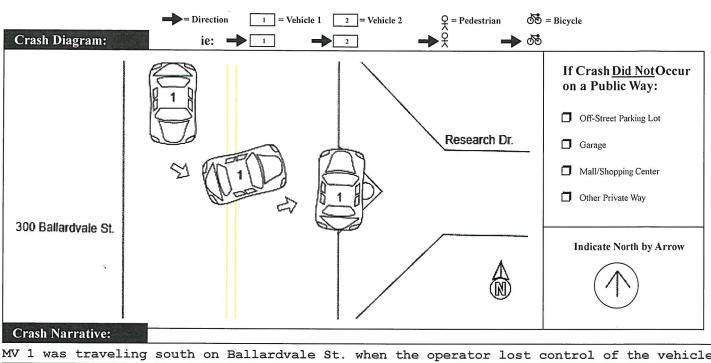
	Police Use Only	Com	nonwealth	of Massa	chuse	etts		RM	V Docur	ment Number	
	Date of Crash Time of Crash 06/22/2020 0403 Wi1	City/Town	Motor Veh	icle Cras	h Nu		inrad '	ed Limit	30	— Local Police	
	24HR	mington	Police	Report	1	1	Lau	ude gitude		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NO	T AT IN	TER	SECT	TION:	1
			-								2 10
	Route# Direction BALLARI	Name of Roadway/Str	reet	Route# Directio	n Addre	-ss #	·	Jame of	Roadwa	ny/Street	·
¹ 4	MANAGEMENT CONTRACTOR	At				100	-			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
L	RESEARC			Feet N	S E W		 file Marker	•	or	Exit Number	
	Route# Direction Na	Also at Intersection w		Feet N	SEW						1 11
					SEW	Rou	te#	Interse	ecting Ro	oadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadw	/ay/Street					La	ndmark		
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Rep	ID#	20_1	130-		*************		1
3	of the rottowing:										1
L	License # SA3520713 St 1	30		# 4BK139						21	1 12
	Sex M Lic. Class 99 Lic.	Restrictions	ndorsement	Year <u>2005</u>						Config. 1	<u> </u>
4	Operator GERENA , DAVII		Middle	er <u>CUEVAS –</u>	n.		CIELA First	CU	EVA:	S	
⁴ 1	Address 65 CAMBRIDGE			ess 65 CAME	BRIDG	E ST					
	City LOWELL Sta	te MA Zip 01851	3335 City	LOWELL					_	851-3335	
	Insurance Company THE HANOV	ER INSURANC		ele Action Prior to C	L	1 22			Code: 1		l
5	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	t Sequence 20 23	43 23 22	23 23	Test St		l ²	L 28 29	
	Citation # (If Issued) T2062501			Harmful Event			Type o	est Resu	utr	30	
	Viol. 1: Ch/Sec/Sub <u>90 10</u>	Viol. 2: Ch/Sec/Sub 9	0 17 Drive	er Contributing Code	10	25 2	<u>-</u>	Alcohol:		Susp. Drug: 2 32	20 ¹³
6	Viol. 3: Ch/Sec/Sub <u>90</u> <u>24</u>	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶			from see		33	
⁶ 1	•	rator and all occupants inv			34 Seat	35 36 Safety Airbag	37 38 Eject Tra Code Cod	39 Injury	40 Transp.		1
	Name (Last First Middle) Operator		ee Above	DOB/Age		System Status O 3	Code Cod		Code L	Medical Facility Lahey Clinic	-
	Орегию				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			- '			-
⁷ 3	Please Select One Vehicle 2	#Occupants Non-	Motorist A Type	15 Action 1	Location	17	Condition	18	Пн	it/Run Moped	1
3	of the ronowing:								<u> </u>		┨
	19 19	DOB/Age	_	¥						21	
	L	Restrictions CI	DL Veh ' idorsement	Year	Veh Ma	ke			Veh C	Config.	
⁸ 1	Operator	First	Middle	erLast	ı	1	First		Midd	lle	
	Address			ess						·	14
	CitySta				Г	22	State	ed Area		27 27 27	
	Insurance Company			cle Action Prior to Cr	, <u> </u>	23 23	Test St		-	28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	, , , , , , , , , , , , , , , , , , , ,	Sequence	24	20 20	Type o	f Test:		29	
⁹ 2	Citation # (If Issued)			Harmful Event		25 2:		est Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		er Contributing Code	26	2	J Susp. A	dcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	34	35 1 76	Towed	from sce	ene?	33	ļ
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupa	nts involved Address	DOB/Age	Seat	35 36 Safety Airbag System Status		Injury	Transp. Code	Medical Facility	
	Operator/Non-Motoris	Se Se	e Above		1						
							\Box				1
							+				-
							1 1				1



MV 1 was traveling south on Ballardvale St. when the operator lost control of the vehicle causing the vehicle to spin 180 degrees and cross into the opposite lane of travel. The vehicle collide with the curb of the traffic island and utility pole before stopping, causing damage to the granite curb and utility pole. As a result of the crash the vehicle is damaged in all areas. Due to the extent of the damage to the vehicle, curb and utility pole, it is estimated the operator was traveling at speeds in excess of 60mph. The operator was issued Massachusetts uniform citation (T2062501) for unlicensed operation, operating to endanger, and speeding. The operator was transported to Lahey Hospital in Burlington MA. A&S Towing vehicle has the vehicle.

Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
	-						
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damage	ed Property	
Truck and Bus Information:			(From Vehic	le Section)	-	Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/IC	C #:		
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46		
Hazmat Information:							
Placard Material 1 digit #	48 Material Name		1	Material 4 digit #		Release code	49

Patrol Officer Meghan Sousa

Wilmington Police Department

06/22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Wilmington Police Department Images Associated with 20-130-AC







