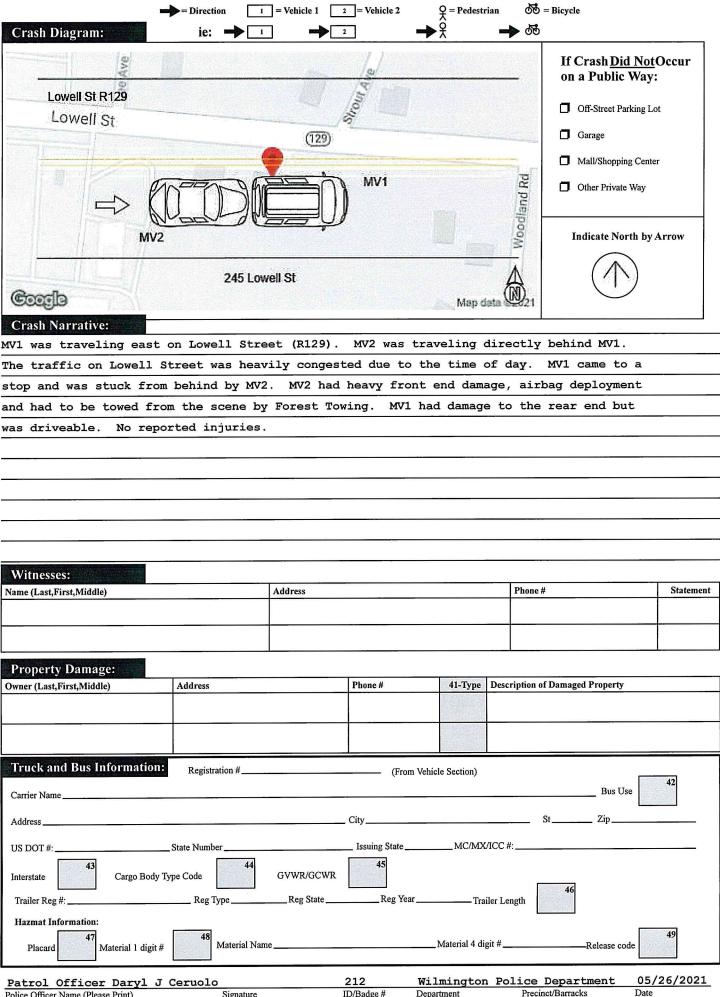
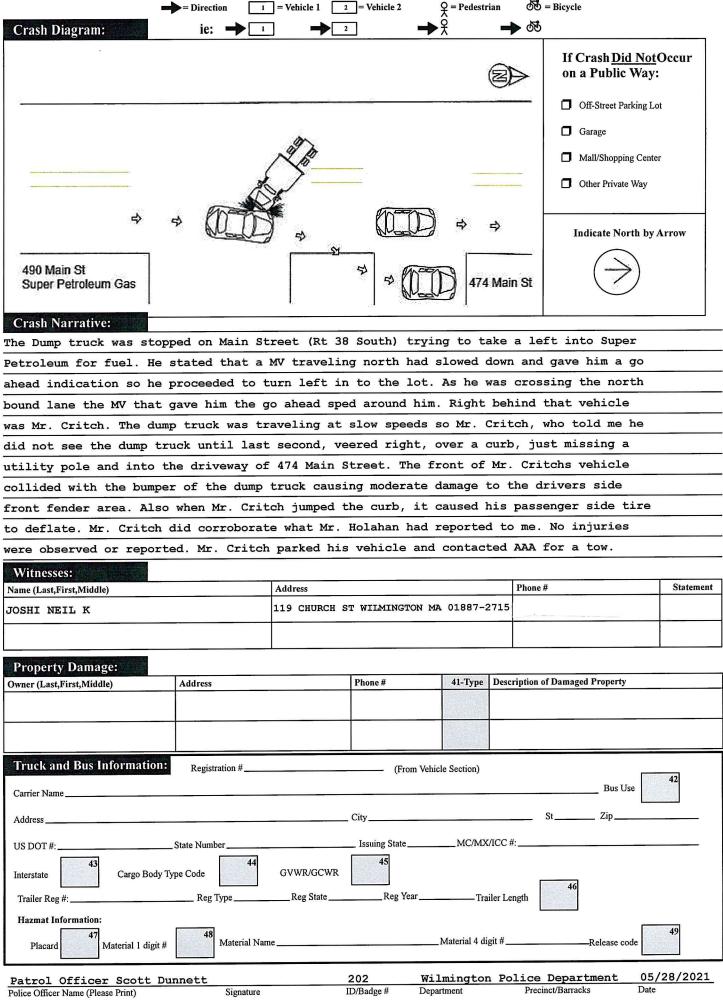
	Police Use Only	Com	monwealth	of Massac	husett	S		RMV	Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehicl		pood	Limit_	35	State Police Local Police MBTA Police	1
	05/26/2021 1519 W	ilmington	Police 1	Report	2	1	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSE	CCTION:	< LOCA	TION >		NOT	AT IN	ΓERS	ECT	ION:	1
	Route# Direction	Name of Roadway/S	Street	Route# Direction	484 Address		WSHI Na	EEN ame of R			2 10
¹ 1	- Routes Breedon	At									1
	Route# Direction	Name of Intersecting Road			S E W of		— • Marker	_	or	Exit Number	2 11
		Also at Intersection	with		S E W of	Route#	-	Intersec	ting Ro	adway/Street	-
² 1	Route# Direction	Name of Intersecting Road	dway/Street	Feet N	S E W of			Lan	dmark		
3	of the Following:	1 #Occupants Hi		Crash Repo							
		St MA DOB/Ag		# 4CB722						State MA 21	1 12
	Sex F Lic. Class D 19 19 Operator TRIMBLE , JE	and the second	Endorsement Own	Year 2018 er TRIMBLE				<u> </u>		onfig. 1	_
⁴ 1	Address 45 GILBERT	First	Middle	ess 45 GILB		First			Middl	le	
_	City MALDEN			MALDEN			State M7	A 76	. 02	148-1718	
	Insurance Company GEICO G				ish 1	22	Damage		-		
				cle Action Prior to Cra	23 23	23	Test Stat		1	28	
5	Vehicle Travel Direction: N S	W Responding to Em	•	t Sequence 1 23		25	Type of	Test:		29	
	Citation # (If Issued)		Most	t Harmful Event 1	24		BAC Te	st Resul	t: 1	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub _	Drive	er Contributing Code	1 25	25	Susp. Al	cohol: 2	31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Drive	er Distracted by	26		Towed fi	rom sce	ne? 1	33	
⁶ 1	Please fill out for	operator and all occupants			34 3 Seat Saf	5 36 ety Airbag E	7 38 ect Trap ode Code	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age So	Pos. Sys	em Status C	ode Code		Code La	Medical Facility ahey Clinic	1
	Operator		See Above		1 1	4 0	_	ı° ı	_		4
											1
	E										1
⁷ 1	Please Select One of the Following:	1 #Occupants No	on-Motorist A Type	15 Action 16	Location	17 Co	dition	18	Hi	t/Run Moped	1
_	License # <u>\$71767607</u>	St MA DOB/Age	Reg	#272TC9		Reg T	уре <u>РС</u>		Reg	State MA	1
	Sex F Lic. Class D 19 19	Lic. Restrictions 20	CDL Veh	Year 2018					_ Veh C	onfig. 21	
⁸ 1	Operator GERO, HANNA	First	Middle	er <u>GERO, La</u>		First	HARI		Middl	le	1
T	Address 22 GLAD VAL		- Industrial	ess 22 GLAD							14
	City BILLERICA	State MA Zip 0182	21-2610 City	BILLERICA	Trickle				_	821-2610	1
	Insurance Company THE COM	MERCE INSURA	NCE CO Vehi	cle Action Prior to Cra	ish 1	22	Damage		Code: 1	DESCRIPTION OF THE PERSON OF T	
	Vehicle Travel Direction: N S	W Responding to Em	ergency? 2 Even	t Sequence 23	23 23	23	Test Stat		1	28	
0	Citation # (If Issued)	 :	Mos	t Harmful Event 1	24		Type of BAC Te		+	30	
⁹ 2	Viol. 1: Ch/Sec/Sub		Driv	er Contributing Code	19 ²⁵	25	Susp. Al	-		Susp. Drug: 2 32	
	27 No. 1007 No. 2011 100 100 10			er Distracted by	26		Towed f			22	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub - tor/non-motorist and all occi		1	34 3	5 36	37 38	39	40	500E3	┩
	Name (Last First Middle)	tornon-motorist and an occi	Address	DOB/Age S	Seat Sa ex Pos. Sys		ject Trap ode Code	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Moto	orist	See Above	$>\!\!<\!\!>$	1 1	4 0	0	10	1		
				ī	++						1
								+			1

Shiewsheen Ave on a Public Way: on a Public Way: Off Street Public II College Mall/Shopping Conter Other Private Way Indicate North by Arrow Find My 2 were driving straight on Shawsheen Ave. My 1 and My 2 stated a vehicle speed abruptly in front of her which caused My 1 to stop abruptly as well. This resulted My 2 rear-ending My 1. Operator of My 1 was transported to hopsital due to neck pain. 1 was towed by Forrest Towing. Shaten Fine (LastFirst, Middle) Address Phone # Shaten Fine (LastFirst, Middle) Address Fine (Las						×	If Crash Did N	
