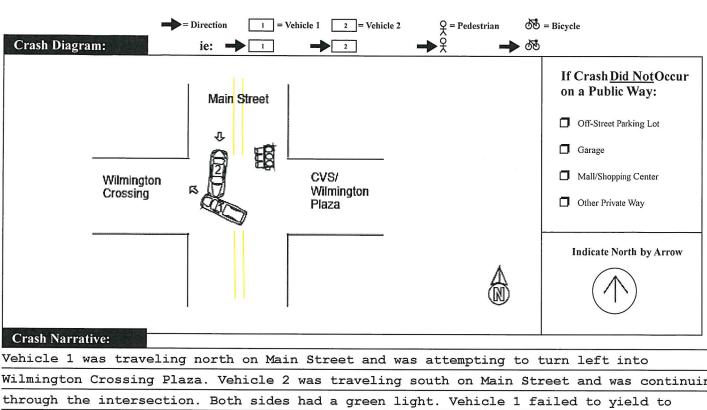
	Police Use Only	Com	monwealth	ealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	35	Local Police	1	
	10/11/2020 1043 Wil	mington	Police	Report	2	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:		
	AT INTERSECT	ION:		TION >		NOT A	FINTER	SEC		1	
	**···									10	
	D. A. H. D. A.			38	222	MAIN				2	
<sup>1</sup> 1	Route# Direction	Name of Roadway/S  At	treet	Route# Direction	Address #		Name of	Roadw	/ay/Street	-	
	<u> </u>	7.11		Feet N S	S E W of		_ •	or _			
	Route# Direction Na	me of Intersecting Road	way/Street			Mile M	arker		Exit Number	3 11	
		Also at Intersection v	vith	Feet N	S E W of	Route#	Inters	ecting R	Roadway/Street		
<sup>2</sup> 1	Route# Direction Na:	me of Intersecting Road	vov/Straat	Feet N S	SEW of	Routen	inters	comg r	Coadway/Sirect		
1	Notice Direction Na.	nie of intersecting Road	way/Sileet				L	andmark	(	1	
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Repo	rt ID# <b>2</b> 0	-22	0-A	3			
			1							-	
	License # <b>S04454744</b> St <b>M</b>	DOB/Age		955HP8					21	<b>1</b> 12	
	Sex 33 Lic. Class D	Restrictions C	CDL Veh '	Year <b>2014</b>	. Veh Make <u>C</u>	HEVRO	LET	Veh	Config. 2		
<u></u>	Operator SACCOCEA, LOU	IS R First	Own	er SACCOCEA	LOU!	IS R		Mir	ddle		
<sup>4</sup> 3	Address 78 FEDERAL ST		Addr	ess 78 FEDER	RAL ST	7.1101					
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip 0188'	7-2554 City	WILMINGTO	N	Sta	ite MA	Zip <b>01</b>	L887-2554		
	Insurance Company SAFETY IN	SURANCE CO	<b>DMPANY</b> Vehic	ele Action Prior to Cras	sh <b>4</b>	<b>22</b> D	amaged Area	a Code:	2 27 3 27 27		
	Vehicle Travel Direction: X S E W	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23 T	est Status:		1 28		
<sup>5</sup> 1	Citation # (If Issued) T2063699			Harmful Event 1	24		ype of Test:		29		
	Viol. 1: Ch/Sec/Sub 89 8			<u></u>	A 25	25	AC Test Res		30	_ 13	
				er Contributing Code	26	S	usp. Alcohol:		Susp. Drug: 2 32		
6 1		Viol. 4: Ch/Sec/Sub		r Distracted by		·	owed from so	Į.	1 33		
	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		38 39 Trap Injury Code Status	Transp. Code	Medical Facility		
	Operator	S	ee Above	X	1 1	3 0	0 10	1	medean ruemy		
	1				4-					1	
							ļ ļ	1		-	
	Please Select One Vehicle 21	#Occupants Nor		15 16		17	. 18	 		1	
<sup>7</sup> 2	of the Following:		-Motorist A Type	Action	Location	Condi	tion	<u> </u>	Hit/Run Moped	]	
		A_ DOB/Age	Reg #	4BP444		Reg Type	PC	Re	eg State MA	l	
	Sex M Lic. Class D 19 19 Lic. I		DL Veh Y	/ear <u>2006</u>	Veh Make C	ADILI	AC	Veh	Config. 21		
0	Operator PARROTT, WILL		ndorsement Own	PARROTT,	WILL	AM RO	BERT				
<sup>8</sup> 1	Address 12 HOBSON AVE	First		ess 12 HOBSO	N AVE	First		Mid	ldle		
	City WILMINGTON State	MA Zip 0188	7-2061 City	WILMINGTO	N	Sta	te MA	zin <b>01</b>	887-2061	1 14	
	Insurance Company <b>GOVERNMEN</b>	•		le Action Prior to Cras				-	1 27 2 27 8 27		
	Vehicle Travel Direction: NXEW		_	12	23 23		est Status;		1 28		
		Responding to Emer		Sequence 1	24		pe of Test:	ľ	29		
2	Citation # (If Issued)		Most	Harmful Event 1			AC Test Res	ult:	30		
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	<b>1</b> 25	25 St	sp. Alcohol:	2 31	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from so	ene?	1 33		
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup		DONA	34 35 Seat Safety	36 37 Airbag Ejeet	38 39 Trap Injury	40 Transp.		1	
	Operator/Non-Motorisa	, .	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1	
	Speratorii toit-mutotorisi						10	-		-	
										1	
		i		1	1 1	1 İ	1 1	1 1		1	



Vehicle 1 was traveling north on Main Street and was attempting to turn left into Wilmington Crossing Plaza. Vehicle 2 was traveling south on Main Street and was continuin through the intersection. Both sides had a green light. Vehicle 1 failed to yield to vehicle 2 and began to make the left turn. While mid turn vehicle 2 collided with the sid of vehicle 1. Vehicle one had front ride and right side damage and was inoperable. Vehicl 2 had all front end damage, both vehicles had air bag deployment. Vehicle 1 operator was issued a citation for 89/8 failure to yield at an intersection. Both operators declined medical attention and both vehicle were inoperable and towed from the scene by Forest Towing.

Witnesses:								
Name (Last,First,Middle)		Address			1	Phone #		Statement
						-		
Property Damage:							_	
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	ption of Damageo	l Property	
Truck and Bus Information:  Carrier Name  Address			× 130001 0 2000				(10 m)	42
US DOT #:				MC/MX	/ICC #:.			
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			and the second		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Leng	gth 46		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Name	·		_Material 4 dig	git #		-Release code	49

