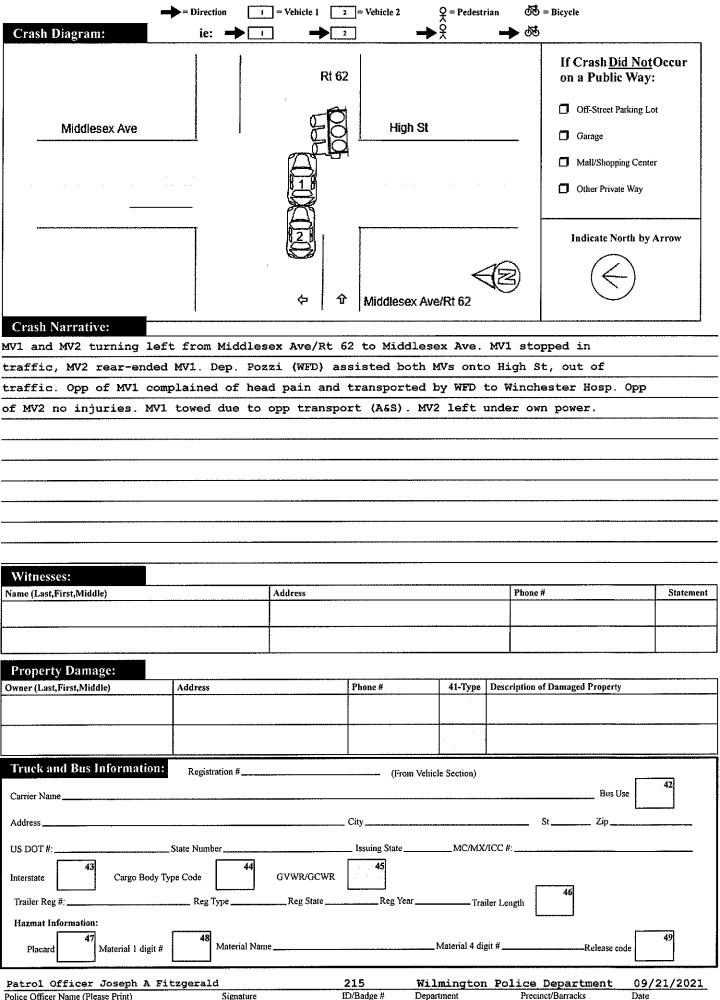
	Police Use Only	Comr	nonwealth	of Massach	ıusetts	!	RM	V Document Num		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	Local I of	ice 🔯	
	09/21/2021 0553 Wil	mington	Police	Report	1	o	Latitude Longitude _	MBTA Po	Police	
	AT INTERSECT	TION:		TION >		<u> </u>	 	SECTION:		1
										2 10
					430	SALE	M ST			2
¹ 4	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway/Street		
*				Feet NS	EW of		_	or		
	Route# Direction Na	une of Intersecting Roadw	ay/Street		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mile Ma	ırker	Exit Nu	mber	1
		Also at Intersection w	ith	Feet NS		Route#	Inters	ecting Roadway/Str	reet	
² 1	Route# Direction Na	nne of Intersecting Roadw	ay/Street	Feet N S	E W of					
Т.		-					La	ındmark		1
³ 99	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Report	1D# 21	-24.	3-AC	3		
99		IA DOB/Age	Ren	# <u>787GX5</u>		Rea Two	PC	Reg State M7	A	
	19 19	20	_	Year 2019					21	1 12
	<u> </u>	En	dorsement	er JOHN NAG		<u> </u>	<u> </u>	ven coning.	<u>`</u>	
⁴ 1	Operator BATES, STEWAR	First	Middle	Last		First		Middle		
1	Address 10 BUCKINGHAM			ess 306 NORT	HERN A					
	City NORTH ANDOVER Sta	-	,	BOSTON		_		Zip 02210-		
	Insurance Company ARBELLA P	ROTECTION I	NSURA Vehic	ele Action Prior to Crasl	, T	ᆜ 『	amaged Area	Code: 1 27 2	27 27	
5	Vehicle Travel Direction: N X E W	Responding to Emerg	ency? 2 Even	t Sequence 5 23	23 23	23	est Status: /pe of Test:	29		
	Citation # (If Issued)	<u> </u>	Most	Harmful Event 5	24	•	AC Test Resi			
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	ısp. Alcohol:		g 32	5 13
	Viol, 3; Ch/Sec/Sub	Viol. 4: Clı/Sec/Sub	Drive	er Distracted by	26		wed from so			
⁶ 1	Please fill out for oper	rator and all occupants inv	olved		34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		ĺ
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical	Facility	
	Operator	Se	e Above		1 1	4 0	0 10	1		
	Please Select One	#Occupants Non-		15 16		17	. 18	<u> </u>	. .	
⁷ 1	of the Following:	Noccupants [Non-	Motorist A Type	Action	Location	Condit	ion	Hit/Run	Moped	
		DOB/Age	Reg #	#		Reg Type	:	Reg State		
	Sex Lic. Class 19 19 Lic.	Restrictions CD	Veh Y	/ear	Veh Make			_ Veh Config	21	
	Operator	First		erLası		First		Middle		
⁸ 2	Address	гим		CSS		First		Middle		
	City Stat	e Zip	City_			Sta	te Z	Lip		1 14
l	Insurance Company		Vehic	le Action Prior to Crash		22 Da	ımaged Area	Code: 27 2	7 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Event	Sеquелсе 23	23 23	23 Te	st Status:	28	<u></u>	
	Citation # (If Issued)	3	,	Harmful Event	24	⊥ _{Ty}	pe of Test:	29		
⁹ 2	• •			r Contributing Code	25	25	AC Test Resu		22	
	Viol. 1: Ch/Sec/Sub			r Distracted by	26		sp. Alcohol: wed from sc	<u> </u>	g: 32	
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			1 Distracted by	34 35	36 37	38 39	40		
	Name (Last First Middle)	•	Address	DOB/Age Sex	Sent Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code Medical	Facility	
İ	Operator/Non-Motoris	t See	e Above	\times X	1					
Ī										
-										
}						-				
										į

	= Direction 1	= Vehicle 1	2 = Vehicle 2	र्भ = Pedestria	n ტტ	= Bicycle	
Crash Diagram:	ie: 🖚 🗔	→ [2	→ ĝ	→ №		
				Hamden 1	Tavern	If Crash <u>Did Not</u> on a Public Way Off-Street Parking L	:
Woburn St						☐ Garage	
						Mall/Shopping Center	er
	Q	TO F	₹			Other Private Way	
				detraced agency deptember to missive and an alloward	√ 2	Indicate North by	Arrow
Crash Narrative:							
Motor vehicle crash i	nvolving a deer	. The motor	vehicle wa	s traveling	g down V	Woburn Street	
when the operator of	the vehicle str	ick the dee	r. The vehi	cle had dar	mage to	the front of	
the vehicle and was t	owed from the so	cene. No in	juries were	reported.		·	
						· · · · · · · · · · · · · · · · · · ·	
						······································	
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Name (Last,First,Wiotie)		Audress			I none #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type I	Description of	Damaged Property	
Truck and Bus Informatio	n: Registration #		/12		 		
Carrier Name	Kegistianon #		(From V	Vehicle Section)		Bus Use	42
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
43	44		45				
	ly Type Code	GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length		
Hazmat Information:	49				*****		49
Placard Material I digi	# Material Nam	ne		Material 4 digit	#	Release code	47
			004				/04 /00==
Sergeant Nicholas E N Police Officer Name (Please Print)	oftle Signature			Wilmington Department		Department 09/ ct/Barracks Date	21/2021

