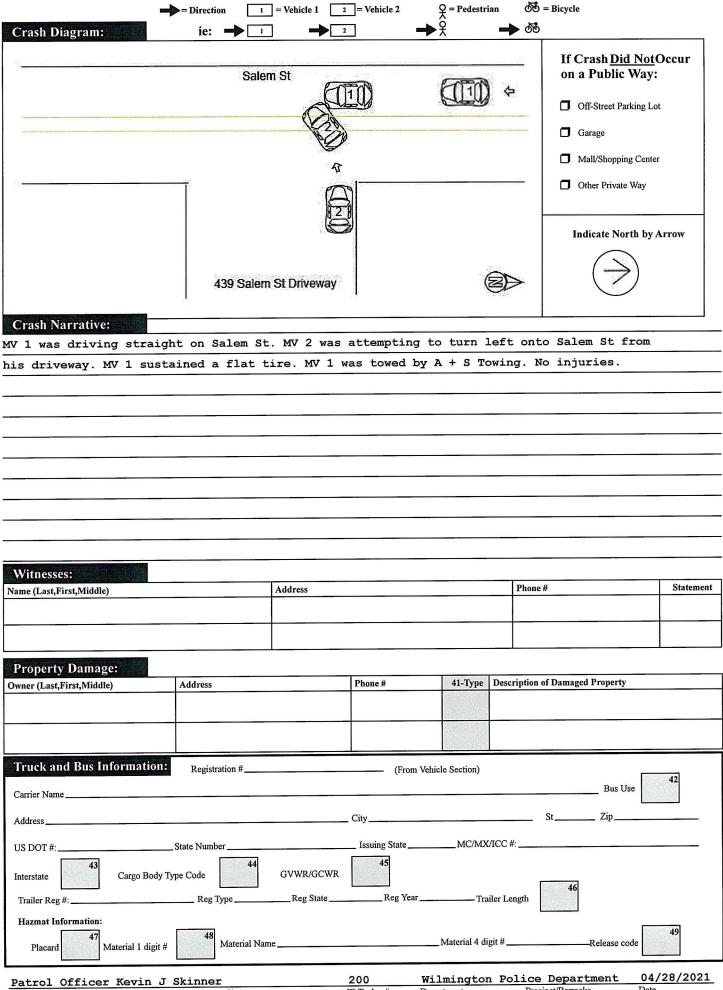
	Police Use Only	Commo	nwealth (	of Massa	chuse	tts					nent Number	
			<b>lotor Veh</b>	icle Cras	h Nu	- F		Speed L		30	State Police Local Police MBTA Police Campus Police	
		ngton	Police 1	Report	2	neies	.	Latitude Longitu			MBTA Police Campus Police Other:	
	24HR AT INTERSECTIO	N.	< LOCA			N	OT AT			ECT		1
	AI INTERSECTIO											<b>2</b> 10
		e.			<u> 16</u>		CONC				100	
1_	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addre	ess#		Nam	ne of Re	oadwa	y/Street	
<sup>1</sup> 1		At		Feet N	N S E W	of —		- •	_	or _		
	Route# Direction Name	of Intersecting Roadway/St	treet				Mile Ma	rker			Exit Number	3 11
		Also at Intersection with		Feet _	SEW	of	oute#		ntersect	ting Ro	oadway/Street	
		2 1 10		Feet [N	S E W		.outom	-				
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/St	treet			_			Land	dmark		
	Please Select One Vehicle 11 #	Occupants Hit/Run	☐ Moped	Crash Re	port ID#	21-	85	-A(	2			
3	of the Following:			2077.65				DC				
	License # <b>S99342796</b> St <b>MA</b>	20		32FA65							21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D Lic. Res	trictions 1 CDL_ Endors	ement	Year <b>2016</b>			NDA			_ Veh (	Config.	
	Operator NELSON, PATRIC	IA J	dle	er <b>NELSON</b> .	ist		First		-	Mide	dle	
<sup>4</sup> 1	Address 7 RANDOLPH RD		Addr	ess 7 RAND	OLPH	RD						
	City WILMINGTON State 1	MA Zip 01887-2	<b>814</b> City.	WILMINGT	ON		Sta	te <b>MA</b>	Zip	01	887-2814	
	Insurance Company LIBERTY MU			cle Action Prior to C	Crash	1 22	D D	amaged	Area C	Code:	CHICAGO MANAGEMENT PROPERTY.	
