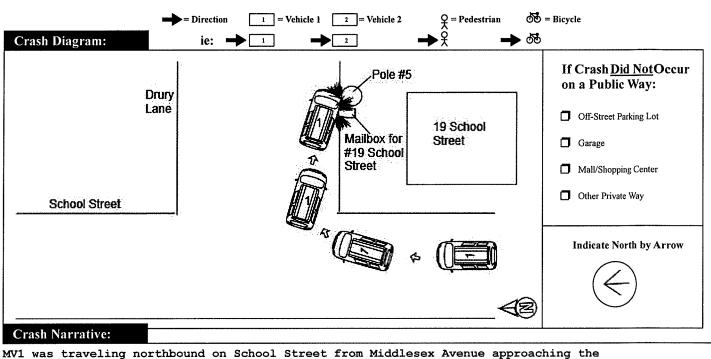
Note of Crash Police Report 1857 Wilmington Police Report 1 1 1 1 1 1 1 1 1		Pol	ice Use Only		C	ommon	wealth	of Mass	sach	usetts	3		RMV	⁷ Docui	ment Number	
AT INTERSECTION:		l .	1			Mo	tor Vel	icle Cr	ash		1	, Ibpece		25	- Local Police	8
AT INTERSECTION: Content Conten		05/16/2021		Wilmi	ngton		Police	Report		1	1.	Lautu			Campus Police	_
Total Direction Name of Roadway/Steet Reast Direction Address Direction Name of Intersecting Roadway/Steet Total Direction Name of Intersecting Roadway/Steet Direction Name of Intersecting Roadway/Steet Total Direction Name of Intersecting Roadway/Steet Direction Name of Intersecting				ECTION	N:	<			>	.1	NOT			SECT		
Receive Direction Name of Residency/Street Receive Direction Name of Residency/Street												····				2 10
Note											SCH				(0)	
Route Direction Name of Intersection Roadway/Storet Also at Intersection with Peat NS E W of Roadway/Storet Peat NS E W of Roadway/Storet Roadway/Sto	l 1	Route# Direc	ction	N:				Route# Dire	ection	Address #		Na	une of I	Koadwa	iy/Street	
Rouse Direction Name of Intersecting Roadway/Street Feet NS E W of Routes Intersecting Roadway/Street Rouse Direction Name of Intersecting Roadway/Street Routes Routes Intersecting Roadway/Street		_			71	•		Feet	NS	E W of				or	W V V V	
Router Direction Nanos of Intersecting Readway/Street Laudmark Laud		Route# Direc	ction	Name of	f Intersecting	g Roadway/Stree	t				Mile	Marker			Exit Number	1 11
Please Solict One of the Following Wohele 11				A	lso at Interse	ection with		į .			Route#		Interse	cting R	oadway/Street	
PRODUCTION Webside 1	2_	Route# Direc	ction	Name of	f Intersecting	Roadway/Stree	t	Feet	NS	E W of						
License # S86278266 SMA DOB/Ape Sex MA Lic Class 19 19 Lic Restrictions 20 C.O.	2					, ,	1	<u> </u>	 				Lar	ıdmark		
License # S86278266 St MA DOBNAge Ser M. Lie Class 3 3 1 1 Lic Restrictions 30 CDL Endorsement Address 43 GLEN RD Make Models Address 43 GLEN RD Models Address Address Address 43 GLEN RD Models Address Ad	3	Please Select C	One Vehicle	1 1 #0	occupants	Hit/Run	Moped	Crash	Report l	D# 21	-11	.3-	AC) ,		
Non-Matrix Non				c. MZ	DOB/Acc		Pag	# 8VP.T10	 }		Dec T	me PC	!	Re	g State MA	
Operator RAJAB1 SAEED Models Address 43 GLEN RD State MA					127897	20	_								1.8 mg/s/-	7 12
Address 43 GLEN RD		1		_	ictions		ent				IONDE	<u> </u>		_ ven c	Comig.	J
City	I _	1	Last	EED First	ī	Middle			Last		First			Mid	dle	
Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 3 2 2 3 3 3 2	1															
Vehicle Travel Direction: N S W Responding to Emergency 2 Event Sequence 31 23 23 23 23 23 23 23		1 -						WILMING	STON	entricular.				_		
Vehicle Travel Direction: N S W Responding to Emergency 2 Event Sequence 31 12 22 23 23 23 23 23		Insurance Comp	pany GOVERN	MENT 1	EMPLO:	YEES IN					2000			Code: 2		<u> </u>
Citation # (If Issued)		Vehicle Travel D	Direction: N S	W F	Responding t	to Emergency? 2	Ever	t Sequence	1 23 22 2	23 23	23				100	
Viol. 1: Ch/Sec/Sub	,	Citation # (If Iss	sued)				Mos	t Harmful Event	31	24				1 t ·	2,00	
Viol. 3: Ch/Sec/Sub		Viol. 1: Ch/Sec/	Sub	Viol.	2: Ch/Sec/S	Sub	Driv	er Contributing (Code	9 25 1	.9 ²⁵				Susp. Drug:2	32 30 ¹³
Please Solvet One		Viol. 3: Ch/Sec/	Sub	Viol.	4: Ch/Sec/S	Sub ———	Driv	er Distracted by	1	26				1		
Name (Last First Modelly) See Above	1								1,000,000		36 3	7 38				
Please Select One of the Following:						Address		DOB/Age	Sex	Pos. Syster	1 Status Co	de Code	Status	Code	Medical Facility	
Set		Operate	or			See Above		\nearrow	X	1 99	4 0	0	10	1		
Set																
Set															-	
Set												+				
Set								RESTE	16		19	Ties	10			
License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Last First Middle Address City State Zip City State Zip City Sec/Sub Priver Contributing Code Citation # (If Issued) Veh Config. Veh Year Veh Make Veh Config. 21 Veh Year Veh Make Veh Config. 1 14 Address Address City State Zip Damaged Area Code: 27 27 27 27 Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: Type of Test: 29 Wost Harmful Event 24 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Fox System Status Code Medical Facility Medical Facility Medical Facility Medical Facility	้ จ			2 #O	ccupants	Non-Motoris	it A Type	Action	L	ocation	Con	dition	10	Н	lit/Run 🔲 Mo	ped
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL		License #		St	DOB/Age		Reg	#			Reg T	/ре		Re	g State	
City			19 19]	Fin	20 CDL	_								19 (1) S	21
Address			5,723 (154) SECTION] Ele. Resil	lottons [Endorseme	ent									
CityStateZip	1		Last	First		Middle			Last		First			Mide	dle	
Insurance Company		-										74 - 4	77			1 14
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence		City								3448					27 27	
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Insurance Comp	oany				Vehi	cle Action Prior	market same	13 33		-		Couc.	44948 (250-21) 8-1-5	
Citation # (If Issued)		Vehicle Travel D	Direction: N S	E W F	Responding t	o Emergency?	Ever	t Sequence	27		23			F	29	
Viol. 1: Ch/Sec/Sub	2	Citation # (If Iss	sued)				Mos	Harmful Event				BAC Te	st Resu	lt:	30	
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Diver Distracted by Sex Post Status Code Note Scene Viol. 4: Ch/Sec/Sub — DOB/Age Sex Post Status Code Medical Facility		Viol. 1: Ch/Sec/S	Sub	Viol.	2: Ch/Sec/S	Sub	Driv	er Contributing (<u> </u>		25	Susp. Al	cohol:	31	Susp. Drug:	32
Prease III out for operator/non-motorist and an occupants involved Name (Last First Middle) Address DOB/Age Sext Sext DOB/Age Sext		Viol. 3: Ch/Sec/S	Sub	Viol.	4: Ch/Sec/S	iub	Driv	er Distracted by		26		Towed f	rom sce	ne?	33	
THIRD (Local rate intensity)		i .	•	ator/non-mo	otorist and al	-	lved	5051		Seat Safety	Airbag Ej	ct Trap	Injury	Transp.	AALELLY POOR	
Operator/Avon-Motorist See Above				torist				DOB/Age	Sex		status Co	ue Code	Status	Code	Medical Facility	
		Operate	UI/INUN-19101	orist		See Above			+		-	+-				
															•••	



