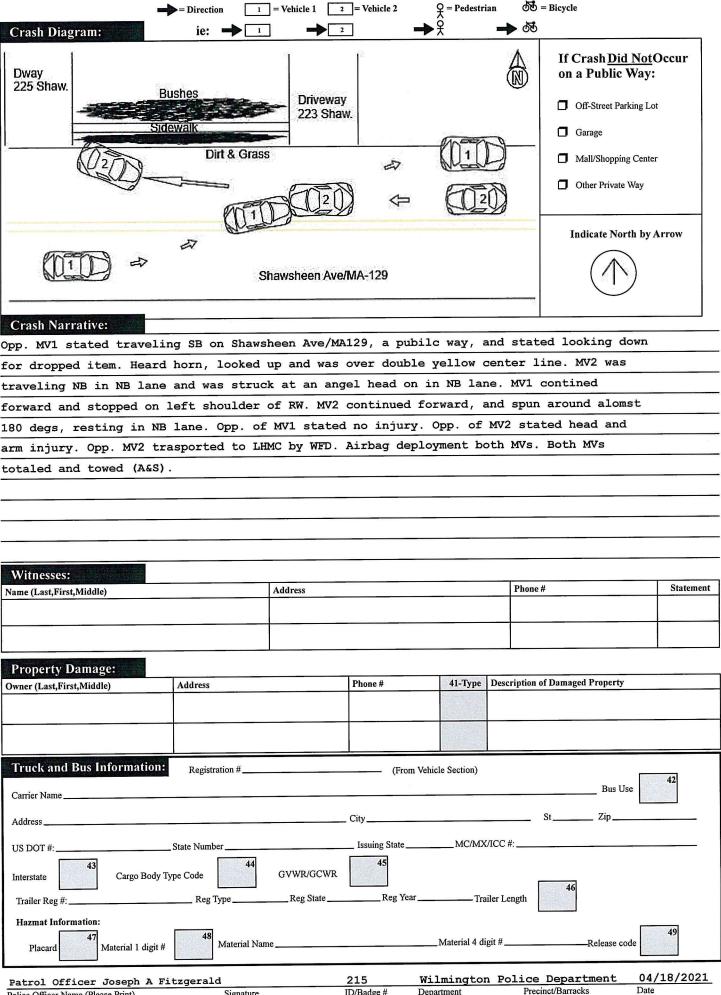
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	Date of Crash	Time of Crash		Town	<b>Mot</b>	tor Veh	icle (	Cras	h		mber	Numb Injur	ad PP	ed Limit	35	- Loca	Police I Police IA Police ID Police ID Police ID Police ID Police ID Police ID	
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			Also	at Intersection	on with			Feet N				Route#	<del>-</del> -	Inters	ecting I	Roadwa	y/Street	
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<sup>2</sup> 1	Route# Direc	tion	Name of I	increceing ic	oadway/Sirect		<u> </u>				10			La	andmarl			4
3	Please Select O		<b>1</b> _#Occ	cupants	Hit/Run	Moped	C	rash Re	port l	D# 2	21	-7	8-2	AC				
3	of the Followin		107				# <u>1KCZ</u>	22					m D	<u></u>		Circ	MΆ	<u> </u>
	License # SA1	10 10	St MA I	20	ol												21	1 12
	Sex <u><b>M</b></u> Lic. C	Class	Lic. Restric	tions 99	CDL_ Endorsemen	t	Year <u>200</u>								Veh	Config.	<u> </u>	$\vdash$
I4	Operator BR	ADLEY, ZA	CHARY First	W	Middle		er <u>BRAI</u>	Las	st			Firs	<b>W</b>		Mi	ddle	<del></del>	1
<sup>4</sup> <b>1</b>	Address 201	APACHE V	VAY			Add	ress <u>201</u>	AP	ACI	IE '	WAY		_					
	City <b>TEWKS</b>	BURY	State MA	_ Zip_ <b>018</b>	376-452	O City	TEWKS	BUR	Y								6-4520	
	Insurance Compa	any PROGRES	SIVE	DIRECT	INSUR	<b>A</b> Vehi	cle Action P	rior to C	Crash		1	22	Dama	ged Area	a Code:	Accessed to 100 to 200	27 27	
	Vehicle Travel D	rirection: N E	W Re	sponding to E	Emergency? 2	Ever	nt Sequence	42 23	3 1	23	23	23	Test S			1 28		
5		ued)			_		t Harmful E		distance.	24				of Test:	•	30		
				CI /G /G - I			er Contribut	L	e [	20	25	25		Test Res		15,241	Drug: 2 32	<b>1</b> 13
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7	Please Select C		<b>1</b> #Occ	cupants 🔲	Non-Motorist	A Type	15 Actio	on	16 L	ocatio	n	17 C	ondition	18		Hit/Rur	Moped	
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8	Operator BIC	CCHIERI,	ALYSS First	SA LEE	Middle	Own	ner <u>BIC</u>	CHIE	ERI	, 7	ALY	SSA Fin	LE	<u> </u>	M	iddle		
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	City WILMI	INGTON	State MA	Zip_018	387-261	6 City	WILM:	INGT	'ON								<u>7-2616</u>	1
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## Wilmington Police Department Images Associated with 21-78-AC



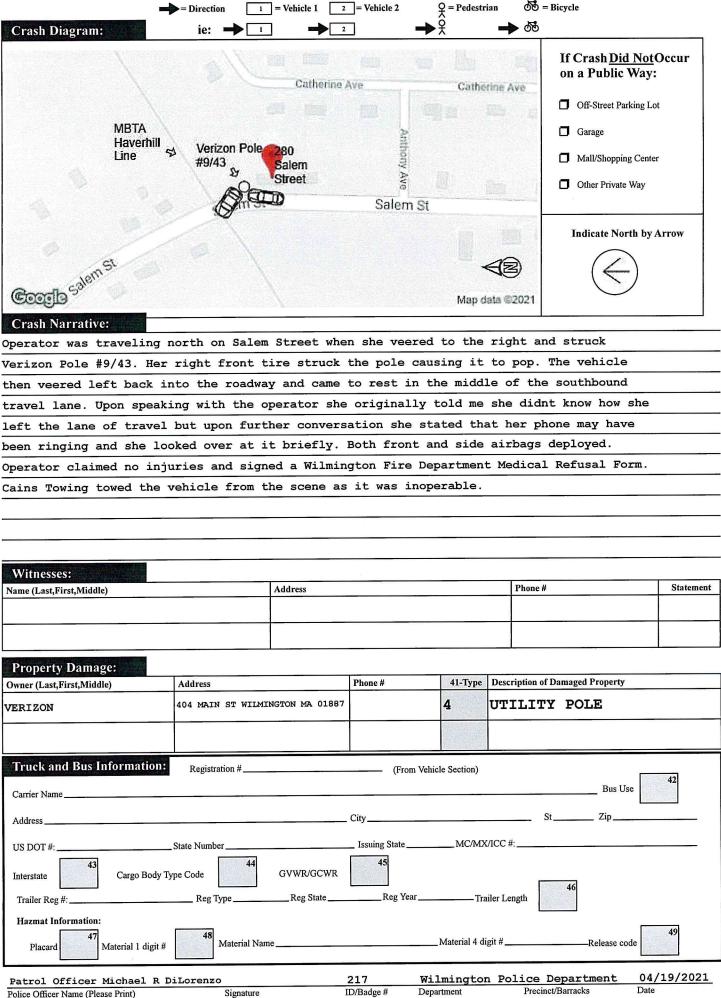


## Wilmington Police Department Images Associated with 21-78-AC





	Pol	lice Use Only		C	ommon	wealth	of Ma	ssac	huse	etts			RMV	/ Docui	ment Num		
	Date of Crash	Time of Crash		ty/Town		tor Vel	icle C	Crash	N V	umber ehicles	Numbe Injure	1	l Limit.	30	- State Poli	ice 🔀	
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		AT INTERS	ECTION	V:	<		TION	>	3		NOT	AT IN		SECT			1
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									28		SAI	EM					
<sup>1</sup> 4	Route# Dire	ection	N		idway/Street		Route#	Direction	Add	ress #	V-10-50	N	ame of	Roadwa	y/Street		-
4				A	At			Feet N	SEW	of			. —	or			
	Route# Dire	ection	Name of	f Intersectir	ng Roadway/Stree						Mile	Marker			Exit Nu	mber	1 11
					section with			Feet N	S E W	of	Route#		Intono	atina D	oadway/St		
								Feet N	SEW	of	Koule#		micrsc	cting ic	Uauway/51	icci	İ
