City		Police Use Only	Common	wealth (	of Massac	husetts	3	RM	V Docu	ment Number	
AT INTERSECTION:    Contain		SC SC SC SC SE SE	City/Town Mo			Number Vehicles			5	State Police Local Police MBTA Police	
Routed   Direction   Name of Rendomy/Street   Routed   Direction   Name of Rendomy/Street   Routed   Direction   Name of Intersecting Rondomy/Street   Peer   N S   E   W of   Mile Marker   East Number   Rondomy/Street   Routed   Direction   Name of Intersecting Rondomy/Street   Peer   N S   E   W of   Render   Rondomy/Street   Routed   Direction   Name of Intersecting Rondomy/Street   Peer   N S   E   W of   Render   Rondomy/Street   Routed   Rondomy/Street   Render   Rondomy/Street   Render   Rondomy/Street   Render   Rondomy/Street   Render   Render   Rondomy/Street   Render			1119 0011	Police 1	Report	2	0			Campus Police	
Restree Direction Name of Readway/Street  Al  Restree Direction Name of Readway/Street  Also at Intersecting Readway/Street  Also at Intersecting Readway/Street  Also at Intersecting Readway/Street  Please Sirve Or		AT INTERSECTION	ON:	LOCA	TION >		NOT A	r inter	SECT	ΓΙΟΝ:	$\downarrow$
Foot   Ns   E   W   of   Mile Marker   To   Ext Number   Total Report ID#   Total Repor		Route# Direction	Name of Roadway/Street		Route# Direction		MIDI				_ _ _
Router   Direction   Name of Intersecting Roadway/Street   Router   Independent   Router   Independent   Router   Independent	1		100,000 1		Feet N	S E W of			or		-
Name of Intersecting Roadway/Street   Landmark				et			Route#	Inters	ecting R	Loadway/Street	7
License # St DOB/Age Sex Lic Class   1	L	Route# Direction Name	of Intersecting Roadway/Stree	et	Feet [11]	3   2   11   01		La	ındmark		_
Veh Year 2018			Occupants Hit/Run	Moped	Crash Repo	ort ID# <b>21</b>	-13	4-AC			
Sex				Reg	# <u>6ZR316</u>		Reg Typ	e PC	Re		-  -
Address 11 JERE RD  City State Zip City WILMINGTON State MA Zip 01887-1670  Unamaged Area Code: 4 27 27 27 27 Test Status: 28 Type of Test: 29 Most Harmful Event 24 Status: 18 Most Harmful Event 25 State MA Zip 01887-100 Most Harmful Event 26 State MA Zip 01887-1177 Insurance Solect One Operator and all occupants involved Most Harmful Event 25 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 Cast Machael Prolifering Code 28 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 Cast Machael Prolifering Code 27 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 Cast Machael Prolifering Code 27 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Code 39 25 25 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 10 2 State MA Zip 01887-1177 Insuranc		Sex Lic. Class Lic. Res	strictions CDL Endorseme	ent					Veh	Config. 1	ŕ
City	1		irst Middle				First		Mid	idle	
Non-Motorist A   Type   Tower Contributing Code   Tower	L						_	1/2	. 01	007_1670	
Insurance Company   Vehicle Action Prior to Crash   1   1   1   1   1   1   1   1   1						6845588	22		_		
Vehicle Travel Direction: N S E W Responding to Emergency?  Event Sequence S S S S S S S S S S S S S S S S S S S			TUAL INSURANC	CE Vehic	Constant of the	Se defeurab			Code.	4	
Citation # (If Issued)   Most Harmful Event   Z4   BAC Test Result:   30		Vehicle Travel Direction: N S E W	Responding to Emergency?_	Even	t Sequence 23		23			29	1
Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Tower from scene? Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 27 Tower from scene? Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 28 Substitution State Max 2ip 01887-1177 Insurance Company CTTIZENS INSURANCE COMPAN Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence Code Substitution Code Code Substitution State Max 2ip 01887-1177 City WILMINGTON State Max 2ip 01887-1177 Insurance Company CTTIZENS INSURANCE COMPAN Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence Q 2 33 Substitution State Was 2ip 01887-1177 Driver Distracted by 26 Tower from the Code Code Substitution Code Code Substitutio		Citation # (If Issued)		Most	Harmful Event	24			ult:	30	L
Please fill out for operator and all occupants involved Address   DOB/Age   See   Please fill out for operator and all occupants involved Address   DOB/Age   See   Please fill out for operator   Please fill out for operator   See Above   DOB/Age   See   Please fill out for operator   Please fill out for operator   See Above   DOB/Age   See   Please fill out for operator   Please fill out for operat		Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25		TORRIGA A	Susp. Drug: 32	1
Please fill out for operator and all occupants involved Address  Operator  See Above  1   Set Satery Address Series   Trappo Code Code Series   Trap		Viol 3: Ch/Sec/Sub Vio	ol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	26	т	owed from so	ene?	2 33	$\vdash$
Numo (Last First Middle)   Address   DOBIAge   Sex   Fox   System   State   Code   Code   Sidest   Code   Code   Sidest   Code   Code   Code   Sidest   Code   Co											7
Please Select One of the Following:    Vehicle 21					DOB/Age S					Medical Facility	_
Ticers studied and the Followings		Operator	See Above	2		1					
Ticers studied and the Followings											
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Ticers studied and the Followings								<u></u>			_
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator GEORGE, MARGARET MARY Address 3211 EVERGREEN DR  City WILMINGTON State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Travel Direction: NXEW Responding to Emergency? 2  Citation # (If Issued)			Occupants Non-Motoris		Action	Location	Condi	tion	I I	Hit/Run Moped	ı
Sex F Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement Operator GEORGE, MARGARET MARY Address 3211 EVERGREEN DR  City WILMINGTON State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Travel Direction: NXEW Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Veh Year 2007 Veh Make TOYOTA Veh Config. L  Why Year 2007 Veh Make TOYOTA  Veh Config. L  Why Year 2007  Veh Year 2007  Veh Year 2007  Veh Make TOYOTA  Veh Config. L  Warrance Company  City WILMINGTON State MA Zip 01887-1177  1 Damaged Area Code: 99 27 27 27  Vehicle Action Prior to Crash L  Well Year 2007  Veh Make TOYOTA  Veh Config. L  Warrance Company  City WILMINGTON State MA Zip 01887-1177  1 Damaged Area Code: 99 27 27 27  Vehicle Action Prior to Crash L  Well Year 2007  Veh Make TOYOTA  Veh Config. L  Mary  First  Middle  Address 3211 EVERGREEN DR  City WILMINGTON State MA Zip 01887-1177  1 Damaged Area Code: 99 27 27 27  Vehicle Action Prior to Crash L  Toye of Test:  BAC Test Result:  30  Driver Contributing Code  Driver Distracted by 99 26  Towed from scene?  2 33  Please fill out for operator/non-motorist and all occupants involved Address  Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)		The state of the s		Reg	# <u>7434EL</u>		Reg Typ	e <u>PC</u>	Re		-
Operator GEORGE, MARGARET MARY  Address 3211 EVERGREEN DR  City WILMINGTON State MA Zip 01887-1177  Insurance Company CITIZENS INSURANCE COMPAN  Vehicle Travel Direction: NXEW Responding to Emergency? 2  Citation # (If Issued) Most Harmful Event		Sex <b>F</b> Lic. Class D 19 Lic. Res	strictions 1 CDL		Year <b>2007</b>	_ Veh Make _	TOYOTA		Veh		
Address 3211 EVERGREEN DR  City WILMINGTON State MA Zip 01887-1177 Insurance Company CITIZENS INSURANCE COMPAN  Vehicle Travel Direction: NXEW Responding to Emergency? 2  Citation # (If Issued)		Operator GEORGE , MARGAR	ET MARY	Own	er GEORGE,	MARGA	RET M	ARY	ve	141.	-
City WILMINGTON  State MA Zip 01887-1177  Insurance Company CITIZENS INSURANCE COMPAN  Vehicle Travel Direction: NXEW Responding to Emergency? 2  Citation # (If Issued)	9	Address 3211 EVERGREEN		Addr	ess <b>3211 EV</b>	ERGREE			IVIIC		- L
Insurance Company CITIZENS INSURANCE COMPAN  Vehicle Action Prior to Crash  Vehicle Action Pr	-			77 City	WILMINGTO	N	St	ate MA	Zip <b>01</b>	L887-1177	_ 1
Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 2 3 23 23 23 23 23 23 23 23 23 23 23 23		7				describe	22		100		
Vehicle Travel Direction: NX E W Responding to Emergency? Event Sequence 2  Type of Test: 29  BAC Test Result: 30  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 25  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address DOB/Age Sex Pos. Signus Code Code Slatus Code Medical Facility			-	_	23	10071076	7	est Status:		28	
Citation # (If Issued)		Vehicle Travel Direction: NXEW	Responding to Emergency?		- Section	24	Т	ype of Test:		29	
Viol. 1: Ch/Sec/Sub	2	Citation # (If Issued)	-			SECTION 1		AC Test Res	ult:		
Viol. 3: Ch/Sec/Sub	•	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	33	S	usp. Alcohol	31	busp. Drug.	
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  DOB/Age Sex  DOB/Age Sex  Safety Airbag System Slatus Code Slatus Code Medical Facility		Viol, 3: Ch/Sec/Sub — Viol	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	9 26			Ľ	2 33	
Name (Last First Middle)		100000000000000000000000000000000000000		olved	DOB/Age S	Seat Safet	y Airbag Eject	Trap Injury	Transp.	Medical Facility	
Operation/14011-1410101131				e	DODINGE S						7
		Operator/Ivon-Motorist	Jee Addve	-	$+\vee$	\ <u></u>			-		$\dashv$
							$\bot \bot$	$\bot \bot$			_
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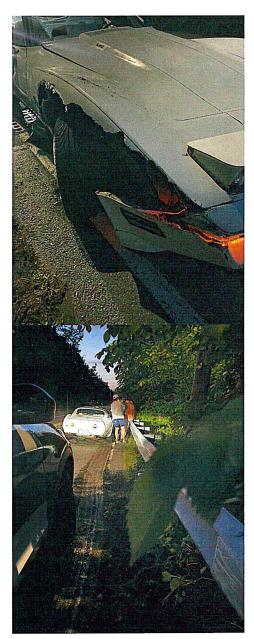
		= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: 🕕 🔟		2	<b>→</b> ₹	<b>→</b> 85	
381 Middlesex.	Elia's store				If Crash <u>I</u> on a Publ	oid NotOccur ic Way:
		e e e e e e e e e e e e e e e e e e e			Off-Street	Parking Lot
		Û	i i		☐ Garage	
		n.	<u></u>		☐ Mall/Shop	ning Center
parking lot		~	√ v2			1100
A STATE OF THE SECOND S		(			☐ Other Priv	ate Way
S. and the same of the same of	nii ke na sa mahan kina ika manihi dan da	T AT	7		7. 7. 4. 7	
		<u>                                    </u>	<u> </u>	٨	Indicate F	lorth by Arrow
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
				(III)		)
Crash Narrative:		1				
V1 was parked in the	Elia's parking	lot.	2-1			
v2 was backing out of	it's space and	lightly st	ruck parked	V1 on the r	ight rear bumpe:	· .
Then left the area.						
6/9						
confirmed with operat	or of V2 that s	ne was opera	ating the v	ehicle. S	he did not real:	ize
that she hit the park	ed car. ope	rator v1 sta	ated that s	he would not	be reporting to	
insurance due to the	minimal amount	of damage				
			100			
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Traine (Last,) itst, value)			- SAM			
Property Damage:	TAIL		Dhana #	41 Time Day	scription of Damaged Proper	<b>4</b> 1
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	eription of Damaged Froper	ty
			-			
Truck and Bus Informatio	n: Registration #		(From	Vehicle Section)		
Carrier Name			(2.10		Bus	Use 42
			C't-		St Zip_	· · · · · · · · · · · · · · · · · · ·
Address						
	State Number			MC/MX/ICC	#:	-
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	ength 46	
Hazmat Information:					100 M T 48 M 10 M 1	1
Placard 47 Material 1 digi	t # 48 Material Na	me		Material 4 digit #	Release	code 49
	BOTTON PROPERTY.					CONTRACTOR PROPERTY.
Patrol Officer Brian Delice Officer Name (Please Print)	O Thornton Signature		190 ID/Badge #	Wilmington P Department	olice Department Precinct/Barracks	06/06/2021 Date