MV1 was traveling northbound on School Street from Middlesex Avenue approaching the intersection with Drury Lane. MV1 then turned right onto Drury Lane. The operator of MV1 stated that at this time he received an "international text message from his mother who had just arrived from Iran." While attempting to answer the text message, MV1 turned right sharply and failed to maintain proper lane control. MV1 over steered to the right and struck the mailbox of #19 School Street and then the metal sheathing surrounding Utility Pole #5 causing paint scrapes. No serious damage to the utility pole. MV1 suffered minor damage to the front right end and right side. The operator was not injured, and the vehicle was driven from the scene. The operator of MV1 admitted fault and apologized for

Address	Phone #	Statement
	Address	Address Phone #

Property Damage:		T== ::	D 00 = 10 0	
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DINEEN STEVEN A	19 SCHOOL ST WILMINGTON MA 01887-2		97	WOODEN MAILBOX

L							
	Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
	Carrier Name						Bus Use
	Address			City		St	Zip
l	US DOT #:	State Number		Issuing State	MC/MX/ICC #:		
	Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			
	Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	46	
I	Hazmat Information:						
	Placard Material 1 digit #	Material Name			_Material 4 digit #		Release code

Patrol Officer Michael A Wilson

striking the mailbox and pole.

209

Wilmington Police Department

05/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge#

Precinct/Barracks Department

	Pol	ice Use Only		C	ommon	wealth	of Mass	ach	use	etts	\$	7.7		RM	V Docu	iment N		
	Date of Crash	Time of Crash		City/Town	Mo	tor Veh	icle Cra	ish		umber hicles				Limit	35	Local	Police Police A Police	800
	05/19/2021	0901 24HR	MTTW:	ington	1	Police :	Report		2		0	լլ	Latitud Longit				ous Police	ä
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO.	ГАТ	INT	ΓER	SEC	TION	:	
																		2 10
	Route# Direc	ction	-	Name of Roa	dway/Street		Route# Direc	ction	20 Addr	5 ess #	<u>M</u> 7	IN	SI Na	me of	Roadw	ay/Stree	t	
¹ 1					\t		***************************************											
							Feet	NS	EW	of	— - Мі	le Mar			or _	Exit	Number	
	Route# Direc	ction		Also at Inters	g Roadway/Stree	t	Feet	N S	EW	of								2 ''
								NS			Route	#		Interse	ecting F	Roadway	/Street	
² 1	Route# Direc	ction	Name	of Intersectin	g Roadway/Stree	t								La	ndmark			
	Please Select (One X Vehicle	e 12 #	Occupants	Hit/Run	Moped	Crash l	Renort	ID# '	21	_1	1 5	;_	ΔC	•			
3	of the Followi	ng:																_
		3683887		100	20	_	97XV36										21	1 12
		Class D 19		strictions	CDL Endorseme	ent	Year <u>2020</u>									Config.	1.	
4	1	NN, CATE	F	irst	Middle		er FINN ,	Last			Fi	rst	Y		Mi	ddle		-
⁴ 1]	VILLAG					ess <u>133 V</u>			: X								_
	l '	BURG					FITCHBU	RG		20226.533							-1354	- I
	1	any GOVERN					ele Action Prior to	accia feesa		2	22		maged at Stati		Code:	4 2' 5	27 2	<u> </u>
5	Vehicle Travel D	Direction: N	EW	Responding	to Emergency? 2	Even	t Sequence 1	23	23	23	23		ne of T			29		
	Citation # (If Iss	ued)		•		Most	Harmful Event	1	24					st Resu	ılt:	30 1		12
	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/S	Sub	Drive	er Contributing Co	ode	1	25	25	Sus	sp. Alo	cohol:	2 31		Drug 2 3	2 1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4; Ch/Sec/	Sub	Drive	r Distracted by	0	26			Tov	ved fr	om sc	ene?	2 33		
1	Name (Last First M		for operato	r and all occu	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operate				See Above	:		X	1	1	4		0	10	1			
	KELLY FINN			5 LEARY D	R , MA 01876-372	3		F	3	1	4	0	0	10	1			
					,	,				_				<u> </u>				_
								-										
				<u> </u>		To see	SETT SE			[Table 1	10			3.0			1	
⁷ 1	Please Select C of the Followin		e 2 <u>1</u> #	Occupants	Non-Motoris	st A Type	15 Action	16	Locatio	on 📗	17	Conditi	on	18	יםן	Hit/Run	П Мор	ed
_	License # S2 .	5759428	St MA	DOB/Age		Reg #	155JN2				Reg	у Туре	PC		Re	eg State	MA	_
	Sex_ F _ Lic. 6	Class D	9 Lic. Res	strictions	CDL	Veh	rear 2008		Veh Ma	ake K	IA				Veh	Config.	1 21	
	Operator YU	REK, ANN	1 LOU	ISE		ent Own	er YUREK,	. Al	NI.	LOU	JISE	<u> </u>						_
⁸ 1	Address 448	SHAWSH	EEN A	VE	Middle	Addr	ess 448 S I	Last HAW	SHE	EN	AV.	rst E			Mi	ddle		
	City WILM	INGTON	State 1	4A Zip 0	1887-163	39 City	WILMING	TON	<u> </u>			_ State	<u>M</u> 7	_ z	zip <u>01</u>	L887	-1639	<u>a</u> 1 14
	Insurance Comp	any SAFET	INS	URANCE	E COMPAN	YY Vehic	ele Action Prior to	Crash	ı	1	22	Da	maged	i Area	Code:		27 2	7
	Vehicle Travel D	Direction: N	EW	Responding	to Emergency? 2	Even	t Sequence 1	23	23	23	23		t Stati			1 28		
Q	Citation # (If Iss	ued)				Most	Harmful Event	1	24				oe of T	lest: it Resu	.14.	30		
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/S	Sub	Drive	r Contributing Co	ode	19	²⁵ 2	0 ²⁵				m. 2 31	L	Orug 2 3	2
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/S	Sub	Drive	r Distracted by	7	26					om sc		2 33	- 12	-
	Ple	ase fill out for ope			Il occupants invol	lved		Ī	34 Seat	35 Safety		37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First M		torics		Address		DOB/Age	Sex	Pos.	System 1	Status	Code	Code O	Status	Code 1	Me	dical Facility	
	Operate	or/Non-Mo	UTISI		See Above	i		\leftarrow	┸	 	-	<u> </u>	-		-			
								 	<u> </u>									
								<u> </u>	<u> </u>	<u> </u>				<u> </u>				

