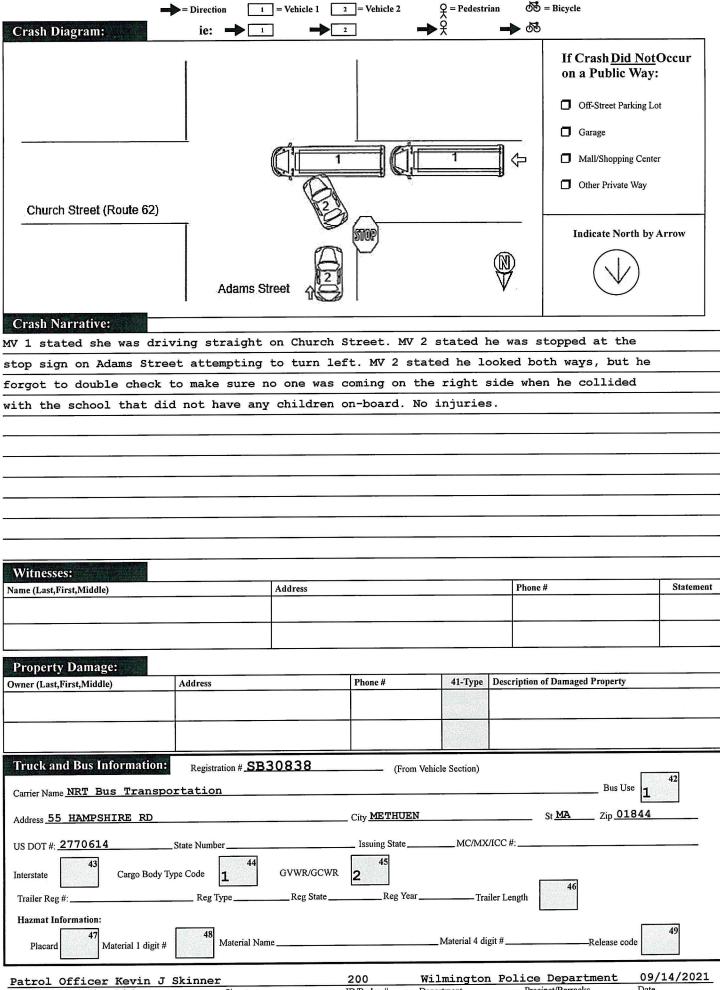
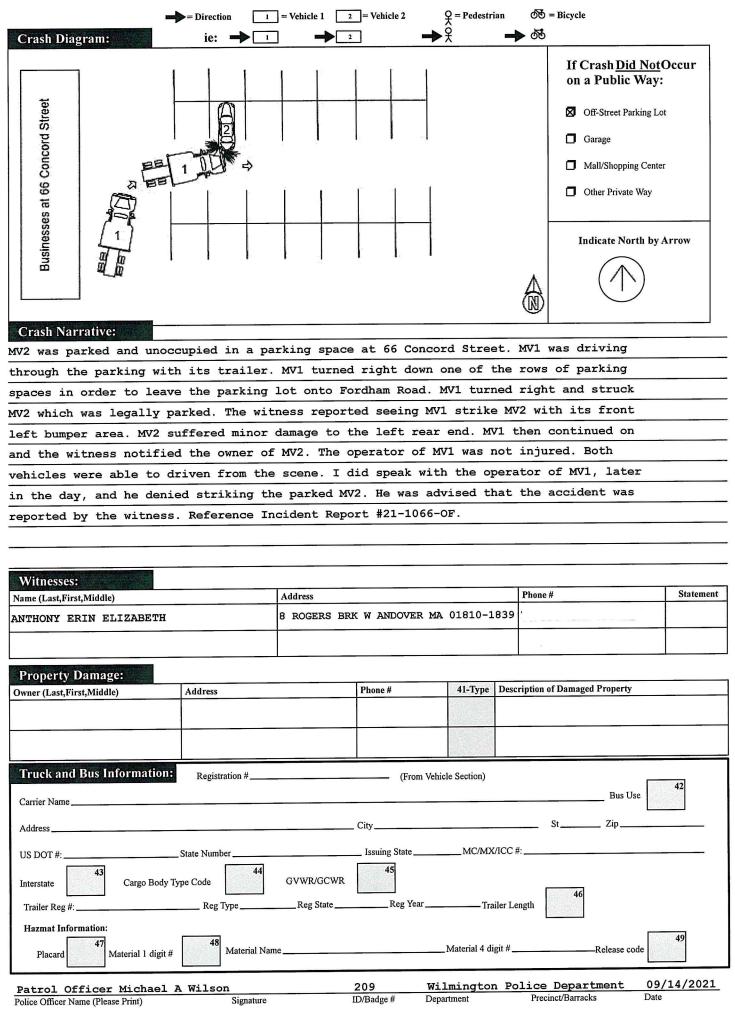
	Police Use Only	Commony				etts			RMV	Docun	nent Number	
		ity/Town Mot	tor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber chicles	Number Injured	Speed I		30	State Police Local Police MBTA Police Campus Police	
	09/14/2021 1425 Wilmi	ngton	Police 1	Report	2		0	Latitude Longitu	30//		Campus Police Other:	
	AT INTERSECTIO	N: <	LOCA	TION >			NOT A	ΓΙΝΤ	ERS	ECT	ION:	
												2 ¹⁰
	Route# Direction ADAMS ST	Jame of Roadway/Street		Route# Direction	n Add	ress #		Nan	ne of R	oadwa	y/Street	\vdash
¹ 1	Route# Direction I	At		Rodies Bleede	n 7tou	-		71017	ne or re	Joaqvia	<i>y</i> /51100¢	1
	CHURCH ST	!		Feet N	SEW	of -	— — – Mile Ma		_	or	Exit Number	
		of Intersecting Roadway/Street		- IN	SEW	1 .	IVIIIC IVI	ii Kei			Exit I tuniou	3 11
	A	Also at Intersection with		-		_	Route#	I	ntersec	ting Ro	oadway/Street	М
² 1	Route# Direction Name of	of Intersecting Roadway/Street		Feet N	SEW] of _						
		1								dmark		┨
3	Please Select One of the Following: Vehicle 11 #0	Occupants Hit/Run	Moped	Crash Rep	port ID#	21.	-23	6-7	AC			
	License # S73357980 St MA	DOB/Age	Reg #	SB30838			Reg Type	SB		Reg		12
	19 19	rictions 1 20 CDL	Veh Y	Tear 2014	Veh M	lake Tl	nomas			Veh C	Config. 4 21	1 ~
	Operator ARCE, MARIA DEI	Endorsemen	it	er NRT BUS								
⁴ 2	Address 11 COLUMBIA PAR	st Middle		ess 55 HAMI	it		First	188		Midd	ile	
	City HAVERHILL State M		14.0	METHUEN				to MZ	7ir	. 01	844-1154	
						4 2		amaged		_		
	Insurance Company PILGRIM INS			le Action Prior to C	The second second	23		est Statu		1	28	
⁵ 1		Responding to Emergency? 2		Sequence 1			200	ype of T	est:	12	29	
	Citation # (If Issued)		Most	Harmful Event		25	25	AC Test			. 30	_ 13
	Viol. 1: Ch/Sec/Sub Viol	1. 2: Ch/Sec/Sub	Drive	r Contributing Code	10000000	25	25 St	usp. Alc	ohol: 2	31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub Viol	1. 4: Ch/Sec/Sub	Drive	r Distracted by	O 26		To	owed fro	om scer	ne? 2	33	
⁶ 1		and all occupants involved		DOB/Age	Sex Pos.		36 37 Airbag Eject Status Code	38 Trap Code		40 Fransp. Code	Medical Facility	
	Name (Last First Middle) Operator	See Above		505/18	1		4 0			1		1
	Орегию	5007.0000				+	-		-	\dashv		
					_							-
[a	Please Select One Vehicle 2 1 #0	Occupants Non-Motorist	A Type	15 Action	16 Locati	on	17 Condi	tion	18	Пн	it/Run Moped]
⁷ 2	of the Following:	T Tron Wildian										┨
	License # 5	_ DOB/Age		3DEP61			Reg Typ			Reg	State MA 21	
	Sex Lic. Class D Lic. Rest	trictions 1 CDLEndorsemen		Tear <u>2003</u>	Veh M	lake <u>T</u> (ATOYC			_ Veh (Config. 1	
8	Operator,	rst Middle	Own	Las		-	First		_	Mide	ile	
⁸ 1	Addre.		Addr	ess 5 DRAPI	ER DI	3						_ 14
	CityState	. Zip	. City	WILMINGT	ON		_			_	887-1515	1
	Insurance Company ARBELLA MU	<u> TUAL INSURANC</u>	E Vehic	ele Action Prior to C	Crash	4		amaged		Code: 1	27 27 27	
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Even	t Sequence 1 23	3 23	23	23	est Statu ype of T		1	29	
0	Citation # (If Issued)		Most	Harmful Event	1 24			AC Test		t.	30	
⁹ 1	Viol. 1: Ch/Sec/Sub — Vio	1. 2: Ch/Sec/Sub	Drive	er Contributing Code	e 19	25	25	usp. Alc		-	Susp. Drug: 2 32	
		l, 4: Ch/Sec/Sub ————	Drive	er Distracted by	0 26			owed fro		9	33	
	Please fill out for operator/non-n	The second secon	ved		34 Seat	35 Safety	36 37 Airbag Eject	38 Trap		40 Transp.		1
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility	1
	Operator/Non-Motorist	See Above	į		X 1	1	4 0	0	10	1		4
												1
	1	i .			1	1 1			. 1			1

