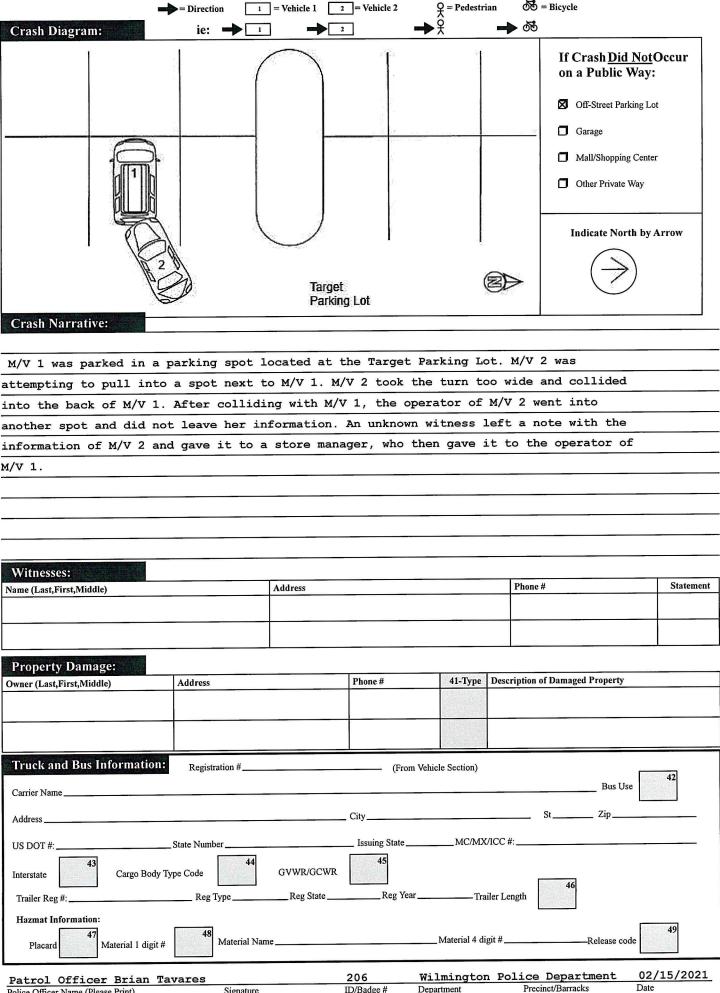
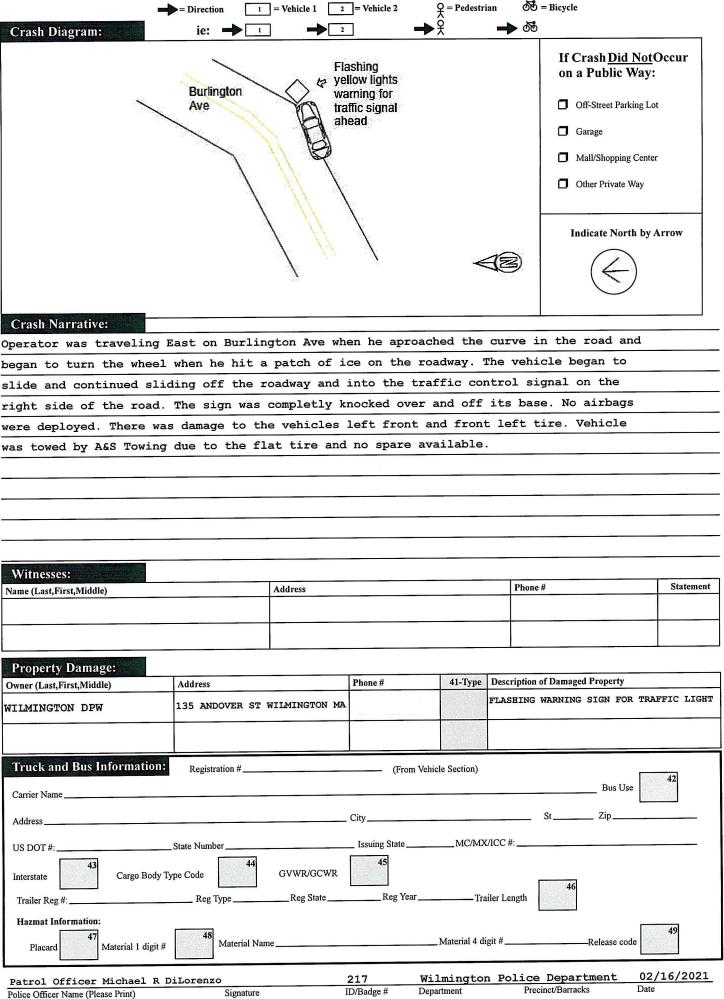
	Police Use Only	Common	wealth (of Massa	chuse	etts				ment Number	
			tor Veh	icle Cras	h Nt			Speed Limit	15		
	02/15/2021 1533 Wilm:	ington	Police 1	Report	2	incles	. '	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	LOCA			N		INTER	SECT		
							*				2 10
					21	0	BALL	ARDVA			.[
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addr	ess#		Name of	Roadw	ay/Street	-
1		Al		Feet N	SEW	of —		- • -	or _		
	Route# Direction Name	of Intersecting Roadway/Stree	t				Mile Ma	rker		Exit Number	8 11
		Also at Intersection with		Feet N	SEW	of _	Loute#	Inters	ecting R	Roadway/Street	
				Feet [N	SEW	of	touton	Inters	coming I	toud//uj/succi	
² 1	Route# Direction Name	of Intersecting Roadway/Stree	et					La	ındmark		1
	Please Select One Vehicle 10	#Occupants Hit/Run	Moped	Crash Re	port ID#	21-	-37-	-AC			
3	of the Following:										-
	License #St		_	# <u>958WC5</u>						21	7 12
	Sex Lic. Class 19 19 Lic. Res	strictions CDL CDL Endorseme	Veh '	Year 2010	Veh M	ake <u>HO</u>	NDA		Veh	Config. 1	
	Operator Driverless M.V		Own	er JOHNSTO	NE,	CARI	B First		Mic	ddle	
⁴ 1	Address	rirst iviiddie	Addr	ess 41 ALL	EN RE)	Fust				
	CityState_	Zip	City_	TEWKSBUR	Y		Stat	e MA	Zip 01	1876-2401	
	Insurance Company UNITED SER			cle Action Prior to C		11 22	_	maged Area			
					S Company of Figure	Acres and a con-] 23 Te	st Status:		1 28	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency? 2		r sequence 2			39	pe of Test:		29	
	Citation # (If Issued)	-	Most	Harmful Event	2	25	25 BA	AC Test Res	ult:	1 30	13
	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	Asset Medi	25	Z5 Su	sp. Alcohol	2 31		2
6	Viol. 3: Ch/Sec/Sub Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26		То	wed from se	cene?	2 33	
⁶ 1	Please fill out for operator	or and all occupants involved			34 Seat	Safety A	36 37 irbag Eject	38 39 Trap Injury	40 Transp.	Madical Facility	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System S	tatus Code	Code Status	Code	Medical Facility	-
	Operator	See Above	• 		X^1		+		1		-
						t					
			650	16	16		17	18			1
⁷ 1	Please Select One of the Following:	#Occupants Non-Motori	st A Type	15 Action	Locati	on	Condit	ion	🗀 י	Hit/Run Moped	
		DOB/Age	Reg	# 1KDR51			Reg Type	PC	Re	eg State MA	1
	19 19	20		Year 2007	Vol. M					21	
	Digital Digital	estrictions 2 CDLEndorseme	ent						ven	Colling.	
