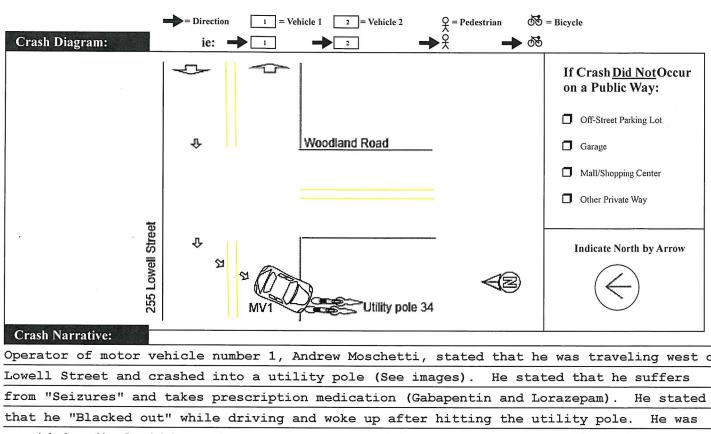
	Police Use Only	Com	nonwealth	of Massach	ıusetts	\$	RM	IV Docu	ment Number	
	Date of Crash Time of Crash 10/04/2020 1829 Wi]	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	it 25	Local Ponce 25	1
	1670472020 1829 W1	Lmington	Police	Report	1	1	Latitude Longitude _		MBTA Police Campus Police Other:	3
	AT INTERSECT	ΓΙΟΝ:		ATION >		NOT A	r inter			1
										2 10
	Route# Direction	N			255	LOWE	ELL ST			Ľ
¹ 1	Koule# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	f Roadwa	ay/Street	_
				Feet NS	E W of		_ • _	- or		_
	Route# Direction N	ame of Intersecting Roadw	ay/Street	<u></u>		Mile Ma	arker	····	Exit Number	1 11
		Also at Intersection w	ith	Feet N S		Route#	Inters	secting R	Loadway/Street	. []
² 1	Route# Direction N	ame of Intersecting Roadw	rav/Street	Feet N S	E W of			0		
Т				<u> </u>			L	andmark		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 20	-21	3-A	C		
	License # S30517122 St]	MA DOR/Age	Pog	# C46MBX		Dog Ton	. PC	D -	- C N.T	
	10 10	20							21	7 12
		Eı	dorsement	Year 2020				Veh	Config.	
⁴ 1	Operator MOSCHETTI, A	First	Middle	er EAN HOLD		First		Mid	Idle	-
Τ	Address 26 TIMBERNECK			ess 14002 E	-	STE 1	500			-
	City READING Sta	ate MA Zip 01867	-1843 City	TULSA			ite OK	_		-
	Insurance Company COMMERCE		Vehi	cle Action Prior to Crasl	1 1 :			a Code:	1 27 2 27 3 27	
5	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Even	t Sequence 22	23 23	23	est Status:	1	1 28	
-	Citation # (If Issued) <u>T2061963</u>	<u> </u>	Mosi	Harmful Event 22	24	•	ype of Test:	<u> </u>	30	
	Viol. 1: Ch/Sec/Sub 89 4A	Viol. 2: Ch/Sec/Sub 9	0 18 Drive	er Contributing Code	17 ²⁵ 8	25	AC Test Res usp. Alcohol		<u> </u>	22 ¹³
_	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s	2	22	
⁶ 1		erator and all occupants inv			34 35	36 37	38 39	40		-
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	s Code	Medical Facility	
	Operator	Se	e Above	\times X	1 1	3 0	0 8	2	saney CIINIC	
		***************************************			-			+		
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⁷ 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Location	Condi	tion 18	н	lit/Run Moped	1
	License #St	DOB/Age	Reg	#		Reg Type		Re	g State	7
	19 19	20		Year					21	-
	Operator	En	dorsement		ven make		70 7 772 1007 1007	ven (comig.	
⁸ 1	Last	First	Middle	erLast		First		Mide	dle	-
	Address			ess	***************************************					14
	City Sta	te Zip	City				itei amaged Area		27 27 27	- 🔼
	Insurance Company		Vehic	ele Action Prior to Crash	<u> </u>		amaged Area	a Code:	28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Even	t Sequence 23	23 23	23	pe of Test:	F	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24	-	AC Test Res	ault:	30	
_	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25 St	ısp. Alcohol	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from so	cene?	33	
	Please fill out for operator/n				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury			7
	Name (Last First Middle) Operator/Non-Motoris		Address	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility	-
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1				1	1 1	i	1	1		1



Operator of motor vehicle number 1, Andrew Moschetti, stated that he was traveling west o Lowell Street and crashed into a utility pole (See images). He stated that he suffers from "Seizures" and takes prescription medication (Gabapentin and Lorazepam). He stated that he "Blacked out" while driving and woke up after hitting the utility pole. He was provided medical aid by members of WFD, Reading Fire Department, and Action Ambulance. He was then transported to Lahey Hospital for further evaluation. Vehicle was towed by Forrest (See attachments). He was issued a Massachusetts uniform citation and I submitted a request for an immediate threat license suspension / revocation with the RMV for a medical evaluation. See police report 20-1180-OF.