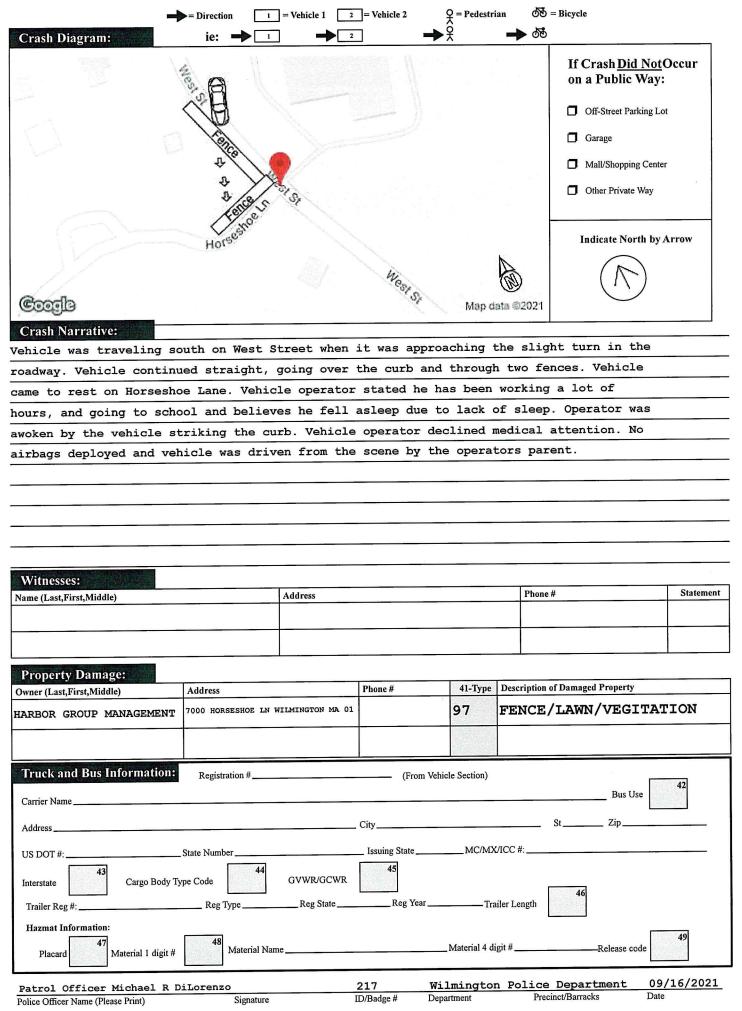


	Police Use Only	Common	wealth	of Massa	chu <u>s</u> e	etts			RMV	Docur	ment Number	
	Section 2 - Control of	City/Town Mo	otor Veh	icle Cras	h N	umber chicles	Number Injured	Speed I		15	State Police Local Police MBTA Police Campus Police	
	09/14/2021 0915 Wilm i	ington	Police :	Report	2		0	Latitud Longitu			Campus Police Other:	į.
	AT INTERSECTIO	N: <	LOCA	TION >		1	NOT AT	r int	ERS	ECT	TION:	7
												2 10
	D	Name of Roadway/Street		Route# Direction	66	ress#	CONC				ay/Street	
¹ 1	Route# Direction	At		- Router Breen	n riddi	-	12.			- Cuu vu	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
_				Feet N	SEW	of –	— — — Mile Ma		_	or _	Exit Number	
		of Intersecting Roadway/Stre	et	r[N	SEW	٦_ــ	WINC WIZ	ii KCi			2/M Trainer	3 11
		Also at Intersection with					Route#	I	Intersec	ting R	oadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Stre	et	Feet [P	SEW] of _						_
			T	<u> </u>			0.01	-, .		dmark		4
3	Please Select One of the Following: Vehicle 11 #	Occupants Hit/Run	Moped	Crash Re	port ID#	21-	-23	/-/	AC		Pater	
	License # S13660833 St MA	DOB/Age	Reg	# <u>T18937</u>			_ Reg Type	<u>CO</u>		Re	g State MA	12
	Sex M Lic. Class A 19 19 Lic. Res	strictions 20 CDL	Veh	Year 2013	Veh M	lake M a	ack T	'ruc	k	_ Veh (Config. 8 21	1
	Operator COPSON, GERALD	F JR	Owr	ner MASS PI	PELI	NE S	SERVI	CES	II :	1C		.
⁴ 1	Address 42 BEECHING AVE	irst Middle		ress 17 WIN	G RD		First			Mid	dle	.
	City WILMINGTON State 1		21 City	LYNNFIEL	D		Sta	ite MA	Zi	01	.940	.
	Insurance Company TRANSPORTA			cle Action Prior to C		3 2	.2 D	amaged	Area (Code:	B 27 27 27	1
		Responding to Emergency?		nt Sequence 2	· Commandation		23 Te	est Statu	us:		28	
5	Citation # (If Issued)			- 1000	2 24		Ty	ype of T	Cest:		29	
				er Contributing Cod		25	25	AC Test			30	2 13
	Viol. 1: Ch/Sec/Sub — Viol.			Г	99 26			usp. Alc	_		Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub Vio	r and all occupants involved	Dilv	er Distracted by	34	35	36 37	38	39	40	2	4
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety System	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	See Abov	re	\sim	X	99	4 0	0	10	1		_
		-										1
						+-+		+		+		-
			Total Control of the	sone a	12	Personal	17	456	10			4
⁷ 1	Please Select One of the Following:	Occupants Non-Motor	ist A Type	15 Action	Locati	on	Condi	tion	18	Н	Iit/Run Moped	1
	License #St	DOB/Age	Reg	# <u>783ss6</u>			_ Reg Typ	e PC		Re	g State MA	_
	19 19	strictions 20 CDL_	Veh	Year 2017	Veh M	lake T C	ATOYC			_ Veh	Config. 21	
	Operator Driverless M.V	Endorsem	Own	ner VACCARO), LY	NDS:	I A					_
⁸ 1	Last F Address	irst Middle		ress 7 1/2 .	st		First			Mid	ldle	
	CityState_	7in		BEVERLY				ate MA	A Zi	p <u>01</u>	915-4968	2 14
	Insurance Company GOVERNMENT			icle Action Prior to (Crash	11 2		amaged		_		
	Vehicle Travel Direction: N S E W	Responding to Emergency?			3 23	Justilian Street	23 T	est Stati	us:		28	
		Responding to Emergency:		- sanct	2 24			ype of T			29	
⁹ 2	Citation # (If Issued)			er Contributing Cod	F9300	25	25	AC Tes	Г	- Party and	30 Sun David 32	
	Viol. 1: Ch/Sec/Sub — Viol.				0 26			usp. Ald owed fr		4,000,000	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Vio			or Distracted by	34	35	36 37	38	39	40	4	7
	Please fill out for operator/non- Name (Last First Middle)	Address	01704	DOB/Age	Sex Pos.	Safety	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See Abov	ve	\sim	X 1	0	4 0	0	10	1		
					_		_					-
	1	1						1	1 I			1



