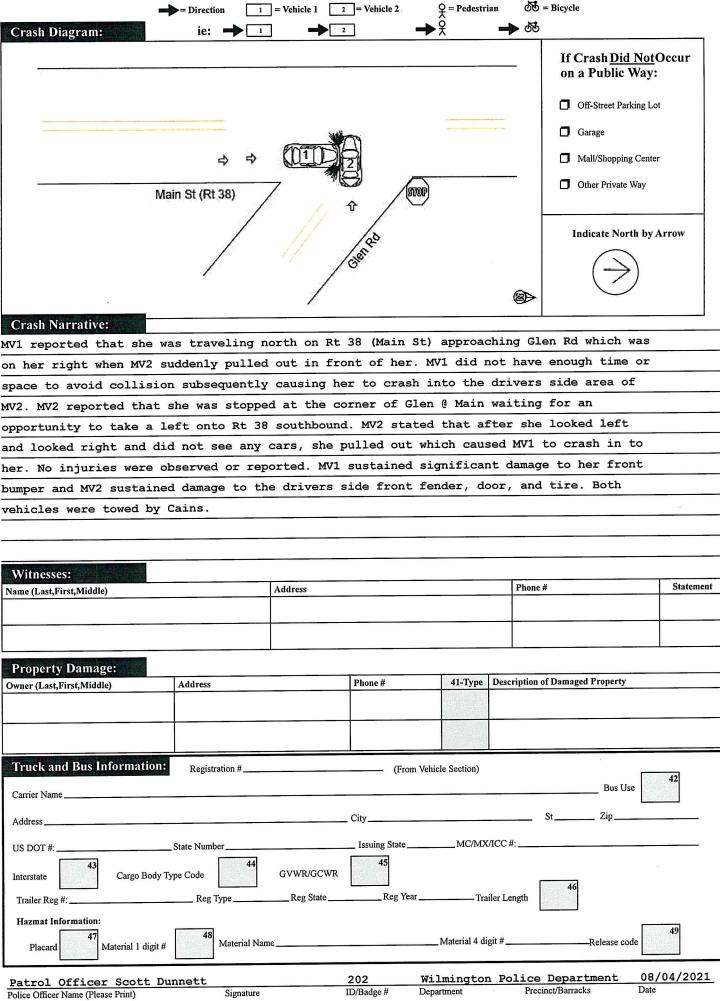
|                       | Police Use Only   | Commony   | wealth of Massach  | usetts                         | RMV Doc                                    | ument Number         |
|-----------------------|---|---|--|--------------------------------|--|----------------------|
|                       | Date of Crash   Time of Crash   08/04/2021   1449   Wilm  | ington  | tor Vehicle Crash  | Mr. Control Control            | mber Speed Limit 35<br>ured Latitude       | MBTA Police          |
|                       | 24HR  | iring con   | Police Report  | 2 0                            | Longitude                                  | Campus Police Other: |
|                       | AT INTERSECTION   | ON:   | LOCATION >   | NO                             | T AT INTERSEC                              |                      |
| 9                     | 107 THE COM   |   | 8  |                                |  | 2 10                 |
|                       | Route# Direction MAIN ST  | Name of Roadway/Street                                | Route# Direction   | Address #                      | Name of Roady                              | vay/Street           |
| <sup>1</sup> 1        |   | At  | Feet N S   | EW .c                          |  |                      |
|                       | Route# Direction GLEN RD Name   | ne of Intersecting Roadway/Street                     |  |                                | — — • — or _<br>file Marker                | Exit Number          |
|                       | Routes Direction Plans  | Also at Intersection with                             | Feet N S   | E W of                         | Internation 1                              | Roadway/Street       |
|                       |   |   | Feet N S   | E W of                         | te# Intersecting                           | Roadway/Street       |
| <sup>2</sup> <b>1</b> | Route# Direction Name   | e of Intersecting Roadway/Street                      | t  |                                | Landmar                                    | k                    |
| 3                     | Please Select One of the Following:   | #Occupants Hit/Run                                    | Moped Crash Repor  | 1D# 21-2                       | 203-AC                                     |                      |
|                       | A CANADA | A DOB/Age   | Reg# 6JA762  | Re                             | eg Type <b>PC</b> R                        |                      |
|                       | Sex <b>F</b> Lic. Class D 19 19 Lic. Re   | estrictions 99 CDL Endorseme                          | Veh Year <b>2014</b>   | Veh Make NIS                   | SAN Vel                                    | 21                   |
|                       | Operator PARADIS, HEATH   | HER MARY  | ont Owner PARADIS,   | HEATHER                        | MARY                                       |                      |
| <sup>4</sup> 1        | Address 180 ALABAMA RD  | First Middle  | Address 180 ALAE   | I                              | First M                                    | fiddle               |
|                       | City <b>TEWKSBURY</b> State   |   | City TEWKSBURY   |                                | State MA Zip 0                             | 1876-4813            |
|                       | Insurance Company SAFETY INS  |   |  | 1 22                           | Damaged Area Code:                         | 27 27 27             |
|                       | Vehicle Travel Direction: SEW   | Responding to Emergency? 2                            | 22   | 23 23 23                       | Test Status:                               | 1 28                 |
| <sup>5</sup> 2        | Citation # (If Issued)  |   | Most Harmful Event 1   | 24                             | Type of Test:                              | 29                   |
|                       | Viol. 1: Ch/Sec/Sub V   |   | Driver Contributing Code   | 1 25 25                        | BAC Test Result:  Susp. Alcohol: 2 31      | 13                   |
|                       | Viol. 3: Ch/Sec/Sub V   |   | 12460  | 26                             | Towed from scene?                          | 1 33                 |
| <sup>6</sup> 1        |   | tor and all occupants involved                        | Same 1   | 34 35 36<br>Seat Safety Airbag | 37 38 39 40<br>3 Eject Trap Injury Transp. |                      |
| ·                     | Name (Last First Middle)  | Address   | DOB/Age Sex  | Pos. System Status             |  | Medical Facility     |
|                       | Operator  | See Above   |  | 1 1 4                          | 0 0 10 1                                   |                      |
|                       |   |   |  |                                |  |                      |
|                       |   |   |  |                                |  |                      |
|                       |   |   |  |                                |  |                      |
| 7                     | Please Select One Vehicle 21  | #Occupants Non-Motoris                                | st A Type 15 Action 16   | Location 17                    | Condition 18                               | Hit/Run Moped        |
| <sup>7</sup> 3        | of the Pollowing:   |   | Reg #_9ZM372   | D                              | eg Type <b>PC</b> R                        | Reg State <b>MA</b>  |
|                       | License #   | _ DOB/Ag  | Veh Year 2011  |                                |  | h Config. 1          |
|                       | D state states  | Lestrictions 99 CDL Endorseme                         |  | UNCHONG                        |  | r comig.             |
| <sup>8</sup> 1        | Operato:  | Middle Middle   | Address 14 FREDE   | 1                              | First M                                    | fiddle               |
| _                     | Address   |   | City WILMINGTO   |                                | State MA 7 in 0                            | 1887-1124            |
|                       | City State  | Zi!<br>RCE INSURANCE (                                |  | 22                             | Damaged Area Code:                         |                      |
|                       | Insurance Company THE COMMER  | Responding to Emergency? 2                            | Terman land  | 23 23 23                       | Test Status:                               | 1 28                 |
|                       | Vehicle Travel Direction: N S E   | Responding to Emergency?                              | Most Harmful Event 1   | 24                             | Type of Test:                              | 29                   |
| <sup>9</sup> 2        | Citation # (If Issued)  | _   |  | 25 25                          | BAC Test Result:                           | 1 30 32              |
|                       | Viol. 1: Ch/Sec/Sub — V   |   | Driver Contributing Code Driver Distracted by 99   | 22                             | Susp. Alcohol: 2 31 Towed from scene?      | Susp. Drug: 2 32     |
|                       | 7101.01.010.000.000   | Viol. 4: Ch/Sec/Subn-motorist and all occupants invol | partition of the same of the s | 34 35 36                       | 37 38 39 40                                |                      |
|                       | Please fill out for operator/non Name (Last First Middle)   | Address   | DOB/Age Sex  |                                | s Code Code Status Code                    | Medical Facility     |
|                       | Operator/Non-Motorist   | See Above   | $\times$   | 1 1 4                          | 0 0 10 1                                   |                      |
|                       |   |   |  |                                |  |                      |
|                       |   |   |  |                                |  |                      |
|                       |   |   |  |                                |  |                      |