⁸ 1	Operator DILLON, COURTN	First Middle		er DILLON	st		First		Mi	iddle	1
1	Address 54 AUDUBON RD			ress 54 AUD	UBON	RD					14
	City MILTON State	MA Zip 02186-150	O4 City	MILTON		University and a	_			2186-1504	1
	Insurance Company SAFETY INS	SURANCE COMPA	NY Vehi	cle Action Prior to	Crash	4 2	<u> </u>	amaged Are	a Code:	2 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Ever	nt Sequence 2	3 23	23	23	est Status:		29	
	Citation # (If Issued)	_	Mos	t Harmful Event	2 24		-	pe of Test: AC Test Re	oult:	30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Vi	ial 2. Ch/Saa/Sub	Driv	er Contributing Coo	le 3	²⁵ 9	25	isp. Alcohol	Description of	TREAS	
					99 26	Total Control		owed from s	2	2 33	
	Viol. 3: Ch/Sec/Sub Vi			o. Distracted by	34	35	36 37	38 39	40		7
	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occupants invo	oivea	DOB/Age	Seat Pos.	Safety A	Airbag Eject Status Code	Trap Injur Code Statu	y Transp. is Code	Medical Facility	_
	Operator/Non-Motorist	See Above	e	\sim	X	0 4	1 0	0 10	1		
	*										
					_		_				
									-		-



Direct Care Tame of Cault	Police Use Only	commonwealth	of Massach	usetts		RMV	V Docum	ent Number
AT INTERSECTION:					Injured		25	State Police Local Police MBTA Police
Routes Disection Name of Readway/Street Readed Direction Address # Name of Intersecting Readway/Street Address # Name of Intersecting Readway/Street Address # Name of Intersecting Readway/Street Peet NS E W of Male Marker Exit Number	1 1 -	Police	Report	1	10			Campus Police Other:
Router	AT INTERSECTION:	< LOCA	TION >		NOT AT	INTER	SECTI	ON:
First Name of Intersecting Roadway/Street First S E W of Mile Marker or Exit Number	Route# Direction Name of Roa	adway/Street	Route# Direction		BURL			
Private Name of Intersecting Roadway/Street		At	Feet NS	E W of			or	Exit Number
Route# Direction Name of Intersecting Roadway/Street Landonsek Lando	The second secon	T	East NS	F W of	11210 1120			
Piezze Salect Onz					Route#	Interse	ecting Roa	adway/Street
License # \$48.20.34.35 St.MA DOB/Age D	Route# Direction Name of Intersection	ig Roadway/Street				La	ndmark	
Sex M Lie, Class 19 19 Lie, Restrictions B 20 20 20 20 20 20 20	Please Select One of the Following: Vehicle 11 #Occupants						50525	
Sex M	License # S48203435 St MA DOB/Age		# <u>4456774</u>		Reg Type	PC	Reg	
Address 26 DAYTONA ST City WILMINGTON State MA Zip 0.1887-0000 City NASHUA State Stat	Sex M Lic. Class D Lic. Restrictions B	CDL Veh				-Mc	_ Veh Co	onfig. 1
City MILIMINGTON State MA Zip 0.1887-0000 City MASHUA State Company GEICO Vehicle Care Company GEICO Vehicle Care		Middle	Last		First		Middle	:
Namurance Company GETCO)1887-0000 City	NASHUA	12	Stat	e NH Z	Zip <u>030</u>	060
Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 28 23 23 23 23 23 23 23				1				
Most Harmful Event 28 24				Hapdistina	23 Tes	st Status:	1	28
Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Middle Modeled Front Modeled Modeled Front M			Manager and Manage		Ty	pe of Test:		29
Viol. 4: Ch/Sec/Sub	Citation # (If Issued)		ELDO POR	25	25		02.2	30
Viol. 3: Ch/Sec/Sub	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec	/Sub Driv	er Contributing Code	-	Su	sp. Alcohol:	2 31 5	
None (Last First Middle) See Above	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec	/Sub Driv	er Distracted by	26	To	wed from sc	ene? 1	33
Please Select Out of the Following:			DODU .	Seat Safety	Airbag Eject	Trap Injury	Transp.	Madical Engility
Please Select One of the Following:			DOB/Age Sex					Wedical Facility
Vehicle Z	Operator	See Above		<u> </u>	-		-	
Vehicle Z								
Vehicle Z								
Vehicle Z								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Owner Last First Middle Address Address		Non-Motorist A Type	15 Action 16 I	Location	17 Conditi	18	П ні	t/Run Moped
Sex Lic. Class 19 19 Lic. Restrictions CDL	License # St DOB/Age	eReg	#		Reg Type		Reg	State
Last First Middle Last First Middle Last First Middle Address		CDL Veh Endorsement		Veh Make			Veh Co	onfig.
City State Zip City State Zip Vehicle Action Prior to Crash Insurance Company Vehicle Action Prior to Crash Vehicle Action Prior to Crash Event Sequence 23 23 23 23 23 23 23 23 23 23 23 29	Operator	Middle	Lost		First		Middle	
City	Address							
Insurance Company	City State Zip _	City						27 27 27
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 23 23 23 23 23 23 23 23	Insurance Company	Veh	icle Action Prior to Crash				, Code:	
Citation # (If Issued) Most Harmful Event	Vehicle Travel Direction: NSEW Responding	g to Emergency? Ever	nt Sequence 23	23 23	23			
Viol. 1: Ch/Sec/Sub	Citation # (If Issued)	Mos	st Harmful Event	24	-	•	nlt:	
Viol. 4: Ch/Sec/Sub Driver Distracted by Towed from scene? 33 Please fill out for operator/non-motorist and all occupants involved Name (Lost First Middle) DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility Medical Facility	, ,	Driv	ver Contributing Code	25	25		25/2	Susp. Drug: 32
Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Nobel Section Status Nobel Sectio	(A) (P) (Market Supply) - 000 (Market Supply) (Market Supply)	//300		26		-	12000000	123700
Please fill out for operator/non-motorist and all occupants involved Name (Lost First Middle) Sex Post Safety Airbag Eject Trap Injury Transp. OOB/Age Sex Post System Status Code Code Status Code Medical Facility		./340	Januaried by	34 35	36 37	38 39	40	tack.
			DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury		Medical Facility
		See Above	\searrow	1				
	F							
				-			+-+	

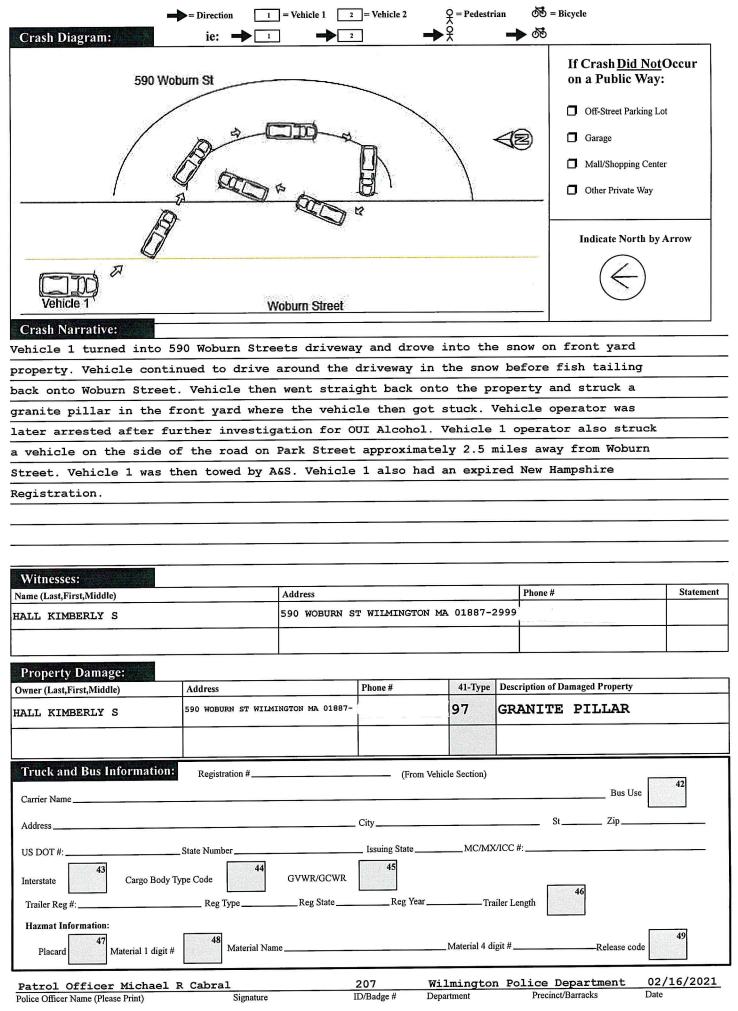


Wilmington Police Department Images Associated with 21-38-AC





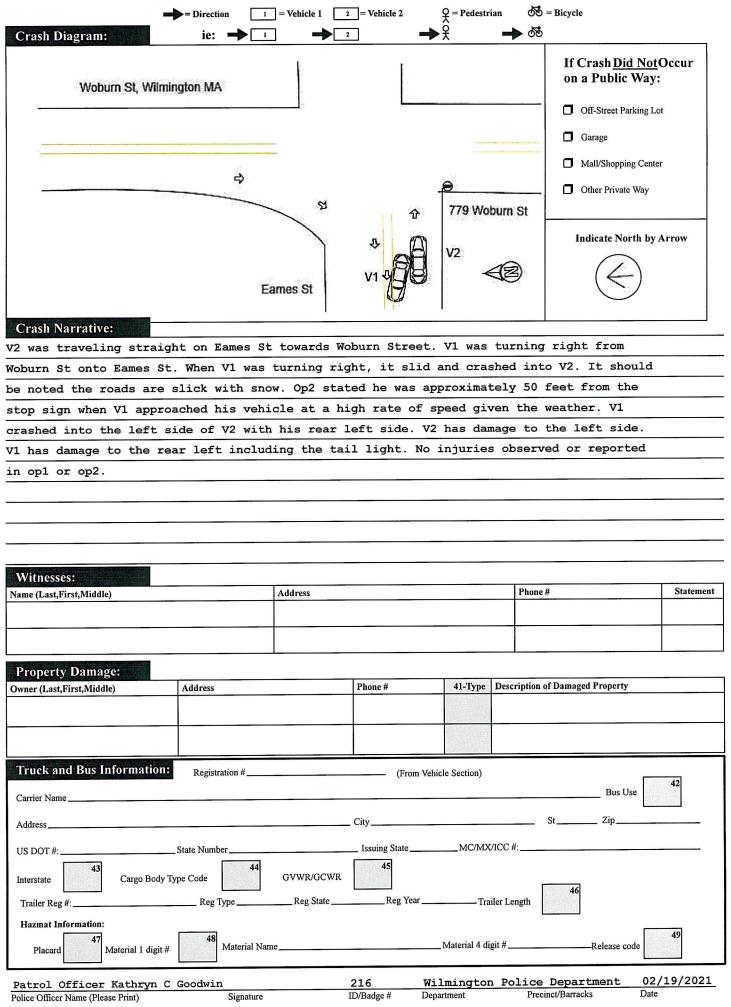
	Police Use Only	Commo	nwealth	of Massac	chusett	S	RM	V Document		
		City/Town Nington		icle Cras	h Number Vehicle		Speed Limit	Lo MI	te Police Cal Police STA Police mpus Police	
	24HR			Report	1	0	Longitude_	Otl	her:	
	AT INTERSECTION	ON:	< LOCA	TION >		NOT A	T INTER	SECTIO	N:	_ 10
	Route# Direction	Name of Roadway/Street		Route# Direction	590 Address #		JRN ST Name of	Roadway/Str	eet	2 ^
4		At		Feet N	S E W of	·		or		
	Route# Direction Name	of Intersecting Roadway/S	Street		121210	Mile M		Ex	cit Number	1 11
		Also at Intersection with	-	Feet N	S E W of	Route#	Inters	ecting Roadw	av/Street	
3	Route# Direction Name	of Intersecting Roadway/S	Street	Feet N	S E W of	- Kouter		ndmark		
	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	oort ID# 2 1	L-39	-AC			
	License # NHL16797886 St NH	DOB/Ago	Reg	# <u>4426268</u>		Reg Typ	e PC	Reg Stat		1
	Sex M Lic. Class D 19 Lic. Re	strictions B 20 CDL_	Veh	Year 2019	Veh Make_	DODGE		Veh Confi	g. 21	7
	Operator BLAKE, STEVEN	M Endors	Own	er BLAKE,	STEVEN	M				
1	Address 462 BAY HILL RI	First Mic	idle	ress 462 BAY	l .	First		Middle		
_	City NORTHFIELD State			NORTHFIE			ate NH 2	zip 0327	64623	
	*	Sip VOLETO		cle Action Prior to Ci	(383)				2 27 3 27	
	Insurance Company	- " "			Inter-SWEAT	1000 D/C/1	est Status:	2 28	3	
	Vehicle Travel Direction: N E W	Responding to Emergency		at Sequence 27 23	35	Т	ype of Test:	2 29		
	Citation # (If Issued) T2063724	-			35 ²⁴	25	AC Test Res	→ A(2)(0)(0]	30 ¹
	Viol. 1: Ch/Sec/Sub 90 24 Vi			er Contributing Code		S	susp. Alcohol:	200,000	_	30
2	Viol. 3: Ch/Sec/Sub 90 24 Vi	ol. 4: Ch/Sec/Sub90	9 Driv	er Distracted by	DESCRIPTION OF THE PROPERTY OF		owed from so	# CSUPER]
2	Please fill out for operato Name (Last First Middle)	or and all occupants involve		DOB/Age	Seat Safe Sex Pos. Syst	ty Airbag Ejec	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	See Al			1 99		0 10	1		
	Орегино						1 1 -			1
						-	-			1
	Please Select One Vehicle 2	#Occupants Non-Mo	torist A Type	15 Action 1	Location	17 Cond	ition 18	Hit/R	un Moped	
1	of the Following:									1
	License # St	DOB/Age	_	#					21	
	Sex Lic. Class Lic. Re	strictions CDL_	Veh	Year	Veh Make		-	Veh Confi	g.	
