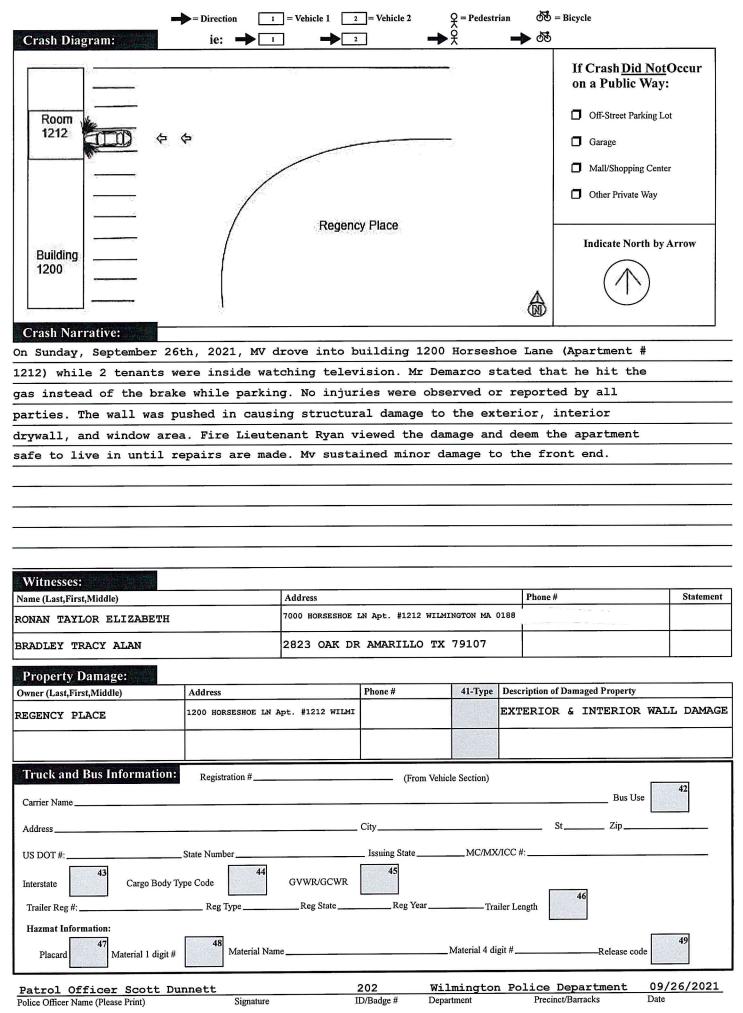
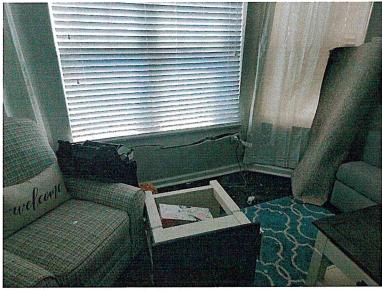
	Police Use Only	Com	monwealth	of Massacl	ıusetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles		Speed Limit	15	State Police Local Police MBTA Police Campus Police	
	09/26/2021 1201 W	ilmington	Police	Report	1	0	Latitude Longitude		Campus Police Other:	
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	ΓINTER	SECTI	ON:	L
	Route# Direction	Name of Roadway/S	Street	Route# Direction	1200 Address #	HORS	SESHOE Name of	LN Roadway	/Street	2
¹ 1		At		Feet N S	E W of	 Mile M	— • —	or	Exit Number	L
	Route# Direction	Name of Intersecting Road Also at Intersection		Feet N S	SEW of					1 1
2	Route# Direction	Name of Intersecting Road		Feet N S		Route#	Interse	ecting Roa	adway/Street	
² 1	Route# Birection	Traine of intersecting from		L			La	ndmark		-
3	of the Following:	1 #Occupants Hi		Crash Repoi			-w-w-			-
	10 10	St MA DOB/Age		# <u>555YD9</u>					21	1
	Sex M Lic. Class D 19 19 Operator DEMARCO, ST		Endorsement	Year 2007 ner DEMARCO,			SISHI		onfig. 1	
⁴ 1	Address 1214 HORSESH	First	Middle	ress 1214 HOE		First		Middle		
-	City WILMINGTON			WILMINGTO			oto MA 7	in 018	387-6002	
					25000		amaged Area	Total Control	27 27 27	
	Insurance Company GREEN M			cle Action Prior to Cras	23 23	Rent	est Status:	1	28	
5 2	Vehicle Travel Direction:	Responding to Eme		nt Sequence 35 23			ype of Test:	-	29	
	Citation # (If Issued)			t Harmful Event 35	,	25	AC Test Resi	-	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	26		usp. Alcohol:	100		30
⁵ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	all and all		owed from sc	-	33	
1	Please fill out for Name (Last First Middle)	operator and all occupants i	nvolved Address	DOB/Age Sex	Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	l
	Operator		See Above	X	1 1	4 0	0 10	1		1
	operato:									-
					-		+ +-			1
										1
										1
⁷ 1	Please Select One of the Following:	#Occupants No	on-Motorist A Type	15 Action 16	Location	17 Cond	ition 18	Hit	t/Run Moped	
		St DOB/Age	Reg	#		Reg Typ	e	Reg	State	
	DELITHOUGH CHITCHING		Endorsement	Year	Veh Make_			Veh C	onfig,	
81	Operator	First	Middle	Last ress		First		Middle	e,	
	Address	State 7:-		1033		St	ate 2	7in		1
	City		•		838.50	_	Damaged Area		27 27 27	_
	Insurance Company			icle Action Prior to Cras	23 23	1-10-6	est Status:		28	
	Vehicle Travel Direction: N S E	Responding to Em		nt Sequence	24		ype of Test:		29	1
⁹ 2	Citation # (If Issued)		Mos ·	st Harmful Event	25	25 E	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub _	Driv	er Contributing Code		S	usp. Alcohol:	100000000	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -	Driv	ver Distracted by	26		owed from so	303	33	_
