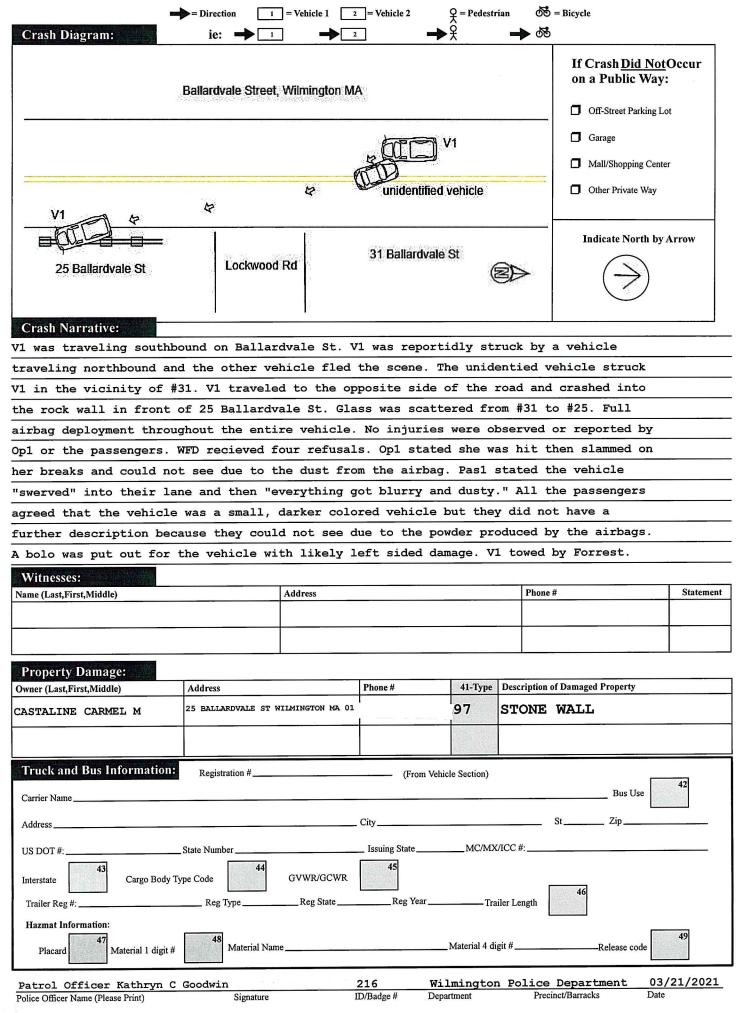
	Police Use Only	Comm	onwealth	huset	ts	RMV Document Number				
	Date of Crash Time of Crash C 03/21/2021 2120 Wilmi	ity/Town .ngton	Motor Veh		Vehic	eles Injured	Speed Limit	I	tate Police Local Police MBTA Police Campus Police	
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	AT INTERSECTIO	N:	< LOCA	TION >		NOT A	SECTIO	ON:	_ 10	
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		of Intersecting Roadwa			S E W of	Mile N	•	or]	Exit Number	3 11
	f	Also at Intersection wit	n			Route#	Interse	ecting Road	way/Street	
² 1	Route# Direction Name of	of Intersecting Roadwa	y/Street	Feet N	S E W of					
			T	1				ndmark		┨
3	Please Select One of the Following: Vehicle 14 #0					1-59				
	10 10	_ DOB/Age		# <u>9XB812</u>				Reg St	21	1 12
	Sex_F_ Lic. Class D Lic. Rest	rictions 1 CD	L Veh	Year <u>2007</u>	_ Veh Make	CHEVR	OLET	_ Veh Con	fig. 1	
	Operator CARROLL, ERIN N	ă		er CARROLL	, ERI	N M		Middle		1
⁴ 1	Address 2A PINE AVE	31		ess 2A PINE	AVE	rust		ivildate		1
	City WILMINGTON State M	IA Zip 01887	-2058 City	WILMINGTO	N	S	tate MA Z	Zip <u>0188</u>	87-2058	1
	Insurance Company GEICO GENER			cle Action Prior to Cr	ash 1	22	Damaged Area	Code: 7	27 8 27 0 27	1
				22	23 2		Test Status:		28	
5		Responding to Emerge		a sequence 1	24	A ARREA	Type of Test:		29	
	Citation # (If Issued) T2446204			t Harmful Event 1	2/	25	BAC Test Resu	art.	30	_ 13
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1	Please fill out for operator				Seat S	35 36 37 afety Airbag Eje	et Trap Injury	Transp.	Medical Facility	
	Name (Last First Middle)		Address	DOB/Age S	Pos. Sy	stem Status Co	le Code Status 0 10	Code 1	Medical Facility	1
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				1 1	6 1	3 0	0 10	1		
					4 1	3 0	0 10	1		1
7	Please Select One Vehicle 2 #0	Occupants Non-I	Motorist A Type	15 Action 1		17	dition 18	Hit/F	Run Moped	
⁷ 1	of the Following:	and Market W. of						D 6		1
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	Sex Lic. Class Lic. Rest		L Veh lorsement	Year	_ Veh Make	e		Veh Con	fig.	
81	Operator	rst	Middle	lerLast	-	First		Middle		
1	Address		Add	ress				-		14
	City State	Zip	City				state Z			1
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	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Ever	nt Sequence 23	23 2	23	Test Status:		28	
	Citation # (If Issued)		Mos	t Harmful Event	24		Type of Test:		29 30	1
⁹ 2			Driv	er Contributing Code	2:		BAC Test Res	un.	sp. Drug: 32	
	Viol. 1: Ch/Sec/Sub — Vio			(3)	26		Susp. Alcohol: Towed from so	STATE OF THE PARTY	33	
	Viol. 3: Ch/Sec/Sub Vio			er Distracted by	34	35 36 3		40		-
	Please fill out for operator/non-m		nts involved Address	DOB/Age	Seat S	Safety Airbag Ejo ystem Status Co	et Trap Injury	Transp.	Medical Facility	
	Operator/Non-Motorist	See	e Above		1					
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	D .	1								_



