	Police Use Only	Com	monwealth	of Massach	usetts		RMV Do	ocument Number	
	Date of Crash 12/14/2020 1757 Will	City/Town Lmington	Motor Veh	icle Crash	Number Vehicles	Industrial	p	State Police Local Police MBTA Police	1
	24HR	ining con	Police	Report	1.	س اٰٰٰ	atitude ongitude	MBTA Police Campus Police Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOCA	ATION >	1	NOT AT	INTERSE	CTION:	
					0.45				2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction	945 Address #	MAIN	Name of Road	dway/Street	-
¹ 4		At		Feet NS	FW -c				1
	Route# Direction N	ame of Intersecting Roads	vay/Street	reet 1175		Mile Mark	0.	Exit Number	11
		Also at Intersection v	vith	Feet N S	EW of	Route#	Intercoating	g Roadway/Street	
² 1	Route# Direction No	ame of Intersecting Roady	vay/Street	Feet N S	EW of		Landma		_
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	ID# 20-	-303		1TK	
	License # S67595453 St J	MA DOB/Age	Reg	 #_2BR887				D S4.4. MZ	
	10 10	20		Year 2010				21	1 12
	Operator JEAN-FRANCOI	1 1 1	ndorsement	er <u>JEAN-FRAN</u>				· L	
⁴ 1	Address 11 SOUTH ST	First	Middle	es 11 SOUTH		First	ATELL L. E.	Middle	
	City WILMINGTON Sta	ate MA 7 in 0188		WILMINGTON		C4-4-	MA 7: (1887-0000	1
	Insurance Company THE COMME	-	700 00	ele Action Prior to Crash	3		aged Area Cod		
	Vehicle Travel Direction: SEW	_				_	Status:	28	
5	Citation # (If Issued)	Trooponumg to Emer		Harmful Event 5	24	니 _{Type}	e of Test:	29	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sac/Sub		er Contributing Code	1 25	25	Test Result:	30	13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		o. Alcohol: 3 red from scene?	31 Susp. Drug: 32	5
⁶ 1		rator and all occupants in		J. Distractice by U	34 35	36 37	38 39 40	<u>L</u>	-
	Name (Last First Middle)		Address	DOR/Age Sex	Pos. System S	sirbag Eject Status Code	Trap Injury Trans Code Status Code	p. e Medical Facility	-
	Operator	Se	ee Above		1 1 4	0 0	10 1		
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16 L	Location	17 Condition	18	Hit/Run Moped	
		DOB/Age	Reg#			Reg Type_		Reg State	1
	<u> </u>		OL Veh Y	/ear \	/elı Make		Ve	eh Config.	
³ 1	Operator	First	Middle	erlast		First	1	Middle	
	Address			ess					14
	City Stat	•	City_		22	7	Zip	27 27 27	1
	Insurance Company		Vehic	le Action Prior to Crash			aged Area Code Status:	e: 27 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Event	Sequence 23		.~	of Test:	29	
2	Citation # (If Issued)	-		Hannful Event	24		Test Result:	30	
	Viol. 1: Ch/Sec/Sub			r Contributing Code	25	25 Susp	. Alcohol: 3	1 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		ed from scene?	33]
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupa	nts involved Address	DOB/Age Sex	Seat Safety Ai	irbag Eject 1	38 39 40 Frap Injury Transp Tode Status Code		
	Operator/Non-Motoris	Se Se	e Above	X	1				
-									-
								1	

	= Direction	1 = Vehicle 1	2 = Vehicle 2	₹ = Pedestrian C)♥ = Bicycle	
Crash Diagram:	ie: →	1 ->	2	→ ♀ •	20	
	945 Main Street				If Crash <u>Did Not</u> Oc on a Public Way:	cur
					Off-Street Parking Lot	
					☐ Garage	
					Mall/Shopping Center	
					Other Private Way	
	➾		7		Indicate North by Arr	ow
	***************************************		***************************************	ØV.		
				Ŭ		
Crash Narrative:						
The Driver of V1 was vehicle. She struck		h on Main St	reet when a	deer jumped in	front of her	
Venicie. She struck	the deer.					
Witnesses: Name (Last, First, Middle)		Address		Pho	#	Statement
Tame (Lasy) risqimadic)		Address		File	ne #	Statement
Property Damage:					The state of the s	
Owner (Last,First,Middle)	Address		Phone #	41-Type Description	n of Damaged Property	
Truck and Bus Informati	on: Registration #		/5	Valiate Castian)		
Carrier Name	Trogistation ii		(From		Bus Use 4	2
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #:		
43	ody Type Code	1	45			2
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer Length	46	
Hazmat Information:						
Placard Material I di	git # 48 Material N	lame		Material 4 digit #	Release code	9

Patrol Officer Brian D Thornton
Police Officer Name (Please Print)

