	Police Use Only	Com	monwealth	of Massac	huse	tts			RMV	Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Nu Vel			•	Limit_	30	State Police Local Police MBTA Police Campus Police	
	08/09/2020 0412 W11 24HR	mington	Police	Report	3	0	l'	Latitud Longitu			Campus Police Other:	
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¹ 4		At		- N	e r w			*********				1
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² 1	Route# Direction Na	me of Intersecting Road	Iway/Street						Lanc	dmark		1
3	Please Select One of the Following:	#Occupants Hi	t/Run 🔲 Moped	Crash Rep	ort ID# 2	20-1	L64	1 – 7	AC			
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	10 10	20									21	3 ¹²
			Endorsement	Year 2009						_ Veh (Config.	
⁴ 1	Operator ACOSTA, JOMAF	First	Middle	er MONTES,		1	First			Mid	die	
<u> </u>	Address 65 OSGOOD ST			ess 66 COLU								İ
	City LAWRENCE Sta	-		LAWRENCE	Г	22				_	841-4041	
	Insurance Company GOVERNMEN			cle Action Prior to Cr		T		maged st Statu	Area C	ode:	28	
5	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2 Even	t Sequence 42 23		23 23		pe of T			29	
	Citation # (If Issued)		Mos	Harmful Event 2				AC Test	t Result	t:	30	<u></u>
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	13	25 2:	Su:	sp. Alc	ohol: 2	31	Susp. Drug: 2 32	21 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by	26		То	wed fro	om scer	ne?	1 33	
1	Please fill out for oper	rator and all occupants in	nvolved Address	DOB/Age S	34 Seat lex Pos.	35 36 Safety Airbag System Status	37 Eject Code	38 Trap Code	Injury T	40 Fransp. Code	Medical Facility	
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		EMMENCE, PM 01		+ +		- -	1					-
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⁷ 1	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action 10	Location	n 17	Conditi	on	18	н	lit/Run Moped	
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	Operator Driverless M.		Endorsement	er WOODBUR						_ ven (comig.	
⁸ 2	Last Address	First	Middle	er WOODBOK Tess 66 MIDD	•	1	First	~*\		Mid	dle	
	CitySta	to Zin		WILMINGT(4		. MA	7:-	. ດ1	887-2711	1 14
	Insurance Company THE COMME	•	-	cle Action Prior to Cr	Г	11 22					3 27 7 27 6 27	<u> </u>
				,	L			st Statu		2	28	
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⁹ 2	Citation # (If Issued)			Harmful Event 2		25 2:	جا		t Result		30	
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	Operator/Non-Motoris	et :	See Above		(1							
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	Police Use Only	Com	monwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash 08/09/2020 0412 Will	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	08/09/2020 0412 Wil 24HR	mington	Police	Report		ا ٌ	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	ATION >	ľ	TA TO	INTER	SECT	ION:	ĺ
										2 10
	Route# Direction	Name of Roadway/St	treet	Route# Direction	73 Address #	CLAR	K ST Name of	Roadway	//Street	
¹ 4		At				•		-		
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	Route# Direction Na	Also at Intersection v		Feet N S	EW of _					3
				Feet N S		Route#	Inters	ecting Ro	adway/Street	
² 1	Route# Direction Na	ame of Intersecting Roads	way/Street	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_		La	ndmark		
3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Report	ID# 20-	-164	4-AC	•		
,	of the Following:								. \/\	
	10 10	DOB/Age	_	# 1KTJ40				-	21	3 12
	L	Е	ndorsement	Year 2003 v				Veh C	Config.	
⁴ 1	Operator Driverless M	First	Middle	ner SARCONE,		First		Middi	ie	
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	CitySta			TEWKSBURY			te MA 2 amaged Area			•
	Insurance Company PROGRESS I	-		cle Action Prior to Crash			amaged Area	1 Code: 6	28	
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	Citation # (If Issued)	unione de la companya del companya de la companya del companya de la companya de		t Harmful Event 2	24	25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	25	Su	sp. Alcohol:	<u> </u>		21 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 0			wed from so	ene? 2	33	
	Please fill out for ope Name (Last First Middle)	rator and all occupants in	Address	DOB/Age Sex	34 35 Seat Safety / Pos. System 3	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator	s	ee Above	$>\!\!<\!\!\times\!\!\times$	1					i
		<u> </u>	Г	15 16		17	18			1
⁷ 1	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	Action	Location	Condit	ion	Hi	it/Run Moped	
	License # St	DOB/Age	Reg	#		_ Reg Type	;	Reg		
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0	Operator	First		ier		First		Middl		
⁸ 2	Address	rirst		ress		First		Midai	le	
	City Sta	iteZip	City			Sta	te2	Zip		1 14
	Insurance Company		Vehi	cle Action Prior to Crash	2	² Da	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Ever	nt Sequence 23	23 23	-3	st Status:	-	28	
9 _	Citation # (If Issued)		Mos	t Harmful Event	24	-	pe of Test: AC Test Res	,, <u>lt</u> ,	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25	25	sp. Alcohol:		Susp. Drug: 32	
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		wed from so		33	
	Please fill out for operator/n	on-motorist and all occup				36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motoris	of G	Address See Above	DOB/Age Sex		Status Code	Code Status		Medical Facility	1
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										-



