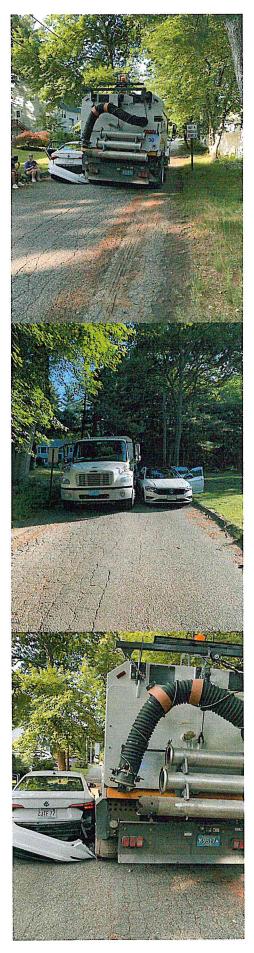
	Police Use Only	Comr	nonwealth (of Massach	usetts		RI	MV Doc	ument Number	Š.
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number	Speed Lim	nit25	Local Police	7
	06/28/2021 0736 Wil	Lmington	Police 1	Report	2	Injured O	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	 FION:	Name of the Party	TION >		NOT A				1
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						CRES	CENT			لــــــــــــــــــــــــــــــــــــــ
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name o	of Roadv	way/Street	-
Т		At		Feet N S	E W of			— or _		
	Route# Direction N	ame of Intersecting Roady	vay/Street			Mile M	arker		Exit Number	7 11
		Also at Intersection w	vith	Feet N S	E W of	Route#	Inter	rsecting 1	Roadway/Street	\vdash
2	D / // D' /	e e e e e e e e e e e e e e e e e e e	/St-aat	Feet N S	E W of	Routen	inte	i seetiii 6	icoac nay/birost	
² 1	Route# Direction N	ame of Intersecting Roadv	vay/Street				I	Landmar	k	1
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	ID# 21	-15	8-A	C		
	License # S90801917 St J	MA DOB/Age	Reg	# <u>M9517A</u>		Reg Typ	e CI	R	eg State MA	_ 12
	Sex M Lic. Class B 19 19 Lic.	. Restrictions 20 C	DL Veh '	Year 2020	Veh Make	590 AV6990		Veh	Config. 6	1 12
	Operator WARING, NEIL	P E	ndorsement	er WILMINGT					Bring Grant Rd	
⁴ 1	9645000	First	Middle	ess 121 GLEN		First		М	fiddle	
	Address 121 GLEN RD	01001							1007 2500	
	City WILMINGTON Sta		7-1448 City	WILMINGTO	Entropy				1887-3500 27 27 27 27	
	Insurance Company SELF INS	URED	Vehic	cle Action Prior to Crasl	1 10		amaged Are	ea Code:	28	
5	Vehicle Travel Direction: N S W	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	23	est Status: ype of Test:		29	1
,	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Re		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp. Alcoho	-	Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	Т	owed from	scene?	2 33	
⁶ 1		erator and all occupants in		55.47409	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Stat	us Code	Medical Facility	-
	Operator	Se	ee Above	\times	1 1	4 0	0 10	1		
										1
								+-		-
					Rank			<u> </u>		4
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16	Location	17 Condi	tion 1		Hit/Run Moped	
	License # S53924408 St J	MA DOB/Age	Regi	2JTF77		Reg Typ	e PC	R	eg State MA	1
	19 19	20			Veh Make V				Config. 1	l
	Distribution of the second	E	ndorsement	er BOURRELL		IS J		ven	Comig.	
⁸ 1	Last	First	Middle	Last		First		М	liddle	1
	Address 3 WALKER ST			ess 3 WALKER				0.	1007 2704	14
		ate MA Zip 01887		WILMINGTOD						8
	Insurance Company ARBELLA	<u>MUTUAL INSU</u>	TRANCE Vehic	cle Action Prior to Crasl	-u-AbiEle	250	amaged Are	ea Code:	5 27 4 27 3 27	
	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	23	ype of Test:		29	
9	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Re		30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	usp. Alcoho	- 24	Susp. Drug: 32	
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		er Distracted by	26		owed from	135112 85301	2 33	
	Please fill out for operator/r		ants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	ry Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Stat	us Code	Medical Facility	-
	Operator/Non-Motori	st S	ee Above	\times	1 1	4 0	0 10	1		4
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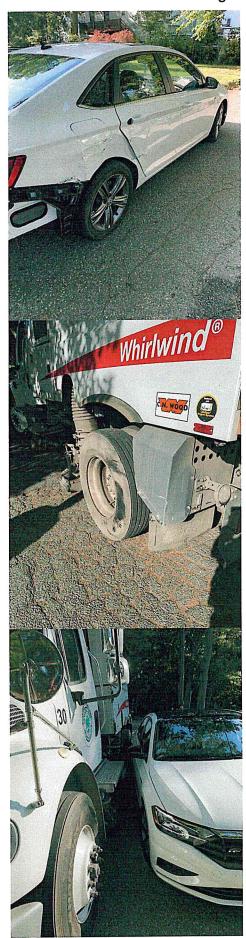
Crash Diagram:					MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND	If Cras	h <u>Did Not</u> (Decur
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Broud St.						Off-St	treet Parking Lot	
		ORGANIZATION TO THE OWN				☐ Garag	e	
	2					☐ Mall/S	Shopping Center	
	1			~		Other	Private Way	
						Indica	ite North by A	Arrow
Cresce	ent St.					(\Rightarrow	
Crash Narrative:								
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amage was done to the					2.7			
	e right side and	Tear or or						
car I.								
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ef 21-768-OF								
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ef 21-768-0F Witnesses:		Address			Phone #			Statemen
ef 21-768-0F Witnesses:		Address			Phone #			Statemen
ef 21−768−0F Witnesses: Iame (Last,First,Middle)		Address			Phone #			Statemen
Witnesses: Same (Last, First, Middle) Property Damage:	Address	Address	Phone #	41-Type	Phone #		operty	Statemen
Witnesses: ame (Last, First, Middle) Property Damage:	Address	Address	Phone #	41-Type			operty	Statemen
Witnesses: ame (Last, First, Middle) Property Damage:	Address	Address	Phone #	41-Type			operty	Statemen
Witnesses: Iame (Last,First,Middle) Property Damage: Owner (Last,First,Middle)							operty	
Witnesses: ame (Last,First,Middle) Property Damage: wner (Last,First,Middle)				/ehicle Section)		f Damaged Pr	\$100 S	Statemen 42
Witnesses: ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Truck and Bus Information Carrier Name	Registration #		(From V	Vehicle Section)	Description of	f Damaged Pr	Bus Use	
Witnesses: ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Truck and Bus Information Carrier Name Address	Registration #		(From V	Vehicle Section)	Description of	f Damaged Pr	Bus Use	42
Witnesses: ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Body	Registration # State Number 44	GVWR/GCWR	City Issuing State	/ehicle Section) MC/MX.	Description of	f Damaged Pr	Bus Use	42
Witnesses: Iame (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: 43	Registration # State Number 44	GVWR/GCWR	City Issuing State	/ehicle Section) MC/MX.	Description of	f Damaged Pr	Bus Use	42

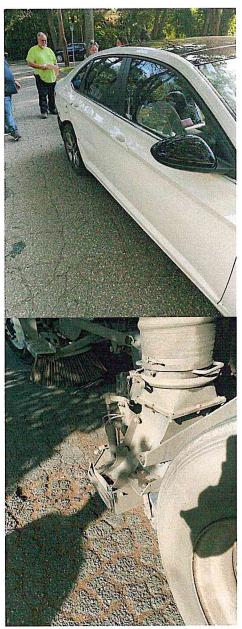
Wilmington Police Department Images Associated with 21-158-AC





Wilmington Police Department Images Associated with 21-158-AC







Wilmington Police Department Incident Report

Page: 1 07/09/2021

Incident #: 21-768-OF Call #: 21-13764

Date/Time Reported: 06/28/2021 0736
Report Date/Time: 06/28/2021 0913
Status: No Crime Involved

Reporting Officer: Patrol Officer Dillon Halliday Approving Officer: Sergeant Kevin Cavanaugh

Signature:

Signature: _____



PHONE

1 WARING, NEIL R		
Military Active Duty: DOB: LICENSE NUMBER: LOCAL ID:	PLACE OF BIRTH: ETHNICITY:	
2 BOURRELL, KACIE T		
Military Active Duty: DOB: LICENSE NUMBER:	PLACE OF BIRTH: ETHNICITY:	
# EVENTS(S)		

SEX RACE

AGE SSN

INVOLVED

LOCATION TYPE: Highway/Road/Alley/Street Zone: Sector 2

CRESCENT ST

WILMINGTON MA 01887

MOTOR VEHICLE CRASH

#	PERSON(S)	PERSON TYPE	SEX RACE	AGE SSN	PHONE	
-	MOUNT OF MILMINGTON	BUSTNESS				

TOWN OF WILMINGTON

Wilmington Police Department Incident Report

Page: 2 07/09/2021

Incident #: 21-768-OF Call #: 21-13764

#	VEHICLE (S)	YEAR	MAKE	STYLE	COLOR1	COLOR2	REG	VALUE
1	M2	2020			WHI		MA M9517A	\$0.00

STATUS: Destroyed/Damaged/Vandalized

OWNER: TOWN OF WILMINGTON VIN: 1FVACXFC9LHKZ0870

DATE: 06/28/2021

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER DILLON HALLIDAY

Ref: 21-768-OF

On 06/28/21 at approximately 0736hrs while working my assigned 12-8 shift in cruiser 31 sector 1 I responded to Crescent St at. Broad St. for a report of a minor two car MV crash involving a DPW street sweeper.

Upon arrival I observed MA reg. '2JTF77' on a white Volkswagen Jetta with Kacie Bourrell operating. I also observed a MA Official reg. 'M9517A' on a M2 Freightliner street sweeper with Wilmington DPW worker Neil Waring operating. The sweeper was positioned next to the Volkswagen and crashed with the rear ends touching.

