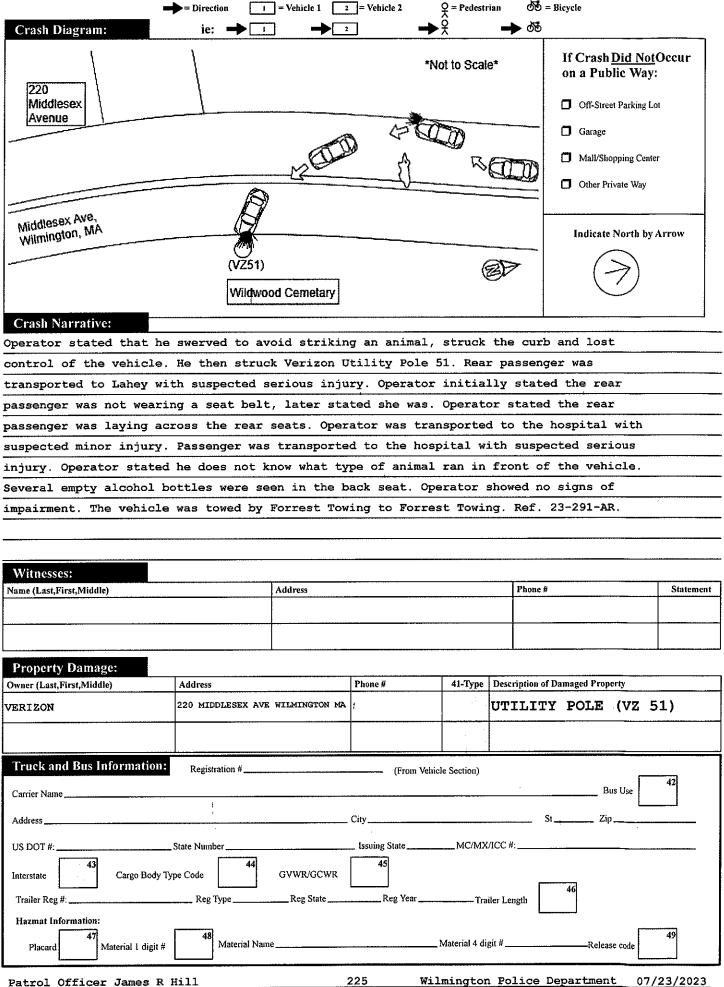
	Police Use Only	Comn	onwealth (of Massa	chus	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{h} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles		Popos	đ Limit	3!	State Police Local Police MBTA Police Campus Police	
	24HR	iriig con	Police 1	Report	1		2	Lam	itude		Campus Police	i
	AT INTERSECTI	ON:	< LOCA	TION >			NOT	T IN	TER	SEC	TION:	
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	Route# Direction	Name of Roadway/Stre	et	Route# Direction	n <u>22</u>	ress #	MIL	DLE N			7E vay/Street	-
¹ 4		At										
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	Route# Direction Nam	e of Intersecting Roadwa Also at Intersection wit		Feet	SEW	of						1 1
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² 1	Route# Direction Nam	e of Intersecting Roadwa	y/Street		-1 - 1 - 1 - 1	.			La	ındmarl	k	-
	Please Select One Vehicle 12	#Occupants Hit/R	un Moped	Crash Re	nort ID#	23	-22	6-				7
3	of the Following:		l									4
	License: S:	_ DOB/Age	_	3DCM44							21	7 12
		estrictions 97 CD	lorsement	/ear <u>2011</u>							Config. 1	ļ <u></u>
1	Operator COSTA FERNANDI	ES, ADAIL 1 First	NETO Own	er <u>SANTOS ,</u>	CLA	UDI	O LI	MA_	DOS	М.	iddle	-
⁴ 1	Address 50 HIGH ST AP	T 1	Addr	ess <u>58 HIGI</u>	H ST	A	er 3					-
	City EVERETT State	MA Zip 02149	-3721 City	EVERETT							2149-3779	
	Insurance Company THE HANOVE	R INSURANC	E COM Vehic	le Action Prior to C	rash	1				Code:	8 27 1 27 2 27	
5	Vehicle Travel Direction: NEW	Responding to Emerge	ency? 2 Even	Sequence 20	42 23 2:	23	23	Test Sta			28	
,	Citation # (If Issued) 091725AC	_	Most	Harmful Event	22 ²⁴			Type of BAC Te		ult:	30	
	Viol. 1: Ch/Sec/Sub 90 10 \	/iol. 2: Ch/Sec/Sub 90	24I Drive	r Contributing Code	11	25	25	Susp. A			Sasp. Drug: 2 32	22 ¹³
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 ²⁶			Towed i			1 33	
⁶ 1	•	or and all occupants invo			34 Seal	35 Safety	36 3 Airbag Eje Status Co	38 et Trup le Code	39 Injury	40 Transp.		7
	Name (Last First Middle)		Alexan	DOH/Age	Sex Pos.	System 1	Status Cu	te Code	Status 8	Code 2	Modical Facility Lahey Clinic	-
	Operator	17 WILHELMINA AVE	Above		\rightarrow	-			-		Lahey Clinic	-
	BRUNNA FERNANDES	BURLINGTON, MA 01			6	99	4 0	0	7	2		_
,	Please Select One Vehicle 2	#Occupants Non-N	Motorist A Type	15 Action	[6] Locati		17 Con	lition	18		Hit/Run Moped	<u>.</u>
1	of the Following:		Totolisi A Type L	Action	Locali	"L					111 Open	4
	License # St	DOB/Age						•			21	-
	Sex Lic. Class Lic. Re	estrictions CD	L Veh \ lorsement	ear	Veh M	lake				Veh	Config.	
3	Operator	First	Middle Owne	erLas	ı		First			Mi	iddle	
2	Address		Addre	ess								- 14
	CityState	Zíp	City_					tate		•		- -
	Insurance Company		Vehic	le Action Prior to C	·	<u> </u>	<u> </u>	Damage		Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ncy? Event	Sequence 23	23	23	23	Test Sta Type of			29	
, 2	Citation # (If Issued)	_	Most	Harmful Event	24			BAC Te		uit:	30	
	Viol, 1: Ch/Sec/Sub ————V	iol, 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. Al	lcohol:	31	Susp. Drug: 32	
	Viol. 3: Cli/Sec/SubV	iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26			Towed f	rom sc	ene?	33	
	Please fill out for operator/non-	-		PODIA.	34 Seat	35 Safety	36 3' Airbag lije Status Co	r Trup		40 Transp. Code	A4,40318. 19	7
	Name (Last First Middle) Operator/Non-Motorist		Above	DOH/Age	Sex Pos.	System	Status Co	le Code	Status	Code	Medical Facility	-
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									<u> </u>			_



