	Pol	lice Use Only	Comi	monwealth (	of Massa	chus	etts	\$		RM	V Docı	ument Nur		
	Date of Crash 11/29/2020	Time of Crash 1409 Wil	City/Town	Motor Veh	icle Cras	<b>h</b> [	Number /ehicles			d Limit	35	Local Po	olice 🔯	
		24HR	mington	Police	Report	1		1	Latitu Longi			MBTA I Campus Other:	Police	
		AT INTERSECT	TION:	< LOCA	TION >			NOT	AT IN		SEC	TION:		
											_			2 <sup>10</sup>
1	Route# Dire	ection	Name of Roadway/St	reet	Route# Direction	n 2	lress #	HA	RNDEI Na			vay/Street		
<sup>1</sup> 1			At		Feet N	deleb	7.							
	Route# Dire	ction N	ame of Intersecting Roady	vav/Street	Feet N	(SE)	of of	Mile	Marker	• —	or _	Exit N	umber	11
			Also at Intersection w		Feet N	SEV	of							1
2	Route# Direc	ation 21	CI	(6)	Feet N	SEV	of	Route		Interse	ecting F	Roadway/S	treet	
<sup>2</sup> 1	Rolle# Dire	ction N	ame of Intersecting Roads	vay/Street						La	ndmarl	k		
3	Please Select ( of the Followi		#Occupants	Run Moped	Crash Rep	port ID#	20	-2	77-	AC	,			
		<b>5784604</b> St ]	MA DOB/Age	Reg :	# 3DN382			Pag	Type PC		p.	ag Stata <b>N</b>	 []	<u></u>
:	Sex <b>F</b> Lic.	10 10	20		Year 2016								21	1 12
	l	NGO, JEAN I	Е Е	ndorsement	er <b>DANGO</b> ,						ven	Comig. [		
<sup>4</sup> 1	1	Last RANDOLPH D	First	Middle	er DANGO, Las ess 68 RANI	rt		Firs	ı		Mi	iddle		
			nte <b>MA</b> Zip <b>0187</b> 6		TEWKSBUR				State M	Δ -2	rin M1	1876-	1966	
	ļ		T EMPLOYEES		ele Action Prior to C		1	22	Damage		-		27 27	
	·	Direction: XSEW			·		23	23	Test Sta			1 28		
5		sued)			t Sequence 22 23 Hannful Event	22 24			Type of	Test:		29		
		•			L		25	25	BAC Te			1 30		22 <sup>13</sup>
			Viol. 2: Ch/Sec/Sub —		r Contributing Code	2/			Susp. Al			Susp. Dr	rug: 2 32	22
<sup>6</sup> 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub —		r Distracted by	34	35	36	Towed f	rom sc	ene?	1 33		ļ
	Name (Last First M	•	Tator and an occupants in	Address	DOB/Age	Sex Pos	Safety System	Airbag	Eject Trap Code Code	Injury Status	Transp. Code		al Facility	
	Operate	or	S	ee Above		X 1	1	1 0	0	8		Brigham hospital	& Womans	
										<del>                                     </del>				
	Please Select (	One D			15 1	16		17		18		l I		
<sup>7</sup> 1	of the Followi	II Vahicla 7	#Occupants Non	-Motorist A Type	Action	Locat	ion	Co	mdition		<u> </u>	Hit/Run L	Moped	
	License #		DOB/Age	Reg #	<u> </u>			Reg	Гуре		R	eg State		
	Sex Lic. 0	Class 19 19 Lic.	Restrictions C	DL Veh Y	ear	Veh N	1ake				Veh	Config.	21	
8 1	Operator	Last	First		erLas			First			1/:	ddle		
1	Address				ess	-		rus			ivili	udit		
	City	Sta	te Zip	City_					State	Z	Zip			1 14
	Insurance Comp.	any		Vehic	le Action Prior to Ci	rash		22	Damage	d Area	Code:		27 27	
	Vehicle Travel D	Direction: NSEW	Responding to Emerg	gency? Event	Sequence 23	23	23	23	Test Stat			28		
<sup>9</sup> 2	Citation # (If Iss	ued)		Most	Harmful Event	24		_	Type of BAC Te		ılt.	30		
_	Viol. 1: Ch/Sec/S	Sub ———	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. Al		31		rug: 32	
	Viol. 3: Ch/Sec/S	Sub ———	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			Towed f	Ŀ	ene?	33		
		•	on-motorist and all occupa		D. C.	34 Sea	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.			1
	Name (Last First M	or/Non-Motoris	et e	Address ee Above	DOB/Age	Sex Pos.	System	Status (	Code Code	Status	Code	Medic	al Facility	1
	Sperun				+	7,	<del> </del>			<u> </u>	-		<del> </del>	
							-		_	ļ				
										ļ				

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestr		cle	
Crash Diagram: Telephone Pole	ie: → 1			<u>*</u>		Crash Did Noten a Public Way:  Off-Street Parking Lo  Garage  Mall/Shopping Center	t
	120 Main :	Street			<u></u>	Indicate North by A	Arrow
	north on Main St. Op						
	. It is believed tha						
	difficulty speaking						
	encing an unknown me						
request for a med	dical evaluation was	submitted t	the RMV. A	& S TO	ving arrived	on scene.	
155000							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
<b>Property Damage:</b>							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dam	aged Property	
VERIZON	28 DIANA LN DRA	ACUT MA 01826		4	TELEPHONI	E POLE	
Truck and Bus Info	mation: Registration #		— (From Vehic	le Section)			42
Carrier Name						Bus Use	. ]
Address			City		St	Zip	
LIS DOT #.	State Number		Innaire State	MC/MV	// CC #-		
43	argo Body Type Code	GVWR/GCWR	Issuing State	MC/MX/	/ICC #:		
	Reg Type		Reg Year	Trai	ler Length	6	
Hazmat Information:						_	
Placard 47 Mater	ial 1 digit # 48 Material Nam	ne	1	Material 4 dig	git #	Release code	49
Patrol Officer K	evin J Skinner		200 Wil	mington	Police Dep	artment 11/	29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

	Pol	lice Use Only	[	Com	monwea	alth	of Mass	ach	ıuse	tts			RM	IV Doc	ument Numb	er	
	Date of Crash 11/29/2020	Time of Crash	1	City/Town ington	ł		icle Cra	ash			Number Injured	Spee	d Limit	1 15	State Police Local Police MBTA Poli	e 🗖	1
		24HR					Report		2	C	•	1	itude		Campus Po	olice	
		AT INTER	RSECTI	ON:	<	LOCA	TION	>		N	OT A	TIN	TER	SEC	TION:		
	Route# Dire								231		MAII					San to	2 10
<sup>1</sup> 3	Route# Dire	ction		Name of Roadway/S	Street		Route# Dire	ction	Addre	ss#		N	ame of	Roadw	vay/Street		-
L	Route# Direc	otion	News	effect P	10		Feet	N S	EW	of —	Mile M	— darker	•	or _	Exit Num	nber	
	Routes Direct	CHOIL	Name	of Intersecting Road Also at Intersection			Feet	NS	E W								7 "
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name	of Intersecting Road	way/Street		Feet	N S	EW	R of —	oute#				Roadway/Stre	et	
2	Please Select (		le 1 <b>1</b>	#Occupants Hi	t/Run	Moped	Crash	Ranari	· ID# 5	20-	27	Ω_		andmarl	X		1
<sup>3</sup> 97	of the Followi	ng:			· ·												-
	Sex M Lic.	10	19	DOB/Agestrictions 1 20	SDI		# <u>2WPZ51</u> Year <u>2017</u>									21	<b>7</b> 12
		ROUR, T		I	CDL Endorsement		er <b>AKROUF</b>				NDA			Veh	Config.		<u> </u>
<sup>4</sup> 1	1	Last WARREN	1	irst	Middle		ess <b>21 WA</b>	Last			First	3		Mi	ddle		
	City <b>REVE</b>	RE	State	MA Zip 0215	1-3449		REVERE						<b>A_</b> 2	Zip <b>0</b> 2	2151-3	449	
	Insurance Comp.	any THE CO	OMMER	CE INSURA	NCE CO	Vehic	ele Action Prior to	o Crash	, [	L1 22				Code:			
<sup>5</sup> 2	Vehicle Travel D	Direction: N 5	S E W	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23 2	1	est Sta			1 28		
2	Citation # (If Iss	ned)				Most	Harmful Event	2	24			ype of AC Te		olt:	30		
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub -		Drive	r Contributing C	ode	1 2	25	25	usp. Al			Susp. Drug:	2 32	<b>2</b> 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	***************************************		ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26		Т	owed f	rom sc	ene?	2 33		
_	Name (Last First M		t for operato	r and all occupants in	Nolved Address		DOB/Age	Sex	34 Seat Pos.		6 37 bag Eject tus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fe	neility	
	Operate	or		S	See Above		><	X	1	0 4	3	0	10	1			
71	Please Select O of the Followin		e 2 <b>1</b> #	Occupants Nor	n-Motorist A T	уре	15 Action	16 I	Location	1	Condi	tion	18		lit/Run	Moped	
	License #_SOC		St <b>MA</b>	_ DOB/Age_		'eg#	1BEW36				Reg Typ	e PC		Re	g State <b>MA</b>		
	Sex_ <b>F</b> _ Lic. C	Class D	Lic. Res	E	DL	Veh Y	ear <u>2019</u>	\	Veh Mak	e <b>HO</b> l	NDA.			Veh	Config. 1	21	
99	Operator MOF	Last	F	Y J	Middle		r MORGAN	Last			<b>J</b> First			Mic	klle		
$\dashv$	Address 11			(A) - 01921	1-2014		ss 11 CH2		A RI	)							_ 14
				<u>(A</u> Zip 0182: ISURANCE (		•	BILLERI			0 22				ip <b>U I</b> Code:	821-2 27 27		1
	Vehicle Travel Di		EW	Responding to Emer			le Action Prior to			.0 22	1 ~	est Stat		Code	1 28		
,	Citation # (If Issu	<u>v.</u> V.	12111	receponaning to Emer	geney		Harmful Event	2	24		Ty	pe of	Test:		29		
2	Viol. 1: Ch/Sec/S	ub —	Vic	l. 2: Ch/Sec/Sub			Contributing Co		19 <sup>2</sup>	5	25	AC Tes isp. Ald			1 30 Sun David	32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — — — — — — — — — — — — — — — — — — —							0	26	JI		isp. Aid owed fr			Susp. Drug:	2 -	
	Plea		erator/non-n	notorist and all occup			pone		Seat 5	35 36 Safety Airl	ag Eject	38 Trap	19 Injury	40 Transp.			
-	***	r/Non-Mo	otorist	S	Address ee Above		DOB/Age	Sex	Pos. S	ystem Stat	us Code 0	Code 0	Status	Code 1	Medical Fa	eility	
ŀ										-	ļ						
}											-						
-											-			-			
l.																	

	= Direction 1 = Vehicle	1 2 = Vehicle 2	္ = Pedestri	an 🐠 =	Bicycle	
Crash Diagram:	ie: → 1	2	₽Ř	→ №		
231 Main St	Dollar Tree				If Crash <u>Did Not</u> on a Public Way:	
	•				Off-Street Parking Lo	ot
	MV	/1			☐ Garage	
	MV 2	D			■ Mall/Shopping Cente	·r
					Other Private Way	
					Other Private way	
		PRODUCTION OF THE PROPERTY OF		-	T. J. A. N. J. E.	
					Indicate North by	Arrow
			(2		$(\rightarrow)$	
Crash Narrative:		•				
MV 1 was parked in a	handicap parking spot b	y the front ent	rance of	Dollar Tr	ee in the	
town of Wilmington.	The vehicle was unoccup	pied. The opera	tor of MV	2 attemp	ted to back	
out of her spot, and	was unable to do so. S	he inadvertency	backed i	nto MV 1.	She left	
all her pertinent inf	ormation on a note that	she left on MV	1's wind	shield.	Upon arrival	
	of MV 1 gave me the not			***************************************		e - 100/18-e
	t she attempted to back					
between her vehicle a	nd MV 1. The collision	left a dent in	the back	right end	l of MV 1	
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
Proporty Damaga						
Property Damage: Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of E	amaged Property	
					agea : roperly	
Truck and Bus Informatio	n: Registration #	(From Vel	nicle Section)		<b></b>	
Carrier Name					Bus Use	42
Address		City		St_	Zip	
US DOT #:	State Number	Issuing State	MC/MX/I	CC #:		
43	44	45	,,	<u></u>		
	y Type Code GVWR/GC				46	
	Reg Type Reg Stat	teReg Year	Traile	er Length		
Hazmat Information: 47	48				Γ	49
Placard Material 1 digi	# Material Name		_Material 4 digi	t #	Release code	
Patrol Officer Shane	A Foley	211 Wi	lmington	Police De	epartment 11/	29/2020
Police Officer Name (Please Print)	Signature		partment		Barracks Date	

