Police Use Only	Con	ımonwealtl	h of Massac	husetts	3	RM	AV Docur	ment Number	
Date of Crash Time of Crash	City/Town	Motor Vo	ehicle Crash	Number Vehicles		Speed Lim	it20	State Police Local Police MBTA Police Campus Police	
02/21/2022 0048 W11	mington	Polic	e Report	1	0	Longitude_		Campus Police Other:	
AT INTERSECT	TION:	< LO	CATION >		NOT A	T INTEI	RSECT	ΓΙΟΝ:	
									2
Route# Direction	Name of Roadway	/Street	Route# Direction	45 Address #	BUT	VERSRO Name o	of Roadwa	ay/Street	-
l	At			- (- (-)					7
Detail District	Classes dia D	1/641	Feet [N]	S E W of	— — Mile M	— • — arker	- or _	Exit Number	<u> </u>
Route# Direction No	Also at Intersection		Feet N	S E W of					1
			Feet N	S E W of	Route#	Inter	secting Re	oadway/Street	
Route# Direction No	ame of Intersecting Roa	adway/Street	ű.		-	I	andmark		_
Please Select One Vehicle 11	#Occupants H	lit/Run Mope	ed Crash Repo	rt ID# 22	-73	-AC			7
of the Following:									-
Toward Service	MA DOB/Age		teg# 8EA835					2.1	1
Sex_M_ Lic. Class D Lic.	Restrictions	Endorsement	/eh Year <u>2012</u>		_		Veh (Config. 1	
Operator KEAVENEY, BR. Last Address 12 ELEANOR DR	First	Middle	owner SMITH, A		First	CH	Mide	ldle	
. 1041 400			Address 12 ELEA						1
City WILMINGTON Sta			City WILMINGTO	10.00				887-3199	
Insurance Company GOVERNMEN	IT EMPLOYE		Vehicle Action Prior to Cra	35-341-1	Grants		ea Code: 1	1 27 10 27 2 27 2 28	
Vehicle Travel Direction: NSE	Responding to En	nergency? 2 E	event Sequence 21 23		23	est Status: ype of Test:	3	29	
Citation # (If Issued) T2447141		N	Most Harmful Event 2	NAME OF TAXABLE PARTY.	E	SAC Test Re	F	5 30	_
Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub	89 4A D	Oriver Contributing Code	10 25 9	25 S	usp. Alcoho	l: 1 31	Susp. Drug: 32	21
Viol. 3: Ch/Sec/Sub 138 340	Viol. 4: Ch/Sec/Sub -		Oriver Distracted by	26	T	owed from s	scene?	1 33	
	rator and all occupants	involved Address	DOB/Age So	34 35 Seat Safety Ex Pos. System	36 37 Airbag Eject	38 39 Trap Injur Code Statu	ry Transp.	Medical Facility	7
Name (Last First Middle) Operator		See Above	DOB/Age Se	1 99	4 0	0 10		ricular Fuelity	1
<i>орегию</i>				1	+-	+			\dashv
		.		+	++	1			-
				\perp					4
Please Select One Vehicle 2	_#Occupants N	on-Motorist A Type	15 Action 16	Location	17 Cond	ition 18	в 🗖 н	lit/Run 🔲 Moped	
of the Following: Vehicle 2	POPU			DAS	D T			- C+-+-	-
19 19	DOB/Age		eg#eh Year			e		21	4
The second of th	Restrictions	Endorsement		_ ven Make			ven c	Conng.	
Operator	First	Middle)wnerLast		First		Mide	dle	
Address		- 10800 9	Address		C.	ate	7:-		1
City Sta			City			ate Damaged Are		27 27 27	Ė
Insurance Company	ì		Vehicle Action Prior to Cra	23 23	190-	est Status:		28	
Vehicle Travel Direction: NSEW	Responding to En		vent sequence	24		ype of Test:	A STATE OF THE STA	29	1
Citation # (If Issued)			Most Harmful Event	25	25 E	BAC Test Re		30	
Viol. 1; Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub -		Oriver Contributing Code	26	S	usp. Alcoho	ROSECULO-SEAS	Susp. Drug: 32	
	Viol. 4: Ch/Sec/Sub -		Oriver Distracted by	34 35] 36 37	owed from s		33	4
Please fill out for operator/n Name (Last First Middle)	on-motorist and all occ	upants involved Address	DOB/Age Se	Seat Safety	Airbag Ejec	Trap Inju	ry Transp.	Medical Facility	
Operator/Non-Motoria	st =	See Above		1					
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Crash Diagram:	ie: ightarrow ightarrow	2	→	옷	N 152	
	od Vyodija				→ №	
Lrg. Re	** mailboxi46	수 Butters (on a Pu Off-Str Garage Mall/S Other I	hopping Center
						\uparrow) \Box
Crash Narrative:						
Oper.#1 could not expla	in how the m/v	/c occurred	. Oper. was]	plaaced	under arrest for	•
O.U.I. (Ref. police repo	ort 22-76-AR (PWJ/142)				
		-				
	100					
Witsonson						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
BULL JERRY KEITH	7 7 0 000	103 CHESTNU	T ST WILMINGTO	ON MA 01	387	
		V2				
Property Damage:	1 4 992		- "	44 00		
Owner (Last,First,Middle)	Address		Phone #	Section 1	Description of Damaged Pro	perty
Owner (Last,First,Middle)	Address 44 BUTTERSROW WILM	INGTON MA 01887-	Phone #		MAILBOX	perty
Owner (Last,First,Middle) LEON EDWARD B		*	1	97	•	perty
Owner (Last,First,Middle) LEON EDWARD B	44 BUTTERSROW WILM	INGTON MA 01887-	1	97	MAILBOX	perty
Owner (Last,First,Middle) LEON EDWARD B MEDEIROS JEREMIAS	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration #	INGTON MA 01887-	1	97	MAILBOX	42
Owner (Last, First, Middle) LEON EDWARD B MEDEIROS JEREMIAS Truck and Bus Information: Carrier Name	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration #	INGTON MA 01887-	(From Vehic	97 97 cle Section)	MAILBOX MAILBOX	Bus Use 42
Owner (Last, First, Middle) LEON EDWARD B MEDEIROS JEREMIAS Truck and Bus Information: Carrier Name Address	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration #	INGTON MA 01887-	(From Vehic	97 97 cle Section)	MAILBOX MAILBOX St 2	Bus Use 42
Owner (Last, First, Middle) LEON EDWARD B MEDEIROS JEREMIAS Truck and Bus Information: Carrier Name Address US DOT #:	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration #	INGTON MA 01887-	City Issuing State	97 97 cle Section)	MAILBOX MAILBOX St 2	Bus Use 42
Owner (Last, First, Middle) LEON EDWARD B MEDEIROS JEREMIAS Truck and Bus Information: Carrier Name Address	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration #	INGTON MA 01887-	(From Vehic	97 97 cle Section)	MAILBOX MAILBOX St 2	Bus Use 42
Owner (Last, First, Middle) LEON EDWARD B MEDEIROS JEREMIAS Truck and Bus Information: Carrier Name Address US DOT #:	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration # State Number ype Code 44	INGTON MA 01887-	City Issuing State	97 97 cle Section)	MAILBOX MAILBOX St 2	Bus Use 42
Owner (Last, First, Middle) LEON EDWARD B MEDEIROS JEREMIAS Truck and Bus Information: Carrier Name Address US DOT #: Interstate 43 Cargo Body Ty	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration # State Number ype Code 44	INGTON MA 01887-	City Issuing State	97 97 cle Section)	MAILBOX MAILBOX St 2	Bus Use 42
Owner (Last, First, Middle) LEON EDWARD B MEDEIROS JEREMIAS Truck and Bus Information: Carrier Name Address US DOT #: Interstate 43 Cargo Body Ty Trailer Reg #:	44 BUTTERSROW WILM 46 BUTTERSROW WILM Registration # State Number ype Code 44 Reg Type	GVWR/GCWR	City Issuing State 45 Reg Year	97 97 Cle Section) MC/MX	MAILBOX MAILBOX St 2	Bus Use 42