Witnesses:											
Name (Last,First,Middle)	Address			Phone #	Statement						
Property Damage:											
Owner (Last, First, Middle) Address		Phone #	41-Type	Description of Damaged Property							
READING MUNICIPAL LIGHT DEPARTMEN 230 ASH ST READ	ING MA 01867	1	3	UTILITY POLE 34							
Truck and Bus Information: Carrier Name Address		(rion veni		Bus Use St Zip	42						
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate											
Placard Material 1 digit # Material Nam	e		Material 4 di	git #Release code							

Patrol Officer Julio J Quiles

197

Wilmington Police Department

10/04/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

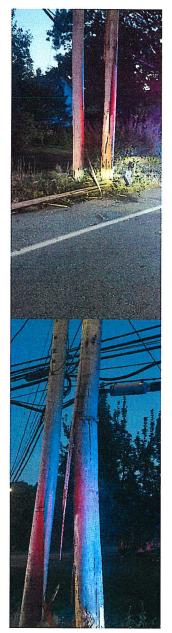
Department Precinct/Barracks

Wilmington Police Department Images Associated with 20-213-AC



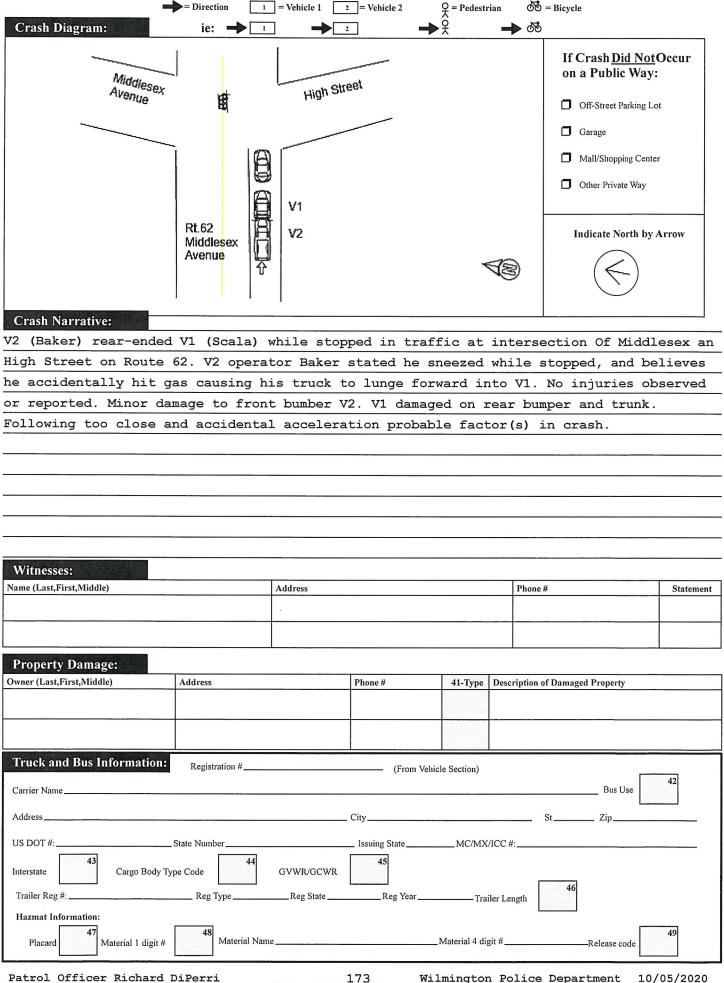


Wilmington Police Department Images Associated with 20-213-AC

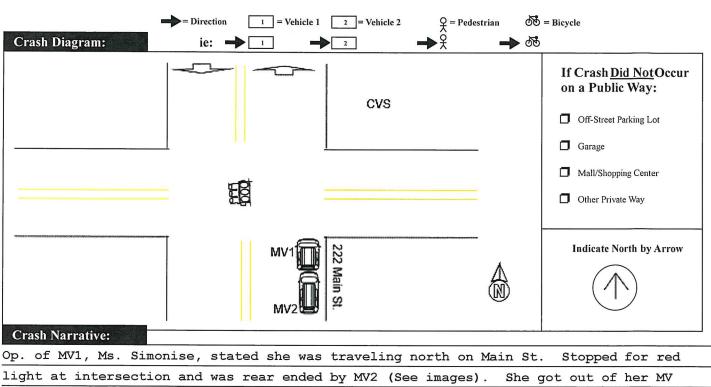




	Pol	lice Use Only		Common	wealth	of Massa	chu	setts	5		RM	V Doci	ument Ne	ımber	
	Date of Crash 10/05/2020	Time of Crash 1143 W	City/Tow /ilmingt	m Mo	tor Veh	icle Cras	sh	Number Vehicles		عام ال	d Limit	30	Local .	Police Police R	
	10,03,2020	24HR	raamang c	OII	Police	Report		2	0	Latit	ude gitude			us Police 🔲	i
		AT INTERSI	ECTION:	<	LOCA	TION >	>		NOT	AT IN	TER	SEC	TION:	;	
															1 10
	Route# Direc	ction	Name of	Roadway/Street		Route# E Directi		09 ddress #	MI:	DDLE			E vay/Street		
¹ 1				At											
L	Route# Direc	ation	Name of Intern	ecting Roadway/Street		Feet	NISIE	W of	— — Mile	– —– Marker	•	or _	Exit 1	Number	- 11
	Kotte# Direc	Ction		ntersection with		Feet	N S E	w of							2 "
						Feet	N S E	w of	Route#		Inters	ecting F	Roadway/	Street	
² 2	Route# Direc	ction	Name of Interse	ecting Roadway/Street		_					La	ındmarl	k		-
3	Please Select (of the Followi		1 <u>1</u> #Occupan	its Hit/Run	Moped	Crash Re	eport ID	# 20	-2	14-	- A C	7			7
J			***					-							4
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	Sex F Lic.	Class D	Lic. Restrictions	Endorsemen	nt	Year <u>2020</u>				DAI		Veh	Config.	1	
