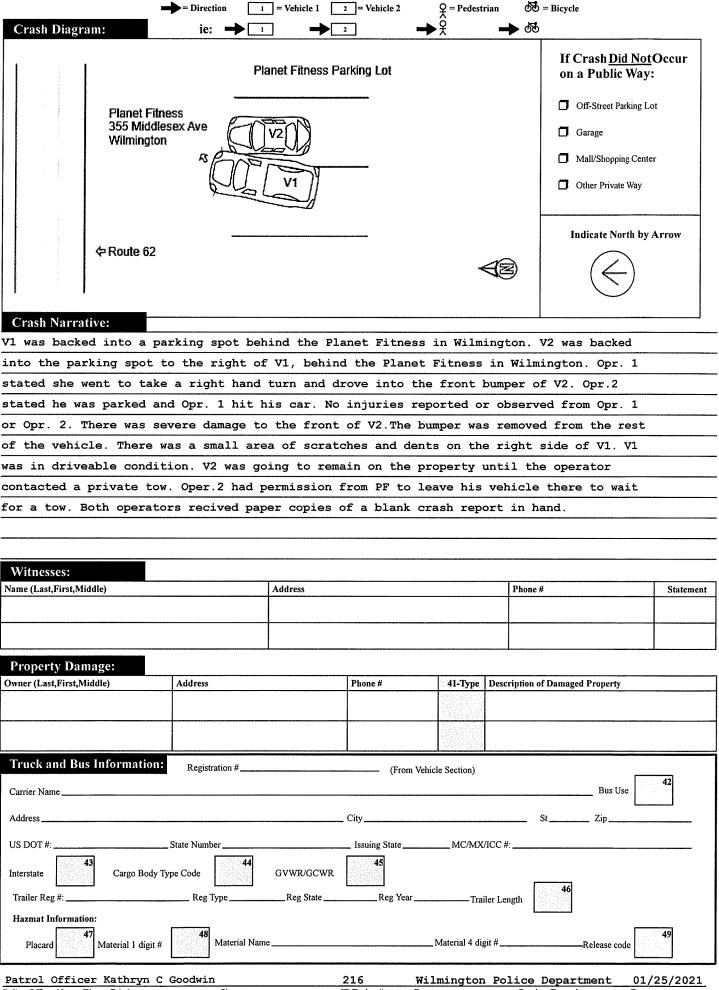
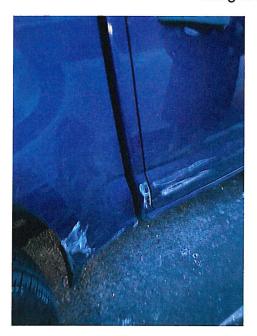
	Police Use Only	Col	mmonwealth	of Massach	usetts		RM	V Docum	nent Number	
i	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limi	t	State Police Local Police MBTA Police Campus Police	
	01/25/2021 1700 24HR	Wilmington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	5
	AT INTER	SECTION:	< LOCA	ATION >		NOT A	T INTER	SECT		7
										2 1
	Route# Direction	Name of Roadwa	w/Straat	Route# Direction	355 Address #	MIDE	LESEX	Roadway		_[
1	Router Direction	At	ly/succt	Route# Direction	Address #		Name of	Koadway	//Sireel	-
_				Feet N S	EW of		_ • _	or	E AN 1	-
	Route# Direction	Name of Intersecting R		- File!		Mile Ma	arker		Exit Number	3 ¹
		Also at Intersecti	on with	Feet NS		Route#	Inters	ecting Ro	adway/Street	-
1	Route# Direction	Name of Intersecting R	oadway/Street	Feet NS	EW of					_
								andmark		4
1	Please Select One of the Following:	le 11#Occupants	Hit/Run Moped	Crash Report	ID# 21	-18	-AC			
	License # S48515540	St MA DOB/Age	Reg	# 8028RA		Reg Type	- PC	Rea	State MA	
	Sex F Lic. Class D		<u> </u>	Year 2017 v					21	- 1 1
	Operator MASTASCUS		→ Endorsement	er MASTASCUS				ven c	omig.	-
1	Last	First	Middle	Last	•	First		Middle	\$	-
	Address 9 EUGLEY W			ess 9 EUGLEY	WEST					-
	City N READING	•	•	N READING	<u> </u>				364-1307	-
l	Insurance Company SAFET	Y INSURANCE	COMPANY Vehi	cle Action Prior to Crash	<u> </u>		amaged Area	Code: 3	27 27 27 28	
	Vehicle Travel Direction: N 5	Responding to E	imergency? 2 Ever	t Sequence 23	23 23	23	est Status: /pe of Test:	1	29	
	Citation # (If Issued)		Mos	Harmful Event 2	24	•	AC Test Resi	-	30	
- 1	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	6 25	25	isp. Alcohol:		Susp. Drug: 2 32	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by 99	26		wed from so		33	
1	Please fill out	t for operator and all occupant	ts involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	_
-	Operator		See Above		1 1	4 0	0 10	1		

