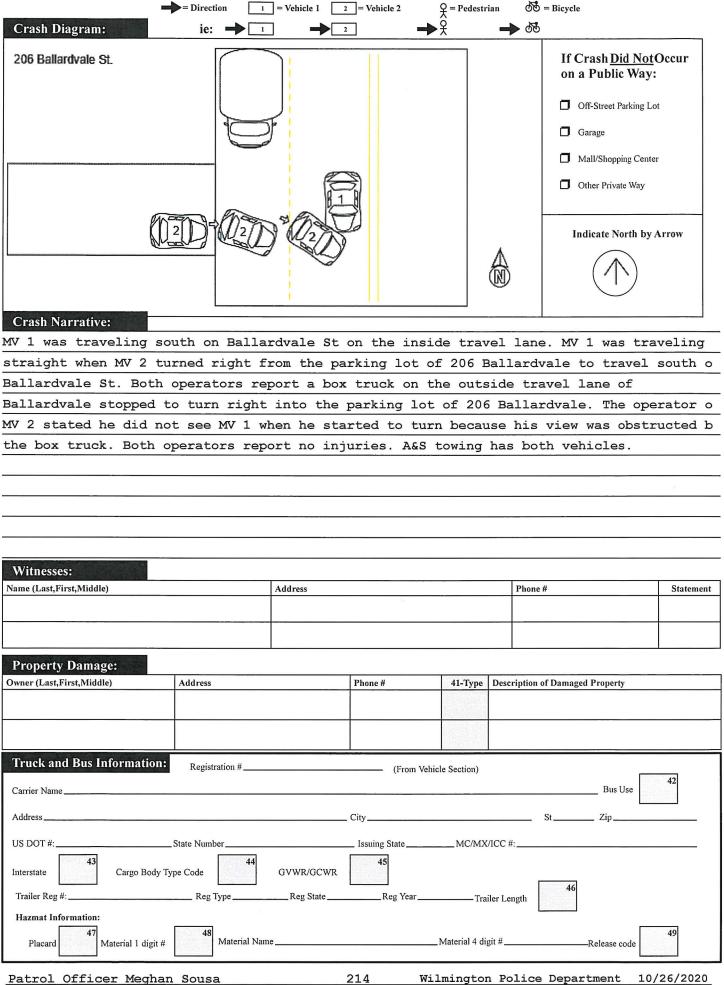
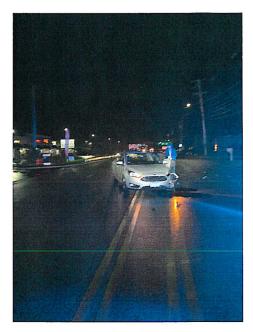
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	Date of Crash 10/26/2020	Time of Crash 0545 Wil	City/Town mington	Motor	Veh	icle Cra	sh		mber nicles	Num	,   ''	peed I	_imit_	40	State Pol Local Po MBTA P	lice 🔀	
	10/20/2020	24HR	ming con	Pol	ice l	Report		2		0	12	atitud ongitu			Campus Other:	Police	
		AT INTERSECT	ΓΙΟΝ:	< [	LOCA	TION :	>			NOT	<b>TAT</b> ]	INT	ERS	SECT	TION:		
	:				- 1			~~	_						am		2 10
	Route# Dire	ction	Name of Roadway/	Street		Route# Direct		206 Addre		BA	LLA				ST ay/Street		
4			At			[	w c	E W	-								1
	Route# Dire	ction N	ame of Intersecting Road	lway/Street		Feet	NS	EW	of -	Mil	e Mark	er		or _	Exit N	ımber	
			Also at Intersection	<del> </del>		Feet	N S	E W	of .		<del></del> –						4
)	Double Div	-Al-	CL ( ) D	1 (6.		Feet [	N S	E W	of	Route	#	11	ntersec	cting K	Roadway/Si	reet	
<sup>2</sup> 3	Route# Direc	ction	ame of Intersecting Road	iway/Street					•				Lan	dmark			1
3	Please Select ( of the Followi		#Occupants	t/Run N	loped	Crash R	eport l	ID# 🏅	20	-2	35	-7	AC				
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	Sex M Lic.	10 10	20	CDL		ear 2005				-					· [	21	1 12
		MIREZ, WIL	<u> </u>	Endorsement		r RAMIRE								_ ven	Connig. [		
<sup>4</sup> 1		Last BRIARWOOD R	First	Middle RD			ast			Fir		ר מא	L V D.		ddle RD		
		RHILL St				HAVERHII			<u></u>	<u>.                                    </u>						0000	
		pany PROGRESS						Г		22				Code:		27 27	
	,	Direction: NXEW	-			le Action Prior to			23	23		Statu			1 28		
5	*		Responding to Em	ergency? 2		Sequence 1		24			Туре	e of T	est:		29		
	•	sued)					1		25	25	BAC	C Test	Resul		1 30		13
		'Sub ————				r Contributing Co		26				o. Alc	L	31	Susp. Dr	ug: 32	
<sup>5</sup> 2	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub =	****	Drive	r Distracted by	0	34	35	36	Tow 37	ed fro	om sce	40	1 33		4
	Name (Last First M	•	erator and all occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap		Transp. Code	Medica	al Facility	1
	Operate	or		See Above		$\geq \leq$	X	1	1	1	0 0		10	1			
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	Diagram Caland					15	16	Ll		17			18				1
<sup>7</sup> 1	Please Select ( of the Followi		#Occupants No	on-Motorist A 7	уре	Action	L	ocatio	n	î c	onditio	ո		I	Hit/Run L	Moped	
	License # <b>S7</b> .	<b>5048854</b> st 1	MA_ DOB/Age		Reg#	8YL925				Reg	Туре	PC		Re	eg State M		
	Sex M_ Lic.	Class D 19 Lic		CDL Endorsement	Veh Y	ear <b>2018</b>	v	/eh Ma	ke <b>F</b>	ORD	)			_ Veh	Config.	1 21	
2	Operator <b>PE</b>	TERSEN, KA	RL L	Middle	Owne	PETERS	EN,	K/	ARL	L.					ddle		
³ <b>1</b>	Address 84	RESERVOIR	AVE	Middle	Addre	ss <b>84 RES</b>	ER	VOI	R A					Mic	aate		
	City <b>REVE</b>	RE Sta	ate <b>MA</b> Zip <b>0215</b>	1-5811	City_	REVERE					_ State	MA	Zi	ip <b>02</b>	2151-	5811	4 14
	Insurance Comp	oany GEICO GEN	NERAL INSUF	ANCE C	Vehic	le Action Prior to	Crash	[:	3	22	Dan	naged	Area	Code:		27 27	
	Vehicle Travel D	Direction: N E W	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		Statu			28		
2	Citation # (If Iss	sued)	<del></del>		Most	Hannful Event	1	24			• •	e of T	est: Resul	16.	30		
2	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de	18	25	25			ohol:			ug: 2 32	
	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26					om sce		1 33		
		ease fill out for operator/r	on-motorist and all occu	•				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap		40 Transp.			1
	Name (Last First M	<sup>niddle)</sup> or/Non-Motori.	ct	Address See Above		DOB/Age	Sex	Pos.	System 1	Status 1	Code C	Code	Status 10	Code 1	Medic	al Facility	1
	Operati	OI/I TOIL-INIOIUFI.	3t	DUE AUUVE			$\triangle$	1	-	-				-			4
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# Wilmington Police Department Images Associated with 20-235-AC









