	Police Use Only	Common	wealth (	of Massa	chus	etts	}		RM	V Docı	ument Nu		
	1 1	City/Town M	otor Veh	icle Cras	h [	Number Vehicles	Numb	4 12000	d Limit	30	Local	Police 🔯	1
	07/04/2021 1153 Wilm.	ington	Police 1	Report	2		0	Lann	ude itude _			Police D	
	AT INTERSECTION	ON: <	LOCA	TION >			NOT			SEC'	TION:		1
													2 10
		N. CD. I. (O.		D . // D' . /	_ 21		MA:	<u>in s</u>		- ·	/G		
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Ad	dress #		N	ame of	Roadw	/ay/Street		-
		110		Feet N	SEV	<b>v</b> of			• —	or _			
	Route# Direction Name	of Intersecting Roadway/Stre	et			7	Mile	Marker			Exit ì	Number	3 11
		Also at Intersection with			SEV	_	Route#		Interse	ecting F	Roadway/	Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Stre	et	Feet N	SEV	of					•		
1									La	ındmark	<		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	port ID#	21	-1	69-	AC				
		DOB/Age	Deg #	2LZH45			Dea 7	ima PC	•	D	ag Stata N	//Z	
	19 19	20		Year 2015			_				_	21	<b>1</b> 12
	<u> </u>	strictions 1 CDL Endorsem	ient						7101	Veh	Config.	10	
4_	Operator VOGT, JANEL MA	First Middle		er <u>VOGT</u> , S	st		First			Mi	iddle		
<sup>4</sup> 3	Address 103 BALSAM PL			ess 103 BAI		PL							
	City <b>TEWKSBURY</b> State I	MA Zip 01876-46	38 City	TEWKSBUR	<u>Y</u>							-4638	
	Insurance Company PROGRESSIV	E DIRECT INSU	Vehic	le Action Prior to C	rash	1	22	Damage		Code:	<u> </u>	27 27	
•	Vehicle Travel Direction: X S E W	Responding to Emergency?	2 Event	Sequence 23	23	23	23	Test Sta			1 28 29		
1	Citation # (If Issued)	-	Most	Harmful Event	L 24			Type of BAC Te		.16.	30		
	Viol. 1: Ch/Sec/Sub Vio	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25	Susp. A			1	rug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub ———— Vio	ol 4: Ch/Sec/Sub	Drive	r Distracted by	) 26			Towed			2 33		
<b>1</b>		or and all occupants involved			34	35		37 38	39	40			1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos		Airbag I Status C	ject Trap ode Code	Injury Status	Transp. Code	Medi	cal Facility	-
	Operator	See Abov	e		$X \mid 1$	1	4 0	0	10	1			
	SHAWN VOGT	103 BALSAM PL TEWKSBURY, MA 01876-46	38	05/30/1982 M	1 3	1	4 0	o	10	1			
													1
						-			ļ				
						┸—			<u> </u>	<u> </u>	I		4
<sup>7</sup> 2	Please Select One of the Following:	Occupants Non-Motori	ist A Type	Action 1	Locat	ion	17 Co	ndition	18	🗖 1	Hit/Run	Moped	
-	License # NHL15606521 St NH	DOB/Age	Reg #	4961573			Reg 7	уре РС	;	Re	eg State 1	1H	1
		strictions 1 CDL	_	ear 2006		Aska H					_	1 21	
	Operator CAVANAUGH, JUL	Endorsem	ent	er CAVANAU						ven	Comig.		
31	Last F	irst Middle		er <u>CAVANAO</u> Ess <b>15 SUN</b> 7	ı		First	VEINE.		Mic	ddle		
_	Address 15 SUNAPEE ST	02062			YEEE.	21			••		2062		14
	•	NH Zip 03063	City _	NASHUA		<u> </u>	22	State N				27 27	
	Insurance Company PROGRESSIV	E	Vehic	le Action Prior to C		4		Damage Test Sta		Code	28		
	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Event	Sequence 1 23	23	23	23	Type of		ŀ	29		
2	Citation # (If Issued)		Most	Harmful Event	L 24			BAC Te		ılt:	1 30		
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19	25	25	Susp. A	lcohol:	2 31	Susp. D	rug 2 32	
	Viol. 3: Ch/Sec/Sub — Viol	ol. 4: Ch/Sec/Sub	Drive	Distracted by	) <sup>26</sup>			Towed f	from sc	ene?	2 33		
	Please fill out for operator/non-r	•	olved		34 Seat		Airbag E	7 38 ect Trap	39 Injury	40 Transp.			1
	Name (Last First Middle)  Onergator (Non Motorist	Address See A hove	<u></u> .	DOB/Age	Sex Pos.	System 1	Status C	ode Code	1	Code 1	Medi	al Facility	
	Operator/Non-Motorist	See Above			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1		- °-	1-0	-			1
						_							1

	Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestr	ian 🕳 =	Bicycle	
Crash Diagram:	ie: 👈 🔟		_	₽Ŝ	→ ॐ		
	Richm	ond Street				If Crash <u>Did No</u> on a Public Wa	y:
						Off-Street Parking	Lot
	<u> </u>	<b>-</b> 8			oddawdaydari aalaan kubuuda caaagaga	Garage	
Main Street		A Second				Mail/Shopping Cer	ter
⇒ (010)		02U/ 0100	[2]	<b>)</b>		Other Private Way	
						Indicate North b	y Arrow
	Rite Aid F	Parking Lot		(	<b>3</b> >	$\bigcirc$	
Crash Narrative:							
MV 1 was driving north on							
turn left into the Rite Ai				<del></del>			
1 stated they spoke to a w		saw the cra	sh. The inf	Cormation	they pro	vided me was a	
first name of Steven, phor	ne number						
		**************************************					<del></del>
-							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:				· · · · · · · · · · · · · · · · · · ·		· , , · · · · · · · · · · · · · · · · ·	
	ldress		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		<del></del>	
Carrier Name						Bus Use	42
Address			City		S	Zip	
US DOT #:State	e Number		Icening State	MC/MX/	ICC #:		
43	44	1	45	1,10,11170			
Interstate Cargo Body Type C	13.4.74411	GVWR/GCWR			T S	<b>46</b>	1
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length		
Hazmat Information:	48					_	49
Placard Material 1 digit #	Material Nam	e		Material 4 dig	it #	Release code	
	inner					epartment 07	/04/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date