Ī				1 1		1	1 1	1 1		
			F35		03/20	17	10			
1	Please Select One of the Following:	e 21#Occupants [_]	Non-Motorist A Type	15 Action 16 Lo	ocation	17 Condit	ion 18	Hit	/Run Mopeo	
		e 21#Occupants	100	15 Action 16 Le	ocation	Condit Reg Type	ion	<u> </u>	/Run Mopeo	
	of the Following: venice License # S66032597	St MA DOB/Age		Action Lo	1,043	Condit	PC	Reg	State MA	
	License # S66032597 Sex M Lic. Class D 19 1	St MA DOB/Age	CDL Veh	Action Lo 7TC496 Year 2018 Ve	eh Make N	Condit Reg Type	PC	<u> </u>	State MA	
	License # S66032597 Sex M Lic. Class D 19 1 Operator RICHARDSO1	St MA DOB/Age 19 Lic. Restrictions 9 20 N ADAM P First	CDL Veh CDL Veh CDMndiddle	# 7TC496 **Cear 2018 Veer RICHARDSO	eh Make N	Condit Reg Type ISSAN AM P First	PC	Reg	State MA	
	License # S66032597 Sex M Lic. Class D 19 1 Operator RICHARDSOI Address 499 BOSTON	St MA DOB/Age 19 Lic. Restrictions 99 20 N. ADAM P First RD APT 321	CDL Veh Endorsement Own Middle Addr	Action Loss 4 7TC496 Vear 2018 Vear RICHARDSO Last Last Loss 499 BOSTC	eh Make N	Condit Reg Type ISSAN AM P First APT	PC 3211	Reg	State MA onfig. 1 21	
	of the Following: Venicing Ven	St MA DOB/Age 19 Lic. Restrictions 99 20 N ADAM P First RD APT 321 State MA Zip 018	CDL Veh Cown Cown	Action Los 7TC496 Year 2018 Ve RICHARDSO Last Last Last BILLERICA	eh Make N. N. AD. N. RD	Condit Reg Type ISSAN AM P First APT Star	3211 te MA 2	Reg : _ Veh Co	State MA 21 21 21 22 21 22 22 22 22 22 22 22 22	
	of the Following: Venicing Ven	St MA DOB/Age	CDL Veh CDL Veh CDL Veh CDL CDL Vehicle COMPANY Vehicle Vehicle COMPANY	# 7TC496 Vear 2018 Ver RICHARDSO Last Last Less 499 BOSTC BILLERICA Cle Action Prior to Crash	eh Make N N , AD N RD	Reg Type ISSAN AM P First APT Stat	3211 te MA 7 amaged Area	Reg : _ Veh Co	State MA onfig. 1 21	
	of the Following: Venicing Ven	St MA DOB/Age	CDL Veh CDL Veh CDL Veh CDL CDL Vehicle COMPANY Vehicle Vehicle COMPANY	Action Log 7TC496 Year 2018 Ve RICHARDSO Last Last Lost Lost BILLERICA Del Action Prior to Crash at Sequence 2 23 2	eh Make N. N. AD. NN RD 11	Reg Type ISSAN AM P First APT Star 22 Da 23 Te	3211 te MA 2	Reg : _ Veh Co	State MA onfig. 1 21 321-2726 27 2 27 8 27	
	of the Following: Venicing Ven	St MA DOB/Age	CDL	Action Los 7TC496 Year 2018 Ve RICHARDSO Last Last Last BILLERICA De Action Prior to Crash t Sequence 2 23 2	24 Ph Make N. Ph Make	Reg Type ISSAN AM P First APT Stat 22 Da 23 Te Ty	3211 te MA Zunaged Area	Reg Veh Co	State MA onfig. 1 21 821-2726 27 2 27 8 27 28	
2	of the Following: Venice License # S66032597 Sex M Lic. Class D 19 Operator RICHARDSOI Address 499 BOSTON City BILLERICA Insurance Company SAFET: Vehicle Travel Direction: N S	St MA DOB/Age Lic. Restrictions 99 N, ADAM P RD APT 321 State MA Zip 018 Y INSURANCE (E W Responding to En	CDL	Action Log 7TC496 Year 2018 Ve RICHARDSO Last Last Lost Lost BILLERICA Del Action Prior to Crash at Sequence 2 23 2	21 23 24	Reg Type ISSAN AM P First APT Stat 22 Da 23 Te Ty	3211 te MA Z amaged Area st Status: pe of Test:	Reg Veh Co	State MA onfig. 1 21 321-2726 27 2 27 8 27 28 29	
2	License # S66032597 Sex M Lic. Class D 19 19 19 19 19 19 19 19 19 19 19 19 19	St MA DOB/Age Lic. Restrictions 99 N, ADAM P RD APT 321 State MA Zip 018 Y INSURANCE (E W Responding to En	CDL	Action Local Action Local Action Local Action Local Action Local Action Prior to Crash A	21 23 24	Condit Reg Type ISSAN AM P First APT Star 22 Da 23 Te Ty BA Su	3211 te MA Z aunaged Area st Status: pe of Test: AC Test Resu	Reg Reg Veh Co	State MA onfig. 1 21 321-2726 27 2 27 8 27 28 29 30	
2	City BILLERICA Insurance Company SAFETY Vehicle Travel Direction: N S Citation # (If Issued) Viol. 1: Ch/Sec/Sub Please fill out for ope	St MA DOB/Age	CDL	Action Los 7TC496 Year 2018 Verer RICHARDSO Last Last Less 499 BOSTC BILLERICA Les Action Prior to Crash At Sequence 2 23 2 Harmful Event 2 The Contributing Code are Distracted by 0	24 Sent Safety Safety	Condit	3211 te MA Z amaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sc 38 39 19 Trap linjury	Reg Veh Co	State MA 21 21 21 22 27 2 27 8 27 28 29 30 30 5usp. Drug. 2 32 33	
2	License # S66032597 Sex M Lic. Class D 19 19 19 19 19 19 19 19 19 19 19 19 19	St MA DOB/Age Lic. Restrictions 99 20 N ADAM P RD APT 321 State MA Zip 018 Y INSURANCE (E W Responding to E Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub erator/non-motorist and all oc	CDL Vehic Company Vehic Cupants involved Address	Action Los 7TC496 Year 2018 Verer RICHARDSO Last Last Less 499 BOSTC BILLERICA Les Action Prior to Crash At Sequence 2 23 2 Harmful Event 2 The Contributing Code are Distracted by 0	24 1 25 26 34 35 Sent Pos. System	Condit	3211 te MA Z amaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sc 38 39 Trap Trap Code Status	Reg Reg Veh Co	State MA onfig. 1 21 321-2726 27 2 27 8 27 28 29 30 susp. Drug: 2 32	
2	City BILLERICA Insurance Company SAFETY Vehicle Travel Direction: N S Citation # (If Issued) Viol. 1: Ch/Sec/Sub Please fill out for ope	St MA DOB/Age Lic. Restrictions 99 20 N ADAM P RD APT 321 State MA Zip 018 Y INSURANCE (E W Responding to E Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub erator/non-motorist and all oc	CDL	Action Los 7TC496 Year 2018 Verer RICHARDSO Last Last Less 499 BOSTC BILLERICA Les Action Prior to Crash At Sequence 2 23 2 Harmful Event 2 The Contributing Code are Distracted by 0	24 1 25 26 314 35 Safety Pos. System	Condit	3211 te MA Z amaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sc 38	Reg Veh Co	State MA 21 21 21 22 27 2 27 8 27 28 29 30 30 5usp. Drug. 2 32 33	
2	License # S66032597 Sex M Lic. Class D 19 19 19 19 19 19 19 19 19 19 19 19 19	St MA DOB/Age Lic. Restrictions 99 20 N ADAM P RD APT 321 State MA Zip 018 Y INSURANCE (E W Responding to E Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub erator/non-motorist and all oc	CDL Vehic Company Vehic Cupants involved Address	Action Los 7TC496 Year 2018 Verer RICHARDSO Last Last Less 499 BOSTC BILLERICA Les Action Prior to Crash At Sequence 2 23 2 Harmful Event 2 The Contributing Code are Distracted by 0	24 1 25 26 34 35 Sent Pos. System	Condit	3211 te MA Z amaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sc 38 39 Trap Trap Code Status	Reg Reg Veh Co	State MA 21 21 21 22 27 2 27 8 27 28 29 30 30 5usp. Drug. 2 32 33	
2	License # S66032597 Sex M Lic. Class D 19 19 19 19 19 19 19 19 19 19 19 19 19	St MA DOB/Age Lic. Restrictions 99 20 N ADAM P RD APT 321 State MA Zip 018 Y INSURANCE (E W Responding to E Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub erator/non-motorist and all oc	CDL Vehic Company Vehic Cupants involved Address	Action Los 7TC496 Year 2018 Verer RICHARDSO Last Last Less 499 BOSTC BILLERICA Les Action Prior to Crash At Sequence 2 23 2 Harmful Event 2 The Contributing Code are Distracted by 0	24 1 25 26 34 35 Sent Pos. System	Condit	3211 te MA Z amaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sc 38 39 Trap Trap Code Status	Reg Reg Veh Co	State MA 21 21 21 22 27 2 27 8 27 28 29 30 30 5usp. Drug. 2 32 33	

