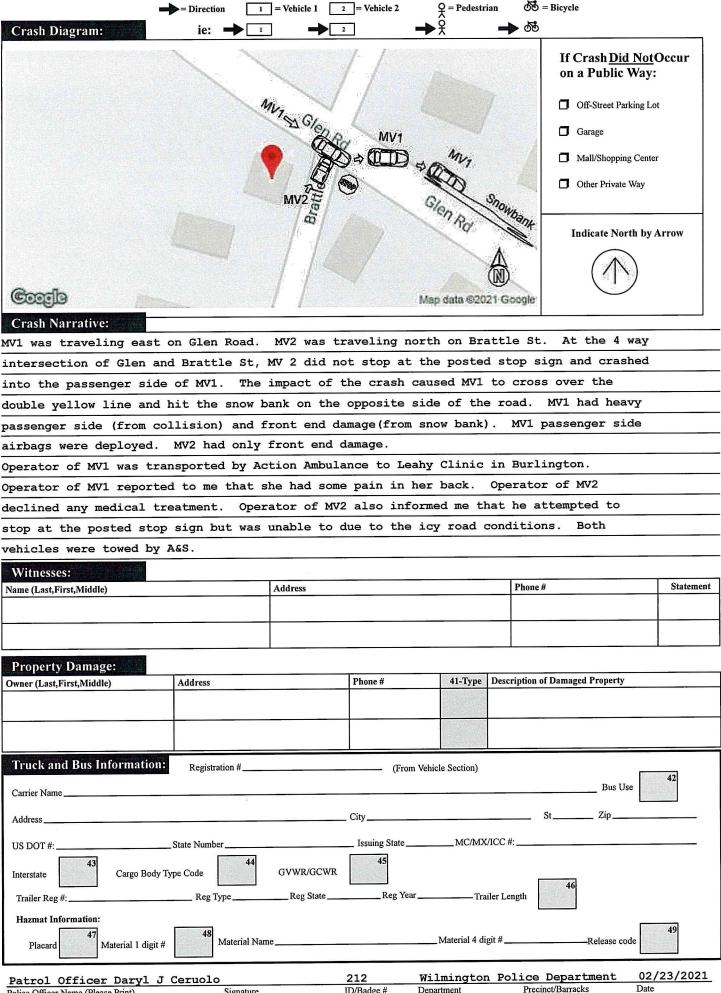
	Police Use Only	Comn	nonwealth	of Massa	chus	etts			RMV	/ Docu	ment Number		
		ity/Town	Motor Veh	icle Cras	sh [Number Vehicles	Numbe Injured	Prod	Limit_	25	Local Police		
		ngton	Police	Report	2		1	Latitu			MBTA Police Campus Police Other:	8	
	24HR AT INTERSECTIO	N•	A STATE OF THE STA		>	2	NOT A		_	SEC			
	AI INTERSECTIO	14.	LOCA				HOIZ	1111	Litt	JEC.	11011.	_	10
	GLEN RD											2	2
T .		lame of Roadway/Str	eet	Route# Direct	ion Ad	dress#		Na	me of I	Roadw	ay/Street		
¹ 1		At		Foot [NSE	V of		_ •	v 12v	or			
		ST of Intersecting Roadw	vav/Street		11 5 2	<u></u>] 01		/larker		or _	Exit Number		
		Also at Intersection w		Feet	N S E	v of						_ [3
				Feet	N S E	v of	Route#		Interse	cting F	Roadway/Street	l	
² 1	Route# Direction Name of	of Intersecting Roadw	vay/Street			_	-		Lar	ndmark			
	Please Select One Value 11 #	Deguments Draw o		6 17	eport ID#	21	_ / [
3	of the Following: Vehicle 1 4	Hit/	Run Moped	Crash R	eport ID#	21	-45	-A	. <u> </u>				
L	License # S95034243 St MA	DOB/Age.	Reg	# <u>64Y540</u>			Reg Ty	ре РС		Re		_	12
	Sex F Lic. Class D 19 19 Lic. Rest	rictions 1 20 CI	DL Veh	Year 2016	Veh	Make N	ISSA	N		_ Veh	Config. 1	1 1	1
	Operator KEANE, SHERYL 1	Er	ndorsement Owr	er KEANE,	SHE	RYL	MARI	E					
⁴ 2	Address 64 PARKER AVE	st		ess 64 PAR			First			Mi	ddle		
_		n - 01976						M7	Δ 7	: ₋ ∩1	L876-443	2	
	City TEWKSBURY State M			TEWKSBUI				Damage		1	manager and a second	27	
	Insurance Company ARBELLA MU	<u>rual insu</u>	RANCE Vehi	cle Action Prior to	200200000000	1		Test Stat		Coue.	3 2 1		
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Ever	t Sequence 1	23 23	23	23	Type of			29		
⁵ 2	Citation # (If Issued)		Mos	t Harmful Event	1 24			BAC Te:		ılt:	30		
	Viol. 1: Ch/Sec/Sub ———— Viol.	I. 2: Ch/Sec/Sub	Driv	er Contributing Co	de 1	25	25	Susp. Al	-		Susp. Drug: 2	32	1 ¹³
	Viol. 3: Ch/Sec/Sub — Viol	L 4: Ch/Sec/Sub	Driv	er Distracted by	0 26			Towed fi			1 33		
⁶ 4	Please fill out for operator			T	34 Sea		36 3 Airbag Eje	7 38	39 Injury	40 Transp.	La partir de l'accessor		
	Name (Last First Middle)		Address	DOB/Age	Sex Po	s. System	Airbag Ejo Status Co	et Trap de Code		Code	Medical Facility Lahey Clinic		
