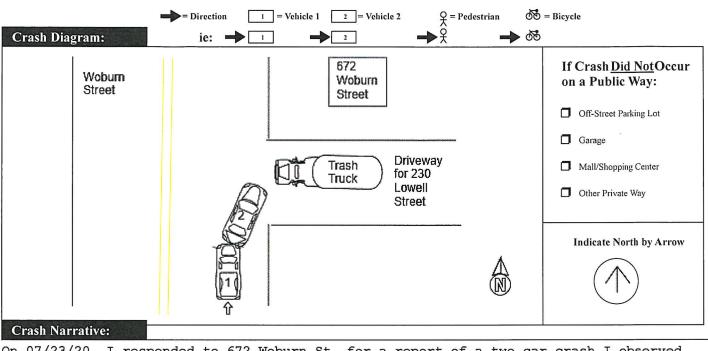
|                       | Police Use Only  | monwealth               | alth of Massachusetts |                                      |             |                    |                | RMV Document Number     |              |   |   |             |
|-----------------------|--|-------------------------|-----------------------|--------------------------------------|-------------|--------------------|----------------|-------------------------|--------------|---|---|-------------|
|                       | Date of Crash Time of Crash                              | City/Town               | Motor Veh             | icle Cras                            | sh [        | Number<br>Vehicles | Numb<br>Injure | , Jopes                 | Limit.       | 20                                      | State Police Local Police MBTA Police Campus Police |             |
|                       | 07/23/2020 0856 Wilm                                     | ington                  | Police                | Report                               | - 1         | 2                  | 1              | Latitud<br>Longit       |              |   | Campus Police Other:                                |             |
|                       | AT INTERSECTION  | ON:                     | < LOCA                | TION >                               | >           |                    | NOT            | AT IN                   | rer:         | SEC                                     | TION:   |             |
|                       |  |                         | -                     |                                      |             |                    |                |                         |              |   |   | 2 10        |
|                       | Route# Direction   | Name of Roadway/St      | reet                  | Route# Directi                       |             | 72<br>Idress #     | WOI            | BURN<br>Na              |              | Roadw                                   | ay/Street   |             |
| <sup>1</sup> 1        |  | At                      |                       |                                      |             |                    |                |                         |              |   |   | -           |
|                       |  |                         |                       | Feet                                 | N S E       | w of               | Mile           | •<br>Marker             | _            | or _                                    | Exit Number   |             |
|                       | Route# Direction Name                                    | Also at Intersection w  |                       | Feet                                 | N S E       | w of               |                |                         |              | *************************************** |   | 8 11        |
|                       |  |                         |                       | _                                    | N S E       |                    | Route#         |                         | Interse      | cting R                                 | Roadway/Street                                      |             |
| <sup>2</sup> <b>2</b> | Route# Direction Name                                    | e of Intersecting Roady | vay/Street            | 100.                                 |             | v.                 |                |                         | Lai          | ndmark                                  |   | -           |
|                       | Please Select One Volviele 11                            | #Occupants Hit/         | Run Moped             | Crash R                              | anart IDi   | " 2 N              | 1              | <u> </u>                |              |   |   | 1           |
| 3                     | or the Following.  |                         |                       |                                      |             |                    |                |                         |              |   |   | 4           |
|                       | License # <b>S33473736</b> St <b>M2</b>                  | DOB/Age                 | _                     | # <u>2FFC71</u>                      |             |                    | _              |                         |              |   | 21  | 12          |
|                       | Sex M Lic. Class D 19 Lic. Re                            | estrictions   C         | ndorsement            | Year <b>2019</b>                     |             |                    |                |                         |              |   | Config. 2   |             |
| 4                     | Operator KIRBY, EDWARD                                   |                         |                       | er <b>KIRBY</b> ,                    | EDW         | ARD                | F First        |                         |              | Mi                                      | ddle  | -           |
| <sup>4</sup> 1        | Address 21 AGOSTINO DR                                   |                         |                       | ess 21 AGO                           | STIN        | 10 DI              |                |                         |              |   |   |             |
|                       | City <b>WILMINGTON</b> State                             | MA Zip 0188             | 7-2323 City           | WILMING                              | ON          |                    |                |                         |              |   | 1887-2323   | -           |
|                       | Insurance Company <b>VERMONT M</b>                       | TUAL INSU               | JRANCE Vehi           | cle Action Prior to                  | Crash       | 1                  | 22             | Damage                  |              | Code:                                   | 1 <sup>27</sup> 2 <sup>27</sup> 27<br>28            |             |
| 5                     | Vehicle Travel Direction: X S E W                        | Responding to Emer      | gency? 2 Even         | t Sequence 1                         | 23 23       | 23                 | 23             | Test Stat               |              |   | 29  |             |
| _                     | Citation # (If Issued)                                   | _                       | Mos                   | Hannful Event                        | 1 24        |                    |                | Type of BAC Tes         |              | ılt:                                    | 30  |             |
|                       | Viol. 1: Ch/Sec/Sub V                                    | iol. 2: Ch/Sec/Sub —    | Drive                 | er Contributing Cod                  | de <b>1</b> | 9 25               | 25             | Susp. Al                |              |   | Susp. Drug: 2 32                                    | <b>1</b> 13 |