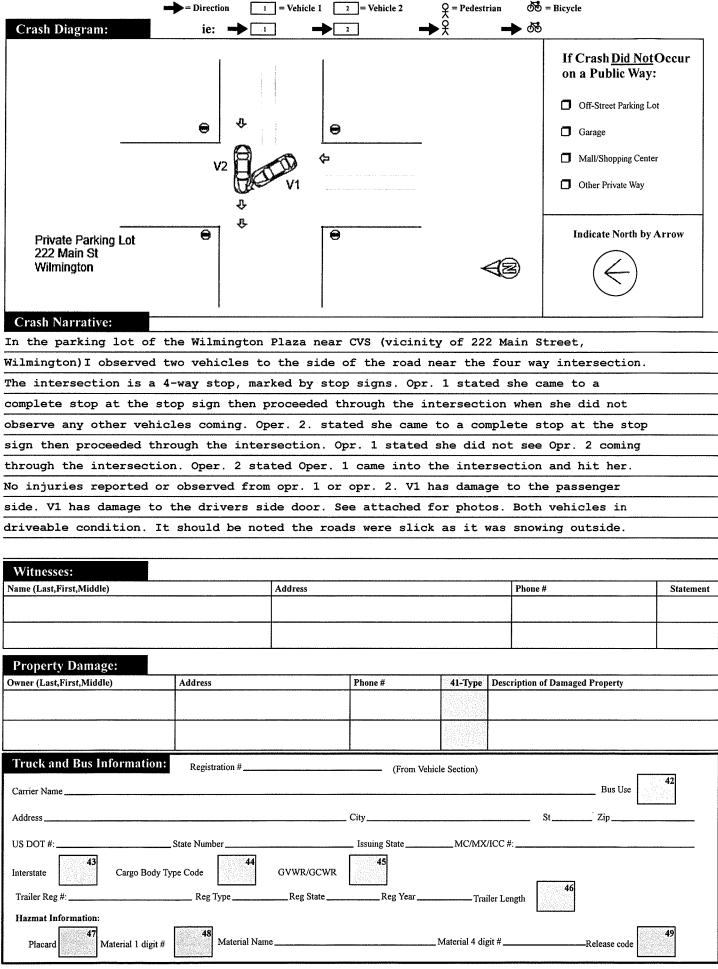


Wilmington Police Department Images Associated with 21-18-AC





	Police Use Only	Comm	onwealth	of Massa	chus	etts		1	RMV Doc	cument Number	
		City/Town	Motor Veh	icle Cras	$h \begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Number Injured	Speed Li		State Police Local Police	0800
	01/26/2021 1812 Wilmi	ington	Police	Report	2		11jureu 0	Latitude Longitud		MBTA Police Campus Police Other:	8
	AT INTERSECTIO	N:		TION >						CTION:	
			200.				10121			ZIIOI.	_ 10
					_ 22	2	MAIN	ST			2
¹ 3	Route# Direction	Name of Roadway/Stree	et	Route# Direction		ress#		Name	of Road	way/Street	
3	1	At		Feet N	SEW	of -		 .	or		
	Route# Direction Name	of Intersecting Roadway	v/Street	1000] 01	Mile Ma		0.	Exit Number	
		Also at Intersection with		Feet [N	SEW	of _					_ 3
			_	Feet N	SEW	of	Route#	Int	ersecting	Roadway/Street	
² 4	Route# Direction Name	of Intersecting Roadway	y/Street			-			Landmar	rk	
	Please Select One Valvabiele 11 #	Occupants Hit/Ru	ın 🔲 Moped	Crash Re	ID#	21-	-1 Q	- 7.0			
3	of the Following:	Thicke	i tvioped	Crash Re	port 1D#			_AC			
	License # St.	_ DOB/Age	Reg	1CZD44			Reg Typ	e <u>PC</u>	F		12
	Sex. Lic. Class D Lic. Res	trictions I 20 CDI	Veh	Year 2014	Veh M	lake Je	ep		Vel	h Config. 1	1 1
	Operator,		orsement Own	er MOULARA	S, E	LEN]					
⁴ 2	Last Fi	irst]	Middle	ess 91 GLE	st		First			Aiddle	
	City Stat.	_ Ziţ		WILMINGT			Ç+-	te MA	zin N	1887-188	10
	Insurance Company THE COMMERC	-				a 2	_	amaged A	_		27
				cle Action Prior to C		23		est Status:		28	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emerger	ncy? 2 Even	t Sequence 1		23		pe of Tes		29	
	Citation # (If Issued)		Most	Harmful Event	1 ²⁴			AC Test F	Result:	30	
	Viol. 1: Ch/Sec/Sub ———— Viol	l. 2: Ch/Sec/Sub	Drive	r Contributing Code	• 1	25	25 St	ısp. Alcol	iol: 2 31	Susp. Drug:2	32 1 13
<u></u>	Viol. 3: Ch/Sec/Sub Viol	l. 4: Ch/Sec/Sub	Drive	er Distracted by	o ²⁶		To	wed from	scene?	2 33	_
⁶ 3	Please fill out for operator	and all occupants invol	ved		34 Seat		36 37 irbag Eject		39 40 jury Transp.		
	Name (Last First Middle)	1	ddress	DOB/Age	Sex Pos.	System S	itatus Code	Code St	atus Code	Medical Facility	
	Operator	See .	Above		X	1 4	0	0 1	0 1		
								-			
		<u> </u>	F	-1 e	[2]		17		10		
⁷ 2	Please Select One of the Following: Vehicle 21 #0	Occupants Non-M	lotorist A Type	15 Action	Locati	on	Condit	ion		Hit/Run Mo	ped
	License # S84613378 St MA	_ DOB/Age	Reg #	3KC851			Reg Type	PC		leg State MA	**********
		trictions 1 20 CDL		ear 2012							1
	Operator EMILE, BIANCA	Endo	orsement	EMILE,					,,,,,	. Conng.	-
99	Last Fir		∕iiddle	Las	a a		First	n 1	М	fiddle	-
	Address 23 FAIRMONT ST	APT 1		ess 23 FAII	MOIA.	<u>. 51</u>	AP.			0140 500	14
	•	IA Zip 02148-		MALDEN		2	-		•	2148-789	I I
	Insurance Company THE COMMERC	E INSURANC	EE CO Vehic	le Action Prior to C	тash	1 22	1	amaged A		27 27 27	27
	Vehicle Travel Direction: NSE	Responding to Emergen	ncy? 2 Event	Sequence 23	23	23 2	~	st Status:		29	
) _	Citation # (If Issued)		Most	Harmful Event	L 24		•	pe of Tes AC Test R		30	
2	Viol. 1: Ch/Sec/Sub ———— Viol	1. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25	sp. Alcoh			32
	Viol, 3; Ch/Sec/Sub ———— Viol	I 4: Ch/Sec/Sub	Drive	r Distracted by	26			wed from		2 33	-
	Please fill out for operator/non-m				34		36 37	38 3	9 40		_
	Name (Last First Middle)	•	ldress	DOB/Age	Sex Pos.		irbag Eject tatus Code		ury Transp. itus Code	Medical Facility	
	Operator/Non-Motorist	See A	Above		X	1 4	0	0 10) 1		
						\vdash			+		
									_		



