

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street

255 LOWELL ST
 N S E W of _____ Mile Marker _____ Exit Number _____
 N S E W of _____ Route# _____ Intersecting Roadway/Street _____
 N S E W of _____ Landmark _____

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 20-213-AC

4 1 License # S30517122 St MA DOB/Age _____ Reg # C46MBX Reg Type PC Reg State NJ
 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21
 Operator MOSCHETTI, ANDREW R Owner EAN HOLDINGS LLC
 Address 26 TIMBERNECK DR Address 14002 E 21ST STE 1500
 City READING State MA Zip 01867-1843 City TULSA State OK Zip 74134
 Insurance Company COMMERCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 3 27
 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 22 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) T2061963 Most Harmful Event 22 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 18 Driver Contributing Code 17 25 8 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	0	8	2	Lahey Clinic

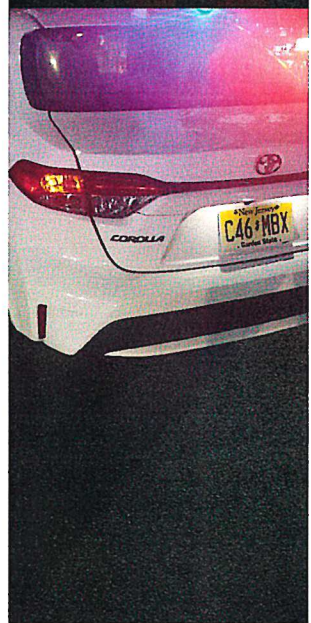
7 3 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 1 License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 21
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? 33

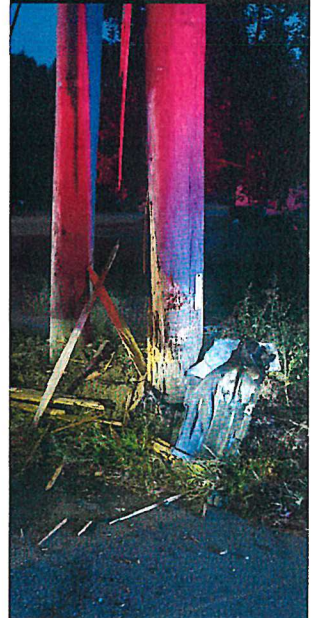
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Wilmington Police Department
Images Associated with 20-213-AC



Wilmington Police Department
Images Associated with 20-213-AC



AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # **MIDDLESEX AVE** Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ Mile Marker _____ Exit Number _____

Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-214-AC**

License # **NU260583K** St **ID** DOB/Ag _____ Reg # **1NED55** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **SCALA, JULIE SUZANNE** Owner **EAN HOLDINGS LLC**

Address **PO BOX 589** Address **14002 EAST 21ST ST APT 1500**

City **IDAHO** State **ID** Zip **83455** City **TULSA** State **OK** Zip **74134-0000**

Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S29093758** St **MA** DOB/Ag _____ Reg # **5WV322** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2018** Veh Make _____ Veh Config. **2** 21

Operator **BAKER, DAVID JR** Owner **BAKER, DAVID JR**

Address **14 MELLO PKWY** Address **14 MELLO PKWY**

City **DANVERS** State **MA** Zip **01923-2628** City **DANVERS** State **MA** Zip **01923-2628**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29

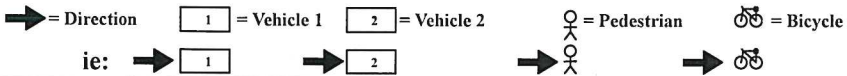
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

