	Pol	ice Use Only		Com	monv	wealth	of Mass	ach	ius	etts	3			RM	V Doc	ument Nu			
	Date of Crash 11/20/2022	Time of Crash 1356		City/Town	Mo	tor Veh	icle Cra	ısh		umber ehicles			Speed Latitu	l Limit	30	Local	Police Police A Police		
	11/20/2022	24HR	44 T TIII	riig con		Police	Report		2		0	- 1		tude			us Police	<u> </u>	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	T AT	'IN'	TER	SEC	TION:			
				X AVE															2 10
¹ 1	Route# Direc	ction		Name of Roadway/S	Street		Route# Direc	ction	Add	ress#			Na	une of	Roadw	vay/Street			
_	-	HIGH	ST				Feet	N S	E W	of			•	. —	or _	Esta)	Number	L	
	Route# Direc	ction	Name	of Intersecting Road			<u> </u>	N S	EW	1.	M	ile Mar	Ker			EXIL	YURIDEI	-	3 11
				Also at Intersection	with			N S		-	Rout	e#		Interse	ecting I	Roadway/	Street	╸┝	
² 1	Route# Direc	ction	Name	of Intersecting Road	lway/Street		rect	1113	<u> IEIW</u>	loi				La	ndmarl	k		_	
3	Please Select C	One X Vehicle	11 /	Occupants His	t/Run	Moped	Crash I	Report	ID#	22	-3	352	2 —						
		0489045		DOB/Age		, n	# <u>951AL3</u>									e 1	M*70	-	
	Sex F Lic.	101 1	9	20	CDI		_F <u>93 (AU)</u> Year <u>2008</u>										2.1	Ţ 3	1 12
	ł	CHA, LYD			CDL Endorsemen	it	er ROCHA ,				IA ZI	/ C3			ven	Conng.	<u> </u>	┙┟	
⁴ 3	1 `	DOUGLAS	F	irst	Middle		er <u>KOCHA,</u> ess <u>221 D</u> C	Last				irst			Mi	iddle		-1	
				MA Zip 0185	2-391		LOWELL		117.	, <u>r</u> v		C1-4	. M7	Δ 7	رب. D.	1 2 5 2 .	-391	<u>-</u>	
	· .			TUAL INS		-	cle Action Prior to			1	22				Code:			7	
		oirection: NS		Responding to Eme			t Sequence	23	23	23	23		t Stat			1 28		-'	
⁵ 1		ued)		, ,	igency?		Harmful Event	1	24			Тур	e of	Test:		29			
	1						er Contributing Co		1	25	25	1		st Rest		30		, l	1 13
	1			ol. 2: Ch/Sec/Sub —			er Distracted by	0	26	IL		Sus		cohol: rom sc	2 31	Susp. D)rug 2 3	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
⁶ 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub — r and all occupants in		Dive	Distracted by		34	35	36	37	38	39	40	1 **		_	
	Name (Last First M			T T	Address		DOB/Age	Sex	Sem Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	_	
	Operate	or		5	See Above		> <	X	1	1	3	0	0	10	1			_	
								T											
	Picase Select C	ne 🔯 varat	.1 #	Occupants No			15	16			17	<u>.</u>	Γ	18	<u> </u>		□ Мор	\exists	
⁷ 2	of the Followir	g: Venicle	4	Noi	n-(VIotorist		Action		Locatio	»1		Conditio			' اسا	HIVRUN	Mob	ea	
·	License # S29	10 10	-	_ DOB/Ag			2VBB63					g Type .	PC		Re	eg State 🗘	MA 21	-	
	Sex F Lic. (Class D	Lic, Res	trictions 1	CDL Endorsement	ŧ					ONI)A_			Veh	Config.	1]	
§ 1		PEDA, JO	F	A	Middle		er CEPEDA	Last				rst			Mi	ddle			
<u>.</u>		TEMPLE I					ess 10 TEN		E D	R								_	. 14
	City METHU			1A Zip 0184			<u>METHUEN</u>				22				ip 0] Code:		-143 27 2	5 1 7 -	
				URANCE CO			le Action Prior to	Crash		23	23		nageo t Stati		Code:	28	_1		
	Vehicle Travel D	اساسا	XW	Responding to Emer	rgency? 2		Sequence 1		23	23	2.3		e of T			29			
2	Citation # (If Issu	.ed)					Harmful Event	1	24	25	25		C Tes	t Resu	ilt:	30		_	
	Viol. 1: Ch/Sec/S	Sub ————	——Vio	of, 2: Ch/Sec/Sub —			r Contributing Co		99 26			Sus		coliol:	=		nig 2 3	2	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —			r Distracted by	99	20	12	26		ved fr	Om SC	ene?	1 33		_	
	Płe: Name (Last First Mi	•	rator/non-n	notorist and all occup	Address	ed	DOB/Age	Sex	Seat Pos.	35 Safety System	36 Airbag Status	37 Ejeci Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility		
	Operato	r/Non-Moi	torist	s	ee Above		><	X	1	1	3	0	0	10	1				
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				I .				1	I			1	,	, ,					

