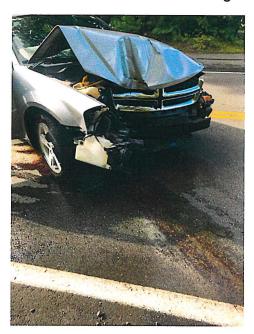
	Police Use Only	Comm	nonwealth (of Massacl	husetts	;	RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	08/03/2020 0813 Wil	mington	Police 1	Report	1	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	Γ INTER	SECT		1
			·							2 10
					280	SALE	M ST			
¹ 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of	Roadway	//Street	_
<u> </u>		At		Feet N	S E W of		_ • _	or		.
	Route# Direction Na	me of Intersecting Roadw	ay/Street			Mile Ma	arker		Exit Number	1 11
		Also at Intersection wi	ith	Feet N	S E W of	Route#	Intoso	anting Do	adway/Street	
2	D (D' ()	CT / D	IG.	Feet N	S E W of	Koute#	mers	ecting Ro	auway/50cct	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street				La	ndmark		_
3	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash Repo	rt ID# 20	-15	6-AC	•		
3	of the Pollowing.									4
		DOB/Age.	_	# 1WY497					21	3 12
	Sex. M Lic. Class D 19 Lic.	Restrictions 1 CI	DL Veh	Year 2013	Veh Make 🗜	ODGE		Veh C	onfig. 1	
	Operator VAL, JOVENS	First		er VAL , JOV	ENS	First		Middl	l.	
⁴ 1	Address 110 BARBARA D			ess 110 BARI	BARA D			Middi	e	
	City TEWKSBURY Stat	te MA Zip 01876	-2436 City	TEWKSBURY		Sta	ate MA	Zip 01	876-2436	
	Insurance Company GARRISON			cle Action Prior to Cra	1			_	27 27 8 27	
	Vehicle Travel Direction: N S E			,	23 23		est Status:	1	28	
5		Responding to Emerg		t Sequence 22 23			ype of Test:	-	29	
	Citation # (If Issued)	_		Harmful Event 2	-		AC Test Res	ult:	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	99 ²⁵	25 Si	usp. Alcohol:	2 31	Susp. Drug: 2 32	22 ¹³
6 .	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26	To	owed from so	ene? 1	33	
⁶ 1	<u>-</u>	rator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury Code Status	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age Se			Code Status	Code 1	Medical Facility	-
	Operator	Se	e Above		1 1	1 0	0 10			4
										7
	S			15 16		17	10	 		-
⁷ 1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action 16	Location	Condi	tion 18	Hi	t/Run Moped	
	License #St	DOB/Age	Reg	¥	<u> </u>	Reg Type	e	Reg	State	1
	19 19	20	-	Year				•	21	
			dorsement		ven make			ven c	omig.	
8 1	Operator	First	Middle	erLast		First		Middl	e	·
	Address			ess						14
	City Stat	eZip	City_				ite 2		20 20 20	
	Insurance Company		Vehic	ele Action Prior to Cras	sh		amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Even	t Sequence 23	23 23	~~	est Status:	-	28	
	Citation # (If Issued)		Most	Harmful Event	24	•	ype of Test:		30	
2	Viol, 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	AC Test Resi usp. Alcohol:		Susp. Drug: 32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		owed from so		33 Susp. Drug.	
	Please fill out for operator/no				34 35	36 37	38 39	40		+
	Name (Last First Middle)	•	Address	DOB/Age Sex	Scat Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator/Non-Motoris	t Sec	e Above	\times	1					
										1
					+++-					-
						<u> </u>				_
٠										

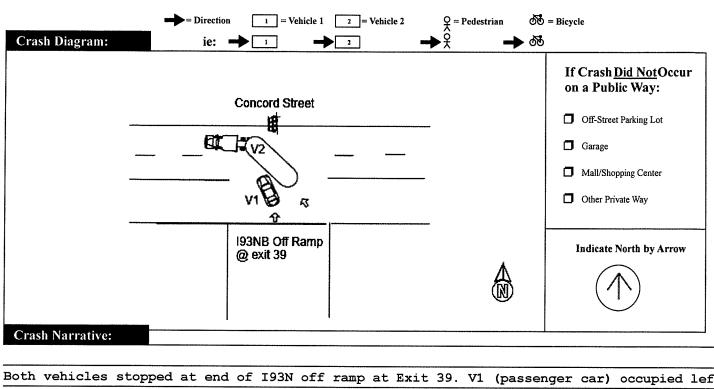
	= Direction 1	= Vehicle 1	= Vehicle 2	Pedesti	rian	Ø = Bicycle		
Crash Diagram:	ie: → 1	→ □	→	옷	→	<u>₩</u>		
Verizon utility pole							h <u>Did Not</u> ıblic Way:	
0	The		Salem St			_ ☐ Off-St	reet Parking Lo	ot
		\$	¢			☐ Garag	e	
							Shopping Cente	г
						☐ Other	Private Way	
	444							
						Indica	te North by A	Arrow
Crash Narrative:					**************************************			
The vehicle was trave	ling westbou	nd down Sa	lem St. The	operat	or s	aid his st	eering	wheel
locked out and he was	unable to t	urn and fo	llow the roa	ad. He	beli	eves he wa	s only	
traveling 20mph, howe	ver the dama	ge to the	pole would s	suggest	he	was travel	ing fas	ter. Th
operator worked and o								
airbags deployed. The								
vehicle. The utility					abou	t four fee	t from	the bas
and moved about 12 in	cnes. It wil	1 need to	be replaced.					
Witnesses:								
Name (Last,First,Middle)		Address			P	hone #		Statement
Property Damage:		1						<u> </u>
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	tion of Damaged Pro	perty	
VERIZON	28 DIANA LN DRA	CUT MA 01826		4	ONE	UTILITY	POLE	
Truck and Bus Information:								
	Registration #		(From Vehic	le Section)				42
Carrier Name							Bus Use	. 13
Address			City			St Z	.1p	
US DOT #:			Issuing State	MC/MX	/ICC #:			· · · · · · · · · · · · · · · · · · ·
Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Lengt	46 h		
Hazmat Information:								
Placard Material 1 digit #	Material Nam	e		Material 4 dig	git #	Rele	ase code	49
Patrol Officer Emily L S	tebbins	,	210 Wil	minator	. Dol:	ice Departme		02/0000