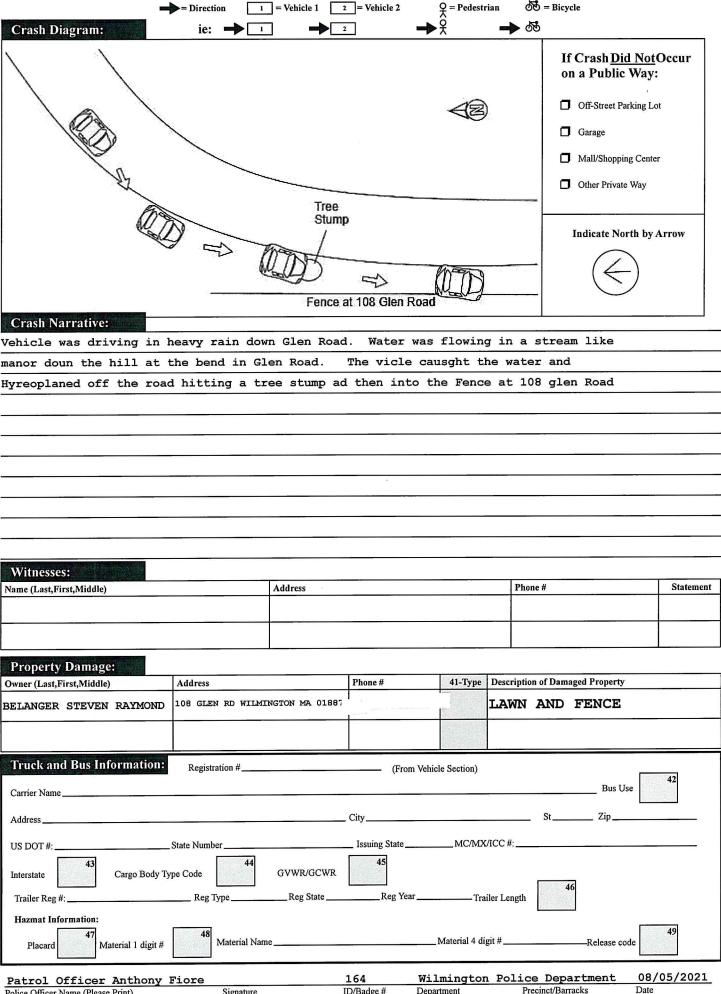
|                       | Police Use Only                        | Comm                       | onwealth   | of Massa                     | chus   | etts               |                                      |                        | RMV I      | Docume               | nt Number   |      |
|-----------------------|--|----------------------------|--|------------------------------|--|--------------------|--------------------------------------|------------------------|------------|----------------------|---|------|
|                       | Date of Crash Time of Crash            | City/Town                  | Motor Veh  | icle Cra                     | sh [   | Number<br>Vehicles | Number<br>Injured                    | Speed I                |            | 30                   | State Police Local Police MBTA Police Campus Police |      |
|                       |  | ington                     | Police 1   | Report                       | 2  |                    | 0                                    | Latitude               |            |                      | MBTA Police Campus Police Other:                    |      |
|                       | 24HR AT INTERSECTI                     | ON                         | A STATE OF THE STA | Land of the land of the land | >  |                    | NOT A                                |                        |            |                      |   |      |
|                       | ATINTERSECTI                           | OIV.                       | Loca   |                              |  |                    | 110111                               |                        | LICE       |                      | -   | 10   |
|                       |  |                            |  |                              | 30   | )                  | LOWI                                 | CLL                    | ST         |                      |   | 2    |
| [1                    | Route# Direction                       | Name of Roadway/Stre       | et   | Route# Direct                | ion Ad                                       | dress #            |                                      | Nan                    | ne of Ro   | adway/S              | Street  | _    |
| <sup>1</sup> 1        |  | At                         |  | Feet [                       | NSE  | W of               |                                      |                        | <u> </u>   | nr.                  |   |      |
|                       | Route# Direction Nam                   | e of Intersecting Roadwa   | v/Street   |                              |  |                    | Mile M                               |                        |            |                      | Exit Number   | 11   |
|                       | TOURS DISTORTED                        | Also at Intersection wit   |  | Feet [                       | N S E V                                      | W of               | <del></del>                          |                        |            |                      | 1 /0:   | 2    |
|                       |  |                            |  | Feet                         | NSEV   | W of               | Route#                               | I                      | ntersecti  | ing Road             | lway/Street   |      |
| <sup>2</sup> <b>1</b> | Route# Direction Nam                   | e of Intersecting Roadwa   | y/Street   |                              |  |                    |                                      |                        | Landi      | mark                 |   | 9    |
|                       | Please Select One VI vehicle 12        | #Occupants Hit/R           | un Moped   | Crosh P                      | enort ID#                                    | 21                 | -20                                  | 4-7                    | <b>A</b> C |                      |   | 1    |
| 3                     | of the Following:                      | Hil/K                      |  |                              |  |                    |                                      |                        |            |                      |   | 4    |
| L                     |  | A DOB/Age                  | . Reg  | # 2CSR88                     |  |                    | Reg Typ                              | e PC                   |            | Reg S                | tate MA   | 1 12 |
|                       | Sex M Lic. Class D 19 19 Lic. R        | estrictions 1 20 CD        | L Veh  | Year <b>2017</b>             | Veh 1  | Make <u>C</u>      | HEVRO                                | LET                    |            | Veh Cor              | nfig. <b>1</b>                                      | 1    |
|                       | Operator GOMEZ, AMNER                  | т                          | Own  | er MORALE                    | S GU   | ZMAN               | , VE                                 | RONI                   | CA         | A<br>Middle          |   |      |
| <sup>4</sup> 1        | Address 60 LEXINGTON S                 |                            |  | ress 60 LEX                  | ast<br>INGT                                  | ON S               | ST A                                 | PT 2                   | 2          | Middle               |   |      |
|                       | City <b>LYNN</b> State                 |                            | -0000 City   | LYNN                         |  |                    |                                      | ate <b>MA</b>          | Zip        | 019                  | 02-1465   |      |
|                       | Insurance Company LM GENERAL           |                            |  | cle Action Prior to          | Crach  | 1                  |                                      | Damaged                |            |                      | 27 5 27 27  |      |
|                       |  |                            |  | estar.                       | 23 23  | 23                 | AASS                                 | est Statu              |            |                      | 28  |      |
| <sup>5</sup> 2        | Vehicle Travel Direction: NSWW         | Responding to Emerge       |  | n sequence 1                 |  |                    | 7                                    | ype of T               | est:       | Ship                 | 29  |      |
|                       | Citation # (If Issued)                 | _                          | Mos  | t Harmful Event              |  |                    | 25                                   | AC Test                |            | 200                  | 30  | 13   |
|                       | Viol. 1: Ch/Sec/Sub — \                | /iol. 2: Ch/Sec/Sub        | Drive  | er Contributing Co           | 45560  | 25                 | 23<br>S                              | usp. Alc               | ohol: 2    |                      | isp. Drug: 2 32                                     | 1    |
| 6                     | Viol. 3: Ch/Sec/Sub \                  | iol. 4: Ch/Sec/Sub         | Drive  | er Distracted by             | 0 26   |                    | T                                    | owed fro               | om scene   | e? 2                 | 33  |      |
| <sup>6</sup> 1        |  | tor and all occupants invo |  | DOD'A.                       | Sex Pos                                      | at Safety          | 36 37<br>Airbag Eject<br>Status Code | 38<br>Trap<br>Code     | Injury Tr  | 40<br>ansp.<br>Code  | Medical Facility                                    |      |
|                       | Name (Last First Middle)               |                            | Above  | DOB/Age                      | 1  |                    | 4 0                                  |                        | 10 1       |                      | Medical Facility                                    | 1    |
|                       | Operator                               | 423 SUMMER ST              | AUUVC  |                              |  | _                  |                                      |                        |            | -                    |   | -    |
|                       | CHILEL TEOFILO                         | LYNN, MA 01905             |  | 02/06/1988                   | м 6  | 1                  | 4 0                                  | 0                      | 10 1       |                      |   | -    |
|                       |  |                            |  |                              |  |                    |                                      |                        |            |                      |   |      |
|                       |  |                            |  |                              |  |                    |                                      |                        |            |                      |   |      |
|                       |  |                            | 150  | 15                           | 16   |                    | 17                                   |                        | 18         | <u> </u>             |   | 1    |
| <sup>7</sup> <b>1</b> | Please Select One of the Following:    | #Occupants Non-I           | Motorist A Type  | Action                       | Loca   | tion               | Cond                                 | ition                  | 4          | Hit/                 | Run Moped   |      |
|                       | License # <b>S32794744</b> St <b>M</b> | A DOB/Age                  | Reg  | # <u>2GJV57</u>              |  |                    | Reg Typ                              | e PC                   |            | _ Reg S              | tate MA   |      |
|                       | Sex M Lic. Class D Lic. R              | estrictions 1 20 CD        | L Veh  | Year <b>2018</b>             | Veh  | Make <b>M</b>      | AZDA                                 |                        |            | Veh Cor              | nfig. <b>1</b> 21                                   |      |
|                       | Operator CAZEAU, ANDRE                 | W N                        | Own  | er CAZEAU                    | , NI   | COLA               | s                                    |                        |            |                      |   |      |
| <sup>8</sup> 1        | Address 36 CARY ST                     | First                      | Middle   | ress 36 CAR                  | ast  |                    | First                                |                        |            | Middle               |   |      |
|                       |  | MA Zip 01887               |  | WILMING'                     |  |                    | St                                   | ate MA                 | Zip        | 018                  | 87-1837   | 1 14 |
|                       |  |                            |  |                              | 100  | 1                  | -                                    | Damaged                |            |                      | 27 27 27  |      |
|                       | Insurance Company LIBERTY M            |                            |  | cle Action Prior to          | 23 23  | 23                 |                                      | est Statu              |            |                      | 28  |      |
|                       | Vehicle Travel Direction: N S W        | Responding to Emerge       |  | it sequence 1                | 24   |                    |                                      | ype of T               | est:       |                      | 29  |      |
| <sup>9</sup> 2        | Citation # (If Issued)                 | _                          | Mos  | t Harmful Event              | T  |                    |                                      | BAC Test               | t Result:  |                      | 30  |      |
|                       | Viol. 1: Ch/Sec/Sub                    | Viol. 2: Ch/Sec/Sub        | Driv   | er Contributing Co           | 50,000                                       | 25                 | 25                                   | Susp. Alc              | ohol: 2    | _                    | usp. Drug: 2 32                                     |      |
|                       | Viol. 3: Ch/Sec/Sub                    | Viol. 4: Ch/Sec/Sub        | Driv   | er Distracted by             | 99 <sup>26</sup>                             |                    | 7                                    | Towed fro              | om scen    | e? 2                 | 33  | ]    |
|                       | Please fill out for operator/nor       |                            |  | DOB/Age                      | Sex Po                                       | at Safety          | 36 37<br>Airbag Ejec<br>Status Cod   | 38<br>t Trap<br>e Code | Injury Tr  | 40<br>ransp.<br>Code | Medical Facility                                    | I    |
|                       | Name (Last First Middle)               |                            | Address<br>e Above   | DOD/Age                      | X 1  |                    | 5 0                                  |                        | 10 1       |                      |   | 1    |
|                       | Operator/Non-Motorist                  | Sec                        | J FLUOVO   | />                           | <u>/                                    </u> |                    |                                      |                        |            |                      |   | 1    |
|                       |  |                            |  |                              |  |                    |                                      |                        |            | _                    |   | 4    |
|                       |  |                            |  |                              |  |                    |                                      |                        |            |                      |   |      |
|                       |  |                            |  |                              |  |                    |                                      |                        |            |                      |   |      |
|                       | İ                                      | 1                          |  | 1                            | 1 I  | 1                  | 1                                    |                        |            |                      |   | _    |

