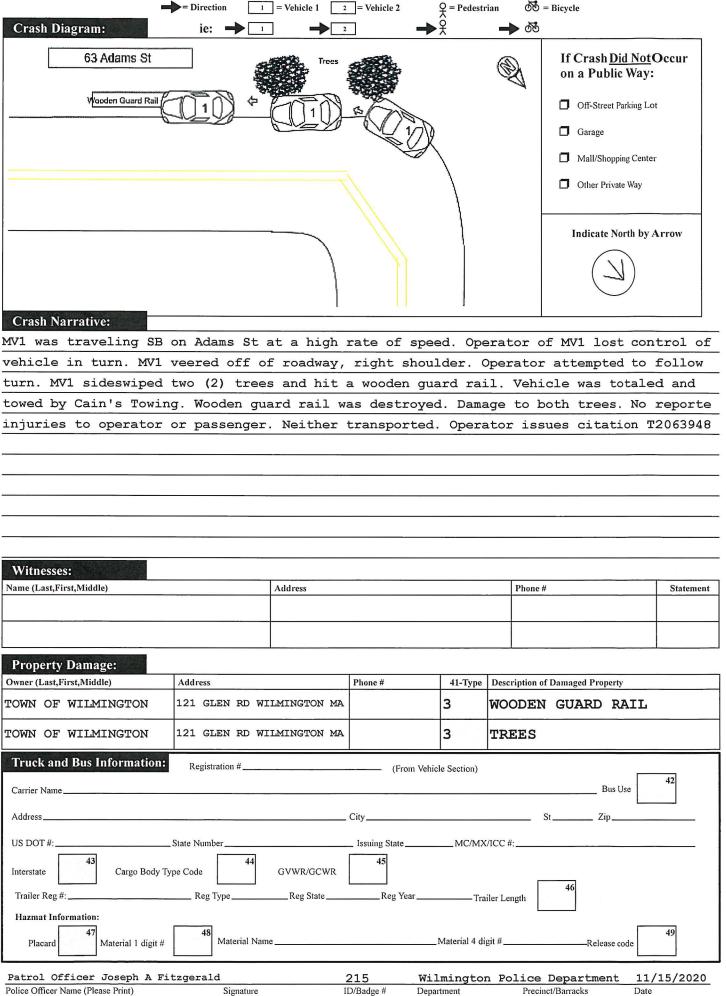
	Police Use Only	monwealth -	of Massac	huse	etts			RMY	V Docı	ıment Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Nu		Number Injured	1.	Limit.	25	State Police Local Police	8
	11/15/2020 0424 Wil i	mington	Police	Report	1	C		Latitud Longit			MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:		TION >		N	OT A	·		SEC'		_
												2 10
					<u>63</u>		ADAN					_
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Addre	ess#		Na	me of	Roadw	ray/Street	_
-		711		Feet N	S E W	of —		_ •		or _		_
	Route# Direction Nar	ne of Intersecting Roady	vay/Street				Mile M	arker			Exit Number	1 11
		Also at Intersection v	vith		SEW	R	oute#		Interse	ecting F	Roadway/Street	- []
² 1	Route# Direction Nar	ne of Intersecting Roady	vay/Street	Feet N	SEW	of					•	
									Lai	ndmark	<	
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Rep	ort ID#	20-	26	1-	AC	•		
	License #St	DOB/Age	Page	# <u>9TA758</u>			Dag Tom	. PC		D.	an State MZ	
	19 19	20		Year 2016							21	3 12
			ndorsement							Veh	Config.	<u> </u>
⁴ 1	Operato.	First	Middle	er FALVEY			First	-ENE	•;	Mi	ddle	-
T	Address			ess 139 NIC		ST		***************************************				-
	City State			WILMINGTO	М		-				1887-162	- I
	Insurance Company STATE FARI	M MUTUAL A	UTOMOB Vehic	cle Action Prior to Cr	ash	1 22	J	amage		Code:	= =]
5	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Even	t Sequence 40 23	23 21 21	23 24 2	٦	est Stat			28	
,	Citation # (If Issued) T2063948		Most	Harmful Event 2	4 24			ype of			30	
	Viol. 1: Ch/Sec/Sub 90 10	Viol. 2: Ch/Sec/Sub	00 24 Drive	 er Contributing Code	10	²⁵ 2	25	AC Tes usp. Ale				21 13
	Viol. 3: Ch/Sec/Sub 90 24			er Distracted by				owed fi			1 33] []
⁶ 1		ator and all occupants in			34	35	36 37	38	39	40	<u> </u>	_
	Name (Last First Middle)	· · · · · · · · · · · · · · · · · · ·	Address	DOB/Age S	Seat Pos.	Safety Ai System St	rhag Eject atus Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator		ee Above	$\rightarrow \rightarrow \rightarrow$	$\sqrt{1}$	1 3	0	0	10	1		
İ	NATHAN FORD	270 BURLINGTON A WILMINGTON, MA		06/13/2005 M	3	1 3	o	0	10	1		
			***************************************				+					-
			F					<u> </u>				_
⁷ 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	6 Locatio	on 1	Condi	tion	18		Hit/Run 🔲 Mope	ed
_	License #St	DOB/Age	Reg	#		<u> </u>	Rea Tym			P.	an State	
	19 19	20	•								21	
	L	Restrictions C E	ndorsement	Year	_ ven ivia	аке				ven	Conng.	
⁸ 1	Operator	First	Middle	erlast			First			Mi	ddle	-
	Address			ess								14
	City State	2 Zip	City				ר	ate			27 27 2	<u> </u>
	Insurance Company		Vehic	cle Action Prior to Cr		22		amage		Code:	27 27 2 ⁻ 28]
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence 23	23	23 2	٦	est Stat			29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24			AC Tes		ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25	usp. Ale	ſ	31	Susp. Drug: 32	2
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		- T	owed fi	om sc	ene?	33	-
	Please fill out for operator/no	n-motorist and all occup			34 Seat	35 Safety Ai	36 37 irbag Eject	38 Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age S	Sex Pos.		atus Code	Code	Status	Code	Medical Facility	
	Operator/Non-Motorist	! S	ee Above		$\sqrt{1}$							_