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

10/11/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

# Wilmington Police Department Images Associated with 20-220-AC

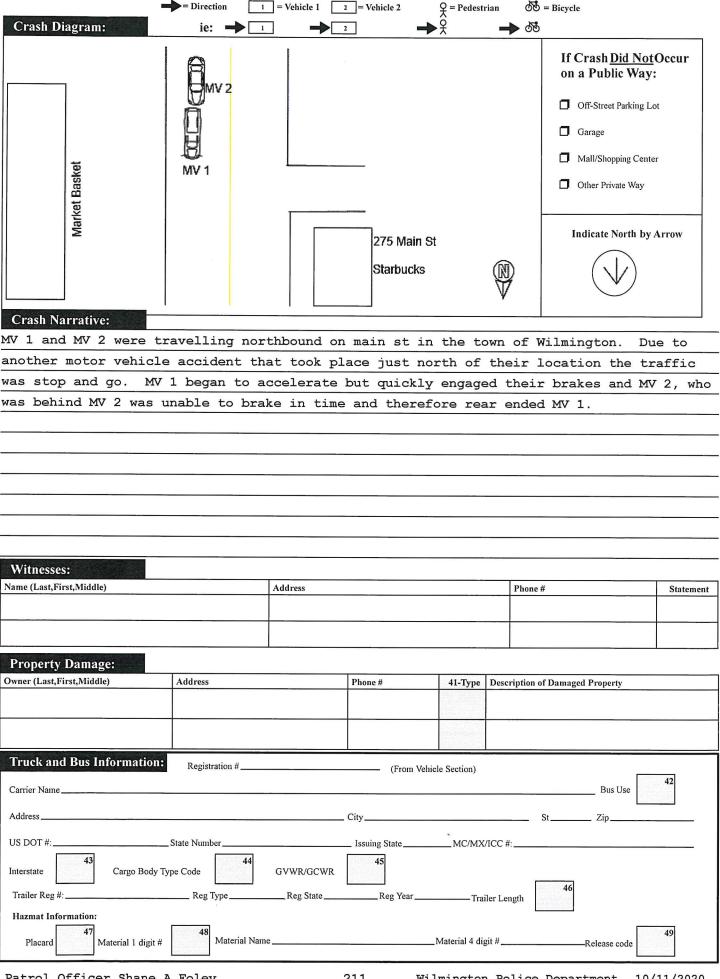








	Police Use Only	Commo	nonwealth of Massachusetts						Number	]
	Date of Crash   Time of Crash   10/11/2020   1107   Will	City/Town N	Iotor Veh	icle Crash	Numbe Vehicle		Speed Limi	Lo	ate Police acal Police BTA Police	
	24HR	mington	Police :	Report	2	0	Latitude Longitude _	Ca	BTA Police ampus Police ther:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A		SECTIO	N:	1
						******				2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	275 Address #	MAII		Roadway/Str	reet	
<sup>1</sup> 1		At								1
	Route# Direction Nar	no of Intercepting Benduny/C	4	Feet N	S E W of	Mile M	arker	or	xit Number	<del></del>
	Route# Direction 19ai	ne of Intersecting Roadway/St Also at Intersection with	treet	Feet N	S E W of					2 11
				Feet N S	S E W of	Route#	Inters	ecting Roadw	ay/Street	
<sup>2</sup> 1	Route# Direction Nar	ne of Intersecting Roadway/St	treet				La	andmark		
3	Please Select One of the Following:	_#Occupants Hit/Run	☐ Moped	Crash Repo	rt ID# 2 (	)-22	1 – AC	~		1
<sup>3</sup> 97	or the conowing.									-
	10 10	DOB/Age		# 1JXT73				_	21	<b>1</b> 12
	Sex E Lic. Class D Lic. F	Restrictions 1 CDL_ Endorse	sement	Year 2020		HYUNDA	VI	Veh Confi	g. 1	
<sup>4</sup> 1	Operator MARCOULIER, M	First Midd	dle	er SHAW, SC		First		Middle		
	Address 15 PINE ST	MA - 01000		ess 15 PINE	ST					
	City SAUGUS State			SAUGUS					6-1107	
	Insurance Company PLYMOUTH 1		_	cle Action Prior to Cras			amaged Area	1 Code: 6 27	7 5 27 4 27 8	
<sup>5</sup> 2	Vehicle Travel Direction: SEW	Responding to Emergency	/?_2 Event	t Sequence 1 23	23 23	23	ype of Test:	29	<del>,</del>	
-	Citation # (If Issued)	_		Harmful Event 1	24		AC Test Res	ult: 30	7	12]
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	<b>25</b> S	usp. Alcohol:	<del></del>	p. Drug: 2 32	1 13
<sup>6</sup> 1		Viol. 4: Ch/Sec/Sub		r Distracted by 0	26		owed from so		<u>'</u>	
	Please fill out for opera Name (Last First Middle)	ator and all occupants involved  Addres		DOB/Age Sex	34 35 Seat Safet Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	See Ab	oove	$\times$	1 1	4 0	0 10	1		
										1
										1
										-
								1		1
<sup>7</sup> 1	of the Following: Vehicle 21	_#Occupants Non-Mote	orist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Ru	un Moped	
	License # <b>S33365812</b> St <b>M</b>	A DOB/Ag	Reg #	29JD55		Reg Typ	e PC	Reg Stat	te MA	1
	Sex M Lic, Class D 19 Lic, R	Restrictions 1 20 CDL_	Veh Y	/ear 2007	Veh Make <b>I</b>			Veh Config	21	
,	Operator LONG, JAMES V	First Midd	Owne	r BURNS, J	ANINE	GRACE				
`1	Address 10 ARLINGTON S			ess 10 ARLIN	IGTON	ST First		Middle		
	City <b>METHUEN</b> State	MA Zip 01844	City ]	METHUEN		Sta	ate <b>MA</b>	Zip <b>0184</b>	4-4937	1 14
	Insurance Company <b>GOVERNMEN</b>	C EMPLOYEES I	NSU Vehic	le Action Prior to Cras	h <b>1</b>	<b>22</b> D	amaged Area	Code: 0 27	27 27	
	Vehicle Travel Direction: SEW	Responding to Emergency	? 2 Event	Sequence 1 23	23 23	23 T	est Status:	1 28		
	Citation # (If Issued)	<b></b>	Most	Harmful Event 1	24		ype of Test:	29	-	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	5 25	25	AC Test Resiusp. Alcohol:	1	Drug: 2 32	
		Viol. 4: Ch/Sec/Sub		r Distracted by	26		owed from so		ــــــــــــــــــــــــــــــــــــــ	
	Please fill out for operator/nor	n-motorist and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	1	J
}	Name (Last First Middle)  Onergtor/Non-Motorist	Addres		DOB/Age Sex	Pos. System	Status Code	Code Status	Code N	Medical Facility	
}	Operator/Non-Motorist	See Abo	ove		1 1	4 0	0 10	1		-
									<i>.</i>	



Patrol Officer Shane A Foley

211

Wilmington Police Department

10/11/2020

	Pol	lice Use Only	wealth of Massachusetts						RMV	V Docu	ıment Numb							
	Date of Crash 10/12/2020	Time of Crash		City/Town .ngton	Moto	r Veh	icle Cra	sh		umber hicles	Nun		Speed	_	35	State Police Local Police MBTA Poli	e 🔯	
	10/12/2020	24HR	A T TIIIT	ing con	Po	olice	Report		2		0	- 1	Latitud Longit			Campus Po	lice 🖥	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NO'	ГАТ	'INT	ER	SEC	TION:		
									32	7	MZ	1 T NT	SI	,				2 10
1 .	Route# Dire	ction	Ŋ	Name of Roadway/S	Street		Route# Direct	tion		ess#	1.11	2 T TA			Roadw	ay/Street		
`1 				At			Feet	N S	EW	of			_ •		or			
	Route# Dire	ction	Name o	of Intersecting Road	dway/Street						Mi	le Ma	rker			Exit Num	ber	2 11
			A	Also at Intersection	with		Feet				Route	<del></del>		Interse	cting F	Roadway/Stre	et	
<sup>2</sup> 1	Route# Dire	ction	Name o	of Intersecting Road	dway/Street		Feet	NS	EW	of					····			
	Please Select	One ISZ	1 "												ndmark	ζ		
3	of the Followi	ng: Vehicle	1#	Occupants Hi	t/Run	Moped	Crash R	Report	ID#	20	-2	2	<u> </u>	AC	; 			
	License # <u>0 6</u>		3	_ DOB/Age		Reg # <b>7YA 975</b> Reg Type <b>PC</b> Reg State <b>MA</b>											<b>1</b> 12	
	Sex <b>F</b> Lic.	E	Lic. Rest		CDL Endorsement	Veh Year <b>2016</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b>												
4		RJAS-MART Last	INEZ,	KARLA P	ATRICIA Middle	A Owner KPM SERVICES INC  Last First Middle												
<sup>4</sup> 1	1	AVON LN				Address 22 MILL ST APT C												
	l '	FORD		<u>-</u>											<del>,                                    </del>			
	Insurance Comp	pany TRAVELI		ASUALTY	INSURA	Vehic	le Action Prior to			2	22		imaged st Stati		Code:	5 <sup>27</sup> 27	7 27	
5	Vehicle Travel I	Direction: N	E W	Responding to Eme	ergency? 2	Even	Bequence 1	23	23	23	23		pe of T			29		
	1	sued)					Hannful Event	1	24	25	25		AC Tes	t Resu	ılt:	30		13
	Viol. 1: Ch/Sec/	Sub ———	Viol	1. 2: Ch/Sec/Sub -			r Contributing Co		26	25	25	] Su	sp. Ald			1 23	2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub ————————————————————————————————————		l. 4: Ch/Sec/Sub - and all occupants i		_ Drive	r Distracted by	0	34	35	36	To 37	wed fr	om sc	ene?	2 33		ļ
	Name (Last First N		л орегаю	and an occupants i	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical F	acility	
	Operat	or			See Above		> <	X	1	1	4	0	0	10	1	<b>,</b>		
7	Please Select		23 #0	Occupants No	on-Motorist A	Туре	15 Action	16	Locatio	,, [	17	Condit	ion	18		Hit/Run	Moped	
<b>1</b>	of the Followi	ng:			M-Wiotorist A					L				·			•	
	License #_	19 19		_ DOB/Age.			9XX792						PC			eg State <b>MA</b>	21	
		Class D	Lic. Rest		CDL Endorsement		Year <u>2007</u>								_ Veh	Config. 1		
<sup>8</sup> 1	Operator,	Last	ru	%t	Middle		er <u>WHYTE,</u> 25. taw	Last			F	KL irst	STI	.N	Mi	iddle		
	Address		_ _ State.	7:_			ess <u>35 LAW</u> WILMING'			_ 5.	<b>L</b>		M2		n1	1887-1	927	<b>1</b> 14
	City,	oany AMICA N		_ Zip. AL INSURA	NCE CO	-	le Action Prior to			1	22				Code:			
	Vehicle Travel I			Responding to Eme				23	23	23	23		st Stati			1 28	<u> </u>	
	Citation # (If Iss	<u></u>	2[11]	responding to Emi	orgonoy:		, =	1	24	l		Ту	pe of T	Test:		29		
<sup>9</sup> 2		Sub	Viol	1. 2; Ch/Sec/Sub =			r Contributing Co	L	1	25	25		AC Tes	r		Suga Dava	32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — —						Driver Contributing Code 1 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Driver Distracted by 0 26 Towed from scene? 1 33							2 2				
		ease fill out for opera			pants involved		<u> </u>	Ť	34 Seat	35 Safety	36 Airbag	37	38 Trap	39 Injury	40 Transp.			1
	Name (Last First N		onist		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical F	acility	
	Operati	or/Non-Mot	Urisi		See Above				1	1	4	0		10	1			
				-				-	99	1	4	0	0	10	1			
	·							1	99	1	4	0	0	10	1			

	= Direction 1	= Vehicle 1	= Vehicle 2	र्भ = Pedesti	ian 🐠	= Bicycle	
Crash Diagram:	ie: 🖚 🗓	<b>→</b>	i -	₽Ŝ	→ 88		
	Route:	38 Wilmington				If Crash <u>Did Not</u> on a Public Way:	
				······································		Off-Street Parking Lo	t
						☐ Garage	
	TOWTO ~					☐ Mall/Shopping Center	
V2 Wilmington House	V1   V		Dunkin Donuts 321 Main Stre	_		Other Private Way	
of Pizza 325 Main Street Wilmington	 Dunkin Drive-T	Donuts hru	Wilmington, M			Indicate North by A	Arrow
				◄	€2	$\left\langle \leftarrow \right\rangle$	
Crash Narrative:					J		
V1 was traveling	south on Main St	reet (Rt.	38) in Wilm	ington	after t	he traffic lig	ht at
	l slowed down to						
	on Rt. 38. V2 did						
	urn into the driv						
	id not use her tu						
	No injuries obse						<u> </u>
	. V2 towed by A&S						
			1				
***							
Witnesses: Name (Last, First, Middle)		Address			Phone	1	Statement
ivame (Last, Prist, Widule)		Address			Phone	F	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
Truck and Bus Inform	Registration #		(From Veh	nicle Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Carg	o Body Type Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:							40
Placard 47 Material	1 digit # Material Nam			Material 4 di	git #	Release code	49
Patrol Officer Kath	rum C Goodwin		216 W	7 3 b	. 5.7:	Department 10/	10/0000