ID/Badge #

Wilmington Police Department

07/23/2023

Wilmington Police Department Images Associated with 23-226-AC











Wilmington Police Department Images Associated with 23-226-AC





Wilmington Police Department Images Associated with 23-226-AC





	Pol	ice Use Only	monweal	th (of Massa	ach	us	etts	S			RM	V Doc	ument l					
	Date of Crash 07/23/2023	Time of Crash	1	City/Town ington	Motor V	/eh	icle Cra	sh		umber chicles		nber ured	Speed Latitu	d Limit	3(Loca	e Police al Police TA Police	88	
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		LOWI	ELL S	т														2 10	0
¹ 1	Route# Direc			Name of Roadway/St	reet		Route# Direct	tion	Add	ress#			Na	ame of	Roady	vay/Stre	et		
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	Route# Direc			of Intersecting Roady			Feet	NI e	E NV	۱.	М	ile Ma	rker			EXI	t Number	2 11	ī
				Also at Intersection w	vitu		Feet [:	Rout	e#		Inters	ecting l	Roadwa	y/Street	_	┙
² 1	Route# Direc	etion	Name	of Intersecting Roady	vay/Street		reet [13/13	[E] <u>*</u>	J ØI				La	ndmar	k		_	
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	Insurance Comp	any THE ST	'ANDA'	RD FIRE IN	ISURAN	Veliic	le Action Prior to	Crash	ı	1	22	Da	amage	d Area	Code:	1 27	2 27 27	7	
-	Vehicle Travel D	Direction: NS	Xw	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28 29			
⁵ 2	Citation # (If Iss	ued)		•		Most	Hannful Event	1	24				pe of ' AC Te	Test: st Resi	sit.	30			
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⁶ 1	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4; Ch/Sec/Sub ——		Drive	r Distracted by	0	26					roin sc	_	2 33			j
1	Name (Last First M		for operato	r and all occupants inv	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	18 Trap Code	39 Injury Status	40 Transp. Code	Me	edical Facility	7	
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⁷ 2	of the Followin			Occupants Non-			Action		Locatio	on		Condit	Ļ			Hit/Run		ed	
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- 1	Sex M Lic. C	L	J		ndorsement		ear 2011				UDA	1KU			Veh	Config.	<u> </u>		
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				MA Zip 0182			BILLERIO			*		Stat	. МZ	A 7	in 01	1821	-5456	- 14 5 1	Ī
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	Vehicle Travel D		X w	Responding to Emerg		Event	Sequence 1 2	23	23	23	23	Te	st Stat	us:		1 28		1	
.	Citation # (If Issu	ued)			-	Most l	Harmful Event	1	24				pe of ?		14.	29			
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub ——		Drives	r Contributing Coo	de	1	25	25	l		st Resu cohol:	2 31	1	Drug: 2 32		
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		Driver	r Distracted by	0	26					rom sce		2 33	~ <u> -</u>]	
ľ		•	rator/non-r	notorist and all occupa			DOB/Age	Sex	34 Scot Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trop Code	39 Injury Status	40 Transp. Code		stical Facility	7	
}	Operato	or/Non-Mo		Se	Address e Above		S.J.Birkge	∇	1	System 99			0		1	Me	ment Lucitly	\dashv	
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	Pol	lice Use Only	nonweal	th o	of Massa	ich	use	etts			RM	IV Doc	ument Number					
	Date of Crash 07/23/2023	Time of Crash	City/To Wilming	t t	Motor \	Veh	icle Cras	sh		ımber hicles	Num Inju		ed Limi	:3(State Police Local Police MBTA Police			
	0772372023	24HR	MIIMING	COII	Poli	ce l	Report		3		0	1 '	ruae gitude_		Campus Police Other:	_ <u> </u>		
		AT INTERS	SECTION:		< Lo	OCA	TION >	>			ron	'AT II	YTER	RSEC	TION:			
		LOWE	LL ST														2	10
¹ 1	Route# Dire	ction	Name	of Roadway/Stre	eet		Route# Direct	ion	Addr	ess#			Name o	f Roadv	vay/Street			_
1		WEST	इ.क.	At			Feet	N S	EW	of				- or _				
	Route# Dire	ction	Name of Inte	rsecting Roadwa		_	_ r	NI C	<u> </u>		Mil	e Markei			Exit Number		2	11
			Also a	t Intersection wit	th		Feet Feet				Route	- -	Inters	ecting l	Roadway/Street		_	
² 1	Route# Dire	ction	Name of Inte	rsecting Roadwa	sy/Street		reet [11 3	E **	01			1	andmarl	Ŀ			
L	Please Select (3 1 #Occup	ants Hit/R	tun Mo	ned	Crash Re	enort	ID#	23	-2	27-						
3	of the Followi	ng,				-												
	License #	19 1	St DO 위	20			<u>B75762</u> _{'ear} <u>1998</u>					- •				21	1	12
	Sex Lic.		Lic. Restriction	ns CD Enc	Ldorsement		ear <u>1998</u> er <u>PAN , B</u> I							Veh	Config. O			
⁴ 3	Address	<u>iverless</u>	First		Middle		es 11 FOR	asi			Fir	ı		Mi	iddle			
			State	Zin			BILLERIO		*~			State N	ſA.	7in 01	1821-545	56		
		any AMERIC		·			le Action Prior to			2	22		ged Area			27		
		Direction: N S		onding to Emerge			·	3	23	23	23	Test S	atus:		1 28			
⁵ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24			• •	f Test:		29			
	Viol, 1; Ch/Sec/	Sub	Viol. 2: (h/Sec/Sub	 	Driver	r Contributing Coc	ie	1	25	25		est Res Alcohol		<u> </u>	32	1	13
6	Viol. 3: Ch/Sec/	Sub	Viol. 4: C	h/Sec/Sub		Driver	Distracted by	0	26				from s		33	1		
⁶ 1	Name (Last First M		or operator and a		olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Cod	p Injury		Medical Facility			
	Operate				: Above		DOMAGE	Ŵ	1	system	Suitus	code co	ie autos	Code	Medical Pacing			
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⁷ 2	of the Followin		4#Оссир	ants Non-M	Motorist A Typ	oe	Action	I	ocatio	n L	î C	ondition	10	ישן	Hit/Run . Mc	ped		
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⁸ 2	Operator	Lasi	First		Middle	Owne	rli	ısı		· · · · ·	Firs			Mi	ddle			
	Address						SS										1	14
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⁹ 2	·	Sub		h/Sec/Sub			Contributing Cod	le		25	25		est Res		30 Suc David	32		
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ļ		ase fill out for oper					- 1		34 Seat	35 Safety	36 Airbag	37 38 Eject Tra	ı İnjury					
}	Name (Last First Mi	or/Non-Mot	lorist		Above		DOB/Age	Sex		System	Status	Code Cod	e Sintus		Medical Facility			
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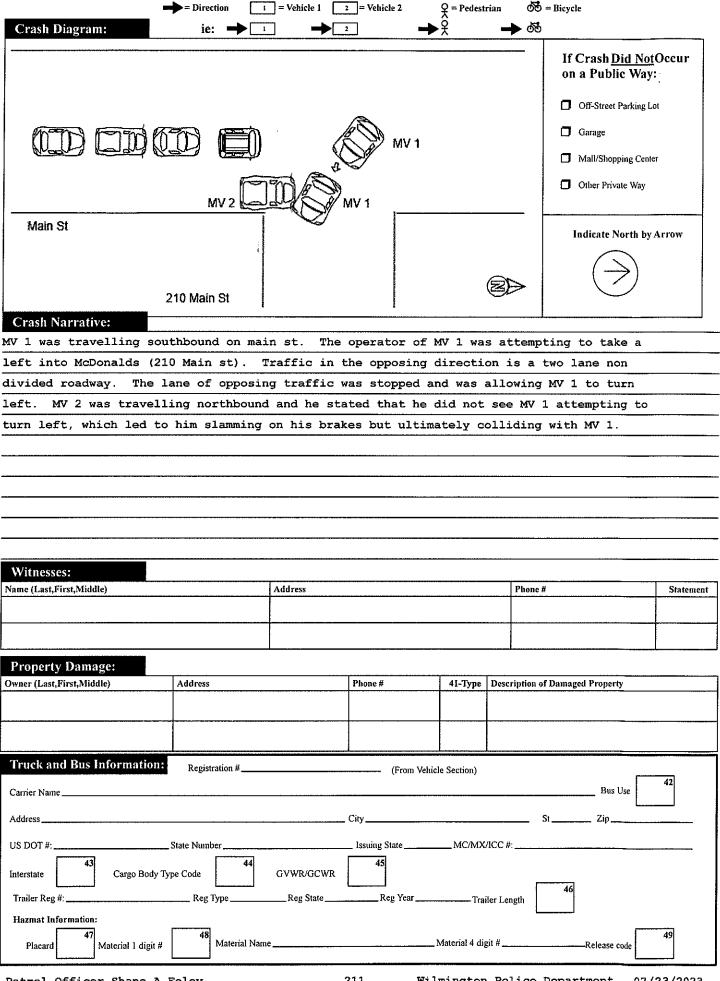
→	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedest	rian 🕳	= Bicycle	
Crash Diagram:	ie: 👈 🗓		→	ĝ	- → ॐ		
A A A A A A A A A A A A A A A A A A A			West St		1	If Crash <u>Did Not</u> on a Public Way	:
Lourall Ct						Off-Street Parking Lo	ot
Lowell St			<u> </u>			Garage	
	9					☐ Mall/Shopping Center ☐ Other Private Way	er
Vehicle 1 Trailer	Vehicle 2		1			Indicate North by	Arrow
AGUICIG I LLGUCY							
Crash Narrative:					J		
Vehicle 1 and Vehicle 2	(with trailer) were in t	raffic at the	inter	section (of Lowell St	
and West St. After vehic	le 2 stopped	for the red	light, vehic	le 1 w	as direc	tly behind in	
traffic. At that time, v	ehicle 1 rear	-ended the	back of the t	railer	that wa	s attached to	
vehicle 2. Operator 1 st	ated that he	did not not	ice there was	a tra	iler due	to it being so	
low to the ground. After	the crash, b	oth vehicle	s pulled into	the g	as statio	on parking lot	
near this intersection a	nd exchanged	information	. There were	no inj	uries and	i both	
operators (lone occupant	s of their ve	hicles) den	ied medical t	reatme	nt. Vehi	cle 1 sustained	
minor damage to the fron	t bumper. Veh	icle 2 sust	ained no dama	ige, ho	wever the	e trailer	
sustained rea-end damage	(broken left	brake ligh	t). No vehicl	es wer	e towed.		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	•	Statement
Property Damage:					_		
Owner (Last, First, Middle)	Address		Phone #	41-Туре	Description o	f Damaged Property	
PAN BRIAN C	11 FOREST ST BILLEF	RICA MA 01821-54			BROKEN	LEFT BRAKE	LIGHT
Truck and Bus Information:	Registration #		(From Vehic	la Saction)			
Carrier Name	•		(Fight vehic)			Bus Use	42
Address			City			 St Zip	
US DOT #:S	tate Number		Issuing State	MC/MX	/ICC #:		
43	44		45				_
Interstate Cargo Body Typ		GVWR/GCWR			٣	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:	40				-		40
Placard Material 1 digit #	Material Nam	e	l	Material 4 di	git #	Release code	49
Patrol Officer Michael W	Powers		231 Wil	minator	Police	Department 07/	23/2023
Police Officer Name (Please Print)	Signature		D/Badge # Depar			ct/Barracks Date	