Police Officer Name (Please Print)

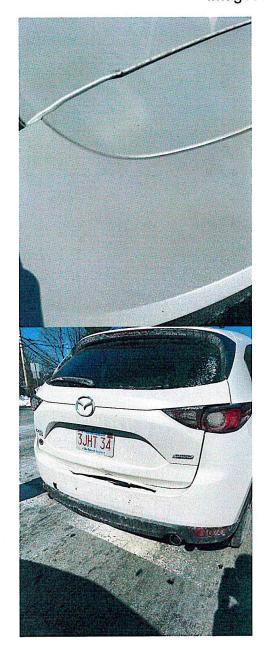
Signature

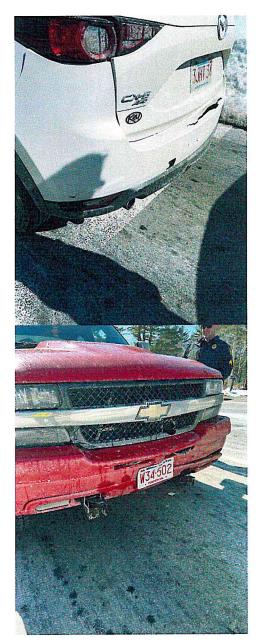
ID/Badge #

	Police Use Only	Comm	nonwealth	of Massach	usetts		RM	V Docur	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	02/28/2022 1239 Wil	mington	Police :	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT A	T INTER	SECT	TION:	
										2 10
	MIDDLES	SEX AVE Name of Roadway/Str	ant	Route# Direction	Address #		Name of	Poadwa	w/Street	
1 1	Route# Direction	At	eet	Route# Direction	Address #		Name of	Roadwa		-
_	HIGH ST	Ţ.		Feet N S	E W of	— — - Mile Ma	_ • _	or	Exit Number	
	Route# Direction Na	ame of Intersecting Roadw		Feet N S	E W c	IVIIIC IVI	irkei		Exit Number	2 11
		Also at Intersection w	ith			Route#	Inters	ecting Re	oadway/Street	
² 1	Route# Direction Na	ame of Intersecting Roadw	ray/Street	Feet N S	E W of					_
				L				andmark	* 1900000	-
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Report	ID# 22	-74	-AC			
	License # S22428361 St 1	MA DOB/Age	Reg	# <u>3JHT34</u>		Reg Typ	e PC	Re	g State MA	. 12
	19 19	Restrictions 1 20 CI	DL Veh	Year 2018	Veh Make M	AZDA		Veh (Config. 21	1
	Operator DONOVAN, THOM		ndorsement Owr	ner DONOVAN,	THOMA	SJ				
⁴ 3	Address 5 AYER RD	First	Middle	ress 5 AYER R		First		Mide	dle	
_	City LAWRENCE Sta	ote MA 7 to 01843		LAWRENCE		Str	ate MA	Zip 01	843-3409	
	Insurance Company PLYMOUTH			cle Action Prior to Crasl	2	_		_	5 27 6 27 27	
		_		nt Sequence 23	23 23	Kinte	est Status:		28	
⁵ 1	Vehicle Travel Direction: N S W			Eq.	24	T	ype of Test:	100	29	
	Citation # (If Issued)			t Harmful Event 1	0.5	25	AC Test Res		30	13
	Viol. 1; Ch/Sec/Sub			er Contributing Code	26	S	usp. Alcohol		Susp. Drug: 2 32	
⁶ 1	Viol. 3; Ch/Sec/Sub —			er Distracted by	ile re		owed from so	٤	2 33	_
1	Please fill out for ope Name (Last First Middle)	erator and all occupants inv	volved Address	DOB/Age Sex	34 35 Scat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp.	Medical Facility	
	Operator	Se	ee Above	\times	1 1	4 0	0 10	1		
										1
					-			+	- W. C. C.	
							-			_
⁷ 2	Please Select One Vehicle 21	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П	lit/Run Moped	ı
2	of the Following:			" TT2 4 E O 2	200	D	CO	D-	- S MA	
	19 19	MA DOB/Age		# <u>W34502</u>		Reg Typ			g State MA	-
	A.130 [2-50]	Er	ndorsement	Year 2001			TELL	Veh 0	Config.	
⁸ 1	Operator FELTON, BRAD	First	Middle	ner FELTON ,		First		Mid	dle	-
	Address 120 WHITE PON			ress 120 WHIT	E PONI					14
		ate MA Zip 01775		STOW	E42.648			F	.775-1328	· 💾
	Insurance Company TRAVELERS	CASUALTY I	INSURA Vehi	cle Action Prior to Crasl	man Table	7	amaged Ares	a Code:	1 27 27 27 28	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Ever	nt Sequence 23	23 23	23	ype of Test:		29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event 1	24		AC Test Res	sult:	30	
