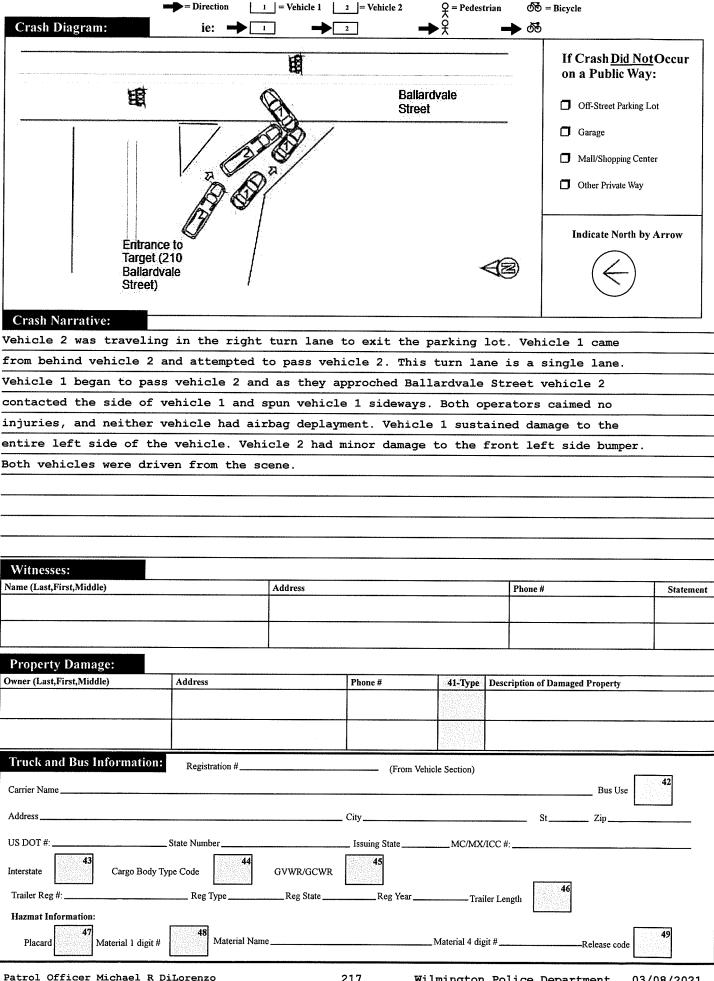
	Pol	ice Use Only		Con	nmonw	ealth	of Mas	ssaci	nus	etts	5			RM	V Doc	ument l	Number		
	Date of Crash	Time of Crash	1	City/Town	Mot	or Veh	icle C	rash	N	lumber ehicles		urad I			<u> 1</u> (Loca	Police II II Police II II Police II		
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																		2	10
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¹ 1	- Route# Blick	ction		At	//Bucci		Koute# L	rection	Aud	1622 #			INA	anie oi	Kuadv	vay/Site		-	
							F	eet N S	EW	of		ile Ma		. —	or _	Evi	t Number		
	Route# Direc	ction		of Intersecting Ro				NIC	l e lu	7 .	101	ne ivia	rker			EAR	rumioei	3	11
				Also at Intersectio	n with			eet NS		_	Rout	e#		Inters	ecting l	Roadwa	y/Street		_
² 1	Route# Direc	etion	Name	of Intersecting Ro	adway/Street		F	eet N S	SEW	of									
	D) 01						1								ındınarl	k		-	
3	Please Select C of the Followi		le 1 <u>1</u>	#Occupants F	it/Run	Moped	Cra	sh Repor	t ID#	21	. – 5	50-	-A	C					
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	Sex M Lic. 0	10	19	strictions 1 20	CDL		rear 2018										21	1	12
		<u> </u>	لند	THY JOSE	Endorsement		er FLAH									Comig.			
⁴ 3		Last	F	irst	Middle			Last	-		F	irst			Mi	iddle			
3	1	RAILROA					ess <u>22 R</u>		(OAI) <u>S</u>	1	AP'I							
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	Insurance Compa	any LM GEI	NERAL	INSURAN	CE COME	Yehio	le Action Pric	ESSENTIAL CONTRACTOR		1			amage st Stat		Code:	6 28	2 ⁷ 8 ²⁷		
⁵ 1	Vehicle Travel D	Pirection: N S	s X w	Responding to En	nergency? 2	_ Even	Sequence	1 23	23	23	23		st Stat pe of '			29			
1	Citation # (If Iss	ued)				Most	Harmful Ever	at 1	24			-	-	st Resi	ult:	30			
	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing	g Code	9	25	25	l			2 31	Susp.	Drug: 2 32	1	13
	Viol. 3; Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Sub		Drive	r Distracted b	у 0	26					rom sc		2 33	- [=]		لــ
⁶ 1		Please fill out	for operator	r and all occupants	involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1	
	Name (Last First Mi				Address		DOB/Age	Sex	Pos.	System		Code	Code	Status	Code	Me	edical Facility	-	
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	Dlavas Salast O		_			Ris	15	16		137	17		To a	18			I	1	
⁷ 2	Please Select O of the Followin		e 2 <u>1</u> #	Occupants N	lon-Motorist A	Туре	Action	1	Locati	on _	(Conditi	ion			Hit/Run	Moped		
	License # S40	863555	St MA	DOB/Age		Reg #	23456				Re	з Туре	AP		Re	eg State	MA	1	
	Sex M Lic. C	Class B	Lic. Res	strictions 20	CDL	Veh Y	ear 2016	<u> </u>	Veh M	ake					Veh	Config.	8		
	Operator SHZ	ARRIO, I	 KEVIN	M	Endorsement	_ Owne	r ONE	ORT	Y F	IVE	. M2	\RS'	TON	1 S	T I	NC	L		
⁸ 1	Address 176	Last	Fi	irst	Middle		ss 139	Last			Fi				Mi	ddle			
	City EVERE			1A Zip 0214	49-5222		LAWREN					Stat	. MZ	A 7	տ 01	841	-2201	1 1	4
	•			RICAN INS		•	le Action Prio		_	4	22				Code:		27 27	<u> </u>	╛
	-						Г	23	23	23	23		st Stati			28 1			
	Vehicle Travel Di	L	_IZIZI	Responding to Em	nergency?_Z		Sequence	Larress as	24			Тур	pe of T	Γest:		29			
⁹ 2	Citation # (If Issu	ıed)				Most	Harmful Ever	ıt 1	145783 .	25	See of		C Tes	t Resi	ılt:	30			
	Viol. 1: Ch/Sec/S	ub	Vio	ol. 2: Ch/Sec/Sub		Drive	Contributing	Code	1	25	25	Sus	sp. Alc	cohol:	2 31	Susp.	Drug 2 32		
	Viol. 3: Ch/Sec/S	ub	Vio	ol. 4: Ch/Sec/Sub -		Drive	Distracted b	y O	26			Tov	wed fr	om sc	ene?	2 33			
	Plea	-	erator/non-m	notorist and all occ	upants involved	1	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Tmp Code	39 Injury Status	40 Transp. Code	3.7-	dical Facility		
	· · · · · · · · · · · · · · · · · · ·	or/Non-Mo	torist		See Above		DOD/Age		1	1			0	10	1	ivie	oron rathity	1	
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Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department Department

