Compan	y QUINCY MU	TUAL FIRE	INSURA Vehi	cle Action Prior to Crash	2	<b>22</b> D	amaged Area	ı Code:		
5	Vehicle Travel Dire	ection: NSWW	Responding to Emer	rgency? 2 Ever	at Sequence 1 23	23 23	23	est Status:	1	1 28	
,	Citation # (If Issue	ed)		Mos	t Hannful Event 1	24	-	ype of Test:		30	
	Viol. 1: Ch/Sec/Su	b	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25	AC Test Res usp. Alcohol:		Susp. Drug: 2 32	<b>1</b> 13
			Viol. 4: Ch/Sec/Sub		er Distracted by	26		owed from so		1 33	
<sup>6</sup> 1			rator and all occupants in			34 35 Seat Safety	36 37	38 39	40	+	1
	Name (Last First Midd			Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	<b></b>	S	lee Above		1 1	4 0	0 10	1		
	Please Select On	6 52 1	, I 🗔	<u> </u>	15 16		17	18	<del>                                     </del>		1
<sup>7</sup> 1	of the Following		#Occupants Nor	n-Motorist A Type	Action	Location	Condi	tion	H	lit/Run Moped	
	License # <b>S29</b> !		A DOB/Age	Reg	# <u>723FP0</u>		Reg Type	PC	Re		
	Sex M Lic. Cla	ass D 19 Lic.	Restrictions 20	DL Veh	Year <u>2007</u> v	Veh Make <u>T</u>	OYOTA		Veh	Config. 21	
8	Operator <b>DAU</b>	PHIN, BRIS			er DAUPHIN,	BRISS	ON First		Mid	10.	
81	Address 57 S	ACHEM ST			ess 57 SACHE	M ST	1.1124	·	Mid	idie	L
	City BILLER	RICA Sta	te <b>MA</b> Zip <b>0182</b>	1-5119 City	BILLERICA		Sta	te MA	Zip <b>01</b>	821-5119	1 14
	Insurance Compan	y ALLSTATE	INSURANCE (	COMPAN Vehi	cle Action Prior to Crash	1	<b>22</b> D	amaged Area	Code:	1 27 27 27	
	Vehicle Travel Dire	ection: NSWW	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23 Te	est Status:		1 28	
<u> </u>	Citation # (If Issue	d)		Mos	Harmful Event 1	24		ype of Test:		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sul	b	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	AC Test Res		<u> </u>	
	Viol. 3: Ch/Sec/Sul		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		owed from so	<u> </u>	33 1 33	
			on-motorist and all occup		<u> </u>	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40		1
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On 05/26/20, I responded to a two car crash in the area of 80 Burlington Ave. It was initially called in as a 3 car. Upon arrival, there were two cars present. It was reported by both operators that a third car in front of Veh 1, braked hard and erratically pulled off the road. Veh 1 operator reported that it was a food delivery driver who missed her stop. Veh 1 operator stated the delivery car did have the directional on and was slowing but quickly went off road and hit the brakes. Veh 1 operator stated he hit his brakes to avoid an accident with the delivery car. Veh 2 operator stated he tried to stop but could not in time. No injuries and all involved were wearing seatbelts. Partied checked out by Fire Dept. Veh 1 suffered damage to rear end including tailgate hatch and bumper. Veh 2 suffered damage to hood, front bumper and engine compartment. Forrest Towing towed both cars

Witnesses:           Name (Last, First, Middle)         Address         Phone #         Statement           Property Damage:           Owner (Last, First, Middle)         Address         Phone #         41-Type         Description of Damaged Property           Truck and Bus Information:           Registration #         (From Vehicle Section)           Carrier Name         Bus Use         42           Address         City         St         Zip           US DOT #:         State Number         Issuing State         MC/MX/ICC #:         46           Interstate         43         Cargo Body Type Code         44         GVWR/GCWR         45           Interstate Reg #:         Reg Type         Reg State         Reg Year         Trailer Length         46           Hazmat Information:         Placard         47         Material 1 digit #         48         Material Name         Material 4 digit #         Release code         49			, <u> </u>					
Property Damage:  Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name	Witnesses:							
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #	Name (Last, First, Middle)		Address			Phone #		Statement
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name	Property Damage:							
Carrier Name	Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged	Property	
Carrier Name								
Carrier Name								
Carrier Name				a a	The Supple			
US DOT #: State Number Issuing State MC/MX/ICC #:   Interstate	Carrier Name							
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:				-			• *************************************	
Interstate Cargo Body Type Code GVWR/GCWR  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:	US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:			GVWR/GCWR	45				
47		Reg Type	Reg State	Reg Year	———Trail	er Length		
Placard 47 Material 1 digit # Material NameMaterial 4 digit #Release code 49								
		48 Material Name			_Material 4 dig	it #	Release code	49