	Operator	First Mi	ddle Owr	nerLas	t	First		Middle		
1	Address		Add	ress						1
	City State_	Zip	City			Si	tate			1 '
	Insurance Company		Vehi	icle Action Prior to C	rash	22 I	Damaged Area	1,000,000		
	Vehicle Travel Direction: NSEW	Responding to Emergence	y? Ever	nt Sequence 23	23 23	23	Test Status:	2:		
	Citation # (If Issued)		Mos	et Harmful Event	24		Type of Test:			
2	Viol. 1: Ch/Sec/Sub — Vi	: 1.2. Cl./S/S-l	Driv	er Contributing Code	25	25	3AC Test Res Susp. Alcohol	uit.	p. Drug: 32	
				er Distracted by	26		Fowed from s	0.110.70	St.	
	Viol. 3: Ch/Sec/Sub Vi				34 3	5 36 37	38 39	40	W	4
	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occupants		DOB/Age	Sex Pos. Sys		et Trap Injury le Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	See A	bove	><	\times 1					
					++		+ +-			1
							+-+			-



P	Police Use Only		Com	monw	ealth	of Ma	assa	chu	iset	ts				Article.	ment Nu		
Date of Crasi		1	y/Town	Mot	or Veh	icle (Cras	h	Num Vehic	3500000	Number Injured	Speed Latitue		35		Police Police Police Police Police	
02/16/2021	1 1927	Wilmin	ngton]	Police :	Repo	rt		2		ס ֿ	Longi			Camp Other:		
	AT INTERS	SECTION	۱:	<	LOCA	TION	>			ľ	NOT A	T IN	TER!	SEC	TION:		┸
		-											_				2
Route# Di	irection	Na	me of Roadway/	Street		Route#	Direction		30 Addres	s #	PAR			Roadw	ay/Street		╁
		6+543	At		-												1
						-	_Feet [N S E	2 W o	f –	Mile M	— • Iarker	_	or _	Exit	Number	\vdash
Route# Di	irection		Intersecting Roadso at Intersection				Feet 1	N S E	w o	f							4
		7.0	So at intersection				Feet 1			1	Route#		Interse	cting R	loadway/	Street	
Route# Di	irection	Name of	Intersecting Roa	dway/Street			_1001 [-	-1-1-	، ت			-	Lai	ndmark			-
Please Scled	et One NZ	.1 #0	ccupants H			Τ,		- 4 T	7 2	1 -	-40	_ 7					1
of the Follo	wing: Vehicl	e 1_ 1 #0	ecupants H	it/Run	Moped												4
	HL1679788	6 St NH			Reg	# <u>4426</u>	<u> </u>				Reg Ty	ре <u>РС</u>		Re	g State	NH 21	-
Sex M Li	ic, Class D	Lic. Restri	ictions B 20	CDL Endorsement	Veh	Year <u>20</u>	19	Ve	h Mak	e <u>DC</u>	DGE	<u> </u>		_ Veh	Config.	2	Ľ
	LAKE, ST	EVEN M		Middle	Own	er BLA	KE,	ST	EVE	N N	1 First			MG	ddle		3
	52 BAY HI	First		Middle	Addı	ess 462	2 BA	Y H	ILI	R				IVII	udie		3
	THFIELD		H Zip 032'	764623	City	NORT	HFIE	LD			s	tate NI	H Z	ip 0 3	3276	4623	
Insurance Co						cle Action			1	2	2	Damage	d Area	Code:	2 27 1	27 ₃ 27	
	<u> </u>	S E X	Responding to Em	ergency? 2		t Sequence		3 2	100		23	Test Stat	tus:		2 28		
Vehicle Trave	Issued T2063		responding to Em	ergency / _=		t Harmful I			24	10 10 10 E	. L	Type of	Test:		2 29		
_				90 2		er Contribu	L	9	LO 2	5	25	BAC Te			1 30)rug 32	2
1	ec/Sub 90 2						Г	Description of	26	1,15		Susp. Al Fowed f			Susp. I	Orug: 32	L
Viol, 3: Ch/Se	ec/Sub <u>90</u> 2				Dnv	er Distracte	ed by	5		35	36 37	10Wed 1	1 39	40	1		4
Name (Last Fir		for operator a	and all occupants	involved Address		DOE	M/Age		Seat S	Safety A	Airbag Ejec Status Coc	t Trap	Injury Status	Transp. Code	Med	lical Facility	
Opera	ator			See Above			<	X	1 9	9 4	0	0	10	1			
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Please Selec	ct One Vehic	le 2 1 #O	ccupants N	on-Motorist	A Type	15 Acti	ion	16 Lo	cation		17 Cond	lition	18		Hit/Run	Moped Moped	
of the Follo			DOD!		D	# 89G2	210			2000	Reg Ty	no PC		D,	eg State	M'A	1
200.00	nknown	19	DOB/Age							Er C						2 21	
Sex M Li	SECTION SECTION	Lic. Restr	ictions	CDL Endorsement	t	Year <u>20</u>					JKD_			ven	Config.		
	ACKO, SC	First	ı	Middle		ner <u>DAC</u>	L	ist			First			Mi	ddle		
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	MINGTON					WILM	INGI	NO!	81	e (a) E u n						27 27	Ľ
Insurance Co	ompany THE CO	OMMERC:	E INSUR	ANCE C	O Vehi	cle Action	-		100	- 4	58	Damage Test Sta		Code:	6 27 7	27 ₈ 27	
Vehicle Trave	el Direction: N 5	S E	Responding to Em	nergency? 2	Ever	nt Sequence	2 2	3 2	23 2	23	43	Type of			29		
Citation # (If	f Issued)				Mos	t Harmful	Event	2	24			BAC Te		ult:	30		
Viol. 1: Ch/S	Sec/Sub	Viol.	2: Ch/Sec/Sub		Driv	er Contrib	uting Co	ie :	1 ²	25	25	Susp. A	lcohol:	31	Susp.	Drug: 32	1
Viol. 3: Ch/S	Sec/Sub	Viol.	4: Ch/Sec/Sub		Driv	er Distract	ed by	0	26			Towed 1	from sc	ene?	2 33	-	
	Please fill out for or				/ed						36 3° Airbag Eje	et Trap	39 Injury		120-	E. 10 .05	7
Name (Last Fi				Address		DO	B/Age	Sex			Status Co	de Code		Code 1	Me	dical Facility	\dashv
Oper	ator/Non-M	otorist		See Above		/		\triangle	1 (<u> </u>	-	 	15	-		-	\dashv
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Crash Diagram:	ie: 🕕 🔟	2		A	→ ∞			
\$ (C)	Vehicle 2	Park S	Street 🗢	Vehicle	1	If Crash on a Public Off-Street Garage Mall/Shop Other Priv	ic Way: Parking Lot pping Center	ccur
						Indicate N	North by A	rrow
Crash Narrative:		Darah Stane	t when there	atruak 1	robialo	2 that was		-
ehicle 1 was travelli								
noccupied and parked								
hey struck someones								
iquor. Vehicle 2 owne							their	
	er was notified at	nd 70 Park	Street Hom	eowner wa	as notifi	red about		
ailbox.								- XA
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Witnesses:								
