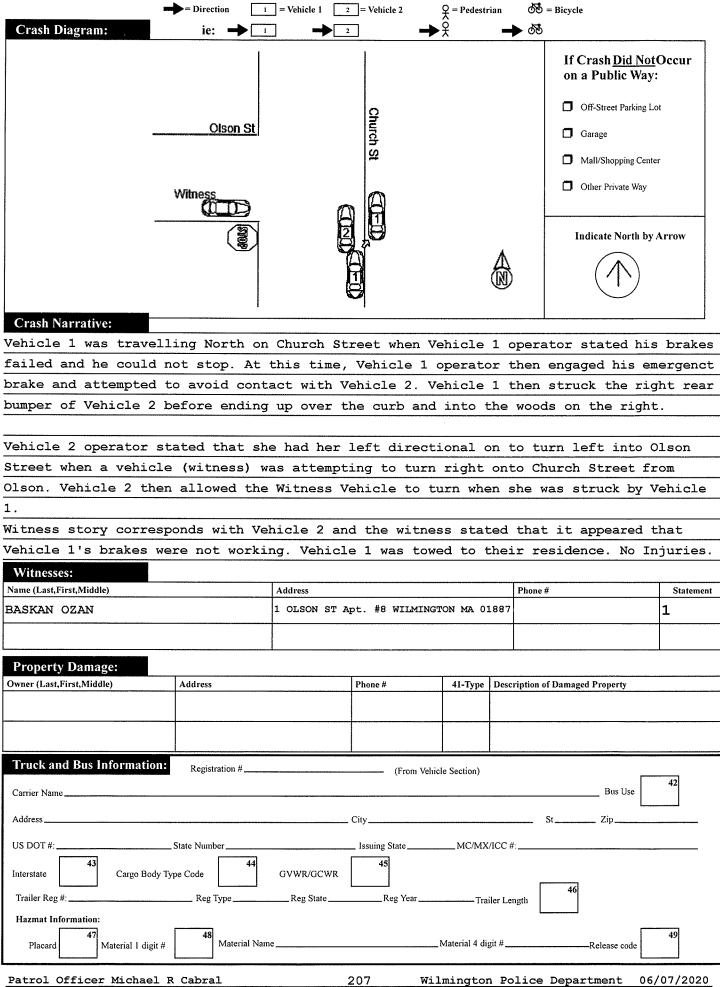
	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docu	iment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	Local Police	1
	06/07/2020 1202 Wil	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		L	r inter	SECT		1
		——————————————————————————————————————								10
					1	OLSC	N ST			
11	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	ay/Street	_
<u> </u>		Al		Feet N S	E W of		_ • _	or		
	Route# Direction Na	me of Intersecting Roads	vay/Street			Mile Ma	arker		Exit Number	2 11
		Also at Intersection v	vith	Feet N S	E W of	Route#	Inters	ecting R	Loadway/Street	
² 2	Route# Direction Na	me of Intersecting Roads	vav/Street	Feet N S	E W of	rtouio,,	incis	coming it	toud.vay/Bireet	
2	reduction 14a	me of intersecting Roads	vay/Sircer				La	ndmark		
3	Please Select One of the Following:	_#Occupants Hit.	Run Moped	. Crash Report	ID# 20	-12	0-AC	2		
		(A) DOD!							1/3	4
	10 10	1A DOB/Age		# 8GV518					21	1 12
		E	ndorsement	Year 2015 \			AGEN	Veh	Config. 1	
4	Operator COX, KEVIN WI	First	Middle Own	er <u>COX, KEVI</u>	N WIL	LIAM First		Mid	Idle	
⁴ 1	Address 11 ELIZABETH I	DR	Addı	ess 11 ELIZAI	BETH I)R				
	City WILMINGTON Stat	te MA Zip 0188	7-3397 City	WILMINGTON		Sta	ite MA 2	Zip 01	887-3397	
	Insurance Company CITIZENS	INSURANCE (COMPAN Vehi	ele Action Prior to Crash	1	22 D	amaged Area	Code:	8 27 1 27 2 27	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23 Te	est Status:		28	
5	Citation # (If Issued)		Mos	Harmful Event 1	24		pe of Test:	-	29	
	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Saa/Sub			22 25	25	AC Test Res		30	13
				er Distracted by	26		usp. Alcohol: owed from so	-	Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants in		er Distracted by 99	34 35	36 37	38 39	ene?	1 33	-
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp.	Medical Facility	
	Operator	s	ee Above	$>\!\!<$ X	1 99	4 0	0 10	1		
										1
										1
								\vdash		4
⁷ 3	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16 L	Location	17 Condit	tion 18	Н	lit/Run Moped	
3			<u> </u>						173	-
	19 19	DOB/Age.	_	54JJ23					g State MA 21	
	Sex_Lic. Class D Lic. 1	Restrictions 99 C	ndorsement	⁄еаг 2018 \				Veh (Config. 1	
³ 1	Operator FALLON, SARAH	First	Middle Own	er FALLON , S Last	ARAH	C First		Mid	Idle	
		PT 6		ess 1 OLSON S	ST A	T 6				_ 14
	City WILMINGTON Stat	e MA Zip 0188 7	7-2455 City	WILMINGTON		Sta	te MA 2	Zip 01	.887-2455	1 14
	Insurance Company ARBELLA M	UTUAL INSU	RANCE Vehic	ele Action Prior to Crash	1	22 Da	amaged Area	Code:		
	Vehicle Travel Direction: X S E W	Responding to Emer	gency? 2 Even	Sequence 1 23	23 23	23	est Status:		28	
)	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test:		30	
2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	AC Test Resi	ult: 31		
				er Distracted by	26		isp. Alcohol: owed from so		33	
	Please fill out for operator/no	viol. 4: Ch/Sec/Sub —			34 35	36 37	38 39	40	2 33	4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motoris	t s	ee Above	\times	1 99	4 0	0 10	1		
			,							1
										1
									***************************************	4



Police Officer Name (Please Print)

