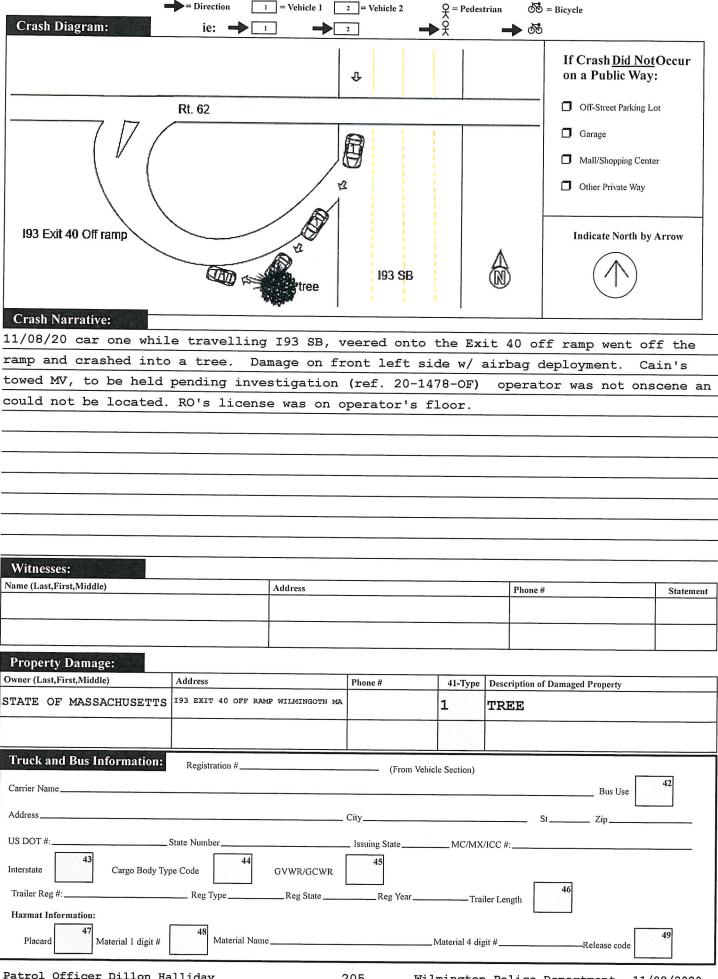
	Police Use Only	Com	monwealth	of Massach	usetts		RM	IV Docum	nent Number	
	Date of Crash Time of Crash 11/08/2020 0014	City/Town Wilmington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t <u>35</u>	State Police Local Police)
	24HR	WIIMING CON	Police	Report	1 1	0	Latitude Longitude _		MBTA Police Campus Police Other:	8
	AT INTERS	ECTION:	< LOCA	ATION >		NOT A	Γ INTEF	RSECT	ION:	
										2 10
•	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #	<u> 1938</u>	BR40 Name of	RAME Roadway		
¹ 5		At		<u></u>						
	Route# Direction	Name of Intersecting Road	1(C)	Feet N S	EW of	Mile Ma	rker	or	Exit Number	
	Acousti Effection	Also at Intersection		Feet N S	E W of					1 11
				Feet N S		Route#	Inters	ecting Ro	adway/Street	
² 2	Route# Direction	Name of Intersecting Road	lway/Street				L	andmark		-
3	Please Select One of the Following:	10 #Occupants Hi	t/Run Moped	Crash Report	ID# 20:	-25	***************************************			
	or the ronowing.						***************************************			_
	License #	_ St DOB/Age		4671003					21	7 12
	Sex Lic. Class	Lic. Restrictions	Endorsement	Year <u>2009</u> \		DRD		Veh Co	onfig. 1] []
⁴ 1	Operator <u>Driverless</u>	M.V. First		er LANE , LIN Last		First		Middle	e	-
Τ	Address			ess 140 BROAI		VE A	APT 3			-
	City	State Zip	City	MANCHESTER					1045654	_
	Insurance Company		Vehic	ele Action Prior to Crash	1 2		amaged Area	a Code: 8		7]
5	Vehicle Travel Direction: NS	E W Responding to Eme	rgency? 2 Even	t Sequence 21 23	23 23		est Status:		28	
	Citation # (If Issued)		Most	Harmful Event 21	24	-	pe of Test: AC Test Res	nlt.	30	
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 ²⁵	25	sp. Alcohol:		Susp. Drug: 3	21 ¹³
5	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	To	wed from so	ene? 1	33	<u> </u>
1		or operator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle) Operator		Address See Above	DOB/Age Sex		Status Code	Code Status	Code 1	Medical Facility	
	operato.		- CARDOVE		1 33		0 99			
	Please Select One Vehicle	2 #Occupants No	n-Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18	Table	i/Run Mop	
6	of the Pollowing.				<u> </u>			<u> </u>		4
	License #	St DOB/Age	Reg #			Reg Type		Reg	State21	-
	Sex Lic. Class	Lic. Restrictions C	CDL Veh Y Endorsement	'ear V	eh Make			Veh Co	onfig.	
4	Operator	First	Middle Owne	Last		First		Middle	:	-
_	Address		Addre	ess						_ 14
	City	State Zip	City_			3	te 2	•		<u>-</u> 1
	Insurance Company		Vehic	le Action Prior to Crash	2		maged Area	. Code:	27 27 2	"
	Vehicle Travel Direction: N S I	Responding to Emer	rgency? Event	Sequence 23 2	23 23 :		st Status: pe of Test:		29	
2	Citation # (If Issued)	-	Most	Hannful Event	24		AC Test Resi	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	25	25 Su	sp. Alcohol:	31 S	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Drive	r Distracted by	26	To	wed from sc	ene?	33	1
Ī	Please fill out for opera	tor/non-motorist and all occup	oants involved	DOB/Age Sex	Seat Safety A	36 37 cirbag Eject status Code	38 39 Trap Injury Code Status	40 Transp.	M.2 12 "	
İ	Operator/Non-Moto	orist s	ee Above	Southle Sex	1 System S	itatus Code	Code Status	Code	Medical Facility	1
					_					-
}								-		
		1								