Signature

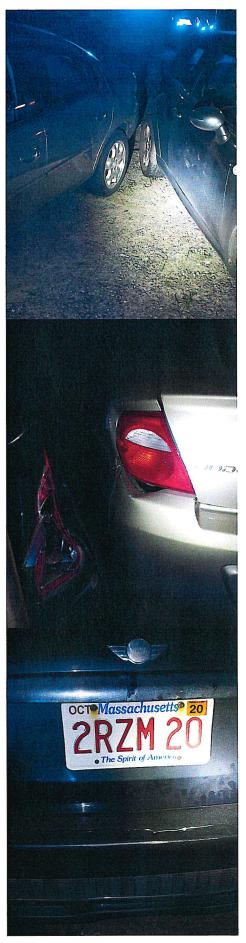
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Precinct/Barracks

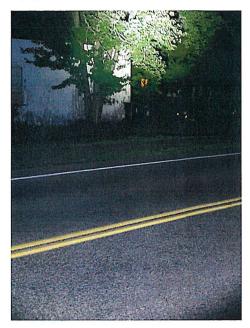
























Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER JOSEPH A FITZGERALD

Ref: 20-164-AC

On Sunday, August 9, 2020, I, Officer Fitzgerald was working the 8:00am to 4:00pm shift assigned to the station officer. At approximately 1:30pm, I received a phone call from Rick Surrette, the son-in-law of Grace Mullins at 74 Clark St. He called to ask what had happened to Grace's garden and bushes that separates the front yard of 74 Clark St and the side/back yard of 66 Middlesex Ave. I informed Rick about the accident that occurred at approximately 4:00am. Rick requested to speak with an officer. Officer Noftle responded to 74 Clark St to speak with him.

While speaking with Rick, Officer Noftle took photographs of the garden and bushes. (See images) Rick left callback numbers for himself and for Grace. Rick:

Grace:

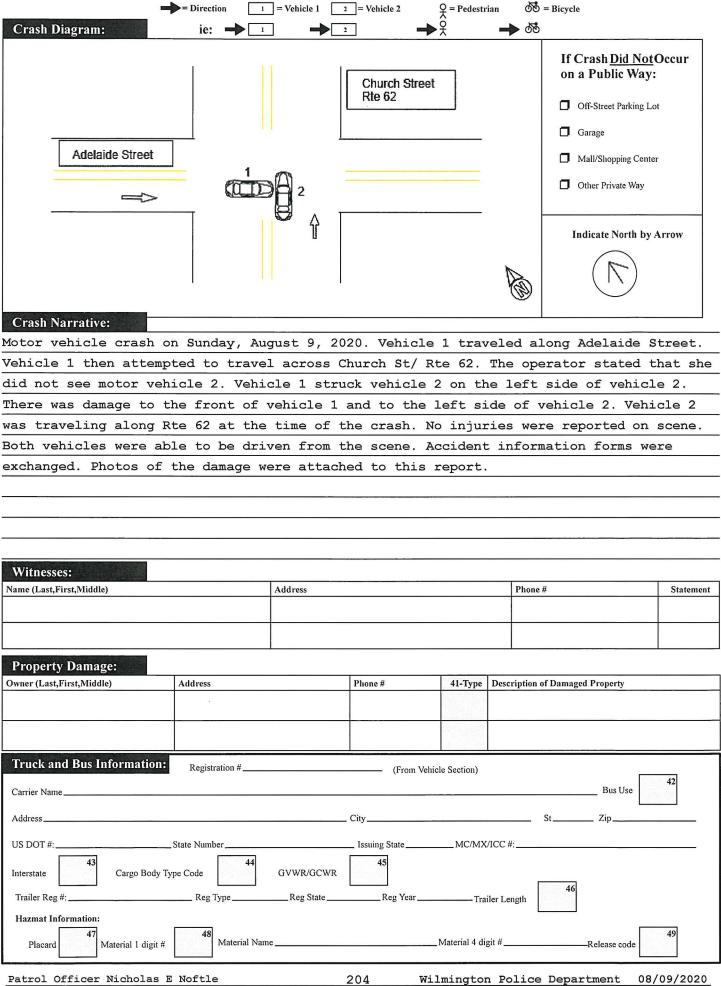
The diagram was updated to include the new information.

