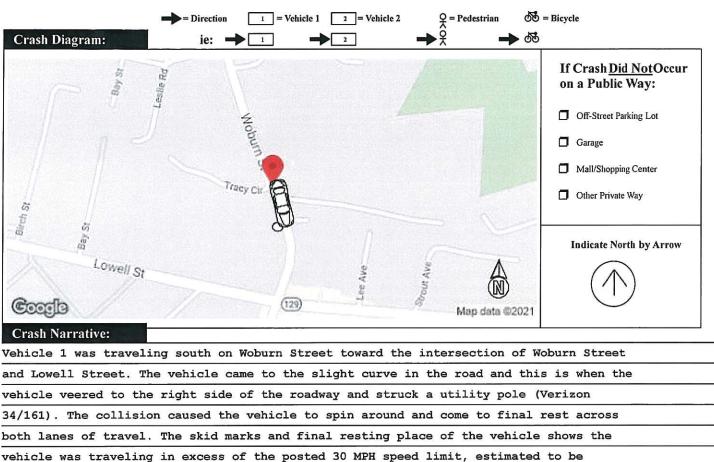
	Police Use Only	Comm	mmonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police	
	10/10/2021 0420 Wil	mington	Police 1	Report	1	1	Latitude Longitude		Campus Police Other:	占
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	David Discount)			667	WOBU	RN ST		10.	F
4	Route# Direction	Name of Roadway/Stree	et .	Route# Direction	Address #		Name of	Roadway	/Street	
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	Route# Direction Na	ame of Intersecting Roadway	y/Street			Mile Ma	ırker		Exit Number	1
		Also at Intersection with	h	Feet N S	E W of	Route#	Interse	ctine Ror	adway/Street	- [
·····	Route# Direction Na	nme of Intersecting Roadway	v/Street	Feet N S	E W of				,	
1	Router Direction 142	and of fine seeting readway	yrsheet				La	ndmark		
}	Please Select One of the Following:	#Occupants Hit/Ru	un Moped	Crash Repor	ID# 21	-26	6- A C	•		
,										_
	10 10	MA_ DOB/Age		# 929WC1				-	2.1	1 3 12
	<u> </u>	Restrictions 1 CDI	orsement	Year <u>2005</u>				Veh Co	onfig. 1] [
	Operator BARRETT , EDWI	ARD JOSEPH I	II Own	er ARSENAUL!	T, THO	MAS E	AUL	Middle	<u></u>	-1
1	Address 13 BUCKMAN ST		Addr	ess 31 HART	ST					
	City WOBURN Sta	te MA Zip 01801-	-5503 City.	WOBURN		Sta	te MA Z	τρ <u>01</u> ε	301-222	9
	Insurance Company THE COMME	RCE INSURANC	CE CO Vehic	cle Action Prior to Crasi	1	22 D	amaged Area	Code: 2	27 27 3 2	ii j
	Vehicle Travel Direction: N E W				23 23		st Status:	1	28	_
							pe of Test:		29	
	Citation # (If Issued) 158665AB			Hammful Event 22		25	AC Test Resi		30	
	Viol. 1: Ch/Sec/Sub 90 24			er Contributing Code	10 25	25 St	ısp. Alcohoi:	1 31 S	Susp. Drug: 2	22 ¹³
1	Viol. 3: Ch/Sec/Sub 89 4A	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	wed from sc	ene? <u>1</u>	33	
1	<u> </u>	rator and all occupants invol		pon/a	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	M. E . I T Win.	
	Name (Last First Middle) Operator		Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Wi:	Medical Facility nchester espital	
	Operator	366	Autve		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			2 но	spital	
				15 16		17	18			
1	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	Action	Location	Condit	ion	Hit	t/Run 🛄 Mop	ed
	License #St	DOB/Age	Reg #	4	<u></u>	Reg Type	:	Reg	State	
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	City Stat	e Zip	City_			==1	teZ		22 22 2	<u>_</u>
	Insurance Company		Velnic	le Action Prior to Crash			maged Area	Code:	27 27 2	ا لـُـ
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	Citation # (If Issued)		Most	Harmful Event	24	-	pe or rest: AC Test Resu	ılt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	sp. Alcohol:			<u> </u>
	Viol, 3: Ch/Sec/Sub			r Distracted by	26		wed from see		33	
	Please fill out for operator/no				34 35	36 37	38 39	40		-
	Name (Last First Middle)		ddress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trop Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	t See A	Above	\searrow X	1					
	1	1		j I	1 I		1 1	. 1		1



vehicle was traveling in excess of the posted 30 MPH speed limit, estimated to be traveling at 50+ MPH. The vehicle sustained major front end and right side damage. The vehicles front airbags were deployed, and the vehicle was towed from the scene by Cains Towing. The operator sustained suspected minor injuries and was transported to Winchester Hospital by the Wilmington Fire Department.

witnesses:								
Name (Last,First,Middle)		Address			Phone	Phone #		
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged P	roperty	
VERIZON	404 MAIN ST WILMIN	NGTON MA 01887		4	WOODE	N UTIL	ITY POL	E
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			Bus Use	42
Address			City		320	St	Zip	
US DOT#:	State Number			MC/MX	ИСС #:			
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		ı	46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Length	10		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Name			_Material 4 di	git #	Re	elease code	49

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

10/10/2021

Department

Wilmington Police Department Images Associated with 21-266-AC





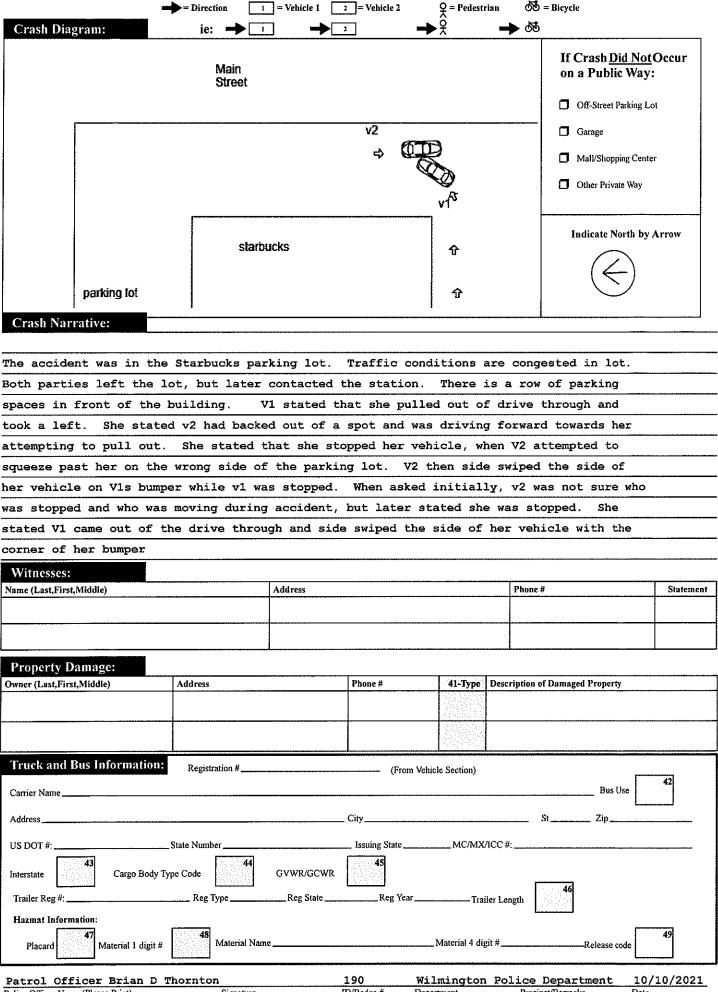




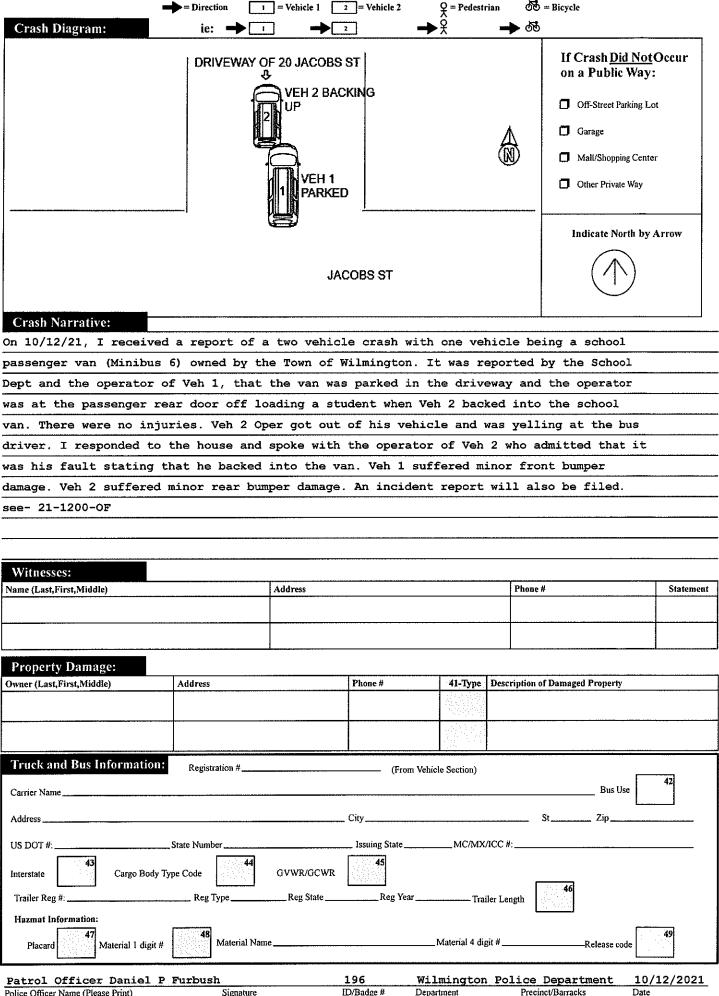
Wilmington Police Department Images Associated with 21-266-AC



