	Police Use Only Com Date of Crash Time of Crash City/Town				mmonwealth of Massachusetts							RMV Document Number					7	
	Date of Crash 09/07/2020	Time of Crash	l .	City/Town	on Width ven		icle Cra	sh		mber hicles	Nun Inju	d	Speed Latitud	Limit_	30	Local	Police Po	1
		24HR	1		Po	lice I	Report		3		1	- 1	∠annuc ∠ongit				ous Police	
		AT INTER	SECTIO	N:	<	LOCA	ΓION	>			NO	ГАТ	INT	ERS	SEC	TION	:	
									400	า	т.С)WE	г.т.	ст				2 10
1_	Route# Dire	ction		Name of Roadway/	Street		Route# Direct	tion	Addr			/1123			Roadw	ay/Stree	t	
¹ 3				At			Feet [N S	EX	of			- •		or _			
	Route# Dire	ction	Name	of Intersecting Roa	dway/Street						Mi	le Mar	ker			Exit	Number	5 11
			,	Also at Intersection	with		Feet				Route	 -	1	Interse	cting F	Roadway	/Street	
² 1	Route# Dire	ction	Name	of Intersecting Roa	dway/Street		Feet	NS	EW	of								_
	Please Select	One 🔯	1 #	Occupants H						20	7	0.5	-		ndmark	(1
³ 97	of the Followi	ing: Vente			it/Run	Moped	Crash R	leport	ID#	20		95) —,	AC				
	'	8150615	St. MA	DOB/Age	Mari .		H91024										21	12
	Sex M Lic.	Class D	Lic. Res	trictions 1	CDL Endorsement		ear <u>2006</u>)			Veh	Config.	1	
⁴ 1		BIN, GE	Fi	rst .	Middle		r JOBIN,	Last		GE	H	rst			Mi	ddle		
T	1	OHIO ST		/a 0100	7 1050		ss 15 OHI											· [
				(A Zip 0188			VILMING'		ſ		22						27 7 27	•
	·	surance Company THE COMMERCE INSURA					e Action Prior to		23	23	23		maged st Stati		Coue:	1 28	3 - 7 - 1	
⁵ 2		Pehicle Travel Direction: NSEX Responding to Eme			ergency?_Z		sequence 1	ᆛ	24			Туг	oe of T	Γest:		29		
	İ	,						1_	ᆜ	25	25	1		t Resu		1 30		13
				1. 2: Ch/Sec/Sub -			Contributing Co Distracted by	0	26			Sus		on see		Susp.	Drug: 2 32	
⁶ 1	Viol. 3: Cll/Sec/			l. 4: Ch/Sec/Sub -		Diivei	Distracted by	0	34	35	36	37	38	39	40	1		4
	Name (Last First N	Aiddle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	М	dical Facility	_
	Operate	or			See Above			X	1	1	4	0	0	10	1			
																		_