Gauge Malifologoping Center Malifologoping Center Other Private Way Indicate North by Arrow Indicate North by	Shawsheen Ave	44.4 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	V == 10				on a Public Wa	ay:
Mail/Slopping Conter			2				Off-Street Parkin	g Lot
Indicate North by Arrow Indicate North by Arrow		Moder					☐ Garage	
Indicate North by Arrow Indicate North by Arrow Indicate North by Arrow							☐ Mall/Shopping C	enter
rash Narrative: 1 and MV 2 were driving straight on Shawsheen Ave. MV 1 and MV 2 stated a vehicle popped abruptly in front of her which caused MV 1 to stop abruptly as well. This resulted MV 2 rear-ending MV 1. Operator of MV 1 was transported to hopsital due to neck pain. 1 was towed by Forrest Towing. Witnesses: We (LastFirst, Middle)						7.00	Other Private Wa	у
1 and MV 2 were driving straight on Shawsheen Ave. MV 1 and MV 2 stated a vehicle pped abruptly in front of her which caused MV 1 to stop abruptly as well. This resulted MV 2 rear-ending MV 1. Operator of MV 1 was transported to hopsital due to neck pain. 1 was towed by Forrest Towing. Was towed by Forrest Towing.						-	Indicate North	by Arrow
1 and MV 2 were driving straight on Shawsheen Ave. MV 1 and MV 2 stated a vehicle pped abruptly in front of her which caused MV 1 to stop abruptly as well. This resulted MV 2 rear-ending MV 1. Operator of MV 1 was transported to hopsital due to neck pain. 1 was towed by Forrest Towing. Name						(M)	\bigcirc	
1 and MV 2 were driving straight on Shawsheen Ave. MV 1 and MV 2 stated a vehicle pped abruptly in front of her which caused MV 1 to stop abruptly as well. This resulted MV 2 rear-ending MV 1. Operator of MV 1 was transported to hopsital due to neck pain. 1 was towed by Forrest Towing. Name	rash Narrative:							
MV 2 rear-ending MV 1. Operator of MV 1 was transported to hopsital due to neck pain. 1 was towed by Forrest Towing. Ithesses:	THE RESIDENCE OF THE PARTY OF T	iving straight	on Shawshee	n Ave. MV 1	and MV 2	stated a	vehicle	
1 was towed by Forrest Towing.								d
//Incsses: ne (Last,First,Middle) Address Phone # Statem roperty Damage: ner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property ruck and Bus Information: rrier Name	MV 2 rear-ending M	V 1. Operator o	of MV 1 was	transported	to hopsit	al due to	o neck pain.	
Address Phone # Statem roperty Damage: ter (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property ruck and Bus Information: rrier Name	1 was towed by For	rest Towing.						
Address Phone # Statem roperty Damage: ter (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property ruck and Bus Information: ruck and Bus Information: Registration # (From Vehicle Section) Bus Use 42 dress City St Zip ### Address Phone # 41-Type Description of Damaged Property #### Address Phone # 41-Type Description of Damaged Property #### Address Phone # 41-Type Description of Damaged Property ##### Address Phone # 41-Type Description of Damaged Property ###################################								
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roperty Damage: ner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property ruck and Bus Information: Price Name Gity St St Zip SDOT #: State Number Issuing State MC/MX/ICC #: Lerstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 GVWR/GCWR 46 Issuing State Reg Type Reg State Reg State Reg Year Trailer Length Address 47 48								
Address Phone # 41-Type Description of Damaged Property Property Property Phone # 41-Type Property	/itnesses:							