⁴ 3		ALA, JUL]	LE SUZAN First	Middle			ast		First				iddle		-
3		BOX 589				ess 14002									-
				p. 83455		TULSA								-0000	1
				ICE COMPAN	Yehio	ele Action Prior to (2	22	Damag Test St		Code:	5 ²⁷	27 27	
⁵ 1	Vehicle Travel D	Direction: NS	W Respond	ling to Emergency? 2	Even	t Sequence 1	3 23	<u> </u>	23	Type of			29		
-	Citation # (If Iss	sued)			Most	Harmful Event	1 2	4		BAC T		ult:	30		L
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/S	Sec/Sub	Drive	er Contributing Cod	le 1	25	25	Susp. A	dcohol:	2 31	Susp. D	Orug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/	Sec/Sub	Drive	r Distracted by	0 2	6		Towed	from sc	ene?	2 33		
1	Name (Last First M		r operator and all	occupants involved		DOB/Age	S	34 35 leat Safety os. Systen	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury e Status	40 Transp. Code	Mod	lical Facility	7
	Operate			See Above		DOINAGE		1 1	4 0		10	1	IVICO	icai racinty	_
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⁷ 1	Please Select C of the Followin		1#Occupan	ts Non-Motorist	t A Type	15 Action	16 Loc	ation	17 Co	ndition	18		Hit/Run	Морес	i
	License # S2	9093758	St.MA DOB/	Age	Reat	5WV322			Rea'	Tyme PC		R	eg State]		_
	Sex M Lic. 0	10 10	Lic. Restrictions	20		ear 2018								2 21	-
l		KER, DAVI		CDL Endorsemen	nt	BAKER,						VOII	Conng.		
⁸ 1	-	Last MELLO PK	First	Middle		ss 14 MEL	ast		First			Mi	ddle		-
	City DANVE			01923-262	_	DANVERS				State M	A 7	zin 0 1	1923	-2628	2 14
l	•		·	CE COMPAN		le Action Prior to (Crash	1	22	Damag		٠ ،		27 27	
	Vehicle Travel D		- 7 1	ling to Emergency? 2		Sequence 2	3 23		23	Test Sta	atus:		1 28		
	Citation # (If Iss	ued)	٠ بعد			· <u>-</u>	1 2	4		Type of	Test:		29		
⁹ 1				Zoa/Sub		r Contributing Cod	_ 	25	25	BAC T			30	22	
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ļ			*******	nd all occupants involv				34 35	36	37 38	39	40			-
-	Name (Last First M	liddle)		Address		DOB/Age	Sex P	eat Safety os. System	Status (ijeet Trap Tode Code	Status	Transp. Code	Med	lical Facility	4
	Operate	or/Non-Moto	orist	See Above			X^1	1 1	4 0	0	10	1			_
Ī				A 47 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2											1



