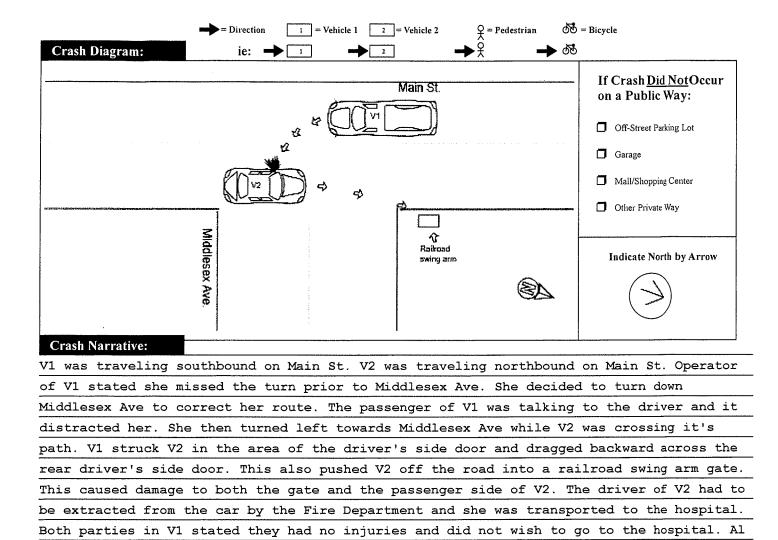
	Police Use Only Comi		monwealth of Massachusetts RMV Document Number						ment Number									
	Date of Crash 06/16/2020	Time of Crash	1	City/Town	Motor `	Veh	icle Cras	sh			Number Injured	Popoda		35	State Police Local Police MBTA Police			
	06/16/2020	24HR	MTTI	ington	Poli	ice :	Report		2]		Latitud Longit			Campus Police Other:	_ 🗖		
		AT INTER	SECTIO	ON:	< L	OCA	TION :	>		N	OT A	T IN	rer:	SEC	LION:			
									250				-				2 10	
·	Route# Dire	ction		Name of Roadway/Str	reet		Route# Direct		Addre		MAII			Roadwa	ay/Street			
¹ 1				At			Feet	NS	EW.	ъғ				or				
,	Route# Dire	ction	Name	of Intersecting Roadw	/ay/Street		1001		= []	,,	Mile M	arker			Exit Number		2 11	
	Also at Intersection with				ith		Feet NSEW of Route# Intersecting Roadway/Street											
² 1	Route# Direc	ction	Name	of Intersecting Roadw	/av/Street		Feet [N S	E W	of					,			
					·									ndmark				
3	Please Select (of the Followi		e 1 .2 #	Occupants Hit/	Run M	oped	Crash Ro	eport l	ID# 2	20-	·12	8	AC	· 				
	License # NH]	<u> 1769693</u>	3 St. NH			Reg	#S72179				Reg Typ	e CO		Re			12	
	Sex F Lic.	Class D	Lic. Res	strictions B 20 Cl	DL	Veh 3	Year 2016	v	eh Mak	e GM	C			_ Veh	Config. 1	21		
4	Operator AR	ABIA, K	AYLYN		Middle	Own	er MCLEOD	LA .ost	NDS	CAP	ING First	INC		Mic	dde			
⁴ 1	Address <u>108</u>	MASON	RD A	PT 1		Addr	ess <u>BX 179</u>											
	City NEW	PSWICH	State 1	VH Zip 0307	1	City_	TEWKSBUF	RY_			-			-	876-01	, I		
	Insurance Comp	any SAFET	Y INS	URANCE CO	MPANY	Vehic	ele Action Prior to	Crash	4		j			Code:	8 ²⁷ 5 ²⁷	27		
5	Vehicle Travel D	Direction: N	EW	Responding to Emerg	gency? <u>2</u>	Even	t Sequence 1 2	23 2	Ц	23 2	٦	est Stati ype of T			29			
	Citation # (If Iss	ued)				Most	Harmful Event	1	24	-ar	В	AC Tes		ılt:	30		_ 13	
	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub —		Drive	er Contributing Cod	de		⁵ 19	25 S	usp. Ald	cohol:	2 31		32	1 13	
⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		Drive	er Distracted by	6	26			owed fr		L.	1 33			
	Name (Last First M		for operato	r and all occupants inv	olved Address		DOB/Age	Sex		Safety Ai	36 37 rbag Eject atus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		ı	
	Operate	or		Se	e Above			X	1	L 4	0	0	10	1			ı	
	SCOTT MACLE	OD		2203 POULIOT PL WILMINGTON, MA 0	1887-4563			м	3 () 4	0	0	10	1			ı	
																	ı	
												 			11		ı	
	Please Select C	one X Vehicl	.1 #	Occupants Non-			15	16			7		18		Hit/Run Me			
⁷ 3	of the Followin	ng: Venici	e 2.1#	Occupants Non-	Motorist A Ty	/ре	Action	L	ocation		Condi	tion		<u> </u>	Hit/Run Mo	oped		
	License # S90	10		DOB/Age		_	# 2MDP71								g State MA	21		
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Veh Year 2016 Veh Make LEXUS									_ Veh	_ Veh Config. 1								
⁸ 1					Owner PEREZ , NANCY Middle Last First Middle Address 1 OLSON ST APT 12													
		LSON ST		12	24E0		ess 1 OLSO			AP		347		. 01	L887-245	_	1 14	
	City WILMI			<u>MA</u> Zip 01887		•	WILMINGT		Г	22	_			_		27		
	Vehicle Travel D	•	EW	TUAL INSU	_		t Sequence 2		23 2	23 2	<u>,</u> ,	est Stat			1 28			
	Citation # (If Iss	Z¥	EW	Responding to Emerg	gency =			35 1	24			ype of T	Γest:		29			
⁹ 2			15.	J. 2: Ch/Son/Sub			er Contributing Coo	<u> </u>	$\frac{1}{1}$	5	35	AC Tes	-		30 D	32		
				ol. 2: Ch/Sec/Sub —— ol. 4: Ch/Sec/Sub ——			- 1	99	26	_JL		usp. Ale	-					
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driv Please fill out for operator/non-motorist and all occupants involved							34 Seat		36 37 rbag Eject	38	39	40 Transp.					
	Name (Last First M			T	Address		DOB/Age	Sex	Pos. S	System St	atus Code	Code	Status	Code	Medical Facility Lahey Clinic			
	Operate	or/Non-Mo	otorist	Se	e Above			\triangle	1	L 2	0	1	9	2				
										_								



Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** 41-Type Description of Damaged Property Owner (Last,First,Middle) Phone # Address 240 SOUTHAMPTON ST BOSTON MA RAILROAD SWING ARM GATE MBTA Truck and Bus Information: Registration #__ Carrier Name City. US DOT #:_ __ State Number_ _ Issuing State_____MC/MX/ICC #: GVWR/GCWR Interstate Cargo Body Type Code Trailer Reg #:_ __Reg State _____ Reg Year ____ _ Reg Type _ ----- Trailer Length Hazmat Information: _____Material 4 digit # ____ Material Name Material 1 digit #

Patrol Officer Emily L Stebbins

parties were wearing their seatbelts.

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Wilmington Police Department

06/16/2020

Department

Wilmington Police Department Images Associated with 20-128-AC

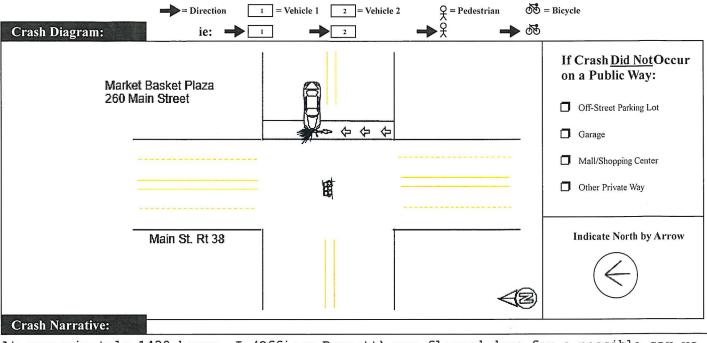




Wilmington Police Department Images Associated with 20-128-AC



	Police Use Only	monwealth		RN						
	Date of Crash Time of Crash	City/Town mington	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Lim	it35	State Police Local Police MBTA Police	1
	24HR	ming con	Police	Report	1	0	Latitude Longitude		Campus Police Other:	1
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	INTE	RSECT	TION:	
					260	MAIN	r em			2 10
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	THILL		f Roadwa	ny/Street	
1		At		Feet N S	E W of		_ • _	– or		
	Route# Direction Na	me of Intersecting Road	lway/Street			Mile Ma	irker		Exit Number	2 11
		Also at Intersection	with	Feet N S		Route#	Inter	secting Re	oadway/Street	
² 1	Route# Direction Na	ne of Intersecting Road	lway/Street	Feet N S	E W of					
_	Please Select One Vobicle 1	#O				10		andmark		1
3	of the Following:	#Occupants Hit	t/Run Moped	Crash Report	ID# 2 U	-12	9-A	<u> </u>		_
l		DOB/Age _	Reg	# <u>5PDZ60</u>		Reg Typ	PC	Re	g State MA 21	1 12
	Sex F Lic. Class D 19 Lic.		CDL Veh	Year <u>2005</u>	Velı Make <u>T</u>	OYOTA	L	Veh (Config. 1	
4	Operator ARRIA, MARIA	First	Middle	er ARRIA, M		First		Mid	die	
⁴ 1	Address 33 ADAMS ST			ress 33 ADAMS						
	City WILMINGTON Stat	•	-	WILMINGTON	F			_	.887-2452 , 27 27 27 27	
	Insurance Company SAFETY IN			cle Action Prior to Crash	4	ᆜ .	amaged Are	ea Code:	1 28 27 27	
⁵ 2	Vehicle Travel Direction: NEWEW	Responding to Eme	•	nt Sequence 4 23	23 23	23	ype of Test:	ŀ	29	
	Citation # (If Issued)			t Harmful Event 4		25	AC Test Re		1 30	_ 13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	S	usp. Alcoho		Susp. Drug: 2 32	4
⁶ 1		Viol. 4: Ch/Sec/Sub —ator and all occupants in		er Distracted by 0	34 35	36 37	owed from:	40	2 33	_
	Name (Last First Middle)	ator and an occupants n	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Inju		Medical Facility	_
	Operator	5	See Above	\times X	1 1	4 0	0 10	1		_
										_