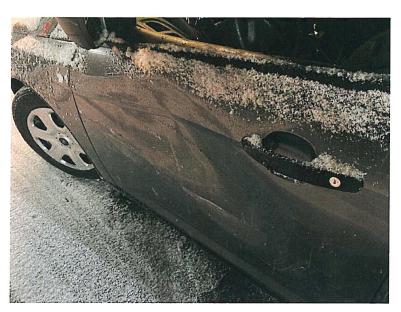
Patrol Officer Kathryn C Goodwin

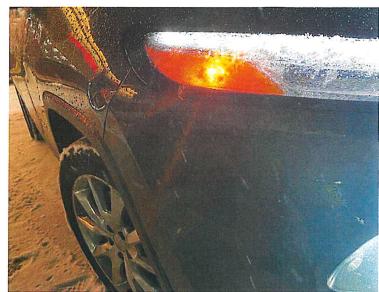
216

Wilmington Police Department

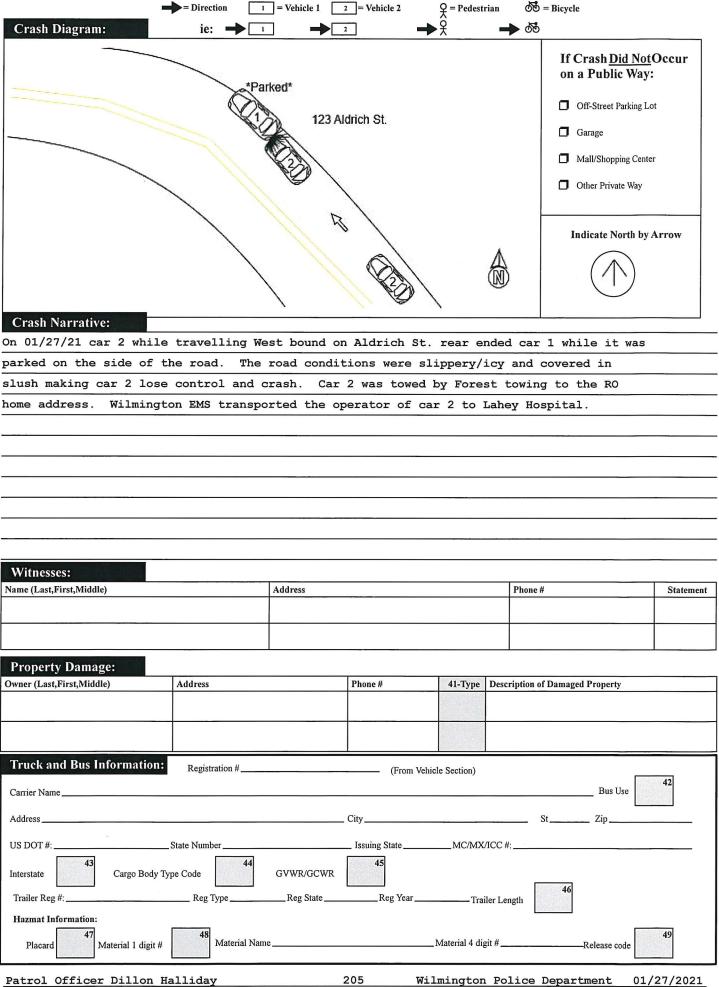
01/26/2021

Wilmington Police Department Images Associated with 21-19-AC

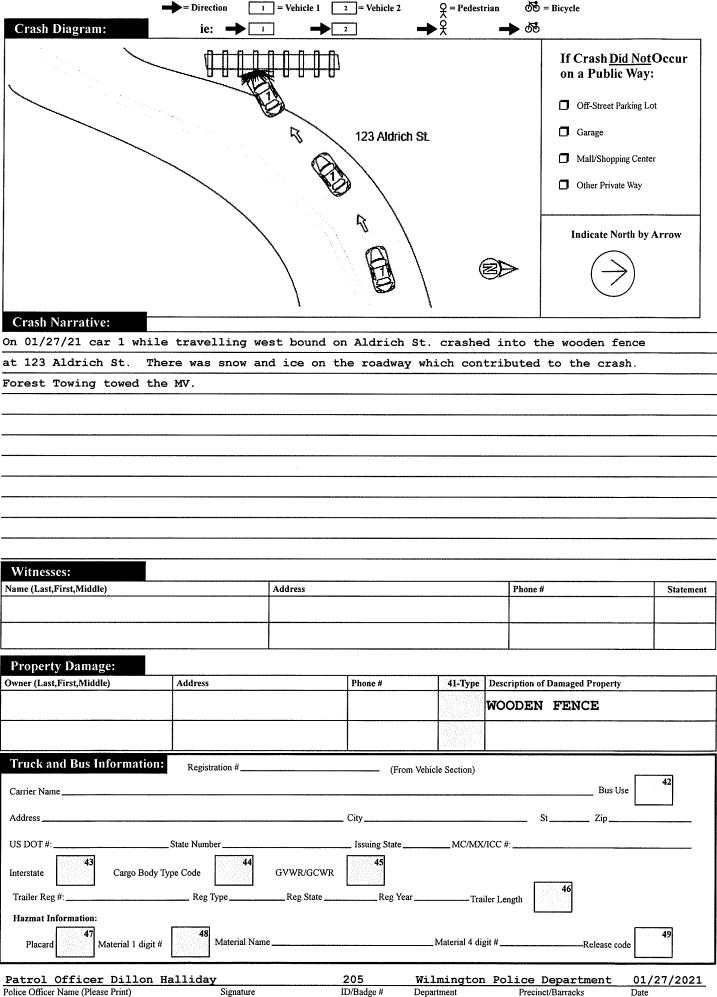




	Police Use Only	Comn	nonwealth (of Massac	chuset	ts		RMV	Docume	ent Number	
	l l	City/Town	Motor Veh	icle Cras	h Num		" Inhan	1 Limit_	20	State Police Local Police MBTA Police Campus Police	
	01/27/2021 0714 Wilm	ington	Police 1	Report	2	1	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA			NOT	AT IN		ECTI		1
											2 10
	Route# Direction	Name of Roadway/Stre	oot .	Route# Direction	n 122		DRIC	H RD		Street	.F.
¹ 2	Kouter Direction	At	CCL .	Koule# Direction	ii Address	#		anie or Ko	oadway/	Sireet	-
				Feet N	S E W of		Marker		ог	Exit Number	
	Route# Direction Name	of Intersecting Roadwa	<u> </u>	F . N	S E W of		Marker			EXIT NUMBER	2 11
		Also at Intersection with	tn			Route#	-	Intersect	ting Roa	dway/Street	
² 4	Route# Direction Name	of Intersecting Roadwa	ay/Street	Feet N	S E W of						
	Please Select One Vivilia 1	10				4 0			lmark		1
³ 5	of the Following: Vehicle 11	#Occupants Hit/R	un Moped	Crash Rep	ort ID# 2	1-20	J-A	.C			
		DOB/Age	Reg #	1SCJ43		Reg T	уре <u>РС</u>		Reg S		12
	Sex F Lic. Class D 19 19 Lic. Re	strictions 20 CD	L Veh Y	ear 2021	Veh Make				Veh Co	nfig. 1 21	3
	Operator DISU, FATIMA O		dorsement Owne	rDISU, F	ATIMA	OLUW	MOTA	I			
⁴ 1	Address 10 BURLINGTON 3	First	Middle 316 Addre	ess 10 BURI	LINGTO	First N AVE	AP	T 13	Middle 316		
	City WILMINGTON State]			WILMINGTO						87-3941	
	Insurance Company GEICO GENE			le Action Prior to Cr		1 ²²	Damage	_		27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerge		Sequence 23			Test Stat			28	
⁵ 2				Sequence 2	[2003] 100 <u>10</u>		Type of	Test:		29	
	Citation # (If Issued)			Harmful Event 2		25		st Result:		30	13
	Viol. 1: Ch/Sec/Sub ———— Viol.			r Contributing Code	— despla weedess s		Susp. Al			usp. Drug: 32	2
⁶ 3	Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub			Distracted by	40,000	5 36	Towed fi	rom scen	e? 2	33	
	Please fill out for operato Name (Last First Middle)	•	Olved Address	DOB/Age 5	Seat Sa	fety Airbag E	ject Trap ode Code	Injury Tr	ransp. Code	Medical Facility	
	Operator	See	Above		1 1	4 0	0	10 1	.		
							-				-
							Ш_				1
⁷ 1	Please Select One of the Following:	Occupants Non-N	Motorist A Type	15 Action 1	6 Location	17 Co	ndition	18	Hit/	Run Moped	
_	License # S13433274 St MA	DOB/Age	Reg #	772MD2		Reg T	ype PC		Reg S	tate MA	1
	19 19	strictions 20 CD		ear 2007	Veh Make					2.1	
	Operator NUNEZ, BLADIMI	End	lorsement	r REYES,					ven con	mig.	
³ ₁	Address 109 PERRY AVE	irst	Middle	SS 109 PER		First	APT	2	Middle		
		MA Zip 01841-		LAWRENCE	WT WA				010	41-4021	4 14
					. [-	22	Damage		·	27 27 27	
	Insurance Company THE COMMERC		_	e Action Prior to Cr	ash 1 23 23		Test Stat		1	28	
	Vehicle Travel Direction: NSE	Responding to Emerge	·	Sequence 2 23	BASSA F		Type of	Test:	 	29	
2	Citation # (If Issued)		Most 1	Harmful Event 2	7.05	25	BAC Tes	st Result:		30	
	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Driver	Contributing Code		25	Susp. Ale	cohol:		usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Viol.	ol. 4: Ch/Sec/Sub ——	Driver	Distracted by 0			Towed fr	om scene	e? <u>1</u>	33	
	Please fill out for operator/non-r	-	its involved	DOB/Age S	34 3 Seat Sa Sex Pos. Sys	ety Airbag Ej	7 38 ect Trap ode Code	Injury To	40 ansp. Code	Medical Facility	
	Operator/Non-Motorist		Above		1 1	1 0	0	9 2	Lah	ey Clinic	
ŀ	*				++	++	_				1
ŀ											-

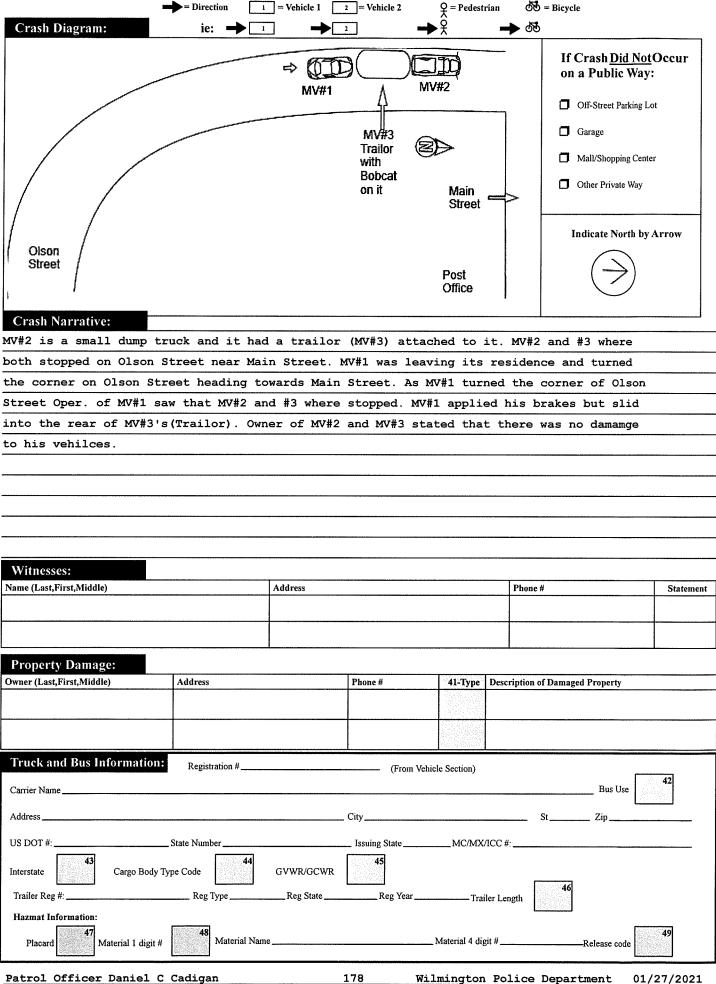


	Pol	lice Use Only	C	<u>om</u> monwealth	ı of Massach	usetts	R	MV Document N	Number	
	Date of Crash 01/27/2021	Time of Crash	City/Town Vilmingtor	Motor Ve	ehicle Crash		nber Speed Lin	nit Loca	Police Police RA Police	1
	01/2//2021	24HR	TIMEING COL	' Police	e Report	1 0	Latitude_ Longitude	Cam		
		AT INTERSI	ECTION:	< L00	CATION >	NO	T AT INTE	RSECTION	:	1
										2 10
	Route# Dire	ction	Name of Roa	idway/Street	Route# Direction	123 A	LDRICH Name	of Roadway/Stree	et	┢──
¹ 2			P	At						1
L	Route# Dire	ation	Name of Intersection	D	Feet N S		ile Marker	orExit	Number	11
	Koule# Dile	CHOIL	Also at Inters		Feet N S					1 "
					Feet N S	E W of	e# Inte	rsecting Roadway	y/Street	
² 4	Route# Dire	ction	Name of Intersectin	ig Roadway/Street	1			Landmark		
ـــــــــــــــــــــــــــــــــــــ	Please Select (1 #Occupants	Hit/Run Mope	d Crash Report	1D# 21-2	1-AC			1
³ 5	of the Followi	ng.								1
		10 10	St MA DOB/Age	20	eg # 41C270				21	7 12
	Sex M Lic.	C1833 D	Lic. Restrictions	CDL Ve	eh Year 2015 \			Veh Config.	<u>T</u>	
⁴ 1	1	ICH, COLI	First	Middle	wner REICH, CC	F	irst	Middle		
T			ON AVE A		idress 10 BURLII			1316		
	1		_ State MA Zip 0		ty WILMINGTON			Zip 01887	27 27	
	•			·····	chicle Action Prior to Crash	1 22	Damaged Au Test Status:	rea Code: 1 27 28	-1 -1	
⁵ 2	Vehicle Travel D	Direction: N S I	Responding		ent Sequence 30	23 23 23	Type of Test			
2	Citation # (If Iss	ued)	<u>.</u>	М	ost Harmful Event 30		BAC Test R	1 20		12
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/	Sub Di	iver Contributing Code	1 25 25	Susp. Alcoh	ol: 31 Susp.	Drug: 32	30 ¹³
⁶ 3	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/S	Sub Dı	iver Distracted by	26	Towed from	scene? 1 33		
3	Name (Last First M		r operator and all occu	pants involved Address	DOB/Age Sex	34 35 36 Seat Safety Airbag Pos. System Status	37 38 3 Eject Trap Inju Code Code Sta	ıry Transp.	dical Facility	
	Operate			See Above		1 1 4	0 0 10			1
										•
										1
⁷ 1	Please Select C of the Followin		#Occupants	Non-Motorist A Type	15 Action 16 L	ocation 17	Condition	8 Hit/Run	Moped Moped	
-	License #		St DOB/Age	Re	g#	Res	Type	Reg State		1
	SexLic. (19 19	Lic. Restrictions	20	h Year V			_	21	
	Operator			Endorsement	vner					
⁸ 1	Address	Last	First	Middle	Last	Fi	rst	Middle		
	City		StateZip		у		_ State	Zip		4 14
	Insurance Compa				hicle Action Prior to Crash	22	Damaged Ar		27 27	
	•	irection: NSE	W Responding	to Emergency? Ev	ent Sequence 23	23 23 23	Test Status:	28		
		ued)		• • • • • • • • • • • • • • • • • • • •	ost Harmful Event	24	Type of Test	<u> </u>		
⁹ 2		•			iver Contributing Code	25 25	BAC Test Re		Drug. 32	
	Viol. 3: Ch/Sec/S		Viol. 2: Ch/Sec/SViol. 4: Ch/Sec/S	_	iver Distracted by	26	Susp. Alcoho Towed from	3.00	Drug.	
}		W	tor/non-motorist and al	-	- 10241.2	34 35 36 Seat Safety Airbag	37 38 39	40		1
}	Name (Last First Mi			Address	DOB/Age Sex	Pos. System Status	Eject Trap Inju Code Code Stat	ry Transp. us Code Med	dical Facility	
}	Operato	or/Non-Moto	orist	See Above		1				
Ī										



