	Pol	lice Use Only		Commonwealth of Massachusetts RMV Document Number															
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² 3	Route# Dire	ection	Name o	of Intersecting 1	Roadway/Street										Lar	ndmark			=
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		sued)					Harmful E		1		25	25	BAG	C Test	t Resu	dt:	30		13
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⁶ 2	Viol, 3; Ch/Sec/	/Sub				Drive	er Distracte	i by	0	N.55	25	26 1			om sce		2 33		
	Name (Last First N	Please fill out	for operator	and all occupa	nts involved Address		DOB/	Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	Injury Status	40 Transp. Code	Me	dical Facility	
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⁷ 1	Please Select of the Followi		e 2 <u>1</u> #(Occupants	Non-Motorist	A Type	15 Actio	n	16 L	Locatio	n	17 C	onditio	on	18		Hit/Run	Moped	
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	• *************************************	pany Trave					cle Action F		Crash		1	22				Code:		27 27	
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		sued)					Harmful E	-10000	1	24	and the second			e of T			30		
⁹ 2				1 2. Ch/Saa/S	h		er Contribu	in transit	SCHOOL ST	99	25	25		C Tes p. Alc	t Resu	ılt; 31		Drug: 32	
	200 200 300	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					er Distracte	_	99	26	e de la companya de l			•	om sc		1 33		- 1
		lease fill out for ope		OF THE PERSONNEL CO.						34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-	1
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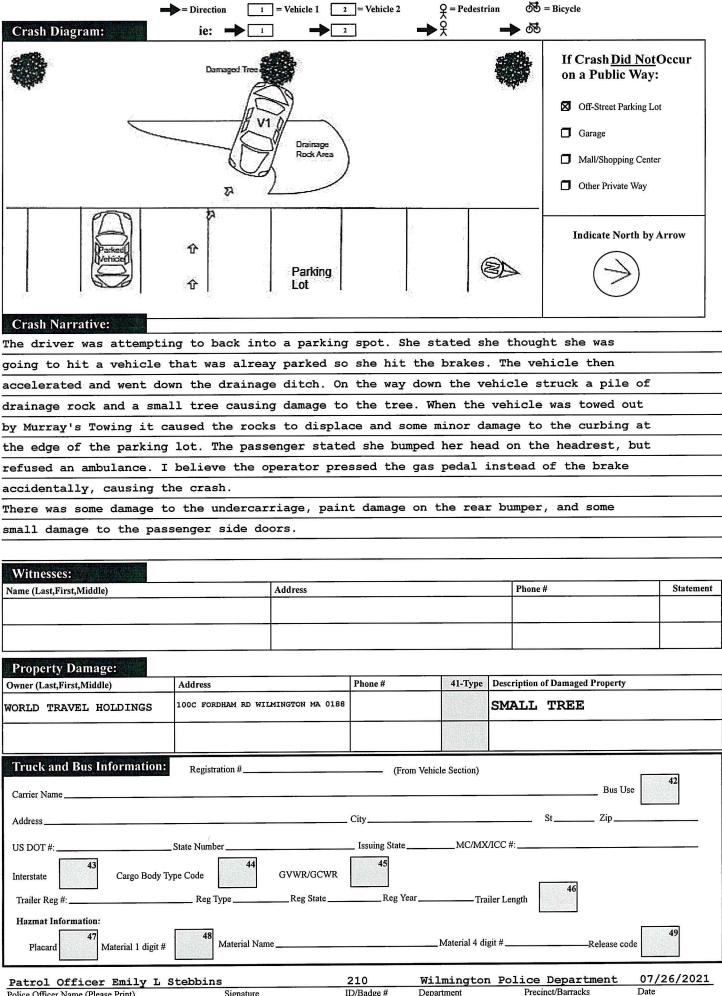
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			Slow or stopp	ped traffic	(Indicate North b	y Arrow
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THE RESERVE	erty Damage:	Address		Phone #	41-Type	Description of D	amaged Property	
Owner (Last,First,Middle)	Address		1 none #	41-1ype	Description of D	amaged 1 Toperty	
				-				
Truc	k and Bus Information:	Registration #		(From Veh	nicle Section)		5	42
Саттіег	Name						Bus Use	
Addres	s			City		St_	Zip	
US DO	OT #:	State Number		Issuing State	MC/MX/I	ICC #:		
1	43	44		45				
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	at Information:	Neg 19pe			man	er rengin		
	acard 47 Material 1 digit #	48 Material Nam	ne		_Material 4 dig	it #	Release code	49
Patr	ol Officer Paul W J	epson		142 Wi	llmington	Police De	partment 0	7/25/2021

1	Poli	ice Use Only		Com	monwea	lth o	it Massa	ichi	ısett	S			RMV	Docu	ment Num	
107	Date of Crash 7/25/2021	Time of Crash	Wilmi	ity/Town ngton	Activity Inc.		icle Cra	sh	Numb Vehicl	es Inj	nber ured	Speed Latitud	Limit_ le	30	MBTA Po	ice 🔯
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R	Route# Direc	ction	denient second to	of Intersecting Roa			Feet	N S I	E W of	M	ile Ma	rker			Exit Nu	mber
				nso at intersection			2		E W of	Rout	e#		Intersec	cting R	oadway/Sti	reet
Re	Loute# Direc	etion	Name o	f Intersecting Roa	dway/Street								Lan	dmark		
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	Name (Last First M		t for operator	and all occupants	involved Address		DOB/Age	Sex	34 3 Seat Saf Pos. Sys	ty Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility
	Operate				See Above			X	1 1	4	0	0	8	2 1	Lahey Cli	nic
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Witnesses: Name (Last,First,Midd	lle)		Address			Phone #		Statement
Property Dama	ige:							
Owner (Last,First,Mid	dle)	Address		Phone #	41-Type	Description of	Damaged Property	
								V
Truck and Bus	Information:	Registration #		(From V	ehicle Section)		Г	42
Carrier Name						-	Bus Use	
Address			,,,,,				Zip	
US DOT #:		State Number44		Issuing State	MC/MX/	ICC #;		
Interstate	Cargo Body Ty		GVWR/GCWR			2704	aunopa si	
Trailer Reg #:		Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information	:					1		GARRIES - IN
Placard 47	Material 1 digit #	48 Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Office					### Tilmington			7/25/2021
Police Officer Name (Ple	ease Print)	Signature]	D/Badge# D	epartment	Precinc	t/Barracks D	ate