	Pol	lice Use Only	Com	monwealth	of Massach	iusetts	S	RM	IV Docui	ment Number	
	Date of Crash 09/21/2021	Time of Crash	City/Town Vilmington	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it 25	State Police Local Police MBTA Police	
	05,22,2022	24HR	- I I I I I I I I I I I I I I I I I I I	Police	Report	2	1	Latitude Longitude		Campus Police Other:	ゴ
		AT INTERS	ECTION:	< LOCA	TION >		NOT A	T INTEI	RSECT	ΓΙΟΝ:	
						400					2 10
	Route# Dire	ction	Name of Roadway/S	treet	Route# Direction	409 Address #	MIDE	Name o	f Roadwa		_
1			At		- No	Irlul -					
	Route# Dire	ction	Name of Intersecting Road	way/Street	Feet NS	E W of	Mile M	arker	- or	Exit Number	
			Also at Intersection		Feet NS	E W of					2
2	Route# Direc	-42-	N	70.	Feet N S	E W of	Route#	Inter	secting Ro	oadway/Street	
² 1	Koule# Direc	CHOIF	Name of Intersecting Road	way/Sireei				L	andmark		
3	Please Select 0 of the Followi		1 #Occupants Hit	/Run Moped	Crash Report	1D# 2 1	-24	4-A	3		
	License #			l Pari	2VLH37		Dec Tu-	. PC	D	- s M2	
		Class D 19 19	20		/ear 2008					1 11	1 12
	Operate	C1833 [D	Ele. restrictions 99	indorsement	er BEVIS, MA				ven C	conng.	
⁴ 3	Address	Last	Fital	Middle	es 2 WATER		First		Midd	Ile	-
	City		State 7:					. 3/7	A1	007_2605	
	i		_ State, _ Zi; NOVER INSURAN		WILMINGTON			amaged Are	_	887-3605	. 1
	1				le Action Prior to Crash	23 23		est Status:	1 0000.	28	
⁵ 1		Direction: NS		•	Sequence 1	24	ł	pe of Test:	-	29	
	1	sued)			Harmful Event 1		25	AC Test Res		30	13
			- Viol. 2: Ch/Sec/Sub -		r Contributing Code	<u> </u>	Sı	ısp. Alcohol		Susp. Drug 2 32	2
⁶ 1	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub operator and all occupants in		Distracted by 99	34 35	Tc 36 37	owed from s	ene? 3	33	_
	Name (Last First M		operator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operato	or	S	ee Above	\times X	1 1	4 0	0 8		inchester ospital	
				***************************************					+-+		_
	Bl C.I				15 16		17				4
⁷ 2	Please Select O of the Followin		1 #Occupants Non	-Motorist A Type	Action 16 1	Location	Condit	ion 18	Н	it/Run Mope	1
	License # SA5	5480151	St.MA_DOB/At	Reg#	3AZP67		Reg Type	PC	Reg	State MA	-
	Sex M Lic. C	Class D 19 19	Lic. Restrictions 99 20 C	DL Veh Y	ear <u>2007</u> v	Veh Make <u>H</u>	ONDA		Veh C	Config. 21	
,	Operator EBI	ERT, BRET		ndorsement Owne	r EBERT, TO	DDD ED					-
2	Address 17	LAWRENCE	ST		ss 17 LAWRE	NCE ST	First		Middle	le	
	City WILMI	NGTON	State MA Zip 0188	7 City_	VILMINGTON		Sta	te MA 2	Zip 018	887	_ 1 14
	Insurance Compa	my PLYMOUT	H ROCK ASSURA	NCE C Vehicl	e Action Prior to Crash	1	22 Da	maged Area	Code: 1	27 27 27	·
	Vehicle Travel Di	irection: NS	W Responding to Emerg	gency? 2 Event	Sequence 2 23	23 23		st Status:	1	28	
	Citation # (If Issu	ied)		Most I	Harmful Event 2	24	-	pe of Test: AC Test Resi	.16:	30	
2	Viol. 1; Ch/Sec/S	iub	- Viol. 2: Ch/Sec/Sub -	Driver	Contributing Code	99 ²⁵	25	sp. Alcohol;		Susp. Drug 2 32	
	Viol. 3; Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by 99	26		wed from so		22	
Ì		•	or/non-motorist and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap lajury	40 Transp.		
}	Onerato	or/Non-Moto	riet e	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	
	Operato	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 5475			1	- J	- 10	-		_
-		**************************************									_
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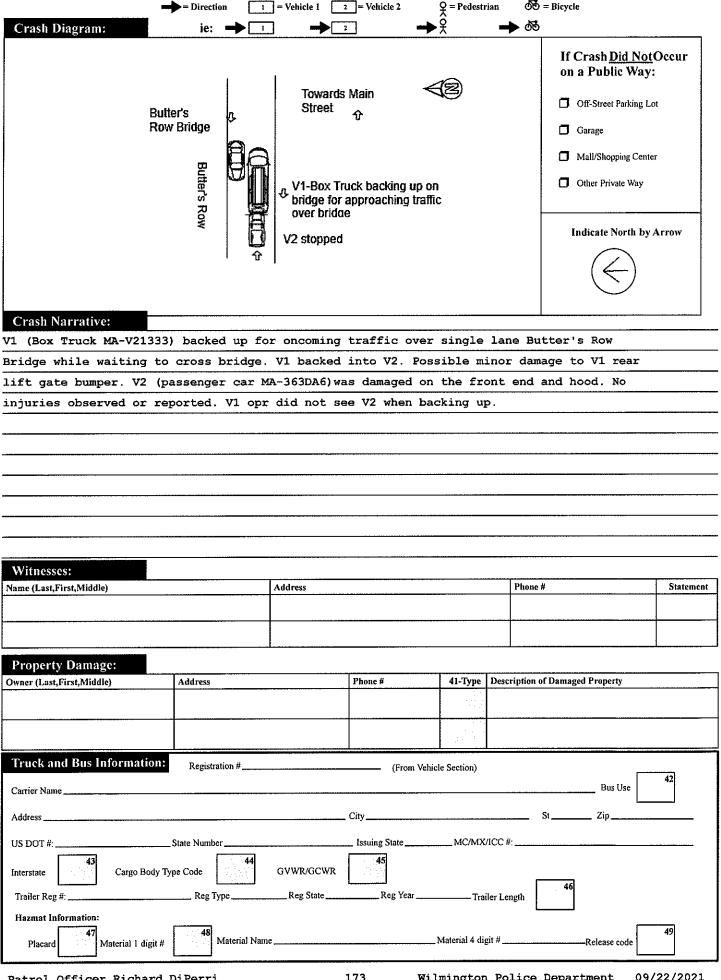


	Police	Use Only	Com	monwealth	of Massa	chu	setts	;		RM	V Docu	ament Number	
	1 1	Time of Crash	City/Town	Motor Veh	icle Cras	sh	Number Vehicles		ا اس	Limit	35	State Police Local Police MBTA Police Campus Police	1
	09/21/2021 1	.255 Wi]	Lmington	Police	Report		2	0	Latitu Longi			Campus Police	
	A	T INTERSECT	ΓΙΟΝ:	<u> </u>		>		NOT	AT IN		SEC		1
			*********										2 10
	Route# Direction		N		Route# Direct		340 Address #	WO	BURN	ST	Dandu	/ay/Street	.[
¹ 1	Route# Direction	OH .	Name of Roadway/S	ireei	Koute# Direct	ion A	suuress #		IN	illic oi	Koauw	/ay/Siteet	1
					Feet [N S E	W of		Marker	· —	or _	Exit Number	
	Route# Direction	on N	ame of Intersecting Road		". Г	N S E	1977 a	IVIII	iviarkei			Exit Number	5 ''
			Also at Intersection	with	l		_	Route		Interse	ecting F	Roadway/Street	
² 1	Route# Direction	on Na	ame of Intersecting Road	way/Street	Feet [N S E	of						-
	Diama Calant On		I						4 =		ndmark		-
3	Please Select On- of the Following:		#Occupants Hi	/Run Moped	Crash R	eport IE)# 21	-2	45-	AC	;		
	License # S48 2	260801 st]	MA_ DOB/Aį	Reg	# <u>7zkl90</u>			Reg	Туре РС	1	Re		12
	Sex M Lic. Cla	19 19 Lic.	Restrictions 20	CDL Veh	Year 2011	Vel	h Make I	IYUN	DAI		Veh	Config. 21	1
		A, JAPHET		Endorsement Own	er BREA	JAPI	ΙΕΤ						
⁴ 1] '	LOWELL ST	First	Middle Add	ress <u>500 LO</u>	WEL:	L ST	Firs			Mi	iddle	
			ate MA Zip 0184		LAWRENCE				State M	A z	ip 0 1	1841-4511	
			RCE INSURA		cle Action Prior to		1	22	Damage				
		ection: XSEW	_		· · · · · ·	3 23	<u>, </u>	23	Test Sta	tus:	Ì	1 28	
⁵ 2		d)	•		<u> </u>	1 ²	4		Type of	Test:		29	
	İ				er Contributing Cod		25	25	BAC Te			Susp Drug 32	1 13
			Viol. 2: Ch/Sec/Sub —				 6		Susp. Al Towed f			Susp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/Sul		Viol. 4: Ch/Sec/Sub —		er Distracted by		34 35	36	37 38	39	40	2	┦
	Name (Last First Middl	•	tator and an occupants n	Address	DOB/Age		Seat Safety Pos. System	Airbag Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	
	Operator	•		See Above	\sim	X	1 1	4 0	0	10	1		
													7
										ļ 			-
					15	16		17		18		<u> </u>	4
⁷ 1	Please Select Oncoording:		#Occupants No	n-Motorist A Type	Action	Loc	cation	C	ondition	10	⊠i	Hit/Run 🔲 Moped	
	License #	St	DOB/Age	Reg	#			Reg	Гуре		Re	eg State	1
	Sex Lic. Cla	ss 19 19 Lic.	Restrictions 20	CDL Veh	Year	Vel	h Make				Veh	Config. 21	
	Operator unki			Own	er								
³ 1	Address	.ast	First	Middle Addı	ess	ast		Firs	l		Mi	ddle	l
		Sta	ite Zip	City					State	z	ip		1 14
	, ,				cle Action Prior to			22	Damage			27 27 27	\vdash
		ection: NSEW	•		t Sequence 2	3 23	3 23	23	Test Stat	tus:		28	
		d)		•	Hannful Event	_ 2	4		Type of			29	
⁹ 2	· `	,			er Contributing Cod	le [25	25	BAC Te	ſ		Susp Drug 32	
			Viol. 2: Ch/Sec/Sub —		er Distracted by		L :6		Susp. Al Towed f	1		Susp. Drug: 32	
			Viol. 4: Ch/Sec/Sub — on-motorist and all occup		Distracted by		34 35	36	37 38	39	40		4
	Name (Last First Middl	•	motorist and an occuj	Address	DOB/Age		Sent Safety Pos. System		Eject Trap Code Code	Injury Status	Trunsp. Code	Medical Facility	-
	Operator	/Non-Motoris	st s	See Above	><	X	1			<u> </u>			
													