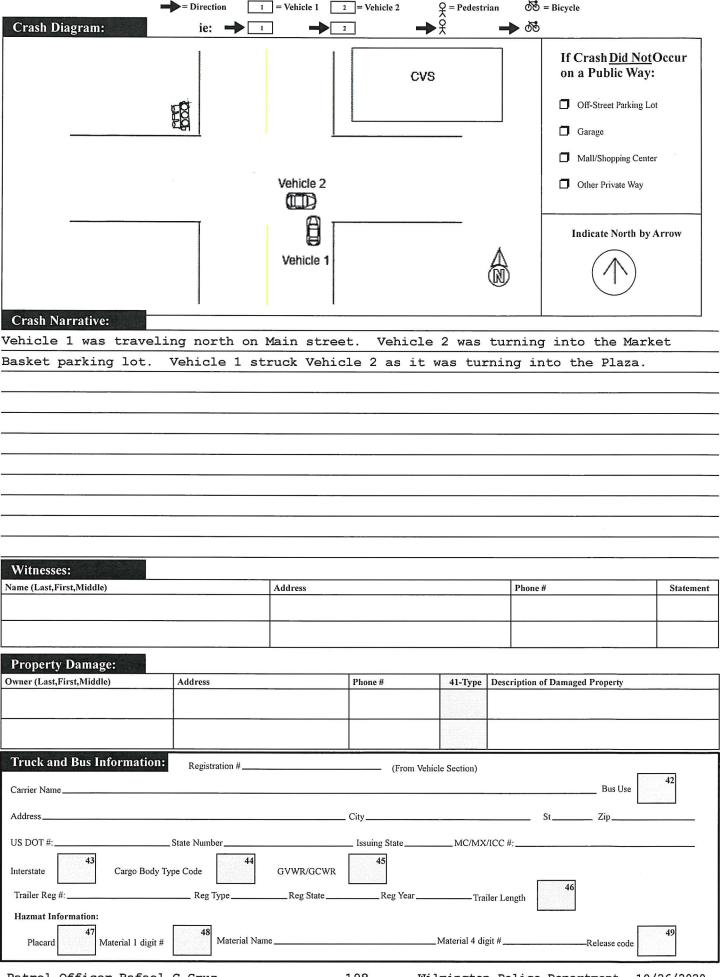


## Wilmington Police Department Images Associated with 20-235-AC





	Pol	ice Use Only	Com	monwealth	of Massac	huse	tts			RMV	/ Docu	ıment Nun		
	Date of Crash 10/26/2020	Time of Crash 1634 Wi	City/Town	Motor Veh	icle Crasl	h Nu		lumber njured	Speed		25	State Pol Local Po MBTA P	olice 🔯	1
	10/20/2020	24HR	lmington	Police	Report	2	0	·y	Latitud Longitu			Campus Other:	Police	
		AT INTERSEC	CTION:	< LOCA	TION >		N	OT AT	INT	ERS	SEC	TION:		
										_				2 10
	Route# Dire	ction	Name of Roadway/S	reet	Route# Direction	222 Addre		MIAN			Roadw	ay/Street		
<sup>1</sup> 1			At											
L	Route# Direc	-4:	N. Classic P. 1	(0.	Feet N	S E W		Mile Ma	- • rker		or _	Exit Nu	umber	11
	Koute# Direc	ction	Name of Intersecting Road  Also at Intersection v		Feet N	S E W	of							3 ''
						S E W	Ro	ute#	I	nterse	cting R	Roadway/St	treet	
<sup>2</sup> 3	Route# Direc	etion 1	Name of Intersecting Road	way/Street						Lan	ndmark			
3	Please Select (		#Occupants Hit	/Run Moped	Crash Rep	ort ID# 2	20-	230	6-2	ΔC	)			
3	of the Followi	ng.												
	i	10 10	MA DOB/Age		# <u>9PA999</u>							l"	21	<b>1</b> 12
	Sex M Lic.	ט	c. Restrictions C	Indorsement	Year <b>2012</b>		ke CHE	VRO	LET		_ Veh	Config.	<u> </u>	
<sup>4</sup> 3		LA, BASHKI	First	Middle	er BALA, A			First			Mic	ddle		
3		SUNSET AVI			ess 315 CHA	RGE	ST							
			tate <b>MA</b> Zip <b>0206</b>		REVERE	Г	22						27 27	
	,	<u></u>	NT EMPLOYEE		cle Action Prior to Cr		1 <sup>22</sup>	1 T	amaged est Statu		Code:	1 28	27 2 27	
<sup>5</sup> <b>1</b>	Vehicle Travel D	Direction: SEV	V Responding to Eme	rgency? 2 Even	t Sequence 1 23		23 23		pe of T			29		
	Citation # (If Iss	ued)		Most	Harmful Event 1				AC Test	t Resu	lt:	1 30		12
	Viol. 1: Ch/Sec/	Sub ————	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	99	25	25 Su	ısp. Alc	ohol:	2 31		ug 2 32	1 13
<sup>6</sup> 2	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26		Тс	wed fro	om sce	ene?	1 33		
2	Name (Last First M		perator and all occupants in	volved Address	DOB/Age S	34 Seat lex Pos.	35 36 Safety Airb System Stat	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medies	al Facility	
	Operate	or	S	ee Above			0 4	0		$\neg \neg$	1			
							-	+						
								-						-
														_
<sup>7</sup> 2	Please Select C of the Followin		#Occupants No	n-Motorist A Type	Action 16	Location	n 17	Condit	ion	18	l I	Hit/Run	Moped	
	License # S90	0190121 st	MA_DOB/Age	Reg	2BA367	_1	_ <del></del>	Reg Type	PC		Re	eg State <b>M</b>	IA A	1
	Sex <b>F</b> Lic. 0	19 19	20		Year <b>2014</b>							Config.	1 21	
	Operator <b>WA</b>	GNER, RACH	EL LYNN	ndorsement Own	er WAGNER,									
<sup>8</sup> 2		Last CASTLEWOOI	First	Middle	ess 37 CAST			First			Mic	ddle		
	City <b>BILLE</b>	ERICA s	tate <b>MA</b> Zip <b>0182</b>	1-3232 City.	BILLERICA	<b>.</b>		Sta	te <b>MA</b>	Zi	ip <b>01</b>	L821-	0000	99 <sup>14</sup>
	Insurance Comp	any UNITED S	ERVICES AUT	OMOBIL Vehic	ele Action Prior to Cra	ash	4 22	Da	amaged	Area	Code:	3 27	27 27	
	Vehicle Travel D	Direction: NS XV	V Responding to Emer	gency? 2 Even	t Sequence 23	23	23 23	Te	st Statu	ıs:		1 28		
a	Citation # (If Iss	ued)		Most	Harmful Event 1	24	<b>I</b>		pe of T		.	30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99	25	25	AC Test isp. Alc	_		<u> </u>	32	
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		er Distracted by				wed fro	-		1 33	-5.2	
	Ple	ase fill out for operator	non-motorist and all occup	pants involved		34 Seat	35 36 Safety Airb		38 Trap	39 Injury	40 Transp.			1
	Name (Last First M		ist	Address	DOB/Age S	ex Pos.	System Stat	us Code	Code	Status	Code	Medica	al Facility	1
	Operate	or/Non-Motor	isi s	ee Above		$\frac{1}{1}$	1 4	0	0	10	1			1



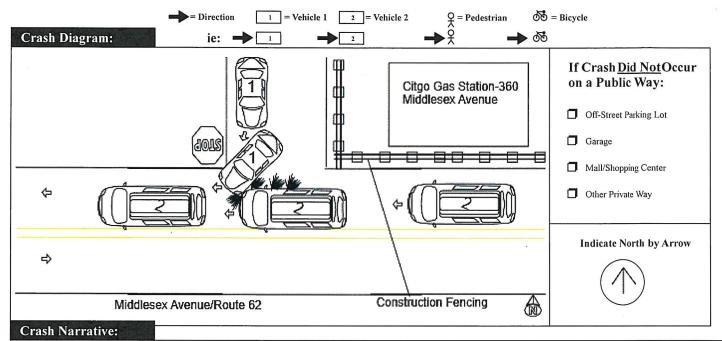
Patrol Officer Rafael G Cruz

198

Wilmington Police Department

10/26/2020

	Police Use Only	Comm	onwealth o	of Massa	chu	setts			RMV	/ Docu	ment Nur	nber	
	Date of Crash   Time of Crash   10/26/2020   1753   Wilr	City/Town	<b>Motor Veh</b>	icle Cras	sh [	Number Vehicles	Numb	d lopeso	Limit_	25	State Po Local Po MBTA I	olice 🔀	
	10/26/2020   1753   Wilr	mington	Police 1	Report		2	0	Latitud Longit				Police	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT	AT IN	rers	SECT	ΓΙΟΝ:		
	MIDDIEG	032 BITT											2 10
1	Route# Direction MIDDLES	Name of Roadway/Stree	et	Route# Directi	ion A	ddress #		Na	me of F	Roadwa	ay/Street		
13		At		[	N S E	w c		_					
	Route# Direction SHADY L.	ANE DR ne of Intersecting Roadwa	v/Street	reet [	N S E	or or	Mile	Marker		or	Exit N	umber	11
		Also at Intersection wit		Feet	N S E	w of	Route#	<u> </u>	Intorgo	otino D	.oadway/S	troot	4
2	Route# Direction Nan	ne of Intersecting Roadwa	v/Stroot	Feet	N S E	w of	Kouten		merse	cung K	.oauway/3	licet	
<sup>2</sup> 2	redicti Breetton Pal	ie of intersecting Roadwa	y/street						Lan	ndmark			
<sup>3</sup> 3	Please Select One of the Following:	#Occupants Hit/R	un Moped	Crash Re	eport ID	# <b>2</b> 0	-2	37-	AC	,			
<u> </u>	License # <b>S78111554</b> St <b>M</b>	A DOB/Age	Reg#	1CZR27			Reg	Type PC		Re	g State <b>N</b>	<u>ra</u>	121
	_ 19 19	Restrictions 1 20 CD		ear 2015							Γ	21	1 12
	Operator DIFRAIA, SAMA	NTHA LEE	lorsement	DIFRAI							- [		
<sup>4</sup> 2	Address 15 W WATER ST	First	Middle		ast		Firs	t		Mid	ldle		
	City WAKEFIELD State			WAKEFIEI					A zi	ip <b>01</b>	880-	-2925	
	Insurance Company SAFETY IN			le Action Prior to		3	22	Damage		_		27 7 27	
	Vehicle Travel Direction: NSE	Responding to Emerge		Sequence 7	23 23	<del>, L., </del>	23	Test Stat	tus:	Ī	28		
<sup>5</sup> 1	Citation # (If Issued)		•		1 2	4		Type of	Test:		29		
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		r Contributing Cod		8 <sup>25</sup> 4	25	BAC Te	_		30 Same D	32	1 13
	Viol. 3: Ch/Sec/Sub			<del></del>	99 <sup>2</sup>			Susp. Al	_		33 33	rug: 2 32	
<sup>6</sup> 2		ator and all occupants invo				34 35 Seat Safety	36 Airbag	37 38	39	40 Transp.			]
	Name (Last First Middle)		Address	DOB/Age	Sex I	os. System	Status	Eject Trap Code Code	Status	Code	Medic	cal Facility	
	Operator	See	Above			1 99	4 (	0	10	1			
				-	м 6	4	4 0	0	10	1			
	1			1	м 4	4	4 0	0	10	1			
7	Please Select One of the Following: Vehicle 21	#Occupants Non-N	Motorist A Type	15 Action	16	cation	17 C	ondition	18	П,	-lit/Run	Moped	1
<sup>7</sup> 3	of the Pollowing.									L			1
	19 19	A DOB/Age.	_	V72301			_	Туре <u>СО</u> _			eg State <u><b>N</b></u>	1A 21	
	<u> </u>	End	lorsement	ear 2020						_ Veh	Config.	1	
<sup>8</sup> 2	Operator MEDEIROS, SHA	First	Middle	-	ast		Firs			Mid	idle		
_	Address 26 BEACON ST			ss 410 TE	RRY	N A	V.Ei	7.77			2100		14
		MA Zip 01803	-	SEATTLE			22				2 27 3	-5210 27 27	8
	Insurance Company OLD REPUB		_	le Action Prior to	Crash 23 23	1 23	23	Test Stat		Code.	2 3		
	Vehicle Travel Direction: NSE	Responding to Emerge	•	Sequence 1		1 21		Type of	Test:	ŀ	29		
<sup>9</sup> 2	Citation # (If Issued)	<del></del>			<u> </u>	25	25	BAC Te	_		30		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——		r Contributing Cod		6	24,7	Susp. Al	-		Susp. D	rug: 2 32	
		Viol. 4: Ch/Sec/Sub		r Distracted by	99 2	34 35	36	Towed f	rom sce	ene?	2 33		]
	Please fill out for operator/no	•	its involved Address	DOB/Age		Seat Safety Pos. System	Airbag	Eject Trap Code Code	Injury Status	Transp. Code	Medi	cal Facility	
	Operator/Non-Motorist	See	Above	> <	X	1 99	4 (	0	10	1			
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									<b> </b>				1
		1		, 1		1	1		1 1				1



