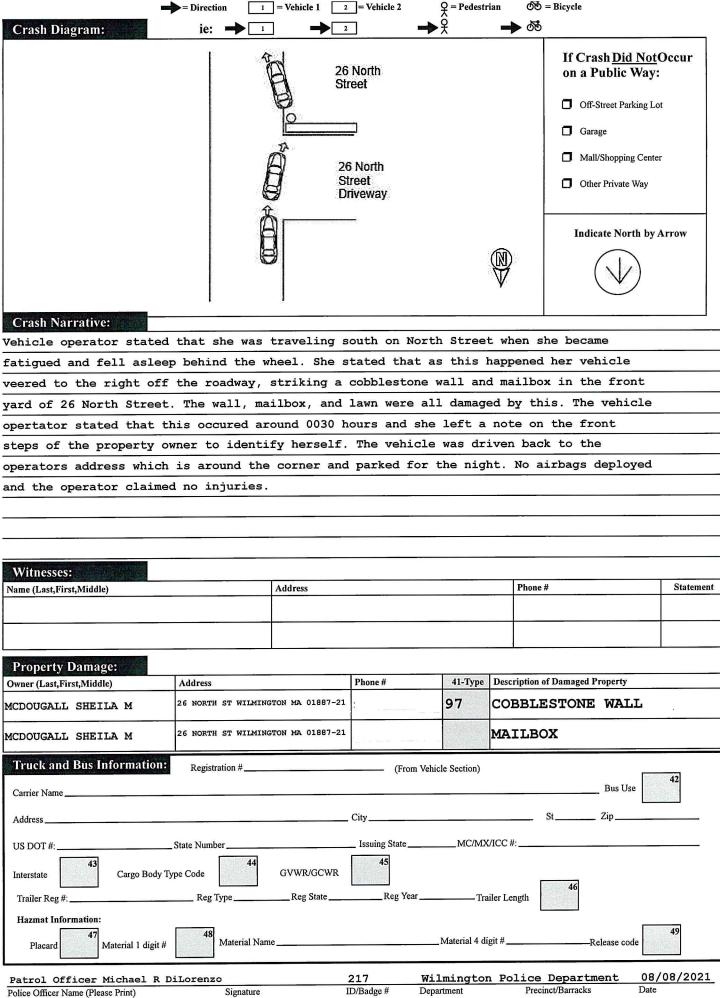
Does of Carlot   Times of Coath   Wilmington   Wilmington   Wilmington   Value   Wilmington   Value   Wilmington   Value   V
AT INTERSECTION:    Routed   Direction   Name of Readway/Street   Routed   Direction   Address   Routed   Route
Routed Direction Name of Readways/Street Routed Direction Name of Intersecting Roadways/Street Also at Intersecting Roadways/Street    Foot   N   S   W   of   Routed   Intersecting Roadways/Street   Foot   N   S   W   of   Routed   Intersecting Roadways/Street   Routed   Direction   Intersecting Roadways/Street   Foot   N   S   W   of   Routed   Intersecting Roadways/Street   Routed   Direction   Intersecting Roadways/Street   Foot   N   S   W   of   Routed   Intersecting Roadways/Street   Routed   Direction   Intersecting Roadways/Street   Routed   Intersecting Roadways/Street   Landmark   Intersecting Roadways/Street   Routed   Intersecting Roadways/Street   Landmark   Intersecting Roadways/Street   Routed
Routed Direction Name of Readway/Street At Routed Direction Name of Intersecting Readway/Street About Intersecting Readway/Street    Fee   S   E   W   of   Mile Market   State   Market   Mile State   Market   Mile State   Mile State
Routed   Direction   Name of intersecting Roadway/Street   Feet   N   E   W   of   Mile Marker   or   Exit Number
Routed Direction  Name of Intersecting Roadway/Street  Fee: NS E W of Roaded Direction  Name of Intersecting Roadway/Street  Fee: NS E W of Roaded Intersecting Roadway/Street  Landmark  License # Sa 0 6770 0 42 St MA DOBA/2c Stage State MA Config I Stage State
Foot
License # S.30 67 0 0.42   St. MA   DOBA'ge   Crash Report ID# 21 - 20 9 - AC
License # S3.0670.042   St.MA   DOB/Age   CPU
Sex F
Sex_E   Lic. Class
Operator   CALLAHAN
Address 27 DADANT DR  City WILMINGTON State MA Zip 01887-2112  Insurance Company USAA CASUALITY INSURANCE C  Vehicle Travel Direction: NEW EW Responding to Emergency? 2  Citation # (If Issued)
Insurance Company   USAA CASUALITY INSURANCE   Vehicle Action Prior to Crash   1   2   Text Status:   1   28   Trype of Test:   1   29   Trype of Test:   29
Insurance Company   USAA CASUALITY INSURANCE   Vehicle Action Prior to Crash   1   2   Text Status:   1   28   Trype of Test:   1   29   Trype of Test:   29
Vehicle   Travel Direction:   N   E   W   Responding to Emergency?   2   Event Sequence   31   23   33   32   23   23   23   23
Most Harmful Event   35   24   Susp. Atcorbid   23   Susp. Drug   23   35   35   35   35   35   35   35
Viol. 1: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub
Non-Motorist A   Type
Please Select One of the Following:   Vehicle 2 #Occupants   Non-Motorist A Type   15 Action   16 Location   17 Condition   18
Please Select One of the Following:
Condition   Condition   Condition   Condition   Condition   Condition   Mir/Run   Moped
Operator Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Last First Middle Address  City State Zip City State Zip Damaged Area Code: 27 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Priver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 None (Last Status) Code None (Last S
Condition   Condition   Condition   Condition   Condition   Mit/Run   Moped
Condition   Condition   Condition   Condition   Condition   Mit/Run   Moped
Operator Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Last First Middle Address  City State Zip City State Zip Damaged Area Code: 27 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Priver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 None (Last Status) Code None (Last S
Sex Lic. Class 19 19 Lic. Restrictions 20 CDLEndorsement Operator Cast First Middle Address
Sex Lic. Class 19 19 Lic. Restrictions 20 CDLEndorsement Operator Cast First Middle Address Address State Zip City State Zip City State Zip Vehicle Action Prior to Crash
Operator
Address
City State Zip City State Zip Vehicle Action Prior to Crash
Insurance Company
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 23 23 23 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence
Citation # (If Issued) Most Harmful Event
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code  Viol. 3: Ch/Sec/Sub Driver Distracted by  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  Driver Contributing Code  25  Susp. Alcohol: 31  Susp. Drug: 32  Towed from scene?  33  Please fill out for operator/non-motorist and all occupants involved Address  DOB/Age  Sex  DOB/Age  Sex  DOB/Age  Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address  DOB/Age
Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility
Operator/Non-Motorist See Above 1



