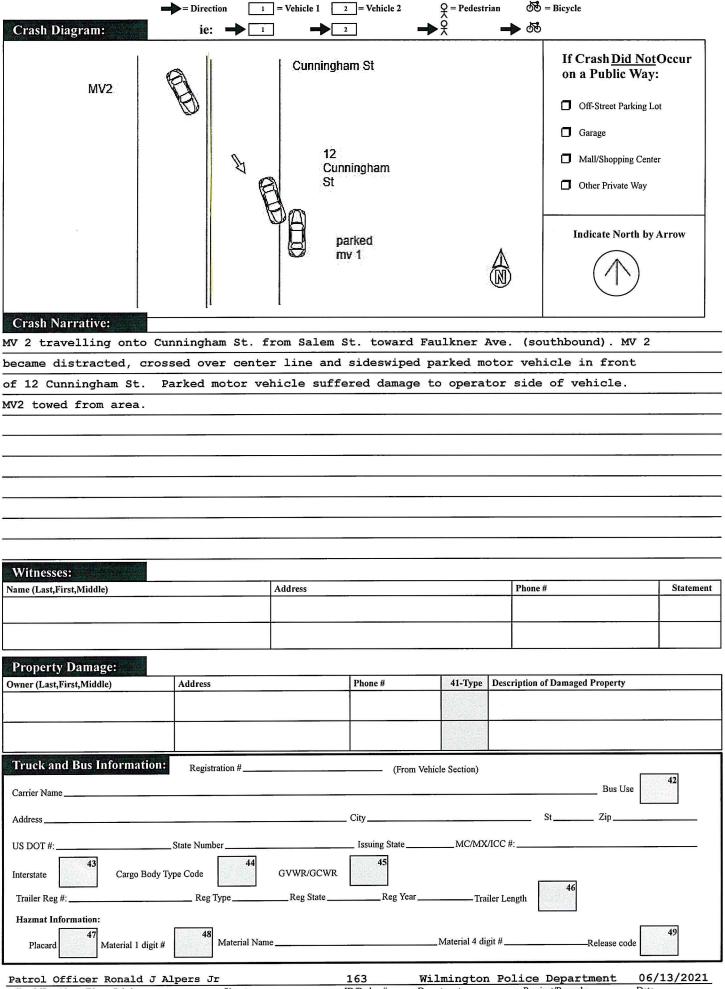
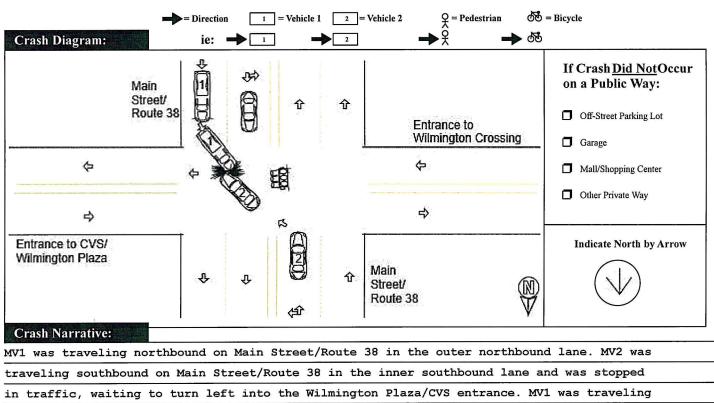
	Pol	lice Use Only		C	ommon	wealth	of Ma	assac	chu	ise	tts			R	MV	Docui	ment Nu		
	Date of Crash 06/13/2021		C <b>Wilmi</b>	City/Town		tor Veh			h		mber nicles	Numb Injure	4	eed Li		30			
	00/13/2021	24HR	AA T TIII T	g con		Police		rt		2		0	-	ngitud			Campi Other:	us Police 🔲	_
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	Route# Dire	ection	Name o	of Intersecting	ng Roadway/Street	i						Mile	Marke	er			Exit	Number	5 11
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<sup>2</sup> 1	Route# Dire	ection	Name o	of Intersection	ig Roadway/Street	t		Feet N	SI	EW	of					7			
ı							<u> </u>								-	dmark			-
99	Please Select of the Follow		e 1 <u>0</u> #0	Occupants	Hit/Run	Moped	С	rash Rep	ort I	D# 2	21	-1	43	-A	C				
99	License #		St	_ DOB/Age		Reg	# <u>87x6</u>	90				_ Reg T	ype_	PC		Re	g State ]		12
	Sex Lic.	Class 19	19 Lic. Rest	trictions	CDL_ Endorseme	Veh	Year <b>20</b>	L1	V	eh Ma	ke <b>M</b>	ITSU	JBI	SHI		_ Veh (	Config.	21	1
	Operator <u>Dr</u>	iverles			Endorseme		er <b>GUI</b>	NEY,	A	NDE	REA	<b>K</b>				Mid			
<sup>4</sup> 1	Address	2.00	Fir	rst	Middle		ess <b>12</b>	Las	t			First				Mid	dle		
	City		State	Zip		City	WILM	INGT	ON				State_	MA	_ Zi	p <u>01</u>	887	-1305	
	Insurance Com	pany <b>GEICO</b>	GENER	AL IN	SURANCE	<b>C</b> Vehi	cle Action I	Prior to C	rash		11	22	Dam	aged A	rea (	Code:	7 <sup>27</sup> 0	27 27	
	Vehicle Travel	Direction: N	(EW	Responding	to Emergency? 2	Ever	t Sequence	23	2	23	23	23		Status:			L 28		
<sup>5</sup> 1		sued)				Mos	Harmful E	vent 2	2	24				of Tes		.	30		
		/Sub		1. 2: Ch/Sec/	Sub	Driv	er Contribu	∟ ting Code	:	1	25	25		Test R				Orug: 2 32	2 13
		/Sub					er Distracte	d by	)	26				ed fron			2 33	2	
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	City <b>TEWK</b>				1876-318					[	•	22				-	7 27 1		Ė
		pany THE CO	<del></del>				cle Action I				23	23		Status:			28	March Hillering	
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	P Name (Last First	lease fill out for op <sup>Middle)</sup>	erator/non-m	otorist and	all occupants invo	lved	DOB	/Age	Sex	Seat Pos.	Safety System	Airbag 1	ject '	Trap In		Transp. Code	Med	dical Facility	
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Police Use Only	Commonw	vealth	of Massa	ich	use	etts			R	MV Doc	cument	t Number		
Date of Crash 06/13/2021 1304 Wilm	ington		icle Cras	sh	Ve	mber hicles	Numl Injur	ed L	peed Lin atitude _		L	tate Police ocal Police ABTA Police Campus Police	0000	
24HR AT INTERSECTI	- Company		Report	>	2		0 NOT		ongitude INTE		0	Other:		1
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	At		Feet	NS	EW	of .				<b>—</b> or				
Route# Direction Nam	e of Intersecting Roadway/Street					UI .		e Mark		OI ,	Е	Exit Number		3
	Also at Intersection with		Feet [				Route	<del>-</del> -	Inte	rsecting	Roadv	way/Street		3
Route# Direction Nam	e of Intersecting Roadway/Street									Landmar	rk		-	
Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash R	eport	ID#	21	-1	44	-A	С				
	A DOB/Age	Reg	# <u>463YX1</u>				_ Reg	Type _	PC	F	Reg Sta			_
Sex M Lic. Class A M Lic. Re	estrictions B CDL	Veh	Year <b>2011</b>		Veh Ma	ake <u>C</u>	HEV	ROL	ET	Vel	h Conf	fig. 1	21	L
Operator FOSTER, SIDNE			er FOSTER	, ,	YN'	THI.	A L				Middle			
Address 146 WASHINGTON	Tarana and	Addı	ress <b>146 WA</b>	ast SH:	ING	TON	I CI	R		N	Aiddle			
City WOBURN State		) City	WOBURN					State	MA	Zip O	180	1-33	20	
Insurance Company SAFETY INS			cle Action Prior to	Crach		1	22		naged Ar		2	7 3 27	27	
			[V245		23	23	23		Status:		2	THE RESERVE THE RE	ALL CO.	
Vehicle Travel Direction: S E W	Responding to Emergency? 2		n sequence 1		24			Туре	e of Test		2	:9		
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Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	de		25	25	Susp	o. Alcoho	ol: 2 31	1 Sus	sp. Drug:2	32	1
Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	99	26			Tow	ed from	scene?	2 3	3		
	tor and all occupants involved				34 Scat		36 Airbag	Eject	38 39 Trap Inju	ry Transp.	).			e I
Name (Last First Middle)	Address		DOB/Age	Sex	Pos.		Status 4		Code Stat		$\vdash$	Medical Facility	у	
Operator	See Above			$\triangle$	1	1	-	-	, 110	-	-			
CYNTHIA FOSTER	WOBURN, MA 01801-3320			F	3	1	4 (	) 0	10	1				
		100	15	16		MES.	17		1	8		75.	-	err
Please Select One of the Following: Vehicle 21	#Occupants Non-Motorist A	A Type	Action	I	Locatio	n	C	onditio	n		Hit/R	un M	oped	
License # St	_ DOB/Ags	Reg	#2HBD23				_ Reg	Туре _	PC	R	Reg Sta	ate <b>MA</b>		
Si _ Lic. Class D Lic. Re	estrictions 20 CDL	Veh	Year <b>2008</b>	\	√eh Ma	ke <b>H</b>	OND	A		Vel	h Confi		21	
— Operato	Endorsement	t	er ZALAKE!											
Last	Pirst Middle		ress 1208 B	ast			Firs	U		M	Middle			
Addr		1,10,000		1101				G	MΆ	<b>7∵ 0</b>	192	26-28	1 1	2
City State	Zi <sub>l</sub>		DRACUT		Ī		22				_	7 3 27 4		_
Insurance Company PROGRESSIV	E CASUALTY INS	U Vehi	cle Action Prior to	- Interes		4			Status:	ea Code	2 2			
Vehicle Travel Direction: N S W	Responding to Emergency? 2	Even	t Sequence 1	23	23	23	23		e of Test:		2	9		
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Viol. 3: Ch/Sec/Sub — V	/iol. 4: Ch/Sec/Sub	Driv	er Distracted by	99	26			Tow	ed from	scene?	1 3			
A COMPANY OF A CO. O.	-motorist and all occupants involve	ed	1		34 Seat	35 Safety	36 Airbag		38 39 Trap Inju		j.			ľ
Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code Stat	tus Code		Medical Facility	у	
Operator/Non-Motorist	See Above		$\sim$	X	1	1	4 0	) (	10	1	_			
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1														l