190

Wilmington Police Department
Department Precinct/Barracks

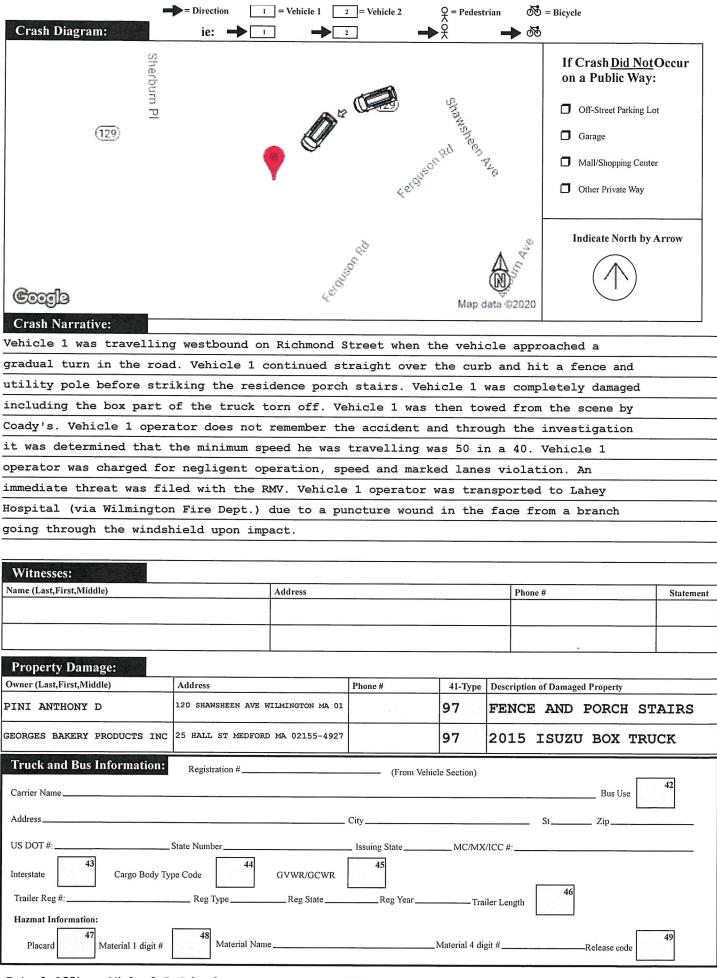
12/14/2020

Department

	Police Use Only	Comr	nonwealth	of Massach	usetts		RM	IV Docum	nent Number	
	Date of Crash Time of Crash 12/15/2020 2050 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t30	State Police Local Police MBTA Police Campus Police	1
	24HR	ming con	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	INTER	RSECT		1
									* **	2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #	FEDE	RAL S		/C:	ــــــــــــــــــــــــــــــــــــــ
¹ 4		At	-	Routes Direction	Address #		ivaine of	Roadway	y/Street	-
				Feet N S	E W of			or	Exit Number	
	Route# Direction Na	ne of Intersecting Roadw		n Ne	Elw o	Mile Ma	ігкег		EXII Number	8 11
		Also at Intersection w	ith .	Feet N S		Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Na	ne of Intersecting Roadw	ay/Street	Feet N S	E W of				***************************************	_
	Please Select One Vivelial 12	10						andmark		4
³ 97	of the Following:	#Occupants Hit/I	Run Moped	Crash Report	1D# 20	-30	4 – AC	3		
		A DOB/Age	Reg #	2LZY85		Reg Type	PC	Reg	State MA	12
	Sex M Lic. Class D Lic. 19		DL Veh	Year 2012 \	/eh Make F	ORD		Veh C	Config. 21	1 '-
	Operator ROESLER, ELER	SON MARCOS	dorsement JR Own	er ROESLER,	ELERS	ON MA	RCOS	JR		
⁴ 3	Address 399 WALKER ST	APT 15		ess 399 WALKI		First		Middl	le	
	City LOWELL Stat	MA Zip 01851		LOWELL				zin 01	851-2536	
	Insurance Company GOVERNMEN		T. 7.7.7.7	ele Action Prior to Crash	2		amaged Area	_		
	Vehicle Travel Direction: N S E	Responding to Emerg			23 23		st Status:	1	28	
⁵ 2	Citation # (If Issued)		•	1 Sequence 1	24	Ty	pe of Test:		29	
				Harmful Event 1		B	AC Test Res		30	_ 13
	Viol. 1: Ch/Sec/Sub			-	26	Sı	sp. Alcohol:	-	Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by			wed from so		33]
	Name (Last First Middle)	ntor and all occupants inv	OIVEG Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above	><X	1 1	4 0	0 10	1]
	LAYSEA GONZALEZ	25 JADE ST METHUEN, MA 01844	i-1479	F	3 1	4 0	0 10	1		1
										-
										-
										4
⁷ 3	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action 16 L	ocation	Condit	ion 18	П ні	t/Run Moped	
	License # S41284864 St M	A DOB/Age	Reg #	1NMW41	11	Reg Type	PC	Reg	State MA	1
		20		ear 2008 v	eh Maka Si				21	
	Operator PICARDI, ARIA	En-	dorsement	r DIMAMBRO,				ven C	oning.	
§1	Address 153 WINTER ST	First APT 4	Middle	Last Bass 6 HARRIS		First	<u> </u>	Middle	e	
		MA Zip 02601		WILMINGTON	- 	G .	MA .	O10	007_2620	14
	Insurance Company THE COMME!	-	an ao				maged Area		887-3629 27 27 27	
			_	le Action Prior to Crash	23 23	<u> </u>	st Status:	1	28	
<u> </u>	Vehicle Travel Direction: NSE	Responding to Emerge	•	Sequence 1			pe of Test:	F	29	
2	Citation # (If Issued) T2062434			riaminui Event	24		C Test Resi	ılt: 1	30	
	Viol. 1: Ch/Sec/Sub 89 4A	/iol. 2: Ch/Sec/Sub ——	Driver	<u></u>	9 25	25 Տա	sp. Alcohol:	2 31 5	Susp. Drug: 2 32	
Ļ	Viol. 3: Ch/Sec/Sub			Distracted by 0	26		wed from sc	ene? 1	33]
	Please fill out for operator/nor Name (Last First Middle)	•	nts involved Address	DOB/Age Sex		36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
ſ	Operator/Non-Motorist	See	Above			4 0	0 10	1		
-				T YY						1
-										-
-										

	= Directio	on 1	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🚳	= Bicycle	
Crash Diagram:	ie:	→	_	2	→ĝ	→ ॐ		
				Federal St			If Crash Did Non a Public W Off-Street Parkin Garage Mall/Shopping C	yay:
MV 2	The same of the sa	_					Indicate North	by Arrow
No.	- WA	1 0 0		Mid	ldlesex Ave			23
Crash Narrative:								
MV 1 was stationary at	the inte	ersecti	on of Mi	ddlesex Ave	at Federal	St faci	ng westbound.	
They had a red light ar	nd were	in the	left tur	n only lane	. MV 2 was	travell	ing westbound	
and was attempting to o	o strai	ght thr	ough the	intersecti	on. The op	erator o	f MV 2 stated	1
that she was trying to	maneuvei	r the c	urve in	the road, b	ut was unab	le to do	so causing he	er
to rear end MV 1.								
The operator of MV 2 re	ceived a	a citat	ion for	marked lane	s (89/4a) b	ecause s	he was unable	
to maintain her vehicle	within	her la	ne.					
							-	
Witnesses:								
Name (Last,First,Middle)			Address			Phone	#	Statement
	,							
A STORY WORLD AND STORY OF THE STORY								
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	41-Type	Description of	f Damaged Property	
Touck and Due Information								
Truck and Bus Information: Carrier Name	Registrati	ion #		(Fro	om Vehicle Section)		Bus Use	42
Address				City			St Zip	
US DOT #:	_State Number			Issuing State	MC/MX	/ICC #·		
43	Г	44		45	IVIC/IVIX	/ICC #		
Interstate Cargo Body T		100 mm	GVWR/GCV	VR		-		
Trailer Reg #:	Reg Typ	ne	Reg State	Reg Ye	arTra	iler Length	46	
Hazmat Information:								
Placard Material 1 digit #	48 M	laterial Name	·		Material 4 di	git #	Release code	49
Patrol Officer Shane A	Folev			211	Wilmington	Police	Department 1	12/15/2020
Police Officer Name (Please Print)		Signature		ID/Badge #	Department		A CANADA TO THE RESIDENCE OF THE PARTY OF TH	Date

	Police Use Only	Com	monwealth	of Massach	usetts	}	RM	IV Docu	ment Number	
	Date of Crash Time of Crash 12/16/2020 0251 Wi	City/Town lmington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	it <u>40</u>	State Police Local Police MBTA Police	
	24HR		Police	Report	1	1	Latitude Longitude _		Campus Police	i
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	Γ INTEF	RSECT	ΓΙΟΝ:	7
										2 10
,	Route# Direction	Name of Roadway/Si	treet	Route# Direction	120 Address #	SHAV	VSHEEN Name o	I AV f Roadwa		
¹ 4		At		lul o						1
	Route# Direction	Jame of Intersecting Roads	way/Street	Feet N S	E W of	Mile Ma	rker	- or	Exit Number	- 11
		Also at Intersection v		Feet N S	E W of					1
2	Route# Direction	L. C.L.	10.	Feet NS	E W of	Route#	Inters	secting R	oadway/Street	
² 1	Rotte# Direction P	lame of Intersecting Roads	way/Street				L	andmark		_
3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Report	1D# 20	-30	5-A(3		
	License # S28884532 St.	MA DORAGO	D	 # <u>L35417</u>	***************************************				. MA	
	19 19	20							31	7 12
	Operator PIERRE, KENS	Е Е	ndorsement	Year 2015 \					· h	
⁴ 1	Address 202 BRYANT ST	First	Middle	er GEORGES E		First	OUCTS	INC		-
	City MALDEN St			ess <u>25 HALL</u>	D.T.				1FE 400-	
		-		MEDFORD					27 27 27 27	•
	Insurance Company THE COMM	7		ele Action Prior to Crash		ᆜ _	amaged Are	a Code:	28	
5	Vehicle Travel Direction: N S E	•		t Sequence 22 23 21		5 "	pe of Test:	-	29	
	Citation # (If Issued) 869390AF			Harmful Event 22	24		AC Test Res	sult:	30	13
	Viol. 1: Ch/Sec/Sub 90 24			<u></u>	21 25		isp. Alcohol	-	Susp. Drug: 32	22 ¹³
6 1	Viol. 3: Ch/Sec/Sub 90 17			r Distracted by 5	26	,	owed from s	<u></u>	1 33	
	Please fill out for op- Name (Last First Middle)	erator and all occupants in	Volved Address	DOB/Age Sex	34 35 Scat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator	S	ee Above	X	1 99	5 0	0 9	2 1	Lahey Clinic	
										1
								+		-
							 	++		-
										_
1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18	П 🗖 н	lit/Run Moped	
	License #St_	DOB/Age	Reg #		<u> </u>	Reg Type	<u> </u>	Re	g State	-
	19 19	20		'ear V					21	
	Operator	E. E.	ndorsement	er				70.1	901111g	
2	Last Address	First	Middle	Last		First		Mide	dle	
	CitySta	ate Zip				Sto	te 2	7in		1 14
	Insurance Company		-	le Action Prior to Crash			amaged Area		27 27 27	
	Vehicle Travel Direction: NSEW	•			23 23		st Status:	ŀ	28	
	Citation # (If Issued)	1 Responding to Emerg	•	·	24	Ty	pe of Test:		29	
2	Viol. 1: Ch/Sec/Sub			r Contributing Code	25	25	AC Test Res		30	
				, <u> </u>	26	St	sp. Alcohol:	L	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			r Distracted by	34 35	36 37	wed from so	ene?		4
	Name (Last First Middle)		Address	DOB/Age Sex	Scat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motori	st Se	ee Above	\times X	1					
			1,000,000,000							1
}								+		1
										-