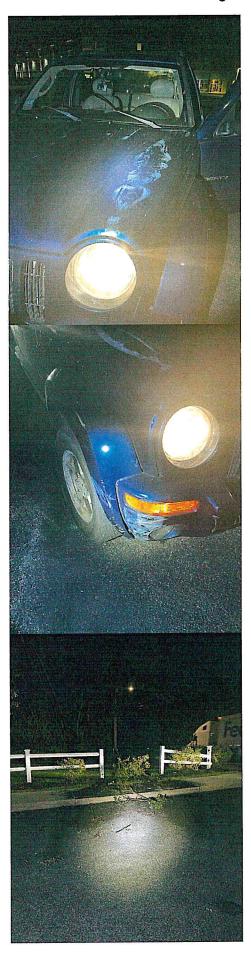
CDP1 11-24-00

	Police Use Only	Commony	wealth	of Massa	chuseti	CS	RM	V Docun	nent Number	
		ington		icle Cras	h Numb		Speed Limit Latitude	30	State Police Local Police MBTA Police Campus Police	
	24HR		The Part of the Pa	Report	1	0	Longitude_		Other:	4
	AT INTERSECTION	ON:	LOCA	TION >		NOT A	T INTER	SECT	ION:	101
	WEST ST									2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	on Address	#	Name of	Roadwa	y/Street	-
¹ 4		At		Feet N	S E W of			or		
	Route# Direction HORSESHO Name	e of Intersecting Roadway/Street	i	<u>_</u>		Mile M	larker		Exit Number	1 11
		Also at Intersection with			SEW of	Route#	Inters	ecting Ro	oadway/Street	틷
² 1	Route# Direction Name	e of Intersecting Roadway/Street	t		·1-1-1···] 0.		La	ındmark		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash Re	port ID# 2	1-23	8-AC			
	License # <u>\$55304285</u> St MA	DOB/Ag	Reg	# 2CHP69		Reg Ty	ne PC	Reg		12
	Diplom Remain	estrictions 20 CDL_ Endorseme	ent	Year 2004				Veh (Config. 1	
	Operator ANDERSON, KEVI	First Middle		ner <u>ANDERSC</u>	st	First		Mido	dle	
⁴ 1	Address 7 CONGRESS ST		Add	ress 7 CONG	RESS S	T				
	City WILMINGTON State	MA Zip 01887-280	<u>)7</u> City	WILMINGT	ON			_	887-2807	
	Insurance Company SAFETY INS	SURANCE COMPAN	Vehi	icle Action Prior to C	Crash 1	22	Damaged Area	Code: 1	L 27 2 27 8 27	
	Vehicle Travel Direction: N E W	Responding to Emergency? 2		nt Sequence 30	3 23 23	23	Test Status:	1	28	
5	Citation # (If Issued) 136462AB				30 ²⁴		Type of Test:		30	
	Viol. 1: Ch/Sec/Sub <u>89 4A</u> Vi			er Contributing Cod	500000	25	BAC Test Res Susp. Alcohol:	-	Susp. Drug: 2 32	30 ¹³
	WAS A MADE OF THE CONTROL OF THE CON			Г	0 26		Fowed from so		33 33	
⁶ 1	Viol. 3: Ch/Sec/Sub Vi	or and all occupants involved	Dilv	er Distracted by	34	5 36 37	38 39	40		4
<u> </u>	Name (Last First Middle)	Address		DOB/Age		fety Airbag Ejectem Status Coo	t Trap Injury e Code Status		Medical Facility	_
	Operator	See Above		\sim	\times 1 1	4 0	0 10	1		
										1
									****	-
										4
⁷ 3	Please Select One of the Following: Vehicle 2	#Occupants Non-Motoris	st A Type	Action Action	Location	17 Cond	lition 18	н	lit/Run Moped	
L	License # St	DOB/Age	Reg	#		Reg Ty	ре	Re	g State	
	Sex Lic. Class 19 19 Lic. Re	estrictions 20 CDLEndorseme	ent	Year	Veh Make			Veh (
⁸ 1	Operator	First Middle		nerLo	nst	First		Mid	ldle	
L_	Address			lress						1 14
	City State_	Zip	City				tate	. г	27 27 27	
	Insurance Company		Veh	icle Action Prior to C	0.00		Test Status:	a code.	28	
	Vehicle Travel Direction: NSEW	Responding to Emergency?_	Eve	nt Sequence	3 23 2	, 23	Type of Test:		29	
9	Citation # (If Issued)	_	Mo	st Harmful Event	24		BAC Test Res	sult:	30	
⁹ 2	Viol. 1; Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Driv	ver Contributing Cod	le 2 5	25	Susp. Alcohol	: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — V			ver Distracted by	26		Towed from s	cene?	33	
	SINGLE SON TORONOMY CO. CO.	n-motorist and all occupants invo			Seat S	35 36 3 afety Airbag Eje	et Trap Injury	40 Transp.	M. II. Siles States	7
	Name (Last First Middle)	Address	70.00	DOB/Age		stem Status Co	de Code Statu	s Code	Medical Facility	1
	Operator/Non-Motorist	See Above	2		X^1			+		4
								$\perp \perp$		_
										7