	Please fill out for operations Name (Last First Middle)	tor/non-motorist and all occu	upants involved	DOB/Age Se	Sent Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Moto	orist	See Above		1					1
	4			T Y						1
						+ -				+
										-



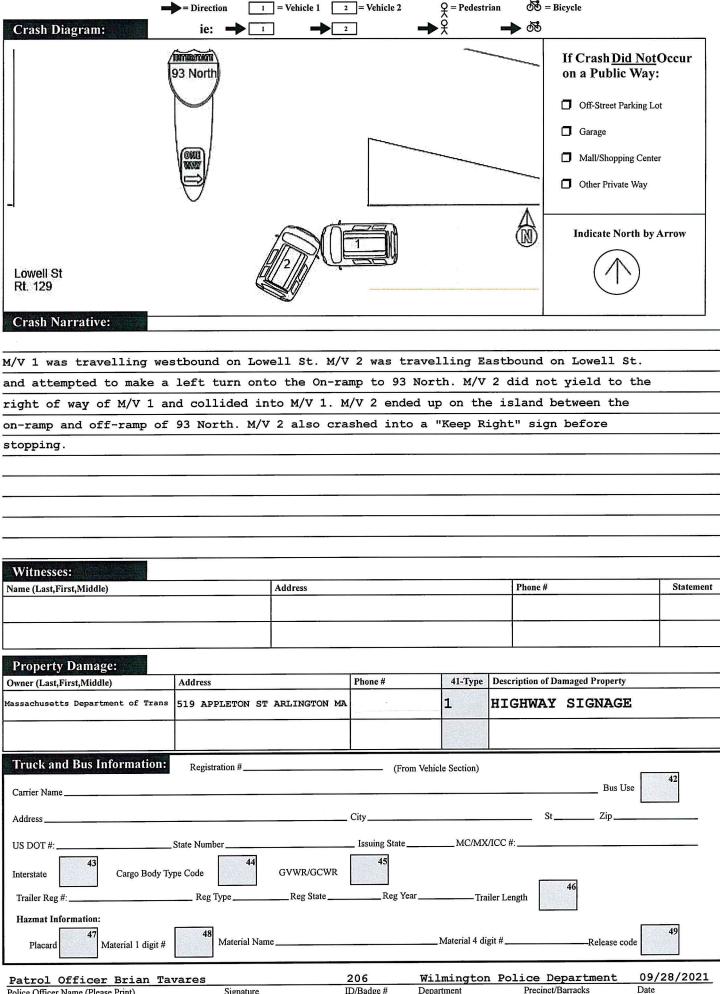
Wilmington Police Department Images Associated with 21-252-AC







	Police Use Only	Comm	ionwealth	of Massa	chu	setts			RMV	V Docur	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [Number Vehicles		Speed	Limit.	40	State Police Local Police MBTA Police Campus Police	1
	09/28/2021 0641 Wilr	mington	Police	Report		2	Injured 1	Latitu Longi			MBTA Police Campus Police Other:	3
	AT INTERSECT	ION:		THE REAL PROPERTY.	>		NOT A			SECT		-
	ATTIVIERSECT	1011.	Loca				11017			<u>JEC 1</u>	10111	10
	93 I93NBR3	1 RAMP										2
1	Route# Direction	Name of Roadway/Stre	et	Route# Directi	ion A	Address #		Na	me of	Roadwa	y/Street	
¹ 1		At		Feet	NSE	w of			. —	or		
	Route# Direction LOWELL Name	ST ne of Intersecting Roadwa	ny/Street				Mile N				Exit Number	11
	stoconductation visit and approximate and are sense are sense and are sense are sense and are sense and are sense and are sense are sense and are sense are sense are sense and are sense and are sense are sense and are sense are sense and are sense are sense are sense and are sense are	Also at Intersection wit	h	Feet	N S E	w of	- · "		7 .	n	1 /0.	3
				Feet	N S E	w of	Route#		Interse	cting Ko	oadway/Street	
² 2	Route# Direction Nam	ne of Intersecting Roadwa	y/Street						Lai	ndmark		-
	Please Select One Valvahiela 1 1	#Occupants Hit/R	un Moped	Crash D	oport ID	» 21	-25	3_	A C			
3	of the Following:	- Hillion							_			4
		A DOB/Ag	Reg	# <u>23JH83</u>			Reg Ty	pe PC		Reg	State MA	12
	Sex F Lic. Class D D Lic. F	Restrictions B CD	L Veh	Year 2015	Vel	h Make <u>N</u>	ISSA	<u>N</u>		_ Veh (Config. 1	
	Operator RYLE, PAMELA	SUE	Own	er RYLE,	JOHN	JOS	EPH			Midd		_
⁴ 1	Address 40 PILGRIM RD	First		ess 40 PIL	GRII	M RD	First			Midd	ile	_
	City READING State	MA 7in 01867	-1543 City	READING			S	tate MZ	A 7	in 01	867-1543	
	Insurance Company GEICO GENI			cle Action Prior to	Crach	1	action in			Code: 1	and the second second second	
					23 23	24672.00		Test Stat		1	28	· I
5	Vehicle Travel Direction: N S E	Responding to Emerge		it bequence 1			1000	Type of	Test:	200	29	
	Citation # (If Issued)	_	Most	Harmful Event	1 2	18		BAC Te	st Resu	lt: 1	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	Paint	6100 Sept. 100	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 2	26	3	rowed fi	rom sco	ene? 1	. 33	
⁶ 1		tor and all occupants invo		pop(t		34 35 Seat Safety	36 37 Airbag Eje	t Trap	39 Injury	40 Transp.	M.C. IP. Ch.	