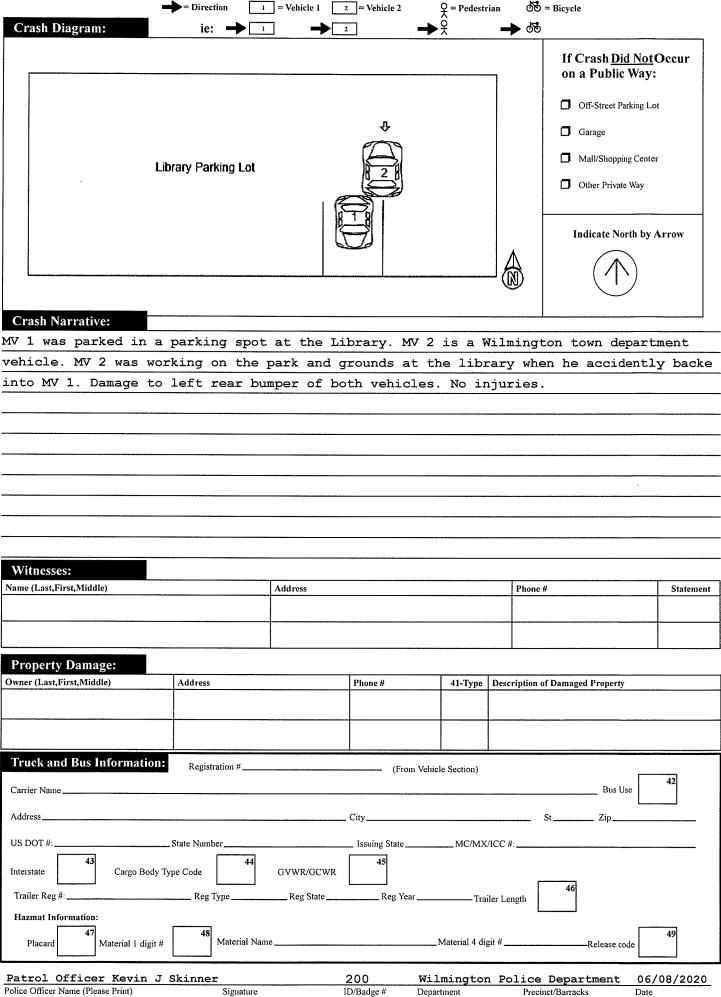
Signature

ID/Badge#

Department Precinct/Barracl

Date

	Police Use Only	Com	nonwealth (of Massa	chus	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber chicles	Numb	1 10000	d Limit	10	Local Police	
	06/08/2020 1304 Wil	mington	Police 1	Report	2	incles	0	Lann	ıde itude		MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOCA				NOT			SEC	TION:	1
												10
					<u> 17</u>		MI	DLE				2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Addi	ress #		N	ame of	Roadv	vay/Street	-
	<u>,</u>	710		Feet N	SEW	of			• —	or _		
	Route# Direction N	ame of Intersecting Roady	vay/Street		·	,	Mile	Marker			Exit Number	2 11
		Also at Intersection w	rith	Feet N	SEW	of	Route#		Interse	ecting l	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roady	vav/Street	Feet N	SEW	of						
1	, , , , , , , , , , , , , , , , , , ,	ane of intersecting Roady	ray/street						La	ndmarl	k]
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Rep	port ID#	20	-12	21-	·AC	,		
	License # S96776777 St]	M7 pop/4		3GK930							- V2	1
	10 10	20					-				21	1 12
	Ber Class B		ndorsement	'ear <u>2009</u>		ake <u>T</u>	OYO:	<u>'A</u>		Veh	Config.	
4_	Operator TIAN, FU	First	ivitatie	er TIAN, F	:1		First			M	iddle	
⁴ 1	Address 60 JAMAICA RD		Addre	ess 60 JAMZ	AICA	RD						
	City BROOKLINE Sta	ate MA Zip 02445	5-7040 City	BROOKLIN	E			State M	A _ 2	ip Q	2445-7040	
	Insurance Company PLYMOUTH	ROCK ASSURA	ANCE C Vehic	le Action Prior to C	rash	11	22	Damage	ed Area	Code:		
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Event	Sequence 23	23	23	23	Test Sta	itus:		1 28	
3	Citation # (If Issued)	· 	Most	Harmful Event	24			Type of			29	
	Viol, 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		ے r Contributing Code		25	25	BAC To			1 30 32	1 13
				r Distracted by	36	l	J	Susp. A		2	22	
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	erator and all occupants in		I Distracted by	34	35	36	37 38	39	40	2 33	_
	Name (Last First Middle)	rator and an occupants in	Address	DOB/Age	Sex Pos.	Safety System	Airbag I	ject Trap ode Code	Injury		Medical Facility	1
	Operator	S	ee Above		$X \mid 1$	0	4 0	0	10	1		
												1
								_	 	-		1
									<u> </u>			-
						<u></u>			<u> </u>			
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 1	Locatio	on	17 Co	ndition	18		Hit/Run Moped	
		MA DOB/Age		M96519					<u> </u>		S. M7	-
	19 19	20									eg State MA 21	
		E1	ndorsement	ear 2017		-					٠ ــــــا	
⁸ 1	Operator ABERLE, KEVI	First	Middle	r WILMING Las	t		N O	DE	PT	POI Mi	ICE iddle	
	Address		Addre	ess 121 GLE	EN RE)						14
	City Sta	. Zī	City_	WILMINGT	ON							1
	Insurance Company SELF INSU	JRED	Vehic	le Action Prior to C	rash	10	22	Damage		Code:		
	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Event	Sequence 23	23	23	23	Test Sta			1 28	
9	Citation # (If Issued)		Most	Harmful Event	L 24			Type of		.14.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	∟ r Contributing Code	19	25	25	BAC Te			<u> </u>	
	Viol. 3: Ch/Sec/Sub			Distracted by	26			Towed:		<u>^</u>	33 2 33	
	Please fill out for operator/n				34	35	36	37 38	39	40	<u></u>	4
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety System	Airbag I	jeet Trap ode Code		Transp. Code	Medical Facility	1
	Operator/Non-Motoris	St Se	ee Above		X	1	4 0	0	10	1	:	
	BRENT BROTHERS	61 MAUREEN DR TEWKSBURY, MA 01	876-3620	M	1 3	1	4 0	0	10	1]
								_	·			1
												-



	Pol	ice Use Only	Com	monwealth	of Massac	husetts	S	F	RMV Doc	ument Number	
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Li	mit3!	Local Police	1
	06/09/2020	1628 Wil	mington	Police	Report	3	Injured O	Latitude . Longitud		MBTA Police Campus Police Other:	
		AT INTERSECT	ΓΙΟΝ:	-	TION >	1	NOT A				1
					-						2 10
	Route# Direc	45	NCD1(G)			195	MAIN				_
¹ 1	Koute# Direc	ction	Name of Roadway/Str	reet	Route# Direction	Address #		Name	of Roady	vay/Street	-
					Feet N	S E W of		• -	ог _		
	Route# Direc	etion N	ame of Intersecting Roadw				Mile Ma	arker		Exit Number	2 11
			Also at Intersection w	rith		S E W of	Route#	Inte	ersecting l	Roadway/Street	
² 1	Route# Direc	etion N	ume of Intersecting Roadw	vay/Street	Feet N	S E W of					
_	Di Cara		·						Landmar	k	4
3	Please Select (of the Followi		#Occupants Hit/	Run Moped	Crash Repo	ort ID# 2 0	-12	2-A	C		
	License # SA	2 510243 St]	MA DOB/Age	Reg	# <u>9MN783</u>		Reg Typ	e PC	R	eg State MA	1
	Sex F Lic. (Class D Lic.	Restrictions 1 20 C		Year 2004					21	1 12
		LUGINGI, SI	E ₁	ndorsement	er NALUGING					. comig.	
⁴ 3	_	Last	First X ST APT 1	Middle	ess 1986 MI	•	First	יים מ		iddle	İ
			te MA Zip 01851		LOWELL					1851-1009	
			VE CASUALTY					amaged A	-		
	-	<u> </u>			cle Action Prior to Cra	sh 1		est Status:		28	
⁵ 1		virection: N E W		gency? Z Even	t Sequence 1 23			ype of Tes	t:	29	
	Citation # (If Iss	ued)		Most	Hannful Event 1	24		AC Test R	Result:	30	13
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 25	25 S	usp. Alcoh	iol: 31		2 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26	Te	owed from	scene?	1 33	
	Name (Last First M	•	rator and all occupants inv	olved Address	DOB/Age Se	34 35 Seat Safety N Pos. System		Trap In	39 40 jury Transp. atus Code	Medical Facility	1
	Operate		Se	ee Above	1000000	1 1	4 0	0 10		Medical Pacifity	
	<i>x</i>					\ <u></u>		 	_		-
				****							_
⁷ 1	Please Select C		#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condi	tion	18	Hit/Run Moped	1
1	of the Followin	·\$:							Ш_		-
	License # S8]	10 10	DOB/Age		929TW1					eg State MA	
	Sex F Lic. C	Class D Lic.	Restrictions 1 CI	ndorsement	Year <u>2015</u>				Veh	Config. 1	
⁸ 1	Operator SHI	EEHAN, SARA Last	H M First	Middle Own	er SHEEHAN,	SARAF	First		M	iddle	
	Address 12	JAY ST		Addr	ess 12 JAY	ST					_ 14
	City TEWKS	SBURY Sta	te MA Zip 01876	5-2755 City	TEWKSBURY					1876-2755	1 14
	Insurance Compa	my THE COMME	RCE INSURAN	ICE CO Vehic	ele Action Prior to Cra	sh 2	22 D	amaged A	rea Code:		
	Vehicle Travel D	irection: N E W	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	~~	est Status:		28	1.
9 ₂	Citation # (If Issu	ıed)	_	Most	Harmful Event 1	24		ype of Test AC Test R		30	
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	isp. Alcoh			
	Viol. 3; Ch/Sec/S	iub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from		1 33	
•	Ple		on-motorist and all occupa			34 35 Sent Safety	36 37 Airbag Eject	38 3 Trap Inj	39 40 jury Transp.		1
}	Name (Last First Mi			Address	DOB/Age Set	x Pos. System	Status Code	Code Str	ntus Code	Medical Facility	1
	Operato	or/Non-Motoris	Se Se	e Above		1 1	4 0	0 10) 1		1
ĺ											
İ											1
					i 1	I I	I I			ſ	1