MV1 was traveling northbound on Main Street/Route 38 in the outer northbound lane. MV2 was traveling southbound on Main Street/Route 38 in the inner southbound lane and was stopped in traffic, waiting to turn left into the Wilmington Plaza/CVS entrance. MV1 was traveling straight ahead and the operator of MV1 reported that "the traffic signal was green for northbound traffic." MV2 began turning left across the northbound travel lanes into the Wilmington Plaza entrance. The operator of MV2 also reported that "the traffic signal was green for southbound and left turning traffic." MV1 swerved and attempted to avoid MV2, but collided with MV2. MV1 suffered front right and right side damage. MV2 also suffered front right and right side damage and was disabled from the collision. Neither operator or passenger was injured. Both vehicles pulled into the Wilmington Plaza to exchange information and MV2 contacted a private tow from the parking lot.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	one#		Statement
BROWN STEPHANIE L		13 PEMBROKE	ST WILMINGTON	MA 01887-3	3145		27	2
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descripti	on of Damage	ed Property	
				20,1225.160				
Truck and Bus Information:  Carrier Name			(	hicle Section)			Bus Use	42
Address			City	V V-		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length	40		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 dig	git #		—Release code	49
								* 10 -90

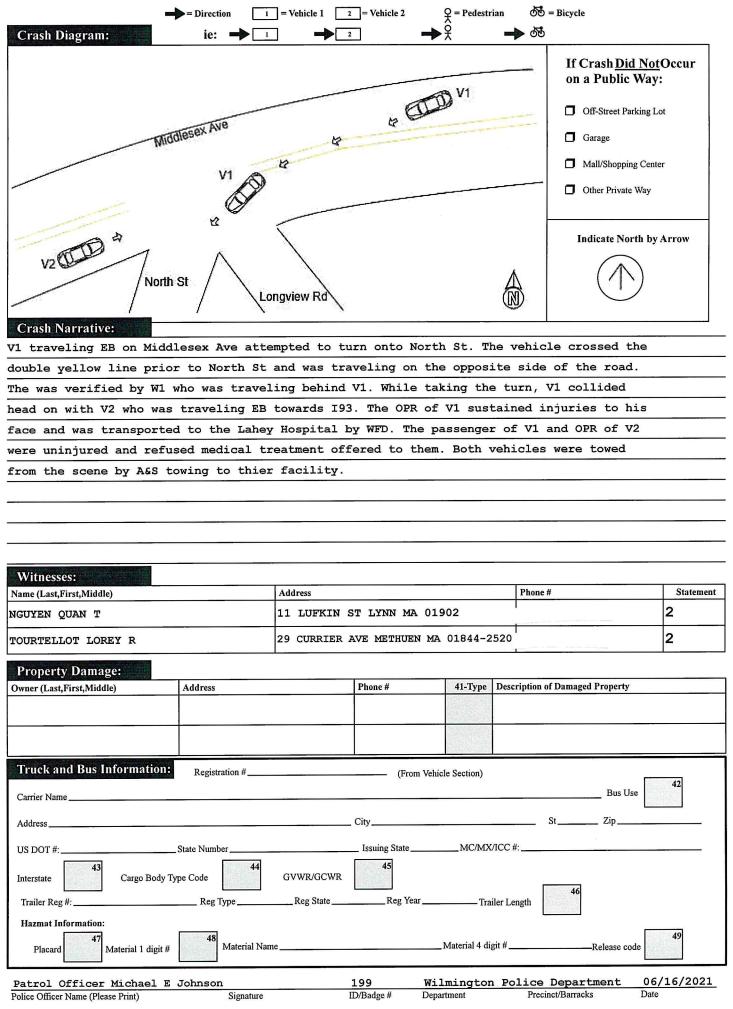
Patrol Officer Michael A Wilson

209

Wilmington Police Department

06/13/2021

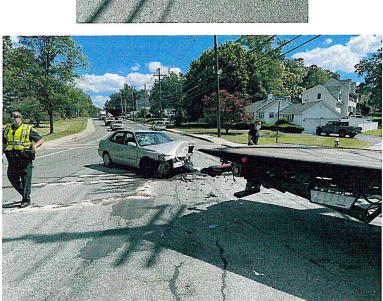
Pol	lice Use Only	Co	mmonw	vealth	of Massa	ach	uset	ts			RM	V Docui	ment Nun		
Date of Crash		City/Town	Mot	or Veh	icle Cra	sh	Num		Number Injured	Speed Latitud	Limit	30	State Po     Local Po     MBTA I	olice 🔀	
06/16/2021	1016 Wil	lmington	]	Police 1	Report		2		L	Longit	4000000		Campus Other:	Police	
	AT INTERSEC	TION:	<	LOCA	TION	>		N	NOT A	ΓΙΝΊ	ΓER	SECT	ION:		
															2
Route# Dire	MIDDLE ection	SEX AVE Name of Road	way/Street		Route# Direc	tion .	Addres	s#		Na	me of	Roadwa	y/Street		┢
		At	1150		Party in	al									
Route# Dire	NORTH NORTH	ST Name of Intersecting	Pandway/Street		Feet	N S	E W o	f –	Mile Ma		_	or _	Exit N	umber	F
Route# Dire	etion P	Also at Interse			Feet	N S	E W o	f _							6
					Feet	N S	E W o		Route#		Interse	ecting R	oadway/S	treet	
Route# Dire	ection N	Name of Intersecting	Roadway/Street					-			La	ndmark			1
Please Select of the Follow		#Occupants	Hit/Run	Moped	Crash R	Report	ID# <b>2</b>	1-	-14	5-	AC	;			
A SHARLEST TO		MA DOB/Age		Dan	   <u>  1FZK66</u>				Dog Trm	, PC		Pa	a Stata N	<u></u>	1_
	10 10	80(914)	20		4 <u>112100</u> Year <u>2001</u>									21	1
Sex.M Lic.	D. C.	c. Restrictions 1	CDL_ Endorsement	t	year <u>2001</u> er <u>HARRIS</u>							_ ven	conng. L	100000	H
	ARRISON, JO	First	Middle			Last			First			Mid	dle		
	NEWCASTLE		1060 1034		ess 24 NEV		21.17.6	ı Kı		3.47		. 01	060-	1026	
	ODY S				PEABODY		26	22	_			Code:		1936 27 27	1
	pany THE COMM	_			cle Action Prior to		150		L <sup>2</sup>	est Stat		Couc.	28	21 (27 )	1
Vehicle Travel	Direction: NSE	Responding to	Emergency? 2		t Sequence 1	[	24			ype of	Test:		29		
Citation # (If Is	ssued)			Most	Harmful Event	L		<b>-</b> ][	25	AC Tes	77		<sub>L</sub> 30		H
	:/Sub				er Contributing Co	V and the later	4 2		S	usp. Al				ug: 99 <sup>32</sup>	1
Viol. 3: Ch/Sec	:/Sub			Drive	er Distracted by	99	26			owed fi	,	<u> </u>	L 33		]
Name (Last First )	Please fill out for op	perator and all occup	ants involved  Address		DOB/Age	Sex		Safety A	36 37 irbag Eject tatus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medic	al Facility	
Operat	tor		See Above		$>\!\!<$	X	1 0	) 1	О	o	7	2	Lahey Cl	inic	
CRYSTAL UL	CHAK	2 ROGERS A' LYNN, MA 0			T .	F	3 1	. 1	0	0	10	1			]
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Please Select of the Follow		#Occupants	Non-Motorist	A Type	Action	L	ocation		Condi	tion	10	H	it/Run L	Moped	
License # <u>\$7</u>	9038046 St	MA DOB/Age		Reg	# <u>8DG156</u>				Reg Typ	e <u>PC</u>		Re	g State M		1
Sex F Lic.	Class D 19 Lie	c. Restrictions 1	CDL_ Endorsemen		Year <u>2008</u>	\	/eh Mak	e <b>TO</b>	YOTA	<b>L</b>		_ Veh	Config.	1 21	
Operator WI	SHNEUSKY,	ELAINE A	Middle	Own	er WISHNE	USK	(Y,_	ELA	INE First	A		Mid	dle		
Address 135	5 MILL ST	riist	Madde	Addı	ess <u>135 M</u>	LL	ST		T Hat						L
City BURL	INGTON S	tate <b>MA</b> Zip 01	L803-1828	B City	BURLING	TON			Sta	ate <b>M</b>	<b>A</b> _ 2	ip <u>01</u>	803-	1828	1