		Responding to Emergency		t Sequence 2	3 23	23 2	.3 Te	st Statu	IS:	1	28	
5		Responding to Divergency			1 24		4.5	pe of To		-	29	
	Citation # (If Issued)	•		_		25	25	AC Test	_	-	30	<b>1</b> 13
	Viol. 1: Ch/Sec/Sub — Viol.			er Contributing Cod	26			isp. Alc			Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Viol			er Distracted by	0 26	35	36   37	owed fro	om scer	40 Z	2	1
T	Please fill out for operato  Name (Last First Middle)	r and all occupants involve		DOB/Age	Seat Pos.	Safety A	irbag Eject tatus Code	Trap		Transp. Code	Medical Facility	
	Operator	See Ab	oove		$\sqrt{1}$	1 4	О	0	10	1		
	operate:											
									$\dashv$	-		1
												-
												1
	Please Select One	Occupants Non Mor	torist A Type	15 Action	16 Locatio	on I	17 Condi	tion	18	Пн	lit/Run Moped	
<sup>7</sup> 1	of the Following:	14011-14101			Dogan							-
		DOB/Age		# <u>3325SL</u>			Reg Typ	e PC		Re	g State MA	
	Sex M Lic. Class D 19 Lic. Res	strictions 20 CDL_ Endors		Year <b>2019</b>	Veh M	ake				_ Veh		
	Operator ANASTASIA, STE		Owi	ner ANASTA	SIA,	STE	First	)		Mid	ddle	
<sup>8</sup> 1	Address 23 DOUGLAS AVE	-irst Mic		ress 23 DOU	GLAS	AVE						14
	City <b>WILMINGTON</b> State <b>]</b>	MA Zip 01887-1	.976 City	WILMING	ON		Sta	ate MA	Zi	ip <b>01</b>	887-1976	7 14
	Insurance Company THE COMMER			cle Action Prior to	Crash	1 2	<b>2</b> D	amaged	l Area (	Code:	2 27 27 27	
		Responding to Emergency		nt Sequence	23 23	E-63ETP DIPLO	23 T	est Statu	us:		1 28	
		Responding to Emergenc		t Harmful Event	1 24		T	ype of T	Test:		29	1
<sup>9</sup> 2	Citation # (If Issued)	<b>-</b> s				25	25	AC Tes		MILEN A A	1 30 32	
	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub ———	<del></del>	er Contributing Co	26		S	usp. Alc		ALC COME	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Vi			er Distracted by	U	1 1		owed fr	om sce	ene?	2 33	4
	Please fill out for operator/non-	motorist and all occupants		DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code		Transp. Code	Medical Facility	
	Name (Last First Middle)  Operator/Non-Motorist	See A	- Mount		$X_1$		4 0	0	10	1		
	Operator/11011-11101011st								-			1
								+-				-
												4

		= Vehicle 1	= Vehicle 2	Q = Pedestria	n ØØ = B → ØØ	icycle	
Crash Diagram:	ie: 1	270 Middlese	ex Ave	*		If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way  Indicate North by A	t
C IN							
Crash Narrative: MV 1 and MV 2 were d	riving straight o	n Middlese	Ave. There	was a DP	W constru	ction truck	1-
blocking the left la							
there to assist with							-
he had to go around							
was involved in a cr							
construction. MV 2 s							
panel. No injuries		,					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Donorda Donogo							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
Truck and Bus Informat	ion: Registration #		(From Ve	hicle Section)		Bus Use	42
Carrier Name							
Address			_ City		St.	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
	ody Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length		
Hazmat Information: 47 Placard Material 1 d	igit # 48 Material Nar	ne		Material 4 dig	it #	Release code	49
Patrol Officer Kevin	n J Skinner			ilmington		epartment 04,	/26/2021

	Police Use Only	Commo	nwealth	of Massa	chuse	etts		RM	IV Docu	ment Numb	MINISTER EN EN	
			<b>Iotor Veh</b>	icle Cras	sh Nu		Samuel 1	peed Limi	t30	Local Polic	ce 🔀	
		ington	Police :	Report	2	0		atitude ongitude _		MBTA Pol Campus Po Other:	olice	
	24HR AT INTERSECTION	ON		TION >		NO		INTER	RSEC			
	ATINTERSECTION	514.	Loca			- 110						2 10
					583	<u>1 M</u>	AIN					2
1	Route# Direction	Name of Roadway/Street		Route# Directi	on Addr	ess#		Name o	f Roadw	ay/Street		
<sup>1</sup> 1		At		Feet [	N S E W	of —			- or			
	Route# Direction Name	e of Intersecting Roadway/S	treet				ile Marl			Exit Nun	nber	2 11
	Router Direction Number	Also at Intersection with		Feet [1	N S E W	of				1 /0:		3
				Feet	N S E W	Rou	ite#	Inter	secting F	Roadway/Stre	et	
<sup>2</sup> <b>1</b>	Route# Direction Name	e of Intersecting Roadway/S	treet	_		10		L	andmark	ς		
	Please Select One	#Occupants   True	Moped	Curat D	eport ID#	21_9	26-	. 7. C				
3	of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport 1D#	21-0	30-	AC				1
	License # <u><b>S74643398</b></u> St <b>M</b>	A DOB/Age.	Reg	# <u>861MS6</u>		R	eg Type_	PC	R	eg State MZ	1	12
	Sex M Lic. Class D 19 19 Lic. Re	estrictions 1 20 CDL_	Veh	Year <b>2013</b>	Veh Ma	ake <b>FOR</b>	D		Veh	Config. 1	21	1
	Operator TIVNAN, SEAN T	Endors Endors	Own	er TIVNAN	, PAU	LF						