## Wilmington Police Department Images Associated with 21-209-AC





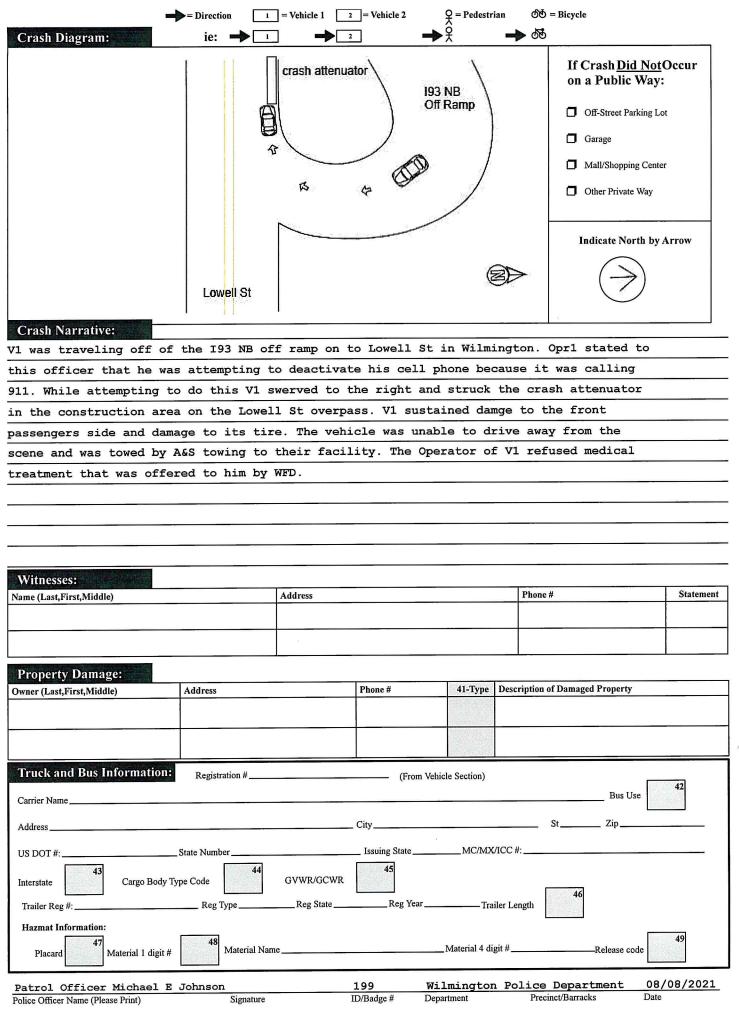




## Wilmington Police Department Images Associated with 21-209-AC



Date of Crash			Common						26000600		E SEALING	AUTOM TO THE COLOR	
	Time of Crash	City/Town	0.00		icle Cra	sh	Number Vehicles	Numbe Injured	DP-0	d Limit, ide	35	State Police Local Police MBTA Pol	ice 🖸
3500 W 340 W M 10000 20 W	24HR			Police 1	Report		1	0		itude_		Campus Po Other:	olice 🔲
	AT INTERSEC	CTION:	<	LOCA	TION	>		NOT A	T IN	TER	SECT	'ION:	
Route# Direct	ction	Name of	Roadway/Street		Route# Direc	tion A	ldress#	LOW	ELL N		Roadwa	y/Street	
			At			wole							
Route# Direc	ction	Nama of Interna	ecting Roadway/Street	,	Feet	N S E	w of	— — Mile I	 ⁄Iarker	• —	or	Exit Nun	nber
Koute# Direc	CHOI		ntersection with		Feet	N S E	w of						
					Feet	N S E	w of	Route#		Interse	cting Ro	oadway/Stre	eet
Route# Direct	ction	Name of Interse	ecting Roadway/Street	t	-					La	ndmark		
Please Select	One Navasa	1 #Occupan	ts Hit/Run	Moped	Cwash I	Report ID	, 21	_21	Λ-	20000			
of the Followi			Hit/Kun	Wioped	Crasii i	ceport 1D	* ∠ ⊥		. 0 -	AC	•		
License # <u>\$6</u>		St MA DOB/		Reg #	1NXZ98			Reg Ty	ре <u>РС</u>		Reg	g State MZ	21
Sex M Lic.	Class D 19 19 L	Lic. Restrictions	1 CDL_ Endorseme	Veh Y	Year <b>2019</b>	Veh	Make <u>H</u>	ONDA	S		_ Veh C	Config. 1	21
Operator CL	ARK, CONN	OR JOSE			er CLARK,	ROS	S A	First			Midd	II.	
	307 INWOOD		Middle	Addr	ess 10104	INW	OD_I				Midd	ile .	
City WOBU	RN	State MA Zi	<sub>p</sub> 01801-516	67 City	WOBURN				state M	<b>A</b> _ z	ip <b>01</b>	801-5	165
1.53	oany THE COM				ele Action Prior to	Crash	1	22	Damage	d Area	Code: 3	3 27 2	7 27
	Direction: N S E		ling to Emergency? 2		t Sequence 8	23 23	B-8-6AC746	23	Test Sta	tus:	1	. 28	
			ing to Emergency .		Harmful Event	8 2			Type of	Test:		29	
	sued)				er Contributing Co	10 to	25	25	BAC Te	1	-	. 30	32
	/Sub					Aller Atting			Susp. A		- 100	Susp. Drug	2 32
Viol. 3: Ch/Sec/	/Sub			Drive	er Distracted by	2	4 35	36 3	Towed :	rom sc	ene / 1		
Name (Last First N		operator and all	occupants involved  Address		DOB/Age	S	eat Safety os. System	Airbag Eje Status Co	ct Trap	Injury	Transp. Code	Medical F	acility
Operat	or		See Above		$\sim$	$X_1$	99	5 0	o	10	1		
100													
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									+				
Please Select O		#Оссирал	ts Non-Motoris	t A Type		16			19	18	I	it/Run	Monad
Or the rollon.				TA Type	15 Action	Loc	ation	17 Con	dition		<b></b>   H	-	Mopeu
T : #	C	P+ DOP/			Action	Loc	330	Con	9				Mopeu
License #	19 19	StDOB/	20	Reg #	Action	Loc		Con	pe		Reg	g State	21
Sex Lic.	Class 19 19 L	St DOB/	20	Reg #	Action 4	Loc		Con	pe		Reg	g State	
Sex Lic.	Class 19 19 L		20 CDL	Reg #	Action 4  Year	Loc Veh		Con	pe		Reg	g State	
Sex Lic. Operator	Class 19 19 L	Lic. Restrictions  First	CDL_Endorseme	Reg # Veh Y ont Own Addr	#eress	Loc Veh	Make	Reg Ty	pe		Reg Veh C	g State	
Sex Lic. Operator	Class 19 19 L	Lic. Restrictions  First	CDL_Endorseme	Reg# Veh V Own Addr	Action Year	Loc Veh	Make	Reg Ty	ppe	Z	Reg Veh C	g State	21
Sex Lic.  Operator  Address  City  Insurance Comp	Class 19 19 L	Lic. Restrictions  First  State Zi	CDL_Endorseme	Reg# Veh V Own Addr	#eress	Veh	Make	Reg Ty First	rpe	Z	Reg Veh C	g State	21
Sex Lic.  Operator  Address  City  Insurance Comp	Class 19 19 L	Lic. Restrictions  First  State Zi	CDL_Endorseme	Reg #   Veh V     Addr   City   Vehic	Action Year	Veh Last  Crash 23 23	Make	First 22	ppe	Z ed Area stus:	Reg Veh C	g StateConfig	21
Sex Lic.  Operator  Address  City  Insurance Comp	Class 19 19 L	Lic. Restrictions  First  State Zi	20 CDL_Endorseme	Reg #   Veh V	Yearersele Action Prior to	Veh	Make	First 22 23	rpe	Zed Area	Reg Veh C	g StateConfig	21
Sex Lic.  Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is:	Class 19 19 L  Last pany Direction: NSE	State Zi	CDL	Reg # Veh V  Own Addr City Vehic Even	Action  Year er ess cle Action Prior to	Veh Last Crash 23 23 23	Make	Reg Ty	rpe  State Damage Test Stat	Z ed Area atus: Test:	Reg Veh C	g State Config.  27 2' 28 29	7 27
Sex Lic.  Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/	Class 19 19 I  Last pany Direction: N S E sued)	State Zi  W Respond	CDL	Reg #   Veh V	Yearessele Action Prior to	Veh Last Crash 23 23 23	Make	First 22 23	State Damage Test Sta Type of	Z ed Area stus: Test: est Resu	Reg Veh C	27 2° 28 29 30	7 27
Sex Lic.  Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/	Class 19 19 I  Last  Direction: N S E  sued)  /Sub  lease fill out for operator	State Zi  W Respond Viol. 2: Ch/	CDL	Reg # Int Own Addr City Vehic Even Most Drive	Year	Veh Last  Crash 23 23 24 25 26 26 27	Make	First  22  23	Damage Test Sta Type of BAC Te Susp. A Towed	zed Area atus: Test: est Resu alcohol: from sc	Reg Veh C	27 2' 28 29 30 Susp. Drug	7 27
Sex Lic.  Operator  Address  City  Insurance Comp  Vehicle Travel I  Citation # (If Is: Viol. 1: Ch/Sec/  Viol. 3: Ch/Sec/  Pl  Name (Last First N	Class 19 19 I  Last  Direction: N S E  sued)  /Sub  lease fill out for operator  Middle)	State Zi  W Respond Viol. 2: Ch/	CDL	Reg # Veh V  Addr  City  Vehic  Even  Most  Drive	Yearers	Veh Last  Crash  23 23  2- Ode  Sex  Sp  P	Make	First  22  23	Damage Test Sta Type of BAC Te Susp. A Towed	zed Area atus: Test: est Resu alcohol: from sc	Reg Veh C	27 2° 28 29 30 Susp. Drug	7 27
Sex Lic.  Operator  Address  City Insurance Comp  Vehicle Travel I  Citation # (If Is: Viol. 1: Ch/Sec/  Viol. 3: Ch/Sec/  Pl  Name (Last First N	Class 19 19 I  Last  Direction: N S E  sued)  /Sub  lease fill out for operator	State Zi  W Respond Viol. 2: Ch/	CDL	Reg # Veh V  Addr  City  Vehic  Even  Most  Drive	Year	Veh Last  Crash  23 23  2- Ode  Sex  Sp  P	Make	First  22  23	Damage Test Sta Type of BAC Te Susp. A Towed	zed Area atus: Test: est Resu alcohol: from sc	Reg Veh C	27 2' 28 29 30 Susp. Drug	7 27
Sex Lic.  Operator  Address  City Insurance Comp  Vehicle Travel I  Citation # (If Is:  Viol. 1: Ch/Sec/  Viol. 3: Ch/Sec/  Pl  Name (Last First N	Class 19 19 I  Last  Direction: N S E  sued)  /Sub  lease fill out for operator  Middle)	State Zi  W Respond Viol. 2: Ch/	CDL	Reg # Veh V  Addr  City  Vehic  Even  Most  Drive	Year	Veh Last  Crash  23 23  2- Ode  Sex  Sp  P	Make	First  22  23	Damage Test Sta Type of BAC Te Susp. A Towed	zed Area atus: Test: est Resu alcohol: from sc	Reg Veh C	27 2' 28 29 30 Susp. Drug	7 27