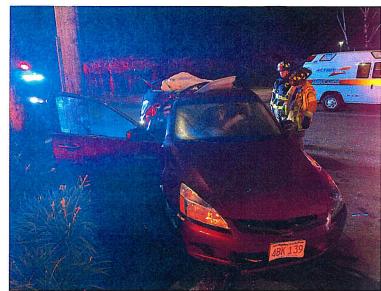






Wilmington Police Department Images Associated with 20-130-AC









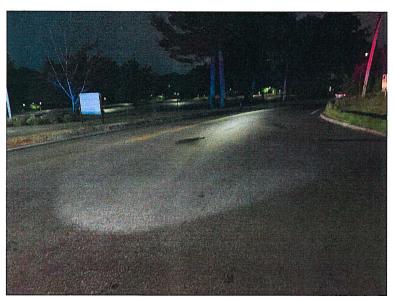




Wilmington Police Department Images Associated with 20-130-AC





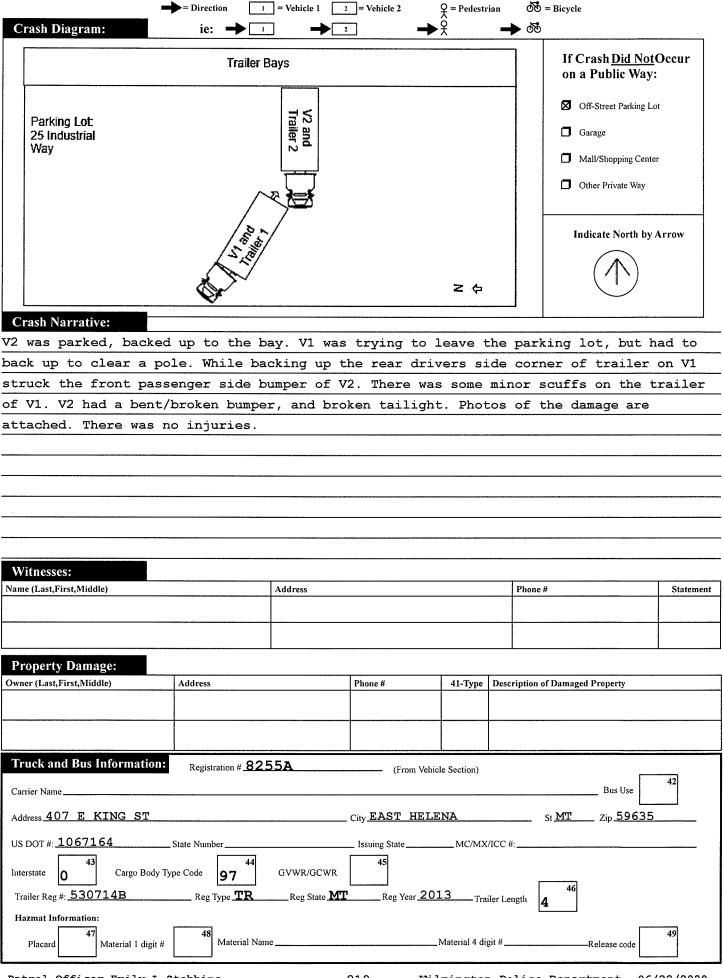






	Pol	lice Use Only		Com	monw	ealth (of Mass	ach	use	etts				RM	V Doci	ument N		
	Date of Crash 06/22/2020	Time of Crash		City/Town ington	Moto	or Veh	icle Cra	sh		unber hicles	Nun		,	Limit.	10	Local	Police Police Police Police	
	00,22,2020	24HR	A T T'TI	ing con	P	olice]	Report		2		0	1	Latitud Longit				ous Police 🔲	
		AT INTERS	ECTIC	N:	<	LOCA	TION	>			NO.	ΓΑΤ	'INT	rer:	SEC	TION	•]
									25		TN	TIT	em E) T A	L W	77 V		2 10
1.	Route# Dire	ction		Name of Roadway/S	itreet		Route# Direc	tion	Addr	ess#		NDO				/ay/Stree	t	
1				At			Feet	NS	EW	of			- •		or			
	Route# Dire	ction	Name	of Intersecting Road	way/Street						Mi	le Mar	ker			Exit	Number	3 11
				Also at Intersection	with				EW		Route]	Interse	cting F	Roadway	/Street	
² 2	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	NS	EW	of								
-	Please Select	One 🔯				<u> </u>									ndmarl	k		1
3	of the Followi		<u></u> #	Occupants	t/Run	Moped	Crash F	Report	ID#	20	-1	.31	L –.	AC	; 			
	License # <u>02</u> 1	TUS77161	St. NH			Reg #	8255A				Reg	д Туре	AP		R	eg State.		12
	Sex M Lic.	Class A 19 19	Lic. Res	strictions 1 20	CDL	_ Veh Y	Year <u>2020</u>	 ·	Veh M	ake O	ther	-not	1i	sted	L Veh	Config.	10 21	7
4	Operator TH	IBODEAU,	SHA	NE M	Middle	_ Own	er RYDER	TRU Last	JCK	RE		AL irst	LT		Mi	iddle		
⁴ 1		RANITE C					ess 329 JI			ON	RD							
		IMACK		·			ROCHEST	ER									-0000	
	•	Dany ACE AMI					le Action Prior to			TO	22		maged st Stati		Code:	6 27	27 27	
5	Vehicle Travel I	Direction: NS	X W	Responding to Eme	rgency? 2	_ Event	Sequence 2	23	23	23	23		pe of T			29		
	1	sued)					Hannful Event	2	24	2-1		, BA		t Resu	ılt:	30		13
	Viol. 1: Ch/Sec/	Sub ————	Vic	ol. 2: Ch/Sec/Sub —		Drive	r Contributing Co		99	25	25	Su	sp. Alc	cohol:	2 31		Drug: 2 32	2
⁶ 1	Viol. 3: Ch/Sec/	Sub				Drive	r Distracted by	99	 _	1 55	1,			om sc	,	2 33		
	Name (Last First M		or operator	r and all occupants in	Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ме	dical Facility	
	Operate	or		5	See Above			X	1	1	4	0	0	10	1			

	Please Select (One Vehicle	.1 #	Occupants		_	15	16		一	17		Т	18				1
⁷ 9	of the Followi	ug.			n-Motorist A		Action		Locatio	on		Conditi	On		-	Hit/Run	Moped	-
		320600007682 19 19	St NJ	DOB/Age			AU515Z					д Туре				eg State	21	
	Sex M Lic.	Class A		trictions 1	CDL Endorsement		/ear <u>2020</u>					or.	th		_ Veh	Config.	10	
⁸ 1		GARES, A	Fi	DO int	Middle		ROAD C	Last			Fi	rst			Mi	iddle		l
_		PASSAIC		7.7 - 0705	E_0210		ess 18 HEN		CK	CT			37.7	. .	. 00	2610		14
		AIC	_ State <u>I</u>	Zip 0703	3-8310	•	HAMILTO				22				ip <u>U c</u> Code:	27	27 27	
	Insurance Comp		- 12/	D	. 2		le Action Prior to	23	23	23	23		st Stati		code.	1 28		
	Citation # (If Iss	Direction: NS	E D	Responding to Eme	rgency?		Sequence 1 Harmful Event	1	24	L		Tyl	pe of T	Test:		29		
⁹ 2	,	Sub	16 -	l. 2: Ch/Sec/Sub			r Contributing Co		1	25	25	l		t Resu		30	22	
	Viol. 1: Ch/Sec/			d. 2: Ch/Sec/Sub			r Distracted by	0	26	I] Su		ohol: om sce	2 31 ene?	Susp. I	Orug: 2 32	
		ease fill out for opera			pants involved		. Distracted by		34	35	36	37	38	39	40	لـــــــــــــــــــــــــــــــــــــ		1
	Name (Last First M	fiddle)		T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Status	Transp. Code	Мо	dical Facility	
	Operate	or/Non-Mot	orist	5	See Above			X	1	1	4	0	0	10	1			-
						·····			ļ									
]
					0.000 A													