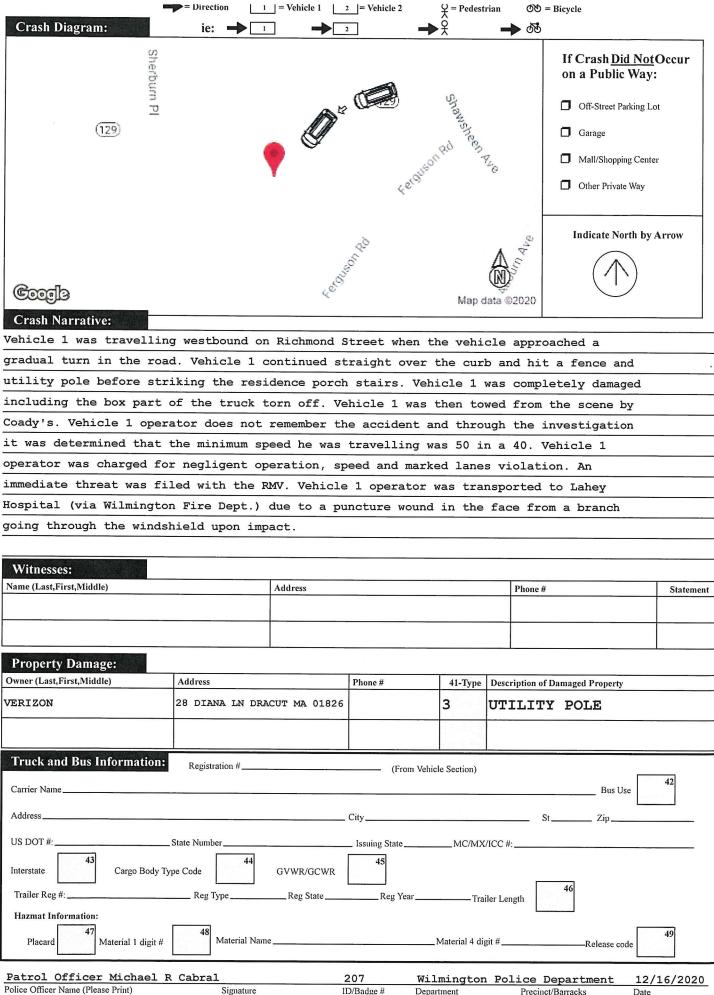


Patrol Officer Michael R Cabral

207

Wilmington Police Department

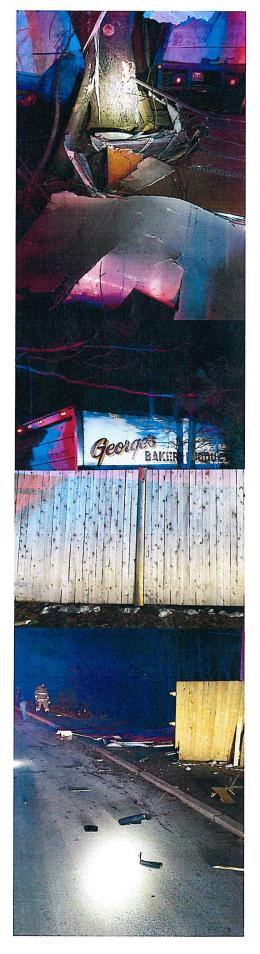
12/16/2020











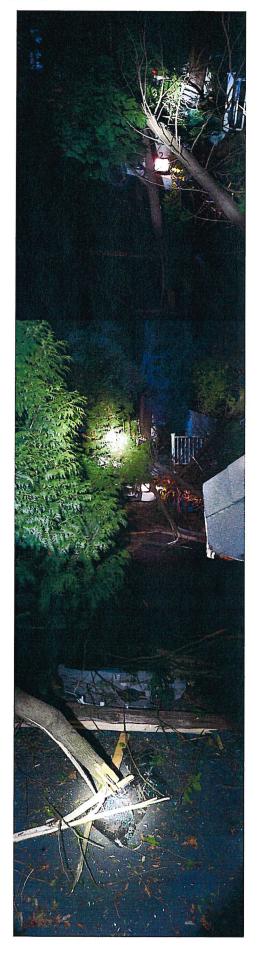


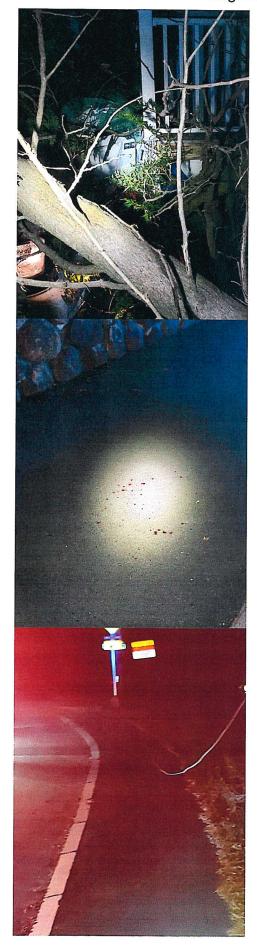






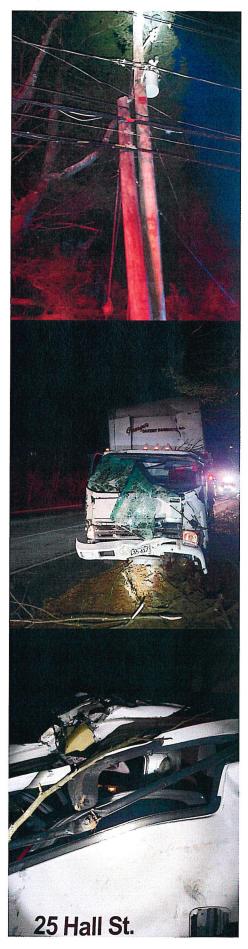
















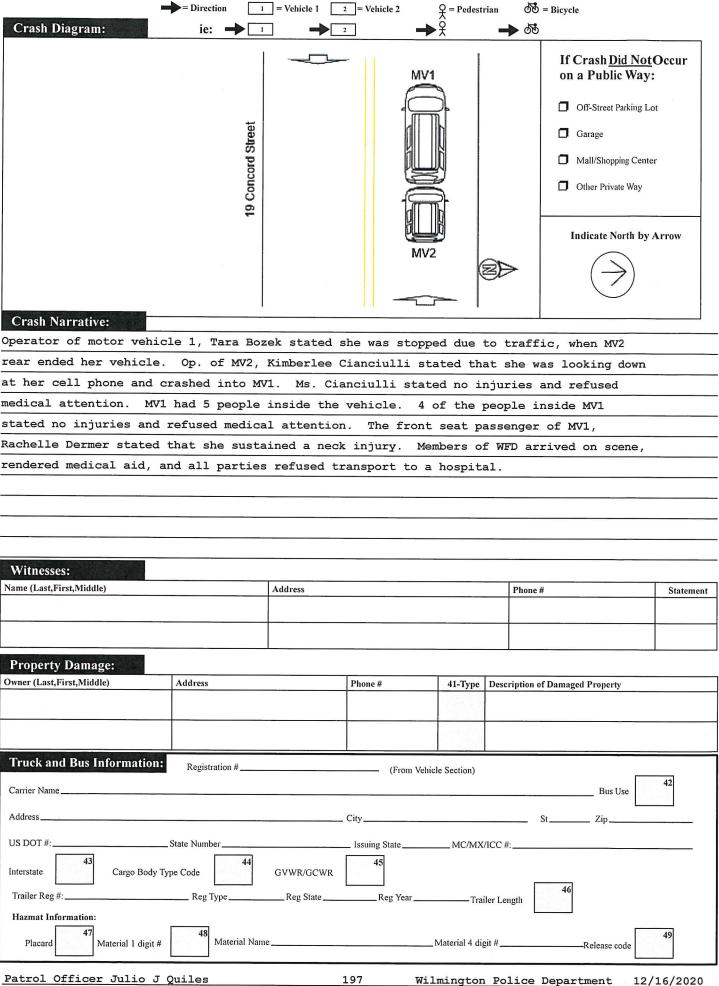






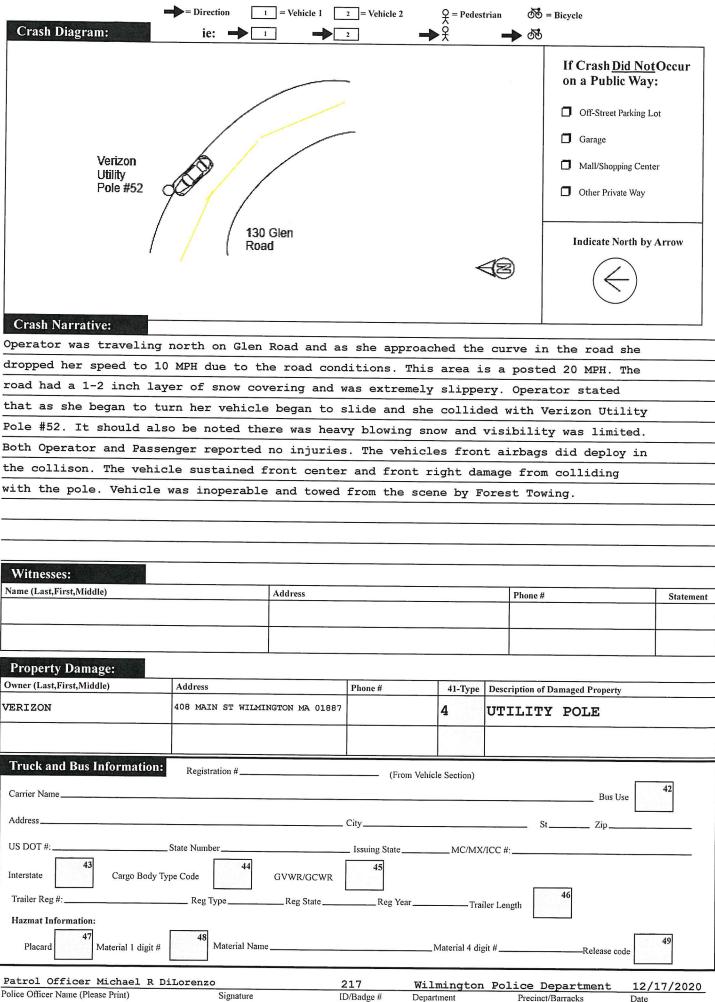
	Police Use Only	Comi	monwealth	of Massacl	usetts	}	RM	V Document	Number	
	Date of Crash Time of Crash 12/16/2020 1705 Wili	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Limit	Loc	te Police al Police STA Police propus Police	1
	24HR	mington	Police	Report	2	1	Latitude Longitude	MB Carr Oth	TA Police npus Police	
	AT INTERSECT	ION:	< LOC	ATION >	<u> </u>	NOT A		SECTION		1
								,		2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	19 Address #	CONC	ORD S	T Roadway/Stre		
¹ 4		At					rame or	Roadway/Site	CI .	1
	Bradill Bird			Feet N S	E W of	Mile Ma	•	or	it Number	
	Route# Direction Nar	ne of Intersecting Roadw Also at Intersection w		Feet N S	E W of	77110 7710				2 11
				Feet N S		Route#	Interse	ecting Roadwa	y/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadw	vay/Street	1 cct [.1]5	1~1 01		T	ndmark		
	Please Select One Vehicle 15	#Occupants Hit/	Run Moped	Crash Repor	· ID# 20	_20		************		1
3	or the rollowing.									
	10 10	A DOB/Age	Reg	# <u>62VT84</u>		Reg Type	PC	Reg State		12
	Sex F Lic. Class D 19 19 Lic. F		DL Veh	Year 2017	Veh Make C	HRYSL	ER	Veh Config	, 1 21	
4	Operator BOZEK, TARA A			ner DERMER,	RACHEI	LE A		Middle		
⁴ 1	Address 5 DOUG RD		Add	ress 10 PATRI	OT WA			Made		
	City AYER State	MA Zip 01432	2-1056 City	AYER		Sta	te MA Z	ip 0143 2	2-1674	