Patrol Officer Dillon Halliday

205

Wilmington Police Department

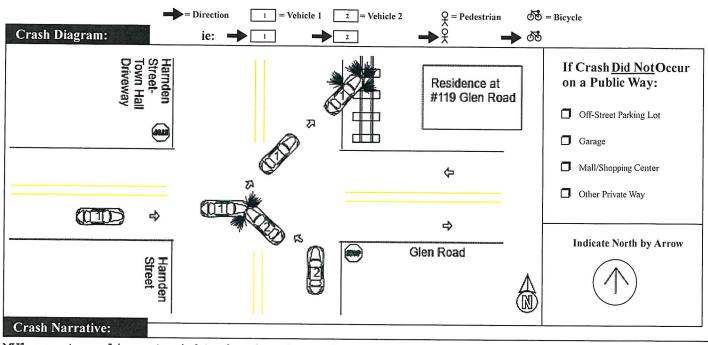
11/08/2020

Wilmington Police Department Images Associated with 20-250-AC





	Pol	lice Use Only		Com	monw	ealth	of Mass	sacl	hus	ett	S			RM	IV Do	cument N	umber			
	Date of Crash 11/09/2020	Time of Crash	Mi lw	City/Town	Moto	or Veh	icle Cr	ash		Numbe Vehicle	i i	ımber jured	Spec	d Limi	it <u>2</u>	Local	Police l Police			
	,,	24HR	AA T TT	iring con	P	olice	Report		2		³ 1	jurea	1	ude gitude_			pus Police	8		
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NC	T A				CTION		٦		
		OT 53														***			2	10
1	Route# Dire	ction GLE	N RD	Name of Roadway/St	reet		Route# Dire	ection	Add	dress #			N	lame of	f Roads	vay/Stree				┙
1				At				I.I.	. _ .								-	_		
	Route# Direct		NDEN Nam	ST e of Intersecting Roady	vav/Street		Feet	N S	EIEIA	v] of	N	 Iile M	arker	•	or .	Exit	Number	-		11
				Also at Intersection w	<u> </u>		Feet	N S	EV	v of								_[3	3	
² 1	Route# Direc	ction	Non	e of Intersecting Roady	(6)		Feet	N S	EV	v] of	Rou	ite#		Inters	secting	Roadway	/Street			
1	reduces Brice	ction	Nam	e of intersecting Roady	vay/Street									L	andmar	k				
3	Please Select (of the Followi		e 1 <u>1</u>	#Occupants Hit/	Run	Moped	Crash	Repor	t ID#	20) – 2	25	1-	·A	3					
	License # S8	8481304	St M 2	DOB/Age	<u>_</u>	Reat	2CHX20									Stt.	<u></u>	-		
	Sex F Lic.	10	19	20	DL		/ear 2014										21	_ ₁	1 .	12
	l	EMMLER,		E1	ndorsement		er STEMM						.		Vei	i Config.	<u> </u>	 -		
⁴ 2	Address 15	Last		First	Middle		ess 15 LE	Last		V112		First			М	liddle		-		
			State	MA Zip 01887	7-1826		WILMING					- Cı	. M	7	O	1007	-1826	-		
	l			CE INSURAN		-	le Action Prior t			1	22				Zip <u>U</u> a Code:	,				
	Vehicle Travel D	F-11-1-	Xw	Responding to Emerg			Sequence 1		23 3		23		est Sta			28	<u> 2</u>	<u>ا</u> ا		
1		ued)		responding to Emerg	geney: <u></u>		Hamful Event	1	24	0		T	ype of	Test:		29		ı		
				ol. 2: Ch/Sec/Sub			r Contributing C	<u> </u>	<u> </u>	25	2:	5		st Res		30		, <u> </u>	. 1	3
				ol. 4: Ch/Sec/Sub —			r Distracted by	99	26			_ s		lcohol:		Susp. I	Orug: 2 32] [1	L 	
1	viol. 5, Clubecit			or and all occupants inv		Dive	Distracted by	199	34	35	36	37	owed 1	from so	ene?	1 33		4		
	Name (Last First M	iddle)	•	T	Address		DOB/Age	Sex	Seat Pos.	Safety System		Eject	Trap	Injury	Transp.		lical Facility			
	Operate	or		Se	e Above		\geq	X	1	1	3	0	0	9	2	Lahey C	linic			
																		1		
,	Please Select O		. 23	#Occupants Non-	Motorist A	Туре	15	16		1	17		[18	—			\exists		
2	of the Followin	g: Tellicic	4-1	I Non-	Wiotorist A		Action		Locati	on		Condi	tion			Hit/Run	Море	d		
	License #.	19 1	_ St.	DOB/Age			2ACF97						PC		R	eg State 🌡	MA 21	-		
	Sex , Lic. C	Class	Lic. Re	strictions P CI	dorsement		ear 2017					NDA	I		Veh	Config.	1			
2	Operator	1,081	ŀ	irst	Middle		LUONGO	Last			1-	irst			Mi	ddle		-		
	Address.						ss 415 A			R S	<u> </u>			_				- -	. 14	41
	City	mur cm	Stati	_ Zip	(ATTD 3.57	•	VILMING				22						-1031		<u> </u>	
	-		, -	RD FIRE IN			e Action Prior to	Crash		23			amage est Stat		Code:	8 ²⁷ 1	27 2 27			
	Vehicle Travel Di	Z.V.	EW	Responding to Emerg	ency? 2		Sequence 1	23	23	23	23		pe of			29				
2	Citation # (If Issu		-				Harmful Event	1	24	25	- 25	В	AC Te	st Rest	ılt:	30				
	Viol. 1: Ch/Sec/S	ub	Vio	ol. 2: Ch/Sec/Sub ——			Contributing Co		4	²⁵ 1	9 25	Su	ısp. Al	cohol:	2 31	Susp. D	orug: 2 32			
ļ	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub	- to I1	_ Driver	Distracted by	99	 -	1 32	1 7/	,		rom sc	<u> </u>	1 33		_		
ļ	Name (Last First Mic	-	ator/non-r	notorist and all occupa	nts 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	Medi	ical Facility			
	Operato	r/Non-Moi	torist	Sec	e Above			X	1	1	3	0	0	10	1					
	MARIA LUONG	0		415 ANDOVER ST WILMINGTON, MA 01	887-1031		T	E	3	1	3	0	0	10	1			\exists		
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MV1 was traveling straight ahead and eastbound on Glen Road towards Middlesex Avenue. MV2 was stopped at the stop sign at the intersection of Harnden Street and Glen Road and waiting to turn left and merge onto Glen Road westbound. MV2 came to a stop and then pulled out to turn left onto Glen Road. The operator of MV2 stated that he saw MV1 coming towards him, but he believed it was slowing down to stop. MV1 continued to travel straigh ahead in the westbound travel lane. MV2 pulled out and turned left across the intersectio to merge onto Glen Road westbound and struck MV1 in an almost head on collision. The severe force of the collision activated front and side airbags in both vehicles, and sent MV1 careening left towards the entrance to Town Hall where it struck the curb and the fence at 119 Glen Road before coming to a stop. Forrest Towing towed both vehicles, and the operator of MV1 was transported to Lahey by WFD.

Witnesses:									
Name (Last,First,Middle)		Address			Phone	#			Statement
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	f Damaged P	roperty		
BANDIES MICHAEL C	119 GLEN RD WILMIN	NGTON MA 01887		97	WOODEN	STOCK	AND	POLE	FENCE
Truck and Bus Information: Carrier Name									42
Address			City			St	Zip	-	
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:				
Interstate 43 Cargo Body Typ Trailer Reg #:	pe Code	GVWR/GCWR	45		_	46			
Hazmat Information:	5 71				lier Length				
Placard 47 Material 1 digit #	48 Material Name			_Material 4 dig	git #	Re	lease code	e	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

11/09/2020

Police Officer Name (Please Print)

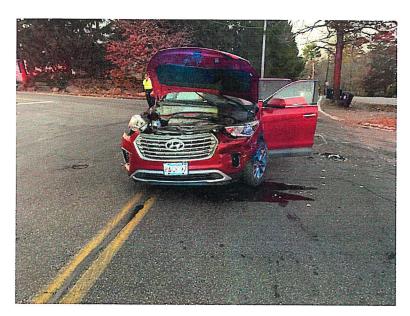
Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 20-251-AC













Wilmington Police Department Images Associated with 20-251-AC





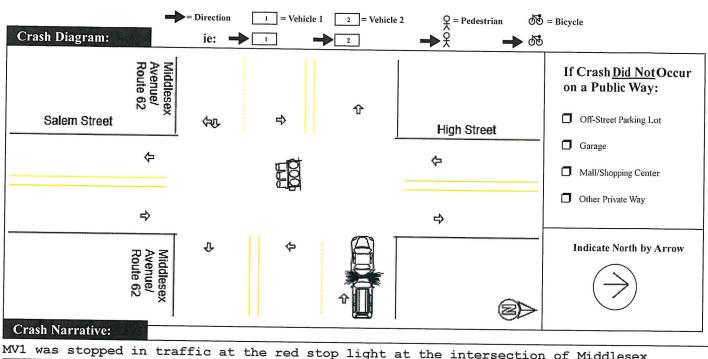








	lice Use Only		Com	monwea	alth	of Mas	sacl	huse	tts			RM	V Docum	nent Number	
Date of Crash 11/09/2020	Time of Crash 1729 24HF	Wilr	City/Town mington			iicle Cr Report		Nur Vel	mber	Numbe Injured	Latit		25	State Police Local Police MBTA Police Campus Police	0800
	AT INTER	RSECTI	ION:			TION	>	1-		NOT A		itude	SECT	Other:	
Route# Dire	MID ection	DLESI	EX AVE Name of Roadway/Si	treet		Route# Dir	ection	Addre					Roadway		
		H ST	At			Fee	t NS	E W	of -			• —	or		
Route# Dire	ection	Nam	ne of Intersecting Roads Also at Intersection v			Fee	l NS	E W		Mile N	Marker			Exit Number	_
Route# Dire	ction	Nam	ne of Intersecting Roads	vay/Street		Fee	n s	EW	of -	Route#				adway/Street	
Please Select of the Followi		le 11	#Occupants Hit/	Run I	Moped	Crash	Repor	t ID# 2	0.	-25	2-		dmark		
License # S7	9257406	St M	A DOB/Age		Reg #	744PX5								State MA	
Sex_F_ Lic.	Class	i	—— Е	DL	Veh Y	/ear 2010		Veh Mak	ce T C	TOYC			-	-	
1	NES, AN Last OTTONWO		First	Middle		er JONES ess 3 COT	Last			First			Middle	c	
1			MA Zip 01887	7-4424		WILMING					ate M	A Zi	p. 018	387-442	4
Insurance Comp	any SAFET	Y INS	SURANCE CO	MPANY	Vehic	le Action Prior I	to Crasl	i 2	2	22 I	Damage	d Area (27 5 27 4 2	27
Vehicle Travel D	Direction: N S	s X w	Responding to Emerg	gency? <u>2</u>		Sequence 1	23	23 2	.3	20	Test Stat Type of		-	28	
			iol. 2: Ch/Sec/Sub —			Harmful Event r Contributing C	1 Code	1 2	5	25		st Resul		30	2 1
Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26				rom scer		Susp. Drug: 2 3	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Name (Last First M		for operate	or and all occupants inv	olved Address		DOB/Age	Sex	Seat S	35 Safety / yxtem 5	36 37 Airbag Ejec Status Code	38 Trap Code		40 Fransp. Code	Medical Facility	
Operato	or		Se	ee Above		>	X	1 1	. 4	0	0	10	1		
							-	-	_						_
		,		3 100											
Please Select O	ne Vehicle	e 2 1	#Occupants Non-	Motorist A T	ype	15 Action	16	Location		17 Condi	tion	18	Hit,	/Run Mop	ed
License # <u>\$58</u>			DOB/Age	•	Reg#	8AY516				Reg Typ	e PC		Reg S	State MA	
Sex M Lic. C Operator WHI	Class D		En	DLdorsement		ear <u>2003</u>							Veh Co	onfig. 21	
Address 321	Lası	F	First	Middle		MHITNE	Last			First	JR		Middle		-
City WILMI	NGTON	State <u>1</u>	MA Zip 01887	-1134		ILMING				Sta	nte M Z	Zip	018	87-1134	_ 4 9
		K 2	NSURANCE C	<u>OMPAN</u>	Vehicle	Action Prior to			22			l Area C	ode: 8	27 1 27 2 27 28	
Vehicle Travel Di Citation # (If Issu	L. L.	Xw	Responding to Emerge	ency? <u>2</u>		Sequence 44	23 1	23 23	3 2	~	est Statu pe of T		-	29	
Viol. 1: Ch/Sec/Si		—— Vio	ol. 2: Ch/Sec/Sub			Iarmful Event Contributing Co	ode	22 ²⁵		25		t Result:		30 usp. Drug: 2 32	2
Viol. 3: Ch/Sec/Si			ol. 4: Ch/Sec/Sub ——		Driver	Distracted by	99	26				om scen		33 Drug: 2	
Plea Name (Last First Mid		rator/non-r	notorist and all occupan	nts involved Address		DOB/Age	Sex	Seat Sa	fety Ai	36 37 irbag Eject atus Code	38 Trap Code	Injury Tr	40 ansp. lode	Medical Facility	
Operato	r/Non-Mo	torist	See	Above		$\geq \leq$	X	1 1	4	0	0	10 1			
														7.	