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ruck and Bus Information: Registration #			Address			Phone #		Stateme
ruck and Bus Information: Registration #	e (Last,First,Middle)		Address			Phone #		Stateme
Bus Use 42 Address	roperty Damage:	Address	Address	Phone #	41-Type		Damaged Property	Statemo
Bus Use 42 Address	roperty Damage:	Address	Address	Phone #	41-Type		Damaged Property	Stateme
Bus Use	roperty Damage:	Address	Address	Phone #	41-Type		Damaged Property	Stateme
Bus Use 42 Address	roperty Damage:	Address	Address	Phone #	41-Type		Damaged Property	Stateme
State Number	roperty Damage:						Damaged Property	Stateme
S DOT #: State Number Issuing State MC/MX/ICC #: terstate	re (Last,First,Middle) roperty Damage: ner (Last,First,Middle) ruck and Bus Informatio	Registration #				Description of I		
terstate	re (Last,First,Middle) roperty Damage: ner (Last,First,Middle) ruck and Bus Information	Registration #		(From V	Vehicle Section)	Description of I	Bus Use	42
terstate Cargo Body Type Code GVWR/GCWR railer Reg #: Reg Type Reg State Reg Year Trailer Length 46 Reg Type Reg State Reg Year Trailer Length 49	re (Last,First,Middle) roperty Damage: ner (Last,First,Middle) ruck and Bus Information	Registration #		(From V	Vehicle Section)	Description of I	Bus Use	42
Reg Type	roperty Damage: ner (Last,First,Middle) ruck and Bus Information	n: Registration#		(From V	/ehicle Section)	Description of I	Bus Use	42
fazmat Information:	roperty Damage: ter (Last,First,Middle) ruck and Bus Information rrier Name dress B DOT #: 43	Registration # State Number		City Issuing State	/ehicle Section)	Description of I	Bus Use	42
47 48 49	roperty Damage: ner (Last,First,Middle) ruck and Bus Information rier Name dress DOT #: Cargo Boo	Registration # State Number dy Type Code	GVWR/GCWR	City Issuing State	Pehicle Section) MC/MX/	Description of I	Bus Use	42
The state of the s	roperty Damage: rer (Last,First,Middle) ruck and Bus Information rrier Name dress BOOT #:	Registration # State Number dy Type Code	GVWR/GCWR	City Issuing State	Pehicle Section) MC/MX/	Description of I	Bus Use	42

	Police Use Only	Commo	nwealth (of Massa	chus	setts			RMV	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town M	lotor Veh	icle Cras	h [Number Vehicles	Number Injured	Dpood	Limit.	40	State Police Local Police MBTA Police Campus Police	
	05/26/2021 1659 Wilm 24HR	ington	Police	Report	2	2	o Î	Latitu Longi			Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION >			NOT A	T IN	ΓER	SEC	ΓΙΟΝ:	_
	Route# Direction	Name of Roadway/Street		Route# Direction		45 Idress #	LOW	ELL Na		Roadw	ay/Street	2
1		At		Feet N	lelel.	w c		_ •				1
	Route# Direction Name	e of Intersecting Roadway/Str	reet	reet	(SE	••• or		/larker		or _	Exit Number	10
		Also at Intersection with		Feet [N	SE	w of	Route#	-	Interce	eting P	Loadway/Street	
	D. III District			Feet N	SE	w of	Router		merse	cting iv	toauway/Sirect	
1	Route# Direction Name	e of Intersecting Roadway/Str	reet						La	ndmark		1
	of the Following:	#Occupants Hit/Run	Moped	Crash Re							363	-
	10 10	A DOB/Age		# <u>994JR8</u>							21	1
	Sex F Lic. Class D Lic. Ro	estrictions CDL_ Endorse	ement	Year <u>2016</u>			-			_ Veh	Config. 1	
G.	Operator GILLIS, KATHER	First Middl		er GILLIS				REN	CE	Mic	ddle	
1	Address 1 CHESTNUT AVE			ess 1 CHES!		' AVI		100-1000				
	City BURLINGTON State			BURLINGT	ON	PATER 1	_				27 27 27 27	l
	Insurance Company SAFETY INS	SURANCE COMPA	ANY Vehi	cle Action Prior to C		2		Damage Test Stat		Code:	5 27 27 27	
2	Vehicle Travel Direction: N S W	Responding to Emergency	7 <u>2</u> Even	t Sequence 1			23	Type of			29	Ì
2	Citation # (If Issued)	_	Most	t Harmful Event	1 24			BAC Te	st Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub — V	riol. 2: Ch/Sec/Sub	Drive	er Contributing Code	14.010	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1