<sup>4</sup> 1	Address 20 ALLEN PARK I	First Mid	ldle	ess 20 ALL	ast		First		Mi	ddle		
				WILMING				MΔ	7in 01	1887-2	2939	
	City WILMINGTON State					2 22		naged Are		The second second	7 27	
	Insurance Company THE COMMER	CE INSURANCE	E CO Vehi	cle Action Prior to		<b>S</b> terminal		t Status:	a code.	28		
5	Vehicle Travel Direction: N S W	Responding to Emergency	y? <u>2</u> Ever	t Sequence 1	23 23	23 23		e of Test:		29		
	Citation # (If Issued)	-	Mos	t Harmful Event	1 24		_ BA	C Test Re	sult:	1 30		101
	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	de <b>19</b>	25 2	Sus	p. Alcoho	2 31	Susp. Drug	32	<b>1</b> 13
	Viol, 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub	Driv	er Distracted by	O 26			ved from s		2 33		
<sup>6</sup> 1		or and all occupants involve			34 Seat	35 36 Safety Airba	g Eject	38 39 Trap Injur				1
	Name (Last First Middle)	Addre	ess	DOB/Age	Sex Pos.	System Statu	s Code	Code Statu	s Code	Medical l	Facility	1
	Operator	See At	oove		$X^1$	1 4	0	0 10	1			1
							+	+				
								Production of the	3			4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-Mot	torist A Type	15 Action	16 Locatio	on 17	Condition	on 18	<b>[ </b> ]	Hit/Run	Moped	
		N DOD/4	) Dec	#3DS669	Shirtan.	D	eg Type	PC	P	eg State M7	4	1
	19 19	DOB/Age								620	21	
	<b>D</b>	estrictions 1 CDL_ Endors	sement	Year <u>2021</u>					ven	Config. 1		
81	Operator MANNING, MARK	First Mid	idle		nst		First	NNE	M	iddle		
1	Address 13 PINES RD			ress 13 PIN	ES RE							_ 14
	City BILLERICA State	MA Zip 01821-5	5178 City	BILLERIC	CA					1821-5		1
	Insurance Company USAA CASUA	LTY INSURANC	CE C Vehi	cle Action Prior to	Crash	1 22		maged Are	a Code:	Transit States	27	
	Vehicle Travel Direction: N E W	Responding to Emergency	y?_2 Ever	nt Sequence	23 23	23 23		t Status:		28		
	Citation # (If Issued)		Mos	t Harmful Event	1 24			oe of Test:		30		
<sup>9</sup> 2		r. 1. 2. Cl. /g /g. l.	Driv	er Contributing Co	de <b>1</b>	25	25	C Test Re	0000002 G	1	32	
		/iol. 2: Ch/Sec/Sub		er Distracted by	0 26	and the same		sp. Alcoho	2	2 33	5.2	
		/iol. 4: Ch/Sec/Sub		er Distracted by	34	35 36		38 39	40	2		1
	Please fill out for operator/non	n-motorist and all occupants Addr		DOB/Age	Sex Pos.	Safety Airba System State	ng Eject	Trap Inju Code State	ry Transp.	Medical	Facility	1
	Operator/Non-Motorist	See Al	bove	>	X1	1 4	0	0 10	1			
	F							$\dashv$				1
				-			+		+			+
												4

Cuach Diagrams	ie:		2 = Vehicle 2	♀ Pedestrian ♀ ■		e	
Crash Diagram:	Main Stre				If	Crash <u>Did Not</u> a Public Way:	
					-	Off-Street Parking Lo	,
Prince Commence of the Commenc							
e many		man 3				Garage	
- WELL	=	, MENTS	<b>)</b>			Mall/Shopping Cente	г
9					_   _	Other Private Way	
		φ (Δ)			1	Indicate North by	Arrow
	2 11	1					
	Heavenly Doni	uts Parking Lot	<b>(</b>	<	<b>3</b>		
Crash Narrative:							
4V 1 was attempting to			MV 2 was dr	iving strai	ght on Mar	n St when	
the crash occurred. No	injuries. No u	.ow .					¥0
					2000		
						122	
							-
						-	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
						- / 200	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type Des	cription of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		Grand	42
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	_State Number		Issuing State	MC/MX/ICC	#:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:		Reg State	Reg Year	Trailer I	.ength		
Hazmat Information:						_	
Placard 47 Material 1 digit #	48 Material Nan	ne		Material 4 digit #		Release code	49
Patrol Officer Kevin J Police Officer Name (Please Print)	Skinner Signature			ilmington P	olice Depa		/26/2021

	Police Use Only	Com	monwealth	of Massac	husetts	5	RN	IV Docu	ment Number	
İ	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it35	— Local Police	]
	04/28/2021 0804 Wil	mington	Police	Report	2	o	Latitude Longitude		MBTA Police Campus Police Other:	
Ì	AT INTERSECT	ION:		TION >		NOT A	r intel			1
1		20111							* ************************************	2 10
					439	SALE	M ST			_
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address #		Name o	f Roadwa	ay/Street	-
1		At		Feet N	S E W of			- or _		
	Route# Direction Na	me of Intersecting Road	way/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection v	with	Feet N	S E W of	Route#	Inter	secting R	Loadway/Street	
	D	file of a post		Feet N	S E W of	Routen	inter	seemily re	oud. uj/buoc	
<sup>2</sup> 2	Route# Direction Na	me of Intersecting Road	way/Street	<u> </u>			I	andmark		