⁷ 1	Please Select (of the Followi		e 2 1 #	Occupants N	on-Motorist A	Туре	15 Action	16 I	ocatio	on	17	Conditi	on	18	<u></u>	Hit/Run	Moped	1
T		2770320		_ DOB/Age		Dec #	L			<u> </u>	 R.a.	y Tuno	PC		L	eg State		
	Sex M Lic.	10	19	20	CDL	_	ear 2009									_	21	
		E 1			Endorsement ND		r STOKES											
⁸ 1		Last ARLINGTO	Fi	rst	Middle		ss 9 ARLI	Lası			Fi	rst			Mi	ddle		. L
	City READ	ING	State 1	(A Zip 0186	57-3127	City I	READING					_ State	e M Z	1 z	ip 0]	1867	-3127	1 14
	Insurance Comp																	
	Vehicle Travel I	Direction: N S	s X w	Responding to Em	to Emergency? 2 Event Sequence 23 23 23 23 Test Status: 1 28 29									l				
⁹ 2	Citation # (If Iss	sued) T2062	429			Most l	Hannful Event	1	24					l'est: st Resu	lt.	30		
2	Viol. 1: Ch/Sec/	Sub 89 4	1A Vic	l. 2: Ch/Sec/Sub -		Driver	Contributing Co	de	9	25	25	1		_	2 31	Susp.	Drug 2 32	
	Viol. 3; Ch/Sec/	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —			Driver	Distracted by	0	26					om sc		1 33			
	Ple Name (Last First N	•	erator/non-n	notorist and all occu	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	М	edical Facility	
		or/Non-Mo	otorist		See Above			X	1	1	3		0	8	1		· · · · · · · · · · · · · · · · · · ·	
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	Pol	Commonwealth of Massachusetts RMV Document Number																	
	Date of Crash 09/07/2020	Time of Crast	ii .	City/Town ington	Mo1	tor Veh	icle Cra	ash		umber	Nun		•	Limit	30	Local	Police I Police	080	
	03/07/2020	24H		rington		Police	Report		3		1	- 1	Latitud Longit				A Police ous Police	_ ដ	
		AT INTE	RSECTIO	ON:	<	LOCA	TION	>			NO	ΓΑΤ	IN	ΓER	SEC	TION	:		
									40	_				a					2 ¹⁰
1	Route# Dire	ction		Name of Roadw	ay/Street		Route# Dire	ction	40 Addi	ess#	<u> 1.C</u>)WE		ST me of		vay/Stree	t	-	
¹ 3				At			Feet	N S	E W	l of									
	Route# Dire	ction	Name	of Intersecting F	Roadway/Street		rect	1115	IPV	01	Mi	le Mai	rker		or _	Exit	Number		_ 11
				Also at Intersect	ion with		Feet	N S	E W	of	Route	-#		Interse	ecting I	Roadway	/Street	_	<u> </u>
² 1	Route# Direc	ction	Name	of Intersecting F	Roadway/Street		Feet	N S	E W	of	reoute	211			, o.i.i.g	.coaa.ray	, Sirect		
<u>.</u>							1							•	ndmarl	k			
³ 97	Please Select 6 of the Followi		icle 3 <u>2</u>	#Occupants	Hit/Run	Moped	Crash	Report	ID#	20	-1	.95	5 –.	AC	•				
	License # <u>\$5</u>	2234486	St M2	DOB/Agc		Reg	59447				Reg	д Туре	PC		R	eg State	MA		_ 12
	Sex F Lic.	Class D	19 Lic. Re	strictions 1	CDL	Veh	Year 2019		Velı M	ake S	UBA	ARU			Veh	Config.	1 2	1	1 "
	Operator RI	CKLEY,	ELIZA	BETH M	- Endorsemen		er NIEWEI		JS,	MZ			T I	DAR	IA				
⁴ 1	Address 25	SUNSET	ROCK	LN	Middle	Addr	ess 25 SU	NSE	T F	OCI		13t N			Mi	iddle			
	City READ	ING	State]	MA Zip 01	867	City	READING	;				_ Stat	te M 7	1 z	ip 0	1867	-108	6	
	Insurance Comp	oany THE C	OMMER	CE INSU	RANCE C	O Vehic	ele Action Prior t	o Crasl	1	1	22	Da	mage	d Area	Code:	1 27 2	27 2	27	
5	Vehicle Travel [Direction: N	S E 🗙	Responding to	Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stat			1 28			
⁵ 2	Citation # (If Iss	sued)		_		Most	Hannful Event	1	24			-	pe of T	Test: st Resi	.1e.	30			
	Viol. 1: Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sut)	Drive	er Contributing C	ode	1	25	25	l			2 31		Drug: 2 3	32	1 13
6	Viol. 3: Ch/Sec/	'Sub	Vi	ol. 4: Ch/Sec/Sub)	Drive	er Distracted by	0	26					rom sc		2 33	- <u>L</u>	┙┃	
⁶ 1			ut for operato	or and all occupar					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			_	
	Name (Last First N Operate				Address See Above		DOB/Age	Sex	Pos. 1	System 1	Status 4	Code 0	Code	Status 10	Code	Ме	dical Facility		
	JORDON CAST			8 WILLOW AVE	3	-	/	M	3	1			0	10	1				
				SOMERVILLE,	MA 02144-316	1				-	*		-	10					
		Power are a second						_	<u> </u>	<u> </u>									
								<u> </u>		<u> </u>							r	_	
⁷ 1	Please Select (of the Followin		cle 4 [‡]	#Occupants	Non-Motorist	A Type	15 Action	16	Locatio	on	17	Conditi	ion	18		Hit/Run	□ Мор	ped	
_	License #		St	DOB/Age		Reg	#				Res	Type			R	eg State	L		
	Sex Lic. (Class 19	19 Lic. Re	strictions 2	CDL		/ear		Veh M	ake					_ Veh	Config.	21	1	
0	Operator	Last		L	→ Endorsemen		er											_	
°1	Address	Last	l	irst	Middle	Addr	ess	Last			Fi	rst			Mi	iddle		_	
	City		State_	Zip		City_						_ Stat	te	z	.ip				1 14
	Insurance Comp	any				Vehic	le Action Prior t	o Crash	l		22	Da	mageo	d Area	Code:		27 2	27	
	Vehicle Travel D	Direction: N	SEW	Responding to l	Emergency?	Even	Sequence	23	23	23	23		st Stat			28			
⁹ 2	Citation # (If Iss	ued)				Most	Harmful Event		24				pe of T	iest: st Resu	ılt-	30			
2	Viol. 1: Ch/Sec/S	Sub ———	Vio	ol. 2: Ch/Sec/Sub	·	Drive	r Contributing C	ode		25	25			cohol:			Drug:	32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Drive	r Distracted by		26	_		To	wed fr	om sc	ene?	33	<u> </u>	-			
	Ple Name (Last First M		perator/non-i	motorist and all o	ccupants involv	ed	DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	1/	dical Facility	_	
		or/Non-M	lotorist		See Above		DOM/Age	Ž	1	System	ounds	Code	code	Janus	code	Me	acor Facility		
	_							4	 -	 									
			-				_	-	<u> </u>	<u> </u>									