	Viol. 3; Ch/Sec/Sub V	riol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed f		Ľ	2 33	
1	Please fill out for operat	tor and all occupants involved		DOB/Age	Sex Po	at Safety	36 3 Airbag Eje Status Co	ct Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator -	See Abo			X 1		4 0	0	10	1		
	EDWARD GILLIS	1 CHESTNUT ST BURLINGTON, MA 01803		1,1	4 3	1	4 0	0	10	1	***	1
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			Taxon Control			and the same of th	10	120	10			4
1	of the Following:	#Occupants Non-Moto		15 Action # 775\$¥6	Loca			dition	18		Hit/Run Moped	$\frac{1}{2}$
	19 19	A DOB/Age		# <u>773310</u> Year <u>2013</u>				•			Config. 1	
	D	estrictions CDL_ Endorse	ement	ner BOND, M						vcii	comig.	
1	Operator BOND, MARIANNI	First Middl	le	ress 10 FELS	st		First			Mic	ddle	
	Address 10 FELSPA RD	MA Zip 02180-1:		STONEHAM				State M	A 7	in 02	2180-1314	1
	City STONEHAM State Insurance Company ARBELLA MI			cle Action Prior to C		1		Damage				-
				nt Sequence 1	- Indiana -	no-months and		Test Sta			1 28	
	Vehicle Travel Direction: NSWW	Responding to Emergency		it sequence 1	1 24			Type of	Test:		29	
2	Citation # (If Issued)	_			_		25	BAC Te	1		30	
	1	/iol. 2: Ch/Sec/Sub		er Contributing Cod	99 26	CONTRACTOR NAME		Susp. Al			Susp. Drug: 2 32	
	11011 01 011 011 011	/iol. 4: Ch/Sec/Sub		er Distracted by	99	4 35	36 3	7 38	39	40	1	+
	Please fill out for operator/non Name (Last First Middle)	n-motorist and all occupants in		DOB/Age	Sex Po	eat Safety	Airbag Ej	ect Trap	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See Abo	ove	><	X^1	[1	1 0	0	10	1		1
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	Police Use Only	Comn	nonwealth	of Massa	chus	etts			RMV I	Oocum	ent Number	
	Control of the Contro	City/Town	Motor Vel	icle Cras	$h \left[\begin{bmatrix} 1 \\ 1 \end{bmatrix} \right]$	Number /ehicles	Number Injured	Speed I	No.	35	State Police Local Police MBTA Police Campus Police	
	05/28/2021 1319 Wilm 24HR	ington	Police	Report	2		0	Latitude Longitu			Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION >			NOT A	r int	ERSI	ECTI	ON:	
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	Route# Direction	Name of Roadway/Str	eet	Route# Directi	on Add	dress #	MAIN		ne of Ro	adway/	/Street	╁
1		At		Г.								1
	Route# Direction Name	e of Intersecting Roadw	av/Stroat	Feet [N S E V	v] of	— — Mile M		— o	or	Exit Number	
	Route# Direction Plant	Also at Intersection w		Feet [N S E V	v of						5
				Feet [N S E V	v of	Route#	Iı	ntersecti	ng Roa	dway/Street	
² 1	Route# Direction Name	e of Intersecting Roadw	ray/Street						Landı	mark		-
3	Please Select One Vehicle 11	#Occupants Hit/I	Run Moped	Crash Re	port ID#	21	-12	5-2	AC			1
,	of the Following:			 # <u>₩28747</u>		B					M7	
	[40 40	DOB/Age					= 0.8				21	1 12
		Fr	dorsement	Year 2008						Veh Co	ontig. LL	
1	Operator HOLAHAN , FRANC	First		ner HOLAHAN			First	<u> </u>		Middle		
1	Address 94 SALEM ST		6 MAXAMONES	ress 94 SAL	EM S	Т						
	City WOBURN State			WOBURN		Talver a	_				27 27 27	
	Insurance Company SAFETY INS	SURANCE CO	MPANY Vehi	cle Action Prior to C	-1	6		amaged est Statu	Area Co	ode: 1	28	
5 _	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Ever	nt Sequence 1 2		23	23	ype of Te		1	29	1
2	Citation # (If Issued)	_	Mos	t Harmful Event	1 24		В		t Result:	1	30	12
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	e 1	25	25 S	usp. Alce	ohol: 2	31 S	susp. Drug: 2 32	1 13
<u> </u>	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26		T	owed fro	om scene	? 2	33	
·1	Please fill out for operat			DOB/Age	Sex Pos	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	Injury Tra	40 onsp. ode	Medical Facility	
