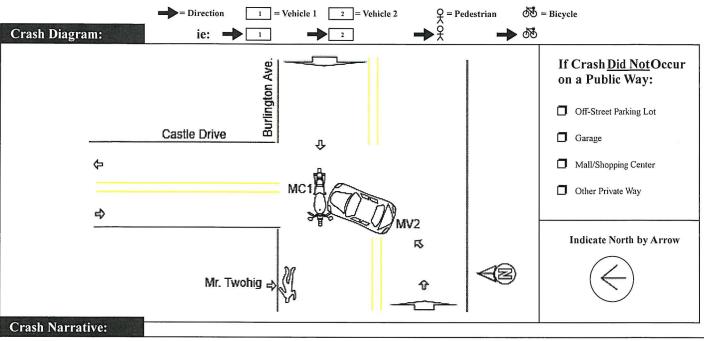
	Police Use Only	Comr	nonwealth (	of Massac	chus	etts			RM	V Docu	ıment Nui	nber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	lumber Vehicles	Numb Injure	a lopes.	d Limit	25	— Local Po	olice 🔯	1
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	GLEN RD												2 <sup>10</sup>
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·	Route# Direction HARNDEN	ST ne of Intersecting Roadw	/ay/Street	reet [11	'lalalı		Mile	Marker		or _	Exit N	umber	111
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	19 19	20		Year 2013								21	1 12
	Operator MCCAULEY, STA	E1	ndorsement	er MCCAULE						VCII	Connig. [		
<sup>4</sup> 2	Address 93 LAKEVIEW AV	First	Middle	ess 93 LAKE	st		First			Mi	ddle		
	City <b>TEWKSBURY</b> State			TEWKSBUR				State M	<b>A</b> 2	7in 01	1876-	4317	
	Insurance Company THE COMME		700 00	ele Action Prior to C		1	22	Damage				27 27	
	Vehicle Travel Direction: N K E W	Responding to Emerg		Sequence 23	3 23	23	23	Test Sta			28		
<sup>5</sup> <b>1</b>	Citation # (If Issued)			Harmful Event	1 24			Type of	Test:		29		
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code		25	25	BAC Te			30	32	13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	!		Susp. A		Ь——	Susp. Dr	ug: 32	
<sup>6</sup> 1		ator and all occupants inv			34	35	36	37   38	39	40	2		]
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	1		ject Trap ode Code		Code	Medic	al Facility	-
	Operator	Se	ee Above		$X \mid 1$	1	4 0	0	10	1			
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<sup>7</sup> 2	Please Select One Vehicle 21	_#Occupants  Non-	-Motorist A Type	15 Action 1	Locat	ion	17 Co	ndition	18		Hit/Run	Moped	1
2	of the Ponowing.			. 7770171								·	-
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	Sex M Lic. Class D Lic. I  Operator LEKANI , ANTON		idorsement	rear <u>2020</u> er <b>AMAZON</b>						Veh	Config.	1	
<sup>8</sup> 1	Address 440 NORTH AVE	First	Middle	er <b>AVIAZON</b> Last ess <b>410 TEF</b>	it		First	LIVC		Mi	ddle	<u></u>	
		MA Zip 01830		SEATTLE	VE/T .	N A		c. Tot	<b>7</b> 0 -	, QS	2100-	5210	<b>1</b> 14
	Insurance Company OLD REPUB	•	·	ele Action Prior to Ci	1-	Á	22	Damage				27 27	
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<sup>9</sup> 2	•	Vi-1 2 Ch/6 /6-1		er Contributing Code		25	25	BAC Te			30	72	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————			or Distracted by	26	_		Susp. A		31 ene?	33	rug: 32	
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	Name (Last First Middle)	•	Address	DOB/Age	Sex Pos.	Safety System	Airbag E Status C	ject Trap ode Code	Injury Status	Transp. Code	Medic	al Facility	-
	Operator/Non-Motoris	t Se	e Above		X 1	1	4 0	0	10	1			-