	Police Use Only	Com	nonwealth	of Massa	chus	etts			RM	V Docı	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [lumber ehicles	Num Injur	ad Spee	d Limit	35	Local Police	
	06/09/2020 1628 Wil	mington	Police 1	Report	3	cincies	0	Lan	ide itude		MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOCA				NOT	AT IN		SEC		
												2 10
	Route# Direction	N. CD. I. IG.			<u> 19</u>	_	MA	IN S				
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	on Add	ress #		N	ame of	Roadw	vay/Street	-
<u> </u>	-			Feet N	SEW	of			• —	or _		.
	Route# Direction No	ame of Intersecting Roady	vay/Street				Mil	e Marker			Exit Number	2 11
		Also at Intersection w	rith		SEW	_	Route	-	Interse	ecting F	Roadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roady	vay/Street	Feet N	SEW	of					•	
				1					La	ındmark	k	_
3	Please Select One of the Following: Vehicle 31	#Occupants Hit/	Run Moped	Crash Re	port ID#	20	-1	22-	AC	7		
	License # S67519531 St 3	MA DOB/Age .	Reg	<u>√60858</u>			Pag	Tyme CC		D	ag Stata MA	
	19 19	20		Year 2017							21	1 12
	Operator BENNETT, RYAI	E ₁	ndorsement								Config.	H
⁴ 3	Last	First	Middle	er CLIFFST	st		Firs		<u>G 1</u>	Mi Mi	iddle	
		PT 2		ess 91R CEI	VTRA	<u>. S'</u>	<u>'</u>					
	City WAKEFIELD Sta	·	•	WOBURN							1801-4529	
	Insurance Company TRAVELERS	CASUALTY]	NSURA Vehic	ele Action Prior to C	rash	2	22	Damage		Code:	0 27 27 27 28	
⁵ 1	Vehicle Travel Direction: N K E W	Responding to Emerg	gency? 2 Even	t Sequence 1 23	3 23	23	23	Test Sta			29	
1	Citation # (If Issued)		Most	Harmful Event	L ²⁴			BAC To		ult	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	. 1	25	25	Susp. A			Susp. Drug: 32	2 13
Z	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	O 26			Towed			2 33	\vdash
⁶ 1	Please fill out for ope	rator and all occupants inv	olved		34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		-
L	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status	Code Code	Status	Code	Medical Facility	-
	Operator	Se	ee Above		$X \mid 1$	1	4 (0	10	1		_
												1
									<u> </u>			1
	Please Select One			15 1	16	<u> </u>	17		18	<u> </u>	<u> </u>	4
⁷ 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action	Locati	on	C	ondition	10	🖳	Hit/Run Moped	
	License #St	DOB/Age	Reg #				Reg	Туре		Re	eg State	1
	Sex Lic. Class 19 19 Lic.	Restrictions 20 Cl	DL Veh Y	/ear	Veh M	ake				Veh	Config. 21	
	Operator		Own	er							٠	
⁸ 1	Last	First	Middle	Las	it		Firs	t		Mis	ddle	
	CitySta	te Zin						State	7			1 14
	Insurance Company	ω		le Action Prior to C	1		22	Damage			27 27 27	
				72		23	23	Test Sta			28	
	Vehicle Travel Direction: NSEW	Responding to Emerg		Sequence	24			Type of	Test:		29	
⁹ 2	Citation # (If Issued)	-		Hannful Event		25	25	BAC Te	st Resi	alt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. A	lcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26			Towed	from sc	ene?	33	
	Please fill out for operator/ne Name (Last First Middle)		nnts involved	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris		e Above		1	jaiciti	-Julius	Code	Julus	State	wicused Facility	
	,			+	+	 						\dashv
									-			4

	= Direction	1	= Vehicle 1 2	= Vehicle	2	♀ = Pedestr	ian	ØØ = Bicycle	
Crash Diagram:	ie: 👈	1	→ 2	7	→	ĝ	→	∙ 676	
5						^		If Crash Did Not	Decur
	rt 129		195 M	<i>l</i> iain Stree	at .			on a Public Way:	l l
								Off-Street Parking Lo	i
								☐ Garage	
	1							Mall/Shopping Center	
	8	v3		A DA	v1			Other Private Way	
			v2	A -A					
main atroat								Indicate North by	rrow
main street						*	(2)		
							_		
Crash Narrative:									
The driver of V1 st	ated that sl	ne	tried to p	ut on	the br	akes p	rio	r to hiting V2, bu	t she
wasn't sure what ha	ppened, but	th	inks the b	rakes o	did no	t work		(language barrier)	•
Driver of V2 was st	opped in tra	æff	ic, and wa	s rear	ended	l by V1	. , wl	nich pushed her in	to V3.
The driver of V3 wa	s stopped in	n t	raffic , w	hen v2	was p	ushed	into	the rear of his	vehicle
by v1									
					***				······································
				·					
Witnesses:			·						
Name (Last,First,Middle)			Address				1	Phone #	Statement
Property Damage:									
Owner (Last,First,Middle)	Address			Phone #		41-Type	Descri	ption of Damaged Property	
Truck and Bus Informatio	n: Registration #_			(From Vehic	le Section)			
Carrier Name								Bus Use	42
Address				City				St Zip	
US DOT #:	State Number			_ Issuing Sta	te	MC/MX	/ICC #:.		
Interstate 43 Cargo Boo	ly Type Code	44	GVWR/GCWR	45					
Trailer Reg #:	Reg Type		Reg State	Reg	Year	Trai	ler Leng	46 gth	
Hazmat Information:	<u></u>								
Placard Material 1 digi	it # 48 Materia	l Nam	e			Material 4 dig	git #	Release code	49
Patrol Officer Brian	O Thornton			100	tari 1	minator	, Pol	ice Department 06/	09/2020

Department

Police Officer Name (Please Print)