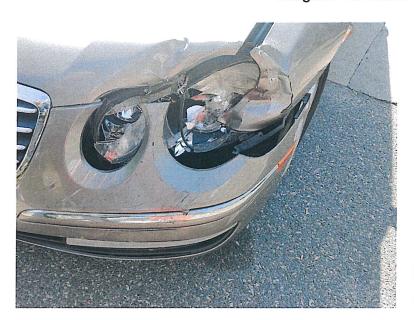
	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestria	n 🐠 = Bi	cycle	
Crash Diagram:	ie: 👈 🔟] → [2	→ }	→ №		
W 1 or min a word or fings described and all and described and makes one of the second of the ministration of the makes of the ministration of the	Main St/ Rt 38 Sou	uthbound Wi	lmington	and the specific of the specif		If Crash <u>Did Not</u> on a Public Way	-
						Off-Street Parking L	ot
						☐ Garage	
						-	
	<u> </u>	-	Sales of the Constitution			■ Mall/Shopping Cent	er
ane a		ng.				Other Private Way	
			*************************************			Indicate North by	Arrow
	destrian crossing france to driveway		Oriveway to Cu 205 Main St	umberland Farms ≺		(\leftarrow)	
Crash Narrative:							
On 05/19/21, I respon	nded to a two veh	icle cras	h that had	occured on N	Main St in	front of	
the northern entrance	e to Cumberland Fa	arms. The	re were no	injuries. Al	ll parties	were	
wearing seatbelts at							
Cumberland Farms. A p							
cross. Veh 1 operator							
was struck from behin							· · · · · · · · · · · · · · · · · · ·
Richmond St. She stat							
at a buiding across t	the street and her	r car str	uck Veh 1.	Vehicle 1 su	iffered da	mage to the	
rear bumper. rear pas	ssenger quarter a	nd tailga	te. Vehicle	2 suffered	damage to	the front	
bumper, hood, front d	driver's quarter p	panel and	two headla	amps. No tows	required	l.	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:					I		<u>L</u>
Owner (Last, First, Middle)	Address		Phone #	41-Type D	Description of Da	maged Property	
Truck and Bus Information	Registration #		(Fro	m Vehicle Section)		1.0	42
Carrier Name						Bus Use	
Address			City		St	Zip	
	State Number			MC/MX/IC	CC #:		
	dy Type Code	GVWR/GCWR				46	
	Reg Type	Reg State	Reg Yes	arTrailer	Length		
Hazmat Information: 47 Placard Material 1 dig	git # Material Name			Material 4 digit	#	Release code	49
	P Furbush		196	Wilmington	n-11 n		/19/2021





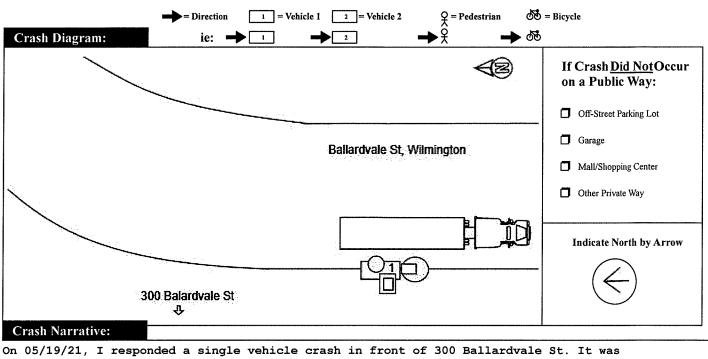








	Pol	ice Use Only		(Common	wealth	of Mass	ach	use	etts	3			RM	V Doc	95.32	Number		
	Date of Crash 05/19/2021	Time of Crash 1148		City/Town	n Mo	otor Veh		ish		umber ehicles			Speed Latitu	Limit	30	Loc	te Police cal Police STA Police	0000	
	03/13/1021	24HR	VV T T111	iring co	••	Police	Report		1		0		Longi				mpus Police ner:		
		AT INTERS	SECTION	ON:	<	LOCA	TION	>			NO.	ΓΑΊ	'IN'	rer	SEC	TIO	N:		10
									30	^	107	\ T T	ז כו א	177 7	LE	СШ		į	2 ¹⁰
1	Route# Direc	ction		Name of Ro	adway/Street		Route# Dire	ction		ress #	DF	ייייי				vay/Stre	eet		
¹ 1					At		Feet	NS	FW] _f					05				
	Route# Direc	ction	Name	e of Intersect	ing Roadway/Stree	et	Feet	1115	121"] 01		le Ma			Ui _		it Number		1 11
					rsection with		Feet	NS	EW	of	Route	.#		Interce	acting 1	Ponduy	ay/Street	_	1
2	Route# Direc	ntion	Name	a of Intercept	ing Roadway/Stree		Feet	N S	EW	of	Route	irr		mers	comig i	(Cauwa	аулопсос		
² 1	Route# Direc	ction	Ivaine	e of intersect	ing Roadway/Sire	CI								La	ndmarl	k			
3	Please Select C of the Followin	One Vehicle	10	#Occupants	Hit/Run	Moped	Crash	Report	ID#	21	-1	16	5 - .	AC					
	License #		St	DOB/Ag	ıe.	Reg	UNREGI	STE	REI		Rec	Type	CO		R	ea State	_e MA	\dashv	
		Class 19 1:		estrictions	20		Year											21	1 12
				L	CDL Endorsem	ent	er LYNCH								VCII	Comp	· [
1		iverless	Y	First	Middle		es	Last			Fi	rst	תם		Mi	iddle			
	Address		G4-4-	7:			ANDOVER		<u></u>	OIV					···· 0 '	181	n	_	
	J	any OLD RE		•						97							7 27	27	
							le Action Prior to		23	23	344		st Stat		. Codo.	9 1 28	7 :: : 1		
5		Direction: N		•	g to Emergency?		Sequence 43	1-20-6 St. 40-5		27.5. St		Ty	pe of	Test:		29			
	1	ued)					Harmful Event			25	25			t Rest		1 ³⁰			13
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec	:/Sub		r Contributing C	1007 100 10	26	~] _	25				2 31		. Drug:	32	40 ¹³
, 1	Viol. 3: Ch/Sec/S	Sub				Drive	r Distracted by	0	34	35	36	To:	wed fr	om sc	ene?	1 33			
	Name (Last First M		or operato	or and all occ	cupants involved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	N	Medical Facility		
	Operate	or			See Above	e		X	1										
								+										_	
						1000	 	12					1 000	3.0	<u> -</u>		Т.		
1	Please Select O of the Followin		2	#Occupants	Non-Motori	st A Type	15 Action	16 I	Locatio	on	17 C	onditi	on	18	<u></u>	Hit/Ru	n 🔲 Moj	ped	
	License #		St	DOB/Ag	e	Reg #					Reg	Туре			R	eg State	2		
	Sex Lic. C	Class 19 19	Lic. Re	strictions	CDL Endorseme	Veh \	ear	'	√eh Ma	ake					_ Veh	Config	. 2	21	
	Operator		<u> </u>	Lini			er												
1	Address	Last	F	First	Middle	Addre	ess	Last			Fir	st			Mi	ddle			
	City		State _	Zip		City_						_ Stat	e	z	.ip		······	[1 ¹⁴
		any					le Action Prior to	Crash			22	Da	maged	Area	Code:	27	27	27	
	Vehicle Travel D	irection: NS	EW	Responding	g to Emergency?_	Event	Sequence	23	23	23	23	Tes	t Stati	us:		28		_	
		ned)				Most	Harmful Event		24	12 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9295		oe of T			29 30			
2		Sub		ol 2: Ch/Sec	/Sub	Drive	r Contributing Co	ode		25	25		.C Tes sp. Alc	t Resu	lt: 31		Denor	32	
		Sub					r Distracted by	200	26		<u> </u>		-	om sce		33	Drug:		
		ase fill out for oper					1		34	35	36 Airbar	37	38	39	40			\dashv	
	Name (Last First Mi	iddle)		T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	N	fedical Facility	_	
	Operato	or/Non-Mot	torist		See Above)		X	1										
								1	1									1	