=	= Direction	= Vehicle 1 2	= Vehicle 2	오 = Pedestr	iau	රම් = Bicycle	
Crash Diagram:	ie: 👈 🗓	2] →	Ř	-	> ॐ	
Middlesex Ave 라 라 Right Turn Only Lane			R162	High St		If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
- Vagair Tolli Olliy Zalio		Ave			A	Indicate North by A	arrow
		Ave	Hipspx				
Crash Narrative:							
V1 was traveling straigh	t across the	intersection	n from High S	t to Mi	iddl	esex Ave. V2 was	
taking a left from Middl	esex Ave onto	Rt 62. The	front driver	's side	e of	V2 struck the rear	
driver's side of V1. The	operator of	V2 stated s	ne did not kn	ow what	t haj	ppened or why she	
collided with V1, but ac	knowledged th	at she was	the one that	caused	the	crash. The traffic	
lights were functioning	properly. V1	had damage	to the side a	nd tire	∍. V	2 had significant	
damage to the front driv	er's side end	l. Both vehic	cles had fron	t and s	side	airbags deploy.	
There were no injuries.	Both operator	s wore their	r seat belts.	Both v	zehi:	cles were towed by	
A&S Towing. Both operato	rs took photo	s of the vel	nicles.				
Witnesses:							
Name (Last,First,Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	iption of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
			•			•	
				MC/MX/	ICC #:		
lnterstate 43 Cargo Body Typ	e Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Len	gth 46	
Hazmat Information:				_	7		
Placard 47 Material 1 digit #	48 Material Nam	ne		Material 4 dig	git #	Release code	49
Patrol Officer Emily L S	rebbins		10 Wil	minator	Pol	ice Department 11/	20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