	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestri	an 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🔟	_ →□	2	<b>→</b> ♀	→ %		
125 Glen Rd.		121 Glen Rd.				If Crash Did Not on a Public Way:	:
a.	7 _					Garage	
	(STEP)					☐ Mall/Shopping Cente	er
	America and a contract of the		ENCOUGUE DI COSCUIRAD SE CONTRACTOR	310 310 000 10		Other Private Way	
			G	en Rd.		Indicate North by	Arrow
		Harnden St.	\$10P	en ru.	<b>3</b>		
Crash Narrative:							
On 09/21/20 Car 1 w	hile travellin	g SB on G	len Rd. cra	ashed int	o Car 2	as Car 2 turn	ed left
on Glen Rd. and int						iveway around	
Rd.	****	0 000000 0000	pro contract y and accompany				
		-	E.				
		· ·					
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	-						
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 Informatio	n: Registration #		(From \	ehicle Section)		Fire	- 4a]
Carrier Name						Bus Use	42
Address						St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Bod	ly Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	er Length	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Hazmat Information:  47  Placard Material 1 digi	t # Material Nam	ne		Material 4 digi	t#	Release code	49
		-				Gerga	and the second
Patrol Officer Dillon Police Officer Name (Please Print)	Halliday Signature	*					20/2020
i once Officer Name (Flease Fillit)	Signature		ID/Badge #	epartment	Precin	ct/Barracks Date	

	Police Use Only	Com	monwealth	of Massa	chus	etts			RM	V Docı	ument Nu	ımber	
	Date of Crash   Time of Crash   09/20/2020   1505   Wil:	City/Town mington	Motor Vel	nicle Cras	$\mathbf{sh} \begin{bmatrix} \frac{1}{3} \end{bmatrix}$	lumber ehicles	Numb Injur		d Limit	35	- Locai	Police  Police  Police	
	24HR	airiig coii	Police	Report	2		2	Lante	ide itude		Campi Other:	us Police 🔲	
	AT INTERSECT	ION:	< LOC	ATION >		·	NOT	AT IN	TER	SEC'	TION:		1
													<b>2</b> 10
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<sup>1</sup> 1		At											
	Route# Direction Na	SI 4 D 1	10:	Feet N	NSEV	of	— — Mile	• : Marker	•	or _	Exit 1	Number	<u> </u>
	Rodge# Direction Nai	ne of Intersecting Road		Feet N	N S E V	of		_					3 11
					N S E V	_	Route	!	Interse	ecting F	Roadway/	Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Road	way/Street			_			La	ndmarl	ζ		
3	Please Select One Vehicle 11	#Occupants Hit	/Run Moped	Crash Re	nort ID#	20	-2	<u> </u>	Δ	4	***************************************		1
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	19 19	DOB/Age		# <u>VT3231</u>			_				_	21	<b>1</b> 12
	Sex M Lic. Class D M Lic. 1	E	Indorsement	Year 2013				(-DAVI	DSOL	Veh	Config.	3	
<sup>4</sup> 1	Operator TWOHIG, BRIAN	First	Middle	ier TWOHIG	ist		K Firs			Mi	iddle		
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	City <b>BURLINGTON</b> State		-	BURLINGT	ON		22					-2625 27 27	
	Insurance Company SAFETY IN			cle Action Prior to C	, , , , , , , , , , , , , , , , , , , ,	1		Damage Test Sta		Code:	7 27 10	0 2 / 2 /	
5	Vehicle Travel Direction: N S E	Responding to Emer	rgency? 2 Ever	nt Sequence 1		23	23	Type of			29		
	Citation # (If Issued)		Mos	t Hannful Event	1 24			BAC Te	st Resu	ult:	1 30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Cod		25	25	Susp. A	lcohol:	2 31		orug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ———	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26			Towed f	from sc	ene?	1 33		
т	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age	Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Med	lical Facility	
	Operator	S	ee Above		X 1	5	5 1		8	2	Lahey C	linic	
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						<u> </u>							
	***************************************				_	+							
						<u> </u>							
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action	Locat	ion	17 Co	ondition	18		Hit/Run	Moped Moped	
	License # <b>S58396528</b> St <b>M</b>	A DOB/Age	Reg	# <u>9KL234</u>			Reg	Туре РС		R	eg State	MA	1
	Sex <b>F</b> Lic. Class D Lic. I	Restrictions 20	CDL Veh	Year <b>2012</b>	Veh N	iake <b>V</b>	OLV	<b>o</b>		Veh	Config.	1 21	
	Operator SANDERS, LYNN		indorsement Owr	er SANDERS	3, LY	NN	M						
<sup>8</sup> 1	Address 11 CASTLE DR	First	Middle Add	ress 11 CAS	TLE ]	OR_	Firs			Mi	ddle		
	City <b>WILMINGTON</b> State	e <b>MA</b> Zip <b>0188</b> '	<b>7-3188</b> City	WILMINGT	ON			State M	<b>A</b> z	Zip <b>0</b> ]	1887	-3188	14
	Insurance Company SAFECO IN	SURANCE CO	<b>MPANY</b> Vehi	cle Action Prior to C	Crash	1	22	Damage	d Area	Code:	1 27	27 27	ļ
	Vehicle Travel Direction: N S W	Responding to Emer	gency? 2 Ever	nt Sequence 1	3 23	23	23	Test Sta			1 28		
<sup>9</sup> 2	Citation # (If Issued)	_	Mos	t Harmful Event	1 24			Type of BAC Te		,14.	29		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	e <b>12</b>	<sup>25</sup> 1	9 <sup>25</sup>	Susp. Al			<u>+</u>	orug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	2 26			Towed f	,		1 33	ـــــــا	
	Please fill out for operator/no	n-motorist and all occup			34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.			1
	Name (Last First Middle)  Operator/Non-Motorist	<i>t</i> .s	Address ee Above	DOB/Age	Sex Pos.	System 1	Status 1	Code Code	Status 9	Code 1	Med	lical Facility	1
	<u>r</u>			+	<u> </u>	-							1
						-			-				1
													-



