	Police Use Only	Com	monwealth	of Massacl	huse	tts		I	RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Nur Veh			peed Li		Local Police	000
	08/23/2020 2304 Wil	mington	Police	Report	1	0		atitude.		MBTA Police Campus Police Other:	_8
	AT INTERSECT	ION:	< LOCA	ATION >		NO				TION:	
											2 10
	Route# Direction	Name of Roadway/St	treet	Route# Direction	90 Addre		EST		e of Roady	way/Street	_
¹ 4		At						- Tunin	0111000	ray/street	
				Feet N S	S E W		ile Marl	⊷ • · ker	or .	Exit Number	
	Route# Direction Na	Also at Intersection v		Feet N S	EW	****					1 11
			••••	Feet N S		Rou	te#	Int	tersecting	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roads	way/Street	1001 [11]	,				Landmar	-lz	
	Please Select One Volviele 1	#Occupants Hit/	/Run Moped	Crash Repo	. ID# 9	· Λ – ΄	100) 7		. K	
3	of the Pollowing:	THIO									_
	10 10	MA_ DOB/Age		# 459RT2						2	5 12
	Sex E Lic. Class D Lic.	Restrictions 1 C	indorsement	Year 2013			DA		Vel	h Config. 1	
1	Operator KWON, ERIN H	First	Own	er KWON , SC	PHIE	S	First		N	/liddle	
¹ 1	Address 29 WEST ST		Add	ess 29 WEST	ST						
	City WILMINGTON Sta	te MA Zip 0188	7-3007 City	WILMINGTO	N					1887-300	1
	Insurance Company GEICO GEN	ERAL INSUR	ANCE C Vehi	cle Action Prior to Cras	sh 1	L 22			Area Code	1 27 2 27 8 28	27
5	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Ever	t Sequence 22 23	23	23 23		t Status se of Te		29	
	Citation # (If Issued)		Mos	Harmful Event 22				C Test l		1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	19 ²	²⁵ 9 ²	5 Sus	p. Alco	hol: 2	Susp. Drug:	32 22 ¹³
6 _	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Tov	ved from	n scene?	1 33	_ _
⁵ 1	Please fill out for ope Name (Last First Middle)	rator and all occupants in	volved Address	DOB/Age Se:		35 36 Safety Airba System Status	37 Eject Code	Trap In	39 40 njury Transp natus Code		\neg
	Operator	S	See Above	DOBING SI		1 3			.0 1	Medicar Lacinty	
							+				
					-						
	<u> </u>										
7 1	Please Select One of the Following:	#Occupants Non	n-Motorist A Type	15 Action 16	Location	17	Condition	on	18	Hit/Run Mo	ped
	License #St	DOB/Age	Reg	#		R	eg Type		<u></u>	Reg State	_
	19 19	20		Year						2	21
	Operator		Indorsement	er							_
³ 1	Last Address	First	Middle	Last			First		N	Aiddle	
	CitySta	teZip					State	3	Zip		1 14
	Insurance Company	•		cle Action Prior to Cra	_{sh} [22			Area Code	27 27	27
	Vehicle Travel Direction: NSEW			at Sequence 23	23	23 23	Tes	t Status	:	28	
	Citation # (If Issued)		•	t Harmful Event	24			e of Te		29	
2	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Driv	er Contributing Code		25 2	5	C Test l		30 1 Sun David	32
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			sp. Alco ved froi	n scene?	Susp. Drug: 33	-
	Please fill out for operator/n				34 Seat	35 36 Safety Airba	37	38	39 40 njury Transp		
	Name (Last First Middle)	-4	Address	DOB/Age Set	Pos.	System Statu			Status Code		
	Operator/Non-Motoris	S	See Above	 	$\frac{1}{1}$				_		
			1.64.00.44.00.1								

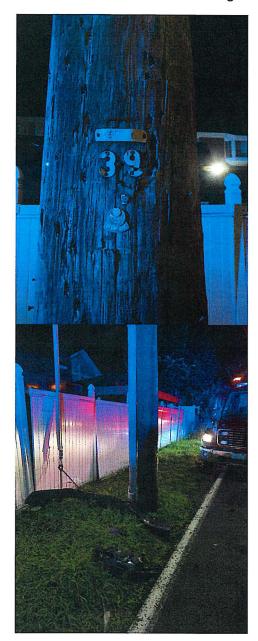
Crash Diagram:		= Direct	<u> </u>		Vehicle 2	♀ Pedesti	ian 🐠 = E	licycle	
		39	90 We Street			Lowell Street		If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cente Other Private Way	ot
						•	€3	Indicate North by	Arrow
Crash Narrative:									
MV1 was travel									
shoulder and s									
the collison o									
apparent injur damage as well	***								ont end
uamage as well	TIONE .	LIGHT	side d	lamage. Ine	veurcre wa	as tower	1 DY FOLL	est rowing.	
						,			
Witnesses:									
Name (Last,First,Middle)				Address			Phone #		Statement
Property Damage Owner (Last, First, Middle)	•	Address			DL #	41 75	D	J.D /	w
READING MUNICIP	AT TTCUM		CII CM	DEADTMO MA	Phone #		Description of D		
READING MONICIP	AL LIGHT	230 A	SH ST	READING MA		4	UTILITY	POLE	
Truck and Bus Inf	ormation:	Registr	ation #		(From Vel	viala Castian)			
Carrier Name					——— (From Vei	ncie Section)		Bus Use	42
Address					City		St_	Zip	
US DOT #:		State Numb	er		Issuing State	MC/MX	/ICC #:		
43	Cargo Body Ty		44	GVWR/GCWR	45	IVIC/IVIX	, ice #		
		-			Reg Year	Tra	iler Length	46	
Hazmat Information:		-	. –	-	<u> </u>	11a			
Placard 47	terial 1 digit #	48	Material Nar	ne		Material 4 di	git #	Release code	49
	-11 5 5	: +	_		04.5				1001000

Wilmington Police Department
Department Precinct/Barracks

08/23/2020

Department

Wilmington Police Department Images Associated with 20-180-AC





	Police Use Only	Comi	monwealth	of Massach	usetts	<u> </u>	1	RMV Doci	ument Number	
	Date of Crash OR (24/2020 1425	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Li		Local Police]
	08/24/2020 1425 Wil:	mington	Police	Report	1	0	Latitude Longitud		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >		NOT A				1
										2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	108 Address #	GLEN		e of Roadw	vay/Street	.
1		At								-
	Route# Direction Na		/04/	Feet N S	E W of	Mile Ma	• ·	— or _	Exit Number	11
	Route# Direction Nai	ne of Intersecting Roady Also at Intersection w		Feet N S	E W of					 1 ''
				Feet N S		Route#	Int	tersecting I	Roadway/Street	
² 1	Route# Direction Name	ne of Intersecting Roady	vay/Street					Landmarl	k	·
3	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repor	t ID# 20	-18	1 – 2	AC.		1
3	of the ronowing:									4
	19 19	DOB/Age		# <u>51TZ48</u>					21	7 12
	Sex E Lic. Class D Lic.	E E	ndorsement	Year 2006				Veh	Config. 1	
⁴ 1	Operator BLIZZARD, DON	First	Middle	er BLIZZARD		First		M	iddle	
1	Address 211 DEMINGWAY			ess 211 DEMI						
	City WILMINGTON Stat			WILMINGTON	F				1887-3647	
	Insurance Company ARBELLA M			cle Action Prior to Crasl		ᆜ, "	amaged A est Status	Area Code:	6 27 27 27	
5	Vehicle Travel Direction: SEW	Responding to Emer		t Sequence 35 23	23 23	23	ype of Te		29	
	Citation # (If Issued)	_	Most	Harmful Event 35		В	AC Test l		30	
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 25	25 S	usp. Alco	hol: 2 31	Susp. Drug: 2 32	99 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by 99	26	T	owed from	m scene?	2 33	
Т	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		Trap 1	39 40 njury Transp. Status Code	Medical Facility	
	Operator	S	ee Above		1 99	4 0		.0 1		1
	-			 						1
								_		+
										4
										1
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion	18	Hit/Run 🔲 Moped	
_		DOB/Age	Reg	#		Rea Tun	е		eg State	1
	19 19	20	·	Year					21	
	Operator	E	ndorsement	er	- on 1710no			Y CI	Johns.	
⁸ 1	Last .	First	Middle	Last Cess		First		M	iddle	
	CityStat	e Zin		ess		St-	ate	Zip		9914
	Insurance Company			cle Action Prior to Crasl	h	1		— гір Area Code:	27 27 27	H
	Vehicle Travel Direction: NSEW	Responding to Emer		t Sequence 23	23 23		est Status		28	
	Citation # (If Issued)	responding to Litter	•	Harmful Event	24	T	ype of Te	st:	29	
⁹ 2	•				25	25	AC Test I		30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	S	usp. Alcol	L	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		***************************************	er Distracted by	34 35	36 37		39 40		4
	Name (Last First Middle)	· ·	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap In	njury Transp. Status Code	Medical Facility	-
	Operator/Non-Motoris	t s	ee Above	\times X	1					
							1 1			1
								\dashv		1
		1		I I	1 1	1 [1 1	1	I	1