	Po	lice Use Only		Co	mmonv	vealth -	of Mass	ach	us	etts	<b>.</b>		4.55	RM	V Doc	ument l		
	Date of Crash	Time of Crash	i	City/Town	Mot	tor Veh	icle Cra	ish		umber ehicles			٠.	Limit	2!	Loca	e Police	
	07/04/2021	1914 24HR	W1.IM	ington		Police :	Report		2		0		Latitu Longi				pus Police 🔲	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO'	ΓΑΊ			SEC	TION		1
																		<b>2</b> 10
	Route# Dire	ection		Name of Roady	vav/Street		Route# Direc	ction	35 Add	ress#	L	AWR		CE		vay/Stree	ef	
<sup>1</sup> 1	Troute But			At												· uj/Suc		1
	<b> </b>						Feet	NS	EW	of	 Mi	 ile Ma	— • ırker	• —	or _	Exi	t Number	L
	Route# Dire	ection		of Intersecting	Roadway/Street		Feet	NS	ЕW	of								3 11
								N S		•	Route	e#		Interse	ecting 1	Roadwa	y/Street	<b></b>
<sup>2</sup> 2	Route# Dire	ction	Name	of Intersecting	Roadway/Street		1001	نشلت	1-1	J 01				Ιa	ndmar	ı.		
	Please Select		.11 #	#Occupants	L11:4/D	☐ Moped	Crash l	D	ID#	21	1	7	<u> </u>					1
3	of the Followi	mg.	· 1		HillKun													1
	I	9668585		_ DOB/Age_	20	Reg	# <u>87CZ13</u>				Re	g Type	PC	! ?	R	leg State	MA 21	<b>1</b> 12
	Sex <b>F</b> Lic.	Class D	Lic. Re	strictions 1	CDL	Veh	Year <u>2008</u>	······ '	Veh M	ake <u>T</u>	OYO	TA	·		Veh	ı Config.	1 2	<u> </u>
	Operator <b>RI</b>	DEOUT, F	NNA F	M First	Middle		er RIDEOU	JT ,	KE	NNE	TH Fi	R			M	liddle		
<sup>4</sup> 1	Address <u>202</u>	SALEM :	ST			Addr	ess <u>202 Si</u>	ALE	M S	T								
	City WILM:	INGTON	State <b>1</b>	MA Zip 01	887-1122	2 City	WILMING	TON	Ţ								7-1122	
	Insurance Comp	pany LIBERI	'Y MU	TUAL II	SURANC	<b>E</b> _ Vehic	le Action Prior to	o Crash	1	1	22				Code:	F	27 27	
5	Vehicle Travel I	Direction: S	EW	Responding to	Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stat			1 28		
	Citation # (If Iss	sued)				Most	Harmful Event	1	24			•	pe of '	1est: st Resi	ıltı	30		
	Viol. 1: Ch/Sec/	/Sub	Vic	ol. 2: Ch/Sec/Su	b	Drive	er Contributing Co	ode	1	25	25			cohol:		Susp.	Drug: 2 32	1 13
6	Viol, 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Su	b	Drive	r Distracted by	0	26			То	wed fi	rom sc	ene?	2 33		
<sup>6</sup> 2			for operato	r and all occupa				T	34 Sent	35 Safety	36 Airbag	37 Eject Code	38 Trap	39 Injury	40 Transp.			1
	Name (Last First N  Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Stotus 4	Code	Code 0	Status 10	Code 1	Me	edical Facility	
	Operati				- See Above			high  angle	1	<u> </u>	-		-	-	ļ			
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<sup>7</sup> 1	Please Select ( of the Followi		2 <b>1</b> _#	Occupants	Non-Motorist	A Type	15 Action	16 I	Locatio	on	17	Conditi	ion	18		Hit/Run	Moped	
1		6694094	g. <b>M7</b>	DOB/Age			3JPX99				<u> </u>	т	PC		L	eg State	M70	1
		19 1	9	1 1111	20		ear 2009		V-1 3.4	. 57							21	
	Sex M Lic.	T		trictions 1	CDL Endorsement	t	er WELCH,					<b>.</b>			ven	Config.		
<sup>8</sup> 1	· .	LCH, ROE Last AMLIN LI	F	irst	Middle		es 7 HAMI	Last			Fi	rsi			Mi	iddle		
	City WILM			//Δ γ: <sub>-</sub> 01	887-1904		WILMING					Ctot	MZ	Δ -2	O	1 2 2 7	-1904	14
	-	any THE CO		-		-	le Action Prior to		I	6	22				Code:		27 27	
	·	,					1.7		23	23	23		st Stat			1 28		
	Vehicle Travel D	LL		Responding to	Emergency? 2		Sequence 1		24			Ty	pe of 7	Test:		29		
2	,	ued)					Harmful Event	1 1da		25	25			st Resu		1 30		
		Sub					r Contributing Co		26		· ]			cohol:		Susp. 1	Drug: 2 32	
	Viol. 3: Ch/Sec/S	Subease fill out for ope		ol. 4: Ch/Sec/Sul			Distracted by	0	34	35	36	37	38	39	40	2 "		ļ
	Name (Last First M	fiddle)		T T T T T T T T T T T T T T T T T T T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility	
	Operate	or/Non-Mo	torist		See Above		$\geq$	X	1	1	4	0	0	10	1			



Patrol Officer Meghan Sousa

## Wilmington Police Department Images Associated with 21-170-AC

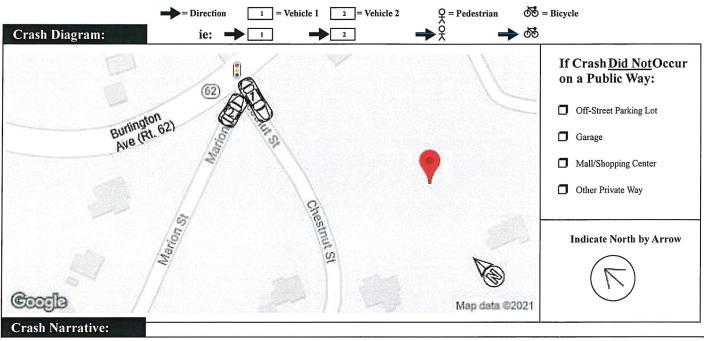








	Police Use Only	Commo	nwealth (	of Massac	chuse	tts		RMV	Docume	ent Number	
	1 1 1	City/Town M	Iotor Veh	icle Cras	h Nu	mber Num	open	d Limit_	25	State Police Local Police MBTA Police Campus Police	
	07/05/2021   <b>1702</b>   <b>Wilm</b> :	ington	Police 1	Report	2	o light	Lann	ıde itude		MBTA Police Campus Police Other:	
	AT INTERSECTION	N:	< LOCA			NOT	'AT IN		ECTI		1
											2 10
	CHESTNUT				····	<del>, , , , , , , , , , , , , , , , , , , </del>					
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direction	n Addre	ess#	Na	ame of R	oadway/	/Street	-
Τ.	MARION S			Feet N	S E W	of — —	(	•	ог		
		of Intersecting Roadway/St	reet				e Marker			Exit Number	3 11
		Also at Intersection with		Feet N	SEW	of	<del>_</del>	Intersect	ting Roa	dway/Street	
2	Route# Direction Name	of Intersecting Roadway/St	reet	Feet N	SEW	of					
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/50	1001			***************************************		Land	lmark		1
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash Rep	ort ID# 2	21-1	71-	AC			
5				. 1 3/3/10/50			- DC	,		- W3	_
	License i S	DOB/Ag		1YNT58						21	<b>1</b> 12
	Sex Lic. Class D Lic. Res	trictions I CDL_ Endorse	ement	<sub>/ear</sub> <u>2021</u>						onfig. 1	
1	Operato Last		Own	er <u>SPIZUOC</u> Last	O, JC	OHN MI	CHAE:	L JR	Middle		
<sup>4</sup> 3	Addres:		Addr	ess 41 TOWE	PATH	DR					
	City_ State.	Zip.	City	WILMINGT	NC		State M	<b>A</b> Zip	018	87-3917	
	Insurance Company ALLSTATE IN	ISURANCE COM	PAN Vehic	le Action Prior to Cr	rash	1 22	Damage	ed Area C	ode: 3	27 27 27	
	Vehicle Travel Direction: N X E W	Responding to Emergency	? <u>2</u> Even	Sequence 23	23	23 23	Test Sta	tus:	1_	28	
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event 1	24		Type of		- ⊢	29	
	Viol. 1: Ch/Sec/Sub — Vio	1. 2: Ch/Saa/Sub		☐ r Contributing Code	1	25 25		st Result		30	1 13
				r Distracted by				lcohol: 2	_	usp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub Vio	and all occupants involved		1 Distracted by	34	35 36	37 38		1e? 2		-
	Name (Last First Middle)	Addres		DOB/Age S	Seat	Safety Airbag	Eject Trap Code Code	Injury Ti	ransp. Code	Medical Facility	
	Operator	See Abo	ove	>>>	1	1 4 0	0	10 1			
								+	-		_
								-			-
											4
<sup>7</sup> 2	Please Select One of the Following:	Occupants Non-Moto	orist A Type	15 Action 1	6 Location	17 C	ondition	18	Hit/	Run Moped	
2	<u> </u>	DOD!		2 TVm/1			- PC		D 6		1
	19 19	_ DOB/Age		3JYT41		_	Туре <u>РС</u>			State MA 21	
		trictions 1 CDL Endorse	ment	ear 2017					Veh Co	nfig.	
<sup>8</sup> 1	Operator HATZADOURIAN , Fi	TALENE MARIA rst Middl	le	er <b>HATZADO</b> Last		Firs		MARI	AM Middle		
<u> </u>	Address 59 MARION ST			ess 59 MARI	ON S'	T					_ 14
	City WILMINGTON State N	IA Zip 01887-3	172 City	WILMINGTO	МС				F	87-3172	1
	Insurance Company METROPOLITA	N PROPERTY	AND Vehic	le Action Prior to Cr	ash	L 22		d Area C	- L	27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency	2 Event	Sequence 23	23	23 23	Test Star		<u> </u>	28	
9	Citation # (If Issued) 060413AB		Most	Harmful Event 1	. 24		Type of	1est: st Result:		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub <u>89 9</u> Vio	1. 2: Ch/Sec/Sub	Drive	r Contributing Code	3	25 25		cohol: 2	·	usp. Drug: 2 32	
		l. 4: Ch/Sec/Sub		r Distracted by	26			rom scen		33	
	Please fill out for operator/non-n				34	35 36 Safety Airbog	37   38	39	40		1
	Name (Last First Middle)	Address		DOB/Age S	Sex Pos.	System Status	Eject Trap Code Code	Status C	ransp. Code	Medical Facility	-
	Operator/Non-Motorist	See Abo	ove		$\langle 1  $	1 4 0	0	10 1			
											1
					$\dashv \dashv$						1
		I		1	1		1		ı		I



Operator of vehicle two stated that she was waiting at the red light to turn onto
Burlington Ave from marion Street. She stated that the light wasnt changing and so she
began to inch forward into the southbound travel lane of Chestnut Street. Vehicle one was
traveling east on Burlington Ave and took the right onto Chestnut Street. As vehicle one
was traveling south on Chestnut Street, Vehicle two began to move forward and made contact
with the right side of vehicle 1. Vehicle 1 sustained damage to the left rear door and
left read rim. Vehicle one sustained damage to the center front bumper. No airbag
deployment or injuries. Both vehicles were driven from the scene and the operator of
Vehicle 2 was issued a citation for red light violation.

Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
			***************************************				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged F	Property	
Truck and Bus Information:	Registration #		(2.011. 1011	icle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:S	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length		
Hazmat Information:	49					2.000	49
Placard Material 1 digit #	Material Name	·		_Material 4 digi	t#R	elease code	77

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

07/05/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

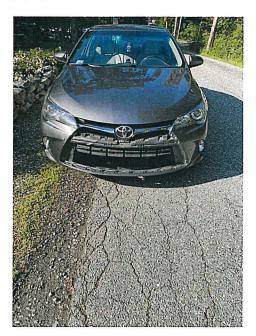
Department

Precinct/Barracks

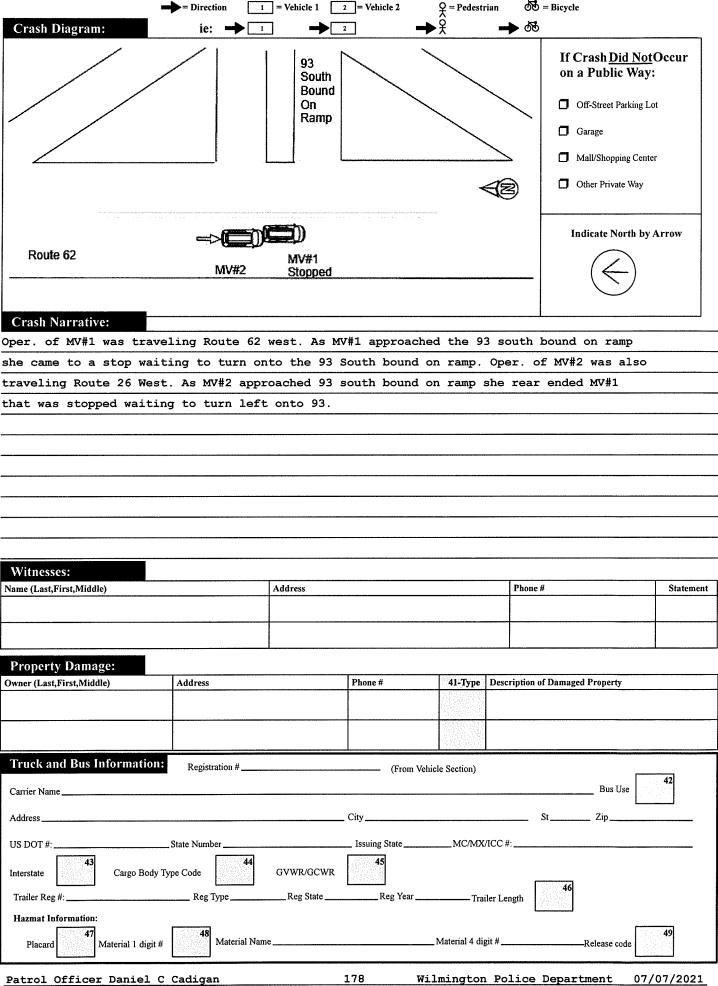
Date

# Wilmington Police Department Images Associated with 21-171-AC





	Police Use Only	Common	nwealth	of Massac	husett	S	RM	IV Docun	ment Number	
	1 1		otor Veh	icle Crasl	Number Vehicle		Speed Limi	t <u>35</u>	State Police Local Police MBTA Police Campus Police	1
	07/07/2021   <b>0839</b>   <b>Wilm</b> :	ington	Police 1	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:				NOT A	T INTER			1
										2 10
	ROUTE 62									_
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street  At		Route# Direction	Address #	!	Name o	f Roadwa	y/Street	_
т	I93NBR40			Feet N	S E W of			- or		
		of Intersecting Roadway/Str	eet	,		Mile M	arker		Exit Number	2 11
		Also at Intersection with			S E W of	Route#	Inters	secting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Str	eet	Feet N	S E W of			Ü	·	
1	redicti Direction 11ane	or microscolling readway, but					L	andmark		4
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Repo	ort ID# <b>2</b> ]	L-17	2-A	3		
		DOB/Age		929XX1		Dec Tee	. PC	Dag	- Ctata ΜΆ	┫
	10 10	20	_						21	1 12
	Sex_E Lic. Class D Lic. Res	etrictions CDLEndorsei	ment	Year 2012				Veh C	Config.	H
4 .	Operator BURKE, LISA MA	RIE irst Middle	e	er BURKE , Last		First		Midd	ile	
<sup>4</sup> 1	Address 42 PROSPECT ST			ess 42 PROS						
	City N ANDOVER State 1	MA Zip 01845-17	719 City	N ANDOVER	<u> </u>				845-1719	
	Insurance Company THE COMMERO	CE INSURANCE	CO Vehic	cle Action Prior to Cra	ash 2		Damaged Are	a Code: 5		
•	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Even	t Sequence 23	23 23	23	est Status:	-	28	
<b>5</b> 2	Citation # (If Issued)		Most	Harmful Event 1	24		Type of Test: BAC Test Res	<u> </u>	30	
	Viol. 1: Ch/Sec/Sub — Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcohol		Susp. Drug: 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub Vio			er Distracted by	26		owed from s		33	
<sup>6</sup> 1		r and all occupants involved			34 35		38 39	40		4
	Name (Last First Middle)	Address		DOB/Age S	ex Pos. Syste		Code Statu	Code	Medical Facility whey Clinic	4
	Operator	See Abo	ve	$\nearrow \nearrow$	1 1	4 0	0 9	2		
										1
										-
				15 16	1 1	17	18	1		4
<sup>7</sup> 1	Please Select One of the Following:	Occupants Non-Motor	rist A Type	Action 16	Location	Cond	ition	Н 🔲 н	it/Run Moped	
_	License # <b>S28150023</b> St <b>MA</b>	DOB/Age	Regi	1KRG24		Reg Typ	e PC	Reg	g State MA	1
		20		Year 2016					21	
	Operator SILVA, CAMILA	Endorser	ment	er SILVA, (		_			s	
³ <sub>1</sub>	Address 13 KENWOOD RD	irst Middle	•	ess 13 KENW		First		Midd	lle	
		<u>/A</u> Zip 02149-30		EVERETT	OUD IN		M2		149-3014	14
	•	-			. [_		ate <b>FIFS</b> Damaged Are	_		
	Insurance Company GOVERNMENT		_	cle Action Prior to Cra	ash 1 23 23		est Status:	1 Code. 1	28	
	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Even	t Sequence 1		23	ype of Test:	-	29	
2	Citation # (If Issued)		Most	Harmful Event 1			AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub — Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 25	S	usp. Alcohol	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol.	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 26	Т	owed from s	cene? 1	. 33	_
	Please fill out for operator/non-r	•		DOB/Age So	34 35 Seat Safe ex Pos. Syste	y Airbag Eject			Medical Facility	1
	Name (Last First Middle)  Operator/Non-Motorist	Address See Abo		LOBINGE S	Pos. Syste	m Status Code	Code Statu	1	ivieuscai racility	1
	Operator/Avoit-motorist	See Add	••	$+ \vee$	\ <u>-</u>		<del> </del>	-		-
								1 1		4
										_



Patrol Officer Daniel C Cadigan

07/07/2021

Police Officer Name (Please Print)

