	Police Use Only	Commony	wealth	of Massa	chus	etts			RMV	Docum	ment Number	
	The second secon	City/Town Mo	tor Veh	icle Cras	sh [Number	Number	Speed	Limit_	25	State Police Local Police	8
		ington	Police	Report	2	Vehicles	Injured O	Latitud			MBTA Police Campus Police Other:	8
	AT INTERSECTION			TION >			NOT A			FCT		\neg
	ATINTERSECTION	711.	LOCA				NOTE	1111	DIC	LCI	TOIN.	10
					2:	23	LOW	ELL	ST			2
1	Route# Direction	Name of Roadway/Street		Route# Directi		dress #				Roadwa	y/Street	
¹ 1		At		Feet [N S E	V of			_	OF.		
	Route# Direction Name	of Intersecting Roadway/Street	8				Mile N			<u> </u>	Exit Number	2 11
	The state of the s	Also at Intersection with		Feet [NSE	V of						_ 2
				Feet	NSE	v of	Route#		Intersec	eting Ro	oadway/Street	
² 2	Route# Direction Name	of Intersecting Roadway/Street							Lan	dmark		_
	Please Select One Vahiele 14	Occupants Hit/Run	Moped	Crash Re	enort ID#	21	-10	2-	AC			
3	of the Following: Vehicle 14	Mokun	Mopeu	Crash Re	eport IDa				AC			_
<u> </u>		_ DOB/Ag	Reg	# <u>RS86XY</u>			Reg Ty	pe <u>PC</u>		Reg	g State MA	12
	Sex M Lic. Class D 19 19 Lic. Res	strictions B 20 CDL		Year 2017	Veh	Make <u>N</u>	ISSA	<u>. 7</u>		_ Veh C	Config. 1	
	Operator PIMENTEL, THOM			er PIMENT	EL,]	MEGA	N GR	EW		Midd		_
⁴ 1	Address 46 BROMFIELD	irst Middle	Addı	ress 46 BRO	ast MFIE	LD I	First			Midd	dle	_
	City SOMERVILLE State 1	MA Zin 02144-131	2 City	SOMERVII	LE		S	tate MZ	. Zi	_D 02	144-1312	2
	Insurance Company THE COMMERC			cle Action Prior to (2		Damageo				1
					3 23	23	1000	Test Stati		30,000	28	1
5	Vehicle Travel Direction: NSE	Responding to Emergency? 2			24	Second less	1200	Type of T	Test:		29	
	Citation # (If Issued)		Mos	t Harmful Event	_	اء م		BAC Tes	t Resul		30	13
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	2000	25	25	Susp. Alc	cohol: 2	31	Susp. Drug: 2 32	1 1
6	Viol. 3: Ch/Sec/Sub — Viol.	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed fr	om sce	ne? 2	33	
⁶ 1	· · · · · · · · · · · · · · · · · · ·	r and all occupants involved			34 Sea	1 Safety	36 37 Airbag Eje	t Trap		40 Transp.	M. F1 P Ch.	7
	Name (Last First Middle)	Address		DOB/Age	Sex Po		Status Coo	e Code	Status 10	Code 1	Medical Facility	
	Operator	See Above			\ <u>'</u>		4 0	-	10	_		-
	MEGAN PIMENTEL	SOMERVILLE, MA 02144-131	.2		F 3	1	4 0	0	10	1		
		!			4	4	4 0	o	10	1		
			-		6	4	4 0	0	10	1		
				15	16		17	335	18			-
⁷ 1	Please Select One of the Following: Vehicle 2 1	Occupants Non-Motorist	t A Type	Action	Loca	tion	Cone	ition	10	H	it/Run 🔲 Mope	ed
_	License # S49986543 St MA	DOB/Ag ₃	\\ \left\{eg	#1HFW25		****	Reg Ty	e PC		Reg	g State MA	
	19 19	strictions B 20 CDL		Year 2004	Veh i	Make J	eep			Veh C	Config. 1	
	Operator SCHISSLER, DYL	Endorsemen	nt	er SCHISSI			_				0.	
⁸ 2	Last F	irst Middle		ess 29 WOO	ast		First			Midd	ile	_
	Address 29 WOODBURY RD	- 01001 100				IKI		3/7		01	001 1000	2 14
	City BILLERICA State 1			BILLERIC	A					_	821-1928 27 27 27 25	- 1
	Insurance Company SAFETY INS	URANCE COMPAN	Yehi	cle Action Prior to (- Income E		100	Jamaged Test Stati		ode: 8	27 1 27 2 27 28	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 1 2	3 23	23	23	Type of T			29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	1 24			BAC Tes		t:	30	
2	Viol. 1: Ch/Sec/Sub Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 2 () ²⁵ 5	25	Susp. Alo	-	20	Susp. Drug: 2 32	1
		ol. 4: Ch/Sec/Sub	Driv	er Distracted by	4 26			Towed fr	_		22	-
	Please fill out for operator/non-r		ved		34 Sea		36 37 Airbag Eje	38 t Trap	39 Injury	40 Transp.	0	7
	Name (Last First Middle)	Address		DOB/Age	Sex Po	. System	Status Co	e Code	Status	Code	Medical Facility	-
	Operator/Non-Motorist	See Above		\sim	X^1	1	4 0	0	10	1	- 1	_
											-	
						+			\vdash	\dashv		
	1											

Crash Diagram:	= Direction 1	= Vehicle 1 2	= Vehicle 2	옷 = Pedestriz	an Ø5 = → Ø5	Bicycle	
	211 Lowell Street					If Crash <u>Did Not</u> on a Public Way:	
			Automotive and the second second			Off-Street Parking Lo	ot
	84	¢-				☐ Garage	
		Υ.				■ Mall/Shopping Cente	
		The second secon		70 A			
		⇒ 0 I	D ØI			Other Private Way Indicate North by	Arrow
Lowell Street/Route 129		230) Lowell Street			\bigcirc	
Crash Narrative:					(1.4.7)		
MV1 was traveling straig	 jht ahead on L	owell Stree	t/Route 129	westboun	d, in tr	affic,	
approaching the intersec	tion with Wob	ourn Street.	MV2 was also	o travel	ing stra	ight ahead, in	
traffic, on Lowell Stree							
it. MV2 continued travel							
minor rear end damage. N							
that he was looking down							
time to MV1 stopping in					icle was	towed from	
the scene. None of the o	occupants of e	either venic	te were inju	rea.			
					9 95-		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			42
Carrier Name			4			Bus Use	
Address			City		s	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	ICC #:		
43 Interstate Cargo Body Ty	me Code	GVWR/GCWR	45				
Trailer Reg #:			Reg Vear	T:1	an I an adh	46	
Trailer Reg #: Hazmat Information:	reg type	Neg State	Reg real	——— Trail	er Length		
Placard Material 1 digit #	48 Material Nam	ne		Material 4 digi	it #	Release code	49
Patrol Officer Michael A	A Wilson Signature			lmington artment		Department 05/t/Barracks Date	09/2021