Insurance Com	pany THE COMM	ERCE INSU	JRANCE C	O Vehi	cle Action Prior to	Crash	1	. 2:	3)			Code:	APP. (S. 197)	27 27	
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Citation # (If Is	ssued)			Mos	t Harmful Event	1	24			ype of ' AC Te:		ılt:	30		l
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Viol. 3: Ch/Sec	c/Sub	Viol. 4: Ch/Sec/S	ub	Driv	er Distracted by	0	26		Т	owed f	rom sc	ene?	1 33		
	lease fill out for operator	/non-motorist and all		ed .			34 Seat	Safety A	36 37 Lirbag Eject	38 Trap	39 Injury Status	40 Transp. Code	Madia	al Facility	1
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Operal	tor/Non-Motor	ist	Dec Above		/		-	$\dashv$							+
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		1.500													_



CDP1 11-24-00

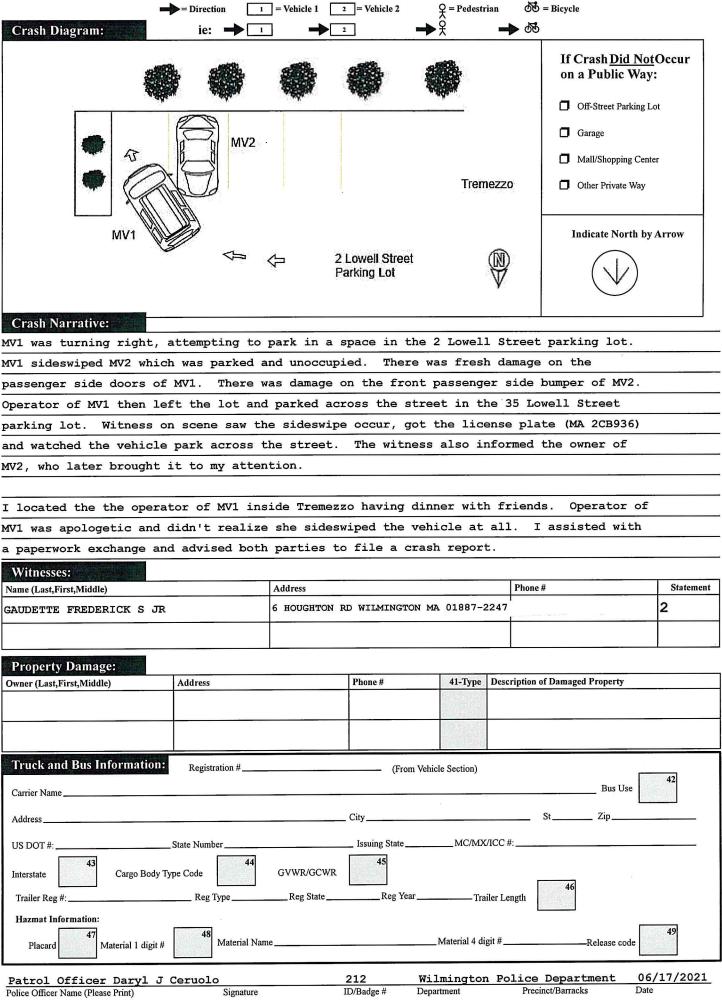
## Wilmington Police Department Images Associated with 21-145-AC







	Police Use Only	Commonwe	alth of N	lassact	ıuset	ts		RMV	Docum	nent Number	
			r Vehicle	Crash	Num' Vehic		oper	d Limit_	10	State Police Local Police MBTA Police Campus Police	
	06/17/2021 2050 Wilm.	ington Po	olice Rep	ort	2	o Î	Lam	itude		Campus Police Other:	i
	AT INTERSECTION	ON:	LOCATIO	<b>V</b> >		NO	TAT IN	TERS	SECT	ION:	
	Route# Direction	Name of Roadway/Street	Route	# Direction	2 Address		WELL N	ST ame of I	Roadway	y/Street	<b>2</b> 10
<sup>1</sup> 3	and productions are productions and productions and productions are productions are productions are productions and productions are productions are productions are productions and productions are production	At		F.T.	1-1-1						
	Route# Direction Name	e of Intersecting Roadway/Street		Feet N S		Mi	le Marker		or	Exit Number	5 11
		Also at Intersection with		Feet N S		Route	:#	Interse	cting Ro	adway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	e of Intersecting Roadway/Street		Feet N S	S E W of	f 		Lar	ndmark		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repor	t ID# <b>2</b>	1-1	46-	AC			
	License # <b>S75414854</b> St <b>M2</b>	DOB/Age.	Reg # 2C	в936		Reg	Туре <u>РС</u>		Reg		12
	CAGARS REPLACE	estrictions 20 CDL Endorsement		016			ROLE	T	_ Veh C	Config. 21	1
<sup>4</sup> 1	Operator ONOS, COLLEEN	First Middle		IOS, CO		Fi	rst		Middl	ie	-
1	Address 6 SHERWOOD RD		10000 100 pressor	SHERWO		<u>.D</u>					-
	City WILMINGTON State		(2)	MINGTO	SEE	22			_	887-2833 27 27 27	-
	Insurance Company QUINCY MUT	UAL FIRE INSURA	Vehicle Acti	on Prior to Cras	100		Damage Test Sta		Code: 2	27 27 27 28	
5	Vehicle Travel Direction: NEW	Responding to Emergency? 2	Event Seque	ence 2 23	23 2:	3 23	Type of		1	29	
<sup>5</sup> 2	Citation # (If Issued)	-	Most Harmí	ul Event 2	24			est Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub	_ Driver Cont	ributing Code	16 <sup>25</sup>	25		lcohol:	100	Susp. Drug: 2 32	2 13
6	Viol. 3: Ch/Sec/Sub Vi	ol. 4: Ch/Sec/Sub	Driver Distr	acted by	26		Towed	from sce	ne? 2	33	
<sup>6</sup> 1		or and all occupants involved			Seat S	35 36 afety Airbag	37 38 Eject Trap	Injury	40 Transp.	M. C 1 P 10b.	1
	Name (Last First Middle)	Address See Above		DOB/Age Sex	Pos. Sy 1	stem Status	Code Code		Code 1	Medical Facility	1
	Operator	Bee Above		$\sim$	1-						-
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<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-Motorist A	Type 15	Action 16	Location	17	Condition	18	☐ Hi	t/Run Moped	1
:=-/i	License # <b>S87708028</b> St <b>MA</b>	DOB/A	Reg # <b>8X</b>	K236		Reg	Туре РС		Reg	State MA	-
		estrictions 20 CDL	Veh Year 2	019	Veh Make	BUIC	KS	_	_ Veh C	Config. 21	
	Operator BARTLETT, JOAN	Endorsement L	Owner BA	RTLETT	, ST	EPHE1	IJ				_
<sup>8</sup> 99	Address 61 WELLS DR	First Middle	Address 6	Lost  1 WELLS	DR	Fi	rst		Middl	ie .	
		MA Zip 01876-3637	City <b>TEW</b>	KSBURY			_ State M	<b>A</b> z	ip <b>01</b> 8	876-3637	_ 1 14
	Insurance Company UNITED SER	•	Vehicle Acti	on Prior to Cras	h 1	1 22	Damag	ed Area	Code: 2	27 27 27	
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Event Seque	ence 2	23 2	37-03-03-03-03	Test Sta	atus:	1	28	
	Citation # (If Issued)		Most Harmi	2200	24		Type of			29	
<sup>9</sup> 2		-		ributing Code	1 25	5 25		est Resu	5655	30	
	Viol. 1: Ch/Sec/Sub — Vi		_ Driver Distr	8288	26			dcohol:	20	Susp. Drug: 2 32	
		iol. 4: Ch/Sec/Sub	_ Driver Distr	acted by U	34	35 36	37 38	39	40		-
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants involved		DOB/Age Sex	Seat S	afety Airbag ystem Status	Eject Trap Code Code	lnjury e Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See Above		$\times\!\!\!\setminus\!$	1 9	9 4	0 0	10	1		
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	l		1								