Date of Crasi 11/30/2020		City/Town Wilmington	n i	ehicle Cra	_	Number Vehicles	Num		I Limit _	L	tate Police ocal Police IBTA Police
	24HR	_	" Polic	e Report		1	0	Land		C	ampus Police
	AT INTER	SECTION:	< L0	CATION :	> <u> </u>		NO	AT IN	TERS	ECTIO	N:
B . # B						69	SH	AWSH			
Route# Di	rection		adway/Street At	Route# Direct	on A	ddress #		N:	ame of R	oadway/St	reet
				Feet [	N S E	w of		e Marker	• —		xit Number
Route# Di	rection		ing Roadway/Street	Feet	N S E	Wof	1411	e iviarkei			an righter
				· 1	NSE		Route	#	Intersec	ting Roadv	vay/Street
Route# Di	rection	Name of Intersecti	ng Roadway/Street						Lanc	dmark	
Please Selec		e 11#Occupants	Hit/Run Mop	ed Crash R	port ID	#20	-2	79-	AC		
License #	151	St DOB/Age	I	Reg # RLTDE			Reo	Type PC	<del></del>	Rea Sta	ate MA
	c. Class	19 Lic. Restrictions	20	Veh Year 2002						_	21
Operator_	r ,	·	Endorsement	Owner HARREL							
Address.	LAIN	hust	Middle	Address 17 MAR	ast		Fir	st		Middle	
Cit <sub>\</sub>	_	State _ Zip_	C	city ANDOVER				_ State <b>M</b>	<b>A</b> _Zip	0181	LO-5821
Insurance Con	npany	~	7	/ehicle Action Prior to	Crash	1	22	Damage	d Area C	-	
- Vehicle Travel	Direction: N S	Responding	g to Emergency? 2	Event Sequence 22	3 23	23	23	Test Sta		1	9
Citation # (If I	ssued)		N	Most Harmful Event	1 2	1		Type of BAC Te	rest: st Result	<u> </u>	4
Viol. 1: Ch/Se	c/Sub	Viol. 2: Ch/Sec.	:/Sub I	Oriver Contributing Co		ـــالـــــــ	25	Susp. A	lcohol: 2	31 Sus	sp. Drug: 2 32
Viol. 3: Clı/Se	c/Sub	Viol. 4: Ch/Sec.	/Sub I	Driver Distracted by	0 20	5		Towed f	rom scer	70. <u>I</u>	3
Name (Last Firs		for operator and all occ	upants involved Address	DOB/Age	l s	4 35 eat Safety os. System		37 38 Eject Trap Code Code	39 Injury T Status	40 ransp. Code	Medical Facility
Opera	tor		See Above	$\sim$	X	[ ]1	1	0 0	10 1	ı	
									TT		
Please Select		e 2#Occupants	Non-Motorist A Type	15 Action	16	ation	17	ondition	18	LI:+/D	un Moped
of the Follov	ving:										
License #	19	St DOB/Age	20	keg #				• •			21
Sex Lic	c. Class	Lic. Restrictions	Endorsement	/eh Year	Veh	Make				. Veh Conf	ig.
Address	Last	First	Middle	Owner L Address	ıst		Fir	st		Middle	
		State Zip		City				_ State	Zin	)	
1	npany			/ehicle Action Prior to			22	Damage			7 27 27
Vehicle Travel	Direction: NS	E W Responding	g to Emergency? E	Event Sequence 2	3 23	23	23	Test Sta	tus:	2	
Citation # (If I	ssued)		А	Most Harmful Event	24	1		Type of	Test: st Result	. 3	_
Viol. 1: Ch/Se	c/Sub	Viol. 2: Ch/Sec	/Sub I	Oriver Contributing Cod	le	25	25	Susp. Al			sp. Drug: 32
Viol. 3: Ch/Se	c/Sub	Viol. 4: Ch/Sec/	/Sub E	Driver Distracted by	20	]		Towed f	rom scen	ne? 3	3
F Name (Last First	•	erator/non-motorist and	all occupants involved	DOB/Age	Sex Po	at Safety		37 38 Eject Trap Code Code	Injury T	40 ransp. Code	Medical Facility
	tor/Non-Mo	otorist	See Above	DANAGE	X 1		Janus	Code	.natuS	CINC	racurent Facility
						+					
						_	<del>                                     </del>		++		
						+	$\vdash$				

Crash Diagran	n:	= Direct		= Vehicle 1 2		¥ = Ped	estrian 	0ීම = Bicycle ▶ ර්මී	
Telephone						1 )	<b>\</b>	If Crash <u>Did N</u> on a Public W	ay: g Lot enter
		,	165 Shawsi	heen Ave			(		
								<u>v</u>	
Crash Narrativ	C. 4710-W-1811 S-F17-YO	tu nol	o Pofo-	to 20-1650	-OF			•	
AV I Clashed	Inco ucili	-A bore	s. Kerer	10 20-1650	-OF				
	*								
Wind the second	70.00								
Witnesses: Name (Last,First,Midd	le)			Address		4.3		Phone #	Statement
				-		-			
Property Dama	ge:								
Owner (Last,First,Mide		Address			Phone #	41-Туј	pe Desc	cription of Damaged Property	
VERIZON		28 DIA	NA LN DRAG	CUT MA 01826		4	TE	LEPHONE POLE	
Truck and Bus I	nformation:	Registi	ration #		(From	n Vahiala Saatian	<u> </u>		
Carrier Name					(11011			Bus Use	42
Address					City			St Zip	
								#:	
43			44	1	45	NIC/I	VIZVICE P	т	
Interstate	Cargo Body Ty	-	Type	GVWR/GCWR	D = - W			46	
Hazmat Information:		кед 1	гуре	Reg State	Keg Yea	ır	Trailer Le	ength	
47	Material 1 digit #	48	Material Name	>		Material 4	l digit#_	Release code	49
Patrol Office	r Kevin J	Skinne	r		200	Wilmina+	on Do	plice Department	1/30/2020
Police Officer Name (Ple			Signature		D/Badge #	Department	OII PO		ate

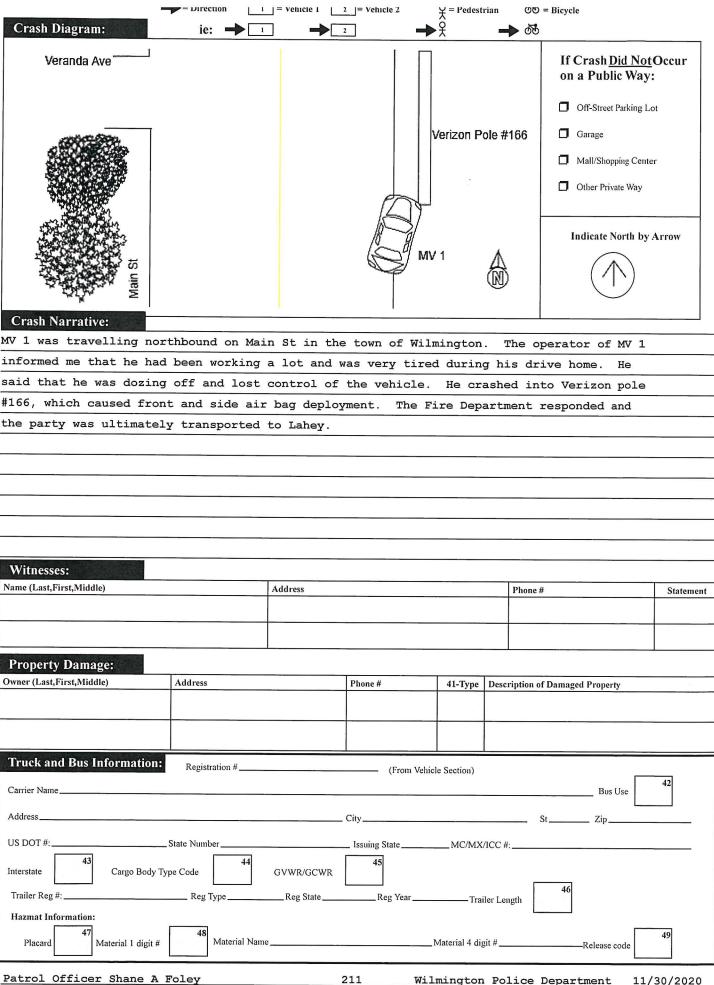
	Poli	ice Use Only		Com	lth o	of Massa	achi	ısett	S		RM	V Docı	ıment Numb	er		
	Date of Crash 11/30/2020	Time of Crash	3	City/Town Lngton	Motor	Veh	icle Cra	sh	Numbe Vehicle		read '	d Limit	35	State Police Local Police MBTA Police	÷ 123	
	11/30/2020	24HR	M T TIII	ing con	Pol	ice l	Report		2	0	Latti	ude gitude		Campus Po		
	***************************************	AT INTER	SECTIO	N:	<	LOCA	TION	>		NO	T AT IN	TER	SEC	TION:		101
							38 S		433	M	AIN S	ייף				2 10
<sup>1</sup> 1	Route# Direc	etion		Name of Roadway/S	treet		Route# Direc		Address #				Roadw	/ay/Street		
1	İ			At			Feet	N S I	w of			• —	or _			
	Route# Direc	etion		of Intersecting Road			400	Mal-	. ]]		ile Marker			Exit Num		2 11
				Also at Intersection v	with		_400_Feet		w of w of	62 Rout				<b>FON AV</b> Roadway/Stre		$\vdash$
<sup>2</sup> <b>2</b>	Route# Direc	etion	Name	of Intersecting Road	way/Street		Feet	N 5 I	of of			I a	ındmark	<u> </u>		
	Please Select C		e 1 <b>1</b> #	Occupants U:	/Run D N	Aoped .	Crosh F	lanaut I	n 2 (	1-2	280-					
<sup>3</sup> 3	of the Followin	ug.			/Kuii	-										
		2870548	19	DOB/Age			523PV8								21	<b>1</b> 12
	Sex <b>F</b> Lic. C		Lic. Res	trictions C	CDL Endorsement		ear 2016				)		Veh	Config.		
<sup>4</sup> 2		UTE, ANI Last BEDFOR	Fi	irst	Middle		r CHUTE, ss 160 BF	Last		F	irst		Mi	iddle		
	City WOBUF			<u>//A</u> Zip 0180	1-3906		WOBURN	<u>JDF C</u>	KD F	<u>.                                    </u>	Stata N	Γ <b>Δ</b> 2	zin <b>0</b> 1	1801-3	906	
				TUAL INSU		-	le Action Prior to	Crash	2	22		ed Area				
	Vehicle Travel D	· ·	A	Responding to Eme	_				3 23	23	Test St	atus:		1 28	<u> </u>	
<sup>5</sup> <b>1</b>	Citation # (If Iss	ued)	¥1				Hannful Event	1	24		Туре о			30		
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de :	L 25	25	-l	est Resi Alcohol:			32	1 13
6	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec/Sub —		Drive	Distracted by	0	26			from sc		2 33	<u> </u>	
<sup>6</sup> 2			for operator	r and all occupants in					34 35 Seat Safet		37 38 Eject Tra					
	Name (Last First M  Operate			S	Address See Above		DOB/Age	Sex	Pos. Syste	n Status	Code Cod	e Status	Code 1	Medical Fa	acility	
	*									-			<del> </del>			
	***												<del> </del>			
										-		+				
				<u> </u>				16		15		10				
<sup>7</sup> 1	Please Select O of the Followin		e 2 <b>1</b> #	Occupants Nor	n-Motorist A T	уре	Action	16 Lo	cation	17	Condition	18		Hit/Run	Moped	
	License # S69			DOB/Age.		z#	7GW934			Re	g Type <b>P</b> (	2	Re	eg State <b>MA</b>	21	
	Sex.M Lic. (		Lic. Res		CDL Indorsement		ear <u>2007</u>						Veh	Config. 1		
<sup>8</sup> 1		SAFFIGAI	Fi	NIEL P	Middle			Last		F	irst	IS	Mi	iddle		
_		MARION		<b>73</b> 0100	7 2140		ss 50 MAF		ST	EXT					1.40	14
	-			<u>(A</u> Zip 0188'		•	WILMING'			22		ed Area		1887-3		1
	Vehicle Travel D	·	<del></del>	Responding to Emer			e Action Prior to	<del></del>	1 3 23	23	Test St		Couc.	1 28		
	Citation # (If Issu		IE[W]	Responding to Emer	gency :		Sequence 1  Harmful Event		<u>                                     </u>		Туре о	f Test:		29		
<sup>9</sup> 2			Vio	1 2: Ch/Sac/Sub			Contributing Co	<u>L</u>		20 25	1	est Res		30	32	
							Distracted by		26		] Dasp. 1	Alcohol: from sc	<u> </u>	Susp. Drug	2 32	
				notorist and all occup			T		34 35 Seat Safet	36 Airbag	37 38	39	40			
	Name (Last First Mi	or/Non-Mo	torict		Address see Above		DOB/Age	Sex	Pos. Syste		Eject Tra Code Cod	e Status	Code	Medical Fi	neility	
	Operato	71/1 <b>10/11~17/1</b> 0	ivi isi	3	ee Auove			M	1 1	-		+	-			
							<b>_</b>			+	-				· · · · · · · · · · · · · · · · · · ·	
			<b>1</b> 15				-									
																1