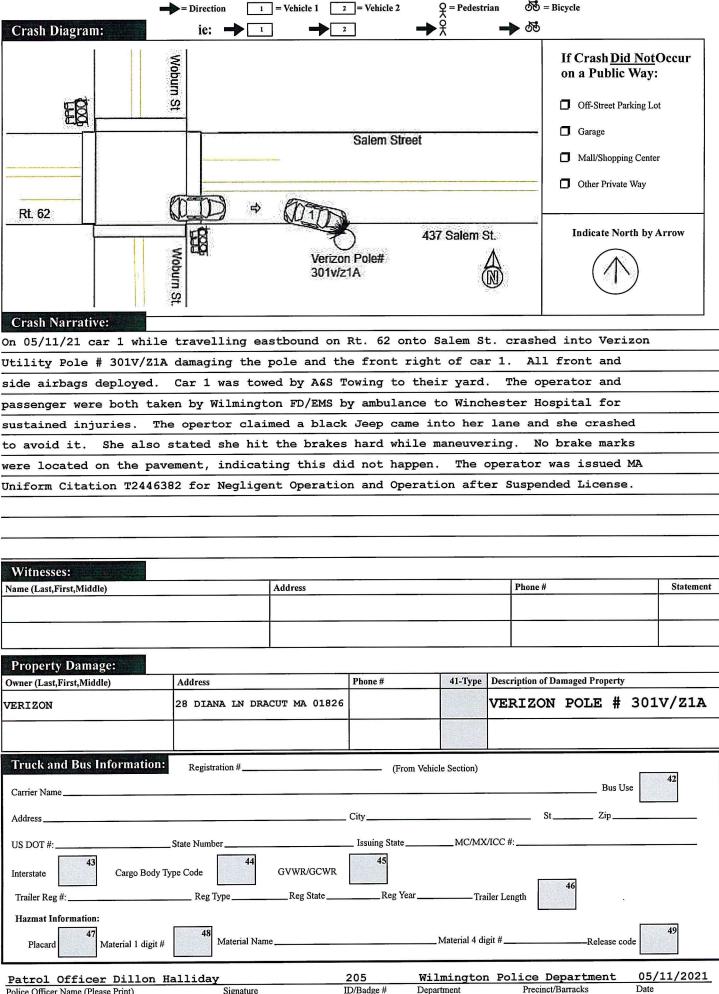
	Police Use Only	Com	monwealth	of Massa	chuse	etts		RI	MV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	hicle Cras	h Nu			Speed Lim	it3!	Local Police	
	05/10/2021 1629 Wil	mington	Police	Report	2	1		Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		ATION >	STATE OF THE PARTY	NC		-		TION:	1
	111 111	10111									2 10
					212		AIN				2
¹ 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	on Addre	ess #		Name o	of Roady	way/Street	-
Т		At		Feet N	SEW	of —			— or .		
	Route# Direction Na	me of Intersecting Road	way/Street			N	Aile Mai	rker		Exit Number	3 11
		Also at Intersection	vith	Feet N	SEW	of Rou	ıte#	Inter	rsecting	Roadway/Street	
2	D. II Division	CI	1044	Feet N	SEW	of	iton	Hite	scome	Roadway/outeet	
² 1	Route# Direction Na	me of Intersecting Road	way/Street			-		I	Landmar	k	1
2	Please Select One Vehicle 11	_#Occupants Hit	/Run Moped	Crash Re	port ID#	21-	103	3-A	C		
3	of the Following: —							200			-
	10 10	DOB/Age								Reg State MA 21	1 12
	Sex_ F Lic. Class D 19 19 Lic.	Restrictions C	CDL Veh	Year 2004	Veh Ma	ke SAA	В		Vel	n Config. 1	
	Operator HOUGH, AMANDA		Ow	ner CAMERON	, JOI	AHTAN	N G	OULD		liddle	
⁴ 1	Address 14 AUBURN AVE	гиз		Iress 14 AUB	JRN A		PHSC		IV.	lioqie	,
	City WILMINGTON Stat	e MA Zip 0188	7-2611 City	WILMINGT	ON		Stat	e MA	Zip 0	1887-2611	
	Insurance Company LIBERTY M			icle Action Prior to C	crash [4 22		maged Are			
	Vehicle Travel Direction: N S W			nt Sequence 1 23		23 23	Tes	st Status:		1 28	
5		Responding to Emer		nt sequence 1	1 24	200	Ty	pe of Test:		29	1
	Citation # (If Issued)	_		st Harmful Event		25 2	E	AC Test Re		1 30	_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Dri	er Contributing Code	3	23 2	Su	sp. Alcoho	l: 2 31		1
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Dri	er Distracted by	O 26		To	wed from :	scene?	1 33	
⁶ 1	and the second of the second o	ator and all occupants in		ponu	34 Seat	35 36 Safety Airba	g Eject S Code	38 39 Trap Inju Code State	ry Transp.	Medical Facility]
	Name (Last First Middle)		Address ee Above	DOB/Age	Sex Pos.	System Status		0 10		Medical Pacifity	1
	Operator		ee Above		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-			- -		-
											1
											1
				15	16	17	1 1	1			1
⁷ 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Locatio	n Y	Conditi	ion		Hit/Run Moped	
_	License # S59809428 St M	IA DOB/Age	Reg	#3DN490		R	ед Туре	PC	R	eg State MA	1
	19 19	20	DL Veh	Year 2008	Veh Ma	ke TOY	OTA		Vel	Config. 1	1
	Operator DALEY, EDWARD	I I	ndorsement	ner DALEY,						S. C.	
81	Last	First	Middle	ress 4 KING	nt		First		М	liddle	
-	Address 4 KING ST	0100						3/3	0	1007 1005	14
	City WILMINGTON Stat			WILMINGT	Г	22				1887-1825 27 27 27 27	
	Insurance Company LIBERTY M	<u>UTUAL INSU</u>	JRANCE Veh	icle Action Prior to C		-		maged Are	ea Code:	28	
	Vehicle Travel Direction:	Responding to Emer	gency? 2 Eve	nt Sequence 1 23	3 23	23 23		st Status: pe of Test:		29	
9	Citation # (If Issued)	<u> </u>	Mo	st Harmful Event	L 24			AC Test Re		30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Dri	er Contributing Code	1	25 2	5	sp. Alcoho		Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub —	ъ.	ver Distracted by	26			wed from:		1 33	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				34	35 36	37	38 39	40		†
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety Airba System Statu		Trap Inju Code State		Medical Facility Lahey Clinic	4
	Operator/Non-Motoris	<i>t</i> S	ee Above	><	X 1	0 1	0	0 8	2	Daney Clinic	
					-						1
											-

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestria		icycle				
Crash Diagram:	ie: 👈 📑	_ → [2	→ X	→ %					
McDonal 211 Main	1900 (CO)					If Crash Did NotOccur on a Public Way:				
Main St				V2	3	☐ Garage				
man or				(* *		■ Mall/Shopping Center	er			
		P P		opped hicle		Other Private Way				
	VI ENDO				and the same	Indicate North by Arrow				
		-	and the second	-						
Cyach Namuativa	1				erecon comp					
Crash Narrative: he Opr of V1 attemp	ted to turn into	the parkin	g lot of Mc	donalds af	ter a veh	icle				
raveling NB on Main		P/A								
he outside lane of	Main St had the	right of wa	y and did n	ot see V1	turning.	As V1 turned				
ne vehicles collide	ed causing damage	to both. T	he Opr of V	2 injured 1	nimself b	y striking				
s head off the win	dshield and was	still insid	e of the vi	upon my	arrival.	Opr1 was out				
nd standing nearby.	Opr2 was taken	from the sc	ene by WFD	to the Lahe	y Hospit	al for	584101			
edical treatment. E	oth vehicles were	e towed from	m the scene	by A&S to	ving to t	heir				
acility.										
			-							
Witnesses:				,	1-2		T			
ame (Last,First,Middle)	-	Address			Phone #		Stateme			
			-							
			· · · · · · · · · · · · · · · · · · ·							
Property Damage:	Address		Phone #	41-Type I	Description of D	maged Property				
wher (Last, Prot, Madure)	Addition		T none "			gen - reperty				
Truck and Bus Informat	ion: Registration #		(From \	ehicle Section)		219	42			
Carrier Name			-			Bus Use	12			
Address			_ City		St_	Zip				
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	1,00				
Interstate 43 Cargo E	Body Type Code Reg Type	GVWR/GCWR Reg State	45 Reg Year _	Traile	r I ength	46				
Hazmat Information:					. Dongui					
Placard 47 Material 1 d	ligit # 48 Material Nar	me		Material 4 digit	#	Release code	49			
Patrol Officer Michae	el E Johnson Signature			Vilmington epartment	Police De		10/2021			

Police Use Only	Com	monwealth (of Massac	husetts	5	RMV	Document Nu	ASSESSMENT OF THE PARTY OF THE
Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Number Vehicles		Speed Limit_	Locari	
05/10/2021 1715 Wi	lmington	Police 1	Report	2	0	Latitude Longitude		us Police
AT INTERSEC	TION:	< LOCA			NOT AT		SECTION:	
				DOM:				- 2
	N CD 1 (0	Account of	D + # D' +'	260	MAIN		D 1/Stt	
Route# Direction	Name of Roadway/S	freet	Route# Direction	Address #		Name of I	Roadway/Street	
	74		Feet N	S E W of			or	
Route# Direction N	lame of Intersecting Road	way/Street			Mile Ma	arker	Exit I	Number
	Also at Intersection v	with		S E W of	Route#	Interse	cting Roadway/	
Route# Direction N	Jame of Intersecting Road	way/Street	Feet N	S E W of				
Route# Direction 1	ame of intersecting Road	way/street			E	Lar	ndmark	
Please Select One Vehicle 11	#Occupants 🔀 Hit	/Run Moped	Crash Rep	ort ID# 21	-10	4-AC	,	
of the Following:								
License # St.	DOB/Age		#					21
Sex Lic. Class Lic	. Restrictions C	CDL Veh Tendorsement	Year	_ Veh Make _			_ Veh Config.	3-035
Operator unknown	First	Own	erLast		First		Middle	
Address			ess					
City S	ate Zip	City			Sta	nte Zi	ip	
Insurance Company			cle Action Prior to Cr	ash 99	22 D	amaged Area	Code: 99 27	27 27
Vehicle Travel Direction: NSEV	_		t Sequence 2 23	23 23	1065000	est Status:	1 28	
	_		268		T	ype of Test:	29	
Citation # (If Issued)			Harmful Event 2		25	AC Test Resu	- CALC-19	t
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99	Sı	sp. Alcohol:	SCHOOL STATE	Orug: 99 32
Viol. 3: Ch/Sec/Sub			er Distracted by	9 26		owed from sce		
	erator and all occupants ir	nvolved Address	DOB/Age S	34 35 Seat Safety Sex Pos. System		38 39 Trap Injury Code Status	40 Transp. Code Medi	lical Facility
Name (Last First Middle) Operator		See Above	IJOIII/AÇE	1 99	99 0		1	
— — — — — — — — — — — — — — — — — — —				1				
							_	
Please Select One Nation 20		215	15 10	6 6	17	18		
of the Following: Vehicle 20	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	Hit/Run	Moped
License #St	DOB/Age	Reg	65D480		Reg Type	PC	Reg State 1	
Sex Lic. Class 19 19 Lic	. Restrictions 20	CDL Veh `	Year 2019	_ Veh Make _	HONDA		_ Veh Config.	1 21
		0	er GANDHI ,	DIPA	RAMANI	AL		
Operator Driverless M	First	Middle	ess 53 ASHW		First		Middle	
Address	10.00					. M7\ 2	ip <u>01887</u> .	-4403
CityS			WILMINGTO	manay.	22	amaged Area		27 27
Insurance Company GEICO GE	NERAL INSUR	ANCE C Vehic	cle Action Prior to Cr	No. of Concession, Name of Street, Name of Str		amaged Area est Status:	28	
Vehicle Travel Direction: N S E V	Responding to Eme	rgency? Even	t Sequence 2 23	23 23	23	ype of Test:	29	
Citation # (If Issued)		Most	Harmful Event 2	24	•	AC Test Resu	lt: 1 30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 Si	usp. Alcohol:	31 Susp. D	Orug: 2 32
Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from sce	10/0100	
Please fill out for operator			1	34 35 Seat Safet		38 39 Trap Injury	40 Transp.	
Name (Last First Middle)		Address	DOB/Age S	Sex Pos. System		Code Status		lical Facility
Operator/Non-Motor	ist	See Above	>>>	1 99	99 1	0 10	1	
								20.0
	-			_				
					+ -			