03/08/2021

Wilmington Police Department Images Associated with 21-50-AC

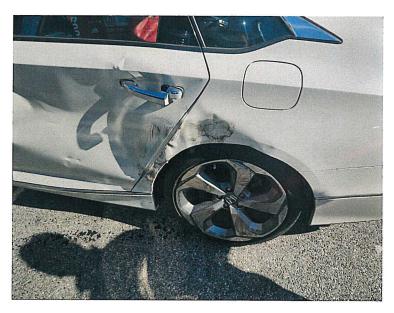










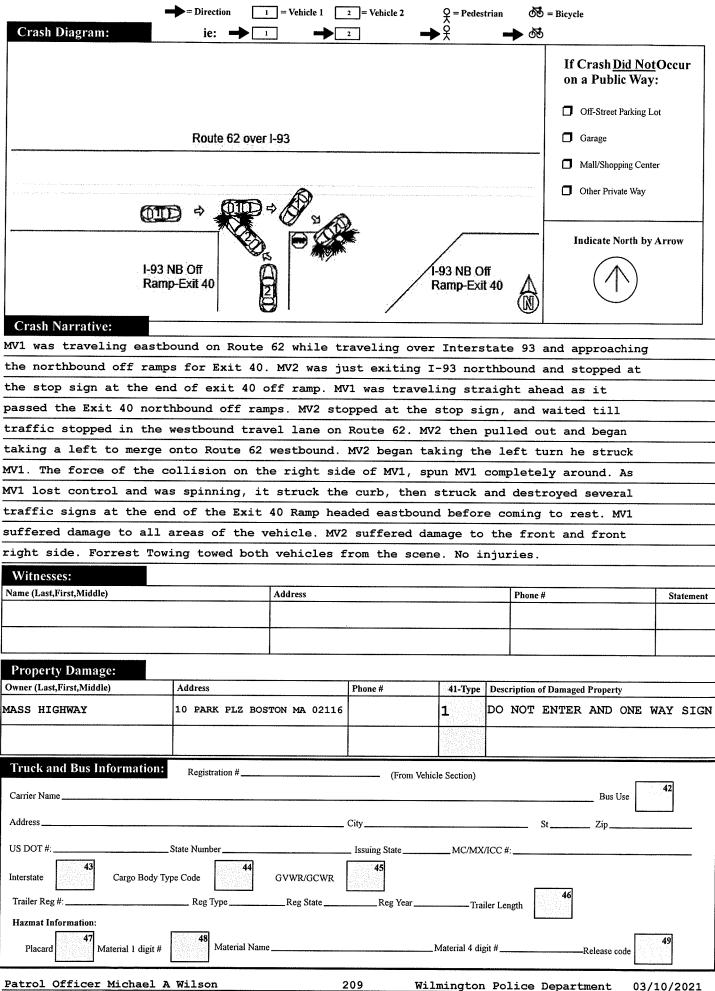


Wilmington Police Department Images Associated with 21-50-AC





Date of Crash	Time of Crash			monwealt								RM	1V Doc	cument Number	:
03/10/2021	1553 24HR	Wilmi	ity/Town .ngton	Motor V Polic	'ehicle C e Repor		1 2	Numbe Vehicle		ımber jured	Latit	d Lim ude	it <u>4</u>	5 State Police Local Police MBTA Police Campus Police	0080
	AT INTER		N:		CATION	>		-		T A		gitude.	RSEC	Other:	
Route# Direc	ROU'		HWY												
Koute# Direc	mon	N	lame of Roadway/St At	reet	Route#	Direction	Ad	dress #	!		N	ame o	f Roady	way/Street	
Route# Direc	<u> </u>		HBOUND EX	XIT 40 RAN way/Street	<u>1P</u>	eet N	SEV	v of	N	 1ile Ma	ırker	• –	or .	Exit Number	
		A	Iso at Intersection w	vith	F	eet N	SEV	v of	Rou	te#		Inters	ecting	Roadway/Street	_
Route# Direc	tion	Name of	f Intersecting Roadw	way/Street	F	eet N	S E V	v of					andmar		
Please Select C of the Followin		e 1 <u>1</u> #0	Occupants Hit/	Run Mop	ed Cra	sh Repo	rt ID#	21		51.	- A	C		7	
License #_S88		St MA	DOB/Age	,											
Sex M Lic. C	10	Lic. Restr	20		Reg# <u>8EJ48</u>										
	GIERO,		Er	ndorsement	/eh Year <u>201:</u> Owner <u>RUGG</u>								Veh	Config. 1	┚┠
T .	WOBURN	First		Middle	Address 281	Last	•			irst U			Mi	iddle	
J			A Zip 01887		City WILMI			<u> </u>		C4-4	. M7	n .	. O	1007_215	_
			RANCE CO		ehicle Action Price			1	22				Code:	1887-215	<u>3</u>
Vehicle Travel Di	r		esponding to Emerg				23 21		23		st Stat		. Couc.	28	-
Citation # (If Issu	<u> </u>		cesponding to Emerg		•	Total Control	24	В		Ty	pe of	Test:		29	
1	,		0.01/0./0.1		fost Harmful Eve	L		25	25	:		st Resi		30	_