CDP1 11-24-00

Wilmington Police Department Images Associated with 21-238-AC





Wilmington Police Department Images Associated with 21-238-AC





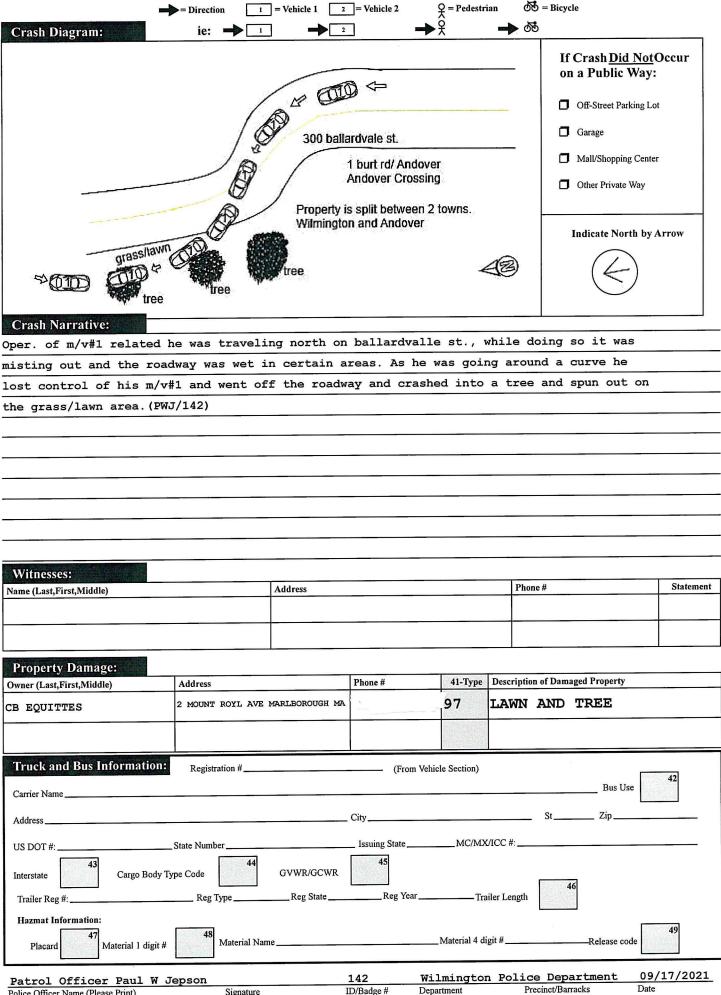
	Police Use Only	Common	wealth (ot Massa	chus	etts			RMV	/ Docu	ment Number	
			tor Veh	icle Cras	sh [Number Vehicles	Number Injured		Limit_	30	State Police Local Police MBTA Police Campus Police	
	09/16/2021 0814 Wilm	ington	Police 1	Report	2		0	Latitud			Campus Police Other:	
	AT INTERSECTION	ON: <	LOCA	TION >			NOT A	TINI	rers	SEC	TION:	1
				AND DESCRIPTION OF THE PERSONS							- W- 90	2 10
	Pautall Direction	Name of Roadway/Street		Route# Directi	3:	dress #	CON				ay/Street	
¹ 1	Route# Direction	At		Route# Directi	ion Au	diess ii	- Comment	114	inc or i	reoud II	ay/outest	-
_				Feet	NSE	V of	— — Mile N	— •	_	or _	Exit Number	
	Route# Direction Name	e of Intersecting Roadway/Stree	t	T-4 [N S E	w] .c	Whic is	larker			Ban Manier	3 11
		Also at Intersection with		_		_	Route#	-	Interse	cting R	Roadway/Street	\vdash
² 3	Route# Direction Name	e of Intersecting Roadway/Stree	t	Feet	N S E	of [M					-	
				T		01		_		ndmark		1
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport ID#	21	-23	9-	AC			
	License # S18757084 St M	DOB/Age	Reg #	1CSC10			Reg Ty	ре РС		Re		12
	Sex F Lic. Class D 19 Lic. Re	estrictions 1 CDL	Veh Y	Year 2015	Veh	Make J	eep			_ Veh	Config. 21	
	Operator KEENAN, ELAINE	Endorseme		er KEENAN	, JO	HN F	RANC	IS			ddle	
⁴ 3	Address 27 WILDWOOD RD	First Middle		ess 27 WIL						Mid	ddle	
		MA Zip 01810-572	21 City	ANDOVER			S	tate MZ	A _ z	ip <u>01</u>	L810-5721	
	Insurance Company THE COMMER			ele Action Prior to	Crash	4	22	Damage	d Area	Code:	4 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2			23 23	23	23	Test Stat	tus:		28	
⁵ 1	Citation # (If Issued)				1 24			Type of			29	
	1			er Contributing Coo	Sales Sales	25	25	BAC Tes	Г	aen line e	Susp Drug 32	1 13
	Viol. 1: Ch/Sec/Sub V			= 1	99 26	district S. Brice	_	Susp. Al- Fowed fi	L		Susp. Drug: 32	
⁶ 2	Viol. 3: Ch/Sec/Sub V	or and all occupants involved	Drive	of Distracted by	3.9	35	36 37	38	39	40	16.2	4
_	Please fill out for operation of the Name (Last First Middle)	Address		DOB/Age	Sex Po		Airbag Eje Status Coo	t Trap le Code	Injury Status	Transp. Code	Medical Facility	4
	Operator	See Above		\sim	X 1	1	4 0	0	10	1		
												1
			***			+-		+			-	1
	STAN OF SCHOOL SANGEN		Total Control	The state of the s	16	Chies	15	15/2	10			4
⁷ 3	Please Select One of the Following: Vehicle 21	#Occupants Non-Motori	st A Type	15 Action	16 Loca	tion	Con	lition	18	l l	Hit/Run Moped	
3	License # S09884503 St M	A DOB/Age	Reg #	396WZ9			Reg Ty	ре РС		Re	eg State MA	1
	19 19	estrictions 1 20 CDL	Veh '	Year 2014	Veh	Make N	ISSA	N		_ Veh	Config. 21	İ
	- 340 CD (94270.00)	DLAS JOHN	ent	er O'CONN	OR,	CHRI	STIN	E M	ARI			
⁸ 1	Address 4 WINTER ST	First Middle			ast	T	First			Mi	ddle	
		MA Zip 01821-42		BILLERIC			S	tate MZ	A _ z	Zip <u>01</u>	1821-4264	4 14
	Insurance Company THE STANDA			cle Action Prior to		1		Damage		i i	Constitution of the Consti	