Wilmington Police Department Images Associated with 20-156-AC





	Police Use Only	Comr	nonwealth	of Massac	huset	ts	RM	IV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Numb Vehic		opted 2	t25	Local Police]
	08/03/2020 1253 Wilr	nington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	T INTER	RSEC		1
				***************************************						2 10
	CONCORD			B. t. II Direction	A 12		NT	CD - 1.	(C4A	<u>_</u>
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	n Address	# 	Name of	Koady	vay/Street	1
	193 NB 1	RAMPS		Feet N	S E W of			- or _	Exit Number	
	Route# Direction Nam	ne of Intersecting Roadw		_ [37]		Mile M	arker		Exit Number	3 11
		Also at Intersection w	ith	_	S E W of	Route#	Inters	secting l	Roadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadw	ray/Street	Feet N	S E W of					
	Diama Salast Ona	I						andmar	k	1
3	of the Following:	_#Occupants Hit/I	Run Moped	Crash Rep	ort ID# 2	0-15	7-A(3		
		A DOB/Age	Reg	#2PGK91		Reg Ty	ре <u>РС</u>	R	eg State MA	12
	Sex F Lic. Class D 19 Lic. R		DL Veh	Year 2019	Veh Make	BMW		Veh	Config. 1	1
	Operator GANEY, CHRIST		ndorsementOwn	er GANEY,	ALEXAI	DER P				
⁴ 3	Address 18 COTTAGE ST	First	Middle	ess 141 RAI		First		М	iddle	
	City S HAMILTON State	MA Zip 01982	2-2102 City	SOUTH HAN	MILTON	S	ate MA	Zip 0	1982-2220	
	Insurance Company THE COMMER	_	•	ele Action Prior to Cr	Γ		Damaged Are			
	Vehicle Travel Direction: N S E	Responding to Emerg		t Sequence 23	23 23	23	est Status:		1 28	
⁵ 1	Citation # (If Issued)	responding to Emerg	. •	Harmful Event 1	24	-	ype of Test:		29	
	Viol. 1: Ch/Sec/Sub — V	Eat 2: Ch/Saa/Sub		er Contributing Code	25	25	BAC Test Res		30	13
				er Distracted by			Susp. Alcohol Cowed from s		Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub \\ Please fill out for opera	tor and all occupants inv		J Distracted by	34 3	5 36 37	38 39	40		4
	Name (Last First Middle)	to and an occupants hiv	Address	DOB/Age S	Seat Sa Sex Pos. Syn	fety Airbag Ejec stem Status Cod	t Trap Injur c Code Statu	y Transp. s Code	Medical Facility	1
	Operator	Se	ee Above	>>>	1 1	4 0	0 10	1		
										1
								-		1
				16 1	<u> </u>	17	1 19	 	l	1
⁷ 3	of the Following: Vehicle 21	#Occupants Non-	-Motorist A Type	Action 16	Location	Cond	ition 18		Hit/Run Moped	
	License # 002582351 St Li	A_ DOB/Age	Reg	C15051		Reg Typ	e AP	R	eg State NB	1
	Sex M Lic. Class A Lic. R			Year 2017	_ Veh Make			Veh	Config. 10 21	
-	Operator BURNS, WILLIAM		dorsement Own	er CRETE CZ	ARRIE	CORP				
⁸ 1	Address 1705 SUSEK DR	First	Middle Addr	ess 400 NW	56TH	First ST		Mi	iddle	
	City PINEVILLE State	LA Zip 71360) City	LINCOLN		S1	ate NB	Zip 68	8528-8842	1 14
	Insurance Company HARTFORD	_	-	ele Action Prior to Cra	ash 4		Damaged Are			
	Vehicle Travel Direction: NSE	Responding to Emerg		t Sequence 23	23 23	23	est Status:		1 28	
	Citation # (If Issued)		•	Harmful Event 1	24		ype of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub — V	iol 2: Ch/Sac/Suh		er Contributing Code	99 ²⁵	25	BAC Test Res	,	Susp Drug 2 32	
				er Distracted by			usp. Alcohol owed from s		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V Please fill out for operator/non	riol. 4: Ch/Sec/Sub ————————————————————————————————————			34 3	5 36 37	38 39	40	<u>2</u>	1
	Name (Last First Middle)	·	Address	DOB/Age S		ety Airbag Ejec tem Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	Se	e Above	$\nearrow \nearrow$	1 1	4 0	0 10	1		
									<u> </u>	1
- 1		- 1		1	1 1	1 1	1 1	1 1	1	I



Both vehicles stopped at end of I93N off ramp at Exit 39. V1 (passenger car) occupied lef lane. V2 (tractor trailer) occupied right lane. V2 proceeded with green light and made a left hand turn onto Concord St. V1 operator stated she observed V1 go first in the turn, she then proceeded with her left turn when she believed there was room to do so. V1 collided with left side trailer underskirt just in front of rear tires of trailer on V2. V1 damaged on right front bumper and right side. V2 damage to left lower skirting of trailer. No injuries observed or reported from either party. Cain's Towing (978-658-3387) removed V1 from scene.

Witnesses:						
Name (Last,First,Middle)		Address		*****	Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information:	regionation //	051	(From Vehicle	e Section)		42
Carrier Name <u>Crete Carrier</u>	Corp				Bus Use 0	
Address 400 NW 56TH ST			City LINCOLN		St NB Zip 68528	
US DOT #: 073705	State Number		Issuing State NB	MC/MX/I	CC #:	
Interstate 43 Cargo Body T			45 3			
Trailer Reg #: 13700C	Reg Type TL	Reg State NB	Reg Year 201	4 Traile	r Length 46	
Hazmat Information:	[
Placard Material 1 digit #	48 Material Name		N	faterial 4 digit	#Release code	49

Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

08/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

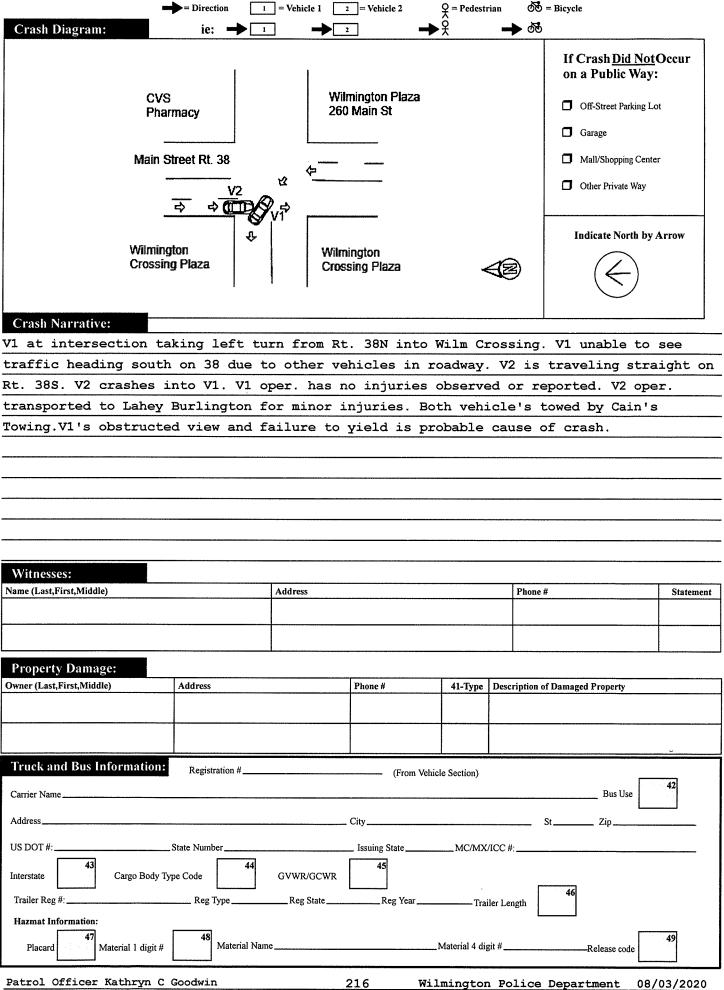




CRETE CARRIER CORP. SHAFFER TRUCKING LINCOLN, NEBRASHA USDOT 073705

1.00

	Police Use Only	Com	monwealth	of Massac	huset	ts		RMVI	Document	t Number	* *.
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehic		1 lobeca	Limit	L	tate Police Ocal Police MBTA Police Ocal Police Ocal Ampus Police	7
	08/03/2020 1516 Wil	mington	Police	Report	2	1	Latitu Longi		C	fBTA Police ampus Police ther:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN				
											2 10
	Route# Direction	Name of Roadway/S		38 S Route# Direction	253 Address		N S		adway/St	t	
¹ 1	Router Direction	At	пест	Route# Direction	Addiess	"	194	ane or No	auway/30	icci	-
				Feet N	S E W of	Mila	Marker	- 0	or	xit Number	
	Route# Direction Nat	ne of Intersecting Road		- N	S E W of	Mic	Marker			All Humber	3 11
		Also at Intersection v	with			Route#		Intersecti	ing Roadv	way/Street	
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	Feet N	S E W of	WIL	1 CR			NTRANCE	_
	Please Select One Vivale 1							Landr	mark		-
3	of the Following:	_#Occupants	/Run Moped	Crash Repo	rt ID# Z	0-T:) 8 –	AC			
	License # S68240921 St M	A DOB/Age (Reg	#3830MF		Reg T	уре <u>РС</u>		_ Reg Sta		12
	Sex M Lic. Class D Lic. I		CDL Veh	Year 2011	_ Veh Make	HONDA	.		Veh Conf	ig. 1 21	
	Operator REBAL, CHRIST	OPHER E	Endorsement Own	er REBAL, C	HRIST		RE				
⁴ 3	Address 111 SPRING CT	EXT		ess 111 SPR	ING C	First PEXT			Middle		
	City WOBURN State	MA Zip 0180	1-4427 City.	WOBURN			State M2	Zip.	0180	1-4427	
	Insurance Company GOVERNMEN	r employee	S INSU Vehic	ele Action Prior to Cra	sh 4	22	Damage	d Area Co	ode: 3 2	7 0 27 27	
	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Even	t Sequence 1 23	23 23	23	Test Stat	tus:	1 2	8	
⁵ 1	Citation # (If Issued)			Harmful Event 1	24	L	Type of	Test:	2	<u> </u>	
	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Eag/Sub		er Contributing Code	18 25	A 25		st Result:			13
				er Distracted by	26	I		cohol: 2	-	p. Drug: 2 32	
⁶ 1		Viol. 4: Ch/Sec/Sub — ator and all occupants in		Distracted by U	34 3	5 36	37 38	39	40]	4
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age So	Seat Sa	cty Airbag E	ject Trap ode Code	Injury Tra	ansp.	Medical Facility	
	Operator	s	See Above	\rightarrow	1 1	4 0	0	10 1			
											-
					+	+					-
										1	4
⁷ 2	Please Select One of the Following:	_#Occupants Nor	n-Motorist A Type	Action 16	Location	17 Coi	ndition	18	Hit/R	un Moped	
_	License #_ S66822571 St. M	A _ DOB/Age	Reg	6CEJ30		Reg T	уре РС		Reg Sta	nte MA	1
	Sex. F Lic. Class D Lic. F	Restrictions 1 20	_	Year 2014		_				21	
	Operator AMENDOLA, CHR	E	Indorsement	er AMENDOLA						.6.	
⁸ 1	Address 70 ELM ST	First	Middle	ess 70 ELM	•	First			Middle		
		MA Zip 0180:		WOBURN	-		State MZ	A Zin	0180	1-1859	2 14
	Insurance Company CITIZENS	-	_	ele Action Prior to Cra	sh 1	22		d Area Co		· · · · · · · · · · · · · · · · · · ·	
	Vehicle Travel Direction: N K E W	Responding to Emer	_	Sequence 23	23 23	23	Test Stat	us:	1 2	8	
	Citation # (If Issued)	responding to Emer		Hamful Event 1	24		Type of	Test:	25	9	
⁹ 2						25		t Result:		<u></u>	
		Viol. 2: Ch/Sec/Sub —		r Contributing Code	26 26			cohol: 2		p. Drug. 2 32	
	Viol. 3: Ch/Sec/Sub — Yease fill out for operator/nor	Viol. 4: Ch/Sec/Sub —		r Distracted by 0	34 3:	36 3	Towed fr	om scene	1 3.]	4
	Name (Last First Middle)	-motorist and an occup	Address	DOB/Age Sc	Seat Saf	ty Airbag E	ect Trap	Injury Tra	insp. ode	Medical Facility	
	Operator/Non-Motorist	· s	ee Above	><	1 1	4 0	o	8 2	Lahey	y Clinic	
											1
						++	_				1
									-		-
									- 1		1