2	Viol. 1: Ch/Sec/Sub ———	_Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	99 ²⁵	25 S	usp. Alcohol	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	_ Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	T	owed from s	cene?	2 33	
	Please fill out for operator/r	on-motorist and all occupa		1	34 35 Scat Safety	36 37 Airbag Eject	38 39 Trap Injury	y Transp.	Medical Francisco	7
	Name (Last First Middle)	et c	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	7
	Operator/Non-Motori	31 36			+	-	+	-		-
							$\bot \bot$	+	100	4

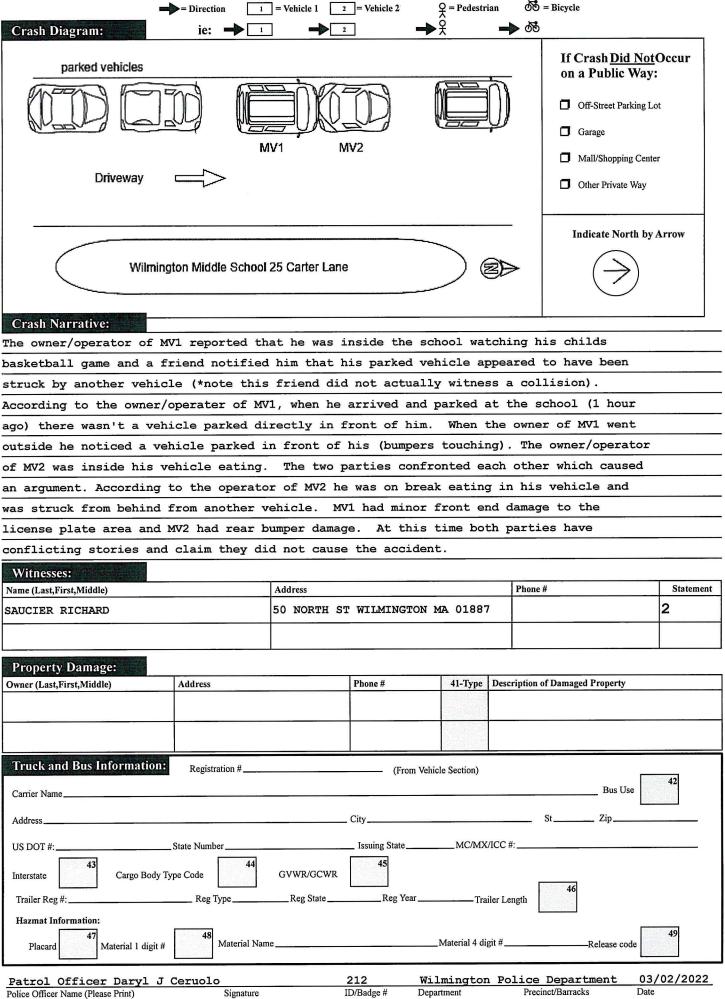
		2	₽	→ ॐ		
Crash Diagram:	ie: 👈 🔟		^	- 00		
Commence	Rt.62/Middlsex				Crash <u>Did Not</u> Oc n a Public Way:	cur
	Ave			0	Off-Street Parking Lot	
		1		. 0	Garage	
	F			0	Mall/Shopping Center	
		High Stre			Other Private Way	
			∢	3	Indicate North by Arr	ow
Crash Narrative:						
	/stopping for the red tr					
	cle 2 rear ended vehicle					
V=1	e to vehicle 2 on the fr				ed medical	
ttention. No airbags	deployed and both vehic	cles were drive	n from the	scene.		
Witnesses:						
Witnesses: Name (Last,First,Middle)	Address			Phone #		Statement
STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Address			Phone #		Statement
Charles and the second of the	Address			Phone #		Statement
Charles and the state of the st	Address			Phone #		Statement
STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Address					Statement
Name (Last,First,Middle) Property Damage:	Address	Phone #	41-Type De	Phone #		Statement
Name (Last,First,Middle) Property Damage:		Phone #	41-Type De			Statement
Name (Last,First,Middle) Property Damage:		Phone #	41-Type De			Statement
Name (Last,First,Middle) Property Damage:	Address		41-Type De		aged Property	
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)	Address Registration #			scription of Dam	aged Property	Statement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Address Registration #	(From V	ehicle Section)	scription of Dam	aged Property	
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address	Address Registration #	(From V	ehicle Section)	scription of Dam	Bus Use	
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #:	Address Registration # State Number	City Issuing State	ehicle Section)	scription of Dam	Bus Use	
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #:	Address Registration #	(From Vo City Issuing State 45	ehicle Section)	StSt	Bus Use	
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Bo	Address Registration # State Number	City Issuing State WR 45	ehicle Section) MC/MX/ICO	scription of Dam	Bus Use	
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Bo	Address Registration # State Number dy Type Code GVWR/GC	City Issuing State WR 45	ehicle Section) MC/MX/ICO	scription of Dam	Bus Use Zip	12
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Bo Trailer Reg #:	Address Registration # State Number dy Type Code	(From V	ehicle Section) MC/MX/ICC	StSt	Bus Use Zip	