	Name (Last First Middle) Operator		Address ee Above	DOB/Age	X 1	1	4 0		10 1	out	Wiedieal Facility	
	Орегию	-				-				+		-
										_		-
											24.00	
7	Please Select One Vehicle 21	#Occupants Non-	-Motorist A Type	15 Action	16 Locat	ion	17 Condi	tion	18	Hit	/Run Moped	
⁷ 1	of the Following:			#_FF8270				DC			M7	+
	19 19	DOB/Age 20						e PC			State MA 21	
	5	Er	dorsement	Year 2017				-		Veh Co	onfig. 1	
§ 1	Operator CRITCH, CLIFFO	Pirst ARNOLD	Middle	er CRITCH	ist		First	KNOL		Middle		
Т.	Address 6 GARNET RD			ress 6 GARN		D			2		0100	14
		MA Zip 01821		BILLERIC	ZA	52 (15)(6)	- 100 mg				27 27 27	
	Insurance Company GEICO GENE	RAL INSURA	NCE C Vehi	cle Action Prior to (L	7	amaged est Statu	Area Co	ode: 2	27 3 27 27	
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⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event	1 24			AC Test	t Result:	1	30	1
2	Viol. 1: Ch/Sec/Sub V	iol, 2: Ch/Sec/Sub	Driv	er Contributing Cod	92000	25	25	usp. Alc	ohol: 2	31 S	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26		T	owed fro	om scene	e? 1	33	
	Please fill out for operator/non	-motorist and all occupa		DOB/Age	Sex Pos	t Safety	36 37 Airbag Eject Status Code		Injury Tr	40 ansp. Code	Medical Facility	
	Name (Last First Middle) Operator/Non-Motorist	Se	Address ee Above	DOWNE	1	0	4 0		10 1			7
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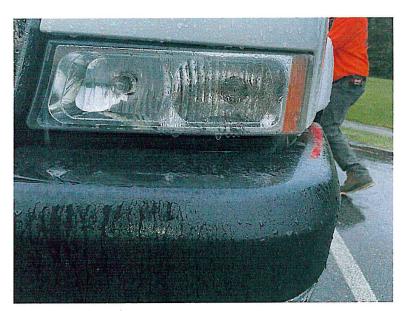
CDP1 11-24-00

	Police Use Only	Com	monwealth	of Massacl	nusetts		RI	AV Docu	iment Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	100 %	Speed Lim	it10	— Local Police	1
	05/27/2021 1135 Wil	mington	Police	Report	2	Injured O	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	TION:		ATION >		NOT A	r intel			1
	AI INTERSECT	10111			.	1,0111				2 10
			-		355	MIDI	LESE			
¹ 99	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name o	of Roadw	ray/Street	-
99		A		Feet N S	E W of			– or _		
	Route# Direction Na	ame of Intersecting Road	-			Mile Ma	arker		Exit Number	4 11
		Also at Intersection v	vith	Feet N S		Route#	Inter	secting R	Roadway/Street	
2	Route# Direction Na	ame of Intersecting Road	way/Street	Feet N S	E W of				~	
² 99	Route# Direction 146	anc of finersconing Road	may/bucct	<u> </u>			I	andmark		1
3	Please Select One of the Following: Vehicle 11	#Occupants	/Run	Crash Repor	rt ID# 21	-12	6-A	C		
	License # S99086610 St 1	MA DOB/Age	Reg	# 2GPA19		Reg Тур	e PC	Re	eg State MA	_ 12
	19 19			Year 2006	Veh Make C	HEVRO	LET	Veh	Config. 21	1
	Operator WOODS, MATTHI		EndorsementOwn	ier WOODS, M	ATTHEV	V F				
⁴ 1	Address 8 ALLENHURST	First	Middle	ress 8 ALLENE		First		Mic	ddle	
	City WILMINGTON Sta			WILMINGTO			ate MA	Zin 01	L887	
	Insurance Company SAFETY II			cle Action Prior to Cras	150,460		amaged Ar			
					23 23	425	est Status:		1 28	
5	Vehicle Travel Direction: S E W	Responding to Emer		n bequence 1	24		ype of Test:	•	29	
	Citation # (If Issued)	_	Mos	t Harmful Event 1		25	AC Test Re		1 30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	99 25	25 S	usp. Alcoho	l: 2 31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	e 26	T	owed from	L.	2 33	
⁶ 99	Editoria de la constante de la	rator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		Trap Inju Code Stat	ry Transp.	Medical Facility	1
	Name (Last First Middle) Operator		See Above	DOB/Age Sex	1 1	4 0	0 10		Medical Laciney	1
	Орегию				¥-					-
							-			4
	Please Select One Vehicle 21	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 1	8 1	Hit/Run Moped	1
⁷ 1	of the Following:				Location					4
		MA DOB/Age		#_1FDM71		Reg Typ		Re	eg State MA	
	Sex F Lic. Class D 19 Lic.	Restrictions 1 20	CDL Veh	Year 2019	. Veh Make <u>C</u>	HEVRO	LET	Veh	Config. 1	
0	Operator HENVEY, CATH			ner HENVEY,	CATHE	RINE I)	Mie	ddle	