2	Please Select One Vehicle 11	_#Occupants  Hit	/Run Moped	Crash Repo	ort ID# <b>21</b>	-87	-AC			
<sup>3</sup> 3	of the Following:		-							-
L	10 10	DOB/Age	-	# <u>5216ЈВ</u>					21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D 19 19 Lic.	Restrictions 1 C	CDL Veh	Year <b>1998</b>	_ Veh Make <u></u>	ORD		Veh	Config. 1	
	Operator DELUCIA, NANC		Own	ner <b>DELUCIA</b>	, EDWAI	RD P		Mid	ddle	
<sup>4</sup> 1	Address 270 MAIN ST	APT 25		ress 270 MAI	N ST	APT 2	5			
	City <b>N READING</b> Stat	e <b>MA</b> Zip <b>0186</b>	<b>4-1359</b> City	N READING	<del>}</del>	Sta	ate <b>MA</b>	Zip <b>01</b>	L864-1359	
	Insurance Company GEICO GEN			cle Action Prior to Cra	ash 1	<b>22</b> D	amaged Are	a Code:	8 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Eme		nt Sequence 1 23	23 23	23 T	est Status:		1 28	
5		Secretarian		t Harmful Event 1	24		ype of Test:		29	
L	Citation # (If Issued)				1 25	25	AC Test Re		1 30	13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code		S	usp. Alcoho			1
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub			er Distracted by		-	owed from s		1 33	_
2	Please fill out for oper	ator and all occupants ir	nvolved Address	DOB/Age S	Seat Safety ex Pos. System		38 39 Trap Inju Code State	y Transp.	Medical Facility	
	Operator	5	See Above		1 1	4 0	0 10	1		1
ŀ	Орегию				4-			+		1
		-						$\perp$		4
	Please Select One	#Occupants Day	7	15 16	5	17 Condi	. 1	8 1	Hit/Run Moped	1
<sup>7</sup> 1	of the Following: Vehicle 21	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	]	111/Kull   Wioped	_
L	License # <b>S82052441</b> St <b>M</b>	IA DOB/Age	Reg	# 22NC85		Reg Typ	e <b>PC</b>	Re	eg State MA	
	Sex M Lic. Class D 19 Lic.	Restrictions 1 20	CDL Veh	Year <b>2015</b>	_ Veh Make _	UBARU	Ţ	Veh	Config. 21	
Trans.	Operator AICHER, WILLI		Endorsement Owr	ner AICHER,	MICHE	LLE M			_	
<sup>8</sup> 1	Address 439 SALEM ST	First	Middle Add	ress 439 SAL	EM ST	First		Mid	idle	
_	City WILMINGTON State	e MA 7in 0188		N WILMING		St	ate MA	Zip <b>01</b>	L887-1210	2 14
	Insurance Company THE STAND			cle Action Prior to Cra	gis fine.		amaged Are			
				12	23 23	23 T	est Status:		1 28	
	Vehicle Travel Direction: S E W	Responding to Eme	. ,	it sequence 1	24	Т	ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)			t Harmful Event 1	0.5	25 B	AC Test Re		1 30	
_	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub —	Driv	er Contributing Code	-	S	usp. Alcoho	l: 2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Driv	er Distracted by	CONTRACTOR		owed from	Ľ	2 33	_
	Please fill out for operator/no	on-motorist and all occup		DOB/Age S	34 35 Seat Safety Sex Pos. System		38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Name (Last First Middle)  On and ton / Non Motoris		Address See Above	DODINGE S	1 1	4 0	0 10			7
	Operator/Non-Motoris			$+\vee$	\ <u></u>	+	+	-		-
								$\perp$		_

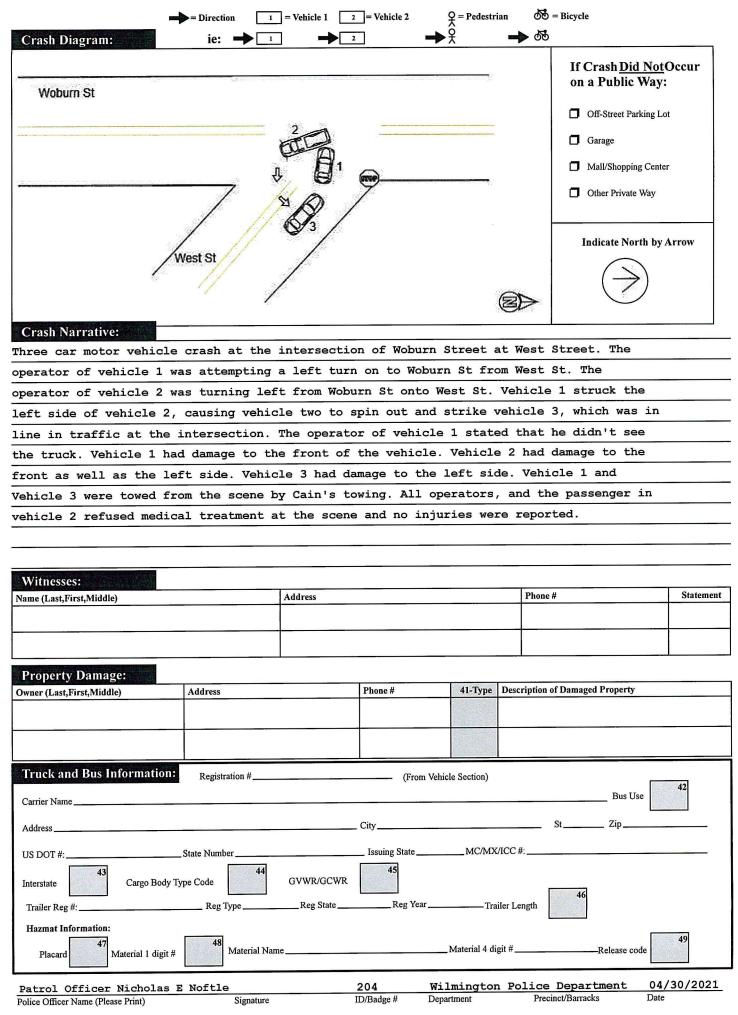


	Poli	ce Use Only		Con	nmonv	vealth	of Mas	sach	luse	tts		2003	RMV	/ Docu	ment Nu		
	Date of Crash	Time of Crash		/Town	Mot	tor Veh	icle Ci	rash		mber nicles	Number		Limit_	25	Local F	olice 🔀	
	04/29/2021	0909 W	ilmin	gton		Police :	Report	t	1	neies	0	Latitu			MBTA Campu Other:	s Police	
		AT INTERSE	CTION	•)]	<	LOCA		>	Г		NOT A		_	SECT	rion:		1
	· · · · · · · · · · · · · · · · · · ·	ATTIVIERSE	CHOIL	•											-		2 10
									245	5	CHE	STNU		ST			2
1	Route# Direc	tion	Nan	ne of Roadway	//Street		Route# D	irection	Addre	ess#		Na	me of l	Roadwa	ay/Street		-
<sup>1</sup> 1				At			Fe	et NS	EW	of -		_ •	_	or			
	Route# Direc	tion	Name of I	ntersecting Ro	adway/Street					0.		/arker			Exit N	Number	111
	Trouten Bires			o at Intersection		-	Fe	et N S	EW	of _	D . "		Υ.,	.: n	oadway/	D44	
							Fe	et N S	EW	of	Route#		Interse	cting K	.oadway/i	street	
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of I	ntersecting Ro	adway/Street					-	_		Lai	ndmark			
	Please Select C	one Vehicle 1	<b>1</b> #Occ	cupants 🗀	Uit/Dun	Moped	Cra	sh Repor	t ID# 2	21.	-88	2 – Z	C				1
3	of the Followir	ig: Venicle 1			III/Kuii												4
L	License # S3		St MA I		1	Reg	# <u>849XP</u>	1			_ Reg Ty	<sub>ре</sub> <u>РС</u>		Re	g State 1	<u>1A</u>	1 12
	Sex <b>F</b> Lic. 0	Class D 19 19	Lic. Restric	tions 1 20	CDL Endorsemen		Year <b>201</b> 3	3	Veh Ma	ke <u><b>A</b>(</u>	CURA			_ Veh	Config.	1 "	
	Operator MC	CARTHY, F	RAQUEI	L V	Middle	Owr	er <u>SHKO</u>	LNIK	, L/	AUR	EN			Mic			
<sup>4</sup> 1		MILL RD	First		Middle	Add	ess 11 M	IILL IILL	RD		First			Mic	MIC		
		NGTON	State MA	_ Zip 018	87-334		MILMIN					state MZ	<b>A</b> z	ip <b>01</b>	.887		