Crash Diagram:	ie: 1	= Vehicle 1 2		Q = Pedestri	ian 🚳 :	= Bicycle	
	Glen I	Rd		***************************************		If Crash Didon a Public V	Vay:
108 Glen Rd 108 Glen Driveway			Brattle St			Garage Mall/Shopping Other Private W	/ay
Crash Narrative: The driver was backing	g to turn are	ound on Br	attle St.acc	cording	r to wit	nesses. Whi	le doing s
they struck the corner left. Please see 20-9				to the	downspo	ut. The dri	ver then
Witnesses:							
Name (Last,First,Middle) STRYKOWSKI JENNIFER A		Address 67 N WASHINGTO	N ST WILMINGTON M	íA 01887-2	Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
BELANGER JESSICA M	108 GLEN RD WILMING	TON MA 01887-35	1	97	DOWNSP	OUT	
Truck and Bus Information:	Registration #		— (From Vehic	le Section)			
Carrier Name			City			Bus Use	
US DOT #:	State Number44						
Trailer Reg #:	Reg Type		Reg Year	———Trai	ler Length	46	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	e		Material 4 dig	git #	Release code	49
Patrol Officer Emily L S	tebbins		210 Wil	mingtor	Police	Department	08/25/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

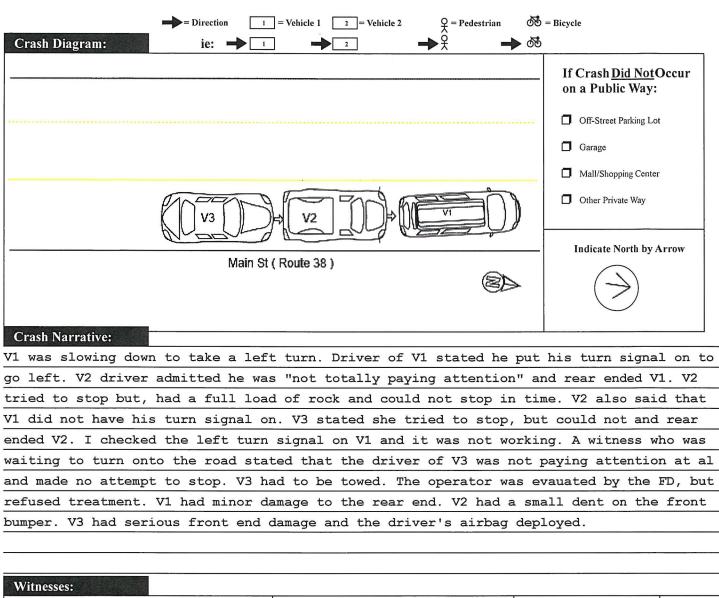
Wilmington Police Department Images Associated with 20-181-AC





	Police Use Only	Com	monwealth (of Massacl	husett	S		RM	V Docı	ument Number	
	Date of Crash Time of Crash 08/25/2020 1316 Will	City/Town	Motor Veh	icle Crash	Number Vehicle		, Jopeen	d Limit	35	Local Police	1
	08/25/2020 1318 W13	mington	Police 1	Report	3	1	Latitu Long			MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOCA	TION >		NOT	AT IN	TER	SEC'	TION:]
										W	2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction	325 Address #		N S'		Roadw	/ay/Street	.
¹ 1		At		[]							-
	Route# Direction N	ame of Intersecting Roads	vav/Street	Feet N	S E W of		— • Marker	• —	or _	Exit Number	11
	reducti Direction 14	Also at Intersection v		Feet N	S E W of						2 "
2				Feet N	S E W of	Route#		Interse	ecting F	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roads	vay/Street					La	ndmark	ζ	
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repo	rt ID# 2 C)-18	32-	AC	•		1
		<u> </u>								3777	┨
	10 10	MA DOB/Ag,		4509453						21	1 12
	Dic. Class D	F	ndorsement	Year <u>2011</u>					Veh	Config.	\vdash
⁴ 1	Operator ALVAREZ, LUI	First First	Middle	er ALL DRAI		First	IN	<u> </u>	Mi	iddle	
1	Address 86 AMES ST	0104		ess 140 OLD	DERRY						l
	City LAWRENCE Sta	ate MA Zip 0184	L-4938 City_	HUDSON			State N				
	Insurance Company		Vehic	cle Action Prior to Cra			Damage Test Sta		Code:	5 ²⁷ ²⁷ ²⁷ ²⁷	
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Event	t Sequence 1 23	23 23	23	Type of			29	
	Citation # (If Issued)	WAR ALL AND AL	Most	Harmful Event 1	24		BAC Te		ılt:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	22 ²⁵	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		Towed t	from sc	ene?	2 33	
1	Please fill out for ope Name (Last First Middle)	erator and all occupants in		DODU.	34 35 Seat Safety	36 3 Airbag Ej	7 38 eci Trap	39 Injury	40 Transp.		1
	Operator		ee Above	DOB/Age Ser	Pos. Syster	Status Co	de Code		Code 1	Medical Facility	
	operator .				\ <u>^</u>	+	+	-	-		_
			-					-			
											_
					-						
⁷ 1	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Con	dition	18	Ī,	Hit/Run Moped	1
1	or the Following:										-
	10 10	MA DOB/Age		<u> 156835</u>			pe CC			eg State MA	
	Sex.M Lic. Class D Lic.	E- E	ndorsement	Year <u>2002</u>						Config. 13	
⁸ 1	Operator BONANNO, MAT'	Pirst ROBERT	Middle	er <u>BONANNO</u>		RUCTI First	ON	INC		ddle	
	Address 214 WINN ST			ess 239 SALI	EM ST						_ 14
	·	te MA Zip 0180 1		WOBURN	Г					L801-2003	1 '
	Insurance Company NGM INSU	RANCE COMPA	NY Vehic	le Action Prior to Cras			Damage		Code:	=	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Event	Sequence 1 23	23 23		Test Sta Type of			1 ²⁸ 29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		BAC Te		ılt:	30	
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19 ²⁵	25	Susp. A			Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 ²⁶		Towed f	1		2 33	
	Please fill out for operator/n	on-motorist and all occup			34 35 Seat Safety	36 3 Airbag Ejo	ect Trap	39 Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motoris	ef c	Address ee Above	DOB/Age Sex	Pos. System	n Status Co	de Code	Status	Code 1	Medical Facility	-
ŀ	Operator/14on-14otoris	31	730070		1 1		-	1-0			-
								ļ			1
							\perp				