CDP1 11-24-00

	Police Use Only	Comr	nonwealth	of Massa	ichus	setts	5		RM	V Docu	ment Number	
	Date of Crash   Time of Crash   08/09/2021   1517   Wiln	City/Town	Motor Veh	icle Cra	sh [	Number Vehicles		Inhee.	d Limit	35	State Police Local Police MBTA Police Campus Police	9
	24HR	aring con	Police	Report		2	o	Long	10 10 N		Campus Police C	5
	AT INTERSECTI	ON:	< LOCA	TION :	>		NOT A	AT IN	TER	SEC	ΓΙΟΝ:	
	Route# Direction	Name of Roadway/Str	eet	Route# Direct		06 ldress #	BAI	LAR N			ST ay/Street	<b>2</b> 10
<sup>1</sup> 1		At			MCE	w .				2.6		
	Route# Direction Nam	ne of Intersecting Roadw			N S E			Marker	_	or _	Exit Number	<b>4</b> 11
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Roadw			N S E		Route#			ecting R	Roadway/Street	
	Please Select One	#Occupants Hit/				21	_21	1				-
3	of the Following: Vehicle 12	Hit/	Run Moped	Crash R	eport ID#	# <b>Z</b> I	-21		AC			_
		A DOB/Age	Reg	# <u>8EC244</u>			Reg Ty	<sub>гре</sub> <u>РС</u>	;	Re	eg State MA	12
	Sex_F Lic. Class D 19 Lic. R	estrictions CI	DL Veh	Year <u>2015</u>	Veh	Make_				Veh	Config. 2	
	Operator ROSSELLI, ANN	E MARIE	Own	er ROSSEL	LI,	ANNE	MAR First	IE		Mic	tdle	_
<sup>4</sup> 1	Address 6 PIPERS GLEN		Addı	ess 6 PIPE	RS G	LEN						-
	City ANDOVER State	MA Zip 01810	<b>-2335</b> City	ANDOVER	11		5	State M	<b>A</b> z	ip <b>01</b>	810-2335	<u>i.</u>
	Insurance Company USAA CASUA	LTY INSURA	NCE C Vehic	cle Action Prior to	Crash	5	22	Damage	d Area	Code:	2 27 27 27	
_	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Even	t Sequence 1	23 23	23	23	Test Sta			28	
<sup>5</sup> <b>1</b>	Citation # (If Issued)	_	Most	Harmful Event	1 24	100		Type of		.	30	
	Viol. 1; Ch/Sec/Sub — V	/iol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de 99	9 25	25	BAC Te Susp. Al	1	ilt: 31	Susp. Drug: 32	<b>1</b> 13
	2 78 7 87 7 87 7 7	iol. 4: Ch/Sec/Sub		er Distracted by	99 26	LESTABLES DOS		Towed f		1000000	2 33	
<sup>6</sup> 1	Please fill out for operation			1	34		36 3	7 38	39	40	2	-
	Name (Last First Middle)	\ <sub>1</sub> =1	Address	DOB/Age	Sex Po	s. System	Airbag Eje Status Co	et Trap de Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	Se	e Above	$\times$	$X^1$	1	4 0	0	10	1		
,	1994 een e o o o o o	1		I	3	1	4 0	o	10	1		
									$\vdash$			_
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action	16 Loca	ition	17 Con	dition	18	l I	Hit/Run Mope	d
	License # <b>S19872807</b> St <b>M</b> 2	A DOB/Age	Reg	<u> 2LZL57</u>			Reg Ty	pe PC		Re	g State MA	-
	Detail Evanor	En	dorsement	Year <u>2007</u> er <b>REYES</b> '			OYOT.		G	_ Veh	Config. 21	
<sup>8</sup> 1	Operator RODRIGUEZ, JA:  Address 412 SARATOGA S	IME HUMBER First Transport 1	Middle	er <u>REIES</u> ess 412 SA	ast		First			Mid	ldle	
_				0.000		GA .				. 02	120_1762	14
		MA Zip 02128		EAST BOS				tate <u>IVII</u> Damage			2128-4762	
	Insurance Company LIBERTY MU			cle Action Prior to	Crash 23	23		Test Stat		Code.	28	
	Vehicle Travel Direction: SEW	Responding to Emerg		i sequence 1	24			Type of	Test:	l	29	
<sup>9</sup> 2	Citation # (If Issued)	_			_	<u> </u>		BAC Te	st Resu	ılt:	30	
_	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Co	2000	9 <sup>25</sup>	25	Susp. Al	cohol:	31	Susp. Drug: 32	
		iol. 4: Ch/Sec/Sub —		er Distracted by	99 <sup>26</sup>			Towed f		Ŀ	2 33	_
	Please fill out for operator/non		nts involved Address	DOB/Age	Sex Po	at Safety	36 37 Airbag Eje Status Co	et Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	7	e Above		X 1		4 0	0	10	1	•	
		+							$\vdash$	$\vdash$		
					-+							
												-