CDP1 11-24-00

## Wilmington Police Department Images Associated with 21-146-AC







Date of Care   Times of Creat   Times of Creat   Times of Care   Times of Ca
AT INTERSECTION:    Control   Contro
Routed Direction Name of Readway/Street  Routed Direction Name of Readway/Street  Alone at Intersecting Readway/Street  Peet NS E W of Foot Male Marker  Feet NS E W of Foot Male Male Marker  Feet NS E W of Foot Male Marker  Feet NS E W of Foot Male Marker  Feet NS E W of Foot
Routed   Direction   Name of Readway/Street   Routed   Direction   Address #
Feet   S   E   W   of   Mile Marker   est   East Number
Readed Direction Name of Intersecting Readway/Street    Peace   N   E   W   of   Repetition   Readway/Street   Landmonk   Read   Repetition   Readway/Street   Landmonk   Read   Repetition   Readway/Street   Landmonk   Landmonk   Received   Readway/Street   Landmonk   Landmonk   Received   Readway/Street   Landmonk   Landmonk   Received   Readway/Street   Landmonk   Received   Readway/Street   Landmonk   Received   Readway/Street   Landmonk   Received   Readway/Street   Readway/Street   Readway/Street   Readway/Street   Received   Readway/Street   Readway/Street   Readway/Street   Received   Readway/Street   Rea
Pieces Sign Orac   Direction   Name of Intersecting Roadways/Sirect   Landmark   Landmark   Landmark   Landmark   Landmark   License # S12070618   St MA DOB/As   See M Lic Class   Di
See M   Lic. Class   19   19   Lic. Restrictions   1   20   20   20   20   20   20   20
Address 15 CHURCH ST APT 303  City WILMINGTON State MA Zip 01887-2788 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: SEEW Responding to Emergency? 2  Citation # (If Issued) Viol. 2: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code 1 28 Sup, Alcaholta 2 31 Sup, Drug 2 32 1 Sup, Alcaholta 2 31 Sup, Alcaholta 2 31 Sup, Alcaholta 2 31 Sup, Alcaholta 3 31 Sup
City   WILMINGTON   State   MA   Zip   O1887-2788   City   WILMINGTON   State   MA   Zip   O1887-2419   City   WILMINGTON   State   MA   Zip   City   Cit
Insurance Company AMTCA MUTUAL INSURANCE CO Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23
Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   #Occupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   #Occupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One of the Following   Wehicle 21   Foccupants   Non-Motorist A   Type   Tease Select One   Type   Tease   Tease   Tease   Tease   Tease   Tease   Tease   Type   Tease   Tea
Event Sequence   2   3   2   3   2   5   2   5   5   5   5   5   5   5
Most Harmful Event   1   24   BAC Test Result   1   30   Susp. Alcohol   2   31   Susp. Drug   2   32   31   32   32   32   32   32
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 2 5 Susp. Alcohol: 2 31 Susp. Drug. 2 32 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 2 5 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol. 3: Ch/Sec/Sub Driver Distracted by 0 2 6 Toved from scene? 2 33 Viol.
Viol. 3: Ch/Sec/Sub
Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Please fill out for operator for on-motorist and all occupants involved Name class First Moddle  Please fill out for operator/non-motorist and all occupants involved Name class First Moddles Address  Please fill out for operator/non-motorist and all occupants involved Name class First Moddles Address  Please fill out for operator/non-motorist and all occupants involved Name class First Moddles Naddress  Please fill out for operator/non-motorist and all occupants involved Name class First Moddles Name class First Name cla
DOB/Age   Sec   Five   Squeen   Code   Code   Medical Facility
Please Select One of the Following:    Vehicle 21
Address 14 HANOVER ST  City WILMINGTON  State MA Zip 01887-2419  Insurance Company PREFERRED MUTUAL INSURANC  Vehicle Travel Direction:  Vehicle Travel Direction:  Vehicle SEW  Responding to Emergency?  Vehicle Travel Direction:  Vehicle SEW  Non-Motorist A Type  Action  Location  Location  Location  Condition  Hit/Run  Moped  Reg Type PC  Reg State MA  Veh Config.  1 21  CDL  Endorsement  Owner RICE, ELWIN CHARLES  Owner RICE, ELWIN CHARLES  City WILMINGTON  State MA  Zip 01887-2419  City WILMINGTON  State MA  Zip 01887-2419  Test Status:  1 28  Type of Test:  29  Most Harmful Event  1 24  Most Harmful Event  1 24  BAC Test Result:  1 30  Susp. Alcohol:  2 31  Susp. Drug:  3 32  Veh Godien  Moddle  Address 14 HANOVER  Towed from scene?  2 33  Please fill out for operator/non-motorist and all occupants involved Name (last First Middle)  Name (last First Middle)  Address  DoB/Age  Sex N  Lic. Clastion  Location  Location  Location  Location  Condition  Hit/Run  Moped  Reg Type PC  Reg State MA  Veh Config.  1 21  Coll  State MA  Zip 01887-2419  Test Status:  1 28  Type of Test:  29  Most Harmful Event  1 24  BAC Test Result:  1 30  Susp. Alcohol:  2 31  Susp. Drug:  3 32  Towed from scene?  2 33  Please fill out for operator/non-motorist and all occupants involved Name (last First Middle)  Name (last First Middle)  Medical Facility  Medical Facility
The followings of the Following of the Following of the Followings of the Following of the
The following:    Condition   Condition   Condition   Condition   Condition   Condition   Moped
Non-Motorist A   Type   Action   Location   Condition   Hit/Run   Moped
The followings of the Following of the Following of the Followings of the Following of the
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  Operator RICE, ELWIN CHARLES  Last First Middle  Address 14 HANOVER ST  City WILMINGTON State MA Zip 01887-2419  Insurance Company PREFERRED MUTUAL INSURANC  Vehicle Travel Direction: S E W Responding to Emergency? 2  Citation # (If Issued)
Sex M Lic, Class D Lic, Restrictions 1 CDL Endorsement  Operator RICE, ELWIN CHARLES  Address 14 HANOVER ST  City WILMINGTON State MA Zip 01887-2419  Insurance Company PREFERRED MUTUAL INSURANC  Vehicle Travel Direction: SEW Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Veh Year 2012  Veh Make KIA  Veh Config. 1  Owner RICE, ELWIN CHARLES  First  Middle  Address 14 HANOVER ST  City WILMINGTON  State MA Zip 01887-2419  City WILMINGTON  State MA Zip 01887-2419  Vehicle Action Prior to Crash  1 22  Damaged Area Code: 1 27 27 27 27  Test Status: 1 28  Type of Test: 29  Most Harmful Event  1 24  Most Harmful Event  Driver Contributing Code  Poil Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Address  Name (Last First Middle)  Name (Last First Middle)  Veh Year 2012  Veh Make KIA  Veh Config. 1  Downer RICE, ELWIN CHARLES  First  Middle  Address 14 HANOVER ST  City WILMINGTON  State MA Zip 01887-2419  Test Status: 1 28  Type of Test: 29  BAC Test Result: 1 30  Driver Contributing Code  Driver Distracted by  O 26  Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Address  Name (Last First Middle)  Medical Facility
Owner RICE, ELWIN CHARLES  Last First Middle  Address 14 HANOVER ST  City WILMINGTON State MA Zip 01887-2419  Insurance Company PREFERRED MUTUAL INSURANC  Vehicle Travel Direction: SEW Responding to Emergency? 2  Citation # (If Issued)
Address 14 HANOVER ST  City WILMINGTON State MA Zip 01887-2419  Insurance Company PREFERRED MUTUAL INSURANC  Vehicle Travel Direction: SE W Responding to Emergency? 2  Citation # (If Issued)
Insurance Company PREFERRED MUTUAL INSURANC  Vehicle Travel Direction: SEW Responding to Emergency? 2  Event Sequence 1 23 23 23 23  Citation # (If Issued)
Insurance Company PREFERRED MUTUAL INSURANC  Vehicle Travel Direction: S E W Responding to Emergency? 2  Citation # (If Issued)
Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 123 23 23 23 23 Test Status: 128  Citation # (If Issued)
Citation # (If Issued) Most Harmful Event
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Driver Distracted by
Viol. 3: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub
Please fill out for operator/non-motorist and an occupants involved  Name (Last First Middle)  Address  DOB/Age  Sex  DOB/Age  Sex  Safety  Airbag  Sex  Sode  Code  Code  Code  Slatus  Code  Medical Facility
Talle (seri un moon)
Operator/Non-Motorist See Above 1 99 1 0 0 10 1