			2: Ch/Sec/Sub		river Contributing		26			Sus			2 31		12 1
Viol. 3: Ch/Sec/S		***************************************	4: Ch/Sec/Sub nd all occupants inve		river Distracted b	у [О			T	,		rom sc	L	1 33	
Name (Last First Mid		ior operator ar		Olved Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operato	r		Sec	e Above	\rightarrow		1	1	4	0	0	10	1		
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of the Following	Venicie	****		Motorist A Type	Action		Locatio	on	11	Conditio	on	18	Н	lit/Run 🔲 Mope	ed
License # S83	10 10	_ St MA _ 1	20		g# 9JS48				Reg	; Туре <u> </u>	PC		Re	g State MA	
Sex M Lic. Cl	ass D	Lic. Restric	ctions B CD	dorsement	th Year <u>2016</u>								_ Veh (Config. 1	
Operator SIM	Last	First	GEORGE	Middle	wner SIMMO	Last			D G		RGE	<u>. </u>	Mide	dle	-
Address 4 VA					Idress 4 VA			R							- -
City BURLII			Zip 01803-		ty BURLIN	GTON	<u> </u>						-	803-4017	<u>7</u> 2
Insurance Compan	y SAFETY	INSUF	RANCE COM	1PANY Ve	hicle Action Prior	to Crash		4	22				Code: 1		
Vehicle Travel Dire	ection: S	E W Re	sponding to Emerge	ency? <u>2</u> Ev	ent Sequence	23	23	23	23		Statu		F	28 29	
Citation # (If Issue	d)			M	ost Harmful Event	1	24				e of To Test	Resul	<u>,</u>	30	
Viol, 1; Ch/Sec/Su	b	Viol. 2:	: Ch/Sec/Sub	Dr	iver Contributing	Code	4	²⁵ 1 !	9 ²⁵			ohol:		Susp. Drug: 2 32	1
Viol. 3: Ch/Sec/Sul	·	Viol. 4:	: Ch/Sec/Sub	Dr	iver Distracted by	99	26					m sce	_	33	1
Pleas	-	ator/non-moto	orist and all occupant	ts involved	DOB/A-		34 Seat	35 Safety	36 Airbag	Eject '	38 Trap	39 Injury	40 Fransp.		-
	/Non-Mot	orist		Above	DOB/Age	Sex	-		Status 4			Status 10	Code	Medical Facility	\dashv
RICHARD ARAU		88	CHARME RD WKSBURY, MA 0187	76-3204	/	M			4 0		_	_	-		\dashv
		TE		v-3204		144	٦	<u> </u>	- 1	, °	_ 3	10	-		_



