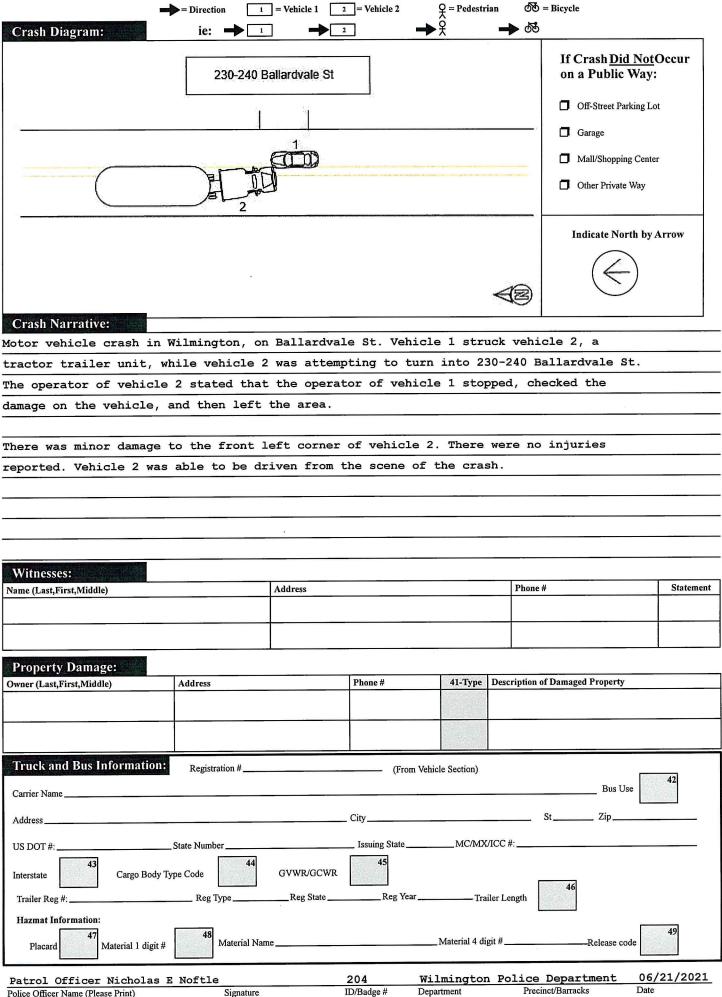
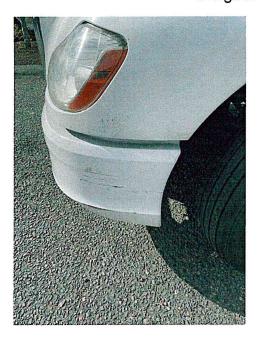
	Police Use Only	Common	wealth (	of Massac	chuse	tts		RM	V Docui	ment Number	
		City/Town Mo	tor Veh	icle Cras	h Nu Veh		inrad 1	eed Limit	45	State Police     Local Police     MBTA Police	
	06/21/2021   <b>1641</b>   <b>Wilm</b>	ington	Police 1	Report	2	0		ngitude		Campus Police Other:	5
	AT INTERSECTION	ON:	LOCA	TION >		NC	T AT I	NTER	SECT	TION:	
	Route# Direction	Name of Roadway/Street		Route# Directio	238 n Addre		ALLA	RDVA Name of			_ 2
	Route# Direction	At				*				-	$\dashv$
	Route# Direction Name	of Intersecting Roadway/Stree	ıt		SEW	V	/ile Marke		or _	Exit Number	- - 5
		Also at Intersection with		Feet N		Rou	ite#	Interse	ecting R	oadway/Street	-
•	Route# Direction Name	of Intersecting Roadway/Stree	ıt	Feet N	S E W	of		La	ndmark		
9	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Rep	oort ID# 2	21-:	152	-AC	;		
_	License #St	DOB/Age	Reg	#		R	eg Type		Re		_
		strictions CDL Endorseme	ent	Year		ke			_ Veh	Config. 21	1
_	Operator unknown  Last F	irst Middle		erLas	t		First		Mid	dle	-
	Address		-	ess							-
	City State_	Zip	City		Г	22	State_		Ē	27 27 27	-
	Insurance Company		Vehic	cle Action Prior to C	, , , , ,			aged Area	Code:	28 28	4
	Vehicle Travel Direction: N S E W	Responding to Emergency?_	Even	t Sequence 23	23	23 23		Status:		29	
	Citation # (If Issued)		Most	Harmful Event	24			of Test: Test Resu	ılı:	30	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2; Ch/Sec/Sub	Drive	er Contributing Code		25 2	5	Alcohol:		Susp. Drug: 32	1
	Viol. 3: Ch/Sec/Sub ———— Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		Towe	d from sc	ene?	33	'   —
0		r and all occupants involved			34 Seat	35 36 Safety Airba	37 g Eject T	38 39 rap Injury	40 Transp.	2 10 1000 1000	7
_	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Statu	s Code C	ode Status	Code	Medical Facility	-
	Operator	See Above	· 		X 1		1				
	et et e										
							++				
		1	4.5	15 1	16	17		18			_
	of the Following:	Occupants Non-Motoris	280	Action ACT AG72582	Location	n	Condition			(it/Run Mope	ed
	19 19	DOB/Age								21	
	A partie	strictions CDL Endorseme	ent	Year 2018						Config. 10	
	Operator BATTLE, DOUGLA  Last F	irst Middle		er FUEL CI	t		First		Mid	dle	-
	Address 108 STATE ROUTE			ess <u>US 11 8</u>		PO BO					-  -
	City <b>LIVERPOOL</b> State 1	PA Zip 17045	City	LIVERPOO	L _	La Millionetta Car		<b>PA</b> 2	_		-  -
	Insurance Company	· · · · · · · · · · · · · · · · · · ·	Vehic	cle Action Prior to C	rash	4 22		aged Area	Code:	3 27 27 27 28	
	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Even	t Sequence 23	23	23 23		Status:	4	29	
	Citation # (If Issued)	-	Most	Harmful Event	L <sup>24</sup>			of Test: Test Res	ılt:	30	
	Viol. 1: Ch/Sec/Sub — Vio	ol 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25 2	5	. Alcohol:		Susp. Drug: 2 32	2
	Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub			er Distracted by	o 26			ed from so	-	2 33	<b>-</b>
	Please fill out for operator/non-i				34	35 36 Sector Aide	37	38 39	40		$\dashv$
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety Airba System Statu	g Eject T s Code C	Trap Injury Code Status	Transp. Code	Medical Facility	$\dashv$
	Operator/Non-Motorist	See Above	•		X 1	1 4	0 0	10	1		
				+ +			+++				$\neg$
							-		$\vdash \vdash$		$\dashv$