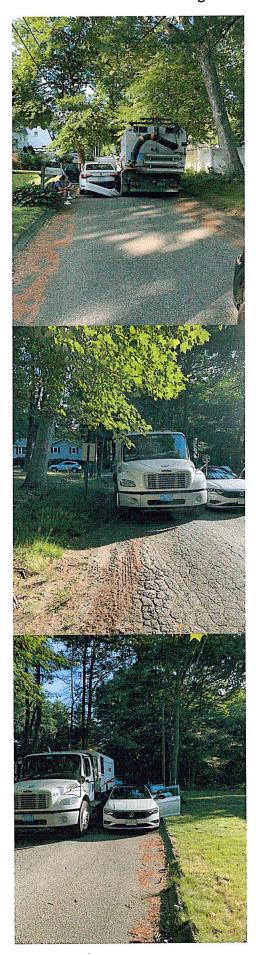
I spoke with Neil and he stated he was street sweeping Crescent St. (narrow street) on the right side. He then went in reverse to set up another run. He needed to clear the tree branches over hanging the street to avoid them hitting his mirrors and went a little further into the street. He stated he did not see the Jetta behind him while reversing.

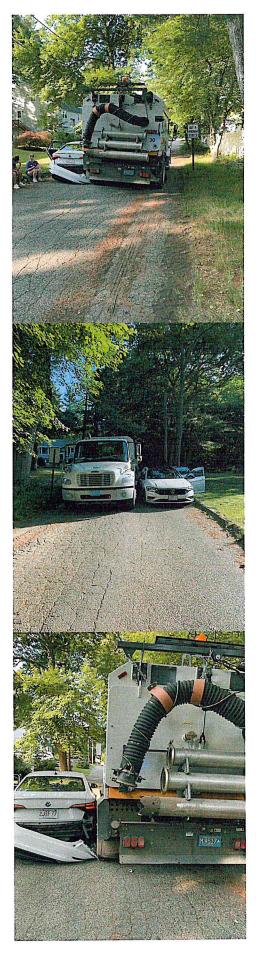
I then spoke to Kacie. She stated she turned onto the street and behind the sweeper. She then realized the sweeper was moving in reverse. She attempted to honk her horn with no effect as the sweeper was running and was loud. She then tried to turn out of the way of the sweeper to the left side. the sweeper crashed into the right side of the Jetta and struck the rear door, fender and took the rear bumper off. No parties were injured. Pictures of the scene have been attached to the image tab. A copy of 21-158-AC crash report in attachments. information exchanges were filled out and explained.

Respectfully submitted,

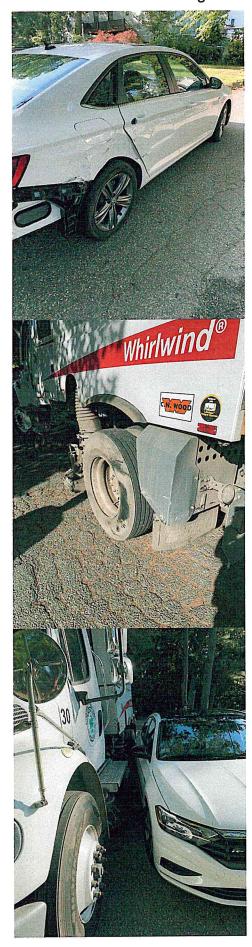
Ofc. Dillon Halliday #205

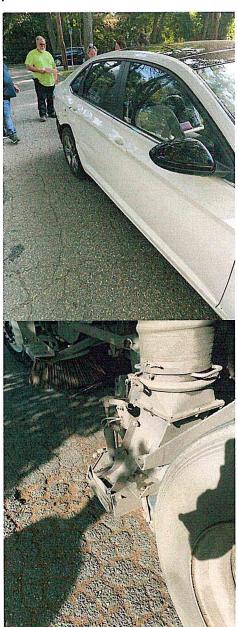
Wilmington Police Department Images Associated with 21-768-OF





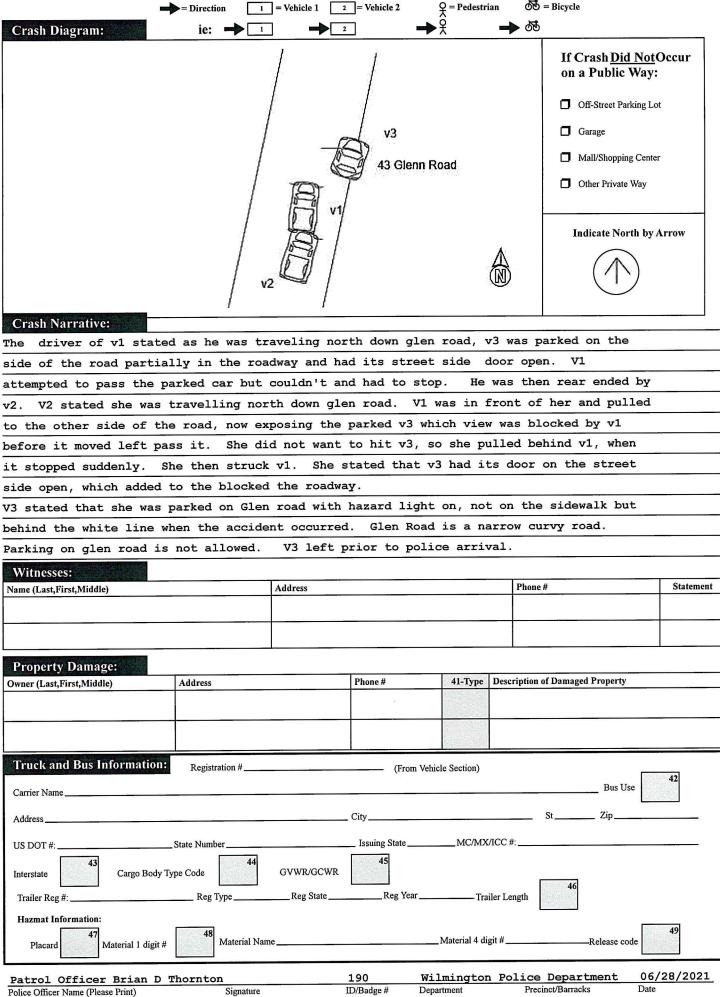
Wilmington Police Department Images Associated with 21-768-OF





	Police Use Only	Commor				etts			RMV	/ Docu	ment Number	
		City/Town Mington	otor Veh		$\mathbf{sh} \mid_{\mathbf{v}}^{\mathbf{N}}$	lumber ehicles	Number Injured	Speed Latitud	Limit_	30	State Police Local Police MBTA Police Campus Police	
	06/28/2021 1154 Wilm i	ington	Police 1	Report	3		0	Longit			Campus Police Other:	
	AT INTERSECTION	ON:	LOCA	TION >	>		NOT A	T IN	TER!	SEC	ΓΙΟΝ:	
	Route# Direction	Name of Roadway/Street		Route# Direct	43	lress#	GLE			Roadw	ay/Street	2 10
¹ 1	Route# Direction	At		Route# Direct	ion Add	11035 #		110	inc or i	Coadw	ay/Sirect	-
Ĺ	Route# Direction Name	of Intersecting Roadway/Str	eet		N S E W		Mile M			or _	Exit Number	2 11
	3	Also at Intersection with			N S E W	_	Route#	1	Interse	cting R	Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Str	eet	Feet	N S E W	of .			Lar	ndmark	£	_
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash R	eport ID#	21	-15	9-	AC	;		
	License # S22947842 St MA	DOB/Age	Reg #	S39907			_ Reg Typ	ье <u>РС</u>		Re	eg State MA	12
	Sex M Lic. Class D 19 Lic. Res	strictions 20 CDL	Veh Y	Tear 2015	Veh N	lake <u>C</u>	HEVRO	OLET	<u> </u>	_ Veh	Config. 2	1
	Operator DIONNE, LAWREN		Own	r DISAST	ER AS	SOC	IATE:	II 2	1C	MG	ddle	
⁴ 1	Address 66 BRAND AVE	irst Middle		ess <u>228 MA</u>	IN S	r	First			Mil	adle	
	City WILMINGTON State 1	MA Zip 01887	City_	STONEHAL	1		Si	ate M	A z	ip <u>02</u>	2180-1251	
	Insurance Company THE COMMERO			le Action Prior to	Crash	1	22 I	Damage	d Area	Code:	5 27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emergency?		Sequence 1	23 23	23	23	est Stat	tus:		28	
⁵ 1				- N. N. C.	1 24			ype of	Test:		29	
	Citation # (If Issued)			r Contributing Co	A CONTRACTOR OF	25	25	BAC Tes	-		Susp Drug 32	1 13
	Viol, 1: Ch/Sec/Sub — Vio			100	00			Susp. Al Towed fi	L	31	Susp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/Sub Vio			r Distracted by	O 26	35	36 37	38	39	40	2 -]	4
<u> </u>	Please fill out for operato Name (Last First Middle)	or and all occupants involved Address		DOB/Age	Sex Pos.	Safety	Airbag Ejec Status Cod	t Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	See Abo	ve	><	X1	1	4 0	o	10	1		
	KENNETH SMITH	60 SALEM ST WOBURN, MA 01801		08/22/1952	м 3	1	4 0	0	10	1]
												1
												-
												4
⁷ 1	Please Select One of the Following:	Occupants Non-Moto		15 Action	Locat	ion	Cond				Hit/Run Moped	
	namerous renamens	DOB/Agc		925DA1	-	-	Reg Ty			Re	eg State MA 21	
	Sex F Lic. Class D 19 19 Lic. Res	strictions 2 CDL_ Endorse	ment	rear 2001				A		_ Veh	Config. 2	
8	Operator ALONZO, MICHEL	LE M	e	er <u>ALONZO</u>	ast		First			Mi	ddle	
81	Address 17 CLARKE ST A	APT 1	Addr	ess 29 TOW	ER H	ILL						_ 14
	City LAWRENCE State 1	MA Zip 01841-21	L18 City	LAWRENC	3						L841-4835	1
	Insurance Company PLYMOUTH RO	OCK ASSURANCE	E C Vehic	ele Action Prior to	Crash	1		Damage		Code:	- Secretary Residence Statements	
	Vehicle Travel Direction: SEW	Responding to Emergency?	2 Even	t Sequence 1	23 23	23	23	rest Stat			28	
0	Citation # (If Issued) T1683959	_	Most	Harmful Event	1 24			Type of BAC Te		ılt	30	
⁹ 2	Viol. 1: Ch/Sec/Sub 90 10 Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de 99	25	25	Susp. Al	ī	Insulator 2.02	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Vi			er Distracted by	99 26			Towed f	ı	PESCHOOL	1 33	
	Please fill out for operator/non-		volved		34 Sea		36 37 Airbag Eje		39 Injury	40 Transp.		1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	. System	Status Cod	e Code	Status	Code	Medical Facility	1
	Operator/Non-Motorist	See Abo	ove		X^1	1	4 0	0	10	1		4
												1