	= Direction		2 = Vehicle 2	X = Pedestrian	OO = Bicycle	
Crash Diagram:	ie: 👈	1 -	2	<b>→</b> X -	<b>▶</b> ₺₺ If Crash I	Did NotOccur
					on a Publ	
		NACE OF THE PARTY			Off-Street	Parking Lot
					☐ Garage	
					☐ Mall/Shop	pping Center
		'Va	6	Ţ,	Other Priv	rate Way
	121			2		
	Moole			<i>3</i>	Indicate I	North by Arrow
					<u>→</u>	$\geqslant$
			474 Main	St		
Crash Narrative:				-		
Vehicle #1 stopped f		lling out of	474 Main S	Street. Veh	icle #2 drove i	nto
the rear of Vehicle	#1					
-						
7						
Witnesses:			10.00			
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	LAMORE		Phone #	Al Tyme Des	cription of Damaged Prope	tu
Owner (Last,First,Middle)	Address		rione #	41-1ype Des	cription of Damaged 1 ropes	iy.
					9	
Truck and Bus Informat	ione					
Carrier Name					Bus	: Use 42
Address						<b>是公司</b> 专员的经
	State Number				#:	
43	44		45	NIC/NIBICO		
	ody Type Code	GVWR/GCWR		- T	46	
Trailer Reg #:	Reg Type	Reg State	Keg Year	———Trailer L	ength	
Placard Material 1 d	igit # 48 Material N	Jame		Material 4 digit#_	Release	code 49
(100 March 1994)	ASSOCIATION CONTRACTOR		164	wilmin-t P	lies Desertes	06/18/2021
Police Officer Name (Please Print)	ony Fiore Signature			Wilmington Po Department	Precinct/Barracks	06/18/2021 Date

	Poli	ce Use Only		Con	amonv	vealth	of M	assa	ich	use	tts		200000		RMV	/ Docu		lumber	G.
	Date of Crash 06/18/2021	Time of Crash		ity/Town ngton		tor Vel			sh	Vel	mber nicles	Num Inju		Speed Latitud	Limit_ le	35	Loca MB7	Police I Police I I P	
		24HR			To 5000 (1) 10	Police		0.1	4 /4 8	2		0		Longit			Othe	er:	1
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	Route# Direc	tion	N	ame of Roadway	/Street		38 Route#	S Direct	ion	687 Addre		MA	IN	ST Nar	ne of I	Roadw	ay/Stree	et	2 ^
1	Route# Direc		Name o	At  f Intersecting Ro	adway/Street			_Feet [	N S	E W	of ·		e Mar		_	or _		t Number	1
	Route# Biree	HOI		Also at Intersection		-		_Feet [	N S	E W	of	_			•				2
L	Route# Direc	etion	Name o	f Intersecting Ro	adway/Street			_Feet [	N S	E W	of	Route	#			oting R		y/Street	-
_	Please Select C	One Vehicle	e 1 <u>1</u> #0	Occupants I	lit/Run	Moped		Crash R	eport	ID#	21	-1	48	3 – 2	AC	l i			1
			St MA	_ DOB/Age		Reg	# <u>325</u>	SX4				_ Reg	Туре	PC		Re	eg State		_ 1:
	Sex <b>F</b> Lic. 0	10 1	9 Lic. Rest	20	CDL	Veh	Year <u>20</u>	10		√eh Ma	ke <b>T</b>	OYO	TA			_ Veh	Config.	1 21	1 "
	Operator SA	LERNO, A	ASHLEY	REGIN		Owi	ıer <u>SAI</u>	ERN	O,	CE:	SAR	AU Fir	IGU:	STC	)	Mic	ddle		
1.	Address 755	WOBURN	ST		_	Add	ress <u>75</u>	5 WC	BUI	RN	ST								
		INGTON					WILM	ING'	ron		0.50.7250							7-3426	
	Insurance Comp	any <b>GEICO</b>	GENER	AL INSU	RANCE	C Vehi	cle Action				4	22		maged st Stati		Code:	5 27 28	27 27	
	Vehicle Travel D	Direction: N	EW	Responding to Er	nergency? 2	Ever	nt Sequenc	e 1	23	23	23	23		pe of T			29		
	Citation # (If Iss	ued)				Mos	t Harmful	Event	1	24	25	0.5	ВА	C Tes	t Resu	lt:	30		_ 13
	Viol. 1: Ch/Sec/S	Sub ———	—— Viol	. 2: Ch/Sec/Sub	-	Driv	er Contrib	_	A STREET	- 988	25	25		sp. Alc	L	31		Drug: 32	1
L	Viol, 3: Ch/Sec/S	Sub ———		. 4: Ch/Sec/Sub		Driv	er Distract	ed by	0	26	- 22				om sce	ene?	2 33		1
L	Name (Last First M		for operator	and all occupants	s involved Address		DO	B/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	Injury Status	Transp. Code	М	ledical Facility	
	Operate	or			See Above			<	X	1	1	4	0	0	10	1			
	Please Select C	One Mayara	e 2 <b>1</b> _#0	Occupants   D	Non-Motorist	A Timo	15 Act	ion	16	ocatio	. 24	17	Conditi	on	18	П	Hit/Run	Moped	1
1	of the Followin	ng: Venicie	200 100 100		Non-Motorist				1	Jocatio	"								-
		4336992 19 1	9	DOB/Age 20	ani.		# <u>1581</u> Year <u>20</u>		7	Zah Ma	les H	_ Reg OND		PC			eg State Config.	21	
	Sex M Lic. (	ATHOULOI	Lic, Rest		CDL Endorsemen	it	rear <u>20</u> ner <u>ST</u>							HN		_ ven	Comig.	E Park and	1
1		Last 1NW00	Fir	st	Middle		ress <b>21</b>	1	Last			Fi	rst			Mi	ddle		
	City WOBUE			Zip 018	01-513		WOBU						_ Stat	e <b>M</b> Z	<b>1</b> z	ip_ <b>0</b> 1	L801	L-5130	1
		any THE CO		-			cle Action		Crash		1	22				Code:		27 27	-
	Vehicle Travel D			Responding to E			nt Sequenc	60935		23	23	23	Tes	st Stati	us:		28		
	Citation # (If Iss		42E	G			t Harmful	Event	1	24			-	pe of T		la.	30		
2		Sub	Viol	I. 2: Ch/Sec/Sub		Driv	er Contrib	uting Co	de	99	25	25		sp. Ale	t Resu	31	1, 100	Drug: 32	
		Sub	227.0	I. 4: Ch/Sec/Sub			er Distrac	ted by	99	26					om sce	ene?	2 33	H-201A2E	
	Ple	ease fill out for op-		otorist and all oc		ved		nu.		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		fadical Facility	7
	Operate	or/Non-Mo	otorist		Address See Above			B/Age	Sex	Pos.	System 1		Code 0	Code 0	Status 10	Code 1	M	fedical Facility	
	1							5											1
							-	-											1
					-		-		ļ	-						_			+
				l															