	Police Use Only	Comi	monwealth	of Massac	chuse	tts		RM	V Docu	iment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nu			d Limit	35	Local Police &	
	08/25/2020 1316 Wil:	mington	Police	Report	3	1		ude gitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NO	T AT IN		SEC'		1
									-		2 10
					325		AIN S	T		· · · · · · · · · · · · · · · · · · ·	2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Addre	ss#		lame of	Roadw	ay/Street	-
		Al		Feet N	SEW	of —		• —	or _		
	Route# Direction Na.	ne of Intersecting Roady	vay/Street		1 1 1 1		ile Marker			Exit Number	2 11
		Also at Intersection v	vith		S E W	Rout		Interse	ecting F	Roadway/Street	
² 1	Route# Direction Na:	ne of Intersecting Roady	vav/Street	Feet N	SEW	of			•	•	
Τ			<u> </u>	L				La	ndmark	<u></u>	4
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Rep	ort ID#	20-1	L82-	-AC	•		
	License # S30738754 St M	A DOB/Age	Reg	# 1CRT14		Re	g Type P		Re	eo State MA	1
		20		Year 2005						21	1 12
	Operator CEKODHIMA, DA	E	ndorsement	ner DEOLIVE						Comig.	
⁴ 1	Last	First	Middle	Las	١.	I	irst		Mi	ddle	
Т	Address 100 MERRIMACK			ress 400 DUN		LE RD					
	City DRACUT Stat			TYNGSBOR	Г	22				L879-1918	
	Insurance Company OCCIDENTA	L FIRE AND	CASUA Vehi	cle Action Prior to C	,	1 22		ed Area	Code:	1 ²⁷ 2 ²⁷ 8 ²⁷	
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Ever	nt Sequence 23	23	23 23	Test St Type o			29	
	Citation # (If Issued)		Mos	t Hannful Event	L 24			est Resi	alt:	30	L
	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	19	25 25	-1	Alcohol:		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	9 ²⁶	'		from sc	_	1 33	
⁶ 1	Please fill out for oper	ator and all occupants in	volved		34 Seat	35 36 Safety Airbag	37 38 Eject Tra	39 Injury	40 Transp.		
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System Status	Code Cod	e Status	Code	Medical Facility	1
	Operator	2	ee Above		X	99 1	0 0	9	1		-
								1			
											1
	Please Select One	#O		15 1	6	17	[18			1
⁷ 1	Please Select One of the Following:	#Occupants Nor	-Motorist A Type	Action	Locatio	n	Condition		<u> </u>	Hit/Run Moped	
		DOB/Age	Reg	#		Re	g Туре		R	-	
	Sex Lic. Class 19 19 Lic.	Restrictions 20 C	DL Veh	Year	Veh Ma	ıke			Veh	Config. 21	
o	Operator	First		ier							
⁸ 1	Address	riist		ress	1	1	First		Mı	ddle	
	CityStat	e Zip	City				State	2	Zip		1 14
	Insurance Company		Vehi	cle Action Prior to C	rash	22	Damag	ged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Ever	nt Sequence 23	23	23 23	Test St	atus:		28	
	Citation # (If Issued)			t Harmful Event	24		Туре о	f Test:		29	
⁹ 2	, , ,			L		25 25	5]	est Resi		30	
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26		Susp. /	Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	34	35 36	10Wed	from sc	ene?		4
	Please fill out for operator/no Name (Last First Middle)	m-motorist and all occup	Address	DOB/Age	Seat Pos.	Safety Airbag System Status		p Injury	Transp. Code	Medical Facility	
	Operator/Non-Motoris	<i>t</i> s	ee Above		1						
	1440				1						1
											1
								<u> </u>			-{
					1						



Name (Last,First,Middle)		Address	9		Phone #		Statement
BUONO PAULA		23 TAMROCK	TER STONEHA	AM MA 021	180		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damage	ed Property	
Truck and Bus Information:	registration w	ű.	(From vo.	nicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	/pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	e		_Material 4 dig	git #	Release code	49

Patrol Officer Emily L Stebbins

210

Wilmington Police Department

08/25/2020

Police Officer Name (Please Print)

ID/Badge#

Precinct/Barracks Department

Wilmington Police Department Images Associated with 20-182-AC





	Pol	ice Use Only	Co	ommonv	vealth	of Massa	ichu	setts	\$		RM	V Docu	ument Nu	ımber		
	Date of Crash	Time of Crash	City/Town	Mo	tor Veh	icle Cra	sh [Number Vehicles		J. Jopec	d Limit	10	Local I	Police 🔯	1	
	08/26/2020	1458 Wil	Lmington		Police :	Report		1	o	Lan	ude itude			us Police 🔲		
		AT INTERSEC	ΓΙΟΝ:	<	LOCA	TION	>		NOT	AT IN		SEC	TION:		1	
														***************************************	2	0
	Route# Direc	ction	Name of Road	lway/Street		Route# Direct		60 ddress #	<u>MA</u>	IN S		Roadw	/ay/Street		_	لـ
1			At								<u>unio</u> 01		4,750,000		1	
						Feet	N S E	w of	— — Mil	e Marker	•	or _	Exit ?	Number		
	Route# Direc	ction N	ame of Intersecting Also at Interse			Feet	N S E	w of					-		1 '	11
						-	N S E		Route	#	Interse	ecting F	Roadway/	Street		_
² 1	Route# Direc	ction N	ame of Intersecting	Roadway/Street							La	ndmark	ζ.			
2	Please Select (#Occupants	Hit/Run	☐ Moped	Crash R	enart ID	# 2 O	_1	<u>83-</u>					1	
3	of the Followi	ng:													-	
		0222047 St]		20		#_6DF839			_				_	21	1	2
		E	. Restrictions	CDL Endorsemen	nt	Year 2017				TA		Veh	Config.	1		┙
⁴ 1		ALLA, VIJA	First	Middle		er BHALLA	.ast		Fir	st		Mi	iddle			
1	l	WESTWOOD S				ess 28 WES		DD S								
		INGTON St			•	BURLING'								-1104		
	-	any ALLSTATE		CE COMPA		cle Action Prior to		1	22	Damag Test St		Code:	2 27	27 27		
⁵ 2	Vehicle Travel I	Direction: S E W	Responding t	o Emergency? 2	Even	t Sequence 23	$\overline{}$	<u></u>	23	Type of			29			
	Citation # (If Iss	sued)			Most	Harmful Event	1 2	<u> </u>		BAC T		ult:	1 30		<u></u>	_
	Viol. 1: Ch/Sec/	Sub ———	Viol. 2: Ch/Sec/S	ub	Drive	er Contributing Co		_	25	Susp. A	dcohol:	2 31	Susp. E	Orug: 2 32	23 ¹	3
⁶ 1	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/S	ub	Drive	er Distracted by	0 2	5		Towed	from sc	ene?	1 33			
Δ.	Name (Last First M	Please fill out for ope	erator and all occup	oants involved		DOB/Age	s	eat Safety os. System		37 38 Eject Trap Code Cod	39 Injury Status	40 Transp. Code	Med	lical Facility		
	Operate	or		See Above						0 0	10	1			1	
	-								T						1	
									+		_				1	
											_				-	
															4	
⁷ 1	Please Select C of the Followi		#Occupants	Non-Motorist	A Type	15 Action	16 Loc	ation	17 C	ondition	18		Hit/Run	Moped Moped		
	License #	St_	DOB/Age_		Reg	#			Reg	Type		Re	eg State_		1	
	Sex Lic.	Class 19 19 Lic	Restrictions	CDL_ Endorsemen	Veh `	Year	Veh	Make				Veh	Config.	21		
	Operator					er										
⁸ 1	Address	Last	First	Middle	Addr	essi	ast		Fir	st		Mi	iddle			
	City	Sta	iteZip		City					_ State	2	Zip			1	4
	Insurance Comp	any			Vehic	ele Action Prior to	Crash		22	Damag	ed Area	Code:	27	27 27		
	Vehicle Travel D	Direction: N S E W	Responding t	o Emergency?	Even	t Sequence	23 23	23	23	Test St			28			
9	Citation # (If Iss	ued)			Most	Harmful Event	2.	4		Type of		14.	30			
⁹ 2	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/S	ub	Drive	er Contributing Co	de	25	25		est Resi Icohol:			Orug: 32		
	Viol. 3; Ch/Sec/	Sub ———	Viol. 4: Ch/Sec/S	ub	Drive	er Distracted by	2	<u> </u>		-	from sc	L	33	· · · · ·		
		ease fill out for operator/r	on-motorist and al	•	/ed		s	14 35 eat Safety	36 Airbag	37 38 Eject Trag	39 Injury	40 Transp.			1	
	Name (Last First M	or/Non-Motori	ct .	Address See Above		DOB/Age		os. Systen	Status	Code Code	Status	Code	Med	lical Facility	1	
	- Operate		31	Sec Above				-	+			-			-	
								_	-						1	

