	Pol	lice Use Only	nmonv	vealth	of Mass	sach	ius	etts	,			RM	V Doci	ument N					
	Date of Crash 08/17/2020	Time of Crash	1	City/Town	Mot	tor Veh	icle Cr	ash		umber chicles		mad 1	-	Limit	30	Local	Police Police A Police		
	08/17/2020	24HR	MITIU	ington		Police :	Report		3		0		Latitud Longit				ous Police	ᆸ	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	ΓΑΊ	INI	rer:	SEC	TION	:		
							400			_								2	10
	Route# Dire	ction		Name of Roadway	y/Street		Route# Dir	ection	24 Addi	ess#	LC	OWE			Roadw	vay/Stree	t	- <b>-</b> -	
¹ <b>1</b>				At				ls:la	[ _ ]	 1									
	Route# Dire	ction	Name	of Intersecting Ro	adway/Street		Fee	NS	EW	of	— Mi	le Ma	rker		or _	Exit	Number		11
				Also at Intersection			Fee	NS	E W	of								2	
2							Fee	N S	EW	of	Route	e#		Interse	ecting I	Roadway	/Street		
<sup>2</sup> <b>1</b>	Route# Dire	ction	Name	of Intersecting Ro	adway/Street									La	ndmarl	k			
3	Please Select of the Followi	One Vehicl	e L <b>1</b> _#	Occupants	Hit/Run	Moped	Crash	Report	ID#	20	-1	.71	L –.	AC	;				
		0476372	ς, <b>Μ</b> Σ	DOR/Age		D	HP4F									Ct-t-	MZ		
	Sex M Lic.	4.0	19	strictions B			Year <u>2003</u>										21	1	12
	l	TALDO,		L	CDL Endorsement	t	rear <u>2005</u> er <b>CATAL</b>								_ ven	Conng.	<u> </u>	]	
<sup>4</sup> 1	1	Last SALEM	F	irst	Middle		er CAIALI ess 243 S	Last			F	irst	······		M	iddle		-	
		ING			67-268				IVI S						. O.	1067	-260	-	
		pany SAFET		•			READING			Γ	22				Code:		27 2	-, I	
							ele Action Prior	to Crast	23	23	23		st Stat		couc.	7 28		-	
<sup>5</sup> 1		Direction: N S		Responding to E	mergency?		t Sequence 1	<u> </u>	24			Ту	pe of T	Test:		29			
	1	sued)		•			Hannful Event	L		25 -	25	1		st Resu		30		_	13
	Viol. 1: Ch/Sec/	/Sub	Vic	ol. 2: Ch/Sec/Sub			er Contributing (		26	<sup>25</sup> 5		J Su			2 31	22	Drug: 2 3:	2 1	
<sup>6</sup> 1	Viol. 3: Ch/Sec/	'Sub				Drive	er Distracted by	0	31	35	36	To 37	wed fr	om sc	ene?	2 33			
	Name (Last First N		for operato	r and all occupants	S involved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Me	dical Facility		
	Operat	or			See Above		$\rightarrow$	$\mathbb{X}$	1	1	4	0	o	10	1				
																ļ			
							:	+	$\vdash$					_				$\dashv$	
	Diagram Calass	A =		<u> </u>			15	16	<u></u>	_	17			18	 			$\dashv$	
<sup>7</sup> 1	Please Select ( of the Followi		e 2 <u>1</u> _#	Occupants	Non-Motorist .	A Type	Action		Locatio	on		Conditi	ion	10		Hit/Run	Мор	ed	
	License # <b>S2</b>	255 <u>4736</u>	St MA	_ DOB/Age.		Reg	4FHM60				Re	з Туре	PC		R	eg State	MA		
	Sex.M Lic,	Class D	Lic. Res	trictions 20	CDL	Veh	Year <b>2014</b>		Veh M	ake <b>C</b>	HEV	/RO	LET	1	_ Veh	Config.	1 21		
0	Operator <b>LE</b>	, DUNG I	HOANG	ANH	Endorsement		er LE, D	UNG	но	ANG									
<sup>8</sup> 1	l	FARRWO	rı	1151	Middle	Addr	ess <u>433                                   </u>	last <b>ARR</b>	WOC	D I		rsl			Mi	iddle		_	
	City <b>HAVE</b>	RHILL	State <b>1</b>	<b>1A</b> Zip 018	35-8445	5 City	HAVERH:	[LL				Stat	e <b>M</b> Z	<b>1</b> z	ip <b>0</b> :	1835	-844	<u>5</u> 2	14
	Insurance Comp	oany GOVERN	MENT	EMPLOYE	ES INS	<u>U</u> Vehic	ele Action Prior	to Crash	ı	2	22	Da	mageo	d Area	Code:	1 27 5	27 2	7	
	Vehicle Travel I	Direction: N S	E	Responding to Er	mergency? 2	Even	t Sequence 1	23	23	23	23		st Stat			1 28			
<sup>9</sup> 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24			-	pe of T	Fest: st Resu	.)+-	30			
2	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub	*******	Drive	er Contributing (	Code	1	25	25	1			2 31		Drug: 2 3:	2	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————					Drive	r Distracted by	0	26					om sce		2 33	<u>- ۴</u>	ا ك	
		ease fill out for op-	erator/non-n	notorist and all occ	•	ed			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				
	Name (Last First M	or/Non-Mo	tories		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code 0	Status 10	Code 1	Me	dical Facility	$\dashv$	
	Operati		ist		See Moove			$ \uparrow $	<del>                                     </del>	<del>-</del>	-	•		-0					
									<b> </b>	<b>_</b>									

	Police Use Only	Comi	monwealth	of Massach	usetts		RM	IV Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Injured	Speed Limi	t <u>30</u>	Local Police	
	08/17/2020 <b>1428</b> Wi.	Lmington	Police	Report	3	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSEC	ΓΙΟΝ:		ATION >		NOT AT	INTER	RSEC		1
					· · · · · · · · · · · · · · · · · · ·					2 10
	Route# Direction	Name of Roadway/St	roat	Route# Direction	243 Address #	LOWE	LL ST		ray/Street	
<sup>1</sup> 1	Acoust Direction	At	rect	Routes Direction	Address #		Name of	Koadw	ay/Sireei	1
				Feet N S	EW of -	— — – Mile Ma	_ •	or _	Exit Number	
	Route# Direction N	ame of Intersecting Roady		Feet N S	EW c	iville ivia	rker		Exit Number	2 11
		Also at Intersection w	Atti			Route#	Inters	ecting R	Roadway/Street	
<sup>2</sup> 1	Route# Direction N	ame of Intersecting Roady	vay/Street	Feet N S	E W of					
	Please Select One	#0 <b>.</b>		L T		4 77 -		andmark		1
3	of the Following:	#Occupants  Hit/	Run Moped	Crash Report	ID# 20.	-I/.	L-A(	<i>:</i>		
		MA_ DOB/Age	Reg	# 1BRV84		_ Reg Type	PC	Re		12
	Sex.M Lic. Class D Lic		DL Veh	Year <b>2018</b> \	Veh Make <u><b>K</b></u>	IA		Veh	Config. 21	1
	Operator HOWARD, RICH		ndorsement  Middle  Own	er HOWARD,	NNE D					
<sup>4</sup> 1	Address 158 WILMINGTO	N RD	Middle	ess 158 WILM:		First RD		Mic	ddle	
***************************************	City BURLINGTON St	ate <b>MA</b> Zip <b>0180</b> 3	3-1126 City	BURLINGTON	<u> </u>	Star	te <b>MA</b>	Zip <b>01</b>	L803-1126	
	Insurance Company USAA GENI	ERAL INDEMN		cle Action Prior to Crash			ımaged Area			İ
	Vehicle Travel Direction: N S E	Responding to Emer					st Status:	į	1 28	
<sup>5</sup> 1	Citation # (If Issued)		•	Harmful Event 1	24	— Ty	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 25	25	AC Test Res		30	13
				er Distracted by	26		sp. Alcohol: wed from so		Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	erator and all occupants in	***************************************	or Distracted by	34 35	36 37	38 39	40	2 55	1
	Name (Last First Middle)	The or and an occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	S	ee Above	$\times$ X	1 1	4 0	0 10	1		
										1
										1
				15 14		10	10			1
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16 L	ocation	Conditi	ion 18	1 🗖 I	Hit/Run Moped	
	License #St_	DOB/Age	Reg	4		Reg Type		Re	eg State	1
	Sex Lic. Class 19 19 Lic	Restrictions 20 C	DL Veh	Year V	/eh Make			Veh	Config. 21	
	Operator	E1	ndorsement Own	er						
<sup>8</sup> 1	Last Address	First	Middle	Last ess		First		Mid	ddle	
	CitySta	nte Zip				Stat	e 2	Zin		2 14
	Insurance Company			ele Action Prior to Crash	2		maged Area		27 27 27	
	Vehicle Travel Direction: NSEW	,			23 23		st Status:	Ī	28	
	Citation # (If Issued)	Responding to Emerg		· -	24	Ty	pe of Test:		29	
<sup>9</sup> 2	, , , , , , , , , , , , , , , , , , , ,			Harmful Event	25	BA	C Test Res		30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	Su	sp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub		******	er Distracted by			wed from so	ene?	33	]
	Please fill out for operator/: Name (Last First Middle)	on-motorist and all occupa	Address	DOB/Age Sex		36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp.	Medical Facility	]
	Operator/Non-Motori	St Se	ee Above	$\rightarrow$ X	1					
										1
										1
								+	· · · · · · · · · · · · · · · · · · ·	-

