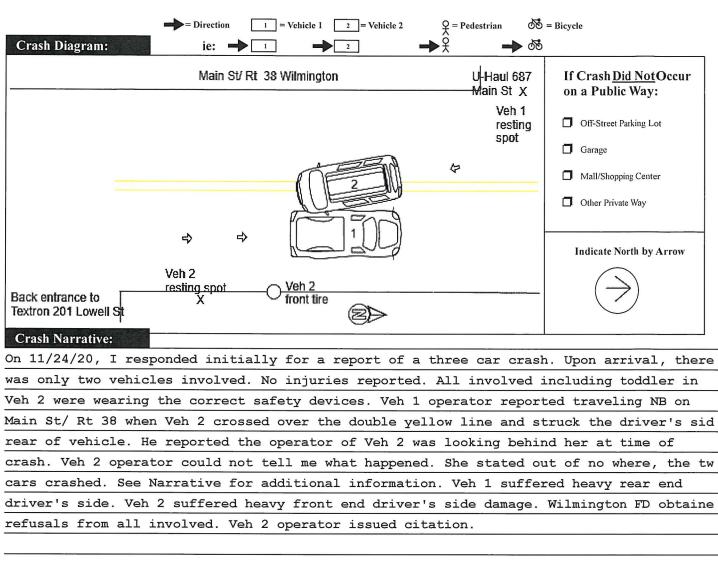
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	Date of Crash 11/23/2020	Time of Crash 0802 W:	City/Town ilmington	Motor Vel	hicle Crash	Number Vehicles	Number Injured	Speed Limit	25 State Police Local Police MBTA Police	
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	Name (Last First A	Aiddle)	- I	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code Medical Facility	
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i						4 4	4 0	0 10	1	
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	= Direction 1	= Vehicle 1 2	= Vehicle 2	웃 = Pedestr	rian 👧	🐧 = Bicycle	
Crash Diagram:	ie: 👈 🔟		→	2	→ №	•	
	Middles	ex Ave		0		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>						
Both vehicles 1 and 2	were travel	ling west	bound on Mid	ldlesex	. Ave ((Rte. 62). Vehic	Le 1
stopped as someone in							
bound lane of Middles							
Vehicle 2 crashed into							
vehicle 1 and heavy da							
issued Massachusetts N					5/1		
							-
Witnesses:							
Name (Last,First,Middle)		Address			Phon	e #	Statement
Property Damage: Owner (Last,First,Middle)	Address	-	Phone #	41-Type	Description	of Damaged Property	
Cirile (2004) Itsi, Flatie	ruuress		1 Hone ii	41-1ypc	Description	Tor Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)			
Carrier Name		-				Bus Use	42
Address			City			St Zip	
US DOT #.				MODAY			
US DOT #:	State Number		issuing State	IVIC/IVIX	/ICC #:		
Interstate Cargo Body Typ	pe Code	GVWR/GCWR				46	
Trailer Reg #:	Keg Type	Keg State	Keg Year	———Trai	ler Length		
Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	git #	Release code	49
Patrol Officer Michael W	Wandell		174 Wil	minator	Police	e Department 11/2	23/2020

					monwe	alth (of Massa	ach	use	etts				RMV	V Doci	ument Numbe		
	Date of Crash 11/24/2020	Time of Crash		ity/Town .ngton			icle Cra	sh		umber hicles		irad l	Speed Latitud	Limit.	40	State Police Local Police MBTA Police	8	
		24HR		.119 0011	Po	olice]	Report		2		0		Lantuc Longit			Campus Polic		
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⁷ 1	of the Followi		2 _#0	Occupants Nor	n-Motorist A	Туре	Action	10	Locatio	on		Condit	ion	10		Hit/Run	Moped	
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Witnesses:
Name (Last, First, Middle)

Address

Phone # Statement

Property Damage:

Property Damage:				
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
Truck and Bus Information:	Registration #	(From Vehic	le Section)	
Carrier Name				Bus Use
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	Tra	iler Length
Hazmat Information:				
Placard Material 1 digit #	48 Material Name		Material 4 di	git #Release code

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

11/24/2020

Department

Wilmington Police Department Images Associated with 20-272-AC













Wilmington Police Department Images Associated with 20-272-AC













Wilmington Police Department Images Associated with 20-272-AC





Wilmington Police Department

Page:

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 20-272-AC

The following is a brief summary of events that occured on 11/24/20 during a motor vehicle crash

On Tuesday November 24, 2020, I, Officer Furbush was assigned uniformed patrol in marked cruiser 37, Traffic Unit, working the 7a-3p shift. At approximately 1232 hrs, I was dispatched to the area of 687 Main St for a report of a three car crash. There was unknown injuries. Officer Tavares (Car 38/Roving), Officer Skinner (Car 33/Sector 3) Sgt. Delorey (Car 35/OIC) and Wilmington Fire Department also responded to the call. Upon arrival, there were only two cars involved. I observed a Ford Pickup, a Ford F250 with Ma Commercial plates V25815, was in one of the entrances of U-Haul (687 Main St) facing northbound. The other car, a white Jeep Compass with Ma plates BR36PT, was on the side of the road facing southbound in the northbound lane. The front driver's tire and part of the axle from the Jeep was resting behind the Jeep on the northbound side of the road.

There were no injuries as a result of the crash. I asked Mr. Joseph Langone of 287 Chestnut St Wilmington what had happened. He reported that he was traveling straight on Main St/Rt 38 heading northbound. He observed the Jeep traveling southbound. He reported seeing the female operator looking behind her as like she was looking at someone in the back seat. He attempted to avoid the crash but the Jeep crossed the double yellow line and sideswiped the rear of his Ford Pickup. The crash forced him to cross over the yellow line and pull into the U-Haul driveway.

I spoke to the operator of the Jeep, Mrs. Arlene Ahern of 447 Middlesex Turnpike Billerica. I asked her what happened. She stated she had no idea how the crash happened. She reported she was driving along and out of no where, there was a crash. I asked her if she was potentially looking in the back seat where her son, Cole, was sitting. She claimed she wasn't. I asked her how she had not seen the other car or seen how the crash occured and she stated she had no idea. Initially she questioned whether the pickup exited one of the driveways and pulled out in front of her but the damage was clearly that of a sideswipe. This was evident by the peeling of the door of the Jeep and the scrapes along the side of the pickup truck. She then stated perhaps the truck came at her head on. The damage again did not support this claim. If the truck had crossed over and caused the damage, the damage to the pickup would have been in the front end not the rear of the truck. The damage supports that the pickup truck was the one struck by the Jeep.

I gave Dispatch the information of all parties involved and both vehicles. Dispatch reported that Arlene's driver's license was suspended for failure to pay fines and costs. Dispatch confirmed the suspension through the RMV. I asked Arlene what was going on with her license. Initially, Arlene reported that she had no idea why her license was suspended. After informing her of the reason for the suspension, Arlene admitted that she had not paid a seat belt citation about a month ago. As far as she knew it, the citation was still in her car.

Both vehicles sustained heavy damage and both vehicles needed to be towed. A&S Towing was dispatched and towed both vehicles. The damage caused by both vehicles support that Arlene caused the crash by crossing over the double yellow line and colliding with the pickup truck. Arlene was also aware she failed to pay a citation which according to the citation, says that failure to pay will result in a suspension. Arlene was issued Massachusetts Uniformed Citation T2445685 and a criminal application will be filed through Woburn District Court for operating a motor vehicle with a suspended license and marked lanes. An inventory was performed as per department policy and the appropriate form was filled out

Respectfully submitted,

Wilmington Police Department

Page: 2

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 20-272-AC

Officer Daniel Furbush, Badge #196 Wilmington Police Department

	Police	Use Only		Con	ımonwea	alth o	of Massa	ich	use	tts				RMV	/ Docu	ıment N		
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	Name (Last First Midd	lle)	•		Address		DOB/Age	Sex	Seat Pos.	System	Status		Trap Code	Injury Status	Transp. Code	Мо	dical Facility	-
	Operator	;·			See Above			X	1	1	4 (2	10	1			_
⁷ 3	Please Select On		2 1 _#0	Occupants N	lon-Motorist A	Туре	15 Action	16 L	ocatio	n	17 C	onditio	n	18	<u></u>	Hit/Run	Морес	1
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	Insurance Compan	y THE STA	ANDAR	D FIRE	INSURAN	Vehic	le Action Prior to	Crash		3	22		_		Code:		3 27 27	
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	Operator	r/Non-Mot	orist		See Above		> <	X	1	1	4	0 (0	10	1			
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Crash Diagrams	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedesti		Š = Bicycle ♣	
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Vehicle 2 was attempt							
There was damage on t							
center of vehicle 2.							
peing driven from the	scene. I ex	changed op	erator infor	mation	betwe	en both parties	
							