Wilmington Police Department

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER KATHRYN C GOODWIN

Ref: 21-59-AC

Entered: 03/27/2021 @ 1709 Modified: 03/27/2021 @ 1721

Entry ID: 216 Modified ID: 216 Page: 1

On Saturday, March 27th, 2021 at approximately 1700 hours, I (Officer Goodwin) attempted to contact Erin Carroll at

This is the number she provided to me on scene.

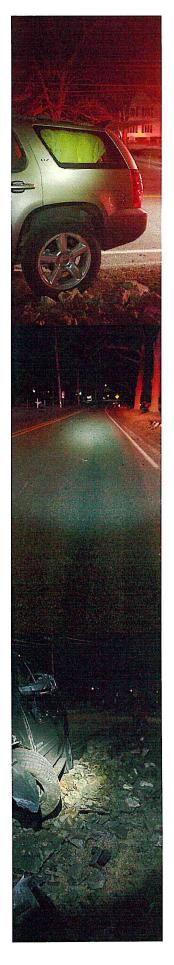
I also attempted to contact her on the night of the incident regarding information with her vehicle and she did not answer. The vehicle she was operating was bearing MA registration 9XB812. This plate was registered to a Ford Explorer. On scene, Ms. Carroll stated this vehicle was a recent purchase, but failed to provide me with the registration for the vehicle. With two failed attemps to contact her, Ms. Carroll was issued MA Uniform Citation T2446204 for Unregistered Motor Vehicle 90/9 and No Registration in Possession 90/11. The citation was mailed to violator.

