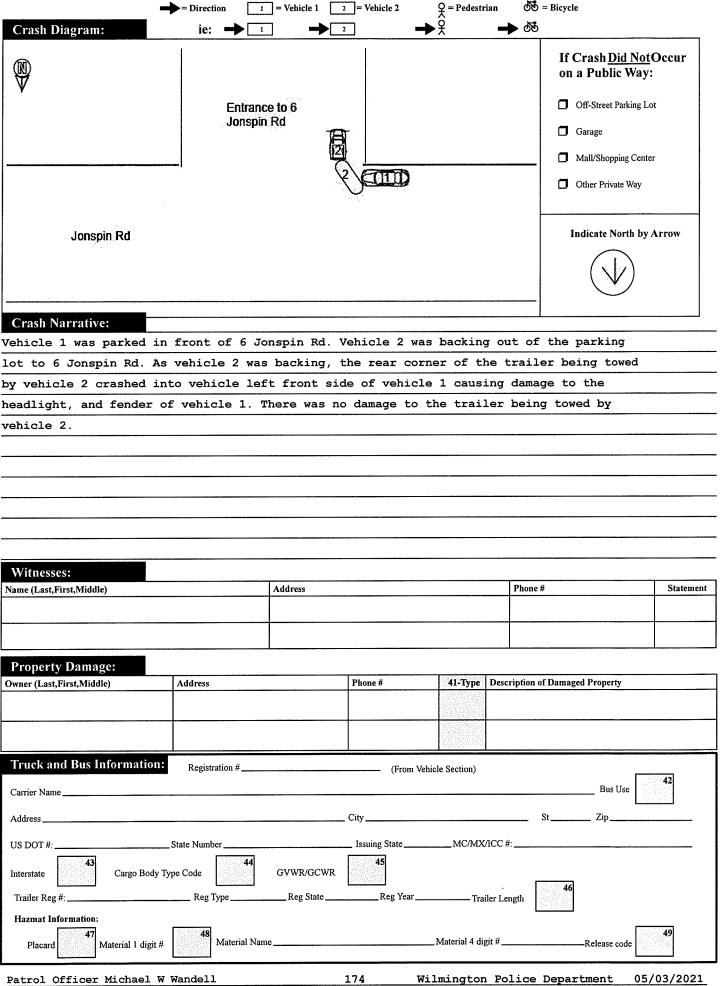
Polic	ce Use Only	Com	monwealth (of Massac	husett	S		RMV Doc	ument Number	
Date of Crash 05/03/2021	Time of Crash 0822 Wiln	City/Town mington	Motor Veh		Numbe Vehicle				MBTA Police	0800
	24HR	_	Police 1		2	0	Longitue		Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INT	ERSEC	TION:	
					6	JON	SPIN	RD		2
Route# Direct	tion	Name of Roadway/S	reet	Route# Direction	Address #		Nam	e of Roadw	vay/Street	
		At		Feet N	S E W of		_ •	or _		
Route# Direct	tion Nam	ne of Intersecting Road	way/Street			Mile N	1arker		Exit Number	
		Also at Intersection v	víth	1000 Feet X		Route#		OVER tersecting I	ST Roadway/Street	- -
Route# Direct	tion Nam	ne of Intersecting Road	way/Street	Feet N	S E W of					
							-	Landmarl	k	
Please Select O of the Followin		_#Occupants	Run Moped	Crash Repo	ort ID# 21	91	-AC	3		
License #		DOB/Age	Reg #	1FHW80		Reg Ty	ре <u>РС</u>	R	eg State MA	
Sex Lic. C	lass 19 19 Lic. R	estrictions 20	DL Veh Y	_{ear} 2009	_ Veh Make _	HONDA		Veh	Config. 1	1
Operator Dri	verless M.		ndorsement Owne	er WARD , KA	THLEE		AN			
Address		First		ess 3 HARWI	CH ST	First		Mi	iddle	
	State	Zip	City]	NORTH AND	OVER	S	tate MA	Zip 0	1845-506	0
Insurance Compa	ny THE COMMER	RCE INSURAL		le Action Prior to Cra	H14.3749					27
Vehicle Travel Di	rection: N E W	Responding to Emer	gency? 2 Event	Sequence 23	23 23		Γest Status	:	1 28	_
	ed)			Harmful Event 1	24		Type of Te		29	
	ub \			r Contributing Code	1 25		BAC Test l		Susp. Drug: 2	32 2
Viol 3: Ch/Sec/S	ub ———— V			r Distracted by	26		Fowed from		33 33	
VIOI. 3. CINGCO	Please fill out for opera				34 35 Seat Safet	36 37	38	39 40	4 , 2010	\dashv
Name (Last First Mid			Address	DOB/Age Se	x Pos. System		e Code S	njury Transp. tatus Code	Medical Facility	
Operato	r	S	ee Above		1					
Please Select Or	ne Vehicle 21	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Cons	ition	18	Hit/Run Mo	ned
of the Following					Location	1000	100			ped
License #_ S63	10 10	A_ DOB/Age		3560916			ne <u>PC</u>		eg State NH	<u> </u>
Sex M Lic. Cl	lass D Lic. R	estrictions 1 C	ndorsement	ear 2013				Veh	Config. 2	1
_	COTTE, JOSE	HUA First	Middle	r SITE ACC		First	LC	Min	ddle	
	ALLORY ST			ss 12 INDU:	STRIAL					
	CHELMSFORD State	•	3-1777 City :	SALEM	1000 00			Zip <u>03</u>		<u> </u>
Insurance Compar	ny <u>USI INSUR</u>	ANCE	Vehic	e Action Prior to Cra		<u> </u>	Damaged A Test Status:	rea Code:	0 27 27	27
Vehicle Travel Dir	rection: N S W	Responding to Emer	gency? 2 Event	Sequence 2 23	23 23		ype of Tes	- 1	29	
Citation # (If Issue	ed)	_	Most	Harmful Event 2	24	I	BAC Test I	}	30	
	ıb V	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	19 25	25	Susp. Alcol	nol: 2 31	Susp. Drug: 2	32
Viol. 3; Ch/Sec/Su		iol. 4: Ch/Sec/Sub		Distracted by 9	9 26	7	owed fron	n scene?	2 33	
Plea:	se fill out for operator/non	-motorist and all occup	ants involved Address	DOB/Age Se	34 35 Seat Safety Pos. System		t Trap Ir	39 40 rjury Transp. latus Code	Medical Facility	
	r/Non-Motorist	S	ee Above		1 1	4 0	0 1			
				r Y						
							++	\dashv		_



Patrol Officer Michael W Wandell

Wilmington Police Department

Police Officer Name (Please Print)