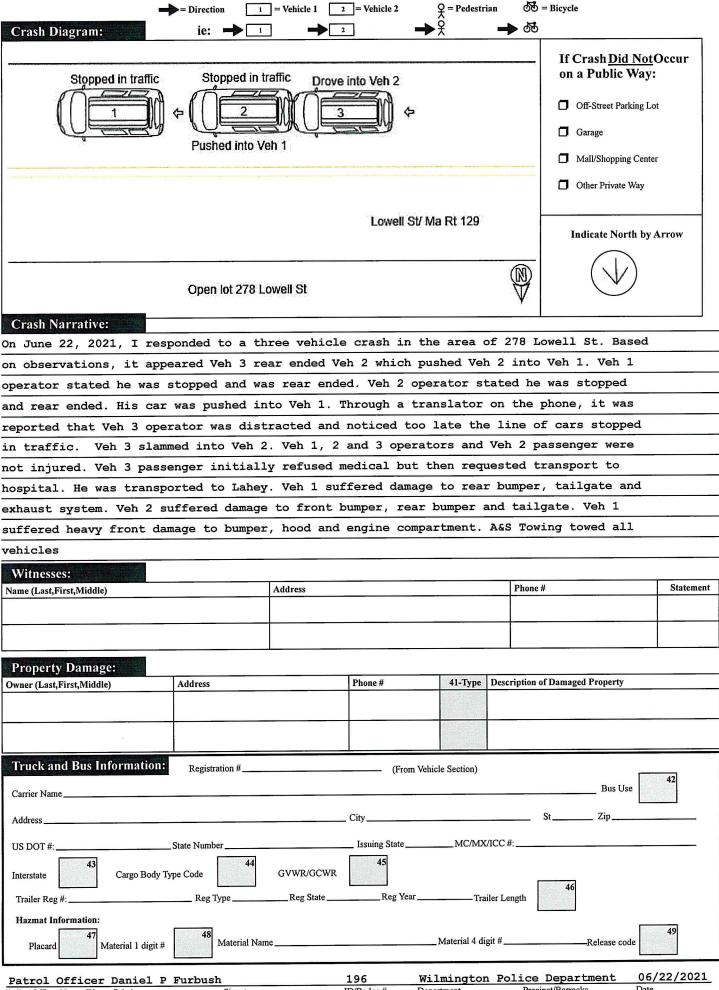
# Wilmington Police Department Images Associated with 21-152-AC





Po	lice Use Only		Com	monweal	lth c	of Massa	ch	use	tts			F	RMV	Docun	nent Nu		
Date of Crash 06/22/2021		Wilmi	City/Town .ngton			icle Cras Report	sh		mber nicles	Numb Injure	ed La	eed Li titude ongitud		40	State P Local I MBTA Campu Other:	Police Police Police Is Police	
	AT INTER	SECTIO	N:	< L	OCA'	TION >				NOT	AT I	INT	ERS	ECT	ION:		
Route# Dir	ection	1	Name of Roadway/S	Street		Route# Directi	ion	278 Addre		LO	WEL			oadwa	y/Street		
Route# Dir	ection	Name o	At of Intersecting Road	łway/Street		Feet	N S	E W	of ·	— — Mile	Mark			or _	Exit 1	Number	_
			Also at Intersection			Feet				Route#	-	Int	tersec	ting Ro	oadway/	Street	-
Route# Dir	ection	Name o	of Intersecting Road	dway/Street									Lanc	dmark			-
Please Select		:le 1 <b>1</b> #	Occupants Hi	t/Run M	oped	Crash Re	eport	ID# 2	21	-1	53	<b>-</b> 2	VC				
Sex.M_ Lic	. Class D	19 Lic. Rest	cholible sintabili	CDLEndorsement	Veh Y	   SLOTS     (ear 2013		Veh Ma	ke <u>K</u>	IA						MA 21	
-	RADBURY, Last  1 APACHE	Fir	AEL M	Middle		er <u>BRADBUI</u> ess <u>161 AP</u>	ast			Firs	M			Midd	lle		_
-	pany <b>ARBEL</b>	LA MU	<u>IA</u> Zip 0187 <u>IUAL INS</u> Responding to Eme	URANCE	Vehic	rewksbur le Action Prior to 6 Sequence 2	Crash	[		22	Dam		Area C	01 Code: 5	27	-4622 27 27	- I
	ssued)	Vio	1. 2: Ch/Sec/Sub _		Drive	r Contributing Cod	1 le 0	24	25	25	BAC	of Test I  Care the C	Result	31	30 Susp. D	orug: 2 32	2 :
Viol. 3; Ch/Sec			1. 4: Ch/Sec/Sub - and all occupants i		Drive	Distracted by	U	34	35	36	37	38	39	40			$\dashv$
Name (Last First		it for operator	and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject 7	Frap II Code S	njury T Status	Transp. Code	Medi	ical Facility	_
Opera	tor			See Above		$\sim$	X	1	1	4 (	0	1	.0 1	L			
,																	
Please Select of the Follow		le 2 <b>2</b> _#	Occupants No	on-Motorist A Ty	уре	15 Action	16 L	Cocatio	n	17 C	nditio	n	18	Н	it/Run	<b>П</b> Море	ed
License # S5	6467281		_ DOB/Age		Reg#	8MFF60				_ Reg	Гуре _	PC_		Reg	g State <u>1</u>	MA 21	-1
Sex <b>M</b> Lic	. Class D	Lic. Rest	JE WELLING	CDL Endorsement		ear <u>2012</u>								Veh C	Config.	1	
Operator <u>CF</u>	IELLA, C	HAD LO	OUIS	Middle		r CHELLA	ast			Firs				Midd	lle		-
Address 7	NICKERSO		APT 1			ss 7 NICK	ER	SON	RI	) <u>P</u>	PT		-				-
City <b>PEAB</b> Insurance Com	pany <b>ARBEI</b>	LA MU	<u>IA</u> Zip 0196 TUAL INS	URANCE	Vehic	PEABODY  le Action Prior to		23	2 23	22	Dam		Area C	01 Code: 1		-1859 27 27	=1
Vehicle Travel Citation # (If I		s X w	Responding to Em	ergency?_2		Sequence 1	1	24				of Test l		t: 1	30		
Viol. 1: Ch/Sec	c/Sub	Vio	l. 2: Ch/Sec/Sub -		Drive	r Contributing Coo	de	- 10	25	25	Susp	. Alco	hol: 2	31		Trug: 2 32	2
Viol. 3: Ch/Sec			l. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26				ed from			. 33		_
Name (Last First		perator/non-n	notorist and all occu	ipants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject '	Trap I		40 Fransp. Code	Med	ical Facility	
	tor/Non-M	otorist		See Above		$\times$	X	1	1	4 (	0	1	.0 :	1			
<u> </u>			<b>I</b>			<b>/</b>		6	4	4 (	0	1	10	1			
										$\vdash$	$\dashv$	+		$\neg$			$\dashv$
						-			_		-+	+	-	+			$\dashv$