<sup>2</sup> 1	Route# Dire	ection	Name of	f Intersectir	ng Roadway/Stree	t							La	ndmark			
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3	of the Follow	mg:		•										-			4
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	Sex <b>F</b> Lic.	Class D 19	Lic. Restr	ictions <b>B</b>	CDLEndorseme	Veh	Year <u>201</u>	.5	_ Veh M	lake <u>G</u>	MC			_ Veh	Config. 2	•	
	Operator MC	COLL-FOR	D, IR	ENE		Ow	ner MCCO	DLL-E	ORD	, I	RENI	E V		Mid	dle		
<sup>4</sup> 1		SHAWSHE			Middle	Add	ress <b>416</b>	SHA	WSHI	EEN	ST			IVIId			
	A CONTRACT SURGEST AND A CONTRACT OF THE CONTR	SBURY			1876-321	L6 City	TEWKS	BURY				State <b>M</b>	<b>A</b> _ z	ip <b>01</b>	876-	3216	
		pany THE COM					cle Action P			1	22	Damage				27 27	
							nt Sequence		23	23	23	Test Sta	itus:	1	L 28		
5		Direction: NS		cesponding	to Emergency? 2			1623/10				Type of	Test:		29		
	Citation # (If Is	sued)					t Harmful Ev	Section 1	10000000	25	25	BAC To			30	West and	<b>22</b> <sup>13</sup>
	Viol. 1: Ch/Sec.	/Sub	Viol.	2: Ch/Sec/	/Sub		er Contribut	400	20			Susp. A	•			1g: 2 32	22
<sup>6</sup> 1	Viol. 3: Ch/Sec.	/Sub				Driv	er Distracted	l by 4	26			Towed			L 33		ļ
1		Please fill out fo	or operator	and all occi	upants involved	***	DOB/	Age So	34 Seat x Pos.	35 Safety System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medica	l Facility	
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	Sex Lic.	Class 19 19	Lic. Restr	ictions	20 CDL	Veh	Year		_ Veh M	lake				_ Veh	Config.	21	
	Operator	CONTRACTOR SERVICION	l	105.0	Endorseme		ner										
<sup>8</sup> 1		Last	Firs	ıt	Middle		ress	Last			First			Mid	dle		
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	* * * * * * * * * * * * * * * * * * * *			Zip _							22	Damage			27	27 27	
		pany					icle Action P	23	23	23	23	Test Sta			28		
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<sup>9</sup> 2	Citation # (If Is	ssued)				Mo	st Harmful E	vent	24			BAC T	est Resu	alt:	30		
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	Viol. 3; Ch/Sec	:/Sub	Viol	, 4: Ch/Sec	/Sub	Driv	er Distracte	d by	26			Towed	from sc	ene?	33		
	P	lease fill out for oper	ator/non-m	otorist and		lved		. The case of	34 Sent	35 Safety	Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.	¥4_3:-	l Facility	
	Name (Last First				Address		DOB/	Age S	ex Pos.	System	Status	Code Code	Status	Code	Medica	. r actilly	1
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## Wilmington Police Department Images Associated with 21-79-AC





Date of Cra		City/Town	Motor Veh	icle Cras	h []	Number Vehicles	A contract of	Speed	Limit_	30	State Police Local Police	1
04/19/202	1  1605  Wi]		TIEGOOT I GA	itele Class	A .			1704			Local I Office	1
	24HR	Lmington	Police	Report	1		Injured O	Latitud			State Police Local Police MBTA Police Campus Police Other:	i
	AT INTERSECT	TION:		TION >	<b>**</b>		NOT A			SECT		1
Route# I	Direction	Name of Roadway/S		Route# Directi		2 dress #	BUT'				y/Street	2
L Kouter L	Direction	At	irect								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
	Direction N	ame of Intersecting Road	way/Street	Feet [			Mile M		_	or	Exit Number	- -
	Direction N	Also at Intersection	2000		SEV	_	Route#		Interse	cting Ro	oadway/Street	