Patrol Officer Emily L Stebbins

210

Wilmington Police Department

06/22/2020

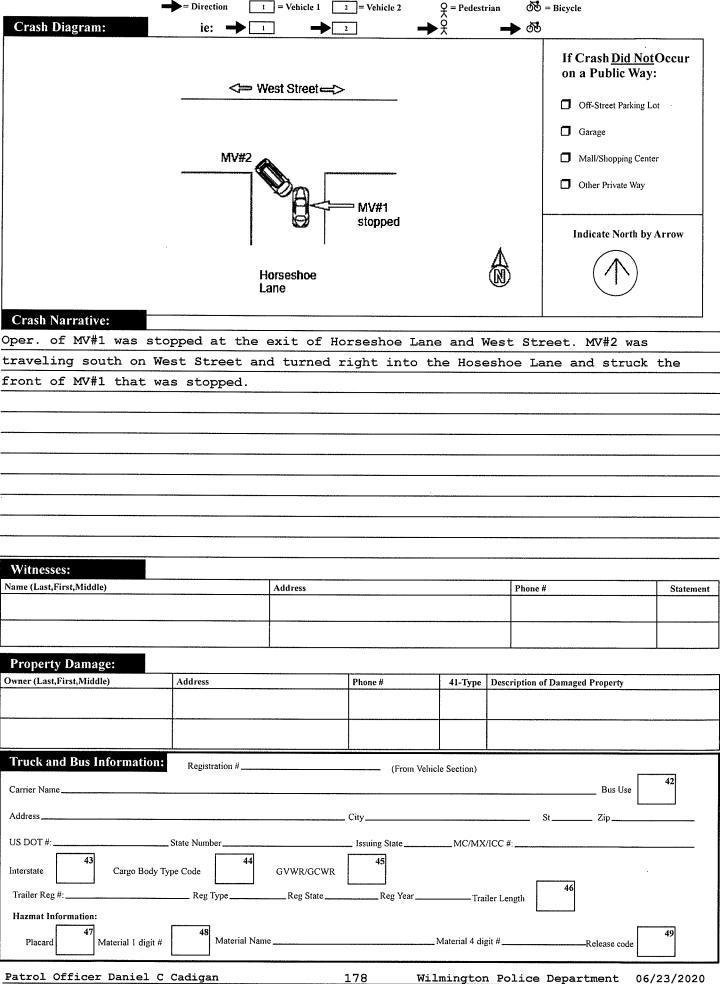
Department

Wilmington Police Department Images Associated with 20-131-AC





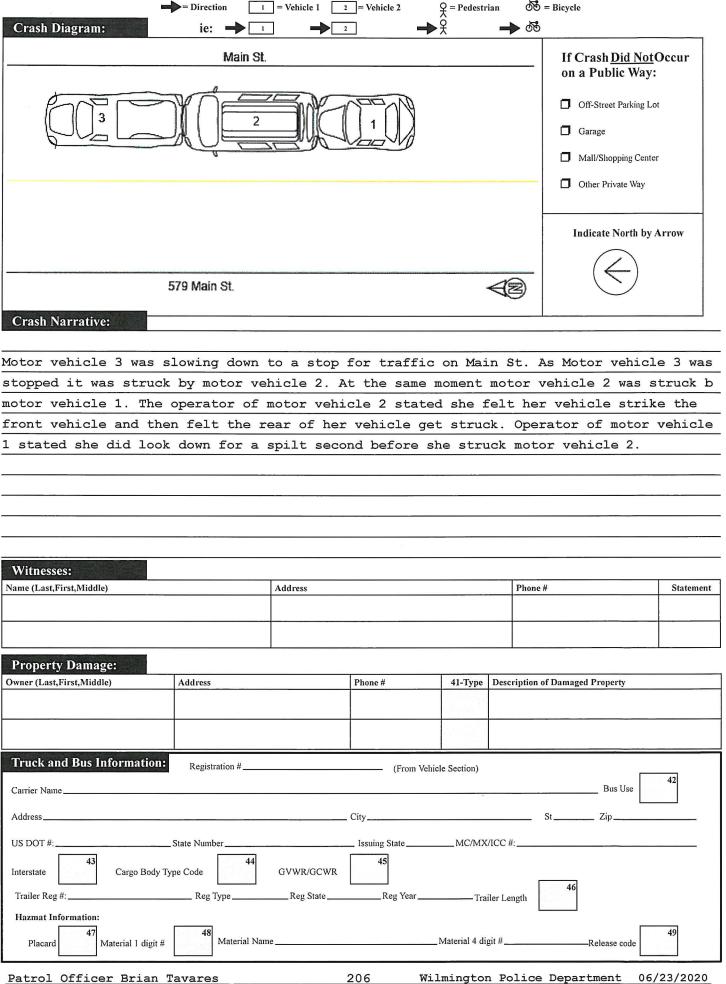
	Po	lice Use Only		Com	monweal	lth (of Massa	ach	use	etts		Γ	1	RMV	Docu	ment Nu		
	Date of Crash 06/23/2020	Time of Crash		City/Town ington	Motor '	Veh	icle Cra	sh		ımber hicles	Num Inju		eed L		30	— Locai i		
	00/23/2020	24HR	AA T TIII.	riig con	Poli	ice l	Report		2		0	LE	ititude ongituo				us Police	
		AT INTER	SECTIO	ON:	< L	OCA'	TION	>			ron	(AT	INT	ERS	SECT	ΓΙΟN:		
		HOBS	SESHO	F. T.N														2 10
1	Route# Dire	ection		Name of Roadway/S	treet		Route# Direct	tion	Addr	ess#			Name	e of R	Roadw	ay/Street		.
1		Tarra Con		At			Feet	N S	E W	of ·					or			
	Route# Dire	ction WEST		of Intersecting Road	way/Street						Mil	e Mark	er			Exit 1	Number	3 11
				Also at Intersection v	vith		Feet				Route	#	In	tersec	eting R	loadway/	Street	
² 1	Route# Dire	ection	Name	of Intersecting Road	way/Street	_	Feet	NS	EW	of								
_	Please Select	One NZ	. 2	#O		I					-	20			dmark			
3	of the Follow		e 1 <u>Z</u>	Occupants Hit	/Run M	oped	Crash R	leport	ID#	20	<u> </u>	32	- <i>F</i>	7C				
		7315177	 ;	DOB/Agt		Reg#	9JY728		-		_ Reg	Туре 💄	PC_		Re	g State 🎝	M/A 21	12
	Sex M Lic.	Class D	Lic. Re	strictions $\begin{bmatrix} 1 & 20 \end{bmatrix}$	DDL	Veh Y	ear <u>2019</u>	\	Veh Ma	ake M	ERCI	EDES	-BE	ENZ	_ Veh	Config.	1 21	
4	Operator QI	Last		irst	Middle		rQIN, J	Last			Fir				Mic	Idle		1
⁴ 1		23 HORSE					ss 1223 H			HOE								
				MA Zip 0188'		City J	WILMING'	TON	1								-6002	
	·			AN PROPER'	TY AND	Vehic	le Action Prior to		, i	2	22		aged A Status		Code:	8 ²⁷	27 27	
5 1	Vehicle Travel I	Direction: S	EW	Responding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23		of Te		ł	29		
	Citation # (If Is	sued)		-		Most	Hannful Event	1	24	26	25	BAC	Test	Resul	lt:	30		_ 13
	Viol. 1: Ch/Sec	/Sub	Vie	ol. 2: Ch/Sec/Sub —			r Contributing Co		26	25	25		. Alco	ا	31	Susp. D	Orug: 32	1
6 1	Viol. 3: Ch/Sec			ol. 4: Ch/Sec/Sub —		Drive	Distracted by	0	34	35	36		ed from	m sce	ne?	2 33		1
	Name (Last First)		for operato	or and all occupants in	Noived Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject	Frap 1:	njury Status	Transp. Code	Med	ical Facility	
	Operat	or		s	See Above		> <	X	1	1	4	0 0	1	.0	1			
1				1			1		6	1	4	0 0	1	.0	1			
																		1
	Please Select	One 🔯 🗸	.1 #	Occupants Nor	N		15	16	<u> </u>		17			18	<u> </u>	m	<u> </u>	1
[′] 3	of the Followi	ing: Venicio	e 2_1	Nor	n-Motorist A Ty	/pe	Action		Locatio	<u> </u>		Condition	<u> </u>			lit/Run	Moped	_
		7540534	St. MA	DOB/At		_	3DX482				_					g State 1	MA 21	
	Sex M Lic.	Class D	Lic. Re	strictions 1	DL Indorsement		ear 2019					TA			_ Veh	Config.	1	
*1		RRIS, A	F	rirst	Middle		HARRIS	Last			Fir				Mic	ldle		
_		.2 HORSE			7_6006		ss <u>5212 </u>			HOP	L		1/7		0.1	007		14
	,			MA Zip 0188'		_	WILMING'		ſ		22				р <u>и</u> Code:		<u>-6006</u>	
				AL INSURA			le Action Prior to		23	23	23		Status		code.	28		
	Vehicle Travel I	<u> </u>	EW	Responding to Emer	rgency? Z		Sequence 1	1	24			Туре	of Te	st:		29		
2	Citation # (If Is:							ш,	19	25	25		Test	_		30	[23]	
				ol. 2: Ch/Sec/Sub —			Contributing Co	99	26				. Alco ed froi	_	31 ne?	Susp. E	orug: 32	
	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub — motorist and all occur	pants involved	Livel	Distracted by	199	34	35	36	37	38	39	40	2		-
	Name (Last First N	Middle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Code C	ode S	Status	Transp. Code	Med	lical Facility	4
	Operat	or/Non-Mo	otorist	S	See Above			X	1	1	4	0 0	1	.0	1			1
																		1