Respectfully submitted,

Officer Kathryn Goodwin, Badge #216 Wilmington Police Department

Wilmington Police Department Images Associated with 21-59-AC





Wilmington Police Department Images Associated with 21-59-AC



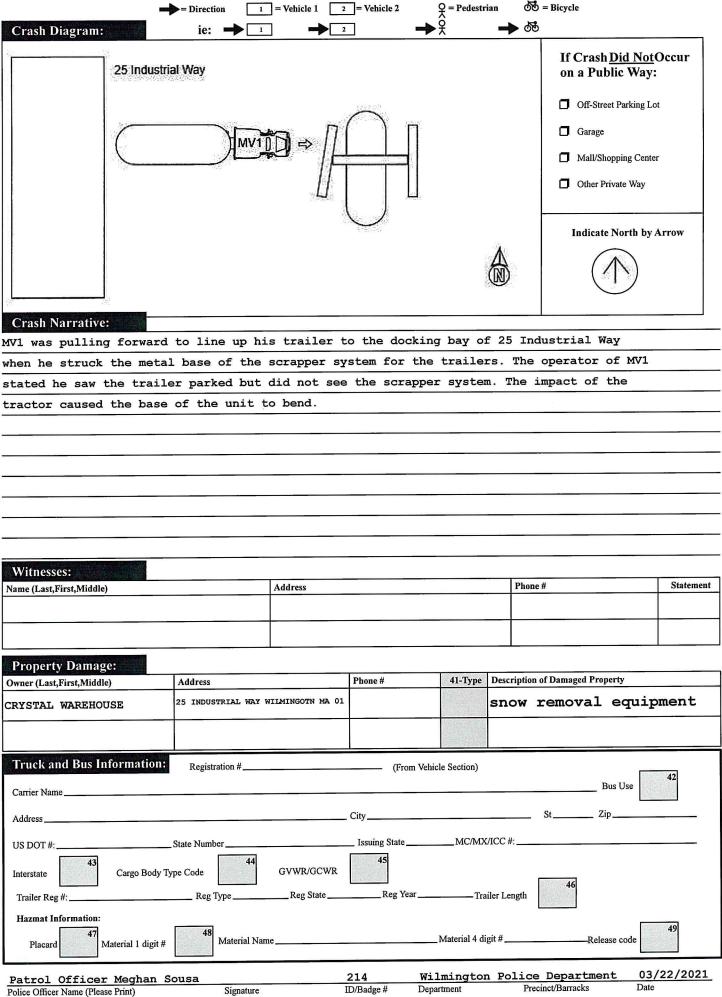


Wilmington Police Department Images Associated with 21-59-AC



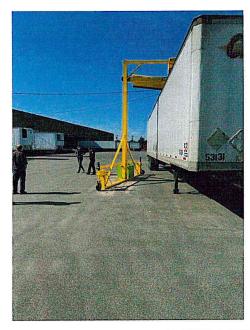


1	Police Use Only	Common	wealth (oi Massach	usetts		RMV D	ocument Number	
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	03/22/2021 1042 Wilm :	ington	Police 1	Report	1	0	ongitude	Campus Police Other:	
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									2 10
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		The distribution with		Feet N S		Route#	Intersectin	ng Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Stree	et		••		Landn	nark	-
	Please Select One Value 11 #	#Occupants Hit/Run	Moped	Crash Panari	ID# 21	-60-			1
3	of the Following: Vehicle 11	Hit/Run							4
		DOB/Age		# <u>68836A</u>				0.000 (0.0	7 12
	Sex M Lic. Class D 19 Lic. Res	strictions CDL Endorsem	Veh	Year 2004	Veh Make O	ther-not	listed v	Veh Config. 10	
	Operator PINA-AQUINO, U	ILQUIN First Middle	Own	er A & R R	OLON I	RANS PC	RTATIO	ON LLC	
⁴ 1	Dilot	FL3		ess 833 PARK	ST Z	APT D4			
	City HARTFORD State	CT Zip 06114	City	HARTFORD		State	CT Zip	06106	
	Insurance Company Progressive	e Casualty In	su Vehic	cle Action Prior to Crasl	1 1	22 Dam	naged Area Co	CHARLES THE CALL OF THE CALL OF	
	Vehicle Travel Direction: NSWW	Responding to Emergency?		t Sequence 35 23	23 23	23	Status:	1 28	
5	Citation # (If Issued)	_		Harmful Event 35	24		e of Test:	30	
	Viol. 1: Ch/Sec/Sub — Vio	ol 2: Ch/Sec/Sub	Drive	er Contributing Code	19 25	25	Test Result: o. Alcohol: 2	I make	30 ¹³
				er Distracted by	HONEY AND THE PERSON NAMED IN COLUMN NAMED IN		ed from scene	9223494	
⁶ 1	Viol. 3: Ch/Sec/Sub — Vio	or and all occupants involved			34 35	36 37	38 39 4	0	-
	Name (Last First Middle)	Address		DOB/Age Sex	Seat Safety Pos. System		Trap Injury Trai Code Status Co	nsp. ode Medical Facility	4
	Operator	See Above	re	\times X	1 1	4 0 0	10 1		
									7
									1
			80	15 16		17	18	1	4
⁷ 1	Please Select One of the Following: Vehicle 2	#Occupants Non-Motori	ist A Type	Action	Location	Conditio	n L	Hit/Run Moped	ļ
_	License # St	DOB/Age	Reg	#		Reg Type_			-
	Sex Lic. Class 19 19 Lic. Res	strictions 20 CDL		Year	Veh Make			Veh Config. 21	
	Operator	Endorsem	Own	er		40			
⁸ 99	Last F	First Middle		Last Tess		First		Middle	
	CityState_	Zin	City			State	Zip_		1 14
	Insurance Company	<i>O.</i> P		cle Action Prior to Crasl		22 Dan	naged Area Co	ode: 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?		nt Sequence 23	23 23	23 Test	Status:	28	
		Responding to Emergency (_		t Harmful Event	24	Тур	e of Test:	29	
⁹ 2	Citation # (If Issued)	-			25	25	C Test Result:	30	
	Viol. 1: Ch/Sec/Sub Vi			er Contributing Code	26		p. Alcohol:	100 march 100 ma	
	Viol. 3: Ch/Sec/Sub — Vi			er Distracted by	34 35	36 37	ved from scene	40	-
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants inve- Address	rolved	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Tra	nnsp. ode Medical Facility	
	Operator/Non-Motorist	See Abov	/e	\times	1				
				+		 	-++		7
						 			-



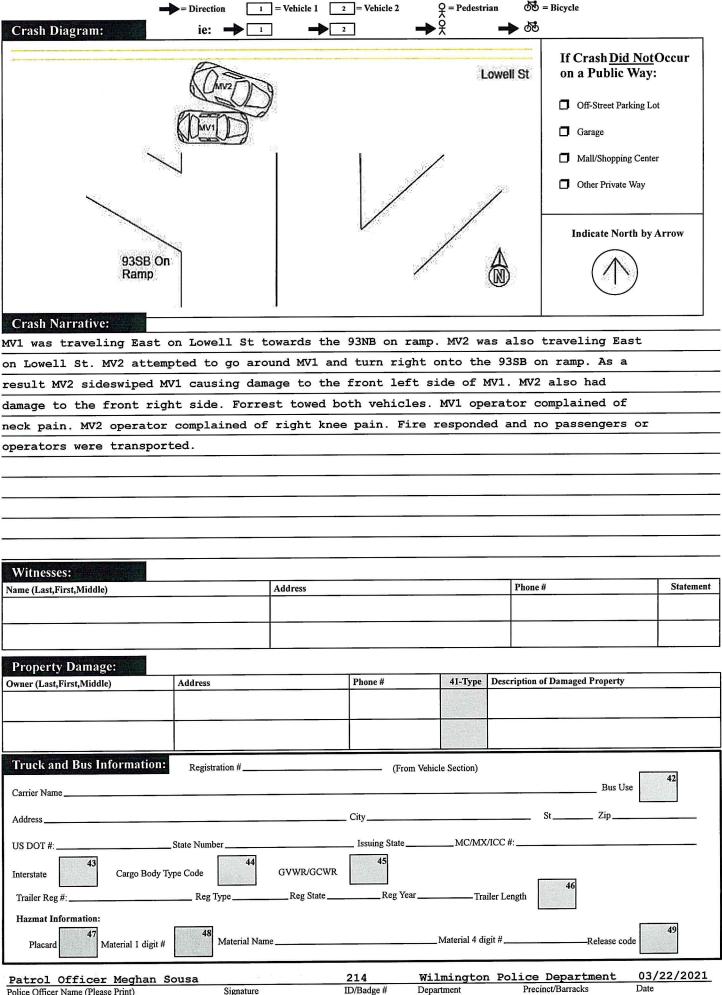
Wilmington Police Department Images Associated with 21-60-AC