Respectfully Submitted,

Officer Joseph A. Fitzgerald #215

Attachments for 20-164-AC	
Description	Туре
MV INVENTORY	PDF
Attachment#: B80BC3EF4C144D899FD118F38D1C71F8	

	Police Use Only	nonwealth of Massachusetts RMV Document Number													
	Date of Crash Time of Crash	City/Town	Motor Vehi	icle Cras	sh		mber nicles	Nun Inju	rad l'	Speed		35	Local I	Police	
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	AT INTERSE	ECTION:	< LOCA					NO				SEC'	TION:		
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¹ 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	on	Addre	ess #			Nai	ne of	Roadw	/ay/Street		
				Feet [N	N S	E W	of -			- •		or _			
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		Also at Intersection v	vith	Feet				Route	#	j	Interse	cting F	Roadway/	Street	
² 1	Route# Direction	Name of Intersecting Roads	way/Street	Feet	N S I	E W	of								
												ndmark			l
³ 99	Please Select One of the Following:	2 #Occupants Hit.	/Run Moped	Crash Re	port l	D#	20	-1	65	5 – 2	AC	,			
	License # S37358004	St MA DOB/Age	Reg #	1AWS27				_ Res	Type.	PC		R	eg State 🕽	MA	12)
	19 19	20	_	ear 2017									-	2.1	1 12
	Operator SULLIVAN, S	С	Indorgament	REYNOLI									· · · · · · · · · · · · · · · · · · ·		
⁴ 2	Address 38 FAIRVIEW			ss 38 FAI	ast			Fi	rst			Mi	iddle		
	City WILMINGTON						27.4		~	147	٠ ~	. 0	1007.	-2408	
		-	_	WILMINGT		Г		22				Code:		27 27	
	Insurance Company LIBERTY			le Action Prior to C			23	23		st Stati		Couc.	1 28		
⁵ 1	Vehicle Travel Direction:	Responding to Emer	rgency? 2 Event	Sequence 1		Ц.	23	23		pe of T			29		
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⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	99	26			To	wed fr	om sc	ene?	2 33		<u> </u>
1	Please fill out for Name (Last First Middle)	operator and all occupants in	ivolved Address	DOB/Age	Sex	34 Seat Pos.	35 Safety	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mod	lical Facility	
	Operator	S	See Above	Donnge	Ž	. 1	System 1	4		0		1	Nica	near ractify	
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	FIICHAED RETHOLDS	WILMINGTON, MA	01887-2408				_	-1			10	<u> </u>			
]
7 _	Please Select One Vehicle 2	2 #Occupants No	n-Motorist A Type	15 Action	16 L	ocatio	n	17	Conditi	ion	18		Hit/Run	Moped	
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	Sex_ F Lic. Class D	Lic. Restrictions 1	Indorsement	ear <u>2013</u>								Veh	Config.	1	
⁸ 2	Operator RIVERA, CAF	RMEN JAHAIRA First	Middle	r RIVERA ,	nst			Fi	rst	IR#	.	Mi	iddle		
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⁹ 2	Citation # (If Issued)	·	Most	Hannful Event	1	24				pe of T AC Tes		ılt:	1 30		
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	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0	26				wed fr			2 33		
	•	tor/non-motorist and all occup				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
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	_	1000 LORING AVE			\triangle					-	<u> </u>				1
	MATTHEW CAMPBELL	SALEM, MA 01970		i	М	3	1	4	0	0	10	1			