Patrol Officer Daniel P Furbush

196 Wil

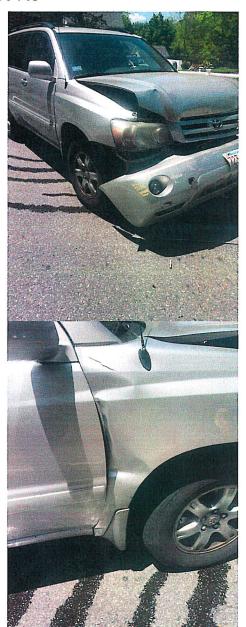
Department

Wilmington Police Department

05/26/2020

## Wilmington Police Department Images Associated with 20-109-AC

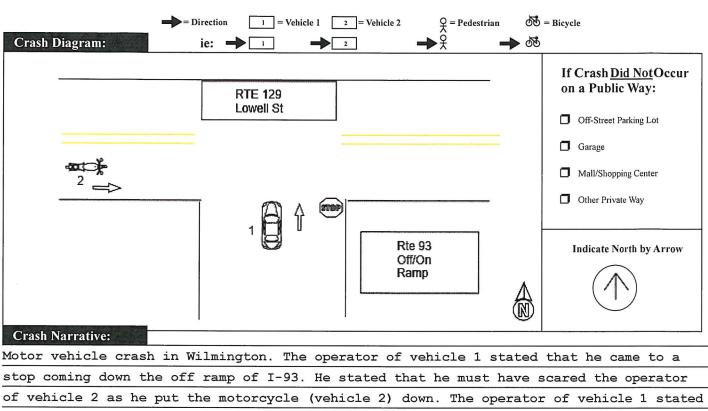




	Police Use Only	Comr	nonwealth (	of Massac	huset	ts		RMV	Oocument N	lumber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Numb Vehic	3	Opeca	Limit	Loca	Police I Police IA Police	1
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					154	AND	OVE	RST			2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction		#	Na	me of Ro	adway/Stree	et	
1		At		Faat N	S E W of		•	. — .			
	Route# Direction N	ame of Intersecting Roadw	vav/Street	reet [11]	9 2 1 1 01		Marker	0	Exit	Number	
		Also at Intersection w	·	Feet N	S E W of						5
				Feet N	S E W of	Route#		Intersection	ng Roadway	//Street	
<sup>2</sup> <b>1</b>	Route# Direction N	ame of Intersecting Roadw	vay/Street	<del></del>				Landn	nark		
	Please Select One Vivalian 13	#Occupants Hit/	, <u> </u>		ort ID# <b>2</b>	Λ <sub></sub> 11	Λ				1
<sup>3</sup> 97	of the Following:	Hit/	Run Moped	Crash Repo	ort ID# Z	0-11	. U –	AC			
	License # <b>S11555754</b> St ]	MA_DOB/Age	Reg #	8ELA30		Reg T	pe <b>PC</b>		_ Reg State		12
	Sex M Lic. Class D Lic		DL Veh Y	ear <u>2010</u>	_ Veh Make	TOYOT	A		Veh Config.	1 21	
	Operator HEGER, JOHN		ndorsement Own	er HEGER,	JOHN E	RYAN					
<sup>4</sup> 1	Address 24 GUNDERSON	First	Middle	Last ess 24 GUND		First			Middle		
	City WILMINGTON Sta			WILMINGTO			tot M7	Δ ~.	01907	-1543	
		•	•					d Area Co		27 27	
	Insurance Company <b>SAFETY</b> I		MPANY Vehic	le Action Prior to Cra			Test Stat		28	7 - 1	
<sup>5</sup> 2	Vehicle Travel Direction: S E W	Responding to Emerg	gency? 2 Event	Sequence 1 23	23 23	23	Type of		29		
2	Citation # (If Issued)	<del></del>	Most	Harmful Event 1	24			st Result:	, 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	20 <sup>25</sup>	25		cohol: 2	31 <sub>Susp.</sub>	Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			rom scene		ت	
<sup>6</sup> 1	Please fill out for ope	rator and all occupants inv	volved		34 3 Seat Sal				40 insp.		1
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Sys	fety Airbag Ej tem Status Co	de Code		ode M	edical Facility	4
	Operator	Se	ee Above	>>>	1 1	4 0	0	10 1			
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					5 4	4 0	0	10 1			