		Responding to Emergency?			23 23	23	23	Test Stat	tus:		28	
		Responding to Emergency:		t Harmful Event	1 24		1831	Type of	Test:		29	
⁹ 2	Citation # (If Issued)	_		er Contributing Co	PERSONAL PROPERTY.	Q 25	25	BAC Te	1	1901120	Susp Drug: 32	
	Viol. 1: Ch/Sec/Sub — V			_	200			Susp. Al Towed f	,	RELEASED.	Susp. Drug: 32	
		/iol. 4: Ch/Sec/Sub		er Distracted by	3	4 35	36 3	38	39	40	2	4
	Please fill out for operator/non Name (Last First Middle)	-motorist and all occupants invo	uvea	DOB/Age	Se	sat Safety os. System	Airbag Eje	et Trap	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See Abov	e	$>\!\!<$	X 1	1	4 0	0	10	1		
						+	+					1
						+	-	+	-	<u> </u>		-
		· F						1	1	1	1	1

The state of the s	ie: -> 1	2		→ ₩		
					If Crash <u>Did Not</u> on a Public Way:	
Concord Street	Ħ				Off-Street Parking Lo	ot .
	v2	v1			☐ Garage	
		7			■ Mall/Shopping Cente	r
				No.	Other Private Way	
				:	Indicate North by	Arrow
	93 south on ramp	- - -	Ć	M)	\bigcirc	
Crash Narrative:		· · · · · · · · · · · · · · · · · · ·				
The driver of V1 was	attempting to take a					
camp. When she was hi	t by v2 who was goin	ng straight. s	he stated he	came out	of nowhere	
72 was traveling east	on Concord street, w	then v1 pulled	in front of	nim . He	did not have	
time to stop, and hit			magazini da cara da ca			
			-			
			***		_	
Witnesses:						
Witnesses: Name (Last, First, Middle)	Addres	is		Phone #		Statement
Market of the Control	Addres	is S		Phone #		Statement
White a second research to the state of the second second	Addres	is		Phone #		Statement
Name (Last,First,Middle) Property Damage:		Phone #	41-Туре		amaged Property	Statement
Name (Last,First,Middle)	Address		41-Type		amaged Property	Statement
Name (Last,First,Middle) Property Damage:			41-Type		amaged Property	Statement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)	Address	Phone #			amaged Property	Statement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Address	Phone #				Statement 42
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information	Address Registration #	Phone #	rom Vehicle Section)	Description of Da	Bus Use	42
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Address Registration #	Phone #	rom Vehicle Section)	Description of Da	Bus Use Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #:	Address Registration # State Number	Phone # (From City Issuing States	rom Vehicle Section)	Description of Da	Bus Use Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Body	Address Registration # State Number y Type Code GVW	Phone # (Fruit City Issuing State 45	rom Vehicle Section)	Description of Da	Bus Use Zip	42
Property Damage: Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #:	Address Registration # State Number y Type Code GVW	Phone # (Fruit City Issuing State 45	rom Vehicle Section)	Description of Da	Bus Use Zip	42
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Body	Address Registration # State Number y Type Code Reg Type Reg	Phone # (Fruit City Issuing State 45	om Vehicle Section)	Description of Date of	Bus Use Zip	42