	Insurance Company SAFETY IN	SURANCE CO	MPANY Vehi	cle Action Prior to Crasl	ı 2	22 D	amaged Area	Code: 5 27	27 27	
5	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Ever	nt Sequence 1 23	23 23	23 Te	est Status:	1 28		
	Citation # (If Issued)		Mos	t Harmful Event 1	24	•	pe of Test:	29 alt: 30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25	AC Test Resu sp. Alcohol:		Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		wed from sc		510g.[<u>2</u>	
1	1	tor and all occupants inv	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle) Operator		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code M	dedical Facility	
	Operator	Se	ee Above		1 1	4 0	0 10	1		
					6 1	4 0	0 10	1		
					4 1	4 0	0 10	1		
	RACHELLE DERMER	10 PATRIOT WAY AYER, MA 01432-1	674		3 1	4 0	0 8	1		
7_	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/Rur	Moped	
1				COVERNO	L.			<u> </u>		ł
	19 19	DOB/Age		# <u>62VT84</u>				Reg State	21	
		estrictions CI En	dorsement	Year	Veh Make			_ Veh Config.	·	
1		First	Middle	erLast		First		Middle		
	Address	7.		ess						14
	City State					20	te Z nmaged Area		27 27	
	Insurance Company			t Saguenas 23	23 23		st Status:	28		
	Vehicle Travel Direction: NSEW	Responding to Emerg	•	1 Sequence	24	- 1	pe of Test:	29		
2	Citation # (If Issued)			Harinful Event	25	BA	AC Test Resu	It: 30		
	Viol. 1: Ch/Sec/Sub — \	/iol. 2: Ch/Sec/Sub		er Contributing Code	26	Su	sp. Alcohol:		Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by			wed from sce	لــــــــــــــــــــــــــــــــــــــ		
	Please fill out for operator/non Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code M	ledical Facility	
	Operator/Non-Motorist	Sec	e Above	\times X	1					
	, 1	1			7 1	4 0	0 10	1		
		1				1				i