MV1 was stopped in traffic at the red stop light at the intersection of Middlesex Avenue/Route 62 eastbound and High Street. MV1 was stopped in the right side straight ahead only travel lane. MV2 was traveling straight ahead on Middlesex Avenue/Route 62 eastbound and approaching the intersection with High Street. The operator of MV2 stated that he attempted to slow down and stop, but that he felt "something let go underneath hi car" referencing some type of mechanical malfunction. The operator of MV2 stated that he temporarily lost control of the vehicle and collided with the rear of MV1, which was stopped. MV1 suffered minor rear end damage and MV2 suffered minor front end damage as well as two blown tires on the left side. Neither operator was injured and refused medica attention. Forrest Towing arrived and towed the disabled MV2 from the scene back to the owner's residence.

Witnesses:								
Name (Last, First, Middle)								
Name (East, First, Windle)		Address			Pho	one #		Statement
								v
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description	on of Damageo	d Property	
Truck and Bus Information: Carrier Name	Registration #			icle Section)			Bus Use	42
Address			City			. St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #·			
43	pe Code 44	GVWR/GCWR	45	_				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46		
Hazmat Information:								
Placard Material 1 digit #	48 Material Name			_Material 4 dig	it #		Release code	49

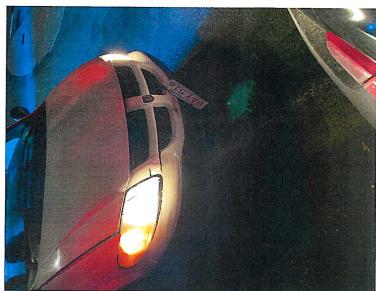
Patrol Officer Michael A Wilson

209 ID/Badge # Wilmington Police Department

11/09/2020

Wilmington Police Department Images Associated with 20-252-AC

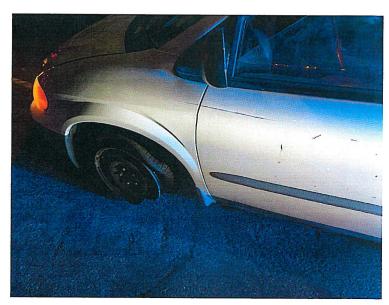




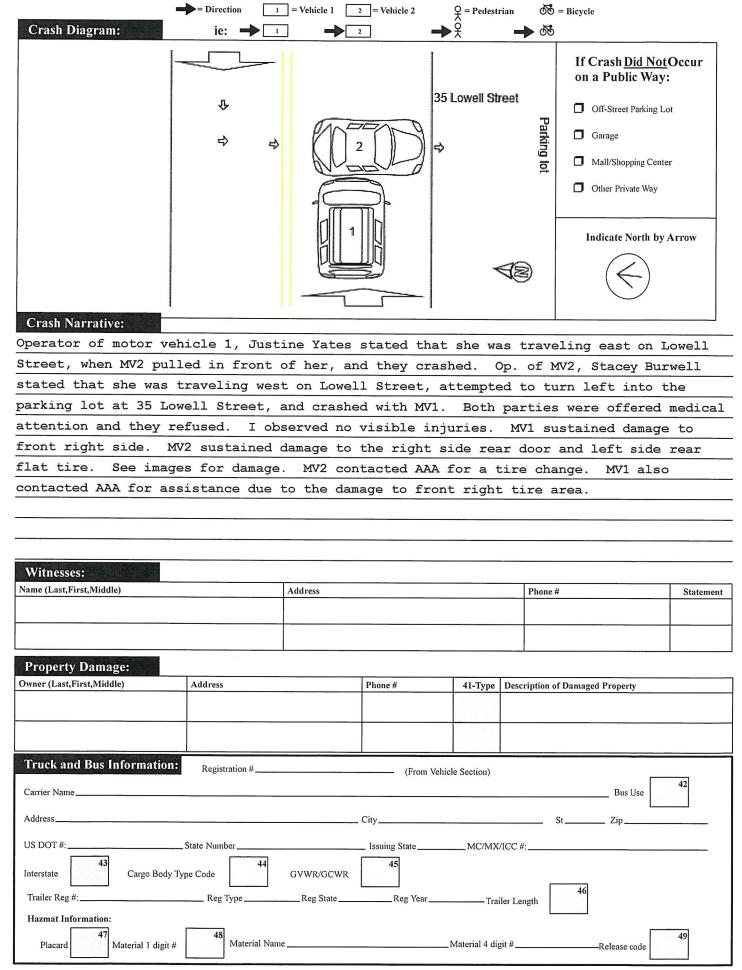








	Police Use Only	Comr	nonwealth	of Massach	usetts	}	RM	V Docun	nent Number]
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police	1
	11/09/2020 1717 Wila	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >		NOT A	INTER	SECT		
					.,,					2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	35 Address #	LOWE	LL ST	Roadway	v/Street	
13		At					Traine of	Rodaway	y/500cct	
	Route# Direction Nar	ne of Intersecting Roadw	- /C+	Feet N S	E W of	Mile Ma	rker	or	Exit Number	
	Rouce Direction (Nati	Also at Intersection w		Feet N S	E W of					3 11
				Feet N S		Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadw	ay/Street				La	ındmark		
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Report	ID# 20	-25	3-AC	•		1
	of the Following.									-
	19 19	Y DOB/Age,		# HUK5518					21	1 12
	Sex_E Lic, Class D Lic, F	En	dorsement	Year 2006				Veh C	Config. 1	
⁴ 1	Operator YATES, JUSTIN	First	Middle	er YATES, SI		LEE First		Middl	le	
	Address 9 WILLARD AVE			ess 24 GROVE				_		
		MA zip 0215!	_	MOUNT MORE	RIS		te NY 2			
	Insurance Company ERIE INSU			ele Action Prior to Crash			amaged Area est Status:	Code: 1	27 27 27 28	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23		pe of Test:	1	29	
	Citation # (If Issued)	<u></u>	Most	Hannful Event 1	24	B	AC Test Res	ult: 1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 St	sp. Alcohol:	2 31	Susp. Drug: 2 32	1 13
6 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from so	ene? 3	33	
	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	rolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		e Above	X	1 1	4 0	0 10	1	Tradeal Tuesting	1
										-
⁷ 1	Please Select One of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Ні	t/Run 🔲 Moped	
	License #_S38273381 St M	A_DOB/Age_	Read	4MH162	<u> </u>	l Reg Type	PC	Pag	State MA	1
	19 19	estrictions 1 20 CD	_	/ear 2011					21	
	Operator BURWELL, STAC	En	dorsement	BURWELL,				ven C	onig.	
³ -	Address 373 LINCOLN ST	First	Middle	last ess 373 LINC		First		Middl	c	
	City WEST BRIDGEWATER State			WEST BRIDG			e M7A 7	in 021	379-1529	1 14
	Insurance Company PROGRESSIV	•		le Action Prior to Crash			maged Area			
	Vehicle Travel Direction: N S E	Responding to Emerg	_	Sequence 1 23	23 23		st Status:	1	28	
	Citation # (If Issued)	responding to Emerg	•	Harmful Event 1	24		pe of Test:	Ė	29	
2	, , ,	E-1 2: CL /0 / / / /		r Contributing Code	1 25	25	AC Test Resi		30	
	Viol. 1: Ch/Sec/Sub			Ţ	26	Su	sp. Alcohol:		Susp. Drug: 2 32 33	
ļ	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub		r Distracted by 0	34 35	36 37	wed from sc	ene? 2		
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	Sec	e Above	\times X	1 1	4 0	0 10	1		
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Patrol Officer Julio J Quiles