| 6                     | Viol. 3: Ch/Sec/Sub V                                    | iol. 4: Ch/Sec/Sub      | Drive                 | er Distracted by                     | 99 26       |                    |                | Towed fi                |              |   | 2 33  |             |
| <sup>6</sup> 1        | Please fill out for operat                               | or and all occupants in |                       |                                      |             | at Safety          |                | 37 38<br>Eject Trap     | 39<br>Injury | 40<br>Transp.                           |   | 1           |
|                       | Name (Last First Middle)  Operator                       |                         | ee Above              | DOB/Age                              | Sex Po      |                    | Status 0       | Ode Code                | Status<br>10 | Code<br>1                               | Medical Facility                                    | -           |
|                       | Operator   | -                       |                       |                                      |             |                    | -              |                         | -            |   |   | -           |
|                       |  |                         |                       |                                      |             |                    |                |                         |              |   |   |             |
|                       |  |                         |                       |                                      |             |                    |                |                         | <u> </u>     |   |   |             |
|                       |  |                         |                       |                                      |             |                    |                |                         |              |   |   |             |
| <sup>7</sup> 1        | Please Select One of the Following:                      | #Occupants Non          | -Motorist A Type      | 15 Action                            | 16<br>Loca  | ation              | 17 Cc          | ndition                 | 18           |   | Hit/Run Moped                                       |             |
| 1                     |  | N 2024                  |                       |                                      |             |                    |                |                         |              | <u> </u>                                | M7  | $\dashv$    |
|                       | 19 19  | DOB/Age 20              | -                     | # <u>2GSE64</u><br>Year <u>2011</u>  |             |                    | _              |                         |              |   | eg State MA   | -           |
|                       | <u> </u>   | estrictions 1 C<br>E    | ndorsement            | Year <b>ZUII</b><br>er <b>FRUCIA</b> |             |                    |                |                         |              | ven                                     | Conng.  |             |
| <sup>8</sup> 1        | Operator FRUCIANO, SOPI<br>Last<br>Address 7 OHIO ST     | First                   | Middle                | er FROCIA<br>ess 7 OHIO              | ast         | *3** + 1           | First          |                         |              | Mi                                      | iddle   | -           |
|                       | City WILMINGTON State                                    | MA 75. 0188°            |                       | WILMINGT                             |             |                    |                | Stata M7                | Δ            | <sub>/in</sub> Ո՞                       | 1887-1656   | 1 14        |
|                       | Insurance Company PLYMOUTH R                             |                         |                       |                                      |             | 3                  | 22             | Damage                  |              |   |   | -           |
|                       |  |                         |                       | t Samenas                            | 23 23       | 23                 | 23             | Test Star               |              |   | 1 28  |             |
|                       | Vehicle Travel Direction: SEW                            | Responding to Emer      | -                     | i Sequence 1                         |             |                    |                | Type of                 | Test:        |   | 29  |             |
| <sup>9</sup> 2        | Citation # (If Issued)                                   | _                       |                       |                                      | <u> </u>    | 25                 | 25             | BAC Te                  | - 1          |   | 1 30  |             |
|                       | Viol. 1: Ch/Sec/Sub V                                    |                         |                       | er Contributing Coo                  |             | l_                 |                | Susp. Al                |              |   | Susp. Drug: 2 32                                    |             |
|                       | Viol. 3: Ch/Sec/Sub V  Please fill out for operator/non- | iol. 4: Ch/Sec/Sub —    |                       | er Distracted by                     | 0 2         | 4 35               | 36             | Towed f                 | 39           | 40                                      | 2   | 4           |
|                       | Name (Last First Middle)                                 |                         | Address               | DOB/Age                              |             | eat Safety         | Airbag         | Eject Trap<br>Code Code | Injury       | Transp.<br>Code                         | Medical Facility                                    | _           |
|                       | Operator/Non-Motorist                                    | s                       | ee Above              | ><                                   | $X^1$       | 2                  | 4 0            | 0                       | 8            | 2                                       | Winchester<br>Hospital                              |             |
|                       |  |                         |                       |                                      |             |                    |                |                         |              |   |   |             |
|                       |  |                         |                       |                                      |             |                    |                |                         |              |   |   |             |
|                       |  |                         |                       |                                      |             |                    |                |                         |              |   |   |             |