Route# I	onection 14	ame of intersecting Road	way/Street						Lar	ndmark		4
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License #_S	St 19 19 St 1	MA DOB/Age		#2PR332							21	1
Sex M I	.ic. Class D Lic	. Restrictions 1	Endorsement NE Own	<sub>Year</sub> <u>2013</u> er <u>RODRIG</u> U								_
Address 1	Last 1822 1ST_AVE	First APT 10	Middle Add	ess 11822	1ST	AVE	S A	PT	101	Midd	lle	
	TTLE St			SEATTLE						ip <u>98</u>	168	_
	ompany GEICO GEN			cle Action Prior to (	Zeoah	1				Code: 1		
					-	23	23	est Stat	us:	1	28	1
Wehicle Trav	rel Direction: N S E	Responding to Eme		B sensepses is	24		Market 1	ype of	Test:	1000	29	1
Citation # (I	f Issued)		Mos	t Harmful Event	-	0.5		BAC Tes	st Resu	lt: 1	30	$\vdash$
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Viol, 3: Ch/S	Sec/Sub	Viol. 4: Ch/Sec/Sub _	Driv	er Distracted by	0 26		,	Towed fi	rom sce	ene? 1	. 33	
		erator and all occupants i		frontscop o	34 Sea	t Safety		38 t Trap	39 Injury	40 Transp.		7
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Please Sele		#Occupants No	n-Motorist A Type	15 Action	16 Loca	tion	17 Conc	ition	18	П н	it/Run Moped	i
License #	St_	DOB/Age	Reg	#			Reg Ty	ne		Reg		-
Sex I	CONTRACT OFFICE AND		Endorsement	Year	Veh 1	Make				_ Veh C	Config. 21	
Operator_	Last	First	Middle	erL	st		First			Midd	ile	
Address				ress								-  -
City	St	ate Zip	City			a a said		ate			27 27 27	·   _
Insurance C	ompany		Vehi	cle Action Prior to C				Damage Test Stat		Code:	28	
Vehicle Trav	vel Direction: NSEW	Responding to Eme	rgency? Ever	at Sequence 2	3 23	23	23	Type of		2	29	
Citation # (I	f Issued)		Mos	t Harmful Event	24			BAC Tes		dt:	30	
Citation # (I	Sec/Sub	Viol. 2: Ch/Sec/Sub =	Driv	er Contributing Cod	e	25	25	Susp. Al		31	Susp. Drug: 32	ı
	Sec/Sub			er Distracted by	26	,,,,,,	-	Towed fi	rom sc	ene?	33	
VIOI. 3. CIV.	Please fill out for operator/s				34		36 37	38 Trap	39 Injury	40 Transp.		┥
Name (Last F			Address	DOB/Age	Sex Po	s. System	Airbag Eje Status Coo	t Trap e Code	Status	Code	Medical Facility	$\dashv$
Oper	ator/Non-Motori	ist	See Above	$\times$	X 1							$\Box$
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1				1								

		= Direction 1		= Vehicle 2	Q = Pedestria	ın ॐ 	= Bicycle	
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<u> </u>		-						
							Off-Street P	arking Lot
							☐ Garage	
-				All and the second of the seco		and the same of th	☐ Mall/Shoppi	
-							Other Privat	e Way
		Deer			<b>E</b>	<b>≥</b>	Indicate No.	orth by Arrow
Cros	sh Narrative:							,
STATE OF THE PARTY	was driving on But	ters Row when	a deer ran	in front of	the vehi	cle str	iking it an	đ
causi	ng damage. The ope	rator stated t	he deer was	severely in	njured an	d was u	nable to mo	ve
out s	till alive. The de	er was euthani	zed. MV 1 h	ad their own	n tow tru	ck arri	ve prior to	my
arriv	ral. No injuries			<del></del>				
							-	
				15				
								\$
							v .	
	lesses: Last,First,Middle)		Address			Phone	<del> </del>	Statement
	,.							
Samus Marky	Control of Minkey Section (1995)							
COLUMN TO A STATE OF THE PARTY	perty Damage: (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	Y
	I ID I C							
	k and Bus Information:	Registration #		(From Ve	hicle Section)		Bus U	Ise 42