	Operator	Se	ee Above	\sim	X^1	1	2 0	0	8	2	•		
								1					
								+-					
							L	1_					
⁷ 2	Please Select One Vehicle 21 #0	Occupants Non-	-Motorist A Type	15 Action	16 Loca	tion	17 Con	dition	18		Hit/Run 🔲 Mo	ped	
2	of the Following:			00000		Side		DC			M7	\dashv	
	License # SA1250084 St MA	_ DOB/Age	*	# <u>9PP996</u>				ре <u>РС</u>				1	
		rictions 1 CI	ndorsement	Year 2005			HEVR		Ľ	_ Veh	Config.		
8	Operator ALICANDRO, MICI	HAEL JOSE	Middle	er ALICAN	ast		First			Mi	ddle		
⁸ 1	Address 46 SYLVANUS WOO	D LN	Add	ress 46 SYI	VANU	S W	OOD 1	IN				—	14
	City WOBURN State M	IA Zip 01801	3859 City	WOBURN				State <u>M</u>	A Z	ip <u>01</u>	<u> 1801–385</u>	9 4	4
	Insurance Company ALLSTATE IN	SURANCE C	COMPAN Vehi	cle Action Prior to	Crash	1	22	Damage	d Area	Code:	1 27 27	27	
		Responding to Emerg		nt Sequence	23 23	23	23	Test Stat	tus:		1 28		
		responding to Emerg	J	t Harmful Event	1 24			Type of	Test:		29		
⁹ 2	Citation # (If Issued)					25 4	25	BAC Te		-	30	22	
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Since Statutung Since							Susp. Al			Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub — Vio	er Distracted by	99 26	<u> </u>	10 1	Towed f			1 55				
	Please fill out for operator/non-п	notorist and all occupa	ants involved	DOB/Age	Sex Po	at Safety	36 3 Airbag Ej Status Co	ect Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motorist	Se	ee Above		X 1		4 0	О	10	1			
	Operator/Hon-Motorist				<u> </u>	-	\vdash	+	-				
						-							

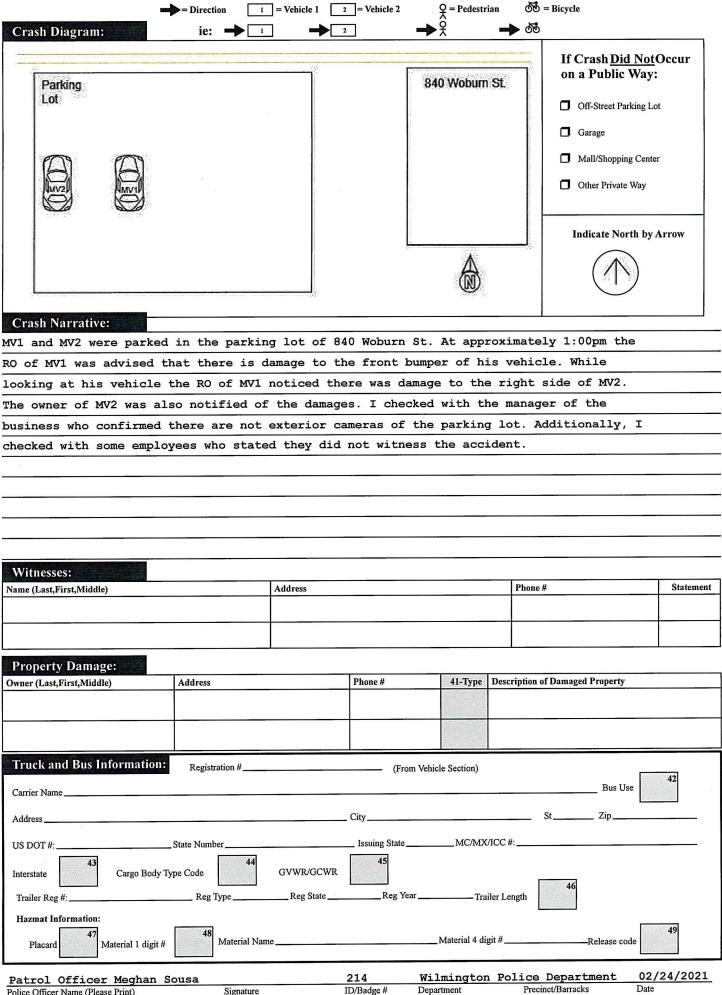


Wilmington Police Department Images Associated with 21-45-AC

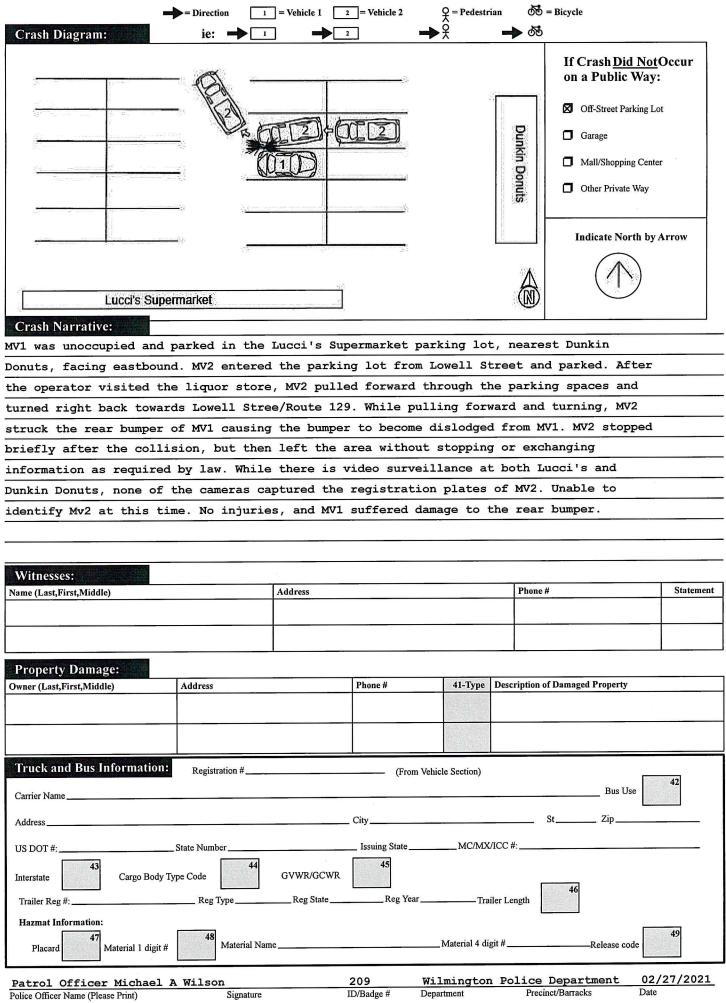


	Police Use Only	Comr	nonwealth	of Massach	ıusetts		RM	V Documen		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number	Number	Speed Limit	L	tate Police ocal Police BTA Police campus Police	1
	1 1	mington	Police	Report	Vehicles 3	Injured 0	Latitude	C	ABTA Police	
	AT INTERSECT	TON.	< LOCA			255	Longitude_ FINTER		Other:	┪
	AT INTERSECT	ION:	LUCA	TION >		NOTA	INIER	SECTIO	JN:	_ 10
					840	WORI	JRN ST			2
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #			Roadway/S1	treet	
