	Police Use Only	monwealth	of Massa	chu	ısett	S		ŔM	V Docu	ment Numb			
	Date of Crash Time of Crash 08/30/2021 1711 Wilr	City/Town	Motor Vel	nicle Cras	sh	Number			d Limit.	35	State Police Local Police MBTA Pol	ce 🛭	
	08/30/2021 1711 Wilr 24HR	mington	Police	Report		2	0	Laux	itude		Campus Po	plice 🗖	
	AT INTERSECT	ION:	< LOC	ATION >			NO	rat in	TER	SEC	TION:		
													2 10
	Route# Direction	Name of Roadway/S	treet	Route# Directi		72 Address		AIN S		Roadw	ay/Street		<u> </u>
¹ 1	VIII.	At						• • • • • • • • • • • • • • • • •					
			(0)	Feet [V S E	W of	— Mi	le Marker	•	or _	Exit Nun	nber	11
	Route# Direction Nar.	ne of Intersecting Road Also at Intersection v		Feet I	N S E	w of							3 ''
				Feet [7	N S E	w of	Route	: #	Interse	ecting R	Roadway/Stre	et	
² 1	Route# Direction Nam	ne of Intersecting Road	way/Street	_					La	ndmark	(
	Please Select One Vehicle 11	_#Occupants	/Run Moped	Crash Ro	eport II	D# 2	1 – 2	26-	· A C	•			
3	of the Following:												-
	10 10	A DOB/Age	_	# 4PJ822							eg State MZ	21	1 12
	Sex F Lic. Class D Lic. I	<u></u>	Endorsement	Year 2017						Veh	Config. 1		
⁴ 2	Operator CRONIN, KRIST	TNA MARY	Middle	ner CRONIN	ast		INA	MARY		Mi	dule		1
2	Address 6 CHERRY ST			ress 6 CHER		ST							ŀ
	City WILMINGTON State			WILMINGT	'ON		22				1887-1		
	Insurance Company AMICA MUT	JAL INSURA	NCE CO Veh	icle Action Prior to 0		4		Damag Test St	ed Area	Code:	1 27 2° 2° 28	1_1	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Eme	rgency? 2 Eve	nt Sequence 1 2	Ц	3 23	23	Type o			29		
<u> </u>	Citation # (If Issued)	_	Mo	st Harmful Event		24			est Resi	ult:	1 30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Coc		19 ²⁵	25	Susp. A	Acohol:	2 31		g 32	1 "
⁶ 1		Viol. 4: Ch/Sec/Sub		er Distracted by	0	26			from sc		1 33		
	Please fill out for opera Name (Last First Middle)	ator and all occupants in	Nolved Address	DOB/Age	Sex	34 3: Scat Saft Pos. Syst	ety Airbag	37 38 Liject Traj Code Cod	Injury	40 Transp. Code	Modical I	Facility	
	Operator		See Above	\sim	X	1 1	4	0 0	10	1			
							1		 -				
							<u> </u>		+				1
			··· ·· · · · · · · · · · · · · · · · ·	15	16		17	Γ	18				1
⁷ 3	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action	Lo	eation	11	Condition		!! !	Hit/Run	Moped	
	License # S84913763 St M	A_DOB/Age_	Reg	#_58CV71			Re	g Туре Р (Re	eg State MZ		
	Sex F Lic, Class D 19 Lic. F		CDLVeh	Year 2013	Ve	h Make.	LEX	JS		Veh	Config. 1	21	
Q	Operator KULABAKO, STE			ner KULABAI	<u>ΚΟ,</u>	STE		H inst		N/s	ddle		
⁸ 1	Address 11 OAKWOOD RD	1 1130		ress 11 OAK	WOO	D RI					duic		
	City WILMINGTON State	MA Zip 0188	7-1736 City	WILMINGT	ON			_ State K	A 2	ip 0]	1887-1	.736	1 14
	Insurance Company THE COMME	RCE INSURA	NCE CO Veh	icle Action Prior to	Crash	1.	22		ed Area	Code:	3	7 27	
	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Eve	nt Sequence 1 2	3 2	3 23	23	Test St Type o			28		
⁹ 2	Citation # (If Issued)	_	Mo	st Harmful Event	1	24			est Resi	alt:	30		
2	Viol. 1: Ch/Sec/Sub	Dri	er Contributing Coc	ie [L ²⁵	25		dcohol:		Susp. Drug	g 32	}	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	0	26			from sc		1 33		
	Please fill out for operator/no	n-motorist and all occur	pants involved	DOB/Age	Sex	34 3: Seat Safe Pos. Syst	ety Airbag	37 38 Eject Tray Code Cod	njury	40 Transp. Code	Medical l	Facility	Ī
	Operator/Non-Motorist	t s	See Above	1AAAA Nge	X	1 1	4	0 0	10	1	wicules!		1
						_	+						
				-			-						
							_		<u> </u>				-

Crash Diagram:	ie:	Vehicle 1	2 = Vehicle 2	♀ Pedest	rian 656 → 676	= Bicycle	
Main Street ⇒ (1)2	Glen Road		STOP		2	If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by	ot er
Crash Narrative:							
MV 2 was driving straig							
Street from Glen Road. 1			300V 200			that was not	
true. MV 2 was towed by	Forrest. MV 1	l was towed	by AAA. No i	njuries	•		
· · · · · · · · · · · · · · · · · · ·							
					_		
						<u> </u>	

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
	-						
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	ala Castian)			
Carrier Name			(From Venic	de Section)		Bus Use	42
Address			City			t Zip	
US DOT #:	State Number44		Issuing State	MC/MX	ICC #:		
Interstate Cargo Body Typ		GVWR/GCWR			_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:							
Placard Material 1 digit #	Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Officer Kevin J S	71e i	19	200 Wii			Department 08/	30/2021