MV1 was exiting Shady Lane Drive onto Middlesex Avenue/Route 62 and turning right onto Middlesex Avenue eastbound. MV2 was traveling straight ahead on Middlesex Avenue eastbound. The operator of MV1 stated that she had difficulty seeing oncoming traffic due to the temporary construction fencing surrounding the Citgo Gas Station at 360 Middlesex Avenue and continued to pull out for a better view. MV1 turned right and started to merge onto Middlesex Avenue eastbound. MV1 pulled forward and to the right and collided with MV which was traveling straight ahead in Middlesex Avenue eastbound. The two vehicles sideswiped one another as they both continued in the same direction before coming to a stop. MV1 suffered front and front left side damage. MV2 suffered front right and right side damage. There were no injuries and both vehicles were driven from the scene.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
						7
Truck and Bus Information:  Carrier Name  Address			(			42
US DOT #:	pe Code 44	GVWR/GCWR	45		46	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	3		_Material 4 dig	it #Release code	49

Patrol Officer Michael A Wilson

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Wilmington Police Department

10/26/2020

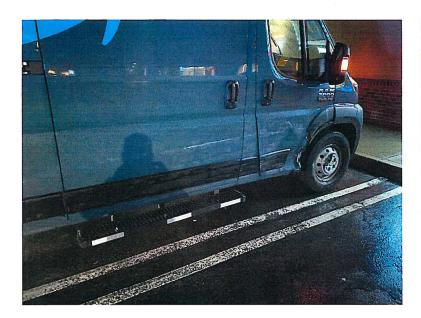
Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

#### Wilmington Police Department Images Associated with 20-237-AC







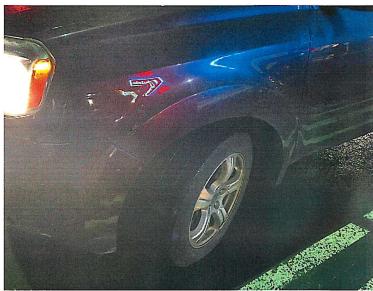






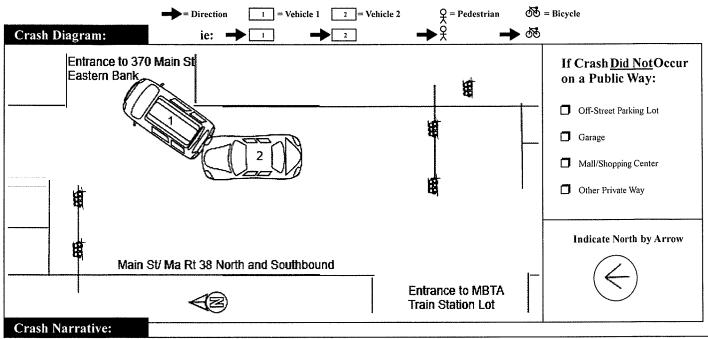
## Wilmington Police Department Images Associated with 20-237-AC







	Pol	lice Use Only	Com	monwealt	th o	f Massa	ich	use	tts			RM	V Docu	ıment Numl	er	
	Date of Crash 10/27/2020	Time of Crash 1433 Wil	City/Town Lmington	Motor V	<b>Vehi</b>	cle Cras	sh		nber icles	Numbe	ı lopuv	l Limit	35	State Polic Local Polic MBTA Pol	ce 🔯	
	10,2,,2020	24HR	enting con	Polic	ce F	Report		2		1	Lamu	iae itude		Campus Po	olice 🗖	
		AT INTERSECT	ΓΙΟΝ:	< L(	OCAT	TION >	>		1	TOP	AT IN	TER	SEC	TION:		
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	Route# Dire	ction	Name of Roadway/	Street		Route# Direct	ion	370 Addre	~~~~	MAI	N S'		Roadw	ay/Street		
1			At			_ [	NIC	r lwl								
	Route# Dire	ction N	ame of Intersecting Road	lway/Street	L	Feet	NS	EW,	of -	Mile	— ∙ Marker	•	or _	Exit Nur	nber	11
			Also at Intersection			Feet [	N S	EW.								8
·····	<u> </u>			t (0.	.	Feet	N S	EW.	of	Route#		Interse	ecting F	Roadway/Stro	eet	
<sup>2</sup> 1	Route# Dire	ction in	ame of Intersecting Road	iway/Street		_			_			La	ndmark	ζ		
³ <b>2</b>	Please Select of the Followi		#Occupants	t/Run	ped	Crash R	eport	1D# <b>2</b>	20-	-23	88-	AC	•			
2			MA DOB/Age		Rea #	1 3TR289				Pag T	me PC		D.	an State MZ	`	
	Sex M Lic.	19 19	20	CDL		ear 2004									21	1 12
	İ	TTEN, PAUL		Endorsement		PATTEN					***		ven	Comig.		
<sup>4</sup> 1		Last EORGIANNA	First	Middle			ast			First			Mi	ddle		
	J	ERICA Sta				SILLERI(		*****			Stata Mi	Δ 7	O	1821-2	2004	
	1	pany PLYMOUTH				Action Prior to		[3	2	_	Damage					
	1	Direction: XSEW	_			·					Test Sta			1 28		
5		sued)	Kesponding to Em	-		3equence 1	1	24			Type of	Test:		29		
	1								25	25	BAC Te	1		1 30	<u> </u>	13
		'Sub ———				Contributing Coo Distracted by		26			Susp. A. Towed f			Susp. Drug	g 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub =		Diivei	Distracted by	0	34	35		7   38	39	40	3 "	***************************************	
	Name (Last First N	·	Tator and an occupants	Address		DOB/Age	Sex		Safety // System S	Airbag E Status C	eet Trap ide Code	Injury Status	Transp. Code	Medical		
	Operate	or		See Above		> <	X	1	1 4	0	0	8	2	Lahey Clir	nie	
											<u> </u>					1
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<sup>7</sup> 1	of the Followi		#Occupants N	on-Motorist A Typ	pe	Action	I	ocation	1	Coi	dition		<u> </u>	Hit/Run	Moped	1
	License #_ <b>S3</b> .		MA DOB/Age		Reg#_	1VP192				_ Reg T	ype <b>PC</b>		R	eg State <b>M</b>	21	
	Sex_ <b>F</b> Lic.	Class D 19 Lic.	. Restrictions 20	CDL Endorsement		ar <b>2012</b>							Veh	Config. 1		
8 1	Operator SC	HULER, COU	RTNEY A	Middle		SCHULE	ast		JRT1	<b>IE Y</b> First	Α		Mi	iddle		
т	Address <b>180</b>	TAFT RD				ss <u>180 TA</u>					· · · · · · · · · · · · · · · · · · ·			······································		14
	City WILM:	INGTON Sta	ate <b>MA</b> Zip <b>0188</b>	37-2821	City <b>V</b>	VILMING	ron	· 		<b>-</b> ,				1887-2		1
	Insurance Comp	pany <b>SAFETY I</b>	NSURANCE C	OMPANY	Vehicle	e Action Prior to			<u>L</u>	2	Damage		Code:	2 27 2	7 27	
	Vehicle Travel I	<u> </u>	,	ergency? 2	Event S	Sequence 1	23	Ц.	23	23	Test Sta Type of			29		
<sup>9</sup> 2	Citation # (If Iss	sued) <b>T2063798</b>			Most F	Harmful Event	1_	24			BAC Te		ılt:	1 30		
	Viol. 1: Ch/Sec/	Sub 90 13B	Viol. 2: Ch/Sec/Sub -	90 10	Driver	Contributing Co	de		<sup>25</sup> 19	<sup>25</sup>	Susp. A	lcohol:	2 31	Susp. Dru	g: 2 32	
	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub -		Driver	Distracted by	1	26			Towed f	from sc	ene?	1 33		]
	Ple Name (Last First M	ease fill out for operator/r	non-motorist and all occu	pants involved		DOB/Age	Sex			Airbag E	7 38 ect Trap ode Code	39 Injury Status	40 Transp. Code	Medical	Facility	
		or/Non-Motori	st	See Above		$\overline{}$	X		1 1		0	10	1			
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On 10/27/20, I located a two vehicle crash at the entrance to Eastern Bank 370 Main St.

Veh 1 operator reported not feeling well and possibly struck his head on ceiling of car.