	= Direction 1	_ = Vehicle 1 :	= Vehicle 2	关 = Pedestri	ian 🐠 = E	icycle	
Crash Diagram:	ie: 👈 🔟		<b>→</b>	· 옷	<b>→</b> ‱		
		Rte 62				If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage	
Main St (aka Rte 38)	_	E				Mall/Shopping Center	r
						Other Private Way	
		Rte 62			<b>₹</b>	Indicate North by A	Arrow
Crash Narrative:							
Vehicle 1 was traveling	South on Main	St coming	to a stop in	traffic	. Vehicle	2 was	
traveling behind vehicle							
							-
rearview mirror and did	not see venic	Te I coming	to a stop ca	using v	renicle 2	to crash into	
the rear of vehicle 1.							
			T				
				-			
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
The same of the sa					A Hone ii		Statement
Property Damage:							······································
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
	·						
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City		St_	Zip	
			-			•	
43	State Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body Typ  Trailer Reg #:		GVWR/GCWR  Reg State	Reg Year	T '1	ar Laueth	46	
Hazmat Information:				I rail	ci Lengui		
Placard Material I digit #	48 Material Name	E		Material 4 digi	it #	Release code	49
Patrol Officer Michael W N	*1-17				D-1 D-		

Wilmington Police Department
Department Precinct/Barracks Department

11/30/2020

	Polic	ce Use Only		nmonwe	ealth o	of Mass	ach	use	tts			RM	V Docu	ıment Nı	ımber		
	Date of Crash 11/30/2020	Time of Crash 1555	Ci <b>Wilmi</b> :	ty/Town			icle Cra	ish	Vel	mber hicles	Numl Injur	-d   ~P**	d Limit	35	MBTA	Police 🖸	
		24HR		_			Report		1		1		gitude_		Other:		
		AT INTER	SECTION	<u>V:</u>	<	LOCA	TION	>			NOT	AT IN	ITER	SEC	TION:		_ 10
	Route# Direct	ion	N.	aine of Roadwa	WStroot		Route# Dire	ction	<b>10</b> 7		MA	IN S		'D and w	ay/Street		2 10
<sup>1</sup> 4	- Router Direct	ion	140	At	y/Sirect								vanie or	Roadw	ay/Sirect		
L	Route# Direct	ion	Name of	f Intersecting Ro	nadway/Street		Feet	⊠s∣	E W	of -	— — Mile	– — Marker	• —	or _	Exit 1	Number	11
				lso at Intersection	······································			NS			Route	<del>-</del>	Inters	ecting R	Roadway/	Street	
<sup>2</sup> 3	Route# Direct	ion	Name of	f Intersecting Ro	oadway/Street		Feet	NS	E W	of .							
	Please Select O		e 1 <b>1</b> _#C	Occupants	Hit/Run	Moped	Crash	Report	ID#	20	-2	81-		ındmark			
<sup>3</sup> 97	of the Followin		St <b>MA</b>	DOB/Ag			1CVX54								eg State	M/A	
	Sex M Lic. C	10	19 Lic. Restr	20	CDL		ear 2016									1 21	<b>1</b> 12
<u></u>	Operator PE7	ARSON,	ANDREW	K	Middle	. Owne	r PEARSO	, <u>N</u> C	MAI	RJO	RIE	P		Mi	ddle		
<sup>4</sup> 1	Address 30 1	MILLER	RD			. Addre	ess 30 MI	LLEI	RR	D	1.112			1418	udic		
	City <b>WILMI</b>	NGTON	State <b>M</b>	A Zip 018	887-3512	City_	WILMING	TON	·							-3512	
	Insurance Compa	ny <b>SAFET</b>	Y INSU	RANCE	COMPANY	Vehic	le Action Prior t		<u>_</u>	<u> </u>	22	Damag Test St		1 Code:	1 27 2	27 8 27	•
<sup>5</sup> 2	Vehicle Travel Di	rection: S	S E W F	Responding to E	mergency? 2	Event	Sequence 22	23		23	23	Type o			29		
	Citation # (If Issu	ed)				Most	Hannful Event		24			BAC 7	est Res	ult:	1 <sup>30</sup>		13
	Viol. 1: Ch/Sec/S	ub ———	Viol.	2: Ch/Sec/Sub			r Contributing C		21 26	25	25		Alcohol:	-		Orug: 2 32	<b>22</b> <sup>13</sup>
<sup>6</sup> 2	Viol. 3: Ch/Sec/S			4: Ch/Sec/Sub		_ Drive	r Distracted by	0	34	35	36	Towed	from so	ene?	1 33		]
L	Name (Last First Mic		for operator a	and all occupant	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Tra Code Cox	p Injury	Transp.	Мо	lical Facility	
	Operato	r			See Above		>>	X	1	1	3 (	0	9	1	· · · · · · · · · · · · · · · · · · ·		
											***************************************						
<sup>7</sup> 1	Please Select O of the Followin		e 2#O	ccupants	Non-Motorist A	Туре	15 Action	16 L	ocatio	n	17 C	ondition	18		Hit/Run	Moped	
	License #		St	DOB/Age		Reg#					_ Reg	Туре		Re	eg State_		1
	Sex Lic. C	lass 19	Lic. Restr	ictions 20	CDL Endorsement		ear	\	/eh Ma	ıke				Veh	Config.	21	
<sup>8</sup> 1	- Operator Address	Last	First	l	Middle		er	Last			Firs	t		Mi	ddle		1
L			State	Zip			:55					State		7in		10010 85	<b>1</b> 14
	Insurance Compa						le Action Prior t				22			a Code:	27	27 27	
	Vehicle Travel Di	-	<del></del>	Responding to E	inergency?	-	Sequence		23	23	23	Test St	atus:		28		
0	Citation # (If Issu	<u> </u>				Most	Hannful Event	<del></del>	24			٠.	f Test:		30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/S	ub	— Viol.	2: Ch/Sec/Sub		_ Drive	r Contributing C	ode		25	25		est Res Alcohol:			Orug: 32	
	Viol. 3: Ch/Sec/S	ub	Viol.	4: Ch/Sec/Sub		_ Drive	r Distracted by		26			•	from so	L	33		ŀ
		-	erator/non-mo	otorist and all oc	ccupants involved		DODA		34 Seat	35 Safety	36 Airbag	37 38 Eject Tra Code Coo	p Injury		.,	diant Fa-1911	1
	Operato	r/Non-Mo	otorist		See Above	***	DOB/Age	Sex	Pos. 1	System	Status	Code Cox	le Status	Code	Me	dical Facility	
							_	~ \	2					1			4



Signature

211 ID/Badge # Wilmington Police Department Department

11/30/2020

Police Officer Name (Please Print)

	Police Use Only	Comi	monwealth -	of Massac	huse	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl		umber chicles	Numb	A Pool	d Limit	35	State Police Local Police	8000
	11/30/2020 1734 Wi	lmington	Police	Report	3	incles	Injur	Laut	ıde itude		MBTA Police Campus Police Other:	8
	AT INTERSEC	TION:	< LOCA		1-					SEC	TION:	
												2 10
	D. III				22		MA	IN S				_2
¹ <b>4</b>	Route# Direction	Name of Roadway/St	reet	Route# Direction	Add	ess#		N	ame of	Roadw	vay/Street	
•				Feet N	SEW	of ·			•	or _		_
	Route# Direction	Name of Intersecting Roady	vay/Street	<u></u>			Mile	Marker			Exit Number	5 11
		Also at Intersection v	vith	Feet N			Route#		Interse	ecting I	Roadway/Street	-
<sup>2</sup> 3	Route# Direction	Name of Intersecting Roads	vay/Street	Feet N	S E W	of						
	P1	T								ndmarl	k	
<sup>3</sup> 97	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	ort ID#	20	-2	82-	AC			
<u> </u>	License # <b>S61976170</b> St	MA DOB/Age_	Reg	VT37855			Reg	Гуре РС	<u>;</u>	R	eg State <b>MA</b>	_ 12
	Sex M Lic. Class D Lie	c. Restrictions 1 20 C		Year <b>2016</b>			_				21	
	Operator ENGLISH, STE	E	ndorsement Own	er ENGLISH								
<sup>4</sup> 3	Address 65 BUCKINGHAN	First	Middle	Last ess 65 BUCK			Firs			М	iddle	
	City <b>BILLERICA</b> S			BILLERICA				c M	<b>7</b> 2	z:. Λ'	1821-322	_
	Insurance Company THE COMM	-	·				22	Damage		-		¬ I
		_		cle Action Prior to Cra	23	23	23	Test Sta		Couc.	28	<b>-</b>
<sup>5</sup> 2	Vehicle Travel Direction: N E V	<del></del>	•		24			Type of	Test:		29	
	Citation # (If Issued)		Most	Harmful Event 1		ماد	25	BAC Te	st Resi	alt:	1 30	13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	1	25	25	Susp. A	lcohol:	2 31		2 1 1
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub	****		er Distracted by			<del></del>	Towed	from sc	.,	2 33	
_	Please fill out for op Name (Last First Middle)	perator and all occupants in	volved Address	DOB/Age S	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 iject Trap Jode Code	Injury Status	40 Transp. Code	Medical Facility	
	Operator	S	ee Above		1	1	4 0		10	1		
			-						ļ			
<sup>7</sup> 2	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16	Location	on n	17 Co	ndition	18		Hit/Run Mop	ed
		<b>MA</b> DOB/Age		2PWB64	J		<u> </u>		 •	<u> </u>	eg State <b>MA</b>	$\dashv$
	19 19	20	· ·				•				21	<b>[</b> ]
		E	ndorsement	Year 2013						Veh	Config. 1	
<sup>8</sup> 1	Operator <u>CUMMISKY</u> , <u>TY</u>	First	Middle	er <u>CUMMISK</u>			First	NTHO	NX	Mi	iddle	-
	Address 7 MORNINGSIDE			ess 7 MORNI		DE					1004 444	14
	•	tate MA Zip 01821		BILLERICA			22	State M. Damage			1821-141:	- I
	Insurance Company THE COMM	<b>–</b>		le Action Prior to Cra		4	Ц.	Test Sta		Code:	3 <sup>27</sup> 2 <sup>27</sup> 2 <sup>2</sup>	]
	Vehicle Travel Direction: SEW	_	gency? 2 Even	Sequence 1 23	23	23	23	Type of			29	
<sup>9</sup> 2	Citation # (If Issued) <b>T2062433</b>			Harmful Event 1	24			BAC Te		ılt:	1 30	
-	Viol. 1: Ch/Sec/Sub <u>89 9</u>	Viol. 2: Ch/Sec/Sub 9	0 17 Drive	r Contributing Code	7_	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 3	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26			Towed	from sc	ene?	2 33	
Ī	Please fill out for operator/	non-motorist and all occupa	ants involved	DOB/Age So	34 Seat		36 Airbag I	37 38 ject Trap ode Code	39 Injury Status	40 Transp.	Madical Contro	
ļ	Operator/Non-Motori	ist Se	ee Above	DOB/Age Se	Pos.	System 1	Status 0		Status 10	Code 1	Medical Facility	
}	JAYLEN MONTESANTI	7 MORNINGSIDE DR			3		4 0		10	1		
}	OLLIDA FORIESANII	BILLERICA, MA 01	821-1411	F.	-		*	- -	10	<u> </u>		
								_				
ĺ												

