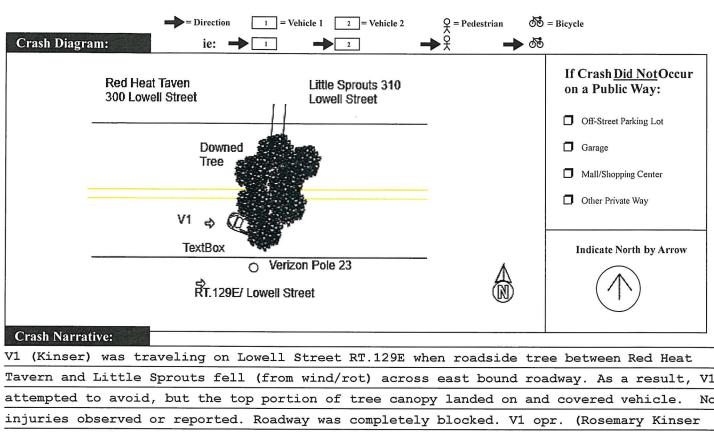
	Police Use Only Commonwealth of Massachusetts RMV Document Number						nt Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	I to insend I	Speed Limit	I	State Police	İ
	08/30/2020 1155 Wil:	mington	Police	Report	1	ا	Latitude Longitude		MBTA Police Campus Police Diher:	
	AT INTERSECT	ION:		TION >			INTER	·····		
										2 10
				129 E	300	LOWE	LL ST			
¹ 1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #		Name of	Roadway/S	treet	
		• •		Feet N S	E W of		- • —			
	Route# Direction Nat	me of Intersecting Roadway	y/Street			Mile Ma	rker	ł	Exit Number	1 11
		Also at Intersection with	h	Feet N S		Route#	Interse	cting Road	way/Street	
² 1	Route# Direction Na	me of Intersecting Roadway	y/Street	Feet N S	E W of	VERIZ	ON PO	LE 23	3	
			<u> </u>				La	ndmark		
3	Please Select One of the Following:	#Occupants	un Moped	Crash Repor	t ID# 20	-190	0-AC	;		
	License # S51916744 St M	A DOB/Age	Reg	# 1KBW74		Reg Type	PC	Reg St	ate MA	
		20		Year 2017					21	1 12
	Operator KINSER, ROSEM	Ende	orsement	er KINSER,				- ven con	g. <u>-</u>	
⁴ 1	Address 44 GEORGE BROW	First 1	Middle	ess 44 GEORG		First		Middle		
-							3.63	. 010	21 222	
	City BILLERICA State	•	-	BILLERICA			te MA 2 amaged Area		21-2223	
	Insurance Company THE COMME			cle Action Prior to Cras	h L		amaged Area est Status:		28	
5	Vehicle Travel Direction: N S W	Responding to Emerger	ncy? 2 Even	t Sequence 21 23		23	pe of Test:	1 2	29	
	Citation # (If Issued)		Most	Harmful Event 21			AC Test Resi	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	1 25	25 Su	sp. Alcohol:	2 31 Su	sp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by 0	26	To	wed from sc	ene? 1	33	
1	Please fill out for oper Name (Last First Middle)	ator and all occupants invol	lved	DOD/A S	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	Maria I Facilita	
	Operator		Above	DOB/Age Sex	Pos. System 1 1	Status Code	Code Status 0 10	Code 1	Medical Facility	
		44 GEORGE BROWN ST								1
	KENNETH KINSER	BILLERICA, MA 0182	21	М	3 1	4 0	0 10	1		
7	Please Select One Vehicle 2	#Occupants Non-N	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/F	Run Moped	1
⁷ 1	of the Following:		Actorist A Type		Location	Contain		11.1.7	- Mopeu	1
	License # St St	DOB/Age	Reg	#		Reg Type		Reg St	21	
	Sex Lic. Class 19 Lic. 1	Restrictions CDI	Veh	Year	Veh Make			Veh Con	ifig.	
⁸ 1	Operator	First 1	Own	erLast		First		Middle		
1	Address		Addı	ess						141
	City Stat	e Zip	City			Sta	te Z	Zip		1 14
	Insurance Company		Vehi	cle Action Prior to Cras	h	22 Da	amaged Area		27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerger	ncy? Even	t Sequence 23	23 23	23	st Status:	ļ	28	
0	Citation # (If Issued)		Mosi	Harmful Event	24	-	pe of Test:	-	30	
⁹ 2	Viol, 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Drive	 er Contributing Code	25	25	AC Test Resu sp. Alcohol:		sp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from sc	- 04	33	
	Please fill out for operator/no			I I	34 35	36 37	38 39	40		ļ
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	f See	Above	\times	1					
						ļ [1