Wilmington Police Department Images Associated with 20-261-AC













Wilmington Police Department Images Associated with 20-261-AC













Wilmington Police Department Images Associated with 20-261-AC



	Police Use Only	monwealth	of Massa	chu	setts			RM	V Docı	ument Number		
	Date of Crash Time of Crash 11/16/2020 1307 Wilr	City/Town nington	Motor Ve	hicle Cras	h	Number Vehicles		4 Spece	l Limit		State Police Local Police MBTA Police Campus Police	<u> </u>
	24HR 24HR	urngton	Police	Report	:	2	0	Latitu Longi			Campus Police C	วี
	AT INTERSECT	ION:	< LOC	CATION >			NOT	AT IN	TER:	SEC'	TION:	
					_							2 10
	Route# Direction	Name of Roadway/S	freet	Route# Direction		25 ddress #	MA:	IN S. Na		Roadw	/ay/Street	_
1		At			T. T. T							
	Route# Direction Nan		/544	Feet N	SE	W of		Marker	. —	or _	Exit Number	13
	Router Direction Nan	Also at Intersection		Feet N	SE	w of						1011
				Feet N			Route#		Interse	ecting F	Roadway/Street	
² 2	Route# Direction Nam	ne of Intersecting Road	way/Street						Laı	ndmark	ζ	-
3	Please Select One Vehicle 11	#Occupants His	t/Run Moper	l Crash Re	port ID:	# 2 0	-2	62-	AC	•		
3	or the Pollowing.		I	L								4
	19 19	A DOB/Age		eg# <u>92YC05</u>							21	7 12
	Sex 141 Lic. Class D Lic. F		Endorsement	th Year <u>2013</u>						Veh	Config.	
4 1	Operator DAMERJIAN , DA	VID DANIE! First	Middle	wner DAMERJI	st		SJE First		IE.	Mi	iddle	-
т	Address 380 PEARL ST			idress 380 PE	ARL	ST			_			-
	City READING State	-		ty READING							1867-1357	, i
	Insurance Company THE COMME	RCE INSURA	NCE CO Ve	hicle Action Prior to C		1	22	Damage Test Stat		Code:	6 ²⁷ ²⁷ ²⁷ 27	
5	Vehicle Travel Direction: S E W	Responding to Eme	ergency? 2 Ev	rent Sequence 1	3 23	<u> </u>	23	Type of			29	
	Citation # (If Issued)		М	ost Harmful Event	1 24	4		BAC Te		ılt:	30	<u> </u>
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Dı	iver Contributing Cod	e 1	25	25	Susp. Al	lcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Dı	iver Distracted by	0 26	6		Towed f	rom sc	ene?	2 33	
	Please fill out for opera	itor and all occupants in	nvolved Address	DOB/Age		34 35 eat Safety os. System	Airbag I	37 38 ljeet Trap lode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator		See Above		X 1		4 0			1	THEOREM 7 LLCTH 1	
									-			
					<u> </u>				<u> </u>	ļ		_
⁷ 9	Please Select One of the Following: Vehicle 21	_#Occupants No	n-Motorist A Type	15 Action	Loc:	ation	17 Co	ndition	18		Hit/Run 🔲 Mope	d
-		A_ DOB/Agr	Re	g # <u>251CP6</u>			Reg	wne PC	<u></u>	R.	eg State MA	\dashv
	19 19	20		h Year 2008			_				21	_
	Operator WHITE, DOUGLA		Endorsement	wner WHITE,						ven	Colling.	
⁸ 1	Address 15 ELGINWOOD R	First	Middle	idress 15 ELG	st		First			Mi	ddle	-
		MA Zip 0196		ty PEABODY				Stata MZ	Δ 7	in 01	1960-3602	14
	Insurance Company VERMONT M	•		hicle Action Prior to C	'rach	10	22	Damage			····	, I
	Vehicle Travel Direction: NS WW	Responding to Eme	_	rent Sequence 23			23	Test Stat			1 28	1
		Responding to Line	. ,	· <u>L</u>	24	<u> </u>		Type of	Test:		29	
⁹ 2	Citation # (If Issued)	E-1 2. OL 10. 10. 1		Ľ	<u>.</u>	<u> </u>	25	BAC Te	Г	- 21	30	1
	Viol. 1: Ch/Sec/Sub	~	iver Contributing Code				Susp. Al	E		Susp. Drug: 2 32]	
	riol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator/non-motorist and all occupants involve			iver Distracted by	J 3	14 35	36	Towed f	39	40	2	_
	Name (Last First Middle)	o.o.ist and an occu	Address	DOB/Age	Sc	eat Safety os. System	Airbag I	jeet Trap lode Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist		See Above		X^{1}	[1	4 0	0	10	1		
							\prod					
									1			
								+	1			1

		= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestr		= Bicycle	
Crash	Diagram:	ie: -> 1	→	<u>2</u> →	<u>}</u>	→ №		
ſ	Parking Lot						If Crash <u>Did Not</u> on a Public Way	
	325 Main St						Off-Street Parking L	ot
							☐ Garage	
							☐ Mall/Shopping Cente	er
							Other Private Way	
			A)				<u> </u>	
						•	Indicate North by	Arrow
Ĺ		PARTICLE TO LEGISTER BODGE CONTRACTANCE CONTRACTOR			***************************************		(\leftarrow)	
Crash	Narrative:					l		
-	le 1 pulled into							
	le 1 was travel:							
	le 2 backed into				er pane	of ve	hicle 1. There	e was
ninor	damage to vehice	cle 1 and no	damage to	vehicle 2.				
Witne								
	sst,First,Middle)		Address			Phone #		Statement
•								
		AT						
		<u></u>						
	rty Damage:			T	T			
Owner (L	ast,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	

Truck	and Bus Information:	Registration #		(From Volu	icle Section)			
Carrier N				(FIOIII Veili	icie section)		Bus Use	42
Carrier	Name							
Address.				_ City			StZip	
US DOT	#:	_State Number		Issuing State	MC/MX	/ICC #:		:
Interstate	e Cargo Body T	Type Code 44	GVWR/GCWR	45				
Trailer I	Reg #:	Reg Type	Reg State	Reg Year	Тга	iler Length	46	
	t Information:	<u> </u>	<u> </u>	<u> </u>	— 11a			
Plac	ard 47 Material 1 digit #	48 Material Nan	ne		_Material 4 di	git #	Release code	49
Datrol	Officer Michael W	Wandell		17/ 17:	lmingto	Polico	Department 11	/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