HE reported he was turning right into the parking lot of the Bank when his vehicle was struck from behind. There was no airbag deployment. He was wearing seatbelt. I spoke to Veh 2 operator. She reported that she was looking down at her phone and looked up in time to see Veh 1. Her vehicle struck the back of Veh 1. Her vehicle had front airbag deployment. Cains Towing was dispatched. Veh 1 operator needed to be transported. His vehicle was towed because of his transport and possible damage to rear of car. Veh 1 lost the spare tire and had rear bumper damage. Vehicle 2 also towed ater suffering damage to front bumper, hood, front passenger quarter panel. Veh 2 operator was issued warning for hands free law violation and for expired license. Intersection/lights not a role in crash

Witnesses:						
Name (Last,First,Middle)	A	Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information:	Registration#				Bus Use	42
Address			City		St Zip	
US DOT #:	State Number	***************************************	Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length	
Hazmat Information:					_	
Placard Material 1 digit #	Material Name_			Material 4 dig	git #Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

10/27/2020

Police Officer Name (Please Print)

Signatur

ID/Badge#

Department Precinct/Barracks

## Wilmington Police Department Images Associated with 20-238-AC





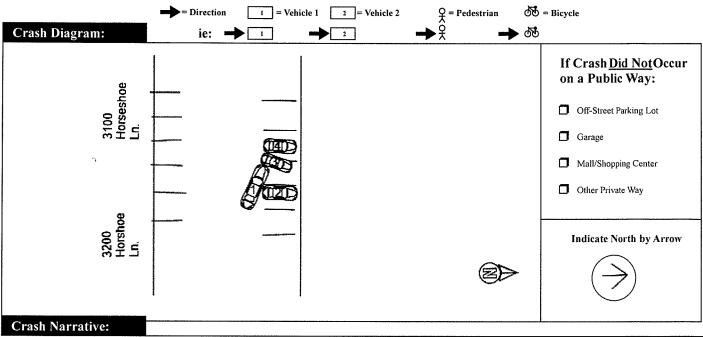


	Poli	ice Use Only	İ	Com	nonv	vealth	of M	assa	ach	use	etts				RMV	V Docu	ıment Nu		
	Date of Crash	Time of Crash	-	Town	Mot	tor Veh	icle (	Cra	sh		mber hicles	Nun		peed	Limit.	35	Local I	Police 🔯	7
	10/28/2020	1323 W	/ilmin	gton	]	Police :	Repo	rt		1	incles	Inju 1	-	atitud ongiti			Campu	Police	
		AT INTERSE	ECTION:		<		TION		>					Ť		SEC	Other:		1
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										28	5	MZ	IN	ST	•				2
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<sup>1</sup> 1				At				_Feet	NS	ΕW	of			- •		Or			
	Route# Direc	etion	Name of Ir	itersecting Roady	vay/Street						01		le Mark			O,	Exit l	Number	11
			Also	at Intersection w	rith			_Feet	N S	EW	of		<del></del> -						
-								_Feet	N S	E W	of	Route	#	I	nterse	cting R	Roadway/	Street	
<sup>2</sup> 3	Route# Direc	etion	Name of Ir	itersecting Roadw	vay/Street										Lai	ndmark			-
	Please Select C		1 #Occ	upants Hit/	Dun	Moped	1	Crash R	anort	10# 4	20	<b>-</b> 2	30		<b>A</b> C	1			
3	of the Followin	ig; —				- Ivroped	`	rasii N	eport	10# 4			<u> </u>		<u> </u>	•			_
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	Sex M Lic. 0	Class D 19 19	Lic. Restrict	ions <b>1</b> 20 C	DL	Veh	Year <b>20</b>	05		Veh M	ake <u>G</u>	MC				_ Veh	Config.	2 21	
	Operator <b>LA</b>	FFIN, ROE	BERT W		Middle		er LAF	FIN	, I	ROB	ERT	W							
<sup>4</sup> 1	Address 39	PARKER S'	rust T		Middle	Addı	ess 39	PAF	Last KE:	R S	T	Fi	'st			Mic	ddle		
	City BILLE	RICA	State MA	Zip 01821	-2530	O <sub>City</sub>	BILL	ERI	CA				State	MA	\ Z	in <b>01</b>	L821	-2530	
	l	any <b>VERMON</b> I		•		-	le Action					22				Code:			
	1										23	23		t Statı		Ì	28		
5		rirection: NS		ponding to Emer	gency? _Z		t Sequence						Тур	e of T	est:	l	29		
	Citation # (If Iss	ued)				Most	Harmful E	Event	35				BA	C Tes	t Resu	ılt:	30		121
	Viol. 1: Ch/Sec/S	Sub	Viol. 2:	Ch/Sec/Sub -		Drive	er Contribu	ting Co	de	99	25	25	Sus	p. Alc	ohol:	2 31	Susp. E	orug: 2 32	<b>20</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/S	Sub	Viol. 4:	Ch/Sec/Sub		Drive	er Distracte	ed by	0	26			Tow	ved fr	om sc	ene?	1 33		
<sup>6</sup> 2		Please fill out for	r operator and	l all occupants inv			T			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7
	Name (Last First M				Address		DOB	/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Med	ical Facility	$\dashv$
	Operato	)r		Se	ee Above					1	0	4	0 0	0	8	1			4
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	D) 01 0						15	_	16			17		ᆛ	18				4
<sup>7</sup> 9	Please Select O of the Followin		#Occ	upants Non-	-Motorist	A Type	Acti	on	10 1	Locatio	n	1	Conditio	n	10	ľ	Hit/Run	Moped	
	License #		St D	OB/Age		Reg	¥					Res	Type_			Re	eg State_		
	Sex Lic. C	19 19	Lic. Restricti	20	DL	_	Year											21	
			Dio, restrict		ndorsement	t _				VC11 171	4N.C					1011	Conng.		
<sup>8</sup> 1	Operator	Last	First		Middle		er	1	Last			Fi	st			Mic	ddle		
	Address						ess												14
				_ Zip		City.						22			Z	· .	27	27 27	4
	Insurance Compa	any				Vehic	ele Action l	Prior to	Crash		<del></del>	22		•		Code:	28	2/ 2/	
	Vehicle Travel D	irection: NSE	W Res	ponding to Emerg	gency?	Even	t Sequence		23	23	23	23		t Stati e of T			29		
<sup>9</sup> 2	Citation # (If Issu	ıed)				Most	Harmful E	ent		24					t Resu	ılı.	30		
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2:	Ch/Sec/Sub		Drive	r Contribu	ting Co	de		25	25			ohol:	31	Susp. D	Orug: 32	
		Sub ————					er Distracte	ed by		26	——			•	om sc		33		
		ase fill out for operat		******				•	<u> </u>	34	35 S- C-t	36	37	38	39	40		-	1
	Name (Last First Mi	ddle)	<del></del>		Address		DOB	/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	lical Facility	4
	<b>Operato</b>	r/Non-Moto	orist	Se	ee Above			$\leq$	X	1									
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1													$\dashv$						
}										-						$\vdash \vdash$			$\dashv$
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	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestr		= Bicycle	
Crash Diagram:	ie: 👈 1	<b>→</b> □	2	→ 🖁	<b>→</b> %		
						If Crash Did Not on a Public Way	7:
			<b>\$</b>	POR CO	ন	☐ Garage	
	4		Ψ-			☐ Mall/Shopping Cent	er
						Other Private Way	
						Indicate North by	Arrow
					W W		
Crash Narrative: Vehicle # 1 was trav	eling straigh	ahead who	an an lin	known vehic	·le ente	ered his lane	from the
left causing him to							
then went over the c							
				***			
							***
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
Owner (Last, First, Middle)	Address		T none #	41-1ype	Description	Damaged 1 Toperty	
			-				
Truck and Bus Information	Registration #		(Fr	om Vehicle Section)			42
Carrier Name		·				Bus Use	<b>12</b>
Address			_ City			St Zip	
US DOT #:	State Number	200	Issuing State	eMC/MX	/ICC #:		
43	Type Code 44	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg \	/earTra	iler Length	46	
Hazmat Information:					L	Common MEDICAL	
Placard 47 Material 1 digit	# 48 Material Na	me		Material 4 di	git #	Release code	49
Patrol Officer Antho	nu Fiore		164	Wilmingto	n Police	Department 10	1/28/2020