03/10/2021

Department

Wilmington Police Department Images Associated with 21-51-AC





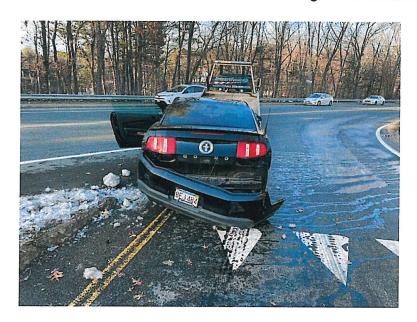








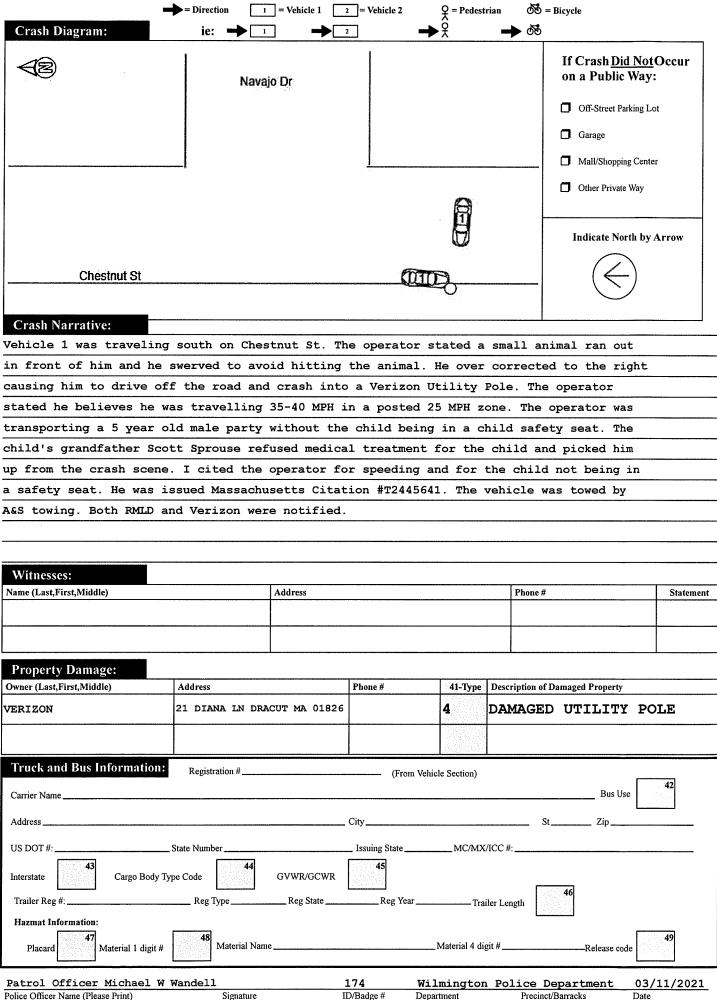
Wilmington Police Department Images Associated with 21-51-AC