Department

08/30/2021 Date

	Pol	lice Use Only	monwealth	of Massa	chu <u>s</u>	etts			RM	V Docu	ıment Nun			
	Date of Crash 08/31/2021	Time of Crash 0726 Wi	City/Town lmington	Motor Vel	iicle Cras	h \bar{\cdot\}	lumber ehicles	Numbe Injured		l Limit.	30	State Po Local Po MBTA	olice 🔕	
	007 317 2021	24HR		Police	Report	2		0	Lauru	itude		Campus Other:	Police	
		AT INTERSEC	TION:	< LOC	ATION >			NOT	T IN	TER	SEC.	TION:		
						01	^	\		0 F3 5 7	3.57			2 10
	Route# Dire	ection	Name of Roadway/	Street	Route# Direction	<u>21</u>	lress #	MIL	DLE: Na			ay/Street		I
1			At		77 . [7	SEV	7						_	
	Route# Dire	etion	Name of Intersecting Roa	dway/Street	reet [1	, alela	d or	Mile I	/Jarker	,	or _	Exit N	umber	111
			Also at Intersection		Feet [N	SEV	of	Dt.#		T.4) - 4 /C		2
2	D# D:-		V	1	Feet N	SEV	of	Route#		imerse	cung K	Roadway/S	treet	
² 2	Route# Dire	etion 1	Name of Intersecting Roa	away/Street	<u> </u>					La	ndmark			
3	Please Select of the Followi	One Vehicle 1.1	#Occupants H	it/Run Moped	Crash Re	port ID#	21	-22	27-	AC	;			
			MA DOB/Age	Pag	# <u>9LZ778</u>			Dag Tı	∞ PC	•	Da	an Stata M	 ΓΔ	
	Sex F Lic.	10 10	20		Year 2018							Г	21	1 12
		WSY, ALLIS	LJ	Endorsement	ner SOWSY ,						VCII	Conng.		
⁴ 1	1	VERANDA A	First	Middle	ress 38 VER	51		First	l		Mic	ddle		
			tate MA Zip 0187				- G-V-I		3/	ж -	. O 1	1076	1740	
				-	TEWKSBUR				state IVI Damage				27 27	
	1		INSURANCE		icle Action Prior to C		23	23	Test Sta		0000.	28		
5	Vehicle Travel I	<u> </u>			in beddence [1	24			Type of	Test:		29		
	l	sued)			t Harmful Event	<u>- </u>	25	25	BAC Te	st Resu		30		13
	Viol. 1: Ch/Sec/	/Sub	Viol, 2: Ch/Sec/Sub -		er Contributing Code		2.0	23	Susp. Al	ı	31		ug: 32	1
⁶ 1	Viol. 3; Ch/Sec/		Viol, 4; Ch/Sec/Sub -		er Distracted by	34	35	36 3	Towed f	from sc	ene?	2 33]
_	Name (Last First N	•	perator and all occupants	Address Address	DOB/Age	Sex Pos.	Safety System	Airbag Ej	et Trap	Injury	Transp. Code	Medica	øl Facility	
	Operate	or		See Above		X	1	4 0	0	10	1			
				*****						<u> </u>				
							+		- 					
			<u> </u>	<u></u>	15	16		17		18				1
⁷ 1	Please Select 0 of the Followi		#Occupants No	on-Motorist A Type	Action	Locat	ion	Con	dition	10	l l	Hit/Run [Moped	
	License # S9	8135964 St	MA DOB/Age	Reg	# 2CRG81			Reg T	pe PC	;	Re	g State M	A	1
	Sex M Lic.	Class D Li			Year 2019	Veh N	iake D	ODGE			Veh	Config.	2 21	
	Operator CI	NCOTTA, JO	SEPH E	Endorsement Own	ner CINCOTT	'A, J	ENN							
⁸ 1	Address 770	NORTH ST	First	Middle Add	ress 770 NO I	RTH :	ST	First	·····		Mic	ddle		
	City TEWK	SBURY s	tate MA Zip 018 *	7.6 City	TEWKSBUR	Y			tate M	A z	ip 01	<u> 1876-</u>	1233	1 14
	Insurance Comp	nany AMICA MU	TUAL INSURA	NCE CO Veh	cle Action Prior to C	Crash	1	22	Damage	d Area	Code:	1 27	27 27	
	Vehicle Travel I	Direction: N S XV	Responding to Em	ergency? 2 Eve	nt Sequence 1	3 23	23	23	Test Sta			28		
9	Citation # (If Iss	sued)		Mos	t Hannful Event	1. 24			Type of			30		
⁹ 2	Viol. 1; Ch/Sec/	Sub	Viol. 2; Ch/Sec/Sub -	Driv	er Contributing Code	e 20	²⁵ 1	9 ²⁵	BAC Te Susp. Al	5	31	Susp. Dr	32	ļ
	Viol. 3; Ch/Sec/	Sub	Driv	er Distracted by	5 26			Towed f	L	ene?	2 33			
	1	•	non-motorist and all occu	pants involved		34 Seat	35 Safety	36 3 Airbag Ej	ct Trap	39 Injury	40 Transp.			1
	Name (Lust First M		ist	Address	DOB/Age	Sex Pos.	System 1	Status Co	de Code	Status	Code	Medice	al Facility	1
	Operati	or/Non-Motor	131	See Above		X 1	+	*	-	10	1			-
							<u> </u>						,,	
												-		

	= Direction 1	= Vehicle 1	2 = Vehicle 2	옷 = Pedestri	ian 🚳	= Bicycle	
Crash Diagram:	ie: 🗪 🛚 1] →	2	₽₿	→ 92		
Wilmington art center	₹ 219 Middle	esex av.				If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente	ot .
			Glen rd.	ı	®	Indicate North by	Arrow
Crash Narrative:	****				!		
Oper.#1 related while sh	ne was making	a right tu	rn into 219	Middlesex	av., O	per.#2 crashed	
into the rear of her m/v	7#1.						
Oper.#2 Related while he							
at that moment he realiz	ed that he ha	d just cra	shed into th	e rear of	m/v#1	(PWJ/142)	
							200
				10.00			
Witnesses:	-						
Name (Last, First, Middle)		Address			Phone #	ı	Statement
					3247		

D							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
						- Landing Control of the Control of	
							-
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			42
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC#		
43	44		45				
Interstate Cargo Body Typ		GVWR/GCWR				46	
	Reg Type	Reg State	Reg Year	———Trail	er Length		
Hazmat Information:	48					E-v	49
Placard Material 1 digit #	Material Name	e		Material 4 dig	it #	Release code	
Patrol Officer Paul W Je	pson		142 W	ilmington	Police	Department 08/	31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number Vehicles		4 ~ ~	Limit.	40	Local	Police Police A Police	
	24HR	mington	Police 1	Report	2	2	0	Lann	itude			us Police 🔲	
	AT INTERSECT	ION:	< LOCA	TION >			NOT	AT IN	TER	SEC'	TION:		
				38 S	8.	75	MZA.	IN S	T				2 10
ī	Route# Direction	Name of Roadway/Street		Route# Directi	on Ad	dress #	1111.			Roadw	vay/Street		
1		At		Feet	NSEV	v of				or _			
	Route# Direction Na.	me of Intersecting Roadway	/Street	-			Mile	Marker			Exit l	Number	2 11
		Also at Intersection with		_	N S E N	_	Route#		Interse	ecting F	Roadway/	/Street	
² 2	Route# Direction Na	me of Intersecting Roadway	/Street	Feet L	NSEN	V] of							
	Please Select One Vivalent 1	#Oscupants D				21		20		ndmari	k		1
3	of the Following: Vehicle 11	#Occupants	n Moped	Crash Re	eport ID#	<u> </u>		<u> </u>	AC		<u></u>		
	License #	OB/Ag 20	Reg #	3HSZ31			Reg ?	fype <u>PC</u>	:	R	eg State 🎝	MA 21	12
	Sex F Lic. Class D Lic.	Restrictions I CDL	rsement	Year 2019			MC			Veh	Config.	1 "	
4	Operator,	First N	Aiddle	er RAGO , I	ost		First			Mi	iddle		
⁴ 1	Address			ess 4 PINE		RD							
	City, Stat	- •	•	WILMINGI	ON							-3814 27 27	
	Insurance Company SAFETY IN	ISURANCE COM	PANY Vehic	ele Action Prior to (2	22	Damage Test Sta		Code:	4 27 28	21 21	
5	Vehicle Travel Direction: N E W	Responding to Emergen	cy? 2 Event	Sequence 1	3 23	23	23	Type of			29		
	Citation # (If Issued)			L	1 24	25	25	BAC Te	st Resu	ılt:	30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Clı/Sec/Sub		r Contributing Cod		25	25	Susp. Al				Orug: 2 32	1
⁶ 1		Viol. 4: Ch/Sec/Sub ———		r Distracted by	0 26	35	36	Towed f	from sc	ene?	2 33		ļ
<u>-</u>	Please Hit out for oper Name (Last First Middle)	ator and all occupants invol-	VCQ ktress	DOB/Age	Sex Pos	n Safety	Airbag I	ject Trap Tode Code	injury	Transp. Code	Med	fical Facility	
	Operator	Sec /	Above	><	X 1	1	4 0	0	10	1			
-	Please Select One	#Occupants Non-M	otorist A Type	15 Action	16 Loca		17	ndition	18	Г. ,	III+/D	Moped	1
⁷ 1	or the Poliowing:		,, <u> </u>					Ŀ					4
	10 10	DOB/Age	_	28XY48			_	Гуре <u>РС</u>			_	MA 21	
	Sex M. Lic. Class D Lic. 1	Restrictions B CDL Endo	rsement	ear 2012						Veh	Config.	1	
8 1	Operator DONAHUE, MICH	First N	liddle	er DONAHUE	nst		First			Mi	iddle		
	Address 14 WINTER ST	e MA Zip 01801		ess 14 WIN	TER	5T		s M	λ ~	1 1	1001.	-1225	14
	City WOBURN Stat Insurance Company CITIZENS	-	-	WOBURN		4	22	Damage				27 27	
	Vehicle Travel Direction: NXEW	Responding to Emergen		le Action Prior to C	2 22	23	23	Test Sta			1 28		
	Citation # (If Issued)	Responding to Emergen	•	I I	1 ²⁴			Type of	Test:		29		
2	Viol, 1: Ch/Sec/Sub	Vial 2. Ch/Paa/Sul		r Contributing Cod	<u>+ </u>	²⁵ 5	25	BAC Te			30	22	
	Viol. 3: Ch/Sec/Sub			Ţ	0 26	دا		Susp. Al	L	-	Susp. D	orug: 2 32	
	Please fill out for operator/no				34	35 Safani		37 38	39	40	لـــــــــــــــــــــــــــــــــــــ		1
	Name (Last First Middle)	Λd	dress	DOB/Age	Sex Pos	System	Status C	ject Trap ode Code	Status	Transp. Code	Medi	ical Facility	-
	Operator/Non-Motoris	T See A	Above		X^1	1	4 0	0	10	1			
						_			<u> </u>				