	Police Use Only	Com	monwealth	of Massac	chus	etts			RM	V Docı	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h}$ $\begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber hicles	Numb	Speec	l Limit	10	State Police Local Police	
	10/28/2020 2203 Wili	mington	Police	Report	4	icics	0	Latitu Longi			MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:		ATION >			NOT	'AT IN'		SEC		
						***************************************						<b>2</b> 10
	Route# Direction	Name of Roadway/St	treet	Route# Directio		00 ress #	HO	RSESI			ray/Street	_
<sup>1</sup> 4		At						146	01		uj, 01.00t	
				Feet N	SEW	of	Mile	• e Marker	. —	or _	Exit Number	
	Route# Direction Nar	ne of Intersecting Roads  Also at Intersection v		Feet N	SEW	of						8 11
		- 100 at Interpretation (			SEW		Route#	<del>-</del>	Interse	ecting F	Roadway/Street	_
<sup>2</sup> 2	Route# Direction Nar	ne of Intersecting Road	way/Street	reet [1	<u> </u>	101			1 ~	ndmark		_
	Please Select One Value 11	#Occupants Hit.	" <u> </u>		. ****	20	_ 2	40_				
<sup>3</sup> 3	of the Following:	Hit	/Run Moped	Crash Rep	ort ID#	20		40-	AC			_
		A DOB/Age	Reg	# <b>JF596M</b>			Reg	Туре <u>РС</u>	· 	R		1 7 12
	Sex M Lic. Class D 19 19 Lic. I		CDL Veh	Year <b>2008</b>	Veh M	ake 🔼	CUR	<u> </u>		Veh	Config. 21	
4	Operator <u>CUBILETE</u> , <u>JER</u>	RY M		er CUBILET	E, J	ERR	Y M			<b>h</b> .4:	iddle	_
<sup>4</sup> 1	Address 3212 HORSESHOE	LN		ress 3212 HC	DRSES	HOE				Mi	auto	
	City WILMINGTON State	e <b>MA</b> Zip <b>0188</b>	7-6004 City	WILMINGT	ON			State M	<b>A</b> z	zip <b>0</b> :	1887-6004	4
	Insurance Company <b>GOVERNMEN</b>	T EMPLOYEE	S INSU Vehi	cle Action Prior to C	rash	1	22	Damage	d Area	Code:	1 27 2 27 2	7
	Vehicle Travel Direction: NSE	Responding to Emer	rgency? 2 Ever	t Sequence 2	23	23	23	Test Sta			1 28	
5	Citation # (If Issued)			t Harmful Event	24		J	Type of			30	
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		□ er Contributing Code		<sup>25</sup> 1	<b>4</b> <sup>25</sup>	BAC Te Susp. Al				2 2 13
		Viol. 4: Ch/Sec/Sub —		er Distracted by		<b></b> □		Towed f			2 33	<b>-</b> [
<sup>6</sup> 2		ator and all occupants in			34	35 Safata	36 Aigh-a	37 38	39	40		
	Name (Last First Middle)	·	Address	DOB/Age	Sex Pos.	Safety System	Status	Eject Trap Code Code	1	Transp. Code	Medical Facility  Lahey Clinic	
	Operator	S	See Above		X 1	0	4 0	0	10	2		
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	Please Select One Vivalian a O	#Oaaumanta   [7]		15 1	16		17	<u></u>	18	<b>_</b>		
<sup>7</sup> 1	Please Select One of the Following: Vehicle 20	Nor	n-Motorist A Type	Action	Location	on		ondition			Hit/Run Mop	ed
	,	DOB/Age	Reg	#8RH891			Reg	Туре <u>РС</u>	;	R		_
	Sex Lic. Class 19 19 Lic. F	Restrictions 20 C	DL Veh	Year <b>2019</b>	Veh M	ake <b>J</b>	eep			Veh	Config. 21	
 8	Operator Driverless M.	V.		er COTNOIR	, CH	ELS	EA First			¥./:	iddle	-1
<sup>8</sup> 1	Address			ess 216B FC	DUNTA	IN		-		ivil		
	City State	e Zip	City	FRAMINGH	AM			State M	<b>A</b> 2	Zip <b>0</b> :	1702-6204	<u>4</u> 1 14
	Insurance Company GEICO GEN	ERAL INSUR	ANCE C Vehi	cle Action Prior to C	rash	11	22	Damage	d Area	Code:	6 27 5 27 2	7]
	Vehicle Travel Direction: NSEW	Responding to Emer	rgency? 2 Ever	t Sequence 23	23	23	23	Test Sta			28	
9_	Citation # (If Issued)		Mos	Harmful Event	L 24			Type of BAC Te		alt:	30	
<sup>9</sup> 2	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	□ er Contributing Code	: [	25	25	Susp. Al	1	31		2
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			Towed f	1	L	2 33	1
	Please fill out for operator/no				34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status	Code Code	Status		Medical Facility	
	Operator/Non-Motorist	S	See Above		X 1	<u> </u>			ļ			
			***************************************								***************************************	

	Police Use Only	y	Com	monw	ealth (	of Massa	ach	use	tts			RM	V Doci	ument Ni		
	Date of Crash Time of Cr 10/28/2020 2203	i	City/Town	Moto	or Veh	icle Cra	sh		mber nicles	Numbe	i lobecc	l Limit	10	Local	Police D Police A Police D	1
	1	4HR	iring con	P	olice ]	Report		4	1	0	Latitu	ide itude			ous Police 🔲	
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		11411	Also at Intersection	<u>-</u>		Feet	N S	E W								8
2						Feet	N S	E W	of	Route#		Interse	ecting I	Roadway	/Street	
<sup>2</sup> 2	Route# Direction	Name	e of Intersecting Road	lway/Street					_			La	ndmarl	k		-
3	Please Select One of the Following:	ehicle 30	#Occupants Hi	t/Run	Moped	Crash R	leport l	1D# 2	20-	-24	10-	AC	4			1
<sup>3</sup> 3	or the ronowing.															_
	License #19	19	DOB/Age			1KEC54									21	<b>7</b> 12
	Sex Lic. Class	<u> </u>	estrictions	CDL Endorsement		ear <u>2016</u>					WAGI	<u> in</u>	Veh	Config.	T	
<sup>4</sup> 1	Operator <u>Driverle</u>	ess M.\	First	Middle			Last	-		First			Mi	iddle		
1	Address					ess 3134 E										
	City		•			WILMING'	TON			_					<u>-3098</u>	
	Insurance Company PROC	GRESSIV	E DIRECT	INSURA	- Vehic	le Action Prior to			ТT	ᅼ	Damage		Code:	4 27 28	27 27	
5	Vehicle Travel Direction:	NSEW	Responding to Eme	ergency?	_ Event	Sequence 1	23 :	23	23	23	Test Star Type of			29		
	Citation # (If Issued)		<del>-</del>		Most	Harmful Event	1	24			BAC Te		ılt:	30		
	Viol. 1: Ch/Sec/Sub	v	iol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de	2	25	25	Susp. Al	cohol:	31	Susp. I	Orug: 32	2 13
6	Viol. 3: Ch/Sec/Sub ———	V	iol. 4: Ch/Sec/Sub -		Drive	r Distracted by		26			Towed f	rom sc	ene?	2 33	<b>1</b>	
<sup>6</sup> 2		ll out for operat	or and all occupants in						35 Safety A	Airbag Ej	7 38 ect Trap	39 Injury	40 Transp.			
	Name (Last First Middle)  Operator			Address See Above		DOB/Age	Sex	Pos.	System 5	Status Co	xle Code	Status	Code	Med	dical Facility	1
	Орегию	-					$\triangle$	-	-			ļ				-
												ļ				4
7	Please Select One	ehicle 40	#Occupants No	n-Motorist A	Type	15 Action	16	ocation	, 🗂	17 Cor	dition	18	Ī.,	Hit/Run	Moped	1
<sup>7</sup> 1	of the Following:								<u> </u>	ᆜ						
	License #19	<del></del>	DOB/Age			335XX9					уре <u>РС</u>				MA 21	
	Sex Lic. Class	Lic. Re	estrictions (	CDL Endorsement		ear <b>2013</b>							Veh	Config.		
<sup>8</sup> 1	Operator <b>Driverle</b> Last	ess M.V	First	Middle			Last			First			Mi	iddle		ŀ
	Address				_ Addre	ess 459 KI	NG	ST	A	PT :	2ND					_ 14
	City	State_	Zip		City_	LITTLET	NC							,	-0000	1 "
	Insurance Company THE	COMMER	<u>CE INSURA</u>	NCE CO	_ Vehic	le Action Prior to	Crash	1	L1 2	┙	Damage		Code:	4 <sup>27</sup> 28	27 27	
	Vehicle Travel Direction:	N S E W	Responding to Eme	ergency?	Event	Sequence 1	23 2	23 2	23 2	23	Test Stat			29		
<sup>9</sup> 2	Citation # (If Issued)		<del></del>		Most	Harmful Event	1	24			BAC Te		ılt:	30		
_	Viol. 1: Ch/Sec/Sub	Vi	ol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de	,2	25	25	Susp. Al	г	31	Susp. D	Orug: 32	
	Viol. 3: Ch/Sec/Sub	Vi	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by		26			Towed f	rom sc	ene?	2 33	L	
		or operator/non-	motorist and all occup	•					Safety A	36 3 Airbag Ej	ect Trap	39 Injury	40 Transp.			1
	Name (Last First Middle)  Operator/Non	Motorist		Address See Above		DOB/Age	Sex	Pos. 5	System S	Status Co	ide Code	Status	Code	Med	lical Facility	-
	operator/11011-							-								4
												<u> </u>				_



Vehicle 1 was traveling west through the parking lot and vered to the right striking vehicle 2's rear bumper with the front right side. Vehicle 1 then continued into the rear right side of vehicle 3 and pushed vehicle 3 into vehicle 4. Vehicle 1 has front center and right damage. Vehicle 2 has rear bumper damage, and vehicle 3 has both rear left and right damage. Vehicle 4 has rear right damage. Vehicles 2,3,and 4 were all parked and unoccupied. The operator of vehicle 1 was experiencing some kind medical issue and was transported to the hospital by the Fire Department. No airbags were deployed and no vehicles were towed. Vehicle 1 was traveling at a low speed during impact. Reference 20-1386-OF. A request for medical evaluation was issued for Operator of vehicle 1.