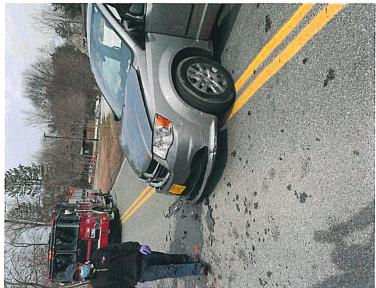


	Police	e Use Only		Com	monwealth	of Mass	achı	isett	S	161 1131	RM	IV Doc	ument Numb	er	
	1 1	Time of Crash	Ta7 : 1	City/Town	Motor Ve	hicle Cra	sh	Numbe Vehicle		. 1500	ed Lim	it2	— Local Polic	:e 🔞	
		24HR	**	iring con	Police	Report		1	1	Lan	tude gitude _		MBTA Pol Campus Po Other:	olice	
	A	AT INTER	SECTI	ON:	< LOC	ATION	>		NOT	AT II	TEF	RSEC	TION:	•	1
															2 10
	Route# Direction	on		Name of Roadway/St	reet	Route# Direc	tion 2	366 Address #		ESTI			vay/Street		
11				At				——————————————————————————————————————							1
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	Rodic# Direction	JI	Ivalin	e of Intersecting Roady Also at Intersection w			N X E	w of		N.	AVA	JO 1	DR		1 11
	ļ					1	N S E		Route#		Inters	ecting l	Roadway/Stre	et	
² 1	Route# Direction	on	Name	e of Intersecting Roady	vay/Street		LL	٠٠ بــــــ			Ι.	andmari	k		
[]	Please Select One		e 12	#Occupants Hit/	Run Moped	Crash B	anort II	y 21	-5	2 – 7		andman.	ı.		1
3	of the Following:				/							*****		-	4
	License # S338					# SP11398								21	7 12
	Sex M Lic. Cla			E	DL Vel	Year 2014	Ve	h Make <u>I</u>	ODGE	<u> </u>		Veh	Config. 1	21	7
4	Operator MED	Last	1	First	Ow	ner KAMAU ,	AN'	YNO	M First			M	iddle		
⁴ 1	Address 38 W.					iress 121 CC	NIF:	er h		DR	AP.		11		
	City PEABOD	Σ	State	MA Zip 01960	0-0101 City	DANVERS				State M	A 2	Zip 0	1923-1	191	
	Insurance Company	SAFETY	Z INS	URANCE CO	MPANY Veh	icle Action Prior to	Crash	1	22	Damag	ed Area	Code:	2 27 3 27	27	
5	Vehicle Travel Dire	ction: N	EW	Responding to Emerg	gency? 2 Eve	nt Sequence 22	23 23	23	23	Test St			1 28		
	Citation # (If Issued	i) T2445	641	-	Mos	st Harmful Event	22 ²	4		Type o		1.	30		
	Viol. 1: Ch/Sec/Sub	, <u>90 7</u>	AA Vi	ol. 2: Ch/Sec/Sub 9	0 18 Driv	er Contributing Co	de 1	1 25	25	BAC T Susp. A				32	22 ¹³
6	Viol. 3: Ch/Sec/Sub)	Vi	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 ²	6	····	Towed			33	[2]	
⁶ 1			for operate	r and all occupants inv	olved			34 35 Seat Safety	36 Airbag E	i7 38 ect Trap	39 Injury	40 Transp.		****	•
	Name (Last First Middle				Address	DOB/Age	Sex I	os. System	Status C	ode Code	Status	Code	Medical Fa	eility	
	Operator			Se	e Above			1 1	1 0	0	10	1			
				4			M 4	1	5 0	0	9	1			
2	Please Select One	☐ Vehicle	2 #	Occupants D N	Motorist A Type	15	16		17		18				
⁷ 1	of the Following:	Venicie		Non-	Motorist A Type	Action	Loc	ation	Cor	dition		<u> </u>	lit/Run	Moped	
	License #	19 19		DOB/Age	Reg	#			Reg T	/pe		Re	g State	21	
	Sex Lic. Clas	ss		trictions CI	DL Veh dorsement	Year	Veh	Make				_ Veh	Config.		
8 ₂	Operator	ast	F	irst	Middle Owr	ier	ast		First			Mid	ldle		
	Address				Add	ress									14
	City		State	Zip	City					State	Z	ip			1 14
	Insurance Company				Vehi	cle Action Prior to (Crash			Damage		Code:	27 27	27	
	Vehicle Travel Direc	etion: NS	E W	Responding to Emerge	ency? Even	t Sequence 2	3 23	23		Test Sta		-	28		
1	Citation # (If Issued))			Mos	: Harmful Event	24	l		Type of BAC Te		, l	30		
	Viol. 1: Ch/Sec/Sub		Vio	1. 2: Ch/Sec/Sub	Drive	er Contributing Cod	le 🔚	25	25	Susp. A	r	31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub		Vio	l. 4: Ch/Sec/Sub	Drive	er Distracted by	26			Towed f	L	ene?	33		
Ī		-	ator/non-n	notorist and all occupar			3 Se		36 3 Airbag Eje		39 Injury	40 Transp.			
ŀ	Operator/		forist	T	Address Above	DOB/Age	Sex Po	s. System	Status Co	le Code	Status	Code	Medical Fac	ility	
ŀ	Sperator/	1 1011-17101	or ist	366			X^1	-			-				