	sh Diagram:	ie:	= Vehicle 1 2	_ _	文 全	ian 060 = → 050	Bicycle	
-	Support Poles		\$ () ⇔	If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center	t
_		Market Basket F	Parking Lot		(≅>	Indicate North by A	Arrow
MV 1	sh Narrative: was driving in t	MAN AND AND AND AND AND AND AND AND AND A						
	t of the Market B ibited him from d							
	shopping in Mark							
	ase he accidently							
	he doesnt' unders				¥			
		7.						
Wite	000000							
et in south re	nesses:		Address			Phone #		Statement
et in south re	nesses: Last,First,Middle)		Address			Phone #		Statement
All Assets a			Address			Phone #		Statement
All Assets a			Address			Phone #		Statement
Name (I	Last,First,Middle)		Address			Phone #		Statement
Name (I		Address	Address	Phone #	41-Type		f Damaged Property	Statement
Prop	Last,First,Middle) Derty Damage:	Address 260 MAIN ST WILMI		Phone #	41-Type 97	Description of		Statement
Prop	Last,First,Middle) Derty Damage: (Last,First,Middle)			Phone #		Description of	f Damaged Property	Statement
Prop	Last,First,Middle) Derty Damage: (Last,First,Middle)			Phone #		Description of	f Damaged Property	Statement
Prop Owner (MARK	Last,First,Middle) Derty Damage: (Last,First,Middle)		NGTON MA 01887		97	Description of	T POLE	Statement 42
Prop Owner (MARK	Last,First,Middle) Derty Damage: (Last,First,Middle) ET BASKET	260 MAIN ST WILMI	NGTON MA 01887		97	Description of	f Damaged Property	
Prop Owner (MARK	Last, First, Middle) Derty Damage: (Last, First, Middle) ET BASKET Ek and Bus Information:	260 MAIN ST WILMIN	NGTON MA 01887		97	Description of SUPPOR	T POLE Bus Use	
Prop Owner (MARK Truc Carrier Address	Last,First,Middle) Derty Damage: (Last,First,Middle) ET BASKET ck and Bus Information:	260 MAIN ST WILMI	NGTON MA 01887	(From Vehic	97	Description of SUPPOR	T POLE Bus Use	42
Prop Owner (MARK Truc Carrier Address	Last, First, Middle) Derty Damage: (Last, First, Middle) ET BASKET Ek and Bus Information: r Name SS DT #: 43	Registration #	NGTON MA 01887	(From Vehic	97	Description of SUPPOR	T POLE Bus Use	42
Prop Owner (MARK Truc Carrier Address US DO	Last, First, Middle) Derty Damage: (Last, First, Middle) ET BASKET ck and Bus Information: r Name DT #: 43 Cargo Body Ty	Registration #	NGTON MA 01887	City Issuing State45	97 Ble Section) MC/MX	Description of SUPPOR	T POLE Bus Use	42
Prop Owner (MARK) Truc Carrier Address US DO Intersta	Last, First, Middle) Derty Damage: (Last, First, Middle) ET BASKET ck and Bus Information: r Name DT #: 43 Cargo Body Ty	Registration # State Number Appe Code 44	NGTON MA 01887	City Issuing State45	97 Ble Section) MC/MX	Description of SUPPOR	T POLE Bus Use	42
Prop Owner (MARK) Truc Carrier Address US DO Intersta Traile Hazn	Last, First, Middle) Derty Damage: (Last, First, Middle) ET BASKET Ek and Bus Information: r Name SS OT #: 43 Cargo Body Ty er Reg #:	Registration #	NGTON MA 01887 GVWR/GCWR Reg State	City Issuing State	97 Ble Section) MC/MX	Description of SUPPOR	T POLE Bus Use	42

Police Officer Name (Please Print)

Signature

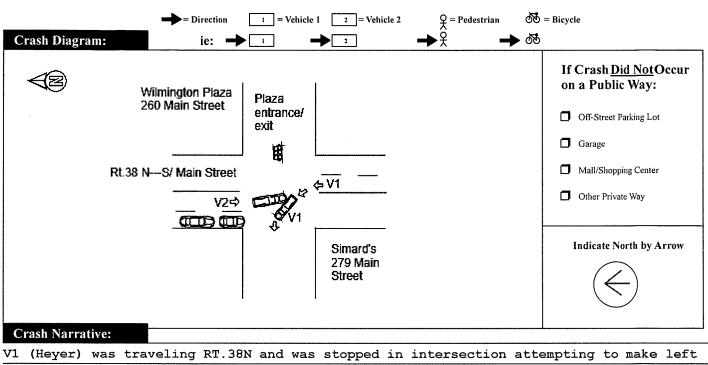
ID/Badge #

Department Precinct/Barracks

	Police Use Only	Comr	nonwealth	of Massac	huset	tts		RMV	/ Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Num Vehi		- Jopeen	l Limit_	35	State Police Local Police MBTA Police	1
	08/26/2020 1640 Wil:	mington	Police	Report	1	cles Injur	Lantu	ide itude		MBTA Police Campus Police	
	AT INTERSECT	ION:		TION >			'AT IN		SECT		1
											10
	LOWELL										2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Addres	s#	Na	ame of F	Roadwa	y/Street	-
	I93NBR3			Feet N	S E W o			• —	or		
		me of Intersecting Roadw		[e Marker			Exit Number	1 11
		Also at Intersection w	ith		S E W o	Route	-	Interse	cting Ro	oadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street	Feet N	S E W o	f					
			<u> </u>						ndmark		-
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	ort ID# 2	0-1	84-	AC	,		
	License # S58615963 St M	A DOB/Age -	Reg	# 2L3892		Reg	Type MC	;	Reg	z State MA	
	19 19	20		Year 2016					-	21	1 12
	Operator FITZGERALD, F	E1	ndorsement	er FITZGER					_ ,,,,	Sound.	
⁴ 2	Address 67 ELINOR RD	First	Middle	tess 67 ELIN		Fire	il		Midd	ile	
	City SOUTH WEYMOUTH State	M73 ~ 02190		SOUTH WEY			. M	7	. 02	100-2742	
	Insurance Company PROGRESSI	-				22				$\frac{190-2742}{27 \cdot 27 \cdot 8}$	
				cle Action Prior to Cra		3 23	Test Sta		2000.	28	
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emerg		t Sequence 51 23		.5 25	Type of		F	29	
	Citation # (If Issued)	No.	Most	t Harmful Event 5			BAC Te	st Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 2	5 25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	42 ¹³
⁶ 5	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		Towed 1	from sce	ene? 2	2 33	
<u>5</u>	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	/Olved Address	DOB/Age S	Seat S	35 36 Safety Airbag ystem Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	T
	Operator	Se	ee Above	DODA/Age ,	1 5		0 0		1	Medicai Pacificy	1
	- Post disconnection of the control				1						
							_				-
⁷ 6	Please Select One Vehicle 2	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 C	ondition	18	Пн	it/Run Moped	1
6	of the Following:		<u> </u>]		<u> </u>				┨
	19 19	DOB/Age		#						21	
	Sex Lic. Class Lic. I		OL Veh 'ndorsement	Year	_ Veh Mak	e			_ Veh C	Config.	
⁸ 1	Operator	First	Middle Own	erLast		Fin	ıt		Midd	ile	
т	Address		Addr	ess							. 14
	CityState	e Zip	City				State				4
	Insurance Company		Vehic	cle Action Prior to Cra	ash	22	Damage		Code:	27 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23 2	3 23	Test Sta Type of		-	29	
⁹ 2	Citation # (If Issued)	-	Most	Harmful Event	24		BAC Te		,	30	
2	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	2:	5 25	Susp. A	г		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		Towed f	L		33	
	Please fill out for operator/no	n-motorist and all occupa			Seat S	35 36 iafety Airbag	37 38 Eject Trap		40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Se	ex Pos. S	ystem Status	Code Code		Code	Medical Facility	-
	Operator/Non-Motoris	ı Se	e Above		1			\perp			-
					\top						1
				1 I	1 1	1 1	ı	1 1			1