	Police Use Only	Common	wealth	of Massa	chuse	etts		1	RMV Doc	ument Number	
	Marie No. 40 N. Alexandra		tor Veh	icle Cras	$h \begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles	Number	Speed L		Local Police	1
	06/22/2021   1134   Wilmi	ington	Police 1	Report	3	emeres	Injured 1	Latitude Longitud		MBTA Police Campus Police Other:	
	AT INTERSECTIO	The state of the s	CALL SHAPE WITH SHAPE WHEN	TION >			NOT A				7
	ATTIVIDADETTO	11.									2 10
					27		LOWE				_
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street  At		Route# Direction	on Addi	ress #		Name	e of Roady	vay/Street	-
_		710		Feet N	N S E W	of ·		_ •	— or .		
	Route# Direction Name	of Intersecting Roadway/Street	t			1	Mile M	arker		Exit Number	8 11
	2	Also at Intersection with			N S E W	-	Route#	In	tersecting	Roadway/Street	$\mathbf{H}$
<sup>2</sup> <b>2</b>	Route# Direction Name	of Intersecting Roadway/Street	t	Feet N	N S E W	of					
2			1	<u> </u>		-			Landmar	k	4
3	Please Select One of the Following:  Vehicle 3_2 #	Occupants Hit/Run	Moped Moped	Crash Re	port ID#	21	-15	3- <i>P</i>	7C		
	License # <b>SA4</b> 050903 St <b>MA</b>	DOB/Age	Reg	#2ZSH84			Reg Typ	e PC	R	eg State MA	12
	10 10	strictions 1 CDL		Year 2003						2.1	1 12
	- 2-3000 EATHER	Endorseme	ent	er SANCHEZ							
<sup>4</sup> 1	Operator SANCHEZ RUIZ, Find Address 1905 COLUMBUS A			ress 1905 C	st		First	APT	M	liddle	į.
					OHOLL	300				2119-1097	11 11
	City ROXBURY State 1			ROXBURY					Area Code		
	Insurance Company LIBERTY MUT			cle Action Prior to C	alema alem	23		est Status		1 28	
5	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Even	t Sequence 1	24	23		ype of Te	st:	29	
	Citation # (If Issued)		Most	Harmful Event		25	B	AC Test l	Result:	1 30	13
	Viol. 1; Ch/Sec/Sub — Vio	ol, 2: Ch/Sec/Sub	Drive	er Contributing Code	ALCOHOLD TO	<sup>25</sup> 2	0 <sup>23</sup> S	usp. Alco	hol: 2 31		1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 <sup>26</sup>			owed from		1 33	
1	Please fill out for operator Name (Last First Middle)	r and all occupants involved		DOB/Age	Seat Sex Pos.		36 37 Airbag Eject Status Code		39 40 Injury Transp. Status Code	Medical Facility	
	Operator Operator	See Above	<del></del>		X 1		4 0		.0 1		1
		104 ELM HILL AVE	2000	06/05/1977	$\leftarrow$	1	4 0	0 8	2	Lahey Clinic	1
	WILFRIDO LUCIANO-MARTINEZ	DORCHESTER, MA 02121-25	48	06/03/19//	M 3		4 0	10 10	2		-
											_
7	Please Select One Vehicle 4#	Occupants Non-Motoris	st A Type	15 Action	16 Location	on	17 Condi	tion	18	Hit/Run Moped	
<sup>7</sup> 1	of the Following:										4
	License # St St	DOB/Age		#						21	
	Sex Lic. Class Lic. Res	strictions CDL Endorseme		Year	Veh M	ake			Vel	n Config.	
<sup>8</sup> 1	Operator Fi	irst Middle	Own	erLa	st		First		M	liddle	2
1	Address		Addı	ess							14
	City State	Zip	City			homiselli (			Zip		1
	Insurance Company		Vehi	cle Action Prior to C	Crash				Area Code	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?	Even	t Sequence 23	3 23	23	23	est Status ype of Te		29	
9	Citation # (If Issued)		Mos	t Harmful Event	24			AC Test		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ———— Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	e	25	25	usp. Alco	Tours vo.	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	26		Т	owed from	m scene?	33	
	Please fill out for operator/non-n				34 Seat	35 Safety	36 37 Airbag Eject	Trap I	39 40 Injury Transp.		1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status Code	Code S	Status Code	Medical Facility	$\dashv$
	Operator/Non-Motorist	See Above	·		$X^1$			-	_		4
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## Wilmington Police Department Images Associated with 21-153-AC