	6	any GOVERNM					cle Action Pric		Г	1		Damage				27 27	
	-							22 23		23	23	Test Stat	ius:		1 28		
5		oirection: N E		esponding to E	mergency /			1071/4/2016	, 24			Type of	Test:		29		
	Citation # (If Iss	ued)					t Harmful Eve	Sparity and	(15/6)	25	25	BAC Te			1 30	-	<b>22</b> <sup>13</sup>
	Viol. 1: Ch/Sec/S	Sub ———	Viol. 2	: Ch/Sec/Sub		Driv	er Contributing	10.900	-4			Susp. Al				orug: 2 32	22
6	Viol. 3: Ch/Sec/S	Sub	Viol. 4	: Ch/Sec/Sub		Driv	er Distracted b	у О	26			Towed f			1 33		]
<sup>6</sup> 1		Please fill out for	r operator an	d all occupant	s involved		DOB/Age	e Sex	34 Seat Pos.	35 Safety System	36 3 Airbag Ej Status Co	7 38 ect Trap de Code	39 Injury Status	40 Transp. Code	Med	ical Facility	
	Name (Last First M  Operate				See Above		DOBING			1	4 0	0	10	1			1
	Орегии					<del></del>		$\checkmark$	+			- ,,	<u> </u>	$\vdash$			-
												_					-
																-	
	Please Select (						15	16			17		18	П.	v		1
<sup>7</sup> <b>1</b>	of the Followin		#Oc	cupants	Non-Motorist	A Type	Action		Locatio	n	Cor	dition		<u> </u>	1it/Run	Moped	
	License #		St1	DOB/Age		Reg	#				_ Reg T	/ре		Re	eg State_		İ
	Sex Lic. (	Class 19 19	Lic. Restric	tions 20	CDL		Year		Veh Ma	ake				Veh	Config.	21	1
	Operator	September   Participated			Endorsemen		ier										
<sup>8</sup> 1	Address	Last	First		Middle	Add	ress	Last			First			Mie	ddle		
			Ctata	7in								State	7	Zip.			1 14
	-					-			Γ		22	Damage			27	27 27	
		any					cle Action Pri	23	23	23	23	Test Sta	tus:		28	Charles Inches contain	
	Vehicle Travel I	Direction: N S F	E W R	esponding to E	mergency?		nt Sequence		24			Type of	Test:		29		
<sup>9</sup> 2	Citation # (If Iss	sued)				Mos	t Harmful Eve	ent		ماده	ael	BAC Te	st Resi	ult:	30		
2	Viol. 1: Ch/Sec/	Sub ———	Viol. 2	2: Ch/Sec/Sub		Driv	er Contributin	g Code		25	25	Susp. A	lcohol:	31	Susp. 2	Orug: 32	
	Viol. 3: Ch/Sec/	Sub ———	Viol. 4	4: Ch/Sec/Sub		Driv	er Distracted	by	26			Towed i	from sc	ene?	33		]
		ease fill out for opera	ator/non-mot	orist and all o		ved	DOD:	te Sex	34 Seat	35 Safety	Airbag E	7 38 ect Trap ode Code	39 Injury Status	40 Transp. Code	Mer	lical Facility	
	Name (Last First M	DOM: 1819	owied		Address Soo Abovo		DOB/Ag	Sex	Pos.	System	линь С	Code	Junus	- Code	14160		1
	Operate	or/Non-Moto	urist		See Above			$\checkmark$	\ <u>^</u>				-	-			-

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	Q = Pedesti	rian Ø = 1  → Ø	Bicycle	
Verizon e Pole #53					<b>4</b>	If Crash Did Not on a Public Way  Off-Street Parking L Garage Mall/Shopping Cent Other Private Way	ot
·	245 Chesti	nut Street		and the latest the same of the same		Indicate North by	Arrow
Crash Narrative: MV 1 was driving straigh	ht on Chostnut	- S+ MV 1 e	tated a car	was in	her travel	lane and she	
swerved to avoid a crass							a .
pole did not suffer majo							A
				-			
					<del></del>		
		-					
Witnesses:			<del>-</del>				
Name (Last,First,Middle)		Address			Phone #		Statement
					,		
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of l	Damaged Property	
VERIZON	28 DIANA LN DRA	ACUT MA 01826		4	UTILITY	POLE	
						-	7.00
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		Bus Use	42
Carrier Name					C <sub>4</sub>	7in	
Address			City		51	Zip	
US DOT #:			Issuing State	MC/M	X/ICC #:	-	
Interstate 43 Cargo Body T	ype Code 44	GVWR/GCWR	45			<del>-</del>	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	46	
Hazmat Information:						**************************************	
Placard Material 1 digit #	48 Material Nar	me		Material 4 d	ligit #	Release code	49
Patrol Officer Kevin J	Skinner Signature			ilmingto	n Police D	epartment 04 t/Barracks Dat	/29/2021

	Police Use Only	Comn	nonwealth	of Massa	ıchı	use	tts				RMV	/ Docu	ment Number	
	Management their statement of the statem	City/Town	<b>Motor Veh</b>	icle Cra	sh		mber nicles	Num Inju	-ad		Limit_	30	Local Police	1
	04/30/2021   1827   Wilm:	ington	Police 1	Report		3	licies	0		_atitud			MBTA Police Campus Police Other:	
	AT INTERSECTION	N·	< LOCA		>	1		NOT				SEC	FION:	1
	THE INVIDENCE OF THE											-		2 10
						498	3	WO	BUI	RN	ST			2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Direct	ion	Addre	ss#			Nar	me of l	Roadw	ay/Street	-
1		At		Feet	N S I	E W	of ·			- •	_	or _		
	Route# Direction Name	of Intersecting Roadw	ay/Street					Mil	e Mar	ker			Exit Number	3 11
		Also at Intersection w	ith	Feet	N S I	E W	of .	Route	<del></del> -	, ,	Interce	cting R	Loadway/Street	