	Pol	ice Use Only		Comr	nonwealth	of Massa	achu	isetts	3		RM	V Docu	ument Nun	aber		
	Date of Crash	Time of Crash		ity/Town	Motor Vel	nicle Cra	sh	Number		ad John	d Limit	35	Local Pc	olice 🛭		
	08/27/2020	1219 V	WIIMI	ngton	Police	Report		2	1	Lann	ude itude		MBTA F Campus Other:	olice D		
		AT INTERS	ECTIO	N:			>		NOT	'AT IN		SEC'			1	
											*****				2 10	1
	Route# Direc	ation .		Jame of Roadway/Str		38		279	MA	IN S]
¹ 1	Kome# Direc	CHOIL	IN	At	eet	Route# Direct	tion A	Address #		N	ame of	Roadw	/ay/Street			
						Feet [N S F	w of			• —	or _	E 1.37			
	Route# Direc	etion		f Intersecting Roadw					Mil	e Marker			Exit Nu	imber	3 11	
			А	Also at Intersection w	ith			E W of	Route	-	Interse	ecting F	Roadway/St	treet		
² 2	Route# Direc	etion	Name o	f Intersecting Roadw	/ay/Street	Feet	NSE	w of	INT	ERSE	CTI	ON	@ SIN	MARDS		
	Dlana Caland											ndmark	<		ļ	
3	Please Select C of the Followin		1 1 #C	Occupants Hit/I	Run Moped	Crash R	eport Il	D# 2 0	-1	85-	·AC	•				
	License # S2	1096815	St MA	DOB/Age	Reg	# 1MJL87			Reg	Туре РС	·	Re	eg State M	Ά	12	1
	Sex F Lic. (Class D 19	Lic. Restr	rictions 20 CI		Year 2007							Ī	21	1 12	
	l	YER, HEA'	THER	LYNNE Er	idorsement Owi	er FIOREL								<u> </u>		J
⁴ 3		Last ERKINS P		it	Middle	ress 182 SP	ast		Fire	t		Mi	iddle			
	1			A Zip 01930		BILLERIO				s. M	7 -	. n1	1021_	1/21		
				DIRECT I					22	State Manage			1821- 1 27	27 27		
					_	cle Action Prior to		3 23	23	Test Sta		Code.	28			
⁵ 2		Direction: S		Responding to Emerg		in sequence 1	<u></u>	Ц	23	Type of			29			
	Citation # (If Iss	ued)			Mos	t Hannful Event	1	24		BAC Te	est Resi	ılt:	30		10	1
	Viol. 1: Ch/Sec/S	Sub ———	— Viol.	2: Ch/Sec/Sub	Driv	er Contributing Co			25	Susp. A	lcohol:	2 ³¹	Susp. Dri	ug 2 32	1 13	
⁶ 1	Viol. 3: Ch/Sec/S	Sub ————	— Viol.	4: Ch/Sec/Sub —	Driv	er Distracted by	0	26		Towed 1	from sc	ene?	1 33			1
Т	Name (Last First M		or operator a	and all occupants inv	olved Address	DOB/Age		34 35 Seat Safety Pos. System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp.	Madia	l Carilia		
	Operate				e Above	DOBINGE		1 1		O O	1	Code 1	Medica	l Facility	1	
	Post							-	-		+					
									1							
7	Please Select C		2 1 #0	occupants Non-	Motorist A Type	15 Action	16	cation	17 C	ondition	18		Hit/Dun	Moped	1	
⁷ 2	of the Followin	·g.			<u></u>			Cation						<u> </u>	ļ	
		18183934	St. NH	DOB/Age.	_	# <u>4338007</u>				Туре <u>РС</u>		Re	eg State <u>N</u>	H 21		
	Sex.M Lic. (Class B		ictions B CI	DL Veh dorsement	Year 2018	Ve	h Make <u>C</u>	HEV	ROLE'	<u> </u>	_ Veh	Config.	2 -		
⁸ 1	_	RDNER, DI	First	ı	Middle Own	er GARDNE	R, I	IIVAC) MA	THEW		Mic	ddle			
	Address 8R	TIGER TA	IL C	[R	Addi	ess 8R TIG	ER	TAIL	CIF	<u> </u>					- 14	1
	City DERRY	7	_ State <u>N</u>	H Zip 03038	3 City	DERRY				State N	H z	ip 03	3038		2 14	
	Insurance Compa	any PROGRES	SSIVE		Vehi	cle Action Prior to	Crash	1	22	Damage	d Area	Code:		27 27	<u> </u>	j
	Vehicle Travel D	irection: N N I	E W R	Responding to Emerg	ency? 1 Even	t Sequence 1	23 23	3 23	23	Test Sta			1 28			
⁹ 2	Citation # (If Issu	ued)			Mos	Hannful Event	1 2	24		Type of		,,	30			
2	Viol. 1: Ch/Sec/S	Sub	Viol.	2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 1	.9 ²⁵ 3	25	BAC Te Susp. A				ug: 2 32		
	Viol. 3: Ch/Sec/S	Sub	Viol.	4: Ch/Sec/Sub	Drive	er Distracted by	1 2	26		Towed f	L		2 33	18.[2		
		***************************************		otorist and all occupa		-		34 35 Seat Safety	36 Airbag	37 38	39	40				
	Name (Last First Mi				Address	DOB/Age	Sex	Pos. System	Status	Eject Trap Code Code	Injury Status	Transp. Code	Medica	l Facility		
	Operato	or/Non-Mote	orist	Se	e Above		X	1 1	1 0	0	8	1				
						1		l l	1 1	- 1				,	ı	



V1 (Heyer) was traveling RT.38N and was stopped in intersection attempting to make left turn into 279 Main Street. V2 (Gardner) was traveling Rt.38S in inside lane. V2 then entered intersection and collison occurred. V1 opr. (Heyer) stated that south bound traffi had stopped on the inside lane so she could turn. V1 Opr. Heyer also stated light was yellow then red while waiting to turn and collison occurred after this. She was struck by V2 on the right rear quarter near wheel, and believed V2 ran red light. V2 opr (Gardner) stated he was traveling straight, looking down at his GPS, and then back to roadway just as collision occurred. Opr. Gardner believes he may have gone through the red light while he was distracted. No injury to V1. V2 opr. had possible minor injury. No transport with waiver. Cain's Towing towed both vehicles.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
		·					
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damag	ed Property	
Truck and Bus Information: Carrier Name	Registration #		·			Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45		46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 digi	t #	-Release code	49

Patrol Officer Richard DiPerri

173

Wilmington Police Department

08/27/2020

Police Officer Name (Please Print)