ID/Badge #

Precinct/Barracks

	Police Use Only	Comi	monwealth (of Massach	ıusett	ŝ	R	MV Doc	cument Number	
	Date of Crash Time of Crash 05/03/2021 1417 Wiln	City/Town	Motor Veh		Number Vehicles		Speed Lin	nit3	O State Police Local Police MBTA Police Campus Police	
	24HR	ixing con	Police 1	Report	2	0	Lantude _ Longitude		Campus Police Other:	i
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTE	RSEC	CTION:	
			:		640	T.TO.D.V	TDM G	_		2
	Route# Direction	Name of Roadway/St	reet	Route# Direction	642 Address #	MOR	JRN S Name		way/Street	-
¹ 1		At		Feet N S	EW.c		_			7
	Route# Direction Nam	e of Intersecting Roady	vay/Street	reet [11]5	IE W OI	Mile M	arker	— or ,	Exit Number	·
		Also at Intersection w		Feet NS	E W of	Route#			Roadway/Street] 3
	Route# Direction Nam	e of Intersecting Roadw	var/Stroot	Feet N S	E W of	Koute#	inte	secung	Koaoway/Street	
1	Route# Direction Nam	e of intersecting Roadw	vay/Sueet		u.]	Landmar	k	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	t ID# 21	92	-AC			
	License # S86534691 St M	A DOB/Age	Reg #	5683BY		Reg Tyr	e PC	R	ea State MA	┪
	19 19	20		/ear 2006					21	· 12
	Operator DEMELO, DIANE	T	ndorsement	er DEMELO,				VCI	r Connig.	
1	Address 3 ST PAUL ST	First	Middle	Ess 3 ST PAU		First		М	liddle	1
	City WILMINGTON State	MA 7in 01887		WILMINGTON		C+	oto MZ	zin O	1887-1828	
	Insurance Company PLYMOUTH R	<u>-</u>	·	le Action Prior to Crasl	1,117		anaged Ar			
	Vehicle Travel Direction: X S E W	Responding to Emerg			23 23	2.86(1)	est Status:		28	
2	Citation # (If Issued)			sequence 1	24	NW 544	ype of Test:		29	
	1 ' '			<u> </u>	1100	15	AC Test Re		30	1:
	Viol. 1: Ch/Sec/Sub V			r Contributing Code	26 26 1		usp. Alcoho		Susp. Drug: 32	
1	Viol. 3: Ch/Sec/Sub V Please fill out for operat			Distracted by	34 35	36 37	owed from :		2 3	4
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Tran Iniu	y Transp.	Medical Facility	
	Operator	Se	ee Above	$\times X$	1 1	4 0	0 10	1		
										1
										1
	Please Select One Navation 2 1			15 16		17	1		<u> </u>	┪
1	of the Following: Vehicle 21	#Occupants Non-	-Motorist A Type	Action 1	Location	Condi	tion		Hit/Run Moped	
		DOB/Age	Reg #	EV8856		Reg Typ	e <u>PC</u>	R	eg State MA	1
	Sex M Lic. Class D 19 Lic. Re	estrictions CI	DL Veh Y	ear 2016	Veh Make <u>C</u>	HEVRO	LET	Veh	Config. 21	
	Operator GREGORY, ROBER	RT S		r GREGORY,	ROBER	RT S		M	iddle	
1	Address 642 WOBURN ST			ss 642 WOBU	RN ST	rusi		IVI	odie	
	City WILMINGTON State	MA Zip 01887	-2963 City I	VILMINGTON	<u> </u>	Sta	nte MA	Zip 0	<u> 1887-2963</u>	14
	Insurance Company PROGRESSIV	E DIRECT I	NSURA Vehicle	e Action Prior to Crash	10	22 D	amaged Are	a Code:		
	Vehicle Travel Direction: X S E W	Responding to Emerg	gency? 2 Event	Sequence 23	23 23		est Status:		28	
	Citation # (If Issued)	_	Most l	Harmful Event 1	24	-	pe of Test: AC Test Re	zulf.	30	
2	Viol. 1: Ch/Sec/Sub — Vi	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	19 ²⁵	25	ısp. Alcohol	100000	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub	Driver	Distracted by 99	26	To	owed from s	cene?	2 33	
	Please fill out for operator/non-	•			34 35 Seat Safety		38 39 Trap Injur Code Statu			4
	Name (Last First Middle) Operator/Non-Motorist		Address e Above	DOB/Age Sex	Pos. System		Code Statu		Medical Facility	-
	Operator/14011-1410torist				1 1			+		4
										1

	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ Pedestr	ian 👧 = Bicycle	
Crash Diagram:	ie: 👈 🔟	_ →□	2	₽Ŷ	→ ॐ	
Crash Diagram:	ie: 642 Woburn Street) → [2 -	→ X	☐ Off-Street Parking Lo	ot r
Crash Narrative:						
Oper. or MV#1 was trav	eling north on	Woburn Str	eet heading	towards (Concord Street. As MV#1	
was approaching 642 Wo	burn Street MV	#2 backed or	ut of 642 Wo	burn Stre	eet. When MV#2 backed	
out of 642 Woburn Stre	et, MV#1 had to	swerve ou	t of the way	. MV#1 ar	nd MV#2 collided . MV#1	
sustained damaged it 2	! passengers doo	or and rear	fender and l	MV#2 sust	tained damaged to its	
driver side rear corne	r of vehilce.					

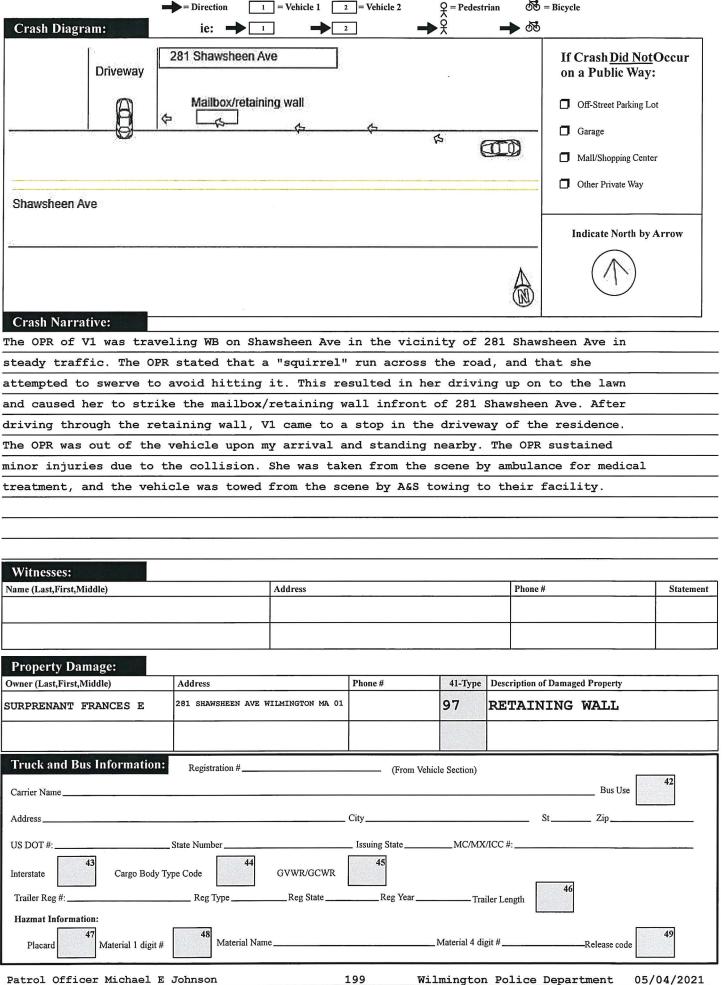
Witnesses:						T
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address	The state of the s	Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information	Registration #		(From Vel	hicle Section)		
Carrier Name	_		,	,	Bus Use	42
			a:		0. 27	
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
Interstate Cargo Body	Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Troi	ler Length	
Hazmat Information:	- ~ 0 ~ 7 F ~			11d1	are southern	
Placard Material 1 digit	# 48 Material Nar	ne		Material 4 dig	git #Release code	49
Patrol Officer Daniel	C Cadigan		178 w-	ilminator	Police Department 05/	03/2021

Signature

ID/Badge #

Precinct/Barracks Department

	Police Use Only	Comn	nonwealth	of Massacl	ıusetts		RN	AV Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lim	it <u>35</u>	Local Police	į
	05/04/2021 1608 Wil	mington	Police :	Report	1	1	Latitude Longitude		MBTA Police Campus Police Other:	i
	AT INTERSECT	ION:		TION >		NOT A	r intei			
										2 10
					281	SHAV	<u>VSHEE1</u>			_[]
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	f Roadw	/ay/Street	_
		•••		Feet N S	E W of			– or _		_
	Route# Direction Na	me of Intersecting Roadw				Mile M	arker		Exit Number	1 11
		Also at Intersection wi	th	Feet N S		Route#	Inter	secting F	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet N S	E W of					_
<u> </u>		_		<u> </u>			****	andmark	(4
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Repor	t ID# 21	-93	-AC			
	License # S42818417 St N	IA DOB/Age	Reg	# 2AGC44		Reg Typ	e PC	Re	eg State MA	
	19 19	20		Year 2012					21	3 ¹²
		En	dorsement					ven	Contig.	
⁴ 1	Operator MUSTO, CARMEN	First	Middle	er MUSTO, C		First		Mi	ddle	-
1	Address 522 SHAWSHEEN			ess <u>522 SHAW</u>						-
	City WILMINGTON Stat	-		WILMINGTO!					L887-1640	1
	Insurance Company GOVERNMEN	T EMPLOYEES		cle Action Prior to Cras	11 1			a Code:	3 27 10 27 27 28	
5	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Even	t Sequence 23 3	5 23 23	23	est Status: ype of Test:		29	
	Citation # (If Issued)		Most	Harmful Event 36	24		AC Test Re	- 1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	11 ²⁵ 2	25	usp. Alcoho		Susp. Drug: 2 32	30 ¹³
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from s		1 33	
1		rator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur			7
	Name (Last First Middle)		Address	DOB/Age Sex		Status Code	Code Statu	ıs Code	Medical Facility Lahey Clinic	-
	Operator	Se	e Above		1 99	1 0	0 8	2		_
										7
	Please Select One	#O		15 16	[5]	17	18			1
1	of the Following:	#Occupants Non-	Motorist A Type	Action	Location	Condi	tion		Hit/Run Moped	<u>'</u>
		DOB/Age	Reg	#		Reg Typ	e	Re		-
	Sex Lic. Class 19 19 Lic. 1	Restrictions CI	DL Veh '	Year	Veh Make			Veh	Config. 21	
	Operator	First		er		First		Mic		-
1	Address	rust		ess		rirst		Mic	odie	
	City Stat	e Zip	City			Sta	nte	Zip		1 14
	Insurance Company		Vehic	ele Action Prior to Crasl	h	22 D	amaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: NSEW		ency? Even	t Sequence 23	23 23	23 To	est Status:		28	
	Citation # (If Issued)	responding to 2merg	•	Harmful Event	24	T ₁	ype of Test:]	29	
2	,			100.000	25	25	AC Test Re		30	
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	Sı	usp. Alcohol	\vdash	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	34 35		owed from s			_
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injur	y Transp.	Medical Facility	
	Operator/Non-Motoris	t See	e Above	X	1					
					1			\dagger		7
					-			+		-
										4