													1
						\dashv		+					1
			l l		1	- 1	1	1	ı	1		1	1

= Direction	on 1 = Vehicle 1	2 = Vehicle 2	Pedestria	an 📆 = Bicycle	
Crash Diagram: ie:	-	2	· 옷	→ №	
	#84	40 Woburn St		If Crash <u>Did Not</u> on a Public Way	
Woburn Street	MV1			Off-Street Parking Lo	ət
		20 M		☐ Garage	
. :				Mall/Shopping Cente	;r
		MV2	<i>Z</i>	Other Private Way	
			······································	Indicate North by	Arrow
			*		
Crash Narrative:					
MV1 was traveling North on Wob	urn Street. Oper	ator of MV1 c	laims th	at when he was in the	
area of 840 Woburn Street a ve					
yellow line and sideswiped him				nued toward the Woburn	
line. The vehicle was describ					
damage to the rear drivers sid	_				
going to call AAA to have vehi					
		- 11 11 11 12 13 14 15 15 16 16 16 16 16 16			
				111 11 01	
Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:					J
Owner (Last, First, Middle) Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information: Registra	tion #	(From Vehic	ele Section)		
Carrier Name		\		Bus Use	42
Address		_ City		StZip	<u> </u>
US DOT #:State Numbe	r	Issuing State	MC/MX/I	CC #:	
Interstate Cargo Body Type Code	44 GVWR/GCWR	45		46	
Trailer Reg #: Reg Ty	peReg State	Reg Year	Traile	er Length	
Hazmat Information:					40
Placard 47 Material 1 digit #	Naterial Name		Material 4 digit	#Release code	49
Datus Officer Darrel I Cornele		212 Wil		Police Department 09/	/21 /2021

Department

	Police Use Only	Comi	monwealth	of Massac	husett	S	RM	IV Document Nu	mber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Limi	Local	Police 🔯	
	09/22/2021 1534 Wil	mington	Police	Report	2	0	Latitude Longitude_	Сапіри	Police D	
	AT INTERSECT	'ION:		TION >	 		'	RSECTION:		
			3,0,10			110 1 11	A ALVA DI	LODO ITOIN		2 10
				·		BUTT	ERSRO			2
¹ 1.	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name o	f Roadway/Street		
4-	-	110		Feet N	S E W of		- • -	- or		
	Route# Direction Na	me of Intersecting Roady	vay/Street	r		Mile M	arker	Exit N	Number	8 11
		Also at Intersection w	rith	Feet N		Route#	Inter	secting Roadway/S	Street	
² 2	Route# Direction Na	ine of Intersecting Roady	vav/Street	Feet N	S E W of	BUTTI	ER'S I	ROW BRID	GE	
2			·	L.,				andmark		
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Repo	rt ID# 21	-24	6-A	3		
	License #_S30858726 St.1	IA_ DOB/Ag.	Pen	4 <u>V21333</u>		Dag Tun	. CO	Pag State N	/A	
	19 19	20	_	Year 2014				Ĭ	21	1 12
	DEX 24 Lie. Class D Lie.	E	ndorsement					ven Conng. [╩╜┟	
⁴ 1	Operator MARTINEZ, YUN	First	Middle	er ZAMBRANC		First		Middle		
Т.	Address 26 ROYAL CRES!			ess 25 TOWE	R HILL					
	City NORTH ANDOVER Star			LAWRENCE				Zip 01841-		
	Insurance Company PROGRESSI	VE CASUALT	Y INSU Vehic	le Action Prior to Cra				a Code: 5 27	27 27	
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 23	23 23		est Status:	29		
•	Citation # (If Issued)	<u> </u>	Most	Harmful Event 1	24	•	ype of Test: AC Test Res	<u> </u>	L	
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	18 ²⁵	O 25	usp. Alcohol		rug: 32]	1 13
	Viol, 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from s		, 	
⁶ 1	Please fill out for oper	ator and all occupants in	olved/		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)		Address	DOB/Age Set	Pos. System	Status Code	Code Statu:	Code Media	cal Facility	
	Operator		e Above		1 1	4 0	0 10	1		
	YOHAN POLANCO RAMIREZ	36 BOXFORD ST LAWRENCE, MA 018	43-2366	М	3 1	4 0	0 10	1		
								 		
	TV - C.) - C			15 16		17	18			
⁷ 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action	Location	Condi	tion	Hit/Run	Moped	
	License # S97620505 St M	A DOB/Age	Reg #	363DA6		Reg Type	PC_	Reg State M	1A	
	Sex F Lic. Class D 19 19 Lic.	Restrictions 20 C	Ol. Veh Y	rear 2019	Veh Make			Veh Config.	21	
	Operator POTE, MARIE H	AZEL	dorsement	er POTE, MA				J.		
⁸ 1	Address 2 WING RD	First	Middle	ess 2 WING F		First		Middle		
		e <u>MA</u> Zip 01887		WILMINGTO		Çı.	M2	Zip 01887 –	2531 1	1 14
		•			· · · · · · · · · · · · · · · · · · ·		amaged Area		1	
	Insurance Company SAFETY IN			le Action Prior to Cras	h 2 23 23		est Status:	28		
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Event	Sequence 1			pe of Test:	29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	ult: 30		
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 St	sp. Alcohol:	2 31 Susp. Dr	rug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from so	cene? 2 33		
	Please fill out for operator/no	n-motorist and all occupa		DOB/Age Sex	34 35 Scat Sufety		38 39 Trap Injury		nal Engille	
	Name (Last First Middle) Operator/Non-Motoris	1 02	Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medic	eal Facility	
	operator/Hon-Motoris	, 30			+	-		 		
								 		