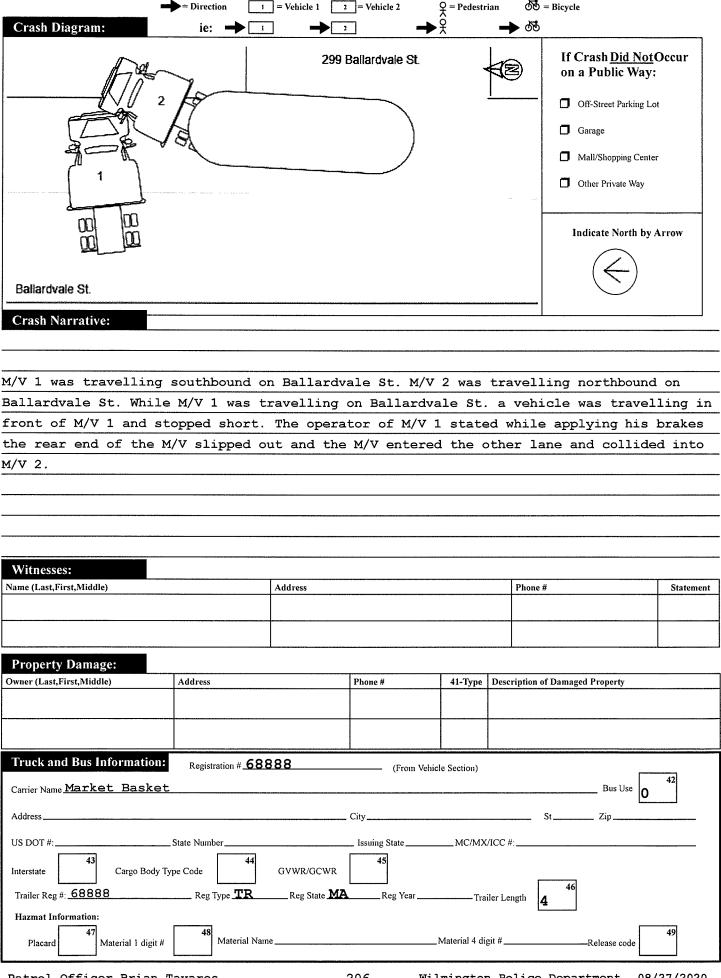
Signature

ID/Badge #

Department

Precinct/Barracks

	Police Use Only	Comi	monwealth (of Massac	huse	tts		RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Nui Val			ed Limit	30	Local Police	1
	08/27/2020 1323 Wil	mington	Police 1	Report	2	0		itude ngitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	`ION:	< LOCA				T AT I		SEC		1
									320110111		2 10
					299		ALLAI				2 "
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Addre	ss#		Name of	Roady	vay/Street	-
т		Al		Feet N	SEW	of —		• —	or _		
	Route# Direction Na	me of Intersecting Roady	vay/Street				Aile Marke	r		Exit Number	9 11
		Also at Intersection w	vith	Feet N	S E W	of	te#	Inters	ecting l	Roadway/Street	
² 2	Route# Direction Na	une of Intersecting Roady	vav/Street	Feet NSEW of							
2	Todo: Breeton 142	ine of intersecting Roads	vay/Street	······				La	ındınarl	k	1
³ 3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repo	ort ID# 2	20-3	186	-A(3		
3	License # S68935350 St N	(7) DOD(4)		 <u>∔ 68888</u>						M7	
		20								21	1 12
		T F	ndorsement	_{Year} <u>1996</u>						m	
4	Operator SANCHEZ-CESPE			er JAMES T				UCTI	ON M	CO INC	
⁴ 1	Address 792 WESTERN A			ess 77 LOWE	LL J	CT RI)				
	City LYNN Sta	te MA Zip 0190	5 City .	ANDOVER			State 】	MA_	Zip 0	1810-5905	
	Insurance Company OLD REPUB	LIC GENERAL	L INSU Vehic	ele Action Prior to Cra	ash	2 22	Dama	iged Area	Code:		
	Vehicle Travel Direction: N X E W	Responding to Emer	gency? 2 Even	t Sequence 1 23	23	23 23	Test S	Status:		1 28	
⁵ 2	Citation # (If Issued)		Most	Harmful Event 1	24		• •	of Test:		29	
-	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sac/Sub	Drive	r Contributing Code	11	²⁵ 8 ²	z	Test Res		1 30	13
				er Distracted by				Alcohol:		Susp. Drug: 2 32	
⁶ 2	Viol. 3: Ch/Sec/Sub	rator and all occupants in	*****	I Distracted by	34	35 36		8 39	40		1
	Name (Last First Middle)	rator and an occupants in	Address	DOB/Age Se	Seat	Safety Airba System Statu	g Eject Tr	rap Injury ode Status	Transp.	Medical Facility	
	Operator	s	ee Above	>>>	(1	99 4	0 0	10	1		
									1		1
							-				-
									<u></u>		_
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17	Condition	18		Hit/Run Moped	
1		<u> </u>		.70506]				<u></u>		1
	19 19	DOB/Age		78506			eg Type 🔏			eg State MA	
			ndorsement	Veh Year 2011 Veh Make Mack Truck Veh Config. 10							
⁸ 1	Operator SUTH, SOMNANG	First	Middle	er DEMOULAS Last			KTS First	INC	М	iddle	
	Address 37 MARLBOROUG	H ST APT	Addre	ess 875 EAS	T ST		·····				14
	City LOWELL Sta	State MA Zip 01851-3017 Ci			City TEWKSBURY State MA Zip 01876						4
	Insurance Company TRAVELERS INDEMNITY CO. Vehi			hicle Action Prior to Crash 1							
	Vehicle Travel Direction: SEW Responding to Emergency? 2 Even			Sequence 1 23	23	23 23	Test S			28 29	
9	Citation # (If Issued)		Most	Harmful Event 1	24			of Test: Test Res	14.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1	25 2	3			<u> </u>	
		/iol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ———— Dri				Driver Contributing Code Towed from scen				33 33	
		Please fill out for operator/non-motorist and all occupants involved				35 36	37 3	8 39	40		1
	Name (Last First Middle)	•	Address	DOB/Age Se		Safety Airba System Statu	g Eject Tr s Code Co	rap Injury ode Status		Medical Facility	-
	Operator/Non-Motoris	st s	ee Above	$\langle \rangle \langle \rangle$	1	99 4	0 0	10	1		
					$\dashv \dashv$		 	_			1
					+		+	+			1
								ı	1		



Patrol Officer Brian Tavares

206

Wilmington Police Department

08/27/2020

Police Officer Name (Please Print)