Signature

ID/Badge #

Department

Precinct/Barracks

Wilmington Police Department Images Associated with 21-93-AC







	Police	Use Only	Com	monwealth	of Massac	chusett	S		RMV	/ Docum	nent Number	9 634 1 7 4 4 1 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	l i	ime of Crash 636 Wi	City/Town Lmington	Motor Veh	icle Cras	h Numb Vehicl		Speec	Limit_	35	State Police Local Police MBTA Police	08000
	03/03/2021	24HR	LIMITING COIL	Police	Report	2	1	Latitu Longi			Campus Police Other:	_ 6
	A	T INTERSEC	TION:	< LOCA	TION >		NOT	AT IN	TERS	SECT	ION:	
						211	TOW	ELL	сm			2 10
1	Route# Direction	n	Name of Roadway/S	treet	Route# Direction					Roadway	y/Street	
¹ 1			At		Feet N	S E W of				Or		
	Route# Direction	n N	Jame of Intersecting Road	way/Street		1912111 01	Mile	Marker		O1	Exit Number	2 11
			Also at Intersection	vith	Feet N	S E W of	Route#		Interse	cting Ro	adway/Street	_ 🕍
² 2	Route# Direction	<u> </u>	laine of Intersecting Road	way/Street	Feet N	S E W of	reducin		merse	oting ito	admay/street	
2	- Birection		name of intersecting road	way/outcet					Lan	ıdmark		
³ 3	Please Select One of the Following:	Vehicle 11	#Occupants Hit	/Run	Crash Rep	ort ID# 2	1-94	l-A	C			
ے 	License # 1406	308007 st	NV DOB/Age	Reg	# 1WYX29		Reg T	me PC		Reg	State MA	
		19 19 Lic			Year 2015						2	1 12
			, JESSYKA	Indorsement	er DIASDEC							-
⁴ 3	•		First E ST APT	Middle	ess 4400 PI		First		т 5	Middl	le	_
	J		ate NV Zip 8914		LAS VEGA						1474708	
			NERAL INSUR		le Action Prior to Cr		22	Damage		_		27
		etion: NSXW	_		t Sequence 23	23 23	23	Test Stat		1	28	_
⁵ 1)	_		Harmful Event 1	100 mm	Paragrap.	Type of	Test:		29	
	1	-			er Contributing Code	and the second	19 ²⁵	BAC Te	_		30	1 13
			Viol. 2: Ch/Sec/Sub —			9 26	19	Susp. Al Towed fi			Susp. Drug: 2	32
⁶ 2			Viol. 4: Ch/Sec/Sub — erator and all occupants in		i Distracted by	34 35	36 3	7 38	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	Seat Safe Sex Pos. Syst		ct Trap de Code		Transp. Code	Medical Facility	
	Operator		S	ee Above		1 1	4 0	0	10	1		
	Please Select One	Vehicle 21	#Occupants Day		15 1	6	17	[18			
⁷ 1	of the Following:	Vehicle 21		-Motorist A Type	Action	Location	Con	dition		Hi	t/Run Mo	ped
	License # S100	F	MA DOB/Age	Reg #	6PX133		Reg Ty	ре РС		Reg	State MA	-
	Sex M Lic. Clas		E	ndorsement	(ear <u>2007</u>	Veh Make_	HONDA			_ Veh C	onfig. 1	ا ا
8 2	Operator MORI	-SANTOS,	JOANNY ADF	RIAN Own	er <u>CINTRON</u> Last	SANCH	EZ, I	IZAI	LY	Middle	e	
2	Address 115 E	ENNELL ST			ess 115 ENN	ELL ST						14
	City LOWELL		ate MA Zip 0185 (•	LOWELL						350-181	5 1
	Insurance Company	THE COMME	ERCE INSURAL	NCE CO Vehic	le Action Prior to Cr		900	Damageo Test Stat		Code: 5	27 27 2	27
	Vehicle Travel Direc	tion: NSWW	Responding to Emer	gency? 2 Even	Sequence 1 23	23 23	43	Type of		1	29	
9 2	Citation # (If Issued))		Most	Harmful Event 1		· · · · · · · · · · · · · · · · · · ·	BAC Tes		t: 1	30	
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1 25	25	Susp. Ale	cohol: 2	31	Susp. Drug 2	32
	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub —		r Distracted by			Towed fr	rom scei	<u> </u>	33	
	Please Name (Last First Middle)		non-motorist and all occup	ants involved Address	DOB/Age S	34 35 Seat Safe Sex Pos. Syste	ly Airbag Eje	ct Trap		40 Transp. Code	Medical Facility	
		Non-Motori	st s	ee Above		1 1	4 0	0	\vdash	2 La	hey Clinic	
								1		_		
									$\vdash \vdash$			
								-	\vdash		·	
					1							

	= Direction	1	= Vehicle 1	2 = Vehicle 2	₽ = Pedes	trian	රීජ් = Bicycle	
Crash Diagram:	ie: →	1] → [2	→ŝ	→	∞	
							If Crash <u>Dic</u> on a Public	
							Off-Street Pa	rking I ot
·								rking Lot
			211 Lowe	ell St			☐ Garage	
							☐ Mall/Shoppir	ng Center
							Other Private	Way
							Indicate No	rth by Arrow
						(I		
Crash Narrative:						```	V	
Motor vehicle crash	on Lowell St,	Rte	129, in V	Wilmingto	n, MA. The o	perat	tor of vehicle 1	
stated that she was o	distracted whe	n s	he struck	vehicle	2 from behin	d in	a rear-end cras	h.
The operator of vehic	cle 2 stated t	hat	he was in	n pain, a	nd was trans	porte	ed from the scen	е
by the Wilmington Fi	re Department.	Во	th Vehicle	and V	ehicle 2 wer	e tow	ved from the sce	ne
by A&S towing. Vehic	le 1 had damag	e t	o the from	nt center	of the vehi	cle,	and was leaking	
radiator fluid. Vehic	cle 2 had dama	ge	to the rea	ar cener	and brake li	ghts.	,	
					1			
Witnesses:			1			12		
Name (Last,First,Middle)			Address			1	Phone #	Statement

Property Damage:								
Owner (Last,First,Middle)	Address			Phone #	41-Type	Descri	ption of Damaged Property	
Truck and Bus Information	Registration #_			(F	rom Vehicle Section)			
Carrier Name				* ·			Bus Us	e 42
Address				City			St Zip	<u> </u>
US DOT #:	State Number			Issuing State	eMC/M2	VICC#:	-	
43	F-,	4	GVWR/GCWR	45		· -		
Trailer Reg #:				3633431	/earTra	ailer Leng	46	
Hazmat Information:	- ·		-	,	110			
Placard 47 Material 1 dig	git # 48 Material	Name	e		Material 4 d	igit #	Release coo	ie 49
Patrol Officer Nichola	s F Noftle			204	Wilminster	n Dol	ice Department	05/05/2021