	Police Use Only	Com	monwealth	of Massach	usetts		RMV	Docume	nt Number	
	Date of Crash Time of Crash 12/16/2020 1705 Wilm	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit_	 :	State Police Local Police MBTA Police	0800
	24HR		Police	Report	2	1	Latitude Longitude		Campus Police Other:	4
	AT INTERSECTION	ON:	< LOCA	ATION >		NOT A	r inters	ECTIO	ON:	
					19	CONC	יים ממטי			2
¹ 4	Route# Direction	Name of Roadway/Si	reet		Address #	CONC	Name of R		treet	
4	4	At		Feet NS	EW of -		_ •	or		
	Route# Direction Name	e of Intersecting Roads	vay/Street			Mile Ma			Exit Number	
		Also at Intersection v	vith	Feet N S I		Route#	Intersec	ting Road	way/Street	-
² 1	Route# Direction Name	e of Intersecting Roads	vay/Street	Feet NSI	E W of					_
	Please Select One	#O	les les				***	dmark		-
3	of the Following: Vehicle 2.1	#Occupants Hit/	Run Moped	Crash Report I	D# 20-	-30	6-AC			
	10 10	DOB/Age	Reg	# 22T49 0		Reg Type	PC	Reg St		
		F	ndorsement	Year 2006 Ve	eh Make <u>CF</u>	IEVRO	LET	Veh Con	fig. 1 21	1
4	Operator CIANCIULLI, KI	MBERLEE A	Middle Own	er CIANCIULL	I, KI	IBERL First	EE ANN	Middle		_
⁴ 1	Address 17 JERE RD			ess 17 JERE R	D D	rust		Middle		_ [
	City WILMINGTON State		-	WILMINGTON		-	·-		37 -16 70	<u>)</u>
	Insurance Company PROGRESSIV	E DIRECT	INSURA Vehic	ele Action Prior to Crash	1 2		amaged Area C	ļ=	27 27 27	
5	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Even	t Sequence 23 2	3 23	-7	est Status: The of Test:	1	28	
	Citation # (If Issued) T2061967	_		Harmful Event 1	24	ВА	AC Test Result:	<u> </u>	30	
	Viol. 1: Ch/Sec/Sub 90 13B Vi	ol. 2: Ch/Sec/Sub —	Drive		L5 ²⁵ 20	25 Su	sp. Alcohol: 2	31 Sus	sp. Drug: 2 32	1 1
⁶ 1	Viol. 3: Ch/Sec/Sub — Vi			r Distracted by	26	То	wed from scen	e? 2 3	13	
	Please fill out for operato Name (Last First Middle)	or and all occupants inv	volved Address		Sear Safety A	36 37 irbag Eject tatus Code	Trap Injury Tr	40 ransp. Code	Medical Facility	7
	Operator	Se	ee Above	\times	1 1 4		0 10 1			
										-
				1						
	Please Select One			15 16			10			4
1	of the Following:	Occupants Non-	-Motorist A Type	Action Lo	cation	Conditi	on 18	Hit/R	un 🔲 Mope	d
		DOB/Age	Reg #			Reg Type		_ Reg Sta		_
	Sex Lic. Class 19 19 Lic. Res		OL Veh Y	earVe	h Make			Veh Conf	ig	
1	Operator	irst	Middle Owne	Last		First		Middle		-
	Address			ess						-
l	City State_	Zip	City_			-	eZip			_ 1 1
	Insurance Company		Vehic	le Action Prior to Crash	22		maged Area Co	ode: 2'		
l	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Event	Sequence 23 23	<u> </u>	7	st Status: oe of Test:	2:	_	
2	Citation # (If Issued)			Harmful Event 2	2.4	BA	.C Test Result:	30	0	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub ——	Driver	Contributing Code	25	25 Sus	sp. Alcohol:		p. Drug: 32	
ļ		I. 4: Ch/Sec/Sub		Distracted by	6		wed from scene		3	╛
	Please fill out for operator/non-in		nts involved Address		Seat Safety Ai	36 37 rbag Eject atus Code	Trap Injury Tra	40 insp. ode	Medical Facility	
	Operator/Non-Motorist	Sec	e Above	\times X	1					
						+				
										\dashv
L		1								



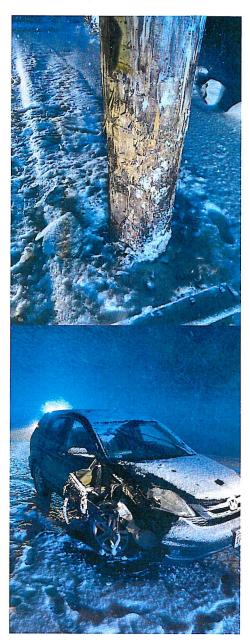
ID/Badge #

	Ponce Use Only	Comi	monwealtn	oi Massac	nusett	S	RM	IV Document Number	
		City/Town ington	Motor Veh	icle Crasl	h Numbe Vehicle		Speed Limit	Local I office	3
	24HR	Ington	Police	Report	1	0	Latitude Longitude	Campus Police	5
	AT INTERSECTION	ON:		TION >		NOT A	<u> </u>	SECTION:	1
					130	GLE	N RD		_ 2
¹ 4	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadway/Street	4
4		At		Feet N	S E W of		_ • _	· or	
	Route# Direction Name	of Intersecting Roadw	vay/Street		<u> </u>	Mile M		Exit Number	
		Also at Intersection w	vith	Feet N	S E W of				. [1
2				Feet N	S E W of	Route#	Interse	ecting Roadway/Street	
² 4	Route# Direction Name	of Intersecting Roadw	vay/Street				I.a	andmark	-
	Please Select One Vehicle 12 #	Occupants D	Run Moped	Correl Do	ort ID# 2 (1-20	***************************************		7
3	of the Pollowing:		Kun Wioped	Crasn Kep	ort 10# 2 (7-30) A C		_
		_ DOB/Age_	Reg	# 1TMG95		Reg Typ	e PC		
	Sex F Lic. Class D 19 Lic. Res	strictions 1 20 CI	DL Veh	Year 2010	Veh Make_	HONDA		Veh Config. 1 21	5
	Operator FERNANDEZ, IDA	LISSE MAR	IE Own	er PADILLA	. CARO	LAYNE			
⁴ 1	Address 1202 ARCHSTONE	irst	Middle	Last ess 1202 AR		First		Middle	-
	City TEWKSBURY State 1							01076 1000	-
				TEWKSBURY			ate MA Z Damaged Area	Zip $01876-1882$ a Code: $\begin{bmatrix} 27 \\ 2 \end{bmatrix}$ $\begin{bmatrix} 27 \\ 2 \end{bmatrix}$ $\begin{bmatrix} 27 \\ 27 \end{bmatrix}$	
	Insurance Company ALLSTATE IN			cle Action Prior to Cra			amaged Area est Status:	1 Code: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 22 23	23 23		ype of Test:	29	
	Citation # (If Issued)		Most	Hannful Event 2	2 24		AC Test Resu		
	Viol. 1: Ch/Sec/Sub Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcohol:		22
6	Viol. 3: Ch/Sec/Sub ———— Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from sc		·
⁶ 3	Please fill out for operator	r and all occupants inv	/olved		34 35	36 37	38 39	40	┥
	Name (Last First Middle)	1	Address	DOB/Age S	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code Medical Facility	
	Operator	Se	ee Above		1 1	1 0	0 10	1	
	GERARDO NEGRON	1202 ARCHSTONE ATTEWKSBURY, MA 01		м	3 1	1 0	0 10	1	
									_
⁷ 1	Please Select One of the Following:	Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Run Moped	d
		505/			<u> </u>			<u></u>	-
	10 10	DOB/Age		1				21	-
	Sex Lic. Class Lic. Res	trictions CI En	OL Veh \ idorsement	ear	_ Veh Make			_ Veh Config.	
81	Operator	rst	Middle	erLast		First		Middle	-
	Address		Addre	255					-
	CityState	Zip	City_			Sta	ate Z	ip	_ 4 ¹
	Insurance Company		Vehic	le Action Prior to Cra	sh	22 D	amaged Area	Code: 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency?Event	Sequence 23	23 23	23 Te	est Status:	28	
	Citation # (If Issued)		Most	Harmful Event	24		ype of Test:	29	
2				<u>L</u>	25	25 B.	AC Test Resu		.
		ol. 2: Ch/Sec/Sub ——		r Contributing Code	26	St	isp. Alcohol:	31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol.			r Distracted by		, , , , , , , , , , , , , , , , , , , ,	owed from sco		_
	Please fill out for operator/non-m	•	nts involved Address	DOB/Age Se	Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medical Facility	
	Operator/Non-Motorist		e Above		1	- Code	- Sac Marcas	ivaducai i acinty	
					\ <u>-</u>	 			-
									_
	1	1		, 1	1 1				1



Police Officer Name (Please Print)