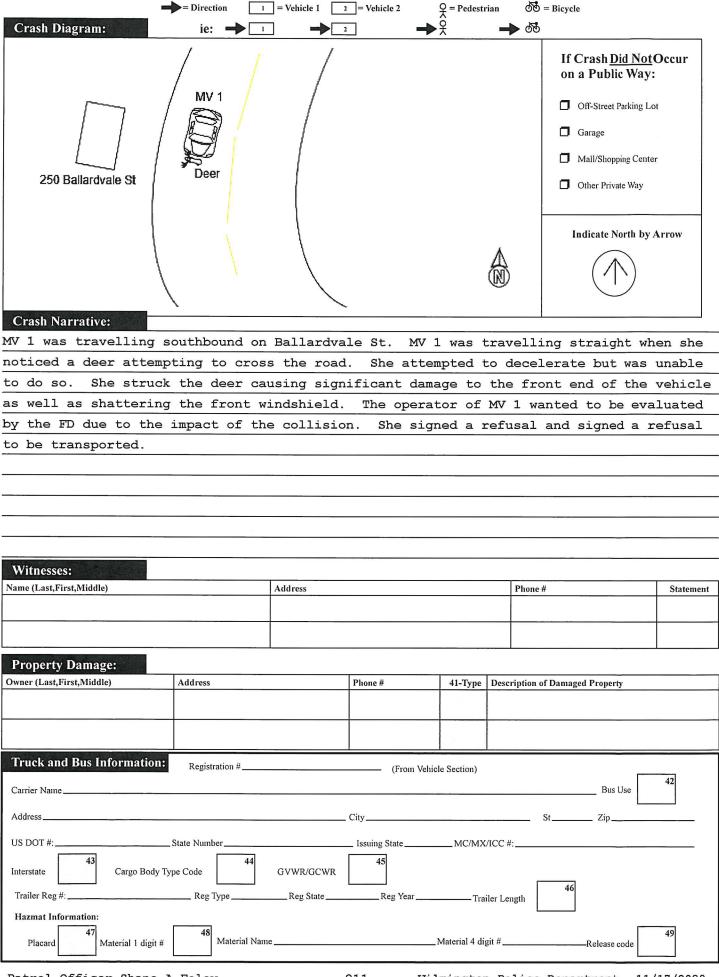
	Police	Use Only	Com	monwealth	of Massacl	husetts	S		RMV	Docur	ment Number	
		Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed I		35	State Police Local Police MBTA Police Campus Police	
	1.1/2020	.906 Wi	lmington	Police	Report	1	0	Latitud Longitu			Campus Police Other:	
	A	AT INTERSEC	TION:	< LOC	ATION >		NOT A	Γ ΙΝΤ	ERS	ECT	TION:	
						0.5.6						2 10
	Route# Direction	on	Name of Roadway/S	treet	Route# Direction	319 Address #	ANDO		ne of Ro		y/Street	
¹ 5			At		. M	S E W						1
	Route# Direction		Name of Intersecting Road	way/Street	Feet S	S E W of	Mile M	arker		or	Exit Number	
			Also at Intersection		Feet N S	SEW of				, _		
2	Route# Direction			(0)	Feet N S	E W of	Route#	Li	ntersect	ting Ko	oadway/Street	
² 1	Koute# Direction	л	Name of Intersecting Road	way/Street					Land	lmark		1
³ 97	Please Select One of the Following:		#Occupants Hit	t/Run Moped	Crash Repo	rt ID# 2 0	-26	3-2	AC			
97	License # S438		MA DOB/Age.	Rea	# 8542		Reg Tyn	. PC		Rau	ır State MA	
	Sex M Lic. Cla	10 10	20		Year 2000						21	1 12
		OUX, EUGE	_[Endorsement Own	ner GIROUX,							
⁴ 1		Last WOBURN ST	First	Middle	ress 154 WOBU		First			Midd	dle	
-			tate MA Zip 0181		ANDOVER			ate MA	Zin	01	810-6031	
			ERCE INSURA		icle Action Prior to Cras	sh 1		amaged		_		
	, ,	ection: XSEV			nt Sequence 5 23	23 23		est Statu		1	28	
⁵ 2		d)			t Harmful Event 5	24		ype of T			29	
		b			er Contributing Code	1 25	35	AC Test usp. Alc			Susp. Drug: 2 32	5 13
			Viol. 4: Ch/Sec/Sub —		er Distracted by	26		usp. Alc owed fro			22]	
⁶ 1	viol. 3. Characteristic		perator and all occupants in			34 35	36 37	38	39	40		1
	Name (Last First Midd)			Address	DOB/Age Sex		Status Code	Code	Status 0	ransp. Code	Medical Facility	-
	Operator	•		See Above		1 1	4 0	0	10 1			-

7	Please Select One		#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	ition	18	Пн	lit/Run Moped	1
⁷ 1	of the Following:			L								1
	License #	19 19	DOB/Age	·	#		• • • •				21	
	Sex Lic. Cla	ıss Li	c. Restrictions C	Endorsement	Year	. Veh Make				Veh C	Config.	
⁸ 1		Last	First	Middle	l.ast		First			Midd	dle	
	Address	0	toto 7:-		ress		6.	-4-	ey.			1 14
	·		tateZip	•	cle Action Prior to Cras	, [7.0	ate	-		27 27 27	
	• •	ection: NSEV	_		23	23 23		est Statu		-	28	
		d)	_ ` `		it Sequence	24	1	ype of T	est:		29	
⁹ 2	·	,			er Contributing Code	25	25	AC Test			30	
		Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —			rer Distracted by	26	S	usp. Alc owed fro	Ĺ	31	Susp. Drug: 32	
ļ	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator/non-motorist and all occup				Distracted by	34 35	36 37	38	39	40		-
-	Name (Last First Middl	le)	· · · · · · · · · · · · · · · · · · ·	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap	Injury T	ransp. Code	Medical Facility	-
	Operator	/Non-Motor	ist s	See Above	\times	1						
Ī												
ļ												7

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestr	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🛚 1	→ [:	2 →	ዷ	→ №		
	MV	/1	eer 319 Andover St			If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative:					<u>_</u>		
MV 1 was travelling				-			
Andover St a deer at			adway and th	at is	when MV	1 struck the	deer
causing side damage	to the vehicl	e.					
		<u> </u>					

							-
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
		I					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description	f Damaged Property	
(1333.633		- none a	.1-1ype	2 coerption 0	- Zamagea 1 Toperty	
		-					
Truck and Bus Information	Registration #		(From Vehicl	e Section)			
Carrier Name						Bus Use	42
Address			. City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #·		
43	44		45		<u> </u>		
	y Type Code	GVWR/GCWR			г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	70	
Hazmat Information:	40				_		40
Placard Material 1 digit	# Material Nam	ie	1	Material 4 di	git #	Release code	49
Patrol Officer Shane	A Foley	2	211 Wil	mingtor	Police	Department 11/	17/2020