Witnesses:					- 11		
Name (Last, First, Middle)		Address			Phon	e #	Statement
				······································			
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Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicl	le Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		•			•	
43	State Number		45	INIC/INIX	ICC #:		
Interstate Cargo Body T		GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:	40						40
Placard Material 1 digit #		e				Release code	49
Patrol Officer Nicholas E	Noftle		204 Wil	minator	Police	e Department 11/	24/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

	Police Use Only Commonw						of Massa	ich	use	etts				RMV	V Doci	ıment Number		
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	Vehicle Travel I	Direction: S	EW	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23	Te	st Stati	us:		1 28	_	
5	Citation # (If Is	sued)				Most	Harmful Event	1	24	11		-	pe of T		.14.	30		
	Viol. 1: Ch/Sec.	/Sub	Vio	ol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de	1	25	25		AC Tes sp. Alc				32	1 13
6 .	Viol. 3: Ch/Sec.	/Sub	Vio	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26	,,			wed fr	L		2 33	_	
⁶ 1	Name (Last First)		for operator	r and all occupants in	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Ejeet Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operat			5	See Above)	X	1	1		0		10	1	Medical Facility		
	-																	
																	_	
												•				<u></u>	\dashv	
	Please Select	One 57t	4				15	16	<u> </u>		17		ſ	18	<u> </u>		-	
⁷ 1	of the Followi		2	Occupants No	n-Motorist A T	ype	Action	I	Locatio)ii	(Conditi	ion			Hit/Run Mo	oed	
		5070437	-	_ DOB/Age_		_	3CJ284				-					eg State MA	<u> </u>	
	Sex F Lic.	Class D	Lic. Rest	trictions 1	CDL Endorsement		ear 2013									Config. 1		
8 1				MARLENE	Middle Middle		P DORVIL	ast		-		ARL rst	ENE	<u>: M</u>	Mi	ddle	_	
		SALEM :		1A Zip 0182	1-2156		ess <u>264 SA</u> BILLEDI		M B				1.A.7		. 0	1821-215	_	2 14
	-			RAL INSUR		-	BILLERI(le Action Prior to				22						27	
	Vehicle Travel I			Responding to Eme					23	23	23		st Stati			1 28	_	
<u> </u>		sued)	لسلسك	responding to Eme			Harmful Event	1	24	L_			pe of 7			29		
⁹ 2				ol. 2: Ch/Sec/Sub			r Contributing Co	de	4	25	25		AC Tes sp. Alc		ılt: 2 31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —						r Distracted by	0	26	11			wed fr			2 33	-	
		•	erator/non-m	notorist and all occup			pon/:		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	NATION 11		I
	Name (Last First N Operat	or/Non-Mo	torist		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code 0	Code 0	Status 10	Code 1	Medical Facility		
	- 7								-									
																	\dashv	
				1			1	i	1	l I				l			- 1	

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	🔾 = Pedestria	n 929	= Bicycle	
Crash Diagram:	ie: 👈 🔟		→	2	→ №		
			nington ssing Plaza	2)	>	If Crash Did Not Con a Public Way:	
	, A	L				☐ Garage	
V2 changing lanes to avoid stoppage	make le	topped waiting ft turn	to			☐ Mall/Shopping Center	
	5 6 10 15	Mois	Street/ RT.38 S-)k i		Other Private Way	
→ () ↔		IDIVI	r Street K1.30 S-	—1 V		Indicate North by A	rrow
	Wilmington Plaza 260 Main Street		Pharmacy Main Street	-		\bigcirc	
Crash Narrative:							
V1 (Fedex Van) trave	ling straight	on Main S	treet (RT.38	N) in	outside	e lane. V2 (MA-3	3CJ284)
traveling same direc							
avoid stoppage at in	tersection an	d collided	with V2 as	it pas	sed by	. She believed	there
was sufficient room.	No injuries	observed o	r reported.	V1 dam	aged a	long left drive	r's sid
middle/rear. V2 dama	ged on right	front bump	er/fender ar	ea. V1	was a	lready in outsid	de lane
traveling straight w	ith ROW. V2 o	pr maneuve	ring from in	side l	ane for	r lane change w:	ithout
granting ROW probable	e factor n cr	ash.					
							····
Witnesses:		1					
Name (Last,First,Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description	of Damaged Property	
Truck and Bus Information	Registration # S62	2746	(From Vehic	le Section)			
Carrier Name BLF Courier						Bus Use	42
Address 11 TAYLOR RD			City NORTH REA	DING		St MA Zip 01864	
US DOT#:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					L		
Placard 47 Material 1 digit #	48 Material Nam	ne	1	Material 4 dig	it #	Release code	49
Patrol Officer Richard	DiPerri		172 Wil	mington	Police	Department 11/	27/2020

Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date

	Pol	ice Use Only	monweal	th (of Massac	chı	ıse	tts			R	RMVI	Docun	nent Number			
	Date of Crash 11/28/2020	Time of Crash 1516 Wil	City/Town mington	Motor V	Veh	icle Cras	h		mber nicles	Numl Injur	ا د۔	eed Li		30	State Police Local Police MBTA Police	0800	
	11/26/2020	24HR	ming con	Poli	ce]	Report		3		0	La	titude <mark>.</mark> ngitud			Campus Police Other:	u	
		AT INTERSECT	ION:	< L	OCA	TION >				NOT	AT I	NTE	RSI	ECT	ION:		
										***************************************						2	2 10
	Route# Direc	ction	Name of Roadway/S	Street		Route# Directio		300 Addre		<u>LO</u>	WEL			nadwa	y/Street	— <u></u> -	
1			At										-		<u>,</u>		
	<u> </u>					Feet N	SI	EW	of -	Mile	 e Marke	• - er	— c	ог	Exit Number	-	
	Route# Direc	ction Na	ane of Intersecting Road Also at Intersection			Feet N	SI	E W	of _								2 11
						Feet N				Route	#	Inte	ersecti	ing Ro	oadway/Street		
² 1	Route# Direc	ction Na	me of Intersecting Road	lway/Street					-				Land	mark		-	
3	Please Select (_#Occupants Hi	t/Run Mo	ned	Crash Rep	nort I	D# 2	20	-2	75	- A	<u></u>				
,	of the Followi	ng:															
	i	10 10	DOB/Age			1SXB18									21	T	12
	Sex F Lic.	Class D Lic.		CDL Endorsement		Year 2020								Veh C	Config. 1	J	
¹ 1	1	ABILE, COLI	First	Middle		er STABILE	it			Firs	it			Midd	dle	-	
1	1	BURLINGTO				ess <u>306 BUF</u>			TON	I A						-	
	1	INGTON Stat	-		City_	WILMINGT	ON	Г						_	887-310		
	· ·	pany SAFETY IN	ISURANCE C	OMPANY	Vehic	ele Action Prior to C		 _	۷	22		aged A Status:		ode: 5	5 27 27 2 28 28	7	
5 2	Vehicle Travel I	Direction: N S WW	Responding to Eme	ergency? 2	Event	t Sequence 1 23	<u> </u>	<u> </u>	23	23		of Tes		12	29		
	Citation # (If Iss	sued)			Most	Harmful Event	<u>L</u>	24				Test F		:	30	L	12]
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub -		Drive	er Contributing Code		<u> </u>	25	25	Susp	. Alcol	iol:2	31	Susp. Drug: 2 3	2 1	1 13
<u> </u>	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub -		Drive	er Distracted by)	26			Towe	d fron	ı scen	ie? 2	2 33		
<u> </u>	Name (Last First M	•	ator and all occupants i	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject 1	rap In	iury Tr	tausp. Code	Medical Facility		
	Operate	or		See Above			X	1	1	4 (0 0	1	0 1	.			
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									لير				70			\dashv	
⁷ 1	Please Select (of the Followi		_#Occupants \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	on-Motorist A Ty	ре	Action 1	16 Lo	ocatio	n	17 C	ondition	1	18	Н	lit/Run 🔲 Mop	ed	
	License # S7	2544455 St N	A DOB/Age.		Reg #	1MVH28				_ Reg	Туре _	2C		Re	g State MA		
	Sex F Lic.	Class D 19 Lic.	Restrictions 1 20	CDL Endorsement	Veh Y	Year 2017	Ve	eh Ma	ke V	OLK	SWA	GEN	<u> </u>	Veh C	Config. 1	4 1	
	Operator AL	LAIN, JILLI			Owne	er ALLAIN,	J	IL	LIA								
1	Address 30	SARAH ST	First	Middle	Addre	ess 30 SARA	AH_	ST		Firs	st			Midd	dle	[
	City BURL	INGTON Stat	e MA Zip 0180	3-1244	City_	BURLINGT	ON				_ State.	MA	_ Zip	01	803-124	4 1	1 14