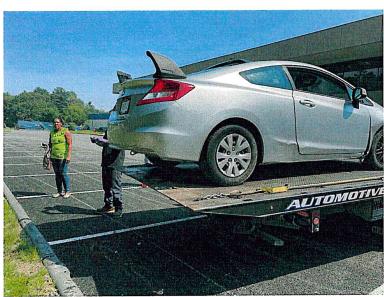
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	Date of Crash 07/26/2021	Time of Crash		ity/Town .ngton			tor Ve			sh		umber chicles	Nun Inju		Speed Latitue	Limit.		Local MBT	Police Dolice A Police Dous Police	
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	Please Select (of the Followi		12_#	Occupants	Hit/R	un	Moped		Crash I											
	License # S6	9871463	-	DOB/Age			Re	g#_3ME	G41				Reg	з Туре	PC		R	eg State		17
	Sex_ F Lic.	Class D 19 19	Lic. Rest	trictions 1	20 CD	L	Ve	1 Year <u>2</u>	12		Veh M	ake <u>H</u>	ONE	A			_ Veh	Config.	1 21	7
	Operator HE	CTOR PAU	_ L, M2	ARGARI		dorsemen		ner <u>HE</u>	CTOF	R PZ	AUL	, M	IAR	AR	ETI	I				
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	Vehicle Travel I	Direction: N S	E	Responding	to Emerge	ency? 2	Ev	ent Sequer	ce 26			23	23		pe of			29		
	Citation # (If Iss	sued)					Mo	st Harmfu	Event	26		10			AC Tes	st Resu	ılt:	30		_
	Viol. 1: Ch/Sec/	/Sub	Viol	1. 2: Ch/Sec/	Sub —		Dr	ver Contri	buting Co	ode	97	25	25	Su	ısp. Al	cohol:	2 31	Susp.	Drug: 2 32	26
	Viol. 3: Ch/Sec/	/Sub	Viol	I. 4: Ch/Sec/	Sub —		Dr	ver Distra	cted by	0	26			To	wed fi	om sc	ene?	1 33		
1		Please fill out i	for operator	and all occu	pants invo	olved				Ī	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
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		/Sub						iver Distra	cted by		26			To	wed f	rom sc	ene?	33		
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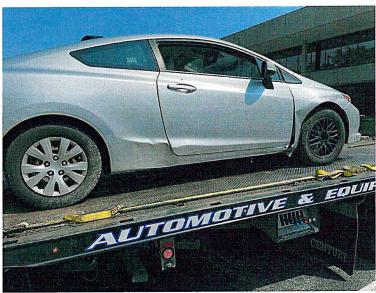