¹ 1		At		T NIC	I E W					
_	Route# Direction Na	ume of Intersecting Roadw	/St	Feet N S	o E W of	Mile M	arker —		Exit Number	11
	Route# Direction Na	Also at Intersection w		Feet N S	E W of					99 ¹¹
				Feet N S		Route#	Interse	ecting Roady	way/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	reet [11]5	12111 01					-
	Please Select One Valvalia 10		l _C	1				ndmark		1
3	of the Following:	#Occupants Hit/I	Run	Crash Repor	t ID# 21	-46	-AC			
L	License # St	DOB/Age	Reg	# 5SM321		Reg Typ	e PC	Reg Sta	ate MA	_ 12
	10 10	20	OI Veh	Year 2019	Veh Make S	UBARU	J	Veh Conf	ig 1 21	7 12
	ACCOUNT OF THE PARTY OF THE PAR	En	dorsement	er <u>UHLAND</u> ,				ven com	ть.	
⁴ 1	Operator Driverless M.	First	Middle	Last		First		Middle		
1	Address			ess 107 ADAM	IS ST					
	City Sta	te Zip	City	LEXINGTON		_			20-1821	
	Insurance Company SAFETY IN	ISURANCE CO	MPANY Vehic	cle Action Prior to Crasl	h 11	22 D	amaged Area	8	7 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerg	ency? Even	t Sequence 1 23	23 23	23	est Status:	1 2		
5	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Test:	2 2 3	100	
_	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 25	25	AC Test Resu	iii. 1	22	1 13
				200	26		usp. Alcohol: owed from sc	(Retailed to	p. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	38 39	40		4
Ľ	Please fill out for oper Name (Last First Middle)	rator and all occupants inv	Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury	Transp. Code	Medical Facility	
	Operator	Se	e Above	\times	1					
	•									1
			1995							-
	Please Select One Vivahiala 20	#0		15 16		17	. 18			1
⁷ 1	of the Following: Vehicle 20	_#Occupants Non-	Motorist A Type	Action	Location	Condi	tion	Hit/R	un Moped	_
	License #St	DOB/Age	Reg #	1XHR75		Reg Type	e PC	Reg Sta		
	Sex Lic. Class 19 19 Lic.	Restrictions 20 CI	DL Veh '	Year 2008	Veh Make H	YUNDA	.I	_ Veh Conf	ig. 21	
	Operator Driverless M.	V.	dorsement	er RAMIREZ,	JULIO	E				1
⁸ 99	1900 M. W.	First	Middle	ess 162 OAKL		First	PT 2	Middle		
	Address			METHUEN	11110 111			. 0197	4-2416	1 14
	City Sta						amaged Area			