7	Please Select One Vehicle 2	#Occupants No	n-Motorist A Type 2	15 Action 16	Location	17 Condi	tion 1	8 1	lit/Run Moped	1
⁷ 2	of the ronowing:				<u> </u>	i		ل		4
	19 19	DOB/Age	·	#		_ 0 ,.	e		21	
			Endorsement	Year	Veh Make			Veh	Config.	
81	Operate Address		Middle	Last		First		Mid	ldle	
<u> </u>	CitSta			1033		Sta	ate	Zip		1 14
	Insurance Company	•	·	cle Action Prior to Crash	1		amaged Ar	. г	27 27 27	
	Vehicle Travel Direction: SEW		ergency?_2 Eve	nt Sequence 23	23 23	23 T	est Status:		28	
[o	Citation # (If Issued)		Mos	t Hannful Event	24		ype of Test:	-	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	25	25	AC Test Reuse usp. Alcoho	-	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26		owed from	L	33	
	Please fill out for operator/ne	on-motorist and all occu	•	DOBA	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	1
	Name (Last First Middle) Operator/Non-Motoris	t	Address See Above	DOB/Age Sex	Pos. System 1 0	Status Code	Code Stat		wedical Facility	1
					-					-
	Addition to the state of the st						++			1
					 		+			-
					1 1	1 1	1			1



At approximately 1430 hours, I (Officer Dunnett) was flagged down for a possible car vs bike at the south entrance of Market Basket. Upon my arrival, the cyclist was on the sidewalk and the vehicle involved was pulled over. The Cyclist (Juvenile) appeared to hav no injuries and confirmed she was not hurt. She stated that she was traveling north on main street on the side walk. As she was traveling through the plaza entrance intersection, the car drove forward and struck her causing her to fall off her bike. She stated that she thought the driver seen her as she entered the cross walk so she kept going. The Op of MV stated that the light turned green and as soon as she started driving the cyclist appeared. She did not see the bike to her left. The MV sustained minor damage to the front license plate area and fog light. MV Op denied medical attention. Cyclist mother arrived a short time later and was able to pick up bike and cyclist.

Witnesses:											
Name (Last,First,Middle)	Address			Phone #	Phone #						
		10-	***								
Property Damage:											
Owner (Last,First,Middle)		Phone #	41-Type	Description of Damage	ed Property						
		-									
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Bus Use											
Address			City		St	Zip					
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:						
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		46						
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	ler Length						
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	e	,	_Material 4 dig	it #	—Release code	49				

Patrol Officer Scott Dunnett

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Wilmington Police Department

06/17/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date