Wilmington Police Department Images Associated with 21-195-AC

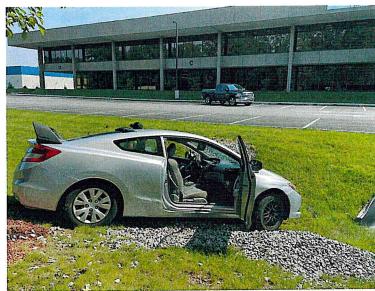








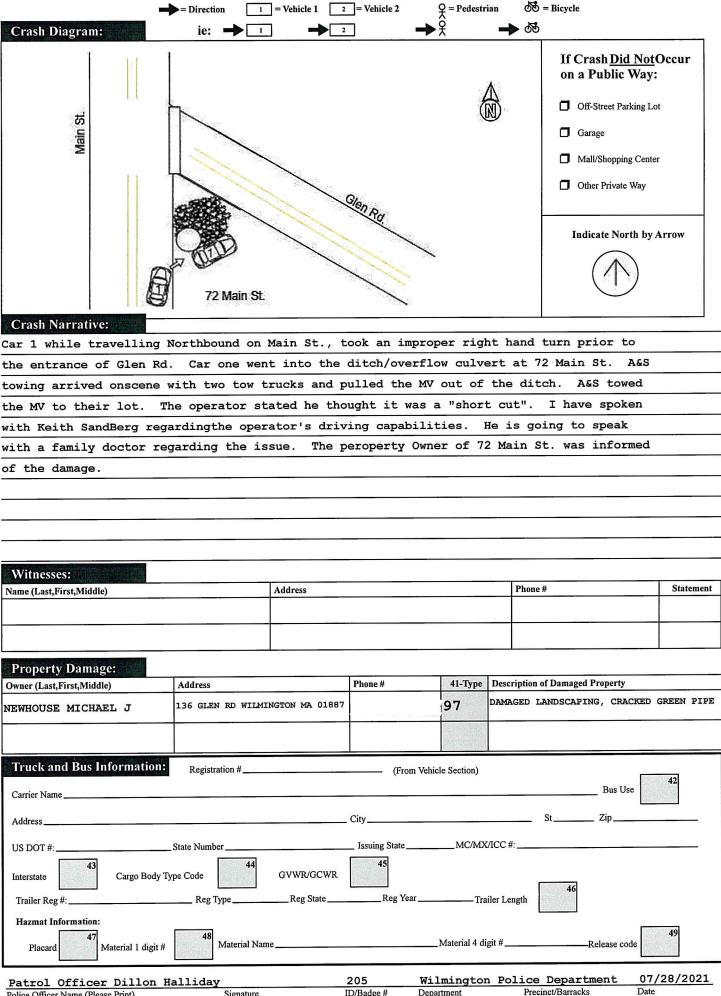




Wilmington Police Department Images Associated with 21-195-AC



	Police Use Only	Comm	onwealth	of Massacl	nusetts		RM	IV Docu	ment Number	
	AND COME AND		Motor Veh	icle Crash	Number Vehicles		Speed Limi	t40	State Police Local Police MBTA Police Campus Police	
	07/28/2021 0009 Wilmi	ington	Police :	Report	1	0	Latitude Longitude _		Campus Police Other:	ļ
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4	- Routen Breetton	At	·				710110	11000111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
				Feet N S	E W of	— — ·	— • — arker	- or _	Exit Number	
		of Intersecting Roadway Also at Intersection with		Feet N S	S E W of	I III I II				1 11
	•	Also at intersection with		Feet N S		Route#	Inters	secting R	oadway/Street	
1	Route# Direction Name	of Intersecting Roadway	/Street	Feet [N]	or or	-				_
_	Please Select One	<u> </u>	- In	<u> </u>		10		andmark		1
3	Please Select One of the Following: Vehicle 11 #	Occupants Hit/Ru	n Moped	Crash Repor	rt ID# 21	-19	6-A	J		
	License # S34477820 St MA	DOB/Age	Reg	# <u>684AP5</u>		Reg Typ	e PC	Re		
	Sex M Lic. Class D 19 Lic. Res	strictions 20 CDL		Year 2013	Veh Make F	YUNDA	XI	Veh	Config. 21	7
	Operator SANDBERG, ERNE	ST E	orsement Own	er SANDBERG	, ERNE	ST E				
1	Address 51 FAULKNER AVE	irst N	Aiddle	ress 51 FAULE		First		Mid	ldle	
_	City WILMINGTON State 1			WILMINGTO			ate MA	zin 01	.887-1359	
					400		amaged Are		Manager of Table 2000 Committee of the C	
	Insurance Company ALLSTATE IN			cle Action Prior to Cras	23 23		est Status:		28	
	Vehicle Travel Direction: S E W	Responding to Emergen		at Sequence 26 23			ype of Test:	200	29	
	Citation # (If Issued)			t Harmful Event 2			AC Test Res	sult:	30	12
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	97 25		usp. Alcohol	A STATE OF THE PARTY OF THE PAR	Susp. Drug: 32	26 ¹³
1	Viol. 3: Ch/Sec/Sub — Vic			er Distracted by	26	T	owed from s	ŀ	1 33	
1	Please fill out for operator Name (Last First Middle)		ved Idress	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu		Medical Facility	
	Operator		Above		1 1	4 0	0 10	1		
	Орегиног				+-				18.	-
								+		_
,	Please Select One Vehicle 2 #	Occupants Non-M	lotorist A Type	15 Action 16	Location	17 Condi	ition 18	П	Iit/Run Moped	7
4	of the Following:	T. Olario	BS				1000			-
	License # St 19 19	DOB/Age	Reg	#		Reg Typ	e	Re	g State	
	Sex Lic. Class 19 19 Lic. Res	strictions CDL	Veh	Year	Veh Make			Veh	Config.	
	Operator	irst N	Owr	ierLast		First		Mid	ldle	•
³ 1	Address		Add	ress				-		. 14
	City State_	Zip	City			St	ate	Zip		. 1 '
	Insurance Company		Vehi	cle Action Prior to Cras	sh	22 D	Damaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergen	icy? Ever	nt Sequence 23	23 23	23	est Status:		28	
	Citation # (If Issued)		Mos	t Harmful Event	24		ype of Test:		30	
2	Viol. 1: Ch/Sec/Sub — Vio	ol 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25	BAC Test Res	100000	Susp. Drug: 32	
				er Distracted by	26		owed from s	V5051198	33	
	Viol. 3: Ch/Sec/Sub Viol. Please fill out for operator/non-r	400 PA - 100-00 PA - 100 PA		or Districted by	34 35	36 37	38 39	L		-
	Please fill out for operator/non-r		ddress	DOB/Age Se	Seat Safety Pos. System		Trap Injur	y Transp. s Code	Medical Facility	4
	Operator/Non-Motorist	See 2	Above	\rightarrow	1					
								1 1		7
						-		+ +		-
					1 1	1 [1 1		