	Pol	ice Use Only		Com	monweal	th	of Mass	acl	huse	etts			RM	IV Doci	ument Number	
	Date of Crash 11/30/2020	Time of Crash <b>1734</b> 24HR	Wilm	City/Town ington	Motor V Poli		iicle Cra Report	ash	Nu Ve	unber hicles	Number Injured	Latit	ed Limi ude		State Police Local Police MBTA Police Campus Police Other:	0800
		AT INTER	SECTIO	N:	< L(	OCA	TION	>			NOT A					
	Route# Direc	etion		Name of Roadway/5	Street		Route# Dire	ation	222 Addre	2	MAI	n s	T		ray/Street	2
¹ <b>4</b>				At					EW					- or	ay/Street	
	Route# Direc	etion		of Intersecting Road					EW		Mile N	1arker	***************************************		Exit Number	5
<sup>2</sup> 3	Route# Direc	etion	Name	of Intersecting Road	hway/Street				EW		Route#		Inters	secting R	Roadway/Street	
	Please Select C		le 3 <b>1</b> _#	Occupants Hi	t/Run	ped	Crash	Repor	t ID# 2	20.	-28	2-		andmark		
<sup>3</sup> 97	License # S69		St <b>MA</b>	DOB/Age.			416VR6								MA	
	Sex_ <b>F</b> Lic. (	Class D	Lic. Res	trictions 1 20	CDL Endorsement		(ear <b>2013</b>								-	1 1
<sup>4</sup> 3	Operator <u>CO</u> l Address <u>45</u>	Last	Fi	rst	Middle		CONTRA	Last	-		RT First			Mid	Idle	-
	l			ST IA Zip 0182			ess 7 HEA' WILMING			<u>R</u>	C.	М	73.		.887-150	_
				TUAL INST			le Action Prior to		Г	2 2	7			Code:		¬ I
<sup>5</sup> 2	Vehicle Travel D	irection: N S	E	Responding to Eme	rgency? 2	Event	Sequence 97	23				Test Sta		[.	1 <sup>28</sup> 29	<sup>-</sup>
	Citation # (If Issu	,				Most	Harmful Event	1	24		E	Type of BAC Te	rest: est Res	ult:	1 30	1
	Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S			. 2: Ch/Sec/Sub —			r Contributing Co	ode O	26	25			lcohol: from sc		Susp. Drug: 2 32	2 <b>1</b> 13
2		Please fill out		and all occupants in		Dire	Distracted by		34 Seat	35	36 37	38	39	40	1 33	_
	Name (Last First Mic			S	Address See Above		DOB/Age	Sex	Pos.	System	Airbag Eject Status Code	Trap Code		Transp. Code	Medical Facility	
	_					<del></del>			1		-	<del> </del>		-		
								-								
2	Please Select Or of the Following		. <b>4</b> #C	Occupants Non	a-Motorist A Type	e	15 Action	16	Location		17 Condi	tion	18	П	lit/Run Mope	ed
	License #	19 1		DOB/Age		Reg#					Reg Typ	e		Reg		
	Sex Lic. C Operator	lass	Lic. Resti	rictions C	ndorsement		ear		Veh Mak	e				Veh (	Config. 21	
1	Address	Last	Firs	!	Middle		SS	Last			First	-		Midd	lle	_
	City		State	Zip		City_					Sta	nte	Z	ip		_ 1 14
	Insurance Compar	,					e Action Prior to		23 2	3 2		amage	d Area	Code:	27 27 27 28	
	Vehicle Travel Dir Citation # (If Issue			Responding to Emer			Sequence Harmful Event		24	.3		ype of			29	
2	Viol. 1: Ch/Sec/Su	ıb	Viol.	2: Ch/Sec/Sub			Contributing Co	de	2:	5	25	AC Tes	st Resu cohol:		30 Susp. Drug: 32	]
				4: Ch/Sec/Sub —		Driver	Distracted by		26			•	om sce		33	'
	Name (Last First Mide	lle)		otorist and all occupa	ants involved Address		DOB/Age	Sex	Seat S	afety A	36 37 irbag Eject tatus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
-	Operator	r/Non-Moi	torist	Se	ee Above		$\geq \leq$	X	1							
-										_						
-																
L																Ī

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedes	rian 💇	= Bicycle	
Crash Diagram:	ie: 👈 🔟	] →	2	→Ŷ	→ 5€		
231 Main St		-		8	<b>→</b>	If Crash Did Not on a Public Way  Off-Street Parking L	:
	ţ	E M	/2			☐ Mall/Shopping Cente	er
	MV 1			222 Mai	n St	Indicate North by	Arrow
Crash Narrative:			l .				
MV 1 was travelling north	ound on Mai	n St in th	e town of	Wilmington	M77 1	had the green	
light and attempted to tra							
lane. MV 2 was stagnant i							
No.	or of MV 2						
intersection and didn't wa							
intersection and take a le							
collided with MV 2. When							
vehicles into the entrance							
3.				CIIC VCIIIC		Taing Theo MV	
				-			
With							
Witnesses: Name (Last,First,Middle)		Adduses			Tni		
· wante (Bussyl 113s, Middle)		Address			Phone	#	Statement
Property Damage:							
	dress		Phone #	41-Type	Description of	f Damaged Property	
				ii ijpe	2 escription o	Damaged Froperty	
All seeds at seeding	Registration #		(From	Vehicle Section)			42
Carrier Name						Bus Use	
Address			City			St Zip	
US DOT #:State	Number		Issuing State	MC/MX	ICC #:		
Interstate Cargo Body Type Co	ode 44	GVWR/GCWR	45		-		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					L		
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	it #	Release code	49
Patrol Officer Shane A Fold	20		211	Wilminster	D=1-	D	20/005
Police Officer Name (Please Print)	- <u>y</u>		211	wilmington	LOTICE	Department 11/	30/2020

Signature

ID/Badge #

Precinct/Barracks

Date

	Police Use	Only	L Co	mmon	wealth	of Massa	chuse	tts			RMV De	cument N	umber	
	Date of Crash Time of 11/30/2020 182	of Crash	City/Town Lmington	Mo	tor Vel	nicle Cras	h Nu		lumber njured	١.		Local	Police I Police A Police pus Police	
	102	24HR	rming con		Police	Report	1	0	-	Latitud Longitu			`A Police 🔲 pus Police 🔲	
	AT II	NTERSEC	ΓΙΟΝ:	<	LOCA	ATION >		N	OT A		ERSE			1
									******	*****				2 10
rī .	Route# Direction		Name of Roadw	vay/Street		Route# Direction	93 Addre		SALE	M S	T ne of Road	lway/Stree	ıt	
<sup>1</sup> 4			At								- Control	ajrodeo		1
	Route# Direction	N	ame of Intersecting I	Roadway/Street	·····	Feet N	SEW		— - Mile Ma		or		Number	
		A.V.	Also at Intersec			Feet N	S E W	of				***		1 11
2	Route# Direction					Feet N	SEW	Ro of	ute#	Iı	ntersecting	Roadway	/Street	
<sup>2</sup> 3	Route# Direction	N:	ame of Intersecting I	Roadway/Street				-			Landma	rk		-
3	Please Select One of the Following:	Vehicle 11	#Occupants	Hit/Run	Moped	Crash Rep	ort ID# 2	20-	28	3 – 2				7
	License # <b>S41214</b>													_
		19 19		20		# <u>V63215</u>							24	<b>3</b> 12
	DEX. LIC. Class D	Lic.	Restrictions 1	CDL Endorsemen	II	Year <b>2014</b>					Ve	h Config.	2	
<sup>4</sup> <b>1</b>	Operator DOOLEY		First	Middle		er <b>FLYNN A</b>			O I First	NC	1	Middle		
-	Address 3 WALKI			155 050	_	ess 108 SCH								Ì
	City MEDFORD				•	WATERTOWN		22					-4248	
	Insurance Company AR		1			ele Action Prior to Cra						27 2	27 <sub>8</sub> 27	İ
5	Vehicle Travel Direction:		Responding to	Emergency? 2	Even	t Sequence 1 23		23 23		st Status pe of Te		29		
	Citation # (If Issued) <b>T1</b>		<del></del>			Harmful Event 1			BA	AC Test		30		
	Viol. 1: Ch/Sec/Sub 90	24C	Viol. 2: Ch/Sec/Sub	, <u>89 4</u>	A Drive	er Contributing Code	10 <sup>2</sup>	<sup>5</sup> 14 <sup>2</sup>	25	sp. Alco		1 Susp. I	orug: 32	<b>27</b> <sup>13</sup>
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub	)	Drive	er Distracted by	26		То	wed from	m scene?	2 33		
	Please Name (Last First Middle)	e fill out for oper	rator and all occupar	nts involved		DOB/Age S		35 36 Safety Airba	g Eject	Trap I	39 40 Injury Transp			1
	Operator			See Above		DODAGe	ex Pos. S	ystem Statu			Status Code	Med	lical Facility	1
							1		-					-
									-					-
<sup>7</sup> 1	Please Select One of the Following:	Vehicle 2	#Occupants	Non-Motorist	A Type	Action 16	Location	17	Conditi	on	18	Hit/Run	Moped	
	License #		DOB/Age		Reg #			Re	eg Type		R	eg State		1
	Sex Lic. Class	19 19 Lic. 1	Restrictions 2	CDL Endorsement	Veh Y	ear	_ Veh Mak	e			Vel	Config.	21	1
31	Operator		First	Middle	Owne	Last			First			iddle		
	Address				Addre	ess						radie		
	City	State	e Zip		_ City_				State	e	Zip			1 14
	Insurance Company				Vehicl	e Action Prior to Cra	sh	22	Da	maged A	Area Code:		27 27	Г
	Vehicle Travel Direction:	N S E W	Responding to E	mergency?	Event	Sequence 23	23 2.	3 23		t Status:		28		
2	Citation # (If Issued)				Most I	Harmful Event	24			e of Tes C Test F		30		
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Driver	Contributing Code	25	2:	5	p. Alcol		Susp. D	rug: 32	
	Viol. 3: Ch/Sec/Sub		Viol. 4; Ch/Sec/Sub		Driver	Distracted by	26			-	n scene?	33	· ———	
Ī	Please fill out	for operator/nor	n-motorist and all oc	cupants involve	d	DODA	Seat Sa	35 36 ifety Airbag	37 Eject	Trap In	39 40 ajury Transp.			İ
ŀ	Operator/Non		•	See Above		DOB/Age Set	Pos. Sy	stem Status	Code	Code St	tatus Code	Medi	eal Facility	
-	_						++	_		-				
-						ļ								
-														
		-											:	

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedes	trian 🗖	= Bicycle	
Crash Diagram:	ie: →	<b>→</b>	2	→ŝ	→ 55	•	
93 sale	m street					If Crash <u>Did No</u>	
•	a d					Off-Street Parking L	
AS	73					☐ Garage	
	Ŷ					☐ Mall/Shopping Cent	ег
		······································	······································		· · · · · · · · · · · · · · · · · · ·	Other Private Way	
***************************************						Indicate North by	Arrow
				•	₹3		
Crash Narrative:			T-11-11-11-11-11-11-11-11-11-11-11-11-11				
The driver of V1 pulled	i onto the yard	d and lawn	at 93 Salem	street i	n an atte	mpt to turn	
around quickly. He dro	ove across the	lawn sever	al times, r	uining it	and digg	ing it up.	
He was later emercial		the lawn					
He was later arrested (T1683440	DI Liquor.						
W/A							
Witnesses: Name (Last, First, Middle)		Address			1		
		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Tuna	Description of I	Damaged Property	
MAHONEY MICHAEL J	93 SALEM ST WILMING	GTON MA 01887-40	I Hone #		TORN UE		
					10141 01	TANK	
Twist and D. J. C.							
Truck and Bus Information:	Registration #		(From V	eliicle Section)			
Carrier Name						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 Year	Trail	er Lanoth	46	
Hazmat Information:		-		irail	ei Lengin		
Placard Material 1 digit #	48 Material Name			Material 4 digi	it #	Release code	49
Patrol Officer Brian D T	hornton	1	.90 W	ilmington	Police De	epartment 11/	30/2020
Police Officer Name (Please Print)	Signature			partment	Precinct/		20/2020