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈	1 -	2	<b>→</b> ♀ -	<b>→</b> №	
<del>-</del>			18			<u>Did Not</u> Occur olic Way:
		0(20) <=	-		☐ Off-Stre	et Parking Lot
	R	Rte.38/Main	st.		☐ Garage	
	<u> </u>	Textron	l rear		☐ Mall/Sho	opping Center
		entranc Lowell s	e from		Other Pr	ivate Way
					Indicate	North by Arrow
				<b>2</b>	> (-	$\geqslant$
Crash Narrative:						
Oper.#1 related she	was traveling s	outh on mai	n st./rte.38	and had sto	pped for traff:	ic as
she was attempting t	o make a left t	urn into the	e entrance o	f Textron's	rear entrance.	while
doing so, m/v#2 came	from behind an	d rear ende	d her m/v#1.	Oper.#1 rel	ated that she l	nad
her directional on t	make the left	turn.				
Oper.#2 related that	m/v#1 had stop	ped short i	n front of h	im and he cr	ashed into her	m/v#
1. He also related t	nat he did not	see her dire	ectional on.	(PWJ/142)		
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Name (Last, Frist, Middle)		Rudiess			I none ::	2
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Prop	erty
				market and the second s		
Truck and Bus Informati	On: Registration #		(From )	Vehicle Section)		
Carrier Name			(11011	venicie section)	Bi	us Use 42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
43	44	]	45			
72 Part Care	ody Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer L	ength	
Hazmat Information: 47	48 Material 2	Jame		Material 4 digit #	Relea	se code
Placard Material 1 di	git #	,m110		randini r digit m	——Kelea	ac couc
Patrol Officer Paul Police Officer Name (Please Print)	W Jepson Signatur	e		Wilmington Po Department	olice Departmen Precinct/Barracks	t 06/18/2021 Date