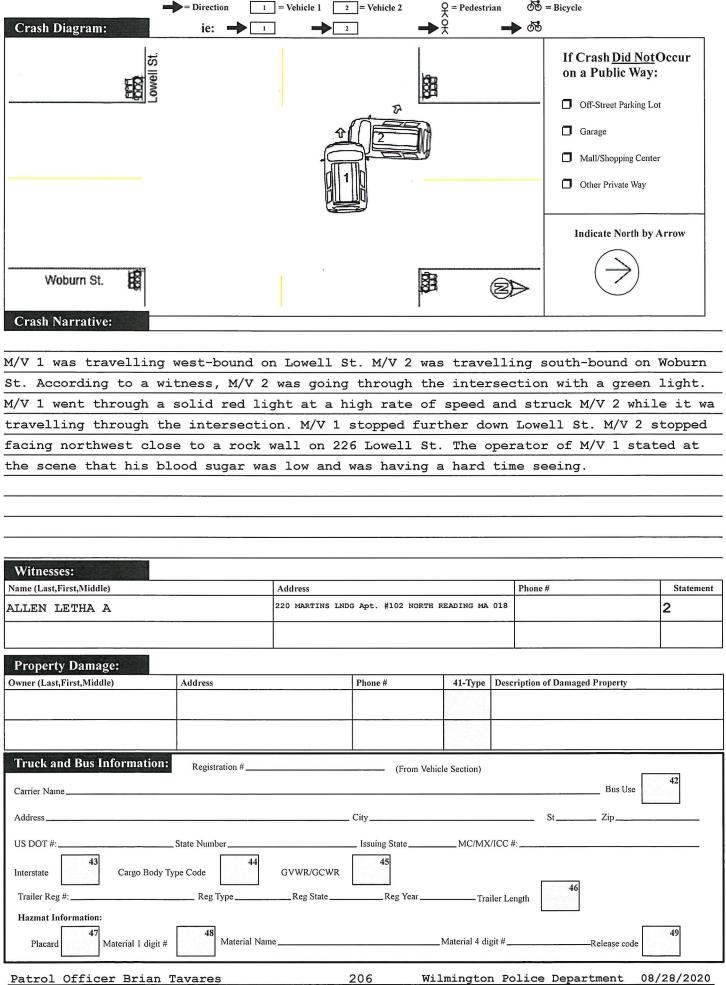
Signature

ID/Badge #

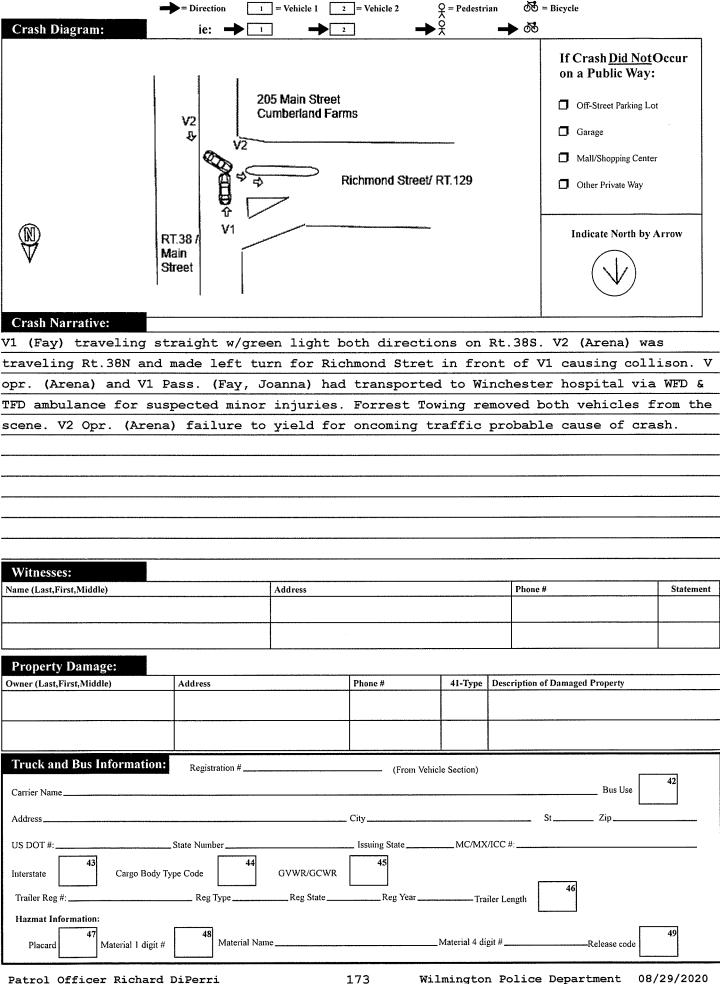
Department

Precinct/Barracks

	Police Use Only	Com	monwealth	of Massac	huset	ts		RMV	Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numl Vehic		, i '	Limit_	25	Local Police	
	08/28/2020 1442 Wil	mington	Police	Report	2	o Injure	Latitu Longi		·	MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >	<u> </u>		AT IN		ECT		1
						1101					10
	129 W LOWELL						***				2
¹ 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address	#	Na	me of R	Loadwa	ay/Street	
<u> </u>	Mailavii	At Cm		Feet N	S E W of				or		
	Route# Direction WOBURN Na	me of Intersecting Road	way/Street			Mile	Marker			Exit Number	6 11
		Also at Intersection	with	Feet N	S E W of	Route#		Intersec	rting R	Loadway/Street	
2	Route# Direction Na			Feet N	S E W of	Routen		mersee	Aing ic	oadway/bireet	
² 1	Rother Direction Na	me of Intersecting Road	way/Street	Landmark							
3	Please Select One of the Following:	_#Occupants His	t/Run Moped	Crash Repo	rt ID# 2	0-18	37-	AC			
J	or the Following.										1
	License # S53173896 St N	20		# 63ZV49						21	1 12
	Sex M Lic. Class D D Lic.	Restrictions	Endorsement	Year 2017					_ Veh	Config. 1	
4	Operator VUONG, TRUNG	OUOC First	Own	er VUONG , I	RUNG	QUOC First			Mid	kille	
⁴ 3	Address 91 EVERETT ST		Add	ess 91 EVER	ETT S						
	City LAWRENCE State	e MA Zip 0184	3-1160 City	LAWRENCE			State M	A Zi _l	р 01	843-1160	
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Vehi	cle Action Prior to Cra	ısh 1	22	Damage	d Area (Code:	8 27 27 27	
	Vehicle Travel Direction: N E W	Responding to Eme	ergency? 2 Ever	t Sequence 1 23	23 2	3 23	Test Stat	tus:		1 28	
⁵ 1	Citation # (If Issued)			t Harmful Event 1	24		Type of	Test:		29	
				er Contributing Code	1 25	25	BAC Te	_		1 30	13
	Viol, 1; Ch/Sec/Sub ————			_	26		Susp. Al	_	$\overline{}$	Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by		35 36	Towed f	TOM SCE	ne?	1 33]
	Please fill out for oper Name (Last First Middle)	ator and all occupants is	nvolved Address	DOB/Age Se	Seat S	afety Airbag E	jeet Trap ode Code	Injury	Transp. Code	Medical Facility	
	Operator		See Above		1 0	99 0	0	10	1		
	VAN VUONG	91 EVERETT ST LAWRENCE, MA 01	843-1160	M	3 0	99 0	0	10	1		1
								-			1
											_
⁷ 2	Please Select One Vehicle 21	_#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Co	ndition	18		lit/Run Moped	
2	of the Pollowing:		<u></u>								1
	19 19	DOB/Age_:		# 914AMY	······································					eg State ME	
	Sex M Lic. Class C C Lic.	Restrictions 1	CDL H Veh Endorsement	Year 2018	_ Veh Make	CHEVE	OLE!	<u> </u>	_ Veh	Config. 1	
⁸ 1	Operator MCMASTER, CHE	SISTOPHER I	Middle Own	ter ACAR LEA	ASING	LTC First			Mid	idle	
1	Address 48 REMICKS LN		Add	ess							14
	City KITTERY State	e ME Zip 0390	04 City	LUTHERVII	LE		State M	E Zi	р		1 14
	Insurance Company USAA		Vehi	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27							
	Vehicle Travel Direction: N S E	Responding to Eme	rgency? 2 Ever	t Sequence 23	23 2	3 23	Test Stat	tus:		1 28	1
	Citation # (If Issued)	Most Harmful Event 1 24 Type of Test: 29									
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Vial 2: Ch/Saa/Sub		er Contributing Code	14 25	3 25	BAC Te	_		1 30 Susp Drug 2 32	
		Driver Contributing Code 14 23 3 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 1 33									
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		or Distracted by		35 36	37 38	39	40	1	-	
	Name (Last First Middle)	mi-motorist and an occu	Address	DOB/Age Se	Seat S.	afety Airbag I	jeet Trap ode Code	Injury	Transp. Code	Medical Facility	
	Operator/Non-Motoris	t :	See Above	\rightarrow	$\left\langle \begin{array}{c c} 1 & 9 \end{array} \right\rangle$	9 4 0	o	10	1		
				T							1
						++					-
								1			-



	Police Use Only	Comi	nonwealth -	of Massac	huse	etts			RMV	/ Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Nt	unber hicles	Number Injured	Speed		35	Local Police	
	08/29/2020 1211 Wilr	mington	Police	Report	2		2	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	4	TION >			NOT A			SECT		1
	TAX II VI DIODO I	1011.	· Boer				IIO I A			JLC I	10111	10
	38 S MAIN ST											2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Addr	ess#		Nat	me of I	Roadwa	ay/Street	-
1	100	At		Feet N	SEW	of -				or		
	Route# Direction RICHMON	D ST ne of Intersecting Roads	vay/Street			···	Mile Ma				Exit Number	
		Also at Intersection v	vith	Feet N	S E W	of _	D		· .		10.]3
				Feet N	S E W	of	Route#	1	interse	cting K	loadway/Street	1
² 3	Route# Direction Nam	ne of Intersecting Roads	vay/Street	Landmark							-	
2	Please Select One Vehicle 12	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	2 Ո -	-18	R —	ΔC)	0.0000000	
3	or the ronowing.											4
	License # \$76967844 St. M	DOB/Age	Reg	# <u>9PA656</u>			_ Reg Typ	e <u>PC</u>		Re	eg State MA	1 12
		Restrictions B C	DL Veh	Year <u>2003</u>	Veh Ma	ake D C	ODGE			_ Veh	Config. 1	
	Operator FAY , JOHN JAM	ES JR		er FAY , JO	HN J	AME	S JR			Mid	I.B.	
⁴ 3	Address 19 SOUTH ST	PHSt		ess 19 SOUT	H ST	I	Fust			Міс	idle	
	City WILMINGTON State	e MA Zip 0188	7-1612 City	WILMINGTO	ON		Sta	ate M	1 z	ip 01	887-1612	
	Insurance Company GOVERNMEN!			cle Action Prior to Cr		1 2	22 D	amageo	d Area	Code:	2 27 1 27 27	
	Vehicle Travel Direction: N E W	Responding to Emer		it Sequence 23			T	est Stat	us:		1 28	
⁵ 1				at Sequence 1	24			ype of I	Test:		29	
	Citation # (If Issued)			t Harmful Event	<u>. </u>	25	25	AC Tes	_		30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code			25 S	usp. Ale	cohol:	2 31		1
⁶ 2	Viol. 3: Ch/Sec/Sub ———	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		T	owed fi	om sce	ene?	1 33	
2	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age	34 Seat Sex Pos.		36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator		ee Above	DOB/Age	1		1 0	0		1	Medical Facility	1
		19 SOUTH ST			\ _	-		ļ			Winchester	-
	JOAN FAY	WILMINGTON, MA	01887-1612	F	3	1	1 0	0	8	2	Hospital	
	Please Select One XI Valuate 2.1		Г	15 1	6		17		18			1
⁷ 3	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action	Location	on	Condi	tion		IJ ŧ	Hit/Run Moped	
	License # S38179142 St M	A DOB/Age	Reg	# 6KPS20			_ Reg Typ	e PC		Re	eg State MA	
	Sex. M Lic. Class D Lic. H			Year 2012	Veh M	ake H (ONDA			_ Veh	Config. 1 21	
	Operator ARENA, GUY		ndorsement Own	er ARENA,	GUY							
⁸ 1	Address 533 SHAWSHEEN	First AVE	Middle	ress 533 SHA		EN	First AVE			Mic	ddle	
	City WILMINGTON State			WILMINGTO				nta MZ	A 7	in 01	1887-1637	2 14
	Insurance Company THE COMME	•	•		1	A .	_	amageo			,,,	
				cle Action Prior to Cr	23	23		est Stat			28	
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Ever	it Sequence 1 23			20	ype of			29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	. 24			AC Tes	st Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub —	er Contributing Code	4	25	25 S	usp. Ale	cohol:	2 31	Susp. Drug: 2 32			
	Viol. 3: Ch/Sec/Sub	er Distracted by	26		T	owed fi	rom sc	ene?	1 33			
	Please fill out for operator/no	n-motorist and all occup			34 Sent	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.	.	7
	Name (Last First Middle)	4 -	Address	DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility Winchester	-
	Operator/Non-Motoris	ı S	ee Above		$\frac{1}{1}$	0	1 0	0	8	2	Hospital	4
	MANAGE TO THE TRACE.					\vdash	$\neg \vdash$					1
						1 1						