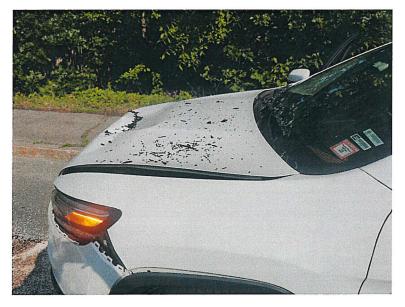
ID/Badge #

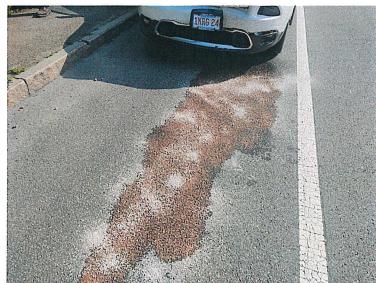
Department Precinct/Barracks

# Wilmington Police Department Images Associated with 21-172-AC













#### Wilmington Police Department Images Associated with 21-172-AC











# Wilmington Police Department Images Associated with 21-172-AC





	Police Use Only	Commo	nwealth	of Massa	chu	setts	\$	27.5	RM	V Doci	ument Number	
	Date of Crash   Time of Crash   07/07/2021   1334   Wilm	City/Town Nington	Iotor Veh		sh [	Number Vehicles			d Limit	30	State Police Local Police MBTA Police Campus Police	
	24HR	iring con	Police 1	Report		2	0		itude		Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >	>		NOT	AT IN	TER	SEC	TION:	10
					1	.8	ET.I	EANO	ם פ	D.		2 10
ſī	Route# Direction	Name of Roadway/Street		Route# Directi		ddress #					vay/Street	
1		At		Feet	N S E	w of		•	• —	or _		_
	Route# Direction Nam	e of Intersecting Roadway/S	treet				Mile	Marker			Exit Number	5 11
		Also at Intersection with		_	N S E		Route#		Interse	ecting I	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nam	e of Intersecting Roadway/S	treet	Feet	N S E	W of						_
	Please Select One Nation 1	#0				01	۹ ۱	70		ndmarl	<u>k</u>	┪
3	of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport ID	# 2 1		/3-	AC			4
	[ 40] 40	DOB/Ag	-	<u> M92880</u>							2.1	<b>1</b> 12
	<u> </u>	estrictions 1 CDL_ Endors	ement	Year <b>2015</b>							Config. 1	
<sup>4</sup> 1	Operator LAM, HAI	First Mid	dle		ast		VN O	F TO	WN		I. iddle	-
1	Addres			ess 121 GL							1005 0500	-
	City State	, Zip	-	WILMINGT			22	State Manage			1887-3500 27 27 27 27	•
	Insurance Company SELF INSU			ele Action Prior to 0	Crash 3 23	11 23	23	Test Sta		Coue.	28	
5	Vehicle Travel Direction: SEW	Responding to Emergency		Sequence 1				Type of	Test:		29	
	Citation # (If Issued)				<b>-</b>	<u> </u>	25	BAC Te			1 30	13
	Viol. 1: Ch/Sec/Sub — V			er Contributing Cod er Distracted by	0 2	_الــــــــــــــــــــــــــــــــــــ		Susp. Al	,		12	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub V  Please fill out for operat	or and all occupants involve		Distracted by	<u> </u>	34 35		37 38	39	40	2 33	-
	Name (Last First Middle)	Addre	ess	DOB/Age	Sex P	eat Safety os. System	Status C	ject Trap ode Code	1	Transp. Code	Medical Facility	4
	Operator	See Ab	ove		X	99	4 0	0	10	1		4
									<u> </u>			_
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-Mot	orist A Type	15 Action	16 Loc	ation	17 Co	ndition	18		Hit/Run Moped	
т_		DOB/Ags	Reg #	₹ <b>V78882</b>			Reg T	ype CO	<u></u> )	Re	eg State <b>MA</b>	1
	19 19	estrictions 1 20 CDL_		ear 2016		Make <b>M</b>	_				21	
	Operator SEPULVEDA, KEN	INY E	Own	er CASELLA V	WASTE	MANA	GEMEN	T OF	MAS	SACH	USETTS INC	
<sup>8</sup> 1	Address 24 MAGNOLIA AV	First Mide		ess <b>295 FO</b>	RES!	r st	First			Mi	iddle	<u> </u>
	City <b>LYNN</b> State	MA Zip 01904-1	<b>924</b> City_	PEABODY				State <b>M</b>	A z	ip <b>01</b>	1960-3801	1 14
	Insurance Company OLD REPUBL	IC INSURANCE	CO Vehic	le Action Prior to C	Crash	1	22	Damage		Code:		
	Vehicle Travel Direction: NEW	Responding to Emergency	? <u>2</u> Event	Sequence 2	3 23	23	23	Test Stat			28 29	
<sup>9</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	1 2	4		BAC Te		ılt:	1 30	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		9 25	25	Susp. Al	lcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub	Drive	т Distracted by	0 20	<u> </u>		Towed f			2 33	_
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants in		DOB/Age	S	34 35 eat Safety os. System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Ab	ove		$X_1$	1 1	4 0	0	10	1		
												1
												1
						+						7
				1 1	- 1	1	1 1		1	i !		

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestr	ian 🚳 =	Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b> □	2	<b>→</b> 윘	→ №		
	Vehicle not invo	olved 1	Elean	or Drive		If Crash Did N on a Public Wa  Off-Street Parking Garage Mall/Shopping Ce Other Private Way	Lot
. '		<b>A</b>			$\Delta$	Indicate North l	oy Arrow
						$\bigcirc$	
Crash Narrative: MV 1 was parked on E	leaner Drive The	aro was a di	ifforent vo	hiole parl	red on on	nosite side o	F
street, not involved							
2's left rear foot a							
tow.							
Witnesses:		T					
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Informati	Registration #		(From \	Vehicle Section)		Γ	42
Carrier Name						Bus Use	
Address			_ City		Si	Zip	
US DOT #:	State Number		Issuing State	MC/MX	TCC #:		
43 Corro P.	du Timo Codo	GVWR/GCWR	45				
<u>[</u>	ody Type Code				7135 7135 7135	46	
<del>-</del>	Reg Type	Reg State	Keg Year_	Trai	ler Length		
Hazmat Information: 47	48				5.41	Γ	49
Placard Material 1 di	git # Material Nar	me		Material 4 dig	nt #	Release code	*****
Patrol Officer Keyin	T Chinnen		200	Wilmington	Police F	epartment 0	7/07/2021