On 07/23/20, I responded to 672 Woburn St. for a report of a two car crash. I observed vehicle 2 partially in the roadway attempting to turn right into the driveway of 230 Lowell St. Vehicle 2 was slowing down as she approached her turn and at this time vehicle 1 struck the back of vehicle 2. Operator 2 was experiencing a panic attack and reporting neck and chest pain. Operator 1 had no injuries. Operator 2 stated she was slowing down i an attempt to turn right and she was struck in he rear. Operator 1 stated he did not see operator 2 slowing down and thought she stopped short to avoid the exiting trash truck. Operator 2 was wearing a lap but but not a shoulder strap due to a recent surgery and Operator 1 was wearing both a lap and shoulder belt. Operator 2 was transported by the Fire Department to Winchester Hospital for her injuries. No tows. Vehicle 2 had minor damage to rear bumper and trunk. Vehicle 1 had front bumper and grill damage.

| Witnesses:                   |                     |           |                 |               |          |                      |           |           |
|------------------------------|---------------------|-----------|-----------------|---------------|----------|----------------------|-----------|-----------|
| Name (Last,First,Middle)     |                     | Address   |                 |               |          | Phone #              |           | Statement |
|                              |                     |           |                 |               |          |                      |           |           |
|                              |                     |           |                 | -             |          |                      |           |           |
|                              |                     |           |                 |               |          |                      |           |           |
| Property Damage:             |                     |           |                 |               |          |                      |           |           |
| Owner (Last,First,Middle)    | Address             |           | Phone #         | 41-Type       | Descr    | iption of Damaged Pr | operty    |           |
|                              |                     |           |                 |               |          |                      |           |           |
|                              |                     |           |                 |               |          |                      |           |           |
| Truck and Bus Information:   | Registration #      |           | (From Vehic     | ele Section)  |          |                      | Bus Use   | 42        |
| Address                      |                     |           | City            |               |          | St 2                 | Zip       |           |
| US DOT #:                    | State Number        |           | _ Issuing State | MC/MX         | /ICC #:  |                      |           |           |
| Interstate 43 Cargo Body Typ | pe Code             | GVWR/GCWR | 45              |               |          | 46                   |           |           |
| Trailer Reg #:               | Reg Type            | Reg State | Reg Year        | Tra           | iler Len | ngth                 |           |           |
| Hazmat Information:          |                     |           |                 |               |          |                      |           |           |
| Placard Material I digit #   | 48<br>Material Name | e         |                 | Material 4 di | git #    | Rel                  | ease code | 49        |
|                              |                     |           |                 |               |          |                      |           |           |

Patrol Officer Michael R DiLorenzo

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Wilmington Police Department