Department

	Pol	lice Use Only		Com	monwe	alth c	of Massa	ach	use	tts			RMV	V Docu	ment Num		
	Date of Crash	Time of Crash	1	ity/Town	Motor	·Vehi	icle Cra	sh		mber	Numb		l Limit.	35	State Poli Local Pol MBTA P	lice 🔯	
	06/23/2020	1447 24HR	MITWI	ngton	Po	lice I	Report		3	- 1	0	Lann	ide itude		Campus Other:	Police	
		AT INTERS	SECTIO	N:	<	LOCA	TION :	>]	NOT	AT IN	TER:	SECT	ΓΙΟΝ:		
								<u> </u>				-					2 10
	Route# Dire			Name of Roadway/	Stand		38 N Route# Direct		579 Addre		MA	IN S	T	Donday	ay/Street		
¹ 1	Route# Dire	ction		At	Street		Kotite# Direct	HOH	Addie	255 #		IN	aine or	Noauw	ayroneer		
							Feet [N S	E W	of -		Marker	• —	or _	Exit Nu	umber	
	Route# Dire	ction		of Intersecting Roa			I	N C	E W		IVIIIe	: Warker			LARTIC	imoci	2 11
			1	Also at Intersection	with			N S			Route#		Interse	cting R	loadway/St	reet	
² 1	Route# Dire	ction	Name o	of Intersecting Roa	dway/Street		Feet [N S	EW	of _							
	Please Select	0 5-3					1							ndmark			
3	of the Followi		e 1 <u>1</u> #	Occupants H	it/Run	Moped	Crash R	leport l	ID# Z	20.	-1	33-	AC	;			1
	License # S8	5803483	St.MA	_ DOB/Age		Reg#	7KHW20				_ Reg	Туре <u>РС</u>	;	Re	eg State M		12
	Sex_F Lic.	Class D D	Lic. Rest	erictions B 20	CDL	Veh Y	ear 2012	V	eh Ma	ke M Z	AZD	A.		Veh	Config.	L 21	1
	Operator OG	BURN, CI	- HRIST:	INE ELLE	Endorsement N	Owne	r OGBURN	, c	ORI	RI (CHR	ISTI	NE				
⁴ 1	Address 20	Last MINERAL	ST Fin	st	Middle	Addre	ss 20 MIN	Last VER	AL	ST	Firs			Mic	ddle		
		ING		IA Zip 0186	57-2441		READING					State M	A z	ip 01	L867-	2441	
		pany PROGRE					le Action Prior to			1	22	Damage				27 27	
	•	Direction: XS		Responding to Em			Sequence 1		23		23	Test Sta	itus:		1 28		
⁵ 1		sued)	'	responding to Em	iorgeney		Harmful Event	1	24			Type of	Test:		29		
							Contributing Co		1	25	25	BAC Te		i	1 30	22	13
		/Sub					_		26	l		Susp. A			Susp. Dri	ug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/			I. 4: Ch/Sec/Sub -		_ Drivei	Distracted by	0	34	35	36	37 38	rom sc	ene?	1 "]
	Name (Last First N		ior operator	and all occupants	Address		DOB/Age	Sex	Seat Pos.	Safety	Airbag	Eject Trap Code Code	Injury	Transp. Code	Medica	l Facility	
	Operat	or			See Above		><	X	1	1	1 0	0	10	1			
													1				1
													1-				1
								10			17		10				1
⁷ 1	Please Select of the Followi		e 2 <u>1</u> #	Occupants N	on-Motorist A	Туре	Action Action	16 L	ocatio	n	17 C	ondition	18	 	Hit/Run [Moped	
	License # S4	1949032	St MA	_ DOB/Age		Reg#	M20135				Reg	Туре <u>С</u> С)	Re	eg State M	A	1
	Sex F Lic.	19 1	Lic. Resi	trictions 1 20	CDL	Veh Y	ear 2014	\	/eh Ma	ike D (ODG:	£.		Veh	Config.	1 21	
		WER, LI	J		CDL Endorsement		r EVERGR										
⁸ 1	_	LOTHROP	Fir	rst .	Middle		ss 397 MZ	Last			Firs			Mis	ddle		
	City READ			IA Zip 0186	57-0000		STONEHA					State M	A z	_{io} 02	2180-	3514	1 14
	1	pany SAFET				-	le Action Prior to		Ī	1.	22			٠.		27 27	
	Vehicle Travel I			Responding to Em				-,-	23	23	23	Test Sta	itus:		1 28		
				responding to Em	icigency:		Harmful Event	1	24			Type of	Test:		29		
⁹ 2		sued)					riammii Eveni r Contributing Co		1	25	25	BAC To			1 30	22	
		/Sub							26	!L		Susp. A			Susp. Dr	ug: 2 32	
	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub -		_ Drive	r Distracted by	0	34	35	36	Towed	irom sc	ene?	2		ļ
	P1 Name (Last First N	ease fill out for op Middle)	Crator/Hon-If	TOTOTIST AND AN OCC	Address		DOB/Age	Sex	Seat Pos.	Safety	Airbag	Eject Trap Code Code	Injury	Transp. Code	Medica	al Facility	1
	Operat	or/Non-Mo	otorist		See Above		>>	X	1	1	4 (0	10	1			
				1										\Box			1
													+	ļ			4
	ļ			1			1	1	Ī		- 1	I	1	1 1			1