	Police Use Only	Comn	nonwealth	of Massa	.chus	etts			RMV	/ Docu	ment Number	
		ity/Town	Motor Veh	icle Cras	sh	Number Vehicles	Numb Injure	4 5	d Limit_	35	State Police Local Police MBTA Police Campus Police	
	09/16/2021 1843 Wilmi	ngton	Police :	Report	2		0	Latti	ude gitude		Campus Police	
	AT INTERSECTION	N:	< LOCA	TION >	>		NOT	AT IN	TERS	SEC	ΓΙΟΝ:	1
			CONTRACTOR OF STATE AND STATE									2 10
		CD 1 /0:		38 N Route# Directi	89	lress #	MA:	IN S		Dooduu	ay/Street	
¹ 1	Route# Direction N	Jame of Roadway/Str At	eet	- Koute# Directi	on Au	11688#		1	ane or	Koauw	ay/Street	1
				Feet	N S E V	v of			• —	or _	Exit Number	
	CONTRACTOR	of Intersecting Roadw					Mile	Marker			Exit Number	3 11
	A	Also at Intersection w	ith	_	NSEV	_	Route#		Interse	cting R	Roadway/Street	
² 2	Route# Direction Name of	of Intersecting Roadw	ay/Street	Feet	N S E V	V of						
2	Red Salara			L.,					Laı	ndmark		-
3	Please Select One of the Following: Wehicle 11 #0	Occupants Hit/	Run Moped	Crash R	eport ID#	21	-2	40-	-AC	•		
	License # S29663706 St MA	DOB/Age	Reg	#890HYE			_ Reg	Гуре <u>Р</u> (2	Re	eg State MA	12
	Sex M Lic. Class D M Lic. Rest	20	DL Veh	Year 2013	Veh l	Make D	ODGI	c		_ Veh	Config. 2	1
	Operator TRACEY, JAMES Fine	PLANTING THE P	dorsement	er TRACEY								
⁴ 1	Address 4 KINNEY AVE	st	Middle	ress 4 KINN	ast		First			Mic	ddle	1
		01002				<u> </u>		a N	Γ λ 7	. 01	1803-2112	1
	City BURLINGTON State M			BURLING		140.55	22		ed Area			
	Insurance Company THE COMMERC	E INSURAN	ICE CO Vehi	cle Action Prior to	- LOUIZONA	T		Test St		Couc.	28	1
5	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Ever	nt Sequence 1	23 23	23	23	Туре о			29	
	Citation # (If Issued)		Mos	t Harmful Event	1 24			BAC T	est Resu	ılt:	30	12
	Viol. 1: Ch/Sec/Sub — Viol	l. 2: Ch/Sec/Sub	Driv	er Contributing Cod	ie 99	25	25	Susp. A	Alcohol:	31	Susp. Drug: 32	1 13
<u></u>	Viol. 3: Ch/Sec/Sub Viol	I. 4: Ch/Sec/Sub —	Driv	er Distracted by	O 26			Towed	from sce	ene?	2 33	
⁶ 1	Please fill out for operator	and all occupants inv			34 Sec	Safety	36 Airbag	37 38 Sject Tra	Injury	40 Transp.	M. F. J.F. Tr	[
	Name (Last First Middle)	0	Address	DOB/Age	Sex Pos	. System	Status 0	Code Cod	e Status	Code 1	Medical Facility	1
	Operator	56	e Above		1	<u> </u>	-	_	+	-		-
												1
	Disco School One St.			15	16	. 43	17	[18	<u>.</u>		1
⁷ 9	Please Select One of the Following: Vehicle 2.4 #0	Occupants Non	-Motorist A Type	Action	Loca	tion	Co	ndition		'	Hit/Run Moped	1
	License # S12707135 St MA	_ DOB/Age_	Reg	# <u>273WL9</u>			Reg	Гуре <u>Р</u> (C	Re	eg State MA	
	Sex F Lic. Class D 19 Lic. Rest	trictions 20 C		Year 2013	Veh	Make <u>K</u>	IA			_ Veh	Config. 1	
	Operator LUBASHEV, LYUDI		ndorsement Own	ner LUBASH	EV,	GOR				10	ddle	
⁸ 1	Address 17 WRIGHT ST	rst	Middle Add	ress 21 FRE	SH P	OND	PL			MI	odie	
		<u>(A</u> Zip 02474	-2413 City	CAMBRIDO	SE			State 1	IA z	ip 02	2138-4429	1 14
	Insurance Company THE COMMERC			cle Action Prior to	Crash	1	22	Damag	ged Area	Code:	1 27 8 27 27	
		Responding to Emer		Turness.	23 23	23	23	Test St	atus:		28	
	, emer 1111221111111111111111111111111111111	Responding to Eller			1 24			Туре с	f Test:		29	
⁹ 2	Citation # (If Issued)			t Harmful Event	<u> </u>	25	25		est Resu		30	
	Viol. 1: Ch/Sec/Sub — Vio	1. 2: Ch/Sec/Sub —	244000	er Contributing Co	- 26		Research to	- 1001 - 1	Alcohol:	05/30/2019/00	32	
	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	U		1 2/ T	37 38	from sc	ene?	2 33	4
	Please fill out for operator/non-m	notorist and all occup	ants involved Address	DOB/Age	Sex Po	t Safety		Eject Tra Code Cod	p Injury	Transp.	Medical Facility	
	Operator/Non-Motorist	S	ee Above	\sim	X 1	1	4 (0	10	1		
		J			6	1	4 (0	10	1		
		· · ·	W 32		-	1	4 (0	10	1		-
					4		- 1	,	-	-		-
		·		\	. 5	1	4 (0	10	1		