Carrie	r Name				2.51			
Addre	ss							
US DO		_State Number44		Issuing State	MC/MX/	ICC #:		
Interst Traile	ate 43 Cargo Body T	ype Code	GVWR/GCWR Reg State		Trai	ler Length	46	
70000	nat Information:							
P	Material 1 digit #	48 Material Nam	e		Material 4 dig	it #	Release o	code 49
Patr	ol Officer Kevin J	Skinner		200 W	ilmington	Police	Department	04/19/2021

Department

	Police	Use Only			Commo	onw	ealth	of Ma	assa	ch	use	tts				RMV	Docui	ment Nu		
Date of		Time of Cra		City/Town		Mote	or Veh	icle (	Cras	sh		mber nicles	Num Injur	.ad  ~	peed l		40	<ul> <li>State Poly</li> <li>Local Poly</li> <li>MBTA</li> </ul>	olice 🔯	
04/21/	/2021	L <b>217</b>		ingto	n	P	<b>Police</b>	Repo	rt		3		0	1,	atitud ongitu	100			s Police	
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Operate	or STE	ENBRU Last	JGGEN,	MARTE First	IA LYN	N Iiddle		er STE	L	ast			MAR Fir	RTH.	A I	YN	Mid Mid	ldle	· ·	-
- Address	14 E	PILGR:	IM ST				Add	ess <b>14</b>	PIL	GR.	IM	ST								-
City N	ORTH	READ	ING State	<b>MA</b> Zip	01864-	1744	City	NORT	H RE	EAD	INC	and the second second							-1744	-
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Please	Select Or		ehicle 21	#Occupants	Non-M	otorist A	Туре	15 Acti	on	16 I	Locatio	n	17 C	onditi	on	18	☐ H	Iit/Run	Moped	1
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400	EADI		State ]					READ		~ .			22				_	1 27 5		<u> </u>
Insuran	ce Compai		COMMER					cle Action	-	Crash 23	23	23	23		t Stati			28		
Vehicle	Travel Di	rection:	n s X w	Respondir	ng to Emergen	icy?_2		nt Sequence	1		24			Туј	oe of T	Test:		29		
Citation	n#(If Issu	ed)		-				t Harmful I		1	28843	25	25			t Resu	-	1 30	[mar.24]	
Viol. 1:	Ch/Sec/Si	ub ——	Vi	ol. 2: Ch/Se	ec/Sub ———			er Contribu	_	THE OWNER	26			Su		cohol:		22	orug: 2 32	
Viol. 3:	Ch/Sec/Si	2000		ol. 4: Ch/Se				er Distracte	ed by	0	34	35	36	37	wed fr	om sc	ene? [	2 33		4
Name	Plea (Last First Mid		or operator/non-	motorist and		s involve tdress	ed	DOE	B/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	
O	perato	r/Non-	Motorist		See A	Above			<	X	1	1	4	0	0	10	1			
-	50		-																	
-				+												_				
				-			<u> </u>	-		_	+	_							н.	$\dashv$
				1				1			1	1	1 1			l	1			

Crash Diagra	m.	= Direction 1	= Vehicle 1 2		Q = Pedestrian	<b>→</b> 55 = B	licycle	
Crasii Diagra		ic. = p			^	<b>12</b>	If Crash <u>Did</u> on a Public	
	<u></u>	425 Middlesex Ave	(Route 62)			الرجاد الد	☐ Off-Street Pa	rking Lot
		State of the effect and to the property of the					☐ Garage	
							☐ Mall/Shoppin	ng Center
						ti di dinama di paratali sal	Other Private	: Way
	M311	2 1 1	n			0	Indicate No	rth by Arrow
	Maria	Mary Mary					(2	)
							(2	
Crash Narrat	ive:							
The state of the s		re driving str	aight on Mi	ddlesex Ave	(Route 62	). MV 1	stated the	ere
		of her that ak						
		resulted in M	7 2 rear-end	ling MV 1 and	MV 3 rea	r-ending	MV 2. MV	3
was towed by	Forrest To	wing.						
***					19			
							*	
				3				
*								
Witnesses:								
Name (Last,First,Mi	ddle)		Address			Phone #	-	Statement
*								
Property Dan	nage:							
Owner (Last,First,M	The second second	Address		Phone #	41-Type D	escription of D	amaged Property	
			-					