	Po	lice Use Only	Com	monwealth	of Massac	huse	etts			RM	V Docu	ument Nu		
	Date of Crash 06/23/2020	Time of Crash 1447 Wil	City/Town mington	Motor Vel	hicle Crasl	1 Ni	ımber hicles	Number Injured	Speed	Limit	35	Local F		1
		24HR		<u> </u>	Report	3		0	Lanu				ıs Police 🔲	
		AT INTERSECT	ION:	< LOC	ATION >			NOT A	TIN	TER	SEC	TION:		10
					38 N	57	9	MAI	N S'	ľ				2 10
1	Route# Dire	ection	Name of Roadway/S	itreet	Route# Direction					ine of	Roadw	/ay/Street		-
т			At		Feet N	s E W	of -		<u> </u>	. —	or _	E-/ch		
	Route# Dire	ection Na	me of Intersecting Road Also at Intersection		Feet N	SEW	of	Mile N	larker			EXIT	Number	2 11
			Also at Intersection	With	Feet N			Route#		Interse	ecting F	Roadway/S	Street	
² 1	Route# Dire	ection Na	me of Intersecting Road	lway/Street	1 001		-			La	ndmark	ζ		1
3	Please Select		#Occupants Hi	t/Run Moped	Crash Repo	ort ID#	20-	-13	3-	AC	•	-	***************************************	1
			1A DOB/Age.	Par	# <u>57</u> L680							aa Stata N		
	Sex M Lic.	10 10	20		Year 2015							-	21	1 12
		TTCOCK, ROE	I	Endorsement Ow	ner BATTCOCI						Y	_		J
⁴ 1	Address 3 E	BEAUMONT AVI	First	Middle Ado	lress 3 BEAUM	ONT	AVE	First			Mi	iddle		
	City BILL	ERICA Star	te MA Zip 0182	1-5937 City	BILLERICA			s	tate M	A z	zip 01	1821-	-5937	
	Insurance Comp	pany ARBELLA N	MUTUAL INS	URANCE Vel	icle Action Prior to Cra	ısh	2 2		Damage		Code:		27 27	
⁵ 1	Vehicle Travel I	Direction: SEW	Responding to Eme	ergency? 2 Eve	nt Sequence 23	23	23	23	Fest Star			28		
1	Citation # (If Is:	sued)		Mo	st Harmful Event 1	24			BAC Te		ult:	1 30		
	Viol. I: Ch/Sec/	/Sub	Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Code	1	25	25	Susp. Al	cohol:	2 31	<u> </u>	orug 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub -		ver Distracted by	26	35	36 37	Fowed f	rom sc	ene?	2 33		
_	Name (Last First N	•	rator and all occupants in	nvolved Address	DOB/Age Se	Seat Pos.	Safety	Airbag Ejec Status Cod	t Trap	Injury Status	Transp. Code	Medi	ical Facility	
	Operat	or		See Above	$\rightarrow \rightarrow \rightarrow$	1	1	4 0	0	10	1			
⁷ 1	Please Select of the Followi	I Volucio 4	#Occupants No	n-Motorist A Type	15 Action 16	Locatio	oti	17 Cond	lition	18		Hit/Run	Moped	1
<u> </u>	License #		DOB/Age	Rec	#	<u> </u>		Reg Ty			R.	en State		1
	Sex Lic.	19 19	20	•	Year							_	21	
	Operator		First	Endorsement Ow	ner									
⁸ 1	Address		First	Middle Ado	Last Iress			First			Mi	iddle		<u></u>
	City	State	e Zip	City	·			s	tate	z	Zip			1 14
	Insurance Comp	oany		Vel	icle Action Prior to Cra			ㅗ .	Damage		Code:	27	27 27	
	Vehicle Travel I	Direction: NSEW	Responding to Eme	rgency? Eve	nt Sequence 23	23	23		l'est Stat Γype of '			29		
⁹ 2	Citation # (If Iss	sued)			st Harmful Event	24	25	25	BAC Te	st Resu	ılt:	30		
		'Sub			ver Contributing Code	26	23	:	Susp. Al	į		Susp. D	orug: 32	
		Subease fill out for operator/no			ver Distracted by	34	35	36 37	Fowed f	rom sc	ene?	33		
	Name (Last First N	Aiddle)		Address	DOB/Age Sc	Seat Pos.	Safety	Airbag Ejec Status Cod	t Trap	Injury	Transp. Code	Medi	ical Facility	_
	Operat	or/Non-Motoris	t S	See Above		$\frac{1}{}$			_	ļ				_
														_
		· · · · · · · · · · · · · · · · · · ·												



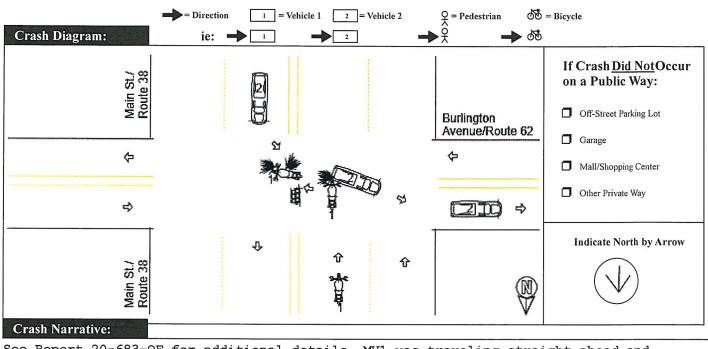
Police Officer Name (Please Print)