On 05/19/21, I responded a single vehicle crash in front of 300 Ballardvale St. It was reported that a large construction roller fell off the transport trailer and was laying on the side of the road. The roller owner, Lynch Construction, brought up a front end loader and was able to flip the overturned roller and pull it off the road. The roller suffered substantial damage. There was also damage to the grass on the side of the road, the curbing and a large section of roadway (see photos) Massachusetts State Police truck Team was dispatched. Wilmington DPW notified. Lynch Construction employees cleaned the fluid spills. The operator reported the chains failed and the roller fell of the trailer. See 21-610-OF. This vehicle is an off-road construction vehicle and is currently not registered in Massachusetts

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
PAYNE ROBERT WILLIAM		29 HIGGINS	ST MANCHESTER	R NH 03102	ı	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Desc	ription of Damaged Property	

Owner (Last,First,Middle)	Address	Phone #	41-Type Description	of Damaged Prope	rty
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3 ROAD,	CURB AN	LAWN
Truck and Bus Information:	Registration #	(From Vehicle	e Section)		
Carrier Name				Bus	: Use 42
Address		City	***************************************	StZip_	
US DOT #:	State Number	_ Issuing State	MC/MX/ICC #:	,	
Interstate 43 Cargo Body Ty	pe Code GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type Reg State Reg State	Reg Year	Trailer Length	30	
Hazmat Information:					
Placard Material 1 digit #	Material Name	N	Material 4 digit #	Release	code 49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

05/19/2021

Department



































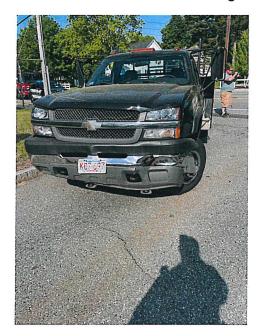






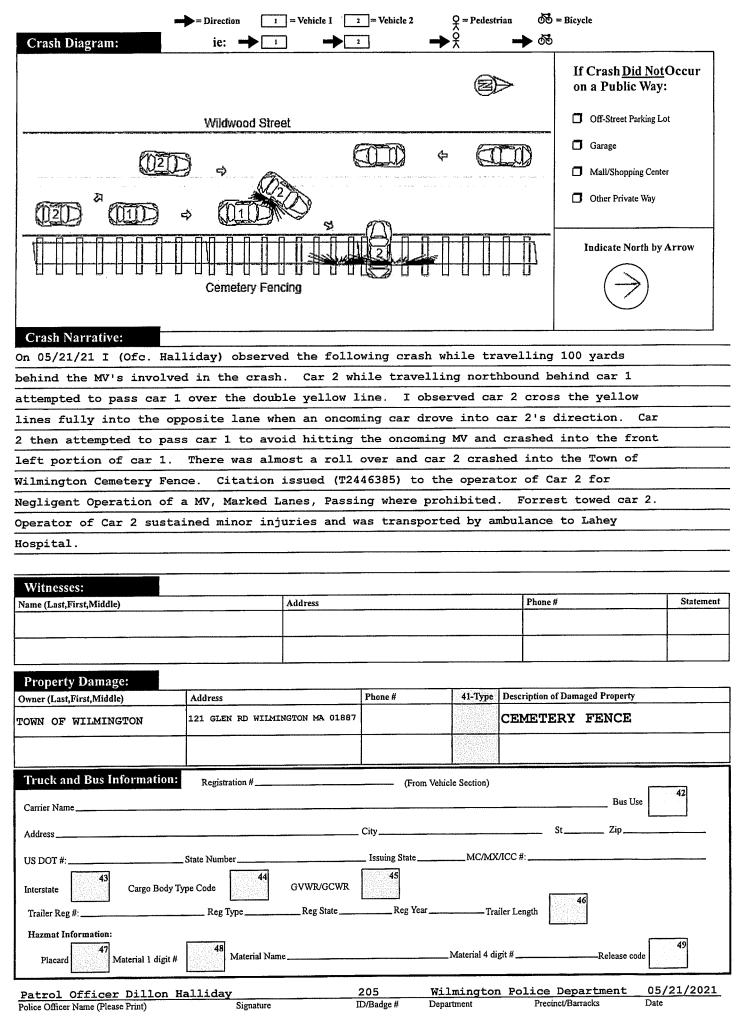
Po	lice Use Only					of Mass		us	etts	S			RM	V Doc	ument N			
Date of Crash 05/20/2021	1 1	City/I Vilmino	1	Moto	r Veh	icle Cra	ash		lumber ehicles		mber ured	1 .	i Limit	35	Local	Police l Police A Police	0800	
53/20/2021	24HR	**************************************	,	Po	olice I	Report		2		1		Latitu Longi				pus Police	ă	
	AT INTERS	ECTION:		<	LOCA	TION	>			NO	T A 3	ΓIN	TER	SEC	TION	:		
								~ m	_				~				2	2
Route# Dire	ection	Name	of Roadway/Stre	et		Route# Dire	ction	17 Add	5 ress#	<u>M</u>	TDD			Roadv	/E vay/Stree	t		
L Zamen			At				N S	r lu	7 .									
Route# Dire	ection	Name of Int	ersecting Roadwa	nv/Street		Feet	11/12	EW] ot	M	lile Ma	ırker		or _	Exit	Number		. 1
			at Intersection wit			Feet	N S	EW	of	- D			T .			(C)	2	2 '
Route# Dire	ection	N61	ersecting Roadwa	/84		Feet	NS	EW	of	Rout	ie#		Inters	ecting i	Roadway	/Street		
Route# Dire	ection	Name of fill	ersecting Roadwa	ly/Street									La	ndmarl	k			
Please Select of the Follow		1 1 #Occu	pants Hit/R	🗀	Moped	Crash l	Report	ID#	21	_1	1	7-	AC	7				
		St MA DO	DB/Age		Reg #	K87697				D.	a Time	· CO		D	aa Stata	MΆ		
	Class D 19 19		20	т		ear 2004									-	10 - 13 Table #	21 1	L 1
E .	LLIVAN,		End ROBERT	lorsement		r HARRIN							.	ven	Conng.	_		
	Last TREBLE	First		Middle		ss 21 MA	Last	-			irst	U		Mi	iddle		-	
	LLERICA			-2210		ss <u>zi ma</u> BILLERI			<u> </u>		C4-	. M7		··· 0	1 0 2 1	-442	_	
l l	pany THE CON		=						2	22					2 27		27	
· ·	·					e Action Prior to		23	23	23		st Stat			2 28	\$9\$ 00] = 0.83		
	Direction: S 1		onding to Emerge	ency? Z		T.	2000 P.S.O.	24			Ту	pe of	Test:		29			
	sued)					Harmful Event	1		25	25	3	AC Tes			30	r	_	1
	'Sub					Contributing Co	Tes essale	26	<u> </u>		<u> </u>			2 31	Section 1	Drug: 2	32 1	•
Viol. 3: Ch/Sec/	Sub				Driver	Distracted by	5	34	35	36	To	wed fi	rom sc	ene?	2 33			
Name (Last First M		r operator and a	all occupants invo	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status		Med	dical Facility		
Operate	or		See	Above		><	X	1	1	4	0	0	10	1				
			I		1	15	16		1830	19	<u> </u>	180	10					
of the Followi		2 1 _#Occur	pants Non-N	Aotorist A	Туре	15 Action	16 I	Locatio	on	17	Condit	ion	18		Hit/Run	Mo	ped	
License # S8	5403566	St MA DO)B/Age	····	Reg#	VTBK79				Re	g Туре	PC		Re	eg State			
Sex M_ Lic.	Class D 19 19	Lic. Restrictio			Veh Ye	ear 2021	\	Veh M	ake D	ODG	E			Veh	Config.	1	1	
Operator GR	AY, PHILI	IP MIC	CHAEL JR	Orsement Middle	Owner	GRAY,	PHI	LL	ΙP			EL	JR				_	
Address 25	MYSTIC A	VE	:	Middle	Addres	s 25 MY	Last STI	C A	VE	Fi	irst			Mie	ddle		L	
City WILM	INGTON	State MA	Zip 01887-	-2116	City <u>V</u>	VILMING	TON				_ Stat	te M Z	z	ip 01	L887	-211	<u>.6</u> 1	. 14
Insurance Comp	any USAA GE	NERAL	INDEMNI	ry co	Vehicle	Action Prior to	Crash		2	22	Da	mageo	l Area	Code:	6 ²⁷ 5	27	27	
Vehicle Travel D	Direction: S E	E W Respo	onding to Emerger	ncy?_2	Event S	Sequence 1	23	23	23	23	Te	st Stati	us:		1 28			
Citation # (If Iss	ued)				Most F	Harmful Event	1	24			-	pe of T		.	29 30			
Viol. 1: Ch/Sec/S	Sub	Viol. 2: C	Ch/Sec/Sub		Driver	Contributing Co	ode	1	25	25	1	AC Tes sp. Alc		ılt: 2 31	V89 6 (9)	Drug:2	32	
Viol. 3: Ch/Sec/S			Ch/Sec/Sub		Driver	Distracted by	0	26				wed fr			2 33	- Z		
	ase fill out for opera	tor/non-motoris	•					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				
Name (Last First M		wist		ddress		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Med	lical Facility	-	
Operate	or/Non-Moto	rist	See	Above				1	1	4	0	0	9	1				
								<u> </u>										