V1 (Kinser) was traveling on Lowell Street RT.129E when roadside tree between Red Heat
Tavern and Little Sprouts fell (from wind/rot) across east bound roadway. As a result, V1
attempted to avoid, but the top portion of tree canopy landed on and covered vehicle. No
injuries observed or reported. Roadway was completely blocked. V1 opr. (Rosemary Kinser
was unable to open door due to fallen tree. Passenger Ken Kinser was able to exit
passenger side without issue. WFD responded and cleared branches to allow her to exit
vehicle. Vehicle was freed from tree canopy, but suffered numerous scratches or dents to
left side and the hood. Wilmington DPW/Tree division notified and arrived to clear
roadway.

Witnesses:							
Name (Last,First,Middle)	Address			Phone #	Phone #		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damag	ed Property	
Truck and Bus Information: Carrier Name	Registration #		V	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:							
Placard 47 Material 1 digit #	48 Material Name			_Material 4 dig	șit #	—Release code	49

Patrol Officer Richard DiPerri

173

Wilmington Police Department

08/30/2020

Police Officer Name (Please Print)

Signature

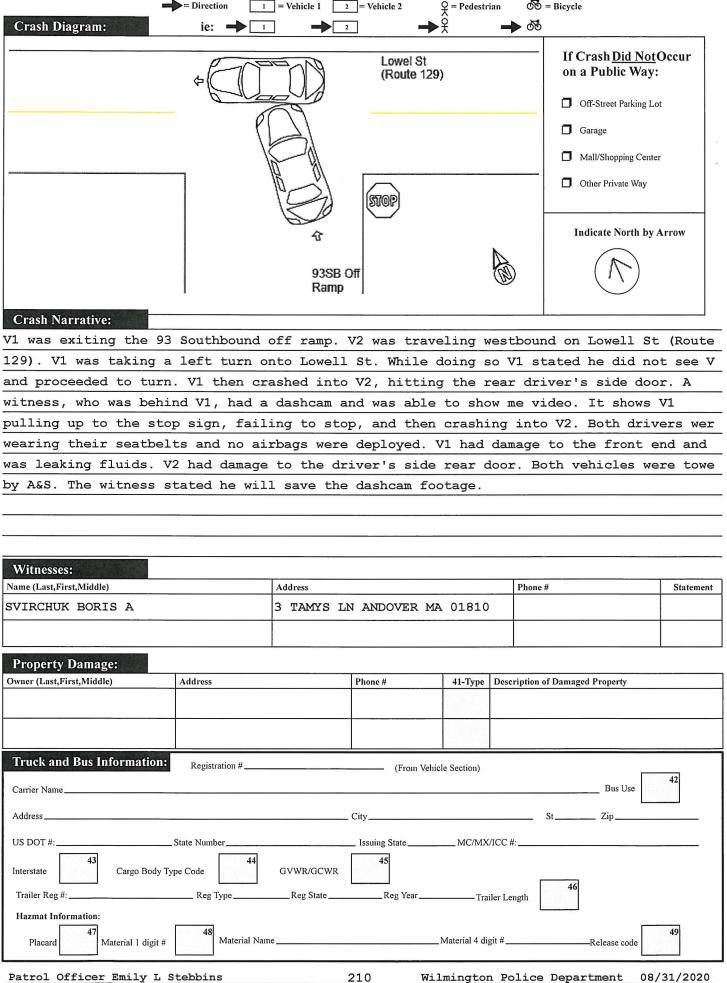
ID/Badge #

Department Precinct/Barracks

Date

	Police Use Only	Com	Commonwealth of Massac							
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Number	Speed Limit	40	State Police Local Police MBTA Police Campus Police	
	08/31/2020 1530 Wil	mington	Police	Report	2	Injured 1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >		NOT A	INTER	SECT		1
						110111			1011	10
					399	LOWE	LL ST		<u> </u>	2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	y/Street	
		711		Feet N S	E W of		_ •	or		
	Route# Direction Na	me of Intersecting Roads	vay/Street	<u></u>		Mile Ma	rker		Exit Number	3 11
		Also at Intersection v	vith	Feet N S		Route#	Interse	ecting Ro	adway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N S	E W of				,	
Т				<u> </u>			La	ndmark		
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Repor	t ID# 20	-19	1-AC	;		
	License # S75588107 St N	IA DOB/Age	L Pag	# <u>6VL279</u>		Dan Town	. PC	D - 0	. c M Z	