# Wilmington Police Department Images Associated with 20-283-AC











	Police Use Only	Comm	onwealth (	of Massac	huse	etts			RMV	V Doci	ument Number	
	Date of Crash   Time of Crash   12/01/2020   <b>0857</b>   <b>Wiln</b>	City/Town	<b>Motor Veh</b>	icle Crash	Nu Vel		Number Injured	١,	Limit.	30	State Police Local Police MBTA Police	1
	24HR	nington	Police 1	Report	2	2	•	Latitud Longit			Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		N	OT A	ΓΙΝΊ	rer:	SEC	TION:	1
	D3113DD	73.T.E. C.E.										<b>2</b> 10
1	Route# Direction BALLARD	VALE ST  Name of Roadway/Stre	et	Route# Direction	Addre	ess#		Na	me of l	Roadw	vay/Street	╁
1		At		Feet N	e E W	c						
	Route# Direction Nam	ne of Intersecting Roadwa	v/Street	Feet [N]	S E W	or —	Mile Ma	ırker		or _	Exit Number	
		Also at Intersection wit		Feet N	S E W		. "		•		0 1 /0.	3
2	Route# Direction Nam	ne of Intersecting Roadwa		Feet N	S E W	of	oute#		Interse	cting I	Roadway/Street	
<sup>2</sup> 2	Route# Direction Nan	e of intersecting Roadwa	y/Street			_			Laı	ndmarl	k	1
3	Please Select One of the Following:	_#Occupants	un Moped	Crash Repo	rt ID#	20-	28	4 –	AC	;		
	License # <b>S10965480</b> St <b>M</b>	A DOB/Age	Regi	1KFB63		*	Reg Type	. PC		D.	en State MA	1
	19 19	estrictions 20 CD		ear 2006							21	1 12
	Operator VELAZOUEZ, JE	End	lorsement	r VELAZQUE						1011	- Comig.	
<sup>4</sup> 1	Address 185 CHESTNUT S	First	Middle	ess 185 CHE			First	Δ	PT		iddle	
	City <b>LAWRENCE</b> State		710011	LAWRENCE	<u> </u>	. <del></del>					1841-3846	
	Insurance Company GOVERNMENT		T.1011	le Action Prior to Cra		22	1	amageo				
	Vehicle Travel Direction: XSEW	Responding to Emerge		22		1 23 23	<b>1</b> T	est Stat			2 28	
5	<u> </u>	Responding to Emerge	•	Sequence 1	24		ل <sub>T</sub>	ype of T	Test:		29	
	Citation # (If Issued)			Harmful Event 1		25	25	AC Tes			2 30	13
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26		Si	ısp. Ald	Ľ		Susp. Drug: 2 32	
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub \	/iol, 4: Ch/Sec/Sub tor and all occupants invo		r Distracted by	34	35 3		owed fr	om sco	ene?	1 33	4
	Name (Last First Middle)	•	Address	DOB/Age Se	Seat	Safety Air System Sta	bag Eject	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	See	Above	>>>	$\left\langle 1 \right $	1 3	0	0	8	2	Winchester Hospital	
												]
												1
												1
	Please Select One Vivil 2			15 16	<u></u>		<u> </u> 7		18			1
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	Action	Locatio	ո	Condi	tion			Hit/Run Moped	
	License # NHL18655850 St N	<del></del>	Reg #	S55852			Reg Type	<u>co</u>		R	eg State <b>MA</b>	]
	Sex. M Lic. Class D 19 Lic. R	estrictions 20 CDI	L Veh Y	ear <b>2016</b>	_ Veh Ma	ke <b>FO</b> ]	RD			_ Veh	Config. 6	
8	Operator FEDRICK TOLBEI			FORMAN F	PRICE	VE		E I	EΑ			
<sup>8</sup> 1	Address 2 LANCELOT CT	APT 15	Addre	ss <b>BX 145</b>			First			Mi	iddle	
	City <b>SALEM</b> State	NH Zip 03079	City_	GLEN HEAD			Sta	te <b>NY</b>	<b>z</b> _z	ip <b>1</b>	1545-0000	1 14
	Insurance Company PROTECTIVE	INSURANCE	COMP Vehic	le Action Prior to Cras	sh	4 22	D	amageo	l Area	Code:	<u> </u>	
	Vehicle Travel Direction: NSE	Responding to Emerge	ncy? 2 Event	Sequence 23	23	23 23	Ί	est Stati			1 28	
<sup>9</sup> 2	Citation # (If Issued) 861200AA	****	Most	Hamnful Event 1	24		•	/pe of T AC Tes		14 -	29	
2	Viol. 1: Ch/Sec/Sub <u>89</u> 8	iol. 2: Ch/Sec/Sub ——	Drive	Contributing Code	19	<sup>25</sup> 4	25	ısp. Alc			1	
	Viol. 3: Ch/Sec/Sub ——— V	fiol. 4: Ch/Sec/Sub ——	Drive	Distracted by	9 26			owed fr			33	
İ	Please fill out for operator/non	•			34 Seat	35 3 Safety Air	bag Eject	38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)  Operator/Non-Motorist		Above	DOB/Age Ser		System Sta	tus Code	Code	Status 10	Code 1	Medical Facility	1
		80 S BROADWAY			+			ļ			LAWRENCE GENERAL	-
	ANGELO TAVAREZ	LAWRENCE, MA 01843	3-1411	M	1	1 4	0	0	8	2		4

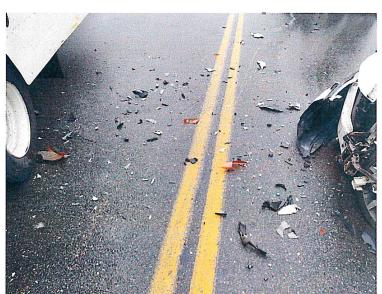
	= Direction	= Vehicle 1	2 = Vehicle 2	Y = Pedesti	ian ØO	= Bicycle	
Crash Diagram:	ie: 👈	<u> </u>	2	<b>→</b> X	→ ∞		
	allardvale St	Wi	lmington		<b>₹</b> 3	If Crash <u>Did Not</u> on a Public Way:	
	S. ^					Off-Street Parking Lo	
		a M	<i>A</i>			_	^
	Harrie Land	M	¢=			☐ Garage	
	2	Ballardy	rale St Wilmingto	n/ River St	Andover	■ Mall/Shopping Cente	T .
The Control of the Co			entheragemental, in a mustic a last Malantania et a proposition a persona e a consecutar a conse			Other Private Way	
						Indicate North by	Arrow
						$(\leftarrow)$	
149 River St	155 River St		Andover				
Crash Narrative:					I.		
On 12/1/20, I respond	ed to a two veh	icle crash	in the area	of 375 Ba	allardval	e St. All	
operators and the pas	senger from veh	2 were wea	ring seat be	lts. Veh	1 operat	or reported he	
was traveling straigh	t ahead on Ball	ardvale and	. Veh 2 cut c	ut in fro	ont of hi	m turning	
left. Veh 1 operator	reported he tri	ed to slam	on his brake	s but due	e to the	wet road	
conditions, his car s	lid. He reporte	d he had al	most no time	to stop	when Veh	2 pulled out.	
Veh 2 operator report	ed that he did	pull out of	the drivewa	y of 375	Ballardy	ale to pull	
onto Ballardvale St,	but that Veh 1	was going t	o fast. Veh	2 was ent	ering Ba	ıllardvale	
which was the main ro							
Veh 2 Operator was ok							
passenger were transp							
by Cains. Veh 2 had 1						darter. Towed	
Witnesses:		- Continue	(dx1e) damag	e. rowed	Dy Aus		
Name (Last, First, Middle)		Address			D14		
(300,310,100,100,100,100,100,100,100,100,		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
							Me = = 4 mm = 11 mm
							,
Truck and Bus Informatio	n: Registration #		/From Ve	hicle Section)			
Carrier Name			(11011 Ve	incle Section)		Bus Use	42
Address			_ City			t	
	State Number		Issuing State			·	
43	44		45				
	ly Type Code	GVWR/GCWR			_	46	
	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information: 47	48						49
Placard Material 1 digi	t # Material Na	me		Material 4 dig	it #	Release code	***
Patrol Officer Daniel	P Furbuch		196 W	ilminata:	Do1: *	)	01 /0000
Police Officer Name (Please Print)	Signature			partment		Department 12/ ot/Barracks Date	01/2020

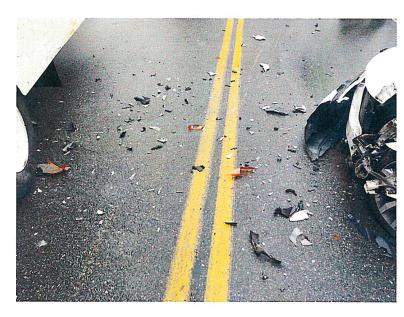
#### Wilmington Police Department Images Associated with 20-284-AC













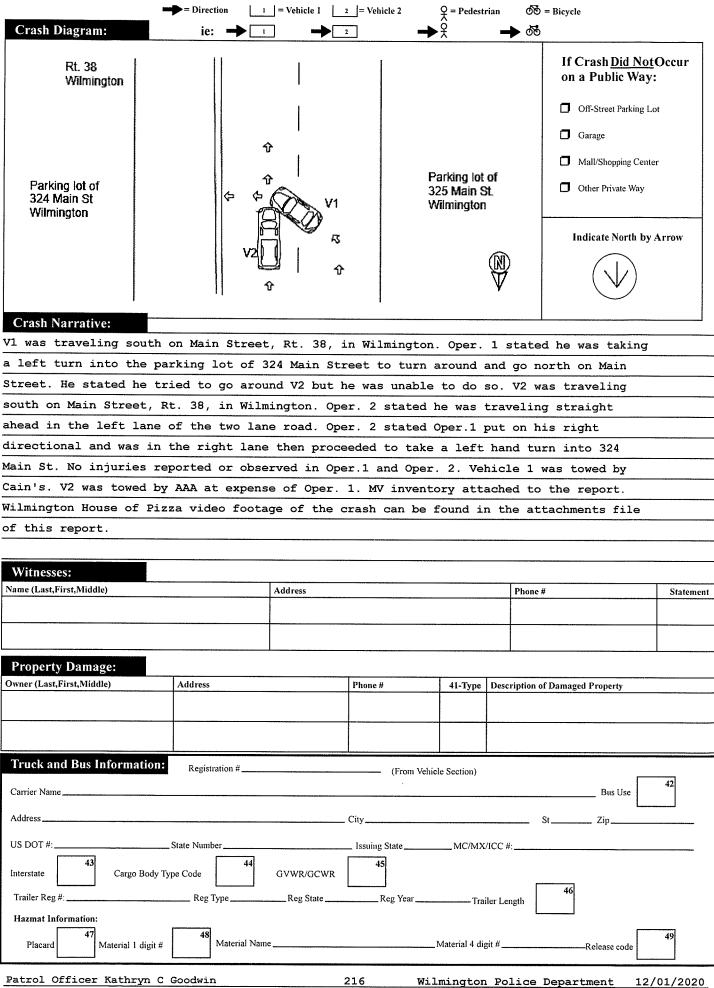
#### Wilmington Police Department Images Associated with 20-284-AC







Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Landmark  Crash Report ID# 20 - 285 - AC  License # S51169952 St MA DOB/Age Reg Type PC Reg State MA  Veh Year 2019 Veh Make KIA Veh Config. 1 21  Operator HUYNH, WARREN KOK  Address 7 COREY AVE  City WILMINGTON State MA Zip 01887-3613 Insurance Company GEICO GENERAL INSURANCE C  Vehicle Action Prior to Crash 4 22  Vehicle Action Prior to Crash 4 22  Damaged Area Code 8 27 27 27  Event Sequence 1 23 23 23 23 23  Test Status: 1 28  Type of Test: 29  Most Harmful Event 1 24  Most Harmful Event 1 24  Diriver Contributing Code 1 25 25  Susp. Alcohol: 2 31 Susp. Drug 2 32  License # SEIW of Make Make Intersecting Roadway/Street  Route# Intersecting Roadway/Street  Intersecting Roadway/Street  Route# Intersecting Roadway/Street  Landmark  Crash Report ID# 20 - 285 - AC  Reg # 28V450 Reg Type PC Reg State MA  Veh Year 2019 Veh Make KIA Veh Config. 1 21  1  1  1  1  1  1  1  1  1  1  1  1			ice Use Only					of Mass			tts			RN	IV Doc	cument Numb	er	
AT INTERSECTION:    An	}		1642	Wiln	•	1			ısh	Veh	icles	Injured	Latit	ude	t <u>3</u>	Local Police MBTA Pol Campus Po	e 🚨 ice 🚨 olice 📮	
Routed Direction Name of Rendroy/Street Name of Rendroy/Street Routed Direction Name of Rendroy/Street Routed Direction Name of Rendroy/Street African of Intersecting Rendroy/Street African of Intersecting Rendroy/Street African of Intersecting Rendroy/Street African of Intersecting Rendroy/Street African of Intersecting Rendroy/Street Rendroy Rend			<u> </u>		ON:				>						RSEC			1
Routed   Direction   Name of Intersecting Rendowly/Street   Albert of Intersecting Rendowly/Street   Feet   N   S   E   V   of   Render   Intersecting Rendowly/Street   Feet   N   S   E   V   of   Render   Intersecting Rendowly/Street   Feet   N   S   E   V   of   Render   Intersecting Rendowly/Street   Feet   N   S   E   V   of   Render   Intersecting Rendowly/Street   Feet   N   S   E   V   of   Render   Intersecting Rendowly/Street   Feet   N   S   E   V   of   Render   Intersecting Rendowly/Street   Interdent   Render   Intersecting Rendowly/Street   Interdent   Render   Intersecting Rendowly/Street   Interdent   Render   Intersecting Rendowly/Street   Interdent   Render   Intersecting Rendowly/Street   Interdent   Intersecting Rendowly/Street   Interdent   Intersecting Rendowly/Street   Interdent   Intersecting Rendowly/Street   Intersection Rendowly/Street   Intersection Rendowl	Route	# Direc	rtion		Name of David	<i>ICA</i>							N S	T				2
Routes Direction  Name of Intersecting Roadway/Street  After at Intersecting Roadway/Street  Name of Intersection Roadway/Street  Name of Intersection Roadway/Street  Name of Intersection Roadway/	Route	or Direc	ction			Street										way/Street		-
Routed   Decision   Name of Intersecting Roadway/Street   Landmark	Route	# Direc	tion	Name											or .	Exit Nun	ber	3
	Route	# Direc	tion	Name	e of Intersecting Roa	dway/Street					R	oute#		Inters	ecting	Roadway/Stre	et	
	Pleas			ele (1	#Occupants H	it/Run	Moned	Crash F	Report	t ID# 2	<u> </u>	28	5-			k		1
Departor   Department   Depar				St <b>M</b> Z												Leg State <b>MA</b>	***************************************	L
Address 7 COREY AVE  Address 7 COREY AVE  City WILMINGTON State MA Zip 01887-3613 Itsurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: NEW Responding to Emergency? 2.  Citation if (If Issued).  Viol. 2: Ch/Sec/Sub  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Contributing Code  Driver Distanced by 0 20  Toward from scene? 1 33  Toward from scene? 1 33  Toward from scene? 2 31  Toward from scene? 1 33  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 3 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 2 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scene? 3 31  Toward from scener. 3 31  Toward from scener. 3 31  T	1		Class D	Lic. Re	estrictions <b>B</b>	CDLEndorsement	_ Veh `	Year <u>2019</u>		Veh Mak	e KI	A						1
Damaged Area Code   27   27   27   27   27   27   27   2			Last		First	Middle			Last		N K	OK First			М	liddle		
Vehicle Travel Direction:   N   E   W   Responding to Emergency?   2   Event Sequence   23   23   23   23   23   23   23   2	1						,				22				-			
Most Hamful Event   1 24   BAC Test Result: 30   Susp. Alcohol: 31 Susp. Drug 32   1	1											7	est Sta	tus:	(Code:	1 28		
Viol. 3: Ch/Sec/Sub		·	,		- CL (CL (CL )				1		5	25 E	BAC Te	st Res		30		L
Please Solvet One of the Following:   Non-Motorist A   Type   15   Action   16   Location   17   Condition   18   Hit/Run   Moped   Modelal Evaility   Modelal Evai	- 1									<u> </u>	]	S					2 32	
Please Select One of the Following:    Condition   18	1	(Last First Mid		t for operato	or and all occupants i			DOB/Age	Sex	Seat 5	afety Airl	ag Eject	Trap	Injury	Transp.	Madian I Go	aility	
Condition   Cond	O	perato	r			See Above		>	X							i Medical Po	cinty	
Condition   Cond														ļ				-
Condition   Cond		-															····	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement  Operator RICE, CHARLES E  Last First Middle  Address 80B WASHINGTON PARK DR  City ANDOVER State MA Zip 01810-3022  Insurance Company ARBELLA MUTUAL INSURANCE  Vehicle Travel Direction: NXE W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Towel from the Clast Harmful Event 1 24 Susp. Drug 2 32  Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug 2 32  Vehicle First Meddle  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Config. 8 21  Veh Year 2017 Veh Make DODGE Veh Config. 8 21  Veh Config. 8 21  Veh Config. 8 21  Veh Config. 8 21  Veh Year 2017 Veh Make DODGE  Veh Config. 8 21  Veh Confi				e 2 <b>1</b> #	Occupants No	n-Motorist A	Туре	15 Action	16 L	Location	17	Condi	tion	18		Hit/Run	Moped	
Column   C			10	10			_						e PC		R	eg State <u>MA</u>	21	1
Address 80B WASHINGTON PARK DR  Address 80B WASHINGTON PARK DR  City ANDOVER  State MA Zip 01810-3022  Insurance Company ARBELLA MUTUAL INSURANCE  Vehicle Travel Direction: NXEW Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Driver Contributing Code  Driver Distracted by O26  Towed from scene? 2  Please fill out for operator/non-motorist and all occupants involved Name (Last Tirst Middle)  Address 80B WASHINGTON PARK DR APT 6  City ANDOVER  State MA Zip 01810-3022  Test Status: 1 28  Type of Test: 29  BAC Test Result: 30  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub  Driver Distracted by O 26  Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 80B WASHINGTON PARK DR APT 6  City ANDOVER  State MA Zip 01810-3022  Test Status: 1 28  Type of Test: 29  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 80B WASHINGTON PARK DR APT 6	ı		lass D	Lic. Res	strictions 1	Endorsement									_ Veh	Config. 8		
Insurance Company ARBELLA MUTUAL INSURANCE  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  I 22  Damaged Area Code: 2 27 27 27 27  Test Status: 1 28  Type of Test: 29  BAC Test Result: 30  Viol. 1: Ch/Sec/Sub	Address	80B	WASHIN	GTON	PARK DR	Middle	Addre	ss <b>80B WA</b>	ast SH	INGT	ON	First PAR	K D	R				
Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  Type of Test: 29  Most Harmful Event 1 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26  Please fill out for operator/non-motorist and all occupants involved Name (Jast First Middle)  Address DOB/Age Sex Pos. System Status: 1 28  Type of Test: 29  BAC Test Result: 30  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Towed from scene? 2 33  Medical Facility  Medical Facility	1						City 2	ANDOVER							٠.			1
Citation # (If Issued) Most Harmful Event	ŀ			<del>7 - 1 - 1</del>						ᅳ					Code:		27	
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by O 26	Citation	# (If Issue	ed)	<del></del>		,		· <u>-</u>	1	24	1				ılt:			
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  DOB/Age Sex DOB/Age Se								,	1	<u> </u>		S		L		22	2 32	
Or counted (Mon Mon Mon Mon Mon Mon Mon Mon Mon Mon		Pleas	se fill out for ope		····	pants involved				Seat Sa	fety Airba	37 ig Eject	38 Trap	39 Injury	40 Transp.		· · ·	]
				torist	S			;AANAAge	X							Medical Fac	ality	



## Wilmington Police Department Images Associated with 20-285-AC









Date of Crash 12/03/2020 0912 Wilmington Police Report 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<b>1</b>
AT INTERSECTION:    Column	<b>1</b> 10
Route# Direction Name of Roadway/Street  At  Route# Direction Address # Name of Roadway/Street  At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street	<b>1</b> 10
Route# Direction Name of Roadway/Street  At  Route# Direction Address # Name of Roadway/Street  At  Route# Direction Address # Name of Roadway/Street  Feet N S E W of	1 '
Route# Direction Name of Roadway/Street  At  Route# Direction Name of Roadway/Street  At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Route# Direction Name of Intersection with  Feet N S E W of Route# Intersecting Roadway/Street  Route# Direction Name of Intersection with  Feet N S E W of Route# Intersecting Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Feet N S E W of Mile Marker Exit Number  Feet N S E W of Route# Intersecting Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street	
Also at Intersection with Feet NSEW of Route# Intersecting Roadway/Street	3 11
Feet NSEW of	<u> </u>
Landmark	$\mathbf{I}$
Please Select One of the Following:  Wehicle 10 #Occupants Hit/Run Moped Crash Report ID# 20-286-AC	
License # St DOB/Age Reg # 795WC5 Reg Type PC Reg State MA	12
Sau Lie Class 19 19 19 Config. 20 CDL Veh Year 2018 Veh Make CHEVROLET Veh Config. 1	1
Endorsement	
Operator Driverless M.V. Owner CLARK, LUCILLE M  Last First Middle  Address 4 HARDIN ST	
CityStateZipCity_WILMINGTONState_MAZip_01887-2233	
Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 27 27 27	
Value Travel Direction: N.S. F.W. Responding to Emergency? Event Sequence 1 23 23 23 23 Test Status: 1 20	
Most Hamful Event 1 24	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25	2
Driver Distracted by 0 26 Towed from scene? 2 33	-
1 Please fill out for operator and all occupants involved 34 35 36 37 38 39 40 Transp.	1
Name (Last First Middle)  Address  DOH/Age Sex Pos. System Status Code Code Status Code Medical Facility  Medical Facility	-
Operator See Above 1	-
	4
Please Select One Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Mope	
1 of the Following:	-
License # St DOB/Age Reg # Reg Type Reg State 21	1
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make ven Conng Endorsement	
Operator unknown Owner Last First Middle  Address Address Address	<u> </u>
	- 1
City         State Zip         City         State Zip         Zip           Damaged Area Code:         27	·
Insurance Company Vehicle Action Prior to Crash  23 23 23 23 Test Status:  28	
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence Type of Test: 29	
Citation # (If Issued) BAC Test Result: 30	
Viol. 1: Ch/Sec/Sub — Viol. 2. Ch/Sec/Sub — 26	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by	-
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  DOB/Age Sex DOB/Age Se	4
Operator/Non-Motorist See Above	
	$\dashv$

	= Direction	1 = Vehicle 1	2 = Vehicle 2	⊋ = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: 👈	· ->[	2	<b>→</b> ĝ	→ ॐ	
	Market Basket 2	260 Min Street		<b>≪</b> ®	If Crash <u>I</u> on a Publ	Did NotOccur lic Way:
and the second s				and an internal supplies of the supplies of th	☐ Off-Street	Parking Lot
V2	(unk.) truck	Travel Lane			☐ Garage	
	ck out of spot				☐ Mall/Shop	oping Center
Row 3A	~ _			-	☐ Other Priv	vate Way
		V1 MA-7	795WC5. unattended		Indicate I	North by Arrow
Crash Narrative:						
1 owner returned to	her vehicle aft	er shopping	at Market	Basket and	found dents to t	he
ront driver's side f						
ometime after she an						al
ut did not recall co			***************************************			
light dark scuff to						
wner referred to ins				414 1101 001	er drea or incide	511 C .
			***************************************			
Witnesses:						
lame (Last,First,Middle)		Address			Phone #	Statemen
Property Damage:						
wner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Proper	ty
Toursk and Dun Information						
Truck and Bus Information	Trogiotication is		(Froin V	ehicle Section)	Bus	Use 42
Address			City		StZin_	
	State Number				C#:	
· · · · · · · · · · · · · · · · · · ·	44		45			
Interstate 43 Cargo Boo	dy Type Code I I	G V W K/Cit. W K	i I			
Interstate Cargo Boo		GVWR/GCWR  Reg State			46	
Interstate Cargo Boo	iy Type Code			Trailer I	Length 46	
Interstate Cargo Boo	Reg Type	Reg State	Reg Year_		Length 46	code 49
Trailer Reg #:  Hazmat Information:  47	Reg Type	Reg State	Reg Year_		Length	code 49

	Police Use Only	Com	monwealth (	of Massac	husett	S	İ	RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		lobecc r		State Police Local Police MBTA Police Campus Police	
	12/03/2020   1130   Wil	Lmington	Police 1	Report	2	0	Latitude Longitu		Campus Police	i
	AT INTERSEC	TION:	< LOCA			NOT A		***************************************	CTION:	1
										2 10
	Route# Direction	Name of Roadway/S	Street	Route# Direction	430 Address		EM S	<b>T</b> ne of Road	iway/Street	
1		At								
		CV.	(6)	Feet N	S E W of	Mile N		or	Exit Number	- 11
	Route# Direction N	Also at Intersection		Feet N	S E W of		-			72
				Feet N	S E W of	Route#	Iı	ntersecting	g Roadway/Street	
<sup>2</sup> 1	Route# Direction N	lame of Intersecting Road	lway/Street					Landma	ark	_
3	Please Select One of the Following:	#Occupants	t/Run Moped	Crash Repo	ort ID# <b>2</b> (	)-28	7-2	AC		
	License # <b>S25446996</b> St	MA_DOB/Age	Reg	# <b>T66765</b>		Reg Ty	ре <u>СО</u>			- 12
	Sex M Lic. Class D Lic		CDLVeh	Year <b>2019</b>	_ Veh Make_	GMC		v	eh Config. 21	1
	Operator MUESKES, MAT		Endorsement Own	er MUESKES	LANDS	CAPIN	G LL	<u>.</u> C	Middle	-
<sup>4</sup> 3	Address 2 MORGAN DR	First		ess 23 OLD	FERRY	RD First			Middle	-
	City METHUEN St	tate <b>MA</b> Zip <b>0184</b>	<b>4-1247</b> City	METHUEN	******	S	tate MA	Zip_	01844-4101	_
	Insurance Company <b>CONTINEN</b>	TAL CASUALI	Y COMP Vehi	cle Action Prior to Cra	ash 2	22	Damaged	Area Cod	Y	
	Vehicle Travel Direction: N S W	Responding to Eme	ergency? 2 Even	t Sequence 1 23	23 23	23	Test Statu		28 29	
<sup>5</sup> 1	Citation # (If Issued)		Mos	t Harmful Event 1	24		Type of T BAC Test		30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	1 25	25	Susp. Alc		31 Susp. Drug: 2 32	<b>1</b> 13
	Viol, 3; Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26			om scene?		
<sup>6</sup> 1	Please fill out for op	erator and all occupants i	nvolved		34 3: Seat Saf	ety Airbag Eje	et Trap	39 40 Injury Trans	sp.	7
	Name (Last First Middle)	1	Address See Above	DOB/Age So	Pos. Syst	em Status Co		Status Coc	Je Medical Facility	$\dashv$
	Operator		See Above		1 -	+ + +				-
										_
										_
<sup>7</sup> 2	Please Select One of the Following:	#Occupants No	on-Motorist A Type	15 Action 16	Location	17 Con	dition	18	Hit/Run Mope	d
		MA_DOB/Age	Reg	# <u>7THP60</u>		Reg Ty	ре РС		Reg State <b>MA</b>	_
	19 19	20	_	Year <b>2017</b>	Veh Make				/eh Config. 21	
	Operator ELLIOTT, NAN		Endorsement	er ELLIOTT			LIAN	I		_
<sup>8</sup> 1	Address 4 LUCAYA CIR	First	Middle	Last Fess 4 LUCAY		First			Middle	_
	City <b>WILMINGTON</b> S	tate <b>MA</b> Zip <b>01</b> 88		WILMINGTO			State <b>MA</b>	Zip_	01887-1555	1 14
	Insurance Company SAFETY I	-		cle Action Prior to Cra	Γ.			l Area Coo		, <b>1</b> }
	Vehicle Travel Direction: N S X V			nt Sequence 1 23	23 23	23	Test Statu	us:	1 28	
0	Citation # (If Issued)		Mos	t Harmful Event 1	24	<u> </u>	Type of T		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	99 25	25	BAC Tes Susp. Alc		1 31 Susp. Drug: 2 32	. l
	Viol. 3: Ch/Sec/Sub ————		ъ:	er Distracted by	9 26			om scene	1 22	3
	Please fill out for operator				Seat Sa		eet Trap	39 40 Injury Tran	isp.	_
	Name (Last First Middle)	ict	Address See Above	DOB/Age S		tem Status Co	de Code	Status Co		-
	Operator/Non-Motor	ist	SEE MOOVE	<del> </del>	11	1	-	-		-
										_
										_