	Pol	lice Use Only		monwealth	of Massach	usetts	R	MV Document Number	
	Date of Crash 11/17/2020	Time of Crash 2054 Wi	City/Town ilmington	Motor Vel	icle Crash		nber Speed Lin	Local Louice M	
	11/1//2020	24HR	riming con	Police	Report	1 0	Latitude _ Longitude	Campus Police	
		AT INTERSE	CTION:	< LOCA	ATION >	NO'		RSECTION:	1
									2 10
1	Route# Dire	ction	Name of Roadway/S	treet	Route# Direction	255 BZ Address #	ALLARDV. Name	ALE ST of Roadway/Street	-
¹ 4			At		NA.T				1
	Route# Direct	ction	Name of Intersecting Road	way/Streat	Feet S	E W of — - Mi	le Marker	orExit Number	11
			Also at Intersection		Feet N S				1 ''
2	Route# Direc	ation.	N. C. C. C. D. J.	10	Feet N S	E W of	e# Inte	rsecting Roadway/Street	
² 2	Koute# Direc	ction	Name of Intersecting Road	way/Street				Landmark	1
³ 97	Please Select (of the Followi		L #Occupants Hit	/Run Moped	Crash Report	1D# 20-2	64-A	C	
97			St MA_DOB/Age	Pag	# <u>5MAY50</u>				
	Sex F Lic.	19 19	20		year 2014 v			21	1 12
		ROUN, LAU	E	ndorsement	er MAROUN, L			ven Config.	
⁴ 1		Last	Pirst PL APT 101	Middle	ess 30 PARKS	Fi	rst	Middle	
	1		State MA Zip 0214		MALDEN	······································		Zip 02148-7870	
	1		SUALTY INSUR		ele Action Prior to Crash	1 22		ea Code: 2 27 1 27 27	
		Direction: XSE			23	23 23 23	Test Status:	1 28	
⁵ 2		ued)			t Sequence 5 E	24	Type of Test:	29	
***************************************			- Viol. 2: Ch/Sec/Sub -		<u> </u>	1 ²⁵ 25	BAC Test Re		13
			- Viol. 2: Ch/Sec/Sub		er Distracted by	26	Susp. Alcoho		5
⁶ 1	VIOI. 3, CII/3ec/.		pperator and all occupants in		Distracted by U	34 35 36	37 38 39	ээнэ. Ц	
	Name (Last First M	fiddle)		Address	DOB/Age Sex	Pos. System Status	Eject Trap Inju Code Code State		
	Operate	or	S	ee Above	\times X	1 1 4	0 0 10	1	
7	Please Select C		#Occupants Non	-Motorist A Type	15 Action 16 L	ocation 17	Condition	8 Hit/Run Moped	1
1	of the Followin	ig:						<u> </u>	-
	License #	19 19	t DOB/Age		<u> </u>			21	
	Sex Lic. C		ic. Restrictions C	DL Veh Y	/earV	eh Make	··•	Veh Config.	
³ ₁	Operator	Last	First	Middle	Lası	Fir	st	Middle	
	Address		7.		288		****		14
			StateZip			22	_ State Damaged Are		
	•	-	7 n 1		le Action Prior to Crash	23 23 23	Test Status:	28	
		irection: NSEN	· · · ·		Sequence	24	Type of Test:	29	
2	,	ued)			Hannilli Event	25 25	BAC Test Re	sult: 30	
			Viol. 2: Ch/Sec/Sub —		r Contributing Code	26	Susp. Alcoho		
}			/non-motorist and all occup		r Distracted by	34 35 36	Towed from s		ļ
	Name (Last First Mi	ddle)		Address	DOB/Age Sex	Seat Safety Airbag	Eject Trap Injor Code Code Statu	y Transp.	
Į	Operato	or/Non-Motor	ist Se	ee Above	\times X	1			
ſ									1
									1



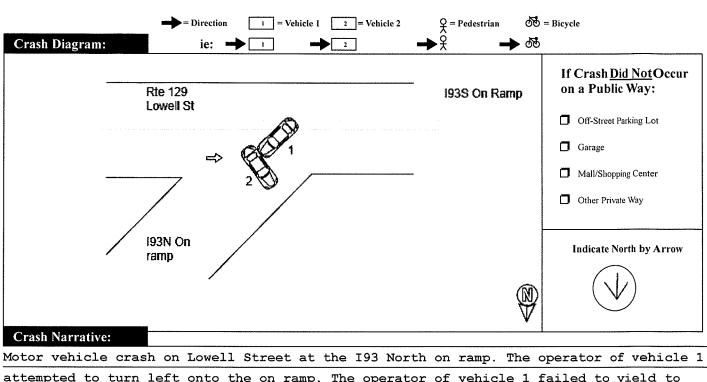
Patrol Officer Shane A Foley

211

Wilmington Police Department

11/17/2020

	Police Use Only	monwealth	of Massa	chu	setts			RM	V Docı	ument Number		
	Date of Crash 11/19/2020 2017 Will	City/Town mington	Motor Ve	hicle Cras	sh	Number Vehicles	Numb	Ippece	l Limit.	35	State Police Local Police MBTA Police Campus Police	
	24HR	g con	Police	Report		2	1	Launu	ide tude		Campus Police Cother:	<u>i </u>
	AT INTERSECT	ION:	< LOC	ATION >	>		NOT	AT IN	TER	SEC'	TION:	
						0.0	T 01		~=			2 10
1	Route# Direction	Name of Roadway/S	treet	Route# Directi		ddress#	TO	WELL Na		Roadw	/ay/Street	
4		At		Foot	N S E	w of				or		
	Route# Direction Nar	ne of Intersecting Road	lway/Street	-	5 2		Mile	Marker		01 _	Exit Number	3 11
		Also at Intersection	with	Feet [N S E	w of	Route#		Interse	ecting F	Roadway/Street	3
² 1	Route# Direction Nar	ne of Intersecting Road	way/Street	Feet [N S E	W of	110000			, eg	toud/uj/outout	
Т										ndmark	ζ	4
³ 99	Please Select One of the Following:	_#Occupants	t/Run Moped	Crash Ro	eport ID	#20	-2	65-	AC	•		
	License # R262433936830 St F	L DOB/Age _	Reş	# 7LB928			Reg	Туре РС	·	R	eg State MA	- 12
	Sex. F Lic. Class 99 Lic. I	Restrictions 20	CDL Vel	Year 2012	Vel	Make <u>E</u>	'IAT			_ Veh	Config. 21	1
4	Operator ROGERS, JAMIE			ner BAUER,	AME	BER	First				iddle	-
⁴ 2	Address 2216 NE 10TH A	VE		dress 67 HAR	VARI	D AV				Mi	ROLLE	-
	City CAPE CORAL State	e FL Zip <u>3390</u>)9 Cit <u></u>	ALLSTON							2134-1730	
	Insurance Company USAA CASU	ALTY INSUR	ANCE C Vel	icle Action Prior to 6	Crash	4	22			Code:	2 27 1 27 8 27	
⁵ 1	Vehicle Travel Direction: N E W	Responding to Eme	rgency? 2 Eve	nt Sequence 2	23 23	23	23	Test Star			28	
1	Citation # (If Issued) T2061732		Mo	st Harmful Event	1 ²			BAC Te		ılt:	30	
	Viol. 1: Ch/Sec/Sub 90 10	Viol. 2: Ch/Sec/Sub	89 8 Dri	ver Contributing Coc	le 1	9 ²⁵ 4	25	Susp. Al			Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	99 ²	6		Towed f	rom sc	ene?	1 33	
Т	Please fill out for opera	ntor and all occupants in	nvolved Address	DOB/Age	S	34 35 Seat Safety Oos, System		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	7
	Operator		See Above			1 1	4 0		9		Winchester Hospital	
									\vdash			-
												4
⁷ 3	of the Following: Vehicle 21	#Occupants No	n-Motorist A Type	15 Action	Loc	ation	17 Co	ondition	18		Hit/Run Moped	i
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Motor vehicle crash on Lowell Street at the I93 North on ramp. The operator of vehicle 1 attempted to turn left onto the on ramp. The operator of vehicle 1 failed to yield to oncoming traffic, striking vehicle 2 as it was traveling straight along Lowell St, headed for the I93 South on ramp. The operator of vehicle 1 was evaluated and transported to Winchester hospital. The operator of vehicle 2 didn't report any injuries. There was damage on the front of vehicle 1. There was damage along the length of the left side of vehicle 2. Both vehicles were towed from the scene. The operator of vehicle 1 received a summons for unlicensed operation of a motor vehicle and for failing to yield to oncoming traffic while taking a left turn.

Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
RYAN DAVID K	100 FOREST S	ST READING MA (01867-120	5 ¹ 	
Property Damage:					
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Address		City		St Zip	
US DOT #:State Number		_ Issuing State	MC/MX/ICO	C #:	
Interstate Cargo Body Type Code 44		45		46	
Trailer Reg #: Reg Type	Reg State	Reg Year	Trailer	Length	
Hazmat Information: 47 48		_			49
Placard Material 1 digit # Material Nam	e	N	Material 4 digit #	Release code	

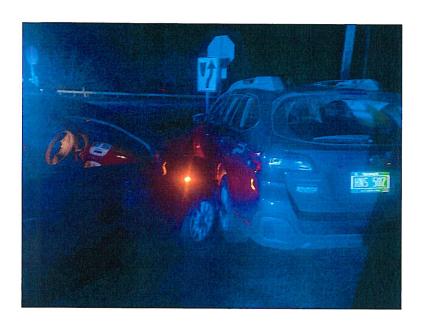
Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

11/19/2020

Wilmington Police Department Images Associated with 20-265-AC





Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER NICHOLAS E NOFTLE

Ref: 20-265-AC

The following is a summary of the facts leading to the summons of Jamie Marie Rogers for unlicensed operation of a motor vehicle and failure to yield to oncoming traffic when taking a left turn on Lowell St, a public way, resulting in a crash (20-265-AC) in Wilmington on Thursday, November 19, 2020.

On Thursday, November 19, 2020, I, Officer Noftle, was assigned to uniformed patrol in marked cruiser 33 during the 4-12 shift. At 2017 hours, I was dispatched to the area of 400 Lowell Street, for the report of a motor vehicle crash in the I93 North on-ramp.

I arrived on scene with Officer Goodwin who arrived as backup. The operators of both vehicles were standing outside when I arrived. I asked if anyone was injured, and both parties initially said no. Vehicle 1, a red 2012 Fiat 500 (MA Reg: 7LB928), was operated by Jamie Marie Rogers, (FL learner's permit: R-262-433-93-683-0). Jamie walked up to me, appeared to be panicking, and stated, "I only have a learner's permit, I don't wan to go to jail." Jamie appeared to be hyperventilating, possibly having a panic attack. At that point, I contacted WPD Dispatch and requested WFD send an ambulance to evaluate her. There were no other drivers or passengers in the vehicle. The Florida Learner's Permit is not a valid driver's license in the Commonwealth of Massachusetts.

Vehicle 2, a red 2019 Subaru Outback, (VT Reg: HNS502), was operated by Branden Young, (VT License: 23396491). Branden informed me that he was in the process of moving to Somerville. I updated the address in this report to reflect his new residence. Branden stated that he was traveling along Lowell St, preparing to get on I93 South, when the operator of vehicle 1 took a left turn into his vehicle. Branden stated that he tried to swerve to the right to avoid her, but was unable. Jamie Rogers struck his vehicle on the driver's side, causing damage along the left side of Vehicle 2.

Jamie was evaluated by the Wilmington Fire Department, and was eventually transported to Winchester Hospital. Jamie gave me her address in MA, which I updated in this report as well. Jamie stated that the Fiat belonged to her friend, Amber Bauer. Jamie stated that Amber was her roommate, and allowed Jamie to take her vehicle. I had the Desk Officer, Officer Quiles, contact Amber to ascertain whether or not Jamie had permission to drive the vehicle.

Officer Quiles reported that he spoke with the owner of Vehicle 1, Amber Bauer. Amber stated that she didn't know Jamie used the vehicle tonight, but that she has allowed Jamie to use the vehicle in the past. In fact, Amber stated that here was a verbal agreement that Jamie would purchase Vehicle 1, and that a down payment was already paid.

I verified Jamie's address, and informed her that she would be receiving a summons for unlicensed operation of a motor vehicle. I informed her that she would receive information from the court at the address she gave. She indicated that she understood, and was then transported to Winchester Hospital.

Please note that during this incident, Jamie stated that her roommate, Amber, preferred to go by the name "Lee," and that person should be referred to as "they." She also stated that she preferred to go by the name, "Emry". Throughout the paperwork for this case, as well as the report, the names and genders used of the involved parties, are the names and genders on file with the MA Registry of Motor Vehicles.