	Pol	lice Use Only		Com	monwe	ealth (of Mass	sach	ıus	etts	5			RM	V Doc	ument N	umber		
	Date of Crash	i I		City/Town	Moto	r Veh	icle Cra	ash	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lumber ehicles		nber ured	1 1	d Limit	2	Local	Police Police	2 8 0	
	01/27/2021	0759 24HR	MITW	ington	P	olice :	Report		3		0	area	Latitu Longi	ıde itude _		Camp Other	us Police	ᆸ	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>	Ī		NO	T A I	r IN'	TER	SEC	TION:			
																		2 1	10
	Route# Dire	ection		Name of Roadway/S	treet		Route# Dire	ection	1 Add	ress#	<u>0</u>	LSO	N Na		Roady	way/Street	į		ل
¹ 1				At															
	Route# Dire	ection	Name	-CY-4	/6:		Feet	NS	EW	of of		ile Ma	• ırker	• —	or .	Exit	Number	-	
	Koule# Dile	CHOIL	Ivanie	of Intersecting Road Also at Intersection v			Feet	NS	EW	of								- 2 '	11
								NS		_	Rout	e#		Interse	ecting .	Roadway	/Street		
² 4	Route# Dire	ection	Name	of Intersecting Road	way/Street					_				La	ındmar	·k			
3	Please Select		11 /	#Occupants Hit	/Run	Moped	Crash	Renor	t ID#	21	-2	2.				"4		_	
3	of the Followi	ing:																_	
				DOB/Age			669EM4										21	- 1	2
	1	Class D 19 1		strictions 1 C	CDL Endorsement		/ear <u>2009</u>								Vel	1 Config.	1		_
4 -		AKASH, E	F	First	Middle		er GANDH:	Last			F	rst	ΑĹ		М	liddle		-	
		DLSON ST					ess 1 OLS			A	PT							-	
				MA Zip 0188		•	WILMING	1OT	<u> </u>		22						-2450 27 27	, I	
	_			EMPLOYEE:			le Action Prior t			1	Ц.		amage st Stat	d Area	Code:	1 27 2 28	21 21	J	
⁵ 2	Vehicle Travel D	Direction: N	EW	Responding to Emer	rgency? 1	Event	Sequence 1	23	23	23	23		pe of			29			
	Citation # (If Iss	sued)		-		Most	Harmful Event	2	24				AC Tes	st Resi	ılt:	30		1.	า
	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub —		_ Drive	r Contributing C	Code	99	25	25	Su	sp. Al	cohol:	31		orug: 32] 2	1
6 4	Viol, 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		_ Drive	r Distracted by	0	26	.,	,		wed fi	rom sc		2 33			
	Name (Last First M		for operato	or and all occupants in	volved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System		37 Eject Code	38 Trap Code	19 Injury Status	40 Transp. Code	Med	ical Facility		
	Operate	or		s	ee Above		><	X	1	99	4	0	0	10	1				
									1									_	
								-	-	-								-	
									<u>. </u>	<u> </u>							****	_	
⁷ 1	Please Select C of the Followir		21#	Occupants Non	ı-Motorist A	Туре	Action	16	Location	on	17	Conditi	ion	18		Hit/Run	Mope	d	
	License # S25	50189936	St MA	DOB/Age,		Reg#	T98758				Reg	Туре	CO		R	eg State 1	ν/A.	_	
	Sex M Lic. 0	Class D 19	Lic. Res	strictions 1 20 C	DL	Veh Y	ear <u>2012</u>		Veh M	ake F	ORD)			_ Veh	Config.	6 21		
	Operator BII	MBO, JAM	ES A		ndorsement Middle	Owne	r J BIME	30]	INC									_	
1	Address 35	BEECHING	AVE	ırst I	Middle	Addre	ss 35 BE	Last ECH	ING	: A	/E	st			Mi	ddle		_	
	City WILMI	INGTON	State <u></u>	4A Zip 01887	7-1371	City J	WILMING	TON	I			_ Stat	e M	1 z	ip 0]	1887-	-1371	- 14	4
	Insurance Compa	any ARBELL	A PRO	OTECTION 1	INSURA	Vehicl	e Action Prior to	Crash	ı ,	11	22	Da	maged	i Area	Code:	o ²⁷	27 27		٢
	Vehicle Travel D	Direction:	E W	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		st Stati			28			
,	Citation # (If Issu	ued)				Most 1	Harmful Event	2	24			٠.	pe of T	lest: st Resu	14.	29 30			
2	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub		_ Driver	Contributing Co	ode	1	25	25		sp. Alc	г	31		rug: 32		
	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec/Sub		_ Driver	Distracted by	0	26				•	om sce	ene?	2 33			
		•	ator/non-n	notorist and all occupa		· · ·			34 Seat		36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7	
	Name (Last First Mi	or/Non-Mot	orist	9,	Address ee Above		DOB/Age	Sex	Pos.	System	Status 5	Code	Code	Status 10	Code 1	Medi	cal Facility	-	
			Jist	30				\leftarrow	1	<u> </u>		-	•		-			_	
ŀ								ļ											
								<u> </u>											