### Wilmington Police Department Images Associated with 21-153-AC











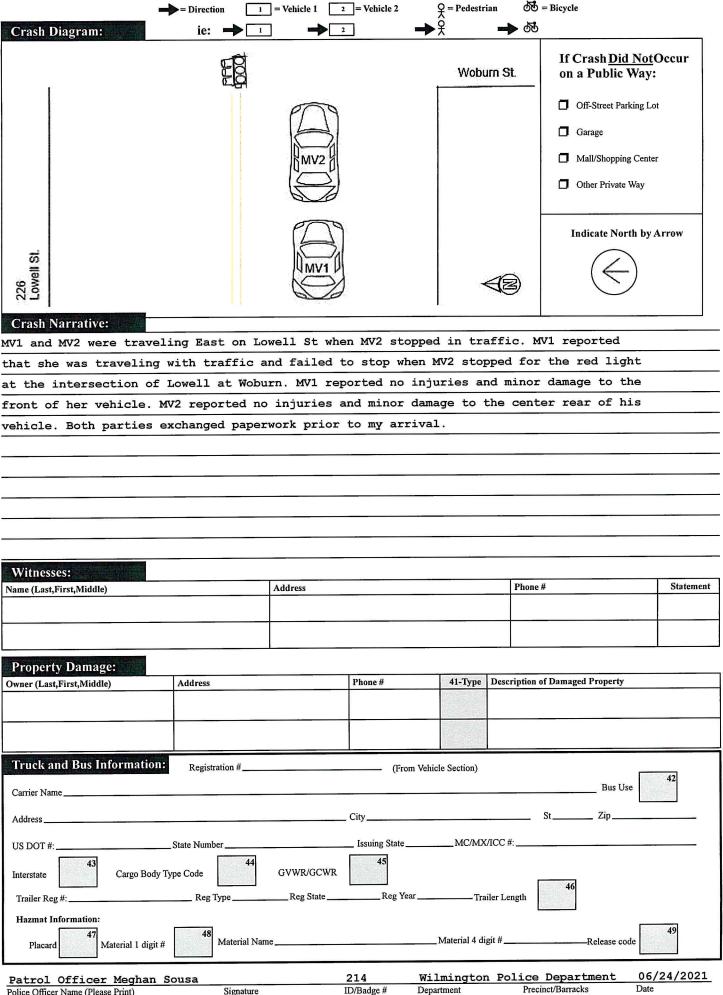


#### Wilmington Police Department Images Associated with 21-153-AC





	Police Use Only			oi Massa		etts		RM	Meta Ciliani	ment Number	
	CHARLE IN ALTONOMY DESCRIPTION	naton		icle Cras	$\mathbf{h}  \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Injured	Speed Limit Latitude	25	MBTA Police	- 100 mm
	24HR			Report	2		0	Longitude_		Other:	4
	AT INTERSECTIO	N: <	LOCA	TION >		1	TA TO	INTER	SECT	ΓΙΟΝ:	_ 10
							LOWE	LL SI			2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	on Add	ress #				ay/Street	_
<sup>1</sup> 1		At		Feet	SEW	/ of –		- • -	or _		
	Route# Direction Name	of Intersecting Roadway/Street					Mile Ma	rker		Exit Number	2 11
		Also at Intersection with		_	V S E W	_ 1	Route#	Inters	ecting R	.oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Street		Feet [	SEW	of _				*	_
1									ındmark		7
3	Please Select One of the Following: Vehicle 1 1 #	Occupants Hit/Run	Moped	Crash Re	port ID#	21-	-154	4-AC	3		
	License # <b>SA0640009</b> St <b>MA</b>	DOB/Age_	Reg	# <u>7YS459</u>			Reg Type	PC	Re		12
	Sex <b>F</b> Lic. Class D 19 19 Lic. Res	etrictions 20 CDL	Veh	Year <b>2018</b>	Veh M	lake <u>HC</u>	NDA		Veh	Config. 21	1
	Operator NEUMANN, SIERR			er NEUMANI	I, CH	RIST	OPHE	R POI	HIE	R WEISS	
<sup>4</sup> 3	Address 30 ALLEN ST	irst Middle		ess 30 ALL	st EN S'	r	First		Mid	Idle	.
	City <b>ARLINGTON</b> State <b>1</b>	<u>4A</u> Zip 02474-681	O City	ARLINGTO	N	****	Star	e <b>MA</b>	Zip <b>02</b>	474-6810	.
	Insurance Company GOVERNMENT			cle Action Prior to C	Crash	2 2	<b>2</b> Da	maged Area	Code:	5 27 27 27	
	Vehicle Travel Direction: N S WW	Responding to Emergency? 2	Even	t Sequence 2	3 23	23	23 Te	st Status:		1 28	
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event	1 24		-	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub ———	Drive	ı er Contributing Cod	e <b>1</b>	25	25	AC Test Res		Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	0 26			wed from so		2 33	
<sup>6</sup> 1		r and all occupants involved			34 Seat	35 Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System S	Status Code	Code Status	Code	Medical Facility	-
	Operator	See Above			$X$ $\frac{1}{2}$	1 4	0	0 10	1		
											_
7	Please Select One Vehicle 21 #	Occupants Non-Motoris	t A Type	15 Action	16 Locati	ion	17 Condit	18	□ H	Iit/Run 🔲 Moped	
<sup>7</sup> 1	of the Following:			OF II C O 4	100			DC.		and the second	4
	19 19	_ DOB/Age	_	# 2KHS94	441.4	(d. 117	Reg Type	FC		g State MA	
	Sex M Lic. Class D Lic. Res	trictions 1 CDL Endorsemen	nt	Year <u>2020</u> er <b>TRAK , N</b>			NDA IOSED	u	Veh	Config. 1	
<sup>8</sup> 1	Operator TRAK, MICHAEL Fi	JOSEPH irst Middle	100 000-0	er TRAK, No. 12 Tess 227 PE	st		First	.1	Mid	ldle	1
_	Address 227 PEARL ST	47 a. 02120_4E1				J T	in.	. M2	<sub>7in</sub> ∩2	139-4510	1 14
	•	<u>IA</u> Zip 02139-451		CAMBRIDG		<b>1</b> 2	-	maged Area	-		
	Insurance Company GOVERNMENT			t Saguence		4		st Status:		1 28	
	Vehicle Travel Direction: N S W	Responding to Emergency? 2		ii sequence 1	24		<b>193</b>	pe of Test:		29	1
<sup>9</sup> 2	Citation # (If Issued)			Ļ		25	25 BA	AC Test Res	ult:	1 30	
	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub		er Contributing Cod 1	26	25	Su	sp. Alcohol	100,000,0	Susp. Drug: 2 32	
		ol. 4: Ch/Sec/Sub		er Distracted by	99 26	35	To 36 37	wed from se	ene?	2 33	4
	Please fill out for operator/non-n Name (Last First Middle)	notorist and all occupants invol	ved	DOB/Age	Sex Pos.	Safety /	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator/Non-Motorist	See Above			$\times$ 1	1 4	1 0	0 10	1		
						$\dagger \dagger$					7
						++			+ +		1
				1 1		1 1				14	