Police Use Only Commonwealth of Massachusetts								RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	h Nur	nber Num	1   0		State Police Local Police MBTA Police Campus Police	
	06/06/2021 2041 Wili	mington	Police 1	Report	1	o lingu	Latitu Longi		MBTA Police Campus Police Other;	
	AT INTERSECT	ION		TION >		NOT		TERSE		1
	AT II(TERSECT	1011.								<b>2</b> 10
					441	A MI	DDLE	SEX A	VE	
<sup>1</sup> 3	Route# Direction	Name of Roadway/Stre	eet	Route# Directio	n Addre	ss #	Na	me of Road	lway/Street	-
3		At		Feet N	SEW	of — -		— or		
	Route# Direction Nam	me of Intersecting Roadwa	ay/Street			Mi	e Marker		Exit Number	<b>1</b> 11
		Also at Intersection wi	th	Feet N	SEW	of	<del>_</del>	Intersecting	Roadway/Street	
2		me of Intersecting Roadwa	101	Feet N	SEW	of		micraceing	, noutway/outer	
<sup>2</sup> <b>1</b>	Route# Direction Nar	me of intersecting Roadwa	ay/Sireet			-		Landma	nrk	1
3	Please Select One of the Following:	_#Occupants  Hit/R	Run Moped	Crash Rep	port ID# <b>2</b>	21-1	35-	AC		
3	of the ronowing:								- MA	
	40 40	DOB/Age	· · · · · · · · · · · · · · · · · · ·	#267RD4					Reg State MA 21	1 12
	Sex <b>F</b> Lic. Class D Lic. I	Restrictions 1 CD	dorsement	Year <b>1976</b>				<u>r                                    </u>	eh Config.	
	Operator <b>DESROSIERS</b> , K	RISTEN D	Middle	er <b>DESROSI</b>	it	Fir	EN D		Middle	
<sup>4</sup> 1	Address 31 PATTEN RD		Addı	ess 31 PATT	ren ri	D				
	City <b>BILLERICA</b> Stat	e <b>MA</b> Zip <b>01821</b>	<b>-1416</b> City	BILLERIC	A		_ State M	<b>A</b> Zip <b>C</b>	1821-1416	
	Insurance Company ESSENTIA	INSURANCE C	OMPAN Vehi	cle Action Prior to C	rash	L 22	Damage	d Area Cod	The state of the s	
	Vehicle Travel Direction: N S W	Responding to Emerg	ency? 2 Even	t Sequence 24 23	3 23	23 23	Test Sta		1 28	
5	Citation # (If Issued)	-		(a)	24 24	Sent Monthly	Type of		30	
				Er Contributing Code	Posteri.	25 25		st Result:		<b>24</b> <sup>13</sup>
	Viol. 1: Ch/Sec/Sub			er Distracted by	0.0			cohol: 2 3	22	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			el Distracted by	34	35 36	37 38	39 40	- 30 May 1	-
	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	Address	DOB/Age	Seat	Safety Airbag System Status	Eject Trap Code Code	Injury Trans Status Cod		4
	<b>Operator</b>	Se	e Above	>>>	<b>X</b>  1	1 4	0 0	10 1		
	MARY STRAHAN	31 PATTEN RD BILLERICA, MA 018	321-1416	T T	7 3	1 4	0 0	10 1		
		<del></del>								
							-			1
										_
<sup>7</sup> <b>1</b>	Please Select One of the Following:	_#Occupants  Non-	Motorist A Type	15 Action	Location	17 C	Condition	18	Hit/Run 🔲 Moped	1
1			85			D	T		Dag State	1
	19 19	DOB/Age		#					21	`
	Sex Lic. Class Lic. 1	Restrictions CI En	dorsement	Year	Veh Ma	ke		v	eh Config.	
<sup>8</sup> 1	Operator	First	Middle	lerLos	st	Fi	rst		Middle	
1	Address		Add	ress						14
	City State	e Zip	City			20		Zip		1
	Insurance Company		Vehi	cle Action Prior to C	Crash	22		ed Area Cod	e: 27 27 27 27 28	İ
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Ever	nt Sequence 23	3 23	23 23	Test Sta		29	
<u></u>	Citation # (If Issued)		Mos	t Harmful Event	24		Type of	est Result:	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Driv	er Contributing Cod	e	25 25		F	31 Susp. Drug: 32	ľ
	Viol. 3: Ch/Sec/Sub		5.	er Distracted by	26			from scene?	200	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				34	35 36	37 38 First Tran	39 40 Injury Trans	ST.	7
	Name (Lest First Middle)		Address	DOB/Age	Sex Pos.	Safety Airbag System Status	Eject Trap Code Code	Status Coo		-
	Operator/Non-Motoris	r <b>t</b> Se	ee Above		$X_1$					_
	-							1 1		7
		y y				-				1

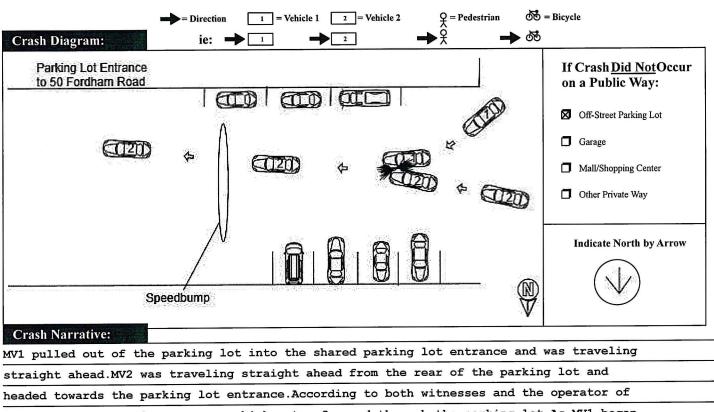
Crash Diagram:	ie: →	1 -	2	Q = Pedestrian	→ №		
Middlesex Ave	e, Wilmington					Crash <u>Did Not</u> n a Public Way:	
					-	Off-Street Parking Lo	
21							3
						Garage	
					0	Mall/Shopping Center	r
	Tuesto.					Other Private Way	
	1000) v1				No.	Indicate North by	Arrow
				Œ	Ď	$\bigcirc$	
Crash Narrative:							
V1 was traveling East	on Middlesex A	Ave in Wilmin	ngton toward	is Salem St	reet. Op1	stated her	
power steering in her							
vicinity of 441A Middl	esex Ave. No	injuries rep	orted or obs	served in O	p1 or Pass	1. No signs	
of impairement observe	ed in Opl. Milo	d/moderate d	amage to gua	ardrail. Ve	hicle towe	d by Cains.	
Witnesses:					In "		T 6
Name (Last,First,Middle)		Address			Phone #		Statement
,							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Dam	aged Property	
Truck and Bus Information	Registration #		(From V	ehicle Section)		50.00	42
Carrier Name						Bus Use	72
Address			_ City		St	Zip	
AND ASSESSED AND ASSESSED  ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSEDANCE ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSES	State Number						
US DOT #:	State Number44		Issuing State	WIC/WINTE	O II.		
	y Type Code	GVWR/GCWR				6	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length		
Hazmat Information:						Levers	40
47	48 Moterial N	Jame		Material 4 digit	¥	Release code	49
Placard Material 1 digit	# Waterial I	danc				- Acteuse code	