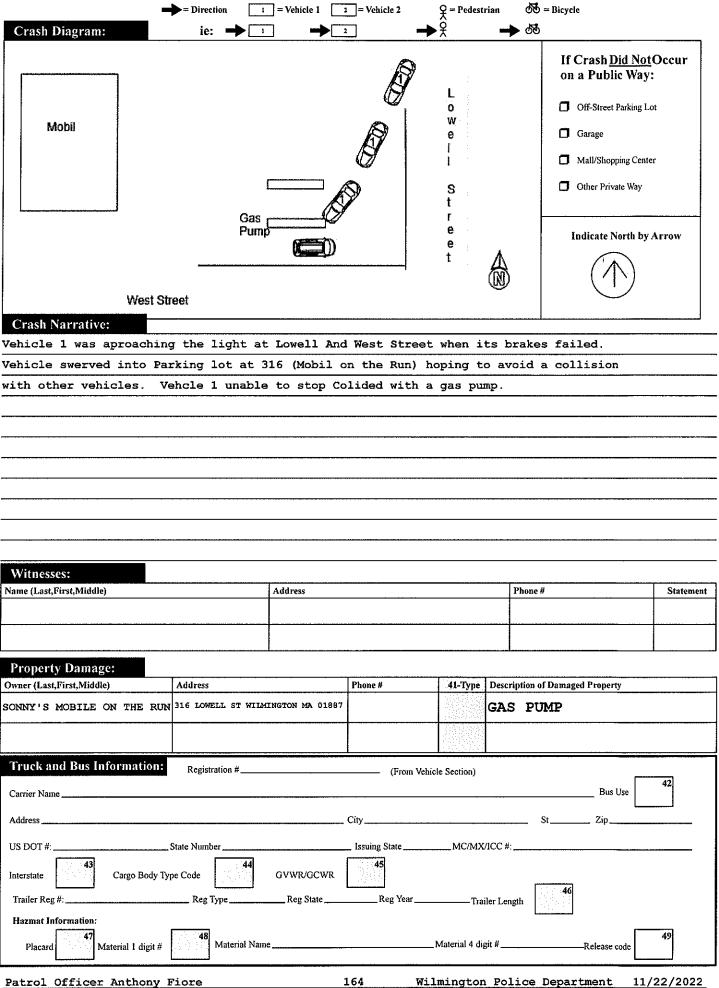
Precinct/Barracks Department

Date

	Police Use Only	Com	monwealth	of Massa	chus	etts	i		RM	V Doci	ument Number		
	Date of Crash Time of Crash 11/21/2022 0721 Wil	City/Town mington	Motor Veh	icle Cras	sh [lumber /ehicles	Numbe Injured	Docci	d Limit	30	State Police Local Police MBTA Police	0800	
	24HR	mang con	Police	Report	2		0		itude		Campus Police Other:	<u> </u>	
	AT INTERSECT	TION:	< LOCA	TION >	>		NOT	AT IN	TER	SEC'	TION:		
					11		חסוז	ON I	פת				2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Directi		lress#	OFI			Roadw	/ay/Street		
'1		At		Fect [NSEV	of			. —	OΓ			
	Route# Direction N	ame of Intersecting Roady	vay/Street				Mile	Marker			Exit Number		2 11
		Also at Intersection v	vith		NSEV	_	Route#	_	Interse	ecting F	Roadway/Street	- ¦	
² 1	Route# Direction N	ame of Intersecting Roady	vay/Street	Feet	NSEV	of							
<u> </u>		1								ndmark	ζ		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Ro	eport ID#	22	-35	3-	AC	7			
	License #_ S80025507 St]	MA_DOB/Age	Reg	# <u>R742</u>			Reg T	ре <u>РС</u>	·	R			_ 12
	Sex M Lic. Class D Lic.		DL Veh	Year 2008	Veh N	1ake <u>T</u>	OYOT	<u> </u>		Veh	Config. 2	1	1
	Operator FOWLER, JONA		ndorsement D Middle Own	er FOWLER	, JOH	IN F	AYMO	ND		14:	iddle	_	
41	Address 900 OLD SHAWS	HEEN ST		ess 900 OL		AWSI		ST		M	aut.		
	City TEWKSBURY Sta	te MA Zip 01876	6-2143 City	TEWKSBUR	RY		_				1876-214		
	insurance Company SAFETY II	NSURANCE CO	MPANY Vehic	cle Action Prior to (Crash	1	22			Code:	2 27 4 27 3	27	
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	t Sequence 2	23 23	23	23	Test Sta Type of			28		
	Citation # (If Issued)		Most	Hannful Event	2 24			BAC Te		alt:	30		
	Viol. 1: Cli/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod	ie 13	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2	32	2 ¹³
·1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	0 26			Towed i	from sc	ene?	1 33		
1	Please fill out for ope	rator and all occupants in	volved Address	DOB/Age	34 Sent Sex Pos.	35 Safety System	36 3 Airbag Eje Status Co	et Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	Se	ee Above		X_1	1	4 0	0	10	1			
			 			 			+				
	IN SING			15 .	16		17	<u> </u>	18	<u> </u>	<u> </u>	\dashv	
⁷ 1.	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action	Locati	on _	Con	dition	10	I	Hit/Run Mo	bed	
	License # 1106379200010622 St 1	J DOB/Ag.	Reg #	AX472D			Reg Ty	pe CO)	Re	eg State NJ		
	Sex M Lic, Class A 19 19 Lic.		DL Veh Y	/ear <u>2016</u>	Veh M	lake Ot	her-n	ot li	stec	<u>1</u> Veh	Config. 10 2	<u> </u>	
3	Operator ZAKARI , IBRAL			er ZAKARI La	, IBR	AHI	M First	<u> </u>		Mis	ddle		
1	Address 10 PENSDALE L	X		ess 10 PEN		L						-	14
	City WILLINGBORO Sta	te NJ Zip 08046	5-2714 City	WILLINGE	ORO					f	3046-271	-, I	1
	Insurance Company		Vehic	le Action Prior to C		<u> </u>	<u> </u>	Damage Test Sta		Code:	o ²⁷ 27 2	27] [
	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	Sequence 1	3 23	23	23	Type of			29		
2	Citation # (If Issued)		Most	Harmful Event	1 24	251		BAC Te	st Resu	it:	30	_	
_	Viol, 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub —		r Contributing Cod	26	25		Susp. Al				32	
		Viol. 4: Cl/Sec/Sub —		r Distracted by	0 29	35	36 3	Towed f	rom sc	ene?	2 33	_	
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupa	nnts involved Address	DOB/Age	Sex Pos.	Safety System	Airbag Eje Status Co	at Trap	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motoris	se Se	e Above		X_1	99	4 0	0	10	1			

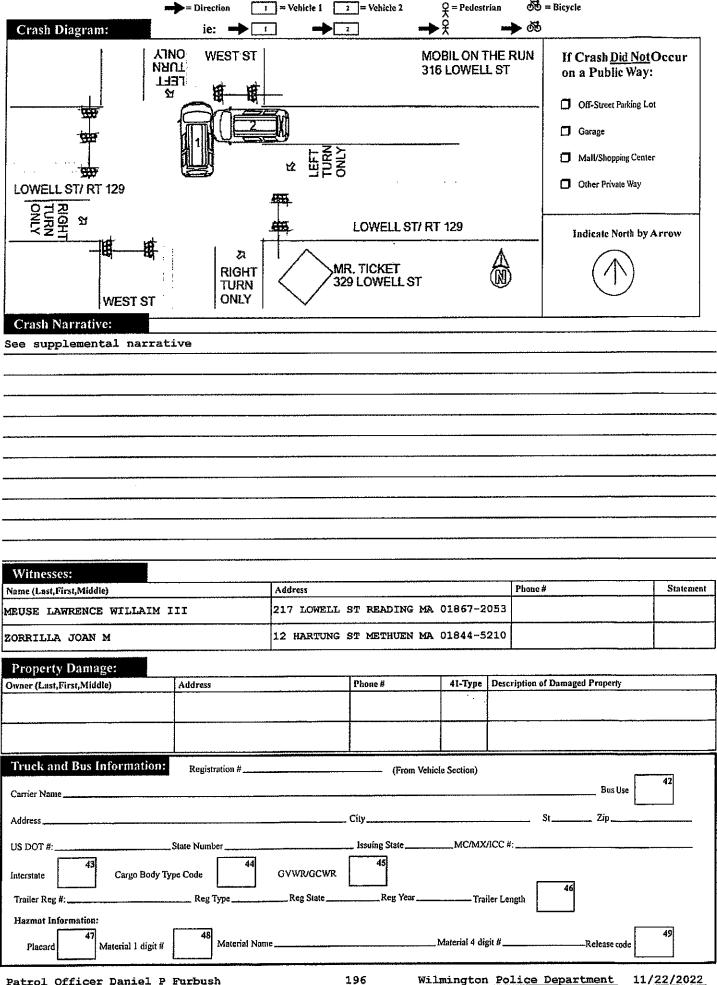
	Direction 1 = Vehicle 1	2 = Vehicle 2	오 = Pedestr	ian 🐠 :	-	
Crash Diagram:	ie: 🖚 🗀 💻	<u>2</u>	₽Ŝ	→ №		
					If Crash <u>Did Not</u> on a Public Way:	
					Off-Street Parking Lo	t
					_	
	Upton Dr				☐ Garage	
					Mali/Shopping Center	
					Other Private Way	
	Trailer (NJ: TPK76W	MV2 MV2		D	Indicate North by A	Arrow
	•					
Crash Narrative:						
On 11/21/22 at appx 7:21am	ı, I was dispatched	to a 2 car MVC,	car v.	TT-Unit	with no	
injuries in the area of 11						
infront of MV2. OPP1 state	-					
from sun. I noticed strong	·					
MV. OPP1 could not see MV2						
OPP2 stated was parked for front R. MV1 continued for						
MV1. No injuires reported.			-		leavy damage co	
			·			
	<u> </u>					
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
			·····			
Property Damage: Owner (Last, First, Middle) Ad	dress	Phone #	41-Type	Description of	Damaged Property	
Office (Edish 125th 160th)		I HOME II	12 29 pc	Description of	Data ged 1 to jectly	
			i i			
Truck and Bus Information:	Registration #	(From Vehi	cle Section)			42
Truck and Bus Information:	Registration #	(From Velui	cle Section)		Bus Use	42
	Registration #			S		42
Carrier Name					tZip	42
Carrier Name	Number	CityIssuing State			tZip	42
Carrier Name Address US DOT #:State Interstate	Number	City	MC/MX/	ICC#:	tZip	42
Carrier Name Address US DOT #:State Interstate	Number	City	MC/MX/	ICC#:	t Zip	42
Carrier Name Address US DOT #:State Interstate	ode 44 GVWR/GC Reg Type Reg State	City	MC/MX/	ier Length	t Zip	42