Police Use Only	Commonwealth		usetts		RMVI	Document Number	
08/09/2021 1615 Wilm:	ington	hicle Crash Report	Number Vehicles	Injured	atitude	State Police Local Police MBTA Police Campus Police	080
AT INTERSECTION	Annual Control of the	CATION >		1.	Longitude	Other:	$\dashv$
			34	per la rest page despression	E 62 H	WY	2
Route# Direction	Name of Roadway/Street At	Route# Direction	Address #		Name of Ro	oadway/Street	-
Route# Direction Name	of Intersecting Roadway/Street	Feet N S		Mile Mar	— • — c ker	Exit Number	_ _
	Also at Intersection with  of Intersecting Roadway/Street	Feet NS		Route#		ing Roadway/Street	
		<del></del>			Landi	nark	-
Please Select One of the Following: Vehicle 11 the License # \$52471614 St MA	Occupants Hit/Run Moped	Crash Report				P S MA	_
19 19	20					21	1
Sex M Lic. Class D Lic. Res	Endorsement	th Year 2018 \ wner CCAP AUTO Last		_		Veh Config.	_
Address 84 PRINGLE ST		idress BX 961272	2				-
City <b>TEWKSBURY</b> State 1	MA Zip 01876-2442 Ci	ty FT WORTH		Stat	e <b>TX</b> Zip	76161-0000	2
Insurance Company SAFETY INS	URANCE COMPANY Ve	hicle Action Prior to Crash	1	22 Da	maged Area Co	ode: 27 2 27 27	7
Vehicle Travel Direction: N E W		rent Sequence 23	23 23	23 Tes	st Status:	1 28	
		ost Harmful Event 1	24	Туг	oe of Test:	29	
Citation # (If Issued)	-	Professor L	20 25	25	C Test Result:	2531010	,  -
Viol. 1: Ch/Sec/Sub — Viol	oi. 2. Cibboo Bao	77.00	26	Sus	sp. Alcohol: 2	(MCC) INC.	
Viol. 3: Ch/Sec/Sub Vio		iver Distracted by 99			wed from scene		_
Please fill out for operato  Name (Last First Middle)	or and all occupants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	Trap Injury Tra	40 ansp. Code Medical Facility	
Operator	See Above		1 1		0 10 1		
operato.	Wilderstand and American						-
							_
				1.00			
Please Select One of the Following:  Vehicle 22 #	Occupants Non-Motorist A Type	15 Action 16 I	Location	17 Conditi	on 18	Hit/Run Mope	ed
License # <b>S47919844</b> St <b>MA</b>	DOB/Age Re	eg# <u>848XB8</u>		Reg Type	PC	Reg State MA	-1
Sex <b>F</b> Lic. Class D Lic. Res		h Year <b>2011</b>	/eh Make <u>N</u>	ISSAN		Veh Config. 21	
MCCOV TOCETVN	Endorsement  MARIE  On	wner MCCOY, JC	CELYN	MARI	E		_
Operator MCCOT, SOCIETIES  Last F  Address 11 TREASUREHILI	rirst Middle	idress 11 TREAS		First		Middle	_1
City WILMINGTON State 1		ty WILMINGTON			e <b>MA</b> 7in	01887-1232	2 1
		*	85200			ode: 5 27 4 27 6 27	- 1
Insurance Company PLYMOUTH RO		chicle Action Prior to Crash	23 23		st Status:	28	
Vehicle Travel Direction: NEW EW	Responding to Emergency? 2 Ev	vent Sequence 1 23		23	pe of Test:	29	
Citation # (If Issued)	_ M	ost Harmful Event 1	24		C Test Result:	30	
Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub Dr	river Contributing Code	1 25	25 Su:	sp. Alcohol: 2	31 Susp. Drug: 2 32	2
Viol. 3: Ch/Sec/Sub — Viol.	ol. 4: Ch/Sec/Sub Di	river Distracted by	26	To	wed from scen	e? 1 33	
Contraction Contract	motorist and all occupants involved		34 35 Seat Safety	36 37 Airbag Eject	Trap Injury Tr	40 ransp.	7
Name (Last First Middle)  Operator/Non-Motorist	Address See Above	DOB/Age Sex	Pos. System  1 1	Status Code 4 0	Code         Status         C           0         10         1	Code Medical Facility	
CHRISTOPHER MCCOY	11 TREASUREHILL RD WILMINGTON, MA 01887-1232	м	3 1	4 0	0 10 1		
							$\dashv$

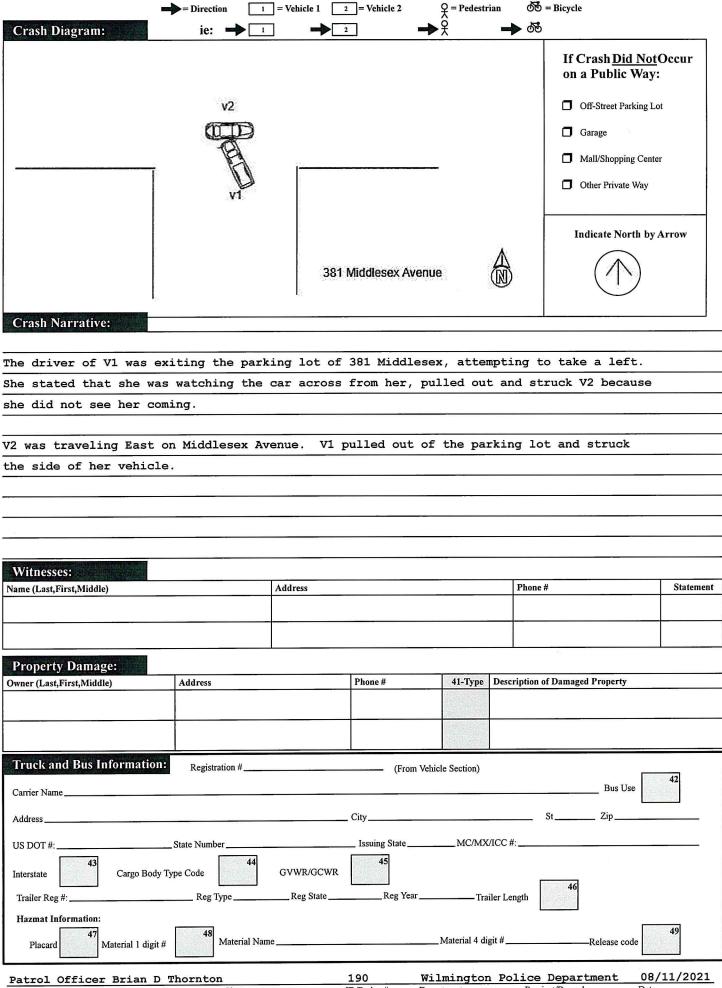
Crash Diagram:	= Direction 1		= Vehicle 2	Q = Pedestrian	<b>→</b> 929 u 929 =	Bicycle	
Crash Diagram:	93 Southbound	62 V2	# (TVI)			If Crash Did No on a Public Way  Off-Street Parking Garage Mall/Shopping Cer Other Private Way  Indicate North b	Lot uter
Crash Narrative:							
Vehicle 2 was slowing							
southbound ramp. Vehi							
rear ended V2. The op							
asked what he was dis the front bumper. V2							
The rear bumper also							
their seat belts. V2					-		
golden retriever with							
injuries to the dog.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From Ve	ehicle Section)			42
Carrier Name						Bus Use	
Address			City		S	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Lateratote Cargo Bo	dy Type Code	GVWR/GCWR	45				
	Reg Type		Reg Vear	Tur !!	ar I anoth	46	
	Keg Type	Neg State	Reg Teat	Iralle	r rengm		
Hazmat Information:  47 Material 1 di	48 Material Na	me		Material 4 digi	t#	Release code	49
Placard Material 1 dig	II # Iviateriai Na					Action to the	
Patrol Officer Emily	L Stebbins		210 W	Vilmington		Department 0	8/09/2021