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Witnesses:	A	Address			Phone	#		Statemen
Witnesses: Name (Last,First,Middle)	A	Address			Phone	#		Statemen
Witnesses: Name (Last,First,Middle) Property Damage:		Address						Statemen
Witnesses: Name (Last,First,Middle) Property Damage:	Address		Phone #		Description of	of Damaged Prope	rty	Statemen
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)			Phone #			of Damaged Prope	rty	Statemen
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) DACKO SCOTT D	Address	STON MA 01887-	Phone #	97	Description of	of Damaged Proper	rty	Statemen
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) DACKO SCOTT D	Address 1 WIGHTMAN RD WILMING 70 PARK ST WILMINGTON	STON MA 01887- N MA 01887-152		97	Description of	of Damaged Proper	rty	
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) DACKO SCOTT D ARMATA ANDREW J	Address 1 WIGHTMAN RD WILMING 70 PARK ST WILMINGTON Registration #	STON MA 01887- N MA 01887-152	(From Vo	97 97 ehicle Section)	Description of FORD F	of Damaged Proper		Statemen 42
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) OACKO SCOTT D ARMATA ANDREW J Truck and Bus Informatio	Address 1 WIGHTMAN RD WILMING 70 PARK ST WILMINGTON Registration #	STON MA 01887- N MA 01887-152	(From V	97 97 chicle Section)	Description of FORD I	of Damaged Proper F150 OX	s Use	42
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) DACKO SCOTT D ARMATA ANDREW J Truck and Bus Informatio Carrier Name Address	Address 1 WIGHTMAN RD WILMING 70 PARK ST WILMINGTON Registration #	STON MA 01887- N MA 01887-152	(From Vi	97 97 chicle Section)	Description of FORD I	of Damaged Proper P150 OX Bus St Zip	s Use	42
Witnesses: Name (Last,First,Middle) Property Damage: Dwner (Last,First,Middle) DACKO SCOTT D ARMATA ANDREW J Truck and Bus Informatio Carrier Name Address US DOT #: 43	Address 1 WIGHTMAN RD WILMING 70 PARK ST WILMINGTON 1: Registration # State Number 44	STON MA 01887- N MA 01887-152	(From Vi	97 97 chicle Section)	Description of FORD I	of Damaged Proper P150 OX Bus St Zip	s Use	42
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) OACKO SCOTT D ARMATA ANDREW J Truck and Bus Informatio Carrier Name Address US DOT #: Interstate 43 Cargo Bod	Address 1 WIGHTMAN RD WILMINGTON 70 PARK ST WILMINGTON Registration # State Number 44	GVWR/GCWR	City Issuing State	97 97 ehicle Section) MC/MX	Description of FORD IS MAILBO	of Damaged Proper P150 OX Bus St Zip	s Use	42
Property Damage: Owner (Last, First, Middle) DACKO SCOTT D ARMATA ANDREW J Truck and Bus Informatio Carrier Name Address US DOT #: Interstate Trailer Reg #:	Address 1 WIGHTMAN RD WILMINGTON 70 PARK ST WILMINGTON Registration # State Number 44	GVWR/GCWR	City Issuing State	97 97 ehicle Section) MC/MX	Description of FORD IS MAILBO	of Damaged Proper F150 OX Bus St Zip.	s Use	42
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) DACKO SCOTT D ARMATA ANDREW J Truck and Bus Informatio Carrier Name Address US DOT #: Interstate 43 Cargo Bod	Address 1 WIGHTMAN RD WILMING 70 PARK ST WILMINGTON Registration # State Number 44 ty Type Code Reg Type	GVWR/GCWRReg State	City Issuing State	97 97 ehicle Section) MC/MX	Description of FORD I MAILBO	of Damaged Proper F150 OX Bus St Zip_	s Use	42

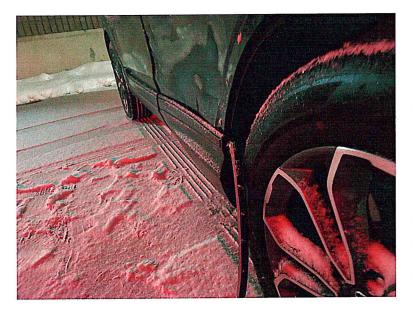
Pol	ice Use Only		Com	monwea	alth (of Massa	ach	uset	tts			RMV	/ Docui	ment Num	
Date of Crash	Time of Crash	April 1.5	/Town	Motor	Veh	icle Cra	sh	Nun Vehi	nber icles	Number Injured	Speed Latitu	Limit_	25	- State Police Local Police MBTA Police	ice 🔀
02/19/2021	1816 V	Wilmin	ig con	Po	lice]	Report		2		0	Longi			Campus F Other:	olice 🗖
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		N	At	1/044		Feet	N S	E W c	of -	— — Mile M		-	or _	Exit Nu	mber
Route# Dire	ction		Intersecting Road to at Intersection				N S			Route#		Interse	cting R	toadway/Str	reet
Route# Dire	ction	Name of	Intersecting Road	iway/Street								Laı	ndmark		
Please Select of the Followi		1 1 #0c	cupants Hi	t/Run	Moped					-41					
	7489121	_	DOB/Age		===	3BG336									21
Sex M Lic.	Class D 19 19 MMAN, JE	Lic. Restric	The same of the same of	CDL Endorsement		_{Year} <u>2018</u> er <u>HEMMAN</u>							_ Veh	Config. 1	. 21
·-	Last POSSUM HO	First		Middle		ess 3 POS	Last			First			Mid	ldle	
City ANDO	VER	State M	Zip 0181			ANDOVER		- E		s	ate M			27 2	0000
Insurance Comp	pany AMICA	MUTUAI	INSURA	NCE CO	Vehic	cle Action Prior to		3	5		Damage Test Sta		Code:	6 27 2	" 2"
Vehicle Travel I	Direction: N	E W R	esponding to Em	ergency? 2	Even	t Sequence 1	23		23	23	Type of			29	
Citation # (If Is:	sued)				Most	Harmful Event	1_	24			BAC Te	st Resu	ılt:	30	
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Viol. 3: Ch/Sec/	/Sub	Viol. 4	4: Ch/Sec/Sub -		Drive	er Distracted by	0	26			Towed f	rom sc	ene?	2 33	
		for operator a	nd all occupants			DOB/Age	Sex			36 37 Airbag Ejec Status Cod	t Trap	39 Injury Status	40 Transp. Code	Medical	l Facility