Wilmington Police Department

08/03/2020

Police Officer Name (Please Print)

ID/Badge#

Department Precinct/Barracks Date

	Police Use Only	Com	nonwealth (alth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh	Number Vehicles		4 22	d Limit	25	State Police Local Police MBTA Police Campus Police	1
	08/04/2020 1739 Wil	mington	Police 1	Report		2	0	Land	ude gitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION	>		NOT	AT IN	TER	SEC	TION:]
												2 10
	129 W LOWELL Route# Direction	ST Name of Roadway/Str	reet	Route# Direct	tion /	Address #		N	ame of	Roadv	vay/Street	-
¹ 1		At			vl al r	المال			-			1
L	Route# Direction WOBURN	ST me of Intersecting Roadw	/av/Street	Feet [NSE	W of	Mile	Marker	•	or _	Exit Number	11
		Also at Intersection w	 	Feet	N S E	E W of	D		т.	4*	D. 1 . /64	2
2	Route# Direction Na	me of Intersecting Roadw	vo./Stroot	Feet	N S F	w of	Route#		inters	ecting	Roadway/Street	
² 3	Route# Direction ina	me of intersecting Roadw	/ay/Street						La	ındmar	k	1
³ 7	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash R	leport II	D# 2 0	-1	59-	·AC	3		
	License # S19471567 St N	TA_ DOB/Age	Reg	# 561MB4			Reg	Гуре РС		R	eg State MA	12
	Sex F Lic. Class D Lic.		DL Veh '	Year 2013							21	1 12
	Operator FREEMAN, ASHI		ndorsement Own	er FREEMA			EY A					. 🖳
⁴ 3	Address 36 TOBEY RD	First APT 9	Middle Addr	ess 36 TOE	Last BEY	RD :	First APT			М	liddle	.
L	City DRACUT Sta	re MA Zip 01826	5-4929 City	DRACUT				State M	A _ 2	Zip O	1826-4929	.
	Insurance Company ARBELLA N	UTUAL INSU	RANCE Vehic	cle Action Prior to	Crash	2	22	Damag	ed Area	Code:	5 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	t Sequence	23 2	<u> </u>	23	Test Sta	atus:		28	
⁵ 1	Citation # (If Issued)		Most	: Harmful Event	1	24		Type of		1,	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de [25	25	BAC To Susp. A				1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26		Towed		L	2 33	
⁶ 2		ator and all occupants inv				34 35 Scat Safety	Airbag 1	37 38 Sject Trap	39 Injury	40 Transp.		1
	Name (Last First Middle) Operator	Se	Address ee Above	DOB/Age		Pos. System	Status C	ode Code	Status 10	Code 1	Medical Facility	1
	operator								-	-		-
				-				_	-	ļ		4
										<u></u>		_
⁷ 2	Please Select One of the Following: Vehicle 21	_#Occupants Non-	Motorist A Type	15 Action	16 Lo	cation	17 Co	ndition	18		Hit/Run Moped	
	License # S18681715 St N	A DOB/Age.	Reg #	#8JP619			Reg	ivne PC		R	eg State MA	1
	19 19	20	_	Year 2019		h Make J					21	
	Operator MULLIN , PAMEI	En	dorsement Own	er GSA								
⁸ 1	Address 6 STONE ST	First	Middle		asi IOOK	SETT	RD First			M	iddle	
	City WILMINGTON Stat	e MA Zip 01887	-2305 City	HOOKSET	r			State N	H _ 2	Zip O :	3106-0000	4 14
	Insurance Company SELF INSU	RED FBI LEG	AL UN Vehic	le Action Prior to	Crash	2	22	Damage	ed Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Event	t Sequence 1	23 2.	3 23	23	Test Sta			28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 2	24		Type of BAC Te		ult	30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Co	de 1	.8 ²⁵	25	Susp. A				
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	7 2	26		Towed		L	2 33	
Ì	Please fill out for operator/no	•	nts involved	DOB/Age	1	34 35 Scat Safety Pos. System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	1
	Operator/Non-Motoris	T	e Above	DOBINGE		1 1	4 0		10	1	Wiedredt Facility	1
							$\vdash \vdash$		-	\vdash	•	-
							\vdash		-			-
ļ												4

	= Vehicle 1 2 = Vehicle 2	♀ = Pedestrian	Ø = Bicycle	
Crash Diagram: ie: -	2	→ Ĥ →	∞	
Rte.129/Lowell st		®	If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative:				
Oper.#1 related while she was sto	pped in traffic at	the intersect	ion of Lowell/Wob	urn st.
she was rear ended by m/v#2				
Oper.#2 related that she was trav	eling straight on I	owell st., as	she started to a	pproach
the intersection, she began to sl	ow down. As she beg	an to stop, t	he light turned g	reen an
she crashed into the rear end of	m/v#1.			
***(It should be noted that the w	eather was extremel	y poor. Due t	o Isaias storm. H	eavy
down pour and strong winds)*** Vi	sibility very poor	at the time o	of the crash. (PWJ/	142)
			<u>, , , , , , , , , , , , , , , , , , , </u>	
Witnesses:				
Name (Last,First,Middle)	Address	F	hone #	Statement
		i		
Property Damage:		<u> </u>		
Property Damage: Owner (Last, First, Middle) Address	Phone #	41-Type Descrip	otion of Damaged Property	
	Phone #	41-Type Descrip	otion of Damaged Property	
Owner (Last,First,Middle) Address	Phone #	41-Type Descrip	otion of Damaged Property	
	Phone #	41-Type Descrip	otion of Damaged Property	
Owner (Last,First,Middle) Address			otion of Damaged Property	
Owner (Last,First,Middle) Address		Vehicle Section)	otion of Damaged Property Bus Use	42
Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name	(From	Vehicle Section)		42
Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name Address	(From	Vehicle Section)	Bus Use Zip	42
Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name Address US DOT #: State Number	(From	Vehicle Section)	Bus Use Zip	42
Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name Address	(From	Vehicle Section)	Bus Use Zip	42
Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name Address US DOT #: State Number 43	City	Vehicle Section) MC/MX/ICC #: _	Bus Use St Zip	42
Owner (Last, First, Middle) Address Truck and Bus Information: Registration #	City	Vehicle Section) MC/MX/ICC #: _	Bus Use St Zip	42
Truck and Bus Information: Carrier Name Address US DOT #: State Number Trailer Reg #: Hazmat Information: State Number Reg Type Reg Type	City	Vehicle Section) MC/MX/ICC #: Trailer Length	Bus Use	42