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	= Bi	cycle	ij
Crash Diagram:	ie: 👈	→	2	→ }	→ №		
	400 Lowell St					If Crash <u>Did Not</u> on a Public Way	
						Off-Street Parking Lo	ot
MV 1		MV 3	3			☐ Garage	3
						■ Mall/Shopping Cente	er
7		SMV 2				☐ Other Private Way	
	MV2	,					
MV 2						Indicate North by	Arrow
4							*
Crash Narrative:	***						
MV 1 was travelling	westbound on	Lowell St	(RT 129).	MV 2 was	travell	ing eastbour	d and
was operating too c	lose to the d	ouble yell	ow line di	viding the	two opp	osing lanes	of
traffic. MV 2 drif	ted into the	westbound	traffic an	d side swi	ped MV 1	. After doi	ng so M
2 continued to trav	el into the la	ane and cr	ashed into	the front	of MV 3	. The colli	.sion
caused airbag deplo	yment in MV 2	•					
The energian of Mi	2	11	-44		1		1 207
The operator of MV were both towed by		ry evaluat	ed and rei	used to be	transpo	rted. MV I	and MV
were both cowed by	nab lowing.				*		
							y y
				30 F 50 W F 5	'		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
					0	S ₁	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Da	maged Property	
Truck and Bus Informatio		***	-				
	Registration #		(From	Vehicle Section)		ъ н	42
Carrier Name			Cit	8	C.	Bus Use	
			City			•	
US DOT #:	State Number		Issuing State 45	MC/MX/IC	C #:		*
	y Type Code	GVWR/GCWR			P. S.	42	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trailer	Length	46	
Hazmat Information:	48						49
Placard Material 1 digit	# Material Na	me		Material 4 digit #	¥	Release code	
22 29 20 20 20 20							

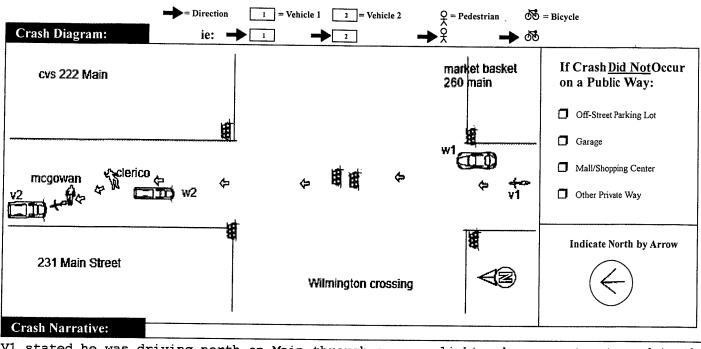
Police Officer Name (Please Print)

WilmingtonPoliceDepartment09/07/2020DepartmentPrecinct/BarracksDate

	Police Use Only	Com	nonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Crash	Number Vehicles	Number Injured	Speed Limit	35	Local Police	1				
	24HR 24HR	mington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:					
	AT INTERSECT	ION:	< LOC	ATION >		NOT AT	INTER	SEC	TION:	1				
										2 10				
	Route# Direction	Name of Roadway/St	reet	Route# Direction	433 Address #	MAIN	Name of	Roadw	ay/Street	+				
¹ 1		At		- Factor						1				
	Route# Direction Nar	ne of Intersecting Roads	vav/Street	Feet N S	E W of	Mile Ma	rker	or _	Exit Number					
		Also at Intersection v		Feet N S	E W of		***			99 ¹¹				
2	Route# Direction Nar	CT .	(0)	Feet N S	E W of	Route#	Inters	ecting F	Roadway/Street					
² 2	Route# Direction Nar	ne of Intersecting Roady	vay/Street		No.		La	ındınark		1				
3	Please Select One of the Following:	_#Occupants Hit	Run Moped	Crash Repor	t ID# 20	-19	6-AC	7						
		A DOB/Ag	Pa	y# <u>V16346</u>		Dog Tree	CO	D	on State MA					
	19 19	20		Year 2003					21	1 12				
	Operator RANGEL, SILAS	E	ndorsement						-					
⁴ 1	Address 36 DARTMOUTH S		Middle	Owner <u>SEGA AUTO SALES AND SERVICE INC</u> Last First Middle Address <u>449 FERRY ST</u>										
	City MALDEN State													
	Insurance Company THE COMME	•	707 00	nicle Action Prior to Cras			amaged Area							
	Vehicle Travel Direction: NXEW	Responding to Emer		ent Sequence 1 23	23 23 23		est Status:		28					
⁵ 2	Citation # (If Issued) T1683726	Responding to Enter		in sequence 1	24		pe of Test:		29					
	Viol. 1: Ch/Sec/Sub <u>85 36</u>			· E	97 ²⁵	25	AC Test Res		30	10 ¹³				
				ver Contributing Code	26	Sı	sp. Alcohol:		22	10				
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub — ator and all occupants in	*****	ver Distracted by 5	34 35	36 37	owed from so	ene?	2 33	1				
	Name (Last First Middle)	To the un occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	_				
	Operator	S	ee Above	\rightarrow	1 99	4 0	0 10	1						
										1				
-	Please Select One of the Following: Wehicle 21	#Ossupants Dis-		15 16		17	18			1				
1	of the Following:	-#Occupants Non	-Motorist A Type	Action	Location	Condit	ion		Hit/Run Moped					
	10 10	A DOB/Age		# <u>558XX5</u>		Reg Type		Re	eg State MA					
	Sex M Lic. Class D Lic. F	Restrictions 1 C	ndorsement	Year 2017				Veh	Config. 1					
³ 1	Operator CLARK, CHRIST	OPHER P	Middle	ner <u>CLARK, C</u>		PHER First	P	Mic	idle					
	Address 31 HARLAND RD			iress 31 HARLA	ND RD			-		14				
		MA Zip 02453												
	Insurance Company ARBELLA M	UTUAL INSU	TRANCE Vel	icle Action Prior to Cras	h 1	┙ -	amaged Area est Status:	Code:	28 27 27 27					
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Eve	nt Sequence 10 23	23 23	29	pe of Test:		29					
2	Citation # (If Issued)		Мо	st Harmful Event 10		В	AC Test Resi	ult:	30					
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	1 25	25 Su	sp. Alcohol:	31	Susp. Drug: 32					
	Viol. 3: Ch/Sec/Sub	Dri	ver Distracted by	26	To	wed from sc	ene?	2 33	_					
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occup	ants involved Address	DOB/Age Sex	Sent Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility					
	Operator/Non-Motorist	· S	ee Above	X	1 99	4 0	0 10	1		1				
										1				
										+				
										4				
										1				