Police Use Only Commonwealth of Massachusetts									RM	IV Docu	ıment Number				
	Date of Crash 10/05/2020	Time of Crash 1751 24HR	Wilm	City/Town ington	Motor V Poli		icle Cra Report	sh	Num Vehic 2		ured Lat	ed Limi	30	State Police Local Police MBTA Police Campus Police Other:	800
		AT INTER	SECTIO	ON:	< L	OCA'	TION	>		NO	T AT I	NTER	SEC	TION:	
	Route# Direc	tion		Name of Roadway/S	treet		Route# Direc	tion	222 Address		AIN :		Dank	(5)	2 10
11	Touter Birec			At	oneet							Name of	Koadw	/ay/Street	_
L	Route# Direc	etion	Name	of Intersecting Road	way/Street	[Feet	NS	E W of		ile Marke		or _	Exit Number	
	- Touch	adon .	rame	Also at Intersection		—[Feet	N S	E W of						2 ''
² 1	Route# Direc	etion	Name	of Intersecting Road	way/Street		Feet	N S	E W of	Rou	e#		ecting R	Roadway/Street	_
3	Please Select C of the Followin		le 1 <u>1</u>	#Occupants Hit	t/Run Mc	oped	Crash R	Report	ID# 2	0-2	215				
		0211206	St MA	_ DOB/Ag		Reg#	58K250			Re	g Type P	C	R.	en State MA	
	Sex F Lic. 0	10	19	strictions 20	CDL		ear 2011							21	1 12
		MONISE,		I	Endorsement		s SIMONI								_
⁴ 3	Address 158	CONCOR	D RD	APT G27	Middle	Addre	ss 158 CC	Last ONC	ORD	RD 1	APT	G27	Mic	ddle	_
L	City BILLE	RICA	State]	MA Zip 0182	21	City .]	BILLERI	CA			State	MA :	Zip 01		_
	Insurance Compa	any GOVERI	MENT	EMPLOYEE	S INSU	Vehic	le Action Prior to	Crash	2	22		ged Area	Code:	· · · · · · · · · · · · · · · · · · ·	7
⁵ 1	Vehicle Travel D	irection:	EW	Responding to Eme	rgency? 2	Event	Sequence 1	23	23 23	3 23	Test S			1 ²⁸ 29	
1	Citation # (If Iss	ued)		-		Most	Harmful Event	1	24		• • •	of Test: Test Res	ult:	1 30	
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	1 25	25	:	Alcohol		Susp. Drug 2 3	² 1 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec/Sub		Drive	Distracted by	0	26		Towe	d from so	ene?	2 33	
	Name (Last First M		for operato	r and all occupants in	nvolved Address		DOB/Age	Sex	Seat Sa	35 36 fety Airbag stem Status	37 3 Eject Tr Code Co	ap Injury		Medical Facility	
	Operato	or		5	See Above		> <	X	1 1	4	0 0	10		Winchester Hospital	
								<u> </u>							
	Please Select O	ne NZ					15	16		17		18			_
⁷ 2	of the Followin	g: Vehicl	e 2 <u>1</u> #	Occupants No	n-Motorist A Ty	pe	Action	I	ocation		Condition		I I	Hit/Run Mop	ed
	License # <u>S64</u>	1978085	St MA	DOB/Age_		Reg#	791FX0			Re	g Type P	C	Re	eg State MA	
	Sex_ F Lic. (strictions C	CDL Endorsement		ear <u>2016</u>						Veh	Config. 1	
⁸ 1	Operator MA	Last	F	irst	Middle		r MALLON	Last		F	irst		Mic	idle	-
-	Address 31			PT 1			ss 31 CHU			AP	T 1				
	City WILMI		7-2701	-	VILMING'			22		1A 2 ged Area	_	1 27 27 27 27	- I		
				LTY INSUR			e Action Prior to		23 23		Test S		Code	1 27 8 27 2 2 28	<u> </u>
	Vehicle Travel D Citation # (If Issu	<u>KX</u>	E W	Responding to Eme	rgency? 2		sequence 1		24	23		of Test:	į	2 29	
⁹ 2	· `			ol. 2: Ch/Sec/Sub	242			1		19 ²⁵		Test Res		5 30	,
							Contributing Co		5 ²⁵	19	j Susp.	Alcohol:		Susp. Drug: 2 33	2]
				ol. 4: Ch/Sec/Sub — motorist and all occup		⊔nver	Distracted by	99	34 :	5 36	37 3	l from so	40	3 33	-
	Name (Last First Mi	ddle)			Address		DOB/Age	Sex	Pos. Sy:	fety Airbag stem Status	Eject Tra Code Co	np Injury		Medical Facility	
	Operato	or/Non-Mo	otorist	S	See Above			X	1 99	9 4	0 0	99	1		
									Ī						



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 WFD arrived, rendered medical aid, and transported her to Winchester panic attack. 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). Tomassetti witnessed accident and corroborated Ms. Simonise statements.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #	Sta	atement
TOMASSETTI MARK D		71 ORCHARD S	T TEWKSBURY M	A 01876-2	051	1	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damage	d Property	
Truck and Bus Information: Carrier Name Address			(From Vehi		St	Bus Use	
US DOT #: 43 Interstate Cargo Body Ty	44	GVWR/GCWR	Issuing State	MC/MX	/ICC #:		_
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	——— Trai	ler Length		
Placard 47 Material 1 digit #	48 Material Name	e		_Material 4 dig	git #	-Release code	