Wilmington Police Department Images Associated with 23-227-AC





	Police Use Only	Commo	onwealth	of Massac	husett	8	RN	AV Docu	ment Number	
	Date of Crash Time of Crash 07/23/2023 1418 Wili	City/Town nington	Motor Veh	icle Crast	Number Vehicle		Speed Lim Latitude	it35	State Police Local Police MBTA Police	180
	24HR	iiIIIg con	Police 1	Report	2	0	Lannude_ Longitude.		Campus Police Other:	ă
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSECT	TION:	
					210	MAIN	इ. ८ म			2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction				f Roadw	ay/Street	
1		Aı		Feet N	S E W of		_ • _	or		_
	Route# Direction Nar	ne of Intersecting Roadway/	Street			Mile M	arker		Exit Number	5 11
		Also at Intersection with			S E W of	Route#	Inter	secting R	Roadway/Street	-
² 1	Route# Direction Nar	ne of Intersecting Roadway/	Street	Feet N	S E W of					
	Please Select One Vivaliate 17							andmark		-
³ 99	of the Following: Vehicle 1.1	_#Occupants	Moped	Crash Repo	ort ID# 2 3	-22	8 – W	<u>ن</u> ــــــ		
	License # S	DOB/Age _	Reg #	22X550		Reg Typ	e PC	Re	eg State MA	1 12
	<u> </u>		Veh \	rear <u>2015</u>	_ Veh Make <u>I</u>	IONDA		Veh	Config. 1	
4	Operator <u>FERNANDEZ, GI</u>	NA M First Mi	ddle	er FERNANDE	•	NA M First		Mid	Idie	_
⁴ 1	Address 4 HARNDEN RD			ess 4 HARND						-
	City BILLERICA State		-	BILLERICA					821-615 27 27 2	0 7
	Insurance Company ARBELLA M			ie Action Prior to Cra			amaged Are	a Code:	2 ²⁷ ²⁷ ²	<u> </u>
⁵ 2	Vehicle Travel Direction: NEW EW	Responding to Emergence	•	Sequence 23	23 23	23	ype of Test:	ļ	29	
	Citation # (If Issued)			Harmful Event 1	24	25 B	AC Test Re	sult:	1 30	13
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26	S	usp. Alcohol	<u> </u>	Susp. Drug 2 3	2 1
⁶ 1	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub tor and all occupants involve		r Distracted by 0	34 35	36 37	owed from s		2 33	
	Name (Last First Middle)	nor and an occupants involve		DOB/Age Se	Seai Safety	Airbag Ejeet	Trup Injur	Transp.	Medical Facility	
	Operator	See A	bove	>>>	1 1	4 0	0 10	1		
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										_
,	Please Select One Vehicle 21	#Occupants Non-Mo	torist A Type	15 Action 16	Location	17 Condi	tion 18		lit/Run Mop	ed .
1	of the Following:	,					<u> </u>	<u> </u>		
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	<u> </u>	•	sement	ear 2023					Config. 1]
§ 1	Operator LAGUERRE, PIE		ddle	r LAGUERRE Last SS 79 CHES	Ť	First	IAKLES	Mid	ldle	-
		MA Zip 02368-2		RANDOLPH	THOT C		MZ	7in 02	368-290	- 14 1 14
	Insurance Company PLYMOUTH F	•	•	le Action Prior to Cra	sh 1				27 27 2	- I
	Vehicle Travel Direction: X S E W	Responding to Emergence		Sequence 23	23 23		est Status:		28	-
	Citation # (If Issued)	responding to Emergence	· —	Harmful Event 1	24		pe of Test:		29	
'2				r Contributing Code	1 25	25	AC Test Res 1sp. Alcohol		1 30 Susp. Drug: 2 3:	a
		viol. 4: Clr/Sec/Sub		Distracted by	26		owed from s		33 2 33	_
ŀ	Please fill out for operator/non		involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		\dashv
ŀ	Name (Last First Middle) One water New Metanist	Addr		DOB/Age Se	x Pos. System		Code Status	Code	Medical Facility	
	Operator/Non-Motorist	Sec Al	UU¥€		1 3					
			·					-		_
ļ								<u> </u>		



Patrol Officer Shane A Foley

211

Wilmington Police Department

07/23/2023

Police Officer Name (Please Print)