	= Direction	ı = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø = Bicy	cle	
Crash Diagram:	ie: 👈	1 -> [2	▶ }	→ №		
	Dt- 2004-it	-			I .	Crash <u>Did Not</u> O n a Public Way:	occur
	Rte.38/Main st.	Annual State of Contract Contr				Off-Street Parking Lot	
		rd.	A CONTRACTOR OF THE CONTRACTOR	A CALL TO SECURE THE SECURE OF THE SECURE OF			
		5 .	Page 1			Garage	
		12)			-	Mall/Shopping Center	
	1 Jewel dr./ dr.wy/entrance- exit					Other Private Way	
	Jewr Cwy/c	-				Indicate North by A	rrow
	2 9			\sim			
				Z	>	(\rightarrow)	
Crash Narrative:							
Oper.#1 related he wa	as traveling nor	th on main	st.,/rte.38n,	he had hi	is directi	onal signal	
on to make a right to							
passing the entrance,	exit of 1 Jewel	dr., m/v#2	came out of	the exit a	and crashe	d into his	
n/v#1.							
		- 11	-C 1 T1 4-		- 1-64		
Oper.#2 related she							-
main st./rte.38. She							
crash and m/v#1 crash				ocii booppe			-
Jiash and m/v#1 clash	led Into her my v	#Z. (INO) 142	-,				-
Witnesses:				-		****	
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Dam	aged Property	
Owner (Last, First, Middle)	Truttess				· · · · · · · · · · · · · · · · · · ·	. ,	
Truck and Bus Informati	On: Registration #		(From Vel	nicle Section)			
Carrier Name						Bus Use	42
A ddrogg			City		St	Zip	
Address							
US DOT #:	State Number	-	Issuing State	MC/MX/ICC	J#:		
Interstate 43 Cargo B	ody Type Code	GVWR/GCWR			Draws and St.		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	46	
Hazmat Information:						NO CONTRACTOR OF THE PARTY OF T	40
Placard 47 Material 1 di	git # 48 Material Na	ame		Material 4 digit #		Release code	49
Patrol Officer Paul	W Jepson			ilmington E			16/2021
Police Officer Name (Please Print)	Signature		ID/Badge # Dej	partment	Precinct/Bar	racks Date	

	Police Use Only	Commo	nwealth	of Massac	chuset	tts		RMV	Docur	ment Number	
			Iotor Vel	icle Cras	h Num Vehi		a Decor	Limit_	30	State Police Local Police MBTA Police Campus Police	
	09/17/2021 2319 Wilm	ington	Police	Report	1	0	Latitu Longi			Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION >		TON	AT IN		SECT		1
										1000	2 10
					300		LLAR				
¹ 4	Route# Direction	Name of Roadway/Street At		Route# Direction	n Addres	SS #	Na	ime of F	Roadwa	ny/Street	-
4		Al		Feet N	SEW	of — —		. —	or _		
	Route# Direction Name	e of Intersecting Roadway/St	treet				e Marker			Exit Number	1 11
		Also at Intersection with		Feet N	S E W	ofRoute	_	Interse	cting R	oadway/Street	
2		- CI-tti Deadway/C	teast	Feet N	S E W	of					
² 2	Route# Direction Name	e of Intersecting Roadway/St	treet					Lan	ndmark		1
2	Please Select One Vehicle 11	#Occupants Hit/Run	☐ Moped	Crash Rep	ort ID# 2	1-2	41-	AC	K È		
³ 97	of the Following:		I	42777000			- BC			M7	
		A_ DOB/Age		# 4HT999						21	1 12
	Sex M Lic. Class D 19 Lic. Re	estrictions CDL_ Endors	ement	Year 2017					_ Veh (Config.	
	Operator OBRIEN, BRENDA	AN T	dle	ner <u>OBRIEN,</u>	t	Fir	st		Mid	dle	
⁴ 1	Address 34 BLANCHARD RI	D	Add	ress 34 BLAN	CHARI	RD					
	City WILMINGTON State	MA Zip 01887-2	250 City	WILMINGT	ON		State M	A _ zi	ip 01	887-2250	
	Insurance Company SAFETY INS	SURANCE COMP	ANY Veh	cle Action Prior to C	rash 1	22	Damage	d Area	Code:	ACTION CONTRACTOR	ł
	Vehicle Travel Direction: SEW	Responding to Emergency		nt Sequence 42	41 23 21 2	23 23	Test Sta	tus:	9	28	
5	Citation # (If Issued)	-		t Harmful Event	CONTRACTOR STATE		Type of			30	
				er Contributing Code	2	25	BAC Te	Г	lt: 31	Susp Drug: 32	21 ¹³
	Viol. 1: Ch/Sec/Sub — V			Til.	26		Susp. A. Towed f	L	SOUTH OF	Susp. Drug: 32	
⁶ 2	Viol. 3; Ch/Sec/Sub V			er Distracted by	34	35 36	37 38	39	40		ļ
	Please fill out for operat Name (Last First Middle)	tor and all occupants involved Addre		DOB/Age	Seat	Safety Airbag System Status	Eject Trap Code Code	Injury	Transp. Code	Medical Facility	
	Operator	See Ab	oove		1	1 2	0 0	10	1		
											1
		_				-					1
					\perp	-					-
										200	1
	Please Select One Vehicle 2	#Occupants Non-Mot	torist A Type	15 Action	Location	17 C	ondition	18	П	Iit/Run Moped	
⁷ 1	of the Following:						10				-
		DOB/Age	_	#						g State	
	Sex Lic. Class 19 19 Lic. R	estrictions CDL_ Endors		Year	Veh Mal	ке		1.00	_ Veh	Config.	
0	Operator	First Mid	Ow	nerLas	ıt	Fir	st		Mid	Idle	
⁸ 1	Address			ress							_ 14
	City State	Zip	City				_ State	Z	ip		4 14
	Insurance Company			icle Action Prior to C	rash	22	Damage	ed Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency	v? Eve	nt Sequence 23	3 23	23 23	Test Sta	itus:		28	
		responding to 2mergener		st Harmful Event	24	678 977 TUS	Type of			29	
⁹ 2	Citation # (If Issued)	_		L		25 25	BAC To	Г		30	1
	Viol. 1; Ch/Sec/Sub — V			ver Contributing Code	26		Susp. A	L	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub \			ver Distracted by	34	35 36	Towed	from sco	ene?		4
	Please fill out for operator/nor.	n-motorist and all occupants i		DOB/Age	Seat	Safety Airbag System Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist				X 1						
	operatori in income					-					1
						-					1
											4