Op. of Motorcycle 1, Mr. Twohig stated that he was traveling west on Burlington Avenue when MV2 crashed into him (See images for damage). He stated that he was ejected off the motorcycle, went approximately 10 feet in the air and landed on the road (Approx. 20 Ft. from crash). He stated that he sustained injuries to his left arm. I observed he was wearing a helmet. He was rendered medical aid by Action Ambulance and WFD. He was then transported to the hospital for further aid. Op. of MV2, Mrs. Sanders stated that she wa traveling east on Burlington Avenue and attempted to turn left onto Castle Drive when she crashed into MC1. She stated that she "Turned too quickly and that it was all her fault." She refused medical attention and was picked up by her husband. Both vehicles were towed by Cain's (See attachments for inventory report).

Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
traine (Basi, Frisi, Widele)		Address			1 none #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of Damaged Property	
Truck and Bus Information:				and the second		
Truck and bus information.	Registration #		(From Vel	nicle Section)	Ferr	42
Carrier Name					Bus Use	42
Adlana			0.		7	(SLOPE)
Address			. City		St Zıp	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:	
43	44		45			
Interstate Cargo Body Typ	ne Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	r Length	
Hazmat Information:						
47	48				200	49
Placard Material 1 digit #	Material Name	·		_Material 4 digit	#Release code	
<u> </u>						