Witnesses:							
Name (Last,First,Middle)	Add	dress			Phone #	Statem	nent
, white (2004) in our and the		u1 C33			1 Hone #	Staten	
Property Damage:							
Owner (Last, First, Middle)  Address			Phone #	41-Type	Description of Damaged Property	,	
- Maries			I Holle !!	ТТТУРС	Description of Bunnaged Froperty		-
Truck and Bus Information: Registr	ation #		(From Vehicle	e Section)			
Carrier Name					Bus U	Jse 42	
			<b>-</b>		a. a.	L	
Address					St Zıp		٠
US DOT #:State Numb	er		Issuing State	MC/MX/I	CC #:		_
43	44		45				
Interstate Cargo Body Type Code	G/	VWR/GCWR			46		
Trailer Reg #: Reg T	уре	Reg State	Reg Year	Traile	er Length		
Hazmat Information:							
Placard 47 Material 1 digit # 48	Material Name		N	Material 4 digi	t#Release c	ode 49	

Patrol Officer Michael R DiLorenzo

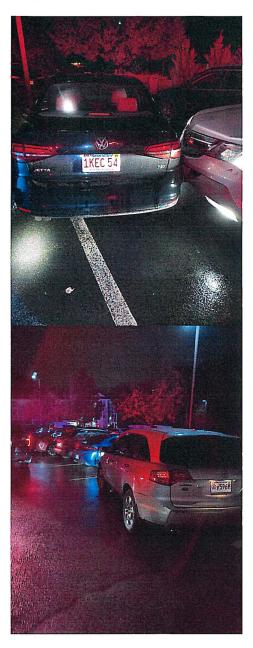
217

Wilmington Police Department

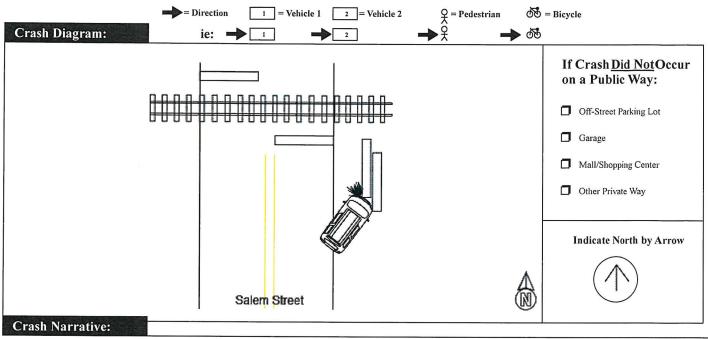
10/28/2020

## Wilmington Police Department Images Associated with 20-240-AC





	Pol	ice Use Only	Com	monwealth	of Massach	nusetts		RM	V Docur	nent Number	
	Date of Crash 10/30/2020	Time of Crash 1121 Wil	City/Town Lmington	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police	1
	10/30/2020	24HR	mington	Police	Report	1	0	Latitude Longitude _		MBTA Police Campus Police Other:	
		AT INTERSECT	ΓΙΟΝ:	< LOCA	ATION >		NOT AT	INTER	SECT	ION:	]
										11 11 11 11 11 11 11 11 11 11 11 11 11	2 10
1	Route# Dire	etion	Name of Roadway/S	treet	Route# Direction	280 Address #	SALE		Roadwa	y/Street	
<sup>1</sup> 1			At		Feet N S	EW c		_			
	Route# Direc	ction N	ame of Intersecting Road	way/Street	Feet [14] 5	of -	Mile Ma	rker	or	Exit Number	11
			Also at Intersection v	vith	Feet N S		Route#	Intoro	antina Da	padway/Street	
<sup>2</sup> <b>4</b>	Route# Direc	etion N	ame of Intersecting Roads	vav/Street	Feet N S	E W of	Koute#	iners	ecting Re	Jadway/Street	
4		***************************************				_		La	ndmark		1
3	Please Select ( of the Followi		#Occupants	/Run Moped	Crash Repor	t ID# 20-	-24:	1-A(	2		
	License # S4	8909030 st]	MA DOB/Age	Reg	# 2CTT71		_ Reg Type	PC	Reg	State MA	12
	Sex <b>F</b> Lic.	Class D 19 Lic.	Restrictions 99 20 C	DL Veh	Year <b>2015</b>					21	1 '2
	Operator BR	UNDIGE, RA	CHEL E	ndorsement Owi	ner BRUNDIGE	, RACHI					
<sup>4</sup> 8	Address 4 S	TONEHEDGE	CIR	Middle Add	ress 4 STONEH	EDGE C	IR.		Midd	lle	
	City <b>BILLI</b>	ERICA Sta	nte <b>MA</b> Zip <b>0182</b> :	<b>1-1252</b> City	BILLERICA		Sta	te <b>MA</b>	Zip <b>01</b>	821-1252	
	Insurance Comp	any ARBELLA I	MUTUAL INSU	JRANCE Vehi	cle Action Prior to Crasl	h <b>1</b> 2	22 Da	maged Area	Code: 1	. 27 0 27 27	
5	Vehicle Travel D	Direction: NSE	Responding to Emer	gency? 2 Ever	nt Sequence 22 23 21	23 23	23	st Status:	1	28	
<sup>5</sup> 1	Citation # (If Iss	ued)		Mos	t Harmful Event 22	24	•	pe of Test: AC Test Res	lt:	30	
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	sp. Alcohol:		Susp. Drug: 2 32	<b>22</b> <sup>13</sup>
<sup>6</sup> 7	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		wed from so		22	
7	Name (Last First M	-	rator and all occupants in	volved Address	DOD!	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Operate		s	ee Above	DOB/Age Sex		Status Code 4 0	Code Status	Code 1	Medical Facility	1
											1
											-
											-
									<u>                                      </u>		<u> </u>
<sup>7</sup> 10	Please Select C of the Followin		#Occupants  Non	-Motorist A Type	Action 16	Location	Condit:	ion 18	П н	it/Run Moped	İ
	License #	St	DOB/Age	Reg	#		_ Reg Type		Reg	State	1
	Sex Lic. 0	Class 19 19 Lic.	Restrictions 20 C	DL Veh	Year	Veh Make			Veh C	Config. 21	
8 .	Operator	Last	First	ndorsement  Middle  Own	nerlast		First		Midd	1.	
1	Address				ress		PIISI		Midd	le .	
	City	Sta	te Zip	City			Stat	e 2	Zip		4 14
	Insurance Compa	any		Vehi	cle Action Prior to Crash	1 2		maged Area	Code:	27 27 27	
ŀ	Vehicle Travel D	irection: NSEW	Responding to Emer	gency? Even	nt Sequence 23	23 23		st Status: pe of Test:	F	28	
<sup>9</sup> 2	Citation # (If Iss	ued)		Mos	t Harmful Event	24	_	AC Test Res	ult:	30	
_	Viol. 1: Ch/Sec/S	Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25	25 Su	sp. Alcohol:	31	Susp. Drug: 32	
ļ			Viol. 4: Ch/Sec/Sub —		er Distracted by	26		wed from so		33	]
	Ple Name (Last First M	•	on-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety / Pos. System 3	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
ļ	Operate	or/Non-Motoris	s <b>t</b> s	ee Above	$\nearrow$ X	1					
Ī											
ŀ											1



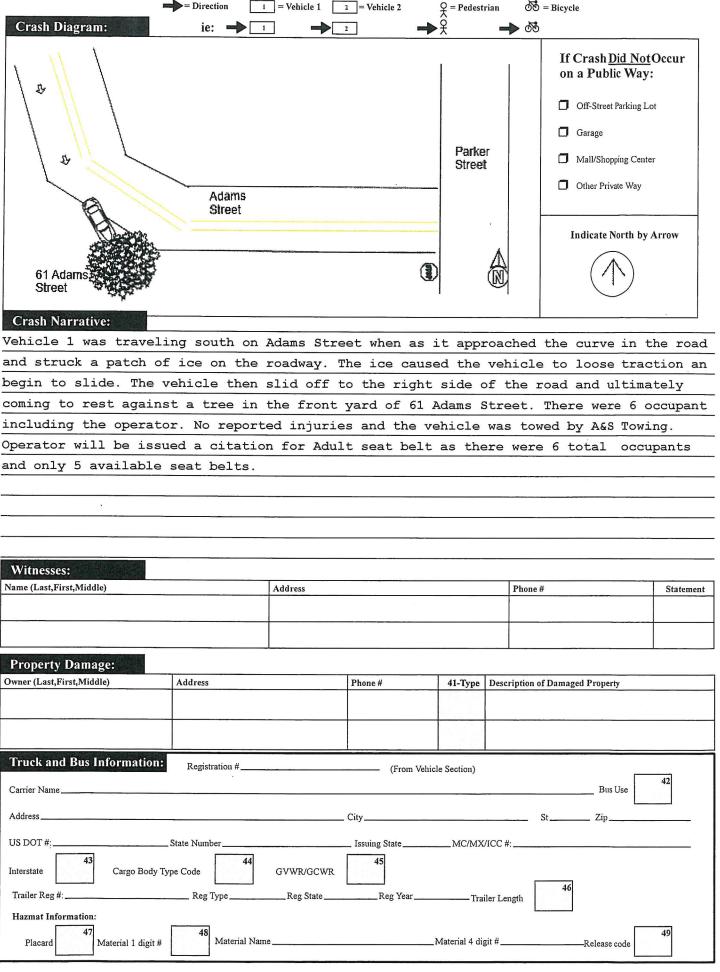
MV accident (car vs pole) reported in the area of 280 Salem Street just prior to the rail road gates. I observed a Chevy Tahoe off the road with the front end up against a utility pole and tree. MV operator reported that as she was approaching the railroad tracks the gates went down. As she tried to stop the vehicle continued to slide. Instead of sliding into the railroad tracks she turned the vehicle off the road subsequently hitting a utility pole and tree. The utility pole did not appear to have any damage. The vehicle sustained minor damage to the front bumper, grill, and headlight. No injuries were observed or reported from the Operator. After the fire and medics evaluated the OP, Ms. Brundige (OP) was able to drive the vehicle away.