Truck and Bu	s Information:	Registration #		(From Veh	icle Section)			
Carrier Name							Bus U	se 42
Address				_ City		St_	Zip	3-35A-35A-353-35-3
US DOT #:		_State Number		Issuing State	MC/MX/IO	CC #:		
	43	44	GVWR/GCWR	45				
Interstate  Trailer Reg #:	Cargo Body T	Reg Type		Reg Year	Traile	r Length	46	
Hazmat Informati					— Hane	B		
	Material 1 digit #	48 Material Nar	ne		_Material 4 digit	#	Release co	49
Patrol Offi	er Kewin J	Skinner		200 Wi	lmington	Police D	epartment	04/21/2021

Department

	Police Use Only	Comr	nonwealth (	of Massa	chus	etts			RMV	Docu	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	sh [	Number Vehicles	Number Injured		Limit_	40	— Local Police	
	04/21/2021   <b>1217</b>   <b>Wiln</b>	nington	Police 1	Report	3		0	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA				NOT A			SEC		
	ATTIVIERSEET											2 10
					<u> </u>		ROU'					2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Directi	on Ad	dress #		Na	me of I	Roadw	ray/Street	-
1		At		Feet I	N S E V	v of		_ •	_	or _		
	Route# Direction Nam	ne of Intersecting Roady	vay/Street				Mile M	farker			Exit Number	2 11
		Also at Intersection w	rith	Feet	SE	V of	Route#	-	Intorno	otina D	Roadway/Street	
				Feet	N S E	V of	Koute#		merse	ctilig iv	Coadway/Sireer	
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roady	vay/Street						Lan	ıdmark	<b>S</b>	1
	Please Select One Vehicle 3.1	#Occupants Hit/	Run Moped	Crash Re	port ID#	21	-82	<b>-</b> A	C			
3	of the Following:											-
	License # <u>\$77057625</u> St <u>M</u>	A DOB/Age	-	<u>1KHM74</u>							21	<b>1</b> 12
	Sex M Lic. Class D 19 19 Lic. R	estrictions 1 C	DL Veh Y	Year <u>2007</u>	Veh ]	Make <u>N</u>	ISSA	7		_ Veh	Config. 1	
	Operator LUISO, JAMES		Own	er LUISO,	JAM	ES S	ANTI:	МО		Mir	ddle	
<sup>4</sup> <b>1</b>	Address 126 PATRICK RD	P1133		ess <b>126 PA</b>	TRIC	K RI			8	1411		
	City <b>TEWKSBURY</b> State	MA Zip 01876	5-4704 City	TEWKSBUF	RY		S	tate MZ	<b>1</b> Zi	ip <u>01</u>	L876-4704	
	Insurance Company GOVERNMEN			cle Action Prior to (	Crash	1	22	Damageo	d Area	Code:	1 27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emer		t Sequence 2		23	23	Test Stat	us:		1 28	
5					1 24			Type of	Test:		29	
	Citation # (If Issued)			L	-	25	25	BAC Tes			1 30	_ 13
	Viol. 1: Ch/Sec/Sub — V			er Contributing Cod	26	ASSESS NO.		Susp. Ale			- Assessme	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by	U			Towed fr	,,		1 33	ļ
1	Please fill out for opera	tor and all occupants in	volved Address	DOB/Age	Sex Pos	t Safety	36 37 Airbag Ejec Status Cod	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	So	ee Above		$X_1$	1	1 0	o		1	*	1
	Operator		Contraction of		<u> </u>			+	$\vdash$	-		1
					_		$\vdash$	+		_		-
_	Please Select One Vehicle 4	#Occupants Non	-Motorist A Type	15 Action	16 Loca	tion	17 Conc	lition	18		Hit/Run Moped	1
<sup>7</sup> 1	of the Following:	Non	-Motorist A Type	Action	Loca	tion	Conc	itton		<b>'</b> '	ino Kan	
		DOB/Age	Reg #	¥			Reg Ty	pe		Re	eg State	
	Sex Lic. Class 19 19 Lic. R	Lestrictions 20 C	DL Veh Y	Year	Veh	Make		-		_ Veh	Config.	
	Operator	First		er			First			16	ddle	
<sup>8</sup> 1	Address	First		ess	ist		rust			MIC	udie	
	City State	Zip	City_				S	tate	Zi	ip		1 14