07/23/2020

Department

## Wilmington Police Department Images Associated with 20-151-AC

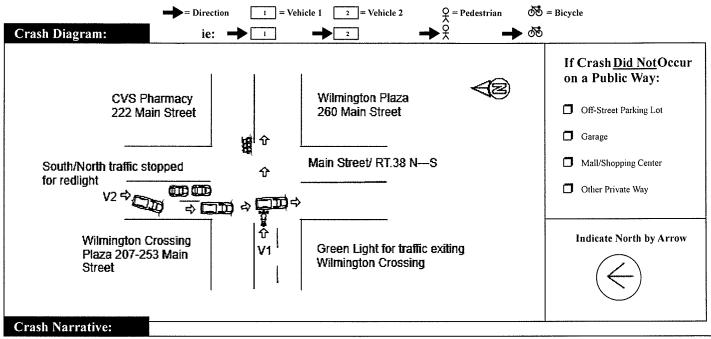








|                | Police Use Only Comn         |                |                 | monw  | nonwealth of Massachusetts |          |                                       |   |                    |                        | RMV Document Number    |                     |                    |                        |                       |                 |  |      |
|----------------|------------------------------|----------------|-----------------|---|----------------------------|----------|---------------------------------------|---|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|-----------------|--|------|
|                | Date of Crash                | Time of Crash  | 1               | City/Town                                     | Moto                       | or Veh   | icle Cras                             | sh                                      |                    | mber<br>nicles         | Num<br>Injur           | ر ا ،               |                    | Limit_                 | 35                    | — Locali        | Police Po |      |
|                | 07/24/2020                   | 1239<br>24HR   | MITH            | ington  | P                          | olice l  | Report                                |   | 2                  |                        | 1                      | L                   | atitude<br>ongitu  |                        |                       | Campi<br>Other: | is Police  |      |
|                |                              | AT INTER       | SECTIO          | N:  | <                          | LOCA     | TION >                                | >                                       |                    |                        | NOT                    | `AT I               | INT                | ERS                    | SECT                  | ΓΙΟΝ:           |  |      |
|                |                              |                | - ~-            |   |                            |          |                                       |   |                    |                        |                        |                     |                    |                        |                       |                 |  | 2 10 |
|                | Route# S Direct              | ction MAII     |                 | Name of Roadway/S                             | treet                      | <u>-</u> | Route# Direct                         | ion -                                   | Addre              | ess#                   |                        |                     | Nan                | ne of F                | Roadwa                | ay/Street       |  |      |
| <sup>1</sup> 1 |                              |                |                 | At  |                            |          | - F                                   | vi el                                   | E   W              |                        |                        |                     |                    |                        |                       |                 |  |      |
| L              | 38<br>Route# Dire            |                |                 | ON CRSG<br>of Intersecting Road               | way/Street                 |          | Feet                                  | N[S]                                    | EW                 | of ·                   | Mil                    | e Mark              | er                 |                        | or                    | Exit 1          | Number   | 111  |
|                |                              |                |                 | Also at Intersection v                        |                            |          | Feet                                  | N S                                     | E W                | of .                   | D .                    |                     |                    |                        |                       |                 |  | 3    |
| 2              | D                            | -4:            | <b>N</b> I      | -CI-4   | /St t                      |          | Feet [                                | N S                                     | E W                | of                     | Route                  | #                   | H                  | nterse                 | cung K                | .oadway/        | Sileet   |      |
| <sup>2</sup> 1 | Route# Dire                  | ction          | Name            | of Intersecting Road                          | way/street                 |          |                                       | *************************************** |                    |                        |                        |                     |                    | Lan                    | ndmark                |                 |  |      |
| 3              | Please Select of the Followi |                | e 1 <u>1</u> #  | Occupants Hit                                 | /Run                       | Moped    | Crash R                               | eport l                                 | ID# 🏻              | 20                     | -1                     | 52                  | -7                 | AC                     | ,                     |                 |  |      |
|                | License # <u>\$7</u>         | 1288405        | St MA           | _ DOB/Age,                                    | <u> </u>                   | _ Reg#   | 4X8656                                |   |                    |                        | Reg                    | Туре ]              | MC                 |                        | Re                    | g State 1       | MA   | 12   |
|                | Sex M Lic.                   | Class D M      | Lic. Res        |   | CDL                        | _ Veli Y | ear <u>2006</u>                       | v                                       | eh Ma              | ike <b>K</b>           | AWA                    | SAK                 | I.                 |                        | _ Veh                 | Config.         | 3 21   | 1 '2 |
|                | Operator <b>YO</b>           | <del></del>    | <del></del> -   | WILLIAM                                       | Endorsement                | _ Owne   | YOUNG,                                | RO                                      | BEI                | RT                     | WIL                    | LIZ                 | M                  |                        |                       | • •             |  |      |
| <sup>4</sup> 3 |                              | ) WOBURN       |                 | 1194  | Middle                     | Addre    | ess 640 WO                            | ast<br>BUF                              | RN                 | ST                     | Fir                    | si                  |                    |                        | Mic                   | idle            |  |      |
| <b>!</b>       | City WILM                    | INGTON         | State <b>1</b>  | <b>IA</b> Zip <b>0188</b>                     | 7-2963                     | _ City_  | WILMING                               | ľON                                     |                    |                        |                        | _ State             | MA                 | Zi                     | ip <b>01</b>          | .887            | -2963  |      |
|                | Insurance Comp               | oany LIBER!    | ry Mu           | TUAL INST                                     | JRANCE                     | Vehic    | le Action Prior to                    | Crash                                   |                    | 1                      | 22                     |                     | -                  |                        | Code:                 | ·               | 27 27  |      |
| 5              | Vehicle Travel I             | Direction: N S | W               | Responding to Eme                             | rgency? 2                  | _ Event  | Sequence 1                            | 23                                      | 23                 | 23                     | 23                     |                     | Statu              |                        |                       | 28              |  |      |
| <sup>5</sup> 1 | Citation # (If Iss           | sued)          |                 |   |                            | Most     | Hannful Event                         | 1                                       | 24                 |                        |                        |                     | e of T             | est:<br>t Resu         | lt:                   | 30              |  |      |
|                | Viol. 1: Ch/Sec/             | Sub            | Vic             | ol. 2: Ch/Sec/Sub —                           |                            | Drive    | r Contributing Co                     | de                                      | 1                  | 25                     | 25                     |                     |                    | ohol:                  |                       | Susp. D         | orug: 2 32   | 1 13 |