| Crash Diagram:  | ie:                  |               | ]= Vehicle 2<br>] ■ | ♀= Pedestrian<br>♀<br>♀       | රුතු<br>— රුතු   | cle  |           |
|---|----------------------|---------------|---------------------|-------------------------------|------------------|--|-----------|
|   | Parker St            |               | 30 L                | owell St                      |                  | Crash <u>Did Not</u><br>n a Public Way: Off-Street Parking Lo Garage Mall/Shopping Cente | ot        |
| =   | MV2                  |               | /1<br>→             |                               |                  | Indicate North by  | Arrow     |
| Crash Narrative:  VI and MV2 were both  of MV1, the traffic t | was very heavy a     | t the time.   | When the            | operator of                   | MV1 stopp        | ed in the  |           |
| area of 30 Lowell Struckers                                   |                      | uck from behi | nd by MV2           | . No report                   | ed injuri        | es and both  |           |
| renicies we able sci.   | operacionar.         |               |                     |                               |                  |  |           |
|   |                      |               |                     |                               |                  |  |           |
|   |                      |               |                     |                               |                  |  |           |
|   |                      |               |                     |                               |                  |  | -         |
|   |                      |               |                     |                               |                  |  |           |
|   | -                    |               |                     |                               |                  |  | -         |
| Witnesses:  |                      |               |                     |                               | 1                |  |           |
| Name (Last,First,Middle)                                      |                      | Address       |                     |                               | Phone #          |  | Statement |
|   |                      |               |                     |                               | <u> </u>         |  |           |
|   |                      |               |                     |                               |                  |  |           |
| Property Damage:  |                      |               |                     | Book no this are the contract |                  | ances a  |           |
| Owner (Last,First,Middle)                                     | Address              |               | Phone #             | 41-Type De                    | scription of Dam | aged Property  |           |
|   |                      |               |                     |                               |                  |  |           |
|   |                      |               |                     |                               |                  |  |           |
| Truck and Bus Informati                                       | On: Registration #   |               | (From \             | /ehicle Section)              |                  |  |           |
| Carrier Name  |                      |               |                     |                               |                  | Bus Use  | 42        |
| Address   |                      | (             | City                |                               | St               | Zip/   |           |
|   | State Number         |               |                     | MC/MX/ICO                     |                  |  |           |
| 43  | 44                   |               | 45                  |                               |                  |  |           |
|   | ody Type Code        | GVWR/GCWR     |                     |                               | 4                | 16   |           |
| Trailer Reg #:  | Reg Type             | Reg State     | Reg Year_           | Trailer l                     | ength            |  |           |
| Hazmat Information:  47 Placard Material 1 di                 | git # 48 Material Na | me            |                     | Material 4 digit #            |                  | Release code   | 49        |
| Patrol Officer Parril   |                      |               | 12                  | Wilmington P                  | olice Dep        | artment 08/  | /04/2021  |
| Patrol Officer Daryl Police Officer Name (Please Print)       | Signature            |               |                     | Department                    | Precinct/Bar     |  |           |

Police Officer Name (Please Print)