	= Direction	i = Vehicle 1	2 = Vehicle 2	S = Pedestrian	රී් = Bicycle	
Crash Diagram:	ie: 👈	<u>→</u>	2	→ X	→ №	
	Gyr	nstreet USA				Did NotOccur blic Way:
	į	l I			☐ Off-Str	eet Parking Lot
-	V2 V1	<u> </u>			☐ Garage	
	~ ~				☐ Mall/SI	opping Center
	♦				Other F	rivate Way

	879 Main	Street / Rt.38 Sou	th		Indicat	e North by Arrow
				\triangleleft		$\stackrel{\longleftarrow}{=}$
Crash Narrative					<u></u>	
V1 was	stopped in south bo	und traffic or	n Main Stree	t (Rt.38) fo	or a vehicle wa	iting
to make a left	turn into Gymstree	t USA parking	lot. At thi	s time, Vl	was rear	-ended
by V2	. No injuries obser	ved or recorde	ed. Vl susta	ined damage	to right rear	
bumper. V2 dama	aged on right front	bumper. Inatt	ention and	following to	close by V2	
operator probab	ole cause of collise	on.				
Witnesses:	Aller and a grand and a second a					
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damag						
Owner (Last,First,Middle) Address		Phone #	41-Type Des	scription of Damaged Prop	erty
Truck and Bus In	formation: Registration#		(From \	Pehicle Section)		
Carrier Name					В	us Use 42
Address			City		St Zip)
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43	Cargo Body Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	ength 46	
Hazmat Information:						
Placard 47	aterial 1 digit # 48 Materia	Name		Material 4 digit #_	Releas	se code 49
Patrol Officer	Pichard DiDonni		172			

Wilmington Police Department
Department Precinct/Barracks

08/31/2021

	Pol	ice Use Only	wealth	of Mass	ach	use	etts	}			RM	V Doc	ument l	Number					
	Date of Crash 08/31/2021	Time of Crash	1	City/Town	Mo	tor Veh	icle Cra	ash		umber hicles		mber ured	Ι.	Limit	30	Loca	e Police al Police TA Police	080	
	,	24HR			••		Report		2		1		Latitu Longi				pus Pelice	_ <u>`</u>	
		AT INTER	SECTION	ON:		LOCA	TION	>			NO	TAT	' IN	TER	SEC	TION	V:		
	<u> </u>	ADAN	4S ST	ļ															2 10
¹ 1	Route# Direc	ction			oadway/Street At		Route# Dire	ction	Addr	ess#			Na	me of	Roadv	vay/Stre	et		
<u>.</u>		CHUF	RCH S		A.		Feet	N S	E W	of	_		<u> </u>		or .				
	Route# Direc	ction	Name		ing Roadway/Street		Foot	NS	E W	o.f	IV.	lile Ma	rker	• • • • • • •		EXI	t Number		6 11
	<u> </u>			7 1130 St Mile	isocion will		Į.	N S			Rou	e#		Inters	ecting l	Roadwa	y/Street		
² 1	Route# Direc	ction	Name	of Intersect	ing Roadway/Street									La	ındınar	k			
3	Please Select C	One Vehicle	e 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash	Report	ID#	21	-2	22	9-	AC	7				1
	License # S8	1614873	St. M7	DOB/Ag	Je	. Reg	# 6NR336				Re	д Туре	PC	: :	R	eg State	MA		12
	Sex F Lic. (Class D 19 1		strictions 1		Veh	Year 2016									Config	- 2	21	1 12
	Operator MC	CARTHY,	KATH	LEEN	Endorsemer MAY		er MCCAR!	CHY,	K	ATE			MA	Ÿ					
⁴ 1	Address 490	WOBURN	ST	rusi	Middle	Addı	ess <u>490 W</u>	OBU	RN	ST		irst				iddle			
	City WILM	INGTON	State]	MA Zip	01887-256	4 City	WILMING	TON				Sta	te M Z	A _ 2	Zip O	1887	7-256	54	
	Insurance Comp	any SAFET	Y INS	URANC	E COMPAN	Y Vehic	cle Action Prior t	o Crash		1	22				Code:	1 ²⁷	27	27	
5	Vehicle Travel D	Direction: N S	Xw	Responding	g to Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stat pe of			29			
	Citation # (If Iss	ued)		-		Most	Harmful Event	1	24	25		B	AC Tes		ult;	1 30			12
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec	2/Sub		er Contributing C	_	1	25	25	Su	sp. Al	,			Drug:2	32	1 13
⁶ 1	Viol. 3: Ch/Sec/S				Sub	Drive	er Distracted by	99	26 34	35	36	To	wed fi	rom so	ene?	1 33			
	Name (Last First M		- OPELAIO	n and an occ	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	м	edical Facility		
	Operate)† 			See Above		>>	X	1	99	1	0	0	10	1				
⁷ 3	Please Select C of the Followin		2 1	Occupants	Non-Motorist	A Type	15 Action	16 L	ocatio	n	17	Conditi	ion	18		Hit/Run	☐ Mo	ped	
=	License #		_ St	_ DOB/Age		Reg i	5TL531				Re	д Туре	PC		R	eg State		_	
İ	Sex F Lic. C	Class D	Lic. Res	strictions 1	CDL		Year 2013	V	eh Ma	ke T	OYO	ΣTΑ			_ Veh	Config.		1	
R I	Operator	Inst	1	ırsı	Middle		er MANJOU	RID Lasi	ES	<u>, T</u>		N C	GO		Mi	ddle		_	
1	Address						ess 78 HI											-	_ 14
i	City	DT 10.40	, State	Zip_			WILMING		ſ		22						<u>-147</u>	27	1 "
	_	_			SURANCE		ele Action Prior to			4 23	23		mageo st Stati		Code:	28	2/		
	Vehicle Travel Di Citation # (If Issu	استطنت	EX	Responding	to Emergency? 2		Sequence 1	[-	24	23			pe of T			29		İ	
2	•	, .			/Sub		Harmful Event or Contributing C	_ <u>+</u> _		25	25	l	C Tes			1 30	<u></u>	_	
	Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S		r Distracted by	99	26	l		Su	sp. Ald wed fr	ı		Susp.	Drug 2	32					
L				ol. 4: Ch/Seconotorist and	all occupants involv				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			\dashv	
-	Name (Last First Mi		tonict		Address		1XOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code		dical Facility		
}	Operato	r/Non-Mo	iorist		See Above	·		M	1	99	1	0	0	9	2			_	
-				-				-											
-						0.0638.00		1											
L	Form No. 10364 CRA-65	09/18																	