Wilmington Police Department Images Associated with 20-215-AC









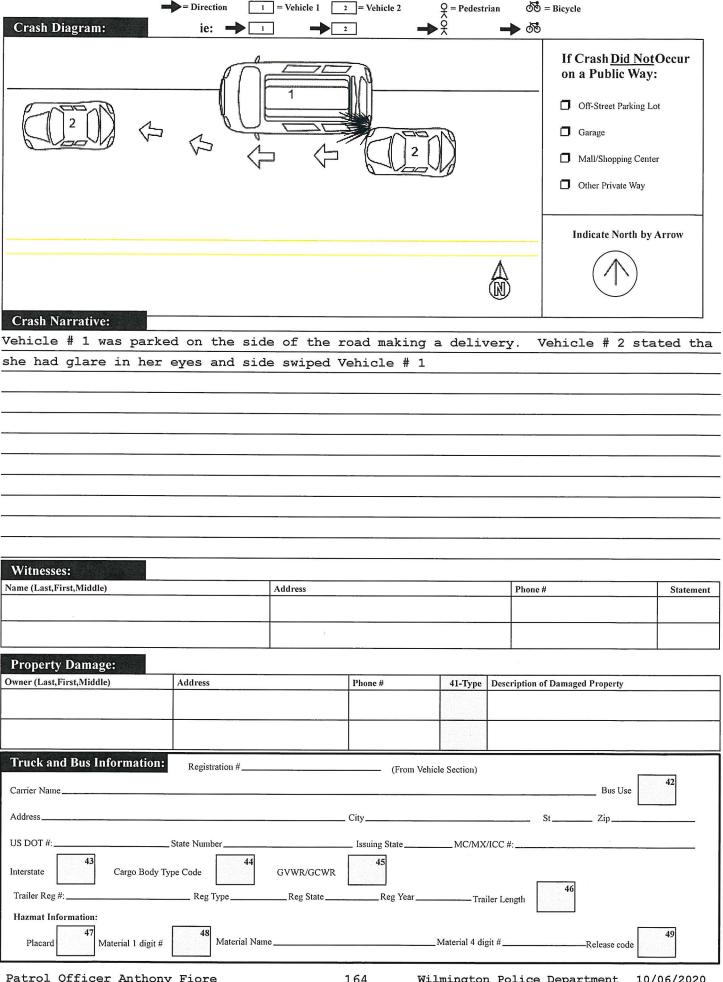


Wilmington Police Department Images Associated with 20-215-AC





	Police Use Only	Comi	nonwealth (of Massacl	usetts	\$	RM	IV Doci	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t25	Local Police	1
	10/06/2020 1017 Wil	mington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A	r inter	SEC		1
										2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	16 Address #	BOUT	WELL Name of		/ay/Street	.[
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	Bartill B'			Feet N S	E W of	Mile Ma	• arker	- or _	Exit Number	
	Route# Direction Na	Also at Intersection w		Feet N S	E W of					4 11
r				Feet N S		Route#	Inters	ecting I	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street				Ĺ	andmarl	<u> </u>	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 20	-21	6-A(•		1
,	or the Conowing.			l				-		4
	License # SA3960417 St N Sex F Lic. Class 99 19 19 Lic.	20		# S80136					21	1 12
		E .	ndorsement	Year 2017					Config. 6	
⁴ 1	Operator <u>DUNN</u> , <u>NATHAN</u> Last Address <u>243 HAMPSHIRE</u>	First	Middle	er <u>UNITED P</u>		First	CE IN	Mi	iddle	
-4-				ess 15 ARLIN			3.23		2470 5000	
	City METHUEN State		T1101TD	WATERTOWN					2472-5002 6 ²⁷ 7 ²⁷ 8 ²⁷	
	Insurance Company LIBERTY M			ele Action Prior to Crasl	h 11		amaged Area	a Code:	28	
5	Vehicle Travel Direction: NSW	Responding to Emer		t Sequence 2 23	24 23	23	pe of Test:		29	
	Citation # (If Issued)			Harmful Event 2		25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code	25	Si	ısp. Alcohol			2
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	26	· · · · · · · · · · · · · · · · · · ·	owed from so	.,	2 33	
•	Please fill out for oper Name (Last First Middle)	rator and all occupants in	/Olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status		Medical Facility	
	Operator	So	ee Above	\times	1 99	4 0	0 10	1		
										1
										-
	Diagram Caland Company			15 16		17	18	1		1
⁷ 1	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action	Location	Condit	ion	-	Hit/Run 🔲 Moped	
	License # S14704598 St M	DOB/Age.	Reg #	6VKN30		Reg Type	PC	Re	eg State MA	1
	Sex F Lic. Class D D Lic.	Restrictions 1 20 C	DL Veh Y	/ear 2014	Veh Make F	ORD		Veh	Config. 21	
8	Operator SALAMONE, ALI			er SALAMONE	, ANTI	ONY		•	ddle	
⁸ 1	Address 47 HOUGHTON RI	2		ess 47 HOUGH	TON R) Pilst		MI	dale	
	City WILMINGTON Stat	e MA Zip 0188	7 City	WILMINGTON	1				L887-2245	1 14
	Insurance Company CITIZENS	INSURANCE (COMPAN Vehic	le Action Prior to Crasl	h 1	22 D.	amaged Area	Code:	2 27 3 27 0 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 99 Event	Sequence 23	23 23	23	st Status:		1 28 29	
⁹ 2	Citation # (If Issued)	<u> </u>	Most	Hannful Event 1	24	•	pe of Test: AC Test Res	ult.	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	13 ²⁵	25	sp. Alcohol:			
	Viol. 3: Ch/Sec/Sub ————— Viol. 4: Ch/Sec/Sub —————			r Distracted by 99	26		wed from so		1 33	
	Please fill out for operator/no	on-motorist and all occupa		DON'S	34 35 Seat Safety	36 37 Airhag Eject	38 39 Trap Injury		W.F. 16	1
	Name (Last First Middle) Operator/Non-Motoris	1 80	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
	ope. 4.01/11011-111010115				1 -	-		-	*	1
					-					-
										1