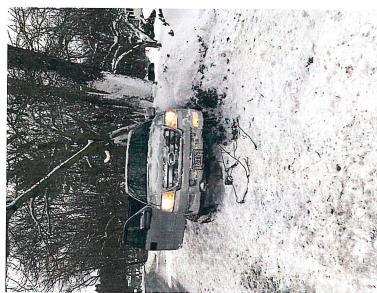




	Pol	lice Use Only		Com	monv	wealth	of Mass	acl	ıus	etts	S			RM	V Doc	ument Num	nber		
	Date of Crash 12/17/2020	Time of Crash 1541	Wilm	City/Town ington	Mo	tor Veh	icle Cra	ash	1	lumber ehicles		red l'	•	l Limit	3(Local Po	lice lice	080	
		24HR	AA T TTE	ing con		Police	Report		1		0	1	_atitu _ongi	de tude _		MBTA Portion of Campus Contract Contrac	Police	8	
		AT INTERS	SECTI	ON:	<	LOCA	TION	>			NO	ГАТ	IN	ΓER	SEC	TION:	Person :		
										_				****				2	10
1	Route# Direc	ction		Name of Roadway/S	Street		Route# Direc	ction	13 Add	lress#	_ <u>S7</u>	LEI			Roady	vay/Street			
¹ 3				At				[N]	Lastes	7 .									
	Route# Direc	ction	Name	of Intersecting Road	lway/Street		Feet	NS	EW	of	Mi	le Mar	– • ker		or _	Exit Nu	ımber	- -	11
				Also at Intersection			Feet	N S	EW	of								_ 1	·
2 .	Route# Direc	etion .	Nome	of Internal Devices	L /C/		Feet	NS	EW	of	Route	:#		Inters	ecting l	Roadway/St	reet		
² 2	Route# Direc	ction	Name	of Intersecting Road	iway/Street									La	ındınar	k			
³ 4	Please Select (of the Followi		1	#Occupants Hit	t/Run	Moped	Crash I	Repor	t ID#	20	-3	308	3 —	AC	•				
4	License # S9'	7174507	St MZ	DOB/Age_		Pogri	 ≢ <u>T78875</u>									g, M		\dashv	
	Sex M Lic. (10 1	9	20	CDL		rear <u>2005</u>									1	21	7	12
	1	- · · · · ·				t ven	er GPA SE					.			Veh	Config.		-	
⁴ 1		FRYE ST		First	Middle		es 87 CUI	Last			Fi	rst			М	iddle		-	
			State	MA Zip 0175	2-1110	_	MARLBOR			VE		C	M7	` -	·· O	1752-	261.	-	
				CASUALTY		•				4	22					1752-1		- I	
	-	Direction: N		Responding to Emer			le Action Prior to			23	23		t Stat			1 28		-	
5		ued)	t		rgency!			23 31	-			Тур	e of	Γest:		29			
	·	,		- ol. 2: Ch/Sec/Sub —				30	- <u>-</u>	25	25	BA	C Tes	t Resi		30		, -	_ 13
							r Contributing Co		26				•	cohol:		22	.ig: 32	2 3	o ¹³
⁶ 3	Viol. 3; Cil/Sec/3			ol. 4: Ch/Sec/Sub — or and all occupants in		Drive	r Distracted by	99	34	35	36	37 J	ved fr	om sc	ene?	2 33	******	4	
	Name (Last First M	iddle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject	Trap Code	Injury Status	Transp. Code	Medical	l Facility		
	Operato	or —————		S	See Above		> <	X	1	1	4	0	0	10	1				
								1											
,	Please Select O	ne Vehicle	3 #	Occupants Non			15	16			17	L	T	18	 	T	<u> </u>	\dashv	
1	of the Followin	ig: Venicle	4	Non	n-Motorist A	A Type	Action		Locati	on	c	onditio	n			Hit/Run	Морс	ed	
	License #	10 10	-	DOB/Age		Reg #					Reg	Type_			R	eg State	21	-	
	Sex Lic. C	Class	Lic. Res	strictions C	DL Indorsement	Veh Y	ear	· · · · · · · · · · · · · · · · · · ·	Veh M	ake					_ Veh	Config.			
2	Operator	Last	F	irst	Middle	Owne	r	[,ast			Fir	st.			Mi	ddle		-	
_	Address					Addre	ss											- -	14
- 1				Zip		• -						_ State			•			_ 4	
						Vehic	e Action Prior to				22		naged Statu		Code:	27 2	27 27]	
	Vehicle Travel Di	irection: NS	E W	Responding to Emer	gency?	Event	Sequence	23	23	23	23		Sian e of T			29			
2	•	ied)					Harmful Event		24					t Resu	lt:	30			
	Viol. 1: Ch/Sec/S	ub ———	Vic	ol. 2: Ch/Sec/Sub		Drive	Contributing Co	de		25	25	Susp	o. Alc	ohol:	31	Susp. Dru	ıg: 32		
L				ol. 4: Ch/Sec/Sub —			Distracted by	<u>L</u>	26	·				om sc	L	33			
	Plea Name (Last First Mic	-	ator/non-n	notorist and all occupa	ants involve Address	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility		
	Operato	r/Non-Mot	orist	Se	ee Above		>	X	1										
ľ													\dashv						
f								-				\dashv	\neg					\dashv	
F												_						\dashv	
				1				1	1	1 I	- 1			i				- 1	

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian ᢐ	= Bicycle	
Crash Diagram:	ie: 👈 🗆] →[2	· ĝ	→ №		
	Fee Spening Sp	130 & 132 Sal	em St.	ca Salem St	Ella Ave Franklie Ave Franklie Ave Torothy Ave therine Ave	If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by A	r .
Crash Narrative:							
V1, (single car crash),	was travellin	ng southbour	nd on Salem St	, when	the ope	rator lost	
control of the vehicle,							
fencing at 130 Salem st							
were stuck under the un							
incident.							
Unknown damage at this	time to the un	ndercarriage	of the truck	. Damac	re to le	ft side of	
truck.	0 0 00 00000000 0000000		31 313 3143.	- Dama		TO SIGE OF	
130 Salem St. about 12-	15 feet of 4ft	fencing ar	nd some hishes	wae d	amagod		
132 Salem St. a Mailbox				was u	illagea.		
razom bo. a maribox	and some busi	les were dan	aged.				
	7						
Witnesses: Name (Last,First,Middle)					To a second		
(Last, Hst, Middle)		Address			Phone #	#	Statement
					-		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
PORTANOVA STEPHEN G	130 SALEM ST WILM	INGTON MA 01887		37575 4345		FENCING	
				J.		- INCING	
GIROUARD BRIAN ALBERT	132 SALEM ST WILM	INGTON MA 01887		97	MAILBO	X	
Truck and Bus Information:	Registration #		(From Vehic	a Saatian)			
Carrier Name			(From Venic	e section)		Destre	42
Carrer Manie				-		Bus Use	7.
Address			City		:	St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty	44		45				
		GVWR/GCWR			28	46	
	Reg Type	Reg State	Reg Year	——— Trai	ler Length		
Hazmat Information:	46				_		
Placard Material 1 digit #	Material Name	e	n	Material 4 dig	it #	Release code	49
Lieutenant Christopher	J Ahern		L84 Wil	minaton	Police	Department 12/	17/2020