Signature

ID/Badge #

Precinct/Barracks Department

U5/05/2021 Date

	Pol	lice Use Only		Com	monw	vealth	of Mas	ssacl	nus	etts	3			RM	V Docı		lumber	
	Date of Crash	Time of Crash		City/Town] Mot	or Veh	icle C	rash	N V	lumber ehicles		. I	Speed Latitud	Limit	40	Loca	Police I Pol	
	05/05/2021	1707 24HR	MITIU	ington		Police	Repor	t	2		0	- 1	Latitud Longit				pus Police	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO'	ΓΑΤ	'IN'	ΓER	SEC'	TION	:	
																		2 10
	Route# Dire	ction LOWE	LL S	r Name of Roadway/	'Street		Route# D	Direction	Add	ress #			Na	me of	Roadw	/ay/Stree	<u> </u>	-
¹ 3				At				(7=1=	3								
				RAMP of Intersecting Roa	1/54		Fe	eet N S	SEW	of		le Mar	ker		or _	Exit	Number	11
	Route# Dire	ction		Also at Intersection			Fe	eet N S	E W	of								3
							Fe	eet N S	EW	of	Route	#		Interse	ecting F	Roadway	//Street	
² 3	Route# Direc	ction	Name	of Intersecting Roa	dway/Street					_				La	ndmarl	ζ		_
	Please Select (One V Vehicle	12 #	Occupants H	it/Run	Moped	Cra	sh Repor	t ID#	21	_9	5-	- A	C				
³ 2	of the Followi	mge															1/7	-
	ł	3696630 Class D 19 1	a a	DOB/Age <u>-</u>			# <u>1FFX3</u>										21	1 12
	Sex F Lic.			trictions 1	CDL Endorsement	t	Year 201 9								Veh	Config.	1	
⁴ 1		NJAMIN,	Fi	rst	Middle		er BENJ	Last			Fi	rst			Mi	iddle		
1		PRICE RD					ess 4 PR		RD	A	PT							•
	I	ron					ALLSTO)N		1.7458	22						27 27	.
	_	oany METROP		N PROPER	RTY AN		cle Action Pric	93		4			maged st Stat		Code:	7 28		
⁵ 2	Vehicle Travel I	Direction: N	EW	Responding to Em	ergency? 2	Even	t Sequence	1 23	23	23	23		pe of ?			29		
2	Citation # (If Iss	sued)				Mos	Harmful Ever	nt 1	24		amed He	BA	.C Tes	st Resu	ılt:	30		13
	Viol. 1: Ch/Sec/	Sub	Vio	d. 2: Ch/Sec/Sub -		Drive	er Contributing	g Code	6	25	25	Su	sp. Ale	cohol:	2 31 2		Drug: 32	1 13
⁶ 2	Viol. 3: Ch/Sec/	'Sub	Vio	il. 4: Ch/Sec/Sub -		Drive	er Distracted b	у О	26		.,	To	wed fr	rom sc	ene?	2 33		
2	Name (Last First N		for operator	and all occupants	involved Address		DOB/Age	. Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mo	edical Facility	
	Operate				See Above				1	99		0	0	10	1			
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	License # SA	5900103	St MA	_ DOB/Age		Reg	1GRY9	2			Reg	у Туре	PC		R	eg State,	MA	1
	Sex F Lic. (19 19	Lic. Res	trictions 1 20	CDL	Veh	Year 2017	7	Veh M	lake H	ONE	A			_ Veh	Config.	1 21	
		ASER, LA	UREN		Endorsement		er FRASI	ER,	LAU	REN	LAS	HL	EY					
81	Address 993	MASSACH	USETI	rst IS AVE A	Middle APT 11	7 Addr	ess 993	Last MASS	ACI	iusi	ett:	rst S. A	VE	7		^{ddle} 117	1	
	City ARLI	NGTON	State N	IA Zip 024	76	City.	ARLING	NOT				_ Stat	e M Z	3 z	ip 02	2476	<u>;</u>	1 14
	Insurance Comp	any PROGRE	SSIVE	CASUALI	Y INS	U Vehic	ele Action Pric	or to Cras	h	1	22	Da	maged	i Area	Code:	8 27	27 27	H
	Vehicle Travel D	Direction: N S	EX	Responding to Em	ergency? 2	Even	t Sequence	23 1	23	23	23		st Stati			1 28		
o	Citation # (If Iss	sued)				Most	Harmful Ever	nt 1	24		I	• •	oe of T		.la.	30		
⁹ 2	Viol. 1: Ch/Sec/	Sub	Vio	I. 2: Ch/Sec/Sub -		Drive	er Contributing	g Code	1	25	25			t Resu cohol:	31		Drug: 32	
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		ease fill out for ope	rator/non-n	notorist and all occu		ed			34 Seat	35 Safety		37 Eject	38 Trap	39 Injury	40 Transp.			1
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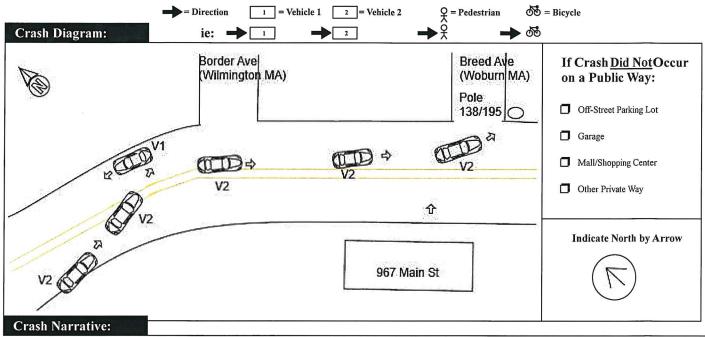
	= Direction	= Vehicle 1	2 = Vehicle 2	र् = Pedestria	n 📆 = Bicycle	
Crash Diagram:	ie: 👈	→	2	₽ ĝ	→ 55	
5	93N off Ramp				If Crash Did Not on a Public Way Off-Street Parking Lo Garage Mall/Shopping Cente	t ot
Rte 129 Lowell Street	V2 T	V CONTRACTOR	1.		Indicate North by	Arrow
Crash Narrative:						
Vehicle one traveling						
turning left onto Lowe						
the front drivers side	or venicle on	e struck the	e rear drive	ers side do	oor area or venicle	
LWO.						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Property	
Truck and Bus Information	Registration #		— (From Ve	chicle Section)		
Carrier Name					Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Icening State	MC/MY/I	CC #:	
43	44		issuing State	IVIC/IVIA/IC		
Interstate Cargo Body Trailer Reg #:	Type Code	GVWR/GCWR	Reg Year	m '1	46	
Hazmat Information:	Keg Type	xeg sidic	Reg rear	Traile	r Length	
Placard Material 1 digit #	48 Material Nar	ne		Material 4 digit	#Release code	49
Detective Brian J Stic	l-a		179 W	ilmin-t	Police Department 05/	