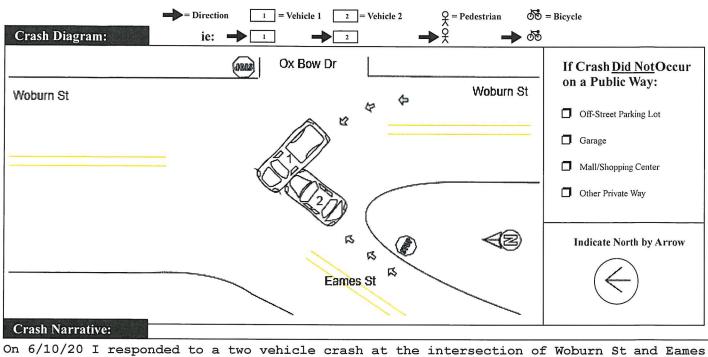
Signature

ID/Badge #

Precinct/Barracks

Date

	Pol	lice Use Only	monwe	alth d	of Mass	ach	use	tts			RM	V Docu	ment Number]		
	Date of Crash 06/10/2020	Time of Crash 0803	Wilm	City/Town ington			icle Cra Report	sh	Vel	mber nicles	Number Injured	Latitu	ıde	30	State Police Local Police MBTA Police Campus Police	0800	
		AT INTER		ON:	<	LOCA		>	2		O NOT A	<u> </u>	itude_	SECT	Other:		
											1017		IBR	SEC 1	TION.		2 10
	Route# Dire		URN S	T Name of Roadway/St	treet		Route# Direc	ction	Addre	:ss #		N	ame of	Roadwa	av/Street		
11				At										1104471	ayroneer.		
	Route# Direc		ES ST Name	of Intersecting Roads	way/Street		Feet	NS	EW	of -	Mile M	— (Iarker	• —	or	Exit Number		11
				Also at Intersection v			Feet	N S	EW						1 (6:		3
² 1	Route# Direc	ction	Name	of Intersecting Roady	vay/Street		Feet	NS	EW		Route#				oadway/Street		
L	Please Select (la 12 /	#Occupants Hit/	/B	Moped	C	D4	ID# 6	20-	-12	2_		ndmark			
3	of the Followi	ng,			Kan												
		0891247	19	DOB/Age _			S74406									21	1 12
	Sex.M Lic.	<u> </u>		E	DLndorsement		ear 2016							Velı (Config. 6	_	
⁴ 2		EXINGTO	F	AS SCOTT	Middle		r SW GAT	Last			First			Mide	dle		
	City WOBUE			MA Zip 0180	1		ess 1 LEX WOBURN	TIAC	TON	ST	-	. 3.0	7	01	901 - 490		
				INSURANCE		•	le Action Prior to	Caal	[4 2	7			Code:	801-480 , 27 27	27	
	Vehicle Travel D		EX	Responding to Emer			Sequence 1	23				est Sta		1	28		
⁵ 1		ued)	<u>v</u> y	responding to Emer	gency:		Harmful Event	<u> </u>	24			Type of	Test:		29		
	1	, -		ol. 2: Ch/Sec/Sub —			Contributing Co	nde	1 2	25	25	BAC Te			1 30	32	1 13
	Viol. 3; Ch/Sec/S			ol. 4: Ch/Sec/Sub —			r Distracted by	0	26			Susp. Al			Susp. Drug: 2	32	
⁶ 1				r and all occupants in			T	-	34 Seat		36 37 irbag Ejec	38	39 Injury	40 Transp.			İ
	Operate				Address ee Above		DOB/Age	Sex	Pos.	System S	tatus Code	Code	Status	Code	Medical Facility		
	<u> </u>			11 CANTERBURY RD					1-	1 4		0	10	1			
	WILLIAM YOU	JNG		WOBURN, MA 01801				1	3	1 4	0	0	10	1			
								-				-	ļ .				
								<u> </u>					<u> </u>				1
⁷ 2	Please Select C of the Followin		e 2. 1 #	Occupants Non	-Motorist A	Туре	15 Action	16 I	ocation	1	Cond	ition	18	Пн	(it/Run Mo	ped	
	License # S65	10 1	St MA	DOB/Age			61FX04					e PC	! !	Reg	g State MA	<u></u>	
	Sex M Lic. C	Class D	Lic. Res	trictions C	DL ndorsement		ear <u>2010</u>								Config. 1		
⁸ 1	-	Last	Fi	ALIAPPANA irsi	DA Middle		NELLAI	Last	•		LIA First	PPAI	NAD.	A Midd	ile		
		BEDFOR		<i>m</i> 02420	1546		ss 437 BI		ORD	ST					400 4 = 4		14
				<u>1A</u> Zip 02420 CE INSURAN			LEXINGT			. 22	٦.			ip <u>02</u> Code: 1	420-154 27 27	27	1
	Vehicle Travel D		· · · · · · ·				e Action Prior to			k 	j	est Stat		1	28		
	Citation # (If Issu		-111	Responding to Emerg	gency /		Sequence 1 Harmful Event	<u> </u>	24		1	ype of	Test:		29		
⁹ 2	·	,		ol. 2: Ch/Sec/Sub —			Contributing Co	_		⁵ 19	25	AC Te		12	. 30	-	
	Viol. 1: Ch/Sec/S			ol. 2: Ch/Sec/Sub ——			Distracted by	99	26	ا_ع	ა	usp. Al owed fi			Susp. Drug: 2	32	
				notorist and all occupa		2.1101			34 Seat	35 Safaty A	36 37	38	39	40		\dashv	
	Name (Last First Mi		daria		Address		DOB/Age	Sex	Pos. 5	System St	atus Code	Code	Injury Status	Transp. Code	Medical Facility		
	Operato	or/Non-Mo	urisi	Se	ee Above				1	L 4	0	0	10	1			
												-					



On 6/10/20 I responded to a two vehicle crash at the intersection of Woburn St and Eames St. There were no injuries. All involved were wearing seatbelts. The operator in veh 1 reported that he was traveling on Woburn St towards Lowell St. He stated he proceeded to turn left and was struck by vehicle 2. Both Oper 1 and his passenger stated they believed the operator of Veh 2 continued to step on gas after collision. Operator of Veh 2 stated he stopped for the stop sign at Eames St and then proceeded turning left and did not notice that Veh 1 was in front of him when he proceeded to turn left. Veh 1 did not have stop sign. Veh 1 had damage to drivers side door and part of cab portion of truck. Veh 2 had damage to front bumper, hood and grill. Veh 2 was towed by Cains Towing. Veh 2 operator was issued warning T22062382 for failing to grant right of way at an intersection.

Witnesses:								
Name (Last,First,Middle)		Address			1	Phone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	ption of Damag	ed Property	
Truck and Bus Information: Carrier Name	Registration #						Bus Use	42
Address			City			St	Zip	
US DOT #:				MC/MX	:./ICC #:			
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Leng	gth 40		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 di	git #		—Release code	49