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<sup>7</sup> 1	Please Select One of the Following:	#Occupants  Non-	-Motorist A Type	15 Action 16	Location	17 Con	dition	18	Hit/Run	Moped	
		A DOB/Age	L		<u>.</u>		P.C		_ Reg State	MA	1
	19 19	20		6NF571			-			21	
	<u> </u>	Er	ndorsement	ear 2017			OLE	`	Veh Config.	<u> </u>	
<sup>8</sup> 1	Operator TRULLO, ROBEI	First	Middle	TRULLO,		First	-		Middle		
	Address 110 WOLCOTT S			ess 110 WOL	COTT	ST					_ 14
	City <b>TEWKSBURY</b> Sta	te <b>MA</b> Zip <b>01876</b>	5-4153 City	TEWKSBURY	<u> </u>					-4153	1 14
l	Insurance Company <b>VERMONT</b>	AUTUAL INSU	RANCE Vehic	le Action Prior to Cra	ash 1	22	Damage	d Area Co	ode: 6 27	7 27 27	
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 1 23	23 23	23	Test Stat	ius:	1 28		
	Citation # (If Issued)		Most	Harmful Event 1	24	<u></u>	Type of		29		
<sup>9</sup> 2		Viol 2: Ch/Sag/Sal		r Contributing Code	1 25	25		st Result:	1 30	21	
	Viol. 1: Ch/Sec/Sub				26				22	Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		r Distracted by 0	34   3			rom scene	10 1		ļ
	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occupa	ants involved Address	DOB/Age Se	Seat Saf ex Pos. Sys	ety Airbag Ej	ct Trap	Injury Tra	insp.	edical Facility	
Ī	Operator/Non-Motoris	St Se	ee Above		1 1	4 0	0	10 1			
				<b>/ /</b>		++	+	+ +			1
}								-			1

Crash Diagrams		= Vehicle 1	2 = Vehicle 2	Q = Pedestrian		
Crash Diagram:	ie: •	MV 1  MV 2  Andover St	2	*	If Crash Did Not on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way  Indicate North by	ot T
Crash Narrative:						
proceeded to reach batter on the road. In doing the opposing lane of traffice vehicles collided. E	ing and his ack to the bang so his veh	two small ck seat to icle cross as passing were towe	children wo help themsed the doug MV 1 and	ere demand and was ble yellowas unable	ding his attention. unable to maintain v w line and went into	He rision the the
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type Do	escription of Damaged Property	
(	11441555		I none "	11 Type D	esemption of Dumaged Property	
		-				
Truck and Bus Information:	Trogionation ii		(From Ve	chicle Section)	Bus Use	42
Address						
Interstate Cargo Body T	State Number44  ype Code Reg Type	GVWR/GCWR	45		C#:	
Placard Material 1 digit #	48 Material Nam	ne		Material 4 digit #	‡Release code	49
Patrol Officer Shane 2	A Foley Signature			ilmington 1	Police Department 05, Precinct/Barracks Date	/27/2020