	Police Use Only	Com	nonwealth	of Massach	usetts		RM	V Documen		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	I	State Police Local Police MBTA Police	
	06/28/2021 1154 Wi	lmington	Police :	Report	3	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	r inter	SECTIO	ON:	
	Route# Direction	Name of Roadway/St		Route# Direction	43 Address #	GLEN	I RD	Roadway/S		2 10
¹ 1		At		- Ivla						
	Route# Direction 1	Name of Intersecting Roady		Feet N S		Mile Ma	arker		Exit Number	2 11
la .		Also at Intersection w		Feet N S		Route#	Inters	ecting Road	lway/Street	
² 1	Route# Direction	Name of Intersecting Roady	vay/Street	<u> </u>		•	La	ındmark		
3	Please Select One of the Following:	#Occupants Hit/		Crash Repor					. Ma	
		MA DOB/Age.		# <u>985ZS6</u>					21	1 12
	Sex F Lic. Class 19 19 Lic Operator TILTON , PATR	Е	ndorsement	Year 2011 ner TILTON ,					nfig. [1]	
⁴ 1	Address 3 PARK AVE	First		ress 3 PARK A		First		Middle		
_	City WILMINGTON S	MA - 0199		WILMINGTON		Ct	MZ	7:- 01 R	87-3737	
							amaged Area		27 27 27	
	Insurance Company USAA GEN	_	LTI CO Vehi	cle Action Prior to Crasl	le minter with		est Status:	0000.	28	
⁵ 1	Vehicle Travel Direction: S E V	V Responding to Emer	gency? 2 Ever	nt Sequence 52 23	23 23	23	ype of Test:		29	
1	Citation # (If Issued)		Mos	t Harmful Event 51	- 24	'-	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code er Distracted by	26		usp. Alcohol	PSHUMAN AND AND AND AND AND AND AND AND AND A	isp. Drug: 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub			el Distracted by	34 35	36 37	38 39	ene? 2		ļ
<u> </u>	Please fill out for op Name (Last First Middle)	perator and all occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator	s	ee Above	><X	1 0	4 0	0 10	1		
										•
	8						-		***	
⁷ 1	Please Select One of the Following:	#Occupants Non	a-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/I	Run Moped	
L		DOB/Age	Reg	#		Reg Typ	e	Reg St	tate	
	EXM (BESSE	c. Restrictions C	ndorsement	Year	Veh Make			Veh Con		
81	Operator	First	Middle	Last ress		First	z	Middle		
	Address	7.				04	ate	7in		1 14
	CityS				51000		ate Damaged Area	Tank the	27 27 27	\square
	Insurance Company			cle Action Prior to Cras	h 23 23		est Status:	531.290	28	
	Vehicle Travel Direction: N S E V	W Responding to Emer	gency? Ever	nt Sequence		23	ype of Test:		29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25 S	usp. Alcohol	31 Su	isp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	Т	owed from s	cene?	33	
		/non-motorist and all occup	oants involved	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Statu	40 Transp.	Medical Facility	
	Name (Last First Middle) Operator/Non-Motor	ist	ee Above	DOBINGE SEX	1	5 5000	- Julia		And the second s	1
	Operator/INOR-Motor	ist s			+-		+			1
										-



Signature

	Police Use Only	Comi	monwealth	of Massac	chuse	etts			RMV	/ Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$	mber hicles	Numbe	. Drood	Limit_	30	Local Police	
	06/28/2021 1221 Wil:	mington	Police 1	Report	2	incies	0	Latitud			MBTA Police Campus Police Other:	
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					<u>58</u>		MII	DLES				
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Directio	n Addr	ess#		Na	me of I	Roadw	ay/Street	
		A		Feet N	SEW	of -			_	or _		
	Route# Direction Na	me of Intersecting Road	way/Street				Mile	Marker			Exit Number	3 11
		Also at Intersection v	vith		SEW		Route#		Interse	cting R	Roadway/Street	
2	Dantell Dissetion No.	me of Intersecting Road	vav/Street	Feet N	SEW	of					•	
² 1	Route# Direction Na	me or intersecting Road	way/Siteet						Lar	ndmark		1
3	Please Select One Vehicle 11	#Occupants	Run Moped	Crash Rej	ort ID#	21	-10	6 1 -	AC			
3	of the Pollowing:			7777474				DC			. 1/7	
	19 19	1A DOB/Age 20		# <u>7WJ474</u>							21	1 12
	Sex F Lic. Class D Lic.	Restrictions C	ndorsement	Year <u>2005</u>						_ Veh	Config.	
	Operator JOHNSTON, CHE	RISTINE M	Middle	er JOHNSTO	t		First	IE M		Mi	ddle	
⁴ 2	Address 15 THURSTON A	VE	Addi	ess 15 THUE	RSTON	AV	E					
L	City WILMINGTON Sta	te MA Zip 0188	7-2431 City	WILMINGT	ON_			State MZ	A _ z	ip <u>01</u>	L887-2431	
	Insurance Company UNITED SE	RVICES AUT	OMOBIL Vehi	cle Action Prior to C	rash	1	22	Damage	d Area	Code:	7 27 27 27	
	Vehicle Travel Direction: NSWW			t Sequence 23	23	23	23	Test Stat	us:		28	
⁵ 1	Citation # (If Issued)			t Harmful Event	24	Single Hans		Type of			29	
	*			L		25	25	BAC Tes	Г		Susp Drug: 32	1 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26			Susp. Al	L	31	Susp. Drug: 32	
⁶ 1	Viol. 3; Ch/Sec/Sub			er Distracted by	34	35	36	Towed fi	rom sce	ene?	2 33	
_	Please fill out for ope Name (Last First Middle)	rator and all occupants in	volved Address	DOB/Age	Seat Pos.	Safety	Airbag E	ject Trap ode Code	Injury Status	Transp. Code	Medical Facility	
	Operator	S	ee Above		\times 1	1	4 0	o	10	1		
			-									
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				s								
7	Please Select One Vehicle 22	#Occupants No	n-Motorist A Type	15 Action	Locatio	on	17 Co	ndition	18		Hit/Run Moped	
⁷ 2	of the Following:											-
	License # C65065446305986 St 1	NJ DOB/Age		# <u>X44NKF</u>				уре <u>РС</u>		R	eg State NJ	
	Sex M Lic. Class D 19 Lic.	Restrictions	CDL Veh	Year 2021	Veh M	ake <u>C</u>	HEVI	OLE!	<u> </u>	Veh	Config. 2	
0	Operator COOPER, MICHA		Owr	er <u>COOPER</u> ,	MIC	HAE	L C			Mi	ddle	
⁸ 1	Address 276 LYNDHURST	AVE		ress 276 LY	NDHUF	ST						14
	City LYNDHURST Sta	te NJ Zip 0707	1-1812 City	LYNDHURS	T			State No	J _ z	ip_ 0	7071-1812	1 14
	Insurance Company GEICO INS			cle Action Prior to C	rash	1	22	Damage	d Area	Code:	1 27 27 27 27	
	Vehicle Travel Direction: N E W		rgency? 2 Ever	nt Sequence 1 23	3 23	23	23	Test Sta	tus:		28	
		1 Trosponeme to 2 mile		t Harmful Event	1 24	Sec. 1975	200	Type of	Test:		29	
⁹ 2	Citation # (If Issued)	The state of the s			. 4	25	25	BAC Te		to observe to	Susp Drug 32	l
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —		er Contributing Cod	26			Susp. Al		31	Susp. Drug: 32	
		Viol. 4: Ch/Sec/Sub		er Distracted by	U	15	26	Towed f	rom sc	ene?	2 5	-
	Please fill out for operator/n	on-motorist and all occur	pants involved Address	DOB/Age	Sex Pos.	35 Safety System	Airbag I	37 38 Eject Trap Code Code	Injury	Transp. Code	Medical Facility]
	Operator/Non-Motoris	st	See Above		X 1	1	4 0	o	10	1		
		120 ROWLEY ST	1-1529	- Y	F 3	1	4 0	0	10	1		1
	KRISTEN BRADLEY	AGAWAM, MA 0100	1-1023									1
								_				4
												1

	→	= Direction	1	= Vehicle 1	2 = Vehicle	2 9	2 = Pedestr	ian 🚳	= Bicycle		
Crash Diagram:		ie:	1] →	2	→ 9	2	→ ₩			
		(8170G)	Clar	k St.	\)		If Crash] on a Pub Off-Stree Garage Mall/Sho	lic Way:	
11 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	\F\(\beta\)						Other Pri	vate Way	
			4-6-	2							
Middlesex Av	e			企			Middles	sex Ave.	Y . 11	NTAl- L A	
			Cla	2 rk St.	(STOP)			W W	Indicate	North by A	irrow
Crash Narrative			25.00								
On 06/28/21 Car	r 1 While	travell	ling Eas	stbound	on Middles	sex Ave	. was	crashed	into by Ca	r 2	
travelling Sout	hbound on	Clark	St. Ca	ar 2 sto	opped at th	ne stop	sign	(also bl	inking red	1	
light) drove fo										W	
blinking light)	resulting	in a c	erash.	Car 1 h	ad left s	ide dama	age and	d Car 2	had front		
damage.								-			
						*					
						(E)					
											<u>.</u>
Witnesses:								l pu	и.		S4-44
Name (Last,First,Middle)				Address				Phone	#		Statement
							i de				
Property Damag	e •										
Owner (Last, First, Middle		Address			Phone #		41-Type	Description	of Damaged Prope	rty	
-											
Truck and Bus In	formation:	Registrat	ion#			(From Vehicle	e Section)				
Carrier Name		-2							Bu	ıs Use	42
					O'r				Ct 7in		
Address									StZip		
US DOT #:		State Number	r			ate	MC/MX	/ICC #:			
Interstate 43	Cargo Body Typ	e Code	44	GVWR/GC	WR 45						
		ie	ne		eRe	g Year	Tro	iler Length	46		
		Keg Iy	P~	Reg Bidle		 	1ra	nei renkm			
Hazmat Information: 47	ı	48					Notorial 4 1	crit #			49
Placard	faterial 1 digit#	N	Aaterial Name	e		N	viatemai 4 di	git #	Releas	e code	
Patrol Officer	Dillo- 17-	11:4			205	wil.	ningtor	Police	Department	t 06/	28/2021
Police Officer Name (Pleas			Signature		ID/Badge #	Depart			inct/Barracks	Date	