ı,		<u> </u>								



Patrol Officer Richard DiPerri

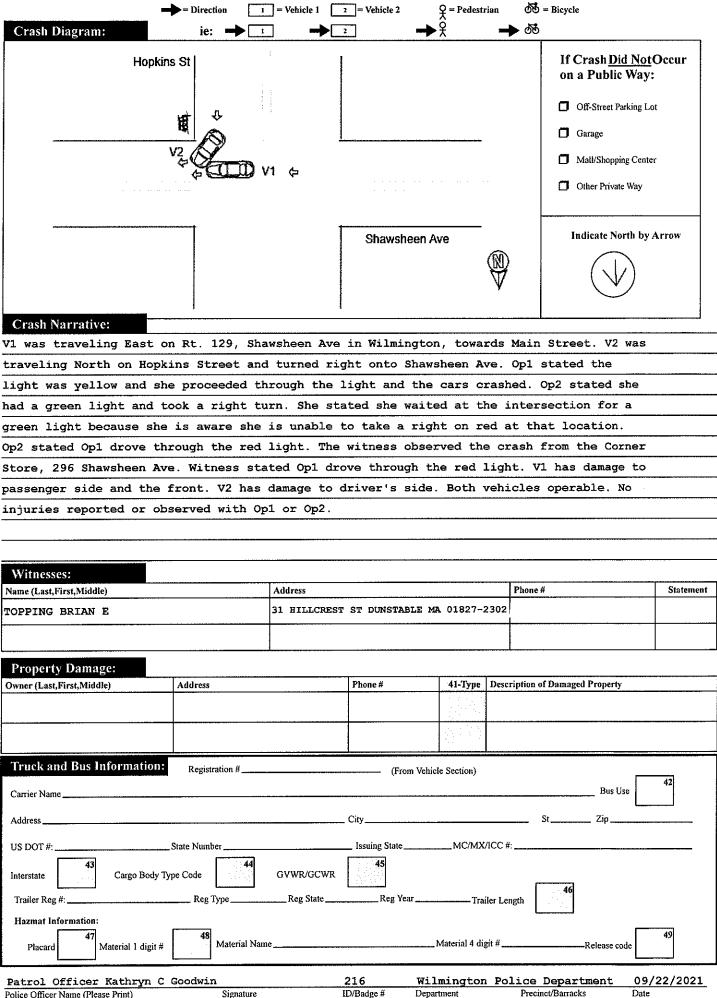
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Wilmington Police Department

09/22/2021

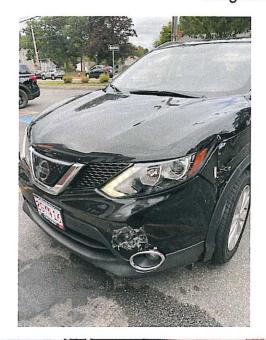
Department

	Police Use Only	Comm	onwealth (of Massa	chus	etts			RM	V Docu	ament Number	1	
	Date of Crash Time of Crash 09/22/2021 1720 Wili	City/Town Mington	Motor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Number Injured	lopeo.	d Limit	25	State Police Local Police MBTA Police	0080	
	24HR	illing con	Police 1	Report	2		0	Laure	itude		Campus Police Other:	_ <u>`</u> _	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT A	T IN	TER	SEC	TION:		
	SHAWSHE	EINY WYFE											2 10
1	Route# Direction	Name of Roadway/Street	·	Route# Directi	on Add	ress#		Na	ame of	Roadw	/ay/Street		
¹ 1		At		Feet [N S E W	lof .				or			
	Route# Direction HOPKINS Na	ST ne of Intersecting Roadway	/Street	1001	1-1-1	J 03	Mile N	/larker			Exit Numbe	г	3 11
		Also at Intersection with		Feet	N S E W	of .	Route#		Interse	cting R	Roadway/Street	—	
² 1	Route# Direction Nar	ne of Intersecting Roadway	/Street	Feet [N S E W	of					,		
										ndınark	<u> </u>		
3	Please Select One of the Following:	#Occupants Hit/Rui	n Moped	Crash Ro	eport ID#	21	-24	7-	AC	,			
	License # S72144490 St M	A DOB/Age	Reg #	7YM449			Reg Ty	ре <u>РС</u>	:	Re	eg State MA	-	12
	Sex F Lic. Class D 19 Lic. F	Restrictions 1 20 CDL	Veh Y	Year <u>2017</u>	Veh M	lake <u>N</u>	ISSA	N		_ Veh	Config. 1	21	
4	Operator KATONGOLE, BE	TTY N	Own	er KATONG	OLE,	BET	TY N			Mi	ddle		
⁴ 3	Address 221 NAUSHA RD	BLDG APT 2	21 Addr	ess <u>221 NA</u>	USHA	RD	BLDG	; <u>A</u>	PT	221	<u> </u>		
	City BILLERICA State			BILLERIC	ZA						1862-00		
	Insurance Company PROGRESSI	VE CASUALTY	INSU Vehic	le Action Prior to (<u> </u>		Damage Test Sta		Code:	3 27 1 27	27	
⁵ 1	Vehicle Travel Direction: NSWW	Responding to Emergen	cy? 2 Event	Sequence 1 2	1 1	23	7.3	Type of			29		
	Citation # (If Issued)			l	1 24	201		BAC Te	st Resu	ılt:	30		13
	Viol. 1: Ch/Sec/Sub			r Contributing Cod	26	25		Susp. Al				32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	0 20	35	36 37	Towed f	rom sc	ene? [2 33		
_	Please fill out for opera Name (Last First Middle)	ator and all occupants involv	/ed fress	DOB/Age	Sex Pos.	Safety	Airbag Ejo Status Coo	et Trap	Injury	Transp. Code	Medical Facili	ity	
	Operator	See A	Above		X_1	1	4 0	0	10	1			
]	
7	Please Select One Vehicle 2.1	#Occupants Non-Mo	otorist A Type	15 Action	16 Locatio		17 Cons	fition	18		Hit/Run M	Ioned	
⁷ 2	of the Following:						<u>l</u>			二			
	19 19	A DOB/Ag		2GYN16 /ear 2018			_ Reg Ty				eg State MA	21	
	Sex F Lic. Class D Lic. F Operator CARRICK , KARA	Restrictions B CDL, Endo	rsement	ear ZUIS er CARRICE				N		_ Ven	Config. 1	-	
⁸ 1	Address 3 MOORE ST	First M	iddle	ess 3 MOOR	ist	47473 ·	First			Mic	ddle	-	
		MA Zip 01887-		WILMINGT			S	tate M	A z	in 01	L887-37	35	1 14
	Insurance Company GEICO GENI	•	•	le Action Prior to C		3	_	Damage			· · · · · · · · · · · · · · · · · · ·	27	
	Vehicle Travel Direction: SEW	Responding to Emergence		Sequence 2	3 23		23	rest Stat	tus:		1 28		
0	Citation # (If Issued)	-	Most	Harmful Event	1 24			Type of ' BAC Te.			30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Cli/Sec/Sub	Drive	ء Contributing Cod د	e 1	25	25	Susp. Al				32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	O ²⁶			Fowed f	L		2 33	_	
	Please fill out for operator/nor	n-motorist and all occupants		DOB/Age	3-1 Seat Sex Pos.	35 Safety System	36 37 Airbag Ejo Status Cod	ı Trap	39 Injury Status	40 Transp. Code	Medical Facili		
	Name (Last First Middle) Operator/Non-Motorist			Scouring	$\frac{1}{\sqrt{1}}$		4 0	O	1	1	Predicts Fuetts	'	
	1					\Box		+			······································		
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Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 21-247-AC