Patrol Officer Julio J Quiles

197

Wilmington Police Department

09/20/2020

# Wilmington Police Department Images Associated with 20-202-AC

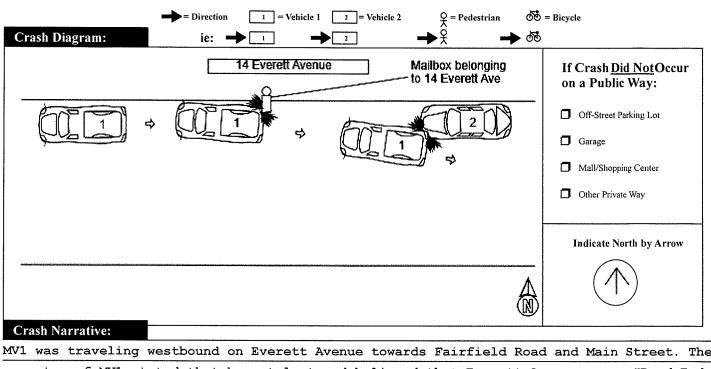








	Police 1	Use Only		<u> </u>	monv	vealth	ot M	assa	ich	use	etts		1	RM	IV Doc	ument Nui		
	1	ine of Crash	City. <b>[ilmin</b>	Town gton		tor Veh			sh	Ve	ımber hicles	Numb Injure	ا م	ed Limi	t	MBTA	olice 🖸 Police 🗖	
		24HR				Police		rt		2		0	- 1	ngitude_		Campus Other:	Police 🔲	
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<del></del>	Route# Direction	<u> </u>	Name of I	ntersecting Roa	dwav/Street			_Feet	11/2	E W	of		Marke	· -	or _	Exit N	lumber	11
				at Intersection	i			_Feet [	N S	EW	of	-						1011
2	Route# Direction		No CY	ntana - ti - B	J /C/			_Feet [	N S	E W	of	Route#		Inters	secting l	Roadway/S	treet	
<sup>2</sup> <b>1</b>	Route# Direction		ivame of h	ntersecting Roa	away/Street									L	andmar	k		_
3	Please Select One of the Following:	Vehicle 1	<b>2</b> #Occ	cupants H	it/Run	Moped Moped		Crash R	eport	ID#	20	-2	3.	-A(	3			
	License # <b>S212</b>	67617	St MA D	OOB/Age _		Reg	# 9LX(	646				_ Reg	vpe P	C	R	eg State <b>X</b>	(A	
	Sex M Lic. Clas	10 10	Lic. Restrict	20	CDL		Year <b>20</b>									1	21	1 12
	Operator DRUR				CDL Endorsemen	ıt	er DRU											
<sup>4</sup> 1	La Address <b>60 P.</b>	ARK ST	First		Middle		ess 60	i	ast			First			М	iddle		
	City <b>WILMIN</b>		State <b>MA</b>	Zip_0188	37-152		WILM						State 1	MA	Zip <b>0</b> :	1887-	-1521	
	Insurance Company			-		•	cle Action			-		22		ged Are				
	Vehicle Travel Direc	***************************************		sponding to Em			t Sequence			23	23	23	Test S			28		
5	Citation # (If Issued)	<del></del>		,			: Harmful I	<u></u>	1	24			• •	of Test:		29		
L	Viol. 1: Ch/Sec/Sub			· Ch/Sac/Sub			er Contribu		ь	19	<sup>25</sup> 1	R 25		Test Res		30	22	30 <sup>13</sup>
	Viol. 1: Ch/Sec/Sub						er Distracte		99	26				Alcohol		Susp. Di	nug: 2 32	30
<sup>6</sup> 1		Please fill out for						ou by	وو	34	35	36	37 3	8 39	40	2		_
	Name (Last First Middle)		1	1	Address		DOE	3/Age	Sex	Seat Pos.	Safety System		jeet Tr		Code	Medic	al Facility	4
	Operator			Ex garmin or	See Above		$\geq$	$\leq$	X	1	99	4 0	0	10	1			
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7	Please Select One	Vehicle 2	<b>0</b> #Occ	upants N	on-Motorist	A Type	15 Acti	ion	16	_ocatio		17 Co	ndition	18		Hit/Run [	Moped	1
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	Sex Lic. Class		Lic. Restrict	ions	CDL Endorsemen	t	Year <u>20</u> 1						<b>.</b>		Veh	Config.	Ţ	
81	Operator Driv	« erless	First		Middle		er <u>COU</u>	L	ast			First			M	iddle		
	Address						ess 14									1005	1500	14
	City						WILM			Г		22				1887-	-1706 27 27	· 💾
	Insurance Company		<b>K</b> 2				ele Action			23	23	23	Test S		a Code:	28		
	Vehicle Travel Direc	<u> </u>	_K_V	sponding to Em	ergency? 2		t Sequence	1		24	43	23		of Test:		29		
<sup>9</sup> 2	Citation # (If Issued)						Harmful E		1	ᆜ	25	25	BAC	Test Res	ult:	30		
	Viol. 1: Ch/Sec/Sub						er Contribu		·	26	25	25		Alcohol			rug: <sub>2</sub> 32	
	Viol. 3: Ch/Sec/Sub						er Distracte	ed by	0		- <del></del> -	1, 1		d from s		2 33		_
	Please Name (Last First Middle)	fill out for operate	or/non-moto	rist and all occi	apants involv	ed	DOB	//Age	Sex	34 Seat Pos.	35 Safety System	Airbag I	37 3: ject Tra ode Co			Medic	al Facility	
	Operator/.	Non-Moto	rist		See Above			<	X	1	0	4 0	0	10	1			
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MV1 was traveling westbound on Everett Avenue towards Fairfield Road and Main Street. The operator of MV1 stated that he got lost and believed that Everett Avenue was a "Dead End Street." The operator of MV1 decided to stop, back up, turn around, and head back the way he came towards Faulkner Avenue. While backing up, MV1 struck and knocked over the mailbo and wooden planter barrel in front of #14 Everett Avenue. MV1 continued backing up and then struck MV2 which was unoccupied and parked in front of #14 Everett Avenue as well. The operator of MV1 stated that his truck is large, and while he heard a loud noise, he was unaware that he struck anything with his truck. The operator of MV1 apologized for initially leaving the scene without exchanging information, but stated he was unaware he was in an accident. There were no injuries and both MV1 and MV2 were able to be driven from the scene. Homeowner at 14 Everett was provided with MV1 Insurance Info