	19 19	20							21	1 12
			ndorsement	Year 2011				Veh C	Config	
⁴ 2	Operator DESMOND, PAUL	First	Middle	ner DESMOND ,		MICHA First	EL	Middl	le	
2	Address 7 CARTER ST			ress 7 CARTER	ST					
	City WOBURN Stat	e MA Zip 0180	L-5723 City	WOBURN					801-5723	
	Insurance Company ARBELLA M	UTUAL INSU	JRANCE Vehi	cle Action Prior to Crasi	h 4		amaged Area	Code: 1		
5	Vehicle Travel Direction: X S E W	Responding to Emer	gency? 2 Ever	nt Sequence 1 23	23 23	23	est Status:	1	28	
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event 1	24	-	/pe of Test: AC Test Resi	<u> </u>	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	3 25	25	usp. Alcohol:		Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from sc	<u> </u>	33	
⁶ 1		ator and all occupants in			34 35	36 37	38 39	40		1
	Name (Last First Middle)		Address	IXOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	S	ee Above	\times	1 1	4 0	0 10	1		

					1					}
	N C1 / O			15 16	<u> </u>	17	10	I		1
⁷ 3	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16	Location	Condi	tion 18	Ні	t/Run Moped	
	License # S12343045 St M	IA DOB/Age	Reg	# 576MT0		Reg Type	PC	Reg	State MA	
	Sex F Lic. Class D Lic.	Restrictions 1 20 C	_	Year 2008	Veh Make B			_	21	
	Operator AHERN, CAROLE		ndorsement	er AHERN, C					· ······6·	
⁸ 1	Address 1 ELDERBERRY L	First	Middle	tast Tess 1 ELDERB		First)C A1	Middl T B		
		e MA Zip 01867		READING	4-14-54-5-4				867-1093	1 14
			•				amaged Area	• –		
	Insurance Company SAFETY IN			cle Action Prior to Crasl	1 <u>L</u>		est Status:	7	28	
	Vehicle Travel Direction:	Responding to Emer	gency? 2 Even	t Sequence 1 23		23	pe of Test:	1	29	
⁹ 2	Citation # (If Issued)		Mos	Hannful Event 1	24		AC Test Resi	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 St	sp. Alcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	To	owed from sc	ene? 1	33	
	Please fill out for operator/no	n-motorist and all occup	ants involved	DON'T G	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	N. V. A. T. (P.	Ī
	Operator/Non-Motoris	t s	ee Above	DOB/Age Sex	Pos. System 1 1	Status Code	Code Status		Medical Facility	
	operatori ton-motoris	31		/ \	\			- H	ospital	
									····	