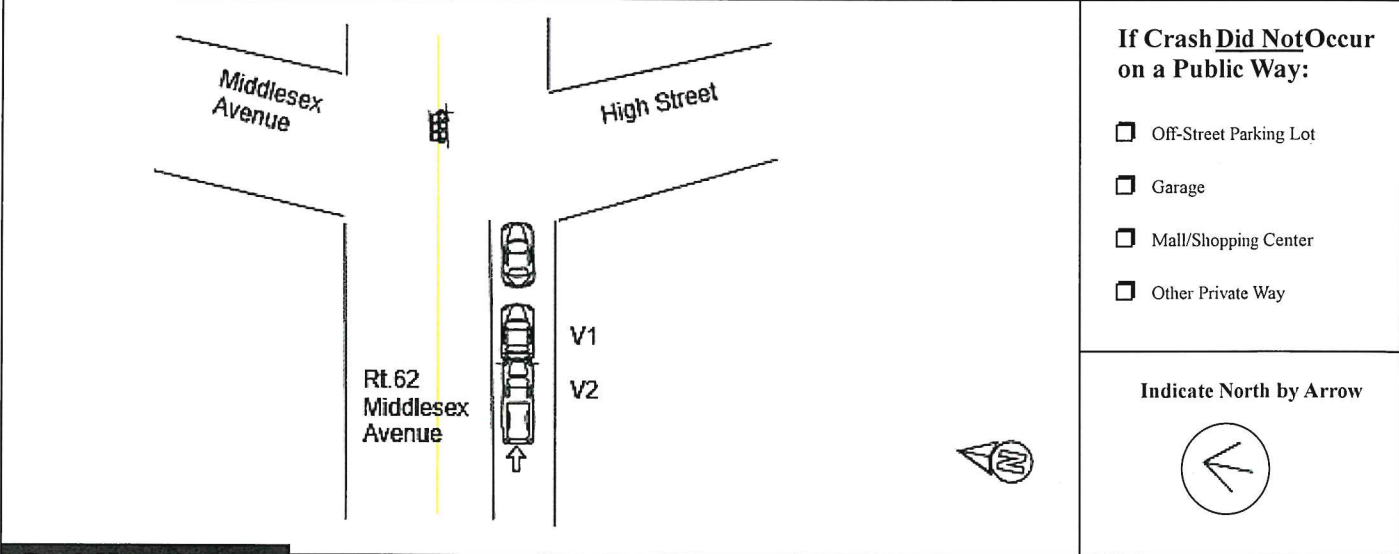
Towed from scene? **2** 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	



Crash Diagram:



Crash Narrative:

V2 (Baker) rear-ended V1 (Scala) while stopped in traffic at intersection of Middlesex and High Street on Route 62. V2 operator Baker stated he sneezed while stopped, and believes he accidentally hit gas causing his truck to lunge forward into V1. No injuries observed or reported. Minor damage to front bumper V2. V1 damaged on rear bumper and trunk. Following too close and accidental acceleration probable factor(s) in crash.

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 Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Richard DiPerri 173 Wilmington Police Department 10/05/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 Route# Direction Name of Roadway/Street At
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 3 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # **222 MAIN ST** Name of Roadway/Street
 2 11 Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 2 12 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 2 13 Feet **NSEW** of _____ Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-215-AC**

License # **S80211206** St **MA** DOB/Ag **19 19** Reg # **58K250** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **SIMONISE, SORYNA S** Owner **SIMONISE, SORYNA S**
 Address **158 CONCORD RD APT G27** Address **158 CONCORD RD APT G27**
 City **BILLERICA** State **MA** Zip **01821** City **BILLERICA** State **MA** Zip **01821**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 4 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **2 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	2	Winchester Hospital