	Name (Last First Middle)		Above	DOB/Age		Pos. System	Status Coo	e Code		Code 1	Medical Facility	1
	Operator	366	Above		\triangle	1 33		-	10	-		_
				15	16		17	Sk.	18			-
⁷ 3	Please Select One of the Following:	_#Occupants Non-N	Motorist A Type	Action	Loc	cation	Con	lition		Н	it/Run Mope	d
	License # NHL11144191 St N	H DOB/Age	Reg	# <u>4972002</u>			Reg Ty	ре РС		Reg	State NH	_
		testrictions B 20 CD	L Veh	Year 2021	Vel	h Make H	ONDA			_ Veh C	Config. 1	
	Operator VANN , AMANDA	End	lorsement	er VANN , Z	AMAN	IDA F	OUMD	OUL				
⁸ 1	Address 134 LAWRENCE C	First	Middle	ess 134 LA	ast		First		מ	Midd	lle	1
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ip <u>03</u>	076	14
		NH Zip 03076		PELHAM						Code:		
	Insurance Company Traveller	s Insurance	• Vehi	cle Action Prior to		4		Test Stat		Code. 3	28	
	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 1	23 23	EAS B	4.5	Type of		1	29	
⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event	1 2	24		BAC Te		dt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Coo	de 4	25 9	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²	26		Towed f	rom sc	100	33	1
	Please fill out for operator/no					34 35 Seat Safety	36 37 Airbag Eje	38 I Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)	,	Address	DOB/Age	Sex I	Pos. System	Status Co	e Code		Code	Medical Facility ahey Clinic	-
	Operator/Non-Motorist	See	Above			1 99	2 0	0	9	2		_
												-
	_											

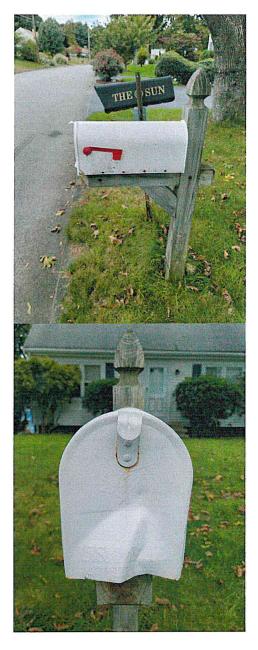


	Police Use Only	Comn	nonwealth	vealth of Massachusetts RMV Document Number						
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	The former of	Speed Limit	30	State Police Local Police MBTA Police Campus Police	
	09/30/2021 1423 Wilr	mington	Police	Report	1	ا ما	Latitude Longitude		MBTA Police Campus Police Other:	į.