Patrol Officer Daniel P Furbush

196

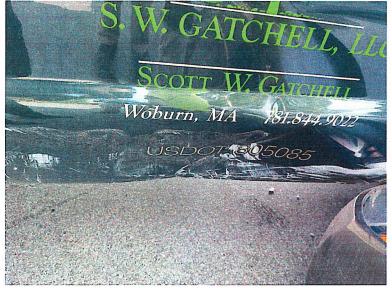
Wilmington Police Department

06/10/2020

Wilmington Police Department Images Associated with 20-123-AC

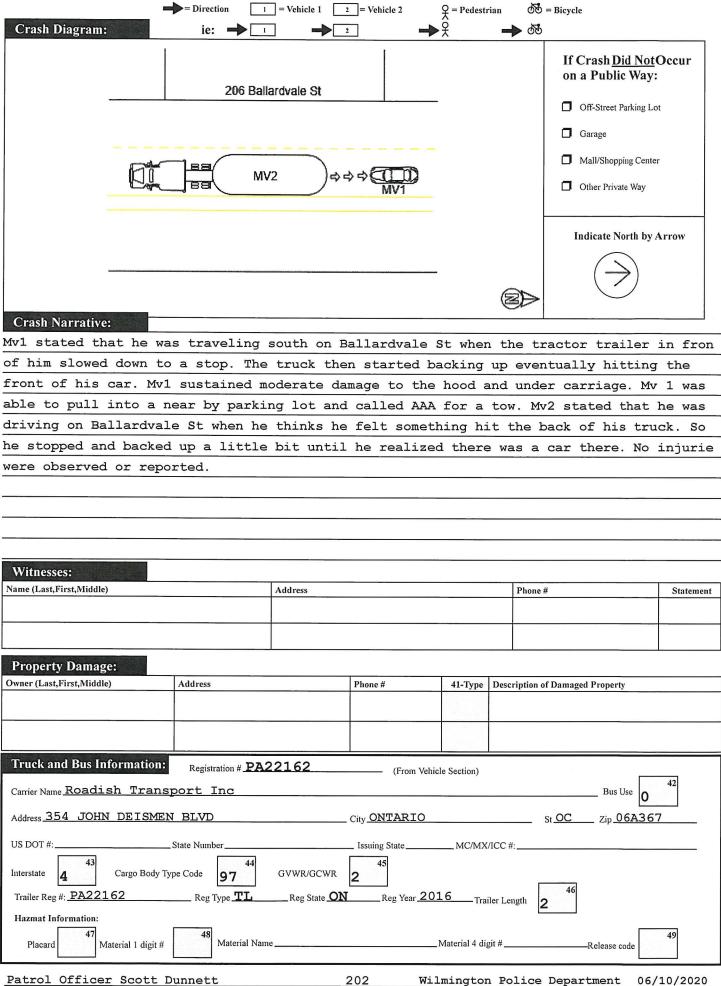








	Police	Use Only	Com	monw	ealth (of Massa	chu	ısetts	\$		RMV	V Docu	ıment Number		
	1 1	ime of Crash 253 Wil	City/Town mington	Moto	or Veh	icle Cras	sh	Number Vehicles		Speec	Limit_	35	State Police Local Police MBTA Police		
	00/10/2020	24HR 24HR	ming con	P	olice !	Report		2	0	Land	ide itude		Campus Police	. .	
	A	T INTERSECT	ION:	<	LOCA	TION >	>		NOT	AT IN	TERS	SEC	TION:		
															2 10
	Route# Direction	n	Name of Roadway/S	Street		Route# Directi		206 Address #	BA	LLARI Na			ST ray/Street		
¹ 1			At				عادات								
	Route# Direction	n Na	me of Intersecting Road	dway/Street		Feet [NSE	E W of	Mile	Marker	, —	or _	Exit Numbe	r	11
			Also at Intersection			Feet	N S E	w of		_					2 "
2	B . " B' .					Feet	N S E	w of	Route#	ŧ	Interse	cting R	Roadway/Street		
² 1	Route# Direction	n Na	me of Intersecting Road	dway/Street							Lar	ndınark	(
3	Please Select One of the Following:		_#Occupants	it/Run	Moped	Crash Re	eport Il	D# 2 0	-1	24-	AC	•			
	-	6837665 St N	IH DOR/Age	<u> </u>	Dan	I ⊭ <u>3668078</u>			D '	T DC	·	D.	State NH		
	Sex M Lic. Clas	10 10	20	CDI		Year <u>2007</u>			_					21	1 12
		RGE, CHARL		CDL Endorsement		er GEORGE				***		_ ven	Comig.		
⁴ 1	Address 6 UP	ast	First	Middle		er GEORGE L ess 6 UPLA	ast		Firs	í		Mis	ddle		
-			e <u>NH</u> Zip 0381	1-2542		ATKINSON		<u></u>		Ctrt. NT	u -	O 3	3811-25	42	
	Insurance Company		с <u>4111 —</u> Дір <u>—ОООТ</u>		-				22	State IN			, , , , , , , , , , , , , , , , , , , 	27	
		ction: NXEW	D I' 4. E	0.2		cle Action Prior to 0		3 23	23	Test Sta			28		
⁵ 2		<u> </u>	Responding to Eme	ergency? 2		t Sequence 1 2		24		Type of	Test:		29		
		1)				4			25	BAC Te	-		1 30		13
			Viol. 2: Ch/Sec/Sub -			er Contributing Coc		L ²⁵		Susp. A	_		Susp. Drug: 2	32	1
⁶ 1			Viol. 4: Ch/Sec/Sub -		Drive	er Distracted by	0	34 35	36	Towed f	rom sce	ene?	1 33		
	Name (Last First Middle	-	ator and an occupants i	Address		DOB/Age		Seat Safety Pos. System	Airbag	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facil	ity	
	Operator			See Above		> <	X	1 1	4 0	0	10	1			
										-					
	Please Select One					15	16		17		18				
⁷ 1	of the Following:	Vehicle 21	#Occupants No	on-Motorist A	Туре	Action	Lo	ecation	C	ondition		"	Hit/Run 🔲 N	loped	
	License #	0710881009 St C	N DOB/Age		Reg #	PA22162			Reg	Туре ТІ		Re	eg State ON		
	Sex M Lic. Clas	ss D 19 Lic.	Restrictions 99 20	CDLEndorsement	_ Veh Y	Year 2020	Ve	h Make C	ther-	not li	sted	L Veh	Config. 10	21	
8	Operator AWA I	S, TARIO	First	Middle	_ Own	er ROADISI	H T	RANSI	PORT			k#:-	ddle		
81	Address 906 -	3880 DUKE	OF YORK		Addr	ess <u>354 JO</u>	HN	DEIS)		- · · · · · · · · · · · · · · · · · · ·		
	City MISSIS	SAUCA Stat	e ON Zip 16A 3	3G7	City	MAPLE				State O	N z	ip L	6A 3G7		1 14
	Insurance Company	GAURENTEE	CO OF N.	AMERIC	Vehic	ele Action Prior to 0	Crash	2	22	Damage		Code:		27	
	Vehicle Travel Direc	ction: NXEW	Responding to Eme	ergency? 2	_ Even	t Sequence 2	23 2	3 23	23	Test Sta			1 ²⁸		
⁹ 2	Citation # (If Issued)	_		Most	Hannful Event	1	24		Type of BAC Te		ılt:	30		
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub -		Drive	er Contributing Cod	ie g	97 ²⁵ 3	25	Susp. A	-		Susp. Drug: 2	32	
	Viol. 3; Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub -		Drive	er Distracted by	7	26		Towed f			2 33		
	Please	•	n-motorist and all occu	•	<u> </u>	DOB/A -		34 35 Seat Safety		37 38 Eject Trap Code Code	39 Injury	40 Transp.	\$4d:1 vs2	:	•
		Non-Motoris	t	Address See Above		DOB/Age		Pos. System	Status 4		1	Code 1	Medical Facil	ny	
	- p	1.2010110	-				4	-	+		-				
									 		-				
											1				