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

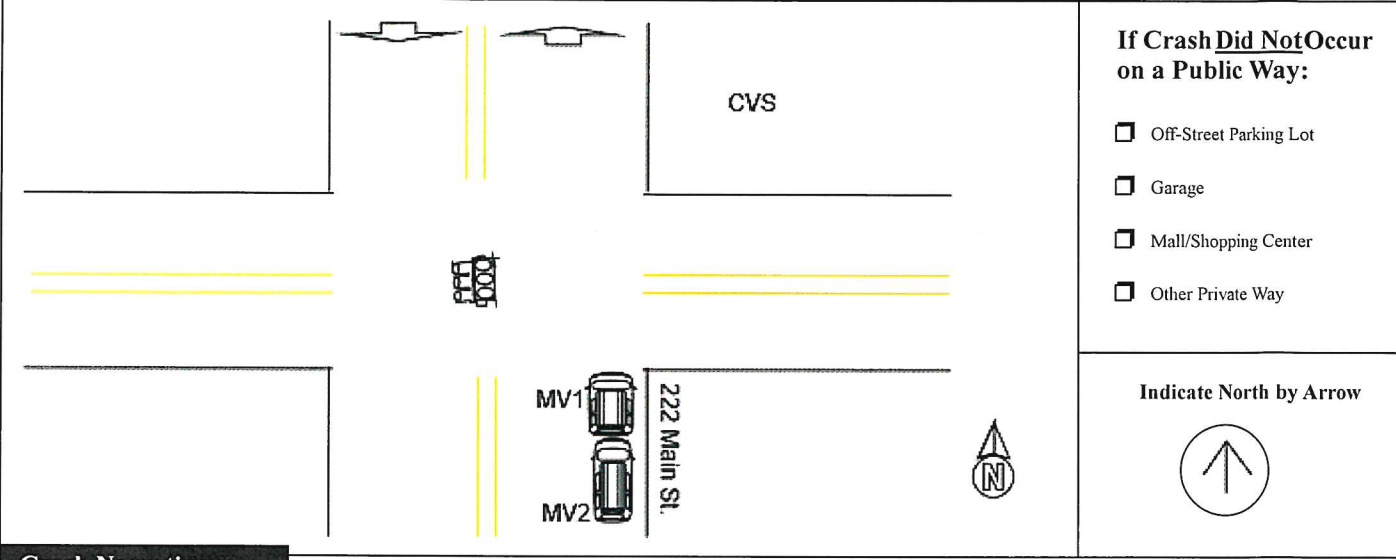
License # **S64978085** St **MA** DOB/Ag **19 19** Reg # **791FX0** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **MALLON, LINDSEY M** Owner **MALLON, LINDSEY M**
 Address **31 CHURCH ST APT 1** Address **31 CHURCH ST APT 1**
 City **WILMINGTON** State **MA** Zip **01887-2701** City **WILMINGTON** State **MA** Zip **01887-2701**
 Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **3 28**
 Citation # (If Issued) **T2062288** Most Harmful Event **1 24** Type of Test: **2 29**
 Viol. 1: Ch/Sec/Sub **90 24J** Viol. 2: Ch/Sec/Sub **90 24A** Driver Contributing Code **5 25 19 25** BAC Test Result: **5 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**
 Towed from scene? **3 33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	99	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



Crash Narrative:

Op. of MV1, Ms. Simonise, stated she was traveling north on Main St. Stopped for red light at intersection and was rear ended by MV2 (See images). She got out of her MV checked damage and asked the female Op. of MV2 to pull into the CVS lot. MV1 then pulled into lot and MV2 drove away. Ms. Simonise stated MV2 was a red Honda Pilot with plate number 791FX0. I observed no visible injuries, but she appeared to be having a type of panic attack. WFD arrived, rendered medical aid, and transported her to Winchester Hospital. MV1 was secured and left parked in CVS lot (CVS notified). Ofc. Johnson located MV2 at residence, discovered that Ms. Mallon was Op. of MV2 and was under the influence of liquor. She was arrested for O.U.I. and leaving the scene of accident with personal injury (See report 20-283-AR). MV2 was towed by Forrest (See attachments). Mar Tomassetti witnessed accident and corroborated Ms. Simonise statements.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TOMASSETTI MARK D	71 ORCHARD ST TEWKSBURY MA 01876-2051		1

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 _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Julio J Quiles 197 Wilmington Police Department 10/05/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-215-AC



Wilmington Police Department
Images Associated with 20-215-AC



AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ or _____ Mile Marker Exit Number

Feet **N S E W** of _____ Route# Intersecting Roadway/Street

Feet **N S E W** of _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **20-216-AC**

License # **SA3960417** St **MA** DOB/Age _____ Reg # **S80136** Reg Type **CO** Reg State **MA**

Sex **F** Lic. Class **19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **Other-not listed** Veh Config. **6 21**