Signature

ID/Badge #

Department Precinct/Barracks

Wehicle Travel Direction: N X E W Responding to Emergency? Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23	Police Use Only	Commonwe	alth of Massach	usetts	RMV Do	ocument Number
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Feet N S E W of Molle Murker Or Eath Number	Route# Direction 1	Name of Roadway/Street	Route# Direction			lway/Street
Router		At	- Dial			
Routed Direction Name of Intersecting Roadway/Shreet Feet N S E V of Routed I S College Roadway/Shreet I S E V of Routed I S E V of Ro	Poute# Direction Name	of Interpreting Ponduray/Street	Feet NS		- — • — or : Marker	Exit Number
Picture Name of Intersecting Roadway/Street Feet N E N of			Feet N S			
Please Select One of the Fellowing Vehicle 1	,		Feet NS	E W of	Intersecting	g Roadway/Street
License # S14025063 St MA DOB/Age Reg # 1CYN76 Reg Type PC Reg State MA Veh Veh Veh Zo16 Veh Make FORD Veh Config 1 21 Owner FEREIRA REIS TARA Address 23 JORDAN RD Address 23 JORDAN RD Address 23 JORDAN RD City BILLERICA State MA Zip 01821-2238 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 33 23 23 23 22 Feet Sequence 33 23 23 23 22 Feet Sequence 33 32 23 23 22 For Veh Config 1 21 Diriver Distracted by 0 24 Flease fill out for operator and all occupants involved Address 23 BAO 423 Reg # 3840423 Reg Type PC Reg State MH Veh Config 1 21 Operator NOUMI, ANTHONY J State MA Zip 02045-2215 City MEDFORD State MA Zip 02045-2215 Towner from Noumin ANTHONY J State MA Zip 02045-2215 Operator NOUMI, ANTHONY J State MA Zip 02045-2215 City MILL State MA Zip 02045-2215 City MILL State MA Zip 02045-2215 City MILL State MA Zip 02045-2215 Operator NOUMI, ANTHONY J State MA Zip 02045-2215 City HULL State MA Zip 02045-2215 Diriver Contributing Code 10 25 28 Susp. Abcohol 1 31 Diriver Contributing Code 10 25 28 Susp. Abcohol 2 31 Susp. Drug 2 33 City Machine Anthony J State MA Zip 02045-2215 City HULL State MA Zip 02045-2215 Diriver Contributing Code 10 25 28 Susp. Abcohol 2 31 Susp. Abcohol 2 31 Susp. Abcohol 2 31 Susp. Drug 2 37 Towner from Noumin Ave Suspense 2 32 City HULL State MA Zip 02045-2215 Diriver Contributing Code 10 25 28 Susp. Abcohol 2 31 Susp. Abcohol 2 31 Susp. Drug 2 37 Towner from Noumin Ave Suspense 2 32 City HULL State MA Zip 02045-2215 Diriver Contributing Code 10 25 28 Susp. Abcohol 2 31 Susp. Drug 2 37 Towner from Noumin Code 10 35 28 Susp. Abcohol 2 31 Susp. Drug 2 37 Towner from Noumin Code 10 35 28 Susp. Abcohol 2 31 Susp. Drug 2 37 Towner from Noumin Code 10 35 28 Susp. Abc	Route# Direction Name of	of Intersecting Roadway/Street		***************************************	Landma	ark
Reg # S14025063 St.MA DOR/Age Reg Type PC Reg State MA	Please Select One Vehicle 11 #	Occupants Hit/Run	Moned Crash Report	ID# 21 - 9	6-AC	
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Operator MARTINS _ EBER _ EPIFANIO		20				21
Address 23 JORDAN RD Address 154 HIGH ST APT 101 City MEDIFORD State MA Zip 01821-2238 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: SE W Responding to Emergency 2 Price Contributing Code Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Please fill out for operator and all occupants involved Address 37 LYNN AVE Name (Lee The Madday Address 37 LYNN AVE City HULL State MA Zip 02155-3833. Address 154 HIGH ST APT 101 State MA Zip 02155-3833. Damaged Area Code 8 27 / 27		Endorsement				eh Config. 1
City BILLERICA State MA Zip 01821-2238 City MEDFORD State MA Zip 02155-3833 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code 8 27 27 27 27 27 27 27		EPIFANIO rst Middle	Last	First	1	Middle
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None (Last First Moddle) Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Modeled Facility	Viol. 3: Ch/Sec/Sub — Viol	1. 4: Ch/Sec/Sub	Driver Distracted by	26	-	
Presse Select Onc of the Following: Vehicle 21		•		Seat Safety Airbag E	ject Trap Injury Transp	
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped License # \$98100570 St MA DOB/Age Sex M			DOB/Age Sex			Medical Facility
Operator NOUMI , ANTHONY J Last First Middle Address 37 LYNN AVE City HULL State MA Zip 02045-2215 Citation # (If Issued) T2446301 Vehicle Travel Direction: NX E W Responding to Emergency? 2 Citation # (If Issued) T2446301 Vehicle Cole Moders and all occupants involved Name (Last First Middle) Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address # 3840423 Reg # 3840423 Reg Type PC Reg State NH Veh Config. 1 21 Veh Year 2019 Veh Make MAZDA Veh Config. 1 21 Comparison NoumI , ANTHONY J Owner NOUMI , ANTHONY J City HULL State MA Zip 02045-2215 Event Sequence 1 23 22 3 23 Test Status: 1 28 Type of Test: BAC Test Result: 1 30 Susp. Alcohol: 1 31 Susp. Drug 1 32 Driver Contributing Code 10 25 Oriver Distracted by 5 26 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address 3840423 Reg Type PC Reg State NH Veh Config. 1 21 Condition # Hit/Run		Dec 180ve		1 33 3 0		
Operator NOUMI , ANTHONY J Last First Middle Address 37 LYNN AVE City HULL State MA Zip 02045-2215 Citation # (If Issued) T2446301 Vehicle Travel Direction: NX E W Responding to Emergency? 2 Citation # (If Issued) T2446301 Vehicle Cole Moders and all occupants involved Name (Last First Middle) Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address # 3840423 Reg # 3840423 Reg Type PC Reg State NH Veh Config. 1 21 Veh Year 2019 Veh Make MAZDA Veh Config. 1 21 Comparison NoumI , ANTHONY J Owner NOUMI , ANTHONY J City HULL State MA Zip 02045-2215 Event Sequence 1 23 22 3 23 Test Status: 1 28 Type of Test: BAC Test Result: 1 30 Susp. Alcohol: 1 31 Susp. Drug 1 32 Driver Contributing Code 10 25 Oriver Distracted by 5 26 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address 3840423 Reg Type PC Reg State NH Veh Config. 1 21 Condition # Hit/Run						
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Veh Year 2019 Veh Make MAZDA Veh Config. 1 21	of the Following:		[] [] [] [] [] [] [] [] [] []			
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City HULL State MA Zip 02045-2215 Insurance Company Vehicle Action Prior to Crash I 22 Damaged Area Code: 1 27 8 27 7 27 Test Status: 1 28 Type of Test: 29 Most Harmful Event Viol. 1: Ch/Sec/Sub 90 24E Viol. 2: Ch/Sec/Sub 90 17 Viol. 3: Ch/Sec/Sub 90 4A Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex 1 34 35 Safety Airbag System Status State MA Zip 02045-2215 Test Status: 1 28 Type of Test: 29 Susp. Alcohol: 1 31 Susp. Drug: 1 32 Towed from scene? 1 33 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex 1 Safety Airbag System Status DOB/Age Sex 1 Safety Airbag System Status Name (Last First Middle) Medical Fecility	Last Fin	st Middle	Last	First	<i>N</i>	Middle
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Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Name (Last First Middle) Name (. 2: Ch/Sec/Sub 90 17	<u></u> _	<u> </u>	Susp. Alcohol: 1	1 Susp. Drug: 1 32
Name (Last First Middle) Address DOB/Age Seat Safety System Slatus Code Social Safety Slatus Code Status Medical Facility Medical Facility	Viol. 3: Ch/Sec/Sub 89 4A Viol	4: Ch/Sec/Sub	Driver Distracted by	26	Towed from scene?	1 33
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	- Spermon non navional	277.00.0				
				1 1 1	1 1 1	



The OPR of V2 was traveling in excess of 70mph on Main St towards The City of Woburn. While negotiating the bend in the area of 967 Main St V1 crossed the double yellow lines, struck the rear of V1 shearing the rear wheel off and tossing it approx 20yds. Due to the speed in which V2 was traveling, it continued for approx 100yds and struck a utility pole in The City of Woburn. The OPR of V2 sustained injured as a result of the collision and had to be extricated from the vehicle. The OPR of V2 is suspected of operating the vehicle under the influence of an unknown substance and was impaired due to it. The OPR of V1 was not injured as a result of the collision and refused medical treatment. Both vehicles were towed from the scene by A&S towing to their facility. The OPR of V2 was involved in two p hit and run accidents which occured approx 20min prior to this collision.

Witnesses:						-	
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	maged Property	
EVERSOURSE	247 STATION DR WES	TWOOD MA 02090		4	UTILITY	POLE	
Truck and Bus Information: Carrier Name	Registration #		The second second			Bus Use	42
Address	-		City		St	Zip	5.092-11091
US DOT #:S	State Number		_ Issuing State	MC/MX/	/ICC #:		
Interstate Cargo Body Typ	e Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:							
Placard Material 1 digit #	48 Material Name			Material 4 dig	rit #	Release code	49

Patrol Officer Michael E Johnson

Wilmington Police Department

05/05/2021

Police Officer Name (Please Print)