## Wilmington Police Department Images Associated with 21-212-AC





	Po	lice Use Only		Cor	<u>n</u> monv	vealth	ot Ma	ssac	huse	etts			RN	V Docu	ıment N		
	Date of Crash 08/11/2021		Wilmi	ity/Town .ngton		tor Veh Police			Ve	umber ehicles	Numl Injur	ed La	eed Limi titude		Loca MB7	e Police	
		24HR		NT.	<	LOCA		ι >	2		0 NOT		ngitude_ NTEF		Othe	er:	i
		AT INTER	SECTIO	N:		LUCA	THUN		<b>3</b>		NOI	AII	NIEF	SEC	HON		1
	Route# Dire	ection	N	Jame of Roadwa	y/Street		Route#	Direction	38 Add	1 ress #	MI	DDL	ESEX Name o			et	2
1				At				eet N	e l E lw	J . c			. –				
	Route# Dire	ection	00	of Intersecting Ro				eet N			Mil	Marke	er	- 01 _	Exi	t Number	3
				Also at Intersection				eet N		_	Route	<del>-</del> -	Inter	secting I	Roadwa	y/Street	
1	Route# Dire	ection	Name o	of Intersecting Ro	badway/Street					3	G		L	andmarl	k		
	Please Select of the Follow		le 1 <b>1</b> #0	Occupants	Hit/Run	Moped	Cr	ash Repo	rt ID#	21	-2	13	-A(	3			
	License # <u>S2</u>	9342833	St <b>MA</b>	_ DOB/Age	_	Reg	# <u>89F3'</u>	70			Reg	Туре _	PC	R	eg State		<b>1</b>
	Sex <b>F</b> Lic.	. Class D	Lic. Rest	1	CDL Endorsemen	t	Year <b>201</b>					TA		Veh	Config	1 21	1
	Operator <u>JC</u>	ONES, SH	ARON Fin	st	Middle		er <u>JONE</u>	Last			Fire	t		Mi	iddle		
1	Address 29	EVERETI	AVE			Add	ess <u>29 I</u>	EVER	ETT	AVI	<u> </u>						
	City <b>SOME</b>	RVILLE	State <u>M</u>	IA Zip 021	45-310	9 City	SOMER	VILI	E							<u>5-3109</u>	
	Insurance Com	pany ARBEL	LA MU	<u>rual in</u>	SURANC	<b>E</b> Vehi	cle Action Pr	ior to Cra	sh	4	22	Dam	aged Are	a Code:	-	27 27	
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1	l	ssued)				Mos	t Harmful Ev	ent 1	24				of Test:		30		
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	Operat	tor			See Above		$\nearrow$	$\searrow$	1	1	4	0	10	1			-
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	Sex <b>F</b> Lic.	. Class D	Lic. Rest	rictions 20	CDL Endorsemen		Year <u>201</u>	7	_ Veh M	íake <u>L</u>	INC	OLN		Veh	Config		
	Operator ST	CONE, CA	RA A	nel .	Middle	Owi	er STON	E, 1	ORM	AN	GEO Fir	RGE		M	iddle		
1	Address 2 1	BALDWIN	RD A	PT 109		Add	ress 2 BZ	ALDW	IN E	RD_							
	City WILM	INGTON	State <b>M</b>	IA Zip 018	387	City	WILMI	NGTO	N			_ State	MA_	Zip <u>0</u> :	188	7-2801	1
	1.50	npany <b>GEICO</b>	GENER	AL INSU	JRANCE	C Vehi	cle Action Pr	ior to Cra	sh	1	22	Dam	aged Are	a Code:	3 27	27 27	
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2	Citation # (If Is	,					er Contributi		1	25	25		Test Re	New York	30	Drug. 32	
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	P Name (Last First	Please fill out for o	perator/non-m	notorist and all o	ccupants invol	vea	DOB/A	ge S	Seat Pos.	Safety System	Airbag	Eject	Trap Injus Code State	y Transp.	M	Medical Facility	4
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Police Officer Name (Please Print)

Signature

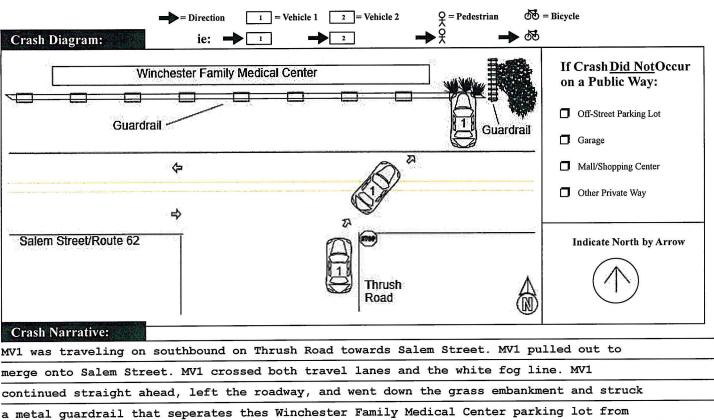
ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Documen		
	Date of Crash   Time of Crash   08/12/2021   2153   Wi	City/Town		icle Crash	Number Vehicles	Number Injured	Speed Limit	L	tate Police ocal Police BTA Police ampus Police	
	24HR	Thiring con	Police	Report	1	0	Longitude		ampus Police	
	AT INTERSEC	CTION:	< LOCA	TION >	-	NOT AT	INTER	SECTIO	N:	<u> </u>
	Route# Direction	Name of Roadway/S	treet	Route# Direction	500 Address #	SALE	M ST Name of	Roadway/S1	treet	2 10
<sup>1</sup> 5		At		E . NE	EW c			lacin.		
	Route# Direction	Name of Intersecting Road  Also at Intersection		Feet N S		Mile Ma	rker		Exit Number	<b>1</b> 11
		Also at intersection	with	Feet N S		Route#	Interse	ecting Roady	way/Street	
<sup>2</sup> 2	Route# Direction	Name of Intersecting Road	way/Street	Feet [N]S	E W OI		La	ndmark		
3	of the Following:	#Occupants Hit		Crash Report				-		
		t MA DOB/Ag		#_4KRC30					21	<b>7</b> 12
	Sex M Lic. Class D 19 L	ic. Restrictions	CDL Veh	Year 2004	Veh Make <u>H</u>	ONDA		_ Veh Conf	fig. <b>1</b>	
	Operator GAUDET, KUR			ner BAKER, BI	LAIR M	EREDI First	TH	Middle		
<sup>4</sup> 2	Address 90A BOWDOIN	ST		ress 90A BOWD	OIN S'					
	City MALDEN S	State <b>MA</b> Zip <b>0214</b>	8-5850 City	MALDEN		Sta	te <b>MA</b> Z	ip <b>021</b> 4	<u> 18-5850</u>	
	Insurance Company PROGRESS	SIVE DIRECT	INSURA Vehi	cle Action Prior to Crash	6	<b>22</b> D	amaged Area	Code: 8 2	27 2 27 2 27	
	Vehicle Travel Direction: N K E			nt Sequence 40 23 24	24,050,050,0	23 Te	est Status:	2 2	.8	
<sup>5</sup> 1	Citation # (If Issued) <b>T244641</b>			t Harmful Event 24		Ty	pe of Test:	4	9	
	-				20 25 9	25	AC Test Resi	155	50	<b>24</b> <sup>13</sup>
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<sup>6</sup> 1		- Viol. 4: Ch/Sec/Sub -		er Distracted by			wed from sc	one. 3		-
т_	Please fill out for o Name (Last First Middle)	perator and all occupants in	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		See Above	X	1 99	4 0	0 10	1		]
	- Special Control									1
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<sup>7</sup> 3	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/R	un Moped	
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	Operator	I	Endorsement	Year	Veh Make					
<sup>8</sup> 2	Last Address	First	Middle Add	Last ress		First		Middle		
	City	State 7in				Sta	ite 2	Zip.		<b>1</b> 14
				cle Action Prior to Crasl		alower .	amaged Area	To consider	27 27 27	
	Insurance Company		0,000-100	23	23 23	23 Te	est Status:	2	28	
	Vehicle Travel Direction: NSE	W Responding to Eme	· · · · —	ni Sequence	24	T	pe of Test:	2	29	
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event	25	25 B	AC Test Resi	ılt: 3	30	
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code		Si	isp. Alcohol:	9 C 021 (1981)	sp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26		owed from so	che:	33	]
	Please fill out for operato	r/non-motorist and all occu	pants involved	DOB/Age Sex	34 35 Sent Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motor	rist	See Above		1				•	1
	Operator/110tt-110tor				-			<del>                                     </del>		1
										4
										1



MV1 was traveling on southbound on Thrush Road towards Salem Street. MV1 pulled out to merge onto Salem Street. MV1 crossed both travel lanes and the white fog line. MV1 continued straight ahead, left the roadway, and went down the grass embankment and struck a metal guardrail that seperates thes Winchester Family Medical Center parking lot from the landscaping that borders Salem Street. MV1 suffered minor damage to the front end. The metal guardrail suffered minor impact damage and the grass and landscaping was damaged due to the collision and removal of the vehicle. Forrest Towing responded and towed M1 from the scene. The operator of MV1 initially fled the scene, but was later located and arrested for OUI-Liquor-2nd Offense, Leaving the Scene of an Accident, and Marked Lanes Violation. Reference Arrest Report #21-271-AR