	Insurance Comp	any THE COMME	RCE INSURA	NCE CO	Vehic	ele Action Prior to C	rash	[2	22	Dam	aged A	rea C	ode: 1	L ²⁷ 5 ²⁷ 2	7	
	Vehicle Travel D	Direction: N S WW	Responding to Eme	ergency? 2	Event	t Sequence 23	3 2	23	23	23		Status:		1	L 28		
)	Citation # (If Iss	sued)			Most	Harmful Event	L	24				of Tes Test F		.	30		
² 2	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub -		Drive	er Contributing Code		1	25	25		rest r Alcol			<u>-</u>	12	
	Viol. 3: Ch/Sec/	Sub		Drive	er Distracted by)	26				ed fron	<u> </u>		33	_		
	1	ease fill out for operator/no	on-motorist and all occu	•			T	34 Seat	35 Safety	36 Airbag	37 Eject 1		jury Tr	40 ransp.		\exists	
	Onerate	or/Non-Motoris	t	Address See Above		iXOB/Age	Sex	Pos.	System 1		Code C	ode St	\neg	Code	Medical Facility		
	Operati			-			\forall	•	_	-		\dashv	- -	+			
							_				_	_		_			
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				Com	monwe	alth (of Massa	chu	usetts	S		RM	V Docu	ment Number		
	Date of Crash 11/28/2020	Time of Crash	1	City/Town ington	Moto	r Veh	icle Cras	sh	Number Vehicles		Popula	l Limit	30	State Police Local Police MBTA Police	0800	
		24HR		riig coii	Po	olice]	Report		3	0	Latitu Longi			Campus Police Other:	_ 🗖	
		AT INTER	SECTION	ON:	<	LOCA	TION >			NOT A	T IN	TER	SECT	FION:		
									300	LOW	ETT.	СШ				2 10
1_	Route# Dire	ction		Name of Roadway/S	Street		Route# Direction		Address #	TOW			Roadwa	ay/Street		
1	_			At			Feet N	N S E	E W of			. —	or			
	Route# Dire	ction	Name	of Intersecting Road	lway/Street					Mile N	1arker			Exit Number		2 11
				Also at Intersection	with		Feet N			Route#		Interse	cting R	Loadway/Street	-	
² 1	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet N	N S E	E W of							
	Please Select	One 🔽	1	#Occupants Hi					2.0	- 27			ndmark			
3	of the Followi	ing: Venic	le 3 L	#Occupants Hi	t/Run	Moped	Crash Re	port I	D# Z U	-21	<u> </u>	AC				
		4127740	St M2	DOB/Age.	. Pallindride and a series		BR32GS				-			7	<u> </u>	1 12
	Sex M Lic.	Class D	Lic. Re	strictions 1	CDL Endorsement		Year 2013						_ Veh	Config. 1	<u>.</u>	
⁴ 1	1	Last	1	STOPHER First	J Middle		er GRINNEI	st		First		<u>J</u>	Mid	Idle		
1	1	CARTER		APT 11			ess 11 CAR!		RD	APT					-	
				MA Zip 0180		City_	BURLINGT	ON		_				27 27) <u>3</u> 27	
	1			CE INSURA			t Securence 2		3 23		Damage Test Sta		Code:	1 28 27		
⁵ 2	Vehicle Travel I	<u>l</u>	s Xw	Responding to Eme	ergency? 2		r sequence 11	ļ	24	23	Type of		ŀ	29		
	1	sued)		-			Harmful Event			25	BAC Te			1 30	_	_ 13
				ol. 2: Ch/Sec/Sub -			er Contributing Cod	<u>_</u>	20 ²⁵		Susp. Al			Susp. Drug: 2	32	
⁶ 1	Viol. 3: Ch/Sec/	/Sub ————————————————————————————————————		ol. 4: Ch/Sec/Sub - or and all occupants i		_ Drive	er Distracted by	'	34 35	36 33	Towed f	39	40	2 33	_	
	Name (Last First N	Aiddle)		1	Address		DOB/Age		Seat Safety Pos. System		le Code	Injury Status	Transp. Code	Medical Facility		
	Operat	or			See Above			X	1 1	4 0	0	10	1			