### Wilmington Police Department Images Associated with 21-173-AC













## Wilmington Police Department Images Associated with 21-173-AC





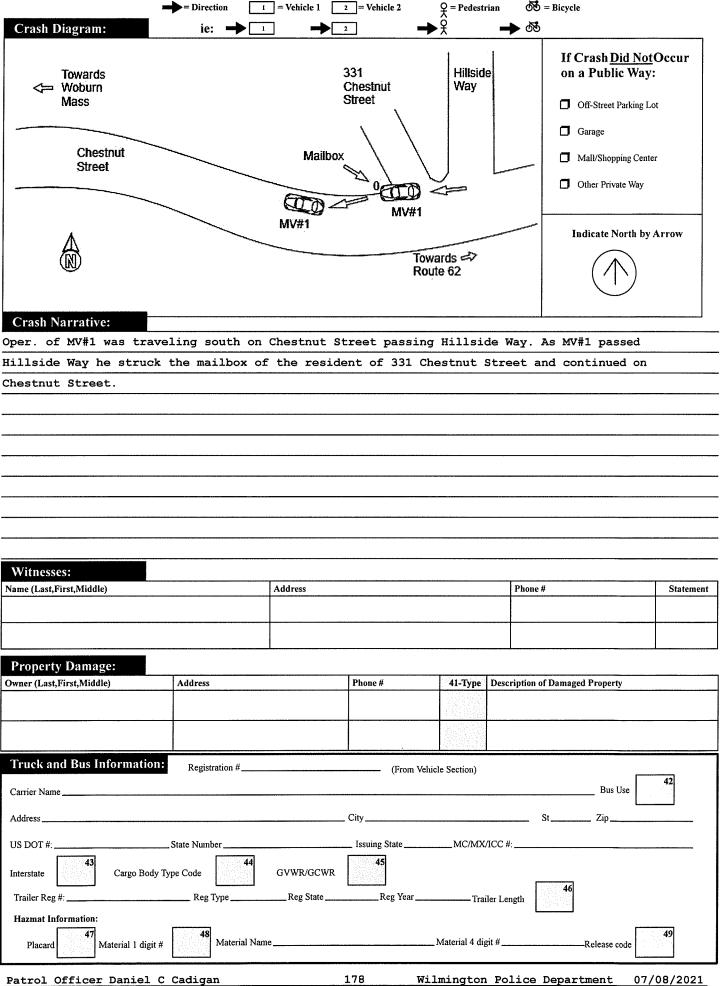








	Police Use Only	Comm	onwealth (	of Massacl	husetts	;	RM	V Documer		
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicles		Speed Limit	I	State Police Local Police MBTA Police Campus Police	
	07/08/2021   1555   Wiln 24HR	nington	Police 1	Report	1	O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	<u> </u>			INTER	<u></u>		
										10
					331	CHES	TNUT			_2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #		Name of	Roadway/S	Street	_
<u> </u>		711	!	Feet N 5	S E W of			or		-
	Route# Direction Nam	e of Intersecting Roadwa	y/Street			Mile Ma	arker	I	Exit Number	1 11
		Also at Intersection with	h	Feet N S		Route#	Inters	ecting Road	way/Street	
<sup>2</sup> 2	Route# Direction Nam	e of Intersecting Roadway	y/Street	Feet N	S E W of					
2							La	mdmark		4
3	Please Select One of the Following:  Vehicle 11	#Occupants Hit/Ri	un Moped	Crash Repo	rt ID# <b>21</b>	-17	4-AC	;		
	License # <b>S85171256</b> St <b>M</b>	A DOB/Age	Regi	#86K730		Reg Typ	e PC	Reg St	ate <b>MA</b>	
	19 19	estrictions 20 CDI		Year 2012					21	7 12
		End End	orcement	er SANCHEZ,					ing.	
<sup>4</sup> 1	Operator SANCHEZ, GUIL	First		Last		First	KAFAE	Middle		1
<u> </u>	Address 154 ALDRICH RD			ess 154 ALDE						•
	City <b>WILMINGTON</b> State			WILMINGTO					87-2277 27 27 27	.
	Insurance Company GOVERNMENT	' EMPLOYEES		le Action Prior to Cras			amaged Area		27 27 27 28	
5 _	Vehicle Travel Direction: N E W	Responding to Emerge	ncy? 2 Even	Sequence 31 23	23 23	23	ype of Test:		29	
<sup>5</sup> 2	Citation # (If Issued) 063949AB	_	Most	Harmful Event 31	L <sup>24</sup>		AC Test Resi	<u> </u>	30	
	Viol. 1: Ch/Sec/Sub 90 24 V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	99 <sup>25</sup>	<b>25</b> Si	usp. Alcohol:	31 Su:	sp. Drug: 32	10 <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 <sup>26</sup>	To	owed from sc	ene? 2	33	$\Box$
<sup>6</sup> 1		or and all occupants invo	lved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
	Name (Last First Middle)		ddress	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 99	Medical Facility	
	Operator	See	Above		1 33	99 99	33 33	99		_
	Please Select One Value 2	#Occupants Non-N		15 16		17	. 18			_
<sup>7</sup> 1	of the Following:	#Occupants Non-N	1otorist A Type	Action	Location	Condi	lion	HIT/R	Run Moped	
		DOB/Age	Reg #			Reg Type	·	Reg Sta		
	Sex Lic. Class 19 19 Lic. Re	estrictions 20 CDI	Veh Y	/ear	Veh Make			Veh Cont	fig. 21	
	Operator			erlast		First		Middle		
°1	Address	riist		ESS		rirsi		Middle		
	CityState	Zip	City_			Sta	te 2	Zip		. 14
	Insurance Company		Vehic	le Action Prior to Cras	sh	22 D	amaged Area	Code: 2	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerger	ncy? Event	Sequence 23	23 23	23 Te	est Status:		28	
	Citation # (If Issued)	. •	Most	Harmful Event	24	·	pe of Test:		29	
2	, ,			r Contributing Code	25	25	AC Test Resu		30	
	Viol. 1: Ch/Sec/Sub V			r Distracted by	26		sp. Alcohol: owed from sc	<u></u>	sp. Drug: 32	
ļ	Viol. 3: Ch/Sec/Sub V  Please fill out for operator/non-			. Distracted by	34 35	36 37	38 39	40		4
	Please fill out for operator/non- Name (Last First Middle)	<del>-</del>	ddress	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator/Non-Motorist	See	Above	$\nearrow$	1					
										1
										-
Ì					1 1					



Police Officer Name (Please Print)