	Police Use	Only	Comr	nonwealth	of Massacl	husett	S		RMV Do	cument Number		
	Date of Crash Time 09/22/2021 143	of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		I Deced I		5 State Police Local Police		
	09/22/2021	24HR	mington	Police	Report	2	0	Latitude Longitu		MBTA Police Campus Police Other:		
	AT 1	INTERSECT	ION:	< LOCA	TION >		NOT A	<u> </u>		CTION:		
											2	10
	Route# Direction		Name of Roadway/Str	- Apt	Route# Direction	255 Address		ELL			 -	-
1	Acceptant Breeting		At At	GCI	Route# Direction	Address		Nam	e or Koad	way/Street		
					Feet N S	E W of		•	— ог	r.a.v.	-1	
	Route# Direction	Na	ne of Intersecting Roadw		m Nie	Jehn .	iville p	/larker		Exit Number	2	11
			Also at Intersection w	ıın .	Feet N S		Route#	In	tersecting	Roadway/Street	- -	
² 2	Route# Direction	Nat	ne of Intersecting Roadw	ay/Street	Feet N S	E W of	WOOD	LAND	ROA	D		
	Please Select One								Landma	rk		
3	of the Following:	Vehicle 11	#Occupants Hit/I	Run 🔲 Moped	Crash Repor	t ID# 2]	L-24	8 – <i>F</i>	7C			
	License # <u>S4781</u>	5032 St M	A_ DOB/Age	Reg	42TG82		Reg Ty	pe PC	I	Reg State MA	7	12
	Sex F Lic. Class	19 19 Lic. I	Restrictions 20 CE	OLVeh	Year 2014					2.] 1	12
	Operator LEWIS		`	dorsement	er LEWIS, C						'	
⁴ 1	Address 28 GLE		First	Middle	ess 28 GLENW		First		N	Middle	_	
_			MA Zip 01904					into MA		1904-183	_	
			SURANCE CO			F		tate <u>14175.</u> Damaged A	-		7	
					le Action Prior to Crasl	h 2 23 23		Test Status		5 28	-	
5	Vehicle Travel Direction		Responding to Emerg	ency? 2 Even	Sequence 1 23	<u></u>		Type of Te:		29		
	Citation # (If Issued)			Most	Harmful Event 1	24		BAC Test I	Result:	30		
	Viol. 1: Ch/Sec/Sub —		Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	1 25	25	Susp. Alcol	hol: 2 31	Susp. Drug: 2 3	2 1	. 13
⁶ 1	Viol. 3: Ch/Sec/Sub		viol. 4: Ch/Sec/Sub	Drive	r Distracted by 0	26		Fowed from	n scene?	2 33	_	
1	Plea Name (Last First Middle)	se fill out for opera	tor and all occupants inv	olved Address	DOB/Age Sex	34 35 Seat Safet Pos. System	y Airtog Ejec	t Trap fr	39 40 njury Transp. tatus Code			
Ì	Operator			e Above		1 1	4 0	1-1-	0 1	Medical Facility		
						1 -		 	- -			
ļ											_	
ĺ												
,	Please Select One	Vehicle 22	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Cond	ition	18	Hit/Run Mop		
1	or the ranawing:					Location	<u></u> j			riti/Kun iviop	ea	
	License # UNLICE	NSED St M	A DOB/Age		419G10		Reg Typ		R	leg State MA	-	
	Sex F Lic. Class	Lic. R	estrictions CD	L Veh Y	ear 2013	Veh Make 🗜	YUND	/I	Vel	Config. 1		
	Operator DE MOF	RAIS, JOS	SIANE First	Owne	r DE MORAIS	3, RI	CARDO	MAIR		iddle	_	
1	Address 10 BENI	NER AVE	APT 2	Addre	ss 10 BENNE	R AVE		_2			_ _	
	City MALDEN	State	MA Zip 02148	-7171 City 1	MALDEN		St	ate MA	Zip 0	2148-717	1 1	14
	Insurance Company <u>FC</u>	REMOST 1	NSURANCE C	OMPAN Vehicle	e Action Prior to Crash	1	22	amaged A	rea Code:	1 27 27 2	7	
	Vehicle Travel Direction:	NSXW	Responding to Emerge	ency? 2 Event	Sequence 1 23	23 23	23	est Status:		1 28		
	Citation # (If Issued) T	1151254	_	Most 1	Harmful Event 1	24		ype of Tes		30		
2	Viol. 1: Ch/Sec/Sub 90	<u>10 </u>	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	5 ²⁵ 1	a 25	AC Test R usp. Alcoh			2	
ı	Viol, 3: Ch/Sec/Sub —		iol. 4: Ch/Sec/Sub		Distracted by 99	<u> </u>		owed from		3 33		
			-motorist and all occupan			34 35	36 37	38 3	39 40		_	
-	Name (Last First Middle)		•	\ddress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trup Inj Code St	jury Transp. ntus Code	Medical Facility	_	
	Operator/No	n-Motorist		Above	\times X	1 1	4 0	0 10) 1			
1	PAMIRES DE SOUZA		10 BENNER ST MALDEN, MA 02148		F	3 1	4 0	0 10	1			
H		···· · · · · · · · · · · · · · · · · ·								. ,	-	
l			i		i !	1 1	1 1	1 1	1 1		- 1	

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedestr	ian 🚳 =	= Bicycle	
Crash Diagram:	ie: →	→	2	₽Ŝ	→ ॐ		
	RT.129 Lowell S	Street				If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage	
	A GOTOGOTO					Mall/Shopping Center	
•							
	Woodland	Rd	market.		A30	Indicate North by A	rrow
Crash Narrative:							
V1 (Lewis) stopped :	in traffic and was	s rear-ende	d by V2 (Mor	ias). No	injuries	observed or	
reported minor damag	ge to rear bumper	V1 and From	nt end V2. V	2 opr. Jo	siane Ma	rtins Morias	
unlicensed operator	from Brazil. V2 a	active list:	ing. R/O of	V2 is hus	band of	V2 opr.	
Citation issued to N	Martins morias fo	r unlicensed	d MV operati	on. Passe	nger als	o unlicensed.	
Towed by Cain's. V2	opr following to	close and	inattention	probable	factors	in collison.	
***					-		
Witnesses: Name (Last, First, Middle)		Address			Phone #	T	54-1
(vame (Last, Pitst, Wilding)		Address			Phone #		Statement
D	1						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Decemention of	Damaged Property	
Owner (Last, Hist, Hiddle)	Address		1 Holle W	41-1ype	Description of	Damaged 1 Toperty	
Truck and Bus Informat	ion						
Carrier Name	Registration #		(From Ve	hicle Section)		Bus Use	42
Address			. City		\$1		
US DOT #:	State Number			MC/MX/I	CC #:		
Interstate 43 Cargo B	Body Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tenil.	er Length	46	
Hazmat Information:	~~5 -JPV		10g 10gr	iralle	er rengui		
47	48						49
Placard Material I d	I Matamal Man					•	
<u></u>	ligit # Wiateriai Naii.	ne		_Material 4 digi	t #	Release code	
Patrol Officer Richa						11010000	3/2021

	Police Use Only	Con	ımonwealth	of Massach	usetts	RMV Do	cument Number	
	Date of Crash Time of Crash	1 '	Motor Vel	nicle Crash	Number Number Vehicles Injures	, proce Bank	5 State Police Local Police MBTA Police Campus Police	1
	09/23/2021 1739	Wilmington	Police	Report	5 2	Latitude	MBTA Police Campus Police Other:	
	AT INTER	RSECTION:	< LOCA	ATION >	NOT.	AT INTERSEC	CTION:	1
								2 10
	Route# Direction	Name of Roadway	Street	Route# Direction	200 BAI	LARDVALE Name of Road		
¹ 1	Tomos Buddien	At				Tionio et Teoro	nay, but eve	1
				Feet NS		or Marker	Exit Number	L
	Route# Direction	Name of Intersecting Ros		Feet N S				2 11
		This at Michigan	. *************************************	Feet NS	Route#	Intersecting	Roadway/Street	
² 1	Route# Direction	Name of Intersecting Roa	ndway/Street	Teet [N]0]		Landma	-l-	
	Please Select One	cle 3 1 #Occupants F			···· 21 _ 2 /		i A	1
3	of the Following: Vehic	ele 3 1 #Occupants	lit/Run Moped	Crash Report	ID# 21-24	Y-AC		1
	License # <u>S95090238</u>		, Reg	# 7EL322	Reg T	/pe PC I		12
	Sex M Lic. Class D	Lic. Restrictions 1 20	CDL Veh	Year 2015 v	eh Make LEXUS	Ve	h Config. 1 21	1
	Operator PEGUERO TE		EYNALDO Own	er PEGUERO T		NUEL REY	NALDO	
⁴ 1	Address 40 MCLELLA	AN ST APT 20	Add	ress 40 MCLELI	LAN ST A	PT 20	quale	
	City DORCHESTER	State MA Zip 021 :	21-4034 City	DORCHESTER	:	State MA Zip O	2121-4034	
	Insurance Company GEICO			cle Action Prior to Crash		Damaged Area Code		
	Vehicle Travel Direction: N			at Sequence 1 23 1	23 23 23	Test Status:	28	
5	Citation # (If Issued)			t Harmful Event 1	24	Type of Test:	29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1 25 25	BAC Test Result:	30 5 32	13
				er Distracted by	26	Susp. Alcohol: 2 3	Susp. Drug 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub	it for operator and all occupants		CI Distracted by	34 35 36 3	7 38 39 40	<u>L</u>	1
	Name (Last First Middle)	it for operator and an occupants	Address	DOB/Age Sex	Seat Safety Airbag Ej Pos. System Status Co	ect Trap Injury Transp de Code Status Code	Medical Facility	1
	Operator		See Above	$\times x$	1 99 4 0	0 8 2	Lahey Clinic	
								1
								1
			<u>[</u>			10	<u> </u>	1
⁷ 1	Please Select One of the Following:	le 41#Occupants \ \ \ \ \ \ \ \ \ \ \	on-Motorist A Type	15 Action 16 L	ocation 17 Con	dition 18	Hit/Run Moped	
	License # S45595515	St MA DOB/Age	Reg	# 9488YN	Reg Ty	ре РС г	Reg State ME	1
		19 Lic. Restrictions 1 20	CDL Veh	Year 2021 V	eh Make NISSA		h Config. 1	
	Operator HINES-COON		Endorsement	er P V HOLDI				
⁸ 2	Address 84 WESTMIN	First	Middle	ess 6 SYLVAN	First	N	fiddle	
	City SPRINGFIELD		09-3923 City	PARSIPPANY		State NJ Zip O	7054	2 14
	Insurance Company UNKNO			cle Action Prior to Crash		Damaged Area Code		
		■ Responding to En		F	23 23 23	Test Status:	28	
		<u> </u>		Harmful Event 1	3.5	Type of Test:	29	
⁹ 2	Citation # (If Issued)			<u></u>	26 25	BAC Test Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		<u> </u>	<u>+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	Susp. Alcohol: 2	Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		er Distracted by 0	34 35 36 3	Towed from scene?	1 "	ļ
	Please fill out for o	perator/non-motorist and all occ	upants involved Address	DOB/Age Sex	Seat Safety Airbag Eje Pos. System Status Co	et Trap Injury Transp	Medical Facility	
	Operator/Non-M	otorist	See Above	><X	1 99 4 0	0 8 2	Lahey Clinic	
								1
				-				1
								-