		= Direction 1	= Vehicle 1	= Vehicle 2	2 = Pedestr	ian 🐠 :	= Bicycle	
Crash Diagra	m:	ie: → 1] →□	·	>꿎	→ %		
		Adar St	ns				If Crash Did Not on a Public Way: Off-Street Parking Lo	
								
			¢()) V I			■ Mall/Shopping Cente	r
WFD	W1	2					Other Private Way	
AT ID				Churc	n St			
		(B)	Indicate North by	Arrow				
Crash Narrati	ive:							
Charles of the Charle	CHARLES OF SHIPLES	Church St and	approched t	he 4-way int	ersection	on of Chu	rch St and	
		roaching the i						
		Adams St. This				1000		
The accident	was on-sig	hted by member	s of the W	TD while driv	ing back	to the	station in Al.	
		in by WFD who						
		V2 informed m			And Annual Annual			
infront of th	ne vehicle	without any no	tice or sig	nal. The Opr	of V1 i	efused n	edical	
		r by WFD. Opr2						
3		s were towed f						
			•	Part Collins				
Witnesses:						**********		
Name (Last, First, Mid	dle)		Address			Phone #		Statement
								- CHARLES CONTRACTOR
Property Dam	age:							
Owner (Last,First,Mie	ddle)	Address		Phone #	41-Туре	Description of	Damaged Property	
								-
Truck and Bus	Informational	<u> </u>						
Carrier Name	CARTE STATE OF THE	Registration #		——— (From Vehi	cle Section)		Bus Use	42
Address				City		S	t Zip	
US DOT #:							•	
Interstate 43	Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	•	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information	n:							
Placard 47	Material 1 digit #	48 Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Office	r Michael E	Johnson		199 Wi	lmington	Police	Department 08/	31/2021
Police Officer Name (Pl		Signature		**************************************	artment		t/Barracks Date	/

	Police Use Only	Comi	nonwealth	of Massacl	husetts	8	RN	IV Docui	ment Number	
	Date of Crash Time of Crash 09/01/2021 1137 Will	City/Town mington		icle Crash	Number Vehicles		opoca Dilli	it5	State Police Local Police MBTA Police Campus Police	Ī
	24HR	MERIG COIL	Police	Report	2	0	Latitude Longitude.		Campus Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSECT	TION:	7
							· · · · · · · · · · · · · · · · · · ·			2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	390 Address #	MAI	N ST Name o	f Roadwa	ıv/Street	
¹ 1		At							J. 1-1-1-1	-
L	Route# Direction Na	- flater De l		Feet N S	E W of	Mile M	• larker	- or	Exit Number	
	Routes Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N S	E W of					3 11
T				Feet N S		Route#	Inter	secting Ro	oadway/Street	
² 3	Route# Direction Na	me of Intersecting Roadw	/ay/Street				1	andmark		-
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repor	+ 1D# 21	-23				1
נ	or the ronowing.									
	[<u>10</u> 10	DOB/Age,		#27GD46					71	7 12
	Sex Bic. Class D Lic.	Restrictions 1 C	DL Veh '	Year <u>2011</u>	Veh Make 1	OYOTA	1	Veh (Config. 1	
⁴ 1	Operator BELBIN, BARBA	RA J First	Middle	er BELBIN, Last		RA J Fint		Midd	lie .	
1	Address 12 WILTON DR			ess 12 WILTO	N DR					. [
	City WILMINGTON Stat	e MA Zip 01887	'-2216 City	WILMINGTO	<u> </u>			_	887-2216	
	Insurance Company CITIZENS	INSURANCE C	COMPAN Vehic	ele Action Prior to Cras	h 3		Damaged Are	a Code: 3		ł
⁵ 1	Vehicle Travel Direction: X S E W	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23		est Status:	-	28	
1	Citation # (If Issued)	_	Most	Harmful Event 2	24		ype of Test; SAC Test Res	autr	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19 ²⁵	25	usp. Alcohol		Susp. Drug: 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	T	owed from s	<u> </u>	22	
⁶ 2	· ·	ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Hjeet	38 39 Trap Injury Code Status	40 Transp.		1
	Name (Last First Middle) Operator		Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	-
-						• •	10 120			-
}							<u> </u>			_
										_
⁷ 9	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П ні	it/Run Moned]
	Little Maria Control	DOB/Age		79DM74	L					4
	19 19	20	_	/90M/4 /ear 2015			e <u>PC</u>	_	21	
- 1	Operator Driverless M.	En-	dorsement	r CARDINALI				Veh C	config.	
³ı l	Last Address	First	Middle	Last ess 28 MONTB	•	First	NALE:	Middl	lc	1
	CityState	7in		BILLERICA			MA	∩1 s	821-3241	14
1	Insurance Company THE COMME!			le Action Prior to Crash		_	amaged Area	٠ -		
- 1	Vehicle Travel Direction: X S E W			Sequence 23	23 23		est Status:	2	28	
- 1	Citation # (If Issued)	Responding to Emerge	•	bequence 1	24		pe of Test:		29	
2				<u></u>		25 B.	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub			Contributing Code	26	S:	sp. Alcohol:		Susp. Drug. 32	
Ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		Distracted by 0	34 35	To 36 37	owed from so	ene? 2	33	1	
-	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See	Above	\searrow X	1					
										1
T										†
-										1
L									_	

	Direction 1	= Vehicle I	= Vehicle 2	웃 = Pedestrian	Ø = Bicycle	!	
Crash Diagram:	ie: 👈 🔟	_ → _	2	₽Ř	→ №		
parking lot 3	90 main street					Crash <u>Did Not</u> O a Public Way:	Occur
	v1 🥕					Off-Street Parking Lot	
						Garage	
						_	
	» 🖼	parked v2				Mall/Shopping Center	
						Other Private Way	
					I	ndicate North by A	rrow
				(E		\bigcirc	
Crash Narrative:							
Witnes stated that V							
v2 on it's right from							
Officer Skinner went					ent with ac	cident and	
confirmed the operate							
operator of v1 stated	that she did no	ot realize 1	that she hit	the parke	d v2, but d	1d not	
leny hitting it.						<u></u>	
							.
				•			
							