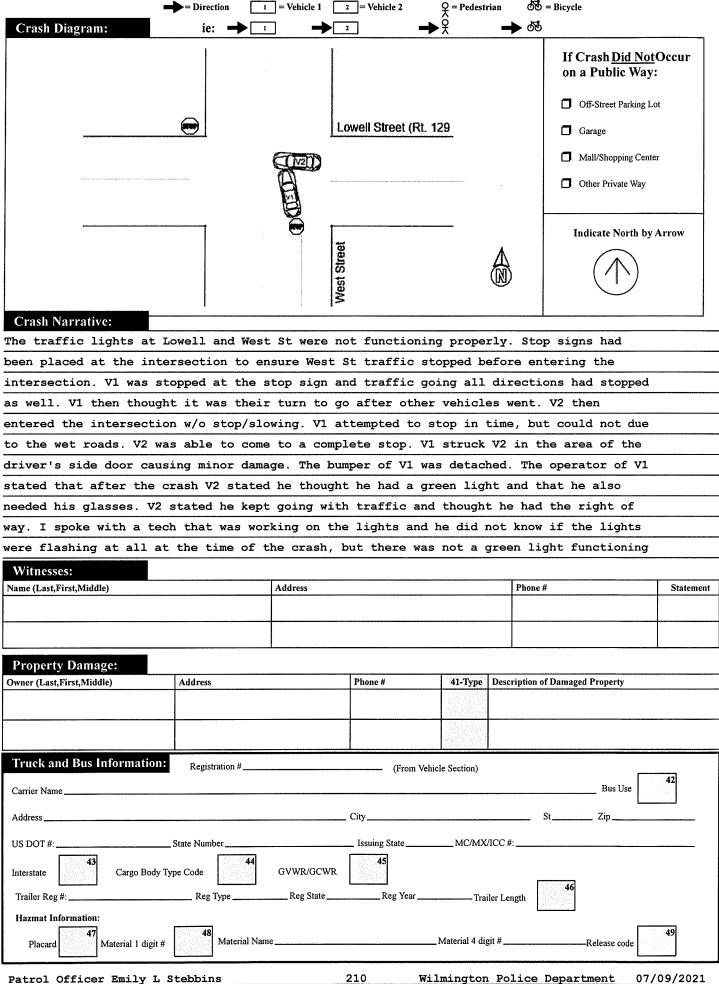
Signature

ID/Badge #

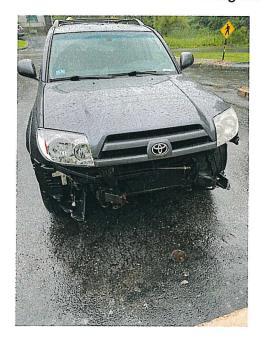
Department Precinct/Barracks

Date

	Pol	ice Use Only		C	Common	wealth	of Mass	ach	use	tts			RM	V Doc	ument N		
	Date of Crash	Time of Crash		City/Town	Me	otor Vel	icle Cra	sh		mber	Number		d Limit	3(	Local	Police 🖸	1
	07/09/2021	1331   24HR	Wilm	ingto	n.	Police	Report		2 ven		Injured  O	Latitu	ide itude _			A Police	
		AT INTERS	ECTIO	)N:	<			>			NOT A			SEC			1
			LOIN	<i>-</i> 111		500.									110111	•	10
									316	<u> </u>	LOW						2
<sup>1</sup> 1	Route# Direc	ction			adway/Street At		Route# Direc	tion	Addre	ss #		N:	ame of	Roadv	vay/Street	t	-
_				•			Feet	N S	EW.	of -				or _			
	Route# Direc	ction	Name	of Intersecti	ng Roadway/Stre	et		[T			Mile M	arker			Exit	Number	3 11
				Also at Inter	section with				E W	1	Route#		Inters	ecting l	Roadway	/Street	
<sup>2</sup> <b>2</b>	Route# Direc	etion	Name	of Intersecti	ng Roadway/Stre	et	Feet	N S	E W	of							
														ndmar	k		
<sup>3</sup> 3	Please Select C of the Followin		1	Occupants	Hit/Run	Moped	Crash F	Report	ID# 2	21-	-17	5-	AC				
3	License # SA	1750417	St MA	DOB/Age	e_:	Reg	# 2AGV67				Reg Tvi	e PC	,	R	eg State	MA	
	Sex <b>F</b> Lic. 0		9	strictions 1	20 CDL		Year <b>2005</b>									21	1 12
		USIA, ME	J		- Endorson	ant	er AFUSIA								Comig.		
<sup>4</sup> 3		Last AMES HI			Middle		ess 224 AN	Last			First		<del></del>	М	iddle		
		BURY			1876-11		TEWKSBU		****			M	Δ -	.:- Ο·	1976	-1150	
		any GOVERN							Γ.	2		ate <b>171</b> Damage				27 27	
		·					cle Action Prior to			L		est Sta		. Code,	1 28		
<sup>5</sup> 2		Direction: S			g to Emergency?	2 Ever	t Sequence 1		1_	23	23	ype of			29		
	Citation # (If Iss	ued)				Mos	Harmful Event	1	24			BAC Te	st Resi	ılt:	30		13
	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec	/Sub	Driv	er Contributing Co	ode	<u> </u>	25	25	usp. Al	lcohol:	2 <sup>31</sup>		Orug: 2 32	1 '3
<sup>6</sup> 2	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec	/Sub	Driv	er Distracted by	0	26		7	owed f	rom sc	ene?	2 33		
2	Name (Last First M		or operato	r and all occ	upants involved		DOB/Age	Sex		Safety A	36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility	
	Operato				See Abov	e		V		1 4		0	10	1			
	- F											+	+				1
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			,														
7	Please Select C		2 <b>1</b> #	Occupants	Non-Motori	ist A Type	15 Action	<b>16</b> L	ocation.		17 Cond	ition	18		Hit/Run	☐ Moped	]
<sup>7</sup> 2	of the Followir	g.					F00044										-
	License # S32	19 19	1	DOB/Age	20	_	# <u>5SC844</u>				Reg Typ				_	21	
	Sex M Lic. C	Class	J	trictions 1	CDL Endorsem	ent	Year <b>2017</b>				ier-iic	) C 11	stec	L Veh	Config.		İ
<sup>8</sup> 1		JSTO, JO	F	irst	Middle		er <b>GIUSTO</b>	Last			First			Mi	ddle		
		UGUSTUS					ess 7 AUGU		JS (	CT	APT						. 14
	City <b>READ I</b>			-	1867-40		READING										1114
	Insurance Compa	any THE CO	MMERO	CE INS	URANCE	CO Vehic	cle Action Prior to	Crash	1		J			Code:	3 27 28	27 27	
	Vehicle Travel D	irection: NS	E	Responding	to Emergency?	2 Even	t Sequence 1	23	23 2	23	-	est Stat			29		
<sup>9</sup> 2	Citation # (If Issu	ued)				Most	Hannful Event	1	24			AC Te		ılt:	30		
2	Viol. 1: Ch/Sec/S	Sub	Vio	ol, 2: Ch/Sec/	/Sub	Drive	er Contributing Co	de	97 <sup>2</sup>	5	25	usp. Al			Susp. D	orug: 2 32	
	Viol. 3: Ch/Sec/S	Sub	Vic	ol, 4: Ch/Sec/	/Sub	Drive	er Distracted by	0	26			owed f	,		2 33		
i		ase fill out for oper	ator/non-r	notorist and	•	olved				Safety A	36 37 cirbag Eject	38 Trap	39 Injury	40 Transp.			, 
ļ	Name (Last First Mi		torics		Address See Above		DOB/Age	Sex	Pos. S	System S	Status Code	Code	Status	Code	Med	ical Facility	
	Operato	or/Non-Mot	orist		See Above	<b>C</b>		M	1 -	-  4		<del> </del>	1.0	1			
													<u> </u>				
•																	



## Wilmington Police Department Images Associated with 21-175-AC





	Pol	ice Use Only		(	Comm	ionv	vealth	of M	[ass:	ach	us	etts	;			RM	V Doc	ument N			
	Date of Crash	Time of Crash	1	City/Town		Mot	tor Vel	icle	Cra	sh		umber chicles			•	Limit	10	Loca	Police I Police	0800	
	07/09/2021	1738 24HR	Wı⊥m	ingto	n		Police	Rep	ort		1	,,,,,,,	1	- 1	Latitu Longi				TA Police pus Police r:	ᆸ	
		AT INTERS	SECTION	ON:		<	LOCA	TION		>	<u> </u>		NO				SEC	TION			
																				2	10
	Route# Direc	-41		NCD-	/C4	4		Route#	Direc		26	ess#	<u>M</u> 7	IN			'D J	/ay/Stree		F	
<sup>1</sup> 1	Route# Dilec	CHOIL		Name of Ro	At		· , · · · ·	Kouten	Direc	HOII	Aud	. 688 #			INA	ine or	Noauw	/ay/Sirec	;t	-	
									Feet	N S	EW	of		le Ma	•		or _	Evit	Number	- L	
	Route# Direc	ction	Name	e of Intersect					Feet	NIC	EW	1 .	1011	ie ivia	IKCI			EAR	Tunioci	<del> </del>  2	2 11
				Also at Inte	rsection wit	h							Route	<del></del>		Inters	ecting I	Roadway	//Street	-  -	
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name	e of Intersect	ing Roadwa	y/Street			Feet	N/S	EW	of								_	
	Please Select (	000 574						Т									ındmarl	K		$\dashv$	
3	of the Followi		: 1 <u>1</u>	#Occupants	Hit/R	un	Moped		Crash F	Report	ID#	21	-1	. 7 (	<b>5</b> –	AC	;				
	License # S2	3824928	St <b>M</b> /	DOB/Ag	e		Reg	# <u>23N</u>	J41				Re	з Туре	PC		R	eg State		╌	12
	Sex M Lic.	Class D	9 Lic. Re	strictions	20 CD	L	Veh	Year <u>20</u>	16		Veh M	ake C	HEV	7RO	LEI	<u> </u>	Veh	Config.	1 21	[7	1
	Operator <u><b>AM</b></u>	ODEO, AI	BERI	: G		lorsemen		er SUI	LIV	AN	, M	ARK	E							_	
<sup>4</sup> 1	l	Last MIDDLES	1	First		Middle	Add	ess 10	MII	Last ODL	ESE	x z		rst <b>Z</b>	APT	8	Mi	iddle		_	
		INGTON				-271	4 City	WILM	ING	TON	1			Stat	te <b>M</b> 7	<b>A</b> 2	Zip <b>0</b> :	1887	-2714	4	
		any THE CO						cle Action				10	22				Code:		27 2	- I	
		Direction: S		Respondin				t Sequenc		23	23	23	23	Те	st Stat	us:		28		<b>-</b>	
<sup>5</sup> 1		sued)			s to Emerge	y : <u></u>		: Harmful	<u> </u>	3	24			Ту	pe of	Test:		29			
		•			47.1			er Contrib			19	25 1	0 25			st Resi		30	<u> </u>	ᇽᅡ	13
		Sub							_		26		0	J	-	cohol:	L	Susp.	Drug: 32	2 3	
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub ————————————————————————————————————			**		Dnv	er Distrac	led by	0	34	35	36	37	wea 11	rom sc	ene?	1 33		_	
	Name (Last First M		tor operato	or and all occ	-	Address		DO	B/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status		М	edical Facility		
	Operate	or			See	Above			<	X	1	1	4	0	0	10	1				
									<del></del>	-										$\dashv$	
								15		12	<u> </u>		15		<u> </u>	10			T	_	
<sup>7</sup> 9	Please Select C of the Followin		2	#Occupants	Non-M	Aotorist .	A Type 1	15 Ac	ion 2	16	Locatio	<sup>on</sup> 5	1/	Conditi	ion 1	18	D	Hit/Run	□ Море	ed	
	License # S9	7088106	St _ <b>M</b> A	DOB/Ag	e			4					Reg	з Туре			R	eg State			
	Sex <b>F</b> Lic. (	19 1	Lic. Re	strictions	20 CDI	L	Veh	Year			Veh M	ake					Veh	Config.	21		
		RELLA, P		L				er											·	_	
<sup>8</sup> 2	· ·	ENSON RI	F	First	:	Middle		ess		Last			Fi	rst			Mi	ddle			
		SBURY		MZA Zin (	01876-	-4104								Stat	te	2	Lip			1	14
	Insurance Compa		5					le Action					22				Code:	27	27 27	_ 7	
	•	Direction: N S	EW	Responding	to Emerge	nev?		t Sequenc		23	23	23	23	Te	st Stat	us:		28		]	
		ued)		responding	to Emerge			Harmful	L		24			Ty	pe of	Test:		29			
<sup>9</sup> 2	·	ŕ		-						L		25	25			t Resi		30		,	
		Sub						er Contrib	-	,ae	26			•	•	cohol:	L	Susp.	Drug: 32	ן ני	
		Sub —————						r Distract	.cu by		34	35	36	37	wed fr	om sc	ene?	ــــــــــــــــــــــــــــــــــــــ		4	
	Ple Name (Last First M	ease fill out for ope	ator/non-l	motorist and		ddress	cu .	ро	B/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility	_	
	Operate	or/Non-Mo	torist		See	Above			<	X	1	0				8	1				
								T	*												
										1										_	
										<del> </del>							-			-	
										1											