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian OO:	· Bicycle	
Crash Diagram:	ie: 👈 🔟	→ [2	₽ ₽	→ 55		
	175 Middlesex	Ave (Library)				If Crash <u>Did N</u> on a Public Wa	
						☐ Off-Street Parking	Lot
		VI				☐ Garage	
*			,			_	
			oods kaladadadad Marakada Maragalika da Qhagaya ayayay kayaa ayayay ya Jibaya saya sayaa sayaa		TO THE RESIDENCE OF THE PARTY O	Mall/Shopping Ce	nter
						Other Private Way	,
						Indicate North b	oy Arrow
	Middles	ex Ave		*	1 3		
Crash Narrative:							
V2 was slowing down	in traffic on Mic	idlesex Ave	, in front c	of the lik	orary. Op	erator of V1	
stated he looked in	his rear view mir	ror and no	ticed V2 com	ing towar	rds him a	t a high rate	
of speed and then he	was rear ended.	V1 stated	was slowing	down in t	raffic a	nd grabbed his	3
water bottle, but dr	opped it. He ther	bent down	while slowi	.ng down t	o pick u	p the water	
bottle, not paying a	ttention to the r	coadway and	l rear ended	V2. V1 ac	imitted h	e should have	
paid attention while	slowing/stopping	g to avoid	rear ending	V2. V1 ha	ad damage	to the front	
driver's side bumper	. V2 had damage t	o the tail	gate and rea	r passeng	ger side	bumper area.	
No airbags were depl	oyed. Operator of	V2 stated	he had some	neck and	l back pa	in, but did	
not want to be trans	ported via ambula	nce. Photo	are attache	d.			
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 Informati	Oll: Registration #		(From Ve	chicle Section)			
Carrier Name						Bus Use	42
Address			_ City		S	t Zip	·
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
	ody Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length		
Hazmat Information: 47 Placard Material 1 di	git # 48 Material Nam	ne		Material 4 dig	rit #	Release code	49
Patrol Officer Emily Police Officer Name (Please Print)	L Stebbins Signature			ilmington partment		Department 0 t/Barracks Da	5/20/2021 te
	0			-			





	Po	lice Use Only		Comr	nonwealth	of M	Iass	ach	us	etts	5			RM	V Doc	ument l	Number		
	Date of Crash	Time of Crash		City/Town	Motor Ve	hicle	Cra	ish		umber					3!	Loc	e Police al Police	0080	
	05/21/2021	0739 24HR	WıTw	ington	Police	Rep	ort		2	rincies	1		Latitu Longi				TA Police npus Police	8	
		AT INTERS	ECTI	ON:	< LO	CATION		>			NO				SEC	TION			
																			2 10
	Route# Dire	ection		Name of Roadway/Str		Route	Direc	ntion.	60	ress#	<u>W:</u>	[LD				vay/Stre	ot.		
¹ 1	- Koden Die			At		Router	, Duec		Auu	- CSS #			IVA	ine or	Koadv	vay/out	CI	-	
L						_	Feet	NS	EW	of		le Ma	•		or _	Evi	t Number	[
	Route# Dire	ection	Name	of Intersecting Roadw Also at Intersection w	<u> </u>		Foot	NS	FW] of	171	10 1412	RCI			2311			3 11
				Also at intersection w	IUI			N S			Route	#	-	Inters	ecting I	Roadwa	y/Street	- ⊦	
² 1	Route# Dire	ction	Name	of Intersecting Roadw	ay/Street		Feet	1412	EVV	or	<u></u>								
	Please Select	One Da	. 1	#0I						<u> </u>		1 (`	-	ndmarl	Κ		\dashv	
3	of the Followi		14	#Occupants Hit/I	Run Mope		Crash F	Report	ID#	21	<u> </u>	Τ ξ	3 —.	AC	<u> </u>				
	1		_	DOB/Age	Re	g# 1AH	Z54				Re	з Туре	PC		R	eg State			12
	Sex_F Lic.	Class D 19 19	Lic. Re	strictions 20 CI	DL Ve	h Year <u>20</u>	15		Veh M	ake H	ONI	A			Veh	Config.	. 1		1
	Operator KO	CZERGA,	JAYM	E M	dorsement O	vner KO	CZER	GA,	J	OHN	M	CH.	AEI					_	
⁴ 1		MAPLE RI		.nzı		dress <u>54</u>	MAI	PLE	RE)	Fi	rst			Mi	ddle		_	
L	i			MA Zip 01876	-4020 Ci	y TEW	SBU	RY				_ Stat	с М Р	<u>. </u>	Zip 0]	1876	5-402	0	
	1			CE INSURAN		- hicle Action			Ī	1	22					8 ²⁷		27	
	1	Direction: XS		Responding to Emerg		ent Sequen	1855		23	23	23	Tes	st Stati	us:		28		_	
5		sued)				st Harmful		1	24	saudera		Тут	oe of I	Γest:		29			
	1					ver Contrib		1 1 1 1 1 1 1 1	1	25	25			t Resu		30		. I	1 13
				ol. 2: Ch/Sec/Sub —			-	2.1762.7	26		<u>Verbid</u>		-	cohol:	10.1.3	Susp.	Drug: 3	52	
6 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		ver Distrac	ес ву	0	34	35	36	37	38 T	om sc	40 a	2 3		_	
	Name (Last First M		or operato	-	Address	DO	B/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	М	edical Facility	_	
	Operate	or		Sec	e Above		<	X	1	1	4	۰	0	10	1				
						_												\neg	
	•																		
					Ţ.		Curren			2000			Face	10			Γ	_	
⁷ 1	Please Select C of the Followir		2 <u>1</u> #	Occupants Non-	Motorist A Type	15 Ac	tion	16 L	ocatio	n	¹⁷ C	onditio	no	18	☐ ŀ	lit/Run	□ Мор	ed	
	License # S58	3410143	St MA	DOB/Age	Re	# 2CT	H54				Reg	Type	PC		Re	g State	MA		
	Sex F Lic. C	10 10		trictions 20 CD		Year <u>20</u>			eh Ma	ike K						Config.	21		
	Operator CA			LLA MARIA	dorsement	ner <u>CAI</u>									, , , , ,	ooning.	<i>a.</i>	'	
81		WOODLAND	F	irsi	Middle	tress 10	1	Last			Fir				Mic	idle		_	
-	Address_10			<u>/A</u> Zip 01887		wil <u>w</u>				- N-		Qtat-	, MZ	7	_{in} 01	887	-342	_ 9 1	14 L
				AN PROPERT					ſ	9	22					11 27		7 F	
						icle Action			L L	9 23	23		t Statu			28		-	
	Vehicle Travel D	<u> </u>		Responding to Emerge	•	nt Sequenc		23 30	24			Тур	e of T	est:		29			
⁹ 2		ued) T24463				st Harmful		1	341	25	25	ВА	C Test	t Resu	lt:	30	,	$\exists \mid$	
	Viol. 1: Ch/Sec/S			ol. 2: Ch/Sec/Sub 89		ver Contrib	•	100000		<u> </u>	7 25		p. Alc	ŗ	31	Susp.	Drug: 3	2	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		ver Distrac	ted by	0	26					om sce	<u> </u>	1 33		_	
	Ple Name (Lost First Mi		ator/non-r	notorist and all occupar	nts involved Address	DO	B/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Stotus	40 Transp. Code	Me	dical Facility		
	<u></u>	or/Non-Mot	orist		e Above		<	X	1	1	3	0	0	8	2	Lahey (Clinic		
	A												-						
												\dashv	-						
																		\dashv	