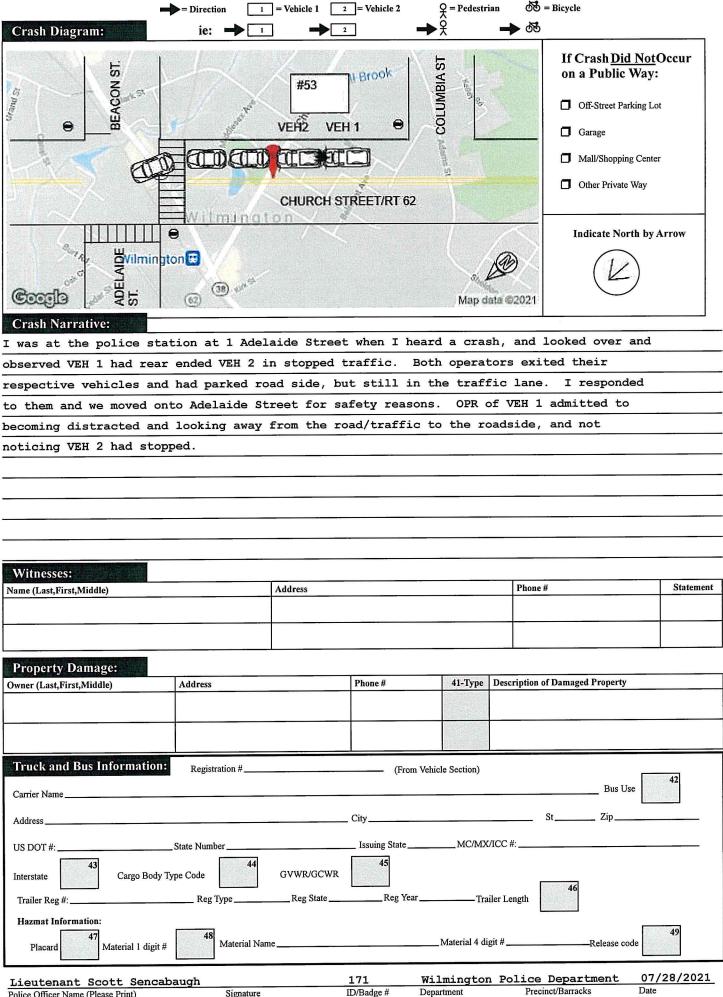


Wilmington Police Department Images Associated with 21-196-AC





	Police Use Only	Common	ıwealth (of Massa	chuse	etts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town M	otor Veh	icle Cras	h Nu	umber hicles	Tairrand	Speed Limi	<u> 35</u>	— Local Police	
	07/28/2021 1446 Wiln	mington	Police 1	Report	2	00010-100000	_	Latitude Longitude _	-	MBTA Police Campus Police Other:	
	AT INTERSECTI	ION:	the Care of the same of the Care		http://w		NOT AT		SEC		1
	AT INTERSECT	OII.	Посл		Red .		101111	111122	.ouc.	110111	10
					53		CHUR	CH ST	1		2
1	Route# Direction	Name of Roadway/Street		Route# Direction		ess#		Name of	Roadw	ay/Street	
¹ 1		At		Feet N	SEW	l _{of} _		_ • _	- 01		
	Route# Direction Nam	ne of Intersecting Roadway/Stre	eet	reet [-	<u> </u>	J 01	Mile Ma		or <u> </u>	Exit Number	11
	Touch Brotton Tuni	Also at Intersection with		Feet N	SEW	of _					2
				Feet N	SEW		Route#	Inters	ecting R	Roadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stre	eet			_		L	andmark		-
	Please Select One	#Occupants Hit/Run		C 1 P	, ID# ⁶	21_	-19				
3	of the Following:	_#Occupants Hit/Run	Moped	Crash Re	port ID#	<u> </u>	-тэ	/ -A(_		_
L	License # S64583488 St M	A DOB/Age	Reg	<u>\$97851</u>			Reg Type	CO	Re		12
	Sex M Lic. Class D 99 Lic. R	Restrictions 20 CDL	Veh `	Year 2017	Veh M	ake <u>CF</u>	IEVRO:	LET	Veh	Config. 2	1
	Operator IOZZO, GLENN	Endorsen	Own	er LYNCO E	TIRE	PRO'I	ECTI	ON IN	IC		
⁴ 1	Address 12 CASTLEWOOD	First Middle		ess 19 GRA	st		First		Mic	ddle	
_							C+	MZ	~:_ ∩1	1803-2123	
	City BILLERICA State			BURLINGT	1	2	_	maged Are			
	Insurance Company ARBELLA IN			cle Action Prior to C		-		inaged Are st Status:	a Couc.	1 28	
5	Vehicle Travel Direction: N S W	Responding to Emergency?	2 Even	t Sequence 1	3 23	23	23	pe of Test:	ł	29	
	Citation # (If Issued)	_	Most	Harmful Event	1 24			C Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	e 19	25	25 Su	sp. Alcohol	2 31	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	7 26			wed from s		2 33	
⁶ 1		ator and all occupants involved	Service .		34 Seat	35 Safety A	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
L	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System S	Status Code	Code Statu	Code	Medical Facility	1
	Operator	See Abov	ve		X^1	99 4	0	0 10	1		4
											1
									+		1
	STATE OF THE PARTY								+		4
⁷ 1	Please Select One of the Following: Vehicle 21	_#Occupants Non-Motor	rist A Type	15 Action	Locatio	on	Conditi	ion 18	I I	Hit/Run Moped	
Т	Production in Action 1981	7	D	# 1CZE51		10000000	Pag Trmo	PC	J D	eg State MA	1
	19 19	A DOB/Age								21	
	Para di Barani	Restrictions CDL Endorsen	ment	Year 2018					Veh	Config. 2	
81	Operator DEGEL, CHRIST	OPHER A First Middle	:	er DEGEL ,	st		PHER First	Α	Mie	ddle	
1	Address 162 WALNUT ST		Addr	ess 162 WA	LNUT	ST					_ 14
	City READING State	MA Zip 01867-39	049 City	READING			_			L867-3949	1
	Insurance Company SAFETY IN	SURANCE COMPA	Vehic	cle Action Prior to C	Crash	2 2		maged Are	a Code:	Control of the contro	
	Vehicle Travel Direction: NSWW	Responding to Emergency?	2 Even	t Sequence 1	3 23	23	45	st Status:		1 ²⁸ 29	
-	Citation # (If Issued)		Most	Harmful Event	1 24		·=·	pe of Test:	1.	30	
⁹ 2				L er Contributing Cod		25	25	AC Test Res sp. Alcohol			
		Viol. 2: Ch/Sec/Sub ————		Г	0 26		38.000	sp. Alconor	_	33	
		Viol. 4: Ch/Sec/Sub		er Distracted by	34	35	36 37	38 39	40	2 33	-
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occupants inv Address		DOB/Age	Seat Pos.	Safety /	Airbag Eject Status Code	Trap Injur Code Statu	Transp.	Medical Facility	
	Operator/Non-Motorist	f See Abo	ve		\times 1	99 4	1 0	0 10	1		
											1
						+ +	_				-
											4



Police Officer Name (Please Print)