<u> </u>			(7)	Feet [	N S I	E W	of	Route	rr .		шистъс	cing N	toauway/Sueet	
<sup>2</sup> 2	Route# Direction Name	of Intersecting Roadw	ay/Street				•				Lar	ıdmark		ė
	Please Select One Vehicle 11 #	Occupants Hit/	Run Moped	Crash R	eport I	D# 2	71	-8	9-	- <b>A</b> (	C	1		
<sup>3</sup> 99	of the Pollowing:													4
		_ DOB/Age	Reg	9XX171				_ Reg	Type.	PC		Re	eg State MA	1 12
	Sex M Lic, Class D 19 Lic. Res		OL Veh '	Year <u>2005</u>	Ve	eh Mal	ke <u><b>T</b>(</u>	OYO	TA			_ Veh	Config. 1	
	Operator MORRIS, DUNCAN		Own	er MORRIS	, D	UNC	CAN	PA	TR	ICK		Mic	141	
<sup>4</sup> 2	Address 310R MIDDLESEX	AVE		ess 310R M	IIDD	LE	SEX	'A	VE_			MIC	1016	
	City <b>WILMINGTON</b> State <b>1</b>	4A Zip 01887	<b>-2120</b> City	WILMING'	CON				_ State	MA	z	iр <b>01</b>	887-2120	
	Insurance Company GOVERNMENT			ele Action Prior to			4	22				Code:		
				nuble.		3	23	23	Tes	t Statı	1S:		1 28	
<sup>5</sup> 1	Vehicle Travel Direction: N S E	Responding to Emerg		1 Sequence 1		24			Тур	e of T	est:	Ì	29	
	Citation # (If Issued)		Most	Harmful Event				0.5	BA	C Tes	t Resu	lt:	1 30	13
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	9	тэ	25	25	Sus	p. Alc	ohol:	2 31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99	26			Tov	ved fr	om sce	ne?	1 33	
<sup>6</sup> 1	Please fill out for operator						35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	V F 18 T	Ī
	Name (Last First Middle)		Address e Above	DOB/Age	Sex	19	System 1	Status 1	Code 0	Code 0	Status 10	Code 1	Medical Facility	1
	Operator	36	e Above		$\wedge$	1	-	-		_		-		-
														_
														1 -
			192	15	16		1653725	17			18			1
<sup>7</sup> 3	Please Select One of the Following: Vehicle 22 #	Occupants Non-	Motorist A Type	Action	Lo	ocation	1	1 C	onditio	on	10	L I	Iit/Run Moped	
	License # <b>S17178541</b> St <b>MA</b>	DOB/Age	Reg	22M640				Reg	Туре	PC		Re	g State <b>MA</b>	1
	Sex M Lic. Class D 19 Lic. Res	20	•	Year 2009	Ve	eh Mal	ke <b>D</b> (	ODG	E			Veh	Config. 2	
	Operator MCTAGGART, JAM	En	dorsement	er MCTAGG									oom.g.	
<sup>8</sup> 2	Last	irst	Middle	I	ast			Fire	st		-811	Mic	ldle	
	Address 432 HAVERHILL S			ess 30 BAY	51	AL	<u> </u>	U_		1.77		01	067 1007	14
	- War (1997)	<u>//A</u> Zip 01867		READING		10		22				-	867-1907 27 27 27 27	
	Insurance Company <b>SAFETY INS</b>	URANCE CO	MPANY Vehic	cle Action Prior to		150	4					Code:	7 27 8 27 27 28	
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Even	t Sequence 1	23 2	23	23	23		t Statu be of T		-	29	
Q	Citation # (If Issued)		Most	Harmful Event	1	24					t Resu	1t·	30	
<sup>9</sup> <b>2</b>	Viol. 1: Ch/Sec/Sub — Vio	ol, 2: Ch/Sec/Sub —	Drive	er Contributing Co	de :	1	25	25			ohol:		Susp. Drug: 2 32	
		ol. 4: Ch/Sec/Sub —		er Distracted by	0	26					om sce	- N. W. S. C. C.	2 33	
	Please fill out for operator/non-r	THE PARTY OF THE P	A A STATE OF THE S	normalism properties of the Control	2.600000	34	35 Sa Cata	36	37	38 Trap	39	40		†
	Name (Last First Middle)	T T T T T T T T T T T T T T T T T T T	Address	DOB/Age	Sex		Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	Se	e Above	$\times$	X	1	1	4	0	0	10	1		
	CHARLES GIULIOTTI	6 WENTWORTH RD READING, MA 0186	7–3763		м :	3	1	4	0	0	10	1		
					$\vdash$	$\dashv$			$\neg$					1
														+

	Police Use Only		Com	monwe	alth (	of Mass	ach	use	tts			RM	V Docu	iment Number	
	Date of Crash Time of Cras	100	City/Town	Moto	r Veh	icle Cra	sh		mber	Number Injured	100	l Limit	30	State Police Local Police	0800
	04/30/2021 <b>1827</b>	3	.ngton	Po	olice I	Report		3	ncies	0	Latitu Longi			MBTA Police Campus Police Other:	믑
		RSECTIO	N:	<	LOCA		>			NOT A			SEC'	TION:	
			- 1.		2 (1.04)										2 10
		-						498		WOB					_[
<sup>1</sup> 1	Route# Direction	<u></u>	Name of Roadway/St	treet		Route# Direc	ction	Addre	ss#		Na	ame of	Roadw	/ay/Street	
_			711			Feet	N S	E W	of -			. —	or _		<u> </u>
	Route# Direction	Name o	of Intersecting Road	way/Street					-	Mile N	1arker			Exit Number	3 11
		F	Also at Intersection v	vith		100		E W		Route#	-	Interse	ecting F	Roadway/Street	- [
<sup>2</sup> <b>2</b>	Route# Direction	Name o	of Intersecting Road	way/Street		Feet	N S	E W	of						
2	Acceptance of the second of th								\$ <del>-</del>			La	ndmark	(	
3	Please Select One of the Following:	nicle 3 <u>1</u> #6	Occupants Hit	/Run	Moped	Crash I	Report	ID# Z	21	-89	-A	C			
<sup>3</sup> 99	License # <b>S6762783</b>	2 c. MZ	DOR/Am	٠,	Dog :	# IV602				Deg Ti	ne PC	•	D	on State RT	
	10	19	20	ını		Year 2020								2.1	<b>1</b> 12
	Sex 11 Lic. Class D	Lic. Rest	F	CDL Endorsement						_			ven	Conng.	