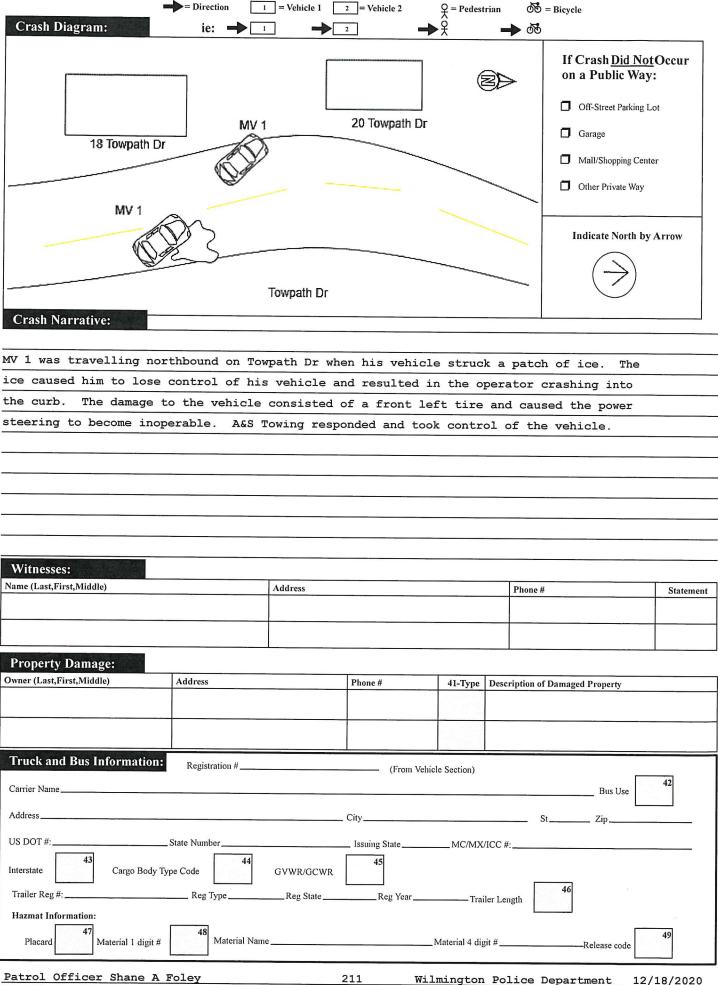




	Pol	ice Use Only		Con	ımonwe	ealth (of Massa	ach	use	tts			RM	IV Docu	ument Number		
	Date of Crash 12/18/2020	Time of Crash	1	City/Town ington	Moto	r Veh	icle Cra	sh	Nun Vehi		lumber njured	1 .	d Limit	1_15	Local Police	0800	
		24HR	77	Ing con	P	olice]	Report		1	0		Latite Long	ıde itude		MBTA Police Campus Police Other:	_ 🖁	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>		N	OT A	ΓIN	TER	SEC	TION:		<u> </u>
						İ			645	,	AI)	T C'	ייף				2 10
¹ 1	Route# Direc	ction		Name of Roadway	Street		Route# Direc	tion	Addres		47.1.1			Roadw	ay/Street		
<u> </u>	_			At			Feet	Χs	E W o	f —		(· or _			
	Route# Direc	etion		of Intersecting Roa							Mile M	arker			Exit Number		99 ¹¹
				Also at Intersection	with				EW o	Ro	ute#		Interse	ecting R	Roadway/Street		
² 1	Route# Direc	etion	Name	of Intersecting Roa	dway/Street		Feet	NS	EW o	f —							
L	Please Select (. 11 #	#Occupants H	it/Run	Moped	Crash R	Concut	m# 2	<u> </u>	3 U	<u> </u>	******	ındmark			1
³ 97	of the Followin			i		•											
	1	10 1	9	DOB/Age 11/			7223B									21	7 12
	Sex M Lic. (strictions 1 MICHAEL	CDL Endorsement		ear 2013								Config. 8	╛	ĽШ
⁴ 1	1	Last MYYRTLE	F	irst	Middle		er <u>D CRES</u> ess <u>BX 512</u>	Last	TR	UCK.	First	CO	ΙN	Mid Mid	ddle		
	City LOWEI			MA Zip 018	51		BILLERI(0.	. 3/7	n -	, A1	021_05		
				CE INSUR		-	le Action Prior to		-	O 22				Zip U J Code:	L821-05:	27	
	Vehicle Travel D		EW	Responding to Em			Sequence 22		23 2			est Star			1 28		
⁵ 2	Citation # (If Issi	ued)	<u></u>	,				22	24	<u> </u>	T	ype of	Test:		97 ²⁹		
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub -			r Contributing Co	L	19 ²⁵	3	25		st Resu		30	32	22 ¹³
6		Sub		ol. 4: Ch/Sec/Sub -			_	0	26	JL			rom sc	-	Susp. Drug: 2		
⁶ 1			for operator	r and all occupants					34 Seat S	35 36 afety Airb	37 ig Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First Mi				Address See Above		DOB/Age	Sex		stem State	S Code	Code	Status 10	Code 1	Medical Facility		
	- 7								1 -		+	-	10	-			
								-			-		<u> </u>				
												-					
								لـــا				<u> </u>					
⁷ 99	Please Select O of the Followin		2#	Occupants No	on-Motorist A	Туре	Action Action	16 L	ocation	17	Condit	ion	18	П	Iit/Run 🔲 Mc	ped	
	License #		7	DOB/Age		Reg#				R	ед Турс	·		Re	g State		
	Sex Lic, C	Class 19 19	Lic. Res		CDL Endorsement	Veh Ye	ear	v	eh Make	;				Veh (Config.	21	
⁸ 99	Operator	Last	Fi		Middle	Owne	r	.asi			First			Mide	dle		
99	Address	· · · · · · · · · · · · · · · · · · ·				Addre	ss							With			141
	City		State	Zip		City_					Sta	te	z	ip		_	1 14
	-					Vehicle	e Action Prior to (22		amageo	d Area	Code:	27 27	27	
		rection: NS		Responding to Eme	ergency?	Event	Sequence 2		23 23	23		pe of T		-	29		
⁹ 2		ed)					Harmful Event	Г	24 25) 		AC Tes	st Resu	ılt:	30	_	
				1. 2: Ch/Sec/Sub =			Contributing Cod	L	26	L		sp. Ald	L	31		32	
ļ	Viol. 3: Ch/Sec/Si			l. 4: Ch/Sec/Sub		_ Driver	Distracted by	- 1	34 3	15 36	37	wed fr	om sco	ene?	33	_	
}	Name (Last First Mid	idle)			Address		DOB/Age	Sex	Seat Sa	fety Airba	g Eject	Trap Code	Injury	Transp. Code	Medical Facility		
	Operato	r/Non-Moi	torist		See Above		\nearrow	X	1		-						
								[_			-		

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedest		= Bicycle	
Crash Diagram:	ie: → 1	→	2	> ₹	→ ₩		
645 Main St	MV 1					If Crash <u>Did No</u> on a Public Way	
Hayden Printing and						Off-Street Parking I	Lot
Promotional Products]		635 Main St			☐ Garage	
		Ц				☐ Mall/Shopping Cen	ter
						Other Private Way	
						Indicate North by	Arrow
	Main St				2>	\bigcirc	
Crash Narrative:					1		
W 1 was backing up hi							
from the property of 6							
cangled in the power 1							
orward causing the li							
the power lines were contell as the property of		verizon po	oles, one of	which w	as Veriz	on pole 80, as	
err as the property of	645 main st.					-	
	_						
W							A.,-
Witnesses: Name (Last,First,Middle)		Address			Plane	u	
(Lucy, Iroy, Madie)		Address			Phone a	†	Statement
						-	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
ERIZON	345 MAIN ST WILMI	NGTON MA 01887		97	TELEPH	ONE POLES	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
				MC/MX	/ICC #:		
Interstate 43 Cargo Body 7	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length	46	
Hazmat Information: 47	48						49
Placard Material 1 digit #	Material Name	e		Material 4 dig	git #	Release code	77
Patrol Officer Shane A				.mington	Police	Department 12	/18/2020
olice Officer Name (Please Print)	Signature	II		rtment		ct/Barracks Date	

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	1				
	Date of Crash Time of Crash 12/18/2020 1308 Will	City/Town Lmington	Motor Veh	icle Crash	Number Vehicles	Injured	Speed Limit	Local	Police Police Police Police	1		
	24HR	LIIITIG CON	Police	Report	1_	۱ ا ا	_atitude _ongitude		ous Police 🔲			
	AT INTERSEC	ΓΙΟΝ:	< LOCA	ATION >	I			SECTION		1		
										2 10		
r	Route# Direction	Route# Direction Name of Roadway/Street				TOWP	PATH DR Name of Roadway/Street					
1		At		Route# Direction	Address #		Traine Of	Roadway/Sirec		1		
	Route# Direction N		Feet N S	or	Number	11						
	Rolles Direction N	vay/Street	Mile Marker Exit Number Feet N S E W of									
				Feet N S		Route#	Interse	cting Roadway	/Street			
² 1	Route# Direction N	ame of Intersecting Roadw	/ay/Street	Landmark								
2	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Report	m# 20-	-310	****	***	****	1		
³ 97	or the rollowing.									-		
	License # SA3910204 St] Sex M Lic Class 5	MA DOB/Age.		# <u>765VZ8</u>						1 12		
	D D	Restrictions 1 CI	DL Veh '	Year 2013 v	Veh Make FC	ORD		_ Veh Config.	1 21			
⁴ 1	Operator MURPHY, LUKE	First	Middle Own	er STAPLES,	NANCY	E First		Middle				
1	Address 50 HOUGHTON R	D	Addr	ess 50 HOUGH!	TON RD							
	City WILMINGTON Sta	te MA Zip 01887	-2242 City	WILMINGTON		State	MA z	ip 01887	-2242			
	Insurance Company ARBELLA 1	MUTUAL INSU	RANCE Vehic	ele Action Prior to Crash	1 2	2 Dar	naged Area	<u> </u>	27 27			
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Even	t Sequence 20 23	23 23 2	-3	t Status:	1 28				
2	Citation # (If Issued)		Most	Harmful Event 20	24		e of Test:	29 1 30				
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	C Test Resu p. Alcohol:	r. 1	Orug: 2 32	20 ¹³		
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		ved from sce		7s.[<u>Z</u>]			
⁶ 4	· ·	rator and all occupants inv	olved			36 37 irbag Eject	38 39 Trap Injury	40 Transp.				
	Name (Last First Middle) Operator		Address e Above	DOB/Age Sex	Pos. System S		Code Status	Code Med	heal Facility	İ		
	Орегию	36	e Aoove		1 1 4	0 0	0 10	1		ļ		
⁷ 1	Please Select One of the Following:	#Occupants	Motorist A Type	15 Action 16 L	ocation	17 Conditio	18	Hit/Run	Moped			
	19 19	DOB/Age						_	21			
	_	Restrictions CD End	dorsement	earV	elı Make			_ Veh Config.				
³ ₁	OperatorLast	First	Middle	Last		First		Middle				
	Address			ess						4 14		
	CityStat		•	City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27								
	Insurance Company			e Action Prior to Crash			Status:	28				
	Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 25 25 Tree of Test: 29								
2	Citation # (If Issued)	-		Harmful Event	24		Test Resul	t: 30				
	Viol. 1: Ch/Sec/Sub		Susp. Attolioi. 3 Susp. Ditig. 72									
ļ	Viol. 3: Ch/Sec/Sub		Driver Distracted by 26 Towed from scene? 33									
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety Air	rbag Eject		40 Iransp. Code Medi	ical Facility			
	Operator/Non-Motoris	t See	Above	X	1							
f						++						
-												
L												