Crash Diagram:	ie:	= Vehicle 1	2	♀ Pedestri ♀	an 000 : → 55	= Bicycle	
Burlington Ave. Church Street	Metal be bed truc	eams on flat k 433 Main S beam struck frongerside lower) 			on a Pub Off-Stree Garage Mall/Sho Other Pri	et Parking Lot
Crash Narrative:							
in traffic, in front off and struck the f traffic.							
Witnesses:	=						
Name (Last,First,Middle)		Address			Phone #	•	Statement
Property Damage:	T		T	TOT 400 10 10 10 10 10 10 10 10 10 10 10 10 1			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Propo	erty
Truck and Bus Information	Bogistration #						
Carrier Name	Registration #		——— (From V	ehicle Section)		Bı	us Use 42
Address	40		City			StZip	
US DOT #:	State Number	e (k)	Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body		GVWR/GCWR	45		100	46	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	———Trail	er Length		
Placard Material 1 digit	48 Material Nam	ne		Material 4 dig	it #	Releas	se code 49
Patrol Officer Daniel (C Cadigan		178 T	li lmington	Police	Departmen	nt 09/09/2020

	Pol	lice Use Only	Com	monwealtl	ealth of Massachusetts RMV Document Number							
	Date of Crash 09/09/2020	Time of Crash 1927 Wil	City/Town mington	Motor Vo	ehicle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police Campus Police	7	
	03/03/2020	24HR		Police	e Report	2	1	Latitude Longitude _		Campus Police Other:		
		AT INTERSECT	TION:	< L00	CATION >		NOT A	I INTER	SEC	TION:		
						001					2 10	
1	Route# Dire	ection	Name of Roadway/S	Street	Route# Direction	231 Address #	MAIN	Name of	Roadw	ay/Street	-	
¹ 4			At		Feet N S	E W		_				
	Route# Dire	ction Na	ane of Intersecting Road	łway/Street	Feet [11]	or or	Mile Ma	rker	or	Exit Number	11	
			Also at Intersection		Feet N S	E W of	Route#	Tutaua	antina D	Loadway/Street	9 "	
² 1	Route# Direc	ction No	me of Intersecting Road	Avan/Straat	Feet N S	E W of	Routen	inters	ecing K	toadway/Street		
1	Route# Bire	CHOIL THE	me of intersecting Road	iway/Silect				La	ındınark		1	
3	Please Select (of the Followi		#Occupants	t/Run Mope	d Crash Repoi	t ID# 20	-19	7-AC	3			
	License # S8	0716528 St N	A DOB/Age	R	eg # 2J9937		Reg Typ	PC	Re	eg State MA		
	Sex M Lic.	10 10	20		eh Year 2006					21	1 12	
	Į.	ERICO, DEVI		Endorsement O	wner CLERICO,							
⁴ 3		OHIO ST	First	Middle	ddress 24 OHIO		First		Mid	ddle		
	City WILM	INGTON Sta	e MA Zip 0188		ity WILMINGTO		Sta	te MA	Zip 01	887-1648		
		oany PROGRESSI			chicle Action Prior to Cras			amaged Area	-			
	Vehicle Travel D	Direction: SEW	Responding to Eme	ergency? 2 E	vent Sequence 23	23 23	23 Te	est Status:		28		
1	Citation # (If Iss	sued)		М	ost Harmful Event 1	24		pe of Test:	.	30		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub -	D	river Contributing Code	1 25	25	AC Test Res isp. Alcohol:	ult: 31	Susp. Drug: 32	1 13	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub -	D	river Distracted by	26		owed from so	L_	1 33		
1			ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1	
	Operate			Address	DOB/Age Sex		Status Code	Code Status	Code	Medical Facility	-	
	Operaid		,	See Above		\		0 19	1		-	
											4	
2	Please Select C of the Followir		_#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	l l	lit/Run Moped		
	License # S79		A DOB/Age	R	eg # 6PM753		Reg Type	PC	Re	g State MA	1	
	Sex M Lic. 0	10 10	20			Veh Make C				Config. 2 21		
	i	MMONS, JOSE	ر لــــــا	Endorsement O	wner SIMMONS,					<u> </u>		
1	Address 23	KIRK ST	First	Middle A	ddress 23 KIRK	ST	First		Mid	ddle	.l	
	City WILMI	INGTON Stat	e MA Zip 0188	7-3208 Ci	ty WILMINGTO	N .	Sta	te MA	Zip 01	887-3208	1 14	
	Insurance Compa	any INTEGON N	INTEGON NATIONAL INSURANC Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27									
	Vehicle Travel D	Pirection: N E W	Responding to Eme	rgency? 2 Ev	vent Sequence 23	23 23	23	est Status:	-	28	1	
)_	Citation # (If Iss	ued)		М	ost Harmful Event 1	24	-	/pe of Test: AC Test Res	nlt.	30	·	
2	Viol. 1: Ch/Sec/Sub ————— Viol. 2: Ch/Sec/Sub —————			D	Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32							
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —				river Distracted by	26	To	owed from so	ene?	2 33		
	Ple Name (Last First M	ase fill out for operator/no	n-motorist and all occu	pants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	7	
		or/Non-Motoris	t	See Above	No.	1 1 1	4 0	0 10	1			
										·	1	
											-	
									-		_	
			- [1 1						