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestr		licycle	
Crash Diagram:  211 Lowell Stre	V3 \	/2 V1	Lowell Str	reet/ RT.12	→ 5%	If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way  Indicate North by A	r
Crash Narrative	:						
333 3 3		0.7					
	were traveling Rt.12						
	ing V3 to stop. V1 ( 3 (Howard). No injur						
	ear end & front end.						
	he did not stop in t		on one real	z c.i.d.	VI OPI D		всорре
Please note p	assenger in V3 was A	nne Howard	MA-OLN S57	887296.	No inju	ries observed	or
reported.							
Witnesses:							
Name (Last,First,Middle	)	Address			Phone #		Statement
Property Damag	e:				•		
Owner (Last,First,Middl			Phone #	41-Type	Description of E	amaged Property	
							***************************************
Truck and Bus Ir	formation: Registration #		(From Vehic	cle Section)			42
Carrier Name	****					Bus Use	42
Address			City		St.	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43	Cargo Body Type Code	GVWR/GCWR	45				-
Trailer Reg #:	Reg Type	Reg State		Тга	iler Length	46	
Hazmat Information:	p				L		·
Placard A7	Material 1 digit # 48 Material Nam	ıe		Material 4 di	git #	Release code	49
Patrol Officer	Richard DiPerri		173 Wi	lminator	n Police D	epartment 08/	17/2020

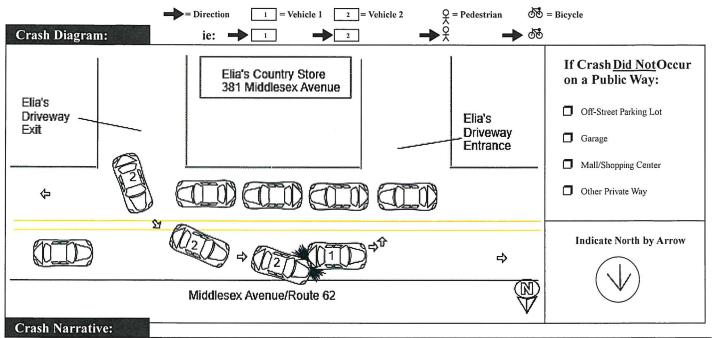
Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

	Police Use Only	Com	monwealth	of Massa	chus	setts	•		RM	V Docu	iment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [	Number Vehicles	Numbe Injured	Popula	Limit	25	— Local Police	
	08/17/2020 1706 Wil	mington	Police	Report			0	Latitu			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >			NOT A			SECT		1
						<del></del>						2 10
					3	31	MID	DLE				_ 2
<sup>1</sup> 1.	Route# Direction	Name of Roadway/S	freet	Route# Direction	on Ac	dress #		Na	me of	Roadw	ay/Street	_
<u> </u>		At		Feet N	SE	w of		(		or _		
	Route# Direction Na	me of Intersecting Road	way/Street				Mile l	/Jarker			Exit Number	111
		Also at Intersection	with	Feet N	SE	<b>v</b> of					1 10	2
_				Feet N	SE	v of	Route#		interse	ecting R	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Road	way/Street			_			La	ndmark		-
	Please Select One Vehicle 1 1	#Occupants Hit	/Run Moped	Crash Re	nout ID	20	_17	2 -	7) (	1		
3	of the Following:	MI	/Kun Wiopeu	Crash Re	port 1D#	20	/		<u> </u>			
		A DOB/Age	Reg	# <u>3EM616</u>			Reg T	ре <u>РС</u>	<u> </u>	Re		- 12
	Sex <b>F</b> Lic. Class D Lic.	Restrictions B 20	CDL Veh	Year <b>2016</b>	Veh	Make <b>E</b>	'ORD			Veh	Config. 21	1
	Operator DONOVAN, STEE		Endorsement Own	er <b>DONOVAN</b>	I, S	<b>TEPH</b>	ANIE	A		***		_
<sup>4</sup> 1	Address 49 MEADOWVIEW	First RD	Middle	ess 49 MEAI	st		First			Mic	ddle	
	City NORTH ANDOVER State			NORTH AN				. M	λ -	n1	L845-1318	-
						<u> </u>		Damage				1
	Insurance Company NORFOLK &		TUAL F Vehi	cle Action Prior to C		2		Test Sta		Code.	28	
5	Vehicle Travel Direction: N S E	Responding to Eme	rgency? 2 Even	t Sequence 1	3 23	23	23	Type of		ŀ	29	
	Citation # (If Issued)	<del></del>	Most	Harmful Event	L <sup>24</sup>			BAC Te		alt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	· 1	25	25	Susp. A			Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub —	Drive	er Distracted by	) <sup>26</sup>	,		Towed f			2 33	
<sup>6</sup> 1		ator and all occupants in		<u> </u>	3.		36 3 Airbag Ej		39	40		-
	Name (Last First Middle)		Address	DOB/Age	Sex Po			et Trap de Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	S	See Above		$X \mid 1$	1	4 0	0	10	1		
												1
									ļ			-
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action	Loca	tion	17 Con	dition	18		Hit/Run Mope	i l
1												-
	19 19	DOB/Age	_	4XF739							eg State MA	-
		Restrictions	CDL Veh	Year <u>2020</u>	Veh	Make <b>K</b>	IA_			Veh	Config. 1	
8	Operator MCDONOUGH , LI	SA M	Own	er MCDONOU	IGH,	BRI	AN T	HOM	AS	Mic	ddle	-
<sup>8</sup> 2	Address 18 STROUT AVE		Addr	ess 18 STR	TUC	AVE						
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>0188</b>	7-3045 City	WILMINGT	ON		;	tate <b>M</b>	<b>A</b> z	Zip <b>01</b>	L887-3045	_ 2 14
	Insurance Company <b>ARBELLA M</b>	UTUAL INSU	JRANCE Vehic	ele Action Prior to C	rash	6	22	Damage	d Area	Code:	8 27 1 27 7 27	
	Vehicle Travel Direction: NSE	Responding to Eme	_	t Sequence 1 23		23	23	Test Sta	tus:	Ĭ	28	
		Responding to Line	• •	· <del>-</del>	24			Type of	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)			Ľ	<u> </u>		25	BAC Te	st Resi	alt:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code				Susp. A	cohol:	2 31		
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	99 <sup>26</sup>			Towed f	rom sc	ene?	1 33	
	Please fill out for operator/no	n-motorist and all occup		DOT!	3. Se	n Safety		et Trap	39 Injury	40 Transp.	M P 18 T	
	Name (Last First Middle)  Operator/Non-Motoris	<i>t</i> .	Address See Above	DOB/Age	Sex Po		Status Co	de Code	Status 10	Code 1	Medical Facility	
	Operator/14011-140toris		NO FOOT		\\ \	+	<u> </u>	<del> </del>		-		-
												7
		l l		1 1		1	1 1	1	ı	1		1



MV1 was stopped in traffic while traveling westbound on Middlesex Avenue/Route 62 and waiting to turn left into the driveway entrance to Elia's Country Store. MV2 was exiting the parking lot of Elia's Country Store and waiting to turn right through heavy traffic onto Middlesex Avenue/Route 62 westbound. A line of traffic was stopped and blocking the driveway entrance so MV1 was unable to complete the left turn. MV2 pulled out through the line of stopped eastbound traffic and accelerated slightly to merge into the westbound travel lane. MV2 accelerated and then collided with the rear of MV1 which was still stopped. The operator of MV2 stated she was unable to see around the line of stopped cars and when she saw MV1 she attempted to swerve and slam on the brakes. MV1 suffered damage to the right rear end and right side. MV2 suffered damage to the front left end and left side. MV2 was disabled and towed from the scene by Forrest Towing. No injuries reported.