Police Use Only	Common	wealth (of Massa	chuse	tts		RMV	Document N		
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Route# Direction Name	of Intersecting Roadway/Street		Feet N	SEW	of					
Rodon Birodon Rodon	or intersecting roadway/succe						Land	lmark		
Please Select One of the Following: Wehicle 11 #	Occupants Hit/Run	Moped Moped	Crash Re	port ID#	21-2	267-	-AC			Ì
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р 1	Endorseme	nt				KA.		Veh Config.	<u> </u>	
Lost Fi	irst Middle		Las	si	1	irst		Middle		
			ess 27 IREI	NE AV	E					
City BILLERICA State N	MA Zip 01821-501	6 City	BILLERIC	A						
Insurance Company THE COMMERC	CE INSURANCE C	CO Vehic	ele Action Prior to C	Crash [	2 22			<u> </u>	27 27	
Vehicle Travel Direction: SEW	Responding to Emergency? 2	Even	t Sequence 1	3 23	23 23			<u></u>		
Citation # (If Issued)	•	Most	Harmful Event	1 24		• •		- 20		
Viol. 1: Ch/Sec/Sub Vic	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99	25 25	<b>T</b>	_		Drug 32	<b>1</b> 13
			r Distracted by	99 26			L	- Cup.		
			, <u> </u>	34	35 36	37 38	39	40		1
Name (Last First Middle)	Address		DOB/Age					ransp. Code Me	dical Facility	
Operator	See Above			X 1	1 4	0 0	10 1			
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						<u> </u>			ı	1
Please Select One of the Following: Wehicle 21 #	Occupants Non-Motorist	A Type	Action 1	Location	1 17	Condition	18	Hit/Run	Moped	
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Operator PELLEGRINI, DAI	Endorsemen	nt	r PELLEGR				-	ven Conng.		
Last Fit	rst Middle		er <b>FEMMESS</b> Las	1	F	irst		Middle		
Address 19 BRIARWOOD RD			10 0071	NETA-A						
			ess 19 BRIZ	ARWOO	D RD			01001	1000	14
City WOBURN State M	4A Zip 01801-123	2 City 1	WOBURN		22					1 14
City WOBURN State Management State Manag	4A Zip 01801-123	2 City 1	WOBURN  le Action Prior to C	raslı	2 22	Damag	ged Area C	ode: 4 27	-1232 27 27	1 14
City WOBURN State Management State Manag	4A Zip 01801-123	2 City 1	WOBURN	rash 23	22	Damag Test St	ged Area C atus:			1 ¹⁴
City WOBURN State Management State Manag	4A Zip 01801-123	2 City 1  M Vehic  Event	WOBURN le Action Prior to C	rash 23	2 22	Damag Test St Type o	ged Area C atus:	ode: 4 27 28 29		1 14
City WOBURN State Management of the Insurance Company THE HANOVER  Vehicle Travel Direction: NEW  Citation # (If Issued)	4A Zip 01801-123	2 City 1  OM Vehic  Event  Most	WOBURN  le Action Prior to C  Sequence 1 23	rash 23	2 22	Damag Test St Type o BAC T	ged Area C atus: f Test:	ode: 4 27 28 29	27 27	<b>1</b>
City WOBURN State Management of the Insurance Company THE HANOVEF  Vehicle Travel Direction: NEW  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Vio	Zip 01801-123 R INSURANCE CC Responding to Emergency? 2	2 City 1  OM Vehic  Event  Most  Drive	woburn  le Action Prior to C Sequence 1 23  Harmful Event 7 r Contributing Code	rash 23	2 22 23 23	Test So Type of BAC T	ed Area C atus: f Test: est Result	28 29 30 31 Susp. 1	27 27	1 14
City WOBURN State Management of the Company THE HANOVER  Vehicle Travel Direction: NEW  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Vio  Please fill out for operator/non-management of the Chronic Management of the Chronic Mana	## Zip 01801-123  R INSURANCE CO  Responding to Emergency? 2  1. 2: Ch/Sec/Sub  1. 4: Ch/Sec/Sub  1. occupants involved.	2 City 1  DM Vehic  Event  Most  Drive	WOBURN  le Action Prior to C Sequence 1 23  Harmful Event 1 r Contributing Code r Distracted by	rash 23 L 24 2 99 3 34 Seat Seat	2 22 23 23 23 25 25	Damag Test St Type o BAC T Susp. 7 Towed	ged Area C atus: f Test: est Result Alcohol: from scen	28 29 30 31 Susp. 1 e? 2 33	27 27 Drug 32	1 14
City WOBURN State Management of the Company THE HANOVER  Vehicle Travel Direction: NEW  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Vio  Please fill out for operator/non-management of the Class First Middle)	A Zip 01801-123 R INSURANCE CC Responding to Emergency? 2  I. 2: Ch/Sec/Sub  I. 4: Ch/Sec/Sub  Intotrist and all occupants involved Address	2 City 1  DM Vehic  Event  Most  Drive	le Action Prior to C Sequence 1 23 Harmful Event 1 r Contributing Code r Distracted by 9	Fash 23 24 29 26 29 26 Sex Pos.	2 22 23 23 23 25 25 25 25 35 36 36 36 36 37 37 37 37 37 37 37 37 37 37 37 37 37	Damag Test St Type of BAC T Susp. A Towed  37 38 Eject Tra Code Coc	red Area C atus: f Test; est Result Alcohol: from scen	28 29 30 31 Susp. 1 e? 2 33 Me	27 27	1 14
City WOBURN State Management of the Company THE HANOVER  Vehicle Travel Direction: NEW  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Vio  Please fill out for operator/non-management of the Chronic Management of the Chronic Mana	## Zip 01801-123  R INSURANCE CO  Responding to Emergency? 2  1. 2: Ch/Sec/Sub  1. 4: Ch/Sec/Sub  1. occupants involved.	2 City 1  DM Vehic  Event  Most  Drive	WOBURN  le Action Prior to C Sequence 1 23  Harmful Event 1 r Contributing Code r Distracted by	rash 23 L 24 - 99 9 26 Sex Pos.	2 22 23 23 23 25 25	Damag Test St Type o BAC T Susp. 7 Towed	ged Area C atus: f Test: est Result Alcohol: from scen	28 29 30 31 Susp. 1 e? 2 33 Me	27 27 Drug 32	1 14
City WOBURN State Management of the Company THE HANOVER  Vehicle Travel Direction: NEW  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Vio  Please fill out for operator/non-management of the Class First Middle)	A Zip 01801-123 R INSURANCE CC Responding to Emergency? 2  I. 2: Ch/Sec/Sub  I. 4: Ch/Sec/Sub  Intotrist and all occupants involved Address	2 City 1  DM Vehic  Event  Most  Drive	WOBURN  le Action Prior to C Sequence 1 23  Harmful Event 1 r Contributing Code r Distracted by	Fash 23 24 29 26 29 26 Sex Pos.	2 22 23 23 23 25 25 25 25 35 36 36 36 36 37 37 37 37 37 37 37 37 37 37 37 37 37	Damag Test St Type of BAC T Susp. A Towed  37 38 Eject Tra Code Coc	red Area C atus: f Test; est Result Alcohol: from scen	28 29 30 31 Susp. 1 e? 2 33 Me	27 27 Drug 32	1 14
City WOBURN State Management of the Company THE HANOVER  Vehicle Travel Direction: NEW  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Vio  Please fill out for operator/non-management of the Class First Middle)	A Zip 01801-123 R INSURANCE CC Responding to Emergency? 2  I. 2: Ch/Sec/Sub  I. 4: Ch/Sec/Sub  Intotrist and all occupants involved Address	2 City 1  DM Vehic  Event  Most  Drive	WOBURN  le Action Prior to C Sequence 1 23  Harmful Event 1 r Contributing Code r Distracted by	Fash 23 24 29 26 29 26 Sex Pos.	2 22 23 23 23 25 25 25 25 35 36 36 36 36 37 37 37 37 37 37 37 37 37 37 37 37 37	Damag Test St Type of BAC T Susp. A Towed  37 38 Eject Tra Code Coc	red Area C atus: f Test; est Result Alcohol: from scen	28 29 30 31 Susp. 1 e? 2 33 Me	27 27 Drug 32	1 14
	Route# Direction Name  Please Select One of the Following: Vehicle 11 #  License # \$32173084 St MA  Sex F Lic. Class D 19 19 Lic. Res  Operator PETERS, DAWN M  Last F  Address 27 IRENE AVE  City BILLERICA State I  Insurance Company THE COMMERO  Vehicle Travel Direction: S E W  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street  Please Select One of the Following: Vehicle 11 #Occupants Hit/Run  License # \$32173084 St MA DOB/Age  Sex F Lic. Class D 19 19 Lic. Restrictions 1 CDL Endorseme  Operator PETERS , DAWN MW  City BILLERICA State MA Zip 01821-501  Address 27 IRENE AVE  City BILLERICA State MA Zip 01821-501  Ansurance Company THE COMMERCE INSURANCE (Company Company Compa	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street  Please Select One of the Following:  Vehicle 11 #Occupants Hit/Run Moped  License # \$32173084 St MA DOB/Age Reg.  Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  Operator PETERS, DAWN MW Middle  Address 27 IRENE AVE Address 27 IRENE AVE Address 27 IRENE AVE Address 28 State MA Zip 01821-5016  City BILLERICA State MA Zip 01821-5016  City BILLERICA State MA Zip 01821-5016  City Wehicle Travel Direction: S E W Responding to Emergency? Even Citation # (If Issued) Most  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Drive  Please fill out for operator and all occupants involved Name (Last First Middle) Address  Operator See Above  Please Select One of the Following: Vehicle 21 #Occupants Involved Name (Last First Middle) Address  Operator See Above  Please Select One of the Following: Address See Above  Please Select One of the Following: License # \$76860555 St MA DOB/Age Reg.  Please F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement	Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet  Please Select One of the Following:  License # S32173084 St MA DOB/Age  Sex F Lic. Class D 19 19 Lic. Restrictions D 20 CDL Endorsement  Operator PETERS, DAWN MW First Meddle  Address 27 IREN  City BILLERICA State MA Zip 01821-5016  City BILLERICA State MA Zip 01821-5016  City BILLERICA COVENING COVE	Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Peet NSEW  Feet NSEW  Feet NSEW  Feet NSEW  Feet NSEW  Feet NSEW  Feet NSEW  Foundary  Feet NSEW  Feet NSEW  Foundary  Feet NSEW  Feet NSEW  Feet NSEW  Foundary  Feet NSEW  Feet NSEW	Route# Direction  Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Picuse Select One of the Following:  We hickete 11 #Occupants   Hit/Run   Moped   Crash Report ID# 21 - 2  Clicense # \$32173084   St MA   DOB/Age   Reg # \$JF746   R	Route# Direction  Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet N S E W of Feet N S E W of Route#  Route#  Feet N S E W of Route#  Route#  Feet N S E W of Route#	Route# Direction Name of Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Feet NSEW of Feet	Route# Direction Name of Route# Direction At State Ma Zip O1821-5016  Citation # (If Issued)  Webicle Travel Direction:   S E   W   S E   W   S E   W    Also at Intersecting Roadway/Street   See   N S E   W    Also at Intersecting Roadway/Street   Feet   N S E   W    Also at Intersecting Roadway/Street   Feet   N S E   W    Also at Intersecting Roadway/Street   Feet   N S E   W    Feet   N S E   W    Feet   N S E   W    Alter   S E   W    Feet   N S E   W    Alter   S E   W    Feet   N S E   W    Alter   S E   W    Feet   N S E   W    Alter   S E   W    Feet   N S E   W    Alter   S E   W    Alter   S E   W    Alter   S E   W    Crash Report ID# 21 - 267 - AC  Reg Type PC   Reg State.  Weh Year 20.15   Veh Make ACURA   Veh Config.  Owner PETERS   ERIC D    Address 27 IRENE AVE  Address 27 IRENE AVE  Address 27 IRENE AVE  Address 27 IRENE AVE  Citation # (If Issued)   Webicle I I W    Alter   S E   W    Address 27 IRENE AVE   Damaged Area Code 2 27    Test Status MA Zip 0.1821    Citation # (If Issued)   Viol. 2: Clv/Seo/Sub   Driver Contributing Code 99 2 5    Viol. 1: Clv/Seo/Sub   Viol. 2: Clv/Seo/Sub   Driver Contributing Code 99 2 5    Nos. E   W    Alter   S E   W    Address 27 IRENE AVE    Address 27 IRENE AVE   Damaged Area Code 2 27    Test Status Ma Zip 0.1821    Damaged Area Code 2 27    Test Status Ma Zip 0.1821    Susp. Alcohol 31 Susp.  Towel from seere? 2 31    Price Contributing Code 99 2 5    Nos. E   S E   S E   S E   S E   S E    Address Solve   Driver Contributing Code 99 2 5    Address Solve	Route#   Direction   Name of Roadway/Street   Address #   Name of Roadway/Street   Address #   Name of Roadway/Street   Address #   Name of Roadway/Street   Feet   N   S   W   of