	Police Use Only	Common	wealth	of Massa	chus	etts	}		RMV	/ Docu	ment Number	
		City/Town Mo		icle Cras	sh 🖟	lumber ehicles		Speed Latitud	Limit_	45	State Police Local Police MBTA Police Campus Police	
	24HR	ington	Police :	Report	5		2	Longit			Campus Police Other:	i
	AT INTERSECTION	ON: <	LOCA	TION >	·		NOT A	T INT	ΓERS	SECT	ΓΙΟΝ:	
												2 10
	Route# Direction	Name of Roadway/Street		Route# Directi	on Add	lress #	BAL:				ST ay/Street	-
1		At			ulalah							
	Route# Direction Name	of Intersecting Roadway/Stree	et	Feet	N S E V	of	— — Mile M			or _	Exit Number	- 11
		Also at Intersection with		Feet	V S E V	of						2
	<u> </u>			Feet	NSEV	of	Route#	1	Intersec	cting R	oadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Stree	et						Lan	dmark		_
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	port ID#	21	-24	9-2	AC			
	License # S22468456 St MA	DOD/4	l	<u> 1</u> ∤ <u>792SJ8</u>							s. M7	
	19 19	20	-	Year 2012							21	1 12
		strictions 1 CDL Endorsem	ient					<u>7 T</u>		_ Ven	Config. 1	
⁴ 1	Operator DUNFEY, JAMES	irst Middle		er DUNFEY	ıst		First			Mid	dle	-
т_	Address 2 BRADFORD RD	- 01007 1 <i>C</i>		ess 2 BRAD		KD					007 1001	-
	City WILMINGTON State 1			WILMINGT						-	887-1661	1
	Insurance Company AMICA MUTUA	AL INSURANCE	<u>CO</u> Vehic	le Action Prior to C		4		amaged est Stati		Code:	5 ²⁷ 5 ²⁷ 4 ²⁷	
5	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Even	Sequence 1	3 23	23	~~	ype of T		ŀ	29	
	Citation # (If Issued)		Most	Harmful Event	1 24		E	AC Tes		t:	30	
	Viol. 1: Ch/Sec/Sub Vio	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		25	25 S	usp. Alc	ohol: 2	31	Susp. Drug: 2 32	1 13
, 1	Viol. 3: Ch/Sec/Sub Vio	ol. 4; Ch/Sec/Sub	Drive	r Distracted by	0 26		1	owed fr	om sce	ne?	2 33	
1	Please fill out for operator	r and all occupants involved		DOB/Age	34 Sent Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	7
	Operator	See Above	e	DOMAN,	$\sqrt{1}$	99	4 0			1.	taculear ractify	1
						-				\dashv		
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1	Please Select One of the Following: Wehicle 21 #	Occupants Non-Motori	st A Type	Action	Locati	on	17 Cond	tion	18	П н	lit/Run Moped	
	License # 196724098304994 St NJ	DOB/Age	Reg #	G62NYB	<u> </u>	<u> </u>	Reg Typ	. PC		Res	g State NJ	1
	10 10	trictions 1 20 CDL	•	ear 2007		ake J					21	
	Operator LYONS, JONAH T	Endorseme	ent	LYONS,			_				501111g	
2	Address 116 IVY LN	rst Middle		ess 116 IV	st		First	•		Mid	lie	
	City BRIDGEWATER State N	7J Zin 08807		BRIDGEWA			St	ite NJ	Zir	. 08	807	2 14
	Insurance Company UNKNOWN			le Action Prior to C		2				_	27 5 27 27	
	- ·	Responding to Emergency? 2		Sequence 1	23	23		est Statu			28	
	Citation # (If Issued)	responding to Emergency .		Harmful Event	24			ype of T	est:		29	
2				r Contributing Code	1	25	25	AC Test			30	
	Viol. 1: Cls/Sec/Sub Viol			, r			s	isp, Alc	_	$\overline{}$	Susp. Drug: 2 32	
ļ	Viol. 3: Ch/Sec/Sub Viol Please fill out for operator/non-m			r Distracted by	34	3.5	36 37	owed fro	39	40		4
	Prease IIII Out 101 operator/fion-iii Name (Last First Middle)	Address		DOB/Age	Sex Fos.	Safety System	Airbag Eject Status Code	Trap	Injury T	fransp. Code	Medical Facility	_
	Operator/Non-Motorist	See Above	·		X 1	99	4 0	0	10 1	L		
				 				\Box				7
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l								1				1

Police	e Use Only	Com	monwealth	of Massac	huset	ts	RM	/IV Docui	ment Number	
1 1	Time of Crash L739 Wil	City/Town Lmington		hicle Cras	h Numb Vehic		Speed Lim	it45	State Police Local Police MBTA Police	
	24HR		<u> </u>	Report	5	2	Lantide Longitude		Campus Police Other:	ä
£	AT INTERSECT	ΓΙΟΝ:	< LOC	ATION >		NOT A	T INTE	RSECT	TION:	
					200	י אמ	LARDV	8 T E (Ċm	2
Route# Direction	on	Name of Roadway/S	treet	Route# Direction				of Roadwa		
		At		Feet N	S E W of		• -	- or		
Route# Direction	on N	ame of Intersecting Road	way/Street	-		Mile M	larker		Exit Number	<u> </u>
	**	Also at Intersection	with		S E W of	Route#	Inter	secting Re	padway/Street	-
Route# Direction	on N	ame of Intersecting Road	way/Street	Feet N	S E W of					
Diama Calant Oa								andmark		4
Please Select On- of the Following		#Occupants Hit	/Run Moped	Crash Rep	ort ID# 2 :	1-24	9-A	C		
License # T664	64107602 St 1	NJ DOB/Age.	Reį	# TUV29T		Reg Typ	e TR	Reg	g State NJ	
Sex M Lic. Cla	19 19 Lic.	Restrictions 20	CDL N Vel	Year 2019	_ Veh Make,	Other-no	t liste	ed Veh (Config. 10 21	1
Operator <u>TOR</u>	RES, JOSEI			ner PIPCO T	RA N S	PORTA:	CION 1	INC		_
Address 809	LOWER MIL	L RD		iress PO BOX	515	First		Midd	lie	_
City PITTS	Sta	te NJ Zip 0831	8 City	ROSENHAY		St	ate <u>NJ</u>	Zip 08 .	532	_
Insurance Company	y SMITH BRO	OTHERS INSU	JRANCE Veh	icle Action Prior to Cra	ısh 1	22	amaged Are	a Code: 8		7
Vehicle Travel Dire	ection: N E W	Responding to Emer	rgency? 2 Eve	nt Sequence 1 23	23 23	4-3	est Status:	F	28	
Citation # (If Issued	d)		Mo	st Harmful Event 1	24		ype of Test: AC Test Res	sult:	30	ı
Viol. 1; Ch/Sec/Sub	·	Viol. 2; Ch/Sec/Sub	Driv	ver Contributing Code	20 ²⁵	25	usp. Alcohol		Susp. Drug 2 32	1
Viol. 3: Ch/Sec/Sub)	Viol. 4; Ch/Sec/Sub	Driv	ver Distracted by	9 26		owed from s		22	'
Name (Last First Middle	•	rator and all occupants in	volved Address	DOB/Age Si	34 35 Scal Safe	ty Airbag Eject	38 39 Trap Injury	40 Transp.		7
Operator		S	ee Above	DOB/Age S	Pos. Syste	m Status Code	Code Status	1	Medical Facility	
						+		++		-
								+-+		\dashv
·						<u> </u>	<u> </u>			4
			F							_
Please Select One of the Following:		_#Occupants Non	-Motorist A Type	Action 16	Location	17 Condi	tion 18	Hit	t/Run 🔲 Mope	d
License #	St	DOB/Age	Reg	#		Reg Type	2	Reg	State	_
Sex Lic. Class	ss 19 19 Lic. 1	Restrictions 20 C	DL Veh	Year	Veh Make_			Veh Co	onfig.	ļ
Operator	agt	First	ndorsement Owi	nerLast		First		Middle		_
Address		Fust		ress		First		Middle	e	_
City	Stat	e Zip	City			Sta	te 2	Zip		_ 2
Insurance Company			Vehi	cle Action Prior to Cra	sh .	22 D	amaged Area	، Code:	27 27 27] -
Vehicle Travel Direc	ction: NSEW	Responding to Emerg	gency? Ever	it Sequence 23	23 23	- "	st Status:	-	28	ı
Citation # (If Issued))	<u> </u>	Mos	t Harmful Event	24	-	pe of Test: AC Test Resi	alt:	30	
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25	25	sp. Alcohol:		Susp. Drug: 32	
Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Тс	wed from sc	ene?	33	' [
Please	•	n-motorist and all occupa	ents involved	DOB/Age Se	34 35 Seat Safet Pos. System		38 39 Trap Injury Code Status		Modical Facility	7
	Non-Motorisi	t Se	e Above		1	Julia Coat	Status	Coat	Weddar Pacinty	
								 		-
					+			\vdash		\dashv
	<u></u>									_