Patrol Officer Anthony Fiore

164

Wilmington Police Department

10/06/2020

Police Officer Name (Please Print)

Signature

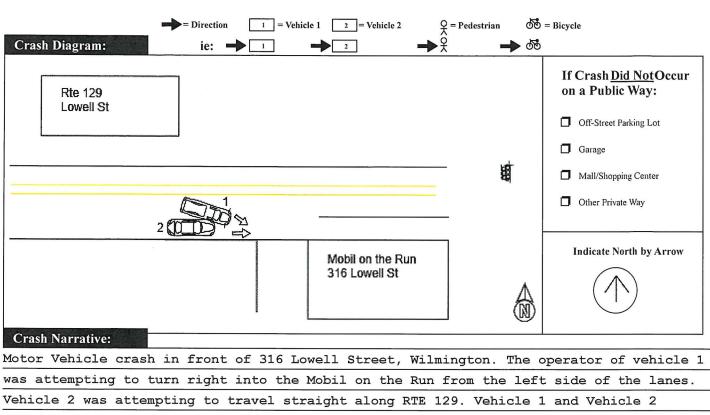
ID/Badge #

Department Precinct/Barracks

	Polic	e Use Only	Com	nonwealth -	of Massa	chu	setts	\$		RM	V Doc	ument Number	
	110/06/2020 1 1256 Wilmington				icle Cras	sh [Number		od labor	d Limit	30	State Police Local Police	0 8 0
	10/06/2020	1256 W1J	mington	Police	Report		2	0	Lant	ude gitude		MBTA Police Campus Police Other:	8
		AT INTERSECT	TION:	< LOCA		>		NOT			SEC	TION:	
			**************************************										2 10
	Route# Directi		N. CD 1 (G		7		4	IN	DUST				_[]
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	Route# Directi	ion N	ame of Intersecting Roady		_ Г	vi ol p		Mile	Marker			Exit Number	8 11
			Also at Intersection w	rith		NSE		Route	-	Inters	ecting I	Roadway/Street	-
² 1	Route# Directi	on N	ame of Intersecting Roady	vay/Street	Feet [N S E	w of						
L <u> </u>	Please Select Or				1	***************************************					ndmarl	k	
3	of the Following		#Occupants Hit/	Run Moped	Crash Re	eport ID	# 2 0	-2	17-	·AC	7		
	License # UL2	19307 St.	OH_ DOB/Age	Reg	# T91654			Reg	Туре <u>С</u> С		R	eg State MA	12
	Sex M Lic. Cl	lass A Lic		DL Veh	Year 2007	Veh	Make_I	nter	nati	ona:	L Veh	Config. 13 21	1 1
	Operator ALB	ERT, RAEK	NON MALIK	ndorsement Own	er MJR DEI	LIVE	RY J	INC				- 4	_
⁴ 1		Last BALLAUER	First	Middle	ess 23 UNS	ast		First			M	iddle	
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⁷ 1	Please Select On of the Following		#Occupants Non-	-Motorist A Type	15 Action	Loc	ation	17 Co	ndition	18		Hit/Run Mop	ed
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				(2)		(\nearrow)	
Crash Narrative:							
MV 1 stated he was							
lot but didn't real							MV 2
confirmed MV 1's ac	count of even	ts. No inju	ries. MV 2	towed by	y A+S To	wing.	***************************************
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Witnesses:							
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Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Pamaged Property	
							