	Police Use Only	Comi	monwealth (	of Massach	usetts	,	RM	V Docume	nt Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit		State Police Local Police MBTA Police Campus Police	1
	10/12/2021 1500 Wil	mington	Police 1	Report	2	0	Latitude Longitude _		Campus Police  Other:	
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				Feet N S	E W of		<u> </u>	or	Exit Number	
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		Also at Intersection v	rith	Feet N S		Route#	Inters	ecting Road	lway/Street	
² 1	Route# Direction Nat	me of Intersecting Roady	vay/Street	Feet N S	E W of					
				<u> </u>			-	ındmark		-
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# <b>21</b>	-26	8-AC	7		
	License # S23359113 St M	A DOB/Age	Reg #	SP47880		Reg Type	BU	Řeg S	tate <b>MA</b>	<u> </u>
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<u>+</u>	Address	······································		ess 121 GLEN			1/3	010	07 3500	
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5	Vehicle Travel Direction: X S E W	Responding to Emer	gency? 2 Even	Sequence 1 23	23 23		pe of Test:	<u> </u>	29	
	Citation # (If Issued)	<del>_</del>	Most	Harmful Event 1	24	B.	AC Test Res	ult: 1	30	
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6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	То	wed from sc	ene? 2	33	
⁶ <b>1</b>	-	ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trop Injury	40 Tronsp.		1
	Name (Lost First Middle)		ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	1
	Operator	3	ee Above			3 0				-
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	1				5 1	4 0	0 10	1		
	Please Select One	#Occupants Non		15 16		17	18		. 🗔	1
⁷ 1	of the Following: Vehicle 21	Non	-Motorist A Type	Action	Location	Condit	ion	Hit/I	Run Moped	
	· ————	A DOB/Ag	Reg #	567LK6		Reg Type	PC	Reg Si		
	Sex M Lic. Class D 19 Lic. F	Restrictions C	DL Veh \	/ear <u>2016</u> \	Velı Make <b>I</b>	EXUS		Veh Con	nfig. <b>1</b> 21	
	Operator BRADLEY, THOM	AS GERARD		er BRADLEY,	THOMA		ARD	1618		
⁸ 1	Address 20 JACOBS ST	rusi		ss 20 JACOB	S ST	First		Middle		
	City WILMINGTON State	MA Zip 01887	7-1333 City 1	WILMINGTON		Sta	te <b>MA</b> Z	ip <b>018</b>	87-1333	1 14
	Insurance Company LIBERTY M	UTUAL INSU	RANCE Vehic	le Action Prior to Crash	10	<b>22</b> Da	amaged Area	Code: 5	27 27 27	H
	Vehicle Travel Direction: NXEW	Responding to Emerg		Sequence 23	23 23	23 Te	st Status:	1	28	
	Citation # (If Issued)		•	Harmful Event 2	24	— Ty	pe of Test:	ļ	29	
<b>1</b>				<u> </u>	19 ²⁵	25	AC Test Rest	"" 1	30	
		Viol. 2: Ch/Sec/Sub —		F	26		sp. Alcohol:		sp. Drug: 2 32 33	
		Viol. 4: Ch/Sec/Sub		r Distracted by 99	34 35	36 37	wed from sc	ene? [2 '	<u> </u>	1
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	Address	DOB/Age Sex	Sent Safety Pos. System	Airbug Eject Status Code	Trap Injury Code Status	Traasp. Code	Medical Facility	
	Operator/Non-Motorist	t s	ee Above	$\times X$	1 1	4 0	0 10	1		
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## Wilmington Police Department Images Associated with 21-268-AC