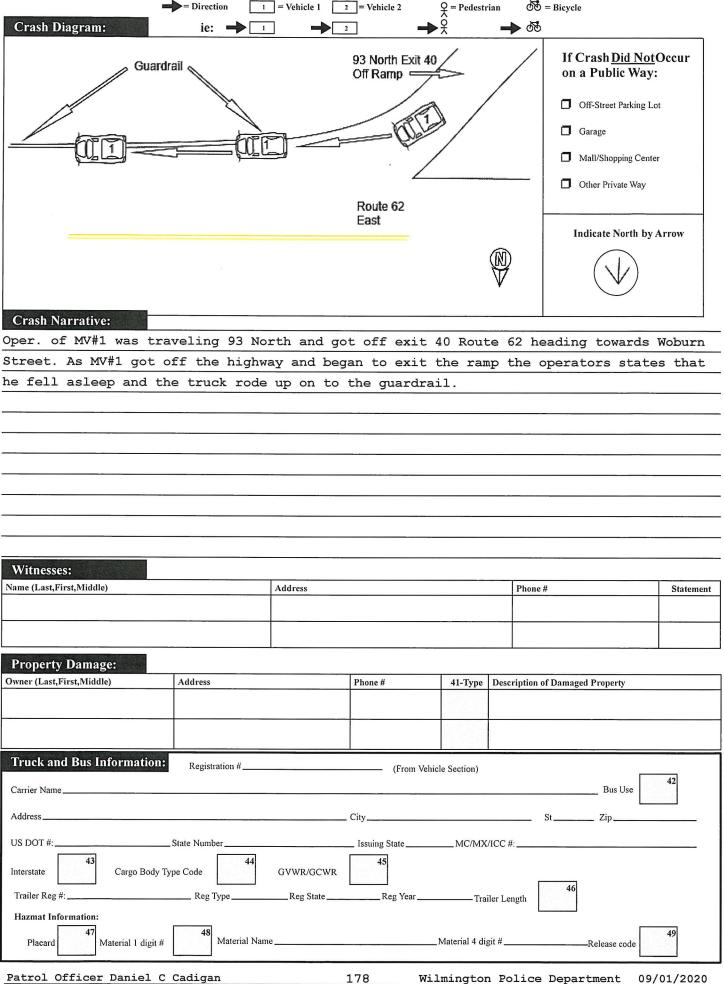


210

Wilmington Police Department

08/31/2020

	Police Use Only	onwealth (wealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	25	State Police Local Police MBTA Police	
	09/01/2020 1004 Wil	mington	Police 1	Report	1	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT A	r inter	_	•	1
										2 10
	Route# Direction	Name of Roadway/Stree	of .	Route# Direction	Address #	ROUI	E 62 Name of		vy/Stroot	
¹ 1		At		Kotte# Direction	Address #		1vaille Oi	Roadwa	iy/Siteet	-
				Feet N S	E W of	— — — — Mile Ma		or _	Exit Number	-
	Route# Direction Na	ame of Intersecting Roadway Also at Intersection with		Feet N S	E W of	TVIIIC IVIE	iikoi	······································	LAR Pullor	1 11
		ruso at intersection with		Feet N S		Route#	Inters	ecting R	oadway/Street	
² 1	Route# Direction Na	une of Intersecting Roadway	y/Street	reet [N] 5	[E [V] 01		T .	. 3 1.		_
	Please Select One	#Occupants Hit/Ri			- 20	10		andmark		-
3	of the Following:	#Occupants L_ Hit/Ri	un Moped	Crash Report	ID# 2 U	-19	Z-A(<u>ز</u>		
		1A DOB/Age	Reg #	\$10214		Reg Type	<u>CO</u>	Re;		12
	Sex M Lic. Class D 19 Lic.	Restrictions 1 CDI	L Veh Y	Year <u>2007</u>	Veh Make <u>F</u>	'ORD		Veh (Config. 6	3
	Operator NOLASCO-LOPE	Z ADELSO		er CALLAHAN	, WILI		DWARD			.
⁴ 1	Address 2 BRIMLECOM S			ess 75 BORDE	R RD	First		Mide	dle	.
	City LYNN Sta	te MA Zip 01902-	-4279 City_	READING		Sta	te MA	Zip 01	867-3748	_
	Insurance Company SAFETY II	SURANCE COM		le Action Prior to Crash			amaged Area	_		
	Vehicle Travel Direction: NSWW	Responding to Emerge		Sequence 23	23 23		est Status:		28	
⁵ 2	Citation # (If Issued)			Hannful Event 24	24	T ₃	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	21 25	25	AC Test Res		30	24 ¹³
					26	St	isp. Alcohol		Susp. Drug: 32	24
⁶ 1	Viol. 3: Ch/Sec/Sub	rator and all occupants invo		r Distracted by 0	34 35	36 37	owed from so	1 40 L	L 33	_
	Name (Last First Middle)	•	ddress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	See	Above	><X	1 99	4 0	0 10	1		
										-
								-		-
					<u> </u>			\bot		_
⁷ 6	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Condi	tion 18	П	lit/Run Mopeo	ı
	License #St	DOB/Age	Reg #	······································	<u> </u>	Peg Type	- L	Par	g State	1
	19 19	20	•	/ear		~ ~		`	21	1
			orsement		ven make			ven c	comig.	
81	Operator	First 1	Middle	erLast		First		Mide	dle	
		- 7:		ess						1214
	City Sta						te2 amaged Area	· r	27 27 27	-
	Insurance Company			le Action Prior to Crash			est Status:	Code.	28	
	Vehicle Travel Direction: NSEW	Responding to Emerger	ncy? Event	Sequence 23			pe of Test:	F	29	
2	Citation # (If Issued)		Most	Harmful Event	24		AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	25	25 Տւ	ısp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	26	To	wed from so	ene?	33	
	Please fill out for operator/no Name (Last First Middle)	•	ts involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	1
	Operator/Non-Motoris	F	Above		1	0000	- Dunta		- John John	
	*									-
								+-+		4
									·	_