	AT INTERSECT	ION:	< LOCA				INTER	SECTI		
	ATTITERSECT							olor.		10
					1	WING	RD			2
1 _	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #	120	Name of	Roadway	/Street	_
¹ 1		At		Feet N S	EW of		- • -	or		
	Route# Direction Nan	ne of Intersecting Roadwa	ay/Street			Mile Ma			Exit Number	11
		Also at Intersection wi	th	Feet N S	E W of	Route#	T-4	D	adway/Street	
-				Feet N S	E W of	Route#	interse	cting Koa	adway/Sireet	
² 1	Route# Direction Nan	ne of Intersecting Roadwa	ay/Street				La	ndmark		
	Please Select One Vehicle 11	_#Occupants Hit/R	Run Moped	Crash Repor	t ID# 21	-254	4-AC	•		
3	of the Following:					W-10	NO. 000 NO. 000 NO.		Fred Spicers	
	10 10	A_ DOB/Age		# <u>SP105492</u>					21	3 12
	Sex F Lic. Class D Lic. F	Restrictions CD	DL Veh	Year 2017	Veh Make F	ORD		Veh Co	onfig. 5	
	Operator FRASCO, ALBA	NINA First		er WILMINGT	ON TOW	N OF		Middle		1
⁴ 1	Address 16 GOWING RD			ess 121 GLEN	RD			Madic		
	City WILMINGTON State	MA Zip 01887	-1504 City	WILMINGTOR	1	Sta	te MA Z	ip 018	<u> 387-3500</u>	
	Insurance Company SELF INSU			ele Action Prior to Crasl	10	22 Da	maged Area	Code: 6	27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerge		t Sequence 31 23	23 23	23 Te	st Status:	1	28	
5				Harmful Event 31	24	Ту	pe of Test:		29	
	Citation # (If Issued)			Loss Col. and		25	AC Test Resi	-	30	30 ¹³
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	Su	sp. Alcohol:	1000		30
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by			wed from sc		33	
Т	Please fill out for opera Name (Last First Middle)	tor and all occupants inve	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Sec	e Above	X	1 1	4 0	0 10	1		
	oper mor									
	Please Select One Vehicle 2	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	18	Пни	/Run Moped	1
⁷ 1	of the Following:		Widtorist A Type	Action	Location	Conun		<u> </u>	Mopeu	1
		DOB/Age	Reg	¥		Reg Type		Reg	State	
	Sex Lic. Class 19 19 Lic. R		DL Veh '	Year	Veh Make			_ Veh Co		
	Operator	First		erLast		First		Middle		
⁸ 1	Address	First		ess		rirst		Middle		
	City State	Zip	City			Sta	te Z		-	1 14
	Insurance Company			cle Action Prior to Crasl		22 Da	ımaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	. Sometopica	t Sequence 23	23 23	23 Te	st Status:		28	
		Responding to Emerge	A 100 P 100		24	Ту	pe of Test:		29	
⁹ 1	Citation # (If Issued)			Harmful Event	25	25 BA	AC Test Resu	25023	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	26	Su	sp. Alcohol:	SERVICE SERVICE	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by			wed from sc	850	33	ļ
	Please fill out for operator/not Name (Last First Middle)	7,59	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist		e Above	X	1					
	-F									1
					+ - -			-		1

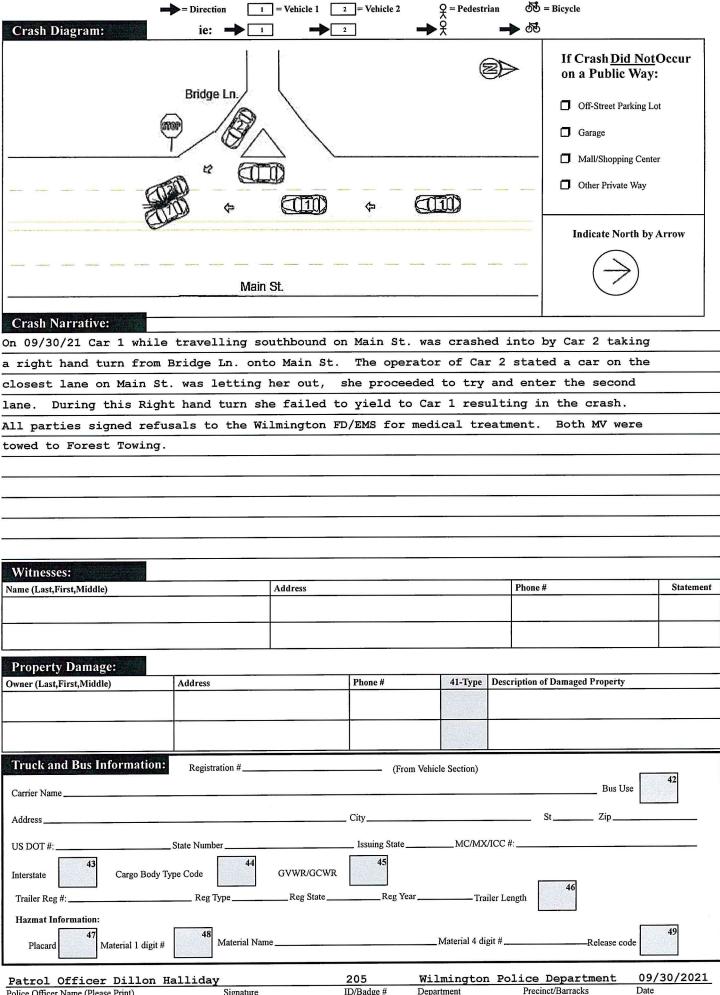
	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestr	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🔟		→	ዷ	→ №		
	Mailbox to 1 Wing Rd					If Crash <u>Did</u> on a Public	
	M.					Off-Street Par	rking Lot
			Wing Rd			☐ Garage	
M			TOTAL TOTAL			☐ Mall/Shoppin	g Center
						Other Private	Way
	ス				-		
	₹r					Indicate Nor	th by Arrow
Drivev 2 Win	way of g Rd 仓				S	K	
Crash Narrative:					•		
On 10/1/21, I received	i a report from	the School	Department's	Transp	ortation	Coordinator	K.