Signature

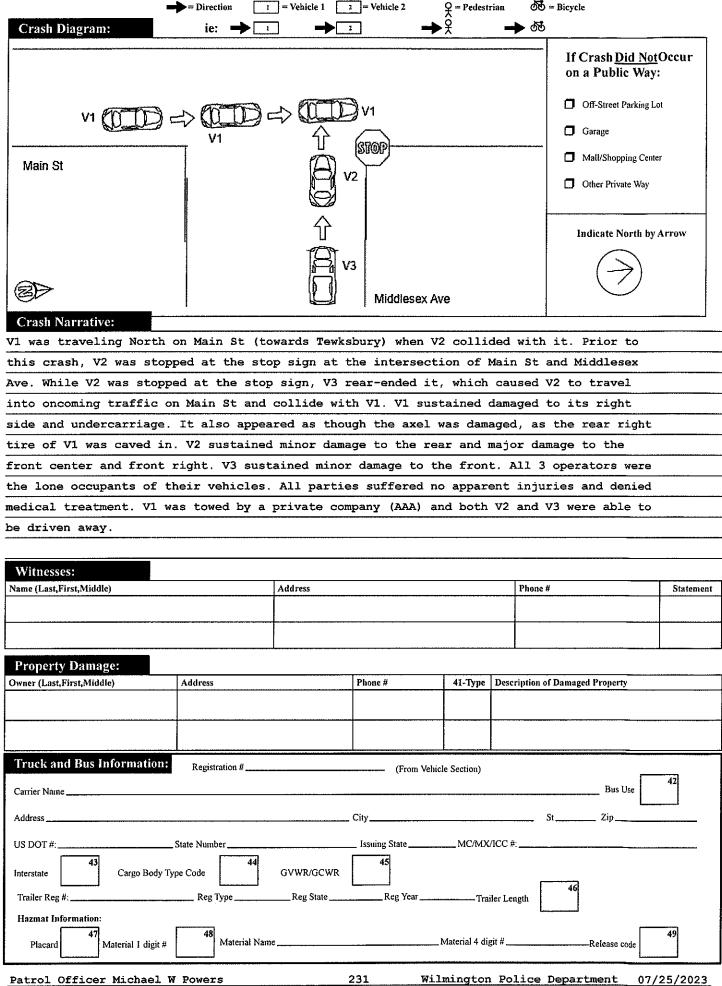
ID/Badge #

Department

Precinct/Barracks

	Police Use Only	Comm	onwealth o	of Massa	chus	etts			RM'	V Docu	ıment Number	
	Date of Crash Time of Crash	City/Town nington	Motor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Numbe Injured		d Limit	25	State Police Local Police MBTA Police	
	24HR	aring con	Police 1	Report	3		0		itude		Campus Police C	<u> </u>
	AT INTERSECT	ON:	< LOCA	TION >	>		NOT A	TIN	TER	SEC	TION:	
	MAIN ST											2 10
1	Route# Direction	Name of Roadway/Stree	et	Route# Directi	on Add	ress #		N	ame of	Roadw	ay/Street	
¹3 	WIDDI EG	At		Feet	NSEW	of		 (or _		_
	Route# Direction MIDDLES	ne of Intersecting Roadway	y/Street			<u> </u>	Mile I	/larker			Exit Number	8 11
		Also at Intersection with	h	_	N S E W	-	Route#		Interse	ecting R	Roadway/Street	·
² 3	Route# Direction Nan	ne of Intersecting Roadway	y/Street	Feet	NSEW	of			·····			
	Please Select One X Vokialo 17	**C		T						ndmark		
3	of the Following:	#Occupants Hit/Ru	ın Moped	Crash Re	eport ID#	23	-23	<u> </u>	AC	<i>.</i>	****	_
	License # S	DOB/Age	Reg #	1KFG99			_ Reg Ty	ре <u>РС</u>	<u> </u>	Re	eg State MA	1 12
	Sex F Lic. Class D 19 19 Lic. R	estrictions B 20 CDI	L Veh Y	ear <u>2018</u>	Veli M	lake <u>V</u>	OLKS	WAG	EN	Veh	Config. 1	
Л	Operator KESARIS, ELEN.	First I	Middle	r KESARI S	nst		First			Mit	ddle	-
⁴ 2	Address 227 SHAWSHEEN			ss 227 SH				·				-
	City WILMINGTON State	-		WILMINGT	ON						1887-2220	
	Insurance Company AMICA MUTU	JAL INSURANC	CE CO Vehic	le Action Prior to (<u> </u>		Damage Test Sta		Code:	10 ²⁷ 3 ²⁷ 27	
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emerger	ncy? 2 Event	Sequence 1	3 23	23	23	Type of			29	
	Citation # (If Issued)				1 24	25	26	BAC Te			1 30	13
	Viol. 1: Ch/Sec/Sub			Contributing Cod		25		Susp. A			Susp. Drug 2 32	2
⁶ 2	Viol. 3: Ch/Sec/Sub			Distracted by	0 26	35	36 37	Towed f	from sc	ene?	1 33	_
	Please till out for opera Name (Last First Middle)	tor and all occupants invol	ddress	DOB/Age	Seat Sex Pos.	Safety System	Airbag Eje Status Co	t Trap le Code	Injury Status	Transp. Code	Medical Facility	
	Operator	See	Above	><	X 1	99	4 0	0	10	1		
		.										
	Please Select One Vehicle 21	#Occupants Non-M	Iotorist A Type	15 Action	16 Location	<u>,, </u>	17 Con-	lition	18		lit/Run Mope	_
⁷ 3	of the Following:	[10m-lv]			Locato	"" <u>L</u>		<u> </u>				4
	License #t	DOB/Age		461AK1			Reg Ty				eg State MA	-
			orsement	-	Veh M					Veli	Config. 1	
⁸ 2	Operator PARIMI, RAMES	First 1	Middle	r PARIMI ss 10 MID	ısı		First	APT	. 11	Mid	ktle	-
_	Address 10 MIDDLESEX A City WILMINGTON State	VE APT 11 MA Zip 01887-		ss <u>to Mid</u> VILMINGI		in F				n1	.887-2763	1 4
	Insurance Company GOVERNMENT	-		e Action Prior to C		2		iaie <u>zvza</u> Damage				
	Vehicle Travel Direction: NSE	Responding to Emerger	_	Sequence 2	3 23	23		Test Sta			1 28	
	Citation # (If Issued)	Responding to Emerger	•	· <u>-</u>	1 24	- 1		Type of			29	
ຶ2	Viol. 1: Ch/Sec/Sub	int 2: Ch/Sec/Sub		Contributing Cod	- le 1	25	25	BAC Te Susp. Al			1 30 Susp Date 2 32	
		/iol. 4: Ch/Sec/Sub		~ г	0 26			ousp. Ai Fowed f	Ľ		Susp. Drug 2 32	
l	Please fill out for operator/non			- [34 Seat	35 Safety	36 37 Airtag Eje	t Trap	39 Injury	40 Transp.		+
	Name (Last First Middle) Openset on / Nove Motorist	1	Ahava	DOB/Age	Sex Pos.	System	Status Coo		Status	Code 1	Medical Facility	-
	Operator/Non-Motorist	2ee v	Above		\'	-	-	 	-	-		_
						\sqcup		-			<u>-</u> -	-
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	Pol	lice Use Only	wealth (of Massa	ach	use	etts				RMV	/ Docu	ıment N							
	Date of Crash 07/25/2023	Time of Crash 1817	1	City/Town	Mo	tor Veh	icle Cra	sh		ımber hicles	Nun Inju	rad I	peed I atitude		25	- Local	Police I Police 'A Police	0800		
	07/25/2023	24HR	1	ing con		Police 1	Report		3		0	- 1	antuo ongitu				pus Police			
		AT INTER	SECTION	ON:	<	LOCA	TION	>			NO'	ГАТ	INT	ERS	SEC	TION	:			
		MAII	ਪ ਤਸਾ															2	2 10	J
¹ 3	Route# Dire			Name of Roadwa	ay/Street		Route# Direc	tion	Addr	ess#			Nan	ne of I	Roadw	ay/Stree	t			_
3		мты	TESE	At X AVE			Feet	N S	ΕW	of					or _			_		
	Route# Dire			of Intersecting R	 		F	N S	E W	-c	Mı	le Mark	er			Exit	Number	—[E	3 ¹¹	ī
				Also at Intersecti	ion with			N S			Route	#	Īı	nterse	cting F	Roadway	/Street	- ├		۷
² 3	Route# Dire	ction	Name	of Intersecting R	oadway/Street		Feet		تنت	O1				Lar	ndmark			-		
L	Please Select		e 3.1	#Occupants	Hit/Run	☐ Moped	Crash R	keport :	ID#	23	-2	30	1							
3	of the Followi	ng:		L			276RN3									Ett-				
	License Sex M _ Lic.	Class 19	, § 19 _{Lia Ba}	DOB/Age strictions 1	O CDL	_	ear 2019										21	T 1	L 12	2
		EY, RIC			- Endorsemen	nt	r HOEY,									Comig.	<u> </u>	<u> </u>		_
⁴ 2		3 COLON			Middle		ess 20 3 C	Last			Fi	rst			Mi	ddle		_		
	City ANDO	VER	State	MA Zip 018	310-000	O City	ANDOVER					State	MA	z	ip. 0 1	L810	-0000	0		
	Insurance Comp	any GEICO	GENE	RAL INS	JRANCE	C Vehic	le Action Prior to	Crash		1	22	Dan	naged	Агеа	Code:		27 2	7		
5	Vehicle Travel I	Direction: N S	E	Responding to E	Emergency? 2	Event	Sequence 2	23	23	23	23		Statu			1 28 29				
⁵ 2	Citation # (If Iss	sued)		_		Most	Harmful Event	2	24			BAG	e of To C Test		lt:	30				_
	Viol, 1; Ch/Sec/	Sub	v	iol. 2: Ch/Sec/Sub)	Drive	r Contributing Co	de	T 3	25	25	Susj	o, Alco	ohol:	2 31		Drug: 2 3	2 2	2 13	
⁶ 2	Viol. 3: Ch/Sec/	Sub				Drive	r Distracted by	0	26				ed fro		- 1	2 33		┙		_
	Name (Last First M		for operate	or and all occupan	its involved Address	·	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury Status	40 Transp. Code	Мес	dical Facility			
	Operate	or			See Above		$\geq \leq$	X	1	99	4	0 () :	10	1					
						11.11.11														
7_	Please Select C		e 4!	#Occupants	Non-Motorist	A Type	15 Action	16 L	ocatio	n	17	Conditio	n	18		lit/Run	□ Мор	ed		
⁷ 3	of the Followi		G.	DOB/Age		Pag #					12 a	Time	<u> </u>		D,	g State_		\dashv		
	Sex Lic.	19 1	19	strictions 2	O CDL		ear										21			
	Operator	L		L	□ Endorsemen		er										L	_		
⁸ 2	Address	Las!		irst	Middle	Addre	:SS	l.ası			Fi	rsl			Mis	ddle		_		_
	City		State_	Zip		City_						_ State		Zi	ip			_ 4	1 14	•
	Insurance Comp	any				Vehic	le Action Prior to				22		-		Code:	27	27 2] [_
	Vehicle Travel D	Direction: N S	EW	Responding to E	Emergency?	Event	Sequence	23 :	23	23	23		Statu: of Te			29				
⁹ 2	,	ued)					Hannful Event		24	25	25	BAG	C Test	Resul	lt:	30				
_		Sub					r Contributing Co	de [26		23	•	Alco	L		Susp. D	Orug: 3:	2		
		Sub					r Distracted by		34	35	36	37	ed fro	m sce	40	- 73		4		
	Name (Last First M	liddle)		motorist and all of	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eiect	Trap Code	Injury Status	Transp. Code	Med	lical Facility	_		
	Operate	or/Non-Mo	torist		See Above			X	1				_							
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					nik)															