Signature

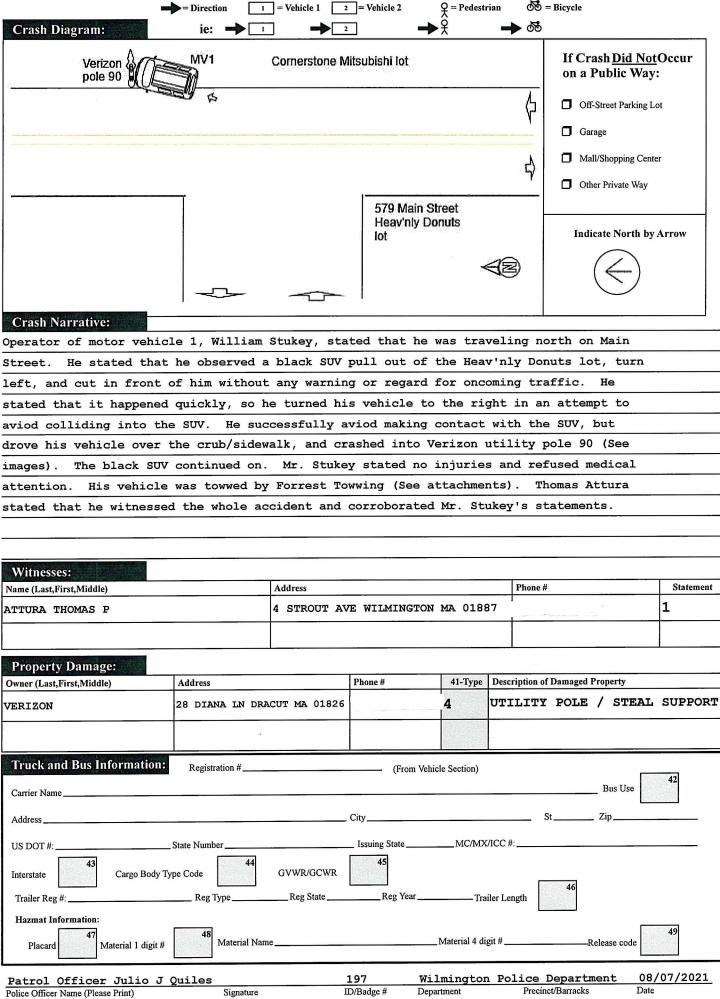
|                | Police Use Only  | Comm                         | onwealth        | of Massact                             | ıusetts            |                             | RM                                      | V Docum         | ent Number  | á               |
|----------------|--|------------------------------|-----------------|--|--------------------|-----------------------------|---|-----------------|---|-----------------|
|                | Date of Crash   Time of Crash   08/05/2021   1207   Wil  | City/Town mington            | Motor Veh       | icle Crash                             | Number<br>Vehicles |                             | Speed Limit                             | 25              | State Police Local Police MBTA Police Campus Police |                 |
|                | 24HR   | ming con                     | Police          | Report                                 | 1                  | 1                           | Lantide                                 |                 | Campus Police  Other:                               |                 |
|                | AT INTERSECT   | ION:                         | < LOCA          | TION >                                 |                    | NOT A                       | r inter                                 | SECT            | ION:  |                 |
|                | Route# Direction   | Name of Roadway/Stree        | et              | Route# Direction                       | 108<br>Address #   | GLEN                        | RD Name of                              | Roadway         | ı/Street  | 2               |
| <sup>1</sup> 1 |  | At                           |                 |  |                    |                             |   |                 |   | 1               |
|                | Route# Direction Na  | me of Intersecting Roadwa    |                 | Feet N S                               |                    | Mile Ma                     | rker                                    | or              | Exit Number   | 1 1             |
| 2              | Dentall Direction No.  | Also at Intersection with    |                 | Feet N S                               |                    | Route#                      | Interse                                 | ecting Ro       | adway/Street  |                 |
| <sup>2</sup> 3 | Route# Direction Na  | me of intersecting Roadway   | y/Siteet        | Section 4                              |                    |                             | La                                      | ndmark          |   | 1               |
| <sup>3</sup> 2 | Please Select One of the Following:  | #Occupants Hit/Ri            |                 | Crash Repor                            |                    |                             | 300000000000000000000000000000000000000 | ;               |   |                 |
|                |  | M DOB/Age                    | Reg             | # <u>31892</u>                         |                    | Reg Type                    | PC                                      | Reg             | State MA 21   | 3               |
|                | Sex <b>F</b> Lic. Class D 19 19 Lic.  Operator <b>SILK</b> , <b>NINA M</b>   | Restrictions CDI End         | orsement        | Year <u>2006</u><br>er <u>SILK, NI</u> |                    |                             |   | _ Veh C         | onfig. 1  | 3               |
| <sup>4</sup> 1 | Address 28 ANTHONY RD  | First                        | Middle          | ess 28 ANTHO                           |                    | First                       |   | Middl           | c   |                 |
| _              |  | MA -: 01976-                 |                 |  |                    | Cu                          | . MZ                                    | O15             | 376-2224  |                 |
|                | City <b>TEWKSBURY</b> Sta  |                              |                 | TEWKSBURY                              | 05/07/90           |                             | amaged Area                             | _               |   |                 |
|                | Insurance Company THE COMME  | RCE INSURANC                 |                 | cle Action Prior to Cras               | 2-29000            |                             | amageu Area<br>est Status:              | Code. 1         | 28  |                 |
| 5              | Vehicle Travel Direction: N E W  | Responding to Emerge         | ncy? 2 Even     | t Sequence 40 23 2:                    |                    | 23                          | pe of Test:                             | 1               | 29  | 1               |
|                | Citation # (If Issued)   | <u> </u>                     | Mosi            | Harmful Event 21                       | - 24               | -                           | AC Test Resu                            | ılt:            | 30  |                 |
|                | Viol. 1: Ch/Sec/Sub ————   |                              |                 | er Contributing Code                   | 99 <sup>25</sup>   | 25<br>St                    | sp. Alcohol:                            | 2 31            | Susp. Drug. 2 32                                    | 21 <sup>1</sup> |
| <sup>5</sup> 6 | Viol. 3; Ch/Sec/Sub  |                              |                 | el Distracted by                       | 34   35            | 36 37                       | 38 39                                   | 40              |   | 4               |
|                | Please fill out for oper Name (Last First Middle)  | rator and all occupants invo | lved<br>ddress  | DOB/Age Sex                            | Seat Safety        | Airbag Eject<br>Status Code | Trap Injury<br>Code Status              | Transp.<br>Code | Medical Facility                                    |                 |
|                | Operator   | See                          | Above           | $\times$                               | 1 99               | 99 0                        | 0 9                                     | 1               |   |                 |
|                | 1  |                              |                 |  |                    |                             |   |                 |   | 1               |
|                |  |                              |                 |  |                    |                             | -                                       |                 | 2   | 4               |
|                |  |                              |                 |  |                    |                             |   |                 |   |                 |
|                |  |                              |                 |  |                    |                             |   |                 |   |                 |
| <sup>7</sup> 1 | Please Select One of the Following:  | #Occupants Non-M             | Motorist A Type | 15 Action 16                           | Location           | 17 Condi                    | ion 18                                  | П Hi            | t/Run Moped   |                 |
|                | License # St   | DOB/Age                      | Reg             | #                                      |                    | Reg Type                    | )                                       | Reg             |   |                 |
|                | DNADAR CAMBRA  | Restrictions 20 CDI End      | orsement        | Year<br>er                             | Veh Make           |                             |   | _ Veh C         | onfig.  |                 |
| <sup>8</sup> 1 | Operator   | First                        | Middle          | Last                                   |                    | First                       |   | Middle          | e   |                 |
|                | Address  |                              |                 | ess                                    |                    |                             |   | ·               |   | 4               |
|                | City Sta   | te Zip                       | City            |  | OCK-MOS            | _                           | te Z                                    |                 | 27 27 27  | 4               |
|                | Insurance Company  | <del></del>                  | Vehi            | cle Action Prior to Cras               | Senior Senior      |                             | amaged Area                             | Code:           | 28  | 1               |
|                | Vehicle Travel Direction: NSEW   | Responding to Emerge         | ncy? Even       | t Sequence 23                          | 23 23              | 23                          | est Status:                             | 38<br>33        | 29  |                 |
| `              | Citation # (If Issued)   |                              | Mos             | : Harmful Event                        | 24                 | -                           | pe of Test:                             | .1              | 30  |                 |
| <sup>9</sup> 2 | Viol. 1: Ch/Sec/Sub  | Wal 2. Ch/Saa/Sub            | Drive           | er Contributing Code                   | 25                 | 25                          | AC Test Resu<br>sp. Alcohol:            | David Co.       | Susp. Drug: 32                                      | 1               |
|                | The second secon |                              |                 | er Distracted by                       | 26                 |                             | owed from sc                            | REPART.         | 33 Susp. Drug.                                      | 1               |
|                | Viol. 3: Ch/Sec/Sub  |                              |                 | el Distracted by                       | 34 35              | 36 37                       | 38 39                                   | 40              |   | ┦               |
|                | Please fill out for operator/no  |                              | ddress          | DOB/Age Sex                            | Scat Safety        | Airbag Eject                | Trap Injury<br>Code Status              | Transp.<br>Code | Medical Facility                                    |                 |
|                | Operator/Non-Motoris   | st See                       | Above           | $\searrow$                             | 1                  |                             |   |                 |   |                 |
|                | -F   |                              |                 | Y Y                                    |                    |                             |   |                 |   |                 |
|                |  |                              |                 |  |                    |                             |   | $\vdash$        |   | -               |
|                |  |                              |                 |  |                    |                             |   |                 |   |                 |
|                |  |                              |                 |  |                    |                             |   |                 |   |                 |
|                | 1  | 1                            |                 | II I                                   | 1 1                | 1 1                         | 1 1                                     | I               |   | 1               |