	Direction 1	= Vehicle 1	2 = Vehicle 2	关 = Pedestrian	Ø♥ = Bicycle	
Crash Diagram:	ie: 👈 🔟	→	2	→ ૠ	→ %	
	200 Ballardv	ale Street			l l	ash <u>Did Not</u> Occur Public Way:
\$ (110)	<u> </u>				off-	Street Parking Lot
					☐ Gan	age
	\$				☐ Mai	l/Shopping Center
				9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Oth	er Private Way
	4>					-
					Indic	cate North by Arrow
	⇔					(\rightarrow)
	3 >					
Crash Narrative:						
MV1, MV2, MV3, and						
traffic towards Rou					-	
also traveling sout						
straight ahead in t MV4. The force of t						
the rear of MV3, th						
MV3, and MV4 all su						
suffered rear end d						
operators of MV3 an						
The operator of MV5						
caused the chain re						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged P	roperty
				- A.1.34		
Truck and Bus Informa	Registration #		(From	/ehicle Section)		
Carrier Name						Bus Use 42
Address			City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX/ICC	:#;	
43	No. da Trans Co. da		45			
	Body Type Code	GVWR/GCWR			46	
	Reg Type	Reg State	Reg Year _	Trailer I	ength	
Hazmat Information:	48					49
Placard Material 1	digit # Material Nam	e		Material 4 digit #		lease code
Patrol Officer Mich					olice Departm	
Police Officer Name (Please Print)	Signature		ID/Badge# I	Department	Freeiner Daitacks	Date

Wilmington Police Department Images Associated with 21-249-AC













Wilmington Police Department Images Associated with 21-249-AC













Wilmington Police Department Images Associated with 21-249-AC





	Police Use Only	Comi	monwealth	of Massac	chuset	tts		RM	IV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasi	h Nun		wad I	eed Limi	ı <u>35</u>	Locai Police Do	
	09/24/2021 1216 Wil:	mington	Police 1	Report	2	0	Lat	titude ngitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NO	TATI		RSEC'		1
			•					······			2 10
	D 4 11 12 12 12 12 12 12 12 12 12 12 12 12	N CD 1 %		<u>38 s</u>	342		AIN :	<u>ST</u>		(0)	
¹ 1	Route# Direction	Name of Roadway/Str At	reet	Route# Direction	n Addres	is #		Name o	Roadw	vay/Street	-
				Feet N	SEWo			• —	- or _		
	Route# Direction Na	ne of Intersecting Roads					lile Marke	T		Exit Number	4 11
		Also at Intersection w	vith		SEW 0	Rou	te#	Inters	secting F	Roadway/Street	
² 2	Route# Direction Na	ne of Intersecting Roady	vay/Street	Feet N	S E W o	f AL	PRI	ME (BAS		
2				<u> </u>					andmarl	k .	-
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Rep	ort ID# 2	1-2	250	-A(C		
	License # S95339048 St M	A _ DOB/Age	l	1 1JYY56		D,	u Tima P	·C	D.	og State MA	┨
	19 19	20		Year <u>2019</u>						21	1 12
	Sex Lic. Class D Lic. 1	F,	ndorcement							Contig.	
⁴ 1	Operator YERGEAU, MICH	First CATHR		er YERGEAU Last	•	1	irst	THKI		ddle	:
1	Address 11 PEQUOT ST			ess 11 PEQU							
	City NORTH BILLERICA State	MA Zip 01862	2-2922 City	NORTH BI	LLERI					1862-2922	
	Insurance Company GREAT NOR	THERN INSU	RANCE Vehic	le Action Prior to Cr	ash 2	22		iged Area	a Code:		
5	Vehicle Travel Direction: NXEW	Responding to Emerg	gency? 2 Even	Sequence 23	23 2	3 23		Status:		1 ²⁸ 29	
,	Citation # (If Issued)		Most	Harmful Event 1	24		• •	of Test: Test Res	14.	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	1 2	5 25	-	Alcohol			1 13
	Viol. 3: Clv/Sec/Sub			r Distracted by	26	.Jt		d from s	$\overline{}$	33	
⁶ 1		ntor and all occupants inv			34	35 36	37 3	8 39	40		-
	Name (Last First Middle)		Address	DOB/Age S		afety Airbog ystem Status	Eject Tr Code Co	ap Injury xle Status	Transp. Code	Medical Facility	4
	Operator	Se	ee Above	$\langle \rangle \langle \rangle$	1	4	0 0	10	1		
								\top			1
	:					-		-	1 -		-
											-
⁷ 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action 16	Location	17	Condition	18	□	Hit/Run 🔲 Moped	
	License # S09615945 St M	A _ DOB/Ag	Reat	93G120	<u> </u>	P.	g Type P	·C	Re	eg State MA	1
		20	_	ear 2002	Val Male					Config. 1	
	Operator MARK, JACQUEL	En	ıdorsement	r MARK, Pl					vен	County.	
81	Last	First	Middle	Last		F	irst		Mic	ddle	İ
	Address 235 ANDOVER RD			ess 235 AND		RD	_				14
	•	MA Zip 01821		BILLERICA	<u>, </u>	22				27 27 27	1
	Insurance Company THE COMME!	RCE INSURAN	ICE CO Vehic	le Action Prior to Cra			Dama _i Test S	ged Area	Code:	3 27 27 27	
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 2	3 23		of Test:		29	
2	Citation # (If Issued) T1151255		Most	Harmful Event 1	24		• • •	Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub 90 24	viol. 2: Ch/Sec/Sub	0 24 Drive	r Contributing Code	9 25	25	1	Alcohol:		Susp. Drug 99 32	
	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26			d from so	\rightarrow	2 33	:
1	Please fill out for operator/nor	•			Seat S	35 36 afety Airbag	37 31 Eject Tra	ap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Sy	stem Status	Code Co	de Status	Code	Medical Facility	-
	Operator/Non-Motorist	Se	e Above		1 9	9 99	0 0	10	1		4
ļ					11						1
t t		1		1 1			ı [ı			1

	= Direction 1	= Vehicle 1	2 = Vehicle 2	₹ = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: 👈 🔟] -> [2	→ }	→ №	
	Main St./Rt.129	9 SN	V1		on a	ash <u>Did Not</u> Occur Public Way: -Street Parking Lot
•						
		V& A		2	☐ Gar	
	- William Control				☐ Ma	Il/Shopping Center
Desisos					☐ Oth	er Private Way
Designs By Don Eas Flowers	stern Bank		l Prime Gas 42 Main St.		Indi	cate North by Arrow
				(S)		
	Middlesex A	we		9		
	•					
Crash Narrative:					,	
See supplemental nar	rative.	·				
						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
						:
Property Damage:	·					
Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Damaged I	'roperty
Truck and Bus Informati			(Fron	ı Vehicle Section)		Bus Use 42
Address			_ City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#;	
43	44		45			
	ody Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer 1	Length	
Hazmat Information:	48					49
Placard Material 1 di	git # Material Name	! <u></u>		Material 4 digit #	R	elease code
	***************************************		170			, , , , , , , , , , , , , , , , , , , ,
Patrol Officer Richa Police Officer Name (Please Print)	rd DiPerri Signature		173 ID/Badge #	Wilmington P Department	olice Departm Precinct/Barracks	Date 09/24/2021