Witnesses:								
Name (Last,First,Middle)		Address				Phone #		Statement
						-		
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damaged F	Property	
Truck and Bus Information:  Carrier Name  Address			(**************************************				_ Bus Use	42
US DOT #:S Interstate	44	GVWR/GCWR	Issuing State	MC/MX	/ICC #:			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Len	gth 46		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Name			Material 4 di	git #	R	elease code	49

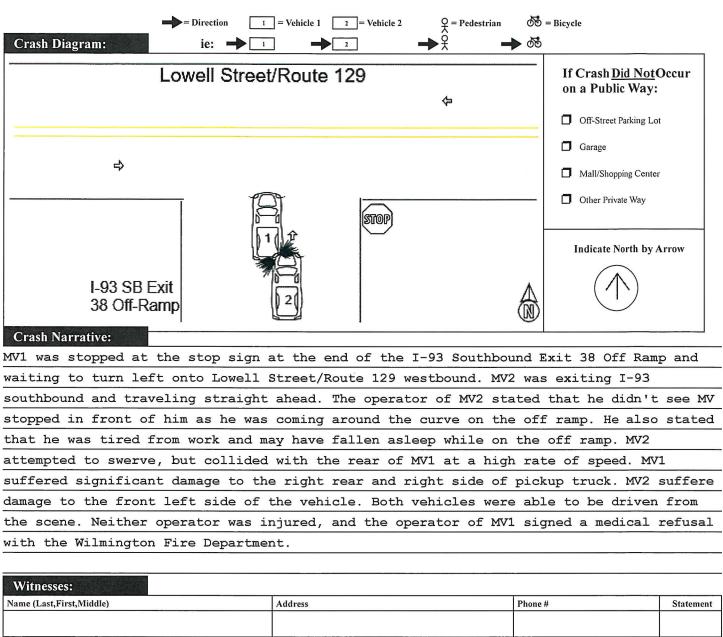
Patrol Officer Michael A Wilson

209

Wilmington Police Department

08/17/2020

	Police Use Only	Comi	monwealth	of Massach	nusetts		RM	V Docui	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	08/18/2020 1536 Wil	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >		NOT A	Γ INTER	SECT		İ
										10
	LOWELL									2
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	sy/Street	
т	I93SBR3			Feet N S	E W of			or		
		ne of Intersecting Roads	vay/Street			Mile M	arker		Exit Number	2 11
		Also at Intersection v	vith	Feet N S	E W of	Route#	Inters	ecting R	oadway/Street	
2	Route# Direction Na	ne of Intersecting Roady	/544	Feet N S	E W of	Routen	inters	comig it	oadway/Bricet	
<sup>2</sup> <b>1</b>	Route# Direction Nat	ne of intersecting Roads	vay/Sireet				L	ındınark		
3	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repor	t ID# 20	-17	3-A(	4		
J	of the Pollowing.		<u> </u>							ł
	10 10	A DOB/Ag(		# <u>8FE149</u>					21	<b>1</b> 12
	Sex M Lic. Class D Lic. 1	Restrictions C	DL Veh	Year <b>2018</b>	Veh Make C	HEVRO	LET	Veh (	Config. 1	
	Operator GREEN, JOSEPH	ANTHONY First	Owr	er GREEN, D.	AVID F	OBER!	<u> </u>	Mid	dle	
<sup>4</sup> 2	Address 136 WILLOW ST			ress 136 WILI	OW ST					
	City <b>READING</b> Stat	MA Zip 0186	<b>7-1550</b> City	READING		Sta	ate MA	Zip <b>01</b>	867-1550	
	Insurance Company <b>SAFETY IN</b>	SURANCE CO	MPANY Vehi	cle Action Prior to Crasi	h 2	<b>22</b>	amaged Are	Code:	1 <sup>27</sup> 3 <sup>27</sup> 27	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Ever	nt Sequence 23	23 23	23 T	est Status:		28	
<sup>5</sup> 1	Citation # (If Issued)			t Harmful Event 1	24	T	ype of Test:		29	
				L	1 25	25	AC Test Res		30	_ 13
		Viol. 2: Ch/Sec/Sub —		er Contributing Code	26	S	usp. Alcohol		Susp. Drug: 2 32	1
6 1	Viol. 3: Ch/Sec/Sub ————			er Distracted by			owed from s		2 33	]
	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	s	ee Above	X	1 1	4 0	0 10	1		
								+		1
										1
7	Please Select One Vehicle 21	#Occupants Non	a-Motorist A Type	15 Action 16	Location	17 Condi	tion 18		lit/Run Moped	
<sup>7</sup> 3	or the Following:				Location				Woped Woped	-
	License # NHL15053236 St N		Reg	#TRS		Reg Typ	e <u>CO</u>	Re	g State MA 21	
	Sex M Lic. Class D 19 Lic. I	Restrictions C	DL Veh	Year <b>2013</b>	Veh Make <b>F</b>	'ORD		Veh	Config. 6	
8	Operator BERRY, SOLOMO			er SHIDLOW,	THOM	S R		Mid	Al.	
<sup>8</sup> 3	Address 47 COLONIAL VI	LLAGE		ress 536 WOBU	RN ST	rusi		Mid		
	City <b>SOMERSWORTH</b> State	e <b>NH</b> Zíp <u>0387</u>	8 City	WILMINGTO	<u> </u>	Sta	ate MA	Zip <b>01</b>	887	1 14
	Insurance Company PREFERRED	MUTUAL INS	SURANC Vehi	cle Action Prior to Cras	h <b>1</b>	22 E	amaged Are	a Code:	3 27 7 27 27	
	Vehicle Travel Direction: S E W	Responding to Emer	gency? 2 Ever	at Sequence 23	23 23	23 T	est Status:		28	
	Citation # (If Issued)		- ,	t Harmful Event 1	24	— Т	ype of Test:		29	
<sup>9</sup> 2	` '	<del>_</del>		<del></del>	19 <sup>25</sup> 2	. 25	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code			usp. Alcohol		Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by 99			owed from s	بـــــــــــــــــــــــــــــــــــــ	2 33	ļ
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup	ants involved  Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motoris	t s	ee Above		1 1	4 0	0 10	1		
	A			Y Y	+	<del>                                     </del>		-		1
										-



ivame (Last, First, Wildule)		Address			FIIOI	ic #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	n of Damage	ed Property	
Truck and Bus Information:  Carrier Name  Address			(2.10111.10					42
US DOT #: 43 Interstate Cargo Body Ty	State Number	GVWR/GCWR	Issuing State	MC/MX	/ICC #:	46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Тга	iler Length	40		
Hazmat Information:  47  Placard Material 1 digit #	48 Material Nam	e		Material 4 di	git #		—Release code	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

08/18/2020

Police Officer Name (Please Print)