Witnesses:									
Name (Last,First,Middle)		Address			Phor	ne #			Statement
Property Damage:									
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descriptio	n of Dama	iged Propert	y	
COUTO EMANUEL C	14 EVERETT AVE WILM	INGTON MA 01887		97	MAILBO	X AND	WOODEN 1	BARREL	PLANTER
Truck and Bus Information:  Carrier Name	Registration #		(From Vehicl	le Section)			Bus U	Jse	42
Address			City			St	Zip		
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:				
43	pe Code	GVWR/GCWR	45			40	<b>-</b> 1		
Hazmat Information:						L	_		
Placard 47 Material 1 digit #	48 Material Name	<b></b>	1	Material 4 dig	git #		Release c	ođe	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

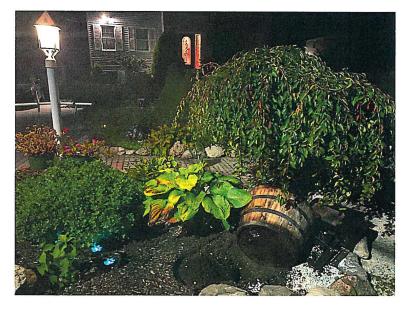
09/21/2020

Department

## Wilmington Police Department Images Associated with 20-203-AC













# Wilmington Police Department Images Associated with 20-203-AC





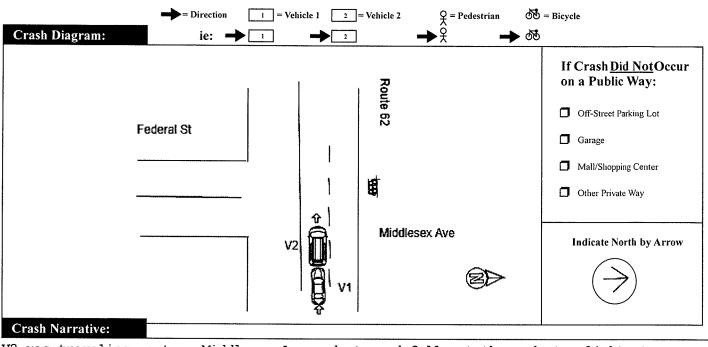








	Police Use Only Commonwealth of Massachusetts RMV Document Number																
	Date of Crash 09/22/2020	Time of Crash	1	City/Town Ington	1		icle Cra	sh		ımber hicles	Num Inju	rad l'	•	Limit_	30	State Police Local Police MBTA Police Campus Police	1
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<b>'1</b>				At			Feet	N S	E W	of			- •		or _		
	Route# Dire	ction	Name	of Intersecting Road	lway/Street						Mil	e Mar	ker			Exit Number	2 11
			1	Also at Intersection	with		Feet [				Route	<del></del> -	]	interse	cting F	Roadway/Street	
<sup>2</sup> 1	Route# Dire	ction	Name (	of Intersecting Road	lway/Street		Feet	N S	E W	of							_
	Please Select	One 🔽	<b>1</b>				l					_			ndmark	<u> </u>	1
3	of the Followi		e 1.4#	Occupants Hi	t/Run	Moped	Crash R	eport	ID#	20	-2	04	<u> </u>	AC			
	1	4496294				Reg	# 3983NR				Reg	Type	PC		R	eg State MA	12
	Sex M Lic.	Class D	Lic. Res		CDL Endorsement	Veh	Year <b>2013</b>	\	Veh M	ake <u>N</u>	ISS	AN			_ Veh	Config. 21	
4	1	CCORMAC Last	Fi	GH D JR	Middle	Own	er MACCOR	MAC ast	CK,	SH	IRI Fir		M		Mi	ddle	
<sup>4</sup> 3	1	CHESTNU				Addı	ess 16 CHE	STI	TUN	S I							
	ł			<b>1A</b> Zip <b>0191</b>		City	BEVERLY		1							L915-3307	
	1			RD FIRE I	NSURAN	Vehi	cle Action Prior to			Τ	22		maged st Stati		Code:	0 <sup>27</sup> <sup>27</sup> <sup>27</sup> 27	
<sup>5</sup> 1	Vehicle Travel I	Direction: N S	EX	Responding to Eme	ergency? 2	Even	t Sequence 2	23	23	23	23		n stati			29	
	1	sued)					t Harmful Event	2	24	251			.C Tes	t Resu	ilt:	30	13
	Viol. 1: Ch/Sec/	/Sub	— Vio	l. 2: Ch/Sec/Sub -		_ Drive	er Contributing Co		<del></del>	<sup>25</sup> 9	9 <sup>25</sup>	Sus	sp. Ald	ohol:	2 31		2
<sup>6</sup> 1	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub -		_ Drive	er Distracted by	0	<b>26</b>	35	36	Tov	ved fr	om sce	ene?	1 33	