→	= Direction 1 = Vehicle 1	2 = Vehicle 2	= Pedestrian	Ø = Bicycle	
Crash Diagram:	ie:	2	-	№	
				If Crash <u>l</u> on a Publ	Did NotOccur ic Way:
				☐ Off-Street	Parking Lot
	Se I			☐ Garage	
				☐ Mall/Shop	oping Center
				Other Priv	vate Way
			á.	Indicate l	North by Arrow
Crash Narrative:					
20020	Unknow Vehicle #1 Scra	ped the driver	s side rea	ar of vehicle #	2 and
left					
			-		
Witnesses:				1190	
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:	•				
	Address	Phone #	41-Type Desc	cription of Damaged Prope	rty
Truck and Bus Information:	Registration #	(From Vehicl	e Section)		42
Carrier Name				Bus	Use 42
Address		City		St Zip_	
US DOT #:Sta	ite Number	Issuing State	MC/MX/ICC #	#:	
Interstate 43 Cargo Body Type	Code GVWR/GCWR	45			
Trailer Reg #:	Reg Type Reg State	Reg Year	———Trailer Le	ength 46	
Hazmat Information:	40				49
Placard Material I digit #	Material Name	1	//aterial 4 digit #_	Release	code
Patrol Officer Anthony Fi	.ore Signature	164 Wil: ID/Badge # Depart		Department Precinct/Barracks	05/10/2021 Date

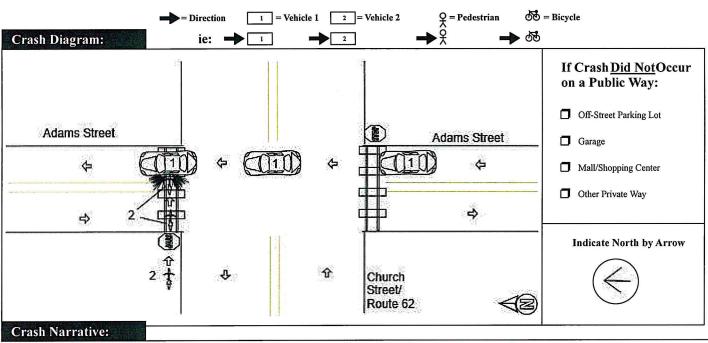
	Police Use Only	Common	wealth	of Massa	chuse	etts		RN	IV Doc	ument Number	10000
		City/Town Mo		icle Cras	\mathbf{sh} $\begin{bmatrix} \mathbf{N} \\ \mathbf{Ve} \end{bmatrix}$	umber chicles	* 1	Speed Lim Latitude	it35	MBTA Police	
	24HR	Park to the same of the same o	Name and Address of the Owner, where the Owner, which is the Owner, which	Report	1		2	Longitude		Other:	4
	AT INTERSECTION	ON:	LOCA	TION >	>		NOT A	INTE	RSEC	TION:	_ 10
					43		SALE	M ST	<u> </u>	(0)	2 10
¹ 4	Route# Direction	Name of Roadway/Street At		Route# Directi	ion Add	ress#		Name o	t Roady	way/Street	-
4	Route# Direction Name	of Intersecting Roadway/Stree	et	Feet	N S E W	of -	Mile Ma	rker	- or .	Exit Number	11
	The second secon	Also at Intersection with		Feet	N S E W	of _	D	* .		D - 1 /C/1	1
² 1	Route# Direction Name	of Intersecting Roadway/Stree	et .	Feet	N S E W		Route#			Roadway/Street	
_			T_,				4.0		andmar	к	1
3	of the Following:	#Occupants Hit/Run	Moped		eport ID#						_
	License # <u>S66839795</u> St <u>MA</u>	DOB/Agt 20		# 1CHR32						21	7 12
	Sex F Lic. Class D 19 19 Lic. Res	strictions CDL Endorsem	ent	Year 2017 her SUMNER						n Config. 1	
⁴ 1	Address 41 LETCHWORTH A	First Middle		ress 41 LET	ast		First		М	fiddle	
				100 100 100 100 100 100 100 100 100 100				. 1/7	~: O	1962-1150	
	City NORTH BILLERICA State			NORTH BI		Department.	_	amaged Are		$\frac{1862 - 1150}{1 \cdot 10^{27} \cdot 10^{27}}$	
	Insurance Company GOVERNMENT			cle Action Prior to		23		est Status:	0000	28	
5	Vehicle Travel Direction: NSW	Responding to Emergency?		t Sequence 23			100	pe of Test:		29	
	Citation # (If Issued) T2446382	-			23 24	25	25 B.	AC Test Re		30	22 ¹³
	Viol. 1: Ch/Sec/Sub 90 23 Viol.			er Contributing Cod	STATE OF THE PARTY OF		Sı	ısp. Alcoho	2500000	Susp. Drug: 32	22
⁶ 1	Viol. 3: Ch/Sec/Sub Vio		Driv	er Distracted by	99	T 20 T		wed from		1 33	_
1	Please fill out for operato Name (Last First Middle)	or and all occupants involved Address		DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 39 Trap Inju Code State	ry Transp.	Medical Facility	
	Operator	See Above	e	\times	X1	1	3 0	0 8	2	Winchester Hospital	
	DIEGO HERNANDEZ	165 WEBSTER AVE CHELSEA, MA 02150-3701			м з	1	3 0	0 7	2	Winchester Hospital]
											1
			- 20								1
⁷ 1	Please Select One of the Following:	#Occupants Non-Motori	st A Type	15 Action	16 Locati	on	17 Condi	tion 1		Hit/Run Moped	1
1		DOD/A ==	Pag	#		10,000	Peg Type		D D	tea State	1
	19 19	DOB/Age strictions	Veh	Year						21	
R	Operator	First Middle		ier	ast		First		M	fiddle	
⁸ 1	Address		Addi	ress							14
	CityState_	Zip	City	7.00		Die Groon		ite			1
	Insurance Company		Vehi	cle Action Prior to	Crash			amaged Are	ea Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?_	Ever	nt Sequence	23 23	23	23	est Status: ype of Test:		29	1
⁹ 2	Citation # (If Issued)	<u>-</u>	Mos	t Harmful Event	24		В	AC Test Re		30	
2	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co	de	25	25 S	ısp. Alcoho	d: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		T	owed from	scene?	33	
	Please fill out for operator/non-	motorist and all occupants invo	olved	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator/Non-Motorist	See Above	е	\times	1						-
					1,	-			-		-
				,							



Police Officer Name (Please Print)