V1 stated he was driving north on Main through a green light, when a party stepped in the road in front of him. He swerved not to hit the party and fell off his motorcycle. V2 was driving south, and then was struck by the unoccupied motorcycle, he also had green light. Pedestrian Mcgowan claimed that the lights were red, so he thought he would cross, he did not cross in a cross walk nor at the intersection. Main street is 4 lanes non divided with heavy traffic. Witness 1, north on main stated that she and the motorcycle had a green light and "she was amazed that he, (mcgowan) had just walked into traffic without even looking." Witness 2, southbound had a blinking yellow light for his left turn, but stated the light was green for the lane next to him. The northbound and southbound traffic had a green light. Mcgowan attempted to cross the road without regard for the traffic signals. Pedestrian John Mcgowan was struck by the motorbike, medical refused.

Name (Last, First, Middle)		Address		Phone #	Statement	
BELL LINDA MARIA		14 ALMA RD H	BURLINGTON MA	01803-000	0	
THIBERT JASON		44 NORTH S	T WILMINGTON	MA 0188	7	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle	e Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:S	tate Number		Issuing State	MC/MX/IC0	C #:	
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:					<u></u>	
Placard Material 1 digit #	48 Material Name		N	/aterial 4 digit #	Release code	49

Patrol Officer Brian D Thornton
Police Officer Name (Please Print)

...

190 ID/Badge # Wilmington Police Department

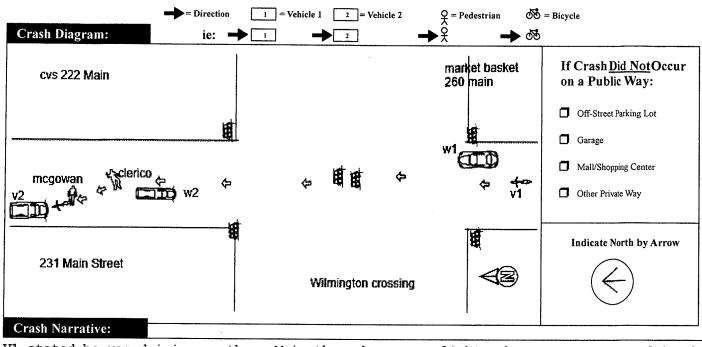
Precinct/Barracks

09/09/2020

ent

Date

Witnesses:



VI stated he was driving north on Main through a green light, when a party stepped in the road in front of him. He swerved not to hit the party and fell off his motorcycle. V2 was driving south, and then was struck by the unoccupied motorcycle, he also had green light. Pedestrian Mcgowan claimed that the lights were red, so he thought he would cross, he did not cross in a cross walk nor at the intersection. Main street is 4 lanes non divided with heavy traffic. Witness 1, north on main stated that she and the motorcycle had a green light and "she was amazed that he, (mcgowan) had just walked into traffic without even looking." Witness 2, southbound had a blinking yellow light for his left turn, but stated the light was green for the lane next to him. The northbound and southbound traffic had a green light. Mcgowan attempted to cross the road without regard for the traffic signals. Pedestrian John Mcgowan was struck by the motorbike, medical refused.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
MCGOWAN JOHN S		6 BURT RD W	TILMINGTON MA	01887-362	24	
			·			
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
Truck and Bus Information: Carrier Name	realisticate to		(From Vehic	le Section)	Bus Use	42
Address			City		StZip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:	
Interstate 43 Cargo Body 7	Type Code	GVWR/GCWR	45		[
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:					hamman and	
Placard 47 Material 1 digit #	48 Material Name	÷		Material 4 digit	#Release code	49