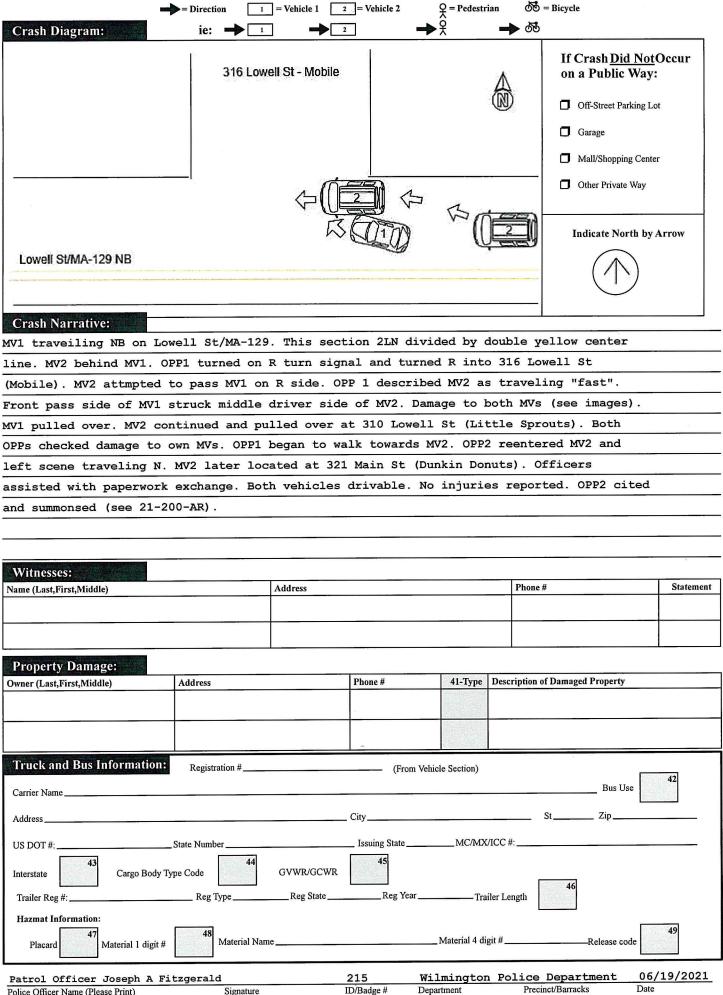
Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date of Crash   Time of Crash   City/Town   O6/19/2021   O114   Wilmington   Date of Crash   Mumber   Number   Speed Limit   30   Latitude   Latitude   Latitude   Latitude   Latitude   Company   C	and the property of the party of the property of
100/13/2021 IO 1 14 IWI IIII III COII I II IIIIII III COII I	State Police Local Police MBTA Police Campus Police
Police Report 2 0 Longitude Longitude	Campus Police Dther:
AT INTERSECTION: < LOCATION > NOT AT INTERSECT	ON:
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway	/Street
At	
Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of — — or _ Mile Marker	Exit Number
Also at Intersection with Feet NSEW of Route# Intersecting Route#	dway/Street
Route# Direction Name of Intersecting Roadway/Street Feet N S E W of  Landmark	
Please Select One of the Following:  Wehicle 11 #Occupants	
License # NHL11731820 St NH DOB/Age Reg # 4855986 Reg Type PC Reg	
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL H Endorsement	onfig. <b>1</b> 21
CDAY NICHOLAC M	
Operator GRAY, NICHOHAS I Owner HIBERTI FRANCE APARTMENTS  Last First Middle  Address 524 CARTIER ST APT 1 Address 524 CARTIER APT 1	
City MANCHESTER State NH Zip 03102 City MANCHESTER State NH Zip 03	02
(Apr. 1922)	27 27 27
insurance Company GBICO venice Action 1 for to classic	28
Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 Type of Test:	29
Citation # (If Issued) Most Harmful Event 1 24 BAC Test Result:	30
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code <b>1</b> 25 Susp. Alcohol: 2 31	usp. Drug: 2 32
Viol. 3; Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene?	33
Please fill out for operator and all occupants involved  34   35   36   37   38   39   40   Seat Safety Airbag Eject Trap Injury Transp.	
Name (Last First Middle)  Address  DOB/Age  Sex Pos. System Status Code Code Status Code  Code Status Code Code Code Status Code Code Code Code Code Code Code Code	Medical Facility
Operator         See Above         1         99         4         0         0         10         1	
Please Select One Various a 1 #Occupants Non Metarict A Type 15 Action 16 Location 17 Condition 18 H	/Run Moped
	State MA
of the Following:	21
of the Following: Ventche 21 "Seesand India-Notionst A Type Action Decarding Condition of the Following: Action Decarding Condition Cond	
Of the Following:         Vehicle         2 Tober Note Following:         Action         Decarded         Condition         Action         Decarded         Condition         Action         Reg Type         CO         Reg           License # S73899021         St MA DOB/Ags         Reg # T32295         Reg Type CO         Reg           Sex M Lic. Class D D         19 D         Lic. Restrictions         99 CDL Endorsement         Veh Year 2018         Veh Make ISUZU         Veh O	onng.
ticense # S73899021 St MA DOB/Agc  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES, JEREMIAS  Last First Middle  Non-Motorist A 199e Action D 20 Column	
of the Following:  License # S73899021 St MA DOB/Agt  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES, JEREMIAS  Address 169 CREST AVE APT 2 Address 329 JEFFERSON RD	
License # S73899021 St MA DOB/Ags Reg # T32295 Reg Type CO Reg  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES, JEREMIAS  Last First Middle Owner RYDER TRUCK RENTAL LT  Owner RYDER TRUCK RENTAL LT  Owner RYDER TRUCK RENTAL LT  Middle	
of the Following:  License # \$73899021 St MA DOB/Ags  Sex M Lic. Class D 19 19 Lic. Restrictions 99 CDL Endorsement  Operator REYES, JEREMIAS  Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Non-yviothst A 19pe Action D 20 College Action State NY Zip 14	523-0000 27 27 27
of the Following:  License # \$\frac{5}{3899021}\$ St \$\frac{MA}{MA}\$ DOB/Ags  Sex \$\frac{M}{Lic}\$ Lic. Class \$\begin{pmatrix} 19 \\ 19 \\ D\end{pmatrix}\$ Lic. Restrictions \$\frac{99}{20}\$ CDL Endorsement  Operator \$\frac{REYES}{Last}\$, \$\frac{JEREMIAS}{First}\$ Middle  Address \$\frac{169}{169}\$ CREST AVE APT 2  City \$\frac{REVERE}{MA}\$ Zip \$\frac{02151-4116}{2151-4116}\$ City \$\frac{ROCHESTER}{NOCHESTER}\$ State \$\frac{NY}{20}\$ Zip \$\frac{14}{23}\$ 23 23 23 23 23 23 23 23 23 23 23 23 23	523-0000 27 27 27 27 28
License # S73899021 St MA DOB/Ag( Sex M Lic. Class D 19 19 Lic. Restrictions D 20 CDL Endorsement  Operator REYES, JEREMIAS Last First Middle Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Insurance Company ACE AMERICAN INSURANCE CO  Vehicle Travel Direction: SEW Responding to Emergency? 2  Citation # ((Classical # ((	523-0000 27 27 27 28 29
License # S73899021 St MA DOB/Ag( Sex M Lic. Class D 19 19 Lic. Restrictions D 20 CDL Endorsement  Operator REYES, JEREMTAS  Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Insurance Company ACE AMERICAN INSURANCE CO  Vehicle Travel Direction: SEW Responding to Emergency? 2  Citation # (If Issued) 044089AB  Reg # T32295 Reg Type CO Reg  Veh Year 2018 Veh Make ISUZU Veh Company Ace American Middle Address 329 JEFFERSON RD  City REVERE State MA Zip 02151-4116  City ROCHESTER State NY Zip 14  Event Sequence 23 23 23 23 23 Type of Test:  Most Harmful Event 1 24  BAC Test Result:	523-0000 27 27 27 28 29 30
License # S73899021 St MA DOB/Ag  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES, JEREMTAS  Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Insurance Company ACE AMERICAN INSURANCE CO  Vehicle Travel Direction: SEW Responding to Emergency? 2	523-0000 27 27 27 28 29 30 Susp. Drug. 2 32
License # S73899021 St MA DOB/Agt  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES, JEREMTAS  Last First Middle  Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Insurance Company ACE AMERICAN INSURANCE CO  Vehicle Travel Direction: X S E W Responding to Emergency? 2  Citation # (If Issued) 044089AB  Veh Quarantee Company ACE AMERICAN State May Sup 024C  Vehicle Travel Direction: X S E W Responding to Emergency? 2  Citation # (If Issued) 044089AB  Viol. 1: Ch/Sec/Sub 90 24C  Viol. 2: Ch/Sec/Sub Driver Contributing Code 9 25 25  Viol. 3: Ch/Sec/Sub Driver Distracted by 99 26  Towed from scene? 2	523-0000 27 27 27 28 29 30
License # S73899021 St MA DOB/Ag  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES, JEREMTAS  Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Insurance Company ACE AMERICAN INSURANCE CO  Vehicle Travel Direction: S E W Responding to Emergency? 2  Citation # (If Issued) 044089AB  Veh Color Reg # T32295 Reg Type CO Reg Web Yeb Make ISUZU Veh Color Reg # T32295  Reg # T32295 Reg Type CO Reg Web Yeb Yeb Yeb Yeb Yeb Yeb Yeb Yeb Yeb Y	523-0000 27 27 27 28 29 30 Susp. Drug. 2 32
License # S73899021 St MA DOB/Ags  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES , JEREMIAS  Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Insurance Company ACE AMERICAN INSURANCE CO  Vehicle Travel Direction: S E W Responding to Emergency? 2  Citation # (If Issued) 044089AB  Viol. 1: Ch/Sec/Sub 90 24C  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address DOB/Age Reg Type CO Reg	523-0000 27 27 27 28 29 30 Susp. Drug: 2 32
The following:  License # S73899021 St MA DOB/Ags  Sex M Lic. Class D 19 19 19 Lic. Restrictions 99 20 CDL Endorsement  Operator REYES , JEREMTAS  Address 169 CREST AVE APT 2  City REVERE State MA Zip 02151-4116  Insurance Company ACE AMERICAN INSURANCE CO  Vehicle Travel Direction: SE W Responding to Emergency? 2  Citation # (If Issued) 044089AB  Viol. 1: Ch/Sec/Sub 89 2 Viol. 2: Ch/Sec/Sub 90 24C  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address D Reg Type CO Reg Table Action Prior to Crash Pist Middle  Reg # T32295 Reg Type CO Reg Table Action Prior to Crash Pist Middle  Nowner RYDER TRUCK RENTAL LT  City ROCHESTER State NY Zip 14  Damaged Area Code: Table Action Prior to Crash Pist Status: Type of Test: BAC Test Result:  Driver Distracted by P 26  Towed from scene? Insurance Code Table Post Safety Airbug System Status Status State Post Safety Airbug System Status Status Status Status State Post System Status Status Status Status Status Status Status State Post System Status Status Status Status Status Status State Post System Status S	523-0000 27 27 27 28 29 30 Susp. Drug: 2 32
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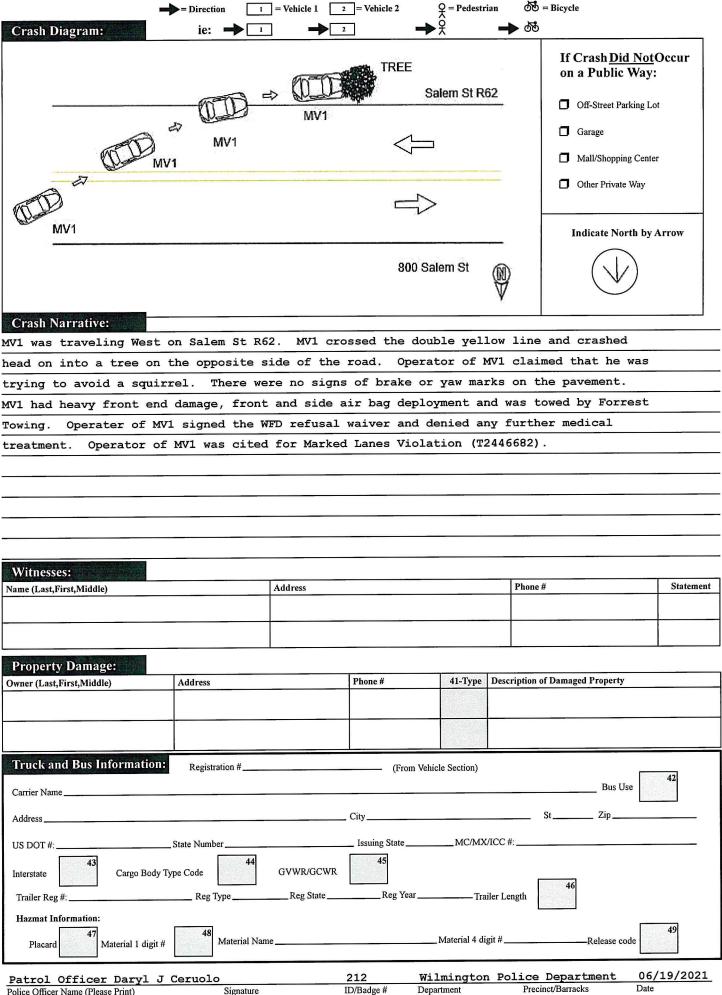