							······································
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
tane (Dasi, 113g, 11dde)		Auditess			1 none w		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damage	ed Property	
						<u> </u>	
Truck and Bus Information	Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type		Reg Year	Trailer	46 Length		
Hazmat Information:					· []		
Placard 47 Material I dig	it # 48 Material Nan	ne		Material 4 digit #		-Release code	49
Datum 1 055: m :	D. Mh. and the second		100 -				
Patrol Officer Brian olice Officer Name (Please Print)	D Thornton Signature			ilmington E	Precinct/Barrac		1/2021

	Police Use Only	Comr	nonwealth	of Massa	chu	sett	S		R	MV Do	cument Numb	er	7
	Date of Crash Time of Crash 09/02/2021 1117 Wil	City/Town mington	Motor Vel	iicle Cras	h [Numbe		الدمست	eed Lin		O State Police Local Police	• 👼	1
	24HR	REIIG COII	Police	Report	- 1	2	" 1	La	ititude ingitude		MBTA Poli Campus Po Other:	ce 🗓	
	AT INTERSECT	ION:	< L0C	TION >			NO	TAT	NTE	RSE	CTION:		1
							-						2 10
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Directio	n Ad	dress #		93 N			AMP way/Street		
1		At		Feet N	SE	w]
	Route# Direction Na	me of Intersecting Roadw	ay/Street	reet [/·	1012	01	M	le Mark	er	— or	Exit Num	ber	11
		Also at Intersection wi	th	Feet N	SE	of	Route			LL	ST Roadway/Stree	-t	2
² 1	Route# Direction Na	ne of Intersecting Roadw	ay/Street	Feet N	SE	V of		<i>211</i>	Inc	raceing	Koduway/Sire	51	
										Landma	rk		1
3	of the Following:	#Occupants Hit/F	Run Moped	Crash Rep	ort ID#	21	2	31	-A	C			
		A DOB/Age	. Reg	#_477M		-	Re ₂	з Туре _Е	C	F	Reg State MA		<u> </u>
	Sex M Lic. Class D Lic. I	Restrictions 1 20 CE	DLVeh	Year 2018								21	1 12
4	Operator SERFES, ARTHU		dorsement	er SERFES,			RJ						
⁴ 2	Address 32 DEARBORN ST	1		ess 32 DEAF	BOR	N S	T Fo	ri I		٨	Aiddle		
	City MEDFORD State	MA Zip 02155	-4315 City	MEDFORD				State _	MA	Zip_ O	2155-4	31 <u>5</u>	
	Insurance Company SAFETY IN	SURANCE CO	MPANY Vehic	ele Action Prior to Cr	ash	2	22	Dama	iged Are	ea Code	5 27 27	27	
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Event	Sequence 1 23	23	23	23		Status:		28		
1	Citation # (If Issued)		Most	Hamful Event 1	24				of Test: Test Re		30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25		Alcoho		, لـــــا	32	1 13
⁵ 1	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			•	d from s	L	2 33	J	H
1	Please fill out for opera	tor and all occupants invo	olved Address	DOB/Age S	34 Sea			Eject Tr	8 39 ap Injud	ry Transp.			3
	Operator		Above	DOM/Age 5	Pos.	System 1		Code Co	de Statu		Medical Fac	ality	1
	CAROL SERFES		·	10/24/1948 F	3	1	4	0 0	9	1			1
						 -			-	+			
					_					-			
						ل							
4	of the Following: Vehicle 25	#Occupants Non-N	Aotorist A Type	15 Action 16	Locat	ion	17 C	ondition	18		Hit/Run	Moped	
\dashv	License #	OOB/Age,	Reg#	8NFV70	·		Reg	Туре Р	C	R	eg State MA		İ
ĺ	Sex F Lic. Class D 19 Lic. R	estrictions 1 20 CDI	Veh Y	ear <u>2015</u>	_ Veh N	lake 🔏	UDI				Config. 1	21	
	Operator,		orsement Owne	RICE, ST	PEPH	ANI			<u> </u>		-		
2	Address			ss 492 SHA	WSH	CEN	AVE			Mi	ddle		
	City State	_ Zip_	•	VILMINGTO	N			State 1	1A	Zip 0 3	L887-16	39	1 14
	Insurance Company USAA CASUA	LTY INSURAN	ICE C Vehicle	e Action Prior to Cra	ısh	2	22	Damag	ged Area	a Code:		27	
	Vehicle Travel Direction: SEW	Responding to Emerger	ncy? 2 Event	Sequence 1 23	23	23	23	Test St			28 29		
2	Citation # (If Issued)		Most I	Hammful Event 1	24				est Res	ult:	30		
$\overline{-}$	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	19	25	25		Alcohol:		Susp. Drug: 1	32	
Į		ol. 4: Ch/Sec/Sub		Distracted by 9	9 ²⁶			Towed	from so	ene?	2 33		
	Please fill out for operator/non- Name (Lest First Middle)		s involved	DOB/Age Se	34 Seat x Pos.	35 Safety System	Airbag 1	37 38 Eject Tra Code Cod	p Injury	40 Transp. Code	Medical (*aci	Site	
	Operator/Non-Motorist	See A	Above		1	1	4 0		10	1	monedi (de)	,	
<u> </u>					3	1	4 0	0	10	1			
H				, :	6	1	4 0		10	1			
					ļ.		-	`_	+	│			
L	Form No. 10364 CRA-65 09/18			,	5	1	4 0	0	10	1			