	Police Use Only	onwealth (vealth of Massachusetts					RMV Document Number				
			Iotor Veh	icle Cras	h Ni	imber hicles	Numb Injure	- Popular	l Limit_	40	State Police Local Police MBTA Police Campus Police	
	03/22/2021 1426 Wilm:	ington	Police 1	Report	2		0	Longi			Campus Police Other:	
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	Route# Direction Name	of Intersecting Roadway/S	Street] 01	Mile	Marker			Exit Number	4 11
		Also at Intersection with		_	SEW		Route#	_	Interse	cting R	Loadway/Street	
2	Route# Direction Name	of Intersecting Roadway/S	Street	Feet N	N S E W	of					•	_
² 1	Rodicii Piloston			<u> </u>						ndmark		-
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	21	-6	1-A	C			
	License # NHL14345802 St NH	DOB/Age	Reg	# <u>4003P</u>			_ Reg	Туре РС	;	Re	eg State NH	. 12
	Sex M Lic. Class D 19 19 Lic. Re	strictions CDL		Year <u>2009</u>	Veh M	ake <u>T</u>	OYO'	TA		_ Veh	Config. 21	
	Operator MCLEOD, ROBERT	SIDNEY	sement Own	er MCLEOD	ROB	ERT	SI	DNEY		Mic	idle	
⁴ 1	Address 8 PATRIOT DR	APT 15	Addr	ess 8 PATR	IOT I	R	API	15				e
	City E HAMPSTEAD State	NH Zip 038268	208 City	E HAMPST	EAD						8268208	<u>0</u>
	Insurance Company AMICA		Vehic	cle Action Prior to C	Crash	1	22	Damage		Code:	8 27 27 27 28	
5	Vehicle Travel Direction: NSW	Responding to Emergence	y? <u>2</u> Even	t Sequence 1 2		23	23	Test Sta Type of			29	
5	Citation # (If Issued)	=	Most	t Harmful Event	1 24			BAC Te		ılt:	1 30	12
	Viol. 1: Ch/Sec/Sub Viol.	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	2342500	25	25	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub Vi	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed			1 33	
1	Please fill out for operato	or and all occupants involve		DOB/Age	Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See A	bove	\sim	1	1	4	0	10	1		
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												1
					-							1
			200	15	16		17	2	18			1
⁷ 5	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	Action	Locati	on	C	ondition			Hit/Run Moped	4
L		DOB/Age		# 2NLL25				Туре <u>РС</u>	:	Re	eg State MA	e .
	B	estrictions CDL. Endor	sement	Year 2014				TA		Veh	Config. 1	
81	Operator NANTABA, VIVIA	First Mi	ddle	er NANTABA	ıst	VIA	N Firs	t		Mi	ddle	6
1	Address 32 NILE ST			ress 32 NIL						. 01	1001_5507	1 14
	,	MA Zip 01821-	•	BILLERIC			22	State Manage			L821-5507	· 💾
	Insurance Company NGM INSURA			cle Action Prior to C	Crash 3 23	23	23	Test Sta			1 28	
	Vehicle Travel Direction: NSWW	Responding to Emergence	· ——	it sequence 1	24			Type of	Test:		29	
⁹ 2	Citation # (If Issued)	-		l	1	25	25	BAC To	1	BORANO STA	1 30	
	Viol. 1. Glades Bus	iol. 2: Ch/Sec/Sub ———		er Contributing Cod er Distracted by	0 26			Susp. A	- 1	10.00400	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub		er Distracted by	34	35	36	37 38	39	40	1	4
	Name (Last First Middle)		Iress	DOB/Age	Sex Pos.	Safety System		Eject Trap Code Code		Code	Medical Facility	-
	Operator/Non-Motorist		Above		X^1	1	4	0	10	1		4
	EDWAR MUKAS	80 DOUGLAS ST WALTHAM, MA 01821			м 3	1	4	0	10	1		_
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Wilmington Police Department Images Associated with 21-61-AC