Signature

ID/Badge #

Department Precinct/Barracks

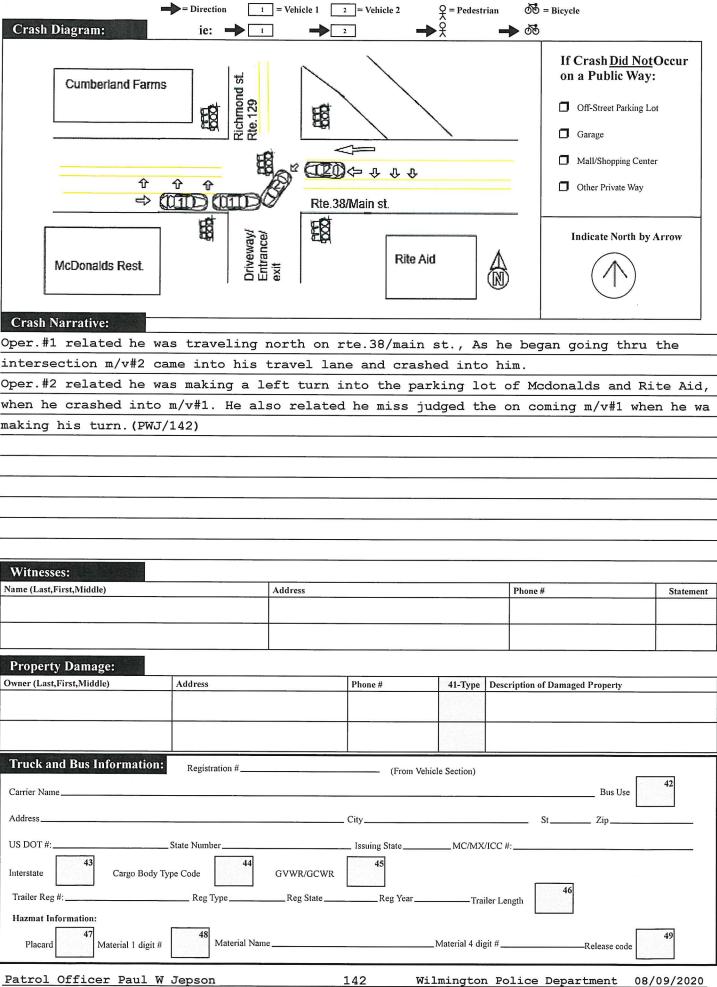
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	Police Use Only Commonw					realth of Massachusetts RMV Document Number								
	Date of Crash	Time of Crash		ity/Town	Motor Vel	hicle Cras	sh Nu			Speed Lim	it35	Local Police		
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¹ 4	Route# Direc	otion	N:	ame of Roadway/Stre	eet	Route# Direction	on Addre	ss #		Name o	of Roadw	ay/Street		
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	Route# Direc		Name of	f Intersecting Roadwa					Aile Mar	ker		Exit Numb	er	3 11
			A	lso at Intersection wi	ith	1 =	N S E W	Roi	ıte#	Inter	secting F	Roadway/Street		
² 2	Route# Direc	etion	Name of	f Intersecting Roadwa	ay/Street	Feet L	N S E W	of						
						<u> </u>				L	.andmark			
3	Please Select (of the Followi		.4 _#0	Occupants Hit/F	Run Moped	Crash Re	port ID# 2	20-1	166	S-A	C			
	License # S3	9089472	St MA	DOB/Age	Rec	# <u>VT25564</u>		R	eg Tyne	PC	Re	er State MA		
	Sex M Lic.	10 10	,	20		Year 2014						l l	21	1 12
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⁴ 3		CAPTAIN	First	t OOTH	Middle	l.a	ısı		First	1111	Mie	ddle		
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				A Zip 01876	•	TEWKSBUR	r x	22			1	1876-13	27	
	•			DIRECT I	NSURA Veh	icle Action Prior to C		<u> </u>		maged Are	a Code:	28 27		
⁵ 1	Vehicle Travel D	Direction: S	E W R	Responding to Emerg	ency? 2 Eve	nt Sequence 1		23 23		pe of Test:		29		
	Citation # (If Iss	ued)			Mos	t Harmful Event	1 24			C Test Re	}	30		
	Viol. 1: Ch/Sec/S	Sub —	Viol.	2: Ch/Sec/Sub	Driv	er Contributing Cod	e 1	25 2	5	sp. Alcoho		Susp. Drug:	32	1 13
6	Viol. 3: Ch/Sec/S	Sub	Driv	er Distracted by	O ²⁶		To	wed from s	scene?	2 33				
⁶ 1			or operator a	and all occupants inve			34 Seat	35 36 Safety Airba	37 g Eject	38 39 Trap Injur				
	Name (Last First M				Address	DOB/Age	Sex Pos.	System Statu	s Code	Code Statu	is Code	Medical Faci	lity	
	Operate	<u> </u>		21 CAPTAIN CIR	e Above		X^{1}	1 4	0	0 10	1			
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				,			6	1 4	0	0 10	1			
							4	1 4	0	0 10	1			
	Please Select C	One Vehicle	.1 40		Г	15	16	17		18				
⁷ 2	of the Followin		2 1 #O	ccupants Non-	Motorist A Type	Action	Location	1	Conditi	on	<u> </u>	lit/Run L N	Aoped	
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,	Operator_		™:-st		dorsement Own	ner SHORT,	KIMBE	RLY		E				
⁸ 1	Addres.	Last	31		Middle Add	ress 62 TAP	LIN A	VE	First		Mic	idle		
	City	44004	, Stat	. Zip	City	WILMINGT	ON		State	e <u>MA</u>	Zip 01	887-20	65	1 14
	Insurance Compa	any SAFETY	INSU	RANCE COL	MPANY Vehi	cle Action Prior to C	Crash 4	22		maged Are			27	
	Vehicle Travel D			Responding to Emerge		nt Sequence 23		23 23	Tes	t Status:	Ī	28		
	Citation # (If Iss	L K-X		responding to simerg.	•	t Harmful Event	1 24		Тур	oe of Test:		29		
⁹ 2	,	,		2 01/0 10 1		Ľ		25 2	5	C Test Re	-			
		Sub		2: Ch/Sec/Sub —		er Contributing Code	26		Sus	sp. Alcohol	-	Susp. Drug:	32	