	Police Use Only	Com	monwealth	of Massac	husett	ts		RMVI	Docume	nt Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crasl	Numb Vehicl		DP***		30	State Police Local Police MBTA Police Campus Police	
	07/28/2021 1510 Wil	mington	Police	Report	2	0	Latitud			MBTA Police Campus Police Other:	
	AT INTERSECT	TION:		ATION >		NOT A			0.000.000		1
	M M LANGE			Company of the Compan							2 10
					280		ELL	ST			
¹ 1	Route# Direction	Name of Roadway	/Street	Route# Direction	Address	#	Nar	me of Ro	adway/S	Street	
1		At		Feet N	S E W of			— (
	Route# Direction Na	ame of Intersecting Roa	ndway/Street			Mile I	/Jarker			Exit Number	2 11
		Also at Intersection	n with	Feet N	S E W of	Route#	-	Intersect	ing Road	dway/Street	
[<u>-</u>				Feet N	S E W of	Routen		merseet	mg reout	away/Bueet	
² 1	Route# Direction Na	ame of Intersecting Roa	adway/Street					Land	mark		1
	Please Select One Vehicle 11	#Occupants H	lit/Run Moped	Crash Rep	ort ID# 2	1-19	8-3	AC			
3	of the Following:								-		-
		MA DOB/Age		# <u>3VPN99</u>						21	1 12
	Sex_ F Lic. Class D 19 Lic.	. Restrictions 1	CDL Veh Endorsement	Year 2014	_ Veh Make	BUICK	S		Veh Co	nfig. 1	
	Operator JOHNSTON, FA	ITH	Ow	ner JOHNSTO	N, FA	TH First			Middle		
⁴ 1	Address 36 BODWELL AV	E APT 1		lress 36 BODW	ELL A		PT 1				
	City LOWELL Sta	ate MA Zip 018!	54-2433 City	LOWELL			State MZ	Zip	018	54-2433	
	Insurance Company GOVERNMEN			icle Action Prior to Cr	ash 2	22	Damaged	l Area C	ode: 5	27 27 27	
	Vehicle Travel Direction: N S W	_		nt Sequence 23	23 23	23	Test Stati	us:	1	28	
5				in sequence [1	24		Type of T	Γest:	1915	29	:
	Citation # (If Issued)			<u>Na</u>	25	25	BAC Tes		1 568	30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Driv	ver Contributing Code			Susp. Alc	_	10071000	usp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	ver Distracted by	26		Towed fr		c. 2	33]
⁶ 1		erator and all occupants		DOB/Age	Scat Sa	fety Airbag Ej stem Status Co	ct Trap	Injury Tr	40 ransp. Code	Medical Facility	
	Name (Last First Middle)		Address See Above	DOBINGE	1 1	4 0	0	10 1		Memory 1 anni-y	1
	Operator		See Above			+	-		-		1
									2000		
				15 1	6 1	17		18	_		1
⁷ 1	Please Select One of the Following: Vehicle 21	#Occupants N	Non-Motorist A Type	Action	Location	Con	dition		Hit/	Run Moped	
	License # SA5070561 St]	MA DOB/Age	<u>)</u> Reg	# 2EWR79		Reg T	тре РС		_ Reg S	State MA	
		. Restrictions 1 20	CDL Veh	Year 2018	Veh Make	HONDA			Veh Co	onfig. 1 21	
	Operator RIBEIRO RODR	A SALES AND A SALE	Endorsement	ner RIBEIRO							
⁸ 1	Last	First	Middle	dress 2 BENNE		First			Middle		
	Address 2 BENNETT ST	207 010			111 01		State MZ	1 7:-	018	201	1 14
		ate MA Zip 018		WOBURN			Damageo		_		_
	Insurance Company GEICO GEI	NERAL INSU	RANCE C Vel	nicle Action Prior to Co	manufacture partitions	ENGAL!	Test Stat		1	28	
	Vehicle Travel Direction: N S W	Responding to Er	nergency? 2 Eve	ent Sequence 1 23	AND THE PARTY	3 23	Type of		1	29	
9	Citation # (If Issued)		Mo	st Harmful Event	- 24		BAC Tes		: 1	30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	19 ²⁵	25	Susp. Ale	cohol: 2	31 S	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	n.:	ver Distracted by) 26		Towed fi		5580	33	
	Please fill out for operator/s	1 100 1 100 1 100 100 100 100 100 100 1					7 38 ect Trap	39 Injury T	40 ransp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex Pos. Sy	stem Status C	ode Code	Status	Code	Medical Facility	-
	Operator/Non-Motori	ist	See Above		1 1	4 0	0	10 1	<u> </u>		
					++	+	-				1
					-		+	\vdash	_		-

				If Crash Did	NotOccur
Lowell Street				on a Public V Off-Street Parki Garage Mall/Shopping Other Private W	ing Lot
			(M)	Indicate North	h by Arrow
Crash Narrative: V 1 and MV 2 were dr	riving straight on	Lowell Street. MV :	l was slowing	down/stopped in	
raffic. MV 2 rear-er					
				_	
Witnesses:		ddress		Phone #	Statement
vame (Last,First,Wilddie)		auress			
Property Damage:					
Property Damage: Owner (Last,First,Middle)	Address	Phone #	41-Type Desc	ription of Damaged Property	
	Address	Phone #	41-Type Desc	ription of Damaged Property	
Property Damage: Owner (Last,First,Middle)	Address	Phone #	41-Type Desc	ription of Damaged Property	
		Phone #		ription of Damaged Property	
Owner (Last,First,Middle)			Vehicle Section)	ription of Damaged Property	42
Owner (Last,First,Middle) Truck and Bus Information	on: Registration #	(From	Vehicle Section)	Bus Use	
Owner (Last,First,Middle) Truck and Bus Informatic Carrier Name Address	on: Registration #	(From	Vehicle Section)	Bus Use St Zip	
Truck and Bus Informatic Carrier Name Address US DOT #: Interstate 43 Cargo Bo	On: Registration # State Number ody Type Code 44	City Issuing State GVWR/GCWR 45	MC/MX/ICC #	Bus Use St Zip #:	
Truck and Bus Information Carrier Name Address US DOT #: 43	On: Registration # State Number ody Type Code	City Issuing State GVWR/GCWR 45	MC/MX/ICC	Bus Use St Zip	49