•	Pol	lice Use Only		mmonw	vealth (of Mass	ach	ius	etts	5			RM	V Doc	ument N	umber			
	Date of Crash 09/02/2021	Time of Crash	1	City/Town ington	Mot	or Veh	icle Cra	sh		umber chicles			Speed Latitu	Limit	1(Local	Police Police A Police		
	037 027 2022	24HR		1119 0011]	Police 1	Report		2		1	1	Lautu Longi				ous Police	<u> </u>	
		AT INTER	SECTIO	ON:		LOCA	TION	>			NO	T AT	IN'	TER	SEC	TION	:		
											т.	03	NTD	21	RA	MD			2 10
1	Route# Dire	etion		Name of Roady			Route# Direc	tion	Add	ress #						vay/Stree	t		
¹ 1]			At			Feet	N S	EW	of			- •		or _				İ
	Route# Dire	ection		··· ·	Roadway/Street						M	ile Ma					Number		2 11
				Also at Intersec	ction with		Feet			-	Rout				ecting l	ST Roadway	/Street		
² 1	Route# Dire	ction	Name	of Intersecting	Roadway/Street		Feet	NS	EW	of									
L	Please Select	One 🔯	5. /	#Occupants	1					21		22	1		ındınarl	k			
3	of the Followi		e 2.3	*Occupants	Hit/Run	Moped	Crash F												1
	License #_	10	St 19	_ DOB/Age	20		8NFV70									-		21	1 12
	Sex F Lic.	Class	Lic. Re	strictions	CDL Endorsement		ear								Veh	n Config.	L		-
⁴ 2	Operator_	Last	Į.	irst	Middle		er RICE,	Last			F	irst	ΙE		М	liddle			
2	Address.						ess 492 SI							_					·
	City		State	_ Zip_			WILMING			<u> </u>	22				Zip _0 : Code:		-163	27	
	Insurance Comp						ele Action Prior to	Crash 23	23	23	23		mage st Stat		Code:	28			
⁵ 1	Vehicle Travel I	·····	EW	Responding to	Emergency?		sequence		24			Ту	pe of	Test:		29			
L		sued)		•			Hamful Event	<u></u>		25	25			st Res		30	_	_	_ 13
		'Sub					r Contributing Co r Distracted by	oge	26	I		Su	-	cohol: rom sc	Щ_	22	Drug:	32	1
⁶ 1	VIOI. 3: CIVSec/	Sub Please fill out		or and all occupa		Diive	a Distracted by	-	34	35	36	37	38	39	40	2 33			
	Name (Last First N	Aiddle)		T	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Mo	dical Facility		
	Operate	or			See Above			X	1	ļ	<u> </u>				<u> </u>				
								-	4	1	4	0	0	10	1				
⁷ 4	Please Select C		e 4#	Occupants	Non-Motorist /	A Type	15 Action	16	Locatio	on	17	Conditi	on	18		Hit/Run	☐ Mo	ped	İ
4	License #		St	DOB/Age		L Reat						a Tyne			R	eg State	L		
	Sex Lic.	19 1	19		20 CDL	_	/ear									-		1	Ė
	Operator	L		<u> </u>	Endorsement		er .		VC11 111	шко					,,,,	Comig.	L	ا ا	
⁸ 2	Address	Lasi	F	irst	Middle		ess	Last			F	rst			Мі	iddle			
	City		State_	Zip		City_						Stat	c	Z	Zip				1 14
	Insurance Comp	any				Vehic	le Action Prior to	Crash	i		22	Da	maged	i Area	Code:		27	27	
	Vehicle Travel D	Direction: N S	EW	Responding to	Emergency?	Event	Sequence	23	23	23	23		st Stat			28			
⁹ 2	Citation # (If Iss	med)				Most	Hannful Event		24				pe of 1 .C Tes	iest: it Resu	ılt:	30			į
	Viol. 1: Ch/Sec/S	Sub	— Vio	il. 2: Ch/Sec/Su	b	Drive	r Contributing Co	de		25	25			cohol:		Susp. I	Orug:	32	
l	Viol. 3; Ch/Sec/S	Sub	— Vio	ol. 4: Ch/Sec/Su	b	Drive	r Distracted by		26			To	wed fr	om sc	ene?	33	-		
	Ple Name (Last First M	ease fill out for ope	erator/non-n	notorist and all	occupants involve	ed	DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Мас	lical Facility		ı
Ī	Operate	or/Non-Mo	otorist		See Above		\times	X	1								<u></u>		
ļ								د											
ļ										Г									
}																		-	
				İ			ŀ	ı	I	I	ıl	·		ı	: I			ı	

	= Direction	1 = Vehicle 1	2 = Vehicle 2	र् = Pedestria	n 🕳 = Bicycle	è	
Crash Diagram:	ie: 👈	-	2	₽Ŷ	→ ॐ		
						Crash <u>Did Not</u> a Public Way:	
			Lov	vell Street		Off-Street Parking Lo	ot
						Garage	
		v1				Mall/Shopping Cente	_
	_				"	Other Private Way	
	v2 (
93 00	rth off ramp				I	ndicate North by a	Arrow
93 110	tar on ramp			8			
				V	N)		
Crash Narrative:						····	
The Driver of V1 Sta	ted that he was	stopped at	the end of t	he off ram	mp, attempti	ng to pull	
onto Lowell Street w			·· · · · · · · · · · · · · · · · · · ·				
V2 stated that she wa	is watching the	Lowell Stree	et Traffic a	lso attemp	ting to pu	ll onto	
Lowell Street. V2	thought v1 had a	lready pulle	ed out, when	she went	forward and	rear	
ended v1. She was wa	atching Lowell S	treet Traff:	ic		·		
			· · · · · · · · · · · · · · · · · · ·				
Witnesses: Name (Last,First,Middle)		Address			Phone #		St
rame (casis itsipritatio)		Address			Phone #	<u></u>	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damage	d Property	· · · · · · · · · · · · · · · · · · ·
Truck and Bus Information	On: Registration #		(Erom Val	nicle Section)			
Carrier Name			(Figure Ver	more section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	МС/МХ/ЛС	C #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45				
	Reg Type		Pag Veer	 1	46		
Hazmat Information:	Nog 17PF	Reg State	Reg rear	Trailer	Length		
Placard Material 1 dig	it # 48 Material Nar	ne		Material 4 digit	#	-Release code	49
Patrol Officer Brian	D. Thornton		190 Wi	lminata :	Police De-		00/0001
Police Officer Name (Please Print)	Signature			partinent	Police Depar Precinct/Barracl		02/2021

	Police Use Only Com			monwealth of Massachusetts						RMV Document Number				
	Date of Crash 09/03/2021	Time of Crash	City/Town lmington	Motor Vel	hicle Cras	sh	Numbe		a lope.	d Limit	35	State Police Local Police MBTA Police	080	
	037 037 2021	24HR	Initing ton	Police	Report		3	0	Laui	ude gitude _		Campus Police Other:	. 5	
		AT INTERSEC	TION:	< LOC	ATION >	<u> </u>		NOT	AT IN	TER	SEC	TION:		<u> </u>
							298	MZ	IN S	יון				2 10
1_	Route# Direc	ction	Name of Roadway/S	Street	Route# Directi		Address #				Roadw	vay/Street		_
11			At		Feet [N S E	E W of			•	or _			
	Route# Direc	ction ?	Name of Intersecting Road	iway/Street				Mile	Marker			Exit Numb)r	2 11
			Also at Intersection	with	1 =		E W of	Route		Inters	ecting F	Roadway/Street		
² 1	Route# Direc	etion 1	Name of Intersecting Road	lway/Street	Feet [NISIE	W of							
	Please Select (One Vivalia 11	#Occupants Hi				~ 21		22		indmarl	<u>K</u>		1
3	of the Followi		Hi		Crash Re						-]
		10 10	MA DOB/Age		# <u>7ZF663</u>			_	• •			· —	21	1 12
	Sex F Lic.		ا لــــــــا	Endorsement	Year 2015					EN	Veh	Config. 1		
⁴ 1]	CHOLAS, DA	First	Middle	ner NICHOLZ	ast		Firs	EV		Mi	iddle		
1	1	WEDGEWOOD			ress 12 WED						 .		—	İ
			ate MA Zip 0188		WILMINGT			22				1887-37	27	
	•	-	<u>ERCE INSURA</u>	-	icle Action Prior to C		3 23		Damag Test St		Code;	o ²⁷ ²⁷		
5	Vehicle Travel D	L	Responding to Eme	•	in sequence 12	<u> </u>	24	23	Туре о			29		
	1	ned)			Ľ		25	25	BAC T			30		0 13
			Viol. 2: Ch/Sec/Sub —		er Contributing Cod		L 23	23	Susp. A				32	2
⁶ 1	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub — erator and all occupants in		er Distracted by	<u> </u>	34 35	36	Towed	from sc	ene?	2 33		•
	Name (Last First M	•	erator and an occapants in	Address	DOB/Age	- 1	Seat Safet Pos. System	/ Airbag	Eject Trur Code Code	Injury	Transp. Code	Medical Faci	áty	-
	Operate	or		See Above	>	X	1 0	4 0	0	10	1			
														1
7	Please Select C		#Occupants No	n-Motorist A Type	15 Action	16	cation	17 Ca	ndition	18		Hit/Run 🔲 N	Annad	1
⁷ 1	of the Followin	iR: -					Lation		L				roped	-
	License # S7	10 10	MA_ DOB/Age		# 812SF5			-				eg State <u>MA</u>	21	
	Sex M Lic. C	DRE ANTHO	ا لــــــا	Endorsement	Year 2009				<u> </u>		Veh	Config. 1		
⁸ 2	•	Last HIRD AVE	First	Middle	ner FIORE . ress 1 THIR	ist.		First			Mic	ddle		
			ate MA Zip 0188		WILMINGT		V C:		State M	71	. O1	1007		1 14
			/ER INSURAN		cle Action Prior to C		2	22	Damage				27	
Ì	Vehicle Travel D		•		nt Sequence 2	al ac	,	23	Test Sta			1 28	j	ŀ
<u></u>	Citation # (If Issu	<u> </u>] reasponding to Eme	•	· <u>E-</u>	2 ²	24		Type of	Test:	ĺ	29		
2		Sub	Viol. 2: Ch/Sec/Sub		er Contributing Code		25	25	BAC To			30	32	
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		Ī		26		Susp. A	1		Susp. Drug: 2		
ł	Ple	ase fill out for operator/r	ion-motorist and all occup			T	34 35 Sept Safety	36 Airbag I	37 38 Sjeet Trap	39	40 Tratisp.			
}	Nume (Last First Mr		G# .	Address	DOB/Age	Sex 1	Pos. System	Status C	ode Code	Status	Code	Medical Facil	ły	
}	Орегию	or/Non-Motori	25	See Above		Δ	1 99	4 0	0	10	1			
						\perp				<u> </u>	ļļ			
ļ										ļ				