Signature

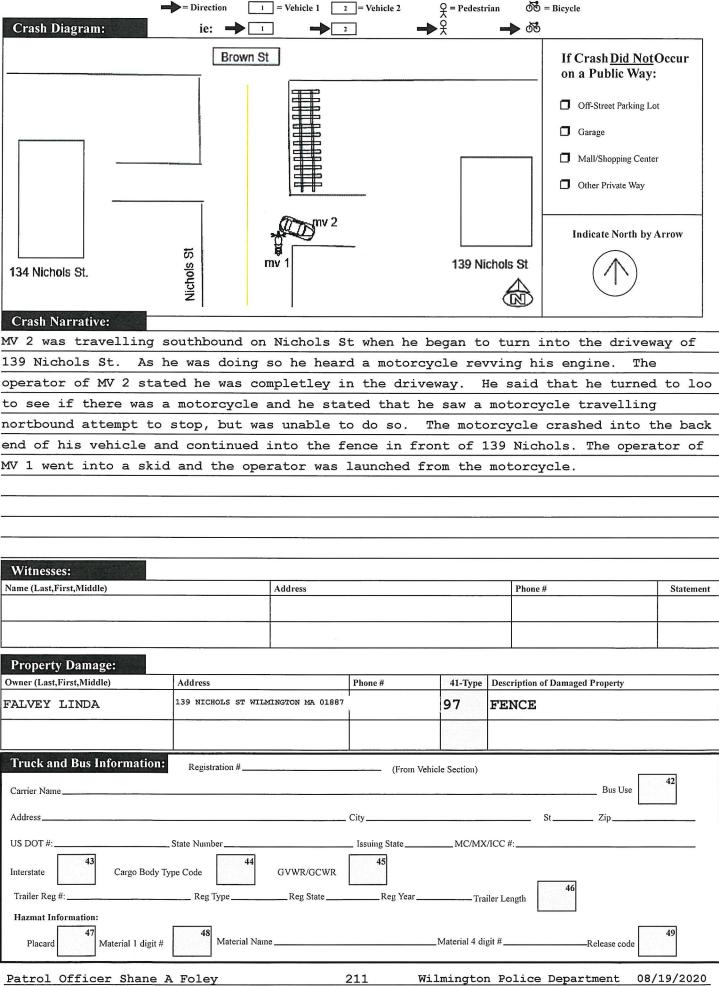
ID/Badge #







	Poli	ice Use Only		Com	monwe	ealth o	of Mass	ach	use	etts		[		RM	V Doc	ument Number		
	Date of Crash 08/19/2020	Time of Crash	w-1-	City/Town mington	Moto	r Veh	icle Cra	sh		umber		الممسد	•	Limit	_ 25	Local Police	0800	
		24HR	M.T.T.	ining con	P	olice l	Report		2		1		Latitu Longi			MBTA Police Campus Police Other:	ᆸ	
		AT INTER	SECT	ION:	<	LOCA	TION	>			NO'	Τ ΑΤ	'IN'	ГER	SEC	TION:		
									13	4	N.	CH	OT.9	3 9	цı		ŀ	2 10
<sup>1</sup> 1	Route# Direc	etion		Name of Roadway/St	treet		Route# Direc	tion	Addr							vay/Street		
				Al			Feet	N S	EW	of			_		or _			
	Route# Direc	tion	Nan	ne of Intersecting Road			Feet	NIC	rlw		M	ile Ma	rker			Exit Number		5
				Also at Intersection v	VIIII			N S			Route	e#		Interse	ecting I	Roadway/Street	-	-
<sup>2</sup> <b>1</b>	Route# Direc	etion	Nan	ne of Intersecting Roads	way/Street		reet	1110	12 111	OI .				I.a	ındmarl	k	—	
<sup>3</sup> 97	Please Select C of the Followin		e 11	#Occupants Hit.	Run _	Moped	Crash F	Report	ID#	20	-1	74	1 –	***************************************				
97		0946064	St M	A DOB/Age	I,	Rea #	2F1683									an Stata MA	$\dashv$	
	Sex <b>M</b> Lic. (	10	10	20	DL		ear <b>2004</b>										1	<b>1</b> 12
,		GUEROA,		— Е	ndorsement		r FIGUER									- I	<u>_</u>	
<sup>4</sup> 1	Address <b>138</b>	6 WHIPP	LE R	D Purst	Middle		ss 1386 V	Last			Fi	rst			Mi	iddle		
	City <b>TEWKS</b>	BURY	State	MA Zip 0187	5-3830	City_	rewksbu	RY				Stat	e <b>M</b> Z	<b>1</b> _ z	Zip <b>O</b> .	1876-383	30	
	Insurance Compa	any PROGRE	ESSI	/E DIRECT :	INSURA	Vehicl	e Action Prior to	Crash		1	22	Da	mageo	d Area	Code:		27	
<sup>5</sup> 2	Vehicle Travel D	irection: S	EW	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 <sup>28</sup> 29		
2	Citation # (If Issu	ued)		<del></del>		Most l	Harmful Event	1	24				pe of 1	iest: st Resi	ılt:	30		
	Viol. 1: Ch/Sec/S	Sub	\	/iol. 2: Ch/Sec/Sub —		_ Driver	Contributing Co	de	<u> </u>	25	25	Su	sp. Ald	cohol:	2 31	Susp. Drug: 2	32	<b>1</b> 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	·····		/iol. 4: Ch/Sec/Sub -		_ Driver	Distracted by	0	26				wed fr	om sc	ene?	1 33		
	Name (Last First Mi		for opera	tor and all occupants in	volved 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	Medical Facility		
	Operato	r		S	ee Above		><	X	1	5	4	1	0	8	2	Lahey Clinic		
																-		
<sup>7</sup> <b>1</b>	Please Select O		e 2 <b>4</b>	#Occupants Non	-Motorist A	Type	15 Action	16	ocatio	n	17	Conditi	on	18	Ь,	Hit/Run Mo	ned	
1	License # S30	Б·		<b>A</b> _ DOB/Age		7. L	1NRA81					у Туре.			<u></u>		,,,,	
	Sex M Lic. C	10 1	9	20	DL		ear 2006	1	/els Ma	ha Ci						eg State MA Config. 1	1	
			ᆜ		ndorsement SCO		JOHNSO								ven	Conng.	-	
<sup>8</sup> 1	Address 113	Last 2 CHAND:	LER	First ST	Middle		ss 1132 C	Last			ST				Mic	ddle		
	City <b>TEWKS</b>	BURY	State	MA Zip 01876	3-3716	City <b>_1</b>	EWKSBU	RY				_ State	<u>M</u> 2	z	ip <b>01</b>	L876-371	6	L 14
	Insurance Compa	ny SAFETY	Z INS	SURANCE CO	MPANY	Vehicle	e Action Prior to	Crash	[	4	22	Dai	maged	l Area	Code:		27	
	Vehicle Travel Di	rection: S	EW	Responding to Emerg	gency? 2	Event :	Sequence 1	23	23	23	23		t Stati			28	i	
<sup>9</sup> 2	Citation # (If Issu	ed)		_		Most F	larmful Event	1	24				e of T C Tes	est: t Resu	ılt:	1 30		
_	Viol. 1: Ch/Sec/S	ub ———	v	iol. 2: Ch/Sec/Sub —		_ Driver	Contributing Co	de		25	25	Sus	p. Alc	ohol:	2 31	Susp. Drug: 2	32	
ļ	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —		_ Driver	Distracted by	0	26					om sce	<u> </u>	2 33		
	Plea Name (Last First Mic	•	erator/non	-motorist and all occupa	ants involved  Address		DOB/Age	Sex	34 Seat Pos.		36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operato	r/Non-Mo	torist	Se	ee Above		$\geq <$	X	1	1	4	0	0	10	1			
Г ì									4	1	4	0	0	10	1			
									6	1	4	0	0	10	1			
ľ							1		3	1	4	0	0	10	1			













































