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

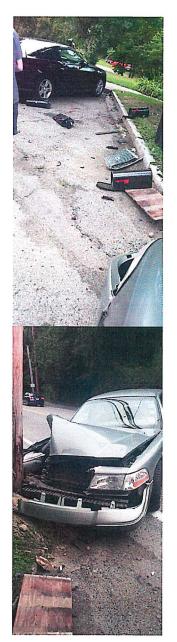
	Police Use Only	Comi	monwealth -	of Massacl	ıusetts		RM	V Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	25	Local Police	1
	09/03/2020 1856 Wil:	mington	Police	Report	1	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	T INTER	SECT		1
										2 10
					108	WEST				
¹ 1	Route# Direction	Name of Roadway/St At	reet	Route# Direction	Address #		Name of	Roadwa	ay/Street	-
_				Feet N S	E W of			or _		
	Route# Direction Nam	ne of Intersecting Roady	vay/Street			Mile M	arker		Exit Number	1 11
		Also at Intersection w	vith	Feet N S		Route#	Inters	ecting Re	oadway/Street	
² 1	Route# Direction Na	ne of Intersecting Roady	vay/Street	Feet N S	E W of					
Т		_						andmark		-
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Repor	t ID# 2 0	-19	3-A(3		
	License # S12472292 St M	A DOB/Age	Reg	# 2GBE14		Reg Typ	e PC	Re	g State MA	<u> </u>
	19 19	20		Year 2005					21	7 12
	Operator DUGGAN, KEVIN	E	ndorsement						Comig	
⁴ 1	Address 64 ARNOLD ST	First	Middle	er DUGGAN , Last ress 64 ARNOI	D CM	First		Mide	dle	
_		N3 - 01944			יר פיד		222	- 01	044 0607	
	City METHUEN Stat	•		METHUEN					$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Insurance Company GOVERNMEN			cle Action Prior to Cras			amaged Are est Status:	a Code:	28	
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 22 23 3:		23	ype of Test:]	29	
	Citation # (If Issued) T1684318			Harmful Event 22		В	AC Test Res	sult:	4 30	
	Viol. 1: Ch/Sec/Sub <u>90 24E</u>	Viol. 2: Ch/Sec/Sub	9 4A Drive	er Contributing Code	10 ²⁵ 9	25 S	usp. Alcohol	1 31	Susp. Drug: 2 32	22 ¹³
6	Viol. 3: Ch/Sec/Sub <u>90 13B</u>	Viol. 4: Ch/Sec/Sub9	0 17E Drive	er Distracted by	26	Т	owed from s	cene?	1 33	
⁶ 1		ator and all occupants in			34 35 Seat Safety		38 39 Trap Injury	40 Transp.	****	1
	Name (Last First Middle) Operator		Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	Code 1	Medical Facility	1
	Орегиног	3			1 1		10 110	-		-
]
7	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action 16	Landin	17 Condi	18		14/D D.Md	1
⁷ 1	of the Following:	Non	-Wiotorist A Type	Action	Location	Condi	tion	- -	lit/Run Moped	4
		DOB/Age	Reg	#		Reg Typ	e	Re		
	Sex Lic. Class 19 19 Lic. 1	Restrictions C	DL Veh '	Year	Veh Make			Veh (Config. 21	1
8	Operator	First		erlast		First		Mide		
⁸ 1	Address			ess		rust		Mid	dic	
	City Stat	e Zip	City_			Sta	ate	Zip		1 14
	Insurance Company		Vehic	cle Action Prior to Cras	h	22 D	amaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emer	gency? Even	t Sequence 23	23 23	23 T	est Status:		28	
	Citation # (If Issued)		Most	Harmful Event	24	T	ype of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Wi-1 2. Cl. (C/C-)		er Contributing Code	25	25	AC Test Res		30	
				er Distracted by	26		usp. Alcohol owed from s		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Please fill out for operator/no			er Distracted by	34 35	36 37	38 39	40		-
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator/Non-Motoris	t s	ee Above	\times	1					
	100 Maria 100 Ma									1
	· · · · · · · · · · · · · · · · · · ·					 	+ + -	++		†
					1			+-+		-