Department

	Police	Use Only	Com	monwealth	of Massa	achus	setts	\$		RM	V Doc	ument N		_
		ime of Crash 147 Wi	City/Town lmington	Motor Vel	icle Cra	sh [Number Vehicles		, Jopes	d Limit	2!	- Locai	Police Police A Police	
	07/20/2023	24HR	Iming con	Police	Report	2	2	0	Lann	ude gitude		Camp Other	us Police 🔲	
	A	T INTERSEC	TION:	< LOCA	TION	>		NO	ΓAT IN	TER	SEC	TION:		
					60	_								2 10
r	Route# Direction	n	Name of Roadway/S	Street	62 W Route# Direc	tion Ad	3 dress #	BL	JRLIN N			vay/Street	i .	┢
1			At			NEEL								1
	Route# Direction		Name of Intersecting Road	hyay/Street	Feet	NSE	of of	Mi	le Marker	•	or _	Exit	Number	11
	Nonce Discondi		Also at Intersection		Feet	N S E	v of							1
					Feet	N S E	v of	Route	:#	Interse	ecting i	Roadway/	/Street	ŀ
² 1	Route# Direction	1 ነ	lame of Intersecting Road	lway/Street						La	ındınar	k		
3	Please Select One	Vehicle 1	#Occupants Hi	t/Run Moped	Crash R	teport ID#	23	-2	31-	·AC	•]
3	of the Following:													1
	License #	19 19 S	_ DOB/Age		# <u>V72345</u>								21	1 12
	Sex M Lic. Clas	is D Lie	Restrictions (Endorsement	Year 2020						Veh	Config.	97	\vdash
4	Operator ALAF	ast	riist	Middle		Last		Fi			М	íddle		
⁴ 1	Address 27 KI				ess 410 TE									
	i		ate <u>MA</u> Zip <u>0184</u>		SEATTLE		_						-5210	
	Insurance Company	OLD REPU	BLIC INSURA	NCE CO Vehi	cle Action Prior to		11	22			Code:	6 27 7	27 27	
5	Vehicle Travel Direc	ction: NSE	Responding to Eme	ergency? 2 Even	t Sequence 1	23 23	23	23	Test Sta			29		
	Citation # (If Issued)		Mos	Harmful Event	1 24			BAC Te		ult:	30		
	Viol. 1: Ch/Sec/Sub		_ Viol. 2: Ch/Sec/Sub _	Drive	er Contributing Co	de 1	25	25	Susp. A	Jeohol:	31	Susp. E	orug 32	2 13
6	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	O ²⁶			Towed	from sc	ene?	2 33		
⁶ 1		•	erator and all occupants in		DOD/4	34 Sen	t Safety	36 Airbag	37 38 Eject Trap Code Code		40 Transp.		C - 1 7* 1C	1
	Name (Last First Middle) Operator)		Address See Above	DOB/Age	Sex Pos	. System		Code Code	Status 10	Code 1	Med	ical Fucility	1
	Орегиног						-				<u> </u>			1
											ļ			
							_							
⁷ 1	Please Select One of the Following:	Vehicle 21	#Occupants No	n-Motorist A Type	15 Action	16 Loca	tion	17 C	Condition	18		Hit/Run	Moped	
1			DOD/4	T1	22F320			<u> </u>	Туре <u>РС</u>	<u> </u>		eg State 1	vra	-
	License #	19 19 St	20	_	rear <u>2018</u>		., U						21	
	Sex F Lic. Clas Operator PATE			Endorsement	er PATEL ,						ven	Config.		
⁸ 1	Operator 1 F La La Address 8 ELE	şL	First	Middle	ess 8 ELEA	मश		Fir			Mi	iddle		
			ate MA Zip 0188		WILMING'		K#7		c M	7 . 7	n	1 2 2 7 .	-3199	14
	•		ERCE INSURA		ele Action Prior to		1	22	State_ <u></u> Damage		-		27 27	
			•			23 23	23	23	Test Sta			28		
	Vehicle Travel Direc		Responding to Eme		i sequence 2				Type of	Test:		29		
⁹ 2	Citation # (If Issued)						25	25	BAC Te	st Resu		30		
	Viol. 1: Ch/Sec/Sub	·	- Viol. 2: Ch/Sec/Sub		er Contributing Co	26	_][_		Susp. A	L	31	Susp. D	nig 32	
	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		r Distracted by	0 20	35	36	Towed 1	39	40	2 33		ļ
	Please Name (Last First Middle)	•	non-motorist and all occup	Address	DOB/Age	Sex Pos	Safety	Airbag	Eject Trap Code Code	Injury Status	Transp. Code	Medi	eal Facility	
	Operator/	Non-Motori	st s	See Above		X 1	1	4	0 0	10	1			
														1
														1
							<u></u>			<u> </u>				
					1 1	1 1	1	1 1		1				