	Pol	lice Use Only		Comi	monwealth	of Mass	ach	usett	S	_ -	RM	IV Doc	ument Number		
	Date of Crash 11/22/2022	Time of Crash	Wiln	City/Town	Motor Ve	hicle Cra	ish	Numbe		ber Spe	ed Limi	t 3.	5 State Police Local Police MBTA Police		1
	11/22/2022	24HR		iring con	Police	Report		1	1	Lati	tude gitude_	W71.0	Campus Police	- H	
		AT INTER	SECTI	ON:	< LOC	ATION	>		NOT				TION:		1
												_			2 10
,	Route# Dire	ction		Name of Roadway/St	reet	Route# Direct		316 Address #		WELI			way/Street		.
¹ 1				At		_	NO.								1
	Route# Direc	ction	Nam	e of Intersecting Roady	vav/Street	Feet	NS.	EW of	Mil	e Marker	• -	or .	Exit Numb	er	
				Also at Intersection w	-	Feet	NS	E W of							
2		.,				Feet	N S	EW of	Route	¥	Inters	ecting	Roadway/Street		
² 2	Route# Direc	ction	Nam	e of Intersecting Roadv	vay/Street						L	andmar	k		
3	Please Select (of the Followi		le 1 <u>1</u>	#Occupants Hit/	Run Moped	Crash I	Report I	D# 22	2-3	54-	-A(3			
		3483786	sı MZ	A DOB/Age	. I	# 5HB568							n. Mñ		
		Class D		20		Year 1996			_					21	7 12
	1	LLIS, M		E1	ndorsement	ner HILLIS						ver	Config.		
⁴ 1		BOWEN A		First	Middle	iress <u>54 BO</u>) en.]		Fin	0.8		М	iddle		
-	.]			MA Zip 02155		MEDFORD		AVE		a W	77.	A	2155_61	20	
	i			CE INSURAN				<u></u>	22	State L Damag			2155-61 27 27	27	
	·	Direction: N				icle Action Prior to		1 3 23	23	Test St			28		
5				Responding to Emerg	,	nt Sequence 35		<u> </u>	451	Туре о	f Test:		29		
	1	ued)		<u></u>			35		25		est Res		1 30		13
				fiol, 2: Ch/Sec/Sub ——		ver Contributing Co		L 25			Alcohol:		 	32	23 ¹³
·1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —		ver Distracted by	0	34 35	36	Towed	from so	ene?	1 33]
	Name (Last First Mi		for operati	or and all occupants inv	/OIVe(I Address	DOB/Age	Sex	Seat Safety Pos. System	Airbag	Eject Traj Code Cod	lajury	Transp.	Medical Facil	ily	
	Operato	or		Se	e Above	\sim	X	1 1	4	0	9	1			
	<u> </u>														
								+	† - †		-				
	Please Select O					15	16		17	<u> </u>	18		<u> </u>		
1	of the Followin		e 2i	#Occupants Non-	Motorist A Type	Action	Lo	cation	C	ondition	10	_	Hit/Run	loped	
	License #		_	DOB/Age	Reg	#			Reg	Гуре		R	eg State		
	Sex Lic. C	Class 19 1	.] Lic. Re		DL Veh	Year	Ve	h Make				Veh	Config.	21	
	Operator	Lavi		First Edit		ner	Last		First				ddle		
1	Address					ress	Lust		rus			Mi	doie		
	City		State_	Zip	City					State	Z	ip		Ì	1 14
	Insurance Compa	nny			Veh	cle Action Prior to	Crash		22	Damag	ed Area	Code:		27	
	Vehicle Travel Di	irection: NS	EW	Responding to Emerg	ency? Eve	nt Sequence	23 2	3 23	23	Test Sta			28		
	Citation # (If Issu	ed)		-	Mos	t Harmful Event	1	24		Type of BAC To		ılı.	30		
2	Viol. 1: Ch/Sec/S	ub	Vi	ol, 2: Ch/Sec/Sub	Driv	er Contributing Co	de	25	25	Susp. A	1	- 24	Susp. Drug:	32	
	Viot. 3: Ch/Sec/S	ub ———	Vi	ol. 4; Ch/Sec/Sub	Driv	er Distracted by		26		Towed	from sc	ene?	33		
		-	rator/non-t	notorist and all occupa			1 1	34 35 Seat Safety	Airbag 1	37 38 ject Trep	39 Injury	40 Transp.			3
	Name (Last First Mic	or/Non-Mo	tarist		Address e Above	DOB/Age		Pos. System	Status (Code Code	Sintus	Code	Medical Facili	ıy	
	- Operato	-71 (OH-1710)		300		/ \	Y.	-		-	+		···		
											-				