| Po                                     | olice Use Only                   | Com                    | monwe               | ealth   | of Massa                                | ach           | use                | tts                    |               |                                | RMV                    | Docur                 | nent Numbe                            |  |      |
|--|----------------------------------|------------------------|---------------------|---------|---|---------------|--------------------|------------------------|---------------|--------------------------------|------------------------|-----------------------|---------------------------------------|--|------|
| Date of Crash                          | 1 1                              | City/Town              | Moto                | r Veh   | icle Cra                                | sh            |                    | mber<br>nicles         | Numbe         | 1 -                            | Limit_                 | 35                    | State Police Local Police MBTA Police |  |      |
| 08/05/2021                             | 1249   Wilm                      | ington                 | P                   | olice [ | Report                                  |               | 2                  |                        | 1             | Latitud                        | 7                      |                       | Campus Poli                           | ce 🗖                                   |      |
|  | AT INTERSECTION                  | ON:                    | <                   | LOCA    | TION                                    | >             |                    |                        | NOT.          | AT IN                          |                        | SECT                  | ION:                                  |  | 1    |
|  |                                  | 00000                  |                     |         |   |               |                    |                        |               |                                |                        |                       |                                       |  | 2 10 |
|  | SHAWSHEE                         |                        |                     | -       | <del></del> <del></del>                 | <del></del> . |                    |                        |               | NT-                            | - CT                   | 1                     | /5                                    |  |      |
| Route# Dire                            | rection                          | Name of Roadway/S      | Street              |         | Route# Direc                            | tion          | Addre              | ess#                   |               | Na                             | me of F                | Koadwa                | y/Street                              | -                                      | 1    |
| <u> </u>                               | SHERBURN                         |                        |                     |         | Feet                                    | NS            | E W                | of -                   |               | _ •                            | _                      | or _                  | <del></del>                           | -0                                     |      |
| Route# Dire                            | rection Name                     | e of Intersecting Road | lway/Street         |         |   |               |                    |                        | Mile          | Marker                         |                        |                       | Exit Numb                             | per                                    | 2    |
|  |                                  | Also at Intersection   | with                |         | 8550                                    | N S           |                    |                        | Route#        |                                | Interse                | cting Ro              | oadway/Stree                          | t                                      |      |
| —————————————————————————————————————— | No.                              | e of Intersecting Road | lucar/Street        |         | Feet                                    | N S           | EW                 | of                     |               |                                |                        | Ü                     |                                       |  |      |
| Route# Dire                            | rection Name                     | e of intersecting Road | iway/Sireet         |         |   |               |                    |                        |               |                                | Lan                    | ndmark                |                                       |  | 4    |
| Please Select                          |                                  | #Occupants Hi          | t/Run               | Moped   | Crash l                                 | Report        | ID# 2              | 21.                    | -20           | 06-                            | AC                     |                       |                                       |  |      |
| of the Follow                          | And:                             |                        |                     |         | 1 1111111111111111111111111111111111111 |               |                    |                        |               | D.C.                           | 7                      |                       | o M7                                  |  |      |
| License                                | S                                | _ DOB/Age              |                     | _       | # <u>1TNK68</u>                         |               |                    |                        |               |                                |                        |                       |                                       | 21                                     | 1 13 |
| Se _ Lic                               | c. Class D Lic. Re               | estrictions            | CDL<br>Endorsement  |         | Year 2010                               |               |                    |                        |               |                                |                        |                       | Config. L                             |  | -    |
| Operator                               | Last                             | First                  | Middle              | _ Own   | er GILLES                               | PIE<br>Last   | :, 1               | MIC                    | HAE]<br>First | _ WI                           | LLI                    | AM<br>Mid             | dle                                   |  |      |
| 1 Addre                                |                                  |                        |                     | _ Addı  | ess 31 FO                               | XRUI          | N D                | R_                     |               |                                |                        |                       |                                       |  |      |
| City                                   | _ State                          | Zip_                   |                     | City    | WILMING                                 | TON           | •8                 |                        |               | State M                        | <b>A</b> _ z           | ip <u>01</u>          | 887-1                                 | 481                                    |      |
| Insurance Com                          | mpany GEICO GENE                 | RAL INSUF              | ANCE C              | _ Vehi  | cle Action Prior to                     | Crash         |                    | 1                      | 22            | Damage                         | d Area                 | Code: 1               | 27 27                                 | 27                                     |      |
|  |                                  | Responding to Em       |                     |         | nt Sequence                             | 23            | 23                 | 23                     | 23            | Test Stat                      | tus:                   |                       | <b>28</b>                             |  |      |
| Vehicle Travel                         |                                  | Responding to Em       | sigency:            |         | . =                                     | -             | 24                 |                        |               | Type of                        | Test:                  |                       | 29                                    |  |      |
|  | Issued) <b>T2446823</b>          | -                      |                     |         | t Harmful Event                         | 1             |                    | 25                     | 25            | BAC Te                         |                        |                       | L 30                                  |  | _ 1  |
| Viol. 1: Ch/Sec                        | ec/Sub <u>90 9</u> v             | iol. 2: Ch/Sec/Sub -   |                     |         | er Contributing C                       | ode           | 99                 |                        |               | Susp. Al                       | -                      | 10                    | Susp. Drug:                           | 2 32                                   | 1_   |
| Viol. 3: Ch/Sec                        | ec/Sub — V                       | iol. 4: Ch/Sec/Sub -   |                     | Driv    | er Distracted by                        | 0             | 26                 |                        |               | Towed f                        |                        |                       | L 33                                  |  | ]    |
| - Company                              | Please fill out for operat       | tor and all occupants  | involved<br>Address |         | DOB/Age                                 | Sex           | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | Airbag E      | 37 38<br>ject Trap<br>ode Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Fa                            | cility                                 |      |
| Name (Last First                       |                                  |                        | See Above           |         | Dosings                                 | $\nabla$      | 1                  |                        | 1 0           | 0                              |                        | 1                     |                                       | ************************************** | 1    |
| Орега                                  |                                  |                        |                     |         |   | $\checkmark$  | -                  |                        |               |                                |                        | -                     |                                       |  | 1    |
|  |                                  |                        |                     |         |   |               |                    |                        |               |                                |                        |                       |                                       |  | -    |
|  |                                  |                        |                     |         |   |               |                    |                        |               |                                |                        |                       |                                       |  |      |
|  |                                  |                        |                     |         |   |               |                    |                        |               |                                |                        |                       |                                       |  |      |
|  |                                  |                        |                     |         | 15                                      | 16            |                    |                        | 17            |                                | 18                     |                       |                                       |  | 1    |
| Please Select of the Follow            |                                  | #Occupants N           | on-Motorist A       | Туре    | Action                                  | I             | Locatio            | n                      | Co            | ndition                        |                        |                       | lit/Run                               | Moped                                  |      |
| License # S5                           | 53244772 St M2                   | A DOB/Age              |                     | Reg     | # <u>JSA15</u>                          |               |                    |                        | _ Reg T       | уре СО                         |                        | Re                    | g State MA                            |  |      |
| Sex M Lic                              | 19 19                            | estrictions 20         | CDL                 | Veh     | Year 2017                               | \             | Veh Ma             | ake                    | 50            |                                |                        | _ Veh                 | Config. 6                             | 21                                     |      |
| 0 M7                                   | ACKESY, FREDI                    |                        | Endorsement         | Owr     | ner JSA EN                              | ITEF          | RPR:               | ISE                    | s II          | NC                             |                        |                       |                                       |  |      |
| _ [ <sup>17</sup>                      | SACHEM ST                        | First                  | Middle              |         | ress 16 AR                              | Last          |                    |                        | First         |                                | ,                      | Mid                   | dle                                   |  |      |
| 11001000                               |                                  | M3 - 0193              | 1_5100              |         | DRACUT                                  |               |                    |                        |               | State M                        | Δ 7                    | :. 01                 | 826-5                                 | 009                                    | 4    |
|  | LERICA State                     |                        |                     |         |   | ESS 22        | Ī                  | _                      | 22            |                                |                        | -                     | 4 27 5 27                             |  | F    |
| Insurance Con                          | mpany PROTECTIVE                 | INSURANC               | E COMP              | _ Vehi  | cle Action Prior to                     |               |                    | 4                      | Ц,            | Test Sta                       |                        | Code.                 | 28                                    |  |      |
| Vehicle Travel                         | el Direction: NSWW               | Responding to Em       | ergency?_2          | _ Ever  | nt Sequence 1                           | 23            | 23                 | 23                     | 23            | Type of                        |                        | -                     | 29                                    |  |      |
| Citation # (If I                       | Issued)                          | _                      |                     | Mos     | t Harmful Event                         | 1             | 24                 |                        |               | BAC Te                         |                        | ılt:                  | 1 30                                  |  |      |
| 2 Viol. 1: Ch/Se                       | ec/Sub V                         | /iol. 2: Ch/Sec/Sub -  |                     | Driv    | er Contributing C                       | ode           | 1                  | 25                     | 25            | Susp. A                        | lcohol:                |                       | Susp. Drug:                           | 2 32                                   |      |
| Viol 3: Ch/Se                          | ec/Sub — V                       | /iol. 4: Ch/Sec/Sub -  |                     | Driv    | er Distracted by                        | 0             | 26                 |                        |               | Towed i                        | from sc                | ene?                  | 2 33                                  |  |      |
|  | Please fill out for operator/non | againg, or age         |                     | ı       |   |               | 34<br>Seat         | 35<br>Safety           | Airbag I      | 37 38<br>Eject Trap            | 39<br>Injury           | 40<br>Transp.         |                                       |  | 1    |
| Name (Last Firs                        | st Middle)                       |                        | Address             |         | DOB/Age                                 | Sex           | Pos.               | System                 | Status (      | Code Code                      | Status                 | Code                  | Medical Fa<br>Lahey Clini             |  | 1    |
| Opera                                  | ator/Non-Motorist                |                        | See Above           |         |   | X             | 1                  | 99                     | 4 0           | 0                              | 9                      | 2                     | ),(A1)                                |  | -    |
|  |                                  |                        |                     |         |   |               |                    |                        |               |                                |                        |                       |                                       |  |      |
|  |                                  |                        |                     |         |   |               |                    |                        |               |                                |                        |                       |                                       |  |      |
| 1                                      |                                  |                        |                     |         |   |               |                    |                        |               |                                | -                      |                       |                                       |  |      |
| 1                                      |                                  | i                      |                     |         | I                                       | 1             | 1                  | 1                      | 1 1           | 1                              | 1                      | 1 1                   |                                       |  | 1    |