Operator **DUNN, NATHAN ANDREW** Owner **UNITED PARCEL SERVICE INC**

Address **243 HAMPSHIRE RD** Address **15 ARLINGTON ST**

City **METHUEN** State **MA** Zip **01844** City **WATERTOWN** State **MA** Zip **02472-5002**

Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 7 27 8 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S14704598** St **MA** DOB/Age _____ Reg # **6VKN30** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D D** Lic. Restrictions **1 20** CDL _____ Veh Year **2014** Veh Make **FORD** Veh Config. **1 21**

Operator **SALAMONE, ALISON** Owner **SALAMONE, ANTHONY**

Address **47 HOUGHTON RD** Address **47 HOUGHTON RD**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2245**

Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 3 27 0 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **99** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **13 25 25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1 33**

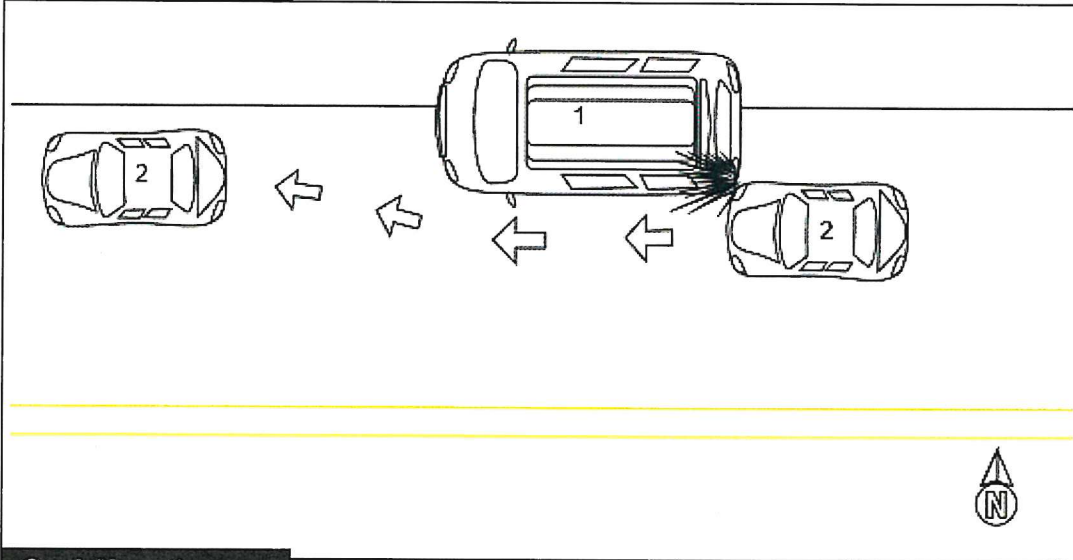
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Vehicle # 1 was parked on the side of the road making a delivery. Vehicle # 2 stated that she had glare in her eyes and side swiped Vehicle # 1

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 Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Anthony Fiore

164

Wilmington Police Department

10/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # **54 INDUSTRIAL WAY** Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet **NSEW** of _____ of _____ or _____ Mile Marker Exit Number

Feet **NSEW** of _____ of _____ Route# Intersecting Roadway/Street

Feet **NSEW** of _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-217-AC**

License # **UL219307** St **OH** DOB/Age _____ Reg # **T91654** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2007** Veh Make **International** Veh Config. **13** **21**

Operator **ALBERT, RAEKWON MALIK** Owner **MJR DELIVERY INC**

Address **7354 BALLAUER PL** Address **23 UNSWORTH ST**

City **HUBER HEIGHTS** State **OH** Zip **45424** City **LOWELL** State **MA** Zip **01850-1911**

Insurance Company **PROTECTIVE INSURANCE COMP** Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S90938688** St **MA** DOB/Age _____ Reg # **8EKL60** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1** **21**

Operator **HUANG, BIAO** Owner **HUANG, BIAO**

Address **38 TEWKSBURY ST** Address **38 TEWKSBURY ST**

City **ANDOVER** State **MA** Zip **01810-5844** City **ANDOVER** State **MA** Zip **01810-5844**

Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Crash Diagram:



Industrial Way



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

FedEx Parking Lot



Indicate North by Arrow



Crash Narrative:

MV 1 stated he was driving on Industrial Way. He attempted to back into the FedEx parking lot but didn't realize MV 2 was behind him when he was backing up and struck MV 2. MV 2 confirmed MV 1's account of events. No injuries. MV 2 towed by A+S Towing.