	Police Use Only Com			mmonw	monwealth of Massachusetts								umber				
	Date of Crash 09/03/2021	Time of Crash	1	City/Town	Mot	or Veh	icle Cr	ash		mber nicles	Numb Injure	Opco	d Limit	35	Local	Police Police A Police	
	03/03/2021	24HR	W 1 1111	1119 0011	I		Report		3		0	Lant	itude			ous Police 🔲	
		AT INTER	SECTIO	N:	<	LOC	TION	>			NOT	AT IN	TER	SEC	TION	:	1
									298	2	MZ.	EN S	η				2 10
1_	Route# Dire	ction		Name of Roadwa	sy/Street		Route# Dir	ection	Addre		<u> </u>			Roady	vay/Stree	t	
1				At			Fee	N S	E W	of -			•	• ог _			
	Route# Dire	ction		of Intersecting R	i						Mile	Marker			Exit	Number	2 11
				Also at Intersecti	on with			N S			Route#	-	Inters	ecting l	Roadway	/Street	
² 1	Route# Direc	ction	Name	of Intersecting R	oadway/Street		Fee	N S	EW	of .							_
	Please Select (. 31 #	Occupants	Hit/Run	Moped	Const	Donout		> 1	-2	32-		andmarl	K		1
3	of the Followi				THE RULE												_
		7332806	19	_ DOB/Age.	0		# <u>PJP4</u>				_				_	21	1 12
	Sex M Lic.	<u> </u>		strictions 99 ~	CDL Endorsement		Year 1999					KOLE	Τ	Veh	Config.	2	
⁴ 1	1	CUE, SHA GARFIEL	F	irst	Middle		er <u>PJP</u> ess 23 RC	Last			First			М	iddle		
_	1	RN RN			301-5730		ess 23 RC WOBURN		.nk			State M	7 .	z:- Λ'	1 201	-2855	•
	· ·	pany NGM II		-		·	cle Action Prior		, F	1.	22	Damag		-		27 27	
	Vehicle Travel I	,	(EW	Responding to E			t Sequence	23		23	23	Test Sta			1 28		
5		sued)	*				Hannful Event	2	24			Type of			29		
	1	Sub		ol. 2: Ch/Sec/Sub			er Contributing	<u> </u>	99	25	25	BAC To Susp. A			30 Suen	Drug 2 32	2 13
	Viol. 3: Ch/Sec/	Sub	Vic	ol. 4: Ch/Sec/Sub		Drive	er Distracted by	99				Towed			2 33	2	
⁶ 1			for operato	r and all occupan					34 Scat		Airbag E	37 38 ject Trap	39 Injury	40 Transp.			1
	Operate	-,			Address See Above	· · · · · · · · · · · · · · · · · · ·	DOB/Age	Sex.	1	•	Status C	ode Code	Status	Code 1	Mo	dical Facility	-
							/	\leftarrow	+								_
													ļ				
													ļ	ļ			-
						r	10 0	16					10	<u> </u>			
⁷ 1	Please Select C of the Followi		4 #	Occupants	Non-Motorist A	Туре	15 Action	16	Location	ا،	17 Co	ndítion	18		Hit/Run	Moped Moped	
	License #			DOB/Age	1	Reg	¥				_ Reg T	уре		R	eg State_		
	SexLic. (Class 19 1	Lic. Res	trictions 20	CDL	Veh	Year		Velı Mai	ke				Veh	Config.	21	
³ ₂	Operator	Last	Fi	rst	Middle	_ Own	er	Last			First			Mi	iddle		
	Address						ess										_ 14
			State	Zip		•			Г		22	State		· 1	27	27 27	1
	Insurance Comp						ele Action Prior			- 7	23	Damage Test Sta		Code:	28	21 27	
	Vehicle Travel D	ned)		Responding to E	mergency?		t Sequence		24			Type of	Test:		29		
2		Sub ————		1 2. Ch/Caa/E.A			Harmful Event or Contributing (25	25	BAC Te			30		
		Sub					r Distracted by	-006	26	ــــــــــــــــــــــــــــــــــــــ		Susp. A Towed i		ч	Susp. I	Orug: 32	
		ase fill out for ope							34 Seat	35 Safety		7 38	39	40			1
	Name (Last First M	or/Non-Mo	danie4		Address		DOB/Age	Sex	Pos.	System	Airbag Ej Status C	ect Trap sde Code	Injury Status	Code	Med	lical Facility	-
	Operate	/// \OH=1V1O	107131		See Above			$ \leftarrow $	1	_	\perp			$\ \cdot\ $			4
										\dashv			_				_
													-				4
												1					

Crash Diagram: ie: -> 1 -> 2 -> 5	
Clark St	If Crash <u>Did Not</u> Occur on a Public Way:
Main St/RT 38 NORTH (2 Lane)	☐ Garage
II	100.000 0.550 10
	Mall/Shopping Center
	Other Private Way
Main St/RT 38 SOUTH (1 Lane)	Indicate North by Arrow
Driveway 314 Main St Dunkin Enterance 321 Main St	
Crash Narrative:	
All MVs traveling SB on Main St/MA 38 (Public Way). MV1 stopped to allow car	
(321 Main St). MV2 stopped behind MV1. MV3 hit rear of MV2 pushing MV2 into	
injiures reported, light damage to all vehicled, vehicles left under own pow	er.
	-
Witnesses:	
And the second s	
Name (Last, First, Middle) Address Phone #	Statement
Name (Last, First, Middle) Address Phone #	Statement
Name (Last, First, Middle) Address Phone #	Statement
	Statement
Property Damage:	
Property Damage:	Statement Damaged Property
Property Damage:	
Property Damage:	
Property Damage:	Damaged Property
Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Bus Information: Registration #	Damaged Property Bus Use 42
Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Phone # 41-Type Description of Registration # (From Vehicle Section) Carrier Name Address City S	Damaged Property Bus Use Zip
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Truck and Bus Information: Carrier Name Address City State Number Issuing State MC/MX/ICC #:	Damaged Property Bus Use Zip
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Truck and Bus Information: Registration #	Damaged Property Bus Use Zip
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Phone	Damaged Property Bus Use 42 Zip
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Truck and Bus Information: Registration #	Damaged Property Bus Use Zip 46