### Wilmington Police Department Images Associated with 21-154-AC

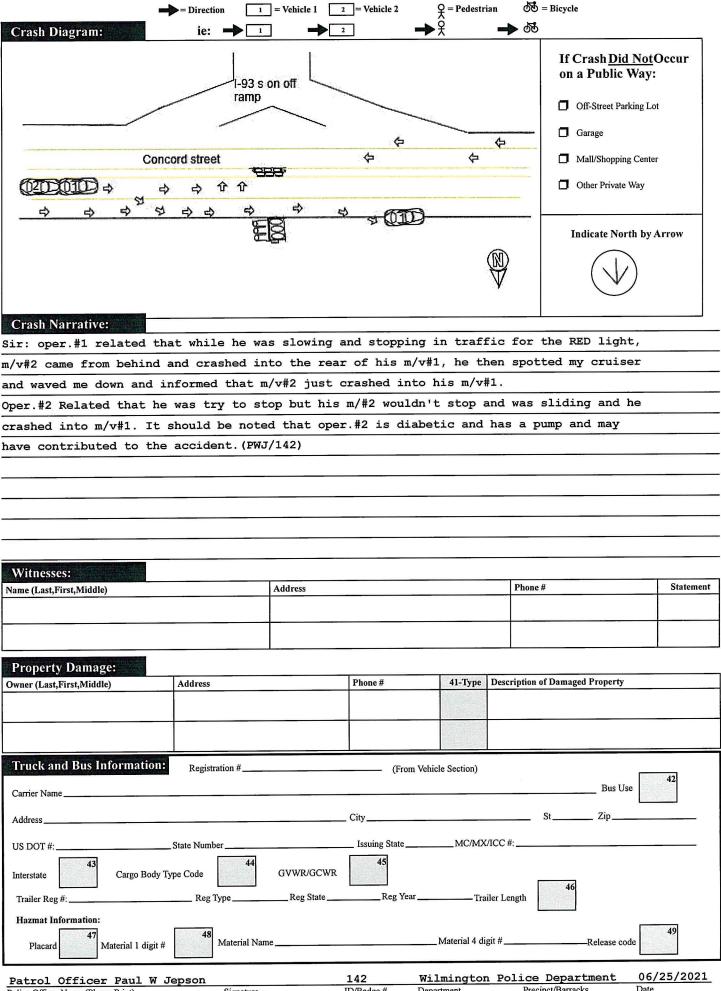




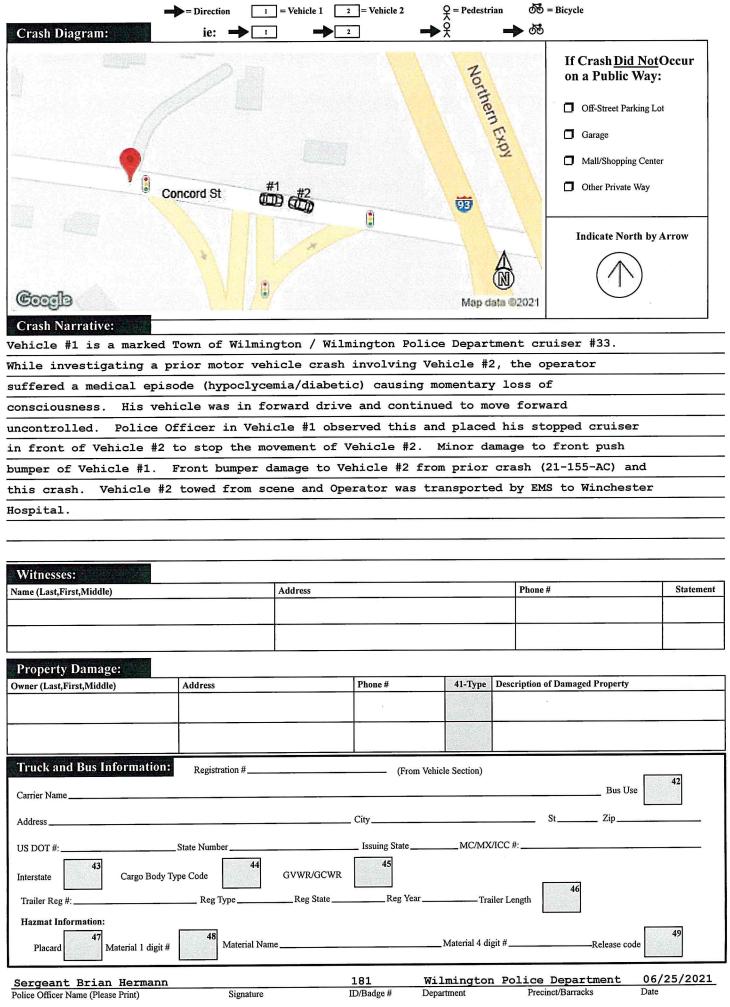




	Police Use Only	Common	wealth	of Massacl	husetts	3	RM	IV Docur	ment Number	
	September 1988 (September 1988)	City/Town Mo	otor Vel	nicle Crash	Number Vehicles		Speed Limi	t35	State Police Local Police MBTA Police Campus Police	
	06/25/2021   <b>0856</b>   <b>Wilmi</b>	ington	<b>Police</b>	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECTIO	ON:	LOCA	ATION >		NOT A	r inter	RSECT	TON:	7
										<b>2</b> 10
	Route# Direction CONCORD	ST Name of Roadway/Street		Route# Direction	Address #		Name o	f Roadwa	w/Street	
<sup>1</sup> 1	Route# Direction	At				<del></del>	Ivaliie 0	Noauwa	ly/Sirect	-
	93 I93 SB38			Feet N	S E W of	Mile M	_ • _	or _	Exit Number	-
		of Intersecting Roadway/Stree	et	Foot N	S E W of	White ivi	arkei		Exit Humber	2 11
		Also at Intersection with			S E W of	Route#	Inters	secting Ro	oadway/Street	
<sup>2</sup> 3	Route# Direction Name	of Intersecting Roadway/Stree	et	Feet N	S E W of					_
	Please Select One XI valida 1 1 #		75.	<u> </u>	01	1 -		andmark		┨
<sup>3</sup> 2	Please Select One of the Following: Vehicle 11 #	Occupants Hit/Run	Moped	Crash Repo	rt ID# <b>21</b>	-12	5-A	نـ		
		_ DOB/Age_	Reg	# <u>1HFB62</u>		Reg Тур	e <b>PC</b>	Reg		12
	Sex M Lic. Class D M Lic. Res	strictions 20 CDL	Veh	Year 2021	Veh Make <u>1</u>	IAZDA		Veh (	Config. <b>1</b> 21	1
	Operator DIFRAIA, ROBER	T SALVY	Owi	ner DIFRAIA,	ROBEI	RT SAI	ZVY			
<sup>4</sup> 3	Address 21 ELM ST	irst Middle		ress 21 ELM	ST	First		Midd	ile	
	City MELROSE State 1	MA Zin 02176-23	03 City	MELROSE		Sta	ate <b>MA</b>	Zip <b>02</b>	176-2303	
	Insurance Company SAFETY INS			cle Action Prior to Cra	sh 2		amaged Are	_		
		Responding to Emergency?		nt Sequence 23	23 23	23 T	est Status:	200	28	
<sup>5</sup> 1		•		t Harmful Event	24	T	ype of Test:	1000	29	
	Citation # (If Issued)			\$ 65 P	1 25	25	AC Test Res	-	30	13