	Pol	lice Use Only	Co	mmonwealt	h of Massa	chusetts	5	RM	IV Docum	nent Number	
	Date of Crash 01/27/2021	i i	City/Town	Motor V	ehicle Cras	h Number Vehicles		Speed Limi		State Police Local Police MBTA Police Campus Police	Ī
	01/2//2021	24HR	.lmington	Polic	e Report	3	0	Latitude Longitude _		Campus Police	i
		AT INTERSEC	CTION:	< LO	CATION >		NOT A	T INTER		ION:	7
											2 10
	Route# Dire	ection	Name of Roadw	av/Street	Route# Direction	n Address #	OLSC	Name of	f Roadwa	v/Street	
¹ 1	Trouten Dire		At	ay/Street							-
					Feet N	S E W of	Mile Ma	•	or	Exit Number	
	Route# Dire	ection	Name of Intersecting F		Feet N	I S I S I W C	IVIIIC IVI	arker		EXIT NUMBER	2 11
			Also at Intersect	ion with			Route#	Inters	secting Ro	oadway/Street	
² 4	Route# Dire	ection	Name of Intersecting F	Roadway/Street	Feet N	S E W of					_
	Please Select	000 573							andmark		-
3	of the Followi		#Occupants	Hit/Run Mope	ed Crash Rep	port ID# 21	-22	-AC			
	License #		t DOB/Age	, , , , , , , , , , , , , , , , , , ,	teg# E44172		Reg Typ	e TR	Reg	State MA	. 12
	SexLic.	Class 19 19 L	ic. Restrictions	0 CDL \	/eh Year 2010	Veh Make			Veh C	Config. 97 21	1 "
	1	iverless N	L	 Endorsement 	wner J BIMBO					<u> </u>	
⁴ 1	i i	Last	First		Las	t	First		Midd	le	
	_		State 7 in		City		Sta		7in		
		oany			•	[194.5a		amaged Area		27 27 27	·
		-	_		'ehicle Action Prior to C			est Status:		28	
⁵ 2		Direction: NSE			vent Sequence 2 23		+ 5 + 5 +	ype of Test:	F	29	
_	Citation # (If Iss	sued)			Nost Harmful Event	• see and		AC Test Res	ult:	30	13
	Viol. 1: Ch/Sec/	'Sub	Viol. 2: Ch/Sec/Sub	, D	Priver Contributing Code		25 St	usp. Alcohol:	31	Susp. Drug: 32	2
⁶ 4	Viol. 3: Ch/Sec/	Sub			Priver Distracted by) 26	To	owed from so	cene? 2	33	
4	Name (Last First M		perator and all occupar	nts involved Address	DOB/Age	34 35 Seat Safety Sex Pos. System		38 39 Trap Injury Code Status		Medical Facility	
	Operate			See Above		X 1	0000	0000 0000	1	model ruemy	1
	- F				-				+-+		-
											-
											_
7 _	Please Select (#Occupants	Non-Motorist A Type	15 Action 1	6 Location	17 Condit	tion 18	Пн	t/Run Moped	7
1	of the Followi							40 90 4			4
	License #	19 19	DOB/Age	0	eg#				_	21	
	Sex Lic. (Class Li	c. Restrictions	CDL V Endorsement	eh Year	Veh Make			Veh C	onfig.	
8,	Operator	Last	First	O	wnerLast		First		Middl	.c	
1	Address			A	ddress						14
	City	S	tateZip	C	ity	C section		te 2	Zip		
	Insurance Compa	any		V	ehicle Action Prior to Cr	ash	9/64	amaged Area	Code:	27 27 27	
	Vehicle Travel D	Direction: N S E V	Responding to I	Emergency? E	vent Sequence 23	23 23	~~	st Status:	F	28	
9_	Citation # (If Iss	ued)		M	lost Hannful Event	24	•	pe of Test: AC Test Res		30	
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	D	river Contributing Code	25	25	isp. Alcohol:		Susp. Drug: 32	
	Viol. 3; Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	D	river Distracted by	26		wed from so	L	33	
		ease fill out for operator				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		4
	Name (Last First M			Address	DOB/Age S	Sex Pos. System	Status Code	Code Status	Code	Medical Facility	4
	Operato	or/Non-Motor	ist	See Above		1					_
]
											1
	1				1 1	1 1	1 1	1	1 1		1



Department

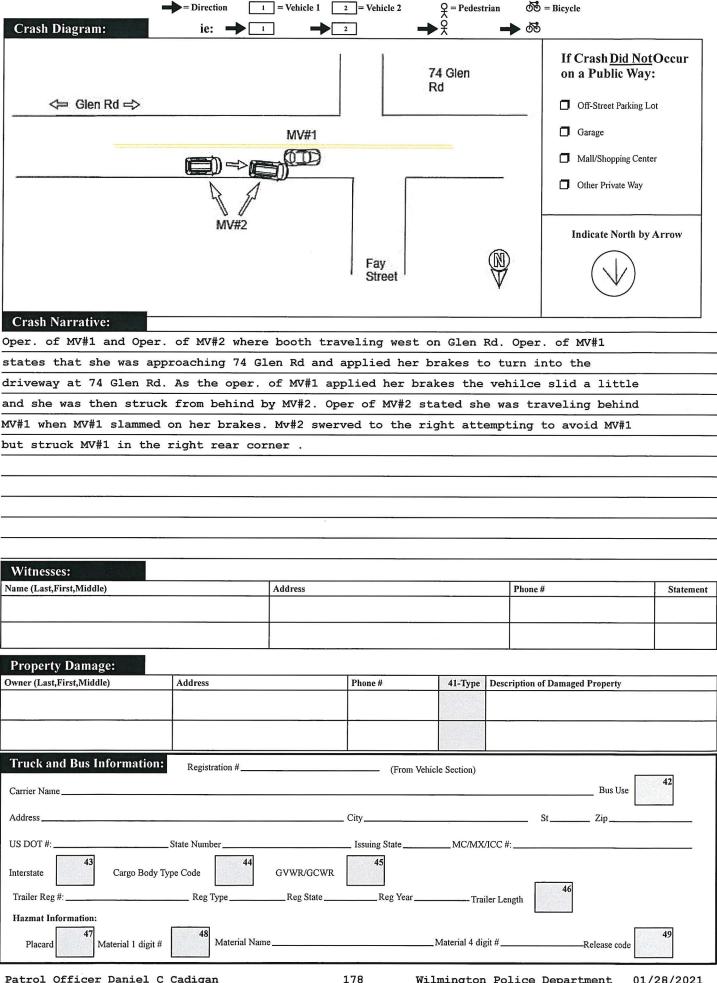
01/27/2021

	Pol	lice Use Only		Com	monwe	alth	of Mass	ach	us	etts	\$			RMV	Docu	ument Nu			
	Date of Crash 01/27/2021	Time of Crash		City/Town ington	Moto	r Veh	icle Cra	ısh		umber ehicles			Speed I	_	35	Local	Police Police A Police		
	01/27/2021	24HR	AA T TIII	Ing con	Po	olice	Report		2		0	- 1	_atitude _ongitu				us Police	ᆸ	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	ГАТ	INT	ERS	SEC	TION:			
																		2	10
	Route# Dire	ction		Name of Roadway/S	treet		Route# Direc	tion	21 Add	O ress #	BA	LL	ARD Nam			ST /ay/Street		_ -	
¹ 1				At							•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
							Feet	NS	EW	of	— — Мі	 le Mar	– • ker		or _	Exit 1	Number	- _	
	Route# Direc	ction	Name	of Intersecting Road Also at Intersection			Feet	N S	ЕW	of								- 2	11
								NS		:	Route	#	Ir	itersec	cting R	Roadway/	Street	_	
² 2	Route# Direc	ction	Name	of Intersecting Road	way/Street		1000	[<u>., </u> ~]	1	j 01				Lon	dmark				
	Please Select (.1 /	#Occupants Hit	In	Manad	Crash F		ID#	21		2_	7 (idilaik	`			
3	of the Followi	ng.		Hit	/Run	Moped	Crash F	Ceport	10#	<u></u>		<u> </u>	·A(_					
	License # S1			DOB/Age 12/0	04/1985	Reg #	3878A				Reg	Type	AP		Re	eg State I		- -	12
	Sex M Lic.	Class D	Lic. Re		CDL	Veh Y	rear <u>2002</u>		Veh M	ake					_ Veh	Config.	6 21		
	Operator GU	ZMAN, MI	GUEL	ANTONIO	Middle	Own	er DISTEF	'ANC) I	NDU	STF		S L	LC	3.411	ddle		_	
⁴ 1	Address 17	CRANBER	RY ST	!		Addre	ess BX 972				Pir	at			Mic	udie		_	
	City PEPP	ERELL	State 1	MA Zip 0146:	3-1044	City_	WATERTO	WN				_ State	MA	Zi	p 02	2472	-0000	2	
	Insurance Comp	any UNION	INSU	RANCE CON	IPANY	Vehic	le Action Prior to	Crash	ı	1	22	Dar	naged A	Area (Code:	o ²⁷	27 2	7	
	Vehicle Travel D	Direction: N	EW	Responding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23	Tes	t Status	3 :		28		_	
5 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24				e of Te		-	29			
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	1	25	25		C Test	_	t: 31	30	32	7 1	13
				ol. 4: Ch/Sec/Sub —				0	26		4 37 23		p. Alco ved froi	ᆫ		Susp. D	rug:		
2	VIOL 5. CIVICO			r and all occupants in			. Districted by		34	35	36	37	38	39	40	2		-	
	Name (Last First M			1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap I Code S	njury 7	Transp. Code	Medi	cal Facility	_	
	Operate	or		S	ee Above		\geq	X	1	1	4	0) 1	.0 :	1				
									<u> </u>			_	_						
	Please Select O	\				733	15	16	<u> </u>		17			18		I.			
1	of the Followin		21#	Occupants Non	-Motorist A	Туре	Action	l L	ocatio	n	c	onditio	n	10	Н	lit/Run	Море	ed	
	License #		. St	_ DOB/Age.		Reg#	1SVL79				Reg	Туре_	PC		Re	g State 1	1A	7	
	Sex Lic. C	19 19 Class D			DL	Veh Y	ear 2011	ν	/eh Ma	ıke <u>N</u>	ISS	AN			Veh (Config.	1 21		
	Operato	(E	ndorsement	Owne	r PACKAR	D,	RI	CHA	RD	CLZ	REI	1CE				_	
1	Address	Last	1.1		Middle	Addre	ss 14 WAR	ast REI	A I	VE	Firs AI	· PT	3		Mide	ldle		_	
	City		State.	_ Zip		City J	WOBURN					. State	MA	Zip	01	801-	-4919	2	14
	Insurance Compa	any SAFETY	INS	URANCE CO	MPANY	Vehicl	le Action Prior to	Crash	ſ	1	22		naged A	-	_		27 8 27	- 1	_
	Vehicle Travel D	irection: NX	EW	Responding to Emer	gency? 2				23	23	23	Test	Status	:		28		, l	
	Citation # (If Issu	ned)			<i>.</i>			1	24			Тур	of Tes	st:	L	29			
2	,	Sub		ıl. 2: Ch/Sec/Sub —			Contributing Cod		19	25	25		C Test I	_		30	27	,	
							*		26				. Alcol ed fron	<u> </u>		Susp. Di	rug: 32	1	
	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub —— notorist and all occupa	ants involved	Dilvel	Distracted by	J	34	35	36	37	38	39	40			_	
	Name (Last First Mi	•		1.0.101 and an occup	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject	Trap Ir		ransp. Code	Medic	cal Facility		
	Operato	or/Non-Mot	orist	Se	ee Above			X	1	1	3 ()	1	0 1	L				
					·							_	\dashv		\dashv			\dashv	
												\dashv						\dashv	
							1			- 1	- 1	- 1	- 1	- 1	- 1			- 1	