	Police Use Only	Comi	monwealth (of Massach	usetts		R	MV Docu	ument Number	
	Date of Crash Time of Crash 06/10/2020 1725 Wil:	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lii		State Police Local Police	080
	24HR	mington	Police 1	Report	4	0	Latitude_ Longitude		MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:	< LOCA	TION >		NOT A			TION:	
				-		V	***************************************			2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	474 Address #	MAIN		of Roadw	/av/Street	
¹ 1		At								
	Route# Direction Na	- CI-th Dall	10.	Feet N S	E W of	— — - Mile Ma	— • − arker	or _	Exit Number	
	Rotte# Direction Na	Also at Intersection w		Feet N S	E W of					2 11
				Feet N S		Route#	Inte	ersecting F	Roadway/Street	
² 1	Route# Direction Nat	ne of Intersecting Roady	vay/Street	h.co.ok				Landmark	·	_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# 20	-12	5 – A	C		
³ 99	or the Pollowing.		I							
	10 10	DOB/Age		7TF284					21	1 12
	Sex M. Lic. Class D Lic.	E	ndorsement	Year <u>2016</u> \				Veh	Config. 1] []
⁴ 3	Operator MCCULLOUGH , I	First	Middle	er MCCULLOUG	·	First		Mi	iddle	
3	Address 26 CUNNINGHAM			ess 26 CUNNII						_
	City WILMINGTON Stat		•	WILMINGTON		,			1887-132 27 27 2	9
	Insurance Company THE HANOV			ele Action Prior to Crash			amaged A		1 27 27 2 28 28	
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	43	pe of Test		29	
	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test R	tesult:	1 30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive		20 25	25 St	ısp. Alcoh	ol: 2 31		2 1 1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by 5	26		owed from		1 33	
	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age Sex	34 35 Scat Safety Pos. System	36 37 Airbag Eject Status Code	Trap Inj	39 40 jury Transp. atus Code	Medical Facility	
	Operator	Se	ee Above	\searrow	1 1	1 0	0 10	1		
		-								
	D	<u> </u>		15 16		17		10		
⁷ 1	of the Following: Vehicle 21	_#Occupants Non	-Motorist A Type	Action 16 L	ocation.	Condi	tion	18	Hit/Run 🔲 Mop	ed
	License # S63996341 St M	A_DOB/Agc	Reg #	5718SA		Reg Type	PC	Re	eg State MA	
	Sex F Lic. Class D 19 Lic. I		DL Veh Y	/ear 2012 \	Veh Make F	ORD		Veh	Config. 21	
. 	Operator KITTREDGE, CH		ndorsement PREA Owne	r KITTREDGE	, CHR		AND			
⁸ 2	Address 5 DORCHESTER S	T		ess 5 DORCHES	STER S	First ST		Mi	ddle	
	City WILMINGTON State	MA Zip 01887	7-2230 City	WILMINGTON		Sta	te MA	Zip 0 1	1887-223	<u>o</u> 1 14
	Insurance Company PLYMOUTH 1	ROCK ASSURA	ANCE C Vehic	le Action Prior to Crash	2	22 D	amaged A	rea Code:	1 27 5 27 2	7
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23	est Status:		28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test AC Test R		_ 30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1 25	25	ısp. Alcoh		Susp. Drug: 2 3	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		wed from		2 33	-
Ì	Please fill out for operator/no	n-motorist and all occupa	ants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 3 Trap Inj Code Sta	ury Transp.	Medical Facility	7
ļ	Operator/Non-Motorisa	f Se	ee Above		1 1	4 0	0 10		referred Pachtry	
}										
								_		_
İ										

	Police Use Only	Comr	nonwealth	of Massa	chus	etts			RM	V Docı	ument Nu		
	Date of Crash	City/Town	Motor Veh	icle Cras	h [lumber ehicles	Numb	4 5000	d Limit	30	Local I	Police 🔯	1
	24HR	mington	Police	Report	4		0	Latitu	.ide itude		MBTA Campu Other:	ıs Police 🔲	
	AT INTERSECT	ION:	< LOCA	TION >		,	NOT			SEC'	TION:	-	1
													2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	47	lress #	MA	IN S		Roadu	/ay/Street		
¹ 1	- Direction	At At	······································	- Route# Direction	on Auc	11055 #		14.	anie oi	Noauw	ay/Sileet		1
				Feet N	SEV	of		(Marker	• —	or _	Evit N	Number	
	Route# Direction Na	me of Intersecting Roadw		F . [S	SEV	7 .	Mile	Marker			LART	vannoer	2 11
		Also at intersection w	'HI			_	Route#		Interse	ecting F	Roadway/S	Street	
² 1	Route# Direction Na	me of Intersecting Roadw	vay/Street	Feet N	s e v	of							
	Please Select One	I-,								ındınarl	<		1
³ 99	of the Following:	#Occupants Hit/	Run Moped	Crash Re	port ID#	20	_ T;	25-	AC	;			
		IA DOB/Age.	Reg	# <u>587FE4</u>			Reg	уре РС	;	R	eg State 1	1A	12
	Sex F Lic. Class D Lic.		DL Veh	Year 2015	Veh N	1ake M	AZDZ	1		Veh	Config.	1 21	1
	Operator LAQUIDARA, RA	CHEL OREIL	ndorsement LY Own	er LAQUIDA		RAC			ILL	Y			
⁴ 3	Address 644 WOBURN ST	First	Middle Addi	ess 644 WOI		ST	First			Mi	iddle		
	City WILMINGTON Stat	e MA Zip 01887	7-2963 City	WILMINGT	ON			State M	A 2	Zio 0 I	1887-	-2963	
	Insurance Company PROGRESSI			cle Action Prior to C		2	22	Damage					
	Vehicle Travel Direction: SEW			t Sequence 1 23	· · · · · · · · · · · · · · · · · · ·	23	23	Test Sta	ıtus:		1 28		
⁵ 1	Citation # (If Issued)			Harmful Event	1 24			Type of	Test:		29		
				Ľ		25	25	BAC Te			1 30		13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	l		Susp. A		_	22	rug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —— ator and all occupants inv		er Distracted by	34	35	36	Towed :	from sc	ene?	2 33]
	Name (Last First Middle)	ator and an occupants inv	Address	DOB/Age	Sex Pos.		Airbag I	ject Trap ode Code	Injury Status	Transp. Code	Medi	eat Facility	
	Operator	Se	ee Above		\times 1	1	4 0	0	10	1			
				i I	r 3	1	4 0	0	10	1			
													-
									-				_
						<u> </u>							4
⁷ 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action	Locat	ion	17 Co	ndition	18		Hit/Run	Moped Moped	
_	License # S37971878 St M	A DOB/Age	Reg	# 5BJ459		<u> </u>	Reg T	ivne PC	<u> </u>	Re	eg State 1	MA.	1
		20	_	Year 2016		1ake H						1 21	
	Operator EMDE, KRISTEN	Er	ndorsement	er EMDE , E						,	Comig.		
⁸ 2	Address 9 DELL DR	First	Middle	ess 9 DELL	s1		First			Mi	ddle		
		e MA Zip 01887		WILMINGT				State M	A 7	zin O 1	1887-	-3122	1 14
	Insurance Company SAFETY IN	-	•	ele Action Prior to C		2	22	Damage				27 27	
	Vehicle Travel Direction: X S E W	Responding to Emerg		22		23	23	Test Sta			1 28		
	K 	Responding to Emerg	•	r sequence 1	24			Type of	Test:		29		
2	Citation # (If Issued)			Harmful Event	<u> </u>	25	25	BAC Te	st Rest	ult:	1 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code	26			Susp. A			Susp. D	rug 2 32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by		1 12		Towed 1	-		2 33		ļ
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age	Sex Pos.	35 Safety System	36 Airbag I Status C	37 38 ijeet Trap ode Code	39 Injury Status	40 Transp. Code	Medi	ical Facility	
	Operator/Non-Motoris	t Se	ee Above		X 1	1	4 0	o	10	1			
				\uparrow	\top				 				1
									 				1
						-			-				-