	Viol. 1: Ch/Sec/Sub — Vio			er Contributing Code	26	S	usp. Alcohol	50	Susp. Drug: 32	1
<sup>6</sup> 2		ol. 4: Ch/Sec/Sub	Driv	er Distracted by	34   35	36 37	owed from s	cene? 2	. 33	_
	Please fill out for operator Name (Last First Middle)	r and all occupants involved  Address		DOB/Age Se	Seat Safety	Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator	See Above	e	$\rightarrow$	1 1	4 0	0 10	1		
										7
			74						270	-
	-							1 1		
										4
<sup>7</sup> 3	Please Select One of the Following: Vehicle 21 #	Occupants Non-Motori	ist A Type	15 Action 16	Location	17 Condi	tion 18	Пн	it/Run 🔲 Moped	
3	A Book and the control of the latest and the latest	DOB/Age.	Dog	# 4AM613	20	Reg Typ	. PC	Par	State MA	1
	19 19	20			Veh Make 1				21	
	D	strictions CDLEndorsem	ent					ven c	Config. 1	
<sup>8</sup> 1	Operator CHRISTOPHER, P.	ETER JOSEPH irst Middle		ner CHRISTOE	•	First	( <u>C.</u>	Midd	ile	
	Address 47 ELLIS ST	- 01001 41		ress 47 ELLIS	SST		1/7	01	001 4100	14
	•	MA Zip 01801-41		WOBURN	202.00		ate <u>MA</u> amaged Are		801-4102 27 27 27	4
	Insurance Company <b>SAFETY INS</b>	URANCE COMPA	<b>NY</b> Vehi	cle Action Prior to Cra			amaged Are est Status:	a Code: 1	28	
	Vehicle Travel Direction: N S E	Responding to Emergency?	Ever	nt Sequence 1 23	23 23	23	ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test Res	sult:	30	
2	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	14 25	25 S	usp. Alcohol	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Т	owed from s	cene? 1	33	
	Please fill out for operator/non-n		olved	DOD'A	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur Code Statu	40 Transp.	Medical Facility	7
	Name (Last First Middle)  One was tow Non Motorist	Address See Above		DOB/Age Se	Pos. System	Status Code	Code Statu	- W	Vinchester Hospital	1
	Operator/Non-Motorist	See Above		<b>/</b>	\ <u>`</u>		1-1-	- I	.osprtat	-
							$\bot\bot$	11	-	4
										_