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 Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kevin J Skinner 200 Wilmington Police Department 10/06/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only	Date of Crash 10/06/2020	Time of Crash 1925 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>316</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# **20-218-AC**

License # <u>S91958648</u> St <u>MA</u> DOB/Age _____	Reg # <u>T83918</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2013</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>POMAVILLA-CALLE, LUIS M</u> Last First Middle	Owner <u>LOJA-GUALPA, MARIA</u> Last First Middle
Address <u>141 CENTRAL ST</u>	Address <u>79 SCHOOL ST APT 2</u>
City <u>MILFORD</u> State <u>MA</u> Zip <u>01757-3317</u>	City <u>MILFORD</u> State <u>MA</u> Zip <u>01757-2061</u>
Insurance Company <u>NATIONAL CONTINENTAL INSU</u>	Vehicle Action Prior to Crash <u>97</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>4</u> <u>25</u> Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
LUIS LEMA	79 OLIVER ST MILFORD, MA 01757		M	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>		

Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S90495102</u> St <u>MA</u> DOB/Age _____	Reg # <u>96KS24</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2015</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MIELE, CHRISTINE J</u> Last First Middle	Owner <u>MIELE, GARY A</u> Last First Middle
Address <u>14 OX BOW DR</u>	Address <u>14 OX BOW DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3474</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3474</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Non-Motorist		See Above		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
JILLIAN MIELE	14 OX BOW DR WILMINGTON, MA 01887		F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>		

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ ○

Rte 129
Lowell St

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way



Mobil on the Run
316 Lowell St

Indicate North by Arrow



Crash Narrative:

Motor Vehicle crash in front of 316 Lowell Street, Wilmington. The operator of vehicle 1 was attempting to turn right into the Mobil on the Run from the left side of the lanes. Vehicle 2 was attempting to travel straight along RTE 129. Vehicle 1 and Vehicle 2 collided. The operator of vehicle 1 stated that he was trying to turn into Mobil. The road splits into two lanes as the vehicle approach Mobil. There was damage to the right side of vehicle 1. There was damage to the front left and side of vehicle 2. There were no injuries reported. I contacted a witness that observed the crash from the pumps in Mobil. He stated that the white van (vehicle 1) attempted to turn into the Mobil parking lot, cutting in front of the gray Mercedes (vehicle 2), "as if he didn't see them." Both vehicles were able to be driven from the scene. I also conducted a paper exchange between the operators.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TRINH NAM X	142 FEDERAL ST WILMINGTON MA 01887		

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 _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Nicholas E Noftle 204 Wilmington Police Department 10/06/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street

At _____ Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number

2 Route# Direction Name of Intersecting Roadway/Street _____ Feet N S E W of _____ Route# Intersecting Roadway/Street

Also at Intersection with _____ Feet N S E W of _____ Landmark

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-219-AC**

4 License # S86040448 St MA DOB/Age. _____ Reg # 4209YR Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2018 Veh Make Jeep Veh Config. 1 21

Operator SZCZESUIL, KEVIN J Owner SZCZESUIL, KEVIN J

Address 37 BEACON ST Address 37 BEACON ST

City WILMINGTON State MA Zip 01887-2462 City WILMINGTON State MA Zip 01887-2462

Insurance Company LM GENERAL INSURANCE COMP Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	 	 	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

7 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 License # S12769732 St MA DOB/Age _____ Reg # 8JE556 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2013 Veh Make FORD Veh Config. 1 21