# Wilmington Police Department Images Associated with 20-222-AC

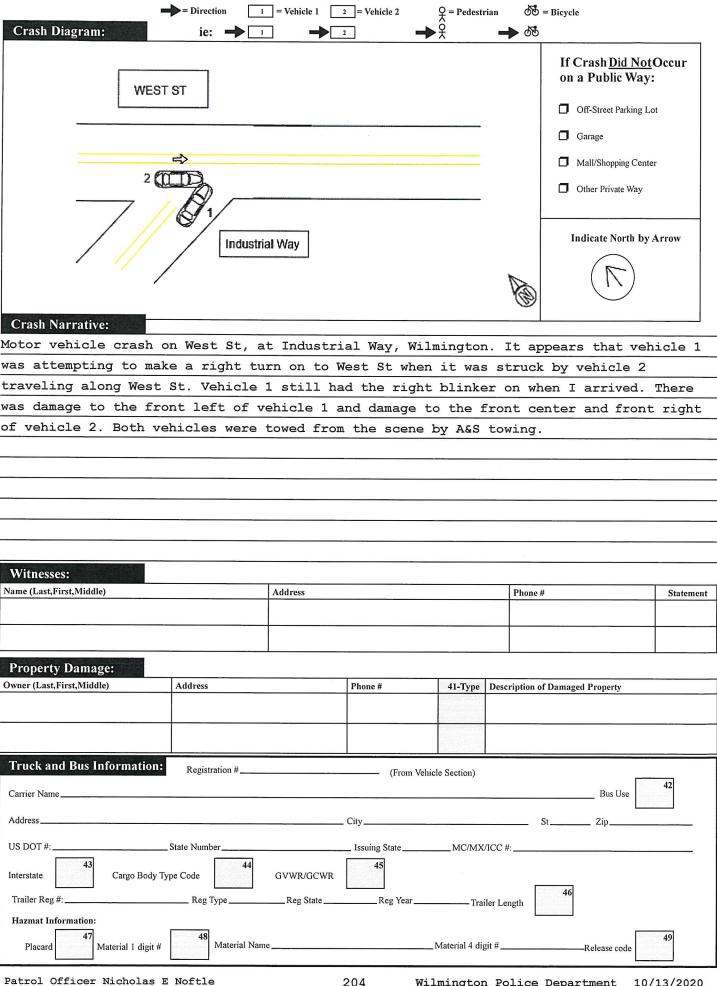




	Police Use Only	nonwealth <b>c</b>	vealth of Massachusetts RMV Document Number							ument Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh	Number			d Limit	20	O State Police Local Police MBTA Police	
	10/13/2020 1504 Wi]	mington	Police I	Report		Vehicles 2	Injur	Lan	ude		Campus Police	
	AT INTERSECT	TION:	< LOCA						gitude_	SEC	Other:	-
		17011.	LOCA				NOI	ALIIV	ILK	SEC	TION.	10
					1	L37	GL	EN R	D			2 "
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Directi		Address #				Roady	vay/Street	_
1		At		Feet	NSE	w of						
	Route# Direction N	ame of Intersecting Roadw	rav/Street	reet [·	., 5 2	7 or	Mile	Marker		or _	Exit Number	111
		Also at Intersection w		Feet	N S E	w of	***************************************					72
r				Feet	NSE	w of	Route		Inters	ecting l	Roadway/Street	
<sup>2</sup> 3	Route# Direction N	ame of Intersecting Roadw	ay/Street			<del></del>			Is	ndmar	ł	-
	Please Select One Value 17	#Occupants Hit/	Run Moped	6 12		2 A	2	22		******		1
3	of the Pollowing:		Kun L Woped	Crash Re	eport II.	)# <b>Z</b> U		<u> </u>	·AC	•		_
<u> </u>	License # <b>S89543392</b> St ]	MA_DOB/Age	Reg #	9XZ482			Reg	Гуре <b>РС</b>	<u> </u>	R		12
	Sex_ <b>F</b> Lic. Class D 19 Lic.		DL Veh Y	ear <b>2012</b>	Vel	h Make <u>N</u>	IISS.	AN		Veh	1 Config. <b>1</b> 21	1
	Operator <b>DONAHUE</b> , <b>JAC</b>	LYN M	ndorsement Owne	r DONAHUI	Ξ, Ξ	JACL	M M					
<sup>4</sup> 1	Address 1 EVANS DR	First	Middle	ss 1 EVAN	ast		Firs			М	liddle	
	City WILMINGTON Sta	MA 7: 01887		VILMINGT				c. M	77.	Λ·	1887-2436	
	i	<u>-</u>					22	Damag				
	Insurance Company THE COMME			e Action Prior to 0		1	Щ,	Test Sta		i Code.	28	
5	Vehicle Travel Direction: N S WW	Responding to Emerg	ency? 2 Event	Sequence 1	3 23	Ц	23	Type of			29	
	Citation # (If Issued) <b>T2063511</b>	<del></del>	Most l	Harmful Event	1 <sup>2</sup>	24		BAC To		ult:	30	
	Viol. 1: Ch/Sec/Sub 90 34J	Viol. 2: Ch/Sec/Sub9	0 9 Driver	Contributing Cod	le <b>1</b>	. 25	25	Susp. A			Susp. Drug: 2 32	<b>1</b> 13
6	Viol. 3: Ch/Sec/Sub <u>90</u> <u>26A</u>	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 2	26		Towed		<u> </u>	1 33	
<sup>6</sup> 2	Please fill out for ope	rator and all occupants inv	rolved			34 35 Seat Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex I	Pos. System	Status	Code Code	Status	Code	Medical Facility	4
	Operator	Se	e Above		X	1 1	4 0	0	10	1		
										7		1
							1					-
							<u> </u>		<u> </u>	<u> </u>		_
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action Action	16 Loc	cation	17 Co	ndition	18		Hit/Run Moped	
<u> </u>		<b>1A</b> DOB/Age	B = - #	3DK270				Гуре РС	,		eg State <b>MA</b>	1
	19 19	20	-				-				21	
		En	dorsement	ear 2004				_		Veh	Config.	
<sup>8</sup> 1	Operator MAURIELLO, ST	First	Middle	r MAURIEI	ıst		First	<i>3</i>		Mi	iddle	
	Address 1 ADELAIDE ST			ss 1 BERN	STE:	IN R	D					14
	City WILMINGTON Sta	te <b>MA</b> Zip <b>0188</b>	City V	VILMINGT	'ON						<u> 1887-3805</u>	1 "
	Insurance Company LIBERTY N	MUTUAL INSU	RANCE Vehicle	e Action Prior to C	Crash	2	22	Damage	ed Area	Code:		
	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Event	Sequence 1	3 23	23	23	Test Sta			1 28	
9	Citation # (If Issued)		Most I	Harmful Event	1 <sup>2</sup>	4		Type of			30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Driver	Contributing Cod	e <b>1</b>	25	25	BAC Te				
	Viol. 3: Ch/Sec/Sub ————			Г	0 2	<del></del>		Susp. A	,		Susp. Drug: 2 32	
-	Please fill out for operator/no					34 35		37 38	39	40	<u> </u>	4
	Name (Last First Middle)	•	Address	DOB/Age	S	Seat Safety Pos. System	Airbag 1	ject Trap lode Code	Injury	Transp. Code	Medical Facility	
	Operator/Non-Motoris	Se Se	e Above		X	1 1	4 0	0	10	1		
								1	1			1
								-	+-			4
					_							_

		= Direc	tion 1	= Vehicle 1	2 = Vehicle 2	Q = Pedes		= Bicycle	
Crash Di	agram:	ie:	1	<b>→</b> [	2	→ 🖁	<u>→</u> №	)	
			<b>V</b> 2	G <b>V1</b>	len Road, Wilm	ington		If Crash <u>Did N</u> on a Public W	
*********			V (SS)					Off-Street Parkin	g Lot
*****		以			<b>)</b> <=			☐ Garage	
Mark		´ ₽						☐ Mall/Shopping C	enter
(0,		<b>]</b> ⇒	1	ì				Other Private Wa	у
			and the second s		Faulkner Av Wilmington	e		Indicate North	by Arrow
Crash Na	rrative:								
V1 was t	raveling east	on G	len Rd :	in Wilmir	ngton. V2	was also	traveli	ng east on Gl	en Rd.
Oper2 st	ated he slowe	ed down	n and ca	ame to a	stop in p	reparatio	n to mai	ke a left han	d turn
onto Fau	lkner Ave. V	l crasl	ned into	v2. v2	had minor	damage t	o the r	ear of the ve	hicle. V1
had no v	isable damage	e. No :	injuries	s oberve	d or repor	ted from	Oper1 o	r Oper2. Oper	1 was
issued M	A Uniform Cit	ation	T20635	l1 for u	ninsured M	V, unregi	stered 1	MV, and failu	re to
report a	ddress change	to the	ne RMV.	V1 was	towed by A	&S, and t	he plate	es were confi	scated an
	to the polic								
			· · · · · · · · · · · · · · · · · · ·					,	
Witness									
Witnesses				Address			Phone	ш	Stotomont
Name (Last,Fi	stander			Address			Phone	#	Statement
					······································				
Property	Dатаде:						······································		
Owner (Last,Fi		Address			Phone #	41-Type	Description	of Damaged Property	
	·							g	
							:		
Truck and	l Bus Information:	Registr	ration #						
		Registi	actor #		(From	n Vehicle Section)		Bus Use	42
Address					City			St Zip	
US DOT #:		_State Numb	per		Issuing State_	MC/M	X/ICC #:		
Interstate	43 Cargo Body T	vne Code	44	GVWR/GCWR	45				
L						_	[	46	
Trailer Reg #:		Keg	1 ype	Keg State	Reg Yea	TT	ailer Length		
Hazmat Info	rmation: 47 Material 1 digit #	48	Material Name	2		Material A	lieit #	Release code	49
1 Idealu	iviaterial i digit #								
	ficer Kathryn C	Goodwir	1		216	Wilmingto	n Police	Department :	10/13/2020
Police Officer N	ame (Please Print)		Signature		ID/Badge #	Department	Prec	inct/Barracks	Date