211 ID/Badge # Wilmington Police Department

12/18/2020

	Police Use Only Commonwealth of Massachusetts RMV Document Number																
	Date of Crash 12/19/2020	Time of Crash	1	City/Town Lngton	Motor	r Veh	icle Cra	sh		mber	Num	10	oeed Li		Local 1	Police Police	080
	12, 23, 2020	24HR	AATTIII	ing con	Po	lice]	Report		2		1	L	atitude. ongitud			us Police	ᆸ
		AT INTER	SECTIO	N:	<	LOCA	TION	>	***		NOT	AT	INTE	RSEC	CTION:		
									207	7	1.67	TNT	сm				2 10
13	Route# Direc	etion	1	Name of Roadway/S	treet		Route# Direc	tion	Addre		1712-	IN		of Road	way/Street		
3	_			At			Feet	N S	E W	of				— or			
	Route# Direc	etion	Name	of Intersecting Road	way/Street						Mil	e Mark				Number	3 11
			1	Also at Intersection v	vith		Feet NSEW of Route# Intersecting Roadway/Street									- 🖳	
² 1	Route# Direc	etion	Name o	of Intersecting Road	way/Street		Feet NSEW of										
	Please Select (One 🔽	.1 #	O			Indimark Crash Report ID# 20-311-AC									\dashv	
3	of the Followi		e 1 <u>1</u> #	Occupants Hit.	/Run	Moped	Crash R	leport	ID# Z	<u> 20</u>	-3	11	-A	.C			
L	License # <u>S9</u>	5892414	St MA	_ DOB/Age.		Reg#	929RN3				Reg	Type _	PC	I	Reg State		12
	Sex F Lic.	Class D	Lic. Rest		DL	Veh Y	ear 2017	\	∕eh Ma	ke H	YUN	DAI		Ve	h Config.	1 21	
⁴ 3		LLIS, A	Fit	NANCY	Middle	Owne	GILLIS	, A	SHI	ΕY	N.A.	NCY	•	N	Middle		_
3		USHING					ss 4 CUSE				****						-
	l			IA Zip 0188		City J	City WILMINGTON State MA Zip 01887-2000										- I
				ISURANCE (COMPAN	Vehicl	e Action Prior to			L	22		aged A Status:	rea Code	8 27	27 27]
⁵ 1	Vehicle Travel D	<u></u>	-XI	Responding to Emer	gency? <u>2</u>	Event	Sequence 1	23	Щ.	23	23		of Tes	:	29		
	Ì	ued)					Harmful Event	1	24				Test R		30		13
	Viol. 1: Ch/Sec/S	Sub	Viol	I. 2: Ch/Sec/Sub		Driver	· Contributing Co		<u> </u>	25	25	Susp	. Alcoh	ol: 2 3		orug: 2 32	1 13
⁶ 2	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26					scene?	2 33		
L	Name (Last First M		for operator	and all occupants in	volved Address		DOB/Age	Sex		35 Safety System	36 Airbag Status	Eject 1	38 3 frap Inj Jode Sta	ary Transp	Medi	ical Facility	
	Operate	or 		S	ee Above		><	X	1	1	1	0	8	1			
											_		+				
7	Please Select C	ne 🛛 vakiat	2 1 _#(Occupants Non	-Motorist A	_	15	16			17			8	<u> </u>		
⁷ 2	of the Followin	8.				Туре	Action		ocation	1		ondition	1		Hit/Run	Море	ed
	License # . 570	10 1	9	DOB/Age			6LG734								Reg State 1	MA 21	-
	Sex M Lic. (Class D	Lic. Rest	rictions B C	DL ndorsement		ear 2011						<u>v</u>	Vel	n Config.	1	
⁸ 2		DISON, N	Fire	st	Middle		Owner JHONSON, MICHAEL S Last First Middle									-	
		PLEASAN			<u> 130/</u>		Address 142 PLEASANT VALLEY ST APT 130/									14	
	City METHU			<u>A</u> Zip 01844			22 - 11 27 27 27										
	Vehicle Travel D		T K A	EMPLOYEES			e Action Prior to		23 :	23	23		ageu Ai Status:	ea Code	1 28	- 8 ~	J
	Citation # (If Issu	L	EX	Responding to Emer	gency? Z				24			Туре	of Test		29		
⁹ 2	,	,						1		5	25		Test R		30		,
							Susp. Alcohol: 2 31 Susp. Drug: 2 32										
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator/non-motorist and all occupants involved					Dilver	34 35 36 37 38 39 40								_		
	Name (Last First Mi	ddle)			Address		DOB/Age	Sex	Pos. 5	System	Airbag Status	Eject 1 Code C	rap Inji ode Sta		Medi	ical Facility	_
	Operato	r/Non-Mo	torist	Se	ee Above		\nearrow	X	1	1	4 (0	10	1			_
		· · · · · ·															
											T						

-	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🕳 = 1	Bicycle						
Crash Diagram:	ie: 👈 🗔		2	Ŷ	→ 55							
	V1 → V2 → V2 → V2 → V2 → V2 → V2 → V2 →	2 (*)	Rt. 38 Wilmi 	ngton 	- - - -	If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	r					
Cash Name	ļ											
Crash Narrative:	-											
V1 was traveling South				***************************************								
Main Street, Rt.38 in W												
Main Street. Oper. 1 st	ated she was t	raveling st	traight and wa	as hit,	steering	wheel airbags						
deployed. Oper. 2 state	d he was turni	ing left. A	small cut and	d bruis	e was obse	rved on Oper.						
1's right leg. Oper. 1	signed a medic	cal refusal	with WFD. No	injuri	es observe	d or reported						
in Oper. 2. V1 was towe	d by a persona	al tow (AAA)). V2 was towe	ed by Ca	ain's.							
in Oper. 2. V1 was towed by a personal tow (AAA). V2 was towed by Cain's.												
						-						
						MAIL CONTRACTOR OF THE PROPERTY OF THE PROPERT						
Witnesses:												
Name (Last,First,Middle)		Address			Phone #		Statement					
Property Damage:												
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property						
Truck and Bus Information:	Registration #		(From Vehic	la Saction)								
Carrier Name			(110 10	no Bootton,		Bus Use	42					
Currer Mano						Dus Osc						
Address			City		St_	Zip						
US DOT#:	State Number		Issuing State	MC/MX	/ICC #:							
Interestate Canal Back, To	44	CVINID/COMB	45									
Interstate Cargo Body Ty	•	GVWR/GCWR				46						
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length							
Hazmat Information:					L							
Placard 47 Material 1 digit #	48 Material Nam	ie		Material 4 dig	git #	Release code	49					
	L					<u> </u>						
Patrol Officer Kathryn C	Goodwin		216 Wil		Police De	nartment 12/	19/2020					

Department









