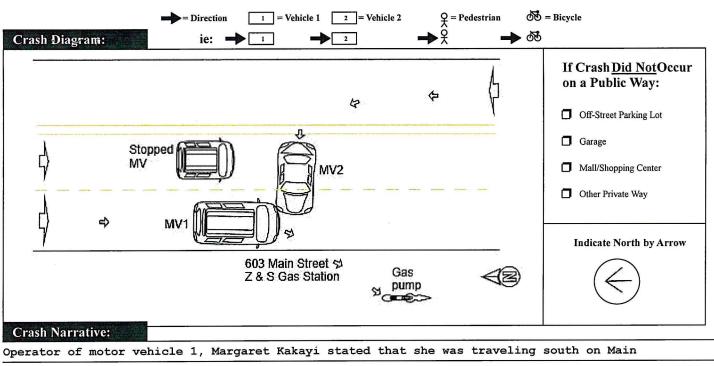
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| Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 3 2 2 2 2 2 2 2 2 | | City TEWKSBURY | State MA Zip 0187 | 76-2323 City | TEWKSBURY | | Sta | ate MA | Zip 018 | <u>376-2323</u> | |
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| Viol. 1: Ch/Sec/Sub | | | | | | 25 | 25 | | | - E | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by V | | Viol. 1: Ch/Sec/Sub ———— | | | Face of | _ | Si | | | | 1_ |
| Name (Last First Middle) Non-Motorist A Type 13 Action 16 Location 17 Condition 18 Hit/Run Moped | 6_ | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub - | Drive | er Distracted by | | | , | cene? 1 | 33 |] |
| Operator See Above 1 1 1 4 0 0 1 10 1 Please Sciect One of the Following: Vehicle 21 #Occupants Non-Motorist A Type Is Action If Location It Condition Is Hit/Run Moped License # \$23776415 St MA DOB/Age Reg # 77X380 Reg Type PC Reg State MA Veh Year 2005 Veh Make FORD Veh Config. 1 21 Operator CONNORS, MITCHELL JOHN List Address 2 DADANT DR City WILMINGTON State MA Zip 01887-2149 Insurance Company THE HANOVER INSURANCE COM Vehicle Action Prior to Crash 4 22 Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 Susp. Alcoholt 31 Susp. Drug 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Driver Distracted Driver Distracted Driver Satura Code Satura Code Code Code Satura Code Driver Distracted Driver Drive | 1 | | operator and all occupants | | DOB/Age Sex | Seat Safety | Airbag Eject | Trap Injury | 40 Transp. | Medical Facility | |
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| To the following: Vehicle 21 #Occupants Non-Motorist A Type Action Location Condition Moped License # \$23776415 | | | | | | | | | | | |
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| Sex M_ Lic. Class D | | The same of the sa | | Reg | # <u>77X380</u> | | Reg Typ | PC | Reg | | |
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| Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: SEW Responding to Emergency? 2 Vehicle Travel Direction: Vehicle Action Prior to Crash Vehicle Action Prior to Cr | | | State MA Zin 0188 | 37-2149 City | WILMINGTO | N P. | Sta | nte MA | Zip 018 | 387-214 <u>9</u> | 1 |
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| Citation # (If Issued) Most Harmful Event | | | 23 23 23 Test Status: 28 | | | | | | | | |
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| Viol. 1: 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) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility | 92 | | | | | 25 | | AC Test Res | ult: | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/Sub Driver Distracted by Viol. 3: Ch/Sec/Sub Driver Distracted by Viol. 4: Ch/Sec/S | _ | Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcohol: 31 Susp. Dr | | | | | | | Susp. Drug. | | |
| Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sext Safety Airbag Eject Trap Injury Transp. System Status Code Code Status Code Medical Facility | | Viol. 3: Ch/Sec/Sub | ver Distracted by U Towed Holl Scene: 1 | | | | | | _ | | |
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Operator of motor vehicle 1, Margaret Kakayi stated that she was traveling south on Main Street. She stated that MV2 pulled out in front of her, vehicles collided, causing her vehicle to steer into Z & S Gas Station, and crash into a gas pump (See images). Op. of MV2, Mitchell Connors stated that he was traveling north on Main Street. He stated that he was attempting to turn left into the gas station. He stated that a vehicle traveling in the south bound lane had stopped, waved him by, he continued to turn left towards the gas station entrance, and crashed with MV1. Both parties stated no injuries and refused medical attention. Both vehicles towed by Forrest (See attachments for inventory). Also see attachments for Z & S Gas Station video surveillance footage. Mr. Arserio stated he witnessed the accident and believes MV1 was traveling fast.

| Name (Last, First, Middle) | | Address | | | | hone # | Statement | | | | |
|--|-----------------|---|----------------------|---------------|-----------|------------------------------|---------------|----|--|--|--|
| ARSERIO MICHAEL JOHN | - | 26 STEVENS ST Apt. #1 METHUEN MA 01844-3158 | | | | | | 1 | | | |
| | | | | | | | | | | | |
| Property Damage: | 2 | | | | | | | | | | |
| Owner (Last,First,Middle) Address | | | Phone # 41-Type Desc | | | cription of Damaged Property | | | | | |
| Z & S GAS STATION | NGTON MA 01887 | | 97 | GAS | PUMP | | | | | | |
| | | | | | | | | | | | |
| Truck and Bus Information: Registration # | | | | | | | | | | | |
| Address | | | City | | | 51 | Zip | | | | |
| US DOT #: | State Number | | Issuing State | MC/MX | /ICC #: _ | - | | | | | |
| | Type Code | GVWR/GCWR | 45 | | | 46 | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | iler Leng | th | | | | | |
| Hazmat Information: 47 Placard Material 1 digit # | 48 Material Nam | e | | Material 4 di | git # | | -Release code | 49 | | | |

Patrol Officer Julio J Quiles

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Wilmington Police Department

08/19/2021

Wilmington Police Department Images Associated with 21-218-AC