Wilmington Police Department
Department Precinct/Barracks

08/04/2020

Date of Crash 08/04/2020 1750 24HR City/Town Wilmington 24HR Wilmington Police Report 2 1750 24HR Police Report 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 10 aber 4 11 et 12
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Route# Direction Name of Roadway/Street At Feet NSEW of Mile Marker or Exit Num Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Peet NSEW of Route# Intersecting Roadway/Street Intersecting Roadway/Street Landmark Please Select One of the Following: Please Select One of the Following: License # \$54243345 St MA DOB/Age Reg # \$BP\$955 Reg Type PC Reg State MA Sex F Lie Class 19 19 19 Lie. Restrictions 1 20 CDL First Middle Operator ALBERTI DOROTHEA M Middle Operator ALBERTI DOROTHEA M Middle Address 2 ASPEN DR City WILMINGTON State MA Zip 01887-1674 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 8 22 Damaged Area Code 8 27 27 Test Status: 1 28 Type of Test: BAC Test Result: 1 30 Driver Contributing Code 6 25 25 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Sup. Alcohol: 2 31 Supp. Drug: 2 Type of Test: 3 Type of Test:	2 1 1 12 674 27
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Route# Direction Name of Intersecting Roadway/Street Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 20-160-AC License # \$54243345 St MA DOB/Age Reg # 8DP955 Reg Type PC Reg State MA Sex F Lic. Class 19 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ALBERTI, DOROTHEA M Middle Address 2 ASPEN DR City WILMINGTON State MA Zip 01887-1674 City WILMINGTON State MA Zip 01887-1674 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 8 22 Damaged Area Code: 8 27 27 Test Status: 1 28 Type of Test: Driver Contributing Code 6 25 25 Sup. Alcohol: 2 31 Susp. Drug: Driver Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: Druge Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Druge Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Dr	1 12 674
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Please Select One of the Following: Vehicle 12	674
License # S54243345 St MA DOB/Age Reg # 8DP955 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 1 CDL Endorsement Operator ALBERTI , DOROTHEA M Address 2 ASPEN DR City WILMINGTON State MA Zip 01887-1674 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) T2061659 Veh Reg # 8DP955 Reg Type PC Reg State MA Veh Year 2005 Veh Make Jeep Veh Config. 1 Owner ALBERTI , TRACI LYNNE City WILMINGTON State MA Zip 01887-1674 City WILMINGTON State MA Zip 01887-1 Vehicle Action Prior to Crash 8 22 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 Driver Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug.	674
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Viol. 1: Ch/Sec/Sub 90 14 Viol. 2: Ch/Sec/Sub Driver Contributing Code 6 25 Susp. Alcohol: 2 31 Susp. Drug.	12
	2 32 1 13
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Towed from scene? 2 33	
Please fill out for operator and all occupants involved 34 35 36 37 38 39 40	ncility
Operator See Above 1 1 4 0 0 10 1	<u></u>
M 3 1 4 0 0 10 1	
Please Select One	
Please Select One of the Following: Vehicle 2.2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Likely Likely Location 17 Condition 18 Likely Location 17 Condition 18 Likely Location 17 Condition 18 Likely Location 19 Condition 19 Likely Location 19 Condition 19 Likely Location 19 Condition 19 Likely	Moped
License # S13133370 St MA DOB/Age Reg # 8MM288 Reg Type PC Reg State MA	
Sex M Lic. Class D 19 19 Lic. Restrictions CDL Veh Year 2016 Veh Make VOLKSWAGEN Veh Config. 1	21
Operator SALVATO, MATTHEW E Last First Middle Owner SALVATO, MATTHEW E Owner SALVATO, MATTHEW E Owner SALVATO, MATTHEW E Owner SALVATO, MATTHEW E	
Address OO TEMPLE ST Address OO TEMPLE ST	14
City TEWKSBURY State MA Zip 01876-4342 City TEWKSBURY State MA Zip 01876-4	342 1
Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27	2 27
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Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 1 33	
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Address DOB/Age Sex DOB/Age Se	cility
Operator/Non-Motorist See Above 1 1 4 0 0 10 1	
MADISON LOGAN 251 N BILLERICA RD TEWKSBURY, MA 01876-3553 10/04/2001 F 3 1 4 0 0 9 2 Lahey Clini	С

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestr	ian 🐠	= Bicycle	
Crash Diagram:	ie: 🕕 🗓] → [:	2	≻ 꿎	→ ₩		
	Ristuccia Mer Ice Rink	norial				If Crash Did Note on a Public Way:	
		•					
an.						☐ Garage	
MV 1	MV2					☐ Mall/Shopping Center	
4	200 mill					Other Private Way	
						Other Filvate way	
						Indicate North by A	Arrow
193 Main St				·····			
Rocco's		MAIN	N ST			(\leftarrow)	
Restaraunt & Bar				•	(2)		
Crash Narrative:							
MV 1 was travelling r	orthbound on	Main St i	n the town	of Wilm	ington.	The operator	of MV
attempted to conduct	a u-turn. M	V 2 was tr	avelling no	rthbour	d was b	ehind MV 1. Wh	en MV 1
attempted the u-turn,	she was not	aware tha	t there was	a MV b	ehind h	er. MV 2 atte	mpted t
avoid MV 1 but was ur	able to do s	o. MV 2 c	collided wit	h MV 1	and cra	shed into the	curb in
front of Rocco's Rest	uraunt & Bar	causing s	ignificant	front e	nd dama	ge.	
	······································						
		······································					