I	Police Use Only		Con	nmonw	ealth	of Ma	assacl	ius	etts			RM	V Docu	ıment Nu		
Date of Cras	non marriage non		City/Town ington	- S	or Veh			N V	lumber ehicles	Numbe Injured	DPCC.	d Limit	15	MBTA	Police A Police	9
	24HR				Police	Repo	rt	2		0		itude_		Campı Other:	us Police	
	AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT A	T IN	TER	SEC	ΓΙΟΝ:		
Route# D	irection		Name of Roadway	y/Street		Route#	Direction	50 Add	ress#	CON				ay/Street	<u> </u>	2
			At				- N/	ln lu	7 .							
Route# D	irection	Name	of Intersecting Ro	adway/Street			Feet N S	o je jw	of	Mile I	( /arker	• —	or _	Exit 1	Number	<u> </u>
			Also at Intersection	on with			Feet N S	EW	of	Route#	_	Interse	ecting R	Roadway/	/Street	4
Route# Di	irection	Name	of Intersecting Ro	adway/Street			Feet N S	EW	of							_
Please Selec	et One	7	O		<u> </u>	Η.			21	-10	-		ndmark	<u> </u>		$\dashv$
of the Follo		le 1 <u> </u> #	Occupants	Hit/Run	Moped		rash Repoi									4
License # S	65979161	St <b>MA</b>	DOB/Age	1	_	# <u>6DV3</u>									2.1	-   _
Sex_ <b>F</b> _ Li	c. Class D	Lic. Res	trictions	CDL Endorsement		Year <b>202</b>							Veh	Config.	1	Ė
	OODLISS,		ON LEE	Middle		er <u>GOO</u>	Last			ON L First	EE		Mic	idle		-
	9 NORTH					ess <u>629</u>			ST							-
=	KSBURY		ā			TEWKS	BURY		110000	_					-1230 27 27	
	mpany THE H					cle Action P	00		23		Damage Test Sta		Code:	8 <sup>27</sup> 7		
	el Direction: N		Responding to Er	nergency? 2		t Sequence	1442	23	23	23	Type of		22	29		
	Issued)					Harmful E	FINANCE CO.	24	25	25	BAC Te			30		L
	ec/Sub					er Contribut	10000	26	23		Susp. A	,	-		Orug: 2 32	1
Viol. 3: Ch/Se	ec/Sub				Drive	er Distracte	i by 99	34	35	36 31	Towed f	from sc	ene?	2 33		_
Name (Last Fir		t for operator	and all occupants	Address		DOB/	Age Sex	Seat	Safety System	Airbag Eje Status Co	t Trap	Injury Status	Transp. Code	Medi	lical Facility	
Opera	itor			See Above			$<$ $\times$	1	1	4 0	0	10	1			
	-															
Please Selec	t One	1 "				15	16			17		18				1
of the Follo		le 2 <u> </u> #	Occupants	Non-Motorist A	A Type	Actio	n	Locati	on	Con	lition		<b>-</b>	lit/Run	Mopeo	i
License # S	93704234		_ DOB/Agt		Reg	# <u>P726</u>	4			Reg Ty	ре <u>РС</u>		Re	g State <u>1</u>	MA 21	=
Sex <b>F</b> Li	c. Class D	Lic. Res		CDL Endorsement		Year <u>201</u>							_ Veh	Config.	1	
1	ORESTER,	Fi	LEEN A	Middle		er FORI	Last			LEEN First	A		Mid	idle		-
	SPRUCE S					ess 1 S						_				-
	CHESTER					WINCE	IESTE!	<u>R</u>					100		-2012 27 27	- 2
Insurance Con	mpany THE Co	OMMERO	CE INSUR	ANCE CO	O Vehic	cle Action P	Total Control of Control		23		Damage Fest Sta		Code	2 27 3		
Vehicle Trave	l Direction: N	s X w	Responding to Er	nergency?_2	_	t Sequence	1 23	23	23	23	Гуре of		İ	29		
Citation # (If	Issued)					Harmful E	34.0000		25 _	25	ВАС Те	st Resu	ılt:	30		
Viol. 1: Ch/Se	ec/Sub	Vio	l. 2: Ch/Sec/Sub			er Contribut	0.000	26	<sup>25</sup> 5	200000000	Susp. Al			22	Orug: 2 32	
	ec/Sub					er Distracte	i by 99	34	35	36 31	Towed f	39	40	2 33		4
Name (Last Fir	Please fill out for op st Middle)	perator/non-n	notorist and all oc	Address	ea .	DOB/	Age Sex	Seat	Safety System	Airbag Eje Status Co	t Trap	Injury	Transp. Code	Medi	lical Facility	_
Opera	itor/Non-M	otorist		See Above		$\geq$	$\leq X$	1	1	4 0	0	10	1			
					o.											7
						1										
1			1					1	1		1	1	, 1			1



MV1, MV2 was traveling at a very high rate of speed through the parking lot. As MV1 began heading for the entrance, MV2 collided with and sideswiped MV1 at a high rate of speed. After the initial collision, MV2 continued straight ahead for approximatly 200 feet before coming to a stop.MV1 suffered front left side damage and MV2 suffered right front and right side damage. Neither operator was injured and both vehicles were driven from the scene. Both witnesses stated that MV2 was traveling extremely fast prior to and as the vehicles collided. Ms. Howard stated that it appeared that MV2 attempted to drive around MV1 and stated that MV1 hit the speedbump with such force the car went airborne a foot.

Witnesses:								
Name (Last, First, Middle)		Address			Phon	ie #		Statement
GILMORE WILLIAM FRANCIS		485 EXETER	RD HAMPTON N	ін 03842				
HOWARD CYNTHIA		926 SOUTHBRIDGE	ST Apt. #4 WORCES	STER MA 016	10-2			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	n of Damage	d Property	
Truck and Bus Information:			(From Veh	nicle Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	Y/ICC #:			
Interstate 43 Cargo Body Ty	10000000000000000000000000000000000000	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length			
Hazmat Information:							Lesses	40
Placard 47 Material 1 digit #	48 Material Nan	ne		_Material 4 di	igit #		Release code	49
								w 15 - 17