Truck and Bus Informatio	n: Pagistration #						
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Address			_ City		St.	Zip	
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1 1	dy Type Code	GVWR/GCWR			· · · · ·		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	46	
Hazmat Information:							
Placard 47 Material 1 digi	it # 48 Material Na	ame		Material 4 digi	t #	Release code	49
_						<u> </u>	
Patrol Officer Kevin Police Officer Name (Please Print)	J Skinner Signature		······································	Lmington rtment	Police D		06/2020

	Pol	ice Use Only	Com	monwea	lth (of Mass	ach	lus	etts	;			RM	V Doci	ument Number		
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³ 99	of the Followi	ь.			Run L N	loped	Crash F	Report	ID#	20		. T	<u> </u>	AC	<u> </u>		
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⁶ 1	Viol. 3: Cn/Sec/			ol. 4: Ch/Sec/Sub —		Dilve	Distracted by	99	34	35	36	37	38	39	40	2 5	4
	Name (Last First M	liddle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
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	LUIS LEMA			MILFORD, MA 0175	7		-	M	3	1	4	0	0	10	1		
⁷ 1	Please Select C		2 2 #	Occupants Non	-Motorist A T	ype	15 Action	16	Locati	on	17	Condit	ion	18		Hit/Run Mope	d
1	License # S90	'5'	-	DOB/Age			96KS24										-
	Sex F Lic. 0	10 10			DL	-			Val. M	also M			PC S-F			eg State MA Config. 1	-
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⁸ 2	-	Last OX BOW D	F	irst	Middle		ss 14 OX	Last			Fi	rst			Mic	ddle	_
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⁹ 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24			-	pe of Tes	Test: st Resu	lt.	30	
2	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub —		Drive	Contributing Co	de	1	25	25			cohol:		Susp. Drug: 2 32	
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	Please fill out for operator/non-motorist and all occupants invo					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	7	
		or/Non-Mot	torist	Se	ee Above	***************************************		X	1	1	4		0	10	1	r-reducer r defini)	
}	JILLIAN MIE	LE		14 OX BOW DR WILMINGTON, MA 0	1887		/ 	F	3	1	4	0	0	10	1		-
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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 roa splits into two lanes as the vehicle approach Mobil. There was damage to the right side o 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 FEDERAI	ST WILMINGT	ON MA 01	887			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damag	ed Property	
						4		
Truck and Bus Information: Carrier Name Address US DOT #: Interstate 43 Cargo Body T	_ State Number		City			St	Zip	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Len	gth		
Placard 47 Material 1 digit #	48 Material Name			_Material 4 di	git #		—Release code	49

Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

10/06/2020

Police Officer Name (Please Print)