Signature

	Police Use Only	Commonwealth (of Massachu	ısetts	RMV Docu	iment Number	
	Date of Crash Time of Crash City/To	TATOLOI ACII	icle Crash	Number Number Vehicles Injured	opera zmm	State Police Local Police MBTA Police Campus Police]
	05/11/2021 1931 Wilming	Police 1	Report	1 1	Latitude	Campus Police Other:	
	AT INTERSECTION:	< LOCA	TION >	NOT A	T INTERSEC	TION:	1
				20032			2 10
	CHURCH ST	of Roadway/Street	Route# Direction /	Address #	Name of Roadw	unu/Straat	FJ.
¹ 1	Route# Direction Name o	At	Route# Direction 7	Address #	Name of Roadw	ay/Sueet	-
_	ADAMS ST	140,940,99	Feet NS E	E W of — — Mile N	— • — or _	Exit Number	
	Route# Direction Name of Inter	rsecting Roadway/Street	- Nels		пагкег	Exit Number	3 11
	Also at	Intersection with	Feet N S E	Route#	Intersecting F	Roadway/Street	\vdash
² 1	Route# Direction Name of Inter	rsecting Roadway/Street	Feet N S E	<u>⊆ [W]</u> of			
ш.					Landmark		┨
3	Please Select One of the Following: Vehicle 11 #Occup:	ants Hit/Run Moped	Crash Report II	D# 21-1 0	6-AC		
	License # S76433860 St MA DOI	B/Ag Reg #	2KS985	Reg Ty	pe PC Re	eg State MA	12
	Sex M Lic. Class D 19 Lic. Restriction	201	Year 2019 Ve	h Make VOLKS	WAGEN Veh	Config. 21	1 "
	Operator WHITE, ERIK PETER	Endorsement	er WHITE, ER				
⁴ 2	Address 38 LAKE ST	Middle	ess 38 LAKE S	First	Mie	ddle	
	City WILMINGTON State MA		WILMINGTON		tate MA Zip 01	1887-3708	
	-			22	Damaged Area Code:	Charles and the law of the law of	
	Insurance Company SAFETY INSURA		ele Action Prior to Crash		Test Status:	28	
5 1	Vehicle Travel Direction: SEW Respo		a sequence 4		Гуре of Test:	29	
	Citation # (If Issued)	Most	rainiui Event	25 25	BAC Test Result:	30	_ 13
	Viol. 1: Ch/Sec/Sub — Viol. 2: Cl	n/Sec/Sub Drive	r Contributing Code 1		Susp. Alcohol: 2 31	Susp. Drug: 2 32	4
⁶ 1	Viol. 3: Ch/Sec/Sub — Viol. 4: Cl	n/Sec/Sub Drive	r Distracted by		Towed from scene?	2 33	
1	Please fill out for operator and al	ll occupants involved		34 35 36 37 Seat Safety Airbag Ejec Pos. System Status Coc	t Trap Injury Transp.	Medical Facility	
	Operator	See Above		1 99 4 0	0 10 1	Wiedleaf Facility	
	operato.						1
							-
							12
7	Please Select One Vehicle 2 #Occupa	ants Non-Motorist A Type	15 Action 16 Lo	ocation 7 Cond	lition 18	Hit/Run Moped]
⁷ 3	of the Following:			4	4 (198 (198)		1
	License # St DOF	20	ł			21	
	Sex Lic. Class Lic. Restriction	CDL Veh Y	/ear Vel	h Make	Veh	Config.	
3_	Operato Eiret	Own	erLast	First	Mic	ddle	
2	Addre	Addre	ess				14
	City State	Zip City_		77-11-11-11-11-1	tate Zip	mana Li incera Li succesa Li	99 ¹⁴
	Insurance Company	Vehic	le Action Prior to Crash		Damaged Area Code:	27 27 27	
	Vehicle Travel Direction: NSWW Respo	nding to Emergency? 2 Event	Sequence 23 23	3 23	Test Status: Type of Test:	29	
9	Citation # (If Issued)	Most	Harmful Event	24	BAC Test Result:	30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch	n/Sec/Sub Drive	r Contributing Code	25 25	Susp. Alcohol: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Cl		r Distracted by	26	Towed from scene?	33	1
	Please fill out for operator/non-motorist			34 35 36 37 Seat Safety Airbag Ejec	38 39 40 t Trop Injury Transp.		1
	Name (Last First Middle)	Address		Pos. System Status Coc	e Code Status Code	Medical Facility	-
	Operator/Non-Motorist	See Above		1 99	8 1		-
	1						J



MV1 was traveling northbound on Adams Street and stopped at the intersection of Adams
Street and Church Street. After stopping, MV1 continued straight ahead, across Church
Street, onto the other side of Adams Street. Vehicle 2 (the Cyclist) was traveling eastbound
down the sidewalk on Church Street towards Adams Street. Vehicle 2 continued traveling
straight ahead, entered the crosswalk at Adams Street to cross onto the other side.

Vehicle 2, failed to yield, and collided with the left side of MV1 as it traveled through
the cross walk in its travel lane. The cyclist was knocked off his bike and to the ground
from the collision. MV1 pulled over to check on the cyclist. The cyclist suffered minor
injuries, but stated he was okay. MV1 suffered left side damage. The bicycle suffered
minor damage. Both MV1 and Vehicle 2 then left the scene. Reference Incident Report 21573-OF. Bicyclist later sought medical attention at Winchester Hospital.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	ne#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	on of Damageo	d Property	
[×		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	97	TREK	MOUNT	AIN BIKE	
Truck and Bus Information: Carrier Name	Registration#		(2.2011	icle Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number			MC/MX	/ICC #:			
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length			
Hazmat Information:								====
Placard 47 Material 1 digit #	48 Material Nam	e		_Material 4 di	git #		-Release code	49

Patrol Officer Michael A Wilson

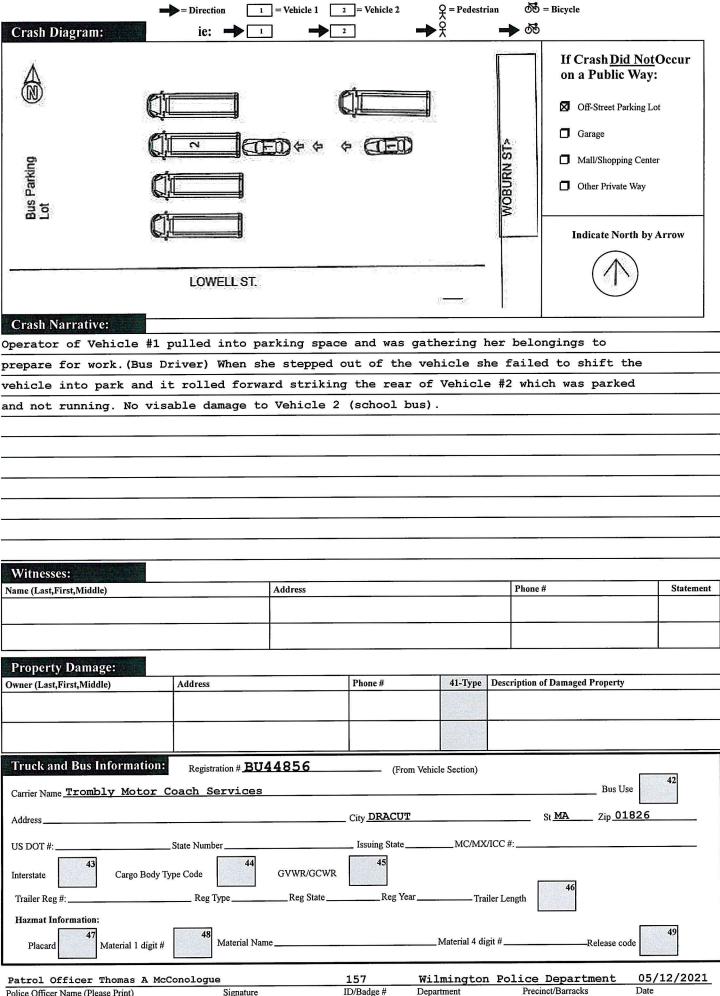
209

Wilmington Police Department

05/11/2021

Attachment to Wilmington Police Department Report 21-106-AC May be requested at publicrecords@wpd.org