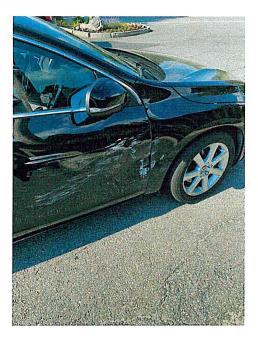
Patrol Officer Michael A Wilson

209

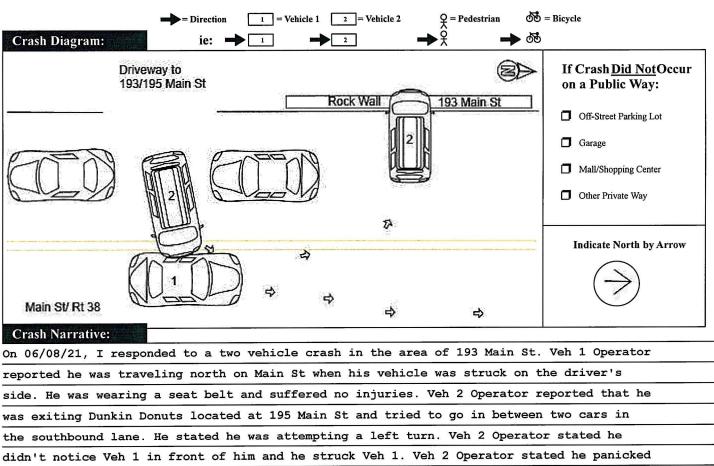
Wilmington Police Department Department

06/07/2021





	Police Use Only	Common	wealth	of Massa	chus	etts			RMV	Docun	nent Number	
		City/Town M	otor Veh	icle Cras	$sh \begin{bmatrix} N \\ v \end{bmatrix}$	lumber ehicles	Number Injured	Speed		35	State Police Local Police MBTA Police Campus Police	1
	06/08/2021   <b>1234</b>   <b>Wilmi</b>	ngton	Police :	Report	2		1	Latitud Longiti	200		Campus Police C	<b>i</b>
	AT INTERSECTIO	N: <	LOCA	TION >			NOT A	T INT	ERS	SECT	ION:	
					THE REAL PROPERTY.							2 10
					19		MAIN			Y I	y/Street	_ [
1	Route# Direction	Name of Roadway/Street At		Route# Directi	on Add	lress #		Nar	ne or r	Coadwa	y/Street	
_		7		Feet [	N S E W	of			-	or _	77 ( ) 77 1	-
	Route# Direction Name	of Intersecting Roadway/Stre	et			1	Mile M	arker			Exit Number	3 11
	,	Also at Intersection with		_	N S E W	_	Route#		Interse	cting Ro	oadway/Street	-
,	Route# Direction Name	of Intersecting Roadway/Stre	not	Feet	N S E W	of						
1	Route# Direction Name	or intersecting Roadway/Site	ici						Lan	dmark		
	Please Select One Vehicle 11 #	Occupants Hit/Run	☐ Moped	Crash Re	eport ID#	21	-13	7-2	AC	ri.		
)	of the Following:		1=								1/3	-
	40 40	DOB/Ag <sup>-</sup>		9EF737							21	<b>1</b> 12
	Sex M Lic. Class D Lic. Res	trictions CDL	nent	Year <b>2011</b>						_ Veh C	Config. 1	
	Operator CONRAD, QUINN	D rst Middle	Own	er <u>CONRAD</u>	, QUI	NN	D First			Midd	ile	-
1	Address 6 DIRLAM CIR			ess 6 DIRL	AM C	IR						-
	City <b>TEWKSBURY</b> State <b>1</b>	<u>(A</u> Zip 01876-33	10 City	TEWKSBUF	RY		St	ate MA	<b></b> Zi	ip <u>01</u>	<u>876-3310</u>	_
	Insurance Company GOVERNMENT			cle Action Prior to	Crash	1	22	Damaged	i Area	Code:	, 27 27 27	
				Tableron -	23 23	23	23 T	est Statu	us:	1	28	
5		Responding to Emergency?		t sequence 1	24		1	ype of T	Test:		29	
	Citation # (If Issued)			A CANADA MARIA MARIA CANADA MARIANA	_	25	25	AC Tes	_		. 30	13
	Viol. 1: Ch/Sec/Sub — Vio	l. 2: Ch/Sec/Sub	Driv	er Contributing Cod	herio.	23		usp. Alc		100	Susp. Drug: 2 32	1
5	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26		7	owed fr			. 33	╛
<b>1</b>		r and all occupants involved		DOB/Age	Sex Pos.		36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)	Address See Abov	10	DOB/Age	1	1	4 0	0		1	Medical Fashiy	7
	Operator	See Abov			$^{\prime}$	-		+		_		-
												_
		<u> </u>	05	15	16	999	17	285	18			_
<sup>7</sup> 1	Please Select One of the Following: Vehicle 2 1 #	Occupants Non-Motor	rist A Type	Action	Locat	ion	Cond	ition		н	it/Run Mope	d
_	License # <b>S37122474</b> St <b>MA</b>	DOB/Age,	Reg	#57PB20			Reg Typ	e PC		Re	g State MA	_
	19 19	trictions 20 CDL_	Veh	Year <b>2012</b>	Veh N	<sub>Make</sub> J	eep			_ Veh (	Config. <b>1</b> 21	
	Operator MACNEILL, RONA	Endorser	nent	er MACNEI			_				A CONTRACTOR OF THE PARTY OF TH	
<sup>8</sup> 1	Last Fi	irst Middle		ress 9 FANE	nst		First	<u> </u>	7,270	Mide	dle	-
	Address 9 FANEUIL DR	01007.00	1200000			DK		2.67		. 01	007 2024	1 14
		MA Zip 01887-20	-	WILMING	LON					_	887-2034	1
	Insurance Company PLYMOUTH RO	OCK ASSURANCE	E <u>C</u> Vehi	cle Action Prior to		4	DESI.	Damageo Test Stat		Code: 1	10 27 27 27 27 28	]
	Vehicle Travel Direction: N S W	Responding to Emergency?	2 Ever	nt Sequence	23 23	23	23	Type of		1	29	
0	Citation # (If Issued)		Mos	t Harmful Event	1 24			BAC Tes		lt.	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub ———	Driv	er Contributing Co	de 19	<sup>25</sup> 1	- 25	Susp. Ale		-	Susp. Drug: 2 32	1
				er Distracted by	99 26			Towed fr		-	33	' l
	Viol. 3: Ch/Sec/Sub — Viol. Please fill out for operator/non-r	notorist and all occupants in			34		36 37	38	39	40	rainet.	┥
	Please fill out for operator/non-r	Address		DOB/Age	Sex Pos		Airbag Ejec Status Cod	t Trap e Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See Abo	ve	$\times$	X	0	4 0	0	8	1		
	100											
						-				$\vdash$		$\dashv$
						_		_		$\vdash \vdash$		-



and hit the gas instead of the brake and drove 180 degrees to the left into the rock wall of 193 Main St (Rocco's Restaurant). The rock wall sustained heavy damage. Both vehicles were towed by Forrest. Veh 2 operator was not wearing a seat belt. He sustained minor head injury but refused medical assistance by WFD. Veh 1 sustained heavy damage to both driver's side doors. Veh 2 sustained damage to front bumper and undercarriage.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	ne#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descriptio	n of Damag	ed Property	
ROCCOS RESTAURANT	193 MAIN ST WILMIN	GTON MA 01887		97	ROCK	WALL		
Truck and Bus Informatio			,	nicle Section)		v	Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	//ICC #:			
Interstate 43 Cargo Bod	ly Type Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Тта	iler Length			
Hazmat Information:							2550.00	
Placard 47 Material 1 digi	t # Material Name			_Material 4 di	git #		—Release code	49