## Wilmington Police Department Images Associated with 21-149-AC





06/19/2021 1925 Wilmi	City/Town M				etts		102 045 100 100 100	STEPHEN STORY	thou a	
	ngton	otor Veh Police		$ \begin{array}{c c} \mathbf{Sh} & N \\ N \\ 1 \end{array} $	lumber ehicles	Number Injured 1	Speed L Latitude	•	L N	tate Police ocal Police ABTA Police campus Police
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Route# Direction Name	or intersecting Roadway/Str	cci			_			Landn	nark	
Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash R	eport ID#	21-	-15	0 –2	AC		
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Address 34 LINWOOD AVE	- Middle		ess 34 LIN	WOOD	AVE	1 1131				
City NORTH READING State M	<u>IA</u> Zip 01864-20	049 City	NORTH RE	ADIN	G	Sta	te <b>MA</b>	Zip_	0186	54-2049
Insurance Company ARBELLA MU	rual insuran	NCE Vehic	cle Action Prior to	Crash	1 2	2 D	amaged.	Area Co		27 2 27 8 27
Vehicle Travel Direction: N S E	Responding to Emergency?	2 Even	t Sequence 21	3 23	23 2	.5	est Status		1	28
Citation # (If Issued) <b>T2446682</b>		Most		21 <sup>24</sup>			pe of Te		88.3b.8	19 10
Viol. 1: Ch/Sec/Sub 89 4A Vio	I. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 19	<sup>25</sup> 9	25	AC Test	hol: 2	Place	sp. Drug: 2 32
Viol. 3: Ch/Sec/Sub Vio			er Distracted by	99 26	Control Control			m scene	1036/0	3
	and all occupants involved	The second secon		34 Seat		36 37 irbag Eject	38 Trap	39 4 Injury Trai	0	104
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Please Select One	Occupants Non-Metodotic	wigt A. Tuno	15 Action	16 Locati		17 Condi	tion	18	7 Hi+/p	Moned
Please Select One of the Following:	Occupants Non-Motor		Action	Locati	on	Condi		_		un Moped
of the Following: Ventcle 2	_ DOB/Age		15 Action	Locati	on	Condi		_		
of the Following:  License # St  Sex Lic. Class 19 19 Lic. Rest	DOB/Age	Reg #	Action	Locati	on	Condi	2		Reg Sta	ate
of the Following:  License # St  Sex Lic. Class 19 19 Lic. Rest	DOB/Age rictions CDL Endorser	Reg # Veh Y	Action //	Locati	on	Condi	2		Reg Sta	ate
of the Following:  License # St  Sex Lic. Class 19 19 Lic. Rest  Operator Last Fig.	_ DOB/Age rictions CDL Endorser	Reg # Veh Y	Action //	Locati	on	Condi	2		Reg Sta	ate
of the Following:  License # St  Sex Lic. Class 19 19 Lic. Rest  Operator  Address	DOB/Age rictions	Reg # Veh Y ment Own Addr	Action	Locati  Veh M	fake	Condi	ate		Reg Sta	fig. 21
of the Following:  License # St Sex Lic. Class 19 19 Lic. Rest  Operator Fin  Address State Stat	DOB/Age rictions	Reg # Web Y ment Own Addr	Action  #  Per  L  L  L	Locati  Veh M	on lake	Condi	amaged	Zip	Reg Sta	ate
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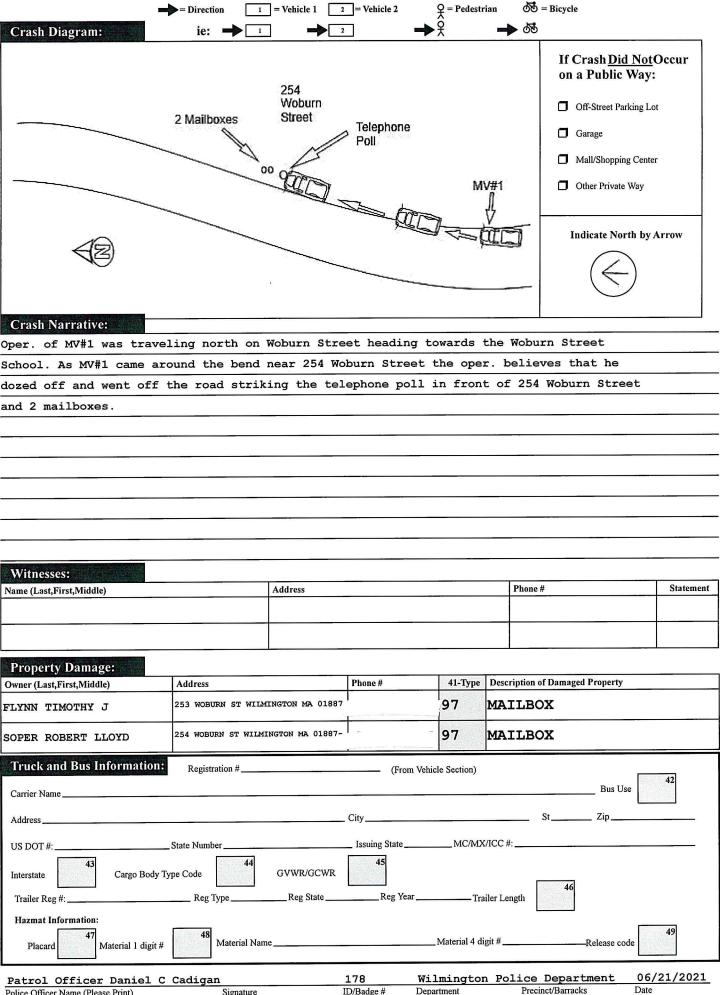


## Wilmington Police Department Images Associated with 21-150-AC





	Police Use Only	Common	wealth	of Massa	chus	etts		R	MV Doc	cument Number	
	Security and settlement and approximately a		otor Veh	icle Cras	$sh \begin{bmatrix} \frac{1}{3} \end{bmatrix}$	lumber ehicles	Number Injured	Speed Lii		O State Police Local Police MBTA Police	
	06/18/2021   <b>1439</b>   <b>Wilmi</b>	Ington	Police	Report	1		0	Latitude_ Longitude		Campus Police Other:	ä
	AT INTERSECTIO	on:	LOCA	TION >	>	I	NOT AT	Γ INTE	RSEC	CTION:	
									_		2 <sup>10</sup>
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	lress #	WOBU			way/Street	
<sup>1</sup> 1		At	2	Г							
	Route# Direction Name of	of Intersecting Roadway/Stre		Feet _	N S E V	of –	Mile Ma	— • − ırker	— or	Exit Number	
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,				Feet	N S E V	of	Route#	Inte	ersecting	Roadway/Street	
<sup>2</sup> 1	Route# Direction Name of	of Intersecting Roadway/Stre	et	_		_			Landmar	rk	-
	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	eport ID#	21-	-15	1 – A	C	÷	
3	of the Following:										_
	10 10	_ DOB/Agt		# <u>77X380</u>						2:	<b>3</b> 12
	Sex M Lic. Class D Lic. Rest	trictions CDLEndorsen	nent	Year <b>2004</b>				LET	Vel	h Config. 2	
1	Operator CONNORS, MITCHI	ELL JOHN rst Middle	Own	er <b>GAGNON</b>	, TAN	MY 1	¶ First		N	fiddle	-
<sup>4</sup> 1	Address 2 DADANT DR		Addı	ess 2 DADA	NT D	З			-		<del></del>
	City <b>WILMINGTON</b> State <b>M</b>	IA Zip 01887-21	<b>49</b> City	WILMING	ON		_			1887-214	<u>9</u>
	Insurance Company THE HANOVER	R INSURANCE C	COM Vehi	cle Action Prior to	Crash	1 2	<b>2</b> Da	amaged A	rea Code	Transport of the same	27
c	Vehicle Travel Direction:	Responding to Emergency?	2 Even	t Sequence 22	23 23	23	23	est Status:		28 29	
<sup>5</sup> 2	Citation # (If Issued)				22 <sup>24</sup>			pe of Test AC Test R		30	
	Viol. 1: Ch/Sec/Sub — Viol	1. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie <b>21</b>	25	25	isp. Alcoh	-	583503	22 22 13
	Viol. 3; Ch/Sec/Sub — Viol	1. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			wed from	21-350 020	1 33	-
<sup>6</sup> 1		and all occupants involved			34 Seat	35 Safety	36 37 Airbag Eject	38 3 Trap Inj	19 40 ury Transp.		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System 5	Status Code	Code Sta	itus Code	Medical Facility Winchester	
	Operator	See Abov	re 		$X^1$	99 9	9 0	0 10	2	Hospital	
	Please Select One Valida 2 #0			15	16		17	. [85]	18	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<sup>7</sup> 1	Please Select One of the Following:	Occupants Non-Motor	ist A Type	Action	Locati	on	Condit	ion	-	Hit/Run Mop	ed
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<sup>8</sup> 1	Address	st principe	Addr	ess			Pust		101		
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	Insurance Company		Vehic	cle Action Prior to	Crash	2	Da Da	amaged A	rea Code:	THE SERVICE STATE	7
	Vehicle Travel Direction: NSEW	Responding to Emergency?_	Even	t Sequence 2	23 23	23	23	st Status:		28	
0	Citation # (If Issued)		Most	Harmful Event	24			pe of Test		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub — Viol	1. 2: Ch/Sec/Sub	Drive	ı er Contributing Cod	ie	25	25	AC Test R isp. Alcoh		Electric Control	32
	Viol. 3: Ch/Sec/Sub — Viol.			er Distracted by	26			wed from	O.	33	43
	Please fill out for operator/non-m				34	35 Sofato /	36 37	38 3	9 40	DECOUSED.	
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety A System S	Airbag Eject Status Code	Trap Inj Code Sta		Medical Facility	
	Operator/Non-Motorist	See Abov	re	$\times$	$X_1$						
								$\vdash$			



Police Officer Name (Please Print)

Signature