ID/Badge #

Department

Precinct/Barracks

	Pol	lice Use Only		Com	monw	ealth (of Mass	ach	use	etts			RM	V Doci	ument Nu		
	Date of Crash 06/23/2020	Time of Crash 1553		City/Town .ngton	Moto	or Veh	icle Cra	sh		inber hicles	Num Injur	d SPC	ed Limi	25	State P Local I MBTA	Police 🛭	
	00,23,2020	24HR	14 T T TITT	ing con	P	olice]	Report		2		1	Lau	tude gitude _			s Police 🔲	1
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			TON	`AT II	NTER	SEC	TION:		
		MAIN	QTF														2 10
1.	Route# Dire	ection		Name of Roadway/St	treet		Route# Direc	tion	Addre	ess#]	Vaine of	Roadw	/ay/Street		
¹ 1		DIIDI	TXICM/	At			Feet	NS	E W	of ·				- or _			_
	Route# Dire	ction		ON AVE of Intersecting Roads	way/Street						Mil	e Marker			Exit N	lumber	3 11
			1	Also at Intersection v	vith			N S			Route	- -	Inters	ecting I	Roadway/	Street	
² 1	Route# Dire	ection	Name	of Intersecting Roads	way/Street		Feet	N S	E W	of							_
	Please Select	One 574	.			<u>-</u>	1							andmarl	k		-
3	of the Followi		11#	Occupants Hit.	/Run	Moped	Crash I	Report	ID#	20	_1	34	-A(: 			
	License # S1	5724806				_ Reg #	2J3681		······		Reg	Туре М	C	R	eg State 🕽		- 1 2
	Sex M Lic.			r	DL	_ Veh Y	Year <u>2008</u>	\	/eh Ma	ake HZ	ARLE	Y-DAV	IDSO	N Veh	Config.	3 21	
<u> </u>	Operator GI	LLIS, RY	AN H	rst	Middle	_ Own	er GILLIS	Last	RYA	N H	Fir	il		M	iddle		-
⁴ 3	Address 14	CHARLES	WAY			_ Addr	ess 14 CH2	ARL	ES	WAY							-
				IA Zip 0182		_	CHELMSF	ORD								-2167	-
	Insurance Comp	oany GEICO	INDE	MNITY CON	<u>IPANY</u>	_ Vehic	cle Action Prior to			<u> </u>	22			a Code:	2 27 8	²⁷ 5 ²⁷	
⁵ 1	Vehicle Travel I	Direction: N	E W	Responding to Emer	rgency? 2	_ Even	t Sequence 1	23	23	23	23	Test S	fatus:		29		
<u> </u>	Citation # (If Is:	sued)				Most	Hannful Event	1	24				Γest Res	ult:	30		
	Viol. 1: Ch/Sec/	/Sub ———	Vio	l. 2: Ch/Sec/Sub —		Drive	er Contributing Co	ode	<u> </u>	25	25	Susp.	Alcohol	2 31	1	rug: 2 32	1 13
6 1	Viol. 3: Ch/Sec/			1. 4: Ch/Sec/Sub —		Drive	er Distracted by	0	26				l from s	cene?	2 33		
	Name (Last First N		or operator	and all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 3: Eject Tra Code Co	ip Injury de Status	Transp.	Med	cal Facility	
	Operat	or		s	See Above		><	X	1	5	5	0 0	8	1			
																	7
												<u> </u>		 		····	7
								1									1
	Please Select	000		<u> </u>			15	16			17		18		<u> </u>		1
⁷ 2	of the Followi		2 <u>1</u> #	Occupants Nor	1-Motorist A	Туре	Action	L	ocatio	n	C	ondition		X	Hit/Run	Морес	
	License #		7	DOB/Age		_ Reg #	¥				Reg	Туре		R	eg State_	21	-
	Sex Lic.	Class 19 19	Lic. Res		DL	_ Veh \	Year	\	/eh Ma	ake <u>C</u>	HEV	ROLE	T	Veh	Config.		
⁸ 2	Operator <u>un</u>	known Last	Fi	rst	Middle	_ Own	er	Last			Fir	st		М	iddle		-
2	Address					Addr	ess										- 14
	City		State	Zip		_ City_			ſ		33			-	27	27 27	_ 2
	Insurance Comp	-				_ Vehic	ele Action Prior to		<u> </u>		22	Dama Test S	ged Are	a Code:	27	27 27	
	Vehicle Travel I	Direction: NS	EX	Responding to Emer	rgency? 2	_ Even	t Sequence	23	23	23	23		of Test:		29		
⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event		24	25	25	BAC	Test Res	ult:	30		
	Viol. 1: Ch/Sec/	'Sub	Vio	1. 2: Ch/Sec/Sub			er Contributing Co	ode	<u> </u>	25	25	•	Alcohol	L		rug: 32	
	Viol. 3: Ch/Sec/			1. 4: Ch/Sec/Sub —			er Distracted by	<u> </u>	26	35	26		from s	cene?	33		_
	Plo Name (Last First N	•	ator/non-ir	notorist and all occup	oants involved Address		DOB/Age	Sex	34 Scat Pos.	Safety System	36 Airbag Status	37 3 Eject Tr Code Co	p Injury	Transp.	Med	cal Facility	_
	Operat	or/Non-Mot	torist	s	See Above			X	1								***************************************
																	
														1			-
								-	<u> </u>								-
	1			1			į.	1	I	I		1	1	1	1		1



See Report 20-683-OF for additional details. MV1 was traveling straight ahead and southbound on Main Street/Route 38. MV2 was traveling northbound on Main Street/Route 38 and was waiting to turn left onto Burlington Avenue/Route 62 westbound. MV1 was traveling through the intersection with the green light and right of way. MV2 suddenly turned left in front of MV1. MV1 was unable to stop in time and collided with the rear of MV2 before dropping the motorcycle and sliding to a stop along the pavement. MV2 fled the scene afte the collision headed westbound on Burlington Avenue/Route 62. Neither the operator of MV1 or any witness were able to see the license plate of MV2. MV2 fled the scene and refused to stop as required by law. MV1 suffered minor damage, but was able to be driven from the scene. The operator of MV1 declined any medical attention.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Dama	iged Property	
Carrier Name Address US DOT #:			City		St	Zip	
Interstate 43 Cargo Body Typ Trailer Reg #: Hazmat Information: Placard 47 Material 1 digit #	Reg Type		45Reg Year1				49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

06/23/2020

Police Officer Name (Please Print)