	Police I	Use Only	Con	nmonw	ealth o	of Mass	ach	use	tts			RMV	Docu	ment Number	
	Date of Crash Ti	me of Crash	City/Town	☐ Mote	or Veh	icle Cra	sh		mber nicles	Number	Diese	Limit_		— State Police ☐ Local Police ☑	
	05/12/2021	632 Wiln	nington	I I	Police	Report		2		0	Latitu Longi			Local Police MBTA Police Campus Police Other:	
	Δ'	T INTERSECTI	ON:	<			>			NOT A			SECT	ΓΙΟΝ:	1
		INTERSECT	0111								MANUAL MANUAL NA		1000000 201 10		2 10
		_ ,						226		LOW	ELL	ST			
¹ 1	Route# Direction	1	Name of Roadway	//Street	-	Route# Direc	ction	Addre	ss#		Na	me of I	Roadw	ay/Street	-
Т			Al			Feet	N S	E W	of -		_ •	_	or _		
	Route# Direction	n Nam	e of Intersecting Ro	adway/Street						Mile I	/larker		-	Exit Number	1011
			Also at Intersection	n with		Feet	N S	E W	of _	Route#		Interse	cting R	Loadway/Street	
2	D Direction	Non	ne of Intersecting Ro	adway/Street		Feet	N S	E W	of					•	
² 1	Route# Direction	i Nair	ie of intersecting Ro	adway/Sueet								Lar	ndmark		1
3	Please Select One	Vehicle 11	_#Occupants	Hit/Run [Moped	Crash l	Report	ID# 2	21.	-10	7-	AC	,		l
3	of the Following:					15556		_			DC			. WA	<u> </u>
	License #	10 10	DOB/Age	1		# 1EZ566								21	1 12
	Sex Lic. Class	Lic. R	estrictions	CDL Endorsement		Year <u>2020</u>							_ Veh	Config. 1	
	Operator Driv	rerless M.	V.	Middle	Own	er <u>SIMMS</u> ,	FI Last	EUI	RET'	First			Mic	idle	
⁴ 1	Address					ess 138 M	IDD	LET	ON	RD					
	City	State	Zip		_ City	NORTH A	NDO	VER	<u> </u>	\$	tate M	A Z	ip <u>01</u>	845-6340	
	Insurance Company	GREEN MOU	NTAIN IN	SURANCE	ヹ _ Vehi	cle Action Prior to	o Crash		1 2	22	Damage	d Area	Code:	1 27 27 27	
		ction: NSE	Responding to E			t Sequence 2	23	23	23	23	Test Star	tus:		28	
5)				t Harmful Event	2	24	mer muse	400	Type of	Test:		29	Ì
		No. 2011				er Contributing C	Anchero	19	25	25	BAC Te	г		Susp Drug 32	2 13
						, - .	ode	26			Susp. Al	L	31	Susp. Drug: 32	
⁶ 1					Driv	er Distracted by	1	34	35	36 3	Towed f	rom sce	40	2 33	4
	Name (Last First Middle	Please fill out for opera	tor and all occupant	s involved Address		DOB/Age	Sex	Seat	Safety .	Airbag Eje Status Co	et Trap	Injury Status	Transp. Code	Medical Facility	
	Operator			See Above		\sim	\mathcal{X}	1							
							-			-	-				
7	Please Select One	Vehicle 21	#Occupants	Non-Motorist A	A Type	15 Action	16 I	ocatio	n	17 Con	dition	18	D I	Hit/Run Moped	
⁷ 1	of the Following:														-
	License # <u>S297</u>	THE PARTY OF THE PARTY OF	A DOB/Ag	1		# <u>BU4485</u>			1000					eg State MA	
	Sex F Lic. Class	ss B 19 19 Lic. R	estrictions E	CDL S Endorsement		Year <u>2020</u>		∕eh Ma	ke Ot	her-n	ot li	sted	_ Veh	Config. 4	
Го	Operator STJC	OHN, KAREN	A First	Middle		er TROMBI	Last M	OTO	OR (COAC	H S	ERV	ICE	INC	
⁸ 99	Address 54 R	IVERBANK T	ER		Addı	ress BX 19	0							occupie	141
•	City BILLER	ICA State	MA Zip 018	21-6113	City	DRACUT					state M	A _ z	ip 01	826-0000	1 14
		NATIONAL U				cle Action Prior to	o Crash	-	11 ²	22	Damage	d Area	Code:	0 27 27 27	
	Vehicle Travel Direct		Responding to E			at Sequence	23	23	23	23	Test Sta	tus:		28	
			responding to 2			t Harmful Event	1	24	100	60302	Type of			29	
⁹ 1	Citation # (If Issued							1	25	25	BAC Te	Г		30	1
	Viol. 1: Ch/Sec/Sub	· · · · ·	Viol. 2: Ch/Sec/Sub			er Contributing C	PH-040-2	26			Susp. A	ı	31	Susp. Drug: 32	
	DOMESTIC STATE OF THE STATE OF		Viol. 4: Ch/Sec/Sub			er Distracted by	0		75 T	36 T a	Towed f		ene?	2 33	4
	Please Name (Last First Middle	e fill out for operator/no	n-motorist and all oc	cupants involve	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 3 Airbag Ej Status Co	ct Trap de Code	39 Injury Status	Transp. Code	Medical Facility	
		/Non-Motorist		See Above		X	X	1	99	4 0	o	10	1		
	- F						4				+				1
											-				-
											\perp				