	Pol	lice Use Only	Com	monwealth •	onwealth of Massachusetts					RMV	V Docu	ıment Num	ber	
	Date of Crash 10/13/2020	Time of Crash	City/Town	Motor Veh	icle Crasl	Nu Nu		: a	Speed		35	Local Po	lice 🔀	1
	10/13/2020	1557 Wil	Lmington	Police	Report	2	0	_	Latitud Longitu			MBTA P Campus Other:	Police	
		AT INTERSEC	ΓΙΟΝ:	< LOCA	TION >	'	NC				SEC	TION:		1
												******		2 10
	Route# Direc	ction	Name of Roadway/S	treet	Route# Direction	90 Addre		NDU				AY ay/Street	<del> </del>	
<sup>1</sup> 1			At		Router Direction	710010			1141	inc or i	Noauw	ay/Sircer		
					Feet N	SEW		/ile Ma	— •		or _	Exit Nu	ımber	ļ
	Route# Direc	ction N	Also at Intersection v		Feet N	SEW	~~~~	7110 1410	11101			2		3 11
					Feet N		Rou	ite#	I	Interse	cting R	Roadway/St	reet	
<sup>2</sup> 2	Route# Direc	ction N	ame of Intersecting Road	way/Street	reet [11]	BILIT	——			Lav	ndmark			
	Please Select (	One XI valida 12	#Occupants Hit				· ·	22	4				<del></del>	1
<sup>3</sup> 3	of the Followi	ng: Vehicle 12	Hit.	/Run Moped	Crash Repo	ort ID# 🚄	20-2	224	4 – 1	AC —	<u>,                                    </u>			
	License # <u>\$7</u>		MA_ DOB/Age	Reg	716XM8		R	ед Туре	PC		Re	eg State M		12
	Sex M Lic.	Class D 19 19 Lic	Restrictions 20	CDL Veh	Year <u>2015</u>	_ Veh Ma	ke <u>SUB</u>	ARU			_ Veh	Config.	L 21	1
	Operator PI	CCIRILLI,			er PICCIRII	LLI,						ddle		
<sup>4</sup> 2	Address 1 W	ATER ST A	PT 401		ess 1 WATER	ST		First 401	L		Mie	ddle		
	City <b>HAVE</b>	RHILL St	ate <b>MA</b> Zip <b>0183</b> (	0-6280 City	HAVERHILI			Stat	te <b>M</b> A	z	ip <b>01</b>	L830 <i>-</i>	6280	
:	Insurance Comp	oany THE COMME	ERCE INSURA	NCE CO Vehic	ele Action Prior to Cra	ash	3 22						27 27	
	Vehicle Travel D	Direction: NS W	Responding to Emer	rgency? 2 Even	Sequence 1 23		23 23	Te	st Statı	us:		1 28		
<sup>5</sup> 1	İ	sued)	•		Harmful Event 1	24		Ту	pe of T	Test:		29		
			Viol, 2: Ch/Sec/Sub —		r Contributing Code	4	25 2	=	AC Test	-		1 30	72	13
					r Distracted by				sp. Alc	_		Susp. Dru	g:2 32	
<sup>6</sup> 2	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub —		Distracted by 9	34	35   36	37	38	39 39	40	1 3		
	Name (Last First M	-	The state and eccupants in	Address	DOB/Age S	Seat	Safety Airba System Status	g Eject	Trap Code		Transp. Code	Medica	l Facility	_
	Operate	or	s	ee Above		( 1	1 4	0	0	10	1			
	CARLOS PEN	A AMARO	UNK UNKNOWN, MA 018	87	м	3	1 4	0	0	10	1			
														1
						-								1
										4.0			***************************************	4
<sup>7</sup> 3	Please Select C of the Followin		#Occupants  Nor	n-Motorist A Type	Action 16	Location	17	Conditi	ion	18	l l	lit/Run	Moped	
	License # SA	1090112 St J	MA DOB/Age	Reg #	9XF383	-	R	eg Type	PC		Re	g State <b>M</b>		
	Sex M Lic. 6	Class D 19 Lic.	Restrictions 20	_	<sub>ear</sub> 2009							Г	21	
		NDOO, CARL	Е Е	ndorsement	er BANDOO,									
<sup>8</sup> 2	•	6 INWOOD D	First	Middle	Last 6206 IN			First			Mic	ldle		
	City <b>WOBUF</b>		ate <b>MA</b> Zip <b>0180</b>		WOBURN			Stat	e MA	7	in 01	801-	5152	1 14
	Ť		ERAL INSUR	•	le Action Prior to Cra	ish	22						27 3 27	
	Vehicle Travel D	-	•	_	Sequence 23		23 23		st Statu		İ	1 28		
		ued)	Responding to Emer	•	Sequence 1	24		Ту	pe of T	est:		29		
<sup>9</sup> 2	•	•					25 99 <sup>2</sup>	5	AC Test	г		1 30		
			Viol. 2: Ch/Sec/Sub —		r Contributing Code	- 0.0	99		sp. Alc	E		Susp. Dru	<sup>1g:</sup> 2 <sup>32</sup>	
	Viol. 3: Ch/Sec/S			r Distracted by	9 - j	35 36	To:	wed fro	om sce	ene?	1 33		]	
	Ple Name (Last First M	•	on-motorist and all occup	Address	DOB/Age So		Safety Airba System Status	g Eject	Trap	Injury Status	Transp. Code	Medica	l Facility	
	Operate	or/Non-Motori:	s <b>t</b> s	ee Above		1	1 4	0	0	10	1			
														1
						+								1
														1



204

Wilmington Police Department

10/13/2020

# Wilmington Police Department Images Associated with 20-224-AC

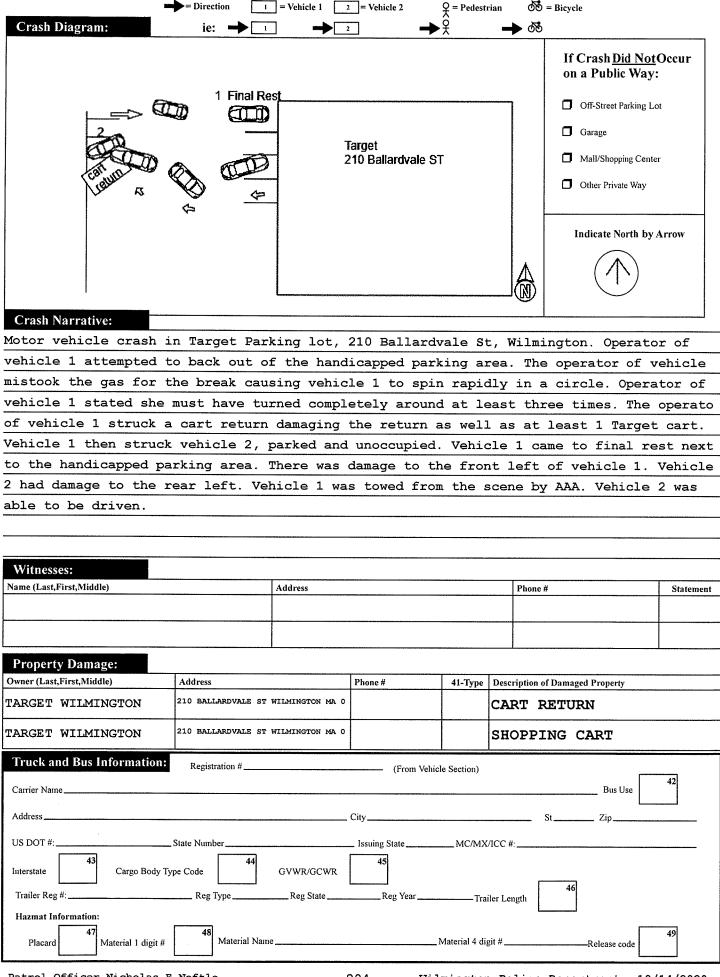




	Police Use Only	Comr	nonwealth	of Massac	husett	S	RM	IV Docui	ment Number	
	Date of Crash   Time of Crash   10/13/2020   <b>2330</b>   <b>Wi</b>	City/Town Lmington	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim	it <u>35</u>	State Police Local Police MBTA Police Campus Police	1
	24HR		Police	Report	2	0	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	ATION >		NOT A	T INTEI	RSECT	TION:	1
										2 10
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		<b>PE 62</b> Name o	HWY f Roadwa	v/Street	-
4		At							,	-
	Route# Direction N	ame of Intersecting Roadw	van/Strant	Feet N	S E W of	Mile M	— • — arker	- or	Exit Number	
		Also at Intersection w		Feet N :	S E W of					3 11
12					S E W of	Route#	Inter	secting Ro	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction No.	ame of Intersecting Roadw	ay/Street				i.	andmark		.
3	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Crash Repo	rt ID# 2 C	1-22				1
	5.									4
	License # 11BNB57051 St 1	20		4500037						1 12
		Restrictions 1 CI	dorsement	Year <u>2010</u>			\I	Veh C	Config. 1	
<sup>4</sup> 1	Operator BROWN, BRUCE	First	Middle	er <u>BROWN, B</u>		First		Midd	lle	
<u> </u>	Address 40 LUND RD			ess 40 LUND	RD					
	City <b>NASHUA</b> Sta		City_	NASHUA		Sta	ate <b>NH</b>	Zip <u>03</u>	060	
	Insurance Company <b>AAA INSUI</b>	RANCE	Vehic	le Action Prior to Cras	h <b>4</b>		amaged Are	a Code: 8		
<sup>5</sup> 2	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23	est Status:	-	28	İ
	Citation # (If Issued)		Most	Harmful Event 1	24	•	ype of Test: AC Test Res		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	usp. Alcohol		Susp. Drug: 32	<b>1</b> 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s		33	
1	Please fill out for oper	rator and all occupants invo			34 35 Seat Safety		38 39 Trap Injury	40 Transp.		1
	Operator		Address  Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	F				1 1	0	10 110			-
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Пн	t/Run Moped	1
<u> </u>		IA DOB/Age		277 072			<u> </u>			ł
	19 19	20		37LG73 ear 2018	,,,,,,		PC	_	21	
	Operator MACLENNAN, DO	End	lorsement	r MACLENNA	Veh Make N			Veh C	onfig. 1	
<sup>8</sup> 1	Address 190 PATRICK RI	First	Middle	r MACLEINNA Last ss 190 PATR	•	First	5	Middle	e	
		e <b>MA</b> Zip <b>01876</b> -		SS 190 PAIR L'EWKSBURY	ICK KI		3.73	016	276 4706	14
	Insurance Company PROGRESSI	-	TOTTO 3				te <b>MA</b> 2 imaged Area	_	376-4706 27 27 27	3
	Vehicle Travel Direction: X S E W		_	e Action Prior to Crasi	23 23		st Status:	. Code. 2	28	
	Citation # (If Issued)	Responding to Emerge	•	sequence 1	24		pe of Test:		29	
<sup>9</sup> 2		<del></del>		Harmful Event 1		BA	AC Test Resi	ılt:	30	
		Viol. 2: Ch/Sec/Sub ——		Contributing Code	99 <sup>25</sup>	Su	sp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub		Distracted by 0	<u> </u>		wed from se		33	
	Name (Last First Middle)	· · · · · · · · · · · · · · · · · · ·	ts involved address	DOB/Age Sex	Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	. See	Above	$\nearrow$ X	1 1	4 0	0 10	1		
										İ
										i