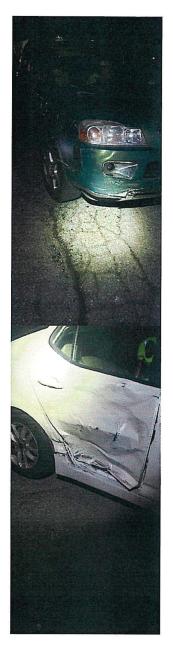
197

Wilmington Police Department

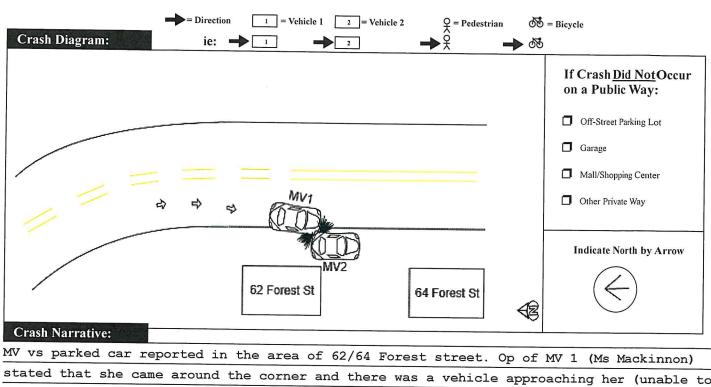
11/09/2020

Wilmington Police Department Images Associated with 20-253-AC





	Police Use Only	nonweal	th o	of Massa	ach	use	etts			RN	AV Doc	cument Nu	ımber				
	Date of Crash Time of Crash 11/10/2020 1039	1	City/Town	Motor V	Vehi	icle Cra	sh		umber hicles	Num	.d 5P	eed Lim	it 2	Local I	Police 🔀		
	24HI	1	ington	Poli	ce F	Report		2	incics.	0	La	titude ngitude _			A Police us Police		
	AT INTE	RSECTI	ON:	< L(OCA1	TION :	>			NOT				TION:		1	
																2	10
	Route# Direction		Name of Roadway/Str	reet		Route# Direct	ion	62 Addr	ess#	FO		T S? Name o		way/Street		-	
1			At			ŗ		l l								1	
	Route# Direction	Name	e of Intersecting Roadw	/av/Street	<u>—Ŀ</u>	Feet	NIS	EW	of	Mile	– –– Marke	•	or .	Exit 1	Number	-	11
			Also at Intersection w			Feet	N S	E W	of							4	11
2						Feet [N S	EW	of	Route		Inter	secting	Roadway/	Street		
² 1	Route# Direction	Name	e of Intersecting Roadw	/ay/Street								L	andmar	k		-	
3	Please Select One of the Following:	cle 1 <u>1</u>	#Occupants Hit/	Run 🔲 Mo	ped	Crash R	eport	ID#	20	-2	54	- A(~				
	License # S77840863	C. M77	DOD/4													-	
	Sex F Lic. Class D	10	20			8TM640									21	1	12
	Sex_Lic. Class D		└── Er	ndorsement		ar 2011							Vel	h Config.	1	\vdash	
4 1	Operator MACKINNON Last	, I	First	Middle			ast	-		RIC Firs		ANN	N	fiddle	V-111	-	
<u> </u>	Address 176 CARTE		04050			s 176 CA		ER							***************************************		
	City TEWKSBURY				City_ T	EWKSBUF	RY	ſ							-1408	-	
	Insurance Company METRO		AN PROPERT	Y AND	Vehicle	Action Prior to		1	<u> </u>	22			a Code	2 27 10	27 27		
⁵ 2	Vehicle Travel Direction: N	X E W	Responding to Emerg	gency? 2	Event S	Sequence 2 2	23	23	23	23		Status: of Test:		29			
	Citation # (If Issued)	***************************************	-		Most H	Iarmful Event	2	24				Test Res	sult:	30			
	Viol. 1: Ch/Sec/Sub	Vi	ol. 2: Ch/Sec/Sub		Driver	Contributing Coo	de	11	25	25		Alcohol		Susp. D	orug: 2 32	2	13
6 1	Viol. 3: Ch/Sec/Sub	Vi	ol. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26				d from s		1 33		-	
1		ut for operato	or and all occupants inv					34 Seat	35 Safety	Airbag	37 3 Eject Th	8 39 ap Injury	40 Transp.			7	
	Name (Last First Middle) Operator			Address ee Above		DOB/Age	Sex	Pos.	System 1	Status C		ide Statu	S Code	Medi	ical Facility	-	
	operato.			C.100vc			\triangle		_	-		10	-	-			
													<u> </u>				
7 .	Please Select One Vehic	:le 2 1 #	Occupants Non-	Motorist A Typ	ne .	15 Action	16	ocatio	$\overline{}$	17	ndition	18		Hit/Dun	Moped	1	
1	o. ac conomis			***************************************												4	
	License #	St 19	DOB/Age			8125FD									21		
	Sex Lic. Class		strictions CI	dorsement		ar <u>2017</u>								Config.	1		
³ 1	Operator Driverles	s M.V	irst	Middle		FURBUSI	ası		1CY	EL First	[ZA]	BETH		iddle			
_	Address				Address	s 19 DEL	LI	OR_							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	┝	14
	City		•		City W	ILMINGT	'ON	г		_					-3122	1	
	Insurance Company USAA	CASUA	LTY INSURA	NCE C	Vehicle	Action Prior to C	Crash		11	22			a Code:	6 27 7	27 27		
	Vehicle Travel Direction: N	S E W	Responding to Emerg	ency?	Event S	equence 2	:3	23	23	23	Type	tatus: of Test:		29			
2	Citation # (If Issued)				Most H	armful Event		24				Test Res	ult:	30			
_	Viol. 1: Ch/Sec/Sub	Vic	ol. 2: Ch/Sec/Sub		Driver (Contributing Cod	le		25	25		Alcohol	-	Susp. Di	rug: 32		
	Viol. 3: Ch/Sec/Sub	Vic	ol. 4: Ch/Sec/Sub		Driver I	Distracted by		26		_	Towe	l from so	cene?	1 33	1		
	Please fill out for op Name (Last First Middle)	perator/non-n	notorist and all occupa			pon/-		34 Seat			37 3 ject Tr	ip Injury				7	
	Operator/Non-Ma	otorist		Address e Above		DOB/Age	Sex	Pos.	System	Status (ode Co	de Status	Code	Medic	cal Pacility	1	
	- F						$\langle \cdot \rangle$				_	-				-	
											_					_	



MV vs parked car reported in the area of 62/64 Forest street. Op of MV 1 (Ms Mackinnon) stated that she came around the corner and there was a vehicle approaching her (unable to confirm) that was driving on the yellow line. MV1 stated that she had to veer to the righ to avoid a collision with the oncoming vehicle subsequently causing her to side swipe the vehicle that was parked on the side of the road. MV1 was towed by Forrest towing due to the damage to the passenger front tire area. MV2 was towed due to the damage to the drivers side rear tire area. The owner of MV2 came out and was provided the accident exchange information. No injuries were observed or reported. I provided Ms. Mackinnon a curtesy ride back to her residence in Tewksbury.

Witnesses:						
Name (Last, First, Middle)		Address			D1 //	
		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Proper	ty
Truck and Bus Information:	Registration #		(2.10111.101110.		Bus	Use 42
Address						
US DOT #:S	State Number		_ Issuing State	MC/MX/I	CC #·	
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length 46	
Hazmat Information:						
Placard Material 1 digit #	48 Material Name		N	Aaterial 4 digi	t #Release	code 49

Patrol Officer Scott Dunnett

202

Wilmington Police Department

11/10/2020

Police Officer Name (Please Print)