Patrol Officer Anthony Fiore

	Police Use Only	Comi	nonwealth (of Massa	achus	etts			RM	V Docu	ment Number	
	Date of Crash Time of Crash 11/22/2022 1439 Will	City/Town mington	Motor Veh	icle Cra	sh \	lumber Vehicles	Number Injured	Speed	Limit	30	State Police Local Police MBTA Police	
	24HR	mang con	Police 1	Report	2		1		itude		Campus Police Other:	בֿ
	AT INTERSECT	'ION:	< LOCA	TION	>		NOT A	T IN	TER	SEC	ΓΙΟΝ:	
												2 10
	Route# Direction WEST ST	Name of Roadway/St	rect	Route# Direc	tion Add	lress #		Ni	me of	Roadwa	ay/Street	-
¹ 1		At										-
<u> </u>	LOWELL			Feet	NSEV	of -	Mile M	• larker		or _	Exit Number	-
	Route# Direction Na	une of Intersecting Roadw Also at Intersection w		Fost	NSEV	/ of						⊣ ₃ "
		7 DSG M. MICHIGONIUM IV			NSEV	_	Route#		Interse	ecting R	loadway/Street	·
² 1	Route# Direction No	me of Intersecting Roadw	ay/Street	reei		- -			l a	ndmark		-
	Please Select One Variation 1	#A				22	2 5	E				7
3	of the Following: Vehicle LL	#Occupants Hit/	Run Moped	Crash R	eport ID#	22.	-33	<u> </u>	AC	•		
	License # SA4640770 St 1	A DOB/Age	Reg #	2SF623			_ Reg Ty _l	e PC	<u> </u>	Re	g State MA	- 12
	Sex F Lic. Class D 19 Lic.		DL Veh Y	_{Car} <u>2015</u>	Velt N	iake <u>Je</u>	ep			_ Veli	Config. 1 21	1
	Operator GRYLLAKIS, CI	LOE ANNE	Own	MEIER,	SARA	H P	HINN	EY		Mid	116	_
⁴ 3 .	Address 25 LINCOLN E	CIR		ss 25 LIN	COLN	EC	IR			Milo	wie	_
	City ANDOVER Sta	e MA Zip 01810	-2904 City	ANDOVER			St	ate M	<u> </u>	ip 01	810-2904	_
	Insurance Company PLYMOUTH			le Action Prior to	Craslı	1				Code:		, į
	Vehicle Travel Direction: SEW			Sequence 1	23 23		23 T	est Stat	us:		1. 28	'
⁵ 1	Citation # (If Issued)		-	I	1 24		_ T	ype of	Test;		29	
	Viol. 1: Ch/Sec/Sub			r Contributing Co		25	26	AC Te			1 30 32	13
İ				-	0 26			usp. Af owed fi	•		Susp. Drug: 2 32	· -
61	Viol. 3; Ch/Sec/Sub	Viol, 4: Ch/Sec/Sub —— ater and all occupants inv	·····	I Distracted by	34	35	36 37	38	39	140 L	1 1	
	Name (Last First Middle)	•	Address	DOB/Age	Sex Pas.	Safety Systems	Airlang Eject Status Code	Trap Code	fojury Statur	Transp. Code	Malical Facility	_
	Operator	Se	e Above	> <	X^1	1 '	4 0	0	10	1		
Ī												
ŀ												_
-						+	+	-				-
				1 F	16	┸┯┸	12	-	19			_
⁷ 2	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	15 Action	Locati	on	Condi	tion	18	H	lit/Run 🔲 Mope	1
	License # S94185460 St M	A DOB/Ag		7XY839			Reg Typ	e PC		Re	g Siate MA	_
		20		ear <u>2006</u>		ake FC				Veli (Config. 21	
	Operator DUNIA, SOLANG	En	dorsement	r KALUME							- L	_
3_	Address 92A TENNEY ST	First APT 2	Middla	ss 92A TE	441		First			Mid	die	
\dashv		MA Zip 01844		ETHUEN			Ste	ate M2	2	in.01	844-4358	1 14
)	Insurance Company GOVERNMEN	•		e Action Prior to	Crack	1 2	_			Code:		
				r	3 23			est Stat		j	28	
	Vehicle Travel Direction: NSE	Responding to Emerg	<i>-</i>	peducuce II	1 24		_J _{Tj}	ype of	Fest:		29	
′っ し	Citation # (If Issued)				4	25 0	25	AC Tes	-		30	
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Patrol Officer Daniel P Furbush Police Officer Name (Please Print)

Signature

Department

11/22/2022

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 22-355-AC

The following is a brief summary of events that occured on 11/22/22 during a motor vehicle crash.