Wilmington Police Department Images Associated with 22-74-AC

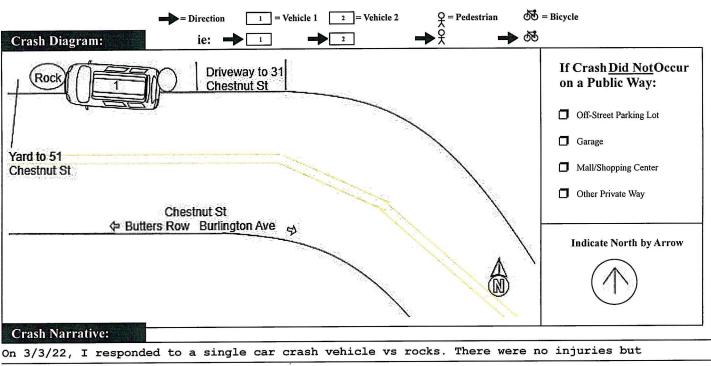




Date of Crash Clay (Company 20 20 20 20 20 20 20 2	Police Use Only		ealth of Massach	usetts	RMV Documen	
AT INTERSECTION: COCATION NOT AT INTERSECTION:		minaton			Speed Limit 20 I	Local Police
Routed Direction Name of Roudway/Street Routed Direction Name of Intersecting Roudway/Street Also at Intersection with Pear IN S E W of Text Routed Township of the Rollands Township of		Pe	CHARLES AND	2 0	1	Campus Police Dther:
Routed Direction Name of ReceiveryStreet Ann at Intersection With	AT INTERSECT	rion:	LOCATION >	NOT A	T INTERSECTION	ON:
Routed Direction Name of Roadway/Street And a				25 CAR	TER LN	
Roade# Direction Name of intersecting Roadway/Street	Route# Direction		Route# Direction			treet
Name of Instruction Name of Instruction with Feet NS E N Routed Instructing Roadway/Street Feat NS E N Routed Instructing Roadway/Street Feat NS E N Routed Instructing Roadway/Street Instructing Roadway/Street Feat NS E N Routed Instructing Roadway/Street Instructing Roadway/Street Feat NS E N Roadway Instructing Roadway/Street Instructions Instru		At	Feet N S		— • — or	
Feet NS E	Route# Direction N	ame of Intersecting Roadway/Street			arker I	Exit Number
Please Sider One of the Federal December See Above Driver Distracted by See Side One of the Federal December See Above Driver Distracted by See Side One of the Federal December See Above Driver Distracted by See Side One of the Federal December See Side One of the Federal December See Side One of the Federal December See Above Driver Distracted by See Side One of the Federal December See Side One of the See Side		Also at Intersection with		Route#	Intersecting Road	way/Street
Hidrain Moped Crash Report D# 22 - 76 - AC	Route# Direction No	ame of Intersecting Roadway/Street	Feet NS	E [W] of		
License # S81796294 S; MA DOBAge Reg # SART 30 Reg Type PC Reg State MA Sex M Lic Class 19 19 1 Lic. Restrictions 120 CDL Endorsement Departor HUNTER JOSHUA Joshu	Player Solect One		<u> </u>	00 76		
See M Lie Class 19 19 Lie Restrictions 1 20 20 20 20 20 20 20		#Occupants Hit/Run	Moped Crash Report	ID# 22-76	-AC	
Sex M Lie Class 1 Lie Restrictions 1 Didensement Didenseme			Reg # 9ARP30	Reg Тур	e PC Reg St	
Address 7 SENECA IN City WILMINGTON State MA Zip 01887 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: SE W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Centributing Code 99 2 5 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Centributing Code 99 2 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Sex M Lic. Class D Lic.	Restrictions 1 CDL	Veh Year <u>2020</u>	Veh Make CHEVR	DLET Veh Con	
City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887 1979	Operator HUNTER, JOSHU	First Middle	Owner HUNTER, Last	JOSHUA G	Middle	
Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 2 2 2 2 2 2 2 2 2	Address 7 SENECA LN		Address 7 SENECA			
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type Is Action Io Dollwage Sex MA Doll Age Sex MA Sex MA Doll Age Sex MA Sex				200		
Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 2 3 3 23 23 23 23 23	· ·		Torrivors Torri		(Section 2)	CO CERTAIN MANAGE
Viol. 1: Ch/Sec/Sub	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event Sequence 2 23	23 23 23	est Status.	
Viol. 2: Chr\Sec\Sub	Citation # (If Issued)	_	Most Harmful Event 2	E E	BAC Test Result:	30
Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Direct Distracted by Please fill out for operator and all occupants involved Address DORIVAge See Above Please fill out for operator and all occupants involved Address DORIVAge See Above Please fill out for operator and all occupants involved Address DORIVAge See Above Please fill out for operator and all occupants involved Address DORIVAGE See Above Please fill out for operator and all occupants involved Address DORIVAGE See Above Please fill out for operator and all occupants involved Address DORIVAGE See Above Please fill out for operator and all occupants involved Address DORIVAGE See Above Please fill out for operator and all occupants involved Address DORIVAGE See Above Please fill out for operator and all occupants involved Address DORIVAGE See Above DORIVAGE See Above Please fill out for operator and all occupants involved Address DORIVAGE See Above DORIVAGE See Above 1 99 4 0 0 0 10 1 Hit/Run Modella Facility Horizon See Above Reg Type PC Reg State MA Reg Type PC Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 1 21 Owner HOLBROOK , STEVEN J Owner HOLBROOK , STEVEN J Middle Address 2 DOROTHY AVE City WILMINGTON State MA Zip 01887-1128 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: SEMA Zip 01887-1128 Event Sequence 2 23 23 23 23 23 23 23 23 23 23 23 23 2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub -	Tributa de la constanta de la	99	2000	
DOB/Age Sex Price System Syst		A SHARMAN AND A	Driver Distracted by 99		owed non seene. 2	33
Please Select One of the Following: Vehicle 21			DOB/Age Sex	Seat Safety Airbag Ejec	Trap Injury Transp.	Medical Facility
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On 3/3/22, I responded to a single car crash vehicle vs rocks. There were no injuries but the front airbags were deployed. I had Fire Department respond to check out driver. She refused medical. Operator reported that her dog was sitting in the front passenger seat and at one point, the dog tried to walk over to her side of the vehicle. She reported she took her eyes off the road so she could deal with the dog and her car left the road. Her vehicle struck several rocks in front of 51 Chestnut St. Her vehicle sustained damage to the front bumper and the undercarriage. Vehicle was stuck and Cains Towing responded to free the vehicle. Due to the damage, the vehicle was towed. Speed may have also played a factor in the incident as well as the distraction. There was not damage seen to the property of 51 Butters Row other than the rocks being moved.

Witnesses:								-
Name (Last,First,Middle)	Ad	dress			Pho	ne#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	on of Damage	d Property	
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Truck and Bus Information: Carrier Name		*	(2.13)	nicle Section)			Bus Use	42
Address			City					
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Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Name			_Material 4 di	git #		-Release code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

03/03/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 22-77-AC

Entered: 03/08/2022 @ 1038 Modified: 03/08/2022 @ 1048 Modified

Entry ID: 196 Modified ID: 196 Page: 1

Approved: 03/10/2022 @ 0707

Approval ID: 204

The following is a brief summary of events that occured on 03/08/22 during a follow up.

On Tuesday March 8, 2022, I, Officer Furbush was assigned to uniformed patrol in marked cruiser 39, Traffic and Saftey Unit, working the 7a-30p shift. At approximately 1035 hrs, I was able to make contact with the homeowner of 51 Chestnut St, Mr Joseph Muolo. On Thursday March 3rd, there was an accident outside his house. I left a message with the residents but was unable to reach anyone. Joseph reported that he would like a copy of the report and stated that his property had some substantial damage. He concurred the damage was limited to the front lawn where the vehicle drove over one large boulder and hit another. He reported that the rocks were moved several feet causing damage to the lawn. He reported he took photos for his insurance company. I advised him that there were heavy snow covering the area (since melted) of the crash but I did document the damage of the lawn in my photos. He will get the other involved individual's information when he gets the report.

Respectfully submitted,

Officer Daniel Furbush, Badge #196 Wilmington Police Department.