Operator HANAFIN, MARY Owner HANAFIN, MARY A

Address 0 BIRCH ST Address ZERO BIRCH ST

City BURLINGTON State MA Zip 01803 City BURLINGTON State MA Zip 01803-0000

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 1 27 27

Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	 	 	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>2</u>	Lahey Clinic

Date of Crash 10/07/2020	Time of Crash 1244 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 2	Speed Limit <u>35</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:				
Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u>			Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u>					
At								
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> • <u> </u> or <u> </u>					
Also at Intersection with			Mile Marker <u> </u> Exit Number <u> </u>					
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u>				Route# <u> </u> Intersecting Roadway/Street <u> </u>	
							Landmark <u> </u>	

Please Select One of the Following: Vehicle 3 #Occupants Hit/Run Moped

Crash Report ID# **20-219-AC**

License # <u>S60062531</u> St <u>MA</u> DOB/Age <u> </u>	Reg # <u>8MA738</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL <u> </u> Endorsement <u> </u>	Veh Year <u>2018</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MURRAY, MARY CORNELIA</u>	Owner <u>MURRAY, MARY CORNELIA</u>
Address <u>10 BRIARWOOD RD</u>	Address <u>10 BRIARWOOD RD</u>
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-1219</u>	City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-1219</u>
Insurance Company <u>CITIZENS INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u>
Citation # (If Issued) <u> </u>	Event Sequence <u>20</u> <u>23</u> <u>1</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u>	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Contributing Code <u>19</u> <u>25</u> <u>20</u> <u>25</u>
	Driver Distracted by <u>99</u> <u>26</u>
	BAC Test Result: <u>1</u> <u>30</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

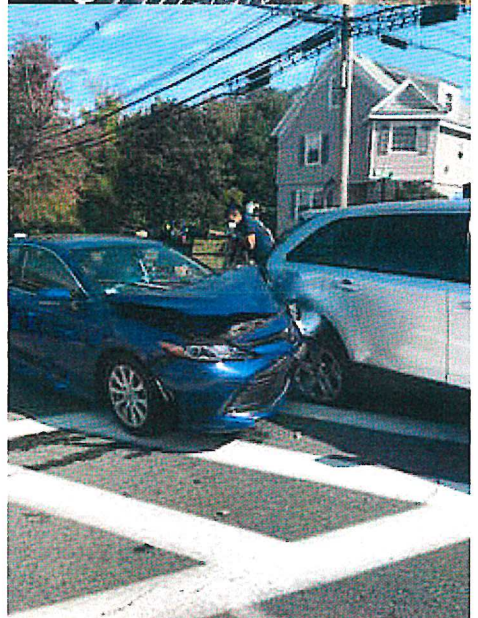
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	 	 	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>2</u>	Lahey Clinic

Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

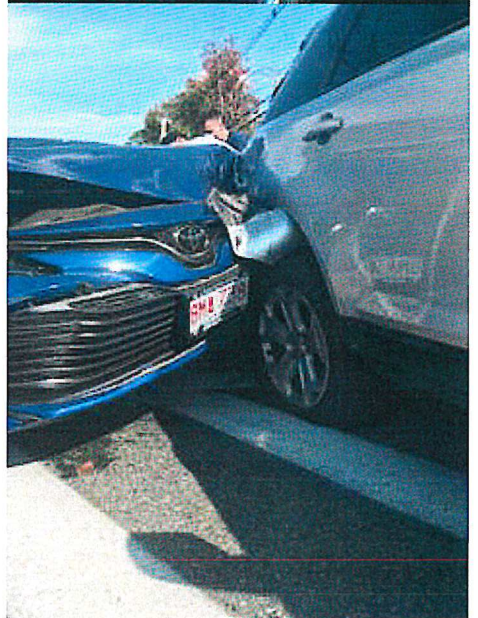
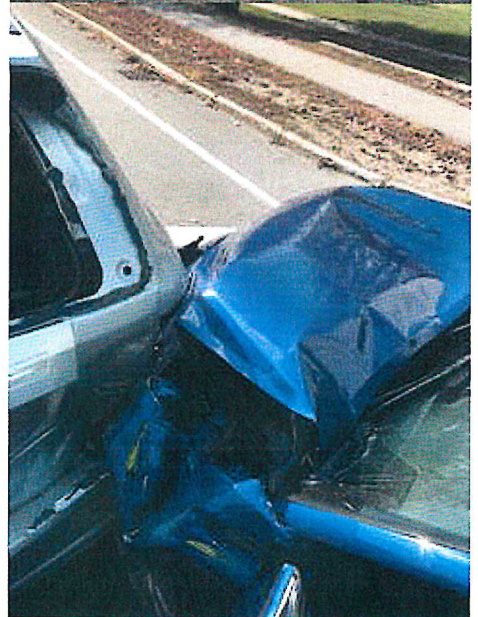
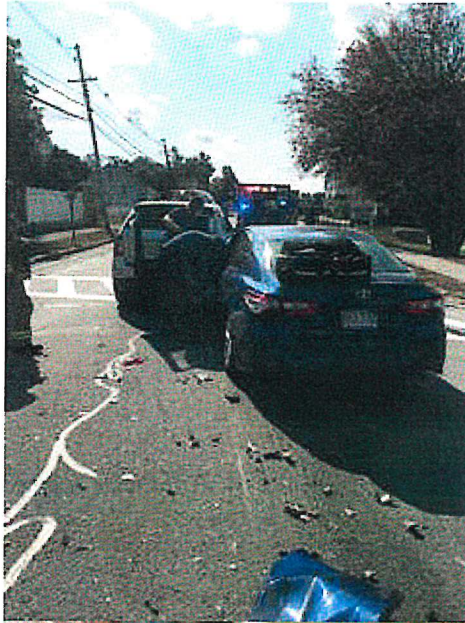
License # <u> </u> St <u> </u> DOB/Age <u> </u>	Reg # <u> </u> Reg Type <u> </u> Reg State <u> </u>
Sex <u> </u> Lic. Class <u> </u> Lic. Restrictions <u>20</u> CDL <u> </u> Endorsement <u> </u>	Veh Year <u> </u> Veh Make <u> </u> Veh Config. <u>21</u>
Operator <u> </u>	Owner <u> </u>
Address <u> </u>	Address <u> </u>
City <u> </u> State <u> </u> Zip <u> </u>	City <u> </u> State <u> </u> Zip <u> </u>
Insurance Company <u> </u>	Vehicle Action Prior to Crash <u>22</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u> </u>	Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) <u> </u>	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u>	Most Harmful Event <u>24</u>
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Contributing Code <u>25</u> <u>25</u>
	Driver Distracted by <u>26</u>
	BAC Test Result: <u>30</u>
	Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	 	 	<u>1</u>							

Wilmington Police Department
Images Associated with 20-219-AC



Wilmington Police Department
Images Associated with 20-219-AC



Wilmington Police Department
Images Associated with 20-219-AC



NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 20-219-AC

Entered: 10/07/2020 @ 1518 Entry ID: 196
Modified: 10/07/2020 @ 1757 Modified ID: 196
Approved: 10/11/2020 @ 1019 Approval ID: 181

The following is a brief summary of events that occurred on 10/07/20 during a motor vehicle crash.

On Wednesday October 7, 2020, I, Officer Furbush was assigned uniformed patrol in marked cruiser 40, Traffic Unit, working the 7a-3p shift. At approximately 1244 hrs, I responded to a three car crash in front of the Public Safety Building at the four way intersection of Church St/ Rt 62 (East and West bound), Adelaide St and Beacon St. There was possible injury. Upon arrival, I observed one vehicle, a Jeep Wrangler with Ma plates 4209YR (vehicle 1) sitting on Beacon St. I observed two more vehicles on Church St facing West Bound. These vehicles were a Ford Edge with Ma plates 8JE556 (vehicle 2) and the last car was a Toyota Camry with Ma plates 8MA738 (vehicle 3). Lt. Sencabaugh (Car 26) was already on scene talking with the operator of Veh 2. Officer Skinner (Car 33/Sector 3), Sgt. Hermann (Car 35/ OIC) and Officer Moon (S-1/ Safety Officer) responded.