On Tuesday November 22, 2022, I, Officer Furbush was assigned uniformed patrol in marked cruiser 39, Sector 3, working the 8a-4p shift. At approximately 1439 hrs, I was dispatched to the area of Lowell St and West St for a two car crash. There were reported injuries. Wilmington Fire and Officers Cadigan (Car 34/Sector 2), Officer Fiore (Car 31/Sector 1) and Sgt. Noftle (Car 35/OIC) were responding.

Upon arrival, I observed a Ford Explorer up against the back end of a Jeep Wrangler. The Jeep was on the lawn of Little Sprouts 310 Lowell St. The Ford Explorer was blocking the south lane of West St (portion between Woburn St and Lowell St). The driver of the Ford, Ms Solange Dunia of 92A Tenney St Apt. #2. Methuen, was sitting on the grass. She appeared hurt and when asked, complained about her head and neck being injured. I applied C-spine to support her head and neck until Wilmington FD could arrive and render aid. She had her phone in her had when I arrived and it was set up for face time. There were several witnesses around. Also present was the operator of the Jeep Wrangler Ms. Chloe Gryllakis. She reported no injuries but was visibly shaken and was crying. Both operators were wearing seat belts at the time of crash.

I asked Solange what had happened. She stated she was coming from the direction of the highway (westbound) toward West St on Lowell St/Rt 129. She stated she thought she had a green light and was struck by the Jeep. After the Fire Department arrived and took over care, I spoke with Chloe. She stated she didn't know exactly what happened. She stated she thought she had a green light. She stated she entered the intersection on a green light. There was no one in front of her. She stated as she entered the intersection, her vehicle was struck by the Ford.

The damage was consistant to the Ford striking the Jeep. The damage to the Ford was front bumper, grill, hood, front driver's side quarter panel. The damage to Jeep was the passenger quarter panel and front passenger door. The front airbags for the Ford did activate. Wilmington Fire transported Solange to Lahey Clinic. Tows were requested and Cains responded. Cains towed both cars.

I spoke with one witness, Mr. Harun Islek of 2437 US 206 Mount Holly NJ. He stated he was in the line of cars behind the Jeep. He stated he didn't see the traffic lights in regards to what color they were but felt the Jeep should have yielded to the Ford. I spoke to another witness, Mr Lawrence Meuse of 217 Lowell St Reading. Lawrence stated he too was behind the Jeep. He stated he clearly saw that the Jeep had the green light and that as the Jeep entered the intersection, the Ford ran the red light and collided with the Jeep.

I also spoke with Mr. Joan Zorrilla of 12 Hartung St Methuen. Unknown to us as it was blocked from view by Joan's work truck, a second accident had occured moments before this accident. A Mercury sedan lost it's brakes coming down Lowell St from the direction of the Town of Reading and coasted into the parking lot of Mobil on the Run slamming into a gas pump. Joan was on the other side of the pump refueling his box truck. The operator of the sedan was Mr. Maurice Hillis of 54 Bowen Ave Medford. Both Joan and Maurice were witnesses. Joan stated that he witnessed the Ford run the light and crash into the Jeep. He stated he saw that the operator (Solange) had a cell phone in her hand just before the crash. Maurice stated he didn't see the actual crash but saw the Ford traveling in the straight/right turn lane. I asked if traffic in the left turn lane westbound was moving and he stated the left lane was stopped.

The way the intersection works, traffic lights for West St both directions are on the same cycle. Traffic

Page: 1

Wilmington Police Department

Page: 2

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 22-355-AC

Entered: 11/23/2022 @ 1145 Entry ID: 196
Modified: 11/23/2022 @ 1328 Modified ID: 196
Approved: 11/28/2022 @ 0025 Approval ID: 204

lights for Lowell St westbound will then get a green after West St turns red. Both lanes westbound, the left lane only and the straight/right turn lane will go green at the same time. The left turn only lane will turns red and the Westbound straight/right turn lane stays green and the eastbound lane Lowell St turns green. Both the Eastbound lane and the westbound straight/right turn lane turns red and then West St turns green. With this information plus the fact that the witness Maurice, witnessed the Ford traveling stright but the left turn only lane was stopped (due to a red light) it makes it more believable the Ford ran the red light. If the Jeep ran the red, it would have had to cross Lowell St with both West and East bound traffic going. There was heavy traffic at the time of the crash. With the witness statements claiming the Ford ran the light, the light cycle backs the story. If the Jeep saw she had a green light, that would be after Westbound and Eastbound light turned red. If Solange was distracted, as Joan stated he saw her with a cell phone in her hand and she was face timing when I arrived or if she was looking at the previous crash which was visible to her lane of traffic, she may not have seen the change of lights and ran the light. Plus the damage to the cars show the Ford struck the Jeep.