	Insurance Company GOVERNMEN	INSU Vehic	ele Action Prior to Crasl	1 11		est Status:	Code: 3 - 2			
	Vehicle Travel Direction: N S E W	Responding to Emerg	ency? Even	t Sequence 1 23	23 23	23	ype of Test:	1 2		İ
9	Citation # (If Issued)		Most	Harmful Event 1	24	-	AC Test Resu	ılt. 3	0	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp. Alcohol:	- 200	p. Drug: 2 32	
				Driver Distracted by O 26 Towed from scene? 2 33					_	
	Please fill out for operator/non-motorist and all occupants involved				34 35	36 37	38 39	40		1
	Nome (Lost First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	r t Se	e Above	$>\!\!<$ X	1					
										1
							+ +-			1
							\vdash			-

	Police Use Only	Comr	nonwealth	of Massach	usetts		RMV	Document Nu		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit_	5 State P Local I MBTA		
	02/24/2021 1350 Wil	.mington	Police	Report	3	ا	Latitude Longitude		us Police	
	AT INTERSECT	ΓΙΟΝ:	< LOCA		NOT AT	INTERS	SECTION:			
	Route# Direction	Name of Roadway/Sti	reet	Route# Direction	840 Address #	WOBU	RN ST Name of F	Roadway/Street		2 10
¹ 1	-	At		File	الماسا					İ
	Route# Direction N	ame of Intersecting Roadv		Feet NS		Mile Ma	rker		Number	99 ¹¹
² 1	Route# Direction N	Also at Intersection was		Feet NSEW of Route# Intersecting Roadway/Street						
1				L				dmark		1
3	of the Following:	#Occupants Hit/		Crash Report				D 0		L
	10 10	DOB/Age		#				_	21	7 12
	Sex Lic. Class Lic. Operator unknown Last	Restrictions C	ndorsement	Year						
⁴ 1	Address	First		Last		First		Middle		
	City Sta					Sta	te Zi	p		
	Insurance Company			cle Action Prior to Crash		CHO!	amaged Area	DESCRIPTION DOD	27 27	
	Vehicle Travel Direction: N S E W	_		at Sequence 23	23 23	23 Te	st Status:	28		
5				t Harmful Event	24	Ту	pe of Test:	29		
	Citation # (If Issued)			- CARDON CO.	25	25	AC Test Resul	E40/09/24	20	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	Su	sp. Alcohol:	Maria Cont.	Orug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	Towed from scene? 33					1
	Please fill out for ope Name (Last First Middle)	volved Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code		Transp.	lical Facility	1	
	Operator	Se	ee Above	\times	1					
	•									