reporting that a Town	owned van bus	(Minibus #2)	was involved	dina	minor acc	cident. Ther	е
were no injuries and r	o students were	e in the bus	at the time	of the	crash.	The bus driv	er
(operator 1) had just	dropped a stude	ent off at #	2 Wing Rd. A	After d	ropping f	the student	
off, she backed up ont	o Wing Rd and h	acked into	the mailbox f	or #1 T	Wing Rd.	The mailbox	
did sustain damage. Mi	nibus 2 did sus	stain damage	to the drive	er's si	de tail :	Light. SEE 2	1-
1141-OF					_		
				985	<u>-</u>		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	4	Statement
Property Damage:			-				
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
MARSI JOHN J	1 WING RD WILMINGT	ON MA 01887-2530	1	97	MAILBO	X	
Truck and Bus Information	Registration #		(From Vehic	ele Section)		-	
Carrier Name						Bus Us	se 42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
Trailer Reg #:		Reg State	Reg Year	Тга	iler Length	46	
Hazmat Information:	[1						40
Placard Material 1 digit	:# 48 Material Nan	me		Material 4 di	git #	Release co	de 49
Patrol Officer Daniel Police Officer Name (Please Print)				Lmingtor		Department nct/Barracks	09/30/2021 Date

Wilmington Police Department Images Associated with 21-254-AC

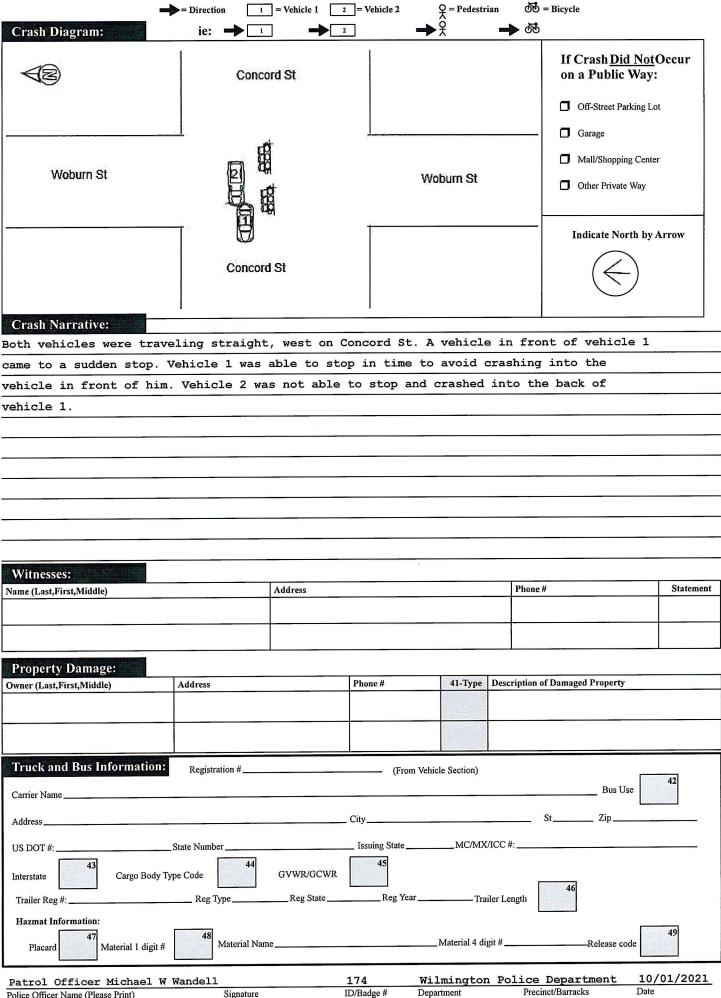




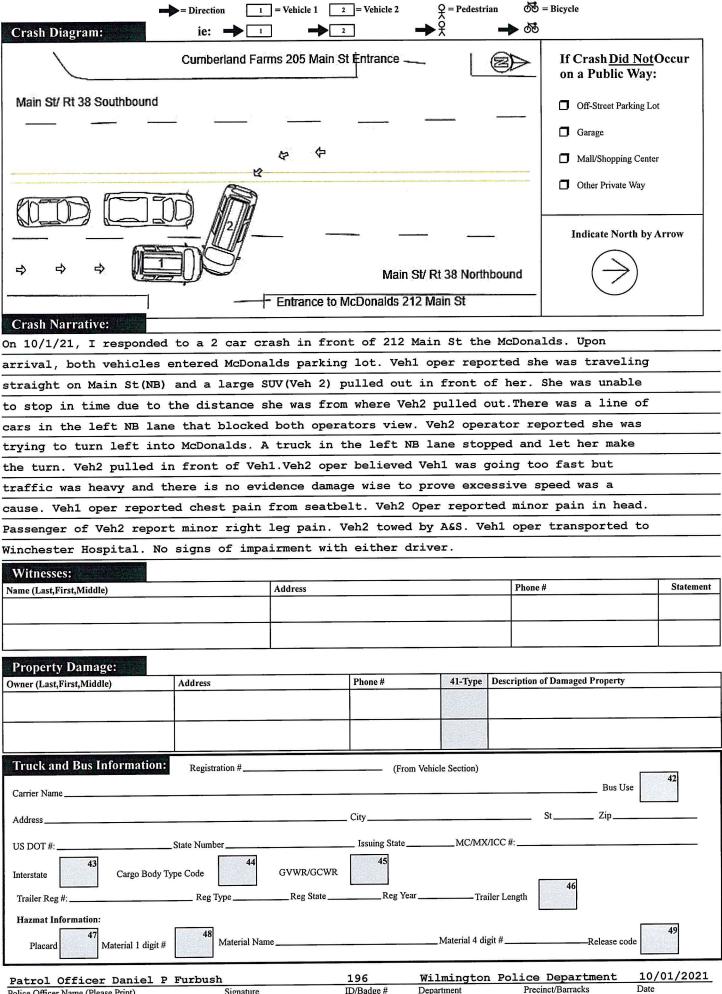
	Police Use Only	Common	wealth	of Massa	chu	setts			RMV	V Docum	nent Number	
	7 1	City/Town Mo	tor Vel	icle Cras	sh [Number Vehicles	Number Injured	Speed	l Limit	35	State Police Local Police MBTA Police Campus Police	
	09/30/2021 1520 Wilmi 24HR	Ington	Police	Report	:	2	0	Longi			Campus Police Other:	
	AT INTERSECTIO	ON: <	LOCA	TION >	> 11		NOT A	T IN	TER	SECT	ION:	
												2 10
	Route# Direction MAIN ST	Name of Roadway/Street		Route# Directi	ion A	ddress #		Na	ame of	Roadwa	y/Street	-
1	Router Direction 1	At	-									1
	BRIDGE LI	N		Feet	N S E	w of	— — Mile N		. —	or	Exit Number	· L
		of Intersecting Roadway/Stree Also at Intersection with	et	Foot [N S E	w of	141101	1011101				3 11
	·	Also at intersection with			N S E		Route#		Interse	cting Ro	oadway/Street	4
1	Route# Direction Name	of Intersecting Roadway/Stree	et	reet [NSE	or or						-
	Please Select One Vivasia 1 #		\Box			01			-	ndmark	and the second	-
	of the Following: Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	eport ID	# 2 T	-25	5-	AC	;		
	License # S91451023 St MA	_ DOB/Age	Reg	# 1GFM15			Reg Ty	ре <u>РС</u>	;	Reg		. 12
	Sex M Lic. Class D 19 19 Lic. Res	trictions 20 CDL		Year 2017	Veh	Make N	ISSA	N		_ Veh (Config. 21	1
	Operator DWAN, RONALD So	Endorseme Endorseme	ent Owr	ner DWAN ,	RONA	LD S	COTT					
2	Address 28 MAIN ST	rst Middle		ress 28 MAI	ast		First			Midd	ile	
	City WILMINGTON State 1	/A 7in 01887-170		WILMING				tate MZ	A 7	in 01	887-1703	
	Insurance Company SAFETY INS			cle Action Prior to		1				Code: 3		