	=]	Direction	1 = Vehicle 1	2 = Vehicle 2	Ç = Pedesti	rian ੴ	= Bicycle	
Crash Diagran	n:	ie: 👈	<b>→</b> [	2	<b>→</b> ĝ	→ №		
			1	parking lot 2	60 Main Street		If Crash <u>Did N</u> on a Public Wa	
				p			Off-Street Parking	Lot
							☐ Garage	
							_	ntor
							☐ Mall/Shopping Ce	
	A Control of the Cont	- [	<u> </u>	MARINE CONTROL	,		Other Private Way	
	₽		Î Î			-	Indicate North b	oy Arrow
			14.1		(	<b>2</b>		
					`			
		. [		· · · · · · · · · · · · · · · · · · ·				
Crash Narrativ	/e:							
The driver of	V1 stated the	at after d	Ironning of	f a narty	in the main	traval	ane of the	
market basket						-		
in his rear b								
knocking the							,	
The pedestria	······································			er grocer	y cart, but :	is not su	re if the	
vehicle hit h	er body. The	impact di	d knock he	r to the	ground. See	≥ 21-806-	-of	
						·		
Witnesses:								
Name (Last,First,Midd	le)		Address			Phone #		Statement
	- 10							
Property Dama	ge:							
Owner (Last,First,Mide		Iress		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus	nformation: P	Peristration #			V-1:1- 0-4:->			
Carrier Name	11	togistration #		(F	rom Vehicle Section)		Bus Use	42
Address				City		,	t Zip	
	a			·			•	
US DOT #:43	State	Number		Issuing Stat	eMC/MX	/ICC #:		
Interstate	Cargo Body Type Co	de	GVWR/GCWR					
Trailer Reg #:		Reg Type	Reg State	Reg '	/earTrai	ler Length	46	
Hazmat Information:	- 	40				<b>-</b>		40
	Material 1 digit #	Material Na	me		Material 4 dig	git #	Release code	49
D 1 0661	m Dwinn D Mhom			100	Tita Tamanan +	Balda- 1	)	7 /00 /2021

07/09/2021 Date

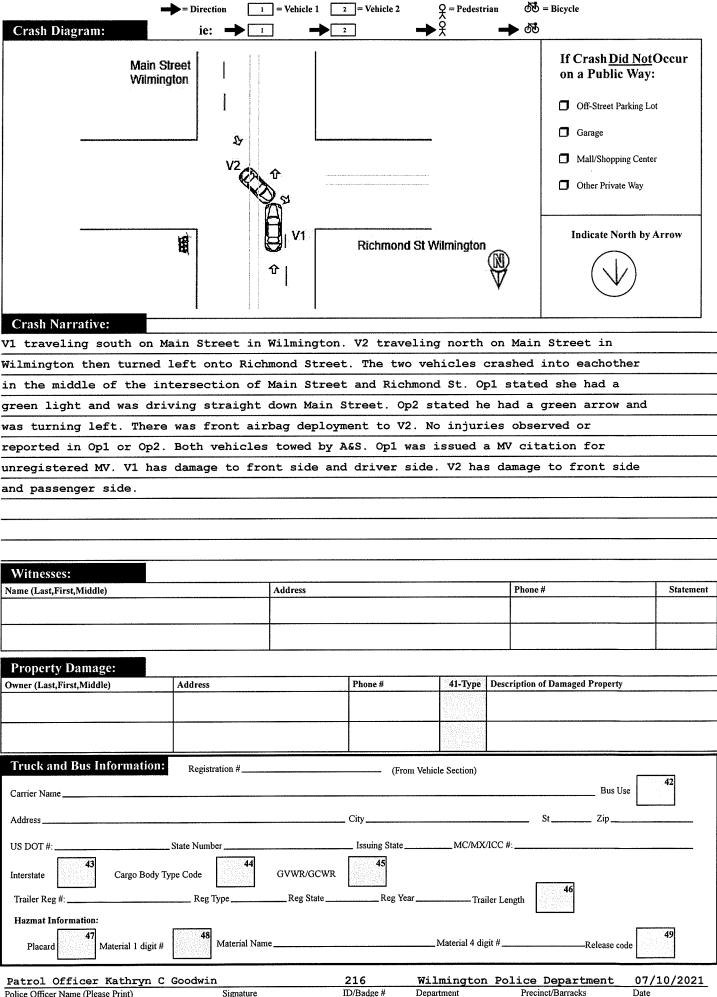
Patrol Officer Brian Police Officer Name (Please Print)

Signature

ID/Badge #

ice Departs
Precinct/Barracks Department

	Police Use Only	onwealth	alth of Massachusetts					RMV Document Number					
	Date of Crash   Time of Crash   07/10/2021   0019   Wilm	City/Town nington	Motor Veh	icle Cras	sh [	Numbe Vehicle		d lobe	ed Limi	t <u>35</u>	Local Polic	ce 🔯	
	24HR	iriigton	Police :	Report	- 1	2	0	Lati	tude gitude_		MBTA Pol Campus Pol Other:	olice	
	AT INTERSECTI	ON:	< LOCA	TION >			NOT	AT II	NTEF	RSEC'	TION:		]
	;				_								2 10
<u> </u>	Route# Direction	Name of Roadway/Stree	et e	Route# Direction		<b>95</b> idress #	MA	IN S		f Roadw	/ay/Street		
¹ <b>4</b>		At		_ 5	John								
	Route# Direction Name	e of Intersecting Roadway	v/Street	Feet N	AISIEI	w of	Mile	Marker	• —	or _	Exit Nun	nber	11
		Also at Intersection with		Feet N	SE	w of							3 ``
2				Feet N	SE	w of	Route#		Inters	ecting R	Roadway/Stre	et	
<sup>2</sup> 3	Route# Direction Name	e of Intersecting Roadway	//Street	Landmark							ζ		_
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash Re	port ID#	<i>2</i> 1	-1	77-	-A(	3			
	License # <b>S81482665</b> St <b>M7</b>	DOD(A		OT W796				. D	~		- 1/3		1
	19 19	20		# <u>9LW786</u> # 2014			_					21	<b>1</b> 12
	Operator SPIEGEL, KRYST		orsement	(ear 2014						Veh	Config.		
<sup>4</sup> 3	Address 119 VERNON ST	First N	Middle	er <u>SPIEGEI</u>	st		First	MAKI	. Ei	Mic	ddle		
		N/A = 01976		ess 119 VEI									
	City TEWKSBURY State		******	TEWKSBUR		7.5	22				27 27 27	<del></del>	
	Insurance Company GOVERNMENT			le Action Prior to C		23	Ц.	Test St		Code	1 27 8 27 1 28	لتًـــا	
<sup>5</sup> 1	Vehicle Travel Direction: NEW	Responding to Emergen		Sequence 23			23	Type of		ŀ	29		
	Citation # (If Issued) <b>064544AB</b>	-		Harmful Event				BAC T	est Res	ult:	30		
	Viol. 1: Ch/Sec/Sub 90 9 Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. A	Alcohol:	2 31	Susp. Drug	2 32	1 13
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub Vi			r Distracted by			,	Towed		Ŀ	1 33		
	Please fill out for operato  Name (Last First Middle)	or and all occupants involved Ad	ved Idress	DOB/Age	Sex Pos	t Safety	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Fa	acility	
	Operator	See A	Above		1	1	4 0	o	10	1			1
			•										
					_								
									-	-			
1													
2	Please Select One of the Following:	Occupants Non-M	otorist A Type	Action 1	Loca	tion	17 Cor	dition	18	П	lit/Run	Moped	
	License # <b>S70583736</b> St <b>MA</b>	_ DOB/Age	Reg#	1HHW83			Reg T	уре <u>Р</u> С	<u></u>	Re	g State <b>MA</b>		1
	Sex M Lic. Class D Lic. Res	strictions 20 CDL	_		Veh N	viake <b>E</b>	ORD					21	
	Operator DIFRAIA, MARK	C	rsementOwne	r DIFRAIA		ARK							
1	Address 10 MARRIOTT PL	īrst M	liddle Addre	Last SS <b>10 MARR</b>	RIOT	T P	First			Mide	dle		
	City BILLERICA State 1	2859 City 1	BILLERICA State MA Zip 01821-2859								859	<b>4</b> 14	
	Insurance Company THE COMMERC	E CO Vehicl	cle Action Prior to Crash  4 22 Damaged Area Code: 1 27 2 27 27										
	Vehicle Travel Direction: N S E	Responding to Emergence	cy? <u>2</u> Event	Sequence 23	23	23	23	Test Sta	ıtus:	1	28		
	Citation # (If Issued)		Most 1	Harmful Event 1	24	!		Type of		_	29	,	
2	Viol. 1: Ch/Sec/Sub — Viol.	ol. 2: Ch/Sec/Sub	Driver	Contributing Code	1	25	25	BAC Te			30	32	
	Viol. 3: Ch/Sec/Sub ———— Viol.	ol. 4: Ch/Sec/Sub	Driver	er Contributing Code Susp. Alcohol: 2 31 Susp. Drug: 2 Towed from scene? 1 33						2			
	Please fill out for operator/non-n		involved		34 Seat	35 Safety	36 3 Airbag Ej	7 38	39	40 Transp.			
}	Name (Last First Middle)	Add		DOB/Age S	Sex Pos.	System	Status Co	de Code	Status	Code	Medical Fa	cility	
	Operator/Non-Motorist	See A	LDOVE		$\frac{1}{1}$	1	1 0	0	10	1	····		
İ													