	= Direction	1 = Vehicle 1	2 = Vehicle 2	္ = Pedestrian	⊙ = Bicycle	
Crash Diagram:	ie: ⇒ 🗔	→	2	▶Ŷ →	• 85	
			wa waka ka ka	Topposite Parket	If Crash Did Not on a Public Way:	
					☐ Garage	
				E	_	
				E	Mall/Shopping Cente	r
1	2 3 4				Other Private Way	
					Indicate North by	Arrow
474 Mair	ı St			ascast Actor		
Rte 38	2					
					\triangleright	
Crash Narrative:						
4 car motor vehicle					200	
stated that he was						
front of him when h						
unable to stop and						
4. Vehicle 1 driver						
towing. Vehicle 1 s				1/2		
front and rear of v medical aid on scen						
of the crash, with	*		46.			
the scene.	iio improper di	TVIIIG. VC.	incres 2, 5	, and 4 were	able to be dilve	11 11011
	<					
Witnesses:						
Name (Last,First,Middle)		Address		I	Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41 Time Describ	ption of Damaged Property	
Owner (Last, Prot, Middle)	Address		Thone #	41-Type Descrip	phon of Damaged Property	
Truck and Bus Informatio	Registration #		(From Ve	chicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #;_		
Interstate 43 Cargo Boo	dy Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer Leng	46	
Hazmat Information:	was a second	was:				
Placard 47 Material 1 digi	it # Material Na	me		Material 4 digit #	Release code	49
	s F Noftle		204 1			

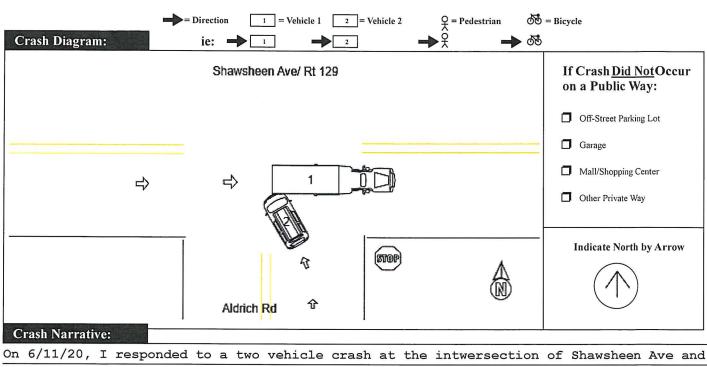
Wilmington Police Department Images Associated with 20-125-AC







	Pol	ice Use Only		Com	ealth (of Massa	ach	use	etts				RMV	V Doci	ument Num	ıber		
	Date of Crash 06/11/2020	Time of Crash 1843		City/Town ington	Moto	or Veh	icle Cra	sh		umber hicles	Nun Inju		•	Limit.	35	State Pol Local Po MBTA P	olice 🔯	1
	00/11/2020	24HR	AA 'T' T'TIT'	ing con	P	olice 1	Report		2		0	1	Latitud Longit			Campus Other:	Police	
		AT INTERS	ECTIC	N:	<	LOCA	TION	>	·		NO	ΓΑΤ	'IN	rer:	SEC'	TION:]
																		2 10
1	Route# Direc			N AVE Name of Roadway/Sti	reet		Route# Direc	tion	Addr	ess#			Na	me of	Roadw	/ay/Street		
¹ 1				At			_	N/G	l e lu	١.								1
	Route# Direc	ction ALDR		RD of Intersecting Roady	vav/Street		Feet	IN S	EW	of	Mi	le Mai	– • rker		or _	Exit Nu	ımber	11
				Also at Intersection w			Feet	N S	EW	of						2 1 /0-		3
2	Route# Direc	ntion .	Nama	of Intersecting Roadw	(C)		Feet	N S	EW	of	Route	:#		Interse	cting F	Roadway/St	reet	
² 3	Koute# Direc	ction	Ivaine	of Intersecting Roads	vay/Street									Lat	ndmark	ς		
3	Please Select (of the Followi		1#	Occupants Hit/	Run [Moped	Crash F	Report	ID#	20	-1	26	6 −.	AC	: ,			
	License # S5	5257948	St MA	DOB/Age	I	Reat	R67411				Rec	Type	CO		R	ea State M		
	Sex M Lic.	10 10	9	20	DL		/ear <u>2008</u>									1	21	1 12
		L PONT,		E ₁	ndorsement		er DAL PO								_ ven	Comig. L		
⁴ 2		Last JANVRIN		rst	Middle			Last			Fi	rst			Mi	iddle		
				/A Zip 02151	-2715		REVERE	·S_E_AS				Stat	a MZ) 7	in 02	2151-	2715	
				ANCIAL CAS			le Action Prior to	Crach		1	22				Code:	, ,	27 27	
	·	Direction: NS		Responding to Emerg			Sequence 1	23	23	23	23		st Stat			1 28		
⁵ 1		sued)	KX	responding to Emerg	gency:		Harmful Event	1	24			Ty	pe of T	Fest:		29		
				ol. 2: Ch/Sec/Sub —			r Contributing Co	ш	1	25	25			t Resu		1 30	22	13
	Viol. 3: Ch/Sec/s			ol. 4: Ch/Sec/Sub			r Distracted by	0	26					on sce	2 31	Susp. Dri	ug: 2 32	
⁶ 2	viol. 3. Chrisecri			r and all occupants inv			T Distracted by		34	35	36	37	38	39	40	2		4
	Name (Last First M	fiddle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medica	ol Facility	-
	Operate	or		Se	ee Above		\geq	X	1	1	1	0	0	10	1			
								-										1
,	Please Select C	One Vehicle	1 #	Occupants Nam	-Motorist A	Type	15 Action	16	Locatio		17	Conditi		18			Moped	1
⁷ 3	of the Followin	ng: —			-iviolorist A										<u> </u>	TII/Kun L	Wroped	4
	License # SA	2330415 19 19	7	_ DOB/Age		_	48GR04				_		PC		R	eg State M	Z1 21	
	Sex Lic. (Class D	Lic. Res	trictions Cl	DL ndorsement		ear 2014					AN			_ Veh	Config.	1	
⁸ 1	Operator	Last	ю	rvi	Middle		r VENUTO	Last			Fir				Mi	ddle		
-	Address			··············		_	ess <u>22 PAS</u>		CON	AWA	AY]							14
	City	_	State_	Zir			BILLERI	CA			22						27 27	
	•	, K-3		TY INSURA	INCE C	Vehic	le Action Prior to	Crash		4	Ц,		imageo st Stati		Code:	28	21 21	
	Vehicle Travel D	rection: S	EW	Responding to Emerg	gency? 2	_ Event	Sequence 1	23	23	23	23		pe of T			29		
⁹ 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24	25	25	BA	C Tes	t Resu	lt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Vio	1. 2: Ch/Sec/Sub —			r Contributing Co	_	-	²⁵ 4	25			ohol:		Susp. Dr	ug: 2 32	
ļ	Viol. 3: Ch/Sec/S			1. 4: Ch/Sec/Sub			r Distracted by	99	26	Т ===				om sce		1 33]
	Ple Name (Last First M	-	ator/non-n	notorist and all occupa	Address	1	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	al Facility	
	Operate	or/Non-Mot	torist	Se	e Above		><	X	1	1	4	0	0	10	1			
Ī																		1
ļ								 	†	 								1
}																		1
1							1	1	1	1					1			I



On 6/11/20, I responded to a two vehicle crash at the intwersection of Shawsheen Ave and Aldrich Rd. There were no injuries. Veh 1 operator reported traveling straight when Veh 2 started to pull out as he was passing Aldrich Rd. He stated he attempted to swerve left but Veh 2 struck Veh 1 in the back tailgate area. There was no visible damage. Veh 2 operator reported she stopped at the stop sign at the end of Aldrich Rd. She e thought sh looked left but remembered someone traveling westbound (her right side) stopped and waved her out. She stated she didn't realize the truck (Veh 1) was passing in front of her and her car (veh 2) and the box truck (Veh 1) collided. Veh 2 suffered damage to fron bumper, hood, one headlight, front right quarter panel and engine compartment. Cain's towing was dispatched to tow Veh 2. All individuals were wearing seatbelts. Weather and road conditions did not play a role in crash.