				STREET,	23 23	Hall Sales		Test Sta			28	1
1	Vehicle Travel Direction: N E W	Responding to Emergency? 2		n sequence 1	1 24			Type of	Test:		29	
	Citation # (If Issued)		Mos	t Harmful Event	-			BAC Te	st Resu	ılt:	30	13
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	Epsilo.	25	25	Susp. Al	lcohol:	31	Susp. Drug: 32	1
	Viol. 3: Ch/Sec/Sub — Vio	ıl. 4: Ch/Sec/Sub ————	Driv	er Distracted by	0 26	6		Towed f	rom sc	ene? 1	. 33	
1	•	r and all occupants involved		DOB/Age		14 35 eat Safety os, System	36 3° Airbag Eje Status Co	38 et Trap de Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator	See Above		2007	$\sqrt{1}$		1 0	0		1		
	Орегию					_		-	-			-
											*	-
			_									
	Please Select One Vehicle 21 #	Occupants Non-Motori:	st A Type	15 Action	16	ation	17 Con	lition	18	Пн	it/Run Moped	
4	of the Following: Venicle 2.1	Non-Motori	st A Type	Action	Loca	ation						4
		_ DOB/Age	Reg	# <u>7JD988</u>			Reg Ty	ре <u>РС</u>	!	Reg	g State MA 21	
	Sex F Lic. Class D 19 19 Lic. Res	trictions CDL CDL Endorseme	Veh	Year 2014	Veh	Make T	TOYO	Α		Veh (Config. 1	
	Operator DELANEY, MILAG		Owi	ner DELANE	Y, J	EANN	INE First			Mida	dle	8
1	Address 75 GLEN RD	ist princing	Add	ress 75 GLE	N RI)				TVIII O		
-	City WILMINGTON State N	<u>IA</u> Zip 01887-188	32 City	WILMING	CON		5	tate M	A z	ip 01	887-1882	2 14
	Insurance Company THE COMMERO	CE INSURANCE	CO Vehi	cle Action Prior to	Crash	3	22	Damage	d Area	Code:	, 27 27 27	
		Responding to Emergency? 2		nt Sequence 1	23 23		23	Test Sta	tus:	1	28	
	Citation # (If Issued)				1 24	4		Type of		0.00	29	
2				er Contributing Co		25	25	BAC Te	ſ	B	Susp Drug 32	
		ol. 2: Ch/Sec/Sub			2/	The second second		Susp. Al Towed f	ı	31	Susp. Drug: 32	
		ol. 4: Ch/Sec/Sub		er Distracted by	U	34 35	36 3	38	39	40	(A.D.) (A.D.)	-
	Please fill out for operator/non-n	notorist and all occupants invo	orveu	DOB/Age	Se	eat Safety os. System	Airbag Eje	et Trap	Injury	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above	•	\rightarrow	$X^{ }$	[1	1 0	0	10	1		
				_				+-		\vdash		\dashv
								-				-



	Police Use Only	Commo	nwealth	of Massacl	husetts		R	MV Docur	ment Number	
	Date of Crash Time of Crash		Iotor Veh	icle Crash	Number Vehicles	Number	Speed Lir	nit 25	— Local Police	
	10/01/2021 1147 Wilr	mington	Police 1	Report	2	Injured O	Latitude _ Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	Maria and a second and a second	TION >		NOT A	_			1
	ATTIVIERSECT	1011.			d					2 10
	CONCORD								V-10-614	2
¹ 1	Route# Direction	Name of Roadway/Street		Route# Direction	Address #		Name	of Roadwa	ıy/Street	_
1	77071731	At		Feet N S	S E W of			_ or		. 1
	Route# Direction WOBURN Nam	ne of Intersecting Roadway/St	treet			Mile Ma	arker		Exit Number	2 11
		Also at Intersection with		Feet N	S E W of	Route#	Inte	ersecting Ro	oadway/Street	_