	Police Use Only	Commo	onwealth (	of Massa	ıchu	setts	8		RM	V Doc	ument Num	ber	
	1 1	City/Town	Iotor Veh	icle Cra	sh	Number Vehicles		, lopec	d Limit	_ 35	Local Pol	lice 🔀	1
	10/13/2021 1839 Wilmi	ington	Police 1	Report		2	0	Land	ude		MBTA Po Campus I Other:	Police	
	AT INTERSECTION	ON:	< LOCA	TION :	>		NOT.			SEC	TION:		1
													2 10
	Route# Direction MAIN ST	Name of Roadway/Street		Route# Direct	ion A	ddress #		N	lame of	Roadw	/ay/Street	•	H
4		At											-
	CLARK ST	C1		Feet [	N S E	W of		 Marker	•	or _	Exit Nu	mber	11
		of Intersecting Roadway/S Also at Intersection with	street	Feet	N S E	w of							3 ''
				_	N S E		Route#		Interse	ecting I	Roadway/St	reet	
² <b>1</b>	Route# Direction Name	of Intersecting Roadway/S	Street	•					La	ındmarl	κ		
3	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	enort IE	<b># 21</b>	-2	7 N <b>–</b>	· <b>A</b> (	•			1
J	of the Colowing.												-
	19 19	_ DOB/Age		36MS82			-				·	21	1 12
	Sex Lic. Class D Lic. Res	trictions 1 CDL_ Endors	sement	Cear <u>2008</u>						Veh	Config. 2		
4 _	Operato: Last Fi	irst Mid	Me	er BENTLE	ast		RT W		· · · · ·	Mi	iddle		
⁴ 3	Addres:	<del></del>		ess <u>85 PAR</u>		<u> </u>							
	City Stac	Zip	City_	WILMING:	ON		_				L887-		
	Insurance Company ARBELLA MU'	TUAL INSURA	NCE Vehic	le Action Prior to	Crash	4	22	Damage		Code:		27 27	
5	Vehicle Travel Direction: NEW	Responding to Emergency	y? <u>2</u> Event	Sequence 1	23 23	23	23	Test Sta			1 28 29		
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 ²	4		Type of BAC Te		ılt.	30		
	Viol. 1: Ch/Sec/Sub Vio	il. 2: Ch/Sec/Sub	Drive	r Contributing Co	de <b>4</b>	25	25	Susp. A			1	g: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub Vio	ıl. 4: Ch/Sec/Sub	Drive	r Distracted by	0 2	6		Towed i	•		1 33	<u> </u>	
⁶ 1	Please fill out for operator					34 35 Seat Safety	36 3 Airbag Ej	7 38 cet Trap	39 Injury	40 Transp.			1
	Name (Last First Middle)	Addn		DOB/Age	Sex I	os. System	Status Co	xde Code	Status	Code	Medical	Facility	
	Operator	See At	oove			99	4 0	0	10	1			
													1
	Please Select One Vehicle 2.1 #0	Occupants Non-Mot		15	16	. [	17	,	18			1	
⁷ 3	of the Following: Vehicle 2.1.	Occupants Non-Mot	orist A Type	Action	Loc	ation	Con	dition		<b>-</b>	Hit/Run	Moped	
	License # 02HNJ82251 St NH	_ DOB/Age.	Reg#	1YLW23			Reg T	pe <b>PC</b>	<u>;</u>	Re	eg State M		
	Sex M Lic, Class D 19 Lic. Rest	trictions 1 20 CDL_ Endors	Veh Y	ear <u>2019</u>	Veh	Make <b>H</b>	ONDA			_ Velı	Config. 1	. 21	
	Operator HENNIGAN, JAY B		Owne	HENNIG	AN,	JAY	B First			Mie	dille	<del></del>	
1	Address 270 LITTLETON R			ss 270 LI	TTLE	TON		APT	10				
	City CHELMSFORD State M	IA Zip 01824	City_	CHELMSFO	DRD			State M	<b>A</b> z	ip <b>01</b>	824		1 14
	Insurance Company PLYMOUTH RO	CK ASSURANC	E C Vehicle	le Action Prior to	Crash	1	22	Damage	d Area	Code:	8 27 7 2	7 27	
	Vehicle Travel Direction:	Responding to Emergency	? <u>2</u> Event	Sequence 1 2	3 23	23	~~	Test Star			1 28		
,	Citation # (If Issued)		Most 1	Harmful Event	1 2	1		Type of			30		
<b>2</b>	Viol. 1: Ch/Sec/Sub Viol	1, 2: Ch/Sec/Sub	Driver	t Contributing Cod	le <b>1</b>	25	25	BAC Te Susp. Al			1	32	
		l. 4: Ch/Sec/Sub		Distracted by	0 :20	<u> </u>		Towed f	Ľ		33 Jusp. Drug	<b>512</b>	
	Please fill out for operator/non-m				- :	14 35 ent Safety	36 3' Airbag Eje	7 38	39 Injury	40 Transp.			
	Name (Last First Middle)	Addre	t.	IXOB/Age	Sex P	os. System	Status Co	de Code	Status	Code	Medical	Facility	
	Operator/Non-Motorist	See Ab	ove		$X^1$	99	4 0	0	10	1	·········		
												· · · · ·	
		i		1 1	ı	1		1	į I	, ,			ı

<b>□</b> ≈ Direction	1 = Vehicle 1 2 = Vehicle 2	Q = Pedestrian	ම්ම් = Bicycle	
Crash Diagram: ie: ->[	<u>i</u>	<b>▶</b> ĝ •	<b>→</b> №	
	Clark St		If Crash <u>Di</u> on a Public	d NotOccur Way:
			☐ Off-Street Pa	arking Lot
			☐ Garage	
			☐ Mall/Shoppi	ng Center
Main St		- Talla (Filter and State	Other Private	
€	Ŷ ⇔((((())) V2			. way
	<b>1</b> 1		T., 31, NI-	
			Indicate No	orth by Arrow
V1 '			(←	-)
				/
Crash Narrative:				
V1 traveled SB on Main St and appro	ched the intersection of	Clark St v	vith the intent of	
turning left onto the street. The O	pr of V1 stated that the	y had the f	flashing yellow tu	ırn
arrow and attempted to turn on to C	lark St. As V1 turned on	to Clark St	, it struck V2 wh	nich
was traveling NB on Main St, and ha	d a green traffic light.	Both Opera	tors were out of	
their vehicles upon my arrival to t				red
to them and stated they were uninju		owed from t	the scene by A&S	
towing to there facility due to the	damage they sustained.			
	<del></del>			
····				
Witnesses:				
Name (Last,First,Middle)	Address		Phone #	Statement
Property Damage:				
Owner (Last,First,Middle) Address	Phone #	41-Type Des	scription of Damaged Property	
Truck and Bus Information: Registration #	(From Vel	hicle Section)		
Carrier Name			Bus U:	se 42
Address	City		St Zip	
US DOT #:State Number	Issuing State	MC/MX/ICC	#:	
Interstate Cargo Body Type Code 44	GVWR/GCWR 45			
Trailer Reg #: Reg Type	Reg State Reg Year	Trailer I	eneth 46	
Hazmat Information:		Tranct L	- I	
[	Name	Material 4 digit #	Dalone	49
racial laga #				
Patrol Officer Michael E Johnson			Olice Department Precinct/Barracks	10/13/2021
Police Officer Name (Please Print) Signature	. iD/ibadge # De	partment	FreemenDarracks	Date