Crash Diagram:	ie:		2 = Vehicle 2	옷 = Pedesti 옷	rian 🐠	= Bicycle	
rt <b>6</b> 2	amp	v2 93 north off	1	Х		If Crash Did Not Con a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way  Indicate North by A	
Crash Narrative:				•			
The driver of V1 stat						tempted to take	
onto the rt 93 on ram					The state of the s		
stated that he pulled	off of the	rt 93 off	ramp taking	a left	and v	rl collided with	h him.
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle	e Section)			42
Carrier Name						Bus Use	42
Address			City			StZip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	44		45				
Interstate Cargo Body Ty		GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length		
Hazmat Information: 47	48					[	49
Placard Material 1 digit #	Material Nam	e	1	Material 4 dig	eit #	Release code	
Patrol Officer Brian D T	hornton		190 พ.ก	minator	Police	Department 10/	13/2020

		e Use Only			<u>om</u> monv	vealth	alth of Massachusetts							RM	V Doc	ument N	Number	
	i I	Time of Crash		City/Town ington	Mo	tor Veh	icle Cra	ash		umber				l Limit	1(	Loca	Police	1
	10,14,2020	24HR	M "T TIII"	rugton		Police	Report		2	cinoica	0	area	Latitu Longi				IA Police  pus Police	
		AT INTERS	ECTIC	N:	<	LOCA	TION	>			NO	T AT			SEC	TION		1
											-							2 10
	Route# Directi	On.		Name of Road	hyay/Straat		Route# Direc	-4:	21	O ress #	<u>B</u> 2	ALL			LE		·	
<sup>1</sup> 1				At			Route# Direc	CHOH	Add	ress #			INa	ine or	Koady	vay/Stree	et	-
<u> </u>							Feet	N S	EW	of			<u> </u>	-	or .	<b>y</b> 1,	. XI .	
	Route# Directi	on			Roadway/Street			NIC	I e lav	1 .	IVI	ile Ma	rker			EXI	Number	3 11
			•	Also at Interse	ection with				EW		Rout	e#		Interse	ecting	Roadwa	y/Street	$\vdash$
<sup>2</sup> 1	Route# Direction	on	Name	of Intersecting	Roadway/Street		Feet	NS	EW	of							*****	_
L	Please Select On	e NZI	<b>-</b>	I F		<u> </u>									ndmar	k		-
3	of the Following		1#	Occupants	Hit/Run	Moped	Crash I	Report	t ID#	20	-2	226	5 –	AC	3			
	License # <u><b>S67</b></u>	053680	St <b>MA</b>	_ DOB/Age_		Reg	1TWK98				Re	д Туре	PC		R	eg State	MA	12
	Sex <b>F</b> Lic. Cl	ass D 19	Lic. Res	trictions	CDLEndorsemen	Veh	Year <u>2007</u>		Veh M	ake <b>E</b>	ORI			***************************************	Veh	Config.	1 21	7 12
	Operator <b>CRA</b>	IG, VIV	IAN :	P		ıt	er CRAIG,											
<sup>4</sup> 1	Address 34 S			irst	Middle		ess <b>34 SW</b> Z				F	irst			М	iddle		
L	City WILMI	NGTON	State <b>1</b>	1A Zip 0:	1887-286		WILMING					Stat	e M2	A 7	zin <b>0</b> :	1.887	7-2863	
	Insurance Compan			_		•	le Action Prior to			10	22				Code:		27 27	
	Vehicle Travel Dire	K			o Emergency? 2		_	23	23	23	23		st Stat			1 28		
5	Citation # (If Issue			ponianing m			Harmful Event	2	24			Ty	pe of	Test:		29		
	Viol. 1: Ch/Sec/Su			1 2. (0)./9/9	. •		r Contributing Co	L	19	25	25	1		st Resu		1 30		13
							•	_		L_		Su			2 31	Susp.	Drug 2 32	2
<sup>6</sup> 1	Viol. 3; Ch/Sec/Sul	Please fill out fo			ub	Drive	r Distracted by	99	34	35	36	37	wed fr	rom sc	ene?	1 33		_
	Name (Last First Midd		л орстаког	T T T T T T T T T T T T T T T T T T T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag:	Eject Code	Trap Code	Injury Status	Transp. Code	М	edical Facility	
	Operator	•			See Above		><	X	1	1	4	0	0	10	1			
																		1
																		-
										-								-
			****			<del></del>		<u> </u>		<u> </u>								4
<sup>7</sup> 1	Please Select One of the Following:		2 <b>0</b> _#0	Occupants	Non-Motorist	A Type	15 Action	16	Locatio	m	17	Conditi	on	18		Hit/Run	Moped Moped	
	License #		. St	_ DOB/Age_		Reg #	IC78AV				Res	у Туре	PC		R	eg State	MA	1
	Sex Lic. Cla	19 19	Lic. Rest	rictions	20 CDL	Veh Y	ear <b>2018</b>									-	21	
	Operator <b>Dri</b>	verless	M.V.	<b></b>	Endorsement	t	FOX, K								, , , , ,	Comig.		
<sup>8</sup> 2	Address	ast	Fir	21	Middle		ss 24 CAI	Last				rst.			Mi	ddle		
	City		State	Zip			READING					State	. M2	7	in 01	1867	-2517	1 14
	Insurance Company					_	le Action Prior to				22				Code:			
	Vehicle Travel Dire				Emergency? 2				23	23	23		st Stati			28		
	Citation # (If Issued	<u> </u>		responding to	Emergency:		Sequence 1		24			Typ	oe of T	Test:		29		
<sup>9</sup> 2	·							1		25	25			t Resu		1 30		
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————						Contributing Co	Γ.	26					ohol:			Drug: 2 32	
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————						Distracted by	0	34	35	36 I			om sce	ı	2 33		]
]	Please Name (Last First Middle	•	tor/non-m	otorist and all	Occupants involve	ea	DOB/Age	Sex	Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	<b>Operator</b>	/Non-Moto	orist		See Above		>	X	1									
Ī												1						7
}												$\dashv$						-
-												$\dashv$						-



Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

10/14/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

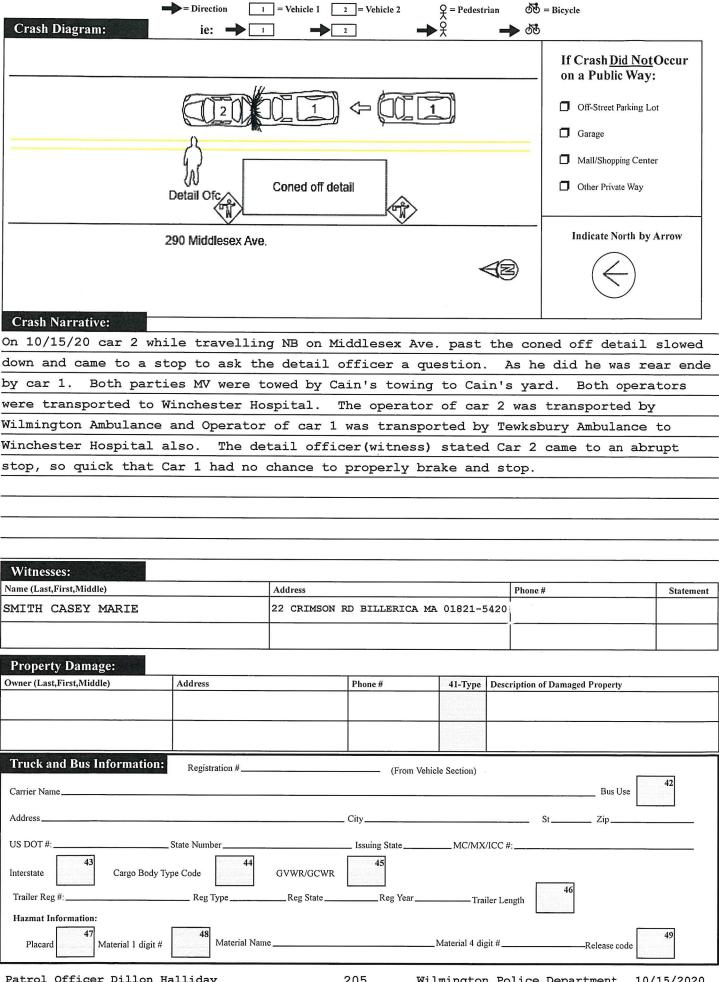








	Police U	se Only	Com	monwealth	onwealth of Massachusetts					ient Number	
	1	ne of Crash	City/Town	<b>Motor Vel</b>	icle Crash	Number Vehicles		Speed Limi	30	State Police Local Police MBTA Police	7
	10/15/2020 12	245 Wil:	mington	Police	Report	2	2	Latitude Longitude _		MBTA Police Campus Police Other:	
	A	INTERSECT	ION:		ATION >	1		r inter	SECT	1	
										*****	1 10
	Route# Direction		Name of Roadway/St		David Disable	290	MIDI	LESEX			_
1	Route# Direction		At	reet	Route# Direction	Address #		Name of	Roadway	//Street	-
					Feet N 5	S E W of		<b>.</b> •	or	Exit Number	
	Route# Direction	Nai	ne of Intersecting Roady Also at Intersection v		NI	S E W of	Mile Ma	arker		Ext Number	2 11
			Also at intersection v	vitn			Route#	Inters	ecting Ro	adway/Street	$\vdash$
<sup>2</sup> 1	Route# Direction	Nai	ne of Intersecting Roady	vay/Street	Feet N S	S E W of					-
	Please Select One	NZ1 1	<b>"</b>	T <sub>D</sub>					andmark		1
3	of the Following:	Vehicle 11	#Occupants Hit	Run Moped	Crash Repor	rt ID# <b>2</b> 0	-22	7-A(	;		
	License # <b>S127</b>	50737 St M	A_ DOB/Age	Reg	#2870BZ		Reg Typ	e_ <b>PC</b>	Reg		12
	Sex.M Lic. Class	19 19 Lic. I		DLVeh	Year <b>2004</b>	Veh Make C	HEVRO	LET	Veh C	onfig. 2	1
	Operator CARR	, ROY E	First	ndorsement Owr	er CARR, RO	Y E					
<sup>4</sup> 1	Address 15 CE	DAR ST	First	Middle	ress 15 CEDA		First		Middl	le	
	City <b>WILMIN</b>	State	MA Zip 0188	7-3627 City	WILMINGTO	N	Sta	ite <b>MA</b>	Zip <b>01</b> 8	887-3627	
			ARD FIRE II		cle Action Prior to Cras	f		amaged Are	-		
	Vehicle Travel Direct		Responding to Emer		t Sequence 1 23	23 23		est Status:		28	
5		IOIL VIEW		•		24	T <sub>?</sub>	ype of Test:		29	
					<u> </u>	1 25	25	AC Test Res		30	13
			Viol. 2: Ch/Sec/Sub		er Contributing Code	26	S	usp. Alcohol	L	Susp. Drug: 32	
<sup>6</sup> 1			Viol. 4: Ch/Sec/Sub — ator and all occupants in		er Distracted by	34 35	36 37	owed from se	ene? 1	33	_}
	Name (Last First Middle)	rease ini out for opera	nor and an occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury	Transp. Code	Medical Facility	
	Operator		s	ee Above	$>\!\!<\!\!\!\!>$	1 1	1 0	0 9		inchester ospital	
											1
											-
									-		_
							<u></u>				4
<sup>7</sup> <b>1</b>	Please Select One of the Following:	Vehicle 2.1	_#Occupants Non	-Motorist A Type	Action 16	Location	17 Condi	tion 18	П на	t/Run 🔲 Moped	
	License # <b>S419</b> 3	32604 St M	A DOB/Age,	Reg	42VN58	<u> </u>	Reg Type	PC	Reg	State MA	1
	Sex M Lic. Class	10 10	20	_	Year <b>2006</b>	Veh Make <b>T</b>				21	
	Operator MURP			ndorsement	er MURPHY,				vaire	omig.	
<sup>8</sup> 1	Address 15 HA		First	Middle	ess 15 HARTS		First		Middle	e	
	City READING		MA Zip 01867		READING			MZ	z:. Λ1 \$	867-2012	<b>7</b> 14
	,		SURANCE CO	•		. [2		amaged Area			<u> </u>
	, -				cle Action Prior to Cras	sh <b>2</b>		est Status:	5	28	
	Vehicle Travel Directi		Responding to Emer	•	t Sequence 1 23	24		pe of Test:		29	
<sup>9</sup> 2	Citation # (If Issued).				Harmful Event 1			AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 St	isp. Alcohol	31 5	Susp. Drug: 32	
ļ		······································	Viol. 4: Ch/Sec/Sub —		er Distracted by	26	<del>,</del>	owed from so	<u> </u>	33	_
	Please fi Name (Last First Middle)	ill out for operator/nor	n-motorist and all occup	ants involved Address	DOB/Age Sex	Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/[	Von-Motorist	S	ee Above	X	1 1	4 0	0 9	Wi	inchester ospital	
									$\dagger \dagger \dagger$		1
									-		-
-											4



Patrol Officer Dillon Halliday

205

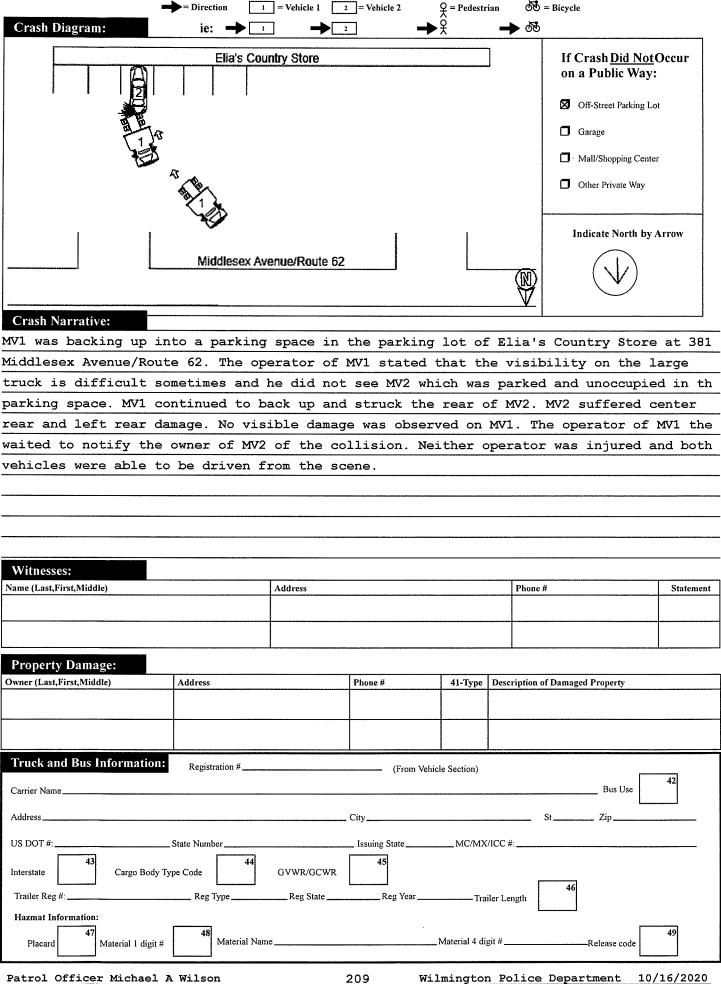
Wilmington Police Department

10/15/2020

	Police Use Only	Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Limit	20	— Local Police	1
	10/15/2020 1501 Wili 24HR	mington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	Γ INTER	SEC		1
										<b>2</b> 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	226 Address #	LOWE	LL ST Name of		rav/Street	
<sup>1</sup> 1		At							4,7,5,1,4,1	1
	Route# Direction Nar	ne of Intersecting Roady	/644	Feet N S	E W of	Mile Ma	rker	or	Exit Number	12
	Route# Birection 19ai	Also at Intersection w	<del> </del>	Feet N S	E W of					8 11
				Feet N S	E W of	Route#	Inters	ecting R	Roadway/Street	
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Roadw	/ay/Street	-		-	La	ındmark	<b>(</b> )	-
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Repor	1D# 20	-22	8-AC	•		1
<i>J</i>		7								-
	19 19	A_ DOB/Age		# 8DYR70					21	<b>7</b> 12
		E <sub>1</sub>	ndorsement	Year 2009		IONDA		Veh	Config. 1	
4 1	Operator WALWYN, IRENE	First	Middle	er WALWYN ,		First		Mie	ddle	
	Address 225 OSGOOD ST			ress <u>225 OSGO</u>	OD ST		-			
	City <b>LAWRENCE</b> State			LAWRENCE					L843-2900	
	Insurance Company GEICO GENI	ERAL INSURA	ANCE C Vehi	cle Action Prior to Crasl			amaged Area	Code:	6 <sup>27</sup> 27 27 27 28	
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Ever	at Sequence 1 23	23 23	23	ype of Test:		29	
	Citation # (If Issued)		Mos	t Hannful Event	24	В.	AC Test Res	ult:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	19 25	25 St	usp. Alcohol:	2 31	Susp. Drug: 2 32	1 13
6 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by 99	26	To	owed from so	ene?	2 33	
	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	T
	Operator	Se	e Above	X	1 99	4 0	0 10	1		1
										4
									***************************************	-
							<del>                                     </del>			_
							<u> </u>		****	1
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	tion 18		Hit/Run 🔲 Moped	
_	License # <b>S68455724</b> St <b>M</b>	A DOB/Age	Reg	#_5RGT80	<u>L</u>	Reg Type	PC	Re	eg State <b>MA</b>	1
		20		Year <b>2016</b>	Veh Make B				Config. 21	
	Operator MALONEY, KARE	En	dorsement Own	er MALONEY,					- 2B	
³ <b>1</b>	Address 76 SHAWSHEEN R	First	Middle	ess 76 SHAWS		First		Mic	ddle	
		MA Zip 01821		BILLERICA			te MA	Zip <b>01</b>	L821-5702	1 14
	Insurance Company PROGRESSIV	•		cle Action Prior to Crash	2		amaged Area			$\vdash$
3	Vehicle Travel Direction: N K E W	Responding to Emerg	_	t Sequence 23	23 23		est Status:	ľ	1 28	
	Citation # (If Issued)		•	Harmful Event 1	24	T <sub>3</sub>	pe of Test:		29	
2	, ,	/iol, 2: Ch/Sec/Sub		er Contributing Code	1 25	25	AC Test Resi		1 30 32	
		/iol, 4; Ch/Sec/Sub ——		er Distracted by	26		sp. Alcohol:	<u> </u>	Susp. Drug: 2 32	
	Please fill out for operator/nor			J. Districted by . U	34 35	36 37	38 39	40	2	-
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	Se	e Above	$\times$ X	1 99	4 0	0 10	1		
										1
										1
		I .		1 1	1 1	1 1	i 1			1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria	in 0√0 =	Bicycle	
Crash Diagram:	ie: →[	1 -	2	<b>→</b> }	→ №		
				Lo	well St.	If Crash <u>Did No</u> on a Public Way	
-						Off-Street Parking I	ot
						Garage	
						☐ Mall/Shopping Cent	er
						Other Private Way	
F	arking	1	Parking L	ot			
L	ot Intrance		Exit	226 Lo	vell St.	Indicate North by	Arrow
				4	2>	$(\nearrow)$	
Crash Narrative:							
24/27 4							
M/V 1 was waiti							
tated that there and exit using the			*				
claims she did n					parking	Tot benind M	/V 1. M/
ordino bile dra il	00 Bee 11, V 2 8	ind Dacked	up onto m	v 2.			
					-		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
						484-00-	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	Damaged Property	
Touck and Due Informati							
Truck and Bus Informati	Registration #		(From \	ehicle Section)		- Tag	42
Carrier Name						Bus Use	7.
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IO	CC #:		
Interestate 43	ody Type Code		45				
	(SM)(COLOR	GVWR/GCWR				46	
	Reg Type	Reg State	Reg Year_	Traile	r Length		
Hazmat Information: 47	48	_				353	49
Placard Material 1 di	git # Material 1	Name		Material 4 digit	#	Release code	
Patrol Officer Bris	n Mariana		206 1	Ji lmington	D-1:		/15/2020