| Crash Diagram:   | ie: -   |                           |  |  |   |             |
|--|---|---------------------------|--|--|---|-------------|
|  |   |                           |  |  | If Crash <u>Did No</u><br>on a Public Way |             |
|  |   |                           |  |  | Off-Street Parking I                      | ot          |
|  |   |                           |  |  | ☐ Garage                                  |             |
|  |   |                           |  |  | ☐ Mall/Shopping Cent                      | ter         |
|  | ······································          | 1                         |  |  | Other Private Way                         |             |
|  |   |                           |  |  |   |             |
|  |   |                           |  |  | Indicate North by                         | Arrow       |
|  |   |                           |  |  |   |             |
|  |   |                           |  | ₩  | $(\checkmark)$                            |             |
|  | 1   |                           |  |  |   |             |
| Crash Narrative:   |   |                           |  |  |   |             |
| Vehicle #1 was stoppe  |   | hand turn.                | Vehicle # 2 trie                             | ed to stop   | but slid on                               |             |
| the road into the rea  | ar of vehicle #1                                |                           |  |  |   | -           |
|  |   |                           | - 7:   |  |   |             |
|  |   |                           |  |  |   |             |
|  |   |                           |  | — · · · · · · · · · · · · · · · · · · ·  |   |             |
|  |   |                           |  |  |   |             |
|  |   |                           |  |  |   |             |
|  |   | 4                         |  |  |   |             |
|  |   |                           |  |  |   |             |
|  |   |                           |  |  |   |             |
|  |   |                           |  |  |   |             |
| Witnesses:   |   |                           |  |  |   | Status      |
|  |   | Address                   |  | Phone #  |   | Statement   |
|  |   | Address                   |  | Phone #  |   | Statement   |
|  |   | Address                   |  | Phone #  |   | Statement   |
|  |   | Address                   |  |  |   | Statement   |
| Name (Last,First,Middle) Property Damage:  | Address   |                           | none # 41-Typ                                |  | Damaged Property                          | Statement   |
| Name (Last,First,Middle) Property Damage:  | Address   |                           | 4  |  | Damaged Property                          | Statement   |
| Name (Last,First,Middle) Property Damage:  | Address   |                           |  |  | Damaged Property                          | Statement   |
| Name (Last,First,Middle)  Property Damage: Owner (Last,First,Middle)   |   | Pl                        |  | e Description of   | Damaged Property                          | Statemen    |
| Name (Last,First,Middle)  Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati  | On: Registration#                               | Pl                        | (From Vehicle Section)                       | e Description of   |   | Statemen 42 |
| Name (Last,First,Middle)  Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati  | On: Registration #                              | PI                        | (From Vehicle Section)                       | e Description of   | Bus Use                                   | 42          |
| Name (Last,First,Middle)  Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati  Carrier Name  Address                     | On: Registration #                              | Pi Pi                     | (From Vehicle Section)                       | e Description of   | Bus Use                                   | 42          |
| Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati Carrier Name Address US DOT #:                                       | Registration # State Number                     | Pi Pi                     | — (From Vehicle Section)  yssuing State MC/N | e Description of   | Bus Use                                   | 42          |
| Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati Carrier Name Address US DOT #:  43                                   | On: Registration #                              | Pi Pi                     | (From Vehicle Section)                       | e Description of   | Bus Use                                   | 42          |
| Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati Carrier Name Address US DOT #:  43                                   | Registration # State Number ody Type Code       | Cit  GVWR/GCWR            | (From Vehicle Section)  yMC/N  45            | e Description of S   | Bus Use                                   | 42          |
| Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati  Carrier Name  Address  US DOT #:  Interstate  Cargo B               | Registration # State Number ody Type Code       | Cit  GVWR/GCWR            | (From Vehicle Section)  yMC/N  45            | e Description of S   | Bus Use                                   | 42          |
| Property Damage: Owner (Last,First,Middle)  Truck and Bus Informati Carrier Name Address US DOT #: Interstate  43 Cargo B Trailer Reg #: | Registration #State Numberody Type CodeReg Type | Cit  GVWR/GCWR  Reg State | (From Vehicle Section)  yMC/N  45            | e Description of State of Stat | Bus Use Zip Zip                           | 42          |

| Date of Crash Time of Crash City/Town VIOTOR Venicle Crash Value Speed Limit 33 Local Police Company C | Police Use Only  | Commonwealth                   | of Massachu  | isetts                               |  | cument Number                           |
|--|--|--------------------------------|--|--------------------------------------|--|---|
| Total   Transfer   Total   To   |  | naton                          |  |                                      | ,   Speed Emme                                 | 5 State Police Local Police MBTA Police |
| Routed   Direction   Name of Roadway/Street   Roadway   Feet   NS   E   W   of   Note   Feet   Note   Feet   NS   E   W   of   Note   Feet   Feet   Note   Feet   Feet   Note   Feet     |  | Police                         |  |                                      |  | Other:                                  |
| Resided   Direction   Name of Read-way/Street   Also at Intersecting Read-way/Street   People   Name of Intersecting Read-way/Street   Name of Intersecting Read-way/Street   People   Name of Intersecting Read-way/Street   Name of Intersecting R   | AT INTERSECTIO   | N: COCA                        | TION >   | NOT                                  | AT INTERSEC                                    | CTION:                                  |
| Route    Direction   |  |                                |  | 570 MAT                              | N CITI   |   |
| Feet   N   E   W   o   | Route# Direction N   | Jame of Roadway/Street         |  |                                      | Name of Road                                   | way/Street                              |
| Routes   Direction   Name of Intersecting Readway/Street   Also at Intersecting Readway/Street   Feet   N   E   W   of   Receive   Intersecting Readway/Street   Each Market   Receive   Intersecting Readway/Street   Landmark   Receive   Intersection   Receiv   |  | At                             |  |                                      |  |   |
| Also at Intersection with   Feet   N   S   E   W   of   Read   Intersecting Road-way/Street  |  |                                | Feet NSE   | of — —<br>Mile I                     |  | Exit Number                             |
| Feet   NS   E   W   or   Intersecting Roadway/Shreet   Landmark    |  |                                | Feet NS E  | E W of                               |  |   |
| Pieses Science   Direction   Name of Intersecting Readways/Street   Landmark   Landmark  | r  | uso at intersection with       |  | Route#                               | Intersecting                                   | Roadway/Street                          |
| Piesas Silect One  | Route# Direction Name of   | of Intersecting Roadway/Street | Feet [N 5]E  |                                      | 7 1  |   |