CDP1 11-24-00

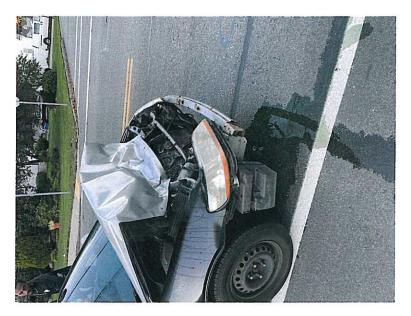
	Police Use Only	Comn	onwealth (	of Massach	iuset	tts		RM	V Doc	ument Number	
		City/Town	<b>Motor Veh</b>	icle Crash	Num Vehi			eed Limit	35	Local Police 20	1
	10/13/2021 2028 Wilm	ington	Police 1	Report	2	0	Lat	itude ngitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	_		NO	T AT I		SEC		1
											10
	62 E SALEM ST										2
¹ 4	Route# Direction	Name of Roadway/Stre	et	Route# Direction	Addres	s#		Name of	Roadv	vay/Street	
4	MODITOM C			Feet N S	E W o	f —			or .		
	Route# Direction WOBURN S	of Intersecting Roadwa	ıy/Street			М	ile Marke	Г		Exit Number	1 11
		Also at Intersection wi	th	Feet N S	E W o	f		Intere	ecting l	Roadway/Street	
2	D-14 Di-15	-CI-1	/5	Feet N S	E W o	f	C.II	mois		(Coadway/ 517 cot	
² 1	Route# Direction Name	of Intersecting Roadwa	iy/Sireei					La	ındınar	k .	
3	Please Select One Vehicle 12	#Occupants Hit/R	un Moped	Crash Repor	t ID# <b>2</b>	1-2	71	- <b>A</b> (	4		
3	or the Pottowing:										4
		DOB/Age		3KSF89						21	1 12
	Sex M Lic. Class D 19 19 Lic. Re	strictions 1 CD	L Veh \	ear 2017	Veh Mak	e BMW			Veh	Config. 1	
	Operator SICILIANO, MAS	OM D		r SICILIAN	О, М	ASON	P		14	iddle	
⁴ 3	Address 17 WILLIAMS RD	-A31		ess	AMS		1191		M	nuce	
	City NORTH READING State	MA Zip 01864	<b>-2514</b> City	NORTH REAL	DING		State 1	MA_ 2	Zip <b>O</b> :	1864-2514	
	Insurance Company THE COMMER		-	le Action Prior to Crasl	Γ.	22		ged Area			
	Vehicle Travel Direction: N S W			Sequence 23		3 23	Test S			1 28	
⁵ 1		Responding to Emerge		Deduction Target	24	g ledie tu	Туре	of Test:		29	
	Citation # (If Issued)	-		Hannful Event 1	Alfanda	el		Test Res	ult:	30	13
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 2	5 25	Susp.	Alcohol:	2 31		1 "
6	Viol. 3: Ch/Sec/Sub Vi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		Tower	d from so	ene?	1 33	
⁶ 1	Please fill out for operato	•			Seat S	35 36 afety Airbag	37 3 Eject Tr	B 39 ap Injury	40 Transp.	ME IN TO	
	Name (Last First Middle)	Τ''	Address Above	DOB/Age Sex	Pus. S:	ysiem Status	Code Co	de Status	Code 1	Medical Facility	
	Operator	4 SHADY HILL DR	: Above		\ <u> </u>	*			1		-
	OWEN MAXWELL	NORTH READING, MA	01864	06/07/2000 M	3 1	4	0 0	10	1		
											1
		<u>                                     </u>	F:	15 16		17	<u> </u>	18		L	1
⁷ 2	Please Select One of the Following:	Occupants Non-I	Motorist A Type	Action	Location		Condition			Hit/Run Moped	
	License # NHL10643807 St NH	DOB/Age	Reg #	4628599		Re	g Type <b>P</b>	C	R	eg State NH	1
	_ 19 19	strictions 20 CD	•	ear <b>2011</b>	Veh Mak					Config. 21	
	Operator GUDINAS, SOPHI	End	lorsement	GUDINAS,				•	,	Connig.	
⁸ 1	Last F	its)	Middle	Last		F	irst		Mi	iddle	
	Address 110 FIELDSTONE			ss 110 FIEL	DSTC	NE L					14
	City ATKINSON State 1	NH Zip 03811	City .	ATKINSON				<b>1H</b> 2		<del></del>	
	Insurance Company <b>GEICO</b>		Veluic	le Action Prior to Crasl	1	22		ged Area	Code:	1 27 27 27 1 28	
	Vehicle Travel Direction: N E W	Responding to Emerge	ency? 2 Event	Sequence 23	23 2	3 23	Test S			29	
0	Citation # (If Issued) <b>T1151259</b>	-	Most	Harmful Event 1	24			of Test: Test Resi	nl+-	30	
⁹ 2	Viol. 1: Ch/Sec/Sub 89 9 Viol	ol, 2: Ch/Sec/Sub	Drive	Contributing Code	19 ²⁵	3 25		Alcohol:			
		ol, 4: Ch/Sec/Sub ——	D.	Distracted by 99	<u> </u>	Jt	•	from so	<u> -</u>	, 33	
	Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 3: Please fill out for operator/non-1				34	35   36	37 3	8 39	40	<u> </u>	1
	Name (Last First Middle)	•	Address	DOB/Age Sex		afety Airbag ystem Status	Eject Tr Code Co	ap Injury de Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See	Above	$\times$ X	1 1	1	0 0	10	1		
		· i · · · · · · · · · · · · · · · · · ·			3 1	1	0 0	10	1		
					+ +			+	1		1
					<del>                                     </del>			-	ļ		 

	= Direct	tion	= Vehicle	l 2 = Vehicle	2	2 = Pedeste	rian (	ණී ≔ Bicycle	2	
Crash Diagram:	ie:	<b>→</b>	_	2	-	ĝ	-	<b></b> \$5		
Chair Zaigrain		RT.62 S	alem	<u> </u>				If (	Crash <u>Díd</u> a Public V	NotOccur Way:
	430									
	430 Salem			90 Woburn					Off-Street Parl	king Lot
	Street		Ħ	Street					Garage	
Woburn Str	eet		2	Woburn St	reet			0	Mall/Shopping	Center
		. 1	∂ 7\	the second contract of					Other Private \	Way
ν	2 Gudinas द									
- -	Ø							I	ndicate Nort	h by Arrew
	<b>u</b>	1	V1 Solliano	Traveling with	green lig	jht				
		R	L62			~				)
Crash Narrative:	1	·	12-1-1	45	- Dm /	O 77-1	C÷			
V1 (Sciliano) was tra										
when it was hit on the red light was for her										.e
<u>-</u>										
crash. Independant th				<del></del>	<del></del>				ported.	
Both vehicles towed h	Y A&S CO	wing. O	pr. Gudi	nas cited i	or rec	Tight	VIOLA	tton.		
	<del></del>									
Witnesses:										
Name (Last,First,Middle)			Address					one#		Statement
LOEB DANIEL E			2R ACORN	KNOLL DR NORTH	READING	MA 01864-	1366			2
				etaman an ereze e						
Property Damage:						<b>*</b>				
Owner (Last,First,Middle)	Address			Phone #		41-Type	Descripti	ion of Damag	ed Property	
Truck and Bus Information	on: Registi	ration#			From Vehic	e Section)	J			
Carrier Name					TOM VOMO				Bus Use	42
				City				St	7in	
US DOT #:	State Numb	er	······································	Issuing Sta	ite	MC/MX	/ICC #:			
Interstate Cargo Bo	dy Type Code		GVWR/G0					<del></del>		
Trailer Reg #:	Reg T	Гуре	Reg Sta	eReg	Year	——Trai	iler Length	46		
Hazmat Information:										
Placard Material 1 di	eit #	Material Nar	ne		1	Material 4 dig	git #		—Release cod	49
Traction 1 di		·								
Patrol Officer Richa	cd DiPerr			173	Wil Depar			се Depar		10/13/2021 Date
Police Officer Name (Please Print)		Signature		ID/Badge #	nchai	fact PIT	r	recures Dantac	no.	-ulc

	Police Use Only	Commo	onwealth o	of Massacl	ıusetts	<b>;</b>	RMV	Document Number	
	Date of Crash   Time of Crash   10/13/2021   1745   William	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit_	35 State Police Local Police MBTA Police	08 00 00
	24HR	Lmington	Police 1	Report	2	اما	Latitude Longitude	Campus Police Other:	봅
	AT INTERSEC	TION:	< LOCA	TION >		NOT AT	INTERS	SECTION:	
				100 =	<i>~</i> a	- ^			2 10
	Route# Direction	Name of Roadway/Street		Route# E Direction	61 Address #	TOME	LL ST Name of R	toadway/Street	
¹ <b>1</b>		At		Feet N S	TEW 6				
L	Route# Direction N	ame of Intersecting Roadway/S	Street	Feet [14]5	LE W OI	Mile Ma		Exit Number	
		Also at Intersection with		Feet N S	E W of	Route#		ting Roadway/Street	_ 2
2	Route# Direction N	ame of Intersecting Roadway/5	Street	Feet N S	E W of	Koute#	intersec	ting Roadway/Street	
² 1	Roule# Direction N	ame of intersecting Roadway/s	Sireet				Lan	dmark	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repor	11D# <b>21</b>	-272	2-AC		
		MA DOB/Age	Rea #	2TYZ25		Reg Type	PC	Rey State <b>MA</b>	
	10 10	Restrictions 1 20 CDL	-	ear 2010				21	1 12
	Operator DESIDERIO, A	Endor	Coursein	DESIDERI					'
⁴ <b>1</b>	Address 5133 HORSESHO			es 5133 HOR	•	First	NODEL I	Middle	-
-	City WILMINGTON St			VILMINGTO			to MA 711	p <b>01887-600</b> 1	-
	Insurance Company THE COMM			e Action Prior to Crasi			amaged Area C		- I
	Vehicle Travel Direction: N S W	_		Sequence 23	23 23		st Status:	1 28	<b>-</b>
5	Citation # (If Issued)	•		Harmful Event 1	24	_{Ty}	pe of Test:	29	
				Contributing Code	1 25	25	AC Test Result		13
	Viol. 1: Ch/Sec/Sub			Distracted by	26	Su	sp. Alcohol: 2		<u>"</u>
⁶ 1	Viol. 3: Ch/Sec/Sub	erator and all occupants involve		Distracted by	34 35	36 37	38 39	40	
	Name (Last First Middle)	Addr		DOH/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury 7 Code Status	Fransp. Code Medical Facility	_
	Operator	See At	bove	$\times$ X	1 1	4 0	0 10	1	
	Please Select One Value 2 1	#0		15 16		17	18		_
⁷ 1	of the Following:	#Occupants Non-Mon	torist A Type	Action	Location	Conditi	ion	Hit/Run Mope	ed
	· · · · · · · · · · · · · · · · · · ·	MA DOB/Age	Reg #	1MLJ62		Reg Type	PC	Reg State <b>MA</b> 21	-
	Sex M Lic. Class D 19 Lic.	Restrictions 20 CDL_Endors	Veh Yesement	ear 2001	Veh Make <u>H</u>	ONDA		Veh Config. 1	
⁸ 1	Operator SMITH, RAHME	First Mid	Owne	r SMITH, R	AHMEL	First		Middle	-
1	Address 62 ELM HILL A	VE APT 12	Addre	ss <u>62 ELM H</u>	ILL A	VE AF	PT 12		_ 14
		te <b>MA</b> Zip <b>02121-1</b>	•	BOSTON			-	02121-1734	<u> </u>
	Insurance Company GOVERNMEN	IT EMPLOYEES ]	INSU Vehicl	e Action Prior to Crasl	, <u>T</u>		maged Area C	Code: 27 27 27 27	"
	Vehicle Travel Direction: N S W	Responding to Emergency	y? 2 Event	Sequence 1 23	23 23	23	st Status: pe of Test:	29	
⁹ 2	Citation # (If Issued)	<del></del>	Most I	Hannful Event 1	24	BA	C Test Result	30	
	Viol. 1: Cls/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code		9 ²⁵ Su	sp. Alcohol: 9		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by 99	26	To	wed from scen	ne? 2 33	_]
	Please fill out for operator/n	on-motorist and all occupants i		DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code		40 Fransp. Code Medical Facility	
	Operator/Non-Motoris	····		X	1 99		0 99 1		
	-								_
									$\dashv$
					<del>                                     </del>				