	Police Use Only	monwealth	vealth of Massachusetts RMV Document Numb								
	Date of Crash   Time of Crash   10/16/2020   <b>0858</b>   <b>Will</b>	City/Town	Motor Vel	nicle Crash	Num Vehic		Jopee.	d Limit_	15	State Police Local Police MBTA Police Campus Police	
	10/16/2020 <b>0858 Wil</b>	mington	Police	Report	2	0	Latitu	ıde itude		MBTA Police Campus Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOT	Γ AT IN		ECT		1
						***					2 10
	Route# Direction	Name of Roadway/St	treet	Route# Direction	381 Address		DDLE	SEX ame of R			. []
1		At					110		oud may	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
	D. III Division			Feet N	S E W o		( le Marker	• —	or	Exit Number	
	Route# Direction Nat	ne of Intersecting Roads  Also at Intersection v		Feet N	S E W of						7 11
					S E W of	Route	#	Intersec	ting Ro	oadway/Street	
<sup>2</sup> 2	Route# Direction Name	ne of Intersecting Roads	way/Street	1000	<u>- 1 - 1 · · ·</u> 0			Lanc	dmark		•
	Please Select One Vehicle 1 1	#Occupants Hit	/Run Moped	Crash Repo	1774 2	0-2	20-		umark		1
3	of the Pollowing.		l ̄								1
		A DOB/Age	Reg	# <u>M85685</u>		Reg	Type <b>CI</b>	• •	Reg		12
	Sex. M Lic. Class D M Lic. I	Restrictions 20 C	DL Veh	Year <b>2011</b>	_ Veh Make	FORD			Veh C	Config. 13 21	7
4	Operator REESE, JOHN R			er WILMINGT	ON T		F TO	WN H	IALI Middi		
<sup>4</sup> 1	Address.		Addi	ess 121 GLE	N RD				Midd		
	CityState	Zip.	City	WILMINGTO	N		State M	<b>A</b> Zip	01	887-3500	
	Insurance Company SELF INSU	RED	Vehi	cle Action Prior to Cra	sh 1	O 22	Damage	ed Area C	Code: 0		
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	t Sequence 2 23	23 2	3 23	Test Sta	itus:	_	28	
,	Citation # (If Issued)		Mos	Harmful Event 2	24		Type of		.  -	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 25	18 <sup>25</sup>		st Result		Susp. Drug: 2 32	2 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26	J		from scen		-33	
<sup>6</sup> <b>1</b>	Please fill out for opera	itor and all occupants in	volved		34	35 36 Ifety Airbag	37 38 Eject Trap	39 Injury T	40 Transp.	<del></del>	1
	Name (Last First Middle)		Address	DOB/Age Se	x Pos. Sy	stem Status	Code Code	Status	Code	Medical Facility	-
	Operator	S	ee Above		1 1	4	0 0	10 1	L		-
											1
7	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action 16	Location	17	ondition	18	 ] Hi	t/Run Moped	1
1	of the Following:		<u></u>		Location						-
	10 10	A DOB/Age		# 637ME0			Туре РС			State MA 21	ŀ
	Sex Lic. Class D Lic. F	Lestrictions B C	ndorsement		_ Veh Make				Veh C	onfig. 1	Ì
31	Operator BRAY, LAURA J	First	Middle	er <u>NORTHERN</u> Last		Fin		HINE	S I		
1	Address 11 TOWPATH DR			ess 24 TERR	Y AVE						14
	City <b>WILMINGTON</b> State	•		BURLINGTO	N					803-2516	1
	Insurance Company ARBELLA PI	ROTECTION 1	INSURA Vehic	ele Action Prior to Cra		<del>,</del>			ode: 6	27 <sub>5</sub> 27 27 27 28	
	Vehicle Travel Direction: N K E W	Responding to Emerg	gency? 2 Even	t Sequence 2 23	23 23	23	Test Star Type of		F	29	
2	Citation # (If Issued)	<del></del>	Most	Hammful Event 2	24			st Result:	. H	30	
	Viol. 1: Ch/Sec/Sub V	/iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25		lcohol: 2		Susp. Drug. 2 32	
	Viol. 3: Ch/Sec/Sub	er Distracted by	26		Towed f	rom scen	ie? 2	33			
	Please fill out for operator/nor	motorist and all occupa	ants involved	DOB/Age Set	Seat Sa	15 36 fety Airbag stem Status	37 38 Eject Trap Code Code	39 Injury Tr Status C	40 ransp. Code	Medical Facility	Ī
	Operator/Non-Motorist	Se	ee Above	DODINGE Se	1 0		O O	10 1		wicareas racifity	1
					+-+			+			1
											-
											1
				!				-			



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Wilmington Police Department

10/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

### Wilmington Police Department Images Associated with 20-229-AC











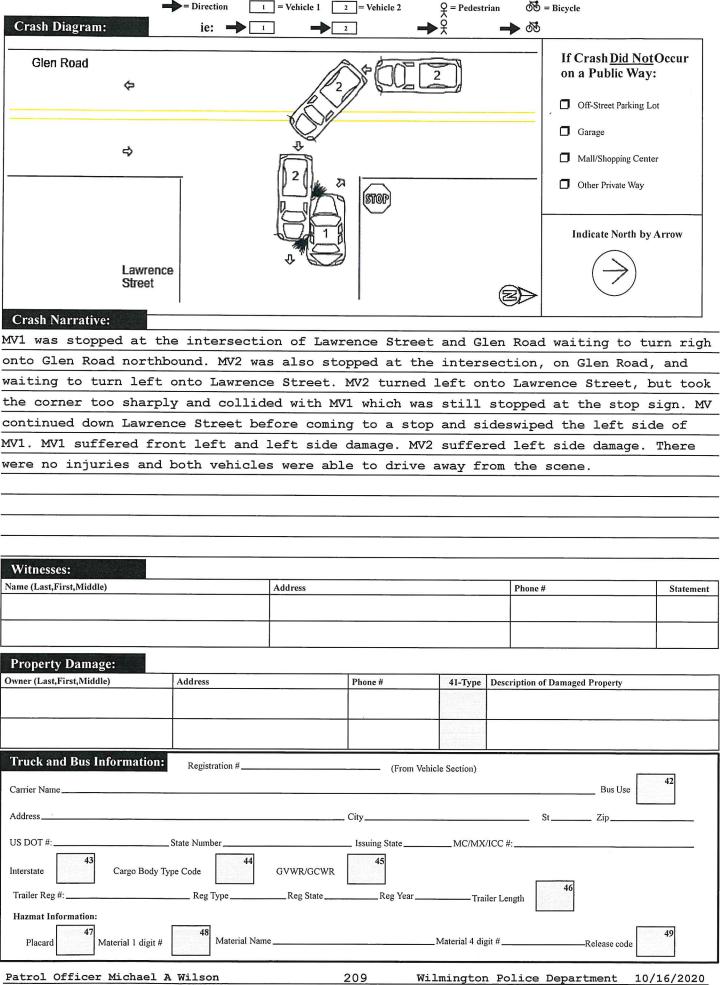


# Wilmington Police Department Images Associated with 20-229-AC





	Police Use Only	nonwealth of Massachusetts					RMV Document Number					
	Date of Crash   Time of Crash   10/16/2020   1813   Wil:	City/Town	Motor Veh	icle Cras	$h $ $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$		Number Injured	Speed I			Police Po	
	24HR	mington	Police 1	Report	2	0	_	Latitude Longitu			us Police	
	AT INTERSECT	ION:	< LOCA	TION >		N	OT AT	TNI T	ERSE	CTION:		]
	GLEN RD											2 10
1	Route# Direction	Name of Roadway/Str	reet	Route# Directio	n Addr	ess#		Nan	ne of Road	lway/Street		
13		At		Foot N	SEW	l <sub>of</sub>			or			
	Route# Direction LAWRENC	E ST ne of Intersecting Roadw	vay/Street	rear [	121211	01	Mile Ma	rker	OI	Exit 1	Number	5 11
		Also at Intersection w	rith	Feet N	SEW		oute#		ntersection	Roadway/	Street	<b>D</b>
<sup>2</sup> 2	Route# Direction Na	ne of Intersecting Roadw	/ay/Street	Feet N	SEW	of	Julion-		merseeing	, itoadway		
~	Please Select One Vokielo 12								Landma	ırk		-
<sup>3</sup> 3	of the Following:	#Occupants Hit/	Run Moped	Crash Rej	port ID#	20-	23	0-2	AC			
		A DOB/Age	Reg /	269KK0			Reg Type	PC		Reg State		12
	Sex M Lic. Class D 19 19 Lic.	Restrictions B 20 CI	DL Veh Y	Year <b>2019</b>	Veh M	ake <b>LI</b>	1COL	N	Ve	eh Config.	1 21	
1	Operator SILVIA, PETER			er <b>SILVIA</b> ,	PET	ER J	First			Middle		
<sup>4</sup> 2	Address 33 LAWRENCE ST	7		ess 33 LAWF	•	ST	rust			wildate		
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>01887</b>	7-1928 City	WILMINGT	ON		Sta	te <b>MA</b>	Zip_ <b>C</b>	1887	-1928	
	Insurance Company ELECTRIC	INSURANCE C	COMPAN Vehic	ele Action Prior to C	rash	2 22	D:	amaged	Area Code	F	27 27	
5	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	t Sequence 23	23	23 23	Ί	est Statu		28		
<sup>5</sup> 1	Citation # (If Issued)		Most	Hannful Event	L <sup>24</sup>			/pe of To AC Test	est: Result:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	. 1	25	25		ohol: 2 3	Susp. E	orug: 2 32	<b>1</b> 13
6 .	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	) <sup>26</sup>		To	owed fro	om scene?	2 33		
<sup>6</sup> 2	•	ator and all occupants inv			34 Seat	35 3 Safety Air	hag Eject	38 Trap	39 40 Injury Trans	p.		1
	Name (Last First Middle)  Operator	Se	Address ee Above	DOB/Age	Sex Pos.	System Sta	tus Code		Status Code	. Med	lical Facility	1
	CHRISTINE SILVIA	33 LAWRENCE ST		F		1 4	0		10 1			1
		WILMINGTON, MA 0	1887-1928	<u> </u>					10	-		-
							ŧ					-
										<u> </u>		
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action 1	Locatio	on 1	7 Condit	ion	18	Hit/Run	Moped Moped	
	License # <b>S57399165</b> St <b>M</b>	A DOB/Age.	Reg #	6RTD60			Reg Type	PC		Reg State ]	MA	1
	Sex <b>F</b> Lic. Class D 19 Lic. 1	Restrictions 20 CI		Tear 2017	Veh M	ake <b>TO</b>	ATOY		Ve	ch Config.	1 21	
Q	Operator SULLIVAN, SUZ	ANNE M	ndorsementOwn	er TURN KE	Y EN	GINE		G I		Middle		
<sup>8</sup> 1	Address 60 LAWRENCE ST	1		ess <b>141 MI</b>	DLES	EX R	First . <b>D</b>			Middle		
	City WILMINGTON State	e <b>MA</b> Zip <b>01887</b>	-1925 City	TYNGSBOR	OUGH		Sta	te <b>MA</b>	Zip_ <b>_0</b>	1879	<u>-2724</u>	4 14
	Insurance Company HARTFORD	ACCIDENT AN	ID IND Vehic	le Action Prior to Ci	rash	4 22	Da	amaged	Area Code	<u> </u>	27 27	
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 23	23	23 23	Ί	est Statu		28		
<sup>9</sup> 2	Citation # (If Issued)	<del></del>	Most	Hannful Event	L 24		•	pe of Te AC Test	est: Result:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	12	<sup>25</sup> 18	25		ohol: 2 3		orug: 2 32	
	Viol. 3: Ch/Sec/Sub	Drive	r Distracted by	99 <sup>26</sup>	-			om scene?	2 33	لـــــ		
	Please fill out for operator/no	•	nts involved	DOB/Age	34 Seat Sex Pos.	35 3 Safety Air System Sta	bag Eject	38 Trap Code	39 40 Injury Transp Status Code		fical Facility	1
	Operator/Non-Motoris		e Above		1	1 4	0		10 1			7
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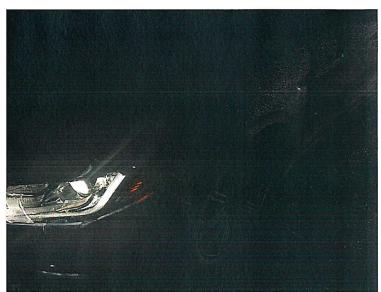