Wilmington Police Department Images Associated with 21-52-AC

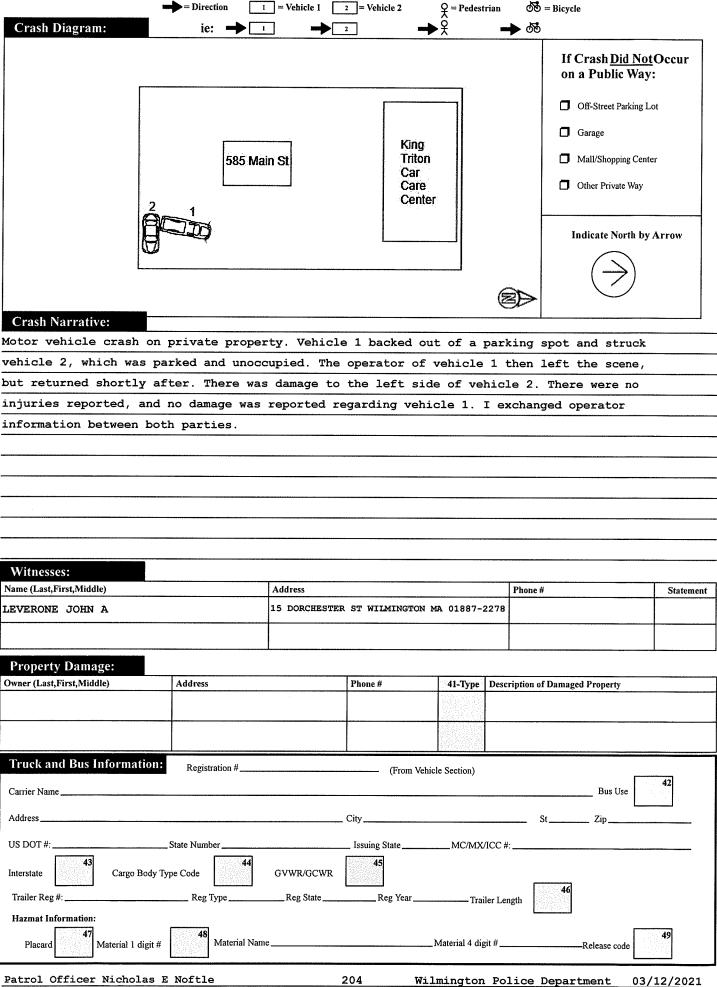








	Poli Date of Crash	ce Use Only Time of Crash		Com	monwea				USE		lumber	6	1.7.55		State Police	
	03/12/2021	1645	Wilm	ington			icle Cra Report	ish	Vehi	cles	njured	Speec Latitu	l Limit de	35	Local Police MBTA Police Campus Police	
		24HR AT INTER		N·		LOCA		>	2	O	OT 4'	Longi		SECT	Other:	4
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	Rolle# Direc	aton		At	Street							Na	me of	Roadwa	sy/Street	-
			N	CY (D	1 (0)		Feet	NS	E W o		Mile M			or _	Exit Number	. _
	Route# Direc	tion		of Intersecting Road Also at Intersection			Feet	N S	E W o	f						73
	Route# Direc	***	N	CI (P	1 (0)		Feet	N S	EW o	Ro f	ute#		Interse	ecting R	oadway/Street	
			Name	of Intersecting Road	away/Street								La	ndmark		1
9	Please Select C of the Followin		le 1 <u>1</u>	Occupants Hi	it/Run 🔲 🛚	Moped	Crash l	Report	1D# 2	1-	53	-A	C			
	License # S5	3048450	St MA	DOB/Age		Reg#	V58026			J	Сед Тур	_e CO		Re	g State MA	_
	Sex M Lic. 0	Class D	Lic. Res	strictions 20	CDL Endorsement	Veh Y	ear 2014		/eh Mak	e <u>FO</u>	SD_			Veh (Config. 2	7
	Operator NE	STOR, R	ONALD		Middle	Owne	DEX BY	TE	RRA	INC	First			Mide	lie	
	Address 101	BALSAM	PL	APT 201		Addre	ess 83 CE	NTR	AL S	T				191108		
				MA Zip 0187		City_	HUDSON			المواد				_	749-1319	
	Insurance Compa	-		MUTUAL CA	SUALTY	Vehic	le Action Prior to			0 22		amage est Stat		Code:	27 27 27	
	Vehicle Travel D	·	EW	Responding to Eme	ergency? 2		Sequence 2		23 2	3 23		ype of		1	29	
	Citation # (If Issi						Harmful Event	2	24 1 Q 2		75	AC Tes			30	L
				ol. 2: Ch/Sec/Sub _			Contributing Co	10,0000	19 ²⁶		Sı	ısp. Al		_	Susp. Drug: 2 32	2
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —		Drivei	Distracted by	99	34	35 36	37	owed fi	39	40		┦
	Name (Last First Mi	ddle)			Address		DOB/Age	Sex	Pos. Sy	afety Airb ystem Stat	ig Eject is Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operato)r 			See Above		\nearrow	X	1 9	9 4	0	0	10	1		
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	Please Select O		le 2 <u>0</u> #	Occupants No	n-Motorist A	Гуре	15 Action	16 1	ocation	17	Condi	tion	18	н	it/Run Moped	
\dashv	License #		St	DOB/Age		Reg#	126PV9			F	eg Tyde	PC		Reg	State MA	┪
	Sex Lic. C	lass 19	19	trictions 20	CDL	_	ear 1994	v	eh Make						21	
	Operator Dri	verles	⊐ s M.V	· I	Endorsement	Owne	LEVERO	NE,	LO	RENZ						
9	Address	Last	Pr	rst	Middle	Addre	ss 15 DO E	Last CHI	STE	R S	First			Midd	le	
	City		State	Zip		City <u>V</u>	VILMING	TON			Sta	te M7	z	ip 01	887-2278	1
	Insurance Compa	ny PLYMO U	JTH RO	OCK ASSUR	ANCE C	Vehicle	e Action Prior to	Crash	1	1 22				Code: 7		
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\dashv	Viol. 1: Ch/Sec/S	ub	Vio	l. 2: Ch/Sec/Sub —		Driver	Contributing Co		1 ²⁵		Su	ısp. Alc	ohol:	2 31	Susp. Drug 2 32	
I				l. 4: Ch/Sec/Sub		Driver	Distracted by	0	26	15 16		wed fr			33	
	Plea Name (Last First Mic	•	erator/non-m	notorist and all occup	pants involved Address		DOB/Age	Sex	Seat Se	35 36 nfety Airba stern State		38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
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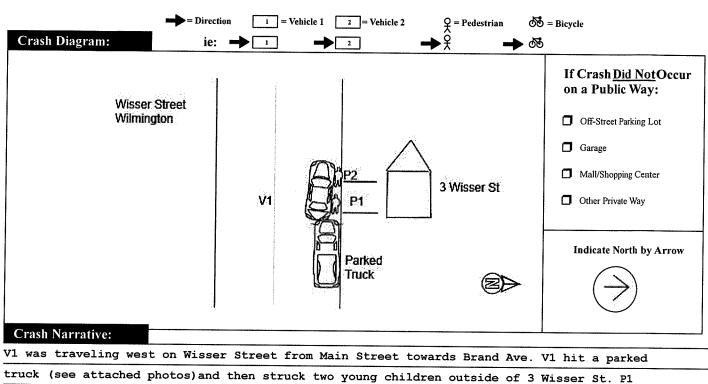
Department