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER NICHOLAS E NOFTLE

Ref: 20-265-AC

Entered: 11/21/2020 @ 0203

Entry ID: 204

Page: 2

Modified: 11/21/2020 @ 0203 Modified ID: 204

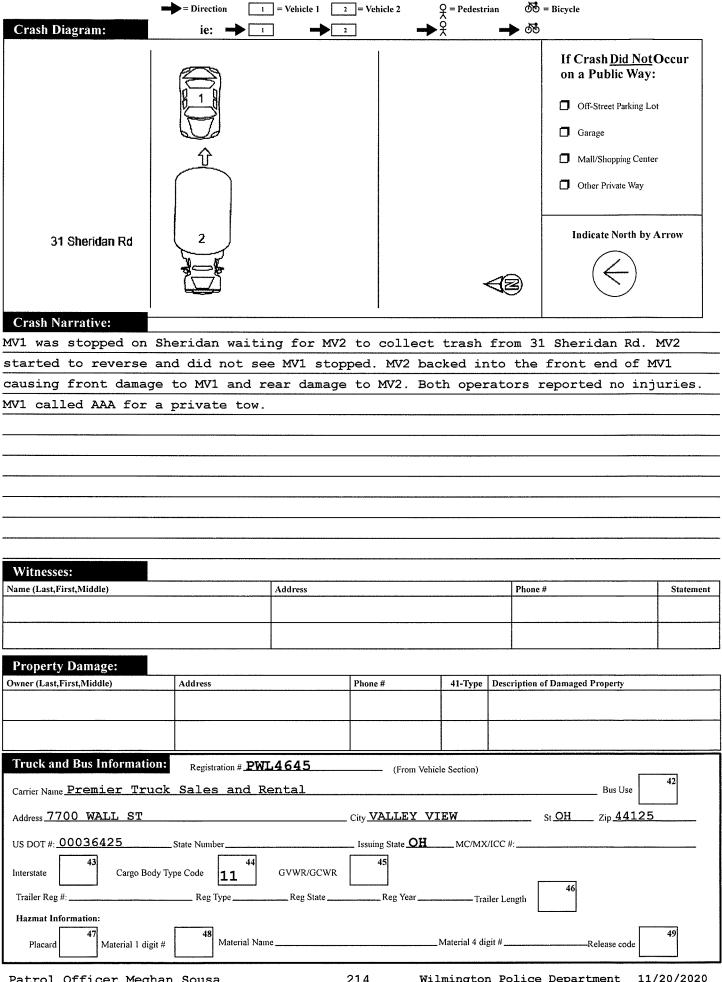
Jamie Marie Rogers was charged with the following violations (Citation # T2061732):

- MGL C. 90 s. 10: Unlicensed Operation of a Motor Vehicle
- MGL C. 89 s. 9: Failure to Yield to Oncoming Traffic While Taking a Left Turn

Respectfully Submitted,

Officer Nicholas Noftle

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Patrol Officer Meghan Sousa

214

Wilmington Police Department

11/20/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

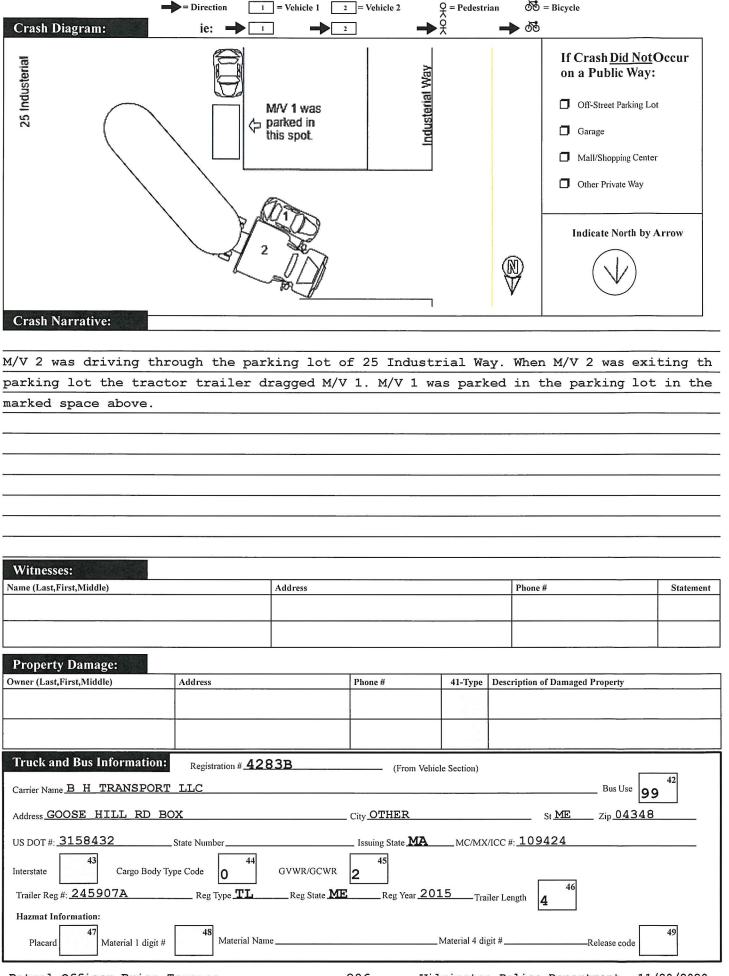
Department Precinct/Barracks

Wilmington Police Department Images Associated with 20-266-AC





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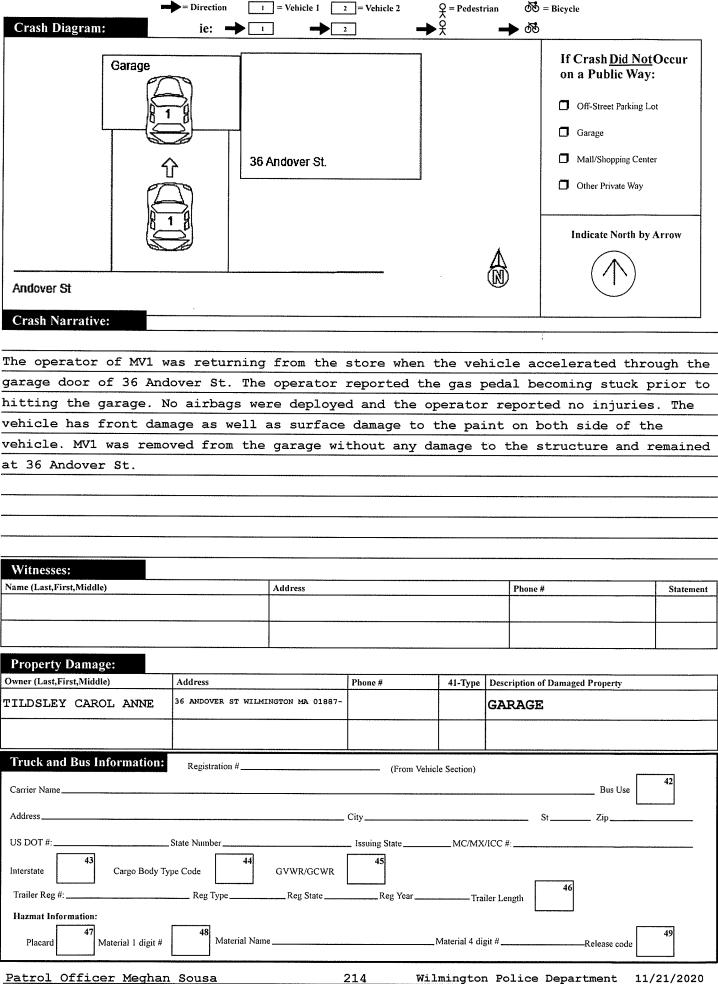
Patrol Officer Brian Tavares