	Police Use Only	Commony	wealth	of Massa	achu	usetts	\$	1	RMV Doci	ıment Number	
		City/Town Mo	tor Veh	icle Cra	sh	Number Vehicles		Speed L		Local Police	
	07/29/2021 1440 Wilm	ington	Police 1	Report		2	O	Latitude Longitud		MBTA Police Campus Police Other:	i
	AT INTERSECTION		LOCA		>		NOT A				
,				activism in the state of the st							2 10
		N CD 1 (G)		129 E		255	LOW	ELL S		101	_
¹ 1	Route# Direction	Name of Roadway/Street At	-	Route# Direct	tion	Address #		Name	e of Roadw	/ay/Street	-
		•••		Feet	N S I	E W of			— or _		-
	Route# Direction Name	of Intersecting Roadway/Street					Mile M			Exit Number	3 11
		Also at Intersection with		O_Feet			129 Route#		DLANI tersecting I	Roadway/Street	
² 2	Route# Direction Name	of Intersecting Roadway/Street		Feet	N S I	E W of					
2		1	T						Landmarl	ζ	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash R	leport I	D# 21	-19	9- <i>F</i>	/C		
).	And the same of th	DOB/Age	Page	# <u>8VJ684</u>			Dea Tim	» PC	D.	ea State MA	
	10 10	20		Year 2015						21	1 12
	Sex_E Lic. Class D Lic. Re	strictions CDL Endorsemen	nt						ven	Conng.	
⁴ 2	Operator RINDONE, LINDA	First Middle		er RINDON	Last		First	N	Mi	ddle	-
2	Address 60 WILLOW ST	THE AT EAST PROTECTION AND ADDRESS WAS	- See	ess 60 WII		ST				the transfer of the second that was	-
	City READING State 1			READING		right have				L867-1548	
	Insurance Company ARBELLA MU	TUAL INSURANC	E Vehice	cle Action Prior to	Crash	1				2 27 3 27 97 27	
-	Vehicle Travel Direction: N S W W	Responding to Emergency? 2	Even	t Sequence 1	23 2	23 23	23	est Status		28	
⁵ 1	Citation # (If Issued)	_	Most	t Harmful Event	1	24		ype of Test l		30	
	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de	1 25	25	usp. Alco	Name of the last	AND THE	1 13
	Viol. 3: Ch/Sec/Sub — Vi			er Distracted by	0	26		owed from	To the local line	33 33	
⁶ 1		or and all occupants involved		<u> </u>		34 35	36 37	38	39 40	→ 80689	-
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap In Code S	njury Transp. status Code	Medical Facility	_
	Operator	See Above		\times	X	1 1	4 0	0 1	0 1		
	WILLIAM RINDONE	60 WILLOW ST READING, MA 01867-1548		1	м :	3 1	4 0	0 1	0 1		
										No.	7
					\vdash	-		++			-
								\bot			4
⁷ 3	Please Select One of the Following:	Occupants Non-Motorist	t A Type	15 Action	16 Lo	ocation	17 Cond	ition	18	Hit/Run Mopeo	ı
3	License # NHL16356679 St NH	DOR/Age	Danie	BBJM6	eat(Sill	1700	Reg Tyr	e CO	р.	eg State NH	1
	19 19	20		Year 2005	Ţr.	ah Mala O		_		21	
		strictions CDLEndorsemen	nt						ven	Colling.	
⁸ 1	Operator BJORLIE, MATTH	First Middle		er <u>BBJM M</u>	Last		First	•	Mi	ddle	-
_	Address 50 TEMPLE ST			ess 17 WAI	INUT	ST				2051	14
		NH Zip 03060		<u>HUDSON</u>	-	estate est			_ Zip <u>03</u>		-
	Insurance Company protective	insurance co	Vehic	cle Action Prior to		6			Area Code:	8 27 97 27 27 28	
	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Even	t Sequence 1	23 2	23 23	23	est Status ype of Te		29	
9 .	Citation # (If Issued)	-	Most	t Harmful Event	1	24		SAC Test 1		30	
⁹ 2	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de	99 25	25	usp. Alco	- Canada	Susp. Drug: 32	
		ol. 4: Ch/Sec/Sub		er Distracted by	0	26		owed from	042519338	2 33	
	Please fill out for operator/non-	Marie 1949 Contration Contration Contration	ved			34 35 Seat Safety	36 37 Airbag Ejec	38 Trap I	39 40 njury Transp.		7
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos. System	Status Code	Code S	Status Code	Medical Facility	\dashv
	Operator/Non-Motorist	See Above			X	1 1	4 0	0 1	.0 1		_
							ii ii				
					$\vdash \vdash$			1			
	İ	i		1			1 1	1 1	1	I	1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: →	1 -	2	→ ર •	→ №	
300 mg (1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990	Î:	ŭ.	į		If Crash <u>D</u> on a Publi	id NotOccur c Way:
		1 Rd			Off-Street 1	Parking Lot
	_ t	Woodland Rd			☐ Garage	
		Woo			☐ Mall/Shopp	oing Center
2 Commission of the Commission		7770c= 1	A STATE OF THE STA	AND AND ADDRESS OF THE PARTY OF	Other Priva	159.0
the same in the laboratory and the same time to	, E	34440 Y		and the same of	Other Priva	te way
	Lowell st/R	to 120			Indicate N	orth by Arrow
<u> </u>	LOWCHOLM		Linear Control Control	(N		S. I.I. S.J. 12.10.11
				A. W.	<i>i</i> (\	/)
				: 126.		
Crash Narrative:						
	while she was trav		-	st., a box	truck (Fed X) pul	.led
out of Woodland	rd., and struck th	e right side	of her m/v.	-		
Oper #2 Related	he was attempting	to make a le	ft turn onto	Lowell st.	from Woodland R	
	fic was heavy. When					
	ught it was safe t					
	he story. (PWJ/142)					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:					*	
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Proper	у
Truck and Bus Info	rmation: Registration #		(From)	Vehicle Section)		
	- O O		(FIOIII	venicie Section)	Bus	Use 42
Carrier Name			a:		St. 7:-	72.
Address						
	State Number			MC/MX/IC	C#:	
Interstate 43	Cargo Body Type Code	GVWR/GCWF	R 45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:					Total Control	40
Placard Mate	erial 1 digit # 48 Materia	l Name		Material 4 digit #	Release	code 49
Patrol Officer I	Paul W Jepson		142	Wilmington H	Police Department	07/29/2021