Operat				Address See Above		DOB/Age				4 0	0	10	1	Medical	ruciny
- Орегиі	01						/ \					-			
									-		-	-			
Please Select of the Follow		2 1 _#Oc	ccupants No	on-Motorist A	Туре	15 Action	16 I	ocation	n	17 Cond	lition	18	☐ F	Hit/Run	Moped
License # S1	9034081	St MA			Reg	# <u>168LK3</u>				_ Reg Ty	ре <u>РС</u>	:	Re	eg State M	A 21
Sex M Lic.	Class D M	9 Lic. Restri	ctions B 20	CDL Endorsement	Veh	Year 2020		eh Mal	ke <u>H(</u>	ADMC			_ Veh	Config. 1	
Operator SA	XONIS, A	NDREW		Middle	Own	er SAXONI	s,	AND	RE	First			Mic	ddle	
Address 15	DUSTIN S	ST First		Middle	Add	ess 15 DU	STI	N S	r	rust					
City PEAB			A_ Zip_0196	0-5838	City	PEABODY				S	tate M	A _ z	zip <u>01</u>	<u> 1960-</u>	5838
-	pany GOVERN				Vehi	cle Action Prior to	o Crash		L	22	Damage	ed Area	Code:	7 27 2	27 27
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,	ssued)		5. CI / C / C ·			er Contributing C	Description of the	1 2	25	25	BAC Te				ug: 2 32
20-50	:/Sub				_	er Distracted by	0	26			Susp. A Towed:		2	33 33	¹⁵ 2
	/Sub —				_ Driv	er Distracted by	U	34	35	36 37	38	39	40	2	
P Name (Last First	lease fill out for ope Middle)	erator/non-mo	torist and all occ	upants involved Address		DOB/Age	Sex	Seat	Safety	Airbag Eje Status Co	et Trap	Injury		Medica	al Facility
	tor/Non-Mo	torist		See Above		\rightarrow	X	1	1	4 0	0	10	1		
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Wilmington Police Department Images Associated with 21-41-AC

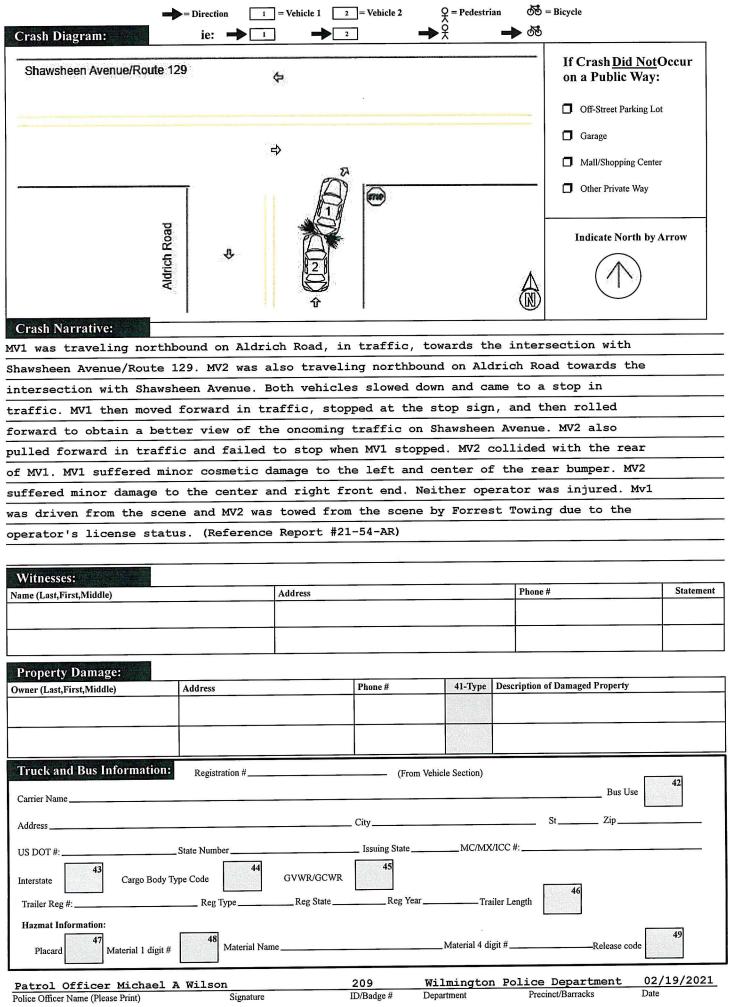






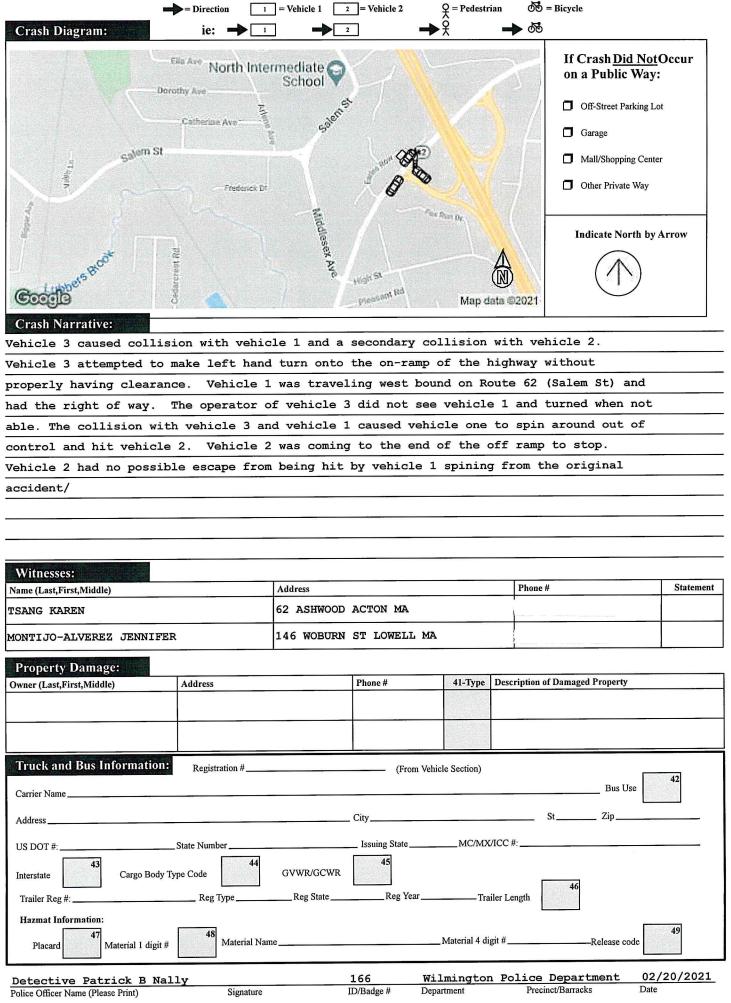


	Police Use Only	Commo	nwealth	of Massac	chuse	tts			RMV	Docun	nent Number	
	Date of Grand		Iotor Vel	nicle Cras	h Nu		umber njured	Speed		25	State Police Local Police MBTA Police Campus Police	
	02/19/2021 1720 Wilm	ington	Police	Report	2	0		Latitud Longitu			Campus Police Other:	
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(2 10
	ALDRICH	RD		- T				NI	CT) a a Ja	y/Street	
¹ 3	Route# Direction	Name of Roadway/Street At		Route# Directio	n Addre	ess #		Nai	me or r	Coadwa	ly/Sueet	-
3	CHAMCHER			Feet N	SEW	of —			_	or		
	Route# Direction SHAWSHEE	e of Intersecting Roadway/S	Street				Mile Ma	ırker	B. 4 7		Exit Number	2 11
		Also at Intersection with			S E W	Ro	ute#	 1	Interse	cting Ro	oadway/Street	
12		CY i C Destand	D44	Feet N	S E W	of					<u></u>	
² 4	Route# Direction Name	e of Intersecting Roadway/S	Street					550-in-	Lan	ıdmark		1
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Rep	port ID# 2	21-	42	-A	C			
3	of the Pollowing:										. 1/7	-
	License #_S98909034 St MZ	DOB/Age		# <u>9LKC60</u>							21	1 12
	Sex F Lic. Class D 19 19 Lic. Re	estrictions CDL_	sement	Year 2018			-			_ Veh C	Config. 1	
	Operator BUCKLEY, KAYLA	A M	Owi	ner <u>BUCKLEY</u>	, KA	YLA 1	¶ First			Midd	dle	6
⁴ 2	Address 19 PURITY SPRI	A.M.C.		ress 19 PUR	TY S	PRIN		RD				
	City BURLINGTON State	MA Zip 01803-2	2528 City	BURLINGT	ON		Sta	ite MA	Zi	ip <u>01</u>	803-2528	
	Insurance Company GOVERNMENT			icle Action Prior to C	rash	2 22	D	amaged	l Area	Code:	5 27 5 27 27	
	• • • • • • • • • • • • • • • • • • • •			nt Sequence 23	1	23 23	Te	est Statu	us:		28	
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emergence	,		24		l _{Ty}	pe of T	Γest:	100	29	
_	Citation # (If Issued)				La company	25	25	AC Tes	-		30	_ 13
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Driv	er Contributing Code	-	23	Sı	ısp. Alc			Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Driv	er Distracted by) ²⁶		To	owed fr	om sce	ne? 2	2 33	
⁶ 3		or and all occupants involve		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airb System Stat	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)	See A		DOB/Age	1	1 4	0			1	(vicalcar r activity	1
	Operator	See A			\ <u></u>	-	+	-		-		4
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				15	16	17	<u> </u>	800	18			4
⁷ 3	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	15 Action	Locatio	n 1	Condi	tion	10	Н	lit/Run 🔲 Moped	i E
٦	License # S17222922 St M	A_ DOB/Age,	Reg	# <u>797DR6</u>		1	Reg Type	e PC		Re	g State MA	.1
	19 19	20	-	Year 2009	Veh Ma						Config. 1	
	В.	Endor	sement	ner MORONEY							o o	
⁸ 2	Operator MORONEY, SEAN	First M	iddle	Las	st		First			Mide	dle	'
	Address 5 CARTER RD			ress 5 CARTI							007 0030	14
	City WILMINGTON State			WILMINGT	<u>ON</u>	20					887-2838	· 🔼
	Insurance Company USAA GENER	AL INDEMNIT	Y CO Veh	icle Action Prior to C	Crash	2 22				Code:	1 27 2 27 27 28	
	Vehicle Travel Direction:	Responding to Emergence	cy? 2 Eve	nt Sequence 1 23	3 23	23 23		est Stat ype of T			29	
	Citation # (If Issued) T2063300	_	Mos	st Harmful Event	1 24			AC Tes		ite	30	
⁹ 2	Viol. 1: Ch/Sec/Sub 90 23 V	iol 2: Ch/Sec/Sub 90	20_ Driv	ver Contributing Code	e 5	²⁵ 19	25	usp. Ale	Г	10000	Susp. Drug: 2 32	
				ver Distracted by	99 26			owed fi	, L	_	3 33	
	Viol. 3: Ch/Sec/Sub Viol. 3: C				34	35 3	6 37	38	39	40	A 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	7