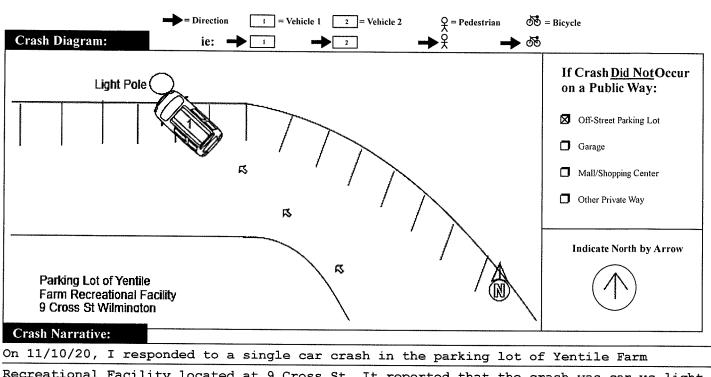
Signature

ID/Badge #

Department Precinct/Barracks

Date

	Pol	lice Use Only		Com	monwe	alth (of Massa	ach	use	etts				RM	V Doci	ument N	umber		
	Date of Crash 11/10/2020	Time of Crash		City/Town ington	Moto	r Veh	icle Cra	sh		umber ehicles	Nun Inju	-od	•	Limit	15	Local	Police Police A Police	080	
		24HR	71		Po	olice]	Report		1		o	1,	atitud ongit				ous Police	_ 5	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO.	ГАТ	INT	ΓER	SEC	TION	:		
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¹ 1	Route# Dire	etion		Name of Roadway/S	itreet		Route# Direc	tion	Addr	ess#					Roadw	vay/Stree	t		
т_				At			Feet	N S	EW	of			- •	_	or _				
	Route# Direc	ction		of Intersecting Road	-			vi el		 1 .	Mi	le Mar	ker			Exit	Number		1 11
				Also at Intersection	with		Feet Feet				Route	:#]	Interse	ecting I	Roadway	/Street		
² 1	Route# Direc	ction	Name	of Intersecting Road	way/Street		Peet	IN S	EW	of				1 2	ndmarl		****		
3	Please Select (.13 #	Occupants Hit	r/Ron 🗆	Moped	Crash R	enort	1D# '	20	-2	5				`			
	of the Followi	****																	
	Sex F Lic.	10 1	9	DOB/Age			171C										1	21	1 12
		-			CDL Endorsement		_{Cear} <u>2017</u> er <u>GRIFFI</u>								_ Veh	Config.	T	┙	
⁴ 1	1	Last LEXINGT(Fi	rst	Middle		es 20 LEX	Last	-		Fi		1 2	3	Mi	iddle		—	
	1			1A Zip 0180	1-4806		WOBURN					State	MZ	1 7	in O	1801	-480	—)6	
				AL INDEMN			le Action Prior to				22				Code:			27	
	Vehicle Travel E	Direction: S	EW	Responding to Eme	rgency? 2		Sequence 23		23	23	23	Tes	t Stati	us:		1 28			
5	Citation # (If Iss	sued)						23	24				e of T			30			
	Viol. 1: Ch/Sec/	Sub	Vio	ıl. 2: Ch/Sec/Sub —		_ Drive	r Contributing Co	de	18	25	25			t Resu		1	Drug: 2	32	23 ¹³
6	Viol. 3; Ch/Sec/	Sub	Vio	ıl, 4: Ch/Sec/Sub —		_ Drive	r Distracted by	6	26					om sc		2 33		_	<u> </u>
⁶ 1	Name (Last First M		or operator	r and all occupants in	ivolved Address		bont		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				ļ
	Operate			S	See Above	130000	DOB/Age	Sex	Pos.	System 1	Status 4	Code 0	Code O	Status 10	Code 1	Med	dical Facility		
	ANGELA DIXO	ON		5 BUCO AVE METHUEN, MA 018	44		01/24/2020	F	6	4	4	0	D	10	1				
	ALICE DIXON	Ŋ		5 BUCO AVE METHUEN, MA 018	44		05/31/2013	F	5	4	4	0	D	10	1				
⁷ 1	Please Select C		2#	Occupants No	n-Motorist A	Туре	15 Action	16 L	ocatio	on	17 C	onditio	on	18		Hit/Run	□ Мо	ped	
	License #		St	DOB/Age		Reg#					Reg	Type_			Re	eg State_			
	SexLic. 0	Class 19 19	Lic. Res	trictions 20	CDL	Veh Y	ear	\	Velı Ma	ake					Veh	Config.	2	21	
3 _	Operator	Last	Fi	rst	Middle	Owne	er	ast			Fir	×i			Mi	ddle			
1	Address					Addre	ess												. 14
	City		State	Zip		City_			Г			_ State						_	1
	· ·	-				Vehic	le Action Prior to				22		naged : Statu		Code:	27	27	27	
		Direction: NS		Responding to Emer	rgency?		Sequence	23	23	23	23		e of T			29			
2	Ì Ì	ued)					Harmful Event	<u> </u>	ᆜ	25	25	BA	C Tes	t Resu	lt:	30		,	
				1. 2: Ch/Sec/Sub —			r Contributing Co	de	26					ohol:	31	Susp. I	Orug:	32	
	Viol. 3: Ch/Sec/S			I. 4: Ch/Sec/Sub — notorist and all occup		_ Driver	r Distracted by		34	35	36	37	38	om sce 39	40				
	Name (Last First M	(iddle)			Address		DOH/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	dical Facility		
	Operato	or/Non-Moi	orist	S	ee Above			\triangle	1										



On 11/10/20, I responded to a single car crash in the parking lot of Yentile Farm Recreational Facility located at 9 Cross St. It reported that the crash was car vs light pole. Upon arrival, there was no injury. Operator of Veh 1 reported that she was leaving the park at the time of the crash. She stated her grand children were in the back seat an one of them was talking with her. She reported that she was paying attention to her grandchild at the time of the crash. All occupants were properly secured in car at time o crash. Vehicle 1 suffered damage to the front bumper passenger side. The light pole had damage to the pole itself and was knocked over to the ground. (See photos) The light pole belongs to the Town of Wilmington. No tow required.

Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
TOWN OF WILMINGTON	121 GLEN RD WILMIN	NGTON MA 01887		3	LIGHT	POLE	
Carrier Name Address US DOT #: Interstate Cargo Body Typ	State Number44	GVWR/GCWR	City Issuing State	MC/MX/	/ICC #:	StZip	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	———Trai	ler Length		1
Placard Material 1 digit #	48 Material Name			Material 4 dig	git #	Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

11/10/2020

Police Officer Name (Please Print)

Signature

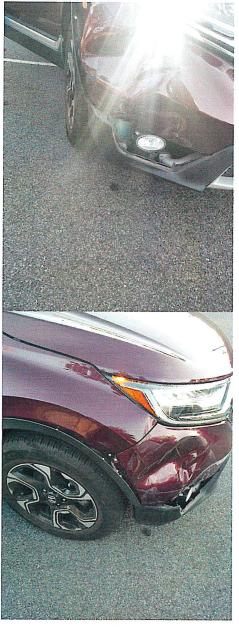
ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 20-255-AC







Wilmington Police Department Images Associated with 20-255-AC

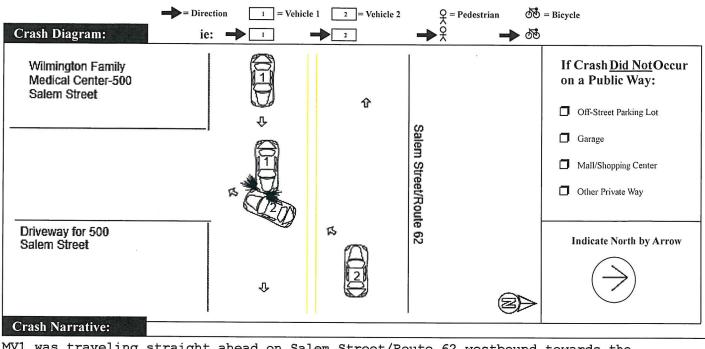








	Police Use Only	nonwealth o	of Massa	ichi	isett s	S			RM	V Doc	ument N	lumber		
	, , ,	City/Town	Motor Veh	icle Cra	sh	Number Vehicles			•	Limit	35	Local	Police Di Police A Police	1
	24HR	ington	Police I	Report		2	0		Latitu Longi				pus Police 🔲	
	AT INTERSECTION	ON:	< LOCA	ΓION :	>		NO	ТАТ	IN	ГER	SEC	TION	•	1
														2 10
,	Route# Direction	Name of Roadway/Stro	eet	Route# Direct		443 Address #	_ <u>S</u>	ALE			Roadw	vay/Stree	:t	-
¹ 4		At			باماء									
	Route# Direction Name	of Intersecting Roadw	av/Street	Feet [NISIE	of of	M	ile Ma	rker		or _	Exit	Number	
		Also at Intersection wi		Feet	N S F	E W of								3 ''
2	Route# Direction Name	-CI-tt D1	181	Feet	N S F	E W of	Rout	e#		Interse	ecting I	Roadway	//Street	
² 1	Route# Direction Name	of Intersecting Roadw	ay/Street							La	ndmarl	k		-
3	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Crash R	eport I	D# 2 C	-2	256	6-	AC	•			
	License # S15918576 St MA	DOB/Age	Ray #	1FWS66			Da	a Timo	PC		D	ac Stata	MZ	<u> </u>
		20		ear 2017									21	1 12
	Operator CREAMER, HANNA	H ROSE	dorsement	CREAME							ven	Comig.		
⁴ 1	Address 18 MADISON ST	irst	Middle	ss 18 MAD	ast		F	irst	****		Mi	iddle		
	City MEDFORD State	MA 75 02155		ÆDFORD		<u> </u>		C+-+	. M7		· 01	2155	-2231	
	Insurance Company PLYMOUTH RO			e Action Prior to		1	22				Code:		27 3 27	
	Vehicle Travel Direction: N S E	Responding to Emerg				3 23	23		st Stat			28	. [3	
5	Citation # (If Issued)			Sequence 1		24		Ty	pe of	Test:		29		
				Harmful Event	<u> </u>	25	25	-1		st Resi		30		13
	Viol. 1: Ch/Sec/Sub — Viol.			Contributing Co		<u>-</u> 26		Su			2 31	Susp. 1	Drug 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub — Viol. Please fill out for operator			Distracted by	99	34 35	36	37	wed fi	rom sc	ene?	1 33		-
	Name (Last First Middle)	•	Address	DOB/Age		Seat Safety Pos. System	Airbag		Trap Code	Injury Status	Transp. Code	Ме	dical Facility	
	Operator		e Above	> <	X	1 1	3	0	0	10	1			
	SAMUEL MCINERNEY	77 SHERIDAN AVE MEDFORD, MA 02155	i-4042	12/18/2001	м 3	3 1	3	0	0	10	1			
														1
														1
	Please Select One Vehicle 24	1000000015 D		15	16		17			18				1
⁷ 3	of the Following:	Non-	Motorist A Type	Action	Lo	cation		Conditi	ion		<u> </u>	Hit/Run	Moped	
		_ DOB/Age	Reg #.	22T490			Re	g Type	PC		Re	eg State		
	Sex F Lic. Class D 19 Lic. Res	strictions 20 CD	L Veh Yedorsement	ear 2006	Ve	h Make C	HE	ZRO:	LET	·	Veh	Config.	1 21	
⁸ 2	Operator CIANCIULLI, KI	MBERLEE AT	Middle Owner	CIANCI	ULL ast	I, K		ERL irst	EE	AN		ddle		
	Address 17 JERE RD			s 17 JER		D								14
	City WILMINGTON State 1			VILMING	ON								-1670	2
	Insurance Company PROGRESSIVI	E DIRECT I	NSURA Vehicle	e Action Prior to		4	22		•		Code:	1 ²⁷ 2	3 27	
	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Event	Sequence 1 2	23 2		23		st State			29		
⁹ 2	Citation # (If Issued)		Most I	larmful Event	1 -	24		ВА		t Resu	ılt;	30		
	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Driver	Contributing Coo			.9 ²⁵	Sus	sp. Alo	cohol:	2 31	Susp. I	Drug: 2 32	
		ol. 4: Ch/Sec/Sub ——		Distracted by	99 2	26			wed fr	om sc	,,	1 33]
	Please fill out for operator/non-r Name (Last First Middle)		nts involved Address	DOB/Age		34 35 Seat Safety Pos. Systen		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operator/Non-Motorist	See	e Above			1 1	4		0		1		······································	Ţ
	MATTHEW TROIANO	7 GREENBRIAR DR NORTH READING, MA	. 01864-3142	08/07/1991	м 3	99	4	0	0	10	1			+
	NALANI CIANCIULLI	17 JERE RD WILMINGTON, MA 01		12/19/2017	F 4	. 4	4	0	0	10	1	-		1
		17 JERE RD					ļ					-		-
	MATTHEW CIANCIULLI	WILMINGTON, MA 01	887	12/19/2017	м е	5 4	4	0	0	10	1			