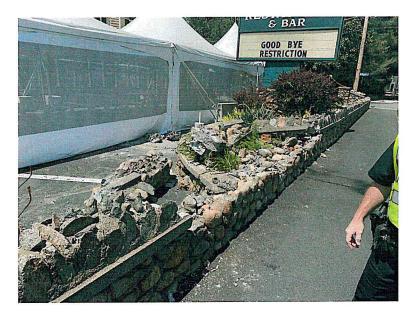
Patrol Officer Daniel P Furbush

196

Wilmington Police Department

06/08/2021

Department











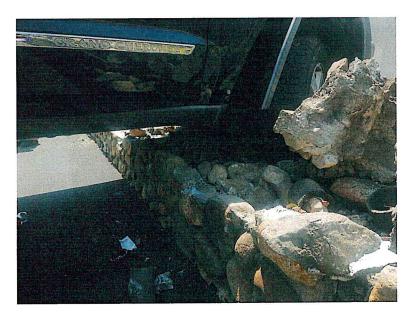


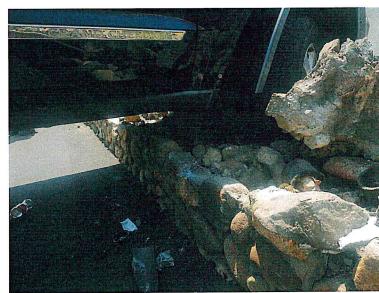










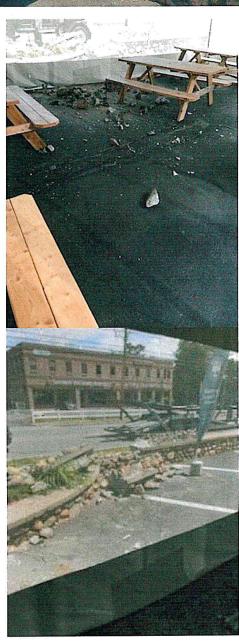










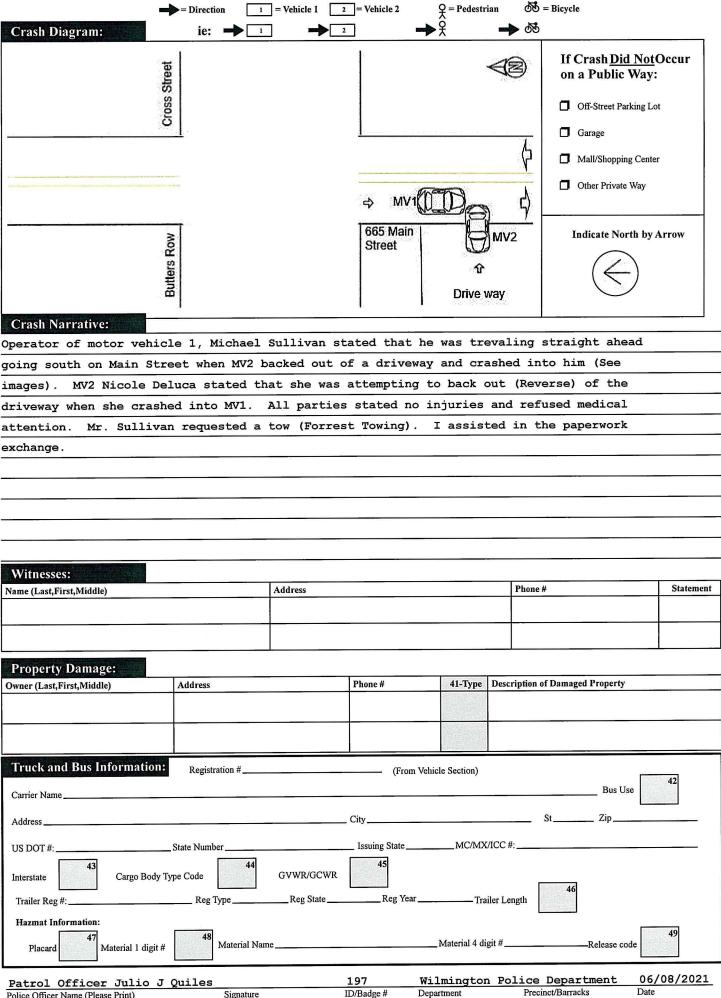








	Pol	ice Use Only		Com	monwe	ealth	of Mas	sach	ıuse	tts			RM	V Docu	ment Nun		
İ	Date of Crash	Time of Crash		Town	Moto	r Veh	icle Ci	rash	Nu Vel	mber nicles	Numb Injure		d Limit	40	State Pol Local Po MBTA P	olice 🔀	
	06/08/2021	1832 Wi	lmin	gton	P	olice	Report	t	2	noics	0	Lau	tude gitude		Campus Other:	Police D	
ı		AT INTERSEC	TION:		<		TION	>			NOT			SEC	ΓΙΟΝ:		1
		THE INTERNOLOGIC						A SECTION OF THE SECT		-					•		<b>2</b> 10
							· -		665	5	MA		T				
	Route# Dire	ection	Nam	e of Roadway/S	Street		Route# D	irection	Addre	ess#		1	Name of	Roadw	ay/Street		-
1				At			Fe	et N S	EW	of ·			• —	or _			
	Route# Dire	ection	Name of Ir	ntersecting Road	dway/Street						Mile	Marker			Exit N	umber	2 li
		E-100-100-100-100-100-100-100-100-100-10		at Intersection			Fe	et N S	EW	of .	Route		Inters	ecting E	Roadway/S	treet	
							Fe	et N S	EW	of	Kouten		nners	ecting r	Coadway/S	пссі	
<sup>2</sup> 1	Route# Dire	ection	Name of Ir	ntersecting Road	dway/Street								La	ındmark			
	Please Select	One Vehicle 11	#Occ	upants   Li	it/Pun	Moped	Cras	sh Repor	4 ID#	21	-1	38-	- <b>A</b> C	4			
3	of the Follow	ing: Venicle 12		, aparas de la mara	-			1760									4
	License # <u>S7</u>		t MA D	OOB/Age		Reg	# <u>9AN66</u>	5			Reg	Туре Р	<u> </u>	R	eg State <u><b>M</b></u>	Z1 21	1 12
	Sex M_ Lic.	Class A Li	ic. Restrict		CDL	Veh	Year 2012	2	Veh Ma	ke <u>T</u>	OYO	TA		Veh	Config.	1 "	
	Operator SU	LLIVAN, M	CHAE		Endorsement	Own	ner <u>SULL:</u>	IVAN	, M	ICH	AEL	S		- La	ddle		
<sup>4</sup> 1		Last MISHAWUM	First		Middle	_ Add	ress 189	Last MISH	IAWU	M F	Firs	le .		Mi ———	adie		
_		RN S		7in 0180	1-2457		WOBURN					State 1	1A :	Zio 01	1801-	2457	
	E								, [	1	22		ged Area		and the same of the same		
		pany GOVERNME					cle Action Pric		23	23	23	Test S			1 28	Shap Athenia	
5	Vehicle Travel	Direction: N E	W Re	sponding to Em	ergency? 2	_ Ever	nt Sequence	1 23		23	23	Туре	of Test:		29		
	Citation # (If Is	sued)				Mos	t Harmful Ever	nt <b>1</b>	24			BAC	Гest Res	ult:	1 30		_ 13
	Viol. 1: Ch/Sec	/Sub	_ Viol. 2:	: Ch/Sec/Sub -		Driv	er Contributing	g Code	1	25	25	Susp.	Alcohol	2 31	Susp. Dr	rug: 2 32	1 "
	Viol. 3: Ch/Sec	/Sub	- Viol. 4:	: Ch/Sec/Sub -		Driv	er Distracted b	у О	26			Towe	l from se	cene?	1 33		
<sup>6</sup> 1		Please fill out for o	-						34 Seat	35 Safety	36 Airbag	37 3: Eject Tra Code Co	p Injury	40 Transp.			7
	Name (Last First		Į.		Address		DOB/Age	Sex		System 1		Code Co	de Status	Code	Medic	al Facility	-
	Operat	tor			See Above			$\checkmark$	1	_	-	,	10	_			-
			-						-							-	1
							Sec. 273	10		CANO	10		10	1	L T.		4
<sup>7</sup> 1	Please Select of the Follow		L#Occ	cupants N	on-Motorist A	Туре	15 Action	16	Location	on	17 C	ondition	18		Hit/Run	Moped	
1	Beinghalt the		t <b>MA</b> I	DOR/A ==		Pag	#_2KVC9	5		Sept. St.	Reg	Туре	C	R	eg State N	1A	1
		10 10		20		_	Year 2014				_				Config.	1 21	
	Sex <b>F</b> Lic.	. Class D	ic. Restric		CDL Endorsement							IN		ven	Conng.		
<sup>8</sup> 1	Operator <u>DE</u>	ELUCA, NICO	OLE N	1	Middle		ner DELU	Last			Fir	st		М	iddle		1
1	Address 64	MONTVALE	RD			_ Add	ress 64 M	TION	VALE	RI				-			_ 14
	City WOBU	RN	State MA	Zip 0180	01-3237	City	WOBURI	<u></u>								-3237	1
	Insurance Com	pany THE COM	<u>IERCE</u>	INSUR	ANCE CO	Veh	icle Action Pri	or to Cra	sh	10	22		ged Are	a Code:	ACRESTON DOOR	27 27	
	Vehicle Travel	Direction: N S	W Re	sponding to Em	nergency? 2	_ Eve	nt Sequence	1 23	23	23	23	Test S			28		
		ssued)				Mo	st Harmful Eve	ent 1	24				of Test:	and to	_ 30		
<sup>9</sup> 2				01/0 /01		Driv	ver Contributin	g Code	19	25	25		Test Res		1	rug: 2 32	
	Viol. 1: Ch/Sec	c/Sub		2: Ch/Sec/Sub			ver Distracted	3000	26				Alcohol d from s	2	2 33	2	
	Viol. 3: Ch/Sec			: Ch/Sec/Sub			vei Distracted	Uy U	34	35	36	37 3	8 39	40	2		-
	F Name (Last First	Please fill out for operato	or/non-mote	orist and all occ	cupants involved Address	<u> </u>	DOB/Ag	ge Se	Scat	Safety System	Airbag	Eject Ti	rap Injur ode Statu	y Transp.	Medi	cal Facility	4
		tor/Non-Moto	rist		See Above		<b>&gt;</b>		1	1	4	0 0	10	1			
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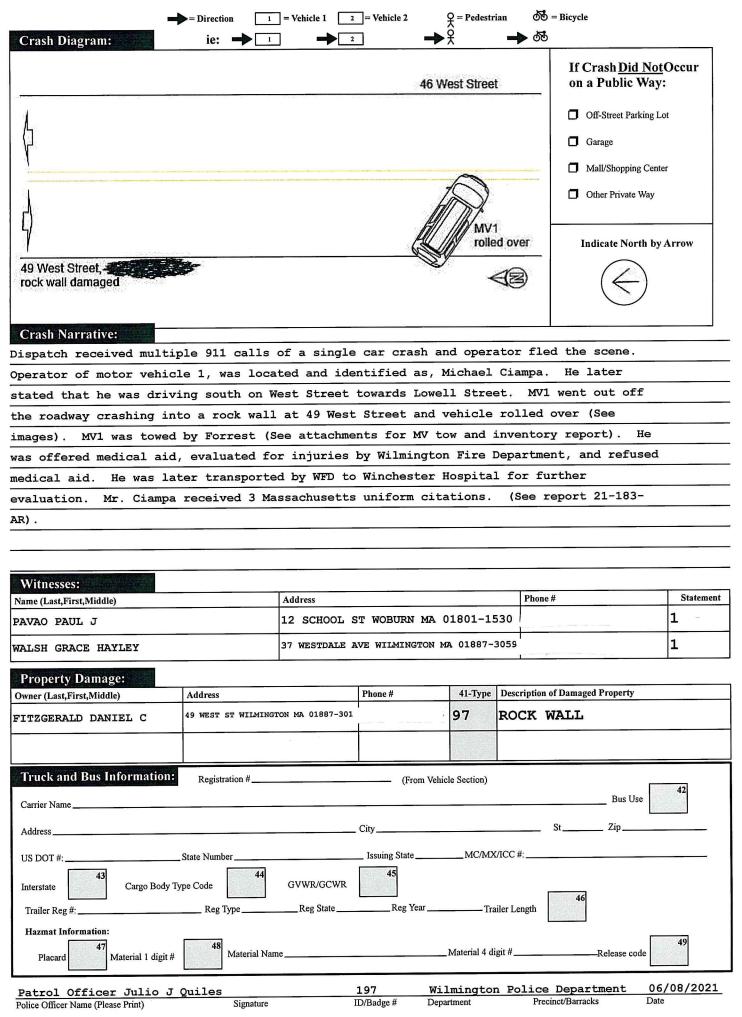