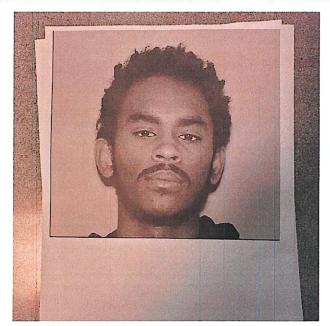
_	= Direction	1	= Vehicle 1	2 = Vehicle 2	<b>♀</b> =:	Pedestria	ո ტტ	= Bicycle	
Crash Diagram:	ie: →	1	<b>→</b> [	2	→Ŷ		→ №		
								If Crash <u>Di</u> on a Public	d NotOccur Way:
	Lowell Str	reet/ R	kt.129 W—E					Off-Street Pa	urking Lot
								☐ Garage	
•	V2 /0	5 P.4	/Danidaria	Name of the Association of the A					0
	V2 (Smith)	) VI	(Desiderio)	·				☐ Mall/Shoppi	
	⇒ ∭							Other Private	e Way
	61 Le	owell S	Street					Indicate No	rth by Arrow
						(	M)	$\bigcirc$	
Crash Narrative:									
(Desiderio) was trave	eling East	on I	owell Str	reeet (RT	.129) and	i stop	pped for	r vehicle in	1
cont of his vehicle. V									
ith pulled his Honda	in front of	f his	truck, e	exited and	i retriev	red th	ne fron	t bumper of	the
onda and returned to the	ne Honda ar	nd pl	aced the	bumper i	nside. Op	or, De	esideri	o took pictu	ires
the mvc, and asked for	or Smith's	pape	erwork. Sm	ith only	provided	his	Geico p	policy number	er
om his phone. Smith th	nen jumped	in h	is car (m	oderate :	front end	dama	age) and	d drove off.	
able to locate V2 in	the area. 1	No av	ailable n	umber. O	or. Desid	lerio	had pio	cture of V2	
erator Rahmel Smith an	nd also ide	entif	ied him b	y his re	gistry pl	oto.	Refer a	attached. V1	
perator provided inform	mation to 1	file	crash rep	ort. Gei	co has no	ot ret	turned o	call from	
olice to verify policy	number.	· · · · · · · · · · · · · · · · · · ·							···
Witnesses:					- Lin-		T _D 1		
ame (Last,First,Middle)			Address				Phone #	<del>†</del>	Statemen
			······································						
Property Damage:									
wner (Last, First, Middle)	Address			Phone #	41	-Type I	Description o	f Damaged Property	
					1,12 1,12 1,12 1,13				
Truck and Bus Information:	Registration #			(F	rom Vehicle Sec	tion)			42
Carrier Name								Bus U	
Address				City				St Zip	
US DOT #:	State Number			Issuing Stat	eN	IC/MX/IC	CC #:		····
Interstate 43 Cargo Body Ty	pe Code	44	GVWR/GCWR	45			г	la l	
Trailer Reg #:	Reg Type		Reg State	Reg '	/ear	— Traile	r Length	40	
Hazmat Information:  47 Placard Material 1 digit #	48 Materiz	al Name			Mater	ial 4 digit	#	Release or	49
riacaru   Iviateriai i digit #	NEW THE THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T								
Patrol Officer Richard I	·			173				Department	10/13/2021
lice Officer Name (Please Print)	Signa	ture		ID/Badge #	Department		Precin	ict/Barracks	Date