899	Address 11 DAMON ST	Fusi		ress 11 DAMON	ST					
	City NORTH READING Sta	te MA Zip 0186	4-2210 City	NORTH REA	DING	St	ate MA	Zip <u>01</u>	1864-2210	1 14
	Insurance Company CITIZENS	INSURANCE	COMPAN Veh	icle Action Prior to Cras	sh 1	22	amaged Ar	ea Code:	7 27 27 27	
	Vehicle Travel Direction: NSE			nt Sequence 1 23	23 23	23 T	est Status:		1 28	
	Citation # (If Issued)		-	st Harmful Event 1	24		ype of Test		29	1
⁹ 2		W-1 2. Ol-10- 10.1	-	ver Contributing Code	99 25	25	SAC Test Re		1 control	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		ver Distracted by	26		usp. Alcoho	-	22	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		or Distracted by	34 35	36 37	38 39	40	2 33	4
	Please fill out for operator/r Name (Last First Middle)	on-motorist and all occup	Address	DOB/Age Set	Seat Safety	Airbag Eject	Trap Inju	ry Transp.	Medical Facility	_
	Operator/Non-Motori	st s	See Above	>>>	1 1	4 0	0 10	1		
										1
						-	+	+-		+
		η								



CDP1 11-24-00

Wilmington Police Department Images Associated with 21-126-AC

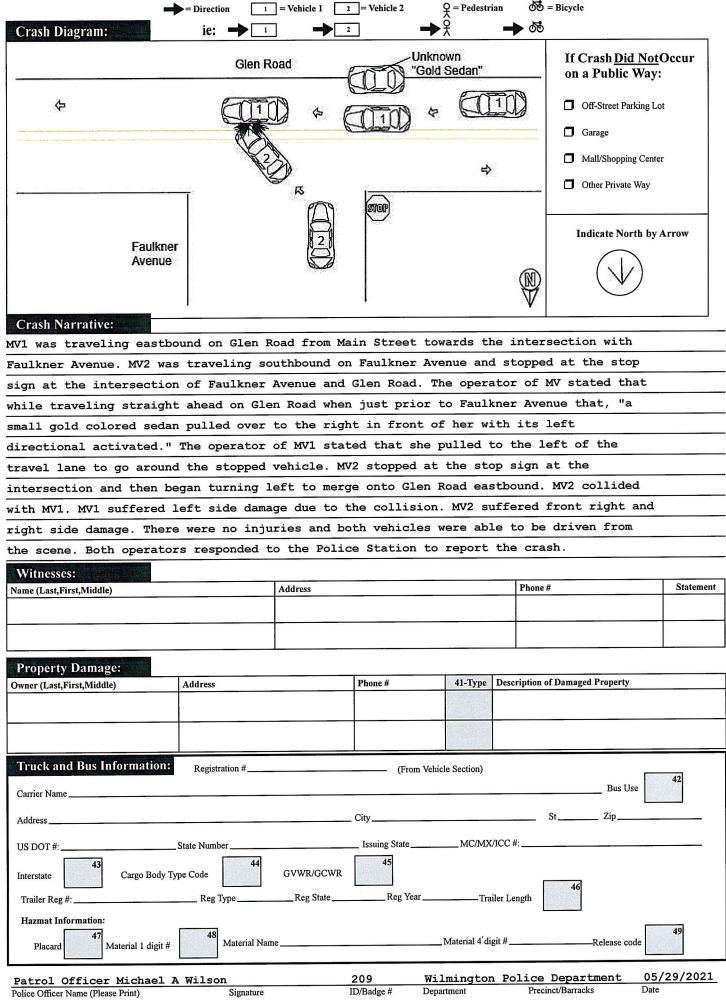








Date of Crash 05/29/2021 1602 Value City/Town 05/29/2021 Coap Police Report City/Town 1602 Campus Police Campus Po
AT INTERSECTION: FAULKNER AVE
FAULKNER AVE Route# Direction Name of Roadway/Street At GLEN RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street Crash Report ID# 21-127-AC
Route# Direction Name of Roadway/Street At GLEN RD Route# Direction Address # Name of Roadway/Street At Feet NSEW of Mile Marker Exit Number Feet NSEW of Route# Of Route# Direction Roadway/Street Also at Intersection with Feet NSEW of Route# Direction Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Crash Report ID# 21-127-AC
Route# Direction Name of Roadway/Street At GLEN RD Route# Direction Address # Name of Roadway/Street At Feet NSEW of Mile Marker Exit Number Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Crash Report ID# 21-127-AC
At GLEN RD Route# Direction Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Please Select One of the Following: Wehicle 11 #Occupants
Route# Direction Name of Intersecting Roadway/Street Please Select Onc of the Following: Wehicle 11 #Occupants
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet NSEW of Feet NSEW of Feet NSEW of Landmark Please Select One of the Following: Wehicle 11 #Occupants Hit/Run Moped Crash Report ID# 21-127-AC
Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Landmark Please Select One of the Following: Vehicle 11 #Occupants
Please Select One of the Following: Vehicle 11 #Occupants
of the Following:
of the Following:
License # S96096578 St MA DOB/Agt Reg # 8JG412 Reg Type PC Reg State MA
Sex F Lic Class 1 Lic Restrictions B 2 CDL Veh Year 2019 Veh Make MAZDA Veh Config. 1
Operator PERRY, MADYLIN WALKER Last First Middle Owner PERRY, ERNEST WALKER Last First Middle
Address 102 BALSAM PL APT 111 April 111 Address 102 BALSAM PL APT 111 April 111 Address 102 BALSAM PL APT 111
20 20 20 20
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash Vehicle Action Prior to Crash Test Status: 28
Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 23 23 23 23 23 23 25 Type of Test
Citation # (If Issued) Most Harmful Event
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 99 26 Towed from scene? 2 33
Places Fill out for appretor and all accuments involved 34 35 36 37 38 39 40
Prease fill out for operation and an occupants involved Name (Last First Middle) Address DOB/Age Sext Safety For System Substitute System Substitute Significant Significa
Operator See Above 1 1 4 0 0 10 1
Please Select One Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped
of the Following:
License # S70635954 St MA DOB/Age_ g # 72SJ15 Reg Type PC Reg State MA