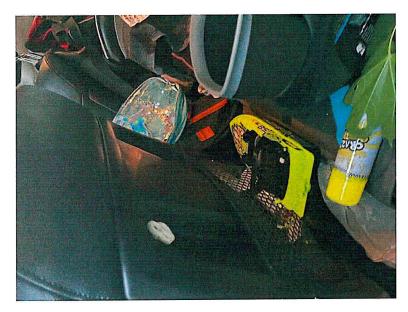






	Police Use Only	Common	wealth	of Massa	chuset	ts	RM		nt Number	
			tor Veh	icle Cras	h Numb		Speed Limit		State Police Local Police MBTA Police Campus Police	
	06/08/2021 1923 Wilmi	ington	Police 1	Report	1	1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTIO	)N: <		TION >		NOT A	T INTER			1
	ATINTERSECTION	711.	Босл							2 10
					46	WEST	r st_			2
1	Route# Direction 1	Name of Roadway/Street		Route# Direction	on Address	#	Name of	Roadway/S	Street	
<sup>1</sup> 1		At		Feet N	S E W of	·		or		
	Route# Direction Name	of Intersecting Roadway/Stree	et .			Mile M	arker		Exit Number	1 11
	A THE REPORT OF THE PARTY OF TH	Also at Intersection with		Feet N	S E W of	Route#	Interes	ating Dood	lway/Street	_
				Feet N	S E W of		mierse	cung Koad	iway/Siteet	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Stree	et				La	ndmark		
	Please Select One	Occupants Hit/Run	Moped	Crash Ra	nort ID# 2	1-13	9-20	•		
3	of the Following:	THO Kun							Section 1	4
		DOB/Age	_	# <u>7RE656</u>					21	<b>3</b> 12
	Sex M Lic. Class 99 19 Lic. Res	strictions 99 CDL		Year <b>2018</b>	Veh Make	MERCED	ES-BEN2	Z Veh Cor	nfig. 1	$\square$
	Operator CIAMPA, MICHAE	Endorseme	Own	er CIAMPA	MARII	NA K		Middle		
<sup>4</sup> 1	Address 485 FOREST ST	ırsı Middle	Addı	ress 485 FO	REST S			iviidalė		
	City NORTH ANDOVER State	MA Zin 01845-32:	11 City	NORTH AN	DOVER	Si	ate <b>MA</b> 2	cip <u>018</u>	45-3211	
	Insurance Company PROGRESSIV			cle Action Prior to C	260	22	Damaged Area		27 9 27 2 27	
				40	3000		Test Status:		28	
5		Responding to Emergency? 2		at Sequence 35			Type of Test:	2	29	
	Citation # (If Issued) <b>T2061980</b>			Ľ	43	25	BAC Test Resu	T155	30	13
	Viol. 1: Ch/Sec/Sub <u>90 24J</u> Viol	ol. 2: Ch/Sec/Sub <u>90</u>	24E Driv	er Contributing Cod	January Committee	9 25	Susp. Alcohol:		_	30 <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub <u>90 241</u> Vio	ol. 4: Ch/Sec/Sub 90	18 Driv	er Distracted by	99 <sup>26</sup>	1	Towed from sc	ene? 1	33	
<sup>6</sup> 1	- Mari	or and all occupants involved			Seat Sa	35 36 37 afety Airbag Ejec estem Status Cod	1 38 39 1 Trap Injury 2 Code Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)	Address See Above		DOB/Age	Sex Pos. Sy		e Code Status	Win	nchester spital	1
	Operator	See Above	e 		$\frac{1}{2}$			- nos		-
										1
			540							
				15	16	17	18			1
<sup>7</sup> 1	of the Following: Vehicle 2#	Occupants Non-Motori	ist A Type	Action	Location	Cond	lition	Hit/	Run Moped	
-	License # St	DOB/Age	Reg	#		Reg Ty	pe	Reg S	State	
	19 19	2.0	Veh	Year	Veh Make	e		Veh Co	nfig.	
	COSSAGRAM SO HAR ESSAG	strictions CDLEndorsem	ent	ier						
81		First Middle		L	nst	First		Middle		
_	Address			ress			7-7-	7:-		1 14
	City State _				100	The Land Proof	tate 2 Damaged Area	Contra	27 27 27	<u> </u>
	Insurance Company		Vehi	icle Action Prior to (	265		Fest Status:	Code.	28	1
	Vehicle Travel Direction: N S E W	Responding to Emergency?_	Ever	nt Sequence	23 23 2	3 23	Type of Test:		29	
9	Citation # (If Issued)	-	Mos	t Harmful Event	24		BAC Test Res	ult:	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	de <b>2</b> :	5 25	Susp. Alcohol:	31 S	usp. Drug: 32	
	Mesonator of C of St.	iol. 4: Ch/Sec/Sub		er Distracted by	26		Towed from so	cene?	33	
	Please fill out for operator/non-i	STATE OF STATE OF	olved		34 Seat S	35 36 37 Safety Airbag Eje	38 39 ct Trap Injury	40 Transp.		7
	Name (Last First Middle)	Address		DOB/Age	Sex Pos. S	ystem Status Cox	ct Trap Injury le Code Status	Code	Medical Facility	-
	Operator/Non-Motorist	See Abov	/e	$\times$	$X^{1}$					_
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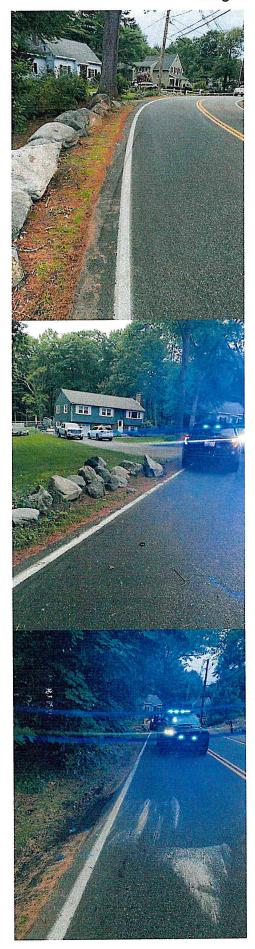