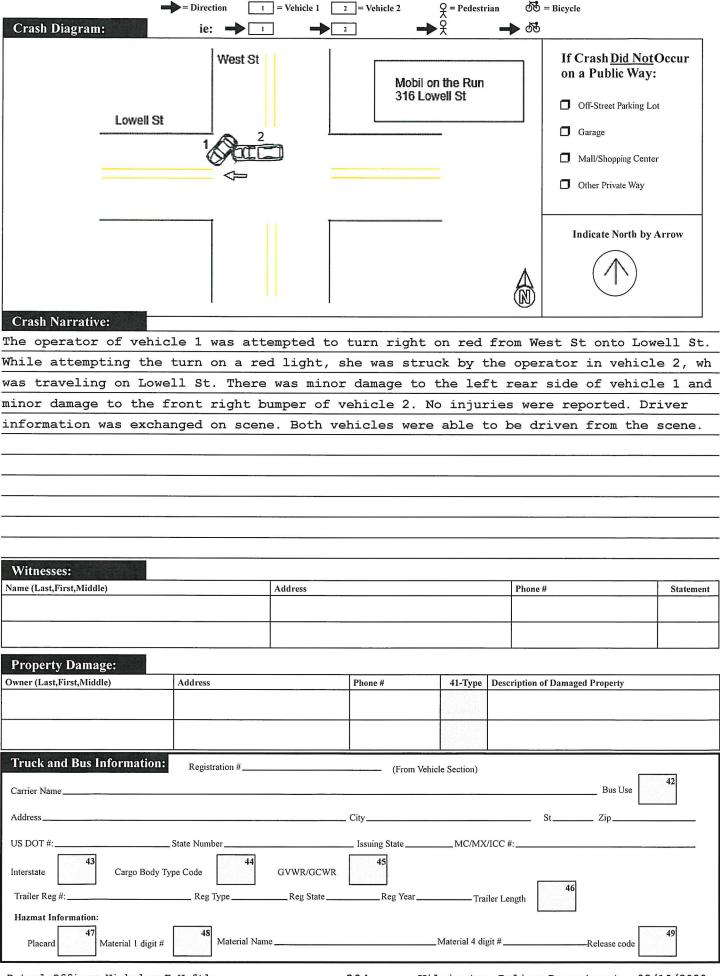








	Police Use Only	Comr	nonwealth	of Massa	chus	etts		F	RMV Doo	cument Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Cras	sh N			Speed Li	mit_3	5 State Police Local Police	
	08/19/2020 <b>1810</b> Wili	mington		Report	2	hicles I		Latitude.		MBTA Police Campus Police	0000
	AT INTERSECT	ION	1					Longitud		Other:	
	ATTIVIERSECT	ION:	< LOCA	ATION >		N	OT AT	INTE	ERSEC	CTION:	
					20	^ -	. 0				2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	on Addi	ess #	TOME	LL S Name		way/Street	
11		At									
				Feet F	SEW				or	Exit Number	
	Route# Direction Nar	ne of Intersecting Roadw		r:			Mile Mai	rker		EXII Number	3 11
		Also at Intersection w	ith		S E W	Ro	ute#	Int	ersecting	Roadway/Street	-
<sup>2</sup> <b>3</b>	Route# Direction Nan	ne of Intersecting Roadw	ov/Street	Feet L	SEW	of					İ
3		ne of intersecting Roadw	ay/Siteet						Landmar	rk	-
3	Please Select One Vehicle 11	_#Occupants	Run Moped	Crash Re	nort ID#	20-	175	5 – 2	<u></u>		
99			l <u> </u>	Clush Re	portiba		<u> </u>	<i>-</i>			
L	License # <b>S88720232</b> St <b>M</b>		Reg	# 3KR977		F	Reg Type	PC	R		12
	Sex_F Lic. Class D 19 Lic. F	Restrictions 1 20 CI	DL Veh	Year <b>2013</b>	Veh M	ake HON	IDΑ		Vel	h Config. 1	4 <b> 1</b> ~
	Operator MEHTA, NIKETA	PANKAJ	dorsement	er MEHTA,							
<sup>4</sup> 3	Address 11 OLD COLONY	First	Middle	La	st		First			Middle	<del></del>
Ĺ				ess 11 OLD							-
	City <b>ARLINGTON</b> State	MA Zip 02476	<b>-4411</b> City	ARLINGTO	N		Stat	e MA	_ Zip _ <b>Q</b>	2476-441	1
	Insurance Company PLYMOUTH I	ROCK ASSURA	NCE C Vehic	cle Action Prior to C	rash:	3 22	Da	maged A	rea Code	7 27 27 2	27
[ -	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Even	t Sequence	3 23	23 23	Tes	st Status:		1 28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_		Harmful Event	24		Ту	pe of Tes	t:	29	
				L		25	BA	C Test R	esult:	1 30	13
	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code		23	Sus	sp. Alcoh	ol: 2 31	Susp. Drug: 2 3	2 1 1
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub V	/iol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 <sup>26</sup>		Tov	wed from	scene?	2 33	_
2	1	tor and all occupants inv			34 Seat	35 36 Safety Airba	in Eiect		9 40 ury Transp.		
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System State	is Code		itus Code	Medical Facility	_
	Operator	Se	e Above		X 1	1 4	0	0 10	) 1		
									:		
							1 1	_			
							-				
7	Please Select One of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 1	Locatio	17	Condition		18	Hit/Run Mop	$\overline{}$
<sup>7</sup> 2	of the Following:		Type	Action	Locatio	11	Conditio	D11		Hit/Run Mop	ea
	License # <b>S70458444</b> St <b>M</b>	A_ DOB/Age	Reg #	P31008		R	eg Type	CO	R	eg State <b>MA</b>	_
	Sex M Lic. Class D 19 Lic. R	estrictions 20 CD	L Veh Y	rear <u>2007</u>	Veh Ma	ke CHE	VROI	ET	Veh	Config. 2	
	Operator CORMIO, MARC (		dorsement	er CORMIO,						<u> </u>	'
<sup>8</sup> 2	Address 22 BERESFORD S	First	Middle	Las ess 22 BERF	ı		First		Mi	iddle	-
						D ST					14
l	•	MA Zip 01843		LAWRENCE					-	1843-243	<del>┖</del> ┞╴│
i	Insurance Company THE COMMER	<u>CE INSURAN</u>	CE CO Vehic	le Action Prior to C	rash	1 22			ea Code:		<u> </u>
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Event	Sequence 1 23	23	23 23		t Status:		1 28	
9	Citation # (If Issued)	_	Most	Hannful Event	24	<u> </u>	• • •	e of Test		29	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub V	Gal 2. Ch/9/5	Drive	r Contributing Code	1	25 2	5	C Test R	_	1 30	<u>.</u>
				, r	24		Sus	p. Alcoho		1	ן ני
Ļ	Viol. 3: Ch/Sec/Sub V		***	r Distracted by	9	<del></del>		ved from		2 33	
	Please fill out for operator/non Name (Last First Middle)	•	nts involved	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airba System Statu:		38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
ŀ	Operator/Non-Motorist		Above		/ .	1 4		0 10		wicuical racinty	-
-	Transmitted Materials			$\swarrow \checkmark$	1	-   -		110			_
<b> </b>							+	-+			-
L											



Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

08/19/2020

Police Officer Name (Please Print)