Crash Diagram:	ie: = Vehicle i	2 = Vehicle 2	Q = Pedesti → Q	rian ØÖ = Bi ➡ ØÖ		
Sidewalk Rte. 62/ Burlington av.	Amazon delivery va parked on side walk was gut of m/v maki delivery	d oper. ing (C) (2) ← coming from opposi	te		If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	l
					Indicate North by A	Arrow
Crash Narrative:				J		
Oper.#1 related, While he						
Driver). M/V#2 made an at the left rear portion of						
sidewalk and half in the				-		
crash the Amazon van had				(110 0110 0		
		,				
Oper.#2 Related that she	was attempting to go	around a parke	d van, v	while other	motorist	
were coming from opposite	direction. While doi	ng so struck M	/V#1. ()	PWJ/142		
Witnesses:						
Name (Last, First, Middle)	Address			Phone #		Statement

Property Damage:				<u> </u>		
	Address	Phone #	41-Туре	Description of Da	maged Property	
T						
Truck and Bus Information:	Registration #	(From Vehic	cle Section)			
Carrier Name	Registration#	(From Vehi	cle Section)		Bus Use	42
	Registration #			St		42
Carrier Name		City			Zip	42
Carrier Name	ate Number	City Issuing State 45			Zip	42
Carrier NameAddressState State Sta	ate Number	City Issuing State 45			Zip	42
Carrier Name	ate Number	City Issuing State 45	MC/MX	/ICC #:	Zip	42
Carrier Name Address US DOT #:Sta	ate Number	City Issuing State 45	MC/MX	/ICC #:	Zip	42

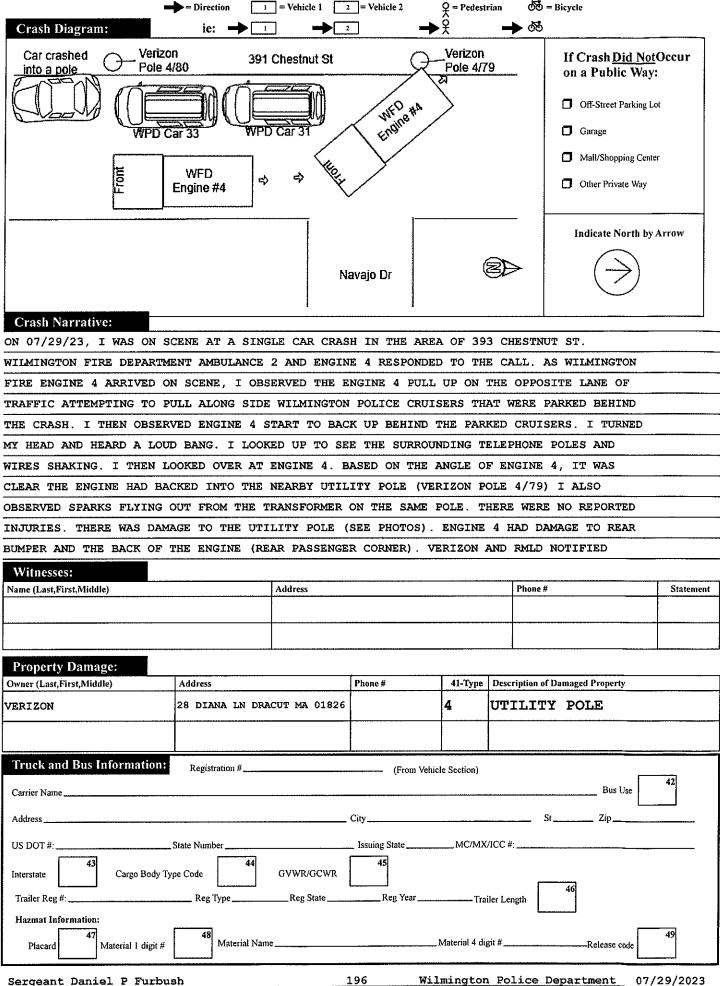
Department

07/28/2023 Date

	Police Use Only	Comn	nonwealth	of Massa	chuse	etts		R	MV Doc	cument Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Ni		Number Injured	Speed Lir	nit <u>3.</u>	5 State Police Local Police MBTA Police		
	07/29/2023 0252 Wiln	mington	Police	Report	1	(Latitude _ Longitude	·	Campus Police	, <u> </u>	
	AT INTERSECTI	ON:	< LOCA	TION >		N	OT A	INTE	RSEC	CTION:		
						_						2 ¹⁰
	Route# Direction	Name of Roadway/Stre	eet	38 N Route# Directio	98. n Addr		MAIN		of Roady	way/Street		
4		Aı		_ [5:	lalalıy							
	Route# Direction Nam	ne of Intersecting Roadwa	av/Street	Feet N	S E W	of —	Mile Ma	— • − ırker	— ог.	Exit Numbe	r	
		Also at Intersection wi		Feet N	SEW					D 1 20		
2	Route# Direction Nam	ne of Intersecting Roadwa	/Stt	Feet N	S E W	of	loute#	inte	rsecting	Roadway/Street		
² 1	Router Direction Nan	e of finersecting Roadwa	ay/outed	<u> </u>					Landmar	rk		
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Rep	ort ID#	23-	23	2- A	C			
	License #S	DOB/Age,	Reg	# DV9009			Reg Type	PC	R	Reg State MA		
	19 19	estrictions 20 CD		Year 2019							21	1 12
	Operator EVANS, KAREN	∟ ⊢ End L	dorsement Own	er TREVISO						, L		
⁴ 1	Address 1 WEBBER ST	First	Middle	ess 1 WEBBE			First		M	Aiddle		
	City WILMINGTON State	MA Zip 01887		WILMINGT			Sta	te MA	Zip O	1887-36	02	
	Insurance Company GEICO GENE			cle Action Prior to Ci	1	1 22	-	amaged Ai			27	
	Vehicle Travel Direction: SEW	Responding to Emerge		t Sequence 5 23		23 2	J 3 Te	st Status:		28		
5	Citation # (If Issued)		•	Harmful Event	24		•	pe of Test		30		
	Viol. 1; Ch/Sec/Sub —	viol. 2: Ch/Sec/Sub	Drive	== er Contributing Code		25	25	AC Test Ri isp. Alcoho			32	5 13
	Viol, 3: Ch/Sec/Sub			er Distracted by	26			wed from		2 33	_	
⁶ 1	<u></u>	tor and all occupants invo			34 Seat	35 Safety Ai	36 37 rbug Eject	38 3	9 40 ary Transp.			
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System St	atus Code	Code Sta	tus Code	Medical Facilit	ty:	
	Operator	1 WEBBER ST	Above		1							
	RICHARD TREVISONE	WILMINGTON, MA 01	887-3602	12/26/1971 M	3	1 4	0	0 10	1			
:												
7_	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 1	6 Locatio	n 1	7 Condit	ion 1	8	Hit/Run 🔲 M	loped	
1			D		<u> </u>		Dan Turu	<u> </u>		lan State		
	19 19	DOB/Age estrictions 20 CD	<u> </u>	ғ Year							21	
		Enc	dorsement	er	ven tvi				701	Comig.	┙╽	
³ 1	Operator Last Address	First	Middle	Last ess			First		M	liddle		
	CityState	Zip					Sta	le	Zip			1 14
	Insurance Company			le Action Prior to Cr	ash	22	1	unaged Ar		27 27	27	
	Vehicle Travel Direction: NSEW	Responding to Emerge		Sequence 23	23	23 2	1 3 Te	st Status;		28		
	Citation # (If Issued)		•	Harmful Event	24		•	pe of Test		30		
2	Viol. 1: Ch/Sec/Sub\		Drive	Contributing Code		25	25	AC Test Re sp. Alcoho			32	
		/iol. 4; Ch/Sec/Sub ——		er Distracted by	26	I L		wed from	~L	33	'	
	Please fill out for operator/non				34 Sent	Safety Air	l6 37 bag Eject	38 35 Trap Inju	uy Transp.			I
	Name (Last First Middle)		Above	DOB/Age S	ex Pos.		itus Code	Code Stat		Medical Facility	У	
	Operator/Non-Motorist	See	. 110040	+	1				-			
		<u> </u>		-					-			