Address	Phone #	Statement
1 HANSON RD WILMINGTON MA 01887-3405		
		1 HANSON RD WILMINGTON MA 01887-3405

Owner (Last, First, Middle)

Address
Phone # 41-Type Description of Damaged Property

WINCHESTER FAMILY MEDICAL CENTER 500 SALEM ST WILMINGTON MA 01887

WINCHESTER FAMILY MEDICAL CENTER 500 SALEM ST WILMINGTON MA 01887

Phone # 41-Type Description of Damaged Property

METAL GUARDRAIL

97 GRASS AND LANDSCAPING

Truck and Bus Information: Registration #	(From Vehicle Section)	_ Bus Use 42
Address	City St	
US DOT #: State Number	Issuing StateMC/MX/ICC #:	
Interstate         43         Cargo Body Type Code         44         GVWR/GCWR           Trailer Reg #:	45	
Hazmat Information:  Placard  Material 1 digit #  Material Name	Material 4 digit #	Release code

Patrol Officer Michael A Wilson

209 ID/Badge # Wilmington Police Department

08/13/2021

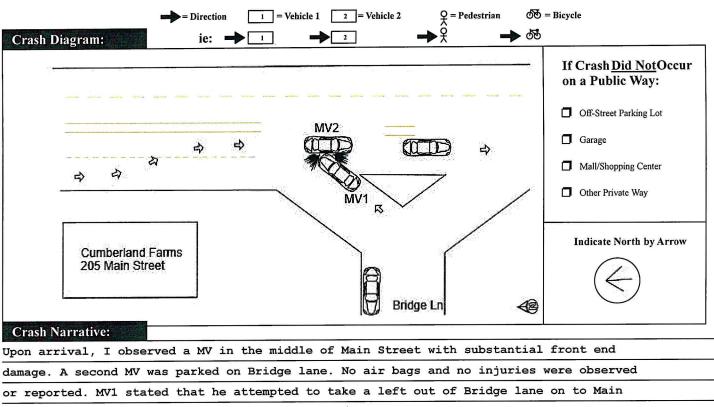
Route# Direction Name of Roadway/Street  At    Route# Direction   Name of Roadway/Street   Route# Direction   Roadway/Street	Po	olice Use Only		<u>commonw</u>	ealth	of Ma	ssach	iuse	tts			RM	V Docu	ment Num		
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Foot   No.   Sect   No.   E.   No.   E.   No.   Compared   No.   East Number   East	Route# Dire	ection								LOV				ay/Street		2
Routed   Direction   Name of Intersecting Roadway/Street	-						Feet N S	EW	of -			• —	or _	Exit Nu	mber	L
Route   Direction   Name of Intersecting Roadways/Street   Intersection   Intersecting Roadways/Street   Intersection   Intersecting Roadways/Street   Intersection   Intersecting Roadways/Street   Intersection   Internection   Internection   Intersection   Internection   Interne	Route# Dire	ection					Feet NS	EW	of							2
Please Solict Onc   Webside 1	Route# Dire	ection								Route#	•	Interse	ecting R	oadway/Str	eet	
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Sex M   Lic. Class   19   19   15   Lic. Restrictions   20   20   20   20   20   20   20   2	of the Follow	ving: Venicio		[— I				7.0						20.000		
Sex M	License # <u>\$7</u>													19)	21	1
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Address 9 GEARTY ST  City WILMINGTON State MA Zip 0.1887-1346 Insurrance Company AMICA PROPERTY & CASUALTY  Vehicle Travel Direction: N S N W Responding to Emergency? 2. Event Sequence 1. 23 23 23 23 23 23 23 23 23 23 23 23 23	Operator <u>JE</u>	EAN-FRANC	COIS, CURT		Own	er JEAN	I-FRA	NCO:	IS,	CUF	TIS		Mid	ldle		ı
Transition of Company AMICA PROPERTY & CASUALTY   Vehicle Action Prior to Crash   1   22   23   23   23   23   23   23					Addr	ess 9 G	EARTY	ST		1113						
Vehicle Travel Direction: NS W Responding to Emergency? 2  Citation # (If Issaed)  Viol. 1: CluSec/Sub	City WILM	INGTON	State <b>MA</b> Zip	01887-1346	City	WILMI	NGTON	1			State <b>M</b>	<b>A</b> 2	ip <b>01</b>	.887-3	1346	1
Vehicle Travel Direction:   N   S   W   Responding to Emergency? 2   Event Sequence   23   23   23   23   25   Test Status:   28   29   Most Harmful Event   1   24   BAC Test Result:   30   Susp. Action   31   Susp. Drug:   32   1   Towed from scene?   2   33   Towed from scene?   3   34   Towed from scene?   3   34   35   Towed from scene?   3   34   Towed from scene?   35   Towed from scen	Insurance Com	pany AMICA	PROPERTY	& CASUALT	Y_ Vehic	cle Action Pr	ior to Crasl	h [	1	22	Damage	ed Area	Code:	1 27 2	.7 27	
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Viol. 3: Ch/Sec/Sub	Viol. 1: Ch/Sec	:/Sub					Shippi	20					SHEW S		g: 32	
Prove Selection   See Above   DoBl/age   See	Viol. 3: Ch/Sec				Drive	er Distracted	by <b>4</b>	99,65						2 33		]
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License # NHL14941389 St NH DOB/Age  Sex M Lic. Class D 19 19 19 Lic. Restrictions CDL Endorsement Operator CRAIG, JOHN MARK Address 17 BLUEBERRY LN  City NASHUA State NH Zip 03062  Insurance Company NATIONAL UNION FIRE INS. C Vehicle Travel Direction: N S W Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Dob/Age Sex Spate NH Signed Travel Code Code Status Toward from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Non-Motorist A Type Action Location Location Condition Hit/Run Moped  Reg # 4482393 Reg Type PC Reg State NH  Veh Year 2018 Veh Make FORD Veh Config. 2 21  Veh Year 2018 Veh Make FORD Veh Config. 2 21  Address 1165 SANCTUARY PKWY  City ALPHARETTA State GA Zip 30009  1 2 22 22  Damaged Area Code: 5 27 27 27 27  Vehicle Action Prior to Crash 2 2 22  Work Harmful Event 1 24  Work Harmful Event 1 24  BAC Test Result: 30  Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug. 32  Toward from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)  Non-More Leader Address New Yeb Make FORD Veh Code Status New Yeb Code Name (Last Pacifity Code Code Status Code Name Clain is Code Name Clain is Code Code Status Code Name Code Name Clain is Code Code Status Code Cod																
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Column   C	License # NH	L1494138	9 St.NH DOB/Ag	e	Reg	# <u>4482</u>	393			_ Reg T	уре <u>РС</u>		Re	g State NI		
Operator CRAIG, JOHN MARK  Last First Middle  Address 17 BLUEBERRY LN  City NASHUA State NH Zip 03062  Insurance Company NATIONAL UNION FIRE INS.C  Vehicle Travel Direction: NSW Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address 1165 SANCTUARY PKWY  City ALPHARETTA  State GA Zip 30009  1  City ALPHARETTA  State GA Zip 30009  1  Test Status: 28  Type of Test: 29  BAC Test Result: 30  Driver Contributing Code 1 25 25  Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Address  Name (Last First Middle)  Address 1000 PKWY  City ALPHARETTA  State GA Zip 30009  Test Status: 28  Type of Test: 29  BAC Test Result: 30  Driver Contributing Code 1 25 25  Susp. Alcohol: 31 Susp. Drug: 32  Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Address  DOB/Age Sex Sex Safety Adrivage System Status Code Medical Facility  Last Transp. Injury Transp. Code Medical Facility  Last Code Status	Sex M Lic.	. Class D 19 1	Lic. Restrictions		Veh	Year <b>201</b>	8	Veh Ma	ke <b>F</b> (	ORD			_ Veh	Config. 2	. 21	
Address 17 BLUEBERRY LN  City NASHUA  State NH Zip 03062  Insurance Company NATIONAL UNION FIRE INS.C  Vehicle Travel Direction:  N S W Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Nost Harmful Event  Driver Contributing Code  Driver Contributing Code  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  Address 1165 SANCTUARY PKWY  City ALPHARETTA  State GA Zip 30009  Test Status:  28  Type of Test:  BAC Test Result:  30  Driver Contributing Code  Driver Contributing Code  Please fill out for operator/non-motorist and all occupants involved Address  DOB/Age  Sex Pos.  Safety Airbag System Safety Airbag System Status Code Status Code Medical Facility  Labey Clinic	Operator CF	RAIG, JOI	HN MARK		Own	er LEAS	E PL	AN U	JSA				lo convers			
City NASHUA State NH Zip 03062 City ALPHARETTA State GA Zip 30009  Insurance Company NATIONAL UNION FIRE INS.C Vehicle Action Prior to Crash	Address 17	Last BLUEBER	RY LN	Middle	Addr	ess <b>116</b> .	5 SAN	CTU	ARY		VΥ		Mid	dle		
Insurance Company NATIONAL UNION FIRE INS.C  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S W Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Driver Contributing Code  Driver Distracted by  O 26  Towed from scene?  1 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  Dobb/Age  Name (Last First Middle)  Damaged Area Code: 5 27 27 27 27  Test Status:  Type of Test:  30  Susp. Alcohol:  31 Susp. Drug:  32  Driver Distracted by  O 26  Towed from scene?  1 33  Please fill out for operator/non-motorist and all occupants involved Address  Dobb/Age  Dobb/Age  Sex Safety Airbag System Status  Dobb/Age  Sex Safety Airbag System Status  Labey Clinic	-			03062	City	ALPHA	RETTA	4			State <b>G</b>	<b>A</b> _ z	ip <u>30</u>	009		1
Vehicle Travel Direction: NSW Responding to Emergency? 2 Event Sequence 123 23 23 23 23 23 23 23 23 23 23 23 23 2					-			Г	2	_			_		7 27	
Citation # (If Issued) Most Harmful Event				-			William Co.			23	Test Sta	atus:	100000	28	THE RESIDENCE OF THE PARTY OF T	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by DoB/Age Sex System Status Code Medical Facility Labey Clinic			Respondin	g to Emergency / 2			1/2006   50	24			Type of	Test:	0.00	29		
Viol. 2: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Distracted by  O  26  Towed from scene?  1 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)			-						25	25	BAC To	est Resi	ılt:	30		
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/S	Viol, 1: Ch/Sec	:/Sub	Viol. 2: Ch/Sec	c/Sub	Drive	er Contributi	To have	-0.0	23	23	Susp. A	lcohol:	31		g: 32	
Please fill out for operator/non-inotorist and an occupants involved  Name (Last First Middle)  Address  DOB/Age  Seat  Safety Airbag  Siatus  Siatus  Status  Code  Medical Facility  Lahev Clinic	Viol. 3: Ch/Sec	:/Sub	Viol. 4: Ch/Sec	c/Sub	Drive	er Distracted	by O						<u> </u>	1 33		]
Nume (Last Pinst Mittolle)  Lahey Clinic			erator/non-motorist and		ed	DOP	ge Sau	Seat	Safety	Airbag Ej	ect Trap	Injury	Transp.	Medical	Facility	
			otorist			2001							1			1
	Ореги		, with	500710040			$\checkmark$	+				-	$\vdash$			1
					2						$\perp$					-
													П			]