ŀ	Viol. 3: Ch/Sec/S			4: Ch/Sec/Sub		er Distracted by	34	35 36	101	wed from s	cene?	2 33		
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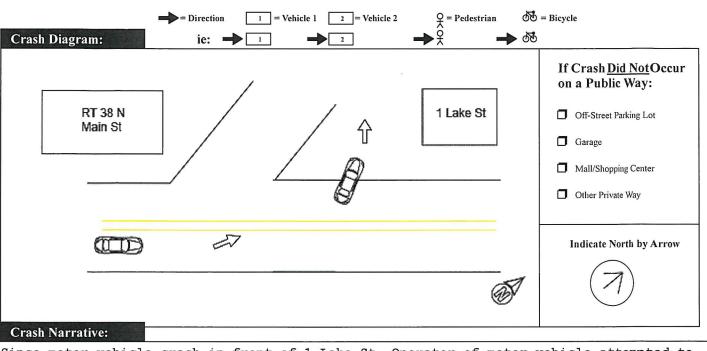
Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only	Comr	monwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Num' Vehic		Speed Limit		State Police Local Police MBTA Police Campus Police	ĺ
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¹ 4	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address	5 #	Name of	Roadway/	Street	
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	Route# Direction Na	me of Intersecting Roadw		[[Mile M	arker		Exit Number	1 11
		Also at Intersection w	vith		S E W of	Route#	Inters	ecting Road	dway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	vay/Street	Feet N	S E W of	f 				
			1_	<u> </u>				ındmark		ł
³99	Please Select One of the Following:	#Occupants	Run	Crash Repo	ort ID# 2	0-16	7-AC	3		
99	License # S39307727 St M	IA DOB/Age.	Reg	# 9LZW50		Reg Typ	e PC	Reg S	State MA	12
	19 19	20		Year 2013					21	3 12
	Operator MCKENNA, PATE	E. E.	ndorsement	er MCKENNA						
⁴ 2	Address 29 TEMPLE ST	First	Middle	ress 29 TEMP		First		Middle		
	City TEWKSBURY Stat	. MA 7: 01876		TEWKSBURY			M2	7: ∩1 Q	76-4332	
						22			27 7 27 9 27	
	Insurance Company NORFOLK &			cle Action Prior to Cra	23 2		est Status:	1	28	
⁵ 1	Vehicle Travel Direction: SEW			nt Sequence 30 23			ype of Test:	-	29	
	Citation # (If Issued)		Mos	t Harmful Event 3			BAC Test Res	ult: 1	30	131
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code		21 ²⁵ s	susp. Alcohol			30 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	9 26	ר	owed from s	ene? 2	33	
1	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	volved Address	DOB/Age Se	Seat S	35 36 37 afety Airbag Ejec estem Status Code	38 39 I Trap Injury Code Status		Medical Facility	
	Operator	Sı	ee Above	Dobring	1 1		0 10	1	ricalcar r activy	
	o po. ato.			$\overline{}$	+					
7	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Cond	ition 18	П на	Run Moped	
⁷ 3	of the Following:		-Motorist A Type	Tredon	Bocation					ł
	License # St	DOB/Age	Reg	#		Reg Typ	e	Reg S	State	
	Sex Lic. Class Lic.	Restrictions C	DL Veh ndorsement	Year	_ Veh Make	e		Veh Co		
⁸ 2	Operator	First		nerLast		First		Middle		
2	Address		Add	ress						14
	City Stat	eZip	City			St	ate	Zip		1 "
	Insurance Company		Vehi	cle Action Prior to Cra	ısh	22	Damaged Are	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Ever	nt Sequence 23	23 2	7 27	Test Status:	<u> </u>	28	
9 .	Citation # (If Issued)	_	Mos	t Harmful Event	24		Type of Test: BAC Test Res	ult:	30	
9 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25	5 25	Susp. Alcohol		usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————			er Distracted by	26		Towed from s		33	
	Please fill out for operator/no			·		35 36 37 afety Airbag Ejec	38 39 t Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Sy	stem Status Cod			Medical Facility	-
	Operator/Non-Motoris	t Se	ee Above		1					-