			10000													
⁷ 1	Please Select (of the Followi		le 4	#Occupants No	n-Motorist A	Type	15 Action	16 Lo	ocation	17 Con-	lition	18	D F	lit/Run 🔲 Mo	ped	
<u> </u>	License #		St	DOB/Age		Regi			<u> </u>	Reg Ty	ne L		Re	ag State		
	Sex Lic.	19	19	20	CDL		Year							2	11	
	Operator	<u> </u>			Endorsement		er									
⁸ 1	Address	Last	}	First	Middle		ess	st		First			Mid	idle		
	City		State_	Zip		City_				S	tate	Z				1 14
	Insurance Comp	oany				Vehic	ele Action Prior to C	Crash		22	Damage	d Area	Code:		27	J
	Vehicle Travel I	Direction: N 5	S E W	Responding to Eme	ergency?	Event	t Sequence 23	3 2	3 23		Test Stat			28		
⁹ 2	Citation # (If Iss	sued)		-		Most	Harmful Event		24		Type of Te.		alt:	30		
	Viol. 1: Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub -		_ Drive	er Contributing Code	e [25	25	Susp. Al	1	31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————					_ Drive	er Distracted by	-	26		Towed f	rom sc	ene?	33		
	Ple Name (Last First M		erator/non-	motorist and all occu	pants involved		DOB/Age		34 35 Seat Safety Pos. System	36 37 Airbag Eje Status Coo	t Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operate	or/Non-Mo	otorist		See Above			X	1							
								1								
				1												
															_	

	1 = Vehicle 1 2 = Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram: ie: ->	2	±	If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente	ot
300 Lowel	l Street	(M)	Indicate North by	Arrow
Crash Narrative: W 1 and MV 2 stated they were sometor vehicles. MV 3 stated he was phone. This caused him to rear-end W 2 towed by Forrest Towing.	as slowing in traff	ic as well wh	en he looked down	at his
Witnesses: Name (Last,First,Middle)	Address		Phone #	Statement
Property Damage: Owner (Last,First,Middle) Address	Phone #	41-Type Descri	ription of Damaged Property	
Carrier Name	City Issuing State 45	MC/MX/ICC #	:	42
Hazmat Information:	200	Material 4 digit #	Release code	49
Police Officer Name (Please Print) Signature		Department	lice Department 11/ Precinct/Barracks Date	/28/2020