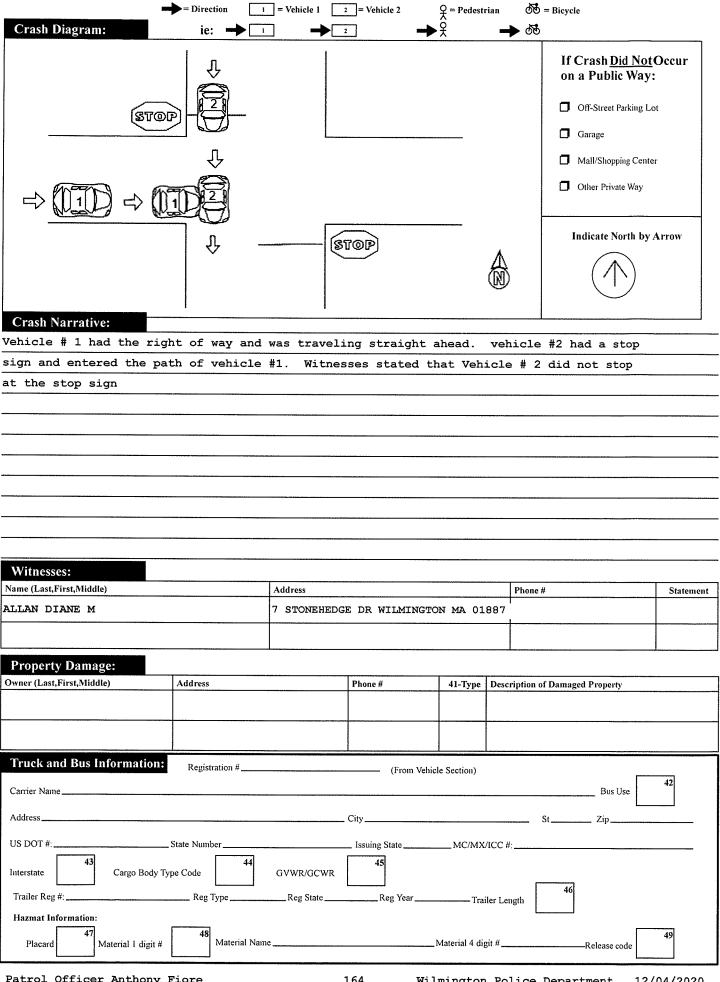
	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedestriar	ı <b>⊘</b> 00 =	Bicycle	
Crash Diagram:	ie: 👈	1	2	<b>→</b> ĝ	→ №		
430 Salem ST		1990 1900 1900 1900 1900 1900 1900 1900				If Crash Did No on a Public Way  Off-Street Parking I  Garage  Mall/Shopping Cen	/: Lot
						Other Private Way	
						Indicate North by	Arrow
			T	<u>U</u>	<u> </u>		
Crash Narrative:	<u> </u>	11	l				
MV1 was traveling Eas	t on Salem St v	then he stopp	ed at the	traffic lie	h+ a+ 0	alom and	
Woburn St. MV2 was al							
light after stopping							
but failed to stop an	d struck the ba	ck of MV1. B	oth partie	s reported i	no inju	ries and	
neither cars airbags							
Witnesses: Name (Last,First,Middle)		Len					
rame (Dasi,Frisi,Friune)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of E	amaged Property	
Truck and Bus Information	n: Paristania "						
Carrier Name	Registration #		——— (From V	ehicle Section)		Bus Use	42
Address		(	City		St	Zip	
US DOT #:	State Number					Δ.γ	
43	7 Type Code	GVWR/GCWR	45	IVIC/IVIX/ICC	#:		
Trailer Reg #:		L	Reg Year	Trailer I	ength	46	
Hazmat Information:				— Haller L	engui		
Placard 47 Material 1 digit	# Material Nar	ne		Material 4 digit #_		Release code	49
Patrol Officer Meghan	C		1.4				

214 ID/Badge #

WilmingtonPoliceDepartmentDepartmentPrecinct/Barracks

12/03/2020

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	V Docui	ment Number	
	Date of Crash   Time of Crash   12/04/2020   1339   Will	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	24HR	miring con	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	Γ INTER	SECT	TION:	
					73	CT.AE	K ST			2 10
1_	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	CHAR	Name of	Roadwa	ny/Street	
1		At		Feet NS	E W of	<del></del>	<del></del> •	or		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile Ma			Exit Number	3 11
		Also at Intersection w	rith	Feet N S		Route#			Oadway/Street	
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Roadw	vay/Street	Feet N S	E W of					
_	Please Select One	#O2222244						ndmark		1
3	of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# 20	-28	8-AC	<i>.</i>		
	License # <b>SA2530259</b> St <b>N</b>		Reg	# <u>9XN394</u>		Reg Type	e PC	Re	g State MA	12
	Sex F Lic. Class D D Lic.	F,	ndorsement	Year <u>2008</u>	Veh Make S	ATURN		Veh (	Config. 1	
<sup>4</sup> 2	Operator RODRIGUEZ NARDE	First	Middle	er ABSOLUTE		First	S COR	P Mid	dle	
2	Address 1064 N SHORE I			ess 437 CENT	'RAL S'	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	City <b>REVERE</b> State			SAUGUS					906-3632	
	Insurance Company GOVERNMEN	T EMPLOYEES	S INSU Vehi	cle Action Prior to Crasl		┩ ㅠ	amaged Area	Code: 1	27 27 27 27	
<sup>5</sup> 1	Vehicle Travel Direction: N S W	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:		29	
_	Citation # (If Issued)			Harmful Event 1	24		AC Test Res	ult:	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code	26		usp. Alcohol:	·	Susp. Drug: 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	To 36 37	owed from so	ene? 2	2 33	ļ
	Please fill out for oper Name (Last First Middle)	ator and all occupants in	/Olved Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury	Transp. Code	Medical Facility	
	Operator	Se	ee Above	$\times$ X	1 1	4 0	0 10	1		
									***	
										1
	Please Select One Vehicle 21	#Occupants	M 4 344 T	15 16	[	17	18	 		1
<b>′2</b>	of the Following:	Non-	-Motorist A Type		Location	Condi	tion		lit/Run Moped	_
	10 10	DOB/Age 20	_	# 3RA945			PC_		2.1	
	Sex F Lic. Class D D Lic. 1	Restrictions 1 CI	ndorsement	Year <b>2016</b>			ES-BEN	Z Veh (	Config. 1	
§ 1	Operator PHAM, ROSA NG	First	Middle	er PHAM, ROS		First		Mide	dle	
_		PT 2		ess 43 MILL		PT 2	<b>N</b> CN .	. 00	100 2561	14
		e <u>MA</u> Zip <u>02122</u>		DORCHESTER		<del></del>	ite <b>MA</b> 2 amaged Area	· -	122-3561 27 27 27	
	Insurance Company METROPOLI		_	t Sequence 23	23 23		est Status:	Code.	28	
	Vehicle Travel Direction: N E W  Citation # (If Issued)	Responding to Emerg		r Sequence II	24		ype of Test:		29	
2	,			Harmful Event 1	4 25	25	AC Test Resi		30	
		Viol. 4: Ch/Sec/Sub		er Contributing Code	26	Sı	usp. Alcohol: owed from so		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol. 4: Ch/Sec/Sub —— n-motorist and all occupa	****	Districted by	34 35	36 37	38 39	40	<u> </u>	]
	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-Motoris	f Se	e Above		1 99	4 0	0 10	1		-
										_



Patrol Officer Anthony Fiore

164 ID/Badge # Wilmington Police Department

12/04/2020

	Police Use Only	Comm	onwealth (	of Massach	usetts		RM	V Docui	ment Number	
	Date of Crash 12/04/2020 2037 Wi	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicles	Number Injured	Speed Limi	20	State Police Local Police MBTA Police	1
	24HR	lmington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	INTER	SECT	TION:	]
					1.0	3775				2 10
1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	16 Address #	ALLE	NHURS Name of			H
¹ <b>4</b>		At		Feet N S	E W of			. 05		1
	Route# Direction	Name of Intersecting Roadwa	y/Street	reet [.1] b	[2](1) 01	Mile Ma	rker	01	Exit Number	3 11
		Also at Intersection wit	h	Feet N S	E W of	Route#	Intere	ecting R	oadway/Street	3
<sup>2</sup> 1	Route# Direction	Name of Intersecting Roadwa	y/Street	Feet N S	E W of	Routen	mers	comig re	oadway/Street	
					•		····	ındmark		-
3	Please Select One of the Following:	#Occupants  Hit/R	un 🔲 Moped	Crash Report	1D# <b>20</b>	-28	9-A(			
	License #St	DOB/Age	Reg #	9PZ869		Reg Type	PC	Reg	g State MA	12
	SexLic. Class 19 19 Lie	c. Restrictions 20 CD		ear 2011					21	3 12
	Operator Driverless M	End	lorsement	PERKINS,						
<sup>4</sup> 1	Address	First	Middle	ess 3 REVERE		First		Midd	lle	
	CityS	ate Zip	City _	LEXINGTON		Sta	te <b>MA</b>	Zip <b>02</b>	420-4419	
	Insurance Company THE STAN	DARD FIRE IN:	~~~~	le Action Prior to Crash			amaged Area	_		
	Vehicle Travel Direction: N S E V	Responding to Emerge	ncy? Event	Sequence 23	23 23	23 Te	est Status:		28	
5	Citation # (If Issued)		Most	Hannful Event	24	•	pe of Test:	-	29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	AC Test Res		30 Susp. Drug: 32	2 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		owed from so	Ц	33 July 33	
<sup>6</sup> 1		erator and all occupants invo			34 35 Scat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	See	Above		1			-		-
										_
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	15 Action 16 I	Location	17 Condit	ion 18	Пн	it/Run Moped	1
		MA DOB/Age	D. //	3MC181			DC.	T		┪
	_ 19 19	20		ear 2016 v			PC		21	
	Operator CUCINOTTA, P	End	orsement	r CUCINOTTA				ven C	config. 1	
<sup>8</sup> 1	Address 18 ALLENHURST	First	Middle	Last SS 18 ALLEN		First	<u>a</u>	Midd	lle	
	City WILMINGTON St			WILMINGTON			. MZ	·- 01	887-4110	1 14
	Insurance Company PLYMOUTH	·		e Action Prior to Crash			ımaged Area	-		-
	Vehicle Travel Direction: X S E W	-			23 23		st Status:	3	28	
	Citation # (If Issued) <b>T2061964</b>	,	•	Harmful Event 2	24	Ту	pe of Test:	2	29	
92	Viol. 1: Ch/Sec/Sub 90 24			<b>!</b>	97 <sup>25</sup> 1 9	- 25	AC Test Res		30	
		Viol. 4: Ch/Sec/Sub ———		Distracted by	26		sp. Alcohol: wed from so		Susp. Drug 2 32	
-		non-motorist and all occupant		2.5.1.do.lou by	34 35	36 37	38 39	40		1
}	Name (Last First Middle)	^	ddress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motori	St See	Above	$\times$ X	1 99	4 0	0 10	1		
			***************************************							
									-	
									PLAN.	1