	Name (Last First N		for operator	and all occupants i	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operat	or			See Above		><	X	1	1	4	0	0	99	2	Winchester Hospital	
																	1
																	1
7	Please Select 6		. 1 #	Occupants No	m Matariat A	Type	15 Action	16	Locatio		17	Conditi		18		Hit/Run Moped	1
<sup>7</sup> 3	of the Followi	ng.			on-iviotorist A										<u> </u>		4
		4904881	19	_ DOB/Age.		_	# <u>979NS8</u>								R	eg State MA	
	Sex M Lic.	Class D	Lic. Res	استنا	CDL Endorsement		Year 2004								_ Veh	Config. 1	
<sup>8</sup> 1			MAS CI	HAMBERLA rst	Middle		er CARD,	ast		S C	Fir		KLE	TIN	Mi	ddle	•
_	Address 4 W		G N	<u>(A</u> Zip 0188	7-3008		ress 4 WEST WILMING						M7		· 01	1887-3008	1 14
	· .			CE INSURA		•	cle Action Prior to		1	<u> </u>	22				Code:		· <b>  -</b>
	Vehicle Travel I			Responding to Eme					23	23	23		st Stati			28	
_		sued)	XX	responding to Link	orgency:		· <u>-</u>	2	24			Тур	oe of T	est:		29	
<sup>9</sup> 2				1. 2: Ch/Sec/Sub =			er Contributing Co		1	25	25			t Resu		30 32	
	Viol. 1: Ch/Sec/			1. 4: Ch/Sec/Sub =			_	0	26					ohol: om sce	-	Susp. Drug: 2 32	
				notorist and all occu	pants involved			<u> </u>	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		1
	Name (Last First N		ntovist		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code O	Status	Code	Medical Facility	-
	Operati	or/Non-Mo	norisi		See Above				1	1	4	0	J	10	1		_
			*														_
																	_



V2 was traveling west on Middlesex Ave and stopped fully at the red stop light at Middlesex Ave and Federal Street. V1 was traveling west on Middlesex Ave and did not stop at the red light. V1 collided with V2 at the intersection. V1 oper. stated he passed out at the intersection and handed WFD a pill bottle of Amoxicillin. V1 oper. stated he may have taken too many Amoxiciliin by accident.WFD transported him to Winchester Hospital fo a medical evaluation. V2 oper. had no injuries reported or observed. V1 removed from the scene by Forrest Towing. V2 drove away from scene with a small amount of damage to the rear of the vehicle. An accident exchange form was left at the front desk at the station for the operators of V1 and V2. On 9/24/20 at approx 1310 hrs, I spoke to oper. 1 on a follow up. He stated the hosp. informed him the medication may have impacted his vagus nerve and caused him to pass out. He stated the hosp saidthis was not an overdose.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		
Carrier Name			•		Bus Use	42
Carrier Name					Dus Ose	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
43	44		45			
Interstate Cargo Body Ty	pe Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information:						
Placard Material 1 digit #	48 Material Name	·		Material 4 digit	#Release code	49
L	<u> </u>				<u> </u>	