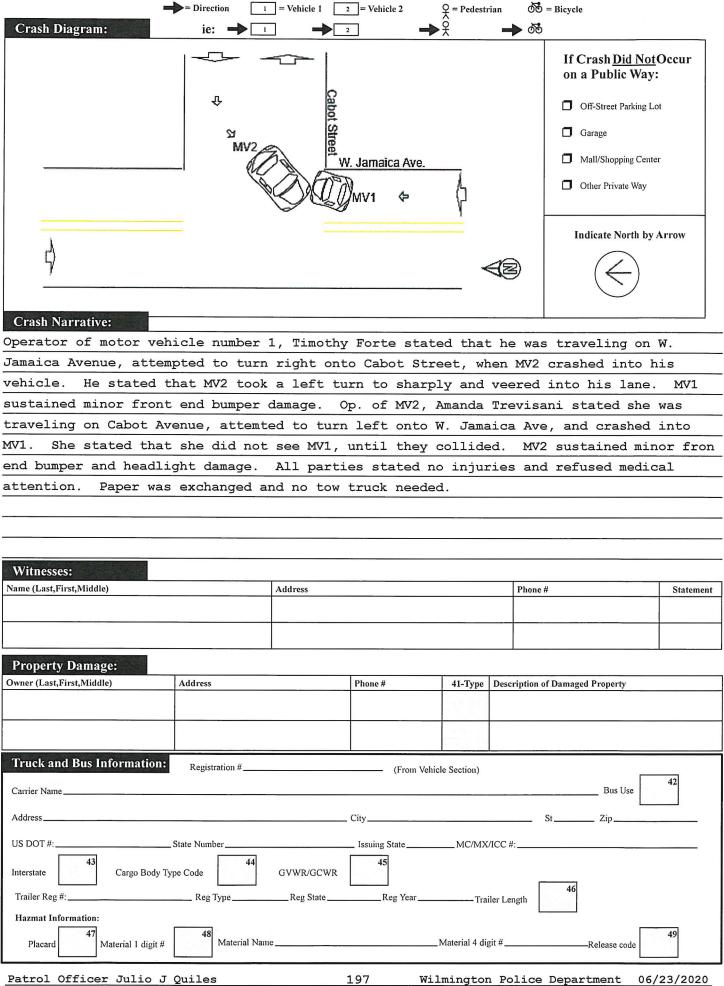
Signature

ID/Badge #

Department Precinct/Barracks

Date

	Pol	ice Use Only		Con	ımonv	vealth	of Massa	ach	use	etts				RM	V Doci	ument N		
	Date of Crash 06/23/2020	Time of Crash		City/Town	Mot	tor Veh	icle Cra	sh		umber hicles	Nur		•	Limit	25	Loca	Police Police A Police Dus Police	
	00/23/2020	24HR		ington		Police	Report		2		0	- 1	Latitu Longi				ous Police	
		AT INTERS	ECTIO	N:	<	LOCA	ATION	>			NO	ΓΑΤ	IN	ΓER	SEC	TION	:	
																		2 10
	Route# Direc	etion	1	Name of Roadway	/Street		Route# Direc	tion	Addr	ess#	<u>C2</u>	<u>ABO</u>	T S		Roadw	vay/Stree	it	
¹ 1				At					I = I = .	l								
	Route# Direc	ation	Name	of Intersecting Roa	duny/Street		Feet	NS	EW	of	M	le Ma	• rker		or _	Exit	Number	111
	- Koules Diec	2001		Also at Intersection	·····		Feet	N S	EW	of								3
2							Feet	N S	EW	of	Route	e#		Interse	ecting I	Roadway	/Street	
² 1	Route# Direc	etion	Name	of Intersecting Roa	adway/Street									La	ndmarl	k		
3	Please Select (of the Followi		1#	Occupants H	lit/Run	Moped	Crash F	Report	ID#	20	-1	3!	5 –	AC	•			
3		"5"															C.N.	-
		10 10	5	_ DOB/Age,			#RUI3469										21	1 12
	Sex M Lic. (C.1	J Enc. Res	<u> </u>	CDL Endorsemen	t	Year 2008								Veh	Config.	<u> </u>	
⁴ 1		RTE, TIM	Fir	rst	Middle		er FORTE,	l,ast			F	rst	S		Mi	iddle		
1		MORNINGS			00 404		ess 27 MOF			IDI								
		INGTON				-	WILMING	TON	1								27 27	
		any State					cle Action Prior to			3	22		amage st Stat		Code:	1 27	21 21	
5	Vehicle Travel D	Direction: S	EW	Responding to En	nergency? 2	Even	t Sequence 1	23	23	23	23		pe of			29		
	Citation # (If Iss	ued)				Most	Hannful Event	1	24			BA		st Resi	ılt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Vio	1. 2: Ch/Sec/Sub		Drive	er Contributing Co	ode	1	25	25	Su	ısp. Al	cohol:	2 31	Susp.	Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Vio	l. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26			То	wed fi	rom sc	ene?	2 33		
1	Name (Last First M		or operator	and all occupants	involved Address		DOB/Age	e	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap Code	39 Injury	40 Transp.	,,,	Seat Carting	1
	Operate				See Above		DOBTAge	Sex	Pos.	System 1	Status 4	Code 0	O	Status 10	Code 1	Mi	dical Facility	1
	P						+		<u> </u>	-			 -	 				-
		***************************************						-	ļ									-
								ļ						<u> </u>				
⁷ 3	Please Select C		2 2 #0	Occupants N	on-Motorist .	A Type	15 Action	16 I	Locatio	on	17	Conditi	ion	18		Hit/Run	Moped	
3	of the Followin	ng.				<u></u>		<u></u>										-
	License # S84	19 19]	DOB/Agv		_	# 1CTC24									eg State	_ 21	
	Sex F Lic, (<u> </u>	Lic. Rest	LJ	CDL Endorsement	t	Year <u>2008</u>								Veh	Config.	1	
⁸ 1	-	EVISANI,	Fir	st	Middle		er TREVIS	Last	•		Fi	rst			Mi	iddle		
_		LEXINGTO					ess <u>17 LEX</u>			N S	ST							14
	City WILMI			IA Zip 0188		•	WILMING'	TON	1		22				-			1
	Insurance Compa	any THE CO	MMERC	E INSUR	ANCE C	O Vehic	cle Action Prior to		<u>_</u>	4	22		-		Code:	1 28	27 27	
	Vehicle Travel D	Direction: NS	E	Responding to En	nergency? 2	Even	t Sequence 1	23	23	23	23		st Stat			29		
⁹ 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24			-	-	st Resi	ılt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Viol	l. 2: Ch/Sec/Sub		Drive	er Contributing Co	ode	1	25	25	Su	sp. Al	cohol:	2 31	Susp.	Drug 2 32	
	Viol. 3: Ch/Sec/S	Sub	Viol	l. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26					rom sc		2 33		
	Ple Name (Last First M	ase fill out for oper	ator/non-m	otorist and all occ	upants involve	ed	DOD/*	e,	34 Seat Pos.	35 Safety	36 Airbag Status	37 Ejeet Code	38 Trap Code	39 Injury Status	40 Transp. Code	.,	ulical Karibir	Ī
		or/Non-Mot	orist		See Above		DOB/Age	Sex	1 1	System 1	Status 4	O Code	O	1	1	Mo	dical Facility	1
	- P						/ >	<u> </u>				^		-				-
ı		10.66						1	3	1	4	0	0	10	1			-
								<u> </u>	<u> </u>				<u> </u>]



Police Officer Name (Please Print)