MV1 was traveling straight ahead on Salem Street/Route 62 westbound towards the intersection with Woburn Street. MV2 was traveling straight ahead on Salem Street/Route 6 eastbound towards 500 Salem Street. The operator of MV2 claims that she activated her tur signal and slowed down in preparation to turn left into the driveway for 500 Salem Street MV1 continued traveling straight ahead on Salem Street. The operator of MV2 claimed that she believed MV1 was going to slow down and stop. MV2 then abruptly turned left across th westbound travel lane and into the driveway for 500 Salem Street. MV1 continued traveling forward and collided with the right side of MV2. Both MV1 and MV2 suffered right front en and right side damage and airbags deployed in MV1. All occupants of both vehicles claimed to be uninjured and refused medical treatment and transport by the WFD. Forrest Towing arrived and towed both disabled vehicles from the scene.

Witnesses:								
Name (Last,First,Middle)		Address		8		Phone #		Statement
			_					
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damag	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vel	hicle Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body Ty	44	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Len	gth 46		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Name			Material 4 di	git #		Release code	49

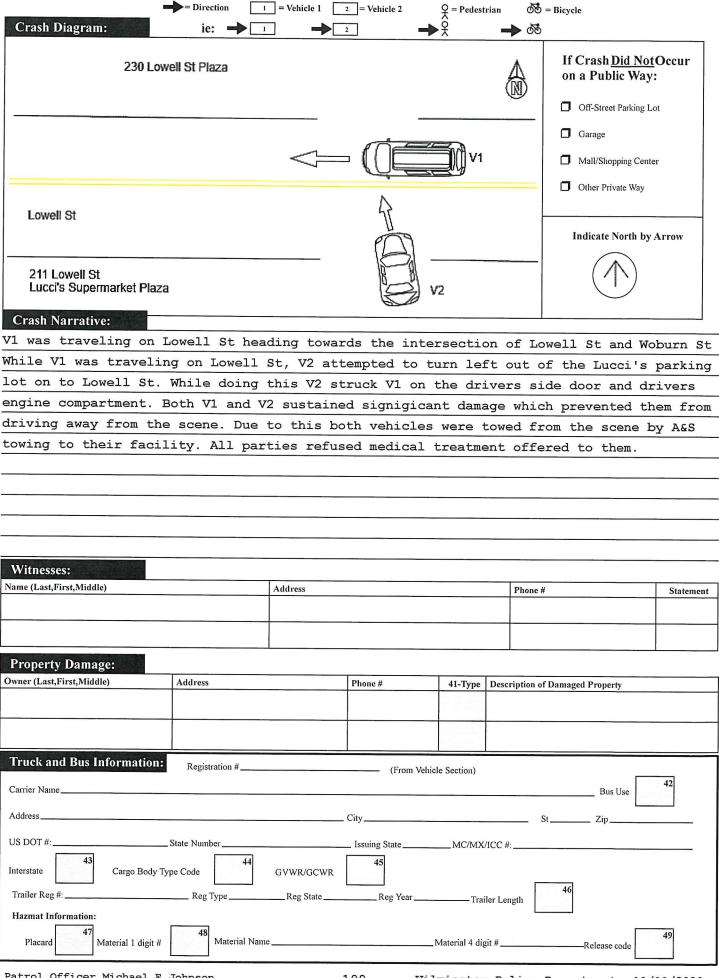
Patrol Officer Michael A Wilson

209

Wilmington Police Department

11/10/2020

Date of Crash	Time of Crash	City/T				of Mass icle Cra		Number		nor C			ment Number State Police	
11/11/2020	1839	Wilming				ncie Cra Report	isn	Vehicles	Inju	ad Spe	ed Limi tude	33	Local Police MBTA Police Campus Police	
	AT INTED	SECTION:						2	0		gitude_	~~~	Other:	
	ATIMIER	SECTION:	****		LOCA	HON	>		NOT	ATI	YTER	SEC	FION:	
							2	11	LO	WELI	SI	•		
Route# Direc	ction	Name	of Roadway/Str	eet		Route# Direc	ction A	ddress #]	Name of	Roadw	ay/Street	
			A			Feet	N S E	w of			•	or		
Route# Direc	ction		ersecting Roadw						Mil	Marker	******		Exit Numbe	r
		Also a	nt Intersection wi	ith			NSE		Route		Inters	ecting R	toadway/Street	
Route# Direc	ction	Name of Inte	ersecting Roadw	ay/Street		Feet	NSE	w of						
Please Select (One ISZI	1 "0		Ta							-	ındmark		
of the Followi		le [1#Occup	pants Hit/F	tun 🛄 1	Moped	Crash I	Report ID	#20	-2	57-	-AC	7		
License # S8!	5256813	St MA_DC			Reg#	1XE820			Reg	Туре 🗜	C	Re	g State MA	
Sex F Lic. 0	Class D	Lic. Restrictio	ns 1 20 CE	DLdorsement	Veh Y	ear <u>2006</u>	Vel	Make I	ODG	E		Veh	Config. 1	21
	Last	HRISTINA First	A S	Middle	Owne	F GENTRY	J. J.	MES	G			Mic	f.H.,	
Address 40	CHARME	RD		-	Addre	ess 40 CH	ARME	RD	Firs			Mic	acie	
City BILLE	ERICA	State MA	Zip 01821	-2125	City 🕽	BILLERI	CA			State 1	IA 2	Zip 01	821-21	25
Insurance Comp	any LIBER	TY MUTUA	L INSU	RANCE	Vehic	le Action Prior to	Crash	1	22	Damag	ged Area	Code:		27
Vehicle Travel D	Pirection: N S	Respo	onding to Emerg	ency? 2	Event	Sequence 1	23 23	23	23	Test St		ŀ	1 28 29	
Citation # (If Iss	ued)				Most	Harmful Event	1 2	4		Type o	f Test: est Resi	Jt:	30	
Viol. 1: Ch/Sec/5	Sub	Viol. 2: C	h/Sec/Sub		Drive	r Contributing Co	ode 1	25	25		Alcohol:		Susp. Drug: 2	32
Viol. 3: Ch/Sec/S	Sub	Viol. 4: C	h/Sec/Sub		Drive	Distracted by	0 2	6			from sc	-	1 33	
Name (Last First Mi		for operator and a					s	34 35 eat Safety	36 Airbag	37 38 Eject Tra	39 Injury	40 Transp.		
Operato				Address Above		DOB/Age	Sex P	os. System	Status 4	Code Cod	e Status	Code 1	Medical Facilit	ty
									-		+-			
							<u> </u>	_						
			···											
Please Select O of the Followin		2 1 #Occup	ants Non-!	Motorist A	Гуре	15 Action	16 Loc	ation	17 Cc	ndition	18	н	lit/Run 🔲 M	loped
License # _S18	3134382	St MA DO	B/Age		Reg#	2AYN25			Rea.	l Ime Pa	•	Pa	g State MA	
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	SEPH, MA		End	lorsement		JOSEPH						+611 (comig.	_
-	Lası	First		Middle		ss 2901 E	Last		First			Mide	dle	
Address 2901 POULIOT PL City WILMINGTON State MA Zip 01887-4570						VILMING'				State M	A 7	in 0 1	887-45	70
City WILMI			,		,				22			Code:		27
	ny GOVERN	MENT EMI	PLOYEES	INSU	Vehicle	e Action Prior to	Crash	4		Damag	ca i nea			—
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Insurance Compa Vehicle Travel Di		X W Respo			Event	Sequence 1		23	ᆚ	Test Sta Type of	ntus: Test:		29	
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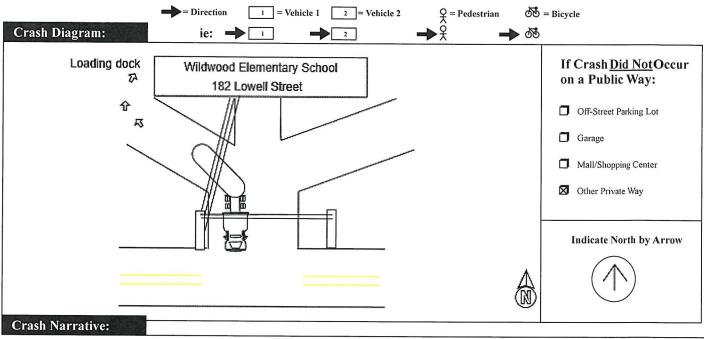
Patrol Officer Michael E Johnson