	= Direction	= Vehicle 1	= venicie 2	Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: →	<u> </u>	2	<u>></u> X →	• 6	
					If Crash <u>Did Not</u> on a Public Way:	
					Off-Street Parking Lo	ıt
Rte.38/M	lain et				. Garage	
, tto.com	uni St.				Mall/Shopping Cente	_
_ F370	- Formal					
					Other Private Way	
				\sim	Indicate North by	Arrow
885 Ma	in st. area				(\rightarrow)	
				1		
Crash Narrative:						
Oper.#1, Related while						<u>.</u>
from a wooded ara and			mper/fender	area, causing	damage. The deer	
ran back into the woo	ded area.(PWJ/1	42)				
	 					
Witnesses:						
Name (Last, First, Middle)		Address		F	Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Descrip	otion of Damaged Property	
Truck and Bus Information	Registration #		(From Vel	nicle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #:_		
Interstate Cargo Bod	y Type Code	GVWR/GCWR	45			
Trailer Reg #:		Reg State	Reg Year	Trailer Leng	46	
Hazmat Information:		-	- /-			
Placard Material 1 digit	# 48 Material Nam	ne		Material 4 digit #	Release code	49
<u> </u>		-				
Patrol Officer Paul W Police Officer Name (Please Print)	Jepson Signature			lmington Pol:	ice Department 07/ Precinct/Barracks Date	29/2023

	Pol	ice Use Only	Com	monwealth	of Mass	ach	use	etts				RM	V Docı	ument N			
	Date of Crash 07/29/2023	Time of Crash 1910 Will	City/Town mington	Motor Ve	hicle Cra	ısh		umber			Speed Latitu	Limit	25	Local	Police (Police (A Police (80	
	07/23/2023	24HR	ming con	Police	Report		1		0	1	Lantu Longi				ous Police 🛛 🕻	ă	
		AT INTERSECT	ION:	< LOC	CATION	>			NO	ТАТ	'IN'	ΓER	SEC'	TION	:	_	
							39	1	CI	HES	זאידי	יקין	ይሞ			2	2 10
1_	Route# Dire	ction	Name of Roadway/S	treet	Route# Direc	tion		ess#						vay/Stree	ŧ		
1			At		Feet	NS	EW	of			- •	_	or _			_	
	Route# Dire	ction Nar	ne of Intersecting Road		_	NIC	E 552	 l _	M	ile Ma	rker			Exit	Number	-	L 11
			Also at Intersection	with		N S			Route	e#		Interse	ecting F	Roadway	/Street	- -	J
² 2	Route# Dire	etion Nar	ne of Intersecting Road	way/Street	reet	1113	121,,	OI				La	ndmark			-	
	Please Select (#Occupants Hit	/Run Mope	l Crash l	Report	ID#	23		3:	₹_				-	ヿ	
3	of the Followi	ng:		<u> </u>												4	
	License #	St.	_ DOB/Age		eg# MF86M eh Year 2017									eg State	21	_ 3	1 2
	Sex M Lic.	NNEDY, JASO	∟	Endorsement	en Year <u>2017</u> wner <u>WILMIN</u>									-	<u> </u>	' -	
⁴ 1	1	NNEDI, JASO DELAIDE ST	First	Middle	wner <u>WIIMII</u> idress 121 GI	Last			Fi	je irst	- 45	<u> </u>		iddle		_	
		INGTON State	MA Zip 0188		ty WILMING					Stat	e M Z	1 . 2	ip 01	1887	-3500	_	
	1	any SELF INSU			hicle Action Prior to			10	22				Code:		27 27	- I	
	Vehicle Travel D	K	Responding to Emer	rgency? 1 Ev	rent Sequence 22	23	23	23	23	Tes	st Stat	us:		1 28	1	-	
5	Citation # (If Iss	ued)	_	M	ost Harmiful Event	22	24				pe of T		-la.	29 30			
	Viol, 1: Cli/Sec/	Sub	Viol. 2: Ch/Sec/Sub —	Dr	iver Contributing Co	ode	19	25	25			t Resu cohol:		1	Orug 2 32	i 2	2 ¹³
6	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub —	Dr	iver Distracted by	0	26					om sc		2 33	~ <u>~</u>	'	
⁶ 2	Name (Last First M	•	tor and all occupants in	ivolved Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Ejeut Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mal	lical Facility	7	
	Operate	· ·	S	See Above	DOBAÇ.	X	1	1	4		0	10	1	Med	icai racinty		
	RYAN QUIGLE	XX	1 ADELAIDE ST WILMINGTON, MA	01687-3712		1	3	1	4	0	0	10	1				
Ì	DANIEL FEYI	ER	1 ADELAIDE ST WILMINGTON, MA	01887-2617		м	4	1	4	0	0	10	1				
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Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-233-AC













Wilmington Police Department Images Associated with 23-233-AC

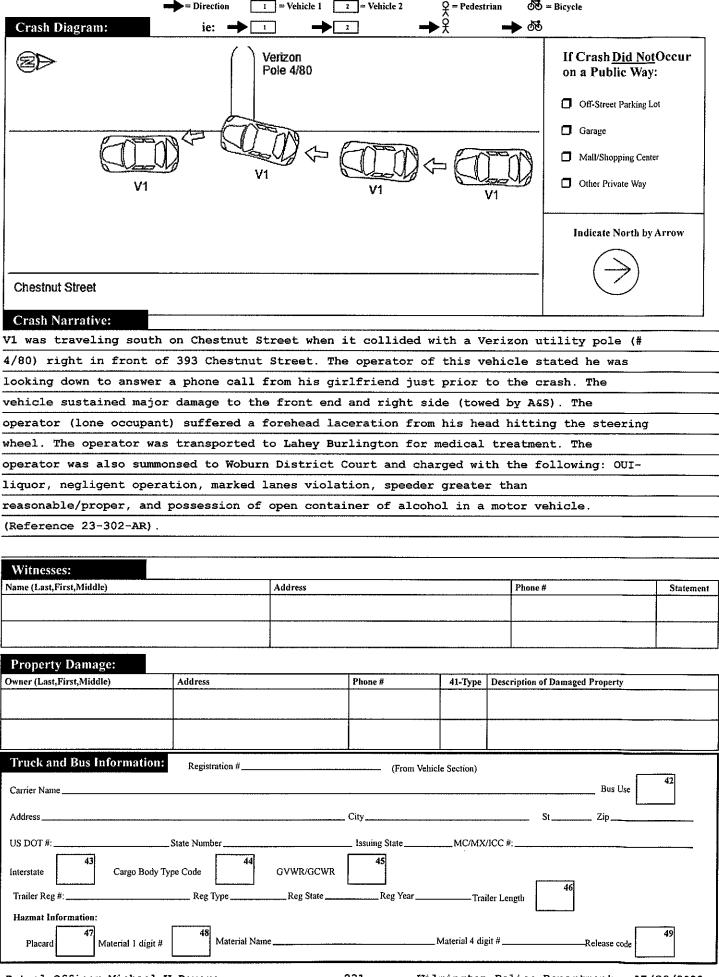








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Patrol Officer Michael W Powers