= Direction 1	= Vehicle 1 2 = Vehicle 2	♀ = Pedestrian	ØØ = Bicycle	
Crash Diagram: ie: -	<b>→</b> 2 →	<b>&gt;</b> ĝ →	> ₫	
		TOTAL TOTAL	If Crash <u>Did Not</u> on a Public Way	- 1
			Off-Street Parking Lo	ot
			☐ Garage	
			☐ Mall/Shopping Cente	er
	n Me	AV2	Other Private Way	1
	MV1 - parked		Indicate North by	Arrow
18 Allenhurst Way	16 Allenhurst V	Vay <b>₹</b> ②		
Crash Narrative:				
Motor vehicle number 1 was parked roa	dside and unoccupied.	Operator of	MV2, Patricia	
Cucinotta stated that she was driving				****
towards her house (18 Allenhurst Way)				
into MV1 (See images for damage). I				
refused. After further investigation				
the influence of liquor (See report 2				
			***************************************	
				<u></u>
Witnesses:				
Name (Last, First, Middle)	Address		Phone #	Statement
PERKINS JONATHAN DANA	16 ALLENHURST WAY WILMING			1
GREENE AMANDA MARIE	16 ALLENHURST WAY WILMINGTON			1
		111 01007 1110		<u> </u>
Property Damage:				
Owner (Last,First,Middle) Address	Phone #	41-Type Descri	ption of Damaged Property	
Truck and Bus Information: Registration #				
Carrier Name	(From Veh	icle Section)	Bus Use	42
Address	City		St Zip	
US DOT #:State Number	Issuing State	MC/MX/ICC #:_		
Interstate Cargo Body Type Code 44	GVWR/GCWR 45			
Trailer Reg #: Reg Type	Reg State Reg Year	Trailer Leng	46 gth	
Hazmat Information:				
Placard Material 1 digit # 48 Material Nam	e	_Material 4 digit #	Release code	49
Patrol Officer Talia To 13	a A M	• • = =		1001
Patrol Officer Julio J Quiles Police Officer Name (Please Print) Signature		Imington Polartment	ice Department 12/ Precinct/Barracks Date	/04/2020

## Wilmington Police Department Images Associated with 20-289-AC





	Pol	lice Use Only		monwea	uset	usetts RMV Document N					ument Nu	ımber					
	Date of Crash 12/05/2020	Time of Crash		City/Town	naton			nicle Crash Number Vehicles			Number Injured Speed Limit 40 State Polic Local Polic MBTA Polic MBTA Polic Latitude MBTA Polic Local Polic MBTA Polic Local Polic MBTA Polic Local Polic MBTA Polic Local Polic Pol			Police D			
		24HR					Report		2	0	Longitude Campus Police Other:				us Police		
		AT INTER	SECTIO	N:	<	< LOCATION >					T A	T INTERSECTION:					10
		CONC	CORD S	ST													2 10
¹ <b>4</b>	Route# Dire	etion	1	Name of Roadway/	Street		Route# Direct	tion	Addres	s #		Na	me of	Roadw	vay/Street		-
			NBR38				Feet	N S	E W o		— – ⁄lile Ma	- •		or _	Evit 1	Number	
	Route# Dire	ction		of Intersecting Roa			Feet	N S	E W o		THE IVI	irkei			LART	· varioci	3 11
12									EW o	Roi	ite#		Interse	ecting I	Roadway/	Street	
<sup>2</sup> 3	Route# Dire	ction	Name o	of Intersecting Roa	dway/Street		Landmark										
3	Please Select of the Followi	One Nehicl	e 1 <u>1</u> #	Occupants H	it/Run	Moped	Crash R	leport	1D# <b>2</b>	0-2	29	0 –	AC	•			
	License # <u>\$5</u>	1410700	St <b>MA</b>	DOB/Age		Reg	5FD357			R	ед Турс	PC		R	eg State 🎝	MA	12
	Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement					Veh '	Year <u>2006</u>	v	/eh Mak	BUI	CKS			_ Veh	Config.	1 21	1
4		ZOUEZ, I	Fin	M rst	Middle	Own	er <b>VAZQUE</b>	<b>Z</b> ,	DAV		First			Mi	iddle		
<sup>4</sup> 3	1	BERKELE					ess <b>74 BEF</b>		LEY	ST 1			<u>T</u> 3				
				1A Zip 0184		City.	LAWRENC	£		22				•			
	-	_	T K 2	ISURANCE	_		ele Action Prior to		23 2			amage est Stat		Code:	1 28	## Police   Police	
<sup>5</sup> 1	Vehicle Travel I	Orrection: NS	1. F Y	Responding to Em	ergency? Z		Sequence 1	1	24		Ty	pe of	Test:		29		
	i			l. 2: Ch/Sec/Sub -			Harmful Event or Contributing Co		1 2:	5 2			st Resu		30	32	<b>1</b> 13
	Viol. 3: Ch/Sec/			1. 4: Ch/Sec/Sub =			r Distracted by	0	26	JL			conoi: rom sc	2 31 ene?	Susp. L	)rug:[2 32	<u> </u>
<sup>6</sup> 2				and all occupants	involved				34 Seat S	35 36 afety Airba	37 g Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M		<del></del>		Address See Above		DOB/Age	Sex	Pos. S:	stem Statu		Code	Status	Code 1	Med	lical Facility	
	- F										-						-
											-		-				_
											-						
	Please Select (	One SZI	<b>-</b>				15	16		17		<u> </u>	18				1
<sup>7</sup> 3	of the Followi	ng: Vemen	e 2 <b>1</b> #(		on-Motorist A		Action	L	ocation		Condit	ion		<b> </b>	Hit/Run	Moped	
		4502668	10	_ DOB/Age	-	Reg # Reg Type PC									-		
	Sex.M Lic.	£		rictions <b>B</b>	CDL Endorsement		Year 2008 Veh Make HONDA Veh Config. 1										
<sup>8</sup> 1		K, VANNZ ELMORE	rn	st.	Middle		ner OUK-FERNANDES , SAVORN Last First Middle ress 18 ELMORE ST										
				IA Zip 0190	2-1630									1902	-1630	1 14	
	Insurance Comp	any THE CO	Vehic														
	Vehicle Travel D	Direction: N S	Mw	Responding to Em	ergency? 2	ency? 2 Event Sequence 23 23 23 23 Test Status Type of Te											
<sup>9</sup> 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24	1	_ В	•	t Resu	dt:	30		
_	Viol. 1: Ch/Sec/	Sub	Viol	I. 2: Ch/Sec/Sub -			r Contributing Co		1 25	2				2 31		orug: 2 32	
				. 4: Ch/Sec/Sub =		Driver Distracted by 0 26 Towed f							from scene? 2 33				]
	Name (Last First M	fiddle)		otorist and all occu	Address		DOB/Age	Sex	Seat S	afety Airba	g Eject	Trap Code	Injury Status	Transp. Code	Med	lical Facility	-
	Operate	or/Non-Mo	otorist		See Above			X	1 1	4	0	0	10	1			-

Crash Diagra	am:	= Direc ie		= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🕉 👈 😽	= Bicycle				
				If Crash <u>Did Not</u> Occur on a Public Way:								
			-				☐ Off-Street Parking Lot					
_			<b>V</b> 2	2 * +				Garage				
			<del></del>	☐ Mall/Shopping Center								
								_				
-			<b>⊤</b> ↓	/ V1	1		<del></del>	Other Private	way			
	193N o	n Ramp			,			T				
							Á	Indicate Nort	th by Arrow			
							M					
Crash Narra	tive•											
		n Conc	ord Stre	et towards	the I93N	ramp. V2 w	as trave	ling east on	**************************************			
								ight to take				
he left fro	m Concord S	treet	onto the	ramp. He	stated he	signaled t	o take t	he left turn				
then took th	e turn and	was st	ruck by	V2. Oper.	2 stated	he had a gr	een ligh	t and was				
raveling st	raight in t	he dir	ection o	f the N. R	eading li	ne. No inju	ries obs	erved or				
eported wit	h Oper. 1 c	r Oper	. 2. V1.	has damage	e to the :	right, rear	side of	the vehicle	•			
per 1. safe	ty secured	the re	ar bumpe	r for tran:	sport and	both vehic	les were	in driving				
condition. N	o visable d	amage	to V2.	THE STATE OF THE S								
		New York Control of the Control of t										
Witnesses:				T								
Name (Last,First,Mi	ddle)			Address		-	Phone	#	Statement			
***************************************												
Property Dan		T			In "							
Owner (Last,First,M	iaaie)	Address			Phone #	41-Type	Description of	f Damaged Property				
		-										
Truck and Bu	s Information:	Regist	ration #		(Fro	m Vehicle Section)						
Carrier Name								Bus Use	42			
Address					City			St Zip				
US DOT #:	13	_State Numl	ber		Issuing State_	MC/MX	/ICC #:					
Interstate	Cargo Body T	ype Code		GVWR/GCWR			_					
Trailer Reg #:		Reg	Туре	Reg State	Reg Ye	arTra	iler Length	46				
Hazmat Informatio	<del></del> 1						L					
Placard	Material 1 digit #	48	Material Nam	>		Material 4 di	git #	Release cod	e 49			
Patrol Office	er Kathryn C	Goodwi	n.		216	Wilmington	Police	Department	12/05/2020			
olice Officer Name (I	Please Print)		Signature		ID/Badge #	Department		nct/Barracks	Date			

## Wilmington Police Department Images Associated with 20-290-AC





	Pol	lice Use Only		Commonwealth of Massachusetts RMV Do							IV Doci	ument Numb	er	]			
	Date of Crash 12/05/2020	Time of Crash 1217 24HR	Wilm:	City/Town ington	1		icle Cra Report	sh		umber chicles	Nun Inju	red La	eed Lim		State Polic Local Polic MBTA Pol Campus Po	ice 🔲	
		AT INTER	SECTIO	N:	<	LOCA		>			NO.				TION:		1
	Route# Dire	ction		Name of Roadway/S	troot		129 W Route# Direc		<b>21</b>			WEL	L ST	7			2 10
1	- Kouton Bhe	CHOI		At	пес				E W				• —		vay/Street		-
	Route# Direction Name of Intersecting Roadway/S  Also at Intersection with					n 300 Feet N S E of WOBURN ST Route# Intersecting Roadway/Street											3 11
<sup>2</sup> 3	Route# Dire	ction	Name	of Intersecting Road	way/Street	ay/Street Feet N S E W of Landmark										<del> </del>	
<sup>3</sup> 2	Please Select of the Followi	ng: Venic	le 1 <u>2</u> #	Occupants Hit	/Run	un Moped Crash Report ID# 20-291-AC											
L	Sex <b>M</b> Lic.	Class D	Lic. Res	F	CDL		3ZY253 (ear 2004									21	<b>1</b> 12
<sup>4</sup> 2		OOKS, G Last UPTON S	Fi	R III	Middle	Owner BROOKS GEORGE R III											
	l .			4A Zip <mark>0182</mark> TUAL INST		_	BILLERI				22	_ State ]		Zip <b>0</b> :		7 27	
<sup>5</sup> <b>1</b>	Vehicle Travel D	Direction: N S	S E X	Responding to Emer			Sequence 3	23	23	23	23	Test S	status: of Test:	a code.	28	<b></b>	
	1	Sub		ol. 2: Ch/Sec/Sub —			Harmful Event r Contributing Co	3 ode	99	25	25		Test Res	-	30 Susp. Drug	32	3 <sup>13</sup>
<sup>6</sup> 2	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —		_ Drive	er Distracted by 99 26 Towed from so							40			<b>/</b>
L	Name (Last First M  Operate			s	Address See Above	***************************************	DOB/Age	Sex	Pos.	Safety System	Status	Eject Ti Code Co	ap Injury ide Statu:		Medical F	acility	
	SHAWN WHITE	2		59 BERKLEY ST BILLERICA, MA 0	1821			м	3	1	4	0 0	10	1			
																	-
<sup>7</sup> 9	Please Select C of the Followin		e 2#	Occupants Nor	n-Motorist A	Type 1	15 Action 2	16 I	Locatio	n 4	17 C	ondition	18		Hit/Run	Moped	
	Operator JENSEN, RYAN B  Address 1 LEE AVE  City WILMINGTON State MA Zip 01887  Insurance Company				DL	Reg#	g # Reg Type Reg State h Year Veh Make Veh Config.								21		
<sup>8</sup> 1					Middle		ner Last First						Middle				
						. Vehicl	e Action Prior to Crash 22 D					Dama	amaged Area Code: 27 27 27 27 est Status: 28				
<sup>9</sup> 2	Citation # (If Iss	ned)		Responding to Emer	Most Harmful Event 24 Type of Test: 29  BAC Test Result: 30								····	. 32			
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupan					_ Driver	Distracted by		<b>26</b>	35	36	37 3	owed from scene? 33				
	Name (Last First M	•			Address ee Above	***************************************	DOB/Age	Sex	Seat Pos.	Safety System 10	Airbag Status	Eject Tra Code Co	ip Injury	Transp. Code	Medical F		
And the second second																-	