Sex F Lic. Class b Lic. Restrictions CDL Veh Year 2012 Veh Make LINCOLN Veh Config. 1
Operator KIESINGER, MARY FRANCES Owner KIESINGER, MARY FRANCES
Address 197 SALEM ST Address 197 SALEM ST Address 197 SALEM ST Address 197 SALEM ST
Addition
WILMINGTON MA 7: 01887-4022 WILMINGTON State MA 7: 01887-4022
City WILMINGTON State MA Zip 01887-4022 City WILMINGTON State MA Zip 01887-4022 Damaged Area Code: [27] 27] 27
Insurance Company METROPOLITAN PROPERTY AND Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27 Test Status: 28
Insurance Company METROPOLITAN PROPERTY AND Vehicle Action Prior to Crash Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 2 Event Sequence 2 Type of Test: 29 Damaged Area Code: 2 27 3 27 27 Test Status: 28 Type of Test: 29
Insurance Company METROPOLITAN PROPERTY AND Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27 Test Status: 28
Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 29 Event Sequence 1 24 BAC Test Result: 30
Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: N E W Responding to Emergency? 2 Citation # (If Issued)
Insurance Company METROPOLITAN PROPERTY AND Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence Most Harmful Event Damaged Area Code: 2 27 3 27 27 Test Status: Type of Test: 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 99 26 Towed from scene? 2 33 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27 Test Status: Type of Test: BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 3 32 Viol. 3: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 2 33
Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: N N E W Responding to Emergency? 2 Citation # (If Issued)
Insurance Company METROPOLITAN PROPERTY AND Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: NXEW Responding to Emergency? 2 Citation # (If Issued)
Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: NXEW Responding to Emergency? 2 Citation # (If Issued)
Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: NXEW Responding to Emergency? 2 Citation # (If Issued)
Insurance Company METROPOLITAN PROPERTY AND Vehicle Action Prior to Crash Vehicle Action Pr



	Police Use Only	Commo	onwealth (of Massa	chuse	etts		R	MV Docu	ıment Number	
	ASSOCIATION CONTRACTOR		Motor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber chicles	Number Injured	Speed Li		— Local Police	
	05/29/2021 1628 Wilm:	ington	Police 1	Report	2		0	Latitude_ Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION >]	NOT AT				
								2.5			2 10
	Pouto# Direction	Name of Roadway/Street		Route# Directio	27	3 ress #	MAIN	ST Name	of Roadw		
¹ 1	Route# Direction	At		Aoute# Directio	n Audi	COO IT		ivaille	OI KUAUW	ayroucci	-
_				Feet N	S E W	of -	— — — Mile Ma		— or _	Exit Number	·
		of Intersecting Roadway/	Street		SEW	ا ـد	IVIIIe IVI	u vei	-	LAR HUMOCI	2 11
		Also at Intersection with					Route#	Inte	ersecting R	Roadway/Street	
² 2	Route# Direction Name	of Intersecting Roadway/	Street	Feet N	SEW	of _					_
							10		Landmark	i.	-
³ 3	Please Select One of the Following:	#Occupants Hit/Rur	n Moped	Crash Rep	ort ID#	21.	-12	8-A	C		
J	License # St.	_ DOB/Age	Reg	#2KSX59			_ Reg Type	PC	Re		12
	Se) _ Lic. Class D 19 Lic. Re	strictions 1 CDL	Veh	Year 2010	Veh M	ake St	JBARU		Veh	Config. 21	1
	Operato	Endo	rsement Own	er MELANSO							
⁴ 1	Last	First M	iddle	ess 412 WOE	t.		First		Mic	ddle	
_		7:		WILMINGT			Sto	to MZ	7in 01	L887-2576	
	City State Insurance Company LIBERTY MU					1 ²	_		rea Code:		
				cle Action Prior to C		NAME AND ADDRESS.		st Status:	ŀ	1 28	
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emergence		t Sequence 1 23			23	pe of Tes	ŀ	29	
	Citation # (If Issued)	-		Harmful Event	-	25	25	AC Test R		1 30	_ 1.