CDP1 11-24-00

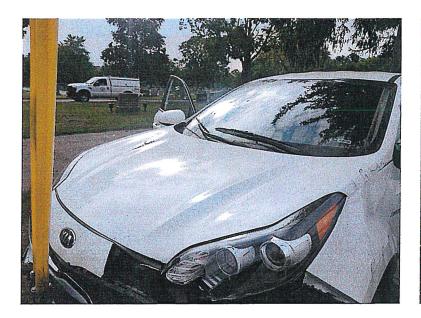






















































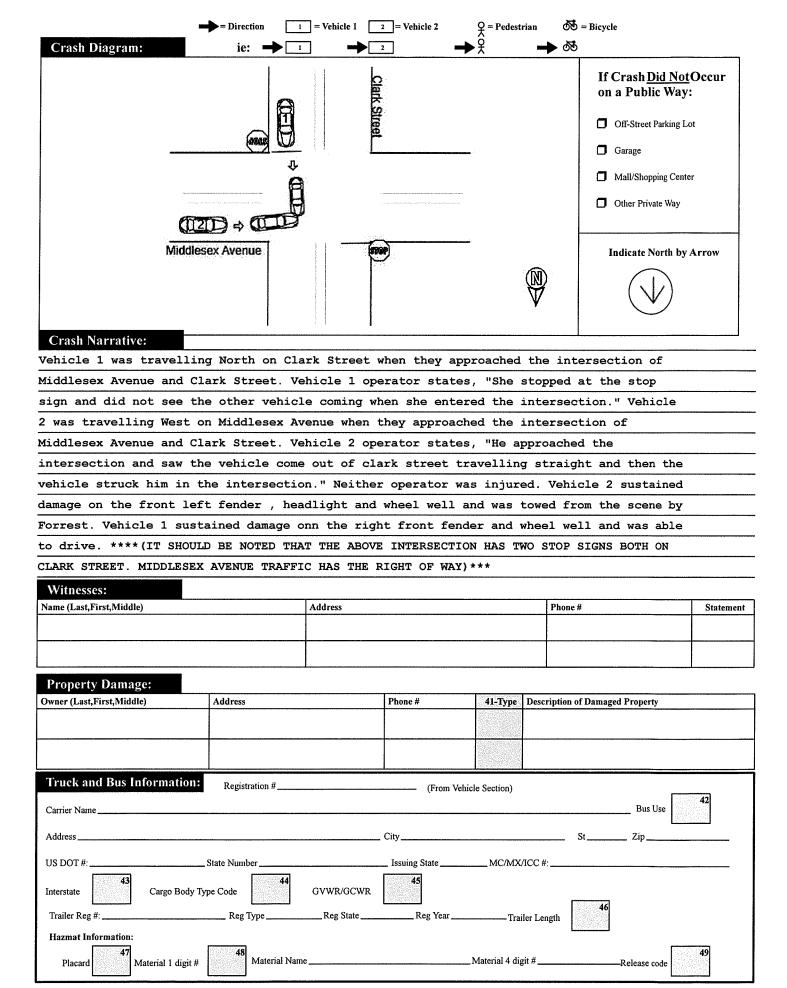








	Pol	lice Use Only	Com	monwealth	of Massac	chusett	S	RN	IV Docı	ıment Number		
	Date of Crash	Time of Crash	City/Town	Motor Vel	icle Cras	h Number Vehicle		Speed Lim	it30	State Police Local Police MBTA Police Campus Police		
	05/21/2021	1748 Wil	lmington	Police	Report	2	0	Latitude Longitude		Campus Police Other:		
		AT INTERSEC	TION:	< LOCA	TION >		NOT A	T INTE	RSEC'	TION:	1	
											2 10	
	Route# Direc	CLARK ction	ST Name of Roadway/S	Street	Route# Direction	n Address #	<u> </u>	Name o	f Roadw	/ay/Street	.	
¹ 1	- Routen Birot	Citon	At								1	
			SEX AVE		Feet N	S E W of	Mile M	• arker	- or _	Exit Number		
	Route# Direc	ction N	Iame of Intersecting Road Also at Intersection		Feet N	S E W of					3 11	
			Also at Intersection	with		S E W of	Route#	Inter	secting F	Roadway/Street	<u> </u>	
² 2	Route# Direc	ction N	Jame of Intersecting Road	lway/Street	1001	12177 01	-	ī	andmark	7		
	Please Select 0	One Viv1	#Occupants Hi		Const. Pro-	ort ID# 2 1	_11				1	
3	of the Followi	ng: Vehicle 11	#Occupants H	t/Run Moped	Crash Rep	ort ID# Z J		y-A			_	
			MA_DOB/Age	Reg	# 438GV1		Reg Typ	e <u>PC</u>	R	eg State MA	1 12	
	Sex F Lic.	Class D 19 Lic		CDL Veh	Year 2011	Veh Make _	SUBARU	<u> </u>	Veh	Config. 1		
	4 .	ATHERBEE,			er WEATHER	BEE, G	AIL D		Mi	ddle		
⁴ 2	Address 128	HERITAGE	DR		ess 128 HER	ITAGE	DR		1411	uut		
	City TEWK	SBURY St	ate MA Zip 0187	6-2767 City	TEWKSBUR	Y	St	ate MA	Zip 0 1	L876-2767		
	Insurance Comp	Dany VERMONT	MUTUAL INS	URANCE Vehi	cle Action Prior to Cr	ash 1	22	amaged Are	a Code:	1 27 2 27 0 27		
	Vehicle Travel D	Direction: SEW	Responding to Eme	ergency? 2 Ever	t Sequence 23	23 23	23 T	est Status:		28		
1	1	sued)	•	Mos	Harmful Event 1	24		ype of Test:		30		
	1		Viol. 2: Ch/Sec/Sub -		== er Contributing Code	99 25	25	AC Test Resusp. Alcohol			1 13	
			Viol. 4: Ch/Sec/Sub —		- 177	9 26		owed from s		30sp. Drug.		
⁶ 1	VIOI. 3. CIDSEC/		erator and all occupants in	•		34 35	36 37	38 39	40	41111	4	
	Name (Last First M	•		Address	DOB/Age S	Sex Pos. System		Trap Injur Code Statu	Transp. s Code	Medical Facility	-	
	Operate	or		See Above	\rightarrow	1 99	4 0	0 10	1			
]	
	Dlana Salant (15 10	6 6	17	_ 18			1	
⁷ 2	Please Select C of the Followin		#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	▎ ╎	Hit/Run Moped		
	License # S9	6573774 St	MA DOB/Age	. Reg	# <u>792RG7</u>		Reg Typ	e PC	Re	eg State MA		
	Sex M Lic. (Class D 19 Lic	. Restrictions 99 20		Year 2010 Veh Make TOYOTA Veh Config. 1 21							
	Operator LA	ROSEE, MAR		EndorsementOwn	ner LAROSEE, MARC EDWARD							
1		NATHAN RD	First	Middle Addr	ess 26 NATH	AN RD	First		Mis	ddle		
	City WILMI	ENGTON St	ate MA Zip 0188	7-2542 City.	WILMINGTO	N	Sta	ate MA	Zip 01	L887-2542	1 14	
	Insurance Compa	any LIBERTY	MUTUAL INS	hicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 7 27								
	Vehicle Travel D			ent Sequence 1 23 23 23 23 23 Test Status: 28								
		ued)	•		Harmful Event 1	24	•	ype of Test:		29		
⁹ 2	· ·	•			er Contributing Code	1 25	25	AC Test Res		30 Susp. Drug: 32		
No. 1. Childeologic 26								usp. Alcohol owed from s				
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Direct Distracted by Viol. 3: Ch/Sec/Sub Direct Distract Distract Distracted by Viol. 3: Ch/Sec/Sub Direct Distract Dist								40 L	<u>4 mai 10 </u>	4	