| <sup>6</sup> 1 | Viol. 3: Ch/Sec/             | /Sub           | Vic             | ol. 4: Ch/Sec/Sub -                           |                            | Drive    | r Distracted by                       | 0                                       | 26                 |                        |                        | Tow                 | ed fro             | om sce                 | ene?                  | 1 33            |  |      |
| 1              | Name (Last First N           |                | for operator    | r and all occupants in                        | ivolved<br>Address         |          | DOB/Age                               | Sex                                     | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Med             | lical Facility   |      |
|                | Operat                       |                |                 | S   | See Above                  |          |                                       | X                                       |                    | 5                      | 5                      | 3 (                 | 1                  | 8                      | 1                     |                 |  |      |
|                |                              |                |                 |   |                            |          |                                       |   |                    |                        |                        |                     |                    |                        |                       |                 |  |      |
|                |                              |                |                 |   |                            |          |                                       |   |                    |                        |                        |                     |                    |                        |                       |                 | .,   | 1    |
|                |                              |                |                 |   |                            |          |                                       |   |                    |                        |                        | -                   |                    |                        |                       |                 |  | 1    |
|                | Please Select                | One 57         | ·               | <u> </u>                                      |                            |          | 15                                    | 16                                      |                    |                        | 17                     | l.                  | $\vdash$           | 18                     |                       |                 | <u></u>  | 1    |
| <sup>7</sup> 2 | of the Followi               |                | e 2 <b>1</b> _# | Occupants No                                  | n-Motorist A               | Туре     | Action                                | L                                       | ocatio             | n                      | c                      | onditio             | n                  |                        | <b>-</b>              | lit/Run         | Moped  | 1    |
|                | License # <u>\$3</u>         | 9282616        | <del></del>     |   |                            | Reg #    | D82806                                |   |                    |                        | Reg                    | Type_               | CO                 |                        | Re                    | eg State        | MA 21  |      |
|                | Sex <b>M</b> Lic.            | Class D M      |                 | E   | CDL<br>Endorsement         |          |                                       | V                                       |                    |                        |                        |                     |                    |                        | _ Veh                 | Config.         | 2 "  |      |
| <sup>8</sup> 1 | 1                            | NLEY, J        | Fi              | II.   | Middle                     |          | -                                     | ast                                     |                    |                        | II<br>Fir              | st                  |                    |                        | Mis                   | ddle            |  |      |
|                |                              | MUNRO CI       |                 |   |                            | _        | ess 7 MUNR                            |   | CIR                |                        |                        |                     |                    |                        |                       |                 |  | 14   |
|                | City <b>TEWK</b>             | •              |                 | <u>(A</u> Zip 0187                            |                            | -        | <u>TEWKSBUI</u>                       |   |                    |                        | 22                     |                     |                    |                        | ip <b>U</b><br>Code:  |                 | <u>-2717</u>   |      |
|                | •                            |                | <del></del>     | TUAL INST                                     |                            |          | le Action Prior to                    |   | 23                 | 23                     | 23                     |                     | t Statu            |                        | Couc.                 | 4<br>1 28       |  |      |
|                | Vehicle Travel I             | sued) T2062    | ( E W <br>  055 | Responding to Eme                             | rgency? 2                  |          | Sequence 1                            |   | 24                 |                        |                        | Тур                 | e of T             | est:                   |                       | 29              |  |      |
| <sup>9</sup> 2 |                              |                |                 |   |                            |          | Harmful Event                         | 1.                                      |                    | 25                     | 25                     |                     |                    | t Resu                 |                       | 30              | [ 22]  |      |
| L              | Viol. 1: Ch/Sec/             |                | vic             | ol. 2: Ch/Sec/Sub —                           |                            |          | r Contributing Cor<br>r Distracted by | 0                                       | 26                 |                        |                        |                     |                    | ohol:<br>om sce        | 2 31                  | Susp. I         | Orug: 2 32   |      |
|                | Viol. 3; Ch/Sec/             |                |                 | ol. 4: Ch/Sec/Sub —<br>notorist and all occur | pants involved             |          | 1 Distracted by                       |   | 34                 | 35                     | 36                     | 37                  | 38                 | 39                     | 40                    | 2               |  | 4    |
|                | Name (Last First M           | Middle)        |                 | 1   | Address                    |          | DOB/Age                               | Sex                                     | Seat<br>Pos.       | Safety<br>System       | Airbag<br>Status       |                     | Trap<br>Code       | Injury<br>Status       | Transp.<br>Code       | Med             | lical Facility   | -    |
|                | Operat                       | or/Non-Mo      | otorist         | \$  | See Above                  |          |                                       | X                                       | 1                  | 1                      | 4                      | 0 (                 | 0                  | 10                     | 1                     |                 | · · · · · · · · · · · · · · · · · · ·  | _    |
|                |                              |                |                 |   |                            |          |                                       |   |                    |                        |                        |                     |                    |                        |                       |                 |  |      |
|                |                              |                |                 |   |                            |          |                                       |   |                    |                        |                        |                     |                    |                        |                       |                 |  |      |
|                |                              |                |                 |   |                            |          |                                       |   |                    |                        |                        |                     |                    |                        |                       |                 |  | -    |