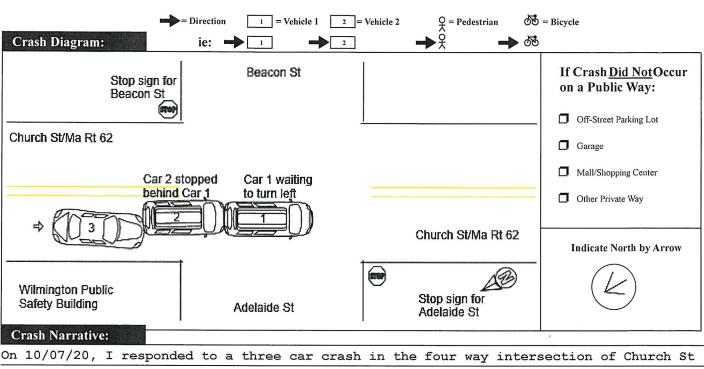
Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only	Comi	nonwealth	of Massac	chuse	tts		RMV	Document		
	Date of Crash Time of Crash 10/07/2020 1244 Wil:	City/Town	Motor Veh	icle Cras	h Nun	nber Numb	, Jopen	Limit	Lo	ate Police acal Police BTA Police	1
	24HR	mington	Police	Report	3	2	Latitu Longi		Ca	impus Police	
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				Feet N	SEW	Route#		Intersect	ing Roadw	/ay/Street	
² 2	Route# Direction Nat	me of Intersecting Roady	vay/Street					Land	lmark		_[
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Rep	oort ID# 2	0-2	19-	AC]
		A DOB/Age.	Pag	4209YR		P.o.a.	Tuno PC		Dag Sta	. ΜΔ	
	19 19	20		Year 2018						21	1 12
	Operator SZCZESUIL, KE	E	ndorsement	er SZCZESU		_			ven Conn	.g	<u>_</u>
⁴ 2	Address 37 BEACON ST	First	Middle	ess 37 BEAC	1	First			Middle		
	City WILMINGTON State	MA Zin 01887		WILMINGT			State M2	A Zin	0188	7-2462	
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	Vehicle Travel Direction: N E W	Responding to Emer		t Sequence 23		23 23	Test Stat	tus:	1 28	3	
⁵ 1	Citation # (If Issued)		-	Harmful Event 1	L 24		Type of		29		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 2	25		st Result:	1	p. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			rom scen	-		
⁶ 1		ator and all occupants in	···		34 Seat	35 36 Safety Airbag	37 38 Eject Trap		40 ransp.		†
	Name (Last First Middle)		Address	DOB/Age	Sex Pos. S	System Status (Code Code	Status C	Code	Medical Facility	-
	Operator	3	ee Above		1	1 4 0	0	10 1	·		-
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		PAT-7-10									
⁷ 2	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 1	Location	17 Co	ndition	18	Hit/Ru	un Moped	1
2		A DOB/Age	Page	# 8JE556		Pog	Гуре <u>РС</u>		Reg Sta	, MZ	1
		20	•	Year 2013						21	
	Operator HANAFIN, MARY	Е	ndorsement	er HANAFIN					ven Com	g	
⁸ 1	Address O BIRCH ST	First	Middle	Last ess ZERO BI	t .	First			Middle		İ
		MA Zip 0180		BURLINGT			State M	A Zip	0180	3-0000	1 14
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	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by) 26			rom scen			
	Please fill out for operator/no	n-motorist and all occup				35 36 Safety Airbag	37 38 Eject Trap	Injury Tr	40 ransp.		1
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	Date of Crash 10/07/2020	Time of Crash		City/Town ington	Mo	tor Veh	icle Cra	sh		imber hicles	Numbe Injure	1 Popul	d Limit	35	5 State Po Local P MBTA	olice 🔼	1
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² 2	Route# Dire	ection	Name	of Intersecting	Roadway/Street		Feet	N S	EW	of .				ındmarl			
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⁶ 1		Please fill out			pants involved				34 Seat	35 Safety		7 38 ect Trap	39 Injury	40 Transp.			1
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⁷ 2	Please Select 0 of the Followi		e 4 [‡]	Occupants	Non-Motorist	A Type	15 Action	16 L	ocatio	n	Co ₁	dition	18		Hit/Run	Moped	
	License #		St	DOB/Age_		Reg	#				Reg T	уре		R	eg State		1
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8	Operator	Last	F	irst	Middle		er	Last			First			Mi	iddle		
⁸ 1	Address					Addr	ess	LAIM			rust						14
	City		State_	Zip		City					_	State	2	Zip			1 14
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	Vehicle Travel I	Direction: N S	EW	Responding t	o Emergency?	Even	t Sequence	23	23	23	23	Type of			29		
⁹ 2	Citation # (If Iss	sued)		-		Most	Hannful Event	L.,	24	25	25	BAC Te	st Resi	ult:	30		
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —				ub		er Contributing Co	ode	26	25	25	Susp. A		L	0 mp. 2.	rug: 32	
		/Sub					er Distracted by		34	35	36	Towed to	from sc	ene?	33		_
	PIO Name (Last First N	ease fill out for op	crator/non-i	notorist and al	l occupants involv	vea	DOB/Age	Sex	Seat Pos.	Safety	Airbag E	ect Trap	Injury	Transp.	Medic	eal Facility	1
	Operat	or/Non-Mo	otorist		See Above		>>	X	1								
]
																	1



On 10/07/20, I responded to a three car crash in the four way intersection of Church St (MA RT 62) and Beacon St and Adelaide St. All involved were wearing seat belt. It was reported by Operator of Veh 1 that he was stopped waiting to turn left from Church St ont Beacon St. He was not injuried. Operator of Veh 2 reported being stopped behind Veh 1 whe she was struck from behind. Her car was pushed into Veh 1. She suffered minor to moderate injuries and was transported to Lahey Clinic. Operator of Veh 3 appeared very confused an was not sure what happened. Her car drove into back of Veh 2. Operator of Veh 3 had minor injuries and was transported to Lahey Clinic. Veh 1 had damage to rear bumper and spare tire. Veh 2 had heavy rear end damage and moderate front end damage to include rear bumper, passenger rear quarter panel, trunk, front bumper grill and hood. Veh 3 had heavy front end damage. Veh's 2 and 3 towed by A&S. See Supp Narrative

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
PERSSON MARK D		5 LOCKWOOD RD WILMINGTON MA 01887-1104						
			3	*				
Property Damage:		,						
Owner (Last,First,Middle)		Phone #	41-Type Description of Damaged Property					
Truck and Bus Information: Registration #								
US DOT #:	pe Code 44	GVWR/GCWR	45			46		
Placard 47 Material 1 digit #	48 Material Name	·		Material 4 dig	git #		—Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

10/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

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





Wilmington Police Department

Page: 1

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 occured 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 notices 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 was 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 consistant 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.

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NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 20-219-AC

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