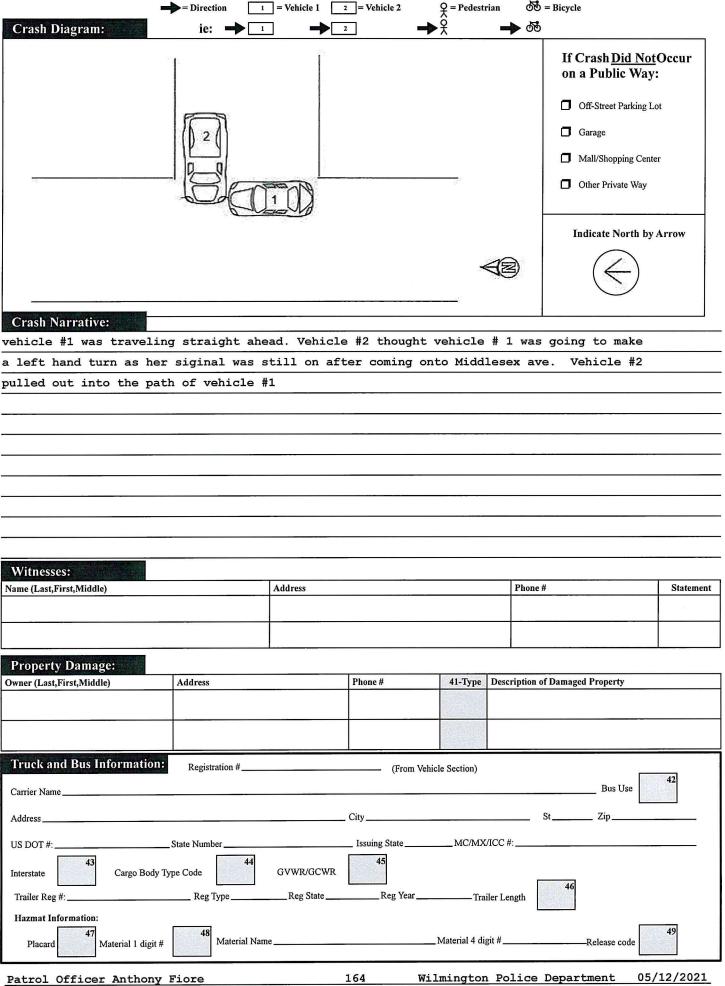


Wilmington Police Department Images Associated with 21-107-AC

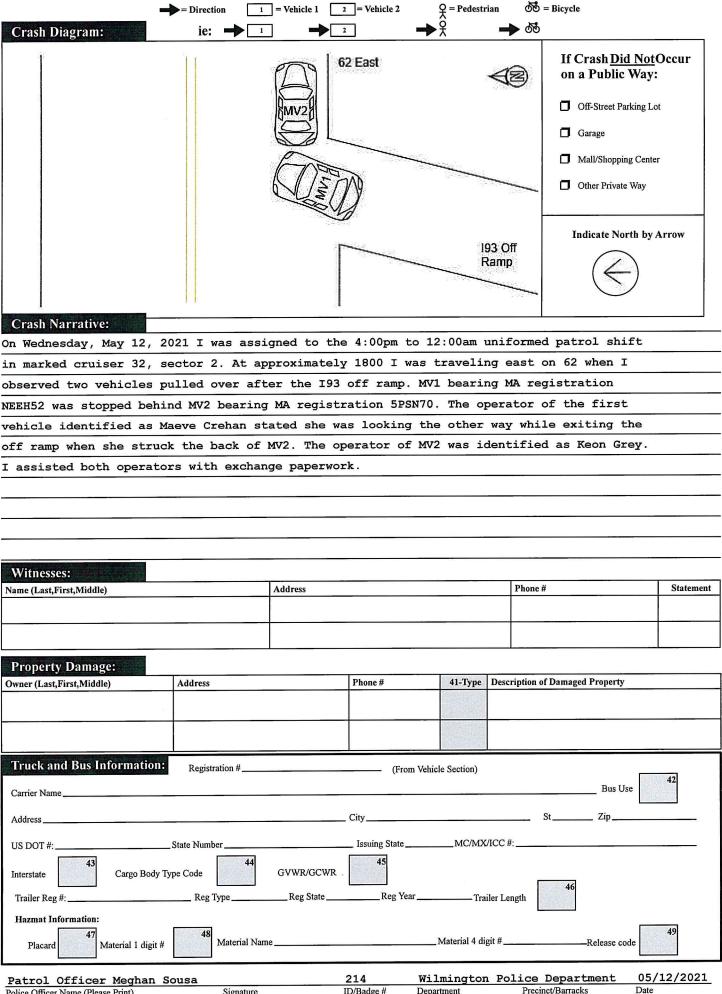




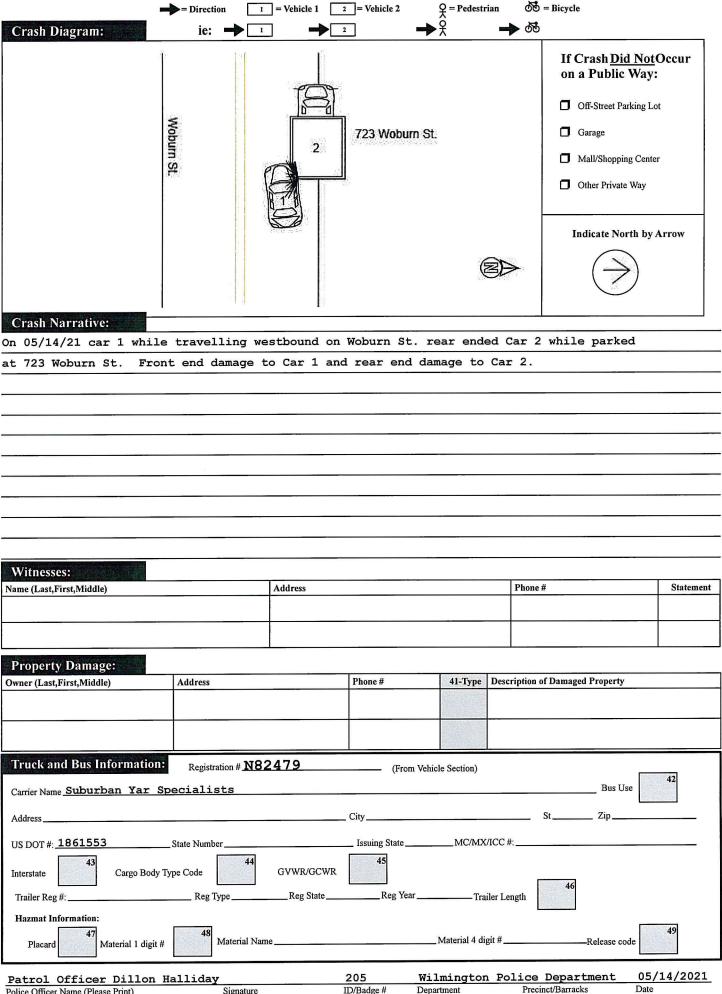
	Police Use Only	Commo	nwealth	of Massa	chus	etts			RMV	Docum	nent Number	
	Date of Crash Time of Crash	City/Town N	Iotor Veh	icle Cras	$h \left[\begin{array}{c} 1 \\ 1 \end{array} \right]$	lumber ehicles	Number Injured		Limit_	25	State Police Local Police MBTA Police Campus Police	
	05/12/2021 1448 Wilm	ington	Police	Report	2		0	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:		TION >			NOT A			SECT		1
												2 10
	MIDDLESE							~				2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Add	lress#		Na	me of I	Roadwa	y/Street	-
1	CCHOOT 6			Feet	SEV	of			_	or		
	Route# Direction SCHOOL S	e of Intersecting Roadway/St	reet				Mile M	arker			Exit Number	3 11
		Also at Intersection with		_	N S E W		Route#	-	Interse	cting Ro	oadway/Street	
2	Pouts# Direction Norm	e of Intersecting Roadway/St		Feet [N	SEW	of	210010	•				
² 2	Route# Direction Nam	e of intersecting Roadway/St	ileet						Lan	dmark		1
3	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	port ID#	21	-10	8	AC			
3	of the Following:											-
	License # S76281782 St M2	20		# <u>28KJ17</u>							21	1 12
	Sex F Lic. Class D 19 19 Lic. Re	estrictions 2 CDL_ Endorse	ement	Year 2017			UBARI	J		_ Veh C	Config. 1	
	Operator LYNN, SUN CHA	First Midd	Owr	er LYNN , S	SUN C	HA	First			Midd	le	
⁴ 2	Address 6 GOWING RD		Add	ess 6 GOWII	NG RI)				1 34945-300		
	City WILMINGTON State	MA Zip 01887-1	504 City	WILMINGT	ON		St	ate M	Zi	p 01	887-1504	
	Insurance Company ARBELLA MU	JTUAL INSURA	NCE_ Vehi	cle Action Prior to C	Crash	1	22	amaged	l Area (Code: 2	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency		t Sequence 2	3 23	23	23 T	est Statu	us:	1	28	
⁵ 1	Citation # (If Issued)	- 100 100		-	1 24		1	ype of T	Test:		29	
	i '			Ŀ	NAME OF THE OWNER OWNER OF THE OWNER OWNE	25	25	AC Tes	_		30	13
	Viol. 1: Ch/Sec/Sub — V			er Contributing Cod	26		S	usp. Alc		-	Susp. Drug: 2 32	
⁶ 3	Viol, 3: Ch/Sec/Sub V			er Distracted by		1 15		owed fr		ne? 2	33	
٥	Please fill out for operat Name (Last First Middle)	or and all occupants involved Addres		DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Tmp Code	39 Injury Status	Transp. Code	Medical Facility	
	Operator	See Abo	ove		X 1	99	4 0	0	10	1		1
	C p s s s s s s s s s s s s s s s s s s											1
						-						-
2	Please Select One Vehicle 21	#Occupants Non-Moto	orist A Type	15 Action	16 Locati	on I	17 Cond	tion	18	Пн	t/Run Moped	1
⁷ 3	of the Following:	TOH-MOR		2.36				200			***	
	WANTED BY THE COURT	M DOB/Age	Reg	# <u>T52718</u>			Reg Typ	e <u>CO</u>		Reg	State MA 21	Ì
	Sex M Lic. Class D 19 Lic. Re	estrictions 20 CDL		Year 2018	Veh M	íake <u>G</u>	MC			_ Veh C	Config. 2	
	Operator GOMEZ, AMNER		Own	er WOODLAN	ID HO	MEW		LLC		Midd		
⁸ 1	Address 60 LEXINGTON	APT 2		ess 83 ALE	KANDI	ER I	RD ST	A	PT	3	le .	
	City LYNN State	MA Zip 01902-0	000 City	BILLERIC	Α		St	ate MA	Zi	p 01	821-5093	1 14
	Insurance Company ARBELLA PR			cle Action Prior to C	Crash	4	22	amaged	l Area (Code: 8	27 27 27	
		Responding to Emergency		23		23	23 T	est Statu	us:	1	28	
		Responding to Emergency			1 24		T	ype of T	Test:		29	
⁹ 2	Citation # (If Issued)	_		L		25	25	AC Tes	_	-	30	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	04/20/3	23	S	usp. Alc	-	363	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26			owed fr			33]
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants ir		DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code		39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Abo			X 1	99	4 0			1		1
	Sperator/11011-11101011st	555716			1	+				\dashv		1
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	Police Use Only	Com	monwealth	of Massac	husetts	S	RM	IV Docu	iment Number	
	Date of Crash Time of Crash 05/12/2021 1810 Wi	City/Town Lmington	Motor Vel	icle Crash	Number Vehicles		Speed Lim	t45	State Police Local Police MBTA Police Campus Police	
	05/12/2021 1810 Wi .	Initing con	Police	Report	2	0	Longitude		Campus Police Other:	
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	
	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	<u> 193</u>	NB40 Name o	f Roadw	/ay/Street	2 10
1	-	At		F-1		*				1
	Route# Direction	Name of Intersecting Road			S E W of	Mile M	arker	- or _	Exit Number	2 11
		Also at Intersection	with			Route#	Inter	secting I	Roadway/Street	
1	Route# Direction 1	Name of Intersecting Road	way/Street	Feet N	S E W of		I	andmarl	k	
3	of the Pollowing:	#Occupants Hit	_ I		rt ID# 21					
		MA_DOB/Age	Reg	# <u>NEEH52</u>		Reg Ty	e PC	R	eg State MA	2 12
	Direction and the second streets	MARKETSEN T	Endorsement	Year 2011		=		Veh	Config. 1	_
	Operator <u>CREHAN</u> , <u>MAEV</u>	E KATHLEEN	Middle Own	ner <u>CREHAN</u> ,		FRAN(CES	M	iddle	
1	Address 163 GREEN ST	and the second		ress 163 GRE	en st					
	City READING S	tate MA Zip 0186	7-2739 City	READING					1867-2739	
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Veh	icle Action Prior to Cra	sh 2	22 I	Damaged Are	a Code:	- Control of the Cont	
	Vehicle Travel Direction: N S V			nt Sequence 23	23 23	23	est Status:		1 28	
5	Citation # (If Issued)			t Harmful Event 1	24		ype of Test:		29	
	Viol. 1: Ch/Sec/Sub		Driv	er Contributing Code	19 25	25	BAC Test Re Susp. Alcoho		1	1
	Viol. 3: Ch/Sec/Sub —————			er Distracted by	26		owed from		2 33	
·1		perator and all occupants in			34 35	36 37	38 39	40		1
	Name (Last First Middle)		Address	DOB/Age Se	Seat Safet Pos. System	Airbag Ejec n Status Cod	e Code Stati	ıs Code	Medical Facility	-
	Operator	2	See Above	\rightarrow	1 1	4 0	0 10	1		
							+			-
				15 16	1 [8	17	1	RI		1
⁷ 6	Please Select One of the Following: Vehicle 21	#Occupants No	n-Motorist A Type	Action	Location	Cond	ition		Hit/Run Moped	4
		MA DOB/Age 20		# <u>5PSN70</u>	-				eg State MA	
	Sex M Lic. Class D Li	c. Restrictions	Endorsement	Year 2014 ner WRIGHT ,			ES-BEN	Veh	Config. 1	
⁸ 1	Operator GREY, KEON D Last Address 283 HAMILTON	First	Middle	ress 9 BRADL		First		М	iddle	
	City WORCESTER S			HYDE PARK			ata MA	7in 0:	2136-3209	1
	-				图 500		Damaged Are			
	Insurance Company SAFECO I	_		nt Seguence 23	23 23	115	Test Status:		1 28	
	Vehicle Travel Direction: NSXV		,	in sequence 1	24	SUGIES	Type of Test:		29	
92	Citation # (If Issued) T244636			st Harmful Event 1		25	BAC Test Re		1 30	
	Viol. 1: Ch/Sec/Sub <u>90 23</u>	Viol. 2: Ch/Sec/Sub -	Driv	ver Contributing Code			Susp. Alcoho			
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Driv	ver Distracted by	26		Towed from		2 33	_]
	Please fill out for operator	/non-motorist and all occu	pants involved	DOB/Age S	34 35 Seat Safe ex Pos. Syste	y Airbag Eje	t Trap Inju	ry Transp.	Medical Facility	
	Name (Last First Middle) Operator/Non-Motor	ist	See Above		1 1	4 0	0 10			
	Operator/11011-1120101			/	1	++	++			
							+	-		
	İ	1								