	Viol. 1: Ch/Sec/Sub — Viol.			er Contributing Code	26	²⁵ 18			ol: 2 31		1
⁶ 2	Viol. 3: Ch/Sec/Sub Viol.	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	AN ZHESSOW	,		wed from		1 33	
2	Please fill out for operato	or and all occupants involv	red tress	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	Trap In	39 40 jury Transp. atus Code	Medical Facility	
	Operator	See A	140,000		1	1 4		0 10			7
				-	_	$\vdash \vdash$		\vdash	-		_
7	Please Select One Vehicle 21	#Occupants Non-Mo	otorist A Type	15 Action 1	6 Location	on	17 Condit	ion	18 🔲 I	Hit/Run Moped	
⁷ 1	of the Pollowing:										-
	19 19	DOB/Age.		# <u>JF7943</u>		7	Reg Type			eg State MA	
	Sex M Lic. Class D Lic. Re	strictions CDL.	rsement	Year <u>2016</u>					Veh	Config. 2	
⁸ 2	Operator MEDINA, LEONAR	First M	iddle	er MEDINA , Las	t -		OO V First		Mic	ddle	
2	Address 33 MYSTIC AVE		V-320-0-0-0	ess 33 MYST	IC A	VE_					1
	City_TEWKSBURY State]	MA Zip 01876-	4368 City	TEWKSBUR	Y					L876-4368	4 '
	Insurance Company LM GENERAL	INSURANCE	COMP Vehic	cle Action Prior to C	rash	2 2	16		rea Code:		
	Vehicle Travel Direction: N E W	Responding to Emergen	cy? <u>2</u> Even	t Sequence 1 23	23	23	23	est Status:		28	
0	Citation # (If Issued)		Most	t Harmful Event	L 24		_	/pe of Tes AC Test F		_ 30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	ac Test R isp. Alcol		15.68	
L	N. 400 N. 1	iol. 4: Ch/Sec/Sub	74544,00000	er Distracted by	26			owed from		2 33	
	Viol. 3: Ch/Sec/Sub — Vi	Service (Service Indicator Annal Control (19)			34	35 Safaty	36 37	38	39 40 ijury Transp.		7
	Name (Last First Middle)		dress	DOB/Age	Sex Pos.	Safety System	Airbag Eject Status Code	Code St	atus Code	Medical Facility	-
	Operator/Non-Motorist	See A	Above	\times	X 1	1	4 0	0 1	0 1		
		-	<u> </u>			\dagger			\top		
						\vdash		\vdash			\exists

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestrian	● Bicycle	
Crash Diagram:	ie: 1 2	273 Main St		→ Ŷ.	on a Public Off-Street Pa Garage Mall/Shoppi Other Private	nrking Lot
Crash Narrative: Motor vehicle crash in the	Emant of 272 M	Sin St Wil	mington T	he operator	of vehicle 1 stat	
that he had rain on his						
activate his windshield						on.
The operators of vehicle						
from the scene by A&S To						
had damage to the center	r front. Vehic	le 2 had da	mage to ce	nter rear an	d the trailer hit	ch.
				22		
Witnesses:		Address			Phone #	Statement
Name (Last,First,Middle)		Address			Those #	
Property Damage:	Tin		Phone #	41-Type De	scription of Damaged Property	,
Owner (Last,First,Middle)	Address	-	rnone #	41-1ype De	Scription of Damageu 1 Toperty	
Truck and Bus Information:	Registration #		(From	Vehicle Section)		as allowed to the
Carrier Name					Bus U	42 Jse
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:	
43	44	GVWR/GCWR	45			
Interstate Cargo Body Ty	160 P. S. C.		Pag Voor	m 1 - 1	46	
Trailer Reg #:	Keg Type	Keg State	Keg Year	———Trailer l	Length	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nan	ne		Material 4 digit #	Release c	49 ode
Patrol Officer Nicholas E	Noftle		204	Wilmington P	Colice Department	05/29/2021