199

Wilmington Police Department

11/11/2020

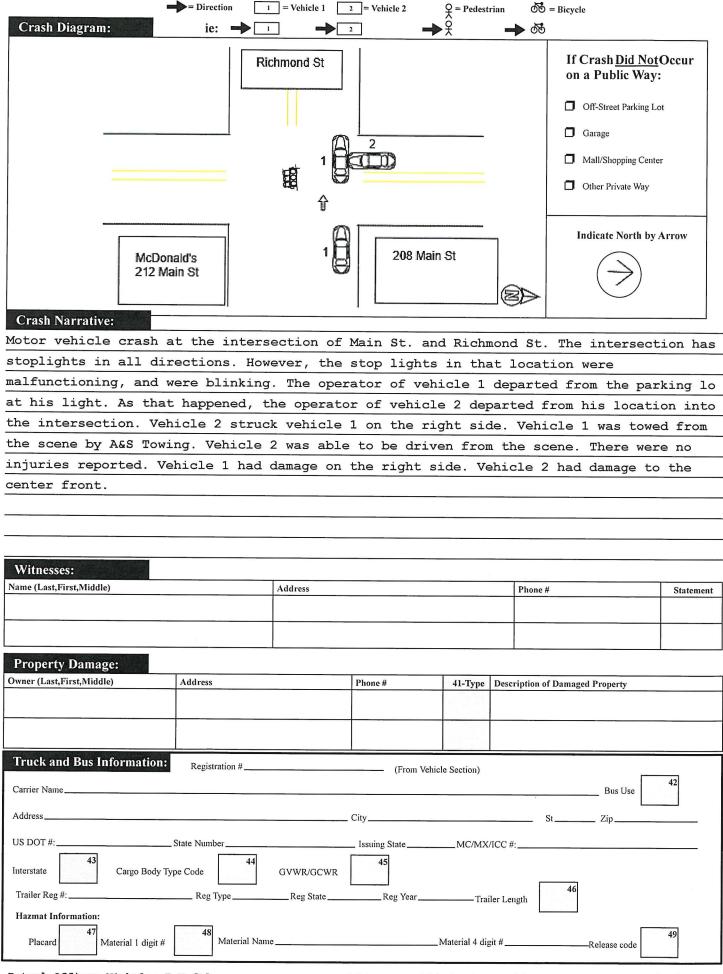
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3	Please Select O of the Followin		_#Occupants Hit/	Run Moped	Crash Re	eport I	D# 2	0-2	258	3 —	AC	7				
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⁴ 1	1	Last	First T APT FL2	Middle		ast			First	KLI	A.T.W		iddle	ANI	-	
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		rection: N E W			ele Action Prior to 0		23 23			st Stat		Couc.	1 28]	
⁵ 2			Responding to Emerg		t Sequence 23 ²		24		Туј	pe of T	Test:		29			
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⁶ 1	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub		er Distracted by	<u> </u>		5 36	To	wed fr	om se	ene?	2 33		_	
	Name (Last First Mid	•	ator and all occupants inv	Address	DOB/Age	Sex	Seat Saf		Eject Code	Trap Code	Injury Status	Transp. Code	Мес	dical Facility		
	Operato	r	Se	e Above	\sim	X	1 1	4	0	0	10	1				
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	Please Select O				15	16		17			18				┥	
⁷ 1	of the Following		_#Occupants Non-	Motorist A Type	Action	Lo	ocation	1/	Condition	on	10		Hit/Run	П Море	d	
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R	Operator	Last	First		er										_	
§ 1	Address	Last	LIIM		La	ist			irst			Mi	ddle			_
	City	State	e Zip	City_					State	e	z	ip			_ 9714	-
	Insurance Compan	ny		Vehic	le Action Prior to C	Crash		22	Dai	maged	l Area	Code:	27	27 27		J
	Vehicle Travel Dir	ection: NSEW	Responding to Emerg	ency? Event	Sequence 2	3 2	3 23	23		t Stati			28			
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	Name (Last First Mid	r/Non-Motorisi		Address e Above	DOB/Age	Sex	Pos. Syst		Code	Code	Status	Code	Med	dical Facility	_	
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Tractor trailer truck had just delivered products to the loading dock of the Wildwood Elementary School which is at the left side/rear of the building. During his attempt to exit the parking lot, the top of the truck grabbed onto some low hanging wires that ran from the school to the street side utility pole subsequently pulling them off of the school. The wires landed on and around the cab of the truck. The wires were identified as cable/internet. Wilmington Public works personel arrived on scene and removed the wires from the truck, allowing it to safely exit the parking lot. Verizon came out a short time later to rectify the low hanging wires across the school driveway. Students were present in the school but not affected during this incident.

Withesses.											
Name (Last,First,Middle)		Address			Phone #	Statement					
Property Damage:						·					
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property						
WILDWOOD ELEMENTARY SCHOOL	182 WILDWOOD ST WIL	MINGTON MA 0188			CABLE/INTERNET W	IRES					
Truck and Bus Information: Registration # 2602B (From Vehicle Section) Carrier Name Mansfield Paper Bus Use 0											
Address 360 UNION ST	-		City W. SPRING I	FIELD	St_MA Zip_0108	39					
US DOT #: 056072	State Number		_ Issuing State	MC/MX	/ICC #:						
	pe Code 97 44	GVWR/GCWR	45								
Trailer Reg #: 2554258	Reg Type TL	Reg State ME	Reg Year <u>20</u>	16 _{Trai}	ler Length						
Hazmat Information:											
Placard Material 1 digit #	48 Material Name			Material 4 dig	git #Release code	49					

	Police Use Only	Comi	ommonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash 11/12/2020 1815 Wilr	City/Town nington	Motor Veh	icle Crasl	h Numb		opeca Din	it_ 35	State Police Local Police	0800		
	24HR	uring con	Police 1	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	[법]		
	AT INTERSECT	ON:	< LOCA	TION >	•	NOT A	TINTE	RSEC	TION:			
							**			2 10		
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	195 Address		N ST Name o	of Roadw	vay/Street	├		
14		At										
	Route# Direction Nam		(6)	Feet N	S E W of	Mile M		- or -	Exit Number	- 		
	Rome# Direction Ivan	Also at Intersection w		Feet N	S E W of				******	3 11		
					S E W of	Route#	Inter	secting I	Roadway/Street	_		
² 2	Route# Direction Nam	ne of Intersecting Roadw	vay/Street		<u> </u>	-	I	_andmarl	k			
7	Please Select One Vehicle 13	#Occupants Hit/	Run Moped	Crash Ron	ort ID# 2 (1-25		***************************************		_		
³ 3	or the Following.											
	License # S10568547 St M	20		9KN168					21	1 12 12		
	Sex M Lic. Class D Lic. R	estrictions Cl	idorsement	ear 2012				Veh	Config. 1] 📇		
⁴ 3	Operator HO, BRENDAN S	EAN First	Middle Owne	er HUNTER,	KAYOU	A First		Mi	iddle			
3	Address 7 VIRGINIA RD			ss 7 VIRGI	NIA RI)				_		
	City WILMINGTON State	MA Zip 01887	7-4124 City	WILMINGTO					1887-412	4		
	Insurance Company GARRISON I	PROPERTY &	CASUA Vehic	le Action Prior to Cra	ash 1		Damaged Are	ea Code:		27		
⁵ 2	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23	Test Status:		1 28 29			
2	Citation # (If Issued)		Most	Hannful Event 1	24		Гуре of Test: ЗАС Test Re		30			
	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Drive	Contributing Code	1 25	25	Susp. Alcoho		<u> </u>	1 13		
6	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Drive	Distracted by	26		fowed from s	h	1 33	┙┣━━		
⁶ 2	Please fill out for operat	•			34 35 Seat Safe		38 39 t Trap Injur					
	Name (Last First Middle) Operator		Address ee Above	DOB/Age S	ex Pos. Syste	m Status Cod	e Code Statt	is Code	Medical Facility			
	-	401 DANA CT			1 1	4 0	0 10			_		
	REID COTE	WILMINGTON, MA 0:			6 1	4 0	0 10	1				
	RYAN CLARKE	WILMINGTON, MA O		М	3 1	4 0	0 10	1				
7 _	Please Select One Vehicle 21	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Cond	ition 18		Hit/Run Mop			
⁷ 2	of the Following:							<u> Ш</u>				
	10 10	DOB/Age.	•	Reg # US 97ME Reg Type PC Reg State MA 21 21								
		estrictions CI	dorsement	ear 2012			1	Veh	Config. 1	l		
³ ₂	Operator SIRACO, JOSEPH	First	Middle	r SIRACO,		UDE E		Mie	ddle			
	Address 128 ELM ST	1076		ss 128 ELM						14		
	City TEWKSBURY State	•		rewksbury				· .	L876-441:	- I I		
	Insurance Company THE STANDA		_	e Action Prior to Cra			Damaged Are Test Status:	a Code:	1 27 27 2	۱ ا		
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2	Citation # (If Issued)	_	Most I	Harmful Event 1	24		SAC Test Re	sult:	1 30			
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		iol. 4: Ch/Sec/Sub ——	****	Distracted by 0	26		owed from s	1	2 33	_		
	Please fill out for operator/non- Name (Last First Middle)	•	nts involved Address	DOB/Age Se	34 35 Seat Safet Pos. Syste	y Airbag Eject	38 39 Trup Injury Code Statu		Medical Facility			
	Operator/Non-Motorist	Se	e Above	$\rightarrow \rightarrow$	1 1	4 0	0 10	1				
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Patrol Officer Nicholas E Noftle