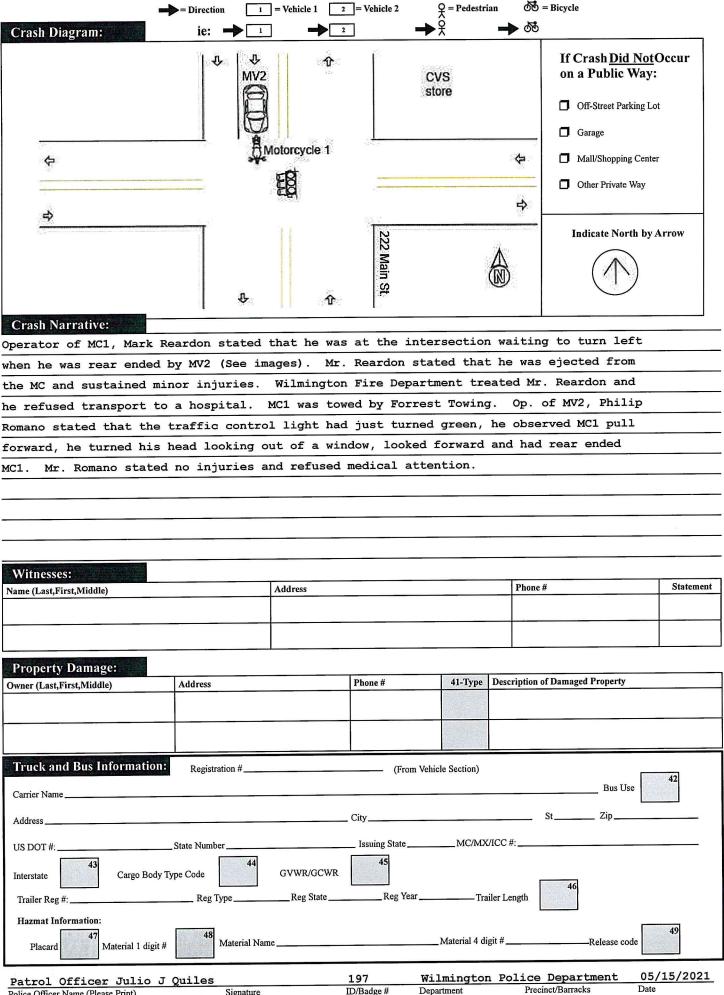
Police Use Only	Com	monwealth	of Massa	chuset	tts		RMV	Docum	ent Number	
Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nun Vehi		- 1	l Limit_	35	State Police Local Police MBTA Police Campus Police	
05/14/2021 1251 Wil 24HR	Lmington	Police	Report	2	0	Latitu Longi			Campus Police Other:	
AT INTERSECT	ΓΙΟΝ:	< LOCA	TION >		NOT	AT IN	TERS	ECT	ION:	1_
										2
	N	tt	Route# Direction	723		BURN	ST ame of R	oadway	u/Street	-
Route# Direction	Name of Roadway/S	treet			***************************************	142	anic or ic	Cadway	youtet	1
			Feet N	SEW	of — —	– – • e Marker	-	or	Exit Number	
Route# Direction N	ame of Intersecting Road		- 1	le E W		e Marker			Lat Ivanioei	2
	Also at Intersection v	with	-	SEW	Route	-	Intersec	ting Ro	oadway/Street	
Route# Direction N	ame of Intersecting Road	way/Street	Feet N	SEW	of					_
								dmark		┨
Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Re	port ID# 2	21-1	10-	AC	2		
License # S38425484 St	MA DOB/Age	Reg	# 2LAF29		Reg	Туре РС	:	Reg		
19 19			Year 2021	Veh Mal	œ <u>Jeep</u>			_ Veh C	Config. 1 21	1
Operator RENUKA, SARI	Helifold H	Endorsement KARAN Own	er RENUKA ,	SARI	THA F	RABH	AKAF	RAN		200
Address 20 DELWOOD RD	First	Middle Add	ress 20 DEL	WOOD I	R D	st		Midd	le	
City CHELMSFORD St			CHELMSFO			State M	A Zii	n 01 8	824-1837	
Insurance Company PROGRESS:			cle Action Prior to C	ă	22	Damage				
	_		Toron 25	تا دو او	23 23	Test Sta			28	
Vehicle Travel Direction: NSE	•		. госционов <u>г</u>	24	in the second	Type of	Test:	1917	29	
Citation # (If Issued)			t Harmful Event	4	25 25	BAC Te	st Resul	250	30	F
Viol. 1: Ch/Sec/Sub ————			er Contributing Cod	26 11 ²		Susp. A		District Co.	Susp. Drug: 32	2
Viol. 3: Ch/Sec/Sub			er Distracted by	Selver Selver	25 26		from sce	ne? 2	33	4
Please fill out for op- Name (Last First Middle)	erator and all occupants in	nvolved Address	DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	Injury '	Transp. Code	Medical Facility	
Operator		See Above		1	1 4	0 0	10	1		
										1
							+			1
					_		-			-
							Щ			_
Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action	Location	17 C	ondition	18	Hi	it/Run Moped	: 1
	DOD/A re	Peg	# <u>N82479</u>		Reg	Type CC)	Rep	State MA	1
10 10	DOB/Age	_	Year 2016						21	
CASC PROCESSOR AND ADDRESS OF THE PARTY OF T	I	Endorsement	ner STEIN,					_ von c	comig.	
Operator <u>Driverless M</u>	First	Middle	La	st	Fis	st		Midd	ile	١
Address			ress 15 BLA		J KD_	- 14	7	01	007_22/0	2
CitySt			WILMINGT		1 1 22		A Zı ed Area (887-2248 27 27 27	É
Insurance Company SAFETY I	NSURANCE CO	OMPANY Veh	icle Action Prior to C	No.	L1 22 23 23	Test Sta		Code. 6	28	
Vehicle Travel Direction: N S E	Responding to Eme	ergency? 2 Eve	nt Sequence 1		23	Type of		30	29	
Citation # (If Issued)	-	Mos	st Harmful Event	1 24		BAC Te	est Resul	lt:	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub =	Driv	er Contributing Cod	e <u>T</u>	25 25	Susp. A	dcohol:	31	Susp. Drug: 32	İ
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	0 26		Towed	from sce	ne? 2	2 33	╛
Please fill out for operator/	non-motorist and all occu		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	Injury	40 Transp. Code	Medical Facility	
Name (Last First Middle) On awatow (Non Motor)	ist	Address See Above	DOB/Age	X 1	System Sunus	Sout Code	D.Alius	-		1
Operator/Non-Motor	ısı	Dec Auste		/	+	+	+		-	\dashv
				_						4
	*								-	