Patrol Officer Brian D Thornton

190

Wilmington Police Department

09/09/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

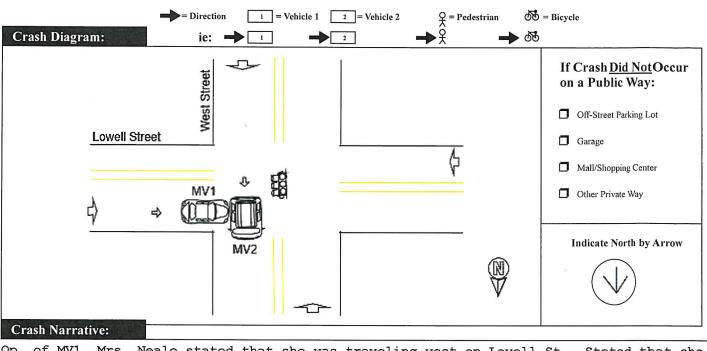
	Pol						vealth of Massachusetts						RMV Document Number					
	Date of Crash 09/10/2020	Time of Crash	1	City/Town ington	Mote	or Veh	icle Cra	sh		ımber hicles	Num Inju	-ad	•	Limit	35	State Police Local Police MBTA Police	080	[
	03, 10, 2020	24HR	AA T TIII	ing con	P	Police :	Report		3		0	1	atitud Jongiti			Campus Police	_ 6	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT	ГΑТ	INT	ER:	SEC	ΓΙΟΝ:		<u> </u>
										_				_				2 ¹⁰
	Route# Dire	ction		Name of Roadway/	Street		Route# Direc	tion	49 Addr	ess #	MA	IN			Roadw	ay/Street		
1				At			-	NIC	E W	١ ۵								1
	Route# Dire	ction	Name	of Intersecting Roa	dway/Street	·····	Feet	NS	EW	of	Mil	le Marl	ker		or _	Exit Numbe	г	111
		***************************************		Also at Intersection			Feet	N S	EW	of				, .		1 /0:		8
2	Route# Dire	ction	NI	-fl-ttiP	1 /6		Feet	N S	EW	of	Route	#	1	Interse	cting R	Roadway/Street		
² 1	Route# Dife	ction	Name	of Intersecting Roa	away/Street									Laı	ndmark			
3	Please Select of the Followi		e 1 <u>1</u> #	Occupants H	it/Run	Moped	Crash F	Report	ID#	20	-1	98	3-3	AC	·			
	License # 000	004750275	6 St NC	DOB/Age		Regi	1BBD83				Rea	Type	PC		R.e	ag State MA		
	Sex_ F Lic.	10	19	strictions 1 20	CDL		Year 2016										21	1 12
		RTINEZ,			Endorsement		er MARTIN							***********	VC11	Comig.		
⁴ 1		Last MAIDST	F	irst	Middle		ess 206 MZ	Last			Fir		- Network		Mic	ddle		
	j			NC Zip 0182	26-2826		RICHLAN					State	NC	. 7	_{in} 01	L826-28	26	
	l			EMPLOYER			ele Action Prior to				22				Code:		27	j
	·	Direction: X S		Responding to Em				23	23	23	23	Tes	t Statı	us:		28		
⁵ 2		sued)					Harmful Event	1	24			Тур	e of T	Test:		29		
	1			ol. 2: Ch/Sec/Sub -			er Contributing Co		19	25	25			t Resu	it: 31	30	32	1 13
				ol. 4: Ch/Sec/Sub -			er Distracted by	5	26	!L			p. Alc ved fr	onoi:[om sce		Susp. Drug:		
⁶ 1	VIOL 3. CH/SCC/			r and all occupants			I Distracted by		34	35	36	37	38	39	40	2		
	Name (Last First N			1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status		Trap Code	Injury Status	Transp. Code	Medical Facil	ity	
	Operate	or			See Above		\nearrow	X	1	1	4	0	0	10	1			
		-																
7	Please Select (c 2 1 #	Occupants No	on-Motorist A	Type	15 Action	16	Locatio		17	Conditio	$\overline{\Gamma}$	18		Hit/Run N	lanad	Ì
⁷ 1	of the Followi	e.															Topeu	
		3864997	19	DOB/Age.			14DZ88					Type_			Re	eg State MA	21	
	Sex.M Lic.	1 L			CDL Endorsement						ITS			I	_ Veh	Config. 2		
8 1		NEVICIUS Last	Fi	DMANTAS	Middle		er BANEVI	Last	-		DMA Fir		AS		Mic	ddle		
		COREY A		43 . A100	27_2610		ess 16 COE			<u> F:</u>								14
				<u>IA</u> Zip 0188			WILMING		1		22				ip <u>U J</u> Code:	$\frac{1887-36}{1^{27}}$	27	
				EMPLOYEE			ele Action Prior to	Crash 23	23	23	23		t Stati		Code	28		
	Vehicle Travel D	<u> </u>	EW	Responding to Em	ergency? 2		sequence 1		24			Тур	e of T	est:		29		
2	Citation # (If Iss	•					Harmful Event	1_	1	25	25			t Resu		30		
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Susp. Arconor. 1 Susp. Drug.								32						
	***************************************	/iol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved				or Distracted by	0	34	35	36	37 37	38 T	om sce	40	2 33		•	
	Name (Last First M	•	C.a.OI/HOH-H	Totorist and an occi	Address	•	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject	Trap Code	Injury Status	Transp. Code	Medical Facil	ity	
	Operate	or/Non-Mo	otorist		See Above		> <	X	1	0	4	0	0	10	1			