	= Direction	1 = Vehicle 1	2 = Vehicle 2	₽ = Pedest	ian 📆 =	Bicycle	
Crash Diagram:	ie: 👈	ı → [2	→ }	→ ₩		
				Ŷ		If Crash <u>Did No</u> on a Public Wa	
			······································	Route 125		Off-Street Parking	Lot
				1		Garage	
Ballardvale			and the second second	\\		■ Mall/Shopping Cen	nter
Street	and the second s		<u></u>			Other Private Way	
	300000000						
)				Indicate North b	y Arrow
MV#	2 MV#1 ₹ ②	Habit Bu 196 Ballare Street	dvale				
Crash Narrative:							
Oper. of MV#1 and Ope							I
Route 125. MV#1 state							
light changed to gree Oper. of MV#2 states							
on his brakes and MV			Id Oil Dai	aravare oct	sec when	TV #1 STAMMED	
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration #		(Fro	om Vehicle Section)		-	
Carrier Name	·					Bus Use	42
Address			_ City		St	Zip	
US DOT#:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Boo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	1000 Sept. 18		Reg Ye	ear Troi	lor Longth	46	
Hazmat Information:	108 1,p0	Top State	Rog R		iei rengin		
Placard 47 Material I dig	it # 48 Material Nat	me		Material 4 dig	it #	Release code	49

Department

	Police Use Only	Comr	nonwealth (of Massac	chus	etts	.		RM	IV Doc	cument Nur	nber		
	Date of Crash Time of Crash	City/Town mington	Motor Veh	icle Cras	$h \int_{V}^{N}$	lumber ehicles		100	eed Limi	it2	5 State Po	olice 🔯		
	24HR	ming con	Police 1	Report	2		0	La	titude ngitude _			Police		
	AT INTERSECT	ION:	< LOCA	TION >			NO	TAT I	NTE	RSEC	CTION:			_
					*** A		C) T	E'NT '	חם				2 10	1
1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	ղ 74 ո Add	ress#	<u>157</u>	EN	Name o	f Road	way/Street		· 	Į
¹ 1		At		Feet N	SEW	l _{of}			• —	- or				
	Route# Direction Na	ne of Intersecting Roadw	/ay/Street	rect [19191.	J 01		e Marke		- 01	Exit N	umber	1011	1
		Also at Intersection w	rith	Feet N	SEW	of	Route	_ _	Inter	secting	Roadway/S	freet	10	
² 2	Route# Direction Na	ne of Intersecting Roadw	/av/Street	Feet N	SEW	of	Route	,,	Inter.	sconing	Ttodaway/5	acci		
2										andmar	rk		-	
³ 4	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Rep	ort ID#	21	-2	4-	AC					
- 3	License # S07805163 St M	A DOB/Ag	. Reg #	3260XD			Reg	Туре _	PC	R	Reg State M	A	12	7
	Sex F Lic. Class D 19 19 Lic. 1	Restrictions 1 20 CI	DL Veh Y	Tear 2013	Veh M	lake <u>H</u>	OND	A		Vel	h Config.	1 21	1 '2	
	Operator THOMAS, MICHE	LLE A	idorsement	THOMAS,			LE	A			<u></u>			•
⁴ 1	Address 74 GLEN RD	First	Middle	Last ess 74 GLEN			Fir	st		M	fiddle			
	City WILMINGTON State	e MA Zip 01887	-1877 City	WILMINGT	ON			_ State 】	MA	Zip O	1887-	1877		
	Insurance Company METROPOLI	IAN PROPERT		le Action Prior to Cr		2	22				4 27 3			
	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Event	Sequence 23	23	23	23		Status:		28			
⁵ 2	Citation # (If Issued)			Harmful Event 1	24			• • •	of Test:		30			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		r Contributing Code	1	25	25		Test Res Alcohol			32	1 13	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26				d from s	L	2 33	···]
⁶ 2	Please fill out for opera	ntor and all occupants inv	rolved		34 Seat	35 Safety	36 Airbag	37 3 Eject Tr	ap Injury	40 Transp.		****		
	Name (Last First Middle) Operator		Address e Above	DOB/Age S	Sex Pos.	System 1	Status	Code Co	ode Status	Code 1	Medica	al Facility		
•	Орегию	36	e Above		$\frac{1}{1}$	<u> </u>	78	-	10	1				
;										-	<u> </u>			
									_					
⁷ 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 1	6 Locatio	on	17 C	ondition	18		Hit/Run	Moped		
		A_ DOB/Ag	Do-#	9WB635			D	Туре Р	C	Р	eg State M	Ά	1	
	19 19	20	-	эмь 033 ear 2012		ake H	_		<u> </u>		eg State	21		
	Operator BARRETT, SHAN	En	dorsement	r BARRETT			JAM			ven	Comig.			
8,	Last	First UNIT	Middle	Last SS 4 RIDGE			Firs			М	iddle			
		MA Zip 01887		WILMINGTO				State N	MA.	zin Oʻ	1887-	3421	14	
	Insurance Company SAFETY IN	•	•	e Action Prior to Cr		1	22			•		27 27	 	
ı	Vehicle Travel Direction: N S E	Responding to Emerg	_	Sequence 23	23	23	23	Test S			28	J		
	Citation # (If Issued)	,	•	Hannful Event 1	24		لت	• •	of Test:		29			
ຶ2	, ,			Contributing Code	11	25	25		Test Res	ult: 31	Suan Dra	32		
		/iol. 4: Ch/Sec/Sub		Distracted by	26			•	Alcohol: d from so	L	Susp. Dri	ug		
-	Please fill out for operator/nor				34 Seat	35 Safety	36 Airbag	37 3: Eject Tri	8 39	40				
}	Name (Last First Middle)		Address	DOB/Age S	Sex Pos.	System	Status	Code Co	de Status	Code	Medica	d Facility		
-	Operator/Non-Motorist	Second 21 PALMER WAY	e Above		$\frac{1}{1}$	1	4 (0	10	1				
	ABIGAIL SILVEIRA	WILMINGTON, MA 01	887-1974	F	3	1	4 (0	10	1				
Ī														