Signature

199 ID/Badge#

Precinct/Barracks Department

	Polic	e Use Only		C	omm	onw	vealth	of Ma	ssacl	hus	etts	8			RM	IV Doc	ument l	Number		
	Date of Crash	Time of Crash		City/Town]	Mot	or Vel	icle C	rash		Vumber Vehicles		mber ured	1 '	d Limi	t3	Loca	e Police al Police	0800	
	05/05/2021	1812 V	Vllmi	.ngton	1]	Police	Repor	t	2		0	uica	Latitu Long	ide itude _			TA Police pus Police er:	ᆸ	
		AT INTERS	ECTIO	N:		<	LOCA	TION	>			NO	TA			SEC	TION			
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	Pauta# Direct		<u> </u>	I CD	J/C4			D4-# E		57		<u>C</u>	LAF			D 1	/04			
¹ 1	Route# Direct	10n	N	Name of Roa	away/Stree	T		Route# D	Direction	Add	dress #			N	ame of	Roady	way/Stre	3€		
	-							F	eet N S	S E V	v of				. —	or .				
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² 2	Route# Directi	ion	Name o	of Intersectin	ıg Roadway	/Street		F	eet N S	SEV	of									
2						—т		<u></u>							La	andmar	k			
³ 3	Please Select Or of the Following		11_#0	Occupants [Hit/Ru	տ [[Moped	Cra	sh Repoi	rt ID#	21	<u> </u>	37	-A	C					
3	License # S12	627756	St MA	DOR/Age		L) Pag	# 2ZR27	79			Da	or Tren	. PC	•	ď	en State	MA	ᅱ	
		10 10		12/65	20			Year 201										2	1	1 12
	Sex M Lic. Cl	Iass D	Lic. Kest		CDL Endo	rsement										ver	i Config.	<u> </u>	┚╏	
⁴ 1		NAZOLA,		SI M	N	Middle		er SPIN	Last			SVE.	rirst	1		M	fiddle		-	
Τ	1	SWAIN RD						ess <u>57</u> S			ט								_	
	City WILMI	NGTON	_ State M	A Zip O	1887-	2860	City	WILMIN	(GTO	N								7-286	I	
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Crash Diagram:	ie: 👈 🔟	→ □	→	· }	→ ₩		
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Crash Narrative:							
NV1 was traveling eas	tbound on Clark	Street appr	coaching Midd	lesex Aver	nue and in	the area	
of the railroad cross	ing. MV2 was als	so traveling	straight ah	ead on Cla	ark Street.	The	
perator of MV1 state	d that MV2 appro	ached his v	rehicle from 1	behind and	i struck th	e rear of	
is vehicle with the	front of MV2. Th	e operator	of MV1 state	d that MV2	rear-ende	d his	
ehicle twice. When t	he operator of M	N1 pulled o	over to the r	ight, he r	eported th	at MV2	
truck him a third ti	me on the rear 1	eft side of	the his veh	icle, fail	led to stop	, exchange	
nformation, and fled	l the scene of th	e crash cor	tinuing to t	ravel stra	aight ahead	down	
lark Street. MV1 suf	fered minor dama	ige to the t	he rear left	and left	side of th	e vehicle.	
here were no injurie	s and neither ve	hicle was t	owed from the	e scene. I	The operato	r of MV1	
eported that MV2 was	"a dark colored	l sedan with	a New Hamps	hire licer	se plate b	eginning	
rith '387'." (Referen	ce Witness State	ment and Re	ports 21-96-2	AC, 21-98-	-AC, and 21	-138-AR.)	
Witnesses:							
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Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damag	ed Property	
Truck and Bus Information	Registration #		(From Vehic	ele Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:		
Interstate Cargo Boo	dy Type Code	GVWR/GCWR	45		[
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer I	ength 46		
Hazmat Information:	48 Material Na-	ng.		Material A digit #		D-1	49
Placard Material 1 dig	it #iviateriai ivam			ATTUROTER T CIGIL #		Kelease code	
Patrol Officer Michae	1 A Wilson Signature			Lmington Portment	olice Depar		05/2021

Signature

Wilmington Police Department Images Associated with 21-97-AC









Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 21-97-AC

Entered: 05/05/2021 @ 2342 Entry ID: 209 Modified: 05/06/2021 @ 0012 Modified ID: 209 Approved: 05/06/2021 @ 1709 Approval ID: 185

On Wednesday, May 5, 2021 I, Officer Wilson, was assigned to the Wilmington Public Safety Building as the uniformed Duty Desk Officer for the 4:00 PM-12:00 AM shift. At approximately 6:33 PM, Mr. Steven Spinazola walked into the station to report that he was just involved in a motor vehicle accident on Clark Street and the other driver failed to stop and fled the scene. Mr. Spinazola stated that the accident had occurred approximately fifteen minutes prior, but he had pulled over and called his father about what to do. Simultaneously, Officer Johnson (Cruiser 31/Sector 1) had just arrived at the scene of serious motor vehicle crash on Main Street/Route 38 on the Wilmington/Woburn line (Reference Arrest Report #21-138-AR).

Mr. Spinazola reported that a dark colored sedan had rear-ended him twice while traveling eastbound on Clark Street towards Middlesex Avenue. He stated that as he pulled over to the right to stop and prepare to exchange information with the other operator that the dark colored sedan rear-ended/struck his vehicle a third time on the rear left side. Mr. Spinazola stated that he was not able to see the entire license plate but reported that the first three numbers of the license plate were "387." Due to the similar description the vehicle that rear-ended Mr. Spinazola and the vehicle that was reported as an erratic operator and involved in several other motor vehicle accidents (Reference Crash Report #'s 21-96-AC and 21-98-AC and Arrest Report # 21-138-AR). I then asked Mr. Spinazola what state the license plate on the other vehicle was from and he immediately stated "New Hampshire." The vehicle Officer Johnson was off with, that had finally crashed at the Wilmington/Woburn line, was New Hampshire Registration "3840423," a black 2019 Mazda CX3 hatchback sedan. This vehicle very closely matched the description of the of the license plate and make and model provided by Mr. Spinazola. Furthermore, the based on the timeline of the other calls, crashes, and incidents in which this vehicle was involved in, I estimated the time of this accident to be approximately 6:12 PM and appears to be the first motor vehicle, Mr. Noumi, the operator of the Mazda struck and then left the scene of the accident. Officer Johnson completed MA Citation "T2446302," via mail, for Leaving the Scene of Property Damage (Reference Arrest Report #21-138-AR). I then provided Mr. Spinazola a Written Statement Form, which he completed, and provided back to me along with his contact information. I then advised Mr. Spinazola of the process for completing his accident report. Mr. Noumi was advised to return to the station in the morning to pick up the accident exchange information for both operators.

Respectfully Submitted,

Patrolman Michael A. Wilson #209

Date of Crash	ce Use Only	Co	<u>m</u> monweal	th of Massa	ichuse	etts			RMV	/ Docu	ment Number	
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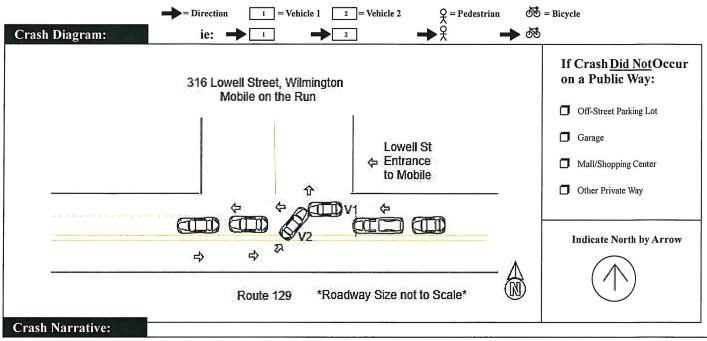
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V1 was traveling straight on Lowell Street, westbound, approaching the light at Lowell @
West. V2 was traveling eastbound towards the I93 ramps and then took a left hand turn into
the parking lot of Mobile on the Lowell St side. Op1 stated he was traveling straight and
then the vehicles crashed. Op2 stated the lane of traffic closest to her was "stopped then
she was waved on to go ahead and take the turn." Op2 stated she proceeded to take her turn
with caution but she could not see well due to that first lane of traffic. Op2 stated "it
looked like there were no cars coming down so I proceeded to take the turn and that's when
we hit." No injuries were observed or reported in Op1 or Op2. V1 had very minor damage to
the front bumper vicinity. V2 had mild/moderate damage to the front and right side bumper
area. After the crash occurred both vehicles pulled into the Mobile parking lot where V2
was involved in a second crash with hood damage. See 21-100-AC for reference.