Wilmington Police Department Images Associated with 22-77-AC









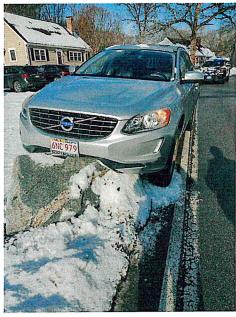




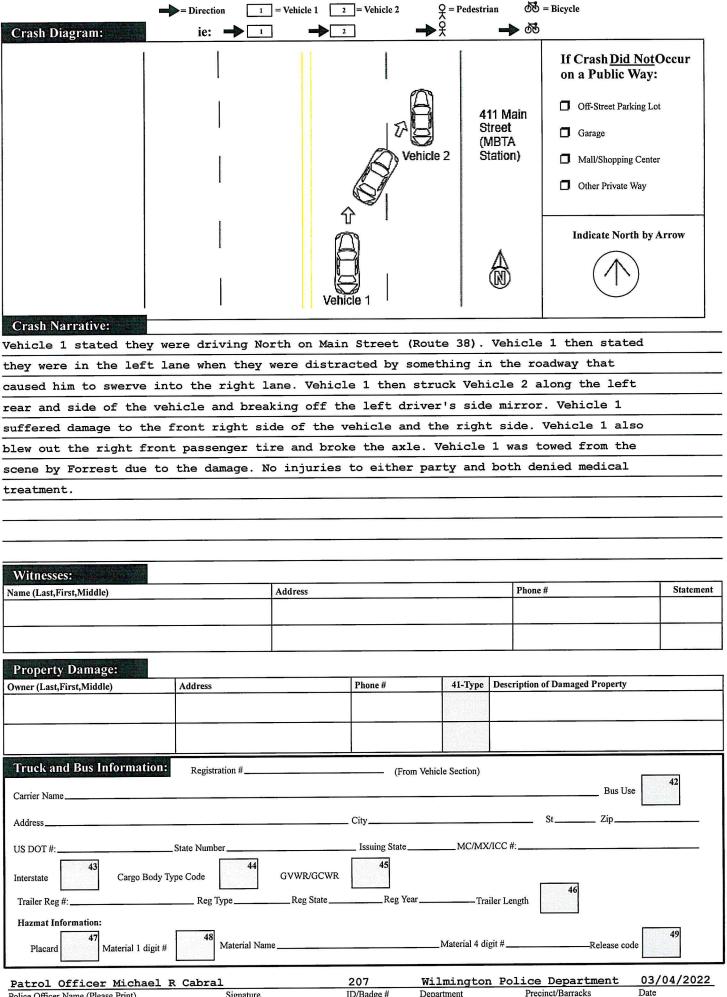
Wilmington Police Department Images Associated with 22-77-AC