V1 (Young) exiting Wilmington Crossing Plaza with green light to cross RT.38 and enter Wilmington Plaza. V2 (Manley) was traveling RT.38S in left portion of travel lane approaching intersection. V2 changed lanes and entered intersection causing V1 to swerve and lay down. V2 right rear tire hit front of V1 (motorcycle) as it slid on pavement. V1 opr. stated he had green light and that he attempted to swerve (and layed bike down on left side) when V2 ran red light. V2 opr Manley admitted changing lanes when approaching intersection and then running red light. V2 was proximate cause of crash when it ran red light and startled V1 opr into failed evasive maneuver. V1 opr sustained minor visible road rash injuries. Treated on scene without WFD transport (waiver). No injuries V2. Opr. Manley cited for red light violation. V1 towed by Forrest Towing.

| Witnesses:  |                    |           |                 |   |                      |               |           |  |  |  |
|---|--------------------|-----------|-----------------|---|----------------------|---------------|-----------|--|--|--|
| Name (Last,First,Middle)  |                    | Address   |                 |   | Phone #              |               | Statement |  |  |  |
|   |                    |           |                 |   |                      |               |           |  |  |  |
|   |                    |           |                 |   |                      |               |           |  |  |  |
| Property Damage:  |                    |           |                 |   |                      |               |           |  |  |  |
| Owner (Last,First,Middle)   | Address            |           | Phone #         | 41-Type                                   | Description of Damag | ed Property   |           |  |  |  |
|   |                    |           |                 |   |                      |               |           |  |  |  |
|   |                    |           |                 |   |                      |               |           |  |  |  |
| Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameBus Use |                    |           |                 |   |                      |               |           |  |  |  |
| Address   |                    |           |                 | N. S. | St                   | Zip           |           |  |  |  |
| US DOT #:S  | State Number       |           | _ Issuing State | MC/MX/I                                   | ICC #:               |               |           |  |  |  |
| Interstate 43 Cargo Body Typ  | pe Code 44         | GVWR/GCWR | 45              |   | 46                   |               |           |  |  |  |
| Trailer Reg #:  | Reg Type           | Reg State | Reg Year        | Trail                                     | er Length            |               |           |  |  |  |
| Hazmat Information:   |                    |           |                 |   |                      |               |           |  |  |  |
| Placard Material 1 digit #  | 48<br>Material Nam | e         |                 | Material 4 digi                           | it #                 | —Release code | 49        |  |  |  |
|   |                    |           |                 |   |                      |               |           |  |  |  |

Patrol Officer Kathryn C Goodwin

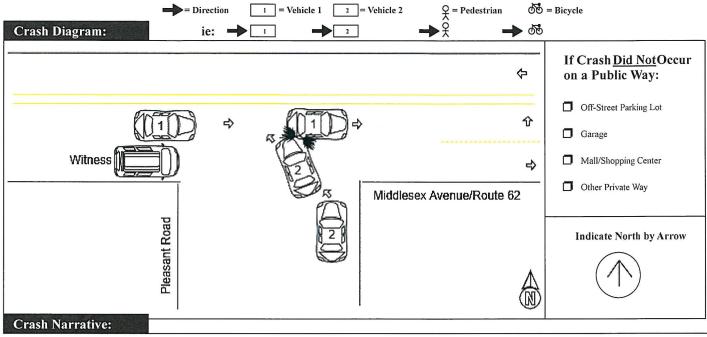
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Wilmington Police Department