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Witnesses:						
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Truck and Bus Information: Carrier Name	Registration #		(From Vehi	cle Section)	Bus Use	42
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Interstate Cargo Body Typ	e Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	
Hazmat Information:						
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Patrol Officer Kathryn C Goodwin

216 ID/Badge # Wilmington Police Department

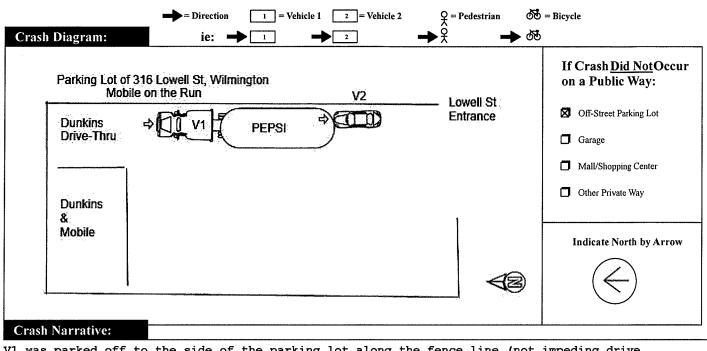
05/06/2021

Wilmington Police Department Images Associated with 21-99-AC





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Address 18 KENWOOD ST APT 1 City LAWRENCE Sute MA Zip 01841-2408 Insurance Company ACE AMERICAN INSURANCE CO Vehicle Travel Direction: \(\sigma \) SEW Responding to Emergency? \(\frac{2}{2} \) Citation # (If Issued) \(\frac{2}{2} \) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 18 \(\frac{2}{2} \) Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code 18 \(\frac{2}{2} \) Flease fill out for operator and all occupants involved Autors Allows Operator See Above \(\frac{1}{2} \) Flease 10 \(\frac{1}{2} \) Vehicle 7. Ch/Sec/Sub Driver Contributing Code 18 \(\frac{1}{2} \) Flease 8 \(\frac{1}{2} \) Flease 10 \(\frac{1}{2} \) Flease 10 \(\frac{1}{2} \) Flease 11 \(\frac{1}{2} \) Non-Motorist A Type 12 \(\frac{1}{2} \) Flease 11 \(\frac{1}{2} \) Vehicle 7. Ch/Sec/Sub Driver		A Lic, K		Endorsement	·					Config.	
City LAWRENCE State MA Zip 01841-2408 Insurance Company ACE AMERICAN INSURANCE CO Vehicle Travel Direction: SEW Responding to Emergency? 2 Citation # (If Issued) Viol. 1: ChrSec/Sub Viol. 2: ChrSec/Sub Driver Contributing Code Please fill out for operator and all occupants involved Address 119 WILDWOOD ST City WINCHESTER State MA Zip 01890 Insurance Company Arbella Mutual Insurance Vehicle Action Prior to Crash Driver Contributing Code Reg # 181560 Reg # 181560 Reg # 1915 Action II Condition First Status: 1 28 They for Test: 1 28 They for Test: 1 28 They for Test: 2 30 Towed from scene? 2 33 Towed from scene? 2 33 Price of Test: 3 30 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 2 33 Driver Distracted by 0 26 Towed from scene? 2 33 Price of Test: 3 30 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 2 33 Price of Test: 3 30 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 2 33 Price of Test: 3 30 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 2 33 Price of Test: 3 30 Susp. Drug 2 32 Driver Distracted by 0 1 1 1 4 0 0 0 1 0 1 1 Price of Test: 3 30 Susp. Drug 2 32 Price of Test: 3 30 Susp. Drug 2 32 Driver Distracted by 0 1 1 1 4 0 0 0 1 0 1 1 Price of Test: 3 30 Susp. Drug 2 32	Las	st	First	Middle	Last		First		M		
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Viol. 1: Ch/Sec/Sub	Citation # (If Issued)			Mo	st Harmful Event	- Marie -				30	<u> </u>
Please fill out for operator and all occupants involved Name (Last Field Middle) Please fill out for operator and all occupants involved Address DOB/Age See See	Viol. 1: Ch/Sec/Sub	V	/iol. 2: Ch/Sec/Sub -	Dri	ver Contributing Code		25	Susp. Alcoh	ol: 2 31	Susp. Drug:2	32 2
Please Select Onc of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped	Viol. 3: Ch/Sec/Sub	V	/iol. 4: Ch/Sec/Sub =	Dri	ver Distracted by	26	•	Towed from	scene?	2 33	
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped	1	lease fill out for operat	tor and all occupants i		DOR/Age	Seat Safe	y Airbag Eje	t Trap Inj	ury Transp.	Medical Engilit	,
Please Select One of the Following: Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped										Andreas 7 de m	
Condition Cond									-		
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License # \$57536597 St MA DOB/Age. Sex F Lie. Class D 19 19 Lie. Restrictions 20 CDL Endorsement Operator VALDARIO CATHERINE E Address 119 WILDWOOD ST City WINCHESTER State MA Zip 01890 Insurance Company Arbella Mutual Insurance Vehicle Travel Direction: SEW Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Name (Last First Middle) Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address 19 Pos Make TOYOTA Veh Config. 1 21 Owner MCDONALD , LISA MARIE First Middle Owner MCDONALD , LISA MARIE City WINCHESTER State MA Zip 01890 -2323 1 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 97 27 27 27 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Address 19 WILDWOOD ST City WINCHESTER State MA Zip 01890-2323 1 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address 3 23 23 23 23 23 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Sex Sex Sex Sex Sex Sex Sex Sex Se		Vehicle 21	#Occupants No	n-Motorist A Type	15 Action 1	6 Location	17 Cond	lition		Hit/Run 🔲 M	oped
Sex F Lic. Class 19 19 19 Lic. Restrictions 20 CDL Endorsement Operator VALDARIO, CATHERINE E Address 119 WILDWOOD ST City WINCHESTER State MA Zip 01890 Insurance Company Arbella Mutual Insurance Vehicle Travel Direction: SE W Responding to Emergency? 2 Vehicle Travel Direction: Viol. 1: Ch/Sec/Sub Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Veh Year 2010 Veh Make TOYOTA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21 Owner MCDONALD, LISA MARIE First Middle Address 119 WILDWOOD ST City WINCHESTER State MA Zip 01890-2323 1 Vehicle Action Prior to Crash Vehicle Action Prior to Crash Insurance Company Arbella Mutual Insurance Vehicle Action Prior to Crash Vehicle Action Prior to Crash Test Status: Type of Test: 29 Most Harmful Event 2 24 BAC Test Result: 30 Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21 Domage Ara Code: 97 27 27 27 27 27 27 27 28 Trype of Test: 30 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug 2 32 Viol. 3: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex System Status State MA Zip 01890-2323 Test Status: 1 28 Type of Test: 30 Susp. Alcohol: 2 31 Susp. Drug 2 32 Towed from scene? 2 33 Medical Facility Medical Facility		L36597	A DOR/Age	Pa	# 18T.560		Peg Ty	ne PC		ag Stata MA	
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City WINCHESTER State MA Zip 01890 Insurance Company Arbella Mutual Insurance Vehicle Travel Direction: SEW Responding to Emergency? 2 Citation # (If Issued) Driver Contributing Code Driver Contributing Code Driver Distracted by O Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) City WINCHESTER State MA Zip 01890-2323 1 Vehicle Action Prior to Crash II 22 Damaged Area Code: 97 27 27 27 27 Test Status: Type of Test: BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Address Name (Last First Middle) Address DOB/Age Sex Pos. System Status State MA Zip 01890-2323 1 Test Status: Type of Test: Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33 Medical Facility Medical Facility	Las	t	First	Middle	Last	•	First		Mi	iddle	
Insurance Company Arbella Mutual Insurance Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: Vehicle Travel Direction: Vehicle Travel Direction: Vehicle Travel Direction: Vehicle Action Prior to Crash I 1 22 Damaged Area Code: 97 27 27 27 Test Status: Type of Test: 29 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Driver Distr								tata MA	7in 01	1890-23	23 1
Vehicle Travel Direction: SEW Responding to Emergency? Event Sequence 223 23 23 23 23 23 Test Status: Type of Test: 29 Most Harmful Event 224 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 125 Susp. Alcohol: 231 Susp. Drug: 232 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 233 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex System Status Driver Distracted Susp. Alcohol: 231 Susp. Drug: 232 Driver Distracted by 0 26 Towed from scene? 233 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex System Status Code Code Sustus Code Medical Facility	•					344	22				I
Viol. 1: Ch/Sec/Sub				_	100		<u> </u>				-
Viol. 1: Ch/Sec/Sub		K	Responding to Eine	• • • • • • • • • • • • • • • • • • • •				Type of Test	:	29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Commutating Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)	· · · · · ·		_		<u> </u>	25	25				
Viol. 3: Ch/Sec/Sub	Viol. 1: Ch/Sec/Sub				_ [3	36	**************************************				32
Name (Last First Middle) Address DOB/Age Sext DOB/Age Sext Safety Airbeg Sext Status Code Code Status Code Medical Facility	ţ	* ****			ver Distracted by	A160000			9 40	2 "	
Operator/Non-Motorist See Above 1 1 4 0 0 10 1	1	in out for operator/non-	-motorist and all occu		DOB/Age S	Seat Safet	y Airbag Ejec	t Trap Inj	ıry Transp.	Medical Facility	<u>, </u>
	Operator/I	Von-Motorist	:	See Above		(1 1	4 0	0 10	1		
		B									
								1			