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	우 = Pedestr	rian 000 =	Bicycle	
Clasii Diagraiii:		08 West Street				If Crash Did Not on a Public Way Off-Street Parking L Garage	:
	~	•	1			☐ Mall/Shopping Cent	er
						Other Private Way	
5					_	Indicate North by	Arrow
7				_	49		
**************************************	5vov to the second second to the second to t	18/08-04-08/08/08/08/08/08/08/08/08/08/08/08/08/0			79		
Crash Narrative:		-					
Op. of MV1, Mr. Duggar	n stated tha	t he was t	raveling no:	rth on	West St	reet. He adm:	itted to
texting prior to crash	ning into ut	ility pole	10 and 50,	along	with 4 m	mailboxes tha	t were
posted in front of the	e poles belo	nging to 1	06, 106R, 10	06B, ar	nd 108 We	est Street (Se	ee image
for damage). Reading	Municipal L	ight Depar	tment and Ve	erizon	were no	tified about	the
ooles. The residents	were made a	ware of th	e mailboxes	. MV1	was towe	ed by Cain's	towing
(See attachments for :	inventory re	port). Mr	. Duggan sta	ated no	o injurie	es and signed	a
refusal of medical aid	d with WFD.	Mr. Dugga	n submitted	to SFS	ST and pa	assed. He was	sissued
a Massachusetts unifo	rm citation	and summon	sed to Cour	t (See	report 2	20-234-AR).	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Duanauty Damagas							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
READING MUNICIPAL LIGHT DEPARTMEN	230 ASH ST READ	ING MA 01867		13	UTILIT	Y POLE	
RUGGIERO JANICE MILLER	281 WOBURN ST WILMI	INGTON MA 01887-		97	MAILBO	XES	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			-
Carrier Name			(From veine			Bus Use	42
Address			City		s	t	
US DOT #:	State Number		_ Issuing State	MC/MX	K/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Tra	niler Length	46	
Hazmat Information:					11.00	CH 44 C C C C C C C C C C C C C C C C C	
Placard Material 1 digit #	48 Material Nam	e		Material 4 di	git #	Release code	49
Patrol Officer Julio J	Quiles		197 Wil	Lmington	n Police	Department 09	/03/2020
Police Officer Name (Please Print)	Signature	I	D/Badge # Depa	rtment	Precino	et/Barracks Date	