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

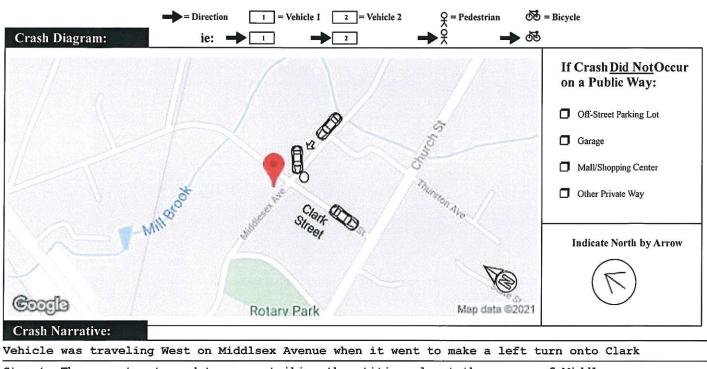
Ref: 21-250-AC

V1 (Yeargeau) was traveling south on Main St/ Rt.129 in the right portion of the split travel lane, when it was side-swiped on the driver's side by V2 (subsequently identified as Jaqueline Mark). V2 (Mark)was also heading south in left lane. Damage along side of V1. No injuries reported. According to V1 opr, immediately following collision V2 did not pull over (as required by law). V2 then took first left onto Middlesex Ave from Main St, and continued on w/o stopping. V1 opr. took image of vehicle confirming license plate, and then followed behind while calling E911. V1 followed V2 down Middlesex Ave back on to 62, and then on to Federal St before loosing sight of V2. V1 opr. Yeargeau stated V2 operator was female. Opr. Yeargeau described V2 operation as intentionally avoiding by speeding, going around cars in traffic, and not stopping for any stop signs or red lights along the way. V2 is registered to V2's father Peter Mark. When R/O was contacted mother/father confirmed daughter was driving car. Jacqueline Mark did not contact police at any time during or after incident until parents contacted her by cell phone and she was instructed to call police. Jacqueline Mark called the station at approximately 16:15 hours where it was verified that she was driving the vehicle, was involved in crash. In addition it was verified she had a cell phone, and did not stop or call police until directed to do so by her parents (following police request to do so). V2 operator reported damage to her vehicle but did not come into station or send pictures as requested. Charges pending. See WPD Report 21-304-AR.

Respectfully Submitted;

Rich DiPerri-173

	Police Use Only	Comr	nonwealth -	of Massac	huse	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h N	umber chicles	Num Inju	John	d Limi	2	Local Police	
	09/25/2021 0009 Wilm	nington	Police	Report	1	enicies	2	Lati	ude gitude _		MBTA Police Campus Police	
	AT INTERSECTI	ON:	< LOCA							SEC	TION:	7
												2 10
	MIDDLESI											_ 2
¹ 4	Route# Direction	Name of Roadway/Str	eet	Route# Direction	ı Addı	ress #		1	lame of	Roadv	vay/Street	-
	CLARK S			Feet N	SEW	of			• —	or .		
		ne of Intersecting Roadw	<u> </u>	[aw		1	Mil	e Marker			Exit Number	1 11
		Also at Intersection w	ith	Feet N			Route	_ —	Inters	ecting l	Roadway/Street	
² 1	Route# Direction Nam	ie of Intersecting Roadw	/ay/Street	Feet N	SEW	of						_[
			ı					_		ndınar	k	4
3	of the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	21	-2	51-	-AC	3		
	License # S59191281 St M	A_ DOB/Age	Regi	7GM314			Reg	Туре Р (:	R	eg State MA	12
	Sex M Lic. Class D 19 19 Lic. R	estrictions 1 20 CI		Year <u>2002</u>							21	3 '-
	Operator CUSHING, DARRI	En LAWRENCE	ndorsement	er CUSHING								
⁴ 4	Address 45 BUTTERSROW	First		ess 45 BUTT	-		Fin				iddle	
	City WILMINGTON State	M7A 7in 01887	_	WILMINGTO				State M	Ά.	zin O	1887-3340	
	Insurance Company PLYMOUTH F			le Action Prior to Cra		1	22	Damag				
	Vehicle Travel Direction: NSEX	Responding to Emerg			23	23	23	Test St			3 28	
⁵ 1				Sequence 22 ²³				Туре о	Test:		2 29	
	Citation # (If Issued) 145394AB			Harmful Event 2		25	25	BAC T	est Res		4 30	13
	Viol. I; Ch/Sec/Sub 90 24 V			r Contributing Code	26			Susp. A		Œ	<u> </u>	22 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub 90 23 V			r Distracted by 0		T 36	- 1. T	Towed			1 33	┛
-	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	Olved Address	DOB/Age S	34 Seat ex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Trunsp. Code	Medical Facility	
	Operator	Se	e Above		1	0	4 (0	8	1		
	KRISTINA YORK	12 LEE ST WILMINGTON, MA 0	1887-1863	F	3	0	4 (0	8	1		1
-		-			+			_		\vdash		-
												-
	=					<u> </u>			<u> </u>			
⁷ 2	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Location	on]	. 17 C	ondition	18		Hit/Run 🔲 Moped	
	License #St	DOB/Age	Rev t		J		Reg	Type		R	eg State	1
	19 19	20	· ·	ear			_				21	
		En	dorsement	er	_ 70/11/1	inc				- 1011	Contag.	1
³ 1		First	Middle	Last			Firs	I		Mi	iddle	
	Address								<u>ــــــــــــــــــــــــــــــــــــ</u>	··		14
ľ	City State						22	State Damag		- 1	27 27 27	
	Insurance Company			le Action Prior to Cra	23	23	23	Test Sta		COUC.	28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	•	Sequence	24			Type of	Test:		29	
2	Citation # (If Issued)	-	Most	Harmful Event		25	25	BAC To	st Resi	alt:	30	
\dashv	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	<u> </u>	25	25	Susp. A	icohol:	31	335p. 3186.	
	Viol. 3: Cli/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			Towed			33	_
	Please fill out for operator/non	-	nts involved Address	DOB/Age Se	34 Seat ex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
Ī	Operator/Non-Motorist	1	e Above		1						· · · · · · · · · · · · · · · · · · ·	1
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Vehicle was traveling West on Middlsex Avenue when it went to make a left turn onto Clark

Street. The operator turned to soon striking the utitiy pole at the corner of Middlesex

Ave and Clark Street. Once the vehicle truck the pole, the operator backed thre car up and

contined down Clark Street. The vehicle sustained heavy left side and front damage from

stirking the pole. The front left tire was also flat due to the crash. Both operator and

passsenger had bloddy noses, but signed WFD medical refusals. Vehicle had no airbag

deployement and was towed from the scene by Forrest Towing. Following and invetigation,

the operator was arrested for OUI (See Report 21-306-AR). Verizon Pole 15 was cracked due

to the collison.

Name (Last,First,Middle) Property Damage:	Address			Phone #		Statement
Property Damage:				-		
Property Damage:				+		I
Property Damage:					31:	
Property Damage:						
Owner (Last,First,Middle) Ad	dress	Phone #	41-Type D	escription of D	Damaged Property	
VERIZON 404	1 MAIN ST WILMINGTON MA 01887		4 W	OODEN	UTILITY POI	E
Truck and Bus Information: Carrier Name	Registration #	(Tom Tomo			Bus Use	42
Address		City		St_	Zip	
US DOT #:State	Number	_ Issuing State	MC/MX/IC	C#:		
Interstate 43 Cargo Body Type Co	ode GVWR/GCWR	45				
Trailer Reg #:	Reg TypeReg State	Reg Year	——Trailer	Length	46	
Hazmat Information:				·		
Placard Material I digit #	48 Material Name	1	Material 4 digit	¥	Release code	49

Patrol Officer Michael R DiLorenzo

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Wilmington Police Department

09/25/2021

Department

Wilmington Police Department Images Associated with 21-251-AC





Wilmington Police Department Images Associated with 21-251-AC