	Insurance Company	•		cle Action Prior to (			22	Damage	d Area	Code:	27 27 27	
		Responding to Emer			3 23	23	23	Test Stat	us:		28	
		Responding to Emer			24		OF CO.	Type of	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)	_		Harmful Event		25	25	BAC Tes	st Resu	Maria Policia No.	30	
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod	0016			Susp. Al	L	ENBORES	Susp. 2148.	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26			Towed fi			33	_]
	Please fill out for operator/nor	n-motorist and all occup	ants involved	DOB/Age	Sex Po	at Safety	36 37 Airbag Eje Status Coo	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)  Operator/Non-Motorist	, ,	ee Above	2000.8	$\sqrt{1}$							1
	Operator/11011-1110101131				<del>-   -</del>	-						1
								_				

	Police Use Only	Commor	iwealth (	of Massa	chus	etts			RMV	Docu	ment Number	
	And the second control of the second control		otor Veh	icle Cras	$sh \begin{bmatrix} N \\ N \end{bmatrix}$	umber	Numb Injure	, Dpood	Limit_	35	— Local Police	
	04/23/2021   1234   Wilm.	ington	Police 1	Report	2	cilicies	0	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:					NOT	AT IN		SECT		1
							Marie Mesa, Fee					<b>2</b> 10
					49		MA	IN ST				_
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Directi	ion Add	ress#		Na	me of R	Roadwa	ay/Street	_
		At		Feet	N S E W	of ·		•	_	or _		
	Route# Direction Name	of Intersecting Roadway/Str	eet				Mile	Marker			Exit Number	2 11
		Also at Intersection with			N S E W	_	Route#		Intersec	cting R	Loadway/Street	
2	Route# Direction Name	of Intersecting Roadway/Str	pet	Feet	N S E W	of					•	
<sup>2</sup> <b>1</b>	Koule# Direction Ivanic	of Intersecting Roadway/Ba				,			Lan	dmark		4
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash R	eport ID#	21	-8	3-A	C			
	License # S91778476 St MA	DOD/4 == 3	D	1 1VGJ43			Dog.	Tuna PC		Do	og Stata MA	┺
		20	J-52								21	1 12
	Sex E Lic. Class D Lic. Re	strictions 1 CDL_ Endorse	nent	Year <u>2020</u>						_ Veh	Config.	H
4	Operator BARDIS, ELIZAE	First Middle			ast		First			Mic	ldle	1
<sup>4</sup> <b>1</b>	Address 49 JOHNSON WOOL			ess 49 JOH	<u>NSON</u>	WOC						1
	City <b>READING</b> State	MA Zip 01867	City_	READING		WEG TAKETON					867-4603	
	Insurance Company THE COMMER	CE INSURANCE	CO Vehic	ele Action Prior to	Crash	2	22	Damage		Code:	Control of the Contro	
	Vehicle Travel Direction: NEW	Responding to Emergency?	2 Even	t Sequence 1	23 23	23	23	Test Stat			28	İ
<sup>5</sup> 1	Citation # (If Issued)	-	Most	Harmful Event	1 24			Type of T		ı.	30	
	Viol. 1: Ch/Sec/Sub — Vi	ol 2: Ch/Sec/Sub	Drive	er Contributing Cod	de 1	25	25	Susp. Al			Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub — Vi			er Distracted by	0 26			Towed fi			2 33	
<sup>6</sup> 1		or and all occupants involved			34	35	36	37 38	39	40	-	┥
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety System	Airbag   Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	See Abo	ve	$\times$	$X^1$	99	4 0	0	10	1		
							-+					
		1	Ference	mineral Emple						-		4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-Moto	rist A Type	15 Action	16 Locat	ion	17 Co	ndition	18	☐ F	Hit/Run Moped	