2		CI		Feet N 5	S E W of	Touton.		21000B 144	oud may routed.	
² 1	Route# Direction Nan	ne of Intersecting Roadway/St	treet			-		Landmark		
	Please Select One Vehicle 11	#Occupants Hit/Run	☐ Moped	Crash Repo	rt ID# 21	-25	6-A	C		
3	of the Following:									_
	License # NHL12309605 St N	DOB/Age.		# PAPA+AG		15 1515			21	1 12
	Sex M Lic. Class D 19 19 Lic. F	Restrictions 1 CDL_ Endorse		Year 2019	Veh Make <u>H</u>	ONDA		Veh (Config. 1	
	Operator GALLUCIO, AND		Own	er GALLUCIO	, AND	RE C		Mide	dle	
⁴ 3	Address 6A HORSE SHOE			ess 6A HORSI	E SHOE	LN		iviido		4
	City KINGSTON State		City	KINGSTON		Sta	ate NH	Zip 03	848	
	Insurance Company SAFETY			cle Action Prior to Cras	sh 2			rea Code:		
	2			22	23 23	23 T	est Status:	1	28	
⁵ 1	Vehicle Travel Direction: NSE	Responding to Emergency		<u> </u>	24	T	ype of Tes	t;	29	
	Citation # (If Issued)	_	Mos	t Harmful Event 1			AC Test R	ALCOHOLOGICA CONTRACTOR OF THE PARTY OF THE	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	1 25	25 S	usp. Alcoh	ol: 2 31	Susp. Drug: 2 32	1 "
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from	scene?	2 33	
⁶ 1	Management con and the second	ator and all occupants involved			34 35 Seat Safety		Trap Inj	39 40 jury Transp.	M.F. IP. See	1
	Name (Last First Middle)	Addres See Abo	NO 2	DOB/Age Sea	Pos. System	Status Code	Code Sta	otus Code	Medical Facility	
	Operator	See Au			1 -			-		-
									÷	
			DAY.	15 16	1940	17	\$250.0k	18		1
⁷ 2	Please Select One of the Following: Vehicle 21	_#Occupants Non-Mote	orist A Type	Action 16	Location	Condi	tion	" Н	lit/Run Moped	
_	License # S60147238 St M	IA DOB/Age	Reg	#_87ZM20		Reg Typ	e PC	Rei	g State MA	.]
	19 19	Restrictions 1 CDL_		Year 2014	Veh Make F				Config. 1	
	Deletes Especial	Endorse	ement	er MALTAIS,						
⁸ 1	Operator MALTAIS, ROBE	First Midd	dle	Last		First		Mide	dle	1
	Address 17 FAIRVIEW AV			ress 17 FAIR				0.1	207 2444	14
	City WILMINGTON State	e MA Zip 01887-2	444 City	WILMINGTO	N			_	887-2444	· Ľ
	Insurance Company SAFETY IN	SURANCE COMP	ANY Vehi	cle Action Prior to Cra	sh 1	0000		rea Code: 2	2 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency	/?_2 Ever	nt Sequence 23	23 23	23	est Status:	F	29	
	Citation # (If Issued)		Mos	t Harmful Event 1	24		ype of Tes AC Test R	- 1	30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sag/Sub	Driv	er Contributing Code	5 25	25	usp. Alcoh		Susp. Drug: 2 32	
				er Distracted by	26		owed from		33 2 33	
		Viol. 4: Ch/Sec/Sub		el Distracted by	34 35	36 37	38	39 40	2	┩
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupants in		DOB/Age Se	Seat Safety	Airbag Eject	Trap In	jury Transp. atus Code	Medical Facility	4
	Operator/Non-Motoris	t See Ab	oove	\rightarrow	1 1	4 0	0 1	0 1		
	COCATO COMPANION AND A STORE									7
					+-		\vdash			\dashv



	Police Use Only	Comn	nonwealth	of Massac	chuse	etts			RMY	/ Docur	nent Number	
		City/Town	Motor Vel	nicle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber chicles	Number Injured	-pood	Limit.	35	State Police Local Police MBTA Police Campus Police	
	10/01/2021 1737 Wilmi	Ington	Police	Report	2	incics	3	Latitud			MBTA Police Campus Police Other:	i
	AT INTERSECTIO	N:	A STATE OF THE STA	ATION >			NOT A			SECT		7
												2 10
					21		MAI					
¹ 3	Route# Direction	Name of Roadway/Str	reet	Route# Directio	n Add	ress #		Na	me of	Roadwa	y/Street	-