	Police Use Only	Common	iwealth (of Massa	chus	etts			RMV	Docur	ment Number		
		City/Town M	otor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Number /ehicles	Number Injured		Limit_	35	State Police Local Police MBTA Police	0000	
	07/30/2021 0651 Wilmi	ngton	Police 1	Report	4		0	Latitud Longit			Campus Police Other:	_ 🛚 🗸	
	AT INTERSECTIO	N: <	LOCA	TION >			NOT A	TIN	rers	SECT	TION:		
	Route# Direction	Name of Roadway/Street		Route# Directi	23	36 dress#	BUR				VE ny/Street		2 10
¹ 1	Touten Direction 1	At											
	The state of the s	of Intersecting Roadway/Stro	eet		N S E V		— — Mile M			or _	Exit Number	_	3 ¹¹
	,	Also at Intersection with		_	N S E V		Route#		Interse	cting R	oadway/Street	_	
² 1	Route# Direction Name of	of Intersecting Roadway/Stre	eet						Lan	ıdmark		_	
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Ro	eport ID#	21	-20	0-	AC	i		,	
<u> </u>	The state of the s	_ DOB/Ag	Reg	<u>59MZ76</u>			Reg Ty	pe <u>PC</u>		Re	g State MA	21	12
		trictions B 20 CDL_ Endorser	nent	Year 2007						_ Veh (Config. 1		1
4	Operator CAMELI, JULIAN	A E rst Middle		er CAMELI	ast	RK S	TACE First	Υ		Mide	dle	-	
⁴ 1	Address 18 ALMA RD		0.0000000000000000000000000000000000000	ess 18 ALM	A RD								
	City BURLINGTON State M	<u>(A</u> Zip 01803-16	City	BURLING	ON	Alexandra.					803-160		
	Insurance Company ALLSTATE IN	ISURANCE COMI	PAN Vehic	cle Action Prior to	Crash	1	1000			Code:	5 ²⁷ 7 ²⁷ 1	27	
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	Police Use Only Commonwealth of Massachusetts RMV Document Number															
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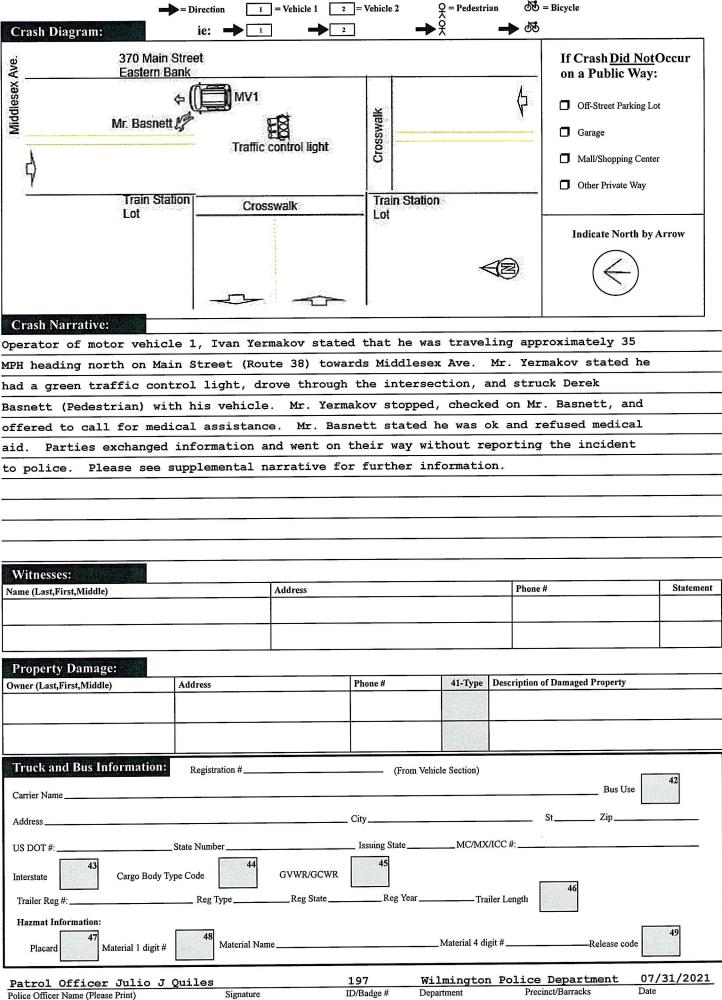
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Crash Nar	rative:	10000			W. C.		-	
	were traveling	g west on Bu	rlington Av	e in Wilmingt	on. V3 wa	s parked	d in the	
	V4 began to tu							
	Op1 stated she							
she crashe	ed into V1 beca	use she could	d not stop	quick enough.	Op3 stat	ed he wa	as parked and	
then he wa	as struck by V4	. Op4 stated	he was tur	ning left whe	n he was	struck l	by V1, he then	
crashed in	nto V3.							
No injurie	es observed or	reported in (Op1,2,3, or	4. V4 and V2	towed by	Cain's	. See	
	ts for MV inven							
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						E		
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Trailer Reg #:			Reg State	Reg Year	Trailer	Length	46	
Hazmat Infor								
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Patrol Of	ficer Kathryn C (Goodwin		216 Wi	lmington	Police I	epartment 0	7/30/2021
	ome (Please Print)	Signature		ID/Badge # Dep	artment	Precinc	t/Barracks Da	te

Wilmington Police Department Images Associated with 21-200-AC





	Police Use Only	Common	nwealth (of Massa	chuse	tts	17) 21	RM	V Docu	ment Number		
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⁶ 1	Please fill out for opera	ator and all occupants involved		DOD/A	Type of Test: 1	Medical Facility	1					
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⁷ 3	Please Select One of the Following:	_#Occupants Non-Moto	orist A Type	Action 1	Locatio	on 2	Conditio	ⁿ 99	 	Hit/Run Moped		
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⁸ 1	Address 27 PUPKIS RD		ress	st		First		Middle				
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⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	e	25	25		- 04	Susp. Drug: 32		
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CDP1 11-24-00

Wilmington Police Department

Page: 1

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: 21-201-AC

On Saturday, July 31, 2021, I was working uniformed patrol assigned to station officer duty on the 8:00 AM - 4:00 PM shift. At approximately 9:16 AM, Derek Basnett called the station to that he was involved in a motor vehicle accident yesterday near 370 Main Street.