## Wilmington Police Department Images Associated with 21-272-AC



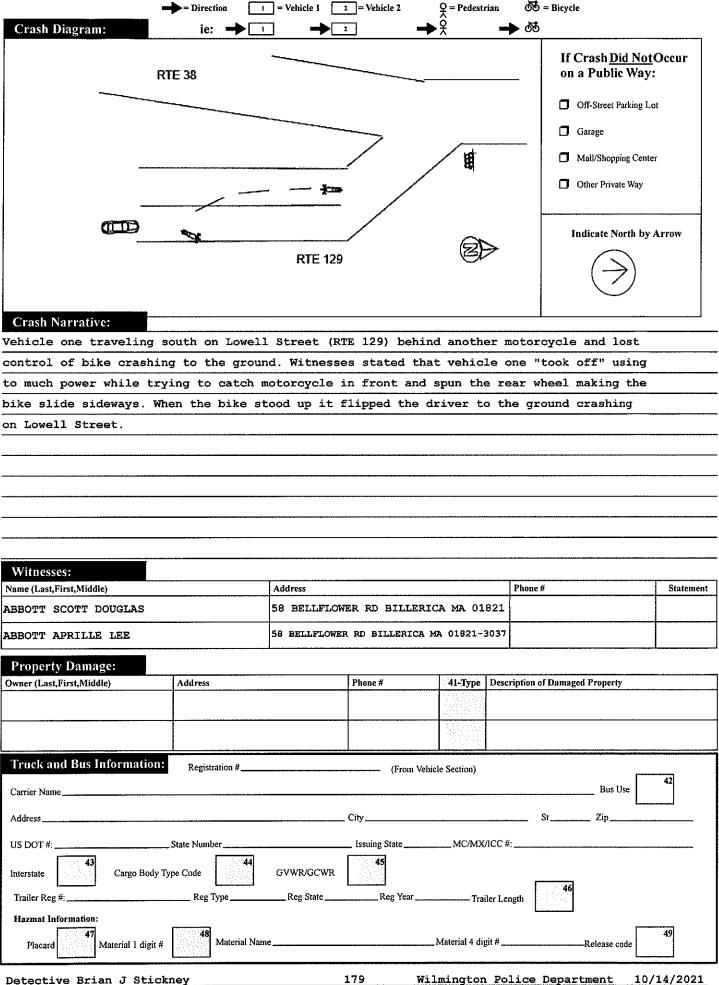




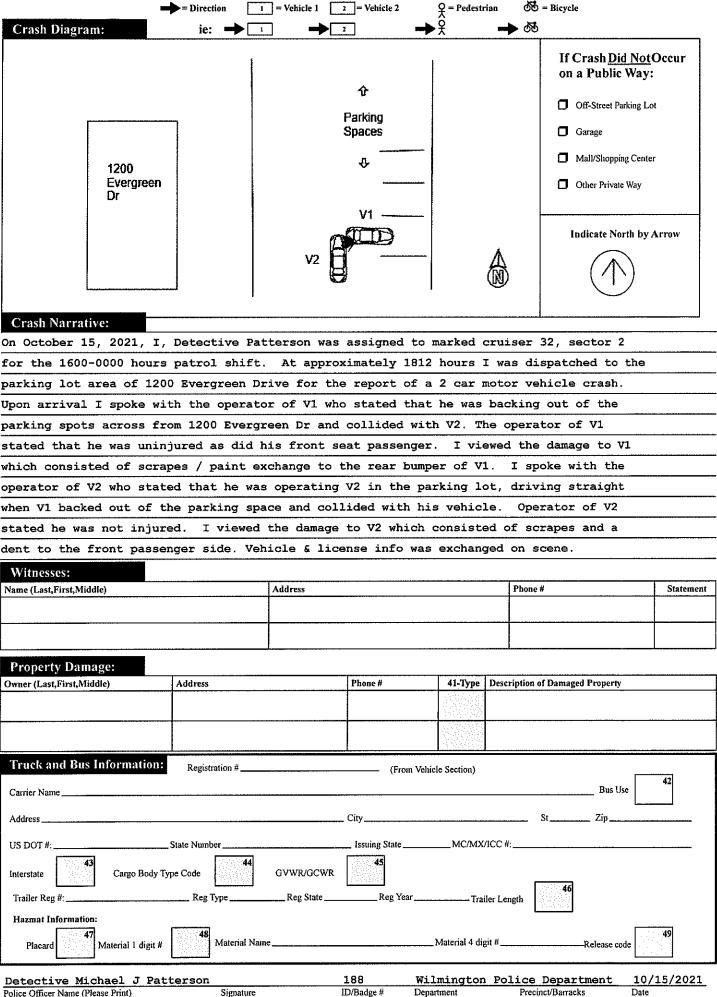




	Police Use Only	Comn	nonwealth (	of Massac	huset	ts		RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crasl	Numl Vehic		a Depoted		State Police Local Police	0800
	10/14/2021 1709 Wilm	ington	Police 1	Report	1	1	Latitud Longit		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA		I	NOT		TERSEC		
										2 10
	129 S LOWELL S	T								2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address	#	Nai	me of Road	lway/Street	
	MAIN ST	714		Feet N	S E W of		_ •	— or		
		e of Intersecting Roadw	ay/Street				Marker		Exit Number	1 ¹¹
		Also at Intersection wi	th		S E W of	Route#		Intersecting	Roadway/Street	
² <b>1</b>	Route# Direction Name	of Intersecting Roadw	av/Street	Feet N	S E W of					
								Landma	erk	
³ 99	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Rep	ort ID# <b>2</b>	1-27	73-J	AC		
99		DOB/Age	Reg t	2J4098		Reo T	me MC		Reg State <b>MA</b>	
	Sex M Lic. Class 99 Lic. Re			Year 2015					1	1 12
		En En	darcement						in Colling.	J
⁴ <b>1</b>	Operator BEVILACOUA, BE	First	Middle Own	er BEVILAC	2011	First	UUSE	FR	Middle	_
	Address 13 GRACE DR			ess 13 GRAC					1005 555	_
	City WILMINGTON State			WILMINGTO				-	1887-161	<u>8</u> 17
	Insurance Company PLYMOUTH R	OCK ASSURA	NCE C Vehic	le Action Prior to Cra		25255	Damaged Test Statu	l Area Code	27 3 27 2	
5	Vehicle Travel Direction: N K E W	Responding to Emerg	ency? 2 Even	t Sequence 97 23	23 23	23	Type of T		29	
	Citation # (If Issued)	<del></del>	Most	Harmful Event 9	7 24		BAC Tes		30	
	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	12 ²⁵	25	Susp. Alc	ohol: 3	1 Susp. Drug:	97 ¹³
6	Viol. 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		Towed fr	om scene?	2 33	_
⁶ 1	Please fill out for operate	-			Seat Sa	5 36 J lety Airbag Ej	ect Trap	39 40 Injury Transp	р.	
	Name (Last First Middle)		Address	DOB/Age S		tem Status Cu	de Code	Status Code	Medical Facility Lahey Clinic	
	Operator	Se	e Above		1 0	5 2	-	6 2		
						1 1				
	Please Select One	<u> </u>		15 16	] [	17		18	<u> </u>	
⁷ <b>4</b>	of the Following:	#Occupants Non-	Motorist A Type	Action	Location	Соп	dition	] _	Hit/Run Mo	ed
		DOB/Age	Reg #	<u> </u>		Reg T	/pe	1		<del>-</del>
	Sex Lic. Class 19 19 Lic. Re	strictions 20 CE	DL Veh Y	/ear	_ Veh Make			Ve	ch Config.	
	Operator	int En		erLast						
⁸ 1	Address	, ital		CSS		First			Middle	_
	CityState_	Zip	City_				State	Zip		_ 1 14
	Insurance Company			le Action Prior to Cra	ıslı	22	Damaged	Area Code	27 27 2	77
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Event	Sequence 23	23 23	23	Test Statu	15:	28	_
	Citation # (If Issued)	spon-mgmeig		Harmful Event	24		Type of T	est:	29	
⁹ 2	, ,			r Contributing Code	25	25	BAC Test	<u></u>	30	a
	Viol. 1: Cli/Sec/Sub Vi				26		Susp. Alc		33 Susp. Drug: 3	12
	Viol. 3: Ch/Sec/Sub Vi			r Distracted by		5 36 3		om scene?		
	Please fill out for operator/non- Name (Last First Middle)		nts involved Address	DOB/∧ge S	Seat Sa	icty Airbag Eje tem Status Co	et Trap	Injury Transp Status Code		
	Operator/Non-Motorist	Sec	Above		1					
				T						
							+			
			· · · · · · · · · · · · · · · · · · ·						<u> </u>	



	Police Use Only	<u>Com</u> mo	nwealth (	of Massae	huset	ts		RMV	V Docume	ent Number	
	Date of Crash   Time of Crash   10/15/2021   1812   WILM	City/Town MINGTON	Iotor Veh	icle Crash	Num Velui		rad Dpc	ed Limit_		State Police Local Police	
	24HR 24HR	IINGTON	Police 1	Report	2	0	Lan	tude gitude		MBTA Police Campus Police Uther:	3
	AT INTERSECTI	ON:	< LOCA	TION >		NO	T AT IN				
											2 10
	Route# Direction EVERGREE	Name of Roadway/Street		Route# Direction	Address	· #	<u> </u>	Jama of I	Roadway/S	Ctraat	
4		At						valle of r	Coduway/.	Succi	<del></del>
<u> </u>				Feet N	S E W o		le Marker		or	Exit Number	- 🖳
	Route# Direction Name	e of Intersecting Roadway/St Also at Intersection with	reet	Foot N	S E W of		ic ividirei			Latitude	<b>-</b>  5 ¹¹
		This at Intersection with			S E W of	Route	#	Intersec	cting Road	dway/Street	·
² 2	Route# Direction Name	e of Intersecting Roadway/St	reet	reet [14]	3 E [** ] 0:	·					_
	Please Select One Viven 2	#Occupants Hit/Run		<u>-</u>		1 0	-7 A	•	ıdmark		┪
³ 3	of the Following:	#Occupants   Hit/Run	Moped	Crash Repo	rt ID# Z	T-5	/4-	-AC			
	License # <b>S91494858</b> St <b>M7</b>	A_ DOB/Age	Reg #	172ZCM		Reg	у Туре <u><b>Р</b>(</u>	C	Reg S		- 12
	Sex M Lic. Class B Lic. Re	estrictions 1 CDL_	Veh Y	ear <u>2006</u>	_ Veh Make	FORD	)		_ Veh Cor	nfig. <b>1</b> 21	1
	Operator <b>ELLIOTT</b> , <b>MARK</b>	EDWARD Endorse	Our	ELLIOTT,	MAR	K EDW	VARD				_
⁴ 1	Address 33 BUTLER ST	Fust Muddi	·-	ess 33 BUTLI	ER ST	Pi.	rsi		Middle		
	City MEDFORD State	MA Zip 02155-18	803 City	MEDFORD			_ State M	<b>A</b> Zi	p 021	55-1803	
	Insurance Company PREFERRED	MUTUAL INSUR		le Action Prior to Cra	sh 1	O ²²		ed Area (	,	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency?		Sequence 1 23	23 2.	<del></del>	Test St	atus:		28	
5	Citation # (If Issued)			Harmful Event 1	24		Type of	f Test:		29	
				<u></u>	99 25	25		est Resul		30	13
	Viol. 1: Ch/Sec/Sub — Vi			Contributing Code		All Series	-	dcohol:		32 33 33	
⁶ 2	Viol. 3: Ch/Sec/Sub Vi	ol. 4: Ch/Sec/Sub or and all occupants involved		Distracted by 9	2 3 1	35   36	37 38	from scer	ne? 2	33	_
	Name (Last First Middle)	Address		DOB/Age Ser	Seat Sa	fery Airbag	Eject Trap Code Code	Injury 1	Transp. Code	Medical Facility	
	Operator	See Abo	ve	>>>	1 1	4	0 0	10	1		
i	JOAN ELLIOTT	1211 EVERGREEN DR WILMINGTON, MA 01887		F	3 1	4	0 0	10	1		
											_
			F			1 1		্ - ন		<u> </u>	4
⁷ 9	Please Select One of the Following:	Occupants Non-Moto	rist A Type	15 Action 16	Location	17 c	ondition	18	Hit/F	Run 🔲 Moped	1
	License # <b>SA6630414</b> St <b>MA</b>	DOB/Age,	Reg#	282M12		Reg	Туре <b>Р</b> С	<del></del>	Reg St	ate MA	
	Sex M Lic. Class D 19 19 Lic. Res	strictions 20 CDL_		ear <u>2020</u>	Velı Make				_ Veh Con	21	
	Operator ALVES DE SOUZA	Endorser	nent	HERTZ VE							
³1	Address 1112 EVERGREEN	irst Middle	<del>;</del>	ss 111 GEOF		Firs	ıt	ED ST	Middle <b>P A</b> l	PT 100	
		MA Zip 01887-11		AS VEGAS						194119	4 14
ĺ	Insurance Company THE HERTZ	•	•	e Action Prior to Cras	. 1	22		ed Area C	_	27 27 27	
	Vehicle Travel Direction: XSEW	Responding to Emergency?		Sequence 1 23	23 23	23	Test Sta		<u>-</u>	28	
	<del> </del>	Responding to Emergency?			24		Type of	Test:	2	29	
2	Citation # (If Issued)	-		Iarınful Event 1		25	BAC Te	st Result	: 3	30	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub		Contributing Code	33	23	•	lcohol: 1		sp. Drug: 32	
ļ		ol. 4: Ch/Sec/Sub		Distracted by 99	<del></del>	.		froin scen	2	33	_
	Please fill out for operator/non-r Name (Last First Middle)	notorist and all occupants inv Address	/olved	DOB/Age Sex	34 3. Seat Saf Pos. Syst	cty Airbag	37 38 Eject Trap Code Code		40 ransp. Code	Medical Facility	
Ī	Operator/Non-Motorist	See Abov	ve	X	1 1	4 (	0	10 1			
ļ											1
-						+		+			-
			·			1			_		4