	Police Use Only	Comi	monwealth	of Massa	chuse	tts		RMV Do	ocument Numbe		
	THE RESIDENCE OF THE PROPERTY	City/Town	Motor Veh	icle Cras	sh Nur	nber Numl	ad Speed	Limit	State Police Local Police		
	06/29/2021 0749 Wilm:	ington	Police	Report	3	o Injur	Latitu Longi		MBTA Polic Campus Poli Other:	e ice	
	AT INTERSECTION)N:		TION >		NOT			CTION:		
	ATTIVIERSECTION	211.									2 10
					247		WELL				
¹ 1	Route# Direction	Name of Roadway/St	treet	Route# Directi	on Addre	ss #	Na	me of Roa	dway/Street		
		At		Feet [1	N S E W			— or			
	Route# Direction Name	of Intersecting Roads	way/Street				e Marker		Exit Numl	эег	2 11
		Also at Intersection v	with	Feet L	N S E W	of	-	Intersecting	g Roadway/Stree	et .	
2	Route# Direction Name	of Intersecting Road	www/Street	Feet [N S E W	of					
² 1	Route# Direction Name	of intersecting Road	way/Sueet	<u> </u>				Landm	ark		1
3	Please Select One of the Following:	Occupants Hit	/Run Moped	Crash Re	eport ID# 2	21-1	62-	AC			
3				# <u>1XKG99</u>			T DC		D Ct MA		<u></u>
	10 10	DOB/Age_							1000	21	1 12
	Sex F Lic. Class D Lic. Re	E	Endorsement	Year 2019			- <u>- 5 - 1</u>	DENZ V	eh Config.		\vdash
1	Operator TSEWANG, NAMGY	AL First	Middle	ner TRASAR	ast	Fire	st		Middle		
⁴ 1	Address 10 GRANTON PARE			ress 10 GRA	NTON :	PARK_				g a 50	
	City ARLINGTON State	MA Zip 0247	4-3613 City	ARLINGTO	ON				02474-3		
	Insurance Company STATE FARM	MUTUAL A	UTOMOB Vehi	cle Action Prior to (Crash	L 22		d Area Cod	Separation services	27	
_	Vehicle Travel Direction: NSWW	Responding to Emer	rgency? 2 Ever	nt Sequence 1	3 23	23 23	Test Sta		28		
5	Citation # (If Issued)	_	Mos	t Harmful Event	1 24		Type of	Test: st Result:	30		
	Viol. 1: Ch/Sec/Sub — Vi	ol 2: Ch/Sec/Sub —	Driv	er Contributing Cod	le 1 2	25 25		cohol: 2	1000000	32	1 13
	Viol. 3: Ch/Sec/Sub — Vi			er Distracted by	0 26			rom scene?	SHOULD YE	2	H
⁶ 1	Please fill out for operato				34	35 36	37 38	39 40)		1
	Name (Last First Middle)	Tana an occupanto n	Address	DOB/Age		Safety Airbag System Status	Eject Trap Code Code	Injury Tran Status Cox		cility	-
	Operator	S	See Above	\sim	X^{1}	1 4	0 0	10 1			
			-								1
						+		\vdash			1
											1
⁷ 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action	Location Location	17 C	ondition	18	Hit/Run	Moped	
		DOB/Age	Peg	# 7SG189		Reg	Туре РС		Reg State MA		1
	10 19	_ 20		Year 2018	Val. Ma	_			/eh Config. 1	21	
	Days and the	I I	Endorsement	ner STEWAR!					cii Coinig.		
81	Operator STEWART, CALVI	N CURTIS	Middle	L	ast	Fir	zt OKIT.	5	Middle		
	Address 2 LOWELL ST			ress 2 LOWE					01060 1	004	14
	City NORTH BILLERICA State			NORTH B	LLLERI	.CA			01862-1		
	Insurance Company GOVERNMENT	EMPLOYEE	S INSU Veh	icle Action Prior to			Damage Test Sta	ed Area Coo	de: 5 27 1 27		
	Vehicle Travel Direction:	Responding to Eme	ergency? 2 Eve	nt Sequence 1	23 23	23 23	Type of		29		1
9 .	Citation # (If Issued)	-	Mos	st Hannful Event	1 24		808	st Result:	30		
⁹ 2	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub —	Driv	er Contributing Coo	de 1	25 25			31 Susp. Drug:	2 32	
	v	iol. 4: Ch/Sec/Sub -		ver Distracted by	O 26		Towed i	from scene	? 1 33		
	Please fill out for operator/non-		pants involved		34 Sent	35 36 Safety Airbag	37 38 Eject Trop	39 40 Injury Tran	nsp.		Ī
	Name (Last First Middle)		Address	DOB/Age		System Status	Code Code	Status Co	de Medical Fr	icility	1
	Operator/Non-Motorist		See Above		X^1	1 4	0 0	10 1			-
											1
							1				1
	i .	i		1	, , ,	1 1		1 1	1		al .

	Pol	lice Use Only		Con	nmonv	vealth	of Mas	sach	use	tts			RMV	/ Docum	nent Nu		
	Date of Crash			ty/Town	Mot	tor Veh	icle Ci	rash		mber iicles	Number Injured		Limit.	40	State Po	olice 🔀	
	06/29/2021	0749 V	Wilmi:	ngton		Police :	Report	t	3	noics	0	Latitu			MBTA Campu Other:	s Police	
		AT INTERS	ECTIO	٧٠	<		TION	>			NOT A			SECT			1
	-	AI INTERS	ECTIO	.1.		BOC/		SUR-SUR-		-	1011		1 214	2201	10111		10
									247		LOW	ELL					2
1	Route# Dire	ection	N	ame of Roadway	y/Street		Route# D	irection	Addre			Na	me of	Roadwa	y/Street		-
¹ 1				At			E.	et NS	Ew	of -				or			
	Route# Dire	ection	Name o	f Intersecting Ro	adway/Street			Et [11]5	<u> ~ ·· </u>	OI -	Mile N			or	Exit N	Number	11
10	Route# Dire	ection		Iso at Intersection			Fe	et NS	EW	of _							2
							Fe	et NS	EW	of	Route#		Interse	ecting Ro	oadway/S	Street	
² 1	Route# Dire	ection	Name o	f Intersecting Ro	oadway/Street					-			Lai	ndmark			1
	Please Select	One 57	1 40	\				sh Report	TD# 6)1.	_16	. 2 –					1
3	of the Follow		3 <u>1</u> #C	ccupants	Hit/Run	Moped	Cras	sh Report	ID# Z	ζ Τ.	_ T 6		AC				
L	License # S4	4214965	St MA	DOB/Age		Reg	# 5DC41	1			Reg Ty	ре РС	1	Reg	g State <u>1</u>		12
	Sex F Lic.	. Class D 19	Lic. Restr	rictions B 20	CDL	Veh	Year 2018	3	Veh Ma	ke D	DDGE			_ Veh (Config.	1 21	1
		JRRAN, VE	」 NESSA	ANN	Endorsemen	ıt Owr	er SURR	AN, V	VENE	ESS.	A AN	N					
⁴ 1	-	Last	Firs	it	Middle		ess 13 C	Last			First			Midd	ile		
		CREST AV		7 O19	27-303		N WILM				,	tota M7	Δ	in 01	887-	-3029	
		LMINGTON				-			Г		_	tate YII Damage		_		27 27	
	Insurance Com	pany INTEGO					cle Action Pric	22		23	No.	Damage Test Stat		1	28		
5	Vehicle Travel	Direction: N S	X W 1	Responding to E	mergency? 2	Ever	t Sequence	1 23		23	23	Type of		2000	29		
	Citation # (If Is	ssued)				Mos	t Harmful Ever	nt 1	24			BAC Te		ılt:	30		
	Viol. 1: Ch/Sec	c/Sub	Viol	. 2: Ch/Sec/Sub		Driv	er Contributing	g Code	1	25	25	Susp. Al	lcohol:	2 31	Susp. D	rug: 2 32	1 13
	Viol. 3: Ch/Sec	c/Sub	Viol	. 4: Ch/Sec/Sub		Driv	er Distracted b	у О	26			Towed f			22		
⁶ 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			and all occupant					34 Seat	35 Safety	36 3 Airbag Eje	38 et Trap	39 Injury	40 Transp.			7
	Name (Last First				Address		DOB/Age	Sex	Pos.	System	Status Co	de Code	Status	Code	Medi	cal Facility	-
	Operat	tor			See Above		\sim	\sqrt{X}	1	1	4 0	0	10	1			
								_				+					
9	Michigan Co. Co. Co.							David State Co.		No.	100	SAS	4.0				1
⁷ 1	Please Select of the Follow		4#0	Occupants	Non-Motorist	A Type	15 Action	16	Locatio	n	Con	dition	18	Н	it/Run	Moped Moped	
1	Pale termina	100	~	DOD/4		Des	#	200525-2102		10000	Pag Ti	ma		Da	o State		1
	License #	19 19		_ DOB/Age	0											21	
	Sex Lic.	. Class	Lic. Rest	rictions	CDL Endorsemen	Veh	Year		Veh Ma	ke				ven (conng.		
81	Operator	Last	Fire	st	Middle	Owi	ier	Last			First			Mide	dle	-	
1	Address					Add	ress				-		-				14
	City		State	Zip	_	City											1
	Insurance Com	ipany	_			Veh	cle Action Pric	or to Crasl	h [Damage		Code:	27	27 27	1
	Vehicle Travel	Direction: NS	EW	Responding to E	Emergency?	Eve	nt Sequence	23	23	23	23	Test Sta		2	29		
-	Citation # (If Is	ssued)				Mos	t Harmful Eve	nt	24			Type of BAC Te		.16.	30		
⁹ 2		c/Sub		2: Ch/Soc/Sub		Driv	er Contributin	g Code		25	25	Susp. A		21	Susp. D	32	
	AURONA 15 102 15						er Distracted b	Batar	26			Towed f		15,150,000	33	6-	
		c/Sub ————————————————————————————————————					C. Distracted t	-	34	35	36 3	7 38	39	40			4
	P Name (Last First		rator/non-m	COULST AND ALL OF	Address	you	DOB/Ag	e Sex	Seat	Safety System	Airbag Ej Status Co	ect Trap	Injury Status		Med	ical Facility	-
	Opera	tor/Non-Mo	torist		See Above		\rightarrow	\leq X	1								
																	7
													+	\vdash	_		1
													_	-			-

		= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestria		Bicycle	
Crash I	Diagram:	ie: → 1] → [2	→ X	→ 85		
		ī					If Crash <u>Did N</u> on a Public W	
	Strout Ave	l l					Off-Street Parkir	ig Lot
			8/ collaborate				☐ Garage	
_			Lowell 5	St, Wilmington	MA		_	
						2	☐ Mall/Shopping C	enter
					Committee of the commit		Other Private Wa	зу
	3,4					-		
_		V3 V2	V1				Indicate North	by Arrow
						<u> </u>	\bigcirc	
						(M)		
				_				
	Narrative:	caveling east on	Rt. 129	Lowell Str	eet, in Wil	mington ·	towards the	
4		in traffic, V2						71
		ge to the rear,						
		nd rear, this ve						* +0-
		i in traffic and					108	
71-71		im, which pushed						7132
	d on reported i							
		200						
				1				
Witness	ses:							
STATE OF THE PARTY OF	,First,Middle)		Address			Phone #		Statement
				313-13				
Propor	ty Damage:				,			•
A SHARE THE REAL PROPERTY.	t,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck a	ind Bus Informatio	n: Registration #		(Fron	n Vehicle Section)			42
Carrier Nat	me						Bus Use	42
Address				_ City		S1	Zip	
		State Number						
US DOT#	43	State Number		45	NIC/NED			
Interstate		y Type Code	GVWR/GCWR			230	46	
Trailer Re	eg #:	Reg Type	Reg State	Reg Yea	rTrai	er Length	70	
Hazmat I	Information:			×		,		40
Placar	d 47 Material 1 digi	t # 48 Material Nam	ıe		Material 4 dig	it #	Release code	49
		TO DESCRIPTION OF THE PROPERTY						06/00/0001
	Officer Kathryn er Name (Please Print)	C Goodwin Signature		216 ID/Badge #	Wilmington Department			06/29/2021 Date

Wilmington Police Department Images Associated with 21-162-AC





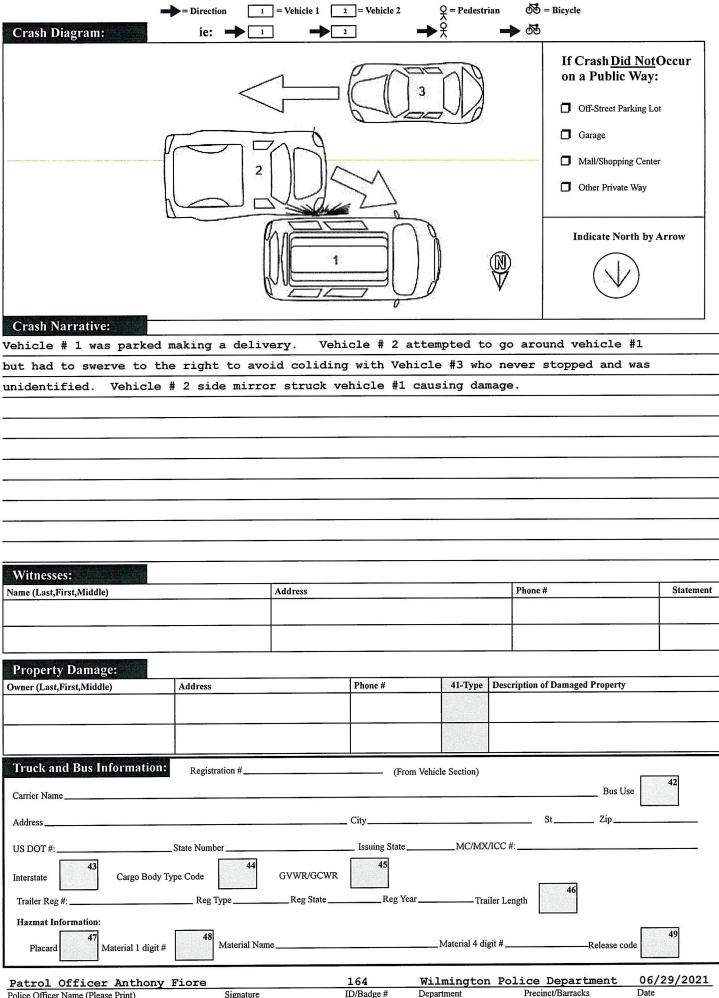








	Police Use Only	Comn	nonwealth	of Massac	chuse	tts		I	RMV Doo	cument Nui		
		ity/Town	Motor Vel	icle Cras	h Nu		.:	Speed Li		Local P	olice 🖸	
	06/29/2021 1309 Wilmi 24HR	ngton	Police	Report	2	0	^ P	Latitude Longitud		MBTA Campus Other:	s Police	
	AT INTERSECTION	N:	Name of the Control o	TION >		NO				CTION:		1
	III II (I DAGE 110)							-				2 10
					4		OUT		LST			
¹ 1	Route# Direction N	Iame of Roadway/Str	reet	Route# Direction	n Addre	ss#		Name	e of Road	way/Street		-
1		At		Feet N	S E W	of —			— or			
	Route# Direction Name of	of Intersecting Roadw	/ay/Street				Mile Ma	rker		Exit N	lumber	4 11
	A	Also at Intersection w	ith	_	S E W	Ro	ute#	In	tersecting	Roadway/S	Street	
2	Route# Direction Name of	of Intersecting Roadw	yoy/Street	Feet N	SEW	of				-		
² 1	Route# Direction Name of	of filtersecting Roadw				-			Landma	rk		
3	Please Select One of the Following:	Occupants Hit/	Run Moped	Crash Rep	ort ID# 2	21-	163	3 – Z	/C			
3	STATE OF THE PARTY AND THE PAR			# <u>V66526</u>			У. Т.	CO		D Ct-t- N	/Z	
	19 19	_ DOB/Age									21	1 12
	Sex M Lic. Class D Lic. Rest	E	ndorsement	Year 2020					Ve	ch Config.	91	
14	Operator JAVIER ACEVEDO Last Fir		Middle	ner <u>AMAZON</u>	t		First	<u>C</u>	1	Middle	The state of the s	
⁴ 1	Address 161 FARNHAM ST	APT 2NDE	L Add	ress 410 TEF	RRY N	AVE						
	City LAWRENCE State M	IA Zip 0184	City	SEATTLE		rain was was				8109-		
	Insurance Company OLD REPUBLI	C INSURAN	ICE CO Veh	icle Action Prior to C	rash	11 22				6 27 7	27 27	
[-	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Eve	nt Sequence 2 23	23	23 23		st Status pe of Te		29		
5	Citation # (If Issued)		Mos	t Harmful Event	2 24		48	AC Test		, 30		
	Viol. 1: Ch/Sec/Sub — Viol	I. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1	25	25		hol: 2	1 Susp. D	rug: 2 32	2 13
		1. 4: Ch/Sec/Sub		er Distracted by	26				m scene?	2 33		
⁶ 1	Please fill out for operator				34 Seat	35 36 Safety Airb		38 Trap I	39 40 Injury Trans	n .		1
	Name (Last First Middle)	1	Address	DOB/Age	Sex Pos.	System State	us Code	Code S	Status Code	Medi	cal Facility	-
	Operator	Se	ee Above		X 1	99 4	0	0 1	0 1			1
												1
			10	16 1	16	17		17 C.	18			+
⁷ 1	Please Select One of the Following: Vehicle 2_1 #0	Occupants Non	-Motorist A Type	15 Action	Locatio	n 17	Condit	ion		Hit/Run	Moped	
	License # S94779886 St MA	DOB/Age	Reg	#_S88185		F	Reg Type	СО	ıs	Reg State 1	MA	1
	19 19	20		Year 2017	Veh Ma	ke FOF	RD.		Ve	eh Config.	97 ²¹	1
			ndorsement	ner ULTRA S								1
81	Address 11 BOUTWELL ST	rst	Middle	ress 8 COOK	it		First			Middle		
	City WILMINGTON State M	/Δ γ:₋ 0188°		BILLERIC			Sta	te MA	Zin C	1821-	-6064	1 14
	=0 = ·			icle Action Prior to C	Г	1 22			Area Cod	and the same of the same	27 27	-
	Insurance Company ZURICH AMER			22		23 23	Te	st Status	S :	1 28		
	Vehicle Travel Direction: NSE	Responding to Emer		nt Sequence 2	24			pe of Te	est:	29		
⁹ 2	Citation # (If Issued)			st Harmful Event	2000	25	25	AC Test		1 30		
	Viol. 1: Ch/Sec/Sub — Vio	l. 2: Ch/Sec/Sub —	Dri	ver Contributing Code	99	23	Su		hol: 2	The state of the	orug: 2 32	
	Viol. 3: Ch/Sec/Sub — Vio	l. 4: Ch/Sec/Sub	Dri	ver Distracted by	99 26			,	m scene?	-0.4353		1
	Please fill out for operator/non-n	notorist and all occup	ants involved	DOB/Age	Seat Pos.	35 36 Safety Airt System Stat	bag Eject	38 Trap Code	39 40 Injury Trans Status Cod	sp.	ical Facility	
	Name (Last First Middle) Operator/Non-Motorist	s	ee Above		1	99 4	0		10 1			7
	Operator/11011-11101011st	 -		+			+					1
								\vdash	-			-
												1