I spoke to the operator of Veh 1, Mr. Kevin Szczesuil of 37 Beacon St Wilmington. He reported that he was stopped on Church St facing westbound waiting to turn left onto Beacon St. He stated that all of a sudden, his vehicle was struck from behind. He moved his vehicle onto Beacon St after the crash. He had no injuries. He reported he wasn't sure what had happened. Veh 1 had minor damage to the rear bumper and spare tire that was mounted on the back. It is believed based on the damage he received, that the spare tire took the brunt of the hit.

With Lt. Sencabaugh speaking with the operator of Veh 2, I spoke to the operator of Veh 3, Ms. Mary Cornelia of 10 Briarwood Rd Woburn. Ms. Cornelia had visible burns on her face from the airbags and a possible lump on her forehead. Her front airbags from the steering wheel and by the lower airbags by her knees had gone off. I noticed a small cut on her left leg. I asked her what happened. Ms. Cornelia appeared very confused. She stated she did not know what happened. Ms. Cornelia then stated that she thought that maybe Veh 2 stopped short but she could not remember. I asked her if she remembered what happened before the crash but she stated she was unaware. She was able to give her personal information I requested. Ms. Cornelia had heavy damage to the front of her Camry (see photos). Based on training and experience, it appeared that Ms. Cornelia slammed into the back of Veh 2 with little to no braking. There were no skid marks visible. This area of Church St is posted 35 MPH and based on damage, I believed that Ms. Cornelia slammed into Veh 2 at a minimum of 35-40 MPH. Ms. Cornelia was wearing her seat belt at the time of the crash.

I then spoke to a witness Mr. Mark Persson from 5 Lockwood Rd. He stated he was right behind the blue Toyota Camry (Ms. Cornelia's vehicle) at the time of the crash. He reported that before the crash, he observed the blue Toyota cross over the fog line and scrapped up against the curbing for several feet. He reported the Camry never hopped up the curb but just scrapped along the side with the car's passenger tires. He reported that he saw the Ford (Veh 2) stopped behind the Veh 1 and that the Camry just slammed into the back of Veh 2. He reported that he never saw the Camry's brake lights even once. I checked the Camry and noticed marks on the passenger tires consistent with Mark's story.

As the Fire Personnel were prepping the operator of Veh 2 for transport, I was able to speak with her. She identified herself as Ms Mary Hanafin of 0 Birch St Burlington. Ms. Hanafin reported that she saw the jeep ahead of her stopped in the roadway. She reported that she could not pass the Jeep on the right so she pulled up behind the Jeep and waited for it to turn left. She reported she was completely stopped at the time of the crash. She reported all of a sudden, she was struck from behind. She stated that her car was pushed into Veh 1. Ms. Hanafin was visibly shaken up and was crying. I was unaware of her status medically but Fire personnel were concerned and transported her along with Paramedics to Lahey Clinic. Her vehicle sustained heavy rear end damage and moderate damage to the front of the vehicle. A tow was requested by Dispatch and A&S Towing was dispatched. Please note that Ms Hanafin was wearing her seat belt at the time of the crash.

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 20-219-AC

Entered: 10/07/2020 @ 1518	Entry ID: 196
Modified: 10/07/2020 @ 1757	Modified ID: 196
Approved: 10/11/2020 @ 1019	Approval ID: 181

As Fire Personnel were prepping Ms. Cornelia for transport, I again asked her what had happened. She still was unsure how the crash happened. A fire fighter reported she stated she might have dropped something and was trying to get it but this is unconfirmed. With the nature of the crash both injuries and severity of damage, the fact that Ms. Cornelia did nothing to prevent the crash (proven by damage, the witness and lack of physical evidence), the fact that Ms. Cornelia was very confused and the fact that she could remember who she was but could not remember the events before and after the crash, I am seeking a request for immediate threat for medical reasons. It is clear based on today's events that Ms. Cornelia is a potential hazard to others on the roadway.

Respectfully submitted,

Officer Daniel Furbush, Badge #196
Wilmington Police Department