	Police Use Only	Com	monwealth	of Massach	usetts	;	RM	IV Docu	ment Number	
	Date of Crash Time of Crash 11/26/2020 1825 Wil	City/Town .mington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t_10	State Police Local Police MBTA Police	1
	24HR	ming con	Police	Report	1	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT A	r inter	RSECT	ΓΙΟΝ:]
										2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	4701 Address #	POUI	Name o		ay/Street	-
¹ 4		At		- Fulls	Talaal					1
	Route# Direction Na	ame of Intersecting Roady	vav/Street	Feet NS	EW of	Mile Ma	arker	- or _	Exit Number	
		Also at Intersection v		Feet NS	E W of					2
2	Post # Division	CI D. I	(C)	Feet N S	E W of	Route#	Inters	secting R	loadway/Street	
² 6	Route# Direction Na	ame of Intersecting Roads	vay/Street				L	andınark		<u>:</u>
3	Please Select One of the Following:	#Occupants	/Run Moped	Crash Repor	t ID# 20	-27	6-A	C		
		MA_DOB/Age	Pag	1 1JGG37		Pag Tum	. PC	p.	ou State MA	1
		20		Year 2019					21	7 12
	Operator KOTTMYER, MAI	E E	Indorsement	er KOTTMYER				ven	Conng.	
⁴ 1	Address 4701 POULIOT	First	Middle	ess 4701 POU	•	First	441	Mic	ddle	
_	City WILMINGTON Sta			WILMINGTON			nte MA	շ _{տ (} ի 1	887-4596	
	Insurance Company AMICA MUT	•	·	ele Action Prior to Crasl	Γ		amaged Are			
	Vehicle Travel Direction: X S E W			t Sequence 31 23	23 23		est Status:		1 28	
5	Citation # (If Issued)	Responding to Emer		Harmful Event 31	24		ype of Test:		29	
	Viol. 1: Ch/Sec/Sub	W-1 2. Ch/S/S-1		er Contributing Code	18 25	25	AC Test Res		30	97 ¹³
				er Distracted by	26	Si	usp. Alcohol owed from s		Susp. Drug: 2 32	97
⁶ 2	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	rator and all occupants in		Distracted by U	34 35	36 37	38 39	40	2 33	4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Statu		Medical Facility	-
	Operator	S	ee Above	\times	1 1	5 0	0 10	1		
										1
7	Please Select One Vehicle 2	#Occupants Nor	Managara A. Tana	15 16		17	18		Hit/Run Moped	1
⁷ 9	of the Following:	Nor	n-Motorist A Type	Action	Location	Condi	tion	<u> </u>	Ait/Run Moped	4
	License # St	DOB/Age	Reg	¥		Reg Typ	e	Re	eg State	
	Sex Lic. Class Lic.	Restrictions C	DL Veh '	Year	Veh Make			Veh		
⁸ 1	Operator	First	Own	erlast		First		Mid	idle	
	Address			ess						14
	CitySta	teZip	City				ite	· .	27 27 27	
	Insurance Company	:	Vehic	ele Action Prior to Crasl			amaged Are	a Code:	28 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	t Sequence 23	23 23	23	ype of Test:	ŀ	29	·
⁹ 2	Citation # (If Issued)			Harmful Event	24		AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub —		er Contributing Code	25		usp. Alcohol		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s	L	33	_
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu		Medical Facility	
	Operator/Non-Motoris	it s	ee Above	X	1					
			****							1
										1
								1		1
		1		1	1 1	1 1	1 1	1 1		ı

	= Direction	1 = Vehicle 1 2	= Vehicle 2	🗣 = Pedestria	ი ტზ	= Bicycle	
Crash Diagram:	ie: 👈	1 2	¬ →	Ŷ	→ ॐ		
			The state of the s	^		If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center	
						Other Private Way	Arrow
	USPS Pla	01 Pouliot ace iveway		(
Crash Narrative:							
The operator was	attempting to	back into he	r driveway w	hen the	e rear	left side of he	er
vehicle made con	tact with the U	SPS Community	y Mailbox. I	he oper	cator s	stated that she	struck
the mailbox due	to the heavy fo	g that eveni	ng as well a	s low 1	Light.	She also stated	d that
at the time of h	er backing into	her driveway	y she had co	mpany o	over an	nd had limited a	space t
put her vehicle.					•		
mailbox sustaine							
medical attention					cire s	cand. Operator :	rerasea
medicar accentic	and the venit	te did not re	equire a cov	· .			
				~~~		***************************************	***************************************
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
	Marine Alli II						
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type 1	Description (	of Damaged Property	
		VILMINGTON MA 01887	T Holle is	<del>                                     </del>			
USPS	10 Choken 31 W	TIMINGION MA 01007			JSPS (	COMMUNITY MAI	TROX
			-				
T							
Truck and Bus Inforn	Registration #_		(From Vehic	le Section)		Bus Use	42
Address			City			St Zin	
-			•			,	
	State Number			MC/MX/I	CC #:		
Interstate 43 Car	go Body Type Code	GVWR/GCWR	45		٦		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	46	
Hazmat Information:					L		
Placard 47 Materia	1 1 digit # 48 Material	Name		Material 4 digit	t#	Release code	49
Patrol Officer Micha							28/2020
Police Officer Name (Please Print	t) Signatı	ire II	D/Badge # Depar	unent	Preci	nct/Barracks Date	

# Wilmington Police Department Images Associated with 20-276-AC