## Wilmington Police Department Images Associated with 21-177-AC







	Police Use Only Com		Commony	monwealth of Massachusetts RMV					V Doc	Document Number							
	Date of Crash 07/10/2021	Time of Crash	City/Town	Mo	tor Veh	icle Cra	sh		umber chicles		mber ured	1 *	1 Limit	3!	5 State Police Local Police MBTA Police	80	
	07/10/2021	24HR	LIMITIG CO	11	Police :	Report		2		1		Latitu Longi	itude		Campus Police Other:	. 5	
		AT INTERSE	CTION:	<	LOCA	TION	>	······		NO	<b>T</b> A7	ΓIN'	TER	SEC	TION:		
						62 E		46	۵	G.	ALE	PA (	c m				2 10
1	Route# Dire	ction	Name of Ro	oadway/Street		Route# Direc	tion		ress #		TIL			Roady	vay/Street		
<sup>1</sup> 1	At					Feet NSEW of or											
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										er	6 11
	Also at Intersection with					Feet N S W of Route# THRUSH RD Intersecting Roadway/Street											
<sup>2</sup> <b>2</b>	Route# Dire	ction	Name of Intersect	ing Roadway/Street	/Street						·						
	Planca Salaat	050 53			Landmark  In  Moped  Crash Report ID# 21-178-AC						k						
3	Please Select of the Followi		2#Occupants	Hit/Run	Moped	Crash R	Report	ID#	21	-1	.78	8-	AC	<u> </u>			
	License # SA	0320874_s	st MA_ DOB/Ag		Reg	# <u>7JA422</u>				Re	д Туре	PC	<u>.                                    </u>	R	leg State MA		12
	Sex M Lic.	Class D 19 I9	ic. Restrictions 1	CDL	Veh	Year <b>2019</b>	\	Veh M	ake <u>I</u>	EX	JS			Vel	Config.	21	
	Operator <b>LA</b>	HIRI, ARI	NDAM First	Middle		er <b>LAHIRI</b>	, <b>7</b>	ARI	NDA	M	irst			N.6	fiddle		
<sup>4</sup> 1	Address 14	WINTER ST	1		Addr	ess <b>14 WIN</b>	VTE:	R S	T					1/1			
	City <b>NORT</b>	H READING	State <b>MA</b> Zip	01864-220	3 City	NORTH R	EAD	IN	3		Sta	te <b>M</b>	<b>A</b> 2	Zip <u>0</u>	1864-22	203	
	Insurance Comp	oany <b>GOVERNM</b>	ENT EMPLO	OYEES INS	Vehic	cle Action Prior to	Crash		1	22				Code:	2 27 1 27	27	
5	Vehicle Travel I	Direction: N S E	Respondin	g to Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stat			28 29		
	Citation # (If Iss	sued)			Most	Harmful Event	1	24			•	pe of AC Te	rest: st Rest	alt:	30		
	Viol. 1: Ch/Sec/	Sub	- Viol. 2: Ch/Sec	:/Sub	Drive	er Contributing Co	de	1	25	25	7			2 31	Susp. Drug: 2	32	1 <sup>13</sup>
6	Viol. 3: Ch/Sec/	Sub	- Viol. 4: Ch/Sec	:/Sub	Drive	er Distracted by	0	26					rom sc		1 33		
<sup>6</sup> 1	Name (Last First N	Please fill out for o	operator and all occ	cupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Faci	lity	
	Operate			See Above			X	1	1	3	0	0	10	1	Michigan I del	ii.y	
							F	5	4	3	0	0	9	2	Mass General		
		and the second s					<del>                                     </del>						<del> </del>	<del>                                     </del>	•		
									_				<del> </del>				
						1,0	14	ļ	<u> </u>	15			10				
<sup>7</sup> 1	Please Select C of the Followi		L#Occupants	Non-Motorist	A Type	Action	16 L	ocatio	on	17	Condit	ion	18		Hit/Run 🔲 N	Aoped	
	License # <b>SA</b>	<b>3060274</b> s	t <b>MA</b> DOB/Ag	e	Reg #	<u> 1JZK44</u>				Re	g Type	PC		R	eg State MA		
	Sex <b>F</b> Lic.	Class D 19 19 L	ic. Restrictions 1	CDL_ Endorsemen	Veh Y	rear <u>2008</u>	\	/eh Ma	ake <u>T</u>	OYO	ATC			Veh	Config. 1	21	
· ·	Operator <b>NA</b>	BUKEERA, 1	MARY	Middle		ner NABUKEERA , MARY											
<sup>8</sup> 1	Address 130	PARK ST	APT 2	Made	Addr	ess 130 PA	RK	ST		APT				ĮVI.	idule		
	City NORTH	H READING	State <b>MA</b> Zip	01864-256	2 City	NORTH RI	EAD	INC	3						1864-25	62	1 14
	Insurance Comp	any <b>GEICO GE</b>	ENERAL IN	NSURANCE	C Vehic	le Action Prior to	Crash		1	22				Code:	11 27 27	27	
	Vehicle Travel D	Direction: N S	w Responding	g to Emergency? 2	Even	Sequence 1	23	23	23	23		st Stat pe of			28		
<sup>9</sup> 2	Citation # (If Iss	ued) <b>064897A</b>	В		Most	Harmful Event	1	24				•	st Resi	ılt:	30		
2	Viol. 1: Ch/Sec/	Sub <u>89 4A</u>	- Viol. 2: Ch/Sec	/Sub	Drive	r Contributing Co	de	9	25	25	3		cohol:		Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ————			Drive	Driver Distracted by 99 26 Towed from scene? 1 33												
	Ple Name (Last First M	ease fill out for operato	r/non-motorist and	all occupants involv	/ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facil	ity	
		or/Non-Motoi	rist	See Above			X	1	1	3	0	0	10	1		•	
									<b></b>			ļ					
									<u> </u>								

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	and the second s	
Crash Diagram:	ie: 🖚 📑	<u> </u>	2	<b>→</b> X	<b>→</b> ₩	
					If Crash Did	
Salem St (Rte	÷ 62)				on a Public V	way:
					Off-Street Parl	king Lot
					☐ Garage	
					☐ Mall/Shopping	; Center
	Para and				Other Private	Wav
	he delet					
	•				Indicate Nort	th by Arrow
					Indicate Non	ill by Allow
						)
						/
Crash Narrative:						
Vehicle 1 was traveli	ng straight, he	ading west	on Salem St	(Rte 62),	in the west bound	
lane. Vehicle was tra	veling east on	Salem St (R	te 62). Veh	icle 2 dri	ft to the left and	
crossed completely ov	er the double y	ellow line,	still trav	eling east	, but now in the wes	st
bound lane. Vehicle 2	crashed head or	n into vehi	cle 1 in th	e west bou	nd lane. The operato	or
of vehicle 2 stated s	ne did not know	what happe	ned and her	vehicle j	ust started to drift	
to the left for some	unknown reason.	The operate	or stated s	he was not	texting and stated	
she was paying attent						
Citation #064897AB for	r failure to sta	ay in marke	d lanes. Bo	th vehicle	s were towed by A&S	
Towing.						
-	<del></del>					
W.						
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	Address		Phone #	41-Type	Description of Domogod Property	
Owner (Last,First,Middle)	Address		Phone #	41-1ype	Description of Damaged Property	
Truck and Bus Informatio	n: Registration #		(From '	Vehicle Section)		
Carrier Name				,	Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
	y Type Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	er Length 46	
Hazmat Information:					The state of the s	
Placard Material 1 digi	# 48 Material Nar	me		Material 4 digi	t #Release code	e 49
Patrol Officer Michael	W Wandell		174	Wilminaton	Police Department	07/10/2021

# Wilmington Police Department Images Associated with 21-178-AC