										-
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/Run	Moped	
		DOB/Age	Reg	#		_ Reg Type		Reg State_	21	
		Restrictions C	ndorsement	Owner						
899	Lost Address	First	Middle	Last		First		Middle		
	CitySta	nte 7in				Sta	te Zi	D		1 14
	,	• • • • • • • • • • • • • • • • • • • •	Vehicle Action Prior to Crash 22 Damaged Are						27 27	\vdash
	Insurance Company			23	23 23	23 Te	est Status:	28		
	Vehicle Travel Direction: NSEW	gency? Event Sequence Type of Test:					29			
⁹ 2	Citation # (If Issued)			t Harmful Event	25	25 B	AC Test Resu	2266006)nig: 32	
_	Viol. 1: Ch/Sec/Sub ————	Driv	Susp. Alcohol: Susp. Dru							
	VIOI. 5; CIVSec/Sub VIOI. 4. CIVSec/Sub			er Distracted by	26		owed from sce	ene? 33		
	Please fill out for operator/i	non-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp.	dical Facility	
	Operator/Non-Motori	st s	ee Above	\times	1					
	_			T Y						
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	Police Use Only	Comm	nonwealth	of Massach	usetts	}	RM	V Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t_15	— Local Police	П
	02/27/2021 1620 Wi	lmington	Police 1	Report	2	O	Latitude Longitude _		MBTA Police Campus Police Other:	Ĺ
	AT INTERSEC	TION:	THE AMERICAN PROPERTY OF THE PARTY OF THE PA	TION >		NOT A	r inter			┪
						1,0111				10
					211	LOWE	ELL ST			2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	f Roadwa	ny/Street	_
		At		Feet N S	E W of		_ • _	- or		_
	Route# Direction N	Jame of Intersecting Roadw	vay/Street			Mile Ma	arker		Exit Number	8 11
		Also at Intersection w	ith	Feet N S	E W of	Route#	Inters	ecting Re	oadway/Street	
2	Route# Direction N	Jame of Intersecting Roadw	yov/Street	Feet NSEW of						
² 2	Route# Direction 1	anie of intersecting Roadw	ay/Siteet	Landmark						_
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repor	1D# 21	-47	-AC			
³ 3	FORMAT, White Company of the Company								. 1/3	4
	19 19	DOB/Age	_	# 1JER66					21	7 12
	Sex Lic. Class Lic	e. Restrictions CI	dorsement	Year 2011				Veh (Config. 1	H
4	Operator Driverless M	First	Middle Own	er BOUDREAU	, CHAF	RLES F	?	Mide	dle	
⁴ 1	Address		Addr	ess 9 BYRON	ST A	PT 2			00	