	Poli	ice Use Only		Co	mmony	wealth	of Mas	sact	ıus	etts	5			RM	V Doc	ument N	iumber		
	Date of Crash 03/13/2021	Time of Crash		City/Town	1		nicle Ci		N V	lumber ehicles		1	Speed Latitu	l Limi	1 10	Loca	Police d Police FA Police		
	·	24HR				Police	Report	t	2		0		Longi				pus Police	ੵ	
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					(0)				15		CI	iur						2	2 10
¹ 1	Route# Direc	ction		Name of Roadw	/ay/Street		Route# D	irection	Add	ress#			Na	me of	Roadw	vay/Stree	at	_	
	Route# Direc	tion	Name	e of Intersecting F	Roadway/Street		Fe	et NS	EW	of		ile Ma			or _	Exit	Number	-	_ 11
			714111	Also at Intersect			Fe	et N S	EW	of									4
² 1	Route# Direc	tion	Name	e of Intersecting F	Roadway/Street		Fe	et N S	EW	of	Route	e# 			ecting I	Roadway k	//Street		
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⁶ 1		Please fill out	for operate	or and all occupar	nts involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7	
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	City		State_	Zip		City_						_ State	e	z	ip			_ 1	- 14
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	= Direction	1 = Vehicle 1	2 = Vehicle	2	trian 🚳	= Bicycle	
Crash Diagram:	ie: →	<u>1</u> →	2	→Ŷ	→ ॐ	1	
	Unknown vehicle			High School Pa 159 Church S	420 - A. M. Maratini,	If Crash Did on a Public V Off-Street Parki Garage Mall/Shopping Other Private W	Vay: ing Lot
					8	Indicate North	by Arrow
Crash Narrative:				-			
MV 1 was parked in	the High School P	arking Lot	t The one	rator stated	when he		
his car there was da							
swiped his vehicle h						e. No one left	t
a note/message with	contact informat	ion for th	ne 2nd veh	icle involve	d.		
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	4	Gui
(2004) 1104(1100)		Audicss			ritone a	f	Statemen
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
(1144144		A Molice #	- AX-XJPE	Description of	Damaged 1 Toperty	
Truck and Bus Informat				<u> </u>			
Truck and bus informat	Registration #		(F	rom Vehicle Section)		Ī	40
Carrier Name						Bus Use	42
Address			City		c	St Zip	
						•	
				MC/MX	/ICC #:		
Interstate 43 Cargo B	ody Type Code	GVWR/GCWF	₹ 45				
T-1-P-#	B. T.	D 0			B	46	
Trailer Reg #:	Keg type	Reg State_	Reg Y	earTrai	ler Length		
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Placard Material 1 d	git # Material Nam	ıe		Material 4 dig	rit #	Release code	49
-AA-84 (35.5)	- 10 NO. THE WAS						
Patrol Officer Kevin	J Skinner	****	200	Wilmington	Police I	Department (03/13/2021
Police Officer Name (Please Print)	Signature		ID/Badge#	Department			ate