	Police Use Only	Comn	nonwealth	of Massacl	usetts		RM	V Docum	nent Number	E.
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	05/15/2021 1555 Wilr	nington	Police	Report	2	0	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT AT	INTER	SECT	ION:	
					430	SALE	M ST			2 10
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway	y/Street	
¹ 1		At		Feet N S	E W of			or		
	Route# Direction Nan	ne of Intersecting Roadw			1-1-1	Mile Ma	rker		Exit Number	2 11
		Also at Intersection w	ith	Feet N S		Route#	Inters	ecting Ro	oadway/Street	\vdash
² 1	Route# Direction Nam	ne of Intersecting Roadw	ay/Street	reet [11]S) [E] (*) OI		La	ındmark		
3	Please Select One of the Following:	#Occupants Hit/I	Run	Crash Repor	rt ID# 21	-11:	1-AC	;		
		, DOB/Age	. Reg	# <u>2FNM69</u>		Reg Type	PC	Reg		12
	Sex. Lic. Class D 19 Lic. F	Restrictions CI	DL Veh	Year 2015	Veh Make <u></u>	ODGE		Veh C	Config. 21	
	Operator.	First	Own	ner PAUDEL-K	AFLE,	THA K	UMARI	Midd	le .	
⁴ 3	Address	Fust		ress 15 VERDU	JN RD	That		Wilde		
	City State	Zi	City	WILMINGTO	N	Sta	te MA 2	Zip 01	887-3419	
	Insurance Company_		Vehi	cle Action Prior to Cras	sh 1	22 Da	amaged Area	Code: 1	27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Ever	nt Sequence 23	23 23	23 Te	est Status:	15	28	
⁵ 1	Citation # (If Issued)			t Harmful Event 1	24		pe of Test:		30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	20 25 1	0 25	AC Test Resisp. Alcohol:	100	Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	Тс	wed from so	MCCOSTORYO MCC	33	
⁶ 1		ntor and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator	Se	e Above		1 1	4 0	0 10	1		_
	•									
										1
-	Please Sclect One Vehicle 21	#Occupants No-	Motorist A Type	15 Action 16	Location	17 Condit	ion 18		it/Run Moped	Ì
⁷ 2	of the Following:				Location		PC		State MA	1
	19 19	A DOB/Age		# <u>58YL36</u> Year <u>2016</u>	Web Meles E	(A) (A)			Config. 1	
	Sex F Lic. Class D Lic. F Operator DECOLOGERO , D	En	dorsement	ner DECOLOGE					O BELLEVIEW	
⁸ 1	Address 14 WILLIAM RD	First	Middle	ress 14 WILL		First		Midd	le	
	City BILLERICA State	MA Zip 01821	-6079 City	BILLERICA		Sta	te MA 2	Zip 01	821-6079	2 14
	Insurance Company SAFETY IN			cle Action Prior to Cras	sh 2	22 Da	amaged Area	Code: 5	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg		nt Sequence 1 23	23 23	23 Te	est Status:		28	
	Citation # (If Issued)		•	t Harmful Event 1	24		pe of Test:	100	29	
⁹ 2	,			er Contributing Code	1 25	25	AC Test Res	100	Susp Drug 32	
	Viol. 1: Ch/Sec/Sub		0007-300000	er Distracted by	26		isp. Alcohol: owed from so	1000000	32	
VIOI. 5: Ch/Sec/Sub VIOI. 4. Ch/Sec/Sub VIOI.						4				
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	Address	DOB/Age Sex	Sent Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	-
	Operator/Non-Motorist	t Se	e Above	$\rightarrow \rightarrow \rightarrow$	1 1	4 0	0 10	1		
					+ +					1
		i		1 1	1 1	1 1	L I	1 1		1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Y = Pedestrian	ØØ = Bicycle		
Crash Diagram:	ie: →[1	2	<u></u>	<u>→ %</u>	LER CONTRACTOR	
F8					on a	rash <u>Did Note</u> Public Way:	
ELS	Woburn St.	1200				tarage	
Employment of the state of the		1			_ G		
Salem St.			Rt. 62	entinalise de la comunicación de		fall/Shopping Center	r
986	8	4,	195	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		ther Private Way	
	6.4						
71	Woburn St.	E CO		3-	In	dicate North by A	Arrow
	Wobum St.			(M)		
				Ψ	Ŷ	\bigvee	
Crash Narrative:	.ł. <u>! !</u>	L					
THE RESIDENCE OF THE PARTY OF T	1 crashed in to the	e rear of car	2. Car 2 wa	as stopped	at a red li	ght at	
	on Salem St. and W						
and obtained refu	usals for medical o	care. The ope	erator of car	1 stated	he was taki	ng a	
drink, let off th	ne break resulting	in the car mo	oving forward	d and hitti	ng car 2.		
					277.18		
						220	
Witnesses:		T44		76	Phone #		Statement
Name (Last,First,Middle)		Address	-		rnone #		Statement
						_	
Property Damage:				THE DOOR			
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damageo	l Property	-
Truck and Bus Infor	rmation: Registration #_		(From Veh	icle Section)			
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:		
Interstate 43	Cargo Body Type Code	4 GVWR/GCWR	45				
	Reg Type	Reg State	Reg Year	Trailer L	.ength		
Hazmat Information:					DESCRIPTION OF THE PROPERTY OF		
Placard 47 Mater	rial 1 digit # 48 Material	Name		_Material 4 digit #_		-Release code	49
Patrol Office D	illon Walliday		205 Wi	lmington P	olice Depart	tment 05/	15/2021
Police Officer Name (Please Pr	illon Halliday rint) Signatu			partment	Precinct/Barrack		

	Police Use Only	Comr	nonwealth (of Massach	usetts		RMV	Document Numb	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Tained	Speed Limit_ Latitude	30 State Police Local Police MBTA Poli	ce 🗷
	05/15/2021 1955 Wil	mington	Police 1	Report	2	- I	Lantude Longitude	Campus Po	olice 🗖
	AT INTERSECT	ION:	< LOCA	TION >		NOT AT	INTERS	SECTION:	
									2 10
-	Route# Direction	Name of Roadway/Str	eet	Route# Direction	222 Address #	MAIN		Roadway/Street	
¹ 1	- Control of the Cont	At		Feet N S	TEIWI c				
	Route# Direction Na	me of Intersecting Roady	rav/Street	Feet [N] S	E W OI	Mile Ma	rker	Exit Num	- A P - A P
	Route# Direction 142	Also at Intersection w		Feet N S	E W of	Route#		cting Roadway/Stre	2
				Feet N S	E W of	Route#	merse	cting Koadway/Site	,et
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street				Lar	ndmark	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 21	-112	2-AC	1 *	
		MA_DOB/Age		# <u>2N7669</u>				1886	01 1
	Sex M Lic. Class B M Lic.	Restrictions 1 C	DL Veh	Year 2001	Veh Make H	ARLEY-D	AVIDSON	Veh Config. 3	
	Operator REARDON, MARK		Own	ner <u>REARDON</u> ,	MARK	E First		Middle	
⁴ 3	Address 133 GROVE AVE		Addı	ress 133 GROV	E AVE	***************************************			
	City WILMINGTON Sta	te MA Zip 01887	7-3720 City	<u>WILMINGTOR</u>	N			ip <u>01887-3</u>	1
	Insurance Company GEICO INI	EMNITY COM	IPANY Vehi	cle Action Prior to Cras	h 4		amaged Area	Code: 5 27 27	7 27
5	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	nt Sequence 23	23 23	23	st Status: pe of Test:	29	
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event 1	24	- 10 m	AC Test Resu	20	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	sp. Alcohol:	2 31 Susp. Drug	g: ₂ 32 1 1
6	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	To	wed from sc	ene? 1 33	
⁶ 1	2 75 505	rator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code Medical F	Facility
	Name (Last First Middle) Operator	S	ee Above	X X	1 5	5 1	0 8	1	
	operator								
⁷ 2	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16	Location	Condit		Hit/Run	
	License # S29214115 St 1	1A DOB/Age		# STRIDR	-	Reg Type		Reg State MA	21
	Sex M Lic. Class D Lic.	Restrictions 1 C	ndorsement	Year 2011				_ Veh Config	
⁸ 1	Operator ROMANO, PHIL:	First	Middle	ner ROMANO,		First		Middle	
	Address 11 PATRICK RD			ress 11 PATRI			3/7	. 01076-/	4701 1 14
	City TEWKSBURY Sta			TEWKSBURY			ite MA 2 amaged Area	Zip 01876-4	
	Insurance Company THE STAND	•		icle Action Prior to Cras	sh 1	#61/A	est Status:	1 28	B BLOSSE
	Vehicle Travel Direction: NEW E W	. ·	5 7	nt Sequence 1	24		pe of Test:	29	
⁹ 2	Citation # (If Issued) T2061979			st Harmful Event 1	orl.	25	AC Test Resi	★ NS/ACCION	
	Viol. 1: Ch/Sec/Sub 720CMR 9067	Viol. 2: Ch/Sec/Sub —		er Contributing Code	26	S	usp. Alcohol:	33	g: 2 32
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 7					ene? 2 33				
	Please fill out for operator/r Name (Last First Middle)	on-motorist and all occup	Address	DOB/Age Sex	Sent Safet	Airbag Eject	Trap Injury		Facility
	Operator/Non-Motori	st s	ee Above	\rightarrow	1 1	4 0	0 10	1	
					+-				
	1	1				1			



Wilmington Police Department Images Associated with 21-112-AC