<sup>4</sup> 2	Operator MCKENNA,	Fir	rst P	Middle		er CURREN	Last			First				ddle	_
2	Address 6 DANIELI					ess <u>333 G1</u>			WAS						-
	City METHUEN				City_	SMITHFI	ELD							2917	<u>-</u>
	Insurance Company SELE	CTIVE I	NSURANCE	CO OF	Vehic	cle Action Prior to		-	2		Damage		Code:	7 27 27 2 28 28	7
5	Vehicle Travel Direction:	SEW	Responding to Emer	gency? 2	Even	t Sequence 1	23	23	23	23	Test Sta			29	
<sup>5</sup> 1	Citation # (If Issued)				Most	Harmful Event	1	24			Type of BAC Te		ılt:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol	I. 2: Ch/Sec/Sub		_ Drive	er Contributing Co	ode	1	25	25	Susp. Al			Susp. Drug: 2 3	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub	Viol	I. 4: Ch/Sec/Sub —		_ Drive	er Distracted by	0	26			Fowed f			1 33	
<sup>6</sup> 1			and all occupants in					34 Seat	35 Safety	36 37 Airbag Eje	38 Tran	39 Injury	40 Transp.		7
	Name (Last First Middle)		1	Address		DOB/Age	Sex	Pos.	System	Status Co	1		Code	Medical Facility	
	Operator		S	ee Above			$\Delta$	1	1	4 0	0	10	1		
				-											
			L			15	16		BAR CR	17		18			$\dashv$
<sup>7</sup> 3	Please Select One of the Following:	icle 4#(	Occupants Nor	-Motorist A	Туре	Action	I	ocation	a l	Con	lition	10	L I	Hit/Run Mop	ed
	License #	St	_ DOB/Age		Reg #	#				Reg Ty	ре		Re		_
	Sex Lic. Class 19	19 Lic. Rest	rictions 20	DL	Veh Y	Year		/eh Ma	ke				_ Veh	Config. 21	
	Operator	(SEEDING)	Е	ndorsement	Own	er									_
<sup>8</sup> 2	Address	Fir	st	Middle		ess	Last			First			Mie	ddle	_
	City	Stata	7in	***************************************							tate	7	in		<b>1</b> 14
						ele Action Prior to		1		Name of the last	Damage			27 27 2	7
	Insurance Company					6250		72	23	23	Test Star	tus:		28	-
	Vehicle Travel Direction:	SEW	Responding to Emer	gency?		t Sequence		24			Type of	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)				Most	Harmful Event			25	25	BAC Te	st Resi	ılt:	30	_   `
_	Viol. 1: Ch/Sec/Sub ———	Viol	l. 2: Ch/Sec/Sub —		_ Drive	er Contributing Co	ode		25	45	Susp. Al	lcohol:	31	Jusp. Drug.	2
	Viol. 3: Ch/Sec/Sub	Viol	1. 4: Ch/Sec/Sub		_ Drive	er Distracted by		26			Towed f			33	
	Please fill out for	operator/non-m	notorist and all occup	ants involved		DOB/Age	Sex		35 Safety System	36 33 Airbag Eje Status Co	et Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-N	Aotorist	S	See Above			X	1							
	operator/110tt-11								$\dashv$	+	-		$\vdash$		_
							-	$\vdash$	_		-				-
													Ш		



## Wilmington Police Department Images Associated with 21-89-AC









	Police Use Only	Comn	nonwealth (	of Massa	chu	isett	S			RMV	Docu	ment Number	
	A	City/Town	<b>Motor Veh</b>	icle Cras	sh	Numbe Vehicle			peed L		30	State Police Local Police MBTA Police Campus Police	
	05/01/2021   <b>1801</b>   <b>Wilmi</b>	ington	Police 1	Report		2	o		atitude ongitu			Campus Police Other:	
	AT INTERSECTIO	N:	< LOCA				NO'				ECT	TION:	1
												***	<b>2</b> 10
	WEST ST								N	C D		101	<u>-</u>
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str At	eet	Route# Directi	on A	Address #			Nam	ne of K	coadwa	ny/Street	-
	INDUSTRIA			Feet	N S E	w of					or _	P. S. M L.	
	Route# Direction Name	of Intersecting Roadw	ray/Street		To La		М	ile Marl	ker			Exit Number	2 11
	,	Also at Intersection w	ith	Feet			Rout	e# -	Ir	ntersec	ting R	oadway/Street	
2	Route# Direction Name	of Intersecting Roadw	av/Street	Feet	N S E	E W of							
<sup>2</sup> <b>1</b>	Router Direction Ivalie	or intersecting result.	2)/5444							Lan	dmark		4
3	Please Select One of the Following: Wehicle 11 #	Occupants Hit/I	Run Moped	Crash Ro	eport II	D# <b>2</b> :	L-9	0-	A(	C			
	License # <b>S70012408</b> St <b>MA</b>	DOD/A as	I	# <u>3JFY21</u>			Re	a Time	PC		Re	g State MA	1
	10 10	20		Year 2007								21	1 12
	Sex M Lic. Class D 19 19 Lic. Res	strictions 99 CI	dorsement					)A			_ ven	Comig.	