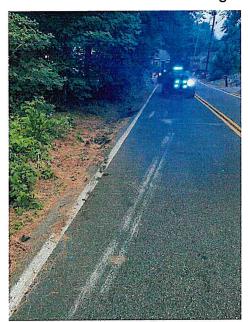






















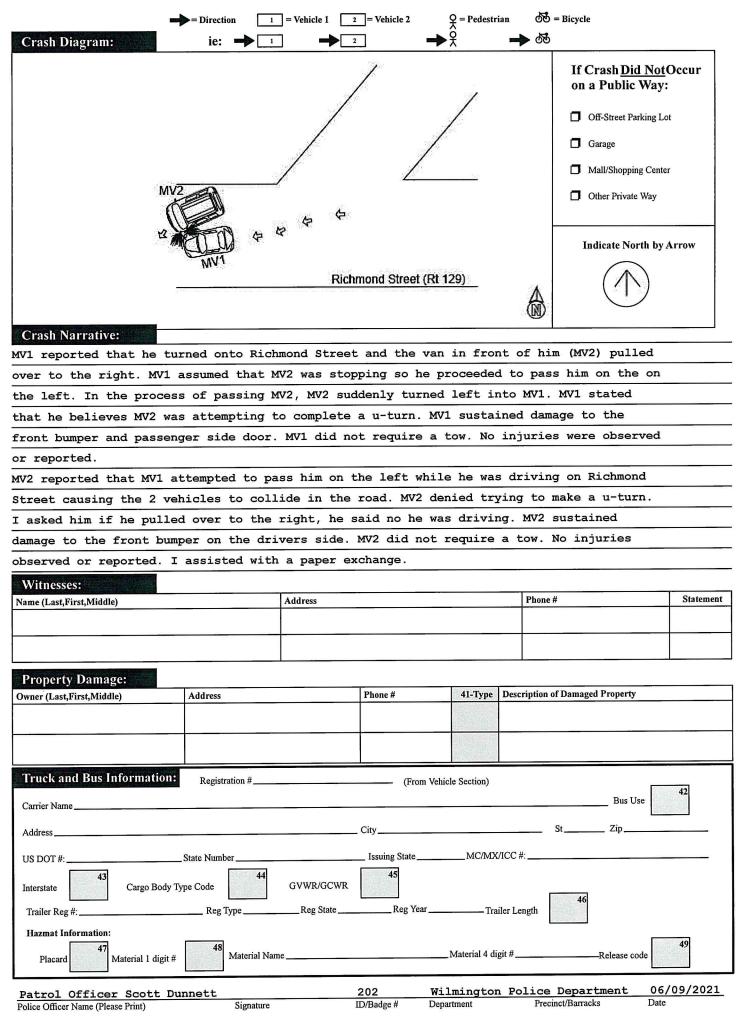








	Police Use Only	Common	wealth (	of Massa	chus	etts			RMV	/ Docur	nent Numb		
		City/Town Mo	otor Veh	icle Cras	$\mathbf{sh}$ $\begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Number Injured		Limit_	35	State Police     Local Police	e 🗷	
	06/09/2021 <b>1432 Wilm</b>	ington	Police 1	Report	2	cincies	0	Latitud Longit	11000-1		MBTA Poli- Campus Po Other:	ce lice	
	AT INTERSECTION	ON:	LOCA				NOT A			SECT			1
					1_		RIC	MOM	1D :	ST			<b>2</b> 10
ī	Route# Direction	Name of Roadway/Street		Route# Directi	ion Add	lress #		Na	me of I	Roadwa	y/Street		
<sup>1</sup> 1	Route# Direction Name	At of Intersecting Roadway/Stree	et	Feet [	N S E W	of -	Mile M	— • larker	_	or _	Exit Num	ber	2 11
	5-11-00-2-0-11-00-2-0-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-0	Also at Intersection with			N S E W	_	Route#	-	Interse	cting Ro	oadway/Stre	et	3
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Stree	et	_					Lan	ıdmark			
3	Please Select One of the Following:	Occupants Hit/Run	Moped		eport ID#				AC	,			
		DOB/Agt	Reg	5AD551			_ Reg Ty	pe <u>PC</u>		Reg	g State MA		12
	Sex M Lic. Class D 19 19 Lic. Res	strictions B CDL CDL Endorsem	ent	<sub>Year</sub> <u>2011</u> er <u>BOS<b>TW</b>I</u>								21	1
<sup>4</sup> 1	Address 160 PARKER ST	irst Middle		ess 160 PA	ast		First			Midd	dle		
		01951-409					0	M7	1 7	:- N1	851-4	023	
	City <b>LOWELL</b> State II Insurance Company THE COMMERC			LOWELL cle Action Prior to	Crash	1	22 I	Damageo	d Area		27 27		
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Even	t Sequence 1 2	23 23	23	23	Test Stat		1	28		
<sup>5</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	1 24	8		Type of		1	30		
	Viol. 1: Ch/Sec/Sub ———— Vio	ol. 2: Ch/Sec/Sub		er Contributing Coo	Table Dellar oc	25	25	BAC Tes Susp. Al	cohol:	2 31	Susp. Drug	2 32	1 13
<sup>6</sup> 1	Viol. 3; Ch/Sec/Sub — Viol.		Drive	er Distracted by	U	1 25		Fowed fi	om sce	ene? 2	2 33		ļ
	Please fill out for operato  Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex Pos.		36 37 Airbag Ejec Status Cod	t Trap		Transp. Code	Medical F	acility	
	Operator	See Abov	e	$\times$	$X_1$	1	4 0	0	10	1			
	1												1
							_						1
			v										-
<sup>7</sup> <b>1</b>	Please Select One of the Following:	Occupants Non-Motori	ist A Type	15 Action	16 Locat	ion	17 Cond	lition	18	П	(it/Run	Moped	
<u> </u>	License # <b>S99214785</b> St <b>MA</b>	DOB/Age	Reg	2MMK67			_ Reg Ty	ре <u>РС</u>	_	Re	g State MA	21	
	Sex M Lic. Class D 19 Lic. Res	strictions 20 CDL	Veh	Year <b>2009</b>	Veh N	/Iake <b>H</b>	ONDA			_ Veh (	Config. 1	21	
	Operator HARROK, LAHCEN	EL	ent Own	er HARROK	, LAF	ICEN	EL						
<sup>8</sup> 1	Address 157 MARION ST	irst Middle	Addr	ess <u>157 MA</u>	RION	ST	First <b>API</b>	· 3		Mid	dle		
	City EAST BOSTON State			EAST BOS			S	tate MZ	<b>A</b> z	ip 02	128-1	703	<b>1</b> 14
	Insurance Company THE COMMER			cle Action Prior to		8	_	Damage		-			
				2015	23 23	23	23	Test Stat	tus:		1 28		
	Vehicle Travel Direction: NSE	Responding to Emergency?		i Sequence 1	1 24		,	Type of	Test:	9	29		
<sup>9</sup> 2	Citation # (If Issued)	2		t Harmful Event	_	25	25	BAC Te	st Resu		1 <sup>30</sup>		
	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co	articles y and	23		Susp. Al	cohol:	2 31	Susp. Drug	2 32	
	Viol. 3: Ch/Sec/Sub Vi	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 <sup>26</sup>			Towed f		٤	2 33		]
	Please fill out for operator/non-		olved	DOB/Age	Sex Pos	1 Safety	36 37 Airbag Eje Status Coo	ct Tmp	39 Injury Status	40 Transp. Code	Medical F	Facility	
	Name (Last First Middle)  Operator/Non-Motorist	Address See Abov	/P	LODIAGE	1	1	4 0	0	10	1			1
	Operator/INOR-Motorist	See Abov		/>	<u> </u>					$\vdash$			1
										$\sqcup$			4

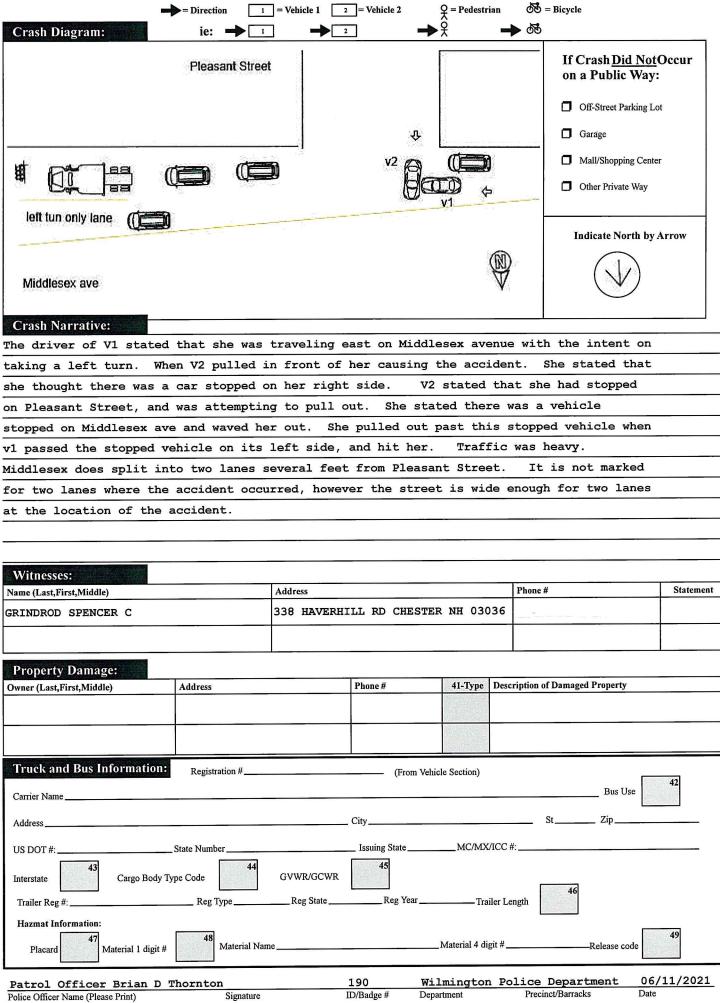


CDP1 11-24-00

	Police Use Only	Commo	nwealth (	of Massac	huse	tts		RMV Doc	ument Number	
	A STATE OF THE STA	City/Town M	otor Veh	icle Crasl	n Nur	mber Num		Limit	State Police Local Police MBTA Police Campus Police	
	06/10/2021   1053   Wilmi	ngton	Police 1	Report	2	0	Lantuc		Campus Police Other:	
	AT INTERSECTIO	N:	LOCA	TION >		NO	TAT IN	TERSEC	TION:	
	Route# Direction	Name of Roadway/Street		Route# Direction	2 Addre		EDERAI Na	ST me of Roady	way/Street	<b>2</b> 10
<sup>1</sup> 1		At		- N	e e w					1
	Route# Direction Name	of Intersecting Roadway/Str	reet	Feet N	3 E W	of — Mi	le Marker	— or .	Exit Number	2 11
		Also at Intersection with		Feet N	S E W	of			D 1 (C)	3
				Feet N	S E W	Route of	:# .	intersecting	Roadway/Street	ı
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Str	reet					Landmar	k	1
3	Please Select One of the Following: Vehicle 1 4 #	Occupants Hit/Run	Moped	Crash Rep	ort ID# <b>2</b>	21-1	41-	AC		
3	Zinita a Kabuloa tan III	DOB/Age_	Page	# <u>\$87228</u>		Dag	Time CO		Reg State MA	1
	19 19	trictions 1 CDL_	_	Year 2009					21	1 12
	Sex M Lic. Class D Lic. Res Operator HARRINGTON, RO	Endorse	ement	er PARK CO						
<sup>4</sup> 3	Operator HARRINGTON, Ro. Last Fi Address 36 MAIN ST APT	rst Middl	le	ess BX 4001		Fi	rst	Ν	fiddle	
	City NORTH READING State 1			CAMBRIDG			State MZ	7 in 0	2140-0002	
	Insurance Company CITATION IN			cle Action Prior to Ci	Г	2 22		l Area Code		
				22		23 23	Test Stat	us:	28	
<sup>5</sup> 1		Responding to Emergency		r sequence 1			Type of	Test:	29	
	Citation # (If Issued)			in.	BERREAU IV	25 25	BAC Tes	Control of	30 1 Susp Drug: 32	<b>1</b> 13
	The state of the s	ol. 2: Ch/Sec/Sub ———	-	er Contributing Code	26	15000000	Susp. Ale	cohol: 3:	Susp. Drug.	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub Vio	ol. 4: Ch/Sec/Sub r and all occupants involved		er Distracted by	34	35   36	37 38	39 40		4
	Name (Last First Middle)	Addres		DOB/Age	Seat Sex Pos.	Safety Airbag System Status	Eject Trap Code Code	Injury Transp Status Code	Medical Facility	_
	Operator	See Abo	ove	> > >	$\langle 1 \rangle$	1 4	0 0	10 1		
										]
									V	1
	Di Claro			15 1	6	17	I CA	18		1
<sup>7</sup> 3	Please Select One of the Following: Vehicle 21 #	Occupants Non-Moto	orist A Type	Action	Location	n C	Condition	_	Hit/Run Moped	4
		_ DOB/Age	Reg	# <u>3AXY41</u>	,	Re	д Туре <u><b>РС</b></u>	F	Reg State MA 21	a I
	Sex M Lic. Class D 19 19 Lic. Res	etrictions 20 CDL_Endorse	ement	Year <u>2020</u>				Ve	h Config. 1	
8	Operator GILL, FRANCIS		Own	er GILL, F	RANC:	IS ROOF	SERS irst	N	Aiddle	
<sup>8</sup> 1	Address 7 ENGLEWOOD DR			ress 7 ENGLE		DR				14
	City WILMINGTON State 1			WILMINGT	ON				1887-3010	1
	Insurance Company THE STANDAL	RD FIRE INSU	<b>RAN</b> Vehi	cle Action Prior to C		2 22	Damage Test Stat	d Area Code	8 27 27 27	
	Vehicle Travel Direction:	Responding to Emergency	? <u>2</u> Ever	at Sequence 23		23 23	Type of		29	
<sup>9</sup> 2	Citation # (If Issued)	,	Mos	t Harmful Event	Make Stand			st Result:	30	
2	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1000	25 25	Susp. Al	cohol: 3	Stop	
	Viol. 3: Ch/Sec/Sub — Viol.	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	ACHIEL DIN			rom scene?	2 33	_
	Please fill out for operator/non-n	notorist and all occupants in		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp Status Code		
	Operator/Non-Motorist	See Ab			/ .	1 4	0 0	10 1		
	-P			Y						1
				-		_				1
							-			-
		L					1 1	1 I	1	