Witnesses:						,	
Name (Last, First, Middle)		Address			Phone	;	Statement
		I					
Property Damage:	Address		Phone #	41-Type	Description	f Damaged Property	
Owner (Last,First,Middle)	Aduress		rnone #	41-1ype	Description	Damaged Property	
~ 1			1				
Truck and Bus Information:	Registration #		(From Vehi	icle Section)		Bus Use	42
Carrier Name							
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	ICC #:		
43	44	O	45				
Interstate Cargo Body T	ype Code	GVWR/GCWR			r	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46	
Hazmat Information:					L_	I	
Placard Material 1 digit #	48 Material Nam	e		_Material 4 dig	git #	Release code	49

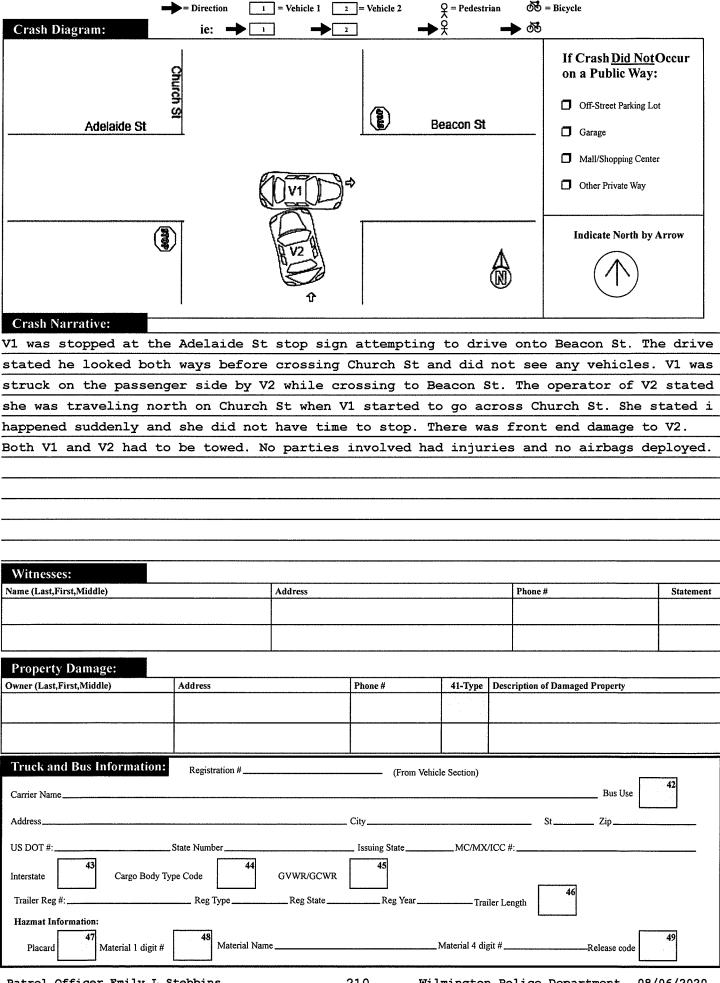
Patrol Officer Shane A Foley Police Officer Name (Please Print)

211ID/Badge #

 Wilmington
 Police
 Department
 08/04/2020

 Department
 Precinct/Barracks
 Date

	Police Use Only	Comm	onwealth o	of Mass	ach	use	etts	}			RM	V Doc	ument N		
	Date of Crash Time of Crash	City/Town]	Motor Veh	icle Cra	sh		umber				Limit	3	Local	Police Po	1
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		7 HSO BE INTOISECTION WITH	` 		N S			Route	e#		Inters	ecting l	Roadway	/Street	
² 1	Route# Direction Name	of Intersecting Roadway	/Street		., 0	12111	l or					ındmar			
	Please Select One	#Occupants Hit/Ru	m Moped			TD. (20	1	6.	1			K.		1
3	of the Following:	Hit/Ru	m Moped	Crash F	keport	ID#	20		. 0 .	L —	AC				
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	Operator NOONAN , DONALE	P		r NOONAN	, I	OON	ALE	P	rsi				iddle		
⁴ 2	Address 1 PARKER ST A	PT B	Addre	ss 1 PARI	KER	SI	<u> </u>					147	Iddic		
	City WILMINGTON State	MA Zip 01887-	.2917 City J	WILMING	TON	<u> </u>			_ Stat	te M 2	A 2	Zip O	1887	-2917	
	Insurance Company PREFERRED	MUTUAL INSU	JRANC Vehicl	le Action Prior to	Crash		1	22	Da	amage	d Area	Code:	3 27	27 27	
	Vehicle Travel Direction: N S E	Responding to Emergen	ncy? 2 Event	Sequence 1	23	23	23	23		st Stat			1 28		
1	Citation # (If Issued)	_	Most 1	Harmful Event	1	24		لنــــ		pe of		•.	30		
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_		ol. 4: Ch/Sec/Sub		Distracted by	99	26					rom sc		1 33	2145-12	
1		or and all occupants invol-				34 Scat	35 Safety	36 Airbag	37	38 Trap	39 Injury	40 Transp.			4
	Name (Last First Middle)		ldress	DOB/Age	Sex	Pos.	System	Status	Eject Code	Code	Status	Code	Mod	lical Facility	-
	Operator	See A	Above		X	1	1	4	0	0	10	1			
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2	of the Following:	Non-M	otorist A Type	Action		ocatio	n _		Conditi	ion		الا	Hit/Run	Moped	
	· · · · · · · · · · · · · · · · · · ·	DOB/Age	Reg#	TCY235		****		Reg	у Туре	PC		R	eg State		
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3_	Operator PINHO DE OLIVE			PINHO	DE Last	OL	IVE	IRA	rst	TA!	CIA		iddle		
1	Address 50 HILDRETH ST	APT 8	Addre	ss 50 HII	DRI	ETH	S'	<u> </u>	API	<u>:</u> 8					
	City LOWELL State	MA Zip 01850-	1652 City I	LOWELL					_ Stat	e M7	1 2	ip O		-1652	1 14
	Insurance Company GOVERNMENT	EMPLOYEES	INSU Vehicle	e Action Prior to	Crash		1	22	Da	mageo	d Area	Code:		27 27	
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2	Viol. 1: Ch/Sec/Sub — Viol	ol. 2: Ch/Sec/Sub	Driver	Contributing Co	de	99	25	25				2 31	Susp. I	orug 2 32	
	Viol. 3: Ch/Sec/Sub — Viol.	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99	26					om sc		1 33		
	Please fill out for operator/non-i	•				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First Middle) Operator/Non-Motorist		Above	DOB/Age	Sex	Pos.	System 1	Status	Code	Code		Code 1	Med	ical Facility	1
	MARIANNA MATTOS-PEREIRA	715 CHELMSFORD ST		02/12/1982			1				10	1		***************************************	1
		LOWELL, MA 01850		Jan, 12, 1302	-	ر	-	-	<u> </u>	-		-			
															