07/24/2020

Department

|                | Police Use Only  | Commonwealth of Massachusetts RMV Doca |                    |                           |              | Document                                |                                  |                     |               |   |                                       |             |
|----------------|--|--|--------------------|---------------------------|--------------|---|----------------------------------|---------------------|---------------|---|---------------------------------------|-------------|
|                | Date of Crash   Time of Crash   07/25/2020   1107   Wil: | City/Town                              | Motor Ve           | hicle Crash               | Nun<br>Vehi  | nber Nun                                | and lopeed                       |                     | Lo            | ate Police<br>ocal Police<br>BTA Police | 0800                                  |             |
|                | 24HR   | mington                                | Police             | Report                    | 2            | 1                                       | Latitud<br>Longit                |                     | C             | ampus Police<br>ther:                   | ä                                     |             |
|                | AT INTERSECT   | ION:                                   | < LOC              | CATION >                  |              | NO                                      | FAT IN                           | ΓERSE               | ECTIO         | N:                                      |                                       |             |
|                | 62 E MIDDLES   | たび みびに                                 |                    |                           |              |   |                                  |                     |               |   | k                                     | 2 10        |
| 1              | Route# Direction MIDDLES                                 | Name of Roadway/S                      | treet              | Route# Direction          | Addres       | ss #                                    | Na                               | me of Ro            | adway/Sti     | reet                                    |                                       |             |
| <b>'1</b>      | DT D3 G3.1   | At                                     |                    | Feet N                    | S E W        | of                                      | ·                                |                     | or .          |   |                                       |             |
|                | Route# Direction PLEASAN                                 | ne of Intersecting Road                | way/Street         |                           |              | Mi                                      | le Marker                        |                     | E:            | xit Number                              |                                       | <b>3</b> 11 |
|                |  | Also at Intersection                   | with               | Feet N                    |              | Route                                   | <del></del>                      | Intersecti          | ng Roadw      | vay/Street                              | - [                                   |             |
| <sup>2</sup> 1 | Route# Direction Na                                      | me of Intersecting Road                | way/Street         | Feet N                    | S E W c      | of                                      |                                  |                     |               |   |                                       |             |
|                | Please Select One  |  |                    |                           |              |   | <u> </u>                         | Landr               | mark          |   | -                                     |             |
| 3              | of the Following:  | _#Occupants  Hit                       | t/Run              | Crash Repo                | rt ID# Z     | 30-T                                    | .53-                             | AC                  |               |   |                                       |             |
|                | License # <b>S36569501</b> St <b>M</b>                   | DOB/Age_                               | Re                 | g# <b>WS7075</b>          |              | Re                                      | туре <b>РС</b>                   |                     | _ Reg Sta     | ite MA                                  | <del>,  </del>                        | 1 12        |
|                | Sex M Lic. Class D 19 19 Lic.                            | Restrictions 20                        | CDL Ve             | h Year <b>2012</b>        | _ Veh Mal    | ke Jeer                                 | <u> </u>                         |                     | Veh Conf      | ig. <b>1</b>                            | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |             |
| Δ              | Operator <u>CORREIA</u> , <u>JORD</u>                    | First                                  | Ov                 | wner <u>CORREIA</u>       | JOR          | RDAN S                                  | JR<br>rst                        |                     | Middle        |   | -                                     |             |
| <sup>4</sup> 1 | Address 16 TAYLOR COVE                                   | E DR                                   | Ac                 | dress 16 TAYL             | OR CO        | OVE D                                   | R                                |                     |               |   | -                                     |             |
|                | City ANDOVER Stat  | e <b>MA</b> Zip <b>0181</b>            | <b>0-1213</b> Ci   | y ANDOVER                 | Г            |   |                                  | •                   |               | 0-121                                   | I                                     |             |
|                | Insurance Company <b>SAFETY IN</b>                       | SURANCE CO                             | OMPANY Ve          | hicle Action Prior to Cra |              |   | Damage<br>Test Stat              | d Area Co           | ode: 3 2      | 4                                       | 27                                    |             |
| 5              | Vehicle Travel Direction: NSWW                           | Responding to Eme                      | rgency? 2 Ev       | ent Sequence 1 23         |              | 23 23                                   | Type of                          |                     | 2:            |   |                                       |             |
|                | Citation # (If Issued)                                   |  | Me                 | ost Hannful Event 1       | 24           |   | BAC Tes                          | st Result:          | 30            | 0                                       | ŀ                                     | 13          |
|                | Viol. 1: Ch/Sec/Sub ————                                 | Viol. 2: Ch/Sec/Sub —                  | Dr                 | iver Contributing Code    | <u> </u>     | 25 25                                   | Susp. Al                         | cohol: 2            |               | 5. 5                                    | 32                                    | 1 13        |
| <sup>6</sup> 1 |  | Viol. 4: Ch/Sec/Sub —                  |                    | iver Distracted by 9      |              |   |                                  | rom scene           | <u> </u>      | 3                                       |                                       |             |
|                | Please fill out for oper<br>Name (Last First Middle)     | ator and all occupants in              | nvolved<br>Address | DOB/Age Se                |              | 35 36<br>Safety Airbag<br>System Status | 37 38<br>Eject Trap<br>Code Code | Injury Tra          |               | Medical Facility                        |                                       |             |
|                | Operator   |  | See Above          |                           | 1            | 99 4                                    | 0 0                              | 9 2                 | Lahe          | y Clinic                                |                                       |             |
|                |  |  |                    |                           |              |   |                                  |                     |               |   |                                       |             |
|                |  |  |                    |                           |              |   |                                  |                     |               | ***                                     |                                       |             |
|                |  |  |                    |                           |              |   |                                  |                     |               |   |                                       |             |
|                | Please Select One Vivil 31                               | #Ossuranta   The                       |                    | 15 16                     | ]            | 17                                      | F                                | 18                  | <u> </u>      | <u></u>                                 | $\dashv$                              |             |
| <sup>7</sup> 3 | Please Select One of the Following:                      | #Occupants No                          | n-Motorist A Type  | Action                    | Location     | 1 (                                     | Condition                        |                     | Hit/R         | un Mo                                   | ped                                   |             |
|                | License # <b>\$23701185</b> St <b>M</b>                  | IA DOB/Ag€                             |                    | g # <b>8GM648</b>         |              |   | д Туре <u><b>РС</b></u>          |                     |               | 2                                       | _                                     |             |
|                | Sex M Lic. Class D Lic.                                  | Restrictions                           | Endorsement        | h Year <b>2011</b>        |              |   |                                  |                     | Veh Conf      | īg. <b>1</b>                            | ]                                     |             |
| <sup>8</sup> 2 | Operator PEDI, DOMINIC                                   | First                                  | Middle             | vner PEDI, RI             |              | Fi                                      | ÆS                               |                     | Middle        |   |                                       |             |
|                | Address 21 OAKRIDGE C                                    |  |                    | Idress 21 OAKR            |              | CIR                                     |                                  | _                   |               |   | _                                     | 14          |
|                | City WILMINGTON State                                    | •                                      |                    | y WILMINGTO               | Г            | 22                                      |                                  | A Zip.<br>d Area Co |               | $\frac{37-150}{7_1^{27}_2}$             | 9<br>27                               | 2           |
|                | Insurance Company THE STAND                              |  |                    | hicle Action Prior to Cra |              | 23 23                                   | Test Stat                        |                     | 2             |   |                                       |             |
|                | Vehicle Travel Direction: SEW                            | Responding to Eme                      | •                  | ent sequence 1            | 24           | 25 25                                   | Type of                          | Test:               | 2:            | 9                                       |                                       |             |
| <sup>9</sup> 2 | Citation # (If Issued)                                   |  |                    | ost Hammful Event 1       |              | 25 25                                   | 1                                | st Result:          |               |   | _,                                    |             |
|                | Viol. 1: Ch/Sec/Sub                                      |  |                    | iver Contributing Code    | 26           |   | Susp. Al                         | cohol: 2            |               | 7, 5, 0, 0, 0                           | 32                                    |             |
|                | Viol. 3: Ch/Sec/Sub ———————————————————————————————————— | Viol. 4: Ch/Sec/Sub —                  |                    | iver Distracted by 9      | 34           | 35 36                                   | 37 38                            |                     | 40            |   | _                                     | 1           |
|                | Name (Last First Middle)                                 |  | Address            | DOB/Age So                | Seat<br>Pos. | Safety Airbag<br>System Status          | Eject Trap<br>Code Code          | Injury Tra          | ansp.<br>Jode | Medical Facility                        | _                                     |             |
|                | Operator/Non-Motoris                                     | <i>t</i>   5                           | See Above          |                           | 1            | 1 4                                     | 0 0                              | 10 1                |               |   |                                       |             |
|                |  |  |                    |                           |              |   |                                  |                     |               |   |                                       |             |
|                |  |  |                    |                           |              |   |                                  |                     |               |   |                                       |             |
|                |  |  |                    |                           |              |   |                                  |                     |               |   |                                       |             |