Cycel Diagrams	1 = Vehicle 1 2	Vehicle 2	♀ Pedestria ♀	n	ycle	
Traffic LOWELL					If Crash Did Noon a Public Way  Off-Street Parking I  Garage  Mall/Shopping Cent	oot eer
	Burger King		(		Indicate North by	Arrow
Crash Narrative: Oper.#1 related he was traveling noticed m/v#2 stop short and he of Oper.#2 I was unable to speak wit transported to the hospital. All towed. (PWJ/142)	rashed into the	e rear of m/v	v#2 that w	was ahead ed by EMS.	of him. oper.#2 was	
Witnesses: Name (Last,First,Middle)	Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)  Address		Phone #	41-Type	Description of Da	maged Property	
Truck and Bus Information:  Carrier Name  Address  US DOT #:  Interstate  Cargo Body Type Code		_ City Issuing State  45		St	Bus Use Zip	
Trailer Reg #: Reg Type _  Hazmat Information:  Placard 47  Material 1 digit # 48  Mate	Reg State					49

	Police Use Only	Common	wealth	of Massa	chus	etts			RMV	Docu	ment Number	
		City/Town Mo	tor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Number Vehicles	Number Injured	Speed		35	State Police Local Police MBTA Police	8
	08/14/2021   <b>0828</b>   <b>Wilmi</b>	ington	Police ?	Report	1		0	Latitud Longit			Campus Police Other:	ă
9	AT INTERSECTIO	ON:	LOCA	TION >	>		NOT A	ΓΙΝΊ	ERS	SECT	ΓΙΟΝ:	
	Route# Direction	Name of Roadway/Street		Route# Directi	19	6 lress #	SHA				<b>E</b> ay/Street	2 10
<sup>1</sup> 1		At		Г								
		of Intersecting Roadway/Street	t		N S E V		Mile M		-	or _	Exit Number	1 11
	d	Also at Intersection with		_	N S E V	_	Route#		Intersec	cting R	.oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Street	t		N 3 E V	• <u> </u>			Lan	dmark		
3	Please Select One of the Following:	Occupants Hit/Run	Moped				-21					
	License # <b>SA0710703</b> St <b>MA</b>			# <u>3XYK49</u>							2.1	5 12
		etrictions CDL CDL Endorseme	ent	Year <b>2021</b>							Config. 1	
4	Operator MCDUFFEE-WILLETT	irst Middle		er MCDUFFI	ast		First			Mid	LEEN idle	-
<sup>4</sup> 1	Address 5 LAKESHORE CTR			ess 5 LAKE	SHOR	E C		PT :				_
	City <b>BRIDGEWATER</b> State <b>1</b>	<u>/A</u> Zip 02324-105	City	BRIDGEWA	ATER	1	_				324-105	- 1
	Insurance Company LIBERTY MUT	TUAL PERSONAL		cle Action Prior to	Crash	1	74799	Damaged		Code:		7]
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Even	t Sequence 40	23 23 31	23	23	est Statu		The state of the s	28	
5	Citation # (If Issued) <b>T2446419</b>		Most	Harmful Event	Service of the Co.	•		ype of T		.	30	
	Viol. 1: Ch/Sec/Sub 90 24 Viol.	ol. 2: Ch/Sec/Sub 89	4A Drive	er Contributing Cod	hen-kitch	<sup>25</sup> 2	25	BAC Tes usp. Alc	_	-	Susp. Drug: 1 3	2313
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Viol	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 <sup>26</sup>		1	owed fr	om sce		1 33	
1	00000000 P 000000000000000000000000000	r and all occupants involved		DOB/Age	Sex Pos		36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)	See Above		DOB/Age	1	99	4 0			1	Wicdical Facility	7
	Operator	See Above			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-				_		-
							×					
<sup>7</sup> 1	Please Select One of the Following:	Occupants Non-Motoris	st A Type	15 Action	16 Locat	ion	17 Cond	ition	18	Н	Hit/Run 🔲 Mop	ed -
	A STATE OF THE STA	_ DOB/Age	Reg	#			Reg Typ	e		Re	eg State 21	-
	Sex Lic. Class 19 19 Lic. Res	strictions CDLEndorseme	ent	Year	Veh N	/Iake				_ Veh		
<sup>8</sup> 2	Last F	irst Middle		ressL	ast		First			Mid	ldle	
	Address State _	7in		C33			Si	ate	<i>7</i> .i	n		1 14
				cle Action Prior to				Damaged			27 27 2	7 -
	Insurance Company			11100	23 23	23	23	est Stati	us:		28	20
	Vehicle Travel Direction: NSEW	Responding to Emergency?		it Sequence	24			ype of T	Test:	2	29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)		Mos	t Harmful Event		26		BAC Tes	t Resul	lt:	30	_
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	-	25	25	lusp. Alc	cohol:	31	Susp. Drug: 3	2
	Viol, 3: Ch/Sec/Sub — Viol	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	26			owed fr	om sce	ne?	33	
	Please fill out for operator/non-r	notorist and all occupants invo	lved	DOB/Age	Sex Pos	t Safety		Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)  Operator/Non-Motorist	See Above		Doblinge	1	. System		3000				
	Operator/1 ton-motorist	333.3346	_	$\overline{}$	<del>  \</del>	-	++	-			-	
								-		_		