Patrol Officer Emily L Stebbins

210

Wilmington Police Department

08/06/2020

Wilmington Police Department Images Associated with 20-161-AC





						nonwealth of Massachusetts						RMV Document Number					
	Date of Crash 08/07/2020	Time of Crash	Cit 7i 1 mi r	ty/Town	Mot	or Veh	icle Cra	ash		unber hicles	Num		eed Lin	nit <u>3</u>	O State Po Local Po MBTA	olice 🔀	
	0070772020	24HR		ilg con]	Police 1	Report		1		0	Li	titude _ ngitude			s Police	
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			Al	so at Intersection v	with			NS			Route		Inte	rsecting	Roadway/S	street	
² 1	Route# Dire	ction	Name of	Intersecting Road	way/Street		Feet	NS	EW	of							
	Please Sclect (000 57			T			·						Landma	k		-
3	of the Followi	ng: Vehicle	.1 _#Od	ccupants Hit	/Run	Moped	Crash l	Report	ID#	20	-1	62	-A	C			
			St MA	DOB/Age.		Reg#	4ZV857				Reg	Туре	PC_	F	Reg State		12
	Sex M Lic.	Class D D	Lic. Restri	ctions P 20	CDL	Veh	Year 2016	······································	Veh Ma	ake N	ISS	AN		Ve	h Config.	1 21	
	Operator PA	TEL, SHIV	7 First		Middle	Own	er PATEL ,	Last	ATA	J	Fir	si			1iddle	-	
⁴ 2	Address 201	SANDY L	N				ess 201 S						······				
	City WILM:	INGTON	_ State MZ	A_ Zip_ 0188	7	City_	WILMING	TON	<u> </u>							6237	
	Insurance Comp	oany GOVERNM	ENT E	EMPLOYEE	s inst	<u>J</u> Vehic	ele Action Prior to	o Crash	١	3	22			ea Code	1 27	27 27	
⁵ 1	Vehicle Travel I	سلسلت	У	esponding to Emer	rgency? 2	Even	Sequence 22	23	23	23	23		Status: of Test		29		
<u> </u>	1	sued) T20628					Harmful Event	22			······		Test Re		30		
	l	Sub 90 10				7_ Drive	r Contributing C	ode	<u> </u>	²⁵ 7	25	Susp	Alcoho	ol: 2 3	Susp. Dr	rug 2 32	22 ¹³
⁶ 1	Viol. 3: Ch/Sec/	Sub 89 4A				Drive	r Distracted by	99	26			Towe	d from	scene?	1 33		
т_	Name (Last First M		r operator a	nd all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject 7	38 39 rap Inju ode Stat	ry Transp	Medic	al Facility	
	Operate	or		S	ee Above			X	1	1	1	0 0	10	1			
																	1
								-									1
													\dashv				-
	Please Select ()no (=)		I			15	16			17			8			4
⁷ 1	of the Followin		#Oc	ccupants Non	n-Motorist A	Type	Action	I	Locatio	n	C	ondition			Hit/Run [Moped	
	License #		St	DOB/Age		Reg #	!				Reg	Туре		F	Leg State	21	
	Sex Lic. (Class 19 19	Lic. Restric		DL	Veh Y	'ear	'	Veh Ma	ıke				Vel	Config.	21	
⁸ 1	Operator	Last	First		Middle	Owne	er	Last			Fire	t		N	liddle		
	Address					Addre	ess						***************************************				_ 14
	City		_ State	Zip		_ City_			г		22			-	20	27 27	1
	•	any				Vehic	le Action Prior to		L		Ц		iged Ar Status:	ea Code	27	27 27	
		Pirection: NSE		esponding to Emer	gency?		Sequence	23	23	23	23		of Test:		29		
⁹ 2	Citation # (If Iss	ued)	***				Harmful Event			25	25	BAC	Test Re	sult:	30	-	
		Sub ———					Contributing Co	ode	26			-	Alcoho	L	Susp. Dr	ug. 32	
		Subease fill out for operat					Distracted by		34	35	36		d from		33		4
	Name (Last First M	-	.or/mon-mote	orist and an occup	Address	u	DOB/Age	Sex	Seat	Safety	Airbag	Eject T	rap Inju	ry Transp.	Medica	al Facility	
	Operate	or/Non-Moto	rist	Se	ee Above		> <	X	1								
														 			

	= Direction	= Vehicle 1 2	= Vehicle 2	♀ Pedesti	rian Óð ≕ E	Bicycle	
Crash Diagram:	ie: 👈 🗓	<u> </u>		→ 🖁	→ №		
⇔Electrical Pole	136 Middles	ex Ave.	School St.			If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by A	r
	•						
Crash Narrative:							
		***************************************		· · · · · · · · · · · · · · · · · · ·			
	1						
							
	·······						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Ivanic (Last,First,Middic)		Address			I none w		Statement
		1					<u> </u>
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
VERIZON	28 DIANA LN DRA	CUT MA 01826			UTILITY	POLE	*
Truck and Bus Informati	on: Registration #						
	Registration #		(Fro	m Vehicle Section)		<u> </u>	42
Carrier Name						Bus Use	
Address			City		St	Zip	
		•					
US DOT #:	State Number		_ Issuing State_	MC/MX	/ICC #:		
43 Carro B	adu Tima Cada	CVVVD/CCVVD	45				
L	ody Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Yes	arTra	iler Length		
Hazmat Information:					· L		
47	48 Material Nam	P		Material A 4:	ait #	Release code	49
Placard Material 1 di	igit #	.~		IVIAICIIAI 4 (II	_{Би} п	Kelease code	

Patrol Officer Brian Tavares
Police Officer Name (Please Print)