	Police Use Only	Comi	monwealth	of Massach	usetts	RM	RMV Document Number			
	Date of Crash Time of Crash 09/10/2020 1518 Wil:	City/Town mington	Motor Veh	icle Crash	Number Num Vehicles Inju	rad Speed Sillin	State Police Local Police MBTA Police			
	24HR	ming con	Police	Report	3 0	Latitude Longitude	Campus Police Other:			
	AT INTERSECT	ION:	< LOCA	ATION >	NO	Γ AT INTER	SECTION:]		
								2 10		
,	Route# Direction	Name of Roadway/St	reet	Route# Direction	490 MZ Address #	AIN ST Name of	Roadway/Street	-		
1		At		- [1]						
	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S		le Marker	orExit Number	111		
		Also at Intersection w		Feet N S				8		
2	Route# Direction Na	me of Intersecting Roady	and Stand	Feet NS	E W of	e# Inters	ecting Roadway/Street			
² 1	Router Breeffor Nat	me of finersecting Roads	vay/Sireet			La	ındmark	1		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# 20-1	98-AC				
	License # S76810586 St M	IA DOB/Age	Rea	# <u>R67M</u>	Red	Type PC	Reg State MA	1		
	19 19	20		Year 2018			21	1 12		
	Operator MALONE, RICHA	—— Е	ndorsement	er MALONE, F			ven comig			
⁴ 1	Address 33 ELLINGWOOD	First	Middle	ess 33 ELLIN	Fi	rst	Middle			
	City BILLERICA Stat			BILLERICA			Zip 01821-5926			
	Insurance Company ARBELLA M			cle Action Prior to Crash	22	Damaged Area				
	Vehicle Travel Direction: SEW	Responding to Emer			23 23 23	Test Status:	28			
⁵ 2	Citation # (If Issued)		•	t Harmful Event 1	24	Type of Test:	29			
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 25 25	BAC Test Res		1 13		
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	Susp. Alcohol: Towed from so				
⁶ 1		ator and all occupants in		J. Distributed by 0	34 35 36	37 38 39	40	4		
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Sex	Seat Safety Airbag Pos. System Status	Eject Trap Injury Code Code Status	Code Medical Facility	_		
	Operator	S	ee Above		1 0 4	0 0 10	1	_		
]		
7	Please Select One Vehicle 4	#Occupants Non	-Motorist A Type	15 Action 16 1	Location 17	Condition 18	Hit/Run Moped	1		
1	of the Pollowing:		<u> </u>					_		
	19 19	20	_	#		g Type	21			
			ndorsement	Year\	Veh Make		Veh Config.			
8 1	OperatorLast	First	Middle	erl,ast	Fi	rst	Middle			
	Address			ess		A	-	14		
	CityState			1.1.2. P	22	State Z Damaged Area				
	Insurance Company			cle Action Prior to Crash	23 23 23	Test Status:	28	t		
	Vehicle Travel Direction: NSEW	Responding to Emer	,	1 Sequence	24	Type of Test:	29			
2	Citation # (If Issued)			Harmful Event	25 25	BAC Test Res				
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	Susp. Alcohol:				
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			er Distracted by	34 35 36	Towed from sc	40	4		
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Airbag Pos. System Status	Eject Trap Injury Code Code Status		_		
	Operator/Non-Motorist	t s	ee Above	$\times X$	1					
								1		

		1 = Vehicle 1		Pedestria		= Bicycle	
Crash Diagram:	ie: →	1 -	2	> X	→ ₩		
	<≔ 6	toute 38 <i>⇐</i> ⇒				If Crash <u>Did No</u> on a Public Way	
						Off-Street Parking I	ot
P						☐ Garage	

	#1 #2	#3				Mall/Shopping Cent	er
		IM (I				Other Private Way	
						Indicate North by	Arrow
i	Super Petrolium 490 Main Street			E	>	\bigcirc	
Crash Narrative:							
Oper. of MV#1, Ope	r of MV#2 and	Oper of	MV#3 where	all trave	aling	n route 38 no	rth Main
Street in stop and							
reared ended MV#2				icordenci	LGILY D	tepped on the	gas and
2 200000 12 200000 12 2000000 12 20 20 20 20 20 20 20 20 20 20 20 20 20							
	V.,						
			•				
							-
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	ŧ	Statement
	1						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description o	f Damaged Property	
Owner (East, Inst, Intuity)	Address	100	1 none #	41-1ype 1	Jescription o	Damaged Froperty	
							I.
Truck and Bus Informat	ion: Registration #		(From Vel	nicle Section)		(82)	42
Carrier Name						Bus Use	72
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MY/II	CC #·		
43	3 ody Type Code 44	GVWR/GCWR	45	NIC/NIZON			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Lepoth	46	
Hazmat Information:				ITalle	. Deligili	0.000	
Placard 47 Material 1 o	ligit # 48 Material N	ame		_Material 4 digit	#	Release code	49
Patrol Officer Danie	1 C Cadigan		178 Wi	lmington	Police	Department 09	/10/2020