4	Operator LAY, RICHARD C	irst	Middle	er LAY, R	ast		F	irst			Mid	ldle	
<sup>4</sup> 2	Address 457 STEVENS ST			ess 457 ST									
	City <b>LOWELL</b> State <b>1</b>	MA Zip 01851	4001 City	LOWELL		1000000					-	851-4001	
	Insurance Company THE COMMERC	CE INSURAN	ICE CO Vehic	cle Action Prior to	Crash	2	22				Code:	2 27 27 27	
	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Even	t Sequence 1 2	3 2	3 23	23		t Statu		Ė	1 28 29	
<sup>5</sup> 1	Citation # (If Issued)		Mosi	Harmful Event	1	24		7.00	e of Te C Test		.	30	
<b>.</b>	Viol. 1: Ch/Sec/Sub — Vio		Drive	er Contributing Cod	le ]	L 25	25	-	p. Alco	-		Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub — Viol.			er Distracted by	0	26			ved fro	_		33	
<sup>6</sup> 1	Please fill out for operator					34 35		37	38	39	40		†
L	Name (Last First Middle)		Address	DOB/Age		Seat Safe Pos. Syst		Eject Code	Trap Code	Injury 7 Status	Transp. Code	Medical Facility	4
	Operator	Se	ee Above	> <	X	1 99	4	0	0 :	10	1	-	
							ļ						
									$\neg$				1
					-		-		-		$\dashv$		-
									anches:				4
<sup>7</sup> 3	Please Select One of the Following: Wehicle 24 #	Occupants Non-	-Motorist A Type	15 Action	16 Lo	ocation	17	Conditio	on	18	☐ F	Iit/Run 🔲 Moped	
3		_ DOB/Age_'	Peg	#_6BH725	arana .		Re	g Type	PC		Re	g State <b>MA</b>	1
	19 19	20			17-	h Make						Config. 21	
		Er	ndorsement	er SHINDE						-30	_ ven	Colling.	
<sup>8</sup> 1	Operator SHINDE, ABHIJE	irst D	Middle	L	ast		F	irst			Mic	ldle	
	Address 82 GREEN ST			ess 82 GRE	<u>en</u>	ST			1/2		01	067 2000	14
	· · · ·	<u>MA</u> Zip 01867		READING		Taras.	22				-	867-3209	
	Insurance Company NORFOLK & I	DEDHAM MUI	TUAL F Vehi	cle Action Prior to		10			maged st Statu		Code:	28	
	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Ever	nt Sequence 1	23 2	23	23		oe of To			29	
9	Citation # (If Issued)	-	Mos	t Harmful Event	1	24			C Test		lt:	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub —	Driv	er Contributing Co	de [	99 <sup>25</sup>	25	-	sp. Alc			Susp. Drug: 2 32	
	Viol, 3: Ch/Sec/Sub — Vio			er Distracted by	99	26			wed fro	-		2 33	
	Please fill out for operator/non-r					34 3: Seat Saf		37 Fiect	38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos. Syst	em Status	Code	Code	Status	Code	Medical Facility	-
	Operator/Non-Motorist	-	ee Above	$\nearrow$	X	1 99	4	0	0	10	1		4
	POONAM PATIL	GREEN ST READING, MA 0186	7		F :	3 99	4	0	0	10	1		
		1			ט	6 4	4	0	0	10	1		
				N	PT .	6 4	4	0	0	10	1		1
					ŭ	<u> </u>		<u> </u>			_	*****	

Crash Diagram:	ie:		,	^	<u>→</u> №		
West St	THE REPORT OF THE PROPERTY OF					If Crash <u>Dic</u> on a Public	
		and the same of th				Off-Street Pa	rking Lot
	A STATE OF THE STA	V24	¥		Market Description and Care	☐ Garage	
			3			☐ Mall/Shoppin	ng Center
<del></del>	<del>1</del>				<del></del>	Other Private	
			(STOP)		-		
		**************************************	4.			Indicate No	rth by Arrow
Industrial	Way					$(\uparrow$	
Crash Narrative:			- F				
V2 stopped at stop s	sign. MV2 attempt	ed to turn F	onto West	St towar	ds Readi	ng. MV1 beh	nind
V2 began to inch for	rward preparing t	o turn L ont	o West St	towards M	IA-129. M	V2 began to	)
ack up and backed in	nto MV1. When ask	ed, Opp of N	N2 stated,	"didn't	think I	could make	the
urn with cars commin	ng so I backed up	to make the	turn." Mi	nor damag	e to MV1	front righ	nt.
inor damage to MV2 b	oack left. Both v	ehicles were	able to le	eave unde	r own po	wer. No	
njuries reported, no	airbag deployme	nt.				<del></del>	
		Tables			Dhone #		Statemen
Witnesses:		Address			Phone #		Statemer
CONTROL DE LA CO		Address			Phone #		Statemer
Name (Last,First,Middle)		Address			Phone #		Statemen
Name (Last,First,Middle) Property Damage:	Address		Phone #	41-Type		Damaged Property	
Name (Last,First,Middle) Property Damage:	Address		Phone #	41-Type		Damaged Property	
Name (Last,First,Middle) Property Damage:	Address		Phone #	41-Type		Damaged Property	
Name (Last,First,Middle) Property Damage:						Damaged Property	
Name (Last,First,Middle)  Property Damage: Owner (Last,First,Middle)	On: Registration#		(From Ve	hicle Section)	Description of	Damaged Property  Bus U	42
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information	On: Registration#		(From Ve	hicle Section)	Description of	Bus U	42
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information Carrier Name  Address	On: Registration#		(From Ve	hicle Section)	Description of	Bus U	42
Property Damage: Dwner (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #:  Interstate  43  Cargo Bo	Registration # State Number  ody Type Code 44	GVWR/GCWR	City	hicle Section)  MC/MX	Description of  S  ICC #:	Bus U	42
Property Damage:  Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  Trailer Reg #:	On: Registration # State Number  44	GVWR/GCWR	City	hicle Section)  MC/MX	Description of  S  ICC #:	Bus U	42
Property Damage: Owner (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #: Interstate  43 Cargo Bo	Registration #  State Number  ody Type Code	GVWR/GCWR	City (From Vel	MC/MX.	Description of  S  ICC #:	Bus U t Zip 46	ise 42