								T		1



Since motor vehicle crash in front of 1 Lake St. Operator of motor vehicle attempted to take a left turn on to Lake Street and crashed into and then traveled under the fence of lake St. The operator then continued through the yard, onto Lake Street, and then home, where he called the Wilmington Police Department to inform them of the crash. He returned to the scene. Pictures of the damage to the fence and the single vehicle were taken. The operator consented to Field Sobriety Tests, which were administered and passed. The Operator was not impared, but did admit that had not slept much in a while, and was on hi way home from work when he crashed. There were no injuries reported. The single vehicle was able to be driven from the scene. Speed, and inattention by the operator were likely

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged F	Property
VINCE CHRISTOPHER W	1 LAKE ST WILMINGTO	N MA 01887-0000	! [FENCE	
VINCE DEBORAH A	1 LAKE ST WILMINGTO	N MA 01887-3726			YARD	
Truck and Bus Information: Carrier Name			(From Veh			Bus Use 42
Address			City		St	. Zip
US DOT #:	_State Number		Issuing State	MC/MX	//ICC #:	
Interstate 43 Cargo Body T	ype Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Length	
Haner Reg #.						
Hazmat Information:						49

Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

08/09/2020

factors in the crash.

Department



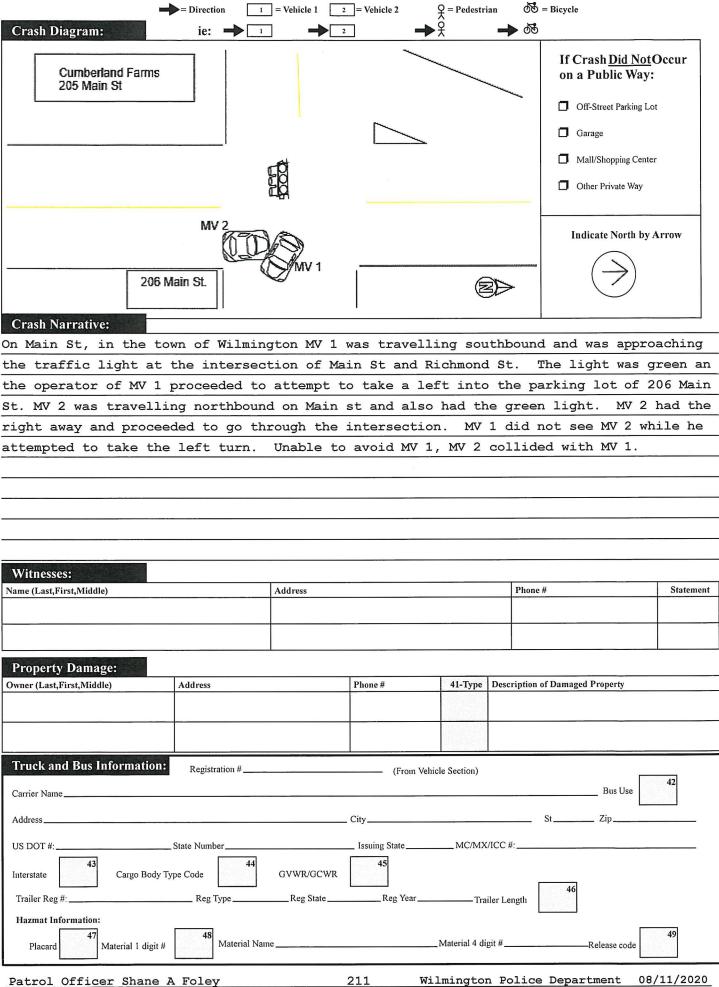








	Police Use Only	monwealth	ealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles		opeou	Limit_	35	— Local Police	
	08/11/2020 1843 Wilm	ington	Police	Report	2	Injured	Latitu			MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	<u> </u>	ATION >	 	NOT A			SECT		1
					L	11011		LIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10
					208	MAI	N S				2
¹ 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Na	me of F	Roadwa	ay/Street	
1		At		Feet N S	E W of				or		
	Route# Direction Nam	e of Intersecting Road	way/Street			Mile l	// Aarker			Exit Number	5 11
		Also at Intersection	with	Feet N S	E W of	D t - #		1	-+' D	1/544	2
2				Feet N S	E W of	Route#		interse	cting K	oadway/Street	
² 1	Route# Direction Nam	e of Intersecting Road	way/Street					Lan	ndmark]
	Please Select One Vehicle 11	#Occupants Hit	r/Run Moped	Crash Repor	LID# 20	1-16	:8 <i>-</i>	ΔC)		
³ 97	of the rollowing:										4
	10 10	A DOB/Age_	Reg	# <u>716VN7</u>		Reg Ty	_{ре} <u>РС</u>		Re	g State MA 21	1 12
	Sex M Lic. Class D 19 Lic. R		CDL Veh	Year 2015	Veh Make 👤	IYUND	<u>AI</u>		Veh	Config. 1	
	Operator DEFURIA, STEVI			ner DEFURIA,	STEV	EN					
⁴ 3	Address 14 WISSER ST	rist		ress 14 WISSE	R ST	First			Mid	idle	
	City WILMINGTON State	MA Zip 0188	7-2080 City	WILMINGTO	1		state MZ	A z	in 01	887-2080	
	Insurance Company ARBELLA M		·	icle Action Prior to Crasl					_	3 27 0 27 27	İ
				[22]	23 23	23	Test Stat			28	
⁵ 2	Vehicle Travel Direction: SEW	Responding to Eme	ergency? Z Eve	nt Sequence 1 23	24		Type of	Test:	ľ	29	
Sin.	Citation # (If Issued)		Mos	t Harmful Event 1			BAC Te	st Resu	lt:	1 30	13
	Viol. 1: Ch/Sec/Sub — V	riol. 2: Ch/Sec/Sub -	Driv	rer Contributing Code	1 25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1 '3
6	Viol. 3: Ch/Sec/Sub ————— V	iol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		Towed f	rom sce	ene?	1 33	
⁶ 1	Please fill out for operate	tor and all occupants in			34 35 Seat Safet		ct Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)	T	Address	DOB/Age Sex	Pos. System			Status	Code	Medical Facility	1
	Operator		See Above		1 1	1 0	0	10	1		-
		<u> </u>	F	15 12		15		10		<u> </u>	1
⁷ 2	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	Action 16	Location	17 Con	dition	18	l l	lit/Run Moped	
_	License # S44576172 St M	A_ DOB/Age_	Reg	# 9EA373		Reg To	me PC		Re	g State MA	1
	19 19	20	_	Year 2005						21	
			Endorsement						- ven	Connig	
⁸ 1	Operator GASPER, JOSEPI	First	Middle	ner GASPER,		First			Mid	ldle	
	Address 19 SPARHAWK DR			ress 19 SPARH							14
	City BURLINGTON State	MA Zip 0180	3-3106 City	BURLINGTO	4					803-3106	
	Insurance Company GOVERNMENT	<u> EMPLOYEE</u>	S INSU Veh	icle Action Prior to Crasi	h 4	22			Code:	3 27 2 27 27	
	Vehicle Travel Direction: SEW	Responding to Eme	ergency? 2 Eve	nt Sequence 1 23	23 23	23	Test Star		ŀ	28	
9	Citation # (If Issued) T2062422		Mo	st Hannful Event 1	24		Type of BAC Te		,,,	30	
⁹ 2	Viol. 1; Ch/Sec/Sub 89 8 V	/iol, 2: Ch/Sec/Sub —	Driv	ver Contributing Code	4 25	25	Susp. Al	г			
			.	ver Distracted by	26		Towed f	Ľ	-	33 1 33	
		ol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator/non-motorist and all occupants involved			34 35	36 3	7 38	39	40	<u> </u>	4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safet Pos. Syste	y Airbag Ej n Status Co	de Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist		See Above	>>	1 1	4 0	0	10	1		
	JOYCE GASPER	19 SPARHAWK DR BURLINGTON, MA	01803-3106	F	3 1	4 0	0	10	1		
					+	+	+				1
					 						4