Signature

ID/Badge#

rtment Precinct/Barracks

Date

	Pol	lice Use Only		Com	monwe	alth (of Mass	ach	use	etts				RM	V Docu	ıment Nı		
	Date of Crash 06/24/2020	Time of Crash 1258 V		City/Town	Motor	·Veh	icle Cra	ısh		nnber hicles	Nun Inju	rad l		Limit.	35	Local		
	00/24/2020	24HR	A T TIII 7	ington	Po	lice]	Report		2		4	1	Latituo Longit				us Police 🔲	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NO	ΓΑΤ	'INT	rer:	SEC	TION:		
		SALEN	ar centr															2 10
1	Route# Dire			Name of Roadway/Si	treet		Route# Direc	ction	Addr	ess#			Naı	me of	Roadw	ay/Street		
<u>'1</u>		MODIII)))	At			Feet	N S	EW	of			•		or			
	Route# Dire	ction WOBUI		L' of Intersecting Road	way/Street				·		Mi	le Mar	ker			Exit 1	Number	2 11
			,	Also at Intersection v	with			NS			Route			Interse	cting F	Roadway/	Street	
² 1	Route# Dire	ction	Name	of Intersecting Roads	way/Street		Feet	NS	EW	of								.]
	Please Select	One 574	2 "												ndmark	•		
3	of the Followi		13 #	Occupants Hit.	/Run	Moped	Crash I	Report	ID#	20		. 3 () —.	AC	· ·			
	License # <u>S7</u>	7582055	St MA	_ DOB/Age_		Reg #	6WC112				Reg	з Туре	PC		R	eg State 🕽	MA 21	12
	Sex F Lic.	Class D 19	Lic. Res		CDL	Veh Y	/ear <u>2015</u>		Veh Ma	ake <u>T</u>	OYC	TA			Veh	Config.	1 21	
4	Operator LA	VINO, STI	EPHAI	NIE J	Middle	Own	er LAVINO	Last	STE	PHA	NIE	E J			Mi	ddle		
⁴ 3	ļ.	LOWELL				Addre	ess 104 LO	OWE	LL	RD	<u>A</u>	PT	30	3				
	City NORTI	H READING	State N	<u>(A</u> Zip 01864	4-1676	City	NORTH R	EAL	INC		221						-1676	
	Insurance Comp	·		TUAL INSU	JRANCE	Vehic	le Action Prior to		1	4	22		imaged st Stati		Code:	6 27 5	27 4 27	
⁵ 1	Vehicle Travel I	Direction: NS	E 🔀	Responding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23		pe of T			29		
	· ·	sued)				Most	Harmful Event	1	24	25	25		AC Tes	t Resu	ılt:	30		_ 13
	Viol. 1: Ch/Sec/	Sub —	Vio	l. 2: Ch/Sec/Sub —		. Drive	r Contributing Co		<u> </u>	25	25	Su			2 31		Orug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26	35	36	To ²	wed fr	om sc	ene?	2 33]
	Name (Last First A		r operator	and all occupants in	Nolved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	lical Facility	_
	Operat	or		s	See Above		>>	X	1	1	4	0	0	9	1			
	! !						1	1	3	1	4	o	o	9	1			***************************************
							1	1	6	1	4	0	0	9	1			
																		-
2	Please Select (One Vohiala	.1 #0	Occupants Nor	- Matariat A	Type	15 Action	16	Locatio		17	Conditi		18		(I:4/D	☐ Moped	1
⁷ 2	of the Followi	ng:			1-WIOTOFIST A								L					4
		5908661 19 19	St MA	_ DOB/Age _.	1000	_	5LA196									eg State 🏻	MA 21	
	Sex F Lic.	Class		trictions 1 C	CDL Indorsement		/ear <u>2015</u>								Veh	Config.	1	
8 1		CCHINI, I	Fir	SSA E	Middle		ROCCHI	last			Fi	rst			Mie	ddle		
		MCDONALD		<u>17A</u> Zip 0188	7-3810		ess 81 MCI			KL	,	G	MZ	\ 7	. 01	1007		1 14
				ISURANCE		•	WILMING		ſ	4	22						$\frac{-3810}{27_8}$	
	Vehicle Travel I	-		Responding to Emer			le Action Prior to	23	23	23	23		st Stati			1 28	<u> </u>	
		sued)		Responding to Emer	igency :		Harmful Event	1	24			Ty	pe of T	Γest:		29		
⁹ 2				1. 2: Ch/Sec/Sub —			r Contributing Co	<u> </u>	20	25	25			t Resu		30	32	
	Viol. 1; Ch/Sec/ Viol. 3; Ch/Sec/			1. 2: Ch/Sec/Sub — 1. 4: Ch/Sec/Sub —			r Distracted by	4	26					cohol: om sc	2 31 ene?	Susp. [2	Drug: 2 32	
				notorist and all occup	oants involved			<u> </u>	34 Seat	35 Safety	36 Airbag	37	38	39	40			4
	Name (Last First N			1	Address		DOB/Age	Sex	Pos.	System	Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	lical Facility	-
	Operate	or/Non-Mot	orist	S	See Above			X	1	1	4	0	0	9	1			_
																		1
					<u> </u>													

Crash	Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	우 = Pedestri 오	an Ø® → Ø®	= Bicycle	
-	430 Salem ST (Rt 62)		THE STATE OF THE S	90 Wol	oburn St		If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way	ıt .
					(2)	3>	Indicate North by	Arrow
Crash	Narrative:							
Vehicl	e 1 had a green 1	Light and w	as stopped	on Salem S	t (RT 6	2) wait	ing for traffi	c to
clear	to take a left or	nto Woburn	Street. V	ehicle 1 was	s then	struck	in the rear by	Vehicl
2. Op:	r of Vehicle 2 st	tated they	looked dow	n at their (GPS for	a seco	ond and then st	ruck th
rear o	f Vehicle 1. Bot	th vehicles	pulled on	to Woburn St	t. Bot	h opera	itors and the	
passen	gers in Vehicle 1	had compl	ained abou	t neck pain	. WFD	was rec	quested for med	ical
evalua	tion, all parties	refused t	ransport t	o the hospit	tal.			
Witnes	AND COLOR AND							, ,
Name (Last	;,First,Middle)		Address			Phone	4	Statement
Proper	ty Damage:							
Owner (Las	st,First,Middle) A	Address		Phone #	41-Type	Description o	f Damaged Property	
Truck a	and Bus Information:	Registration #		(From Vehic	cle Section)			40
Carrier Na	ine						Bus Use	42
Address				City			St Zip	
US DOT #:				Issuing State				
Interstate	43 Cargo Body Type	44	GVWR/GCWR	45 45	IVIC/IVIX/	FCC #		
Trailer Re	g #:	Reg Type	Reg State	Reg Year	———Trail	er Length	46	
Hazmat I	nformation:							
Placaro	d Material 1 digit #	48 Material Nan	e		Material 4 dig	it #	Release code	49

Patrol Officer Julie M Pozzi
Police Officer Name (Please Print)

Wilmington Police Department 06/24/2020
Department Precinct/Barracks Date

Signature

167 ID/Badge #

Department

Date