MV1 was traveling eastbound on Middlesex Avenue/Route 62 approaching the intersection wit High Street.MV1 was planning to turn left at the intersection of Middlesex Ave and High Street and traveling straight ahead to enter the left turn lane.MV2 was stopped at the intersection of Pleasant Road and Middlesex Avenue and waiting to turn left on Middlesex Avenue/Route 62 westbound. The witness vehicle was also traveling eastbound on Middlesex Avenue and came to a stop to allow MV2 to pull out and turn left onto Middlesex Ave.MV2 pulled out and began turning left as MV1 passed the stopped witness vehicle on the left. MV2 collided with the rear right side and tire of MV1.MV1 suffered minor damage to the rear right side and tire.MV2 suffered damage to the front end and bumper, but was able to driven from the scene. The operator of MV1 recently had neck surgery and was transported from the scene to Lahey Hospital by the WFD.Forrest Towing towed MV1 away.

| witnesses:                  |                 |               |                   |                   |                                 |           |
|-----------------------------|-----------------|---------------|-------------------|-------------------|---------------------------------|-----------|
| Name (Last,First,Middle)    |                 | Address       |                   |                   | Phone #                         | Statement |
| POWERS ANNE M               |                 | 11 OLD BOSTON | RD Apt. #411 TEWN | SBURY MA 01       | 876                             |           |
|                             |                 |               |                   |                   |                                 |           |
| Property Damage:            |                 |               |                   |                   |                                 |           |
| Owner (Last,First,Middle)   | Address         |               | Phone #           | 41-Type I         | Description of Damaged Property |           |
|                             |                 |               |                   |                   |                                 |           |
|                             |                 |               |                   |                   |                                 |           |
| Truck and Bus Information:  |                 |               | (From Vehi        | icle Section)     | Bus Use                         | 42        |
| Address                     |                 |               | City              |                   | St Zip                          |           |
| US DOT #:                   | State Number    |               | Issuing State     | MC/MX/I           | CC #:                           |           |
| Interstate 43 Cargo Body Ty |                 | GVWR/GCWR     | 45 Reg Year       | Traile            | or Length 46                    |           |
| Hazmat Information:         |                 |               |                   | ITalic            | I Length                        |           |
| Placard Material 1 digit #  | 48 Material Nam | e             |                   | _Material 4 digit | t #Release code                 | 49        |

Patrol Officer Michael A Wilson

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Wilmington Police Department

07/25/2020

Department

## Wilmington Police Department Images Associated with 20-153-AC













## Wilmington Police Department Images Associated with 20-153-AC