Wilmington Police Department
Department Precinct/Barracks Department

09/03/2021

	Pol	lice Use Only		Com	monwea	lth (of Mass	ach	use	tts			RM	V Doc	ument Numbe	r]
	Date of Crash 09/03/2021	Time of Crash	1	City/Town			icle Cra	sh			Number Injured	Speed	d Limit	t	State Police Local Police MBTA Police		1
		24HR			1		Report		2	C)	1	itude		Campus Poli Other:	œ 🗖	
		AT INTER	SECTIO	ON:		LOCA	TION	>		N	OT A	TIN	TER	SEC	TION:		
									159)	CHU	RCH	ST	•			2 10
¹ 1	Route# Direc	ction		Name of Roadway/ At	Street		Route# Direc	tion	Addre						way/Street	-	-
-	·						Feet	NS	E W	of —			• —	or _	Exit Numb		
	Route# Direc	ction	Name	of Intersecting Roa			Feet	NS	E W	√£	Mile M	larker			EXI NUBC	er	4
									E W	R	oute#		Inters	ecting l	Roadway/Stree	t	
² 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street			<u> </u>	`				La	ındmarl	k		
3	Please Select (of the Followi		e 1 1	Occupants H	it/Run 🔲 N	Moped	Crash I	Report	ID# 2	21-	23	3-	AC				1
	THE RESERVE OF THE	3674972	St MA	DOB/Age		Reg #	1766EV				Reg Tyr	ve PC		Ŕ	ee State MA		
	Sex F Lic.	19	19	20	CDL		ear 2016								Config. 1	21	99 ¹²
	i	<u> </u>		SSA ANNE	Endorsement		FERICKS								. oog	J	
⁴ 1	i	MILL RD	F	trsi	Middle		ess 27 MI I	Last			First			М	liddle		
	City WILM	INGTON	State]	MA Zip 0188	37-3347	City.]	WILMING	TON			S	ate M	A_ 2	Zip O	1887-3	347	
	Insurance Comp	any LIBERT	'Y MU	TUAL PERS	ONAL I	Vehic	le Action Prior to	Crash	1	L1 22	г	Damage	d Area	Code:	<u> </u>	27	
5	Vehicle Travel D	Direction: N	EW	Responding to Em	ergency? 2	Event	Sequence 1	23	23 2	23 2	1	est Sta			1 ²⁸ 29		
	Citation # (If Iss	ued)				Most	Harmful Event	1.	24			ype of SAC Te		ult:	30		
	Viol, 1; Ch/Sec/	Sub	—— Vie	ol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	ode	1 ²	5	25			2 31	Susp. Drug:	32	2 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26		7	owed f	rom sc	ene?	2 33		
т	Name (Last First M		for operato	r and all occupants i	involved Address		DOB/Age	Sex		Safety Air	6 37 bag Ejce tus Codi	38 Trap Code	19 Injury Status	40 Transp. Code	Medical Fac	ility	
	Operate	or			See Above			X		9 4	0	0	10	1			
			· · · · · · · · · · · · · · · · · · ·						-								
					·			1				1	-				1
								ļ <u>.</u>				<u> </u>	1				•
	Please Select C	ne 🛛 Vehicle	,1 #	Occupants No		_	15	16	<u> </u>	1	7		18		<u> </u>		
1	of the Followir	er Vehicle	· 2. L.	No	n-Motorist A 7	Гуре	Action	I.	ocation.		Cond	ition		<u> </u>	Hit/Run 🛄 I	Moped	
	License #.	19 1	. St.	DOB/Age		=	1234DE	········			Reg Typ	e PC	· ·	R	eg State MA	21	
	Sex F Lic. C	Class D	Lic. Res		CDL Endorsement				eh Mak				С	Veh	Config. 1		
³99	Operator	Last	r	ss.	Middle			Lust	•		Y L(JND		Mi	iddle		
	Address.		-				ss 30 HAT			RD					1000 11		14
	City Insurance Compa		State	- Zíp. CE INSURA	NCE CO		NILMING'		Г.	22				Code:	1887-15	27	
	Vehicle Travel D	· .	Ew				e Action Prior to		1 23 2	3 23		est Stat		Couc.	28		
	Citation # (If Issu		[E VV	Responding to Eme	ergency?		Sequence 2 Harmful Event	2	24		J _T	ype of	Test:		29		
2	Viol. 1: Ch/Sec/S	•	Vio	1. 2: Ch/Sec/Sub =			Contributing Co		99 ^{2:}	5	25	AC Tes			30	22	
	Viol. 1: Ch/Sec/S			I. 4: Cli/Sec/Sub -			Distracted by	ا ا	26			usp. Al owed fi	ı		Susp. Drug: 2	32	
				notorist and all occur		2.1701				35 3	37	36	39	40	<u> </u>		
	Name (Last First Mi		dante.		Address		DOB/Age	Sex.	Pos. S	afety Air	us Code	Code	Injury Status	Transp. Code	Medical Faci	lity	
		or/Non-Mo	iorist		See Above				1 9	9 4	 0	0	10	1			
											1	<u> </u>					
									T								

	= Direction	= Vehicle 1	2 = Vehicle 2	오 = Pedestr	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🔟	→	2	→ X	ॐ		
	High School Park	ing Lot - 159 C	Church St			If Crash <u>Did Not</u> on a Public Way	
		·····				Off-Street Parking L	ot
			3		ļ	☐ Garage	
		11.77				_	
		5. 11			ĺ	☐ Mall/Shopping Cente	er
	Z)		9			Other Private Way	
'	<i>!!!!</i> :		•	•		Indicate North by	Arrow
						(\downarrow)	
Crash Narrative:					I		
MV1 was unoccupied and							
to park next to MV1 an							
spot. Anonymous witnes						nor damage to	
both MVs. No injuries	reported and bo	th MVs abl	e to drive	under own	power.		
				· · · · · · · · · · · · · · · · · · ·			
					100 0		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
					2 40110		Statement
Property Damage:				····			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:							
Carrier Name	Registration #		(From	Vehicle Section)		Bus Use	42
Address			_ City		Si	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	CC #:		
Interstate Cargo Body 7	Sype Code	GVWR/GCWR	45				
					<u> </u>	46	
Trailer Reg #:	Keg Type	Keg State	Keg Year_	Traile	er Length		
Hazmat Information: 47	48						49
Placard Material 1 digit #	Material Name	2		Material 4 digi	t#	Release code	
Patrol Officer Joseph A F:	itzgerald		215	Mai 1 mã	D-14		00/000-
Police Officer Name (Please Print)	Signature			Wilmington Department		Barracks Date	03/2021

09/03/2021 Date

Wilmington Police Department Images Associated with 21-233-AC