	Augustus de la companya del companya del companya de la companya d	DOB/Age.	Reg	# 1MDV75			Reg	Гуре РС		Re	eg State <b>MA</b>	1
	10 10	20		Year 1985	Vah N	Iska G		· ) [			Config. 2 21	
	District District	Endorse	ment	er MACINN				BT.A		_ +011	Comig	
<sup>8</sup> 1	Operator MACINNIS, STEE	First Middle	1	L	ast		First	Dun.		Mic	ddle	•
	Address 859 MAIN ST	01005 00		ess <u>859 MA</u>		<b>L</b>		241			007 2245	<b>1</b> 14
		MA Zip 01887-33		WILMING:	<u>ron</u>	The second	22	State Manage			1 27 27 27 27	· 🗀
	Insurance Company GOVERNMENT	EMPLOYEES I	NSU Vehic	cle Action Prior to		1		Test Stat		Code:	28	1
	Vehicle Travel Direction:	Responding to Emergency?	2 Even	t Sequence 1	23 23	23	23	Type of			29	
9 _	Citation # (If Issued)	_	Most	Harmful Event	1 24			BAC Te		lt:	1 30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de <b>1</b>	25	25	Susp. Al			Susp. Drug: 2 32	
	Viol, 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed f	rom sce	ene?	2 33	
	Please fill out for operator/non-	North State Control of the Control o	volved		34 Sea		36 Airbag	37 38 Eject Trap		40 Transp.	200 - 200 - 200	7
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	System	Status	Code Code	Status	Code	Medical Facility	-
	Operator/Non-Motorist	See Abo	ve		$X^1$	1	99 (	0	10	1		4
			*****									
									$\Box$			
		1			1 1		LI					

= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestrian	<b>6</b> 5 = Bi	cycle	
Crash Diagram: ie: -		_ →	<u>१</u>	→ №		
	2			1	If Crash Did Non a Public Wa  Off-Street Parking Garage Mall/Shopping Co Other Private Way	t Lot
					Indicate North	by Arrow
			8	>	$\bigcirc$	
Crash Narrative:						
wehicle #1 was stopping in traffic.	Vehicle #2	stopped and	skidded i	nto the r	ear of	
vehicle #1.						
						· · · · · · · · · · · · · · · · · · ·
		<del>-</del>				<del> </del>
				·		
					18486	
Witnesses: Name (Last,First,Middle)	Address			Phone #		Statement
Name (Last, First, Mudic)	Audiess					
					5-042	
Property Damage: Owner (Last,First,Middle) Address		Phone #	41-Type De	ecription of Da	maged Property	
Owner (Last,First,Middle) Address		1 Holle #	41-1ype D	scription of Da	maged I Toperty	
•			1 11/4 53			
Truck and Bus Information: Registration #		(From Vehi	cle Section)		Г	
Carrier Name		-			Bus Use	42
Address		City		St	Zip	
US DOT #:State Number		Issuing State	MC/MX/IC	C#:		
43		45				
Interstate Cargo Body Type Code	GVWR/GCWR	D W	1945 1846		46	
Trailer Reg #: Reg Type	Keg State	Keg Year	——— Trailer	Length		
Hazmat Information:  47  48  Material Name	••		Material A digit	ŧ	Dalaga	49
Placard Material 1 digit # Material Nam	ie		TATATELIST 4 GIRLE		Kelease code	

	Police Use Only	Comm	onwealth o	of Massac	husetts	5	RM	V Docur	nent Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicle		Speed Limit	30	State Police Local Police MBTA Police Campus Police	
B		mington	Police 1	Report	2	Injured 1	Latitude Longitude		MBTA Police Campus Police Other:	
	24HR AT INTERSECT	ION	< LOCA				T INTER	SECT		
	AT INTERSECT	ION:	LOCA	TION	<b>5</b>	HOTA	INIEN	SEC I	TOTAL	10
	CHURCH	ST								2
1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #		Name of	Roadwa	y/Street	4
<sup>1</sup> 1		At		Feet N	S E W of			or		
	Route# Direction BEACON Na	ST me of Intersecting Roadwa	v/Street		<u> </u>	Mile M		01	Exit Number	11