Name (Last,First,Middle)	Address				Phone #			
AYER MICHELLE		4 JILL RD	SALEM NH		1			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property		
VERIZON	28 DIANA LN DRAC	UT MA 01826			UTILITY	POLICE #	‡9 <b>-4</b> 3	
,								
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			42	
Carrier Name						Bus Use		
Address			City		St_	Zip		
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45		Γ	ATAZ		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length	46		
Hazmat Information:	Constraint.							
Placard Material I digit #	Material Name			_Material 4 dig	git #	Release code	49	

Department

Witnesses:

	Police Use Only Commonwealth of			of Massachusetts				RMV Document Number											
	Date of Crash 10/30/2020	Time of Crash	Wilm	City/Town	Moto	r Veh	icle Cra	ash	N V	lumber ehicles		unber jured	1 -	d Limi	2	Loca	Police I Police	0000	
	20, 30, 2020	24HR	1	ing con	Po	olice l	Report		1		0	,	Latitu	ide itude _			TA Police pus Police r:	_ E	
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NO	T A	T IN	TER	SEC	TION	:		
									63		•	~ * *		c m					2 <sup>10</sup>
¹ <b>4</b>	Route# Dire	ction		Name of Roadw	ay/Street		Route# Dire	ction	61 Add	ress #	_ <u></u>	DAN	1S N		Roady	way/Stree	t		
4	1			At			Feet	N S	EW	of					or or				
	Route# Direc	ction	Name	e of Intersecting F	Coadway/Street						N	file M	arker		· .	Exit	Number		<b>1</b> 11
	1			Also at Intersect	ion with			N S		_	Rou	te#		Inters	ecting :	Roadway	//Street	-	<b>-</b>
<sup>2</sup> 4	Route# Direc	ction	Name	e of Intersecting R	Loadway/Street		Feet	N S	EW	of									
	Please Select (	One 🔽	6	#O		J.									ındınar	k		-	
3	of the Followi		e 1.0	#Occupants	Hit/Run	Moped	Crash 1	Repor	t ID#	20	) <del>- 2</del>	24	2-	AC	;				
	License # SA	1130963	St <b>M</b> Z	A_ DOB/Age	.a.	Reg#	TC36CV				Re	g Typ	e PC	,	R	leg State		<del>.</del> .	12
	Sex_ <b>F</b> Lic. 0			estrictions 1	CDL Endorsement	Veh Y	ear <u>2015</u>		Veh M	íake <u>I</u>	OY	OTA	<b></b>		Vel	n Config.	1 2	1	
4 <b>1</b>		EENEY,		MARIE First	Middle	Owne	SWEENE	Y,	CH	ER		<b>A</b> First			м	liddle		_	
1		BIRCH R					ss <u>15 BI</u>					<del></del>						-	
	l .				<u> 387-2677</u>	City <b>J</b>	NILMING	TOL	<u> </u>								-267	1	
	1	-			ANCE COM		e Action Prior to			1	22		amage est Stat		Code:	1 27 2	27	27	
5	Vehicle Travel D	<u> </u>	(EW	Responding to I	Emergency? 2		Sequence 21		23	23	23		ype of			29			
	1	ued) <b>T2064</b>		<b></b>			Harmful Event	21	<del>'</del>	25	25		AC Te	st Res		30		_	13
	1						Contributing Co		26			S	usp. Al			Susp. 1	Drug: 2	32	<b>21</b> <sup>13</sup>
<sup>5</sup> 4	Viol. 3: Ch/Sec/S			or and all occupan	ts involved	_ Driver	Distracted by	0	34	35	36	37	owed fi	rom so	ene?	1 33		_	: I
	Name (Last First Mi	iddle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status		Trap Code	Injury Status	Transp. Code	Ме	dical Facility		
	Operato	or		DE GOVERNO	See Above			X	1	1	3	0	0	10	1				
	ASHLYN BUCK	TEA		25 COLUMBIA WILMINGTON,	MA 01887			F	6	99	3	0	0	10	1				
	COLTON SULL	IVAN		WILMINGTON,	E MA 01887-1716		1	, M	4	99	3	0	0	10	1				
	JOHN GAGLIO	NE		15 LEXINGTON WILMINGTON,	ST MA 01887-1339		1	м	6	99	3	0	0	10	1				
, 1	Please Select O of the Followin		: 1#	#Occupants	Non-Motorist A	Туре	15 Action	16	Location	on	17	Condi	tion	18		Hit/Run	□ мог	ped	
1	License #		St	DOB/Age		Pec#	TC36CV				 Po	o Trans				eg State_			
	Sex Lic. C	19 1	9	strictions 2	CDL		ar									-	2	1	
	Operator	L.,		<u> </u>	Endorsement					u					,	Comig.	L	J	
1	Address	Last	F	Pirst	Middle		SS	Last			F	irst			Mi	iddle		_	
	City		State_	Zip		City						Sta	ite	2	Zip				<b>4</b> 14
	Insurance Compa	ny				Vehicle	e Action Prior to	Crash	ı		22	D	amage	d Area	Code:	27	27 2	27	
	Vehicle Travel Di	rection: NS	EW	Responding to E	mergency?	Event :	Sequence	23	23	23	23		st Stat			28			
2	Citation # (If Issu	ued)	······································			Most F	Iarmful Event		24			-	/pe of T AC Tes		ılt:	30			
_	Viol. 1: Ch/Sec/S	ub ———	Vic	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	ode		25	25	5	ısp. Ale			Susp. 1	Drug:	32	
	Viol. 3: Ch/Sec/S	ub	Vic	Viol. 4: Ch/Sec/Sub Driver I			Distracted by	L	26			To	wed fi	om sc	ene?	1 33		_	
	Plea Name (Last First Mic	_	rator/non-r	notorist and all oc	ecupants involved  Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility		
	Operato	r/Non-Mo	torist		See Above		><	X	1										
	VICTORIA GEI	MELLARO		24 NASSAU AVI WILMINGTON, N				F	3	99	3	0	0	10	1			$\neg \uparrow$	
	KAYLA SMITH		···	8 BIRCH RD WILMINGTON, 1	4A 01887			F	5	99	3	0	0	10	1			$\dashv$	
											<del> </del>	<u> </u>	-					-	
- 1				1			i	1	1	l	l	I	i	ł	1				



Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

10/30/2020

Police Officer Name (Please Print)

Signature

= Direction

ID/Badge #

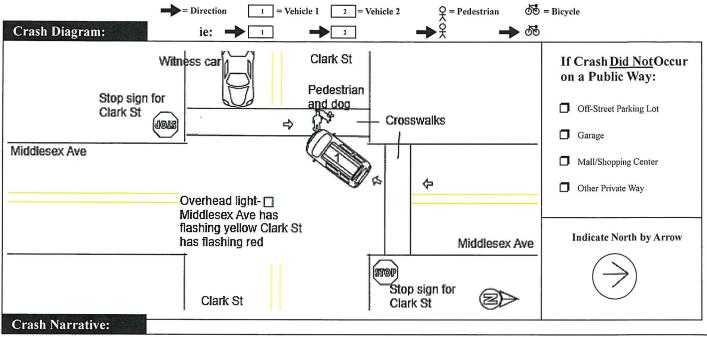
Precinct/Barracks Department

# Wilmington Police Department Images Associated with 20-242-AC





	Police Use Only	Comr	nonwealth	of Massacl	husett	S		RM	V Docu	ıment Number	
	Date of Crash   Time of Crash   10/31/2020   1551   Wilm	City/Town	Motor Veh	icle Crash	Numbe Vehicle		,  Spec.	d Limit.	30	State Police Local Police MBTA Police	
	24HR	ington	Police	Report	1	1	Latin	ıde itude		Campus Police C	5
	AT INTERSECTI	ON:	< LOCA	TION >		NOT	AT IN	TER	SEC	TION:	
	MIDDLESE										2 10
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #	! 	N	ame of	Roadw	ay/Street	-
	CLARK ST	?		Feet N S	E W of			• —	or _	Exit Number	- L
	Route# Direction Nam	e of Intersecting Roadw Also at Intersection w		Feet N S	s F W	Mile	Marker	*********		EXII Number	<b>–</b> 3 11
		Also at intersection w	!(II	Feet N S		Route#		Interse	ecting R	Roadway/Street	-
<sup>2</sup> 1	Route# Direction Nam	e of Intersecting Roadw	ay/Street	Feet [N]S	s E W or	•		La	ndmark	<	
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	· Crash Repor	rt ID# <b>2 (</b>	)-24	13-	AC	;		
		A_ DOB/Age	Reg	6CZ894		Reg T	ype PC	·	Re		12
	Sex <b>F</b> Lic. Class D 19 Lic. R	estrictions 20 CI	DL Veh	Year <b>2016</b>	Veh Make	MITSU	BIS	HI	Veh	Config. 21	
4	Operator PERRIELLO, SAN			er <b>PERRIELL</b> Last	O, ED	WARD First	ART	HUR		ddle	_
<sup>4</sup> <b>4</b>	Address 317 WOBURN ST			ess 317 WOBU	JRN SI				MIC	uuie	_
	City WILMINGTON State	MA Zip 01887	-2107 City	WILMINGTO	N		State <b>M</b>	<b>A</b> _ z	ip <b>01</b>	L887-2107	<u>.</u>
	Insurance Company THE HANOVE	R INSURANC	CE COM Vehic	cle Action Prior to Cras	sh <b>3</b>	22	Damage	ed Area	Code:	=	]
5	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Even	t Sequence 3 23	23 23	23	Test Sta			1 28	
<sup>5</sup> 1	Citation # (If Issued) <b>T2063800</b>	<del></del>	Most	Harmful Event 3	24		Type of BAC Te		ıle:	29 - 30	
	Viol. 1: Ch/Sec/Sub <u>89 11</u> V	iol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 <sup>25</sup>	25	Susp. A			1	3 <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub —	Drive	er Distracted by	<b>2</b> 6		Towed	•		2 33	<b>'</b>
<sup>6</sup> 1	Please fill out for operat	or and all occupants inv			34 35 Seat Safe	y Airbag E	i7 38 jeet Trap ode Code	39 Injury	40 Transp.		7
	Name (Last First Middle)  Operator	Se	Address e Above	DOB/Age Sex	Pos. Syste	m Status C	ode Code	Status 10	Code 1	Medical Facility	1
				F	3 1	4 0	0	10	1		$\dashv$
				*	<del>                                     </del>	+ +		+-			$\dashv$
						1 1		-			_
						<u></u>					_
<sup>7</sup> 2	of the Following:	#Occupants Non-	Motorist A Type 1	15 Action 16	Location 1	17 Co	ndition 1	. 18	<b>1</b>	Hit/Run Mope	d
	10 10	DOB/Age	Reg	4		Reg T	уре		Re	eg State21	-
	Sex Lic. Class Lic. Ro	estrictions CI	OL Veh 'dorsement	Year	Veh Make_				_ Veh	Config.	
<sup>8</sup> 1	Operator HAYES, JENNIFE	ER M First	Middle Own	erLast		First			Mic	ddle	-
	Address 6 KIRK ST			ess	***************************************						14
	City WILMINGTON State	MA Zip 01887	-3222 City			22	State			27 27 27	
	Insurance Company		Vehic	cle Action Prior to Cras			Damage Test Sta		Code:	27 27 27	]
	Vehicle Travel Direction: SEW	Responding to Emerg		t Sequence 1 23	23 23	23	Type of		İ	29	
<sup>9</sup> 2	Citation # (If Issued)	_		Harmful Event 1	24	25	BAC Te	st Resu	ılt:	1 30	.
	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub ——		er Contributing Code	26 25	25	Susp. A			<del></del>	]
	Viol. 3: Ch/Sec/Sub V			er Distracted by	34 35	36	Towed 1	from sc	ene?	33	_
	Please fill out for operator/non- Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safet	y Airbag E	ect Trap	Injury	Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	e Above	$\searrow$ X	1 10			8		Winchester Hospital	
	, , , , , , , , , , , , , , , , , , , ,					1		T	$\vdash$		
								1			