Wilmington Police Department Images Associated with 21-61-AC



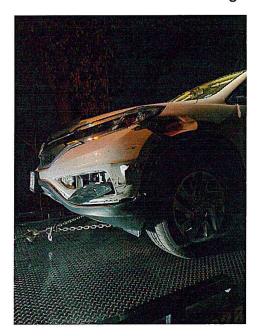
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	03/23/2021 1220 Wil r	mington	Police ?	Report	2	0	,	Latitude _ Longitude		Campus Police	<u> </u>	
	AT INTERSECT	ION:	< LOCA	TION >		NO	T AT	INTE	RSEC	TION:		
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¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	n Addre	ss#		Name	of Roadw	vay/Street	_	
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т_				L					Landmarl	K	\dashv	
3	of the Following:	#Occupants Hit/		Crash Rep						MA		
	10 10	DOB/Age 20		# <u>219FY9</u>						21	1 12	
	Sex M Lic. Class D Lic. I Operator KELLEY, KEVIN	Restrictions 1 C	ndorsement	Year <u>2017</u> ner KELLEY ,						Config.	<u> </u>	
⁴ 1	Address 8 LESLIE ST	First		ress 8 LESLI			First		М	iddle	_	
	City WILMINGTON State	e MA Zip 01887	7-2996 City	WILMINGT	ON		Stat	e MA	Zip 0	1887-299	6	
	Insurance Company THE HANOV			cle Action Prior to C	0	2 22			rea Code:		7	
				at Sequence 23		23 23	Te	st Status:		1 28	-	
5	Vehicle Travel Direction: SEW			it bequence 1	24		Ту	pe of Tes	t:	29		
	Citation # (If Issued)					25 2	=	AC Test R		1 30	1 13	
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26		Su		ol: 2 31	22	²	
⁶ 1		Viol. 4: Ch/Sec/Sub		er Distracted by		26 26	To	wed from	1 scene?	2 33	_	
1	Please fill out for opera Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age		35 36 Safety Airba System Status	Eject	Trap In	jury Transp. atus Code	Medical Facility		
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⁷ 1	Please Select One of the Following: Vehicle 21	_#Occupants Non	-Motorist A Type	15 Action 1	6 Location	17	Conditi	ion	18	Hit/Run 🔲 Mop	ed	
		DOB/Age	Reg	# <u>994LL2</u>		R	eg Type	PC	R	eg State MA	-	
	Sex F Lic. Class D 19 Lic. I	Restrictions 1 C	DL Veh	Year 2012	Veh Mal	ke <u>HON</u>	DA		Veh	Config. 1] [
0	Operator BAILEY, CAROL		Own	er BAILEY,	CARC	LE S	First		М	liddle	_	
⁸ 1	Address 1 GLENVIEW RD	THIST		ress 1 GLENV	TEW :							
	City WILMINGTON State	e MA Zip 0188 7	7-3404 City	<u>WILMINGT</u>	ON		Stat	te MA	_ Zip <u></u> 0 :	1887-3404	4 1 14	
	Insurance Company GEICO GEN	ERAL INSUR	ANCE C Vehi	cle Action Prior to C	rash	L 22	Da	ımaged A	rea Code:	The street of th	7	
	Vehicle Travel Direction: S E W	Responding to Emer		nt Sequence 23	23	23 23		st Status:		1 28		
	Citation # (If Issued)		Mos	t Harmful Event	24		-	pe of Tes		29		
⁹ 2	Viol, 1: Ch/Sec/Sub	Wiel 2: Ch/See/Sub	Driv	er Contributing Code	19	25 2	_	AC Test F	nol: 2 31	Later	12	
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	Viol, 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub —			34	35 36	37	38	39 40		-	
	Name (Last First Middle)	motorist and an occup	Address	DOB/Age	Sex Pos.	Safety Airba System Statu		Code S	njury Transp. tatus Code	Medical Facility	\dashv	
	Operator/Non-Motoris	<i>t</i> s	ee Above	\sim	X 1	1 4	0	0 1	0 1			
				1								
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	1						1	1		1		

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Crash Diagram:		Woburn			(=	If Crash Dic on a Public Off-Street Pa	Way:
			ĵ,	n		Other Private	e Way
					≪	Indicate No	rth by Arrow
Crash Narrative	ALCOHOLD PRODUCTION						
						the road when sh	
						rival. No injurie	
No tow.	ore. The ope	Tutorb Gile					
Witnesses:							
Name (Last,First,Middle))		Address			Phone #	Statement
Property Damag	e:						
Owner (Last,First,Middle	e) Add	ress		Phone #	41-Type Desc	ription of Damaged Property	•
Truck and Bus In		egistration#			Vehicle Section)	Bus U	
Address							
Interstate 43 Trailer Reg #:	State Cargo Body Type Co	44 de	GVWR/GCWR	45	MC/MX/ICC #	#:	
Hazmat Information: Placard A7	Material 1 digit #	48 Material Nam	ne		Material 4 digit #	Release c	ode 49
Patrol Officer						lice Department	03/23/2021
Police Officer Name (Pleas	se Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