Respectfully submitted,

Officer Daniel Furbush, Badge #196 Wilmington Police Department

Wilmington Police Department Images Associated with 22-355-AC

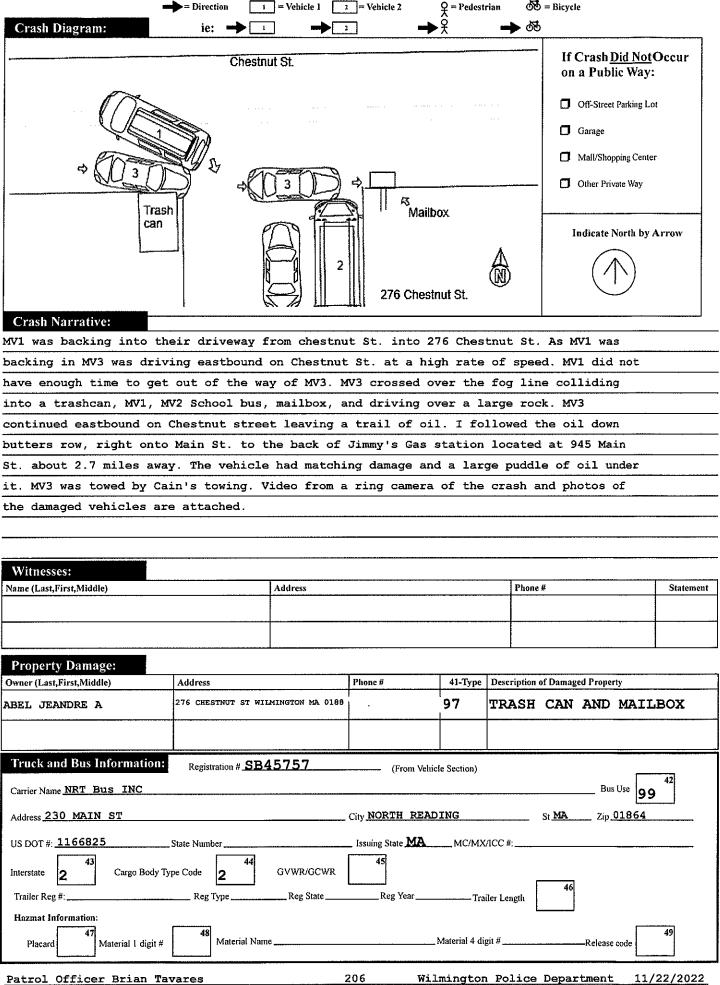






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Wilmington Police Department Images Associated with 22-356-AC













Wilmington Police Department Images Associated with 22-356-AC









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Patrol Officer Paul Police Officer Name (Please Print)

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	•	nny GOVERNMEN		•	le Action Prior to C		2		Damage				27	
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	Citation # (If Issi		Responding to Emer	• • ———	Harmful Event	1 24			Type of	Test:		29		
⁹ 2		Sub	Viol 2: Ch/Sec/Sub		r Contributing Code		25	25	BAC Te			1 30 Days	32	
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	Name (Last First Mi		4	Address	DOB/Age	Sex Po	s. System	Status Co	de Code	Status 10	Code	Medical Facility		
-	Operato	or/Non-Motoris	c S	iee Above	 	Υ'	<u> </u>	-	 					
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medical multiple times. Minor damage to both MVs. Both MVs left under own power. Assisted with paperwork. Witnesses:	Ballardvale St Ballardvale St/ MA-125 Garage Mall/Shopping Center
Bailardvale St MA-125 Gasge	Ballardvale St on a Public Way: Ballardvale St/ MA-125 Garage Mall/Shopping Center
Crash Narrative: Indicate North by Arrow Ind	Ballal dvalle Str IVIA-125 Garage Mall/Shopping Center
Crish Narrative: On 11/23/22 at appx 0704hr, dispatched to 2 car mvc with no injuries reported. Both MVs able to move to Habit Burger Lot prior to my arrival. According to OFPI, MV2 was stopped at light on Ballardvale St in interior LeTurn lane. MV1 approached MV2 from rear. OFP1 initiated dog cack, while doing so rear ended MV2. OFP1 complained of minor pain from accident. Refused medical multiple times. Minor damage to both MVs. Both MVs left under own power. Assisted eith paperwork. Witnesses:	Garage Mall/Shopping Center
Crash Narrative: Other Private Way Indicate North by Arrow Indicate	☐ Mall/Shopping Center
Crish Narrative: On 11/23/22 at appx 0704hr, dispatched to 2 car mvc with no injuries reported. Both MVs able to move to Habit Burger Lot prior to my arrival. According to OPP1, MV2 was stopped at light on Ballardvale St in interior L-Turn lane. MV1 approached MV2 from rear. OPP1 distracted by dog in car that jumped onto center console from backseat. OPP1 pushed dog back, while doing so rear ended MV2. OPP1 complained of minor pain from accident. Refused medical multiple times. Minor damage to both MVs. Both MVs left under own power. Assisted with paperwork. Wilnesses: Name (LastFirstMiddle) Address Phone # Statement Address Phone # Statement Truck and Bus Information: Carrier Name Address City State Number Insuing State MCMM/ICC # State Number Insuing State Address Reg Year Trailer Length 48 Hassant Information Truck and Bus Information: Carrier Name Address Reg Year Trailer Reg # Reg Year	
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Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: 47 48 49	Carrier Name
47 48 49	Carrier Name
	Carrier Name
	Carrier Name

Patrol Officer Joseph A Fitzgerald
Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