	Police Use Only Com	monwealth					V Document Nun		
	Date of Crash Time of Crash City/Town 09/18/2021 1810 Wilmington	Motor Veh		Number Vehicles	Injured	Speed Limit Latitude	35 State Pol Local Po MBTA P Campus	olice 🔯 Police 🗖	
	24HR	The state of the s	Report	1		Longitude_	Other:		
	AT INTERSECTION:	< LOCA	ATION >		NOTAL	INTER	SECTION:		10
				106	ANDO	VER S		2	
¹ 1	Route# Direction Name of Roadway/S At	Street	Route# Direction	Address #		Name of	Roadway/Street		
<u> </u>	A		Feet N S	E W of	— — – Mile Ma	_ • _	orExit N		
	Route# Direction Name of Intersecting Road		Feet N S	E W of	IVIIIC IVIA	rkei	DAIL TH	1	11
	Also at Intersection	witti	Feet N S		Route#	Inters	ecting Roadway/S	treet	
² 1	Route# Direction Name of Intersecting Road	dway/Street		1-1-101		La	andmark		
-	Please Select One Vehicle 11 #Occupants Hi	it/Run Moped	Crash Repor	t ID# 21	-242	2-AC	7		
3	of the Following:	I							
	License # S83380875 St MA DOB/Age		# <u>2WMC54</u>				i i	21 7	12
	Sex F Lic. Class D Lic. Restrictions 1	Endorsement	Year 2021				Veh Config. [-	<u> </u>	
¹ 1	Operator WASHINGTON, NIKIA C	Middle	ner WASHINGT		First		Middle		
1	Address 220A NORTHAMPTON ST		ress 220A NOR	THAMP			. 02110-	1215	
	City BOSTON State MA Zip 0211		BOSTON	00			Zip 02118-		
	Insurance Company FARMERS PROPERTY &		cle Action Prior to Crasi	23 23 23		st Status:	1 28		
5	Vehicle Travel Direction: SEW Responding to Em		11 Dequence 35		Electric Control	pe of Test:	29		
	Citation # (If Issued)		t Harmful Event 35	29430	0 25	AC Test Res	— TACAL STOP	23 34	o ¹³
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub –		er Contributing Code er Distracted by	AND THE RESERVE OF THE PARTY OF	Walleton All	sp. Alcohol:	22	rug: 2 32 30	
⁵ 1	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Please fill out for operator and all occupants in the companies of the companies		er Distracted by 99	34 35	36 37	38 39	40		
	Name (Last First Middle)	Address	DOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code Medica Wincheste	eal Facility	
	Operator	See Above	\times X	1 1	4 0	2 8	2 Hospital		
	Please Select One Vehicle 2 #Occupants No	on-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/Run	Moned	
⁷ 1	of the Following:							Mopea	
	License # St DOB/Age 19 19 20		#					21	
	Sex Lic. Class Lic. Restrictions	CDL Veh Endorsement	Year	Veh Make_			Veh Config. [
§1	Operator	Middle	nerLast		First		Middle		
1	Address		ress						14
	City State Zip	•		1000		te 2 amaged Area		27 27	
	Insurance Company		cle Action Prior to Cras	h 23 23		est Status:	28	ECH DANGER	
	Vehicle Travel Direction: NSEW Responding to Em		it sequence	24		pe of Test:	29		
⁹ 2	Citation # (If Issued)		t Harmful Event	25	25	AC Test Res	West State of State o	- 20	
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub -	11-2-12	er Contributing Code	26	St	isp. Alcohol	22	rug: 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub – Viol. 4: Ch/Sec/Sub		rer Distracted by	34 35	36 37	owed from se	40		
	Please fill out for operator/non-motorist and all occu	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp. Code Medic	cal Facility	
	Operator/Non-Motorist	See Above	\times	1					
	1		1 1	1 1			1 1		

	=	= Vehicle 1 2	= Vehicle 2	옷 = Pedestr 오	ian OC) = Bicycle	
Crash Diagram:	ie: 1			^		If Crash Did N	_
4						on a Public W	ay:
Υ						☐ Off-Street Parkin	g Lot
						☐ Garage	
A						☐ Mall/Shopping C	enter
, 7						Other Private Wa	
106 Andover Street	Drive	1,2,2,5			***************************************	Other Frivate wa	ly
					1	Indicate North	by Arrow
		Shed	3	*	4 ≅)		
Crash Narrative:							
Operator of motor vehic							
she had a possible seiz							
crash into the storage							
members of the Wilmingt							
transported by WFD to W							***
inventoried and towed b				100		immediate	
report 21-1087-OF for f		N	. sec / www. en.	accacinii	encs,.	Arbo bee my	
report 21-1007-OF TOT I							
						· · · · · · · · · · · · · · · · · · ·	
Witnesses:							
Name (Last,First,Middle)		Address			Phone	e #	Statement
And the second of the second o							
Property Damage: Owner (Last, First, Middle)	Address	 	Phone #	41-Type	Description	of Damaged Property	
GOODWIN GREGORY L	106 ANDOVER ST WILL	MINGTON MA 01887		97	SHED		
GOODWIN GREGORI II			and the second of the second of				
Truck and Bus Information:	Registration #		(From Vehic			Don Hea	42
Carrier Name						Bus Use	
Address			City			St Zip	
US DOT #:	_State Number		Issuing State	MC/M	K/ICC #:		
Interstate 43 Cargo Body T	ype Code	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nan	ne		Material 4 d	igit #	Release code	49
					500 00	223	00/40/2005
Patrol Officer Julio J	Quiles		197 Wi.	lmingto	n Police	Department	09/18/2021

Wilmington Police Department Images Associated with 21-242-AC