V1 was parked off to the side of the parking lot along the fence line (not impeding drive thru traffic). V2 pulled behind the truck because she was involved in a previous crash (see 21-99-AC for reference). While Op2 exited her car to exchange info with driver from previous crash, Op1 backed into Op2's parked and unoccupied vehicle. Please see attachment for the video obtained from Mobile. V2 had damage to the hood from this incident. It should be noted the damage to V2's front bumper is from the previous crash. 05/07/21 at approx 0630 hours, I called Op1 for details from the event. Op1 stated Op2 parked "so close" to his truck he "could not see her from either side." He stated he did not feel the crash and then proceeded to his work route. He stated he did not see anyone and no one was there when he pulled his truck in.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	ne#		Statement
	:							
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descriptio	n of Damage	ed Property	
						-		
Truck and Bus Information:	Registration #		(From Ve	hicle Section)				
Carrier Name							Bus Use	42
Address			_ City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	TCC #:			
Interstate Cargo Body Typ	pe Code	GVWR/GCWR	45			- Constant		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46		
Hazmat Information:						***************************************		
Placard 47 Material 1 digit #	48 Material Name	·		Material 4 dig	rit #		—Release code	49

Patrol Officer Kathryn C Goodwin

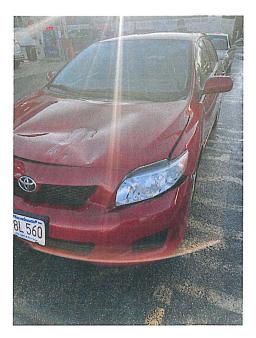
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Wilmington Police Department

05/06/2021

Wilmington Police Department Images Associated with 21-100-AC





	Police Use Only	Commo	onwealth	of Massac	huse	tts		RM	IV Docu	ment Number	
		City/Town	Aotor Veh	icle Crasl	h Nu			ed Limi	t20	Local Police	Ī
	05/06/2021 1440 Wilm	ington	Police 1	Report	1	0	Lat	itude ngitude _		MBTA Police Campus Police Other:	i
	AT INTERSECTION	ON:	< LOCA	TION >	<u> </u>	NO	T AT I	<u> </u>	SECT		7
											2 10
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¹ 1	Router Direction	At		Route# Direction	- Addre	SS #		ivanie oi	Roadwa	ау/опеен	-
				Feet N	S E W		ile Marke	• —	or _	Exit Number	
	Route# Direction Name	of Intersecting Roadway/S	Street	- N	e e w	***************************************	ne iviarke	r		Exit Number	3 11
		Also at Intersection with			SEW	Rout	e#	Inters	ecting R	oadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/S	Street	Feet N	SEW	of 					_
<u>-</u>									andmark		-
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Rep	ort ID# 2	21-1	.01	-AC	3		
	License # S38146211 St MA	DOB/Age	Reg #	3LR818		Re	g Type P	C	Re	g State MA	1
	Sex F' Lic. Class D 19 19 Lic. Re			Year 2009						21	3 12
	Operator CALEX, DORIS	Endor	sement	er LOPEZ,						о «мВ. []	
⁴ 1	Address 934 WESTFORD ST		idle	Last ess 35 HAMP		F	irst		Mid	dle	'
	City LOWELL State 1						g 1	w.	z:. ∩1	850-2021	· [
	Insurance Company PREFERRED 1			LOWELL	Г	22		ged Area	-		
	<u></u>			le Action Prior to Cr		L 23 23	Test S		. Code.	28	
5	Vehicle Travel Direction: N S W	Responding to Emergence		Sequence 40 23	30	23 23		of Test:		29	
	Citation # (If Issued) 993113AA			Harmful Event 3				Test Res	ult:	5 30	127
	Viol. 1: Ch/Sec/Sub 90 24 Vio	ol. 2: Ch/Sec/Sub 90	24 Drive	r Contributing Code		¹⁵ 10 ²⁵	Susp.	Alcohol:	1 31	Susp. Drug: 2 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub 89 4A Vio	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26		Towe	d from so	ene?	L 33	
1	·	r and all occupants involve		DOD(A		35 36 Safety Airbag	37 3 Eject Tr	ap Injury	40 Transp.	Malical Facility	7
	Name (Last First Middle) Operator	See Al		DOB/Age S		System Status	Code Co	de Status	Code 1	Medical Facility	1
	Орегиног	Jee Al			1	-		-	-		-
											_
7	Please Select One Vehicle 2	Occupants Non-Mo	torist A Type	15 Action 16	Location	17	Condition	18		lit/Run Moped	1
1	of the Following:	1,011-1970	torist A Type	Action	Location		Condition	. W.A	<u> </u>	ivioped	_
		DOB/Age	Reg #			Re	g Type		Re	g State 21	
	Sex Lic. Class 19 19 Lic. Res	trictions 20 CDL_ Endors	Veh Y	'ear	_ Veh Mak	:e			Veh (Config.	
R	Operator	irst Mid	Owne	erIası		E	irst		Mide	dle	
1	Address		Addre	ess							
	City State_	Zip	City_				State	2	Zip		1 14
	Insurance Company		Vehic	le Action Prior to Cra	ash	22	Dama	ged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency	y? Event	Sequence 23	23 2	23 23	Test S	tatus:	<u> </u>	28	
`	Citation # (If Issued)		Most	Harmful Event	24			of Test:	.	29	
2	Viol. 1: Ch/Sec/Sub — Vio	J 2: Ch/Sag/Sub	Drive	r Contributing Code	2	5 25		Test Resi	ult: 31	Susp. Drug: 32	
				r Distracted by	26	<u> </u>	•	Alcohol: I from sc	L	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Vio			1 Distracted by	34	35 36	37 31		40		4
	Name (Last First Middle)	Addre		DOB/Age S	Seat 1	Safety Airbag System Status	Eject Tra Code Co	p Injury	Transp.	Medical Facility	
	Operator/Non-Motorist	See At	oove	><	1						
											1
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				1							

-	= Direction 1 = Vehicle 1 2	= Vehicle 2	Q = Pedesti	rian 🔊	b = Bicycle	
Crash Diagram:	ie: → 1 → 2	→	·ĝ	→ Ø	5	
· •			Û		If Crash Did Not(Decur
29 Lake St			25 Lak	e St	on a Public Way:	
이야하는 바다되어?				i, Market	☐ Off-Street Parking Lot	.
⇔Tewksbury			Main	St ⇒		·
					☐ Garage	
					☐ Mall/Shopping Center	
02 4	Lake St Wiln	ninaton			Other Private Way	
\$						
O & O		d belonging 9 Lake St			Indicate North by A	Arrow
Crash Narrative:						
On 05/06/21, I responded	to a single car crash i	n the area o	£ 25/29	Lake S	t. Vehicle left	
road, crashed through a	wooden pylon fence and c	ame to rest	at the	edge of	a field.	
operator on scene. Her v	ehicle suffered damage t	o front drive	er's si	de of v	ehicle. Operater	
was not injured and give	n field sobriety tests.	Operator fai:	led and	was ar	rested for OUI	
liqour, marked lanes and	negligent operation. Ca	ins arrived a	and tow	ed the	car.	
			-		-	
W/4						
Witnesses: Name (Last, First, Middle)	Address			Phone	e#	Statement
SILBERMAN JOHN A	95.000.000.000	WILMINGTON MA	01887-3	-		Statement
GILHOOLY JANET M	25 LAKE ST	WILMINGTON M	01887			
						-
Property Damage: Owner (Last, First, Middle)	Address	Phone #	41-Type	Description	of Damaged Property	
, , , , , , , , , , , , , , , , , , , ,	29 LAKE ST WILMINGTON MA 01887-372	1 Hone #	Para training		FENCE	
SILBERMAN DONN A			31	FILON	FENCE	
			1			
Truck and Bus Information:	Registration #	(From Vehic	le Section)			
Carrier Name					Bus Use	42
Address_		City			St Zin	
	state Number					
US DOT #:S	44	45 45	IVIC/IVIX	100 m		
Interstate Cargo Body Type	e Code GVWR/GCWR			1	46	
Trailer Reg #:	Reg Type Reg State	Reg Year	———Trai	ler Length	46	
Hazmat Information:	10			ļ		
Placard Material 1 digit #	Material Name		Material 4 dig	git #	Release code	49
Patrol Officer Daniel P B						06/2021
Police Officer Name (Please Print)	Signature II	D/Badge # Depar	tment	Prec	inct/Barracks Date	

Wilmington Police Department Images Associated with 21-101-AC