	Please fill out for operator/non Name (Last First Middle)		dress	DOB/Age	Seat Pos.	Safety Air System Sta	bag Eject tus Code	Trap Code	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See A	Above		X	1 4	0	0	10	1		
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	Police Use Only	Common	wealth	of Massa	chus	etts			RMV	/ Docu	ment Nun		50
		naton	Service to the sale	icle Cras	sh [Number Vehicles	Number Injured	Speed Latitud	Limit_		State Pol Local Po MBTA F	olice 🔀	
	24HR	ng con	Police :	Report	3	3	1	Longit			Campus Other:	Police 🗖	
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													2 10
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¹ 1	Total District	At		20 - 80 - 10 - 10 - 10 - 10 - 10 - 10 - 1									-
0.000	<u>I93NBR40</u>	RAMP		Feet	N S E	W of	— — Mile N	— • ∕larker	_	or _	Exit N	umber	11
		of Intersecting Roadway/Street	t	Feet	N S E	W of							7 5 ''
	Æ	uso at intersection with		_	NSE	_	Route#		Interse	cting R	.oadway/S	treet	
² 1	Route# Direction Name of	of Intersecting Roadway/Street	t	reet [. <u></u>] 01			Lar	ndmark	;		-0
_	Please Select One Variote 12 #0					21	42	7		lulliaik			1
3	of the Following:	Occupants Hit/Run	Moped	Crash R	eport ID#	21	-43	-A					
	License # S51390371 St MA	_ DOB/Age	Reg	# 4CZ138			Reg Ty	ре РС		Re	g State M	21	12
	Sex M Lic. Class D 19 Lic. Rest	rictions 20 CDL	Veh	Year 2015	Veh	Make <u></u>	YUND	AI	_	_ Veh	Config.	1	1
	Operator ROONEY, NEAL E	Endorseme	ent Own	er <u>ROONEY</u>	, NE	AL E	III			Mic			
⁴ 2	Address 13 POMEROY RD	st Middle		ress 13 POM			First			Mic	idle		
	City N READING State M	A Zin 01864-000	00 City	N READIN	1G		s	tate MZ	A z	ip 01	864-	0000	
	Insurance Company LIBERTY MUT			cle Action Prior to		1						27 27	
				Exercise 2	23 23	23	593	Test Stat			1 28		
5		Responding to Emergency? 2		n bequence 1	24			Type of	Test:		29		
_	Citation # (If Issued)				-	25	25	BAC Tes	st Resu		30	F	_ 13
	Viol. 1: Ch/Sec/Sub Viol			er Contributing Cod	20			Susp. Al	L	NEXT CHARLES	Susp. Dr	ug: 32	1
6	Viol. 3: Ch/Sec/Sub — Viol	4: Ch/Sec/Sub	Driv	er Distracted by	U	<u> </u>		Towed fi		L	1 33		_
	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	Sex Po	at Safety	36 37 Airbag Eje Status Co	et Trap	39 Injury Status	40 Transp. Code	Medic	al Facility	
	Operator	See Above			X_1	99	3 0	0	8	2	Lahey Cl	inic	
	operano.							+					1
						-		-		-			+
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7	Please Select One Vehicle 21 #0	Occupants Non-Motoris	st A Type	15 Action	16 Loca	ition	17 Con	dition	18	□ i	lit/Run [Moped	
⁷ 5	of the Following:		34		10			7.0					4
	License # S33432501 St MA	_ DOB/Age,	_	# <u>3BC174</u>	-			pe <u>PC</u>			g State M	21	1
	Sex M Lic. Class Lic. Rest	trictions CDL Endorseme	ent				HEVR	OLET		_ Veh	Config.	8	
8	Operator MCNAUGHT, BRIAN	N J		ner MCNAUG	ast		N J			Mic	ddle		
⁸ 1	Address 21 PATRICK RD		Add	ress 21 PAT	RICK	RD				_			_ 14
	City TEWKSBURY State M	IA Zip 01876-470	<u>D1</u> City	TEWKSBU	RY					, i		4701	1
	Insurance Company GEICO GENER	AL INSURANCE	C Vehi	cle Action Prior to	Crash	2		Damage		Code:	Lesses To	27 27	
	Vehicle Travel Direction:	Responding to Emergency? 2	Ever	nt Sequence 1	23 23	23	23	Test Stat			28		
^	Citation # (If Issued)		Mos	t Harmful Event	1 24			Type of BAC Te		ılt:	30		
⁹ 2	Viol. 1: Ch/Sec/Sub — Vio	1 2: Ch/Sec/Sub	Driv	er Contributing Co	de 1	25	25	Susp. Al	1	Administration	Susp. Di	rug: 32	
		1. 4: Ch/Sec/Sub		er Distracted by	0 26	3		Towed f	1	Gelennier.	33	PRO MORE	
	Viol. 3: Ch/Sec/Sub Vio Please fill out for operator/non-п				3	4 35 eat Safety	36 3 Airbag Ej	7 38 eet Trap	39 Injury	40 Transp.			1
	Name (Last First Middle)	Address		DOB/Age	Sex Po	s. System	Status Co	de Code	Status	Code	Medic	cal Facility	-
	Operator/Non-Motorist	See Above	•	\times	X^1	99	4 0	0	10	1			4
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	Police Use Only	Comm	onwealth	of Massach	usetts		RM	V Docum	ient Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	t	State Police Local Police MBTA Police Campus Police	
	02/20/2021 1449 Wilm	ington	Police 1	Report	3	1	Latitude Longitude _		MBTA Police Campus Police Other:	
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	ROUTE 62	2 HWY								2
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¹ 1		At		Feet N S	E W of			. 05		
	Route# Direction I 193NBR40) RAMP e of Intersecting Roadwa	v/Street		12101	Mile M		· · ·	Exit Number	_ 11
	TOUR DIVISION TOUR	Also at Intersection wit		Feet N S	E W of					<u> </u>
				Feet NS	E W of	Route#	inters	ecting Ro	adway/Street	İ
² 1	Route# Direction Nam	e of Intersecting Roadwa	y/Street				La	andmark		
	Please Select One Valveige 2 1	#Occupants Hit/R	un Moped	Crash Report	1D# 21	-13	- A C			1
3	of the Following: Vehicle 31	#Occupants Hit/R	un Moped	Crasn Report	T 1D# Z T	-43	-AC			1
	The state of the s	A DOB/Age.	Reg	# 2MRK47		Reg Typ	e PC	Reg		12
	Sex M Lic. Class D 19 Lic. R	estrictions B 20 CD	L Veh	Year 2020	Veh Make <u>H</u>	ONDA		Veh C	Config. 21	1
	Operator SHAH, GIRISH I	KUMAR	dorsement Own	er SHAH, GI	RISH K	UMAR				
⁴ 2	Address 200 SWANTON ST	First	Middle	ess 200 SWAN		First	т 337	Middl	le	