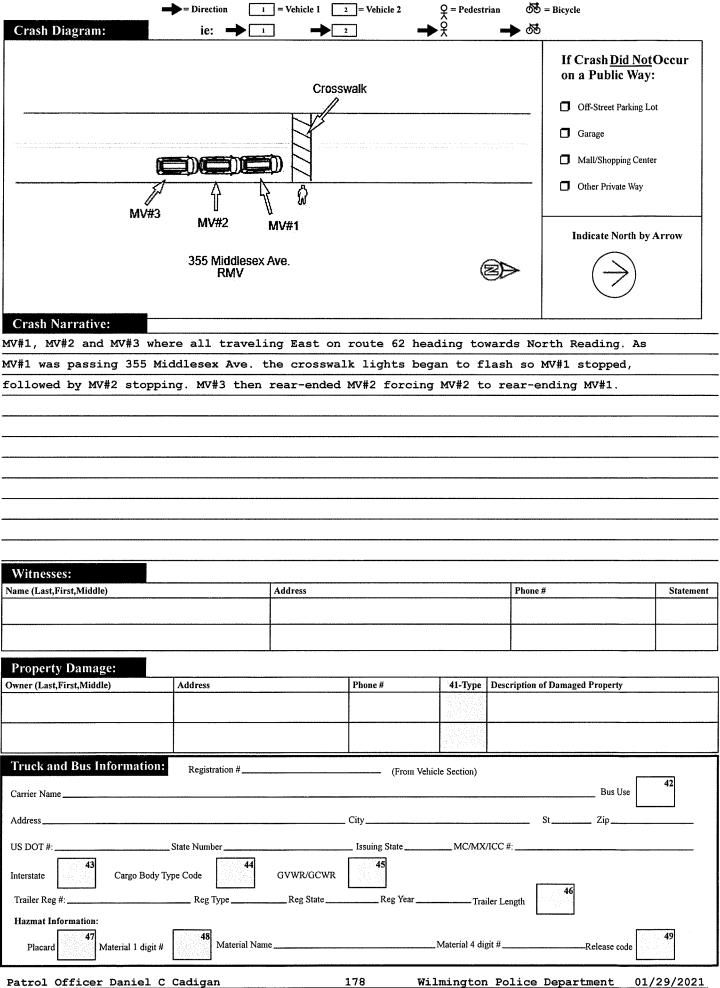
Patrol Officer Daniel C Cadigan

Wilmington Police Department

01/28/2021

	Police Use Only	Common	wealth	of Massa	chus	etts			RM	V Docu	ıment Numbe	r	
	1 1	City/Town Mo	otor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Number Injured		Limit	35	State Police Local Police MBTA Police		
	24HR 24HR	ington	Police :	Report	3		1	Lanni			Campus Poli Other:		
	AT INTERSECTION	ON: <	LOCA	TION >			NOT A	T IN	TER	SEC'	TION:		<u> </u>
						_							2 ¹⁰
	Route# Direction	Name of Roadway/Street		Route# Direction	<u>35</u> on Add	ress #	MID				ay/Street		
¹ 1		At		ſ]							
	Route# Direction Name	of Intersecting Roadway/Stree	.+	Feet N	SEW	of ·	Mile N	• ⁄larker	. —	or _	Exit Numb	er	
		Also at Intersection with		Feet N	SEW	of .							2
				Feet N	SEW	of	Route#		Interse	ecting F	Roadway/Stree	t -	
² 2	Route# Direction Name	of Intersecting Roadway/Stree	t			•			La	ndmark			
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Rep	port ID#	21	-25	-A	C				
	or the Following.			6FN484							a. M7		<u> </u>
	[10] 10]	DOB/Age	_					-			-	21	1 12
	Sex E Lic. Class D Lic. Res	strictions 1 CDLEndorseme	ent	Year 2009							Config.		
⁴ 1	Operator BRODERICK, AMA	NDA LOUISE irst Middle		er BRODERI	a		NDA First	LOU.	LSE	Mie	ddle		
т	Address 550 WINTER ST	en 01045 144		ess <u>550 WIN</u>						. ^-	1045 1	410	
	City NORTH ANDOVER State			NORTH AN				tate M Damage				27	
	Insurance Company PREFERRED			ele Action Prior to C		23		Damage Test Sta		Code.	28		
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emergency? _2	Even	t Sequence 23	24	23	43	Type of			29		
	Citation # (If Issued)			Harmful Event	L 24	25		BAC Te	st Resu	ılt:	30		_ 13
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. Al	cohol:	31	Susp. Drug:	32	1 "
⁶ 1	Viol. 3: Ch/Sec/Sub Vio		Drive	r Distracted by				Towed f	rom sc	!	3 33		
	Please fill out for operato Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eje Status Co	t Trap	Injury Status	40 Transp. Code	Medical Fac	ility	
	Operator	See Above	:	>>	1	1	4 0	0	9	2	Lahey Clini	c	
	,									\vdash			
		<u> </u>		15 1	16	ᆜ	17		18				
⁷ 1	Please Select One of the Following:	Occupants Non-Motoris	st A Type	Action	Locati	on	Con	lition	16	1	Hit/Run	Moped	
	License # S82060480 St MA	_ DOB/Age	. Reg #	613KA0			_ Reg Ty	ре <u>РС</u>		Re	g State MA		
	Sex M Lic. Class D 19 Lic. Res	trictions 1 20 CDL		(ear 2017	Veh M	lake <u>H</u>	YUND.	AI		Veh	Config. 2	21	
0	Operator DELLASCIO, ALA	Endorseme N F		er DELLASC	IO,	ALA	N F				1dle		
⁸ 1	Address 1 MURIEL RD	irst iviiddie	Addr	ess 1 MURIE	L RI)	First			Mic	adie		
	City GROVELAND State 1	<u>/A</u> Zip 01834-183	City_	GROVELAN	D		S	tate <u>M</u>	A z	ip 01	<u> 1834-18</u>	834	14
	Insurance Company SAFETY INS	URANCE COMPAN	Vehic	le Action Prior to C	rash	2	22	Damage	d Area	Code:		27	
	Vehicle Travel Direction:	Responding to Emergency? 2	Even	Sequence 23	23	23	23	Test Stat			28		
9 _	Citation # (If Issued)		Most	Harmful Event	L 24			Type of ' BAC Te		ıltı.	30		
⁹ 2	Viol. 1: Ch/Sec/Sub ———— Viol	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25	Susp. Al	Г	31		32	
	Viol. 3; Ch/Sec/Sub ———— Viol	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			Towed f	rom sce	ene?	1 33		
	Please fill out for operator/non-n	notorist and all occupants invol	lved	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eje Status Coo	t Trap	39 Injury Status	40 Transp. Code	Medical Fac	vility	
	Name (Last First Middle) Operator/Non-Motorist	See Above		1.Ols/Age	Sex Pos.		4 0	0	†	1	Medical Pac	any	
				+	\	-				\vdash			
						+	_		-	-			
								-	-				

	Pol	ice Use Only		Com	nonwealth	of Massach	nusetts	i	RM	V Docum	nent Number	
	Date of Crash 01/29/2021	Time of Crash 1507		City/Town	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police [Local Police MBTA Police [
	01/23/2021	24HR	***	ington	Police	Report	3	1	Latitude Longitude _		Campus Police (5
		AT INTER	SECTIO	N:	< LOCA	ATION >		NOT A	r inter	SECT	ION:	
												2 10
	Route# Dire	ction	1	Name of Roadway/Str	reet	Route# Direction	355 Address #	MIDE	LESEX Name of	Roadway		_
¹ 1				At		Eula						
L	Route# Dire	ntion .	Nome	of Intersecting Roadw	in il Chront	Feet N S	E W of	Mile Ma	rker	ог	Exit Number	- 11
	Route# Diter	CHOIL		Also at Intersection w		Feet N S	E W of					2 '
						Feet N S		Route#	Inters	ecting Roa	adway/Street	
² 2	Route# Direc	ction	Name o	of Intersecting Roadw	vay/Street				La	ındmark		-
	Please Select (e 31 #0	Occupants Hit/	Run Moped	Crash Repor	+ ID# 21	-25	_AC			
3	of the Followi	ng:										4
		1377286		DOB/Age		# 9LRY40					21	- 1 12
		Class D		rictions 1 Cl	DL Veh	Year 2013	Veh Make H	YUNDA	I	Veh Co	onfig. 1	
⁴ 1		RES, JAI	Fir		Middle	er <u>CERES , Ja</u>		First		Middle	2	-
1		FAIRVIE				ess 17 FAIRV	IEW A	/E				-
	City WILM	INGTON	State K	IA Zip 01887	7-2444 City	WILMINGTON	,			_	387-2444	, I
	Insurance Comp	any SAFET	Y INSU	JRANCE CO	MPANY Vehi	cle Action Prior to Crash	h 1		amaged Area	Code: 1	27 27 27 28	
5_	Vehicle Travel D	Direction: N S	E	Responding to Emerg	gency? 2 Even	t Sequence 23	23 23	4 3	est Status: /pe of Test:		29	
⁵ 2	Citation # (If Iss	ued)			Most	Harmful Event 1	24	•	AC Test Resi	ult:	30	
	Viol. 1: Ch/Sec/S	Sub	Viol	l. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 ²⁵	25	isp. Alcohol:		Susp. Drug: 32	1 13
6	Viol. 3: Ch/Sec/	Sub	Viol	. 4: Ch/Sec/Sub	Drive	er Distracted by 99	26	To	wed from sc	ene? 1	33	·
⁶ 1			for operator	and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury Code Status	40 Transp.		
	Name (Last First M			م۶	ee Above	DOB/Age Sex	Pos. System 1 1	Status Code	Code Status 0 10	Code 1	Medical Facility	_
ŀ	- Oper une			50			-			-		_
⁷ 1	Please Select C		. 4#C	Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit	/Run Mope	d
1				Don't						1		-
	License #	19 1		DOB/Age	_	f					21	-
l	Sex Lic. C	lass	Lic. Rest	rictions CL En	dorsement	ear	Veh Make			Veh Co	onfig.	
⁸ 1	Operator	Last	Firs	st .	Middle	erLast		First		Middle		-
	Address			G:		ess						14
	·		State	Zip	•		165.43	 1	te Z maged Area		27 27 27	-
	Insurance Compa	, , , , , , , , , , , , , , , , , , , ,				le Action Prior to Crash	23 23		st Status:	-	28	
		irection: NS	I	Responding to Emerg		Sequence		NS.	pe of Test:		29	
⁹ 2	•	ued)				Hannful Event	24		AC Test Resu	ılt:	30	.
	Viol. 1: Ch/Sec/S	Sub	Viol	. 2: Ch/Sec/Sub		r Contributing Code	25		sp. Alcohol:		usp. Drug: 32	
Į	Viol. 3: Ch/Sec/S			. 4: Ch/Sec/Sub		r Distracted by	26		wed from sc		33	
	Ple Name (Last First Mi	-	rator/non-m	otorist and all occupa	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operato	or/Non-Mo	torist	Se	e Above	X	1					1
	,											
}												_
-												



Patrol Officer Daniel C Cadigan

Wilmington Police Department Department