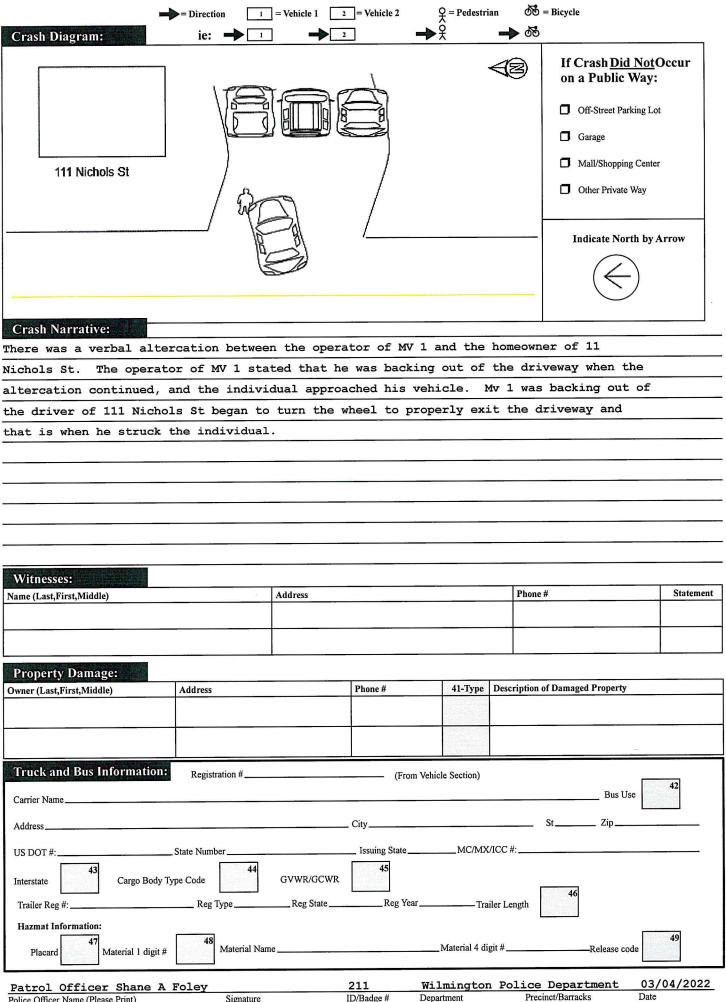




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⁵ 2				it beduence 3			T	ype of T	est:		29	23
	Citation # (If Issued)				3	25	25	AC Test	_	-	30	13
	Viol. 1: Ch/Sec/Sub ——— Vi	iol. 2: Ch/Sec/Sub ————	Driv	er Contributing Co	- Cara (61)	23	S	usp. Alc	ohol: 2		usp. Drug: 2 32	3
6 .	Viol. 3: Ch/Sec/Sub — Vi	iol. 4: Ch/Sec/Sub ———	Driv	er Distracted by	O 26		Т	owed fro	om scen	ne? 2	33	
⁶ 1	The second secon	or and all occupants involved		DOD/A	Sex Pos	t Safety	36 37 Airbag Eject Status Code	38 Trap Code	Injury T	40 ransp. Code	Medical Facility	
	Name (Last First Middle)	Address See Above	<u> </u>	DOB/Age	1	. System	4 0		10 1		Medical Facility	1
	Operator	2211 YOUNGSTOWN SE RD			$\Lambda_{\overline{1}}$			+				1
	STEVEN STEWART	WARREN, OH 44484		·	м 3	1	4 0	0	10 1	L		
												1
				15	16	Table 1	17		18			1
⁷ 9	Please Select One of the Following:	#Occupants Non-Motori	st A Type	15 Action	Loca	tion	Condi	tion	10	Hit/	Run Moped	
	License #St	DOB/Age	Reg	#			Reg Typ	e		Reg S	State	1
	19 19	20		Year							21	
	Carried Co. Page Co.	strictions CDLEndorseme			ven i	viake				. ven co	mig.	
⁸ 99	Operator	First Middle	Owr	ier	Last		First			Middle		
99	Address		Add	ress								14
	City State_	Zip	City				0.00	ate	1.0	F13.51	25 25 25	1
	Insurance Company		Vehi	cle Action Prior to	Crash		(61)	amaged		Code:	27 27 27 28	
	Vehicle Travel Direction: N S E W	Responding to Emergency?_	Ever	nt Sequence	23 23	23	23	est Statu			29	
0	Citation # (If Issued)	<u>~</u>	Mos	t Hannful Event	24			ype of T SAC Tes			30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————V	iol 2: Ch/Sec/Sub	Driv	er Contributing Co	de	25	25	usp. Alc	100	Septem Contractor	usp. Drug: 32	
				er Distracted by	26	00000		owed fr	500	00:02:03	33	
	Viol. 3: Ch/Sec/Sub — V			o. Distracted by	34	35	36 37	38	39	40		-
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants invo	JIVEU	DOB/Age	Sex Pos	t Safety	Airbag Eject Status Code	Trap	Injury T	ransp. Code	Medical Facility	
	Operator/Non-Motorist	See Above	е	\sim	X1							
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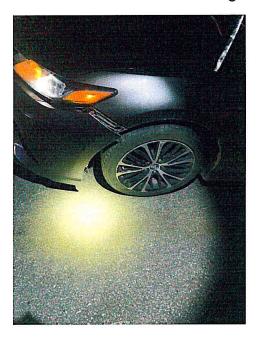


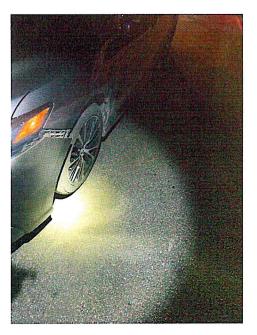
Police Officer Name (Please Print)