Mr. Basnett stated that on Friday, July 30, 2021, between 9:15 PM - 9:30 PM, he was attempting to cross the street and was hit by a motor vehicle. He stated that he was on Main Street, crossing the street from the train station lot over to the Eastern Bank area, when a black 2016 Toyota RAV4 bearing Massachusetts registration 5TR671 struck him. He stated that he was knocked to the ground, the vehicle stopped, and the operator got out to check on him. He stated that the operator identified himself as, Ivan Yermakov. Mr. Basnett stated that he didn't believe he sustained any injuries at that time, they just exchanged information, and went their separate ways. Mr. Basnett stated that he then contacted his wife to tell her what happened, she picked him up at the scene, and drove him to Lahey Hospital (Burlington, MA) for evaluation. He was informed at the hospital that he sustained two broken bones in his foot.

Mr. Basnett stated that while attempting to cross the street, he observed the vehicle traveling towards him, but he thought the vehicle was far enough away that he could make it across in time. I asked if the traffic control light was red or green and he said he doesn't recall. I asked if he utilized the crosswalk and he said yes. I asked to confirm exactly where he attempted to cross the street and he said the second cross walk from the train station directly across from Eastern Bank. I asked Mr. Basnett why he didn't call the police when the accident occurred to report it. He stated that he was in shock over what happened.

I contacted Mr. Yermakov and spoke with him. He stated that he was the operator of the vehicle and corroborated Mr. Basnett's statements. However, he stated that Mr. Basnett wasn't utilizing a crosswalk. He confirmed the location provided, stated it was accurate, but that there was no crosswalk where the accident occurred. He stated that he was traveling approximately 35 MPH heading north on Main Street (Route 38) towards Middlesex Ave. He stated that he had a green traffic control light, drove through the intersection, and was approaching the area in front of Eastern Bank. He stated that he only had a few seconds to react after seeing Mr. Basnett in the middle of the street. He stated that he had maybe 5 - 10 feet of response time, quickly turned the vehicle to the right in an attempt to avoid hitting Mr. Basnett. He stated that he struck Mr. Basnett with the left side of his front bumper and left side view mirror. He stated that the vehicle sustained minor damage to the bumper and left side view mirror. He stated that he stopped to check on Mr. Basnett and offered to call for medical assistance. He stated that Mr. Basnett said he was ok and refused medical aid. He stated that Mr. Basnetts was wearing a black hat, dark navy t-shirt, dark jeans, and black shoes.

I advised both parties to contact 911 if anything like this occurs again, in order to document the incident, and check for injuries. I advised Mr. Yermakov on how to conduct an accident report. I advised Mr. Basnett how to obtain a copy of the accident report. It should be noted that after further investigation, I confirmed that there isn't a crosswalk at the location stated by both Mr. Basnett and Mr. Yermakov. There is a crosswalk on the other side of that intersection, but not where they stated the accident occurred.

Mr. Yermakov later came into the station to pickup an accident report form. I then took pictures of the damage to his vehicle (See images).

Respectfully submitted,

Wilmington Police Department

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SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: 21-201-AC

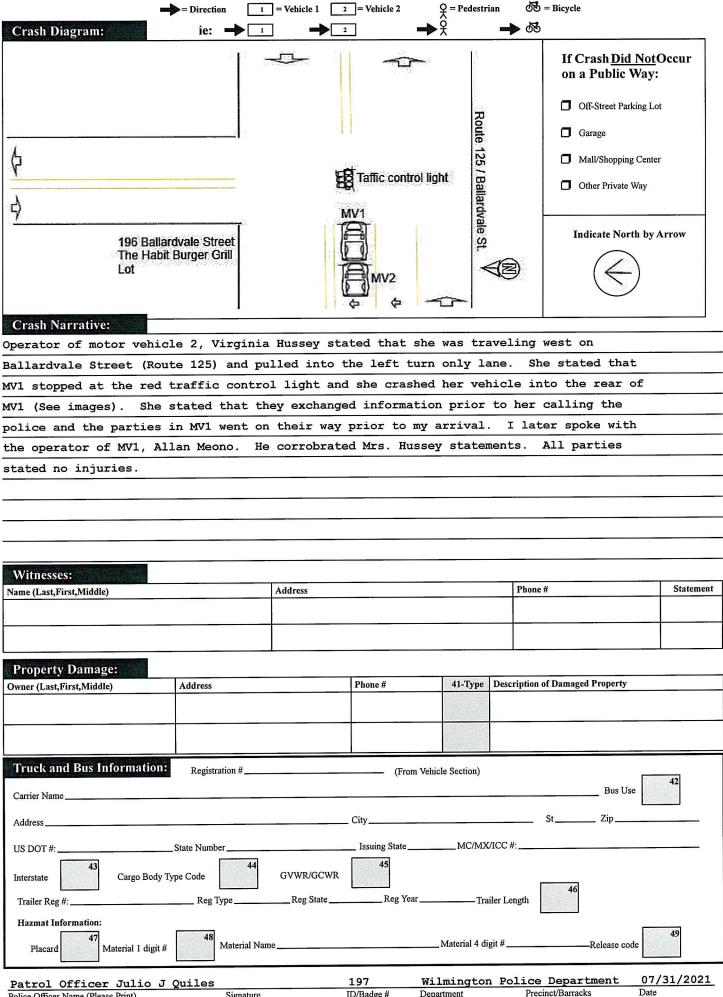
Julio J. Quiles
Patrolman - 197
Wilmington Police Department

Wilmington Police Department Images Associated with 21-201-AC





	Police Use Only	Comr	Commonwealth of Massachusetts RMV Document Number											
		City/Town	Motor Vel	hicle Cra	sh		mber nicles	Numbe	4 Perce	l Limit	35	State Police Local Police MBTA Police	0000	
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² 1	Route# Direction Name	of Intersecting Roady	idway/Siteet				-			Landmark				
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⁴ 3	Address 15 RUSH ST APT			Address 15 RUSH ST APT #2										
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⁶ 1	Viol. 3: Ch/Sec/Sub Vio	ol, 4: Ch/Sec/Sub —	Sec/Sub Driver Distracted by 0			ANCHE A				Towed from scene? 2 33				
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⁸ 1	Operator <u>MEONO</u> , <u>ALLAN</u> E Last F Address <u>100 MILLARD</u> AVE	irst	Middle	1	ast			First		T 3	Mid	Idle	_	
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Wilmington Police Department Images Associated with 21-202-AC