	Police Use Only	Common	wealth	of Massa	chuse	etts		R	MV Docı	ument Number	
			tor Veh	icle Cras	h Nu	ımber hicles		Speed Lir		— Local Police	
	06/30/2021 1603 Wilmi	ington	Police 1	Report	2		<u> </u>	Latitude _ Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTIO	ON:	LOCA	TION >		N	TA TO			TION:	
										****	2 ¹⁰
				B # B	443 Addr		SHAW				\square
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Adar	ess #		Name	oi Roadw	vay/Street	-
				Feet N	SEW	of —	— — – Mile Ma	_ • -	— or _	Exit Number	
		of Intersecting Roadway/Street	t		المالمالي		Mile Ma	гкег		Exit Number	2 11
	4	Also at Intersection with		_	SEW	F	Route#	Inte	ersecting I	Roadway/Street	
2 .	Route# Direction Name of	of Intersecting Roadway/Street	t	Feet N	SEW	of					_
² 1			т	L					Landmarl	k	4
3	Please Select One of the Following: Wehicle 11 #	Occupants Hit/Run	Moped Moped	Crash Re	port ID#	21-	-164	4 – A	C		
	License # S67011468 St MA	DOB/Age	Reg	# <u>\$98638</u>			Reg Type	СО	R	eg State MA	12
	19 19	strictions 20 CDL		Year 2015						21	1 12
		Endorseme	ent	er WEST SE							
⁴ 1	Operator GAUTREAU, ROBE	irst Middle		Las	st		First	10 1	М	iddle	
1	Address 21 STURGIS ST			ess 945 MA:				107	0.	1000 2041	
	City WOBURN State N			W SPRING		2	_		_ Zip <u>U .</u> rea Code:	1089-3941 - 27 27 27	
	Insurance Company ACE AMERICA	AN INSURANCE (CO Vehi	cle Action Prior to C	Transpara Fore	_	<u> </u>	amaged A st Status:		28	
5	Vehicle Travel Direction: N K E W	Responding to Emergency? 2	Even	t Sequence 1	100000	23 2	23	pe of Tes		29	
	Citation # (If Issued)		Mos	t Harmful Event	1 24		B	AC Test R		1 30	<u> </u>
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	e 1	25	25 Su	sp. Alcoh	ol: 2 31	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26		To	wed from	scene?	2 33	
⁶ 1	157	r and all occupants involved		p.onu.	34 Seat	Safety A	36 37 Airbag Eject Status Code	38 In Trap In Code St	39 40 jury Transp. atus Code	Medical Facility	
	Name (Last First Middle)	Address See Above		DOB/Age	Sex Pos.	System S		0 10		Medical Facility	1
	Operator	See Above	-		\ <u>`</u>			-	+		-
											-
	Please Select One Vi Vokielo 2.1 #	<u></u>		15	16		17 Candia		18	Hit/Run Moped	1
⁷ 1	Please Select One of the Following: Vehicle 21 #	Occupants Non-Motoris	st A Type	Action	Location	on Land	Condit			The Kun Landoped	4
		DOB/Ag	Reg	# <u>2MPX37</u>			Reg Type	PC	R	leg State MA	
	Sex M Lic. Class D 19 Lic. Res	strictions CDL CDL Endorseme	Veh	Year 2015	Veh M	ake CF	IEVRO	LET	Vel	Config. 1	
	Operator SHIRSHAC, HENR		Owr	ner SHIRSH	C, H	ENR	Z S First		м	liddle	
81	Address 76 PINE TRL	li2f Middle	Add	ress 76 PIN	E TRI						141
	City GROTON State 1	MA Zip 01450-192	26 City	GROTON			Sta	te MA	_ Zip_ 0	1450-1926	1 14
	Insurance Company THE COMMERC	CE INSURANCE	CO Vehi	cle Action Prior to C	Crash	1 2	2 D	amaged A	rea Code:	- Allert Market States and Company of the Company o	
	Vehicle Travel Direction: N K E W	Responding to Emergency? 2		nt Sequence 1 2	3 23	23	23 Te	est Status:		1 28	
	Citation # (If Issued)			t Harmful Event	1 24			pe of Tes		29	
⁹ 2	Viol. 1: Ch/Sec/Sub — Vio	.1 2. Ch/C/Cub	Driv	L er Contributing Cod	e 19	25	25	AC Test F	nol: 2 31	1 Section 1	
					5 26			owed fron		33 July 2	3
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub		er Bisaucteu ey	34	35	36 37	38	39 40	C man	-
	Please fill out for operator/non-i	Address		DOB/Age	Sex Pos.	Safety / System	Airbag Eject Status Code		njury Transp. tatus Code		-
	Operator/Non-Motorist	See Above	e	\sim	X_1	1 4	4 0	0 1	0 1		
		1									
		+		+		+					
	1	1		1	1	1 1	1	1 1	1	1	1

= Direction	1 = Vehicle 1	2 = Vehicle 2 \mathcal{L}	= Pedestrian		= Bicycle	
Crash Diagram: ie:		<u>→</u> X		→ %		
DMV2 D MV1			399 Shawsh	neen	If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative:			E .			
MV1 and MV2 were traveling SB on	Shawsheen ave	when MV2 struck	the ba	ck of N	NV1. The	
operator of MV2 reported he sneez						
MV1. Both operators reported no i						
has minor damage to the center re						
						-,-
				-		
		-				
						_
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
	-					
Property Damage:						
Owner (Last,First,Middle) Address		Phone #	41-Type D	Description o	f Damaged Property	
Truck and Bus Information: Registration	#	(From Vehicle	Section)			
Carrier Name		•			Bus Use	42
Action to the second se		_ City			St Zip	Assess
US DOT #:State Number		Issuing State	_MC/MX/IC	.C #:		*
Interstate Cargo Body Type Code	GVWR/GCWR			-		
Trailer Reg #: Reg Type _	Reg State	Reg Year	Traile	r Length	46	
Hazmat Information:					The second second	
Placard 47 Material 1 digit # 48 Mate	rial Name	Ma	aterial 4 digit	#	Release code	49
Patrol Officer Meghan Sousa		214 Wilm	ington		Department 06/	30/2021