	Police Use Only	Com	monwealth (wealth of Massachusetts						RMV Document Number					
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh		mber nicles	Nur Inju	~	•	Limit_	30	Local F	Police 🔯	
	09/11/2020 1655 Will 24HR	mington	Police 1	Report		2	noics	0	1	Latitud Longit				Police D	
	AT INTERSECT	ION:	< LOCA	TION >	>			NOT			-	SEC	TION:		1
															2 10
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¹ 1		At									01 1	· Coudin	ay/Birect		1
				Feet	N S	E W	of ·	 Mil	le Marl	– • ker		or _	Exit N	Number	
	Route# Direction Nar	ne of Intersecting Road Also at Intersection		Feet	N S	E W	of								3 11
		The at more than		Feet				Route	#]	Interse	cting F	Roadway/S	Street	
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	reet [21111					Lav	ıdınark			
	Please Select One Nation 1	_#Occupants		Crash Re			20	1	0.0	<u> </u>					1
3	of the Following:	Hit	t/Run	Crash Ro	eport I	ID# ⊿	20		93		AU	,			1
	10 10	A_ DOB/Age	Reg #	264EK8				_ Reg	Type.	PC		Re	eg State 👤		12
	Sex F Lic. Class D 19 19 Lic. I	Restrictions B 20	CDL Veh S	Year 2012	v	eh Ma	ke F	ORD)			_ Veh	Config.	1 21	1
4	Operator NEALE , JOANNE			er NEALE,	JA	Y J	VIL	LIZ	M_			Mi	ddie		
⁴ 3	Address 10 WEBBER ST		Addr	ess 10 WEB	BEF	R S	T								
	City WILMINGTON State	e MA Zip 0188	7-3636 City	WILMING	CON				_ State	e M Z	z	ip 0 1	1887-	<u> -3636</u>	
	Insurance Company QUINCY MU	FUAL FIRE	INSURA Vehic	le Action Prior to	Crash		1	22	Dai	maged	l Area	Code:		27 27	
5	Vehicle Travel Direction: NSE	Responding to Eme	rgency? 2 Even	Sequence 1	23 2	23	23	23		t Stati			1 28		
⁵ 1	Citation # (If Issued)	<u></u>	Most	Harmful Event	1	24				oe of T	fest: t Resu	.14.	29		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Cod	de	1	25	25			ohol:		1	orug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	0	26					om sce		1 33	د الما	
⁶ 1	Please fill out for opera	ator and all occupants in	ivolved			34 Seat	35 Safety	36 Airbag	37 Eiect	38 Trap	39 Injury	40 Transp.			
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos.	System	Status	Eject Code	Code	Status	Code	Medi	ical Facility	1
	Operator		See Above		\triangle	1	1	4	0	0	10	1			-
7	Please Select One Vehicle 22	#Occupants No	n-Motorist A Type	15 Action	16	ocatio	, [17	Conditio	011	18		Hit/Run	Moped	1
⁷ 2	of the rollowing:						L								4
	License # NHL19620377 St N	20	_	4684050									eg State 🕽	21	
	<u> </u>	F	Endorsement	Year <u>2009</u>								_ Veh	Config.	<u> </u>	
§ 1	Operator CHRISTIAN, KI	First	Middle	er CHRIST	ast			Fi	rst	Ar	N.N.	Mi	iddle		İ
	Address 16 DYSON DR A			ess 16 DYS	ON	DR		YPT.					2070		14
		NH Zip 0307	·	SALEM		Γ	-	22				ip <u>U :</u> Code:	3079 27	27 27	
	Insurance Company GEICO		_	le Action Prior to		L	23	23		magec st Stati		Code.	28		
	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Even	i sequence 11		Ц.	23	23		oe of T			29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1	24	25	25		C Tes	t Resu	dt:	1 ³⁰		
	Viol. 1: Ch/Sec/Sub ———— Viol. 2: Ch/Sec/Sub ————			36)rug: 2 32				
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			r Distracted by	0			_, '			om sc		1 33]
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup	pants involved 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	Med	lical Facility	
	Operator/Non-Motorist	t s	See Above	><	X	1	1	4	0	0	10	1			
	MARISSA PALAZZO	5 4TH ST WINDHAM, NH 030	87		F	3	1	4	0	0	10	1			
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															1
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Op. of MV1, Mrs. Neale stated that she was traveling west on Lowell St. Stated that she was stopped at the red light and when it turned green she drove forwarded, when MV2 ran thier red light and vehicles collided. Op. of MV2, Ms. Christian stated that she was traveling north on West Street. Stated that she was already in the intersection when the traffic control light turned yellow and vehicles collided (See images for damage). All parties stated no injuries and refused medical attention. Both vehicles were towed by Forrest (See attachments for inventory report). Mr. Herra and Mr. Gannon both stated tha they witnessed the accident. They both stated that they observed MV2 traveling at a high rate of speed and believe that MV2 drove through a red light. They stated that MV1 had a green light.

Withesses.								
Name (Last, First, Middle)		Address			Phone #		Statement	
HERRA MICHAEL L		2 SUNCREST AVE WILMINGTON MA 01887-3418			418		1	
GANNON RICHARD T		65 HAMMOND PL Apt. #65 WOBURN MA 01801-3423			423	¥	1	
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damas	ription of Damaged Property		
Truck and Bus Information: Registration #								
Address			City		St	Zip		
US DOT #: State Number Issuing State MC/MX/ICC #:								
Interstate Cargo Body Type Code GVWR/GCWR 45								
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length								
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	3		_Material 4 dig	it #	Release code	49	

Patrol Officer Julio J Quiles

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Wilmington Police Department

09/11/2020

Wilmington Police Department Images Associated with 20-199-AC