CDP1 11-24-00

Wilmington Police Department Images Associated with 20-193-AC





	Police Use Only	Commonwealth of Massacl			husetts RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Limit	Local I onco	- D
	09/05/2020 0912 Wil	mington	Police	Report	1	0	Latitude Longitude	MBTA Police Campus Polic Other:	e 📙
	AT INTERSECT	ION:		TION >		NOT AT	<u> </u>	SECTION:	
									2 10
						MIDE	LESEX		2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway/Street	
<u></u>		711		Feet N S	E W of			or	
	Route# Direction Na	me of Intersecting Roads	way/Street	<u></u>		Mile Ma	ırker	Exit Numbe	er 11
		Also at Intersection v	vith	Feet N S		Route#	Interse	ecting Roadway/Street	_ [
² 1	Route# Direction Na	me of Intersecting Roady	way/Street	Feet N S	E W of				
			-				La	ndmark	
3	Please Select One of the Following:	#Occupants	/Run	Crash Report	1D# 20	-19	4-AC	;	
	License # S49655835 St N	AA DOB/Age	Reg	# <u>A</u> D39808		Reg Typ	a A P	Reg State AZ	
	10 10	20		Year 2007					21 7 12
		to	ndorsement					1	
⁴ 1	Operator FISK, ROBERT		Middle	er <u>U-HAUL C</u>		First	NA	Middle	
	Address 436R MIDDLESE			ress PO BOX 2	1508	•			
	City WILMINGTON Sta		_	PHOENIX				Zip <u>85036-15</u>	
	Insurance Company REPUBLIC	CLAIMS REE	P WEST Vehi	cle Action Prior to Crash	<u> </u>		amaged Area	Code: 7 27 27 28	27
5	Vehicle Travel Direction: NSEX	Responding to Emer	rgency? 2 Ever	nt Sequence 35 23	23 23	23	est Status: ype of Test:	29	
	Citation # (If Issued)		Mos	t Harmful Event 35	24	•	AC Test Resi	<u> </u>	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	12 ²⁵	25	usp. Alcohol:		32 30 ¹³
	Viol. 3: Ch/Sec/Sub	Viol, 4: Ch/Sec/Sub	Driv	er Distracted by	26	T	owed from so	ene? 2 33	
⁶ 1		rator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical Facil	lity
	Operator	S	See Above		1 1	4 0	0 10	1	
	Please Select One	#0		15 16		17	18		
⁷ 9	of the Following:	#Occupants Nor	n-Motorist A Type	Action	Location	Condi	tion	Hit/Run L	Moped
		DOB/Age	Reg	#		Reg Typ	e	Reg State	
	Sex Lic. Class 19 19 Lic.	Restrictions 20	DL Veh	Year	Veh Make			Veh Config.	21
0	Operator	First		er					
⁸ 1	Address	Pirst		Last		First		Middle	
	CitySta	te Zip	City			Sta	ate 2	Zip	1 14
	Insurance Company	<u> </u>	Vehi	cle Action Prior to Crash		22 D	amaged Area	Code: 27 27	27
	Vehicle Travel Direction: NSEW			at Sequence 23	23 23	T	est Status:	28	_
	Citation # (If Issued)			t Harmful Event	24		ype of Test:	29	
⁹ 2	, , , , , , , , , , , , , , , , , , , ,			<u>L</u>	25	25	AC Test Res		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —		er Contributing Code	26	s	usp. Alcohol:		32
	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from so	ene? 33	
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	pants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	Airbag Eject	Trap Injury	Transp.	ility
	Operator/Non-Motoris	st s	iee Above	\rightarrow	1				
									

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	웃 = Pedestr. 오	ian Ø → Ø) = Bicycle	
	Driveway Middlesex					If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by	r
Crash Narrative:							
On 09/05/20 Car 1 whi							
right side of his U-H feet away. DPW water							
reet away. Drw water	dept. and w	limington .	notified.	Piet	ures 1	ocated in image	·S.
Witnesses:							
Name (Last,First,Middle)		Address			Phone	e #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
TOWN OF WILMINGTON	121 GLEN RD WILMI	NGTON MA 01887		3	FIRE	HYDRANT	
							æ
Truck and Bus Information:	Registration #		(From Vehic	le Section)			42
Carrier Name						Bus Use	72
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	the state of	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	e		Material 4 dig	git #	Release code	49
Patrol Officer Dillon H	allidav		205 Wil	minator	Police	e Department 09	05/2020

Department

Wilmington Police Department Images Associated with 20-194-AC