Wilmington Police Department Images Associated with 21-164-AC

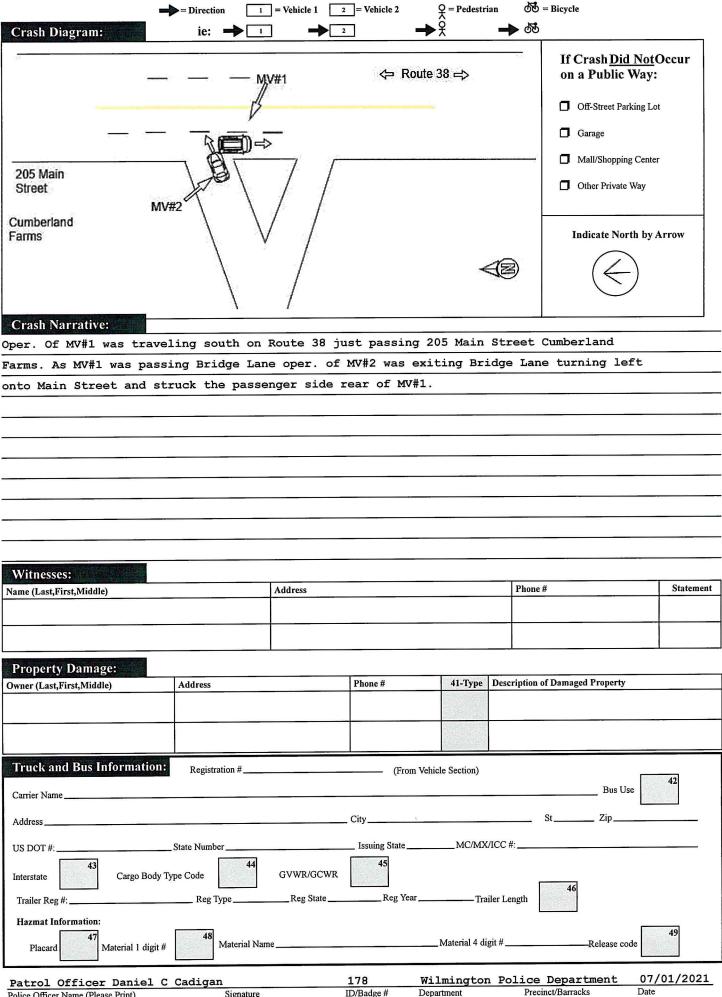




	Police Use Only	Commo	onwealth (of Massa	chuse	etts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nu	7277		ed Limit	30	— Local Police	
	07/01/2021 1103 Wiln	mington	Police 1	Report	2	o line	Lau	itude	_	MBTA Police Campus Police Other:	
	AT INTERSECTI	ION:	< LOCA			NO	T AT I		SECT		1
											2 10
					13!		HAWS				<u>.</u>
¹ 1	Route# Direction	Name of Roadway/Street		Route# Directio	n Addre	ess #		Name of	Koadwa	ay/Street	-
				Feet N	S E W	of —			or _	Exit Number	
	Route# Direction Nam	ne of Intersecting Roadway/	Street		1 - 1 - 1 - 1		lile Marke	r	-	Exit Number	3 11
		Also at Intersection with			S E W	Rou	te#	Interse	ecting R	oadway/Street	\vdash
² 1	Route# Direction Nam	ne of Intersecting Roadway/	Street	Feet N	S E W	of					_
1									ndmark		4
3	Please Select One of the Following:	_#Occupants Hit/Run	Moped	Crash Rep	ort ID#	21-1	L65	-AC	3		
	License # SA0570167 St M	A DOB/Age	Reg	1RHC41		Re	ед Туре	C	Re	eg State MA	_ 12
	19 19	Restrictions 1 20 CDL.		Year 2015					Veh	Config. 21	1
	Operator RUGGIERO, JOS	Endor	rsement	er RUGGIER							
⁴ 1	Address 149 HAVERHILL	First Mi	iddle	ess 149 HAV	t		First		Mid	idle	
	City ANDOVER State			ANDOVER				MZ 2	7in 01	810-1538	
	142					3 22		aged Area	-	real real real real real real real real	
	Insurance Company USAA GENER			t Sequence 23		23 23		Status:		1 28	
5	Vehicle Travel Direction: N S E	Responding to Emergence		r bequence I			Туре	of Test:		29	
	Citation # (If Issued)			Harmful Event		25 2	_	Test Resi		1 30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	23 2	Susp.	Alcohol:	$\overline{}$	Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	ADK M REST			d from sc	Ŀ	1 33	_
1	Please fill out for opera	ntor and all occupants involv		DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	Eject Ti	38 39 rap Injury ode Status	40 Transp. Code	Medical Facility	
	Operator	See A	bove		1	99 99	0 0	10	1]
										-	1
											1
								_			-
											1
⁷ 9	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	15 Action	Locatio	n 17	Condition	18	☐ F	Hit/Run 🔲 Moped	
9		7	D	#_4SL640	56	D	eg Type E)C	Po	eg State MA	1
	19 19	DOB/Age	= -12 =-	<u> 430040</u> Year <u>2010</u>	77.1.37	ake SUB				Config. 21	
	D Digwill (State)		rsement						ven	Comig.	
⁸ 1	Operator DUFFY, THOMAS	First M	iddle	er DUFFY,	ıt		First	-	Mic	ddle	
	Address 128 NICHOLS ST			ess 128 NIC		51		./7	01	007_1620	1 14
		e <u>MA</u> Zip <u>01887-</u>		WILMINGT		22		aged Area		L887-1628	
	Insurance Company LIBERTY M	UTUAL PERSON	AL I Vehi	cle Action Prior to C		L		status:	Couc.	28	
	Vehicle Travel Direction: N S E	Responding to Emergence	cy? 2 Ever	at Sequence 1		23 23		of Test:	1	29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	L 24			Test Res	ult:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	NEW COLUMN	²⁵ 4 ²	Susp.	. Alcohol:	2 31		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 ²⁶		Towe	ed from so	ene?	1 33	
	Please fill out for operator/no		s involved	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airba System Statu	g Eject T	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator/Non-Motoris		Above	Dominge	1	99 99	0 0		1	,	1
	Operator/14011-1410torist	5607		+			++				1
							+				-
											4



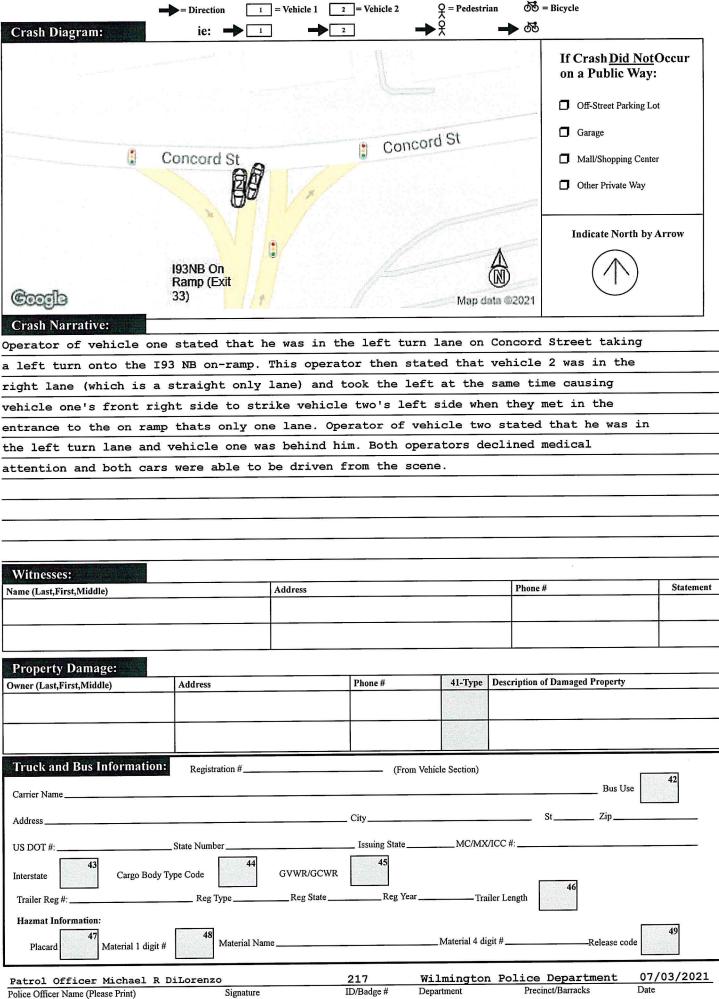
	Police Use Only	Commony	vealth o	f Massa	chuse	etts			RMV	Docum	nent Number	
		ity/Town Mo	tor Vehi	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber chicles	Number Injured		Limit_	35	State Police Local Police MBTA Police Campus Police	
	07/01/2021 1223 Wilmi	ngton	Police F	Report	2		0	Latitud			MBTA Police Campus Police Other:	i
	AT INTERSECTION	1000	LOCAT		All Sales		NOT A			ECT		7
		Iame of Roadway/Street		Route# Directi	20	otion:	MAI	s s			y/Street	2 10
¹ 1	Route# Direction	At			-	_					,,	1
-	Route# Direction Name o	of Intersecting Roadway/Street			N S E W		Mile M			or	Exit Number	- 3 ¹¹
		Also at Intersection with			N S E W		Route#		Intersec	cting Ro	oadway/Street	
² 2	Route# Direction Name o	of Intersecting Roadway/Street				· -			Lan	dmark		
3	of the Following:	Occupants Hit/Run	Moped Moped		eport ID#						267	
	License	_ DOB/A _£		CS174							21	1 12
	Se: Lic. Class D 19 Lic. Rest	rictions CDL Endorseme	nt	ear <u>2018</u> r <u>JONES ,</u>						_ Veh C	Config. 2	.F
⁴ 2	Address	st Middle		ss 23 ADA			riist			Midd	116	-
		Zip	City V	VILMING'	ON		s	tate MZ	A Zi	p 01	887-2452	_
	Insurance Company THE COMMERC	-		e Action Prior to		1	_	Damage		_	and the second s	
	M 444			. 2	23 23	EQUIPMENT AND	23	Γest Stat	us:	U Marie	28	
⁵ 2		Responding to Emergency? 2		bequence 1	24			Type of	Test:	00000	29	
_	Citation # (If Issued)					25	25	BAC Tes	st Resul	100	30	13
	Viol. 1: Ch/Sec/Sub — Viol	I. 2: Ch/Sec/Sub	Driver	Contributing Cod	0.0			Susp. Al		NCHOOSE GRAVE	Susp. Drug: 32	1
6	Viol. 3: Ch/Sec/Sub — Viol	I. 4: Ch/Sec/Sub	Driver	Distracted by	O 26			Towed fi			33	_
⁶ 1	The state of the s	and all occupants involved		DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Ejec Status Cod	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)	Address See Above		DOB/Age	$\sqrt{\frac{1}{1}}$	1	4 0	0		1	,,,outout 1 semily	7
	Operator	See Above							30.00	_		_
⁷ 4	Please Select One of the Following:	Occupants Non-Motoris	t A Type	15 Action	16 Locati	on	17 Cond	lition	18	Пн	it/Run Mope	d
	License # S20357360 St MA	DOB/Age	Reg#	STRROD			_ Reg Ty	pe PC		Reg	g State MA	-
	Sex. M Lic. Class D 19 Lic. Rest	trictions 20 CDL	Veh Y	ear <u>2007</u>	Veh N	íake <u>T</u> (TOYC	A		_ Veh (Config. 21	
	Operator STROB, JOHN T	Endorseme		r STROB,	JOHN	T						_
⁸ 1	Address 12 BRAND AVE	rst Middle	Addre	ss 12 BRA	ast ND A	/E	First			Mide	dle	
	City WILMINGTON State M	17A 7in 01887-264	IO City V	WILMING	ON		S	tate MZ	A_ zi	ip 01	887-2640	_ 1 14
	Insurance Company THE COMMERC			le Action Prior to		4	_	Damage				
					23 23	23	23	Test Star	tus:	200	28	'
		Responding to Emergency? 2		Jequence 1	24			Type of	Test:		29	
⁹ 2	Citation # (If Issued)			Harmful Event	_	25		BAC Te	st Resu	lt:	30	.
	Viol. 1: Ch/Sec/Sub — Vio	l. 2: Ch/Sec/Sub	Drive	r Contributing Co	200	²⁵ 9	7 43	Susp. Al	cohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Vio	l. 4: Ch/Sec/Sub	Drive	r Distracted by	99 ²⁶			Towed f		٢	2 33	
	Please fill out for operator/non-m	notorist and all occupants invo	lved	DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eje Status Coo	t Trap de Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator/Non-Motorist	See Above	8		1		4 0	0		1		7
												_