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Wilmington Police Department

11/12/2020

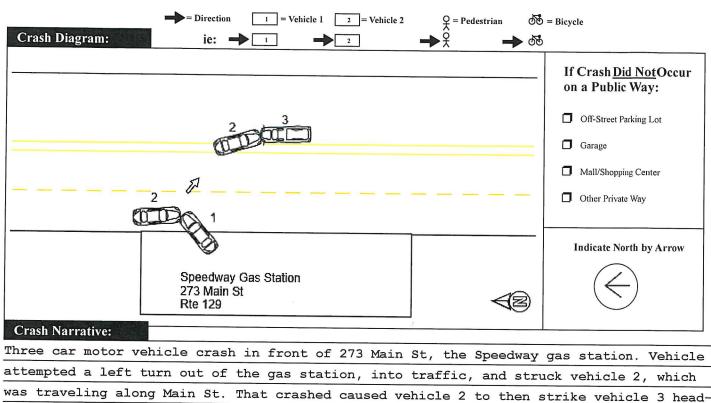
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	Date of Crash 11/13/2020	Time of Crash	1	ity/Town .ngton	Motor V	ehicle C	rash	Numbe Vehicle		ad Jopes	ed Limi	t35	Local Police		-
		24HR	.,	ing con	Polic	e Repor	t	3	2	Latin	tude gitude _		MBTA Police Campus Police Other:	_ 🖁	
		AT INTER	SECTIO	N:	< L0	CATION	>		TON	AT IN	ITER	RSEC	TION:		
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¹ 4	Route# Dire	ction	N	lame of Roadway/St	reet	Route# D	rection	Address #				f Roadw	vay/Street		
4				At		F	eet N S	E W of			• —	- or			
	Route# Dire	ction		f Intersecting Roady					Mil	Marker		_	Exit Number	r	6 11
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² 2	Route# Direc	ction	Name o	f Intersecting Roady	vay/Street	F6	eet NS	E W of							
	Please Select (a 1 1 #0	Occupants Hit/	Run Mop			2 (60		andmarl	K		1
³ 3	of the Followi		·					ID# 2 (
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	Sex_F_ Lic.	<u> </u>	Lic. Rest	rictions C	ndorsement	Veh Year <u>2020</u>				AN		Veh	Config. 1	֡֟֝֝֟֝֝֡֡֡֡	
⁴ 1	İ	RWELL, Last LINCOL	Firs	R	Middle	Owner EAN	Last		Firs				iddle		
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				IRANCE CO		City TULSA			22			Zip 1 Code:	4134-00 27 27	27	
	Vehicle Travel D			Responding to Emerg		/ehicle Action Pric	r to Crash	23 23	23	Test Sta		i Code.	1 28		
5		ued)		responding to Emerg		Event Sequence	1	24		Type of	Test:		29		
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		Sub		4: Ch/Sec/Sub —		Priver Distracted b		26		Susp. A			Susp. Drug: 2	32	
⁶ 2	VIOI. 3. CIB 500/1			and all occupants inv		I I I I I I I I I I I I I I I I I I I	, 33	34 35	36	37 38	39	40	1]		
	Name (Last First M				Address	DOB/Age	Sex	Seat Safety Pos. System	n Status	ijeet Trap Code Code	Status	Transp. Code	Medical Facilit	<u>y</u>	
	Operate)r		Se	e Above		\checkmark	1 1	3 (0	9	1			
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⁷ 1	Please Select C	A Vaniele	2 1 _#0	ccupants Non-	Motorist A Type	15 Action	16 L	ocation	17 Co	ndition	18	☐ F	Hit/Run 🔲 M	oped	
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	Operator	<u> </u>			dorsement	wner KRUE							Comig.		
⁸ 2	Addres.	Later	-		Middle	ddress 118]	Last		First			Mid	ldle		
	City	_	Stat	_ Zir -	C	ity WILMIN	GTON			State M	A z	Zip <u>01</u>	.887-33	96	1 14
	Insurance Compa	nny ALLSTA	TE IN	SURANCE C	OMPAN v	ehicle Action Prior	r to Crash	1	22	Damage	d Area	Code:	1 27 8 27	27	
l	Vehicle Travel D	irection: N	E W R	esponding to Emerg	ency? 2 E	vent Sequence	23 1	23 23	23	Test Sta			1 28		
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L	Viol. 3: Ch/Sec/S	ub	Viol.	4: Ch/Sec/Sub —	D	river Distracted by	/ O	26		Towed f	Ł		1 33	_	
	Plea Name (Last First Mic	· -	rator/non-mo	torist and all occupa	nts involved Address	DOB/Age	Sex	34 35 Seat Safety Pos. System	Airbag I	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility		
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	Pol	ice Use Only	C	ommonwealt	h of Massacl	husetts	,	RN	AV Docus	ment Number	
	Date of Crash 11/13/2020	Time of Crash 1631 24HR	City/Town Wilmington	1 i	ehicle Crash e Report	Number Vehicles		Speed Lim Latitude Longitude _		State Police Local Police MBTA Police Campus Police Other:	
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² 2	Route# Direc	etion	Name of Intersecting	g Roadway/Street	Feet N S	E W of	Kouten		andmark	oadway/Street	-
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³ 3	of the Followi	ъ.								· · · · · · · · · · · · · · · · · · ·	
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⁴ 1 .	1	CCIO, Al	First	Middle	Owner PUCCIO ,		NO First		Midd	lle .	
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6	Viol. 3: Ch/Sec/S	Sub —	Viol. 4: Ch/Sec/S	lub D	river Distracted by	26		ved from so		22	
⁶ 2			for operator and all occup			34 35 Seat Safety	36 37 Airbag Ejeet	38 39 Trap Injury	40		1
	Name (Last First Mi Operato			Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operato			See Above		1 1	4 0	0 10	1		-

⁷ 1	Please Select O of the Followin		4#Occupants	Non-Motorist A Type	15 Action 16	Location	17 Condition	on 18	П ні	t/Run Moped	
	License #		StDOB/Age_	R	eg #		Reg Type		Reg	State	1
	Sex Lic. C	lass 19 1	Lic. Restrictions	20	eh Year					21	
§ ₂	Operator	Last	First		wnerLast						
2	Address				Idress		First		Middle	c .	
l	City		State Zip	Ci	ty		State	: Z	Zip		1 14
	Insurance Compa	ny			chicle Action Prior to Crash	2	Dai	naged Area	Code:	27 27 27	
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2	Citation # (If Issu	ed)		М	ost Harmful Event	24		e of Test:		29	
2	Viol. 1: Ch/Sec/St	ub	Viol, 2: Ch/Sec/Su	ıb Dı	iver Contributing Code	25	25	C Test Resu p. Alcohol:		30 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Si	ub	— Viol. 4: Ch/Sec/Si	ıb Dı	river Distracted by	26		ed from so		33 July 33	l
ŀ		····	rator/non-motorist and all	· · · · · · · · · · · · · · · · · · ·		34 35	36 37	38 39	40		ļ
-	Name (Last First Mid			Address	DOB/Age Sex	Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
-	Operato.	r/Non-Mo	torist	See Above	X	1					

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L								- 1			1



Three car motor vehicle crash in front of 273 Main St, the Speedway gas station. Vehicle attempted a left turn out of the gas station, into traffic, and struck vehicle 2, which was traveling along Main St. That crashed caused vehicle 2 to then strike vehicle 3 head-on in the oncoming lane. Vehicle 1 had damage to the front and front left of the vehicle, and was towed from the scene by Cain's towing. Vehicle 2 had damage to the front, and airbag deployment of the front and side airbags. Vehicle 2 was towed from the scene by Cain's towing. Vehicle 3 had damage to the front of the vehicle, but was able to be drive from the scene. The operators of vehicle 1 and 3 were medical refusals on scene. The operator of vehicle 2 was transported at the wish of her mother, Michelle Valente, as the operator was a juvenile.

Witnesses:										
Name (Last,First,Middle)		Address			Phone #	Statement				
VALENTE MICHELLE JOA	AN .	118 MARION S	T EXT WILMIN	GTON MA 018	87					
Property Damage:						1				
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	ed Property				
				447.7						
Truck and Bus Information: Registration #(From Vehicle Section) Carrier Name										
Address			City		St Zip					
Address										
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46					
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name			Material 4 digit #	#Release code	49				

Patrol Officer Nicholas E Noftle

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Wilmington Police Department

11/13/2020

Wilmington Police Department Images Associated with 20-260-AC