	Pol	ice Use Only		Com	monw	ealth (of Ma	assa	ch	use	tts		3		RMV	/ Docu	ment N			
	Date of Crash	Time of Crash		City/Town	Mot	or Veh	icle (Cras	sh		mber nicles	Num Injur		peed I		35	- Local	Police Po		
	03/25/2021	2008 24HR	Wilmi	ngton	1	Police 1	Repo	rt		2	neics	0	L	atitude ongitu		V. 1		A Police pus Police		
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¹ 4	Route# Dire	ction	И	Name of Roadway/	Street		Route#	Directi	ion	Addre	ess#			Nan	ne of I	Roadwa	ay/Stree	et	-	
4				At			8	Feet	N S	E W	of ·			- •	_	or _				
	Route# Dire	ction	Name o	of Intersecting Roa	dway/Street	-						Mil	e Marl	cer			Exit	Number	12	11
			F	Also at Intersection	with			Feet	N S	E W	of .	Route	_ -	Tr	nterse	cting R	loadway	/Street	Ľ	
								Feet [N S	E W	of	Route	7	п	inci sc	cing i	oauway	//Street		
² 1	Route# Dire	ction	Name o	of Intersecting Roa	dway/Street										Lan	ndmark			1	
	Please Select	One Vehicle	e 1 2 #0	Occupants H	it/Run	Moped		rash Re	eport	ID#	21	-6	3-	A	C					
³ 99	of the Follow	ing: —													_	200	Section 1987	373		
	License # S4	9220323	St MA 19	_ DOB/A _£			# <u>2WCF</u>											21	1	12
	Sex M Lic.	Class D	Lic. Rest	trictions B	CDL Endorsement		Year <u>20</u> 0						<u> </u>			_ Veh	Config.	1	F	Ш
	Operator AN	DINO, Al	NTONI	O JR	Middle	Own	er <u>MER</u>	CAD	<u>o,</u>	SH	ERI	Y	et			Mic	idle			
⁴ 1				APT 3RI	-	Addı	ess <u>133</u>	HE	ML	OCK	Lì								1	
	City LOWE	LL	State M	1A Zip 0185	52-3401	L City	LOWE	LL					_ State	MA	Zi	ip <u>01</u>	.851	-2133		
	******			E INSURA			cle Action l		Crash	[9	22					2 27 3		l	
	100							4600		23	23	23	Tes	Statu	is:		1 28			
5		Direction: S		Responding to Em	ergency? 2		t Sequence	1		24	700		Тур	e of Te	est:		29		1	
		sued) T2061					t Harmful E	event	1	Ced 1	25	25		C Test	Personal III		1 30		H	13
	Viol. 1: Ch/Sec.	/Sub <u>90 1</u>	O Viol	1. 2: Ch/Sec/Sub -		Drive	er Contribu	ting Coo	de	9	25	25	Sus	p. Alco	ohol:	2 31		Drug: 2 32	1	
6	Viol. 3: Ch/Sec.	/Sub	Viol	l. 4: Ch/Sec/Sub -		Drive	er Distracte	d by	0	26			Tov	ved fro	m sce	ene?	2 33			
⁶ 1		Please fill out	for operator	and all occupants						34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		edical Facility	1	
	Name (Last First I				Address		DOB	/Age	Sex	Pos.	System 1	Status 4			Status 10	Code 1	Me	edical Facility	1	
	Operat 	or		UNKNOWN	See Above				\triangle	1	1	-		-					-	
	MANNY KNIG	HT		UNKNOWN, MA 00	000				М	3	99	4	0)	10	1				
																			1	
	50-20-22-1-02-1			<u> </u>			15	5850	16		Rich	17		Dana	18		-		1	
⁷ 2	Please Select of the Follow		e 2 1 _#	Occupants N	on-Motorist	A Type	15 Acti	on	I	Locatio	n	1' C	onditio	n	10	I	lit/Run	Moped		
	License # S8	5089918	St MA	_ DOB/Age		Reg	# 2FNS	574				Reg	Туре	PC		Re	g State	MA	1	
		19	19	20	CDL		Year 20:		,	/eh Ms	ske H	OND					Config.	_ 21		
	Sex M Lic.	- 4800001 100000	Lic. Rest		Endorsement	F	er MOR							то		_ ,	Coming.		١	
⁸ 2			HARD A	ALLEN JR	Middle			L	ast		<u>KD</u>	Fir	st	UI		Mic	ddle		ı	
	Address 58	ELM ST					ress <u>58</u>		ı S	Τ					٠.	0.0	177	0004	1	14
	City MELR			1A Zip 0217			MELR	OSE			Material Co.	22						27 27	Ľ	
	Insurance Com	pany USAA (CASUAI	TY INSU	RANCE	C Vehi	cle Action	Prior to	Crash		4	22				Code:	8 ²⁷ .	7 27 27		
	Vehicle Travel	Direction:	EW	Responding to Em	ergency? 2	Ever	nt Sequence	1	23	23	23	23		t Statu			29		l	
0	Citation # (If Is	sued)				Mos	t Harmful I	Event	1	24				e of T C Test		ılt:	30			
⁹ 2	· .		Vio	ol. 2: Ch/Sec/Sub		Driv	er Contribu	iting Co	de	1	25	25		p. Alc	Ī	Name of Street	Susp.	Drug: 2 32		
							er Distracte		0	26				ved fro	Ľ	- 440000	1 33	Zukum		
	Viol. 3: Ch/Sec			ol. 4; Ch/Sec/Sub notorist and all occ						34	35	36	37	38	39	40	- mantis		1	
	Name (Last First		a.01/11011-11	notorist and an occ	Address		DOE	J/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	М	ledical Facility	-	
	Operat	tor/Non-Me	otorist		See Above			<	X	1	1	4	0	0	10	1				
		•	-									1							1	
										-	-									
				1						1										

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: → 🗆	1	2	→ ♀ -	→ №	
Î	Eames St				If Crash <u>D</u> on a Publi	oid NotOccur ic Way:
					☐ Off-Street	Parking Lot
					☐ Garage	
	,					
O Communication of the communi					☐ Mall/Shop	ping Center
	9			,	Other Priva	ate Way
O		4	Facility of the Company of the Compa		and allowed	
	2				Indicate N	lorth by Arrow
·						
	Oxbow Dr			6	≈ (₹	7)
1.				(2		
Crash Narrative:						
Motor vehicle crash o						
turn. Believing that		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ed to
pass vehicle 2 on the					W CONSTRUCTION	
Vehicle 1 colided wit					10.00	2000 (000) ×
was towed by Cain's					the operator's	ī.
place of business, an	nd was able to l	be driven in	om the scen	e.		
		1.6				
		· · · · · · · · · · · · · · · · · · ·				
Witnesses:			4.00			
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	111		Phone #	41-Type Des	scription of Damaged Propert	
Owner (Last,First,Middle)	Address		Pnone #	41-1ype Des	scription of Damaged Propert	<u>y</u>
Truck and Bus Information	On: Registration #		(From)	/ehicle Section)		
			(110III	cincic acction)	Bus	Use 42
Carrier Name						
Address			_ City	<u> </u>	St Zip_	
US DOT #:	State Number			MC/MX/ICC	:#:	
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	Length 46	
Hazmat Information:						
Placard Material 1 di	orit # 48 Material N	Iame		Material 4 digit #	Release	code 49
Flacald Wiateriai I di	Bic "					
Patrol Officer Nichola					olice Department	
Police Officer Name (Please Print)	Signature	•	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 21-63-AC