_	City WINCHESTER State			WINCHESTER				zin 01	890-4324	l
					0.0000000	_	amaged Area			
	Insurance Company GOVERNMENT			cle Action Prior to Crasl	23 23		est Status:	3	28	
5	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	t Sequence 23		23	ype of Test:		29	
	Citation # (If Issued)	<u></u> _,	Mos	Harmful Event	24		AC Test Res	ult:	30	12
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-	Viol, 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from s	cene?	33	
6		tor and all occupants invo			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	Noted Will More 1988	
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility	1
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				16 16	l l	17	18			1
⁷ 5	Please Select One of the Following:	#Occupants Non-I	Motorist A Type	Action 16	Location	Condi	tion	Hi	it/Run Moped	
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⁸ 1	Operator	First	Middle	Last		First		Midd	le	
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	City State	Zip	City				ate	1	27 27 27	.L .
	Insurance Company		Vehi	cle Action Prior to Crasl	2006090		amaged Ares	a Code:	28	į.
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⁹ 2	Viol. 1: Ch/Sec/Sub \	/iol. 2: Ch/Sec/Sub ——	Driv	er Contributing Code	25	25	usp. Alcohol	30	Susp. Drug: 32	
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	Pol	ice Use Only		Com	monwea	alth (of M	lassa	chi	use	tts			R	V ISS	NO. 10-3	ent Nun		ļ
	Date of Crash	Time of Crash	-	y/Town	Motor	·Veh	icle	Cras	sh		nber icles	Numb	,	ed Lin		30	State Po Local Po MBTA I	olice 🔯	
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			A	lso at Intersection	with			Feet				Route	- -	Inte	ersecti	ing Ro	adway/S	Street	
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1			31				\top	*			<u> </u>		_		Land	mark			1
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	5 -	INGTON						<u> </u>		100		22	_ State _				27	27 27	
	Insurance Com	pany PROGR		DIRECT	INSURA			n Prior to		55		23		Status:		1	28		
-	Vehicle Travel			Responding to Em	ergency? 2			ce 1	SERVICE	24			Туре	of Tes	st:		29		
		sued) T244!					Harmfu		1	ESCHALLES	25	25		Test R	_		30	30	1 13
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2	Viol. 3: Ch/Sec	/Sub		4: Ch/Sec/Sub and all occupants		_ Duv	er Distra	eted by	9	34	35	36	37	38	39	40 ransp.	i sandit		†
_	Name (Last First		it for operator	and all occupants	Address		D	OB/Age	Sex		System	Status	Code C	Code St	latus C	Code	Medie	cal Facility	-
	Operat	tor			See Above		-	\leq	X	1	1	1	1 0	1	0 1	_			-
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	Please Select	One Vehi	cle 2 2 #0	Occupants N	Ion-Motorist A	Туре	15 A	ction	16 I	ocatio	n	17 C	ondition	1	18	Эн	it/Run	Moped	
⁷ 1	of the Follow	ring:				Pos	# 27I	739	Consultation of the Consul		100.2	Reg	Туре _	PC		Res	State 1	1A	1
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1	of the Follow	ing: Vehic	cle 4 <u>1</u> #0	Occupants	Non-Motorist A	32	Action				763			100				-	
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1	Address 9	GOULD S'					ress 9 GOU	LD :	ST_				3/7		. 03	170-	-2801	1	14
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	Name (Last Firs		operator/non-n	notorist and all	occupants involved Address	l 	DOB/Age	Sex	Sent Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	-	
		tor/Non-M	<i>Lotorist</i>		See Above		\rightarrow	X	1	1	4	0	0	10	1				
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	1			1						1				L				_	

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestrian	රාජ = Bicycle	
Crash Diagram:	ie: 👈 🗓	2		→ ℜ →	<u>್</u>	
				280 Lowell St	If Crash <u>Did</u> on a Public V	
	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Off-Street Park	sing Lot
					☐ Garage	
					☐ Mall/Shopping	Center
					Other Private	Way
	2 0 3				Indicate North	h by Arrow
Crash Narrative: Operator of MV1 reported	traveling ea	st on Lowel	.1 St. The	operator stated	i he believes he	÷
was looking down at his						
operator of MV1 looked u	p he stated he	e attempted	l to turn	to avoid the MV2	but was unable	
to. The operator of MV1						
passenger of MV2 was tra					MV2, MV3 and MV	74
reported no injuries. MV	1 and MV2 wer	e towed by	Forrest To	owing.		
Witnesses:				Pi	one#	Statement
Name (Last,First,Middle)		Address			ione #	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Descrip	tion of Damaged Property	
Truck and Bus Information:	Registration#		(From	1 Vehicle Section)	D. 11	42
Carrier Name					Bus Us	e
Address			3			
US DOT #:	State Number		Issuing State	MC/MX/ICC #:		
Interstate 43 Cargo Body Ty	1 G-1 (1985) C712	GVWR/GCWR	STORY OF STREET		46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTrailer Lengt	n e	×
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nan	ne		Material 4 digit #	Release co	de
Tracera Target					in Donnet	02/20/2021
Patrol Officer Meghan S Police Officer Name (Please Print)	ousa Signature		214 ID/Badge#	Wilmington Pol: Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 21-44-AC