	Poli	ice Use Only		Co	ommony	wealth	of Mass	ach	use	etts			R	MV Do	cument	Number		
	Date of Crash 03/13/2021	Time of Crash 1711		City/Town ington			icle Cra	ash		ımber hicles	Num Inju		eed Lin	nit_3	- Lo	ate Police ocal Police BTA Police	0000	
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¹ 3	Route# Direc	otion		Name of Road			Route# Dire	ction	Addre	ess#			Name	of Road	way/Str	reet		
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	Sex M_ Lic. (Class D	19 Lic. Re	strictions 99	20 CDL		Year 2003								-	2	1 1	L 12
		E		Link	Endorsemen	ıt	er KOSLOV									8. [」	
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]				1007 001					<u> </u>							_	
	i	NGTON					WILMING	TON	Г	S127,2464	22			_		7-201	- I	
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	Viol. 3: Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Si	ıb	Drive	r Distracted by	7	26	I			d from		2 33	_	٦F	
⁶ 1				r and all occup				1	34	35	36	37 :	18 39	40		J	_	
	Name (Last First Mi	ddle)		<u> </u>	Address		DOB/Age	Sex		Safety System	Airbag Status	Eject T Code C	rap Inju ode Stat	ry Transp. as Code	'	Medical Facility		
	Operato	r		İ	See Above		> <	X	1	1	4 0	0	10	1				
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⁷ 1	Please Select O of the Followin		e 2 #	Occupants	Non-Motorist	A Type 1	Action 2	16 L	ocation	4	17 Co	ondition	1		Hit/Ru	п 🔲 Мор	ed	
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⁸ 1	Operator	Last	rı	rst	Middle	Owne	er	Last			First			М	liddle		-	
	Address					Addre	ess											14
	City	,	State.	_ Z	_	City_						State_		Zip			_ 1	. 17
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ຶ2	Viol. 1: Ch/Sec/S	ub	Vio	1 2. Ch/Saa/Su	.h	Drive	r Contributing Co	nde [2	25	25		Test Re		30		<u>.</u>	
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	Plea Name (Last First Mid	ise fill out for ope	ator/non-m	iotorist and all	occupants involve	ea	DOB/Age	Sex	Seat	Safety .	Airbag I	ject Tr		y Transp.	_ N	Medical Facility		
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Police Use Only	Com	monwealth o	of Massach	usetts	RM	IV Document Number	
Date of Crash Time of Crash 03/13/2021 1711	City/Town Wilmington	Motor Veh		Number Num Vehicles Inju	nber Speed Limit	t 30 State Police Local Police MBTA Police	0800
24HR		Police I	Report	1 2	Lantide Longitude	Campus Police Other:	ă
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Please Select One	3#Occupants Hit			- 01 F		andmark	\dashv
of the Following: Vehicle	3HOccupants Hit	t/Run Moped	Crash Report	^{1D#} 21-5	5-AC		
	StDOB/Age	Reg #		Reg	з Туре		
Sex Lic. Class 19 19	Lic. Restrictions 20	CDL Veh Ye	ear \	/eh Make		Veh Config. 21	1
Operator	_	Owner	r				_
Last Address	First	Middle	Last	Fi	rst	Middle	_
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Viol. 1: Ch/Sec/Sub	— Viol. 2: Ch/Sec/Sub —	Driver	Contributing Code	25 25	Susp. Alcohol:	31 Susp. Drug: 32	i 3 '
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Please fill out fo	or operator and all occupants in	nvolved Address	DOB/Age Sex	34 35 36 Scat Safety Airbag Pos. System Status	37 38 39 Eject Trap Injury Code Code Status	40 Transp. Code Medical Facility	
Operator	S	See Above		1	Code Code Status	reacar racing	1
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Please Select One Vehicle	#Occupants Non	n-Motorist A Type	15 Action 2 16 L	ocation 4 17 C	ondition 18	Hit/Run Mope	
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Sex . Lic. Class	Lic. Restrictions C	DL Veh Ye	ar Ve	eh Make		_ Veh Config.	
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Viol. 1: Ch/Sec/Sub			Contributing Code	25 25	BAC Test Resu		,
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Name (Last First Middle)	.c./non-motorist and an occupa	Address	DOB/Age Sex	Seat Safety Airbag		Transp. Code Medical Facility	
Operator/Non-Moto	orist Se	ee Above	\times X	1 10	8	97	
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V1 was traveling west on Wisser Street from Main Street towards Brand Ave. V1 hit a parked truck (see attached photos) and then struck two young children outside of 3 Wisser St. P1 fell and his hand was run over by the vehicle. P2 was struck second and the right side mirror of V1 was taken off. P2 had an injury to his leg. Both juveniles were transported to the hospital by their mother after WFD recieved refusals for both. Opr1 stated he has no medical conditions that prevent him from driving. No injuries observed or reported by Opr1.Opr1 stated he was blinded by the sun and could not see. He stated he only "scraped" the truck and heard shouting. He stated he remembered hitting the truck but he did not remember hitting the children. He stopped and stood by for WPD/WFD. W1 stated he saw the younger child with his hand under the tire. W2 stated he observed Opr1 hit both children after hitting his parked truck. He stated Opr1 was driving very slow.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
PINEAU ALFRED JOSEPH IV	!	3 WISSER ST	WILMINGTON M	A 01887-20	31		
MANGIAFICO JOHN JOSEPH		4 HOBSON AVI	E WILMINGTON M	MA 01887-20	18		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of Dama	aged Property	
				9 20			
Truck and Bus Information:	Registration #		(From Veh	hicle Section)		0.00	7.3
Carrier Name						Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			-	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46	Ś	
Hazmat Information:						•	
Placard Material 1 digit #	Material Name			_Material 4 digit #	#	Release code	49

Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

03/13/2021

Department

Wilmington Police Department

Page: 1

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER KATHRYN C GOODWIN

Ref: 21-55-AC

On Monday, March 15th, 2021 I (Officer Goodwin) was assigned uniformed patrol in marked cruiser 33, sector 3, on the 1600 to 0000 hour shift. At approximately 1657 hours, I went to Brand Ave for a follow up.

On the way to Brand Ave, I stopped at 43 Brand Ave to drop off a Crash Report to James Koslowski.

At Brand Ave, I was met at the door by Marion Ames. Ms. Ames stated she wanted her two children, the two involved parties, to have their statements included in my report.

I spoke first to . . . stated he and his brother were walking home from the vicinity of Rocco's Restaurant. stated he was walking in front of the parked truck (shown in diagram) when he was lifted off his feet and was on the hood of the car. He stated the front of the car hit him and then he believes he rolled off to his side. He stated Winchester Hospital staff stated he has a left leg/ankle injury and possibly a knee fracture. He also stated he has small scrapes on his opposite leg. He stated the operator of the vehicle kept driving after he hit them and then stopped further down the road after being yelled at to do so. It should be noted the operator was on scene when I arrived.

stated the vehicle hit his brother first and then him. stated he was hit and then fell to the ground where his left hand went under the wheel of the car.

Both brothers stated they were standing in front of the parked truck when they were hit. Neither brother knew how the side mirror was broken off the involved vehicle, the Mitsubishi.

I advised Ms. Ames how to obtain a copy of my full report if she needed it. I also provided her with an accident exchange form and a copy of the original crash report prior to this supplemental. I also advised her that the department completed our investigation and we did not observe any signs of impairment. It should be noted there was a noticeable solar glare when traveling down Wisser St at this time of day.

Respectfully submitted,

Officer Kathryn Goodwin, Badge #216 Wilmington Police Department

Wilmington Police Department Images Associated with 21-55-AC