Wilmington Police Department 08/07/2020

Signature

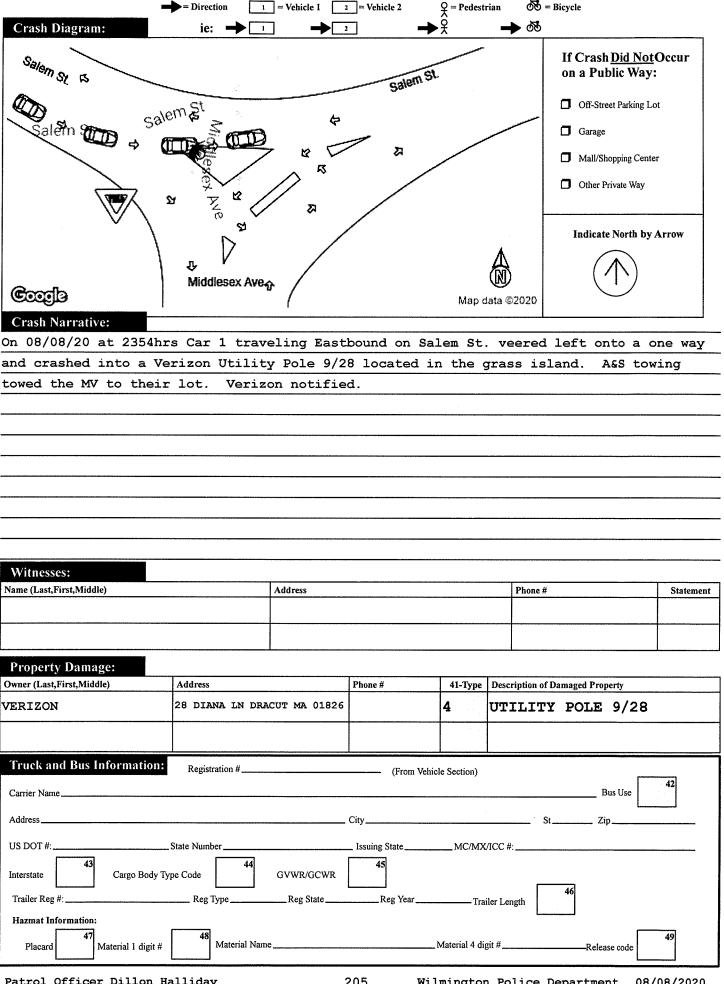
206 ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only		Com	ommonwealth of Massachusetts RMV Docum					ument Number			
	Date of Crash 08/07/2020	Time of Crash 2354 Wil	City/Town	Motor Vel	nicle Crasl	Numb Vehic		Speed 2	nit3(State Police Local Police MBTA Police		
	08/07/2020 2354 Wilmington 24HR		Police Report		1	1 1		Latitude MBTA Polic Campus Polic Campus Polic Other:		<u>i</u>		
	AT INTERSECTION: <				LOCATION > NOT AT INTERSECTION:							
					300 SALEM ST						2 10	
1 _	Route# Direction Name of Roadway/Str			treet	Route# Direction		Address # Name of Roadway/Street					
¹ 4			At		Feet NSEW of				- or _		_	
	Route# Dire	ection N	ame of Intersecting Road	ay/Street					Exit Number	1 11		
	Also at Intersection w			Route# Intersecting Roadway					Roadway/Street			
² 1	Route# Direction Name of Intersecting Roadw										_	
	Please Select	One 571 2	Landmark Crash Report ID# 20-163-AC						k	_		
3	of the Followi		#Occupants Hit	/Run Moped	Crash Repo	ort ID# Z	0-10	3-A	<u> </u>			
	License # S9	7032893 St	MA DOB/Age	Reg	# 3RHR41		Reg Ty	pe PC	R	teg State MA	- 12	
	Sex M Lic. Class D Lic. Restrictions CDL Veh Year 2017 Veh Make NISSAN Veh Config. 1										<u></u>	
4	Operator RAPTIS , ANTONIOS N Last First Middle Owner RAPTIS , ANTONIOS N Last First Middle										-	
⁴ 5	Address 4 ELWOOD ST Address 4 ELWOOD ST									-		
	City EVERETT State MA Zip 02149-3105 City EVERETT State MA Zip 02149-											
	Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 28 28									28 27 27 27		
⁵ 1	Vehicle Travel I			rgency? 2 Ever	nt Sequence 22 23	23 23	43	Type of Test:		29		
		sued) T2063042			t Harmful Event 2		I	BAC Test Re	sult:	30	13	
		/Sub 90 17			er Contributing Code	2 25	·	Susp. Alcoho		L	22 ¹³	
⁶ 1	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 1 33 Please fill out for operator and all occupants involved 34 35 36 37 38 39 40									1 33		
	Name (Last First N		erator and all occupants in	Address	DOB/Age Se	34 3 Seat Saf Pos. Sys	lety Airbag Ejec	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility		
	Operat	or	· s	ee Above	>>>	1 1	4 0	0 10	1	:		
	CARLOS DEL	AFUENTE	51 WEBSTER AVE CHELSEA, MA 021	50-3707	м	3 1	4 0	0 10	1			
											1	
											1	
7	Please Select (One Vehicle 2	#Occupants Nor	-Motorist A Type	15 Action 16	Location	17 Cond	1	8 -	Hit/Run Mopec	,	
⁷ 4	of the Followi	ng: Venicle 2	1401	-Motorist A Type	Action	Location	Cond	ition		Hit/Kun Wioped	_	
	License #	19 19	DOB/Age	_	#					21	-	
	Sex Lic.	Class Lic.		DL Veh ndorsement	Year	Veh Make.			Veh	Config.		
⁸ 1	Operator	Last	First	Middle Last First Middle							-	
	Address		2'		Address							
CityStateZipCityStateState									-			
					23 23 23 25 Test Status: 28							
		sued)	Most Harmful Fuent 24 Type of Test: 29									
⁹ 2	,	Sub			er Contributing Code	25	25	AC Test Re		30		
				Susp. Alcohol: Susp. Drug: 32								
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————						34 35 36 37 38 39 40				4	
	Name (Last First M	fiddle)	·	Address	DOB/Age So	ex Pos. Syst		Trap Inju Code State		Medical Facility	_	
	Operate	or/Non-Motoris	SI S	ee Above		1			-		4	



Patrol Officer Dillon Halliday

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Wilmington Police Department

08/08/2020