	City St	ateZip	City	WAKEFIELD		Sta	ate MA	Zip 01	880-2622	
	Insurance Company GOVERNME	NT EMPLOYEES	INSU Vehic	cle Action Prior to Crash	11	22 D	amaged Are	a Code:	5 27 5 27 4 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg	zency? 2 Even	t Sequence 23	23 23	23 To	est Status:		28	
5	Citation # (If Issued)	_		Harmful Event 2	24	T	ype of Test:	Section	29	
				er Contributing Code	1 25	25	AC Test Res	(6)	30	2 13
	Viol. 1: Ch/Sec/Sub —————		-	- Target Marie	26		usp. Alcohol	. 9	Susp. Drug. 99 32	
⁶ 2	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	owed from se	ene? 2	2 - 5	4
	Please fill out for op Name (Last First Middle)	olved Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Trap Injury Transp. Status Code Code Status Code Medical Facility					
	Operator	Se	e Above	\times	1 10	4 0	0 10	1		
	•							t		
				-			 	+		-
										_
, 	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	⊠н	it/Run 🔲 Moped	
⁷ 1	of the Following:									4
		DOB/Age	Reg	#		Reg Type	e	Reg	g State	1
	Sex Lic. Class 19 19 Lic	. Restrictions CI	DL Veh '	Veh Year Veh Make Veh Make						
Q	Operator unknown	First		er		First		Midd	dle	ē.
⁸ 1	Address		Addr	ess				-		
	CitySt	ate Zip	City			Sta	nte	Zip		9914
	Insurance Company		Vehic	cle Action Prior to Crash	3	22 D	amaged Area	a Code:	27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 99 Even	t Sequence 2 23	23 23	23 Te	est Status:		28	
		-	Type of Test:						1	
⁹ 2	Citation # (If Issued)			Augusti	1 0 25 0	- 25	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub	Oriver Contributing Code 19 25 99 25 Susp. Alcohol: 99 31 Susp. D								
	Fiol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Please fill out for operator/non-motorist and all occupants involved			Driver Distracted by 99 Towed from					2 33	4
	Please fill out for operator/ Name (Last First Middle)		ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		Trap Injury	40 Transp. Code	Medical Facility	
	Operator/Non-Motori	ist Se	e Above	X	1 99	4 0	0 99	1		
								\dagger		1
								++		-
									***************************************	4



CDP1 11-24-00

Wilmington Police Department Images Associated with 21-46-AC