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestr	rian 🐠 =	Bicycle	
Crash Diagram:	ie: 👈 🔟	2	<b>→</b>	<u> </u>	<b>→</b> №		
<u> </u>	hawsheen Avenue/	Route 129				If Crash <u>Did I</u> on a Public W	
	<b>\( \rightarrow</b>					Off-Street Parkin	ng Lot
						Comos	
						☐ Garage	
Charge of the Control						☐ Mall/Shopping (	Center
		Telephone Pole \	5			Other Private W	'ay
Bicyclist  Mailbox at Shawsheer	7 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Indicate North	by Arrow
Crash Narrative:							
MV1 was traveling strai							
passed the bicyclist, N							
struck them. MV1 crosse							2
MV1 then struck the mai							•
MV1 continued off the r							
operator was not injure							<u>r</u>
was arrested for Neglio				l Posse:	ssion of	Class A-	
Subsequent Offense. Ref	erence Arrest	Report #21-	2/4-AR.				
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
OBRIEN ROBERT			RD WAKEFIELD	80	* = -		
ODKIZI KODZKI							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	-
MAGLIOZZI JOSEPH J	196 SHAWSHEEN AVE V	WILMINGTON MA 01	· · · · · · · · · · · · · · · · · · ·	97	VINYL 1	MAILBOX	
Truck and Bus Information	Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City		s	t Zip	
US DOT #:	_State Number		Issuing State	MC/MX	V/ICC #:		
Interstate 43  Cargo Body	Type Code 44	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	46	
Hazmat Information:					53080		49
Placard Material I digit #	Material Nan	ne		Material 4 di	igit #	Release code	
Patrol Officer Michael	A Wilson			mington		Department	08/14/2021 Date

	Police Use Only	Commony	vealth	of Massa	chu	setts			RMV	V Docum	nent Number	
	make a second of the second of	naton		icle Cras	sh [	Number Vehicles	Number Injured	Speed	l Limit.	30	State Police Local Police MBTA Police	
	24HR	ingcon	Police 1	Report		2	0	Longi			Campus Police Other:	5
	AT INTERSECTIO	ON:	LOCA	TION >	>		NOT A	T IN	TER	SECT	TION:	
	Route# Direction BRIDGE Li	N Name of Roadway/Street		Route# Directi	ion A	Address #		Na	ame of	Roadwa	y/Street	2
1	Routes Bassion	At		_							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	_
		of Intersecting Roadway/Street		Feet [				— • ⁄Iarker		or	Exit Number	-  _ -  <sub>3</sub>
1		Also at Intersection with  of Intersecting Roadway/Street		Feet [		_	Route#	1	Interse	ecting Ro	oadway/Street	
L	Routes Brestion Plane	or intersecting recours, success							La	ndmark		
	of the Following:	Occupants Hit/Run	Moped	Crash Re								
		DOB/Agε	A 1.55	# <u>8PF277</u>			151 15	5		- 101000	g State MA	- 1
	Sex M Lic. Class D 99 19 Lic. Res Operator GUGLIELMI, STE	strictions Z CDL Endorsemen	nt	<sub>Year</sub>			VEN	_			Config. 1	_ <del> </del>
2	Address 45 HOUGHTON RD	irst Middle		ess 45 HOU	ast		First			Midd	ile	_
	City WILMINGTON State 1	MA 7in 01887-224		WILMINGT				tate M	A 2	in <b>01</b>	887-2245	5
	Insurance Company THE COMMERC					6					27 2 27 8 27	
				cle Action Prior to (	3 23	Destruction of the last of the	1000	Test Sta		1	28	1
2	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	i Sequence 1			23	Туре of		-	29	
•	Citation # (If Issued)		Most	Harmful Event	1 2	4		BAC Te	st Resu	ılt: 1	30	
	Viol. 1: Ch/Sec/Sub Viol.	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie <b>1</b>	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub Viol.	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	7 <sup>2</sup>	6		Towed f	rom sc	2.0	33	'   <del>-</del>
.		r and all occupants involved		T i		34 35 Seat Safety	36 3' Airbag Eje	38 Et Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)	Address		DOB/Age	Sex I	Pos. System	Status Co	le Code	Status	Code	Medical Facility	_
	Operator	See Above			$X_{\perp}$	1 1	4 0	0	10	1		
		8						72				
					-+							-
							<u></u>		<u></u>			_
3	Please Select One of the Following: Vehicle 21	Occupants Non-Motorist	A Type	15 Action	16 Loc	cation	17 Con	lition	18	П	it/Run 🔲 Mope	ed
5		DOD/4	Descri	# RS990D		2000	Reg Ty	PC		Par	g State MA	
	19 19	DOB/Age									21	
	<b>D</b>	strictions 99 CDL Endorsemen	nt .	Year <b>2014</b>			_			_ Veh C	Config.	
L	Operator MURPHY, CHRIST	OPHER S		er MURPHY	ast		First			Midd	ile	-1
L .	Address 25 MCGINNESS WA	Y	Addr	ess 25 MCG	INN	ESS I		2000				-  -
	City BILLERICA State	MA Zip 01821-642	O City	BILLERIC	CA_					_	821-6420	2
	Insurance Company THE CINCIN	NATI INSURANC	<b>E</b> Vehic	cle Action Prior to (	Crash	1	22	Damage	d Area	Code: 4	3 27 27	
	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Even	t Sequence 1 2	23 23	23	23	Test Sta	tus:	1	- 28	
	Citation # (If Issued)		Most	Harmful Event	1 2	4		Type of		13	29	
2				er Contributing Cod	39	25	25	BAC Te			30	a
	Viol. 1: Ch/Sec/Sub — Viol.			i i	No company of	6		Susp. Al		COLUMN DES	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub — Viol.			er Distracted by	U			Towed f		ene? 1		4
	Please fill out for operator/non-r	motorist and all occupants involv	ved	DOB/Age		34 35 Seat Safety Pos. System	36 3 Airbag Eje Status Co	et Trap	39 Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above				1 1	4 0	0	10	1		
	Specialist Transfer ist				+	emil						
												_



Upon arrival, I observed a MV in the middle of Main Street with substantial front end damage. A second MV was parked on Bridge lane. No air bags and no injuries were observed or reported. MV1 stated that he attempted to take a left out of Bridge lane on to Main Street when he collided with the passenger side/rear end of MV2. MV1 stated that he thought MV2 was letting him go. MV2 reported that when he turned right on to Main Street from RT129 he could see ahead that MV1 was already taking up the first lane to the right.

MV2 stated that the vehicles in front of him all moved over to the middle lane in order to pass MV1 so he did the same. MV2 stated he moved over to the middle lane Then as he got to Bridge Ln, MV1 crashed into the side of his vehicle. Both vehicles were towed by A&S.

Name (Last,First,Middle)	Address			Phone #		Statement			
Property Damage:									
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of Da	maged Property				
		-							
Truck and Bus Information:  Registration #									
Address		City		St	Zip				
US DOT #:State Number		Issuing State	MC/MX/	/ICC #:					
Interstate Cargo Body Type Code	GVWR/GCWR	45			46				
Trailer Reg #: Reg Type	Reg State	Reg Year	———Тгаі	ler Length					
Hazmat Information:					To Const-400	40			
Placard Material I digit # 48 Material	al Name		_Material 4 dig	git #	Release code	49			

Patrol Officer Scott Dunnett

202 ID/Badge # Wilmington Police Department

08/14/2021