Witnesses:										
Name (Last, First, Middle)	Address				ne#	Statement				
Property Damage:										
Owner (Last,First,Middle)		Phone # 41-Type Description				tion of Damaged Property				
Truck and Bus Information: Registration #										
Address			City			St	Zip			
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:					
Interstate 43 Cargo Body Ty		GVWR/GCWR	45			46				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length					
Hazmat Information:										
Placard Material 1 digit #	48 Material Name			_Material 4 di	git #		—Release code	49		

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

06/11/2020

Wilmington Police Department Images Associated with 20-126-AC



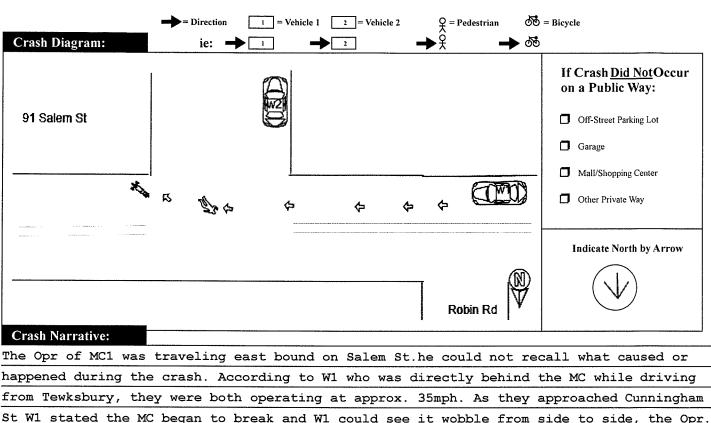


Wilmington Police Department Images Associated with 20-126-AC





	Police Use Only	Com	nonwealth (of Massac	huset	ts		RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehic		lobood.		Local Police	.]
	06/12/2020 1131 Wil	mington	Police 1	Report	1	1	Latitude Longitu		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA		1-	NOT A		ERSEC		7
						11011	** ****			10
	SALEM S									2
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address	#	Naır	ne of Roady	vay/Street	-
- 	CUNNING			Feet N	S E W of		•	or _		
		ne of Intersecting Roadw	/ay/Street			Mile I	/Jarker		Exit Number	1 11
		Also at Intersection w	ith	Feet N	S E W of	Route#		ntersecting	Roadway/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadw	vay/Stroot	Feet N	S E W of	reduci	••		.coadway/octool	
1	Notice Breefor 14gi	ne of intersecting Roadw	/ay/Siteet					Landmar	k	_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 2	0-12	7-2	AC		
		73								4
	10 10	A DOB/Age.		AZ7872					21	1 12
	Sex M Lic. Class D M Lic. I	Restrictions C	ndorsement	/ear_2003			ot lis	sted _{Vel}	1 Config. 3	
1	Operator RYAN, WESLEY	G First	Owne	er RYAN, WE	ESLEY	G		M	fiddle	į.
⁴ 1	Address 5 WASHINGTON S	ST	Addre	ess 5 WASHI	NGTON					
	City TEWKSBURY State	MA Zip 01876	5-1830 City	TEWKSBURY			tate MA	Zip_ _0	1876-1830	
	Insurance Company GEICO IND	EMNITY COM	PANY Vehic	le Action Prior to Cra	sh 1	22	Damaged	Area Code:	7 27 27 27	
	Vehicle Travel Direction: N S X W	Responding to Emerg		Sequence 23	23 23	23	Test Statu	s:	1 28	
5	Citation # (If Issued)			Harmful Event 1	24		Type of To	est:	29	
					11 25	12 ²⁵	BAC Test		30	_ 13
	Viol. 1: Ch/Sec/Sub			r Contributing Code		12	Susp. Alce	<u> </u>		
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	<u> </u>			om scene?	1 33	_
	Please fill out for opera Name (Last First Middle)	ntor and all occupants inv	olved Address	DOB/Age So	Seat Sat	5 36 3 ety Airbag Ejetem Status Co	et Trap	39 40 Injury Transp. Status Code	Medical Facility	
	Operator	Se	ee Above		1 5	5 3	0	8 2	Lahey Clinic	7
					1		+			1
										4
7	Please Select One Vehicle 2	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Con	dition	18	Hit/Run Moped	1
⁷ 3	of the Following:	- 1	Trotorist A Type	7 Kelloli	Location				Tito Kun 🚨 Woped	4
		DOB/Age	Reg #			Reg Ty	ре	R	leg State	
		Restrictions 20 CI	DL Veh Y	ear	_ Veh Make			Vel		
R	Operator	First		erLast		First			liddle	
⁸ 1	Address			ess		Litar		,,,,		
	City State	Zip	City_				tate	Zip		1 14
	Insurance Company		Vehic	le Action Prior to Cra	sh	22	Damaged	Area Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	rency? Event	Sequence 23	23 23	23	Test Statu	s:	28	
	Citation # (If Issued)			Harmful Event	24		Type of To	est:	29	
⁹ 2	,	 -		<u> </u>	25		BAC Test		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		r Contributing Code	26	J	Susp. Alco	L	Dusp. Drug.	
	Viol. 3: Ch/Sec/Sub		Distracted by				om scene?	33	_	
	Please fill out for operator/nor Name (Last First Middle)	•	nts involved Address	DOB/Age Se	34 3 Seat Sai Pos. Sys	ety Airbag Eje	et Trap	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	<u> </u>	e Above		1					1
				Y Y	++					+
	The state of the s						-			4



The Opr of MC1 was traveling east bound on Salem St.he could not recall what caused or happened during the crash. According to W1 who was directly behind the MC while driving from Tewksbury, they were both operating at approx. 35mph. As they approached Cunningham St W1 stated the MC began to break and W1 could see it wobble from side to side, the Opr. then laid the MC down on its left side, and the Opr. came off of the MC. W1 was stopped across from Robin Rd, and this is where the skid marks from the MC began. W2 stated he took a left from Salem St onto Cunningham St in the path of the MC, but stated the MC was further down the street when he made the turn. W2 further stated he had already completed his turn and was onto Cunningham St when he heard the crash. W1 did not notice W2 turning W1 was focused on the MC. Minor damage to fence @ 91 Salem St report by resident

Witnesses:										
Name (Last,First,Middle)		Address				ļ		Statement		
TASSINARI CHRISTIE AL	95 AUDUBON RD Apt. #213 WAKEFIELD MA 01880-1265									
GREELEY TIMOTHY J	141 BEACH RD A	ot. #18 SALISBURY	2248							
Property Damage:										
Owner (Last,First,Middle)	Address	Phone # 41-Type Descri				cription of Damaged Property				
BARRASSO EDWARD R 91 SALEM ST WILMING		TON MA 01887-40		97	POST AND	RAIL	FENCE,	POST	MOVED	
Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body Type	State Number44		City				•			
Trailer Reg #: Hazmat Information: Placard Material 1 digit #	Reg Type	Reg State	Reg Year			46	Release code	4:)	

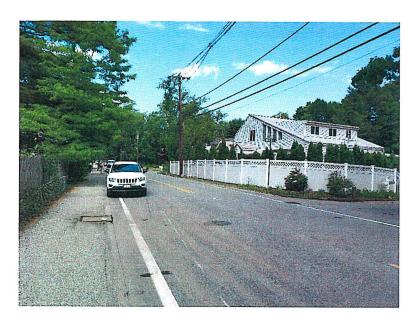
Patrol Officer Julie M Pozzi

167

Wilmington Police Department

06/12/2020

Wilmington Police Department Images Associated with 20-127-AC









Wilmington Police Department Images Associated with 20-127-AC