Patrol Officer Kathryn C Goodwin

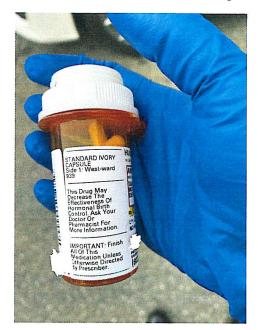
216

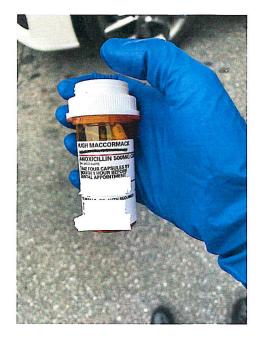
Wilmington Police Department

09/22/2020

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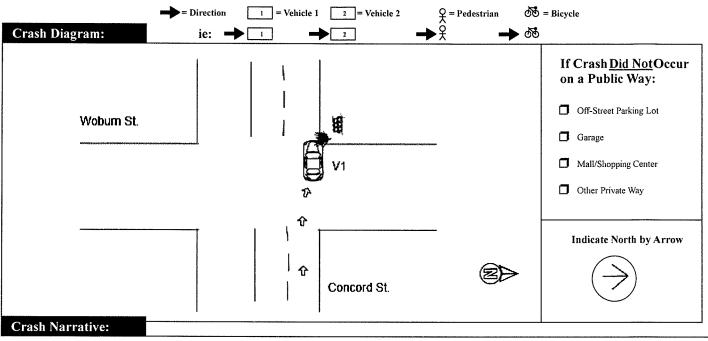
### Wilmington Police Department Images Associated with 20-204-AC