206

Wilmington Police Department

11/20/2020

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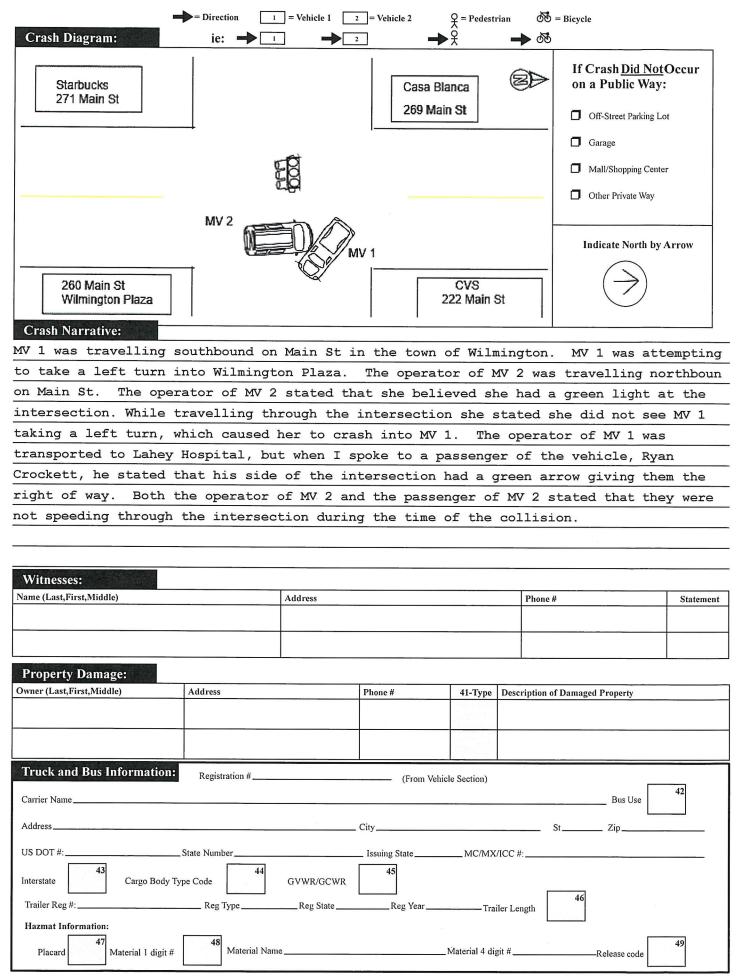
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Signature

ID/Badge #

Department Precinct/Barracks

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⁴ 3	Address 4 CORTLAND RD	First	Middle	ess 4 CORT	ast		Fire			Mi	iddle		
	City DANVERS Sta			DANVERS				State M	Ά.	_{zin} Ո1	1923-346	_	
	Insurance Company GOVERNMEN				O - 1	4	22	Damag				_ I	
	-			le Action Prior to C		23	23	Test St			28 28	-	
⁵ 2	Vehicle Travel Direction: N E W			Sequence 1	1 1			Type of	Test:		29		
	Citation # (If Issued)		Most	Harmful Event	1 2			BAC T	est Resi	ult:	1 30	-	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Cod		25	25	Susp. A	dcohol:	2 31	Susp. Drug: 2	32 1	L 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	0 26			Towed	from sc	ene?	1 33		
<u> </u>	Please fill out for ope Name (Last First Middle)	rator and all occupants inv	volved Address	DOB/Age	Sex Pos	35 Safety System	36 Airbag Status	37 38 Eject Trar Code Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	Se	ee Above) JOHN AGE	$\sqrt{1}$	1		0	9	2	Lahey Clinic		
	NOAH CAPEN	35 ARLINGTON ST				-				-	Lahey Clinic		
	NOAN CAFEN	TEWKSBURY, MA 01	876-3227	1	м 3	1	3 (0	9	2	Lahey Clinic		
	RYAN CROCKETT	TEWKSBURY, MA 01	876-3227	1	м 6	1	3 (0	9	2	Daney CIIIIC		
7	Please Select One Vehicle 22	#Occupants Non-	-Motorist A Type	15 Action	16 Locat	ion [17 C	ndition	18	П	Hit/Run Mor	had	
⁷ 2	of the Following.									<u> </u>	<u> </u>	,eu	
	10 10	MA DOB/A ₂		1PFR81			_				eg State MA	_	
		Restrictions 1 CI	DL Veh Y	ear <u>2019</u>	Veh N	1ake				Veh	Config. 1	<u>ן</u> [
⁸ 1	Operator MORETTI, DEBI	RA A First	Owne	r MORETTI	CF	IARI	ES Firs		ONY		ddle		
1	Address 15 LORIN DR		Addre	ss 15 LOR	IN D	R						_ _	
- 1	City WILMINGTON Sta	te MA Zip 01887	7-2898 City 1	WILMINGT	ON			State M	A _ 2	Zip 01	L887-289	<u>8</u> 1	1 4
	Insurance Company SAFETY II	SURANCE CO	MPANY Vehic	le Action Prior to C	Crash	1	22	Damag	ed Area	Code:	1 ²⁷ 7 ²⁷ 8 ²	7	
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Event	Sequence 1	3 23	23	23	Test Sta	itus:		1 28		
0	Citation # (If Issued)		Most	Harmful Event	1 24		J	Type of			29		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	ے Contributing Code :	e 1	25	25	BAC To			1 30 3	12	
	Viol. 3: Ch/Sec/Sub			r	0 26		1	Susp. A Towed	i		Susp. Drug: 2 3		
ļ	Please fill out for operator/n				34	35	36	37 38	39	40	<u>+</u>	_	
ļ	Name (Last First Middle)	· · · · · · · · · · · · · · · · · · ·	Address	DOB/Age	Sex Pos.	Safety System	Airbag	Eject Trap Code Code	lnjury Status	Transp. Code	Medical Facility	_	
	Operator/Non-Motoris	St Se	e Above		X_1	1	3 (0	10	1		_	
	CHRISTINA MORETTI	15 LORIN DR WILMINGTON, MA 0	1887	i i	F 3	1	3 (0	10	1			
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Patrol Officer Shane A Foley

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Wilmington Police Department