	Police Use Only	Comn	ionwealth (of Massach	usetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	03/24/2021 1517 Wi	llmington	Police 1	Report	2	0	Latitude Longitude _	-	Campus Police Other:	
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	INTER	SECT	ION:	1
					***		A			2 10
		07 1 10:		Distriction	474 Address #	MAIN	Name of	Daaduu	w/Straat	
¹ 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of	Koauwa	ly/Sirect	-
				Feet N S	E W of		_ • _	or	Exit Number	
	Route# Direction	Name of Intersecting Roadwa		- No	Inlul a	Mile Ma	агкег		Exit Number	2 11
		Also at Intersection wi	th	Feet N S		Route#	Inters	ecting Ro	oadway/Street	H
² 1	Route# Direction	Name of Intersecting Roadwa	ay/Street	Feet N S	E W of					
1								andmark		1
3	Please Select One of the Following:	1#Occupants	Run Moped	Crash Repor	t ID# 21	-64	-AC			
	License # S34562640 S	St MA DOB/Age	Reg	# 7HH226		Reg Typ	e PC	Re	g State MA	12
	19 19	20	DL Veh	Year 2018	Veh Make	Геер		Veh (Config. 1	1
	Operator DUPREY, GER	En	dorsement	er DUPREY,		_				
⁴ 1	Address 21 NICHOLS S		Middle	ess 21 NICHO		First		Midd	dle	
_	City MERRIMAC			MERRIMAC			ote MA	zin 01	860-1410	
	90			cle Action Prior to Cras	h 1		amaged Area	F	and the second second	
	Insurance Company THE COM			22	23 23		est Status:	1	28	
5	Vehicle Travel Direction: S E	<u> </u>		r Bequence I	24		ype of Test:	3	29	
	Citation # (If Issued)			Harmful Event 1		25	AC Test Res		30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	19 ²⁵	S	usp. Alcohol		Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by			owed from s		2 33]
1	Please fill out for Name (Last First Middle)	operator and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above	X	1 1	4 0	0 10	1		
	operation.	- 								1
					+		\vdash			-
						_				4
										1
7	Please Select One Vehicle 2	1 #Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П н	lit/Run Moped	
⁷ 1	of the Following:		_	27E766	E.S.	n T	e PC]]	- C+++ MA	1
	License # S57397176 19 19	St MA DOB/Age		# <u>2AE766</u>					21	
	Sex F Lic. Class D	En	dorsement		Veh Make <u>N</u>		72-DEN	∠ Veh (Config.	
⁸ 1	Operator NGUYEN, MEL	First	Middle	er NGUYEN,		First		Mid	dle	
1	Address 104 GORHAM S			ess 104 GORF				0.1	004 2010	14
	City E CHELMSFORD			E CHELMSF	ORD			_	824-3210 27 27 27	
	Insurance Company THE COM	MERCE INSURAN	ICE_CO_ Vehi	cle Action Prior to Cras	LUMBER .	7	amaged Are	a Code:	28	1
	Vehicle Travel Direction:	W Responding to Emerg	gency? 2 Ever	at Sequence 1 23	23 23	23	ype of Test:		29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event 1	24	В	AC Test Res	sult:	1 30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25 S	usp. Alcohol	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Т	owed from s	cene?	2 33	
	English Albert Brown - Cabacharde Chi	or/non-motorist and all occupa		DON'S	34 35 Seat Safety		38 39 Trap Injur Code Statu		Medical Facility	
	Name (Last First Middle)	wiat a	Address	DOB/Age Sex	Pos. Syster	n Status Code	O 10	1	recutar racinty	1
	Operator/Non-Moto	Se Se	ee Above	/	1 -	-	+ +	+		1
								-		4
										_

	-	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian		Bicycle	
Crash Dia	gram:	ie: 👈 🔟	→ □	2	→ ૠ	→ %		
SR							If Crash <u>Did No</u> on a Public Wa	
ি	ELE (0 DEFE & 9	474 Mair	n Street	. 10 2 14 14 14 17 17 17 17 17 17 17 17 17 17 17 17 17	The statement of the st		Off-Street Parking	Lot
							☐ Garage	
							■ Mall/Shopping Ce	nter
							Other Private Way	
	$\Rightarrow (\sqrt{2})$						Indicate North b	y Arrow
	(MADDA						(\rightarrow)	
ų.	1							
Crash Na	rrative:							
√W 1 was t	traveling nor	ch on Main St.	MV 2 was t	urning on M	ain Street a	and rea	r ended MV 2.	
No injurie	es.							
			· · · · · ·	3.7				
							•//	
Witnesses					-			
Name (Last,Firs	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO		Address			Phone #		Statement
Property I	Damage.						***************************************	
Owner (Last,Fir	Market Street, Square	Address		Phone #	41-Type De	scription of	Damaged Property	
Truck and	Bus Information	Registration #		(From	Vehicle Section)	_		
Carrier Name_					,		Bus Use	42
Address				_ City		S	t Zip	
US DOT #:		State Number		Issuing State	MC/MX/ICO	C #:		
	43	44		45				
Interstate "	Cargo Body	Type Code Reg Type	GVWR/GCWR		Trailor	Langth	46	
Trailer Reg #: Hazmat Infor		veg tybe	reg agge	Reg Teal	Irailer	rengin		
Placard	47 Material 1 digit #	48 Material Nan	ne		Material 4 digit #	I	Release code	49
Patrol Of	fficer Kevin J	Skinner		200	Wilmington E	Police I	Department 0	3/27/2021
		Signature			Department		et/Barracks Da	