Signature

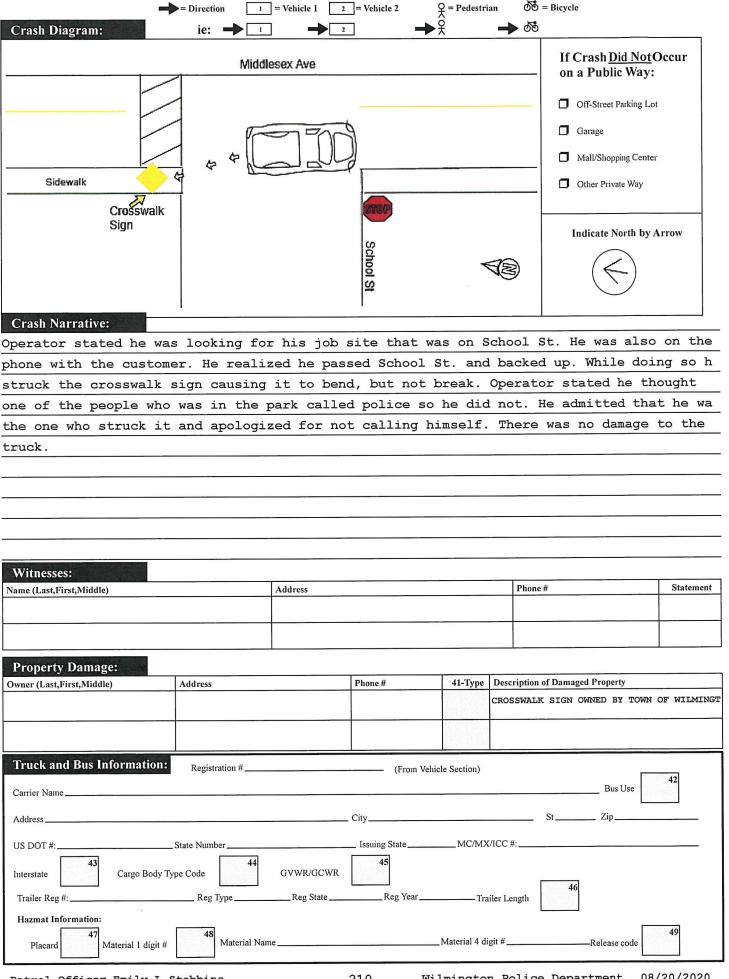
ID/Badge #

Department

Precinct/Barracks

06/19/20

	Police Use Only		Com	nonwealth -	of Massac	huse	etts			RM	V Doc	ument Nu	mber	
	Date of Crash Time of Crash 08/20/2020 1139	š	City/Town	Motor Veh	icle Crash	Nu		Number Injured	Ι.	Limit	25	Local i	Police 🔯	1
	24HF	1	ington	Police	Report	1	0	-	Latitu Longi			Campu Other:	us Police 🔲	
	AT INTE	RSECTIO	N:	< LOCA	TION >		N	OT A	ΓΙΝ΄	ΓER	SEC	TION:		1
														2 10
	Route# Direction		Name of Roadway/Str	eet	Route# Direction	15 Addre		SCHO				vay/Street		
<sup>1</sup> 1			At											
L	Route# Direction	Nama	of Intersecting Roadw	(C)	Feet N	SEW	of —	Mile M		· —	or _	Exit N	Number	1,1
	Router Direction		Also at Intersection w		Feet N	s e w	of							1 11
r=					Feet N	s E W	Re of	oute#		Interse	ecting I	Roadway/S	Street	
<sup>2</sup> <b>1</b>	Route# Direction	Name	of Intersecting Roadw	ay/Street	<u></u>					La	ndmarl	k		
3	Please Select One of the Following:	cle 1 <u>1</u>	Occupants Hit/I	Run Moped	Crash Repo	rt ID#	20-	17	6-	AC	•			1
	License # <b>S11952446</b>			!				***************************************						-
	Sex. M Lic. Class D 19		20		P62286								21	<b>3</b> 12
			En	dorsement	Year 2012						Veh	Config.	13	
<sup>4</sup> 1	Operator CORREA, I	F	irst	Middle	er VERIZON Last			First	) <u>T</u> I	NC_	Mi	iddle		
	Address 128 WARREI				ess PO BOX	612 <i>1</i>				-			0744	
	City LOWELL				DALLAS		22		ate 12			,	27 27	
	Insurance Company Natio				ele Action Prior to Cra		10 <sup>22</sup>	<b>.</b>	est Stat		Code.	28		
5	Vehicle Travel Direction:		Responding to Emerg		t Sequence 35 23			1	ype of	Test:		29		
	Citation # (If Issued)				Harmful Event 3		25	25	AC Tes			30		13
	Viol. 1: Ch/Sec/Sub ————				er Contributing Code	26	25		usp. Al				orug: 2 32	<b>97</b> <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub				r Distracted by 2	34	35 3		owed fi	rom sc	ene?	2 33		_
	Name (Last First Middle)	in for operato	r and all occupants inv	Address	DOB/Age Se	Seat	Safety Air System Sta	bag Eject	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	
	Operator		Se	e Above		1	1 4	0	0	10	1			
														1
														1
									$\vdash$					1
	Please Select One				15 16		-1'	7		18				1
<sup>7</sup> 3	of the Following:	cle 2#	Occupants Non-	Motorist A Type	Action	Location	n	Condi	tion		<u>                                     </u>	Hit/Run	Moped	
	License #		_ DOB/Age	Reg #	f		1	Reg Typ	e		R	eg State_		
	Sex Lic. Class 19	Lic. Res	trictions 20 CE	OL Veh \ dorsement	/ear	Veh Ma	ke				Veh	Config.	21	
81	Operator	Fi	rst		erLast			First			Mie	ddle		
1	Address			Addre	ess		***************************************							141
	City	State	Zip	City_				Sta	ıte	z	.ip			1 14
Ī	Insurance Company			Vehic	le Action Prior to Cras	sh	22		amageo		Code:		27 27	
	Vehicle Travel Direction:	S E W	Responding to Emerg	ency? Event	Sequence 23	23	23 23		est Stat /pe of T			28		
<sup>9</sup> 2	Citation # (If Issued)			Most	Harmful Event	24	·,	-	AC Tes		ılt:	30		
_	Viol. 1: Ch/Sec/Sub	Vio	d. 2: Ch/Sec/Sub —	Drive	r Contributing Code		25	25	ısp. Ald	г	31	Susp. D	orug: 32	
	Viol. 3: Ch/Sec/Sub	Vio	1. 4: Ch/Sec/Sub	Drive	r Distracted by	26		To	owed fr	om sce	ene?	33		
I	Please fill out for o	perator/non-n	notorist and all occupa	nts involved	DOB/Age Ser		35 30 Safety Airl System Stat	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Modi	ical Facility	
	Operator/Non-M	otorist	· · · · · · · · · · · · · · · · · · ·	e Above	X	1						,,,,,,,,,		1
							-	-				<u> </u>		1
						+ +	_	-	<del> </del>					-
-									-					-