On 10/31/20, I onsited a MV vs Pedestrian crash at the intersection of Middlesex Ave and Clark St. According to Veh 1 operator, she was turning right onto Clark St from Middlesex Ave. She reported she wasn't sure what happened and that she never say the pedestrian.

There were no injuries in Veh 1. Veh 1 suffered minor damage to the front bumper passenge side. Passenger stated she and her dog were walking across Clark St via the crosswalk whe Veh 1 came around the corner and never slowed before hitting her. She initially refused medical but noticed increasing pain in her leg and was transported to Winchester Hospital Witness reported that he stopped at stop sign on Clark St. He waved the pedestrian on and she crossed the front of his car. He reported Veh 1 came around corner and struck pedestrian. Witness stated it didn't look like Veh 1 oper was looking where she was going and clearly was not paying attention. Dog ok. Veh 1 oper cited.

withesses:								
Name (Last,First,Middle)		Address			1	Phone #		Statement
CARDOSO NATHAN R	356 MIDDLESEX	AVE WILMINGTON	MA 01887-2	2110				
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	ption of Damage	d Property	
Truck and Bus Information:  Carrier Name  Address				hicle Section)		St	Bus Use	42
US DOT #:	State Number		Issuing State	MC/MX	:./ICC #:.			
Interstate 43 Cargo Body Ty		GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Leng	gth		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	e		Material 4 di	git #		–Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

10/31/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

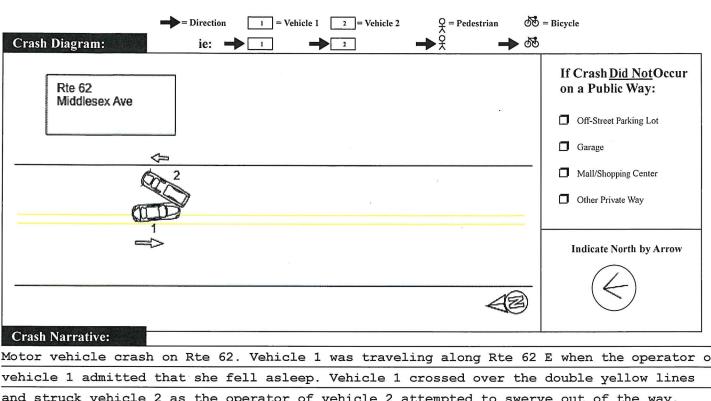
# Wilmington Police Department Images Associated with 20-243-AC







	Police Use Only	Com	nonwealth (	of Massac	chuse	etts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crasl	h Nu			ed Limit	35	Local Police	
	10/31/2020 1728 Wil	mington	Police 1	Report	2	0	Lat	itude ngitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			N(	T AT I		SECT		1
											2 10
					355		IDDL				
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	n Addre	ess#		Name of	Roadwa	ay/Street	-
		7.10		Feet N	SEW	of —			or _		
	Route# Direction Na	me of Intersecting Roady	vay/Street			***************************************	Mile Marke	[		Exit Number	5 11
		Also at Intersection w	vith		S E W	Roi	ıte#	Inters	ecting R	Loadway/Street	
<sup>2</sup> 2	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet N	SEW	of				·	
2								La	ndmark		4
<sup>3</sup> 99	Please Select One of the Following:	#Occupants	Run Moped	Crash Rep	ort ID#	20-2	244	-AC	3		
99	License # <b>S12123734</b> St <b>N</b>	/A DOR/Age	Pag #	927BS1		D	ag Tuna P	C	D.	ag Stata <b>MA</b>	1
	19 19	20		rear 2007						21	1 12
	D Elec	E	ndorsement						ven	Config.	<b> </b>
<sup>4</sup> 1	Operator BUCCELLATO, F	First	Middle	er BUCCELL Last	ı		First		Mic	ddle	
T	Address 6 FRANKLIN ST			ess 6 FRANK	KLIN	ST					
	City <b>READING</b> Star	•	-	READING	г	1				867-1117	
	Insurance Company THE COMME	RCE INSURAL	NCE CO Vehic	le Action Prior to Ci	rash	1 22		ged Area	Code:		
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Event	Sequence 23	23	23 23		Status:		1 28 29	
	Citation # (If Issued) <b>T2061730</b>		Most	Harmful Event 1	24			of Test: Test Res	14.	_ 30	
	Viol. 1: Ch/Sec/Sub <u>89 4A</u>	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	21	25	12	Alcohol:		<u> </u>	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			d from so		1 33	
<sup>6</sup> 1		rator and all occupants in			34 Seat	35 36 Safety Airbs	37 3	8 39 ap Injury	40 Transp.		
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System State	s Code Co	xde Status	Code	Medical Facility	-
	Operator	S	ee Above		X 1	1 1	0 0	10	1		
											1
											1
				<u>                                     </u>	2		<u> </u>	18		<b>.</b>	-
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants  Non	-Motorist A Type	15 Action 1	Locatio	ո 17	Condition	10	ı	Hit/Run Moped	
	License # <b>S59748635</b> St N	<b>IA</b> DOB/Age	Reg #	9WB695		R	eg Type <b>E</b>	C	Re	eg State <b>MA</b>	1
	Sex.M Lic. Class D 19 Lic.	Restrictions 20 C	DL Veh Y	/ear_2000	Veh Ma	ke <b>FOR</b>	D		Veh	Config. 2	
	Operator MCANDREW, PAT	RICK	ndorsement	er LESPERA						<u> </u>	
<sup>8</sup> 2	Address <b>26 HIGH ST</b>	First	Middle	Last ess 26 HIGH	t		First		Mis	ddle	
	City WILMINGTON Star	- MA 7:- 01885		WILMINGT			Stata 1	ντ <b>α</b> ,	zin 01	L887-1402	1 14
	Insurance Company USAA GENE				F	22			-	7 27 6 27 27	
	, -			ele Action Prior to Ci		23 23		Status:		1 28	
	Vehicle Travel Direction: NSE	Responding to Emer		Sequence 1	24		Туре	of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Hannful Event	<u>-</u>	25		Test Res	ult:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	Susp.	Alcohol	2 31		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by		,		d from so	ļ	2 33	_
	Please fill out for operator/no	on-motorist and all occup	ants involved	DOB/Age	Sex Pos.	35 36 Safety Airb System State	ng Ejeci Ti	s8 39 rap Injury ode Status		Medical Facility	
	Operator/Non-Motoris	rt s	ee Above		1	1 4	0 0	10	1		7
	Sportation in interest	-		+	+		+		+		-
							4-4-				4



Motor vehicle crash on Rte 62. Vehicle 1 was traveling along Rte 62 E when the operator of vehicle 1 admitted that she fell asleep. Vehicle 1 crossed over the double yellow lines and struck vehicle 2 as the operator of vehicle 2 attempted to swerve out of the way.

Vehicle 1 then drove onto the grass on the side of the road across from the MA RMV, and struck a large orange road sign. There was minimal damage to the trailer, but the trailer was moved a few inches. Both vehicle 1 and vehicle 2 were towed from the scene by A&S towing. Both operators refused medical attention at the scene. The operator of vehicle 1 was cited for the marked lanes violation leading to the crash. Two videos of the crash were recorded by a home security system and were attached to this report.

Witnesses:	4		
Name (Last,First,Middle)	Address	Phone #	Statement
REINHART PETER THOMAS	318 MIDDLESEX AVE WILMINGTON MA 0188	7	

Property Damage:

Owner (Last, First, Middle)

Address

Phone # 41-Type Description of Damaged Property

HERC RENTALS

250 BOSTON RD BILLERICA MA 01862

CRANGE TRAILER WITH ROAD SIGN

TOWN OF WILMINGTON

121 GLEN RD WILMINGTON MA 01887

VEHICLE DROVE THROUGH GRASS AREA

Truck and Bus Information: Registration #	(From Vehicle Section)	
Carrier Name	Bus Use	42
Address	City St Zip	
US DOT #:State Number	Issuing StateMC/MX/ICC #:	
Interstate Cargo Body Type Code GVWR/GCWR	45	
Trailer Reg #: Reg Type Reg State	Reg Year Trailer Length	
Hazmat Information:		
Placard Material 1 digit # Material Name	Material 4 digit #Release code	49

Patrol Officer Nicholas E Noftle

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Wilmington Police Department

10/31/2020

#### Wilmington Police Department Images Associated with 20-244-AC













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