| Clinic Classics   19   19   10   Lie. Restrictions   20   CDL   Endorsement  |  |                                | <u> </u>   | 01 06                                |  | rk                                      |
| Sex M   Lic Class   19   19   Lic Restrictions   20   CDL   Endorsement   Veh Year 2017   Veh Make KTA   Veh Config.   1   21   The Module of The Following:   10   10   10   10   10   10   10   1  | of the Following: Vehicle 11 #0  | Occupants Hit/Run Moped        | Crash Report II  | D# 21-2(                             | )7-AC  |   |
| Sex   March   15   15   15   15   16   16   16   16  | License # S67716864 St MA  | DOB/Ag Reg                     | #_7HD533   | Reg T                                | ype <b>PC</b>                                  | Reg State MA                            |
| Operator STUKEY   WILLIAM I   Module   Address 178 TAFT RD   | 10 10  | 20                             |  |                                      |  | 21                                      |
| Address 178 TAFT RD    Address 178 TAFT RD   Address 178 TAFT RD   Address 178 TAFT RD   | A STATE OF THE PARTY OF THE PAR | Endorsement                    |  |                                      |  |   |
| City   WILMINGTON   State   MA   Zip   D1887-2821   City   WILMINGTON   State   MA   Zip   D1887-2821   City   Wilder   Cave   D1887-2821   City   Wilder   Cave   D1887-2821   City   Wilder   Cave   D1887-2821   City   Wilder   Cave   D1887-2821   City   |  | st Middle                      | Last   | First                                | N  | √liddle                                 |
| Insurance Company   GOVERNMENT EMPLOYEES INSU   Vehicle Action Prior to Crash   1   22   Test Status:   1   28   Type of Test:   1   29   Test Status:   1   10   Test Status:   1   20   Test Status:   20   Test Statu   |  |                                |  |                                      | 2/2 0  | 1007 0001                               |
| Non-Motorist A   Type  |  |                                |  | 22                                   |  |   |
| Event Sequence   20   23   23   23   23   23   23   23   | Insurance Company <b>GOVERNMENT</b>  |                                |  | <b>一位</b> 图887册                      |  |   |
| Most Hamful Event   22   24   BAC Test Result:   30   Susp. Drug   23   Susp. Drug   24   Susp. Drug   25   Susp. Drug   | Vehicle Travel Direction:  |                                |  |                                      |  | 1                                       |
| Driver Contributing Code   11 2 25   25   Susp. Alcohol: 2 31 Susp. Drug 2 32  | Citation # (If Issued)   | Most                           | t Harmful Event 22   | 24                                   |  | 30                                      |
| Viol. 3: Clt/Sec/Sub   | Viol 1: Ch/Sec/Sub — Vio   | . 2: Ch/Sec/Sub Drive          | er Contributing Code   | 11 25 25                             | CONTRACTOR OF STREET                           | 1 Susp. Drug: 2 32                      |
| Please fill out for operator and all occupants involved   Address   DOBI/Age   Ser.   Set   Set   Set   Set   Set   Set   Set   Top   Triang, Triang   |  |                                | er Distracted by   |                                      |  |   |
| Non-Motorist A   Type   15   Action   16   Location   17   Condition   18   Hit/Run   Moped  |  |                                | S-03/25/18/3   | 34 35 36 3<br>Sept. Sofety Airbon Fi |  |   |
| Please Select One of the Following:  | Personal State Control of the Contro | -                              |  | Pos. System Status Co                | ode Code Status Code                           | Medical Facility                        |
| Vehicle 2  | Operator   | See Above                      | $\times$ X   | 1 1 3 0                              | 0 10 1   |   |
| More      |  |                                |  |                                      |  |   |
| Vehicle 2  |  |                                |  |                                      |  |   |
| Vehicle 2  |  |                                | -  |                                      |  | -                                       |
| Vehicle 2  |  |                                | Name of the last o | W. COLLANDO                          | 10   |   |
| License # St DOB/Age Reg # Reg Type Reg State Veh Make Veh Config.   |  | Occupants Non-Motorist A Type  | Action 16 Lo   | ocation 17 Cor                       | ndition 18                                     | Hit/Run Moped                           |
| Sex Lic, Class 19 19 Lic. Restrictions 20 CDL Endorsement  Operator Last First Middle  |  | DOR/Age Reg                    | #  | Reg T                                | vne ]  | Reg State                               |
| Endorsement   Cowner   Last   First   Middle   Last   First   Middle   Address   Address   Address   City   State   Zip   City   State   Zip   Vehicle Action Prior to Crash   Zip   Damaged Area Code: 27   27   27   27   27   27   27   28   28   | 19 19  | 20                             |  |                                      |  | 21                                      |
| Address  | Sex Lic. Class Lic. Rest   | Endorsement                    |  | en iviare                            |  | in Coming.                              |
| City State Zip City State Zip City State Zip Vehicle Action Prior to Crash   | OperatorFi   | rst Middle                     | Last   | First                                | )  | Middle                                  |
| Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E W Responding to Emergency?  Event Sequence  23 23 23 23 23 23 23 27 Test Status:  Type of Test:  29 Damaged Area Code:  7 27 27 27 27 27 27 27 27 27 27 27 27 27  |  |                                | ress   |                                      |  |   |
| Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E W Responding to Emergency?  Event Sequence  Most Harmful Event  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Vehicle Action Prior to Crash  Event Sequence  23 23 23 23  Test Status:  Type of Test:  BAC Test Result:  30  Susp. Alcohol:  31 Susp. Drug:  32  Towed from scene?  33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  DOB/Age  Sex Pos.  Siatus  Code  Code  Medical Facility   | City State   | Zip City                       |  |                                      |  | 2- 2- 2-                                |
| Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 23 23 23 23 23 23 23 23  | Insurance Company  | Vehi-                          |  |                                      |  |   |
| Citation # (If Issued) Most Harmful Event  | Vehicle Travel Direction: NSEW   | Responding to Emergency? Ever  | nt Sequence 23 2   | 23 23 23                             |  | 515.500.50                              |
| Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code   | Citation # (If Issued)   | Mos                            | t Harmful Event  | 24                                   |  |   |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26  | Viol 1: Ch/Soa/Sub Vio   | 1.2: Ch/Sec/Sub Driv           | er Contributing Code   | 25 25                                | 14-000   | SI Susp. Drug: 32                       |
| Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  |  |                                | er Distracted by   | 26                                   | A300A  | 106 District Hall                       |
| Name (Last First Middle)  Address  DOB/Age  Sex  Pos.  System  Status  Code  Code  Status  Code  Medical Facility  |  | 1. 4. Ch/Sec/Sub               | ACCURAGE   | 34 35 36                             | 37 38 39 40                                    |   |
| Operator/Non-Motorist See Above 1  | -  |                                | DOB/Age Sex  |                                      | ject Trap Injury Trans<br>ode Code Status Code |   |
|  | Operator/Non-Motorist  | See Above                      | $\times$   | 1                                    |  |   |
|  | -  |                                |  |                                      |  |   |
|  |  |                                | <del> </del>   |                                      | ++-  |   |
|  |  |                                |  |                                      |  |   |
|  |  |                                |  |                                      |  |   |