11/23/2022

	Police Use Only	nonwealth (ealth of Massachusetts				RMV Document Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police Campus Police	1
	11/26/2022 1621 Wil	mington	Police ?	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A	r inter	SECTI		1
						110111	1,,11,11	OLO II		10
	CHURCH							2		
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway	/Street	-
	CENTRAL			Feet N S	E W of		- •	or		
	Route# Direction Name	Mile Marker Exit Number						2 11		
		Also at Intersection w	ith	Feet N S	E W of	Route#	Intere	ecting Ros	adway/Street	
2	Route# Direction Nar	ne of Intersecting Roadw	au/Straat	Feet NS	E W of	Routen	nices	conng reca	admay.onect	
² 1	Routes Direction Nat	ne of intersecting Roadw	ay/Succi				Lá	uidmark		
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Repor	t ID# 22	-35	9-AC	•		
,										4
	10 10	A DOB/Age	_	463GR5				_	21	1 12
	Sex M Lic. Class D 19 Lic. I		DL Veli \ dorsement	Year <u>2018</u>	Veh Make <u>N</u>	<u>IISSAN</u>	İ	Veh Co	onfig. 1	
	Operator WASZCZUK, ALE			er WASZCZUK	, ALEX	KANDEF	EDWA	RD Middle		
⁴ 1	Address 1 OLSON ST A	PT 1	Addr	ess 1 OLSON	ST A	PT I		Middle		
	City WILMINGTON State	MA Zip 01887	-2455 City	WILMINGTON	1	Sta	te MA	Zip 018	87-2455	
	Insurance Company GEICO GEN	ERAL INSURA	NCE C Vehic	le Action Prior to Crasl	ı 2		amaged Area		27 27 27	
	Vehicle Travel Direction: X S E W	Responding to Emerg		Sequence 23	23 23	Te	st Status:	1	28	
5		Responding to Emerg		 1	24	_{T3}	pe of Test:		29	
	Citation # (If Issued)		Most	Harmful Event 1			AC Test Res	ult: 1	30	_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	99 25	25 Տւ	sp. Alcohol:	2 31 S	Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by 99	26	Тс	wed from so	ene? 2	33	
		ntor and all occupants inv		2000	34 35 Sept Safety		38 39 Trup Injury	40 Transp.	M. C. I.B. J.	
	Name (Last First Middle) Operator		Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	1
	Орегиног	36			1 33	1	10			
Ì				1	1 1					
				15 16		17	18			1
1	of the Following: Vehicle 21	_#Occupants Non-	Motorist A Type	Action 10	Location	Condit	ion	Hit/	/Run Moped	
	License # S17586047 St M	A DOB/Ag	Reg #	664ZMK		Reg Type	PC	Reg	State MA	1
		Lestrictions 1 CD	-	ear 2010	Vols Males H			_	21	
- 1	Operator GEORGIAN, CAR	Enc	dorsement	r GEORGIAN				veir co	natig.	
· 1	Last	First	Middle	Last		First	<u> </u>	Middle		
	Address 285 CONCORD RD			ess 285 CONC	ORD RI					14
- 1	City BILLERICA State	ity BILLERICA State MA Zip 01821-3431						1		
	Insurance Company THE STAND	ehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27								
	Vehicle Travel Direction: X E W	event Sequence 23 23 23 23 Test Status: 1 28 Type of Test: 29								
	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test: AC Test Resi		30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	99 ²⁵	25	sp. Alcohol:		usp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub	iver Distracted by 99 26 Towed from scene? 1 33								
	Please fill out for operator/nor		34 35	36 37	38 39	40		1		
	Name (Last First Middle)	Address	DOB/Age Sex	Seat Sofety Pos. System	Airbug Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	Sec	Above	\times X	1 99	4 0	0 10	1		
ŀ					 					
-								-		
- 1										1

		= Direct	ion 1	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 📆	= Bicycle	
Crash Diagran	n:	ie:	→	¬ →	2	→Ŷ	→ %		
		T.	hurston St	t	Insurance of the second of the		,	If Crash <u>Did Not</u> on a Public Way	:
								☐ Garage	
Church St		!		<u> </u>				_	
								Mall/Shopping Cent	er
V2 ([[]]))	D vi						Other Private Way	
	······································	1				The second secon	***************************************	Indicate North by	Arrow
		And a second second second second second second second second second second second second second second second	Central St				2>	\bigcirc	
Crash Narrativ	ve:								
V1 was stoppe	d at the in	ntersec	tion wa	iting for	r a pedestri	ian to cros	s in a c	rosswalk. As V1	
was stopped,	V2 failed t	to see	this an	d rear e	nded V1. No	one was in	jured as	a result of	
this accident	and both (OPR's r	efused	medical	treatment of	fered to t	nem by t	his officer. Vl	
was able to d	rive away f	from th	e scene	, howeve:	r V2 was tow	ved by A&S	to thier	facility due	,
to the damage	it sustian	red.							
									"
Witnesses:									
Name (Last, First, Midd	lle)			Address			Phone	¥	Statement
	· · · · · · · · · · · · · · · · · · ·								
Property Dama	ige:	,							
Owner (Last,First,Mid-	dle)	Address			Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus l	Information:	Revistra	ation #		(From	m Vehicle Section)		,	
Carrier Name					(110)			Bus Use	42
Address					City			 St Zip	
US DOT #:		State Numbe	er		Issuing State_	MC/MX	/ICC #:		
Interstate 43	Cargo Body Tyl	pe Code	44	GVWR/GCW	R 45		_		,
Trailer Reg #:		Reg T	ype	Reg State_	Reg Yes	arTra	ler Length	46	
Hazmat Information:	:						L		40
Placard 47	Material 1 digit #	48	Material Name	>		Material 4 di	rit #	Release code	49

Patrol Officer Michael E Johnson Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks Department

11/26/2022