	Name (Last First M	(iddle)	· · · · · · · · · · · · · · · · · · ·	Address	DOB/Age S	Seat Safety Pos. System		Trap Injury Code Statu		Medical Facility	-	
	Operate	or/Non-Motori	st s	See Above		1 99	4 0	0 10	1			
											1	
											1	
	1		I		1 1	1 1	1 1	1 1	1 1		1	



Patrol Officer Michael R Cabral

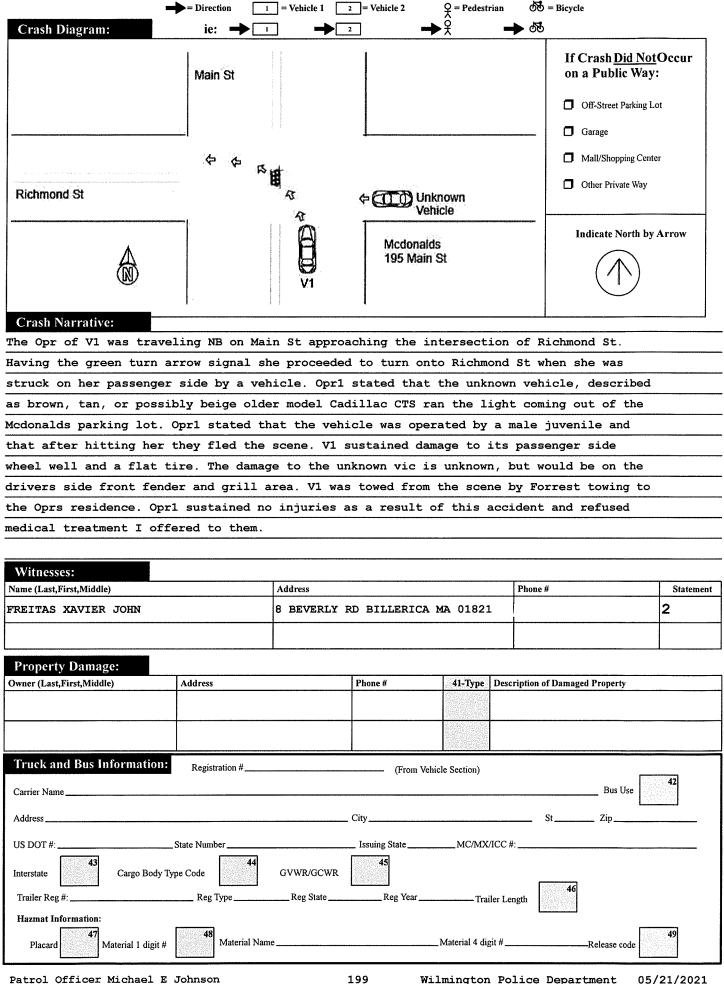
207

Wilmington Police Department

05/21/2021

Department

Police Use Only	monwealth of Massachusetts RMV Document Number								
Date of Crash Time of Crash 05/21/2021 1929 Wi	City/Town lmington	Motor Veh		Number Vehicles		Speed Lin	nit 35	5 State Police Local Police MBTA Police	80
24HR		Police	Report	2	0	Lantide_ Longitude		Campus Police Other:	
AT INTERSEC	< LOCA	TION >		NOT A	T INTE	RSEC	TION:		
MAIN S	TT.								2
Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name	of Roadw	vay/Street	
	At		Feet N S	S E W of			— or		
Route# Direction RICHMO	Name of Intersecting Road	way/Street			Mile M	larker		Exit Number	
	Also at Intersection v	with		S E W of	Route#	Inte	rsecting I	Roadway/Street	_
Route# Direction	Name of Intersecting Road	way/Street	Feet N S	S E W of				•	
N G L G		·					Landmarl	k	
Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Repo	rt ID# 21	-12	0-A	C		
License # S94291756 Se	MA_DOB/Age	Reg	#44NG42		Reg Typ	e PC	R		
Sex_ F Lic. Class D 19 Li		CDL Veh	Year 2011	Veh Make	UBARU	J	Veh	Config. 1	21 1
Operator AURIGEMMA,		indorsement E Own	er AURIGEMM	A, JI	LIAN First	MARI	E	iddte	
Address 101 POULIOT	<u>}L</u>		ess 101 POUI	CIOT P			Mı	wic	
City WILMINGTON S	tate MA Zip 0188	7-0000 City	WILMINGTO	N	St	ate MA	Zip_ 0 :	1887-000	00
Insurance Company GOVERNME	NT EMPLOYEE:	S INSU Vehic	cle Action Prior to Cras	sh 4	18.GC	Damaged Are	ea Code:		27
Vehicle Travel Direction: X E V	V Responding to Emer	gency? 2 Even	t Sequence 23	23 23		est Status:		28	
Citation # (If Issued)		Most	Hammful Event 1	24		ype of Test: SAC Test Re		30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcoho		Susp. Drug: 2	32 1
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from		1 33	-
Please fill out for op	perator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Inju Code State	ry Transp.	Medical Facility	
Operator	S	ee Above	DOB/Age Sex	Pos. System	4 0	0 10	1	Medical Facility	
						-			
Please Select One of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action 16	Location	17 Condi	tion 1	⁸ ⊠1₁	Hit/Run 🔲 Mo	oped
License #St	DOB/Age	Reg #	#		Reg Typ	e	Re	eg State	
Sex Lic. Class 19 19 Lic			Year	Veh Make			Veh	Config. 2	21
Operator unknown	First	ndorsement Own	er						_
Last Address	First	Middle Addr	Last		First		Mi	ddle	
CityS	ate Zip	City_		············	Sta	ate	Zip		1
Insurance Company		Vehic	ele Action Prior to Cras	h 6	22 D	amaged Are	a Code:	6 27 7 27	27
Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 23	23 23		est Status:		1 28 29	
Citation # (If Issued)		Most	Harmful Event 1	24	,	ype of Test: AC Test Re	ŀ	30	
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 4 25 Susp. Alcohol: 99 31 Susp. Drug:									32
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	200						_
Please fill out for operator/	non-motorist and all occup	ants involved	DORA	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	ry Transp.	Mar in the	
Name (Last First Middle) Operator/Non-Motor	ist s	ee Above	DOB/Age Sex	Pos. System	Status Code	Code Statu		Medical Facility	
P. S. WOIT TO MILLOW			Y Y	+-					_
						 	-		
							\perp		