CDP1 11-24-00

## Wilmington Police Department Images Associated with 21-207-AC



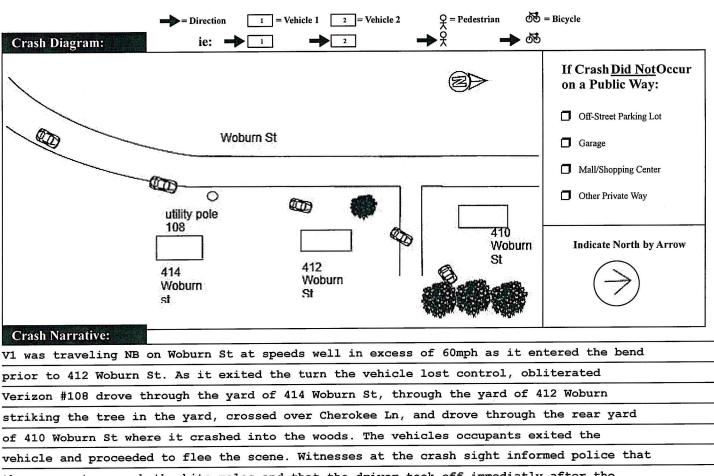


## Wilmington Police Department Images Associated with 21-207-AC





|                | Police Use Only  | Common                         |             |                       |                  | etts             |                                     |                      |                                    | ocument Number   |  |
|----------------|--|--------------------------------|-------------|-----------------------|------------------|------------------|-------------------------------------|----------------------|------------------------------------|--|--|
|                | 1990 Carrier Control C | ington                         |             | icle Cras             | Į Ve             | umber<br>ehicles | Number<br>Injured                   | Latitud              |                                    | State Police<br>Local Police<br>MBTA Police<br>Campus Police | 0000                                     |
|                | 24HR   |                                | Police 1    |                       | 1                |                  | 1                                   | Longitu              |                                    | Other:   |  |
|                | AT INTERSECTION  | ON:                            | LOCA        | TION >                |                  | Г                | NOTA                                | IINI                 | EKSE                               | CTION:   | _ 10                                     |
|                |  |                                |             |                       | 41               |                  | WOBU                                |                      |                                    |  | 2  |
| <sup>1</sup> 4 | Route# Direction   | Name of Roadway/Street  At     |             | Route# Direction      | n Add            | ress#            |                                     | Nan                  | ne of Roa                          | dway/Street  |  |
| 4              |  | At                             |             | Feet N                | SEW              | of –             |                                     |                      | — or                               |  |  |
|                |  | of Intersecting Roadway/Street | t           |                       | اماماما          | 1 .              | Mile M                              | arker                |                                    | Exit Number  | <b>1</b> 11                              |
|                | 14   | Also at Intersection with      |             | Feet N                |                  | 1                | Route#                              | I                    | ntersectin                         | g Roadway/Street   | _  |
| <sup>2</sup> 1 | Route# Direction Name  | of Intersecting Roadway/Stree  | t           | Feet N                | SEW              | of<br>_          |                                     |                      |                                    |  |  |
|                | Please Select One Valuation 12 #   |                                |             |                       |                  | <u> </u>         | 20                                  |                      | Landm                              | nark   |  |
| 3              | of the Following: Vehicle 12 #   | Occupants Hit/Run              | Moped       | Crash Re              | ort ID#          | 21-              | -20                                 | 8-1                  | AC                                 |  |  |
|                |  | DOB/Age                        | Reg #       | # 2MRD77              |                  |                  | Reg Typ                             | e <b>PC</b>          |                                    |  | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 |
|                | Sex Lic. Class 19 19 Lic. Res  | strictions CDL CDL Endorseme   | Veh '       | Year <b>2021</b>      | Veh M            | ake <u>CH</u>    | EVRC                                | LET                  |                                    | eh Config. 1   | 2] 2 ~                                   |
| <u></u>        | Operator unknown   | irst Middle                    |             | er <b>DOUCET</b> ,    | AND              | REW              | <b>J</b><br>First                   |                      | -                                  | Middle   | _  |
| <sup>4</sup> 1 | Address  | 13.                            | Addr        | ess 370 WOI           | BURN             | ST               |                                     |                      |                                    | - Indian   |  |
|                | City State _   | Zip                            | City        | WILMINGT              | ON               |                  | Sta                                 | ate <b>MA</b>        | Zip_                               | 01887-250  | 02                                       |
|                | Insurance Company ESURANCE IN  | NSURANCE COMPA                 | AN Vehic    | cle Action Prior to C | rash             | 1 2              |                                     |                      | Area Coo                           | 20. 1  | 27                                       |
| 5              | Vehicle Travel Direction: SEW  | Responding to Emergency? 2     | Even        | t Sequence 40 23      | 23 23            | 23 27 2          | -3                                  | est Statu            |                                    | 28   |  |
| 3              | Citation # (If Issued)   |                                | Most        | Harmful Event         | 23 <sup>24</sup> |                  |                                     | ype of To<br>AC Test | est:<br>: Result:                  | 30   |  |
|                | Viol. 1: Ch/Sec/Sub — Viol   | ol. 2: Ch/Sec/Sub              | Drive       | er Contributing Code  | 10               | <sup>25</sup> 9  | 25                                  |                      | ohol:                              | 31 Susp. Drug:   | 32 <b>23</b> <sup>13</sup>               |
| (              | Viol. 3: Ch/Sec/Sub ——— Vio  | ol. 4; Ch/Sec/Sub              | Drive       | er Distracted by      | 99 26            |                  |                                     |                      | om scene?                          | 100 TOTAL TOTAL  |  |
| <sup>6</sup> 1 |  | r and all occupants involved   |             | pop()                 | 34<br>Seat       | Safety A         | 36 37<br>irbag Eject<br>status Code | 38<br>Trap<br>Code   | 39 40<br>Injury Tran<br>Status Coo | isp.   |  |
|                | Name (Last First Middle)  Operator   | Address<br>See Above           | 1           | DOB/Age               | Sex Pos.         | System S         |                                     |                      | 99 1                               | de Wedicai Pacifity  |  |
|                |  | 370 WOBURN ST                  |             |                       | 99               | 99 1             | 0                                   | 0                    | 8 2                                | Lahey Clinic   |  |
|                | ANDREW DOUCET  | WILMINGTON, MA 01887-25        | 02          |                       | -   -            | -                |                                     |                      |                                    |  |  |
|                |  |                                |             |                       | _                |                  |                                     |                      | -                                  |  |  |
|                |  |                                |             |                       |                  |                  |                                     |                      |                                    |  |  |
| <sup>7</sup> 1 | Please Select One of the Following:  | Occupants Non-Motoris          | at A Type   | 15 Action             | .6<br>Location   | on               | 17<br>Condi                         | tion                 | 18                                 | Hit/Run 🔲 Mo   | ped                                      |
|                |  | DOB/Age                        | Peg f       | #                     |                  | /***             | Reg Tyn                             | A .                  |                                    | Reg State  |  |
|                | 19 19  | strictions CDL                 |             | Year                  |                  |                  |                                     |                      |                                    | 2  | 21                                       |
|                | 25,315 20,000  | Endorseme                      | ent         | er                    | (CII 11)         | <u></u>          |                                     |                      |                                    | on coming.   |  |
| <sup>8</sup> 1 |  | irst Middle                    |             | ess                   | ı                |                  | First                               |                      |                                    | Middle   |  |
|                | Address State _  | 7in                            |             | C33                   |                  |                  | Sta                                 | nte                  | Zip                                |  | <b>1</b> 14                              |
|                |  | Zip                            |             | cle Action Prior to C |                  | 2                | _                                   |                      | Area Coo                           |  | 27                                       |
|                | Insurance Company  Vehicle Travel Direction: NSEW  | Responding to Emergency?       |             | t Sequence 23         |                  | 23 2             | ]<br>23 T                           | est Statu            | ıs;                                | 28   |  |
|                |  | Responding to Emergency:       |             | Harmful Event         | 24               |                  | T                                   | ype of T             | est:                               | 29   |  |
| <sup>9</sup> 2 | Citation # (If Issued)   |                                |             | er Contributing Code  |                  | 25               | 25                                  |                      | Result:                            | 31 Susp. Drug:   | 32                                       |
|                | Viol. 1: Ch/Sec/Sub — Viol.  |                                |             | er Distracted by      | 26               | Bella Heal       | 72.                                 | usp. Alco            | onoi:                              | Susp. Drug.  | 5545                                     |
|                | Viol. 3: Ch/Sec/Sub — Viol. Please fill out for operator/non-r   |                                |             | J. Distracted by      | 34               |                  | 36 37                               | 38                   | 39 40                              | 0  | _  |
|                | Name (Last First Middle)   | Address                        | 1970 - TATO | DOB/Age               | Sex Pos.         |                  | irbag Eject<br>Status Code          | Trap<br>Code         | Injury Tran<br>Status Co           |  | <u> </u>                                 |
|                | Operator/Non-Motorist  | See Above                      |             |                       | X 1              |                  |                                     |                      |                                    |  |  |
|                |  |                                |             |                       |                  |                  |                                     |                      |                                    |  |  |
|                |  |                                |             |                       |                  |                  |                                     |                      |                                    |  |  |
|                |  |                                |             |                       |                  |                  |                                     | П                    |                                    |  |  |



the occupents were both white males and that the driver took off immediatly after the vehicle stopped. The Passenger who was identifed as the vehicles RO was latter located after an extensive search.

| Witnesses:               |  |         |           |
|--------------------------|--|---------|-----------|
| Name (Last,First,Middle) | Address                                | Phone # | Statement |
| MELANSON FRANCIS E       | 412 WOBURN ST WILMINGTON MA 01887-2576 |         |           |
|                          |  |         |           |

**Property Damage:** 41-Type Description of Damaged Property Owner (Last,First,Middle) Address Phone # 4 UTILITY POLE 28 DIANA LN DRACUT MA 01826 VERIZON ELECTICAL SERVICE RIPPED FROM HOUSE 97 414 WOBURN ST WILMINGTON MA 01887-

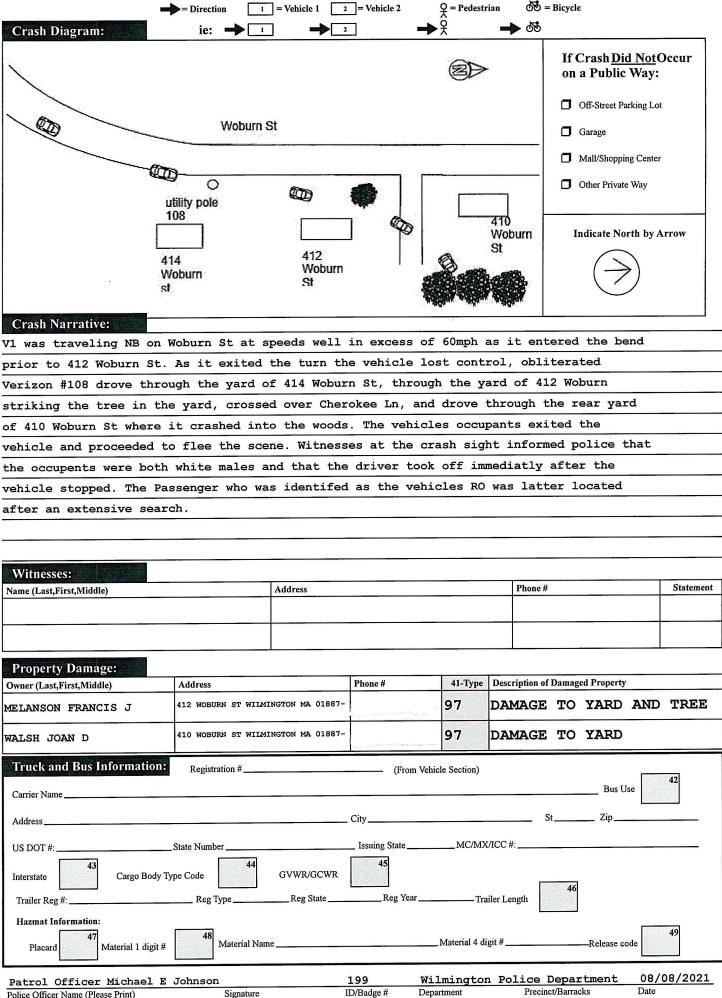
| YEE GEORGE PS               |                    |                           |    |         |
|-----------------------------|--------------------|---------------------------|----|---------|
| Truck and Bus Information:  | Registration#      | (From Vehicle Section)    |    | 42      |
| Carrier Name                |                    |                           |    | Bus Use |
| Address                     |                    | _ City                    | St | Zip     |
| US DOT #:                   | State Number       | Issuing StateMC/MX/ICC #: |    |         |
| Interstate 43 Cargo Body Ty |                    | 45                        | 46 |         |
| Trailer Reg #:              | Reg Type Reg State | Reg Year Trailer Lengtl   | 1  |         |
| Hazmat Information:         |                    |                           |    | 49      |
| Placard Material 1 digit #  | Material Name      | Material 4 digit #        | Re |         |

Patrol Officer Michael E Johnson

199

Wilmington Police Department

08/08/2021



Police Officer Name (Please Print)