11/21/2020

Wilmington Police Department Images Associated with 20-269-AC











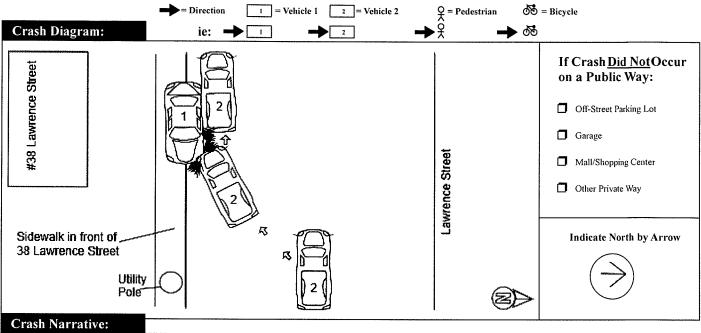


Wilmington Police Department Images Associated with 20-269-AC





	Pol	lice Use Only	C	mmonwealth of Massachusetts RMV Document Number												
	Date of Crash	Time of Crash	City/Town	Moto	or Veh	iicle Cra	sh		ımber hicles	Nun Inju		•	Limit.	25	State Police Local Police MBTA Police Campus Police	
	11/21/2020 2235 Wilming			Police Report				I I atitude I music			Campus Police Other:					
	AT INTERSECTION:			<	< LOCATION >					NOT AT INTERSECTION:					TION:	
											2 10					
	Route# Dire	ction	Name of Road	Iway/Street		Route# Direct	tion .	38 Addr	ess#	<u>L.7</u>	WR		me of		/ay/Street	.
16			A			[1
	Route# Direction Name of Intersecting Roadway.				Feet N S E W of or Exit N					Exit Number	111					
	Also at Intersection with					Feet NSEW of										
					Feet NSI				Route# Intersecting Roadway/Street							
² 1	Route# Dire	ction	Name of Intersecting	g Roadway/Street									Laı	ndmarl	<	-
3	Please Select		O #Occupants	Hit/Run	Moped	Crash R	eport l	ID#	20	-2	7() —	AC			1
J	of the Followi	nig.														4
	License #	19 19	St DOB/Age_	20		# 5LT236									21	1 12
		Sex Lic. Class Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Config. Lic. Restrictions CDL Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Config. Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Config. Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Config. Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Config. Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Config. Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Config. Lic. Restrictions CDL Veh Year 2017 Veh Make Jeep Veh Year 2017 Veh Make Jeep Veh Year 2017 Veh Y									Config. 1					
⁴ 1	Operator D	iverless	M.V. First	Middle			Last			Fi	rsi			Mi	iddle	
	Address					ess 77 RES	ER	VOI	R A	VE						
						REVERE		ſ							2151-5810	
	·	pany ALLSTATI	Vehi	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 27 7 27 97 27 Test Status: 28												
5	Vehicle Travel I	Direction: N S	W Responding t	o Emergency? 2	Even	t Sequence 2	23	23	23	23		pe of [29	
	Citation # (If Iss	sued)			Most	Harmful Event	2	24				•	st Resu	ılt:	30	
	Viol. 1: Ch/Sec/	'Sub	Viol. 2: Ch/Sec/S	ub	Drive	er Contributing Co	de	1	25	25	Su	sp. Ale	cohol:	2 31	Susp. Drug: 2 32	2 13
⁶ 1	Viol. 3; Ch/Sec/	'Sub	_ Viol. 4: Ch/Sec/S	ub	Drive	er Distracted by	0	26			То	wed fr	om sc	ene?	1 33	
1	Name (Last First N		operator and all occup	oants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	1
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⁷ 1	Please Select (1#Occupants	Non-Motorist A	Туре	15 Action	16 L	ocatio	on	17	Conditi	on	18		Hit/Run Moped	
			St. MA DOB/Age		Page	#_3GS883					з Туре	PC			eg State MA	┨
:	Sex M Lic.	10 10		20				,,,,							21	
			Lic. Restrictions B	CDL Endorsement		Veh Year 2001 Veh Make CHEVROLET Veh Config. 1 Owner GILARDI, CHRISTOPHER M										
§ 1		Operator GILARDI, CHRISTOPHER M Last First Middle Address 14 BRATTLE ST				ress 14 BRA	ast			Fi		N		Mi	ddle	
									O.L.		C.	MZ	1 7	0.	1007-3534	14
	City WILMINGTON State MA Zip 01887-3534 Insurance Company THE COMMERCE INSURANCE CO					City WILMINGTON State MA Zip 01887-3534 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 2 27										
	·			22 23 23 Test Status: 28												
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2		sued) T206329		ub			2		25	o 25			st Resu		30	
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	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator/non-motorist and all occupants involved					Driver Distracted by 1 26				Towed from scene? 2				2 33	1	
	Ple Name (Last First M	•	or/non-motorist and al	l occupants involved	1	DOB/Age	Sex	Seat Pos.	35 Safety System	36 Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operate	or/Non-Moto	rist	See Above		><	X	1	1	4	0	0	10	1		
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MV1 was unoccupied and parked in front of #38 Lawrence Street facing eastbound. MV1 was partially parked on the sidewalk in front of the home, but with its left side and left wheels still in the roadway. MV2 was traveling straight ahead on Lawrence Street westboun towards Hamlin Lane. While continuing straight ahead, MV2 began to veer left across the travel lane towards the parked MV1. MV2 continued veering left towards the sidewalk and shoulder and struck MV1. The operator of MV2 stated that he dropped his cell phone onto the floor on the passenger side, and he leaned across the vehicle to pick up the phone. While reaching for his cell phone, he drifted left across the roadway and collided with parked MV1. MV1 suffered front left and left side damage. MV2 suffered front left, front right, and left side damage. The operator of MV2 was not injured. Both vehicles were towe from the scene, Forrest Towing for MV1 and A&S Towing for MV2.

Witnesses:												
Name (Last,First,Middle)		Address		Phone #	Statement							
Property Damage:												
Owner (Last,First,Middle)	Phone # 41-Type De			scription of Damaged Property								
						1000						
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Bus Use 42												
Address			City		St Zip							
US DOT #: Issuing State MC/MX/ICC #:												
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	Length 46							
Hazmat Information: 47	48					49						
Placard Material 1 digit #	Material Nam	3		Material 4 digit #	Release code							

Patrol Officer Michael A Wilson

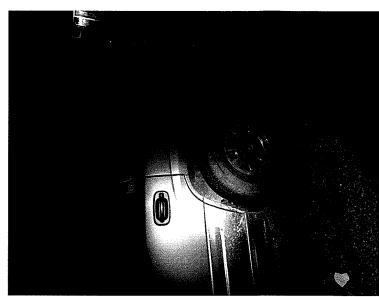
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Wilmington Police Department

11/21/2020

Wilmington Police Department Images Associated with 20-270-AC













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