Signature

ID/Badge #

Department Precinct/Barracks

Date

	Police Use Only	Comi	monwealth	of Massach	usetts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number	Number	Speed Limit	25	Local Police	
	08/12/2020 1657 Wil	mington	Police	Report	Vehicles 2	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	-	TION >		NOT A	r inter			
										2 10
				62	381	MIDI	LESEX			
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	ay/Street	
		At		Feet N S	E W of		_ • _	or		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection w	vith	Feet N S	E W of	Route#	Inters	ecting R	oadway/Street	
2	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N S	E W of				•	
² 1	Route# Direction Na	me of finersecting Roads	vay/Street				La	andmark		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# 20	-16	9-A	3		
		<u> </u>	1						- 1/2	
	10 10	DOB/Age	_	# <u>9ZF342</u>					21	1 12
		F	ndorsement	Year 2015					·	
4	Operator ROSA DACUNHA A	LMEIDA, ANI		er FERREIRA-		First		HIS	TIAN idle	
⁴ 2	Address 1415 W NORTH	ST APT 521	L Add	ess 373 AIKE	N AVE	APT	5			1
	City ANAHEIM State	te CA Zip 9280	1 City	LOWELL	<u> </u>	St	ate MA	Zip 01		
	Insurance Company GOVERNMEN	T EMPLOYEES	S INSU Vehi	cle Action Prior to Crash	1	22	amaged Are	a Code:		
	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Ever	t Sequence 23	23 23	23 T	est Status:		1 28	
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Test:	ŀ	30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 25	25	AC Test Res			1 13
				er Distracted by	26		usp. Alcohol owed from s	-	22	
⁶ 1	Viol. 3: Ch/Sec/Sub	rator and all occupants in		Distracted by U	34 35	36 37	38 39	40	2 33	}
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	s	ee Above	$>\!\!<$ X	1 1	4 0	0 10	1		
								-		1
										-
									·	
⁷ 9	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	15 Action 16	Location	17 Cond	ition 18	ŀ	Hit/Run Moped	
9		(2)	_		<u> </u>		PC PC	<u> </u>		1
	19 19	DOB/Age	-	# <u>2468KL</u>		•			eg State MA 21	
	<u> </u>		indorsement	Year <u>2008</u>				Veh	Config.	
⁸ 1	Operator VALLEE, KYLE	ROBERT First	Middle	er VALLEE, 1	NANCY	First		Mic	ddle	
	Address 31 MARION ST		Add	ress 31 MARIO	N ST					14
	City WILMINGTON Sta	te MA Zip 0188	7-3131 City	N WILMINGT						
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Vehi	cle Action Prior to Crash	4		Damaged Are	a Code:		
	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23	23 23	23	est Status:		28 29	
9	Citation # (If Issued)		Mos	t Hannful Event 1	24		ype of Test: BAC Test Res	sult:	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	4 25	25	usp. Alcohol	_		
		Viol. 4: Ch/Sec/Sub —	v	er Distracted by	26		owed from s	2	2 33	
	Please fill out for operator/no		-		34 35	36 37	38 39	40		1
	Name (Last First Middle)	-	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Ejec Status Code	Trap Injur		Medical Facility	-
	Operator/Non-Motoris	st s	See Above	\times X	1 1	4 0	0 10	1		
										1
							+			†
		1		1	1 1		1 1	1 1		I