Signature

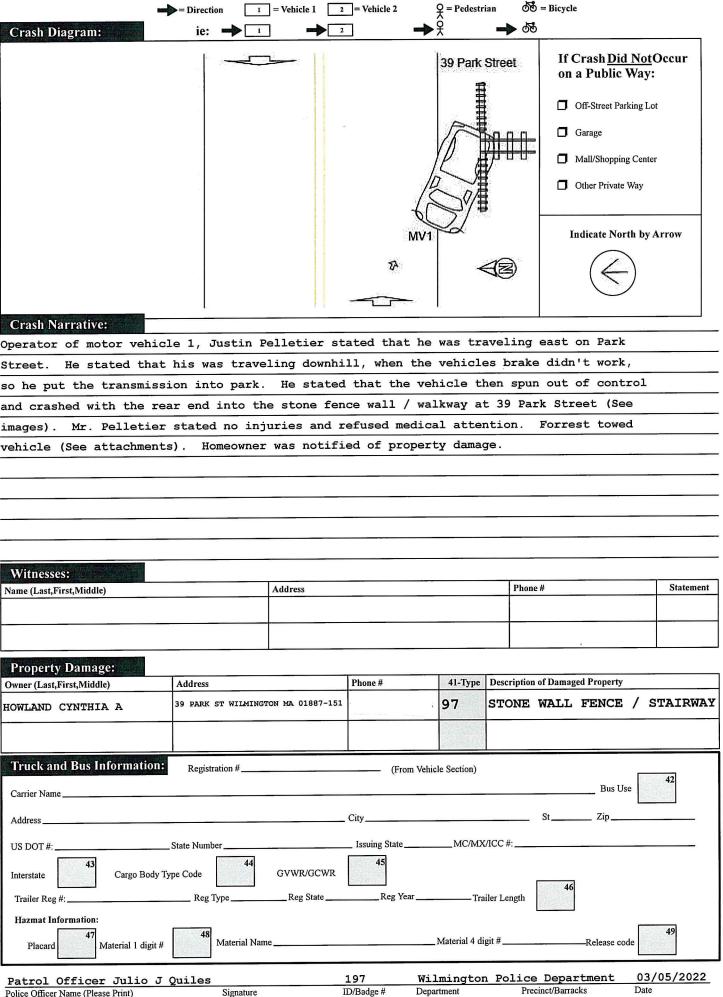
ID/Badge #

Wilmington Police Department Images Associated with 22-79-AC





Date of Crash 03/05/2022			1000 0 10000		of Mass	_					THE RESERVE OF THE PARTY OF THE
1		City/Tow Wilmingt	on I	Motor Vel	hicle Cra Report		Number /ehicles		Speed Lin Latitude _		State Police Local Police MBTA Police Campus Police
	24HR	TOMYON				1		0	Longitude		Other:
	AT INTERS	ECTION:	Ţ.	< LOC	ATION	>		NOT AT	INIE	RSEC	HON:
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			At		Foot	NSEV	vl .f _			or	
Route# Dire	ection	Name of Inters	secting Roadway	/Street		[11]5]2],	<u> </u>	Mile Ma		_ 01 _	Exit Number
Trouten Birt			Intersection with		Feet	N S E V	v of				
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Route# Dire	ection	Name of Inters	secting Roadway	'Street			-			Landmark	C
Please Select of the Follow		1 1 #Occupa	nts Hit/Ru	n Moped	Crash	Report ID#	22	-80	-AC		
License # S 6	5926883	St MA DOB	/Age	Re	g#2HVX46			_ Reg Type	PC	Re	eg State MA
Sex M Lic.	10 10	1	20		1 Year 2002						21
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	H READING				y NORTH F						$\begin{bmatrix} 1864-2049 \\ 7 & 27 \\ 6 & 27 \\ 5 & 27 \end{bmatrix}$
Insurance Com	ipany ARBELL	A MUTUA	L INSUR		nicle Action Prior t	The University of the Control of the	T	RES	st Status;	ea Code.	7 [6 [5]
Vehicle Travel	Direction: N S	W Respon	ding to Emergen	cy?_2	ent Sequence 51	100000000000000000000000000000000000000	0 23 30	23	pe of Test	.	29
Citation # (If Is	ssued)			Mo	st Harmful Event	30 24		-	AC Test Re	- 1	1 30
Viol. 1: Ch/Sec	c/Sub	Viol. 2: Cl	/Sec/Sub	Dri	ver Contributing C	ode 1	25	25 St	sp. Alcoho	ol: 2 31	Susp. Drug: 2 32
Viol. 3: Ch/Sec	c/Sub	Viol. 4: Ch	/Sec/Sub	Dri	ver Distracted by	0 26		To	wed from	scene?	1 33
	Please fill out f	or operator and all	occupants involv	ved	*	34 Sea		36 37 Airbag Eject	38 39 Trap Inju	ıry Transp.	1 page state second walk
Name (Last First				dress	DOB/Age	Sex Pos	1 1	Status Code	Code Sta		Medical Facility
Operat	tor ———		See F	Above		X^1		•	0 10		1 - 100
Diseas Salast	0[-		15		15	16		17		8	
Please Select of the Follow		2#Occupa	nts Non-M	otorist A Type	Action	Locat	ion	Condi	ion		Hit/Run Moped
License #		_ St DOB	/Age	Re	g#			Reg Type	·	Re	
	. Class 19 19	Lic. Restrictions			ı Year	Veh 1	/lake			Veh	Config. 21
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Operator	Last	First	M	Giddle Ow		Last		First		Mic	ddle
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Operator Address City Insurance Com Vehicle Travel Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec	npany	State Z E W Respon Viol. 2: Ch Viol. 4: Ch	ding to Emergen /Sec/Sub /Sec/Sub	Own Add Cit Vel cy? Dri Dri s involved	dress	o Crash 23 23 24 26de	23 23 25 25 Safety	Sta 22 D 23 Te Ty B. 25 St	amaged Arest Status: The of Test Roman Alcohomed from	Zip	27 27 27 28 29 30 Susp. Drug: 32
Operator Address City Insurance Com Vehicle Travel Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec	npany	State Z E W Respon Viol. 2: Ch Viol. 4: Ch rator/non-motorist	ding to Emergen NSec/Sub Sec/Sub and all occupants	own Address Ad	dress	23 23 24 24 26 26 26 26 26	23 23 25 25 Safety	State Sta	amaged Arest Status: The of Test Rouse, Alcohoused from	Zip	27 27 27 28 29 30 Susp. Drug: 32
Operator Address City Insurance Com Vehicle Travel Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec P Name (Last First	npany	State Z E W Respon Viol. 2: Ch Viol. 4: Ch rator/non-motorist	ding to Emergen NSec/Sub Sec/Sub and all occupants	Own Add City Velocy? Every Mc Dries involved	dress	23 23 24 24 26 26 26 Sex Pos	23 23 25 25 Safety	State Sta	amaged Arest Status: The of Test Roman Alcohomed from	Zip	27 27 27 28 29 30 Susp. Drug: 32
Operator Address City Insurance Com Vehicle Travel Citation # (If Is Viol. 1: Ch/Sec Viol. 3: Ch/Sec	npany	State Z E W Respon Viol. 2: Ch Viol. 4: Ch rator/non-motorist	ding to Emergen NSec/Sub Sec/Sub and all occupants	Own Add City Velocy? Every Mc Dries involved	dress	23 23 24 24 26 26 26 Sex Pos	23 23 25 25 Safety	State Sta	amaged Arest Status: The of Test Roman Alcohomed from	Zip	27 27 27 28 29 30 Susp. Drug: 32
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Wilmington Police Department Images Associated with 22-80-AC





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