# Wilmington Police Department Images Associated with 20-230-AC











	Police Use Only Commonw				wealth of Massachusetts					RMV Document Number			
	Date of Crash 10/17/2020	Time of Crash 0753 W:	City/Town ilmington	Motor Vel	hicle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police Campus Police	1		
	10,11,2020	24HR		Police	Report	2	1	Latitude Longitude _		Campus Police Other:			
		AT INTERSE	CTION:	< LOC.	ATION >		NOT AT	INTER	SECT	ION:	]		
											2 10		
•	Route# Direc	ction	Name of Roadway/	Street	Route# Direction	Address #	MASS	AVE Name of	Roadway	y/Street			
1			At										
	Route# Direc	ction	Name of Intersecting Roa	durar/Straat	Feet N S	E W of	Mile Ma	rker	or	Exit Number			
			Also at Intersection	· · · · · · · · · · · · · · · · · · ·	Feet N S	EW of					3 "		
<u> </u>					Feet NS	E W of	Route#	Inters	ecting Roa	adway/Street			
<sup>2</sup> 3	Route# Direc	ction	Name of Intersecting Roa	dway/Street				La	andmark				
3	Please Select ( of the Followi		1 #Occupants H	t/Run Moped	Crash Report	ID# 20	-23	1-AC	<u> </u>		]		
			St <b>MA</b> DOB/Age		# 139K40					a. W2	1		
	Sex M Lic.	19 19	20							21	1 12		
			FREY RYAN	Endorsement	Year 2016				Veh Co	Config.			
4 1	l	Last SILVER S	First	Middle	ner <b>LANDRY, C</b> ress <b>211 SILV</b>		First	TA	Middle	le			
	l							3.63		220 1061			
			State MA Zip 0233					te <b>MA</b> 2 amaged Area	•	339-1961 27 27 27			
			MERCE INSURA		ot Saguence 23	23 23		amaged Area est Status:	Code. 10	28			
5		Direction: NS		•	in sequence 1		23	pe of Test:	Ė	29			
		ued)			t Harmful Event 1	24		AC Test Res	ult:	30	13		
	Viol. 1: Ch/Sec/S	Sub	<ul><li>Viol. 2: Ch/Sec/Sub -</li></ul>	Driv	er Contributing Code	25	<b>25</b> Տւ	isp. Alcohol:	2 31	Susp. Drug: 2 32	1 "		
ِ 2	Viol. 3: Ch/Sec/S		- Viol. 4: Ch/Sec/Sub -		er Distracted by	26		oved from so	드	33			
	Name (Last First M		operator and all occupants	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
	Operate	or		See Above	$\rightarrow$ X	1 1	4 0	0 10	1				
									1				
									-		1		
							10				4		
<b>1</b>	Please Select C of the Followir		1#Occupants  No	on-Motorist A Type	Action 16 I	Location	17 Condit	ion 18	Hit	t/Run Moped			
	License # S43	3802800 s	St.MA DOB/Age	Reg	# <u>2K7850</u>		Reg Type	MC	Reg	State MA	1		
	Sex M Lic. C	Class D M L		CDL Veh	Year 2020 v	Veh Make			Veh C	onfig. 3			
	Operator BO	NNER, DOM		Endorsement Owi	ner BONNER, D	OMINI							
1	Address 16	MASS AVE	First	Middle Add	ress 16 MASS	AVE	First		Middle	e			
	City WILMI	NGTON	State <b>MA</b> Zip <b>0188</b>	7-3520 City	WILMINGTON		Sta	te <b>MA</b> Z	zip <b>01</b> 8	887-3520	1 14		
	Insurance Compa	any PROGRESS	SIVE DIRECT	INSURA Vehi	cle Action Prior to Crash	9	22 Da	amaged Area	Code: 7	27 27 27			
	Vehicle Travel D	rection: NS	W Responding to Eme	ergency? 2 Ever	nt Sequence 1 23	23 23	23 Te	st Status:	1	28			
)	Citation # (If Issi	ued)		Mos	t Harmful Event 1	24	•	pe of Test:	,	30			
2	Viol. 1: Ch/Sec/S	Sub ———	<ul><li>Viol. 2: Ch/Sec/Sub —</li></ul>	Driv	er Contributing Code	97 <sup>25</sup>	25	AC Test Resi sp. Alcohol:		Susp. Drug. 2 32			
	Viol. 3: Ch/Sec/S	Sub	<ul><li>Viol. 4: Ch/Sec/Sub</li></ul>	Driv	er Distracted by	26		wed from sc		33			
		•	or/non-motorist and all occu	pants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		]		
	Name (Last First Mi		uist .	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1		
	Operate	or/Non-Motor	ist	See Above		1 5	5 0	0 8	1		-		

	= Direction 1	= Vehicle 1	2 = Vehicle 2	2 = Pedestr	rian 📆	= Bicycle	
Crash Diagram:	ie: 👈 🗓	<b>→</b> □	2	ĝ	→ №		
2 Mass Ave		andry		^		If Crash Did Not on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	i .
				46	<i>5</i> )		
	Mass Ave				· · · · · · · · · · · · · · · · · · ·	Indicate North by A	Arrow
M	Main Street/ RT.38 N-	-S					
Crash Narrative:							
See supplemental lor	ng narrative	173					
				· · · · · · · · · · · · · · · · · · ·			
					***************************************		
Wa							
Witnesses: Name (Last,First,Middle)		Address			Phone	и	Statement
Traine (Laste Hotel)		Address			ritorie		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
						,	
Truck and Bus Information	Pagistration #		(From Vehic				
Carrier Name	Registration #		(From Vehic	le Section)		Bus Use	42
Address			City			St Zip	
				MC/MX	/ICC #:		
Interstate 43 Cargo Body	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	46	
Hazmat Information:							
Placard Material 1 digit	# 48 Material Nam	ne		Material 4 diş	git #	Release code	49
Patrol Officer Richard	d DiPerri		173 Wil	mingtor	n Police	Department 10/	17/2020

#### Wilmington Police Department

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NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 20-231-AC

Entered: 10/17/2020 @ 1054 Entry ID: 173 Modified: 10/17/2020 @ 1104 Modified ID: 173 Approved: 10/19/2020 @ 1131 Approval ID: 181

V1 (Landry) turned right onto Mass Ave from Main St. V2 (MC-Bonner) did same. V1 opr stated he drove past sister's house & needed to turn around in driveway at 2 Mass Ave. While turning left, V2 drove around his vehicle, dropped and slid on pavement making suspected minor contact (no apparent damage) w/left side of V1 near driver's door/wheel area. V1 opr Landry stated he signaled left before turn. V2 opr then walked bike home after leaving name & cell number only. V2 located at 16 Mass Ave w/ damage to left side fairing area & had broken directional hanging. V2 opr Bonner stated he was driving home & saw V1 slowing with its right directional on, and was on the right side portion of the street (2 way no lane markings). He believed V1 was turning right & then proceeded on the left of V1 in attempt to go around. V1 then turned left. Opr. Bonner tried to avoid, dropping the bike down, and sliding into V1. Minor scrape injury to knee reported. WFD evaluation was refused. Opr Bonner advised that he cannot pass on the left (on most roadways) unless the vehicle in front of his pulls to side, stops and then signals intention (flashers, being waved on) for traffic behind to proceed. Absent these plus factors he would have to wait for the vehicle in front of him to maneuver (in any direction) before continuing. As stated, Mass Ave is a secondary two way road without pavement markings in which the left side of the road is for approaching traffic. V2 passing on the left probable factor in crash.

Respectfully,

Rich DiPerri-173