3		Al		Feet N	SEW	of ·			_	or _		
	Route# Direction Name	of Intersecting Roadw	/ay/Street			,	Mile N	1arker			Exit Number	3 11
		Also at Intersection w	ith	Feet N			Route#	-	Interse	cting Re	oadway/Street	H
2	Route# Direction Name	of Intersecting Roadw	you/Street	Feet N	SEW	of					•	
² 1	Route# Direction Name	of intersecting Roadw	/ay/Succi	<u> </u>	_				La	ndmark		7
3	Please Select One of the Following: Vehicle 1 #	Occupants Hit/	Run Moped	Crash Rep	ort ID#	21	-25	7-	AC	,		
3				# <u>957ZA6</u>			D T	. PC	!	Day	c State MA	
	10 10	_ DOB/Age_									21	1 12
	Sex <u>F</u> Lic. Class D Lic. Res	E	ndorsement	Year 2013						_ Veh (Config.	\vdash
1	Operator FERRELLI, SHAN	NON E	Middle	ner FERRELL Las	ι		NON First	E	_	Mide	dle	-
⁴ 1	Address 50 HARVEST LN		Add	ress 50 HARY	/EST	LN						-
	City TEWKSBURY State 1	1A Zip 0187	6 City	TEWKSBUR	Υ			tate MZ	A Z	ip 01		-
	Insurance Company SAFECO INS	URANCE CO	MPANY Veh	icle Action Prior to C	rash	1	22	Damage	d Area	Code: 1	ARGAM Was easy Charles	
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Eve	nt Sequence 23	23	23	23	Test Stat		1	28	
5	Citation # (If Issued)			st Harmful Event	L 24			Type of		1.0	30	
	Viol. 1: Ch/Sec/Sub — Vio	1 2: Ch/Sag/Sub	Driv	er Contributing Code	1	²⁵ 1	25	BAC Te: Susp. Al			Susp. Drug: 2 32	1 13
	A CONTRACTOR CONTRACTO			er Distracted by	26		0.000	Towed f			33	
⁶ 1	Viol. 3: Ch/Sec/Sub — Vio			Ver Distracted by	34	35	36 3	38	39	40	THE WAY	-
	Please fill out for operator Name (Last First Middle)	r and all occupants in	Address	DOB/Age	Seat Sex Pos.	Safety System	Airbag Eje Status Co	et Trap de Code	Injury Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	>>	$X \mid 1$	1	4 0	o	8		Vinchester Hospital	
						1						-
						-		_	-	\vdash		4
												4
7	Please Select One Vehicle 22 #	Occupants Non	-Motorist A Type	15 Action	Locati	on	17 Con	dition	18	П н	iit/Run 🔲 Moped	d
⁷ 1	of the Following:	K. A. Post N. St. 187		OVT 402			D T	PC			g State MA	-
	License # <u>\$38886063</u> St <u>MA</u>	DOB/Age	_	# <u>2XL492</u>	at Sentire well			ре <u>РС</u>			21	-
	Sex F Lic. Class D Lic. Res	E	ndorsement	Year 2015						Veh 0	Config. 1	
⁸ 1	Operator GRIECO, RACHEL	_DAWN	Middle	ner GRIECO ,	ıt		First	N		Mid	dle	
1	Address 16 KENWOOD AVE		Add	ress 16 KEN	MOOD	AVI						- 14
	City WILMINGTON State 1	MA Zip 0188	7 City	WILMINGT	ON		_	tate M		_		- 2
	Insurance Company PREFERRED 1	MUTUAL INS	SURANC Veh	icle Action Prior to C	rash	4	22	Damage		Code:		
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Eve	nt Sequence 1 23	23	23	23	Test Sta		1	1 28 29	
	Citation # (If Issued)		Mo	st Harmful Event	1 24			Type of BAC Te		.14.	. 30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Vio	ol 2: Ch/Sac/Sub	Driv	ver Contributing Code	19	²⁵ 1	8 ²⁵	Susp. Al			Susp. Drug: 2 32	
			D.:		D 26	STEAS SEC.	o come	Towed f		2	33 Stag. 2	l.
	Viol. 3: Ch/Sec/Sub Vio	ol. 4: Ch/Sec/Sub —			34	35	36 3	7 38	39	40	- App (COACH)	7
	Please fill out for operator/non-r	notorist and all occup	Address	DOB/Age	Sex Pos.	Safety System	Airbag Ej Status Co	ect Trap de Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	s	ee Above		X	1	4 0	0	9	1		
					3	1	4 0	0	9	1		
								+	+			
								+	-	H		-



Wilmington Police Department Images Associated with 21-257-AC