Patrol Officer Michael E Johnson

Department

Wilmington Police Department

05/21/2021

Police Use Only	Commonw	ealth of	f Massa	chus	etts			RM	V Doci	ument Num				
	naton	or Vehic	_	sh [Number /ehicles	Numbe Injure	, Jopes	d Limit ude		State Poli Local Pol MBTA Po	ice 🔯			
24HR	I I	Police R	eport	2		0	1	itude		Campus I Other:	Police 🔲			
AT INTERSECTIO	N: <	LOCAT	ION >			NOT	AT IN	TER	SEC	TION:				
				51	24	HOE	SES	HOE:	T.N	r				
Route# Direction N	Vame of Roadway/Street	R	Route# Direction		dress #	1101				vay/Street				
	At		Feet I	N S E V	V of				or					
Route# Direction Name of	of Intersecting Roadway/Street					Mile	Marker		·· _	Exit Nu	mber			
, A	_	Feet NSEW of Route# Intersecting Roadway/Street												
Route# Direction Name of	of Intersecting Roadway/Street		Feet [NSEV	v of									
	<u> </u>								ndmarl	k				
Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	port ID#	21	-12	21-	·AC						
License # St	DOB/Age	Reg#_	30TK01			Reg T	/pe PC	·	R	eg State M	A			
Sex Lic. Class 19 19 Lic. Rest	rictions CDLEndorsement	Veh Yea	r 2017	Veh N	⁄lake <u>M</u>	ITSU	BIS	HI	Veh	Config. 2	21			
Operator Driverless M.V.	Endorsement Middle	Owner.	OKEEFFE	., MZ	ARTI		[
Address	sı Middle	Address	5121 H	orse:	SHOE	First LN			Mi	iddle				
City State	Zip	City_W_	ILMINGT	ON			State M	A z	Zip 0]	1887-	6001			
Insurance Company GEICO GENER	AL INSURANCE C	C Vehicle	Action Prior to C	Crash		22	Damage	ed Area	Code:	4 3 3 3 3 3 3	27			
Vehicle Travel Direction: NSEW	Responding to Emergency?	Event Se	equence 2:	3 23	23	23	Test Sta			28				
Citation # (If Issued)		Most Ha	armful Event	24	•		Type of BAC Te		ıle.	30				
Viol. 1: Ch/Sec/Sub Viol	. 2: Ch/Sec/Sub	Driver C	Contributing Cod	e	25	25	Susp. A		000.55	30000	g. 32			
Viol. 3: Ch/Sec/Sub Viol	. 4: Ch/Sec/Sub	Driver D	Distracted by	26			Towed f	ı from sc	ene?	2 33	- L			
Please fill out for operator	•			34 Seat		36 3 Airbag Ej	et Trap		40 Transp.					
Name (Last First Middle) Operator	Address See Above		DOB/Age	Sex Pos.	System	Status Co	de Code	Status	Code	Medical	Facility			
Орегию.				<u> </u>			-							
								<u> </u>						
							<u> </u>							
Please Select One of the Following: Vehicle 21 #0	Occupants Non-Motorist A	Type 1	Action	16 Locati	ion	17 Con	dition	18	☐ F	Hit/Run	Moped			
License # S27303988 St MA	DOB/Age	Reg#4	VZ279			Reg Tv	ре РС	:	Re	eg State M Z	4			
19 19	10 10 20					Veh Year 2015 Veh Make MITSUBISHI Veh Config. 2 21								
Operator PELLETIER, ERIC	Endorsement W		PELLETI											
Address 5124 HORSESHOE]	t Middle	Address	5124 HC	DRSES	SHOE	First LN	AP	T 5	124					
	A Zip 01887-6001	City W	LLMINGT	ON		S	tate M	A z	ip 01	L887-6	5001			
Insurance Company THE COMMERC	E INSURANCE CO	Vehicle A	Action Prior to C	rash	10	22	Damage	d Area	Code:	4 27 2	7 27			
Vehicle Travel Direction: N E W I	Responding to Emergency? 2	Event Se	equence 10 23	23		~ 1	Test Star			28				
Citation # (If Issued) T1683951		Most Ha	rmful Event	L 24			Type of		,	30				
Viol. 1: Ch/Sec/Sub 90 24 Viol.	Driver C	Driver Contributing Code 19 25 25 Susp. Alcohol: 31 Susp. Drug: 32												
	4: Ch/Sec/Sub		Driver Distracted by 99 26 Towed from scene? 2 33								لــــا			
Please fill out for operator/non-mo	otorist and all occupants involved	d		34 Seat	35 Safety	36 3° Airbag Eje	ct Trap	39 Injury	40 Transp.					
Name (Last First Middle) Operator/Non-Motorist	Address		DOB/Age	Sex Pos.	System	Status Co	de Code	Status	Code 1	Medical	Facility			
Operator/Non-Motorist	See Above		\sim	$X \mid 1$		-	-	10	*					
					1			<u> </u>						

	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	ර්ජි = Bicycle	
Crash Diagram:	ie: -> 1	¬ → □	2	→ Ĥ -	▶ %	
	on a Public	If Crash <u>Did Not</u> Occur on a Public Way:				
		₽ ∨1			☐ Garage	
					5 × 11/01	
					☐ Mall/Shoppii	ng Center
	्रके	V2			Other Private	·Way
					V N	
					Indicate No	rth by Arrow
Crash Narrative:						
-	V2 was attempting to	back into	the spot ner	kt to v1, and	l struck bumper t	:0
bumper. He then	n left the scene					
operator of V2 1	peing cited leaving th	e scene pr	operty damag	je		
90:24 2						
T1683951						
21-162-ar						
Witnesses:		T.,,				1
Name (Last,First,Middle)		Address			Phone #	Statement
			-			
Duanauty Damaga		<u> </u>				
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type Descr	ription of Damaged Property	
(-pro	
					14	
Truck and Bus Info	ormation:					
Carrier Name	<i>C</i>		(From Ve	ehicle Section)	Bus Us	e 42
Address			_ City		St Zip	<u></u>
Ma por "						
	State Number		Issuing State	MC/MX/ICC #		
	Cargo Body Type Code Reg Type	GVWR/GCWR		The San Land	46	
Hazmat Information:				Traner Ler		
47	erial 1 digit # 48 Material Nam	e		Material 4 digit #	Release co	de 49
						<u></u>

Patrol Officer Brian D Thornton
Police Officer Name (Please Print)

190

Wilmington Police Department
Department Precinct/Barracks

05/23/2021

Department