231

Wilmington Police Department

07/29/2023

Date

Department

Wilmington Police Department

Page:

NARRATIVE FOR PATROL OFFICER MICHAEL W POWERS

Ref: 23-234-AC

I, Officer Michael Powers of the Wilmington Police Department, report the following summary of facts:

On Wednesday 07/29/2023, I was assigned to uniformed patrol in sector 1 in fully marked police cruiser #31 for the 0800-1600 hours shift. At approximately 1858 hours, I was dispatched to the vicinity of 393 Chestnut Street for an OnStar activation on a Ford vehicle due to a motor vehicle crash. Dispatch then said over the radio that it was now being reported that there was a single vehicle crash into a pole at 393 Chestnut Street (public way in Wilmington), in which a male party had sustained a head laceration. Upon arrival, Sergeant Furbush and Officer Jepson were already on scene and the male party was being treating by the Wilmington Fire Department. At that time, I walked to the site of the crash and witnessed heavy front-end damage to a Ford Fusion (MA Reg 4XJC38) which was directly next to a cracked Verizon pole (# 4/80). The front left tire was also completely twisted and protruding well beyond the fender of the vehicle. Please note, the road conditions were wet but it was not raining at the time of this crash. I also did not see any skid marks near the crash site, which indicated that the brakes on this vehicle weren't utilized. The speed limit in this area of Chestnut Street is 25 MPH and the vehicle was approximately 15-20 feet from the Verizon pole. Due to the severity of the damage to the vehicle, it could not have been able to be driven any amount of distance, indicating that it must have bounced off the pole at a higher rate of speed than what was reasonable and proper. In order for the vehicle to hit the utility pole, it needed to cross the white fog line out of the travel lane. Please be advised, the vicinity of 393 Chestnut Street is a residential area and when I arrived to the scene of the crash, I witnessed numerous residents standing outside of their houses. In addition, there was a high amount of vehicle traffic during this time, as multiple cars were lined up waiting to pass by the crash and get to their homes.

At that time, I responded to the male party being treated, who was identified as Brandon Kopach. Kopach was the registered owner of the Ford and he stated that he was driving the vehicle just prior to the crash. Kopach was the lone occupant of the Ford. Kopach was bleeding from a laceration to his forehead that he said must have happened from his head hitting the steering wheel during the crash. While Kopach was speaking, I noticed a moderate smell of an alcoholic beverage coming from his breath. In addition, his speech was slurred and thick-tongued and his answers were delayed. I also noticed Kopach's eyes to be extremely glassy, bloodshot, and red. Kopach also told me that, just prior to the crash, he had left a pool party in Burlington and had an argument with his girlfriend. Kopach also stated that he had "2 drinks" at the party. However, during the motor vehicle inventory of the Ford, multiple Miller Lite beer cans were located inside the vehicle and beer was spilled all over the interior of the vehicle. Also, outside of the vehicle next to the Verizon pole that was hit (and where Kopach was standing) there was an open and empty Miller Lite can. In addition, a cooler with ice was located in in the back seat that included Twisted Iced Teas. Photos of these items were attached to this report.

Kopach said that he crashed into the pole after he reached down to grab his phone and was distracted because his girlfriend was calling him. Wilmington Firefighters then walked Kopach to the back of the ambulance. While Kopach was walking to the ambulance, I witnessed him stumble and was very unsteady on his feet. Due to the severity of the crash and Kopach's injuries, it was determined that he needed to be transported to Lahey Burlington via ambulance for his safety. I told Kopach that he was now being placed under arrest and informed him that he was being charged with operating a motor vehicle under the influence of alcohol. I also told Kopach that I would be following the ambulance in my cruiser. Once at the hospital, Kopach was brought to the emergency room. Please note, Kopach continued to doze off while being attending to by nursing staff. Officer Goodwin was also now on scene. At 2022 hours, I read Kopach his Miranda Rights and his Statutory Rights/Consent Form. At 2029 hours, Kopach signed and refused the evidentiary blood draw/test (witnessed by Officer Goodwin). This form was scanned and attached to this report. At that time, while Officer Goodwin had custody of Kopach, I went to my cruiser to get my citation book. Once I arrived back, Officer Goodwin informed

Wilmington Police Department

Page: 2

NARRATIVE FOR PATROL OFFICER MICHAEL W POWERS

Ref: 23-234-AC

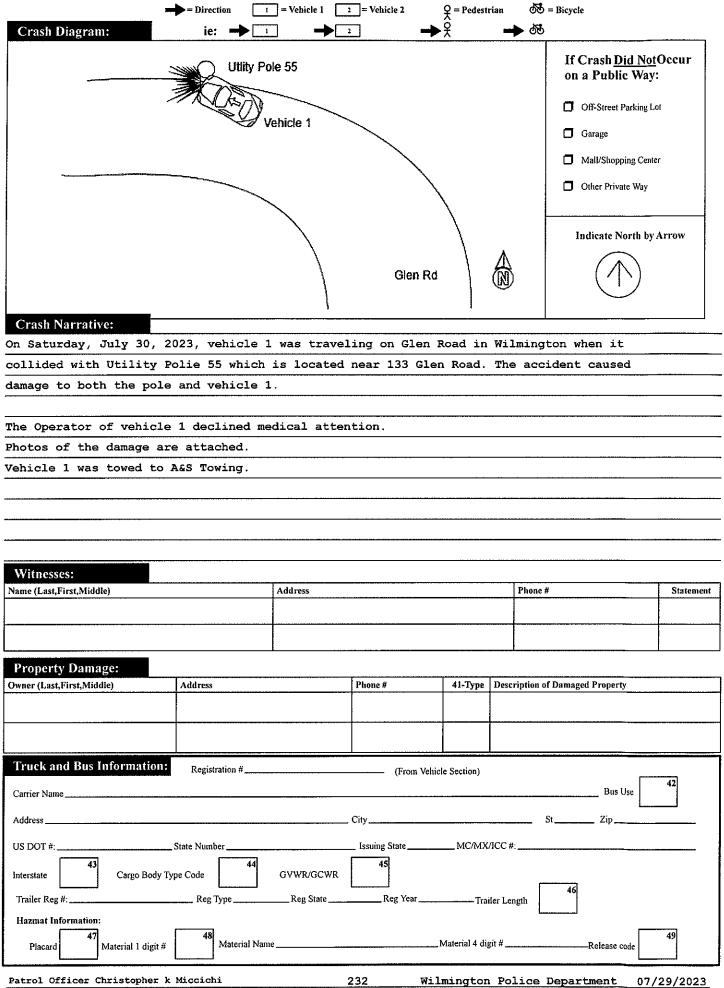
me that she was told by the doctors and nurses that Kopach still needed to get a CT scan completed, wait for the results, and that his laceration may require stitches. Officer Goodwin was advised that it could be approximately 6+ hours before Kopach was released. Due to this time frame, the decision was made that Kopach would now be summonsed to Woburn District Court. I issued Kopach MA Uniform Citations T3190671 & T3190672 in hand and charged him with the following charges:

- -M.G.L. Ch. 90/Sec. 24/J Operating Under the Influence, Alcohol
- -M.G.L. Ch. 90/Sec. 24/E Negligent Operation of a Motor Vehicle
- -M.G.L. Ch. 89/Sec. 4/A Marked Lanes Violation
- -M.G.L. Ch. 90/Sec. 17 Speeding, Rate of Speed Greater than was Reasonable
- -M.G.L. Ch. 90/Sec. 24/I Alcohol in Motor Vehicle, Possession of Open Container

Sergeant Furbush faxed the Preservation Notice to Lahey Burlington emergency room. Officer Miccichi served Kopach in hand a notice of his MA driver's license suspension. All forms, including the motor vehicle inventory, were scanned and attached to this report.

Respectfully Submitted, Officer Michael Powers #231 Wilmington Police Department

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Signature

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Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-235-AC