	Router Direction 14a	Also at Intersection with		Feet N	S E W of					3
					S E W of	Route#	Inters	ecting R	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadwa	y/Street				I.	andmark		-
	Please Select One Vahiolo 1 1	#0 ID			21	0.4		mamark		1
3	of the Following:	_#Occupants  Hit/R	un Moped	Crash Repo	rt ID# <b>21</b>	84	-AC			
	License # <b>S54189547</b> St M	IA DOB/Age	Reg	# <u>H7524</u>		Reg Typ	e PC	Re		12
	19 19	Restrictions B CD	I. Veh	Year 2017	Veh Make	FORD		Veh (	Config. 1	1
		End	lorsement	er_SERRENT]						
<sup>4</sup> 2	Operator SERRENTINO, R	First	Middle	Last		First		Mide	dle	
2	Address 15 BELMONT AVE			ess 15 BELM						
	City <b>WILMINGTON</b> Stat			WILMINGTO	1000000			-	887-2470 27 27 27 27	
	Insurance Company ARBELLA M	UTUAL INSUE	RANCE Vehic	cle Action Prior to Cra	sh 6		Damaged Area	a Code:	3 27 1 27 27 28	
	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 23	23 23	23	est Status:	1	29	
<sup>5</sup> <b>1</b>	Citation # (If Issued) 981159AA		Most	Harmful Event 1	24		Type of Test: BAC Test Res		30	
	Viol. 1: Ch/Sec/Sub 89 9	Viol 2: Ch/Sec/Sub	Drive	er Contributing Code	19 25	25	Susp. Alcohol:		Susp. Drug: 2 32	<b>1</b> 13
	West Broadle - Frage - Brook-Brokes-Control Control - Brooks			er Distracted by	26	1000	Towed from se	4	33	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	ator and all occupants invo		Districted by	34 35	36 37	38 39	40	•	4
ــــــــــا	Please fill out for oper Name (Last First Middle)		Address	DOB/Age Se	Seat Safet	y Airbag Eject	Trap Injury Code Status		Medical Facility	_
	Operator	See	Above	>>>	1 1	4 0	0 10	1		
										1
						1	++			-
										_
	Please Select One Vehicle 21	#Occupants   Nor N	Motorist A Type	15 Action 16	Location	17 Cond	ition 18	Пп	it/Run Moped	1
<sup>7</sup> 2	of the Following:		violorist A Type	Action	Location					4
	License # NHL17548387 St N		Reg	# <u>6JE431</u>		Reg Typ	ne <b>PC</b>	Re	g State MA	
	Sex M Lic. Class D 19 Lic. 1	Restrictions 1 CD		Year <b>2014</b>	_ Veh Make _	LEXUS		Veh (	Config. 1	
	Operator LAFFERTY, JOH		lorsement Own	er TAKE JUN	K COR	P		0.000		
<sup>8</sup> 1	Address 211 OAK RIDGE	First	Middle Addr	ess 100 TRA	DECENT	First ERSUI	T ST	APT	G700	
L	W. 1994 V. W. 1994 V.	e <b>NH</b> Zip 03865-		WOBURN				7in <b>01</b>	801-1019	<b>1</b> 14
	•				944-1		Damaged Area	-		
	Insurance Company ARBELLA P			cle Action Prior to Cra	23 23	2000	Test Status:	1	28	
	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	t Sequence 1 23			Type of Test:	33	29	
<sup>9</sup> 2	Citation # (If Issued)	_	Mos	t Harmful Event 1	24		BAC Test Res	sult:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	Susp. Alcohol	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	7	Towed from s	cene?	1 33	
	Please fill out for operator/no	on-motorist and all occupar	nts involved		34 35 Seat Safe	y Airbag Ejec	t Trap Injury	40 Transp.	NO 800 1000	7
	Name (Last First Middle)	<del></del>	Address	DOB/Age S	ex Pos. Syste	m Status Cod	e Code Statu	s Code	Medical Facility  Lahey Clinic	1
	Operator/Non-Motoris	See See	e Above		1 1	2 0	0 9	2		4
										1
						++		-		1
								1		1



## Wilmington Police Department Images Associated with 21-84-AC