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Pedestrian		ycle	
Crash Diagram:	ie: 👈 🔟	2	<b>→</b>	χ	<u>→ %</u>		
middlesex avenue		唐	× ×	· · · · · · · · · · · · · · · · · · ·		f Crash <u>Did Not</u> on a Public Way	
					1 0	Off-Street Parking L	ot
					1	<b>]</b> Garage	
					1	Mall/Shopping Center	er
Mary regions		- S-14 - S-25-5		THE PERSON NAMED IN COLUMN TO THE PE		Other Private Way	
		" R	Si.			- commence sections and g	
			1 N 2			Indicate North by	Arrow
	Formal Share	. 2		1	V		
	Federal Stree	<b>4</b> : 320		Œ	<b>1</b>		
			I				
Crash Narrative:  Both Drivers were stop		- on Fodor	al street 1	71 was in	the left	lane	
waiting to take a left							
was turning on to Fede							
it. V2 stated same.		-					
			`				
						12	
							90
Witnesses:		Address			Phone #		Statement
Name (Last,First,Middle)		Auuress	-		7.70.0		
		- 1					
Property Damage:			T=	To a second		I.D.	
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Da	naged Property	
		2					
Truck and Bus Information	Registration #		(From Vehic	cle Section)			
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
43	44		45				
	y Type Code	GVWR/GCWR				46	
	Reg Type	Reg State	Reg Year	Trailer	Length		
Hazmat Information: 47	48			Motorial A diate	#	p.1	49
Placard Material 1 digit	# Material Name						
Patrol Officer Brian D	Thornton			lmington	Precinct/B		/10/2021

	Police Use Only	Common	ıwealth (	of Massa	chus	etts			RMV	/ Docu	ment Number	
	Date of Crash Time of Crash	City/Town M	otor Veh	icle Cras	sh [	Number Vehicles	Numbe	3 1 2	Limit_	35	— Local Police	
	06/11/2021 1500 Wilm	nington	Police 1	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	SCALE IS TO SELECT		>		NOT	AT IN		SECT	people of the second	
												<b>2</b> 10
						05	MII	DLES				لـــــــا
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion Ad	dress #		Na	me of l	Roadwa	ay/Street	-
		Al		Feet [	N S E	W of			. —	or _		
	Route# Direction Nam	e of Intersecting Roadway/Stre	eet			_	Mile	Marker			Exit Number	3 11
		Also at Intersection with		Feet	N S E	W of	Route#	-	Interse	cting R	.oadway/Street	
2	Doubt Biochica Nom	e of Intersecting Roadway/Stre	not .	Feet [	N S E	W of						
<sup>2</sup> <b>1</b>	Route# Direction Nam	e of intersecting Roadway/Site	. C.						Lar	ndmark		1
3	Please Select One Vehicle 12	#Occupants Hit/Run	Moped Moped	Crash R	eport ID#	21	-14	12-	AC	,		
3	of the Following:		<u> </u>	277600				DO	1	_	2 1/2	-
	10 10	A_ DOB/Age		3DZ699							21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D Lic. R	estrictions 1 CDL Endorsen	nent	Year <u>2015</u>						_ Veh	Config.	
La .	Operator PINET, JENNIF	ER LYNN First Middle		er <b>PINET</b> ,	ast		First	<u> </u>		Mid	ldle	
<sup>4</sup> 3	Address 30 POWDERMILL	RD	Addr	ess 30 POW	DERM	ILL	RD					
	City <b>HAVERHILL</b> State	MA Zip 01830-43	<b>71</b> City	HAVERHI]	LL			State M	<b>A</b> _ z	ip <u>01</u>	830-4371	
	Insurance Company GEICO GENE	ERAL INSURANCE	E C Vehic	ele Action Prior to	Crash	1	22	Damage	d Area	Code:	3 27 27 27	
0	Vehicle Travel Direction: N S W	Responding to Emergency?		t Sequence	23 23	23	23	Test Stat	tus:		28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)	200		Harmful Event	1 24	PROFESSION OF THE PROFESSION O		Type of		.	29	
L	1			er Contributing Co	E250	25	25	BAC Te	ſ		Susp Drug 32	1 13
	Allowed a state a procedure of the state of	/iol. 2: Ch/Sec/Sub		S.A.	No. of Street,		er de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	Susp. Al Towed f	Ļ	CONTURA	33)	
<sup>6</sup> 1	Viol. 3; Ch/Sec/Sub V		Drive	er Distracted by	99 26		36	10Wed 1	10m SC	40	2 33	ļ
	Please fill out for opera  Name (Last First Middle)	tor and all occupants involved  Address		DOB/Age	Sex Po	at Safety	Airbag E Status C	ject Trap ode Code	Injury	Transp. Code	Medical Facility	
	Operator	See Abov	ve	$\times$	X 1	1	4 0	o	10	1		1
					F 6	1	4 0	0	10	1		1
							-				-	1
									-			4
												_
7	Please Select One Vehicle 22	#Occupants Non-Motor	rist A Type	15 Action	16 Loca	ition	17 Co	ndition	18	□ F	Hit/Run Moped	
<sup>7</sup> 2	of the Following:							100				-
		A DOB/Age	-	# <u>2JTL23</u>				уре <u>РС</u>			eg State MA	
		Lestrictions 1 CDL	nent	Year <b>2004</b>						_ Veh	Config. 1	
<u>β</u>	Operator SERVILIEN, AL	IETE I	Own	er SERVIL	IEN,	ALI	ETE First	I		Mic	ddle	
<sup>8</sup> 1	Address 29 SHOREY ST	APT 1	Addı	ess 29 SHC	REY	ST	APT	1				_ 14
	City <b>LYNN</b> State	MA Zip 01902-29	<b>21</b> City	LYNN				State M	<b>A</b> _ z	ip <u>01</u>	1902-2921	1 "
	Insurance Company GOVERNMENT	C EMPLOYEES IN	NSU Vehi	cle Action Prior to	Crash	1	22	Damage	d Area	Code:	PURSON SPRINGERS INCOME.	
	Vehicle Travel Direction: SEW	Responding to Emergency?		t Sequence 11	23 23	23	23	Test Sta	tus:		28	ľ
				Harmful Event	1 24	Annual Park	1,11100	Type of		020	30	
<sup>9</sup> 2	Citation # (If Issued)	_	5.	er Contributing Co		Q 25	25	BAC Te	1		20	
L	Viol. 1: Ch/Sec/Sub — V	Viol. 2: Ch/Sec/Sub ————		_	20	The state of the s		Susp. A	Į.	ERVE	Susp. Drug: 32	
	VIOI. 3: CII/Sec/Sub — VIOI. 4: CII/Sec/Sub —				river Distracted by 99 20 Towed from scene? 1 33						1,238	-
	Please fill out for operator/nor	n-motorist and all occupants in Address		DOB/Age		at Safety	Airbag I Status 0	Eject Trap Code Code	Injury	Transp. Code	Medical Facility	
	Operator/Non-Motorist			$\sim$	X 1	1	4 0	О	10	1		
	e y	<del></del>			м 5	4	4 0	0	10	1		
-					<u> </u>	<del> </del>	-					1
						$\perp$			_			



Signature