	Police Use Only	Comr	nonwealth	of Massach	usetts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police	
	05/27/2020 2048 Wil:	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
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					316	LOWE	LL ST			2
¹ <b>4</b>	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadwa	ay/Street	
4		At		Feet N S	E W of			or		
	Route# Direction Na	ne of Intersecting Roadw	ay/Street			Mile Ma	irker		Exit Number	11
		Also at Intersection w	ith `	Feet N S	E W of	Route#	T-4	D	/54 4	
2	Paris Programme Annual			Feet N S	E W of	Koute#	inters	ecting K	oadway/Street	
<sup>2</sup> 1	Route# Direction Nat	ne of Intersecting Roadw	ay/Street				La	ındınark		
2	Please Select One Vehicle 11	_#Occupants  Hit/l	Run Moped	Crash Report	ID# 20	-11°	1 – AC	•		]
³99	or the rottownig.		<u> </u>							4
	10 10	A DOB/Age	Reg	# <u>8409PV</u>		Reg Type	PC	Re	g State MA 21	12
	Sex M Lic. Class D Lic.	Restrictions CI	DL Veh	Year <b>2011</b>	Veh Make <b>M</b>	AZDA		Veh (	Config. 1	
	Operator SCALESE, NICH	OLAS L		er SCALESE,	LEE F	RANCI	s	Mid		
<sup>4</sup> 2	Address 22 MARCUS RD	rust		ess 16 RADCL	IFFE F	RD A	PT 1	Mid	die	
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>01887</b>	-1547 City	BILLERICA		Sta	ite <b>MA</b>	Zip <b>01</b>	821-3243	
	Insurance Company <b>SAFETY IN</b>	·	•	ele Action Prior to Crash			amaged Area	_		
	Vehicle Travel Direction: N S E				23 23		est Status:	,	28	
<sup>5</sup> 1		Responding to Emerg		t Sequence 97 23			ype of Test:	F	29	
	Citation # (If Issued)	- The state of the	Most	Hamful Event 97	<del>_</del>		AC Test Res	ult:	1 30	121
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 25	25 St	usp. Alcohol:	2 31	Susp. Drug: 2 32	<b>97</b> <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	owed from so	ene?	2 33	
1	•	ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
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	Operator	36	e Above		1 1	4 0	0 10	1		-
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	m 61.16 =			15 16		17	18			1
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action	Location	Condi	tion	🗖 н	lit/Run Moped	
	License # <b>S09187387</b> St <b>M</b>	A_ DOB/Age	Reg	2H9473		Reg Type	MC	Re	g State <b>MA</b>	1
	19 19	20		Year 2013	Val. Maka H				21	
I	Operator CACICIO, JOSE	En	dorsement					ven c	comig.	
<sup>8</sup> 2	Last	First	Middle	er CACICIO,		First		Mide	dle	
	Address 229 CONANT ST			ess 229 CONA	NT ST					14
	·	MA Zip 02151	•	REVERE						1
	Insurance Company PROGRESSI	VE DIRECT I	NSURA Vehic	cle Action Prior to Crash	<u>1</u>			Code:	3 27 7 27 6 27	
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Even	t Sequence 97 23	23 23	23	est Status:	12	L 28	
9	Citation # (If Issued)		Most	Harmful Event 97	24	•	pe of Test:	. }	29	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	AC Test Res		<u></u>	
				er Distracted by	26		usp. Alcohol: owed from so		Susp. Drug: 2 32	
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub ——		Sistracted by	34 35	36 37	38 39	40		ļ
	Please III out for operator/no Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp. Code	Medical Facility	
	Operator/Non-Motoris	f Se	e Above	>>	1 5	5 0	0 10	1		
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that he did come to a complete stop.

The operator of the motorcycle, vehicle 2, stated that he saw vehicle 1 continue to move, and to prevent a crash between the two vehicles, he put the motorcycle down. There was never any contact between the two vehicles. Neither operator requested medical treatment. There was no damage to vehicle 1. Vehicle 2 had damage to the handle bars, turn signals, left side of the bike and gas tank, and the rear turn signal. Vehicle 2 was towed from the scene by A&S towing.

Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last,First,Middle) Address		Phone #	41-Type D	escription of Damaged Property	
Carrier Name		(Tom Tome		Bus Use	42
Address					
US DOT #: State Numb  Interstate	44 GVWR/GCWR	45		46	
Hazmat Information:	yponog state	Reg Teal	Trailer	Length	
Placard Material 1 digit #	Material Name	1	Material 4 digit	#Release code	49

Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

05/27/2020

Department

## Wilmington Police Department Images Associated with 20-111-AC