	Police Use Only	Common	wealth	of Massa	chus	etts			RMV	Docum	ent Number	
			tor Veh	icle Cras	h \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lumber ehicles	Number Injured	Speed 1 Latitud		30	State Police Local Police MBTA Police Campus Police	ŀ
	03/27/2021 1419 Wilmir 24HR	ig con	Police :	Report	2		0	Longitu			Campus Police Other:	
	AT INTERSECTION	T: <	LOCA	TION >			NOT A	T INT	ERSI	ECT)	ION:	
												2 10
	Route# Direction LOWELL ST	me of Roadway/Street		Route# Direction	on Add	iress #		Nan	ne of Ro	oadway	/Street	
¹ 1	Acceptation of the Control of the Co	At			امامات							1
	MAIN ST	Intersecting Roadway/Stree		Feet [N S E V	v] of	Mile M		<u> </u>	or	Exit Number	11
		so at Intersection with	-	Feet	N S E V	V of						3
				Feet	N S E V	v of	Route#	I	ntersect	ing Ro	adway/Street	
² 1	Route# Direction Name of	Intersecting Roadway/Stree	t	_		_	2		Land	lmark		6
	Please Select One Vehicle 11 #Oo	ccupants Hit/Run	Moped	Crash Re	port ID#	21	-65	-A	C.			1
3	of the Following:											4
	License # S61568753 St MA	DOB/Age	- 18	# 6GE271							21	1 12
	Sex <u>E'</u> Lic. Class D Lic. Restri	ctions CDL Endorseme	ent	Year 2014			_			Veh C	onfig. 1	
4	Operator FERGUSON, MARGA Last First	RET A		er FERGUS (ist		First	A		Middl	e	
⁴ 3	Address 1 RIDGEWOOD RD		Add	ress 1 RIDG	EWOO:	D RI			-			
	City BILLERICA State M	A Zip 01821-162	25 City	BILLERIC	:A	TORS OF SECURITY SEC	200			1000	821-1625	
	Insurance Company GEICO GENERA	AL INSURANCE	C Vehi	cle Action Prior to (Crash	1		amaged		ode: 1	27 27 27 28	
	Vehicle Travel Direction: SEW R	esponding to Emergency? 2	Ever	nt Sequence 2	3 23	23	23	est Statu ype of T		1	29	
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event	1 24			AC Test			30	
	Viol. 1: Ch/Sec/Sub Viol.	2: Ch/Sec/Sub	Driv	er Contributing Cod	le 1	25	25	usp. Alc	_	_	Susp. Drug: 2 32	1 13
		4: Ch/Sec/Sub	Driv	er Distracted by	O ²⁶		Т	owed fro	om scen	1975	33	
⁶ 1	Please fill out for operator a				34 Sea		36 37 Airbag Eject	38 Trap	Injury Tr	40 ransp.		1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	. System	Status Code		Status 0	Code	Medical Facility	1
	Operator	See Above	; ————————————————————————————————————		X^1	-	-	+		_		4
										-		4
	Please Select One Vehicle 21 #O	ccupants Non-Motoris	st A Type	15 Action	16 Local	ion	17 Cond	ition	18	Тн	t/Run Moped	1
⁷ 2	of the Following:	[Non-Iviotoris				lion						4
	License # NHL12922364 St NH	DOB/A _{		# <u>4869559</u>			Reg Typ				State NH 21	
	Sex M Lic. Class D Lic. Restri	ictions 1 CDL Endorseme	ent	Year 2020			HEVRO	LET		Veh C	onfig.	
⁸ 1	Operator HIGGS, BRYAN ED Last First	WARD Middle		ner DENT W	ist		First		-	Middl	le .	
1	Address 6 NAYLOR DR			ress 140 MA		AVE						14
	City EPSOM State NI	H Zip 03234	City	MANCHEST	ER			ate <u>NH</u> Damaged		-		
	Insurance Company LIBERTY MUT	UAL	Veh	icle Action Prior to	- Lainetta von la	4		est Stati		.oue. 3	28	
	Vehicle Travel Direction: NSWW R	Responding to Emergency? 2	Ever	nt Sequence	3 23	23	23	ype of T			29	
⁹ 2	Citation # (If Issued)		Mos	st Harmful Event	1 24			BAC Tes	t Result	: 1	30	
2	Viol. 1: Ch/Sec/Sub Viol.	2: Ch/Sec/Sub	Driv	er Contributing Coo	5244604	SERVE SE	25	Susp. Alc	cohol: 2	31	Susp. Drug: 2 32	
	71011 01 010 0111 1011	4: Ch/Sec/Sub		er Distracted by	0 26			lowed fr			33]
	Please fill out for operator/non-mo	otorist and all occupants invo Address	olved	DOB/Age	Sex Pos	t Safety	36 37 Airbag Ejec Status Cod	38 Trap Code		40 fransp. Code	Medical Facility	
	Operator/Non-Motorist	See Above	e	\times	X 1	1	4 0	0	10 1	L		
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						_			\vdash	-		+
							1 1					