Patrol Officer Emily L Stebbins

210

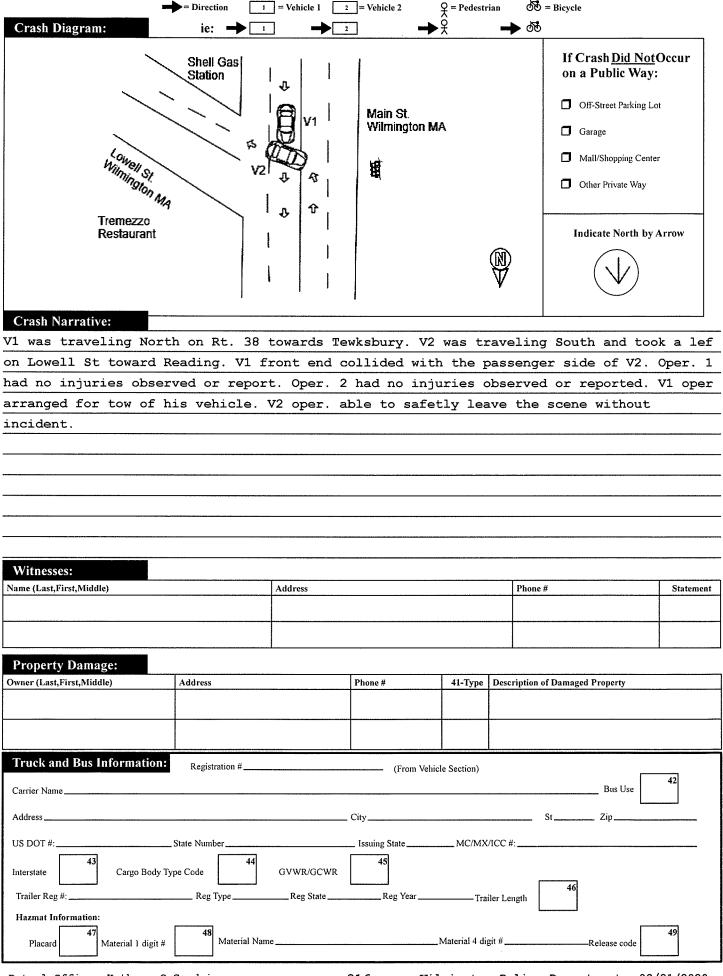
Wilmington Police Department

08/20/2020

	Police Use Only Common					alth	of Massa	ach	use	tts			RM	V Docı	ument Nur		
	Date of Crash 08/21/2020	Time of Crash		City/Town	r Veh	icle Cra	sh		mber nicles	Numb	a PPT	d Limit	35	State Po Local Po MBTA I	olice 🔀		
	08/21/2020	24HR	MITIUI	ington	Pe	olice [	Report		2		2	Lan	ude gitude		Campus Other:	Police	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NOT	AT IN	TER	SEC'	TION:		
										_			_				<b>2</b> 10
	Route# Dire	ction	1	Name of Roadway/S	Street		Route# S Direct		<b>205</b> Addre		MA.	IN S		Roadw	/ay/Street		
1				At			Feet	NE	E W				_				
	Route# Dire	etion	Name	of Intersecting Road	lwav/Street		Feet	NISI	E [VV]	ot -	Mile	Marker		or _	Exit N	umber	11
		.,		Also at Intersection	<del></del>		Feet	N S	E W	of _	Route#		Interc	acting I	Roadway/S	troat	2
<sup>2</sup> 1	Route# Dire	ction	Name (	of Intersecting Road	lway/Street		Feet	N S	E W	of				Ū	ARMS	licci	
1			, tuino	- Intersecting Road	I I						*************		La	ndmarl			
3	Please Select of the Follow		<b>1</b> #	Occupants Hi	t/Run	Moped	Crash R	eport l	ID# 🏻	20	-1'	77-	-AC				
	License # S3	3510576	St <b>MA</b>	_ DOB/Age_		Reg	# 1CDB56				_ Reg	Гуре <b>Р</b> (	2	R	eg State <b>M</b>	IA.	12
	Sex <b>F</b> Lic.	10 16	5	trictions 1 20	CDL		Year <b>2019</b>									1 21	1 12
	Operator MU	LKERN, A	J LISS		Endorsement	. Own	er MULKER	N,	AL:	ISS.	АJ						
<sup>4</sup> 1		DIRLAM C	Fi	ızı	Middle		ess 10 DIF	Last			First			Mi	iddle		
	City <b>TEWK</b>	SBURY	State <b>1</b>	<b>IA</b> Zip 0187	6-0000	City.	TEWKSBU	RY				State <b>M</b>	<b>IA</b> 2	Zip <b>0</b>	1876-	-0000	
	Insurance Comp	pany THE CO	MMERC	CE INSURA	NCE CO	. Vehic	cle Action Prior to	Crash	:	2	22	Damag	ed Area	Code:	5 27	27 27	
	Vehicle Travel I	Direction: N	E W	Responding to Eme	ergency? 2	. Even	t Sequence 1	23	23	23	23	Test St			1 28		
)	Citation # (If Is	sued)				Most	Harmful Event	1	24			Type o	f Test: est Res	ults	30		
	Viol. 1: Ch/Sec.	/Sub	Vio	ıl. 2: Ch/Sec/Sub -		_ Drive	er Contributing Co	de	1	25	25		Alcohol:			ug: 2 32	<b>1</b> 13
<u> </u>	Viol. 3: Ch/Sec	/Sub	Vio	l. 4: Ch/Sec/Sub -		_ Drive	er Distracted by	0	26				from so		2 33	- <u>E</u>	
<b>1</b>	Name (Last First )		or operator	and all occupants i			DOR/A	Sex	34 Seat		36 Airbag Status	37 38 Eject Tra Tode Cod	39 Injury	40 Transp.	Madia	al Facility	Ī
	Operat				Address See Above		DOB/Age	N.			4 C		e Status	Code 2	Winchest Hospital	er	1
									_			_	+				_
													+			-	
													+				
																	1
<sup>7</sup> 1	Please Select of the Follow		21#	Occupants No	on-Motorist A	Туре	15 Action	16 L	ocatio	n	17 Co	ndition	18		Hit/Run [	Moped	
	License # S5	7723924	St <b>MA</b>	_ DOB/Ag		Reg	884PG9				Reg	Type P	2	R	eg State <b>L</b>		
	Sex. <b>M</b> Lic.	Class D	Lic. Res	trictions 20	CDL Endorsement	. Veh	Year <b>2016</b>	v	eh Ma	ke <b>M</b>	AZD	<b></b>		Veh	Config.	1 21	
	Operator <b>KI</b>	M, JONG	HOON		Middle	. Own	er KIM, J	ONG	Н	ООИ	First			M	iddle		
³ <b>1</b>	Address 51	MYSTIC A	VE		Middle	. Addr	ess 51 MYS	TIC	A	VE	riisi			MI	iddie	~~~	
	City <b>TEWK</b>	SBURY	State <b>1</b>	<u>(IA</u> Zip 0187	6-4368	City.	TEWKSBU	RY								4368	2 14
	Insurance Comp	pany PROGRE	SSIVE	DIRECT	INSURA	. Vehic	cle Action Prior to	Crash		1	22		ed Area	Code:	0 <sup>27</sup>	27 27	
	Vehicle Travel I	Direction: N	E W	Responding to Eme	ergency? 2	Even	t Sequence 1	23	23	23	23	Test St			29		
2	Citation # (If Is:	sued)				Most	Harmful Event	1	24				est Res	ult:	30		
<u></u>	Viol. 1: Ch/Sec	/Sub ———	— Vio	l. 2: Ch/Sec/Sub -		_ Drive	er Contributing Co	de		<sup>25</sup> 1	9 <sup>25</sup>	Susp. A	Alcohol:	2 31		rug: 2 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator/non-motorist and all occupants involved					Drive	er Distracted by	0	26				from so		2 33		]
	Pl Name (Last First N	•	ator/non-ir	notorist and all occu	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 38 Eject Tra Code Cod	p Injury		Medic	cal Facility	
	Operat	or/Non-Mo	torist		See Above			X	1	1	4 0	0	9	1			
													+				-

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedesti		= Bicycle	
Crash Diagram:	ie: → 📑	_ →	2	<b>▶</b> १	<b>→</b> ₩		
		McD	onald's 212 Mai	n Street		If Crash <u>Did Not</u> on a Public Way:	
			1			Off-Street Parking Lo	ıt
Main Street/ RT.38 N-	-S v2	V1				☐ Garage	
	⇒ <b>=</b> 77		}	-		_	
	Name and the state of the state					☐ Mall/Shopping Cente	r
		1				Other Private Way	
	205 Main St	reet					
	Cumberland Farms	1				Indicate North by	Arrow
	i diliis				_		
				4	₹30	$(\leftarrow)$	
			•				
Crash Narrative:							
						, , , , , , , , , , , , , , , , , , , ,	
V1 (Mulkern) and V2	(Kim) were tr	aveling RT	.38S in fr	ont of (	Cumberla	nd Farms. V1 n	eeded t
stop for vehicle that							
complaining of slight	t belly bain.	Transport	ed for eva	luation	by Acti	on Ambulance (	Medics)
V2 opr. had possible	minor injury	to hand.	V2 opr fol	lowing t	coo clos	e and or inatt	ention
to traffic prior to	crash. V1 dam	aged on re	ar bumper.	V2 dama	aged on	front bumper a	nd hood
				, ,			
4							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:			The title state and a second				
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		,	
Carrier Name						Bus Use	42
Address			. City		,	L St Zin	
							<del></del>
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		<del> </del>
Interstate Cargo Body T		GVWR/GCWR	43				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:					- L		
47 Placard Material 1 digit #	48 Material Nam	ne		Material 4 di	git #	Release code	49
- Later and a sign of					-		
Patrol Officer Richard			172 17			Department 09/	21/2020

	Police Use Only	Comr	nonwealth	of Massacl	husetts	S	RM	IV Docum	ent Number	
	Date of Crash   Time of Crash   08/21/2020   <b>2244</b>   <b>Wil</b> :	City/Town	Motor Veh	icle Crash	Number Vehicles	1	Speed Lim	it 35	State Police Local Police MBTA Police Campus Police	1
	24HR 24HR	mington	Police	Report	2	s Injured	Latitude Longitude_		MBTA Police Campus Police	
	AT INTERSECT	ION:		TION >			TINTE	SECTI	Other:	1
						7.0171	11111111	CDEC11	OITE	10
	MAIN ST					-				2
<sup>1</sup> 4	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	f Roadway/	Street	-
	LOWELL			Feet N S	E W of	<del></del>		- ог		
		ne of Intersecting Roadw	ay/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection w	íth	Feet N S	E W of	Route#	Intere	ecting Pos	dway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	ne of Intersecting Roadw	au/Stroot	Feet N S	E W of	Router	inters	secting Roa	uway/Street	
1	Notice. Birchion Ival	ne of finersecting Roadw	ay/Street		·		L	andmark		
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Repor	t ID# 20	-17	8-A(	7		]
	5.									4
	License # <b>S56147924</b> St <b>M</b> Sex <b>M</b> Lic. Class D	20		# 1EPM59					21	<b>1</b> 12
		Restrictions 1 CI	DL Veh ' dorsement	Year <b>2020</b>	Veh Make <b>1</b>	1AZDA		Veh Co	nfig. <b>1</b>	<u> </u>
4	Operator GOODWIN, ZACH	First	Middle Own	er <b>GOODWIN</b> ,	ANA 1	MARIA		Middle		
<sup>4</sup> 3	Address 103 BALSAM PL	APT 308	Addr	ess 103 BALS	AM PL	APT	308	Middle		
	City <b>TEWKSBURY</b> State	MA Zip 01876	-4640 City	TEWKSBURY		Sta	ate MA	Zip <b>018</b>	76-4640	
	Insurance Company GOVERNMEN	C EMPLOYEES	INSU Vehic	ele Action Prior to Crasl	h 1		amaged Are		27 27 27	
	Vehicle Travel Direction: X S E W	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23	23 T	est Status:	1	28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)				24	T	ype of Test:		29	
L	,	-		Harmful Event 1	1 25	25	AC Test Res	un.	30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	S	usp. Alcohol	-	usp. Drug: 2 32	1
<sup>6</sup> 1	Viol, 3: Ch/Sec/Sub			r Distracted by			owed from s	ene? 1	33	
<u> </u>	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above	X	1 1	4 0	0 10	1	Weddar racing	
					+					
7	Please Select One of the Following: Vehicle 21	#Occupants   Name	Motorist A Type	15 16	[	17	. 18			1
<sup>7</sup> <b>4</b>	of the Pollowing.		Motorist A Type	Action	Location	Condi	1011	Hit/	Run Moped	
		A DOB/Age	Reg #	8DL578		Reg Type	PC	Reg S		
	Sex <b>F</b> Lic. Class D 19 Lic. R	estrictions B 20 CD	L Veh Y	Veh Year 2003 Veh Make TOYOTA Veh Config. 1						
8	Operator MIEN, KAMSOT	First		Owner MIEN, KAMSOT						
<sup>8</sup> 1	Address 121 HIGH ROCK			ess 121 HIGH	ROCK	ST 2	APT 4	Middle		
	City <b>LYNN</b> State	MA Zip 01902	-3834 <sub>City</sub>	LYNN		Sta	te <b>MA</b>	in <b>019</b>	02-3834	1 14
	Insurance Company THE COMMER	CE INSURAN	·	le Action Prior to Crash	4		amaged Area			
	Vehicle Travel Direction: N E W	Responding to Emerge	_	22	23 23		st Status:		28	
		Responding to Emerge	,	Sequence 1	24	- 1	pe of Test:	-	29	
<sup>9</sup> 2	Citation # (If Issued)			Harmful Event 1			AC Test Resi	ılt:	30	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub ——	Drive	Contributing Code	1 25	25 Su	sp. Alcohol:	2 31 Su	sp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V	Driver Distracted by 0 26 Towed from scene? 2 33								
	Please fill out for operator/non Name (Last First Middle)	•	its involved	DOB/Age Sex	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	Malical Co. No.	
	Operator/Non-Motorist		Above	DODINGE Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	
	T I I I I I I I				1 1	-		-		
L				1	1	1 I	ı I	i		



Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

08/21/2020





	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time o 08/22/2020 1144	f Crash	City/Town mington	<b>Motor Vel</b>	nicle Cras	h Nun		inrad	Speed Limi	t <u>35</u>	Local Police		
	114.	24HR	ming con	Police	Report	4	0	ı	_atitude _ongitude _		MBTA Police Campus Police Other:		
	AT IN	NTERSECT	ION:	< LOCA	ATION >		NO		INTER	RSEC			İ
							***			***************************************			<b>2</b> 10
li.	Route# Direction		Name of Roadway/St	reet	Route# Direction	474 Addres		AIN		Roadw	vay/Street		
1			At		Table of Reading/Street								
	Route# Direction	Nar	ne of Intersecting Roady	(54	Feet NSEW of — or Exit Number								<u> </u>
	Zeomen Briedion	1141	Also at Intersection w		Feet NSEW of								2 11
<u> </u>					Feet N S E W of Route# Intersecting Roadway/Street								
<sup>2</sup> 3	Route# Direction	Nar	ne of Intersecting Roady	vay/Street	Landmark								
3	Please Select One of the Following:	Vehicle 13	_#Occupants    Hit/	Run Moped	Crash Rep	ort ID# 2	0-1	170			-		ĺ
<sup>3</sup> 2	License #_ <b>S56802</b>			1		***************************************							
	Sex M Lic. Class D	19 19	A DOB/Age		# 6WWP60							21	<b>1</b> 12
	Operator GICKER		E	ndorsement	Year 2013					Veh	Config. 1	┚┃	
<sup>4</sup> 1	Address 65 RIVE		First	Middle	er <b>GICKER</b> ,			First		Mic	ddle		
	1				ess 65 RIVE	RSIDE			PT 20				
	City MEDFORD			-	MEDFORD		22				2155-460	I	
	Insurance Company GO				cle Action Prior to Cra				naged Area	i Code:	5 <sup>27</sup> 27 28	27	
5	Vehicle Travel Direction:	NXEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23		3 23		e of Test:		29		
	Citation # (If Issued)		<del></del>		Harmful Event 1	24	ar		C Test Res	ult:	30		
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	2:	Sus	p. Alcohol:	31	Susp. Drug:	32	1 13
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub —		er Distracted by 0	26		Tow	ed from so	ene?	2 33		
	Please Name (Last First Middle)	fill out for opera	tor and all occupants inv	olved Address	DOB/Age S	Scat S	35 36 afety Airbag stem Status	37 Eject Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility		
	Operator		Se	ee Above		1 1	4	0 0	10	1			
					<del>                                     </del>	6 4	4	0 0	10	1			
						5 4	4	0 0	) 10	1			
						1	-		, 10	-			
	Plana Salari Oran					<u> </u>							
<sup>7</sup> 1	Please Select One of the Following:	Vehicle 22	_#Occupants	Motorist A Type	Action 16	Location	17	Conditio	n 18	Н	lit/Run 🔲 Mo	ped	
	License # <b>S37669</b>	976 St M	A DOB/Age		1SKE78		Re	g Type	PC	Re	g State <b>MA</b>		
	Sex <b>F</b> Lic. Class D	19 19 Lic. R		DL Veh Y	/ear <u>2020</u>	_ Veh Make	MIT	SUBI	SHI	Veh (	Config. 1	1	
<sup>8</sup> 1	Operator <b>DITALI</b>	A, JUST			DITALIA,	JUS'							
1	Address 202 DAN	A CT			ess 202 DAN	A CT	i-	irst		Mid	dle	_ [	
	City WILMINGTON State MA Zip 01887-6225				City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-6225</b>								2 14
	Insurance Company PLY	MOUTH R	OCK ASSURA	NCE C Vehic	le Action Prior to Cra	sh 2	22	Dam	aged Area	Code:	1 27 5 27	27	
	Vehicle Travel Direction:	NXEW	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23		Status:	-	28		
<sup>9</sup> 2	Citation # (If Issued)		_	Most	Harmful Event 1	24			of Test:	, <sub>11</sub> .	30		
_	Wiel to Ch/See/Sub						Susp. Drug:	32					
	Viol. 3: Ch/Sec/Sub	Drive	Driver Distracted by 99 26 Towed from scene? 2 33							_			
Ī	Please fill out Name (Last First Middle)	for operator/non-	-motorist and all occupa-	nts involved	DOB/Age Se:	Seat Sa	i5 36 fety Airbag	Eject 7	38 39 Frap Injury	40 Transp.			
ļ	Operator/Non	-Motorist		e Above	DODINGE Se	Pos. Sys. 1	stem Status	Code C	ode Status	Code 1	Medical Facility	-	
ŀ						14 4	4	0 0		1		$\dashv$	
ŀ					1		- -		1.0	-			
-													

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	📆 = Bicycle	
Crash Diagram:	ie: <b>→</b> □	<b>→</b>	2	<b>&gt;</b> ⅔ → ○	<b>№</b>	
			tial .		If Crash <u>Did Not</u> on a Public Way:	
			83	Par .	Garage	
		Rte.38s/Main s	t. Rte.62	2/38	☐ Mall/Shopping Cente	r
<b>⇒</b> (					Other Private Way	
474 Main st/ buisness plaza	Northbound traffic s traffic light. Rte.38/6			<b>B</b>	Indicate North by	Arrow
Crash Narrative:						
Oper.#1 related h	e had stopped fo	or traffic	in front o	f him. While	stopped m/v#2 cr	ashed
into the rear of	his m/v#1. This	then cause	ed m/v#3 to	crash into t	the rear of m/v#2	and
m/v#4 to crash in	to the rear of 1	m/v#3.				
Due to the sudden	down pour of ra	ain and wet	t roads.Thi	s may have be	en partial cause	of the
m/v crash. (PWJ/1	42)					
Witnesses:		T				
Name (Last,First,Middle)		Address		Pho	one #	Statement
***************************************						
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Descripti	ion of Damaged Property	
Truck and Bus Informa	tion: Registration #		(From Ve	chicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #:		
Interstate 43 Cargo	Body Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	46	
Hazmat Information:	,					
Placard 47 Material 1	digit # 48 Material Na	me		Material 4 digit #	Release code	49
	_					

Patrol Officer Paul W Jepson Police Officer Name (Please Print)

142

Wilmington Police Department Department

08/22/2020