Patrol Officer Richard DiPerri

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Wilmington Police Department

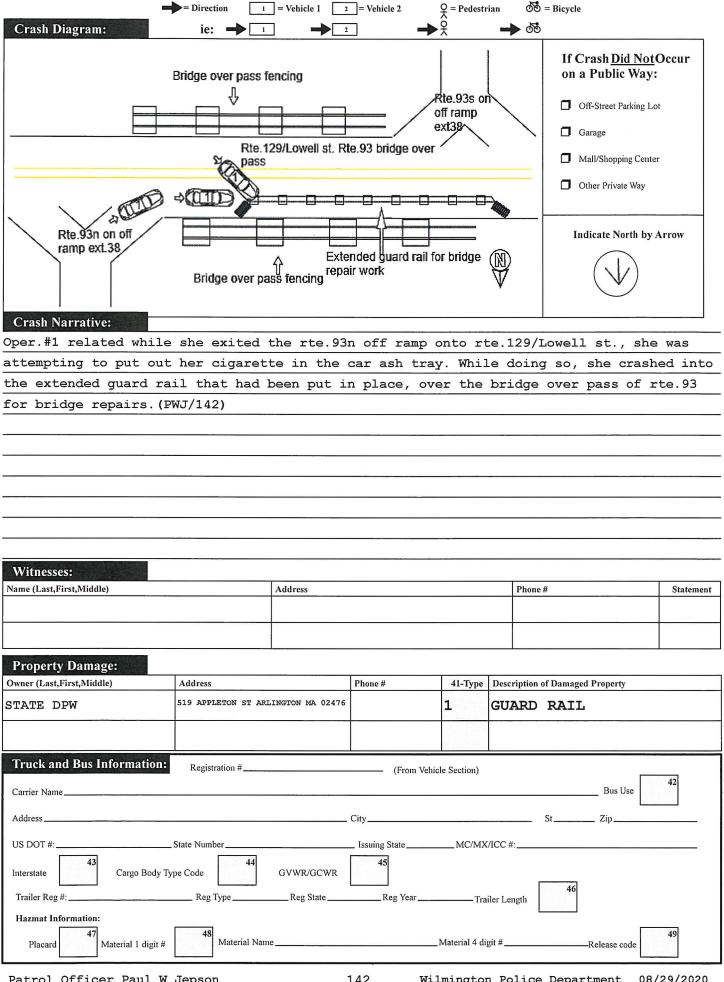
Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

	Police Use Only	Comi	monwealth	of Massac	husetts	}	RM	V Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	35 State Police Local Police	800			
	08/29/2020 1333 Wil:	mington	Police	Report	1	0	Latitude Longitude	MBTA Police Campus Police Other:	ᆸ			
	AT INTERSECT	ION:		TION >	1	NOT A	<u> </u>	SECTION:				
									2 10			
	Route# Direction	Name of Roadway/St	reet	129 W Direction	Address #	LOWE	ELL ST Name of	Roadway/Street				
¹ 1		At							_			
				Feet N	S E W of	Mile Ma	arker	orExit Number				
	Route# Direction Nat	me of Intersecting Roady Also at Intersection w		Feet N	S E W of				1 ''			
					S E W of	Route#	Interse	ecting Roadway/Street				
² 2	Route# Direction Nat	me of Intersecting Roady	vay/Street				La	ndmark	-			
3	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 2 0	-18	9-AC	*				
3	of the Following:				-							
	License # S60501936 St M Sex F Lic. Class 5	20		# E1048				21	3 12			
	<u>р</u>	E	ndorsement	Year <u>2009</u>					J			
⁴ 1	Operator BEOTE , LAUREN	First	Middle	er BEOTE, A		First		Middle	-			
1	Address 31 WASHINGTON			ess 31 WASH					_			
	City STONEHAM State			STONEHAM	F			Zip 02180-124	-, I			
	Insurance Company ARBELLA M	UTUAL INSU		cle Action Prior to Cra		┩ .	Damaged Area Test Status:	Code: 1 27 2 27 2	:7]			
5	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 24 23	23 23	23	ype of Test:	29				
	Citation # (If Issued)		Mos	Harmful Event 2		В	AC Test Res	ult: 30	121			
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	20 25	25 S	usp. Alcohol;	31 Susp. Drug: 3	2 24 ¹³			
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Т	owed from so	ene? 1 33				
2	Please fill out for oper	ator and all occupants in	volved Address	DOB/Age Se	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code Medical Facility				
	Operator	S	ee Above		1 1	1 0	0 10	1				
					1				-			
			······································									
⁷ 1	Please Select One of the Following:	_#Occupants Non	a-Motorist A Type	15 Action 16	Location	17 Condi	ition 18	Hit/Run Mor	ed			
		DOB/Age	Rea	#	<u> </u>	Reg Tyn	<u></u>	Reg State				
	19 19	20	· ·	Year				21				
	Operator	E	ndorsement	er					<u> </u>			
81	Last Address	First	Middle	Last		First		Middle				
		e 7in		C35		Ç+.	ate 3	Zip	1 14			
	•					ty State Zip						
	Vehicle Travel Direction: N S E W			t Sequence 23	23 23		est Status:	28	_			
	Citation # (If Issued)	responding to ciner		t Harmful Event	24	— I	ype of Test:	29				
⁹ 2	, , , , , , , , , , , , , , , , , , , ,			<u> </u>	25	25	SAC Test Res		a			
	Viol. 1: Ch/Sec/Sub ————	Susp. Alcohol: 31 Susp. Drug: 32										
	ol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dri Please fill out for operator/non-motorist and all occupants involved			er Distracted by	34 35	36 37	38 39	40	-			
	Please fill out for operator/no Name (Last First Middle)	m-motorist and all occup	Address	DOB/Age Se	Seat Safety	Airbag Eject	Trap Injury	Transp.				
	Operator/Non-Motoris	<i>t</i> s	ee Above		1							
		1		1	1 1	1	1 1	1 1	1			



Patrol Officer Paul W Jepson

Police Officer Name (Please Print)

142 ID/Badge # Wilmington Police Department

08/29/2020

Signature

Department

Precinct/Barracks