	Police Use Only	Com	monwealth	of Massach	usetts		RMV	Document Num	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Injured	Speed Limit	35 State Poli Local Pol MBTA Po	lice 🔀
	06/25/2021 0910 Wil	lmington	Police	Report	2	ا آما	Latitude Longitude	Campus I	Police
	AT INTERSEC	TION:	< LOCA	ATION >		NOT AT	INTERS	SECTION:	
				93 S		193N	BR39 1	RAMP	<b>2</b> 1
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #			Roadway/Street	
<sup>1</sup> 1		At	(0)	Feet NS	E W of	— — — Mile Ma	— • —	orExit Nu	umber 1
	Route# Direction N	Also at Intersection		Feet N S	E W of		CONCO	RD ST	6
				Feet N S	E W of	Route#	Interse	cting Roadway/St	reet
<sup>2</sup> 3	Route# Direction N	lame of Intersecting Road	way/Street				Lar	ndmark	
3	Please Select One of the Following:	#Occupants Hi	t/Run Moped	Crash Report	ID# <b>21</b>	-15	6-AC		
	License # <b>S33271012</b> St		Reg	# MPF697		Reg Type	CI	Reg State M	
	Sex M Lic. Class D 19 Lic		CDL Veh	Year 2020	Veh Make <u><b>F</b></u>	ORD		_ Veh Config. 2	L 21 1
	Operator JEPSON, PAUL			er WILMINGTO	ON TOW	N OF	DEPT :	POLICE Middle	
<sup>4</sup> 3	Address 1 ADELAIDE ST			ress 1 ADELAI	DE ST	rusi		Mode	
	City <b>WILMINGTON</b> St	ate <b>MA</b> Zip <b>0188</b>	City	WILMINGTON	I	Stat	te <b>MA</b> Z	ip <u>01887-</u>	2719
	Insurance Company SELF INS	URED	Vehi	cle Action Prior to Crash	2	<b>22</b> Da	maged Area	Code. 1	27 27
-	Vehicle Travel Direction: N S W	Responding to Eme	rgency? 1 Ever	nt Sequence 1 23	23 23	23	st Status:	28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Mos	t Harmful Event 1	24		pe of Test: AC Test Resu	20	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub =	Driv	er Contributing Code	1 25	25	sp. Alcohol:	31 Susp. Dru	ıg: 32 1
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Driv	er Distracted by	26	То	wed from sce	ene? 2 33	
<sup>6</sup> 2	Please fill out for op	erator and all occupants in	nvolved		34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Middle)  Operator		Address See Above	DOB/Age Sex	Pos. System  1 0	Status Code	Code Status 0 10	Code Medical	l Facility
	Орегию								
<sup>7</sup> 5	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Conditi	ion 18	Hit/Run	Moped
	The state of the s	MA DOB/Age 0		#_4AM613		Reg Type	PC	Reg State M	<u>A</u> 21
	Sex M Lic. Class D 19 Lic	Restrictions 20	Endorsement	2	Veh Make <u>T</u>			_ Veh Config. 2	-
<sup>8</sup> 1	Operator CHRISTOPHER,	PETER JOS	Middle	er <u>CHRISTOPI</u> Last	5	O ANN First	E	Middle	
1	Address 47 ELLIS ST			ress 47 ELLIS	ST		101 101-00		
	City WOBURN St	ate <b>MA</b> Zip <b>0180</b>	<b>1-4102</b> City	WOBURN	3772-900			ip <u>01801-</u>	4102 1 27 27
	Insurance Company <b>SAFETY I</b>	NSURANCE CO	<b>OMPANY</b> Vehi	cle Action Prior to Crash	7. PQ80-98		maged Area st Status:	Code: 1 27 2	2/
	Vehicle Travel Direction: NSE	Responding to Eme	rgency? 2 Ever	nt Sequence 1 23	23 23	23	pe of Test:	29	
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test Resu	lt: 30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub =	Driv	er Contributing Code	14 25 1	<b>7</b> 25 Su	sp. Alcohol:		ıg: 2 32
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub =	Driv	er Distracted by	26		wed from sce	<b>→</b> 28.666	
	Please fill out for operator/	non-motorist and all occu	pants involved  Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medica	l Facility
	Operator/Non-Motori	ist	See Above	X	1 1	4 0	0 10	Wincheste Hospital	F
		·							