Department





	Police Use Only	Com	monwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crash	Numbe Vehicle		Speed Lin	nit <u>25</u>	State Police Local Police MBTA Police Campus Police	
	08/14/2020 1730 T	Vilmington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSI	ECTION:	<u> </u>	CATION >		NOT A	T INTE			1
										2 10
					206		LARDV			
¹ 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name	of Roadwa	ny/Street	4
<u>.</u>		710		Feet N	S E W of			or		
	Route# Direction	Name of Intersecting Road	lway/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection	with	<u> </u>	S E W of	Route#	Inte	rsecting R	oadway/Street	
² 1	Route# Direction	Name of Intersecting Road	lway/Street	Feet N	S E W of			_		
1	reduction Direction	Name of Intersecting Road	Way/Sirect	<u> </u>				Landmark		4
3	Please Select One of the Following:	11 #Occupants Hi	t/Run Mopeo	i Crash Repo	rt ID# 2 ()-17	0-A	C		l
		s. MA popu		eg # 8TJ535			DC.	ъ.	s MA	<u> </u>
	10 10	St MA DOB/Age							21	1 12
	Sex M Lic. Class D		Endorsement	h Year 2007					Config.	
4	Operator <u>BOLOGNESE – c</u>	First	Middle	wner BOLOGNES		First		R Mid	ldle	
⁴ 3	Address 185 NEW LUD	LOW RD APR A	APT 214 Ac	idress 185 NEW	LUDLO			APT		
	City CHICOPEE	_ State MA _ Zip _ 0102	0-0000 Ci	ty CHICOPEE		S	ate MA	Zip 01	020-0000	
	Insurance Company PERMANI	ENT GENERAL A	SSURAN Ve	hicle Action Prior to Cra	sh 1	22 1	Damaged Ar	ea Code:		
	Vehicle Travel Direction: NX	E W Responding to Eme	ergency? 2 Ev	vent Sequence 23	23 23	23	Test Status:]	1 28	
⁵ 1	Citation # (If Issued)		М	ost Harmful Event 1	24		Type of Test		30	
			_	river Contributing Code	1 25	25	BAC Test R			1 13
	Viol. 1: Ch/Sec/Sub				26		Susp. Alcoh	12	Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub			river Distracted by	34 35			9 40	1 -	4
	Please IIII OUI IC Name (Last First Middle)	or operator and all occupants i	Address	DOB/Age Se	Seat Safe	y Airbag Ejec	t Trap Inj	ury Transp. tus Code	Medical Facility	
	Operator		See Above		1 1	4 0	0 10) 1		
			ation to the second sec							1
								-		1
										_
7	Please Select One Vehicle	21 #Occupants No	on-Motorist A Type	15 Action 16	Location	17 Cond	lition	18 1	lit/Run Moped]
⁷ 2	of the Pollowing:				<u> </u>			<u> </u>		-
	License # S74598728	St MA DOB/Age		eg# 4DA756					eg State MA 21	
	Sex F Lic. Class D 19	Lic. Restrictions 1	CDL Ve	eh Year 2016	_ Veh Make _	HONDA		Veh	Config. 1	
8	Operator MORGAN, CO			wner MORGAN	COURT	NEY L		Mic	Idle	
⁸ 2	Address 10 BURLINGT	ON AVE APT		ddress 10 BURL	INGTON	AVE	APT	1306		L.,
	City WILMINGTON	State MA Zip 0188	37 Ci	ty WILMINGT C	N	s	tate MA	Zip 01	1887	1 14
	Insurance Company PROGRES	SSIVE DIRECT	INSURA V	ehicle Action Prior to Cra	ısh 8	22	Damaged A	rea Code:	1 27 2 27 8 27	
	Vehicle Travel Direction:			vent Sequence 23	23 23	23	Test Status:		1 28	
-	Citation # (If Issued)		,	ost Hannful Event 1	24		Type of Test	- 1	29	
⁹ 2			_	<u></u>	1 25	25	BAC Test R		30	
L	Viol. 1: Ch/Sec/Sub ————			river Contributing Code	26		Susp. Alcoh		Susp. Drug. 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -		river Distracted by			Towed from	scene?	1)	4
	Please fill out for opera	ator/non-motorist and all occu	ipants involved Address	DOB/Age S	34 35 Seat Safe ex Pos. Syste	ty Airbag Eje	t Trap In	iury Transp. itus Code	Medical Facility	
	Operator/Non-Mot	orist	See Above		1 1	4 0	0 10	1		
	-				+					1
						+				-
										4