	Police Use Only	Common	wealth	of Massa	chus	etts			RMV	Docum	nent Number	
	A CONTRACTOR OF THE PROPERTY O	City/Town Mo	otor Veh	icle Cras	sh [Number Vehicles	Number Injured	Speed		35	State Police Local Police	
	I I	ngton	Police :	Report	2		0	Latitud Longit			MBTA Police Campus Police Other:	弎
	AT INTERSECTIO	N: <	THE RESIDENCE OF THE PARTY OF T	TION >			NOT A		10.76(1)	SECT		
	AT INTERSECTIO	14.	Loca		578		110111			LOI	10111	2 10
	38 S MAIN ST											2
¹ 1	Route# Direction	Name of Roadway/Street		Route# Directi	on Ad	dress #		Nai	me of I	Roadway	y/Street	_
1	an a a a a a a	At		Feet	NSEV	w of			_	or		_
	Route# Direction CROSS ST Name	of Intersecting Roadway/Stree	et				Mile M	arker			Exit Number	2 11
		Also at Intersection with		Feet	NSEV	w of	Route#		Interse	cting Ro	oadway/Street	- 🖳
	BUTTERSRO			Feet	N S E V	w of	Routen		miciso	oung re	adway/Succe	
² 2	Route# Direction Name	of Intersecting Roadway/Stree	et						Lan	ıdmark		
	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash Re	port ID#	21	-16	7-2	AC			
3	of the Following:										373	
	in terrol minutes	DOB/Age	₹.	# <u>299TC7</u>							21	- 12 12
	Sex M Lic. Class D 19 Lic. Res	trictions CDL Endorsem	ent	Year <u>2005</u>				4C		_ Veh C	Config. 1	
	Operator MELITO, JAMES I	D Middle	Own	er MELITO	, JAI	MES	D First			Midd	le	<u></u>
⁴ 2	Address 19 CLAIRE ST		Addı	ess 19 CLA	IRE	ST						_
	City TEWKSBURY State 1	IA Zip 01876-39:	11 City	TEWKSBUF	Υ		S	ate MZ	1 Zi	ip 01	876-3911	<u>.</u>
	Insurance Company PLYMOUTH RO	CK ASSURANCE	C Vehi	cle Action Prior to (Crash	4	22	Damageo	l Area	Code: 4	27 27 27	7
		Responding to Emergency?		it Sequence 1 2	3 23	23	23	est Stati	us:		28	
⁵ 1	Citation # (If Issued)	responding to			1 24			Type of T		7	30	
L				er Contributing Cod	Electric services	25	25	BAC Tes	г	100		1 13
	The state of the s	l. 2: Ch/Sec/Sub		١	26			Susp. Ald Towed fr		SERVICE	Susp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/Sub Vio		Dnv	er Distracted by	0 20		36 37	38	39	40		_
_	Please fill out for operator Name (Last First Middle)	and all occupants involved Address		DOB/Age	Sex Pos	nt Safety	Airbag Ejec Status Coc	t Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	See Above	e	\sim	$X \mid 1$	1	4 0	0	10	1		
						_		-		_		\dashv
								_				_
	*											_
7	Please Select One Vehicle 21 #	Occupants Non-Motori	ist A Type	15 Action	16 Loca	tion	17 Cond	ition	18	🔲 ні	it/Run 🔲 Mope	ed
⁷ 2	of the Following:			0007776				DC.			. 1/7	
	License # S37889808 St MA	_ DOB/Age	_	# <u>828XJ6</u>				ре <u>РС</u>			State MA 21	
	Sex F Lic. Class D Lic. Res	trictions CDL Endorsem	ent	Year 2011						_ Veh C	Config. 1	. 1
8	Operator <u>LAWSON</u> , <u>ELIZAB</u>	ETH NAOMI rst Middle	Own	er LAWSON	, EL	IZAB	ETH First	MAON	<u> </u>	Midd	lle	_
⁸ 1	Address 137 WINSOR AVE		Add	ress 137 WI	NSOR	AVI						14
	City WATERTOWN State 1	1A Zip 02472-14	82 City	WATERTON	N					_	472-1482	2 1
	Insurance Company ARBELLA MU	TUAL INSURAN	CE Vehi	cle Action Prior to	Crash	1	145			Code: 8	A STATE OF THE PARTY OF THE PAR	
	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Ever	nt Sequence 1 2	23 23	23	23	Test Stat			28	
[a	Citation # (If Issued)		Mos	t Harmful Event	1 24			Type of T		14-	30	
⁹ 2	<u> </u>	ol. 2: Ch/Sec/Sub	Driv	er Contributing Coo	ie 99	9 25	25	BAC Tes Susp. Ale	Г	SANCTIVA LA	Susp. Drug: 32	2
				er Distracted by	99 26			Towed fr	L	SCHOOL STATE	22	
	Viol. 3: Ch/Sec/Sub — Viol. Please fill out for operator/non-r	ol. 4: Ch/Sec/Sub			34	4 35	36 37	38	39	40	A COMPANY	
	Name (Last First Middle)	Address		DOB/Age	Sex Po		Airbag Eje Status Co	t Trap e Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See Abov	re	\times	X 1	. 1	4 0	0	10	1		
				-		_			-	-		

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø = Bicycle		
Crash Diagram:	ie: →	1 →	2	▶ X -	<u> </u>		
	*					Crash <u>Did Not</u> Occu a Public Way:	r
	Butters rw					Off-Street Parking Lot	
: v		ME 14	<u></u>			Garage	
			⊕			Mall/Shopping Center	
	B					Other Private Way	
	<u> </u>	Main st./	Rte.38	and the same of th			
		8170AP			Ir	idicate North by Arrow	
	Cross st.			2	>	\bigcirc	
Crash Narrative:	201 M						
-5-	e was traveling sou						
a left turn onto	cross st., m/v#2 ca	me from bel	nind and stru	ick his right	rear bum	per.	
oner #2 related s	he was traveling so	outh on mair	st./rte.38	while doing	so, when	she	
	#1 had stopped at t						
	e right and struck				-		
		-					
						111	
Witnesses: Name (Last,First,Middle)		Address			Phone #	Sta	tement
Name (Last,First,Wildie)			-		The world is the day		
Property Damage:	Address		Phone #	41-Type Desc	cription of Damag	ed Property	-
Owner (Last,First,Middle)	Address		I none n	12 13 po 2 se	p		
Truck and Bus Infor	mation: Registration #		(From V	ehicle Section)		42	
Carrier Name						Bus Use	
Address			City		St	Zip	_
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:		
43	44		45				
	argo Body Type Code	GVWR/GCWR		m. it r	46		
	Reg Type	Keg State	Keg rear_	Trailer Le	engtn		
Hazmat Information: 47 Placard Materi	ial 1 digit # 48 Material N	ame		Material 4 digit #_		—Release code	
Flacatu	an a digit ii						
Patrol Officer Pa				Vilmington Po Department	Precinct/Barrac		2021

Motion Police Report Note of Readouty/Street Note of Readouty/Street Routed Direction Not at intersecting Readouty/Street Routed Direction Routed Direction Not at intersecting Readouty/Street Routed Direction Direction Routed Direction Direction Routed Direction Dire		Police Use Only	Commonwealth	of Massachi	usetts		RMV	/ Documen	nt Number	
AT INTERSECTION: AT INTERSECTION: CONCORD ST Routed Direction Name of Readway/Street All to interested			Motor Veh	icle Crash		and the second second	Speed Limit.	_ _I	State Police Local Police MBTA Police Campus Police	
AT INTERSECTION: CONCORD ST Readed Direction Name of Readowsy/Street Address # Pear N E W of Mole Marker * Or State Readed Direction Name of Readowsy/Street Also at Intersection with Pear N E W of Mole Marker * Or State Readed Direction Name of Intersection with Name of Readowsy/Street Also at Intersection with Pear N E W of Mole Marker * Or State Pear N E W of Mole Marker * Or State Readed Direction Name of Intersection with Pear N E W of Mole Marker * Or State Pear N E W of Mole Marker * Or State Readed Direction Name of Readowsy/Street Also at Intersection Readowsy/Street Name of Intersection with Name of Readowsy/Street Also at Intersection Readowsy/Street Name of Readowsy/Street Name of Readowsy/Street Also at Intersection With Pear N E W of Mole Marker * Or State Read N		_	Police	Report		170				
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street Route# Direction Name of Roadway/Street Roadway/S			The second secon							1
Routed Direction Name of Roadway/Street Routed Direction Address # Name of Roadway/Street Feet N S W of Mile Marker or East Also at Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Intersecting Roadway/S		AT INTERSECTION.	Loca			NOI A	IIIIDA	<u>JEC 110</u>	J. (.	10
Routed Direction Name of Roadway/Street Routed Direction Address # Name of Roadway/Street Feet N S W of Mile Marker or East Also at Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Intersecting Roadway/S		CONCORD ST								2
Foot NS E W o Note Mile Marker Exist State Marker State Mile Marker Exist State Mile Marker Ex	1	Route# Direction Name of	Roadway/Street	Route# Direction	Address #		Name of	Roadway/S	Street	
Routest Direction Name of Intersecting Roadway/Street Feet N E W of Routest Intersecting Roadway/Street Electrical Feet N E W of Routest Intersecting Roadway/Street Intersecting Road	4		At	Foot NS	EW of			OF.		
Route Direction Name of Intersection with Feet N E W or Route Intersecting Roadway/Street Landmark		Poute# Direction 193 NB EXIT		reet [N]5]	2111 01			UI	Exit Number	11
Route Direction				Feet N S	E W of					3
Name of Intersection				Feet NS	E W of	Route#	Interse	cting Road	way/Street	
Please Start Onc Crash Report ID# 21-168-AC Crash Report ID# 21-168-AC	² 3	Route# Direction Name of Inters	ecting Roadway/Street				Lai	ndmark		-
License # S28098673 St MA DOBIAge Sex M Lic Class Di Di Lic Restrictions 20 CDL Endorsement Sex M Lic Class Di Di Lic Restrictions 20 CDL Endorsement Endorsement Endorsement Sex M Lic Class Di Di Lic Restrictions Di CDL Endorsement Endorsement Endorsement Coltra		Please Select One Vanna 1 #Occupant		0.10.11	m, 21	_16			3.00	1
Sex M Lic Class 19 19 Lic. Restrictions 1 20 CDL Endorsement	3		Hit/Run Moped	Crash Report	ID# Z I	_T0	o-AC	,		_
Veh Year ZUUS		License # S28098673 St MA DOB	/Age Reg	# <u>1LGB62</u>		_ Reg Тур	e <u>PC</u>	Reg St		_ 12
Operator LEBRON GERALDO JR Models		Sex M Lic. Class D Lic. Restrictions	1 CDL Veh	Year 2006 V	eh Make <u>N</u>	ISSAN		_ Veh Con	nfig. 1 21	
Address 122 CROSS ST APT 2 Address 122 CROSS ST Address 122 CROSS ST Address 122 CROSS ST Address 122 CROSS ST APT 2 Address 122 CROSS ST A		THE PART OF THE PARTY OF THE PA	Endorsement Own	er LEBRON . G	ERALD	O JR				
City SOMERVILLE State MA Zip 02145-4118 City SOMERVILLE State MA Zip 02145-4118 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 2 33 33 33 33 33 33 33	⁴ 3	Last First	Middle	Last		First	2	Middle		
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CDP1 11-24-00

Wilmington Police Department Images Associated with 21-168-AC