CDP1 11-24-00

	Police Use Only	Comr	nonwealth	of Massa	chuset	ts		RMV	/ Docun	nent Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Num		. J DPCCC	l Limit_	25	State Police Local Police MBTA Police	0800	
	06/25/2021 1143 Wilm	ington	Police	Report	2	0	Latitu Longi			Campus Police	_ 🗖	
	AT INTERSECTION	ON:	< LOCA	TION >		NOT	AT IN	TER	SECT	ION:		
												<b>2</b> 10
	SHAWSHEE			Route# Direction	on Addres	<del></del>	N	omo of	Roadwa	u/Stroot		
1	Route# Direction	Name of Roadway/Str		Rome# Direction	on Addres	S #	14:	anie or	Koadwa	y/Silect		
_	ALDRICH	10.000		Feet N	NSEW o		,	. —	or	E SAL I		
		e of Intersecting Roady	/ay/Street				Marker			Exit Numbe	Г	2 11
		Also at Intersection w	rith		S E W o	Route#	-	Interse	cting Ro	oadway/Street		H
2	Route# Direction Nam	e of Intersecting Roady	yay/Street	Feet N	S E W o	f						
2	Router Direction Tunn	or miorsooning mouse.						Laı	ndmark			
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Re	port ID# <b>2</b>	1-1	57-	AC	:			
		DOB/Age	n	# <u>9GTM10</u>		Dog.'	Tuno PC		Dag	· Stata MA		
	10 10	20								19775	21	<b>1</b> 12
	Sex Lic. Class D Lic. R	E	ndorsement	Year 2018					_ Veh C	config.		
1	Operator MARAZI, MARTH	First	Middle	er MARAZI,	st	First			Midd	lle		
<sup>4</sup> 2	Address 37 BURLINGTON			ess 37 BUR		N AVE						
	City WILMINGTON State	MA Zip 01887	7-3902 City	WILMINGT	ON					887-39		
	Insurance Company THE STANDA	RD FIRE IN	<b>ISURAN</b> Vehi	cle Action Prior to C	Crash 3	22	Damage	d Area	Code: 6		27	
	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Ever	t Sequence 1	3 23 2	3 23	Test Sta		1	28		
1	Citation # (If Issued)	_	Mos	Harmful Event	1 24		Type of			30		
	8441 074	iol. 2: Ch/Sec/Sub —	Driv	er Contributing Cod	e <b>1</b> 2	5 25	BAC Te Susp. A			Susp. Drug:2	32	<b>1</b> 13
					0 26	A MEMORITARY	Towed i		34	33		
·1	Viol. 3: Ch/Sec/Sub V  Please fill out for operat			CI Distracted by	Cavement	35 36	37 38	39	40			ļ
_	Please fill out for operation Name (Last First Middle)	or and an occupants in	Address	DOB/Age		Safety Airbag I ystem Status	Eject Trop Code Code	Injury Status	Transp. Code	Medical Facili	ty	
	Operator	S	ee Above	$\sim$	$\times$ 1	. 4 0	0	10	1			
								<del>                                     </del>				
								-				
7	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action	16 Location	17 Co	ondition	18	Пн	it/Run 🔲 M	Ioped	
<sup>7</sup> 2	of the Following:			4						163		ł
	License #_' . S	. DOB/Age		# 1MKD59			Туре <u>РС</u>			State MA	21	
	Sea _ Lic. Class D Lic. R	estrictions 1 C	ndorsement	Year <b>2010</b>			RU		_ Veh C	Config. 1		
R	Operator	First	Own	er <b>GINIOT</b>	AS, VA	LDAS First	i		Midd	ile	_	
<sup>8</sup> 1	Address		Add	ress 2 EVER	ETT AV	7E						_ 14
	City State	_ Zi <sub>l</sub>	City	WILMINGT	ON		State M	<b>A</b> z	ip <b>01</b>	887-17	06	1 1
	Insurance Company THE COMMER	CE INSURAL	NCE CO Vehi	cle Action Prior to C	Crash 1	22	Damage	ed Area	Code: 2	ACTUAL NOTICE AND ALCOHOLOGICAL	27	
	Vehicle Travel Direction: NSWW	Responding to Emer		nt Sequence 1 2	3 23 2	23 23	Test Sta	itus:	1	. 28		
		responding to a			1 24		Type of			29		
<sup>9</sup> 2	Citation # (If Issued)			er Contributing Cod		5 25	BAC To		-	30	32	
	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub —		Г	26		Susp. A		- 2	Susp. Drug: 2	32	1
	Proposition of the second	iol. 4: Ch/Sec/Sub —		er Distracted by	0 34	35   36	Towed	from sc	ene? 2	? [		-
	Please fill out for operator/non	-motorist and all occup	ants involved Address	DOB/Age	Seat	Safety Airbag	Eject Trap Code Code	Injury	Transp. Code	Medical Facil	ity	
	Operator/Non-Motorist	S	ee Above		X 1 1	L 4 (	0	10	1			
	Political interest in	-	-			++		+				1
							_	+-				1

<b>→</b> :	= Direction 1 = Vehic	le 1	Q = Pedestrian	ණී = Bicycle	
Crash Diagram:	ie: 👈 🔟	2	→	<b>→</b> №	
	Shawsheen Ave			If Crash <u>Did</u> on a Public	
				Off-Street Par	king Lot
				☐ Garage	
				☐ Mall/Shoppin	g Center
	T 62	STOP		Other Private	Way
		3			
	8	<b>₩</b>		Indicate Nor	th by Arrow
	Aldrich Road	1	<b>←</b>		-)
Crash Narrative:		- N			,
IV 1 and MV 2 were attemp	ting to turn righ	t onto Shawshee	en Ave. MV 2 s	tated he looked l	eft
and saw no one coming. He	thought the moto	r vehicle in fr	ont of him al	ready turned onto	8
Shawsheen Ave. No injurie	s. No tow.				
					*
					2
Witnesses:					
Name (Last,First,Middle)	Address	i	-	Phone #	Statement
					_
Property Damage:					
Owner (Last,First,Middle) A	ddress	Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #	(Fro	m Vehicle Section)		
Carrier Name	Registration #	(F10	m venicie Section)	Bus Us	se 42
		City		St Zip	
7 Iddiess					
US DOT #:Sta	ite Number	Issuing State_	MC/MX/ICC	; #:	
Interstate Cargo Body Type		VGCWR 43		46	
Trailer Reg #:	Reg Type Reg	StateReg Ye	arTrailer ]	Length 46	
Hazmat Information:	19				49
Placard Material 1 digit #	Material Name		Material 4 digit #	Release co	de
Patrol Officer Kevin J Sk Police Officer Name (Please Print)	inner Signature	200 ID/Badge #	Wilmington P Department	olice Department Precinct/Barracks	06/25/2021 Date