	Police Use Only Commonwealth of Massachusetts RMV Document Number															
	Date of Crash 09/26/2020	Time of Crash 0224 Wi	City/Town  lmington	Motor V	Vehi	cle Cras	sh		nber icles	Numb	Jopet	l Limit	40	Local	Police Police A Police Dus Police	
	03/20/2020	24HR	THITING COIL	Poli	ce R	Report		1		1	Latitu	de tude		Camp Other	ous Police	
		AT INTERSEC	CTION:	< L(	OCAT	TION >	>		ľ	TO	AT IN	TER	SEC	TION		
																2 10
	Route# Dire	ction	Name of Roadway	/Street		Route# Directi		<b>29</b> Addres		CO	NCORI Na			/ay/Stree	t	.
<sup>1</sup> 4			At				viele	اسا								
	Route# Dire	ction	Name of Intersecting Roa	ndway/Street	<u> </u>	Feet [	NSE	· W	of —	Mile	Marker		or _	Exit	Number	
			Also at Intersection			Feet	N S E	w		2		1 .			/G.	1
2	Route# Dire	ation 1	Name of Intersecting Roa	dway/Street	-	Feet [	N S E	w	of I	Route#		merse	ecting i	Roadway	/Street	
<sup>2</sup> 6	Router Bire	ction	vaine of finersecting Ko	iuway/Street		_						La	ndmarl	k		_
3	Please Select of the Followi		#Occupants	lit/Run 🔲 Mo	ped	Crash Re	eport II	D# <b>2</b>	20-	-2	05-	AC				
	License # S3	9835462 st	MA DOB/Age		Reg#	J 3TEZ71				Reg	Type PC	······································	R	eo State	MA	┧
		10 10	20	CDI.		ar <b>2011</b>									21	<b>1</b> 12
		ROCHE, GII	لــــــا	CDL Endorsement		MARTIN								Comig.		
<sup>4</sup> 3	· ·	Last PARK ST	First	Middle		s 391 HI	ast			First			Mi	iddle		
			State <b>MA</b> Zip <b>019</b>	05-2272		IALDEN					State M	A 7	zio O2	2148		
			MUTUAL PER			Action Prior to (		[]	2	2	Damage		-			
	·	Direction: NSE				Sequence 24				 23	Test Sta	tus:		1 28		
<sup>5</sup> <b>1</b>		sued) <b>T206353</b>	<del>_</del>	.0.60.07.				24			Type of	Test:		29		
			Viol. 2: Ch/Sec/Sub	90 24		Contributing Cod		<u></u> LO 2	25	25	BAC Te			30	32	<b>24</b> <sup>13</sup>
			Viol. 2: Ch/Sec/Sub			,		26			Susp. A			33 susp.	Drug: 1 32	
<sup>6</sup> 1	Viol. 3. Chroco	***************************************	perator and all occupants				T	34		36	37   38	39	40	<u> </u>		1
	Name (Last First N			Address		DOB/Age	Sex	Pos.	System 5	Status (	Eject Trap Code Code		Code	Me Lahey (	dical Facility	-
	Operat	or ————		See Above			$\Delta$	1	1 4	0	0	8	2	-		-
													ļ			
7	Please Select (		#Occupants N	on-Motorist A Typ	ne	15 Action	16 Lo	cation	,	17 <sub>Cc</sub>	ndition	18		Hit/Run	Moped	1
<sup>7</sup> 2	of the Followi	ng:		-7,	<u> </u>				<u> </u>				<u> </u>			-
	License #	19 19	DOB/Age												21	
	Sex Lic.	<u> </u>	c. Restrictions	CDL Endorsement		ar	Ve	h Mal	ke				Veh	Config.		
<sup>8</sup> 1	Operator	Last	First	Middle			ast			First			Mi	iddle		
	Address					SS					g		······································			14
	,		State Zip		•			Г	2	_	State		•	27	27 27	
	•	-				Action Prior to C	Crash	3 2	23 2		Test Sta		. 0000.	28		
		Direction: NSEV		nergency?		sequence		24			Type of	Test:		29		
<sup>9</sup> 2	,	sued)				Iarmful Event	Г		25	25	BAC Te	st Resi		30		
			Viol. 2: Ch/Sec/Sub			Contributing Cod		26	الـــ	لـّـــ	Susp. A		Ь	Susp.	Drug: 32	
			/non-motorist and all occ		Driver	Distracted by	1	34	35	36	Towed f	rom sc	ene?			4
	Name (Last First N	-	mon-motorist and an occ	Address		DOB/Age		Seat	Safety /	Airbag 1	ijeet Trap Code Code	Injury	Transp.	Ме	dical Facility	_
	Operat	or/Non-Motor	ist	See Above		><	X	1					<u> </u>			
							T									
								1		+					5 200 (March 1997)	1



VI was traveling west on Concord Street from I93. At the intersection of Woburn Street an Concord Street, VI veered to the right of the road, passed the fog line, and crashed into the guardrail and a telephone pole on the right side. When asked what happened, the oper. of vI stated, "I fell asleep." There was a strong odor of marijiana emanating from the operator's person and vehicle. marijuana and marijuana paraphernalia were recovered in th vehicle when preforming a MV inventory. The oper. informed Sgt. Stavro he was driving at the time of the crash. The vehicle was towed by A&S. Oper. was transported to Lahey Burlington for suspected minor injuries. At the hospital, I served the operator MA Uniform Citation T2063531 in hand for OUI-drugs, negligent operation, and marked lanes violation. Witnesses followed the operator from the highway and observed him crash into the guardrail. Witnesses stated he was operating erratically. See 20-268-AR.

Name (Last,First,Middle)		Address		Phone #	Statement							
CONSIDINE BRIAN JOSEPH	Ŧ	10 THURSTON A	VE WILMINGTON MA	446								
JOYCE WILLIAM MICHAEL	JR	45 S PINE ST	BRADFORD MA	01835-74	436							
Property Damage:												
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property							
Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name Bus Use 42												
Address			City		St Zıp							
US DOT #:S	tate Number		_ Issuing State	MC/MX/	TICC #:							
Interstate 43 Cargo Body Typ		GVWR/GCWR	45		46							
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length							
Hazmat Information:												
Placard Material 1 digit #	48 Material Name	2	N	Material 4 dig	it #Release code	49						

Patrol Officer Kathryn C Goodwin

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Department

Witnesses:

## Wilmington Police Department Images Associated with 20-205-AC