CDP1 11-24-00

	Police Use Only	Common	wealth (	of Massa	ichus	etts			RMV Doc	cument Number	
	1	City/Town Mo	otor Veh	icle Cras	$sh \begin{bmatrix} \frac{1}{3} \end{bmatrix}$	Vumber Vehicles	Number Injured	Speed L		O State Police Local Police	
	10/15/2021   <b>2248</b>   Wilmington   24HR		Police Report			remeres	O	Latitude Longitu	•	MBTA Police Campus Police Other:	3
	AT INTERSECTION	LOCA		>	NOT AT INTE						
		AT INTERSECTION: < LOCA									2 10
	Destall Direction	No. of Decision of Control		D . # D: .	23		MAII		FO 1	<i>(C)</i>	_[
4	Route# Direction	Name of Roadway/Street  At		Route# Direct	ion Add	iress#		Nam	e of Roads	way/Street	
				Feet [	N S E V	of			— ог		-
	Route# Direction Name				Mile M	arker		Exit Number	9 11		
		Also at Intersection with	1		N S E V	_	Route#	In	tersecting	Roadway/Street	·
Peet NSEW of  Route# Direction Name of Intersecting Roadway/Street								_			
	Di C. L. A. C	· I_		1					Landmar	rk	4
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Ro	eport ID#	21	-27	5 <i>-1</i>	7C		
	License # Si	DOB/Age	_ Reg#	558MC8			Reg Ty	e PC	R		- 12
	Se: Lic. Class D Lic. Re	estrictions 20 CDL	Veh \	/ear <b>2010</b>	Veh N	1ake <b>H</b>	ONDA		Vel	h Config. 1	7 '
	Operator	Endorseme		sTEVENS	s, MI	СНА	EL J	FFR	EY		
⁴ 1		rnai Middle		ess 16 SOU	231		First		M	fiddle	
	Cip Stat	_ Zip		WILMINGT			St	ate MA	7in 0	1887-1601	
	Insurance Company THE COMMER	•		le Action Prior to 0		1			Area Code:		i I
	<u></u> _					23		est Status		1 28	
5	Vehicle Travel Direction: SEW	Responding to Emergency? 2		Sequence 2 2	- 41			ype of Te	st:	29	
	Citation # (If Issued)			ı		25	25	AC Test		1 30	13
	Viol. 1: Ch/Sec/SubVi			r Contributing Cod 1		25	S	usp. Alco	-		2
6 1	Viol. 3: Ch/Sec/Sub Viol.	Drive							2 33		
Τ	Please fill out for operate Name (Lust First Middle)	or and all occupants involved		DOB/Age	Sex Pos.	35 Safety System	36 37 Airhag Eject Status Code	Trap I	39 40 njury Transp. Status Code	Medical Facility	
	Operator	See Above			$\sqrt{1}$	1	4 0	0 1	0 1		
	SARA ABREU	12 RICHMOND AVE WOBURN, MA 01801		01/07/2004	F 3	1	4 0	0 1	0 1		-
		WOBURN, MA UTSUT		1-, -,		<u> </u>					-
											_
⁷ 1	Please Select One of the Following: Vehicle 20	#Occupants Non-Motoris	at A Type	15 Action	16 Locati	on	17 Condi	tion	18	Hit/Run Mope	1
1			<u> </u>	TEMPITO						a NIII	-
	10 10	DOB/Age		VETRUS						21	-
- 1		strictions CDL Endorseme	nt	ear 2018					Veh	Config.	
8 ₁	Operator <b>Driverless M.V</b>	First Middle		ANDRUS	ıst		First	CT	M	iddle	-
	Address			ss 31 BEE							- 14
	City State _	Zip	City 1	MANCHESTER State NH Zip 03103							-   1
	Insurance Company		Vehicl	e Action Prior to C		11	<del></del>		Area Code:	1 27 27 27 28	
	Vehicle Travel Direction: N K E W	Responding to Emergency?	Event	Sequence 2	3 23	23	~~	est Status: /pe of Tes		29	
⁹ 2	Citation # (If Issued)	-	Most 1	Harmful Event	24		•	AC Test I		30	
	Viol. I: Ch/Sec/Sub ———— Viol	ol. 2: Cl/Sec/Sub	Driver	Contributing Cod	e	25	25 S	ısp. Alcol	nol: 31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ———— Viol.	ol. 4: Ch/Sec/Sub	Driver	Distracted by	26		Ti	wed from	n scene?	33	İ
ľ	Please fill out for operator/non-i	•	ved	DON:	34 Seat	35 Safety	36 37 Airbag Eject	38 Trap la	39 40 njury Transp.	,,	7
}	Name (Last First Middle)  Operator/Non-Motorist	See Above		DOB/Age	Sex Pos.	System	Status Code	Code Sa	tatus Code	Medical Facility	
ŀ	Operator/Indu-Inductist	Jee Above			<del>\'</del>						$\dashv$
									_		4

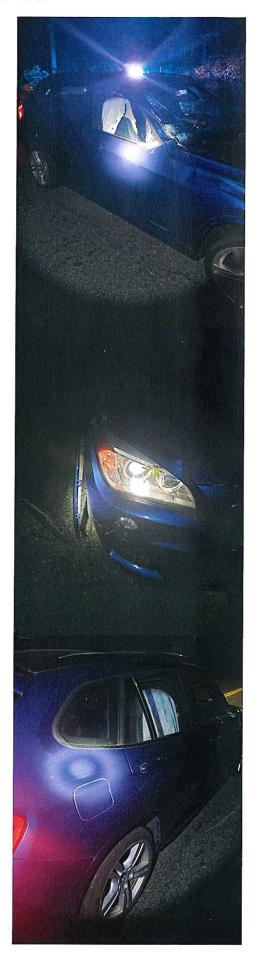
		= venicle i	<u> </u>	Y = Pedestrian		acycie	
rash Diagram:	ie: 👈 🕛	<b>→</b>	2	<b>▶</b> X	<b>→</b> ₩		
	235 Main Street Wilmington Cross	sing				If Crash <u>Did No</u> on a Public Wa	
	parking lot					Off-Street Parking	Lot
						Garage	
						Mall/Shopping Cer	
						Other Private Way	
MV2						Indicate North b	y Arrow
Parked unoccupied	<b>)</b> ( MV1			4	<b>a</b>		
unoccupied (232		With the Court of					
rash Narrative:							
rator of motor veh	icle 1, Kevin St	evens stat	ed that he p	ressed the	gas ped	al instead of	
brake pedal and c	rashed into MV2.	. MV2 was	unoccupied.	Mr. Steve	ns locat	ed and	
ified the operator	of the vehicle,	, Benjamin	Andrus. I a	ssisted wi	th the p	aperwork	
hange. Mr. Steven:	s and his passer	nger, Sara	Abreu stated	no injuri	es.		
······································					<del> </del>		<del></del>
	<del></del>						
							<del> </del>
itnesses:		Address			Phone #		Statemen
e (Last,First,Middle)		Adoress			FROME #		Statemen
				<del></del>		<del></del>	
		<u> </u>					
operty Damage: er (Last,First,Middle)	Address		Phone #	41-Type De	scription of Da	amaged Property	
				20 12 20 20 20 20 20 20 20 20 20 20 20 20 20			
uck and Bus Information	1: Registration #		(From Ve	hicle Section)			
rier Name						Bus Use	42
			City		St	Zip	
	State Number		Issuing State	MC/MX/ICO	C #:		
	y Type Code	GVWR/GCWR	1,20,200		<u> </u>	46	
niler Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length		
ezmat Information:	10:100 d <b>a</b>					۳	49
Placard Material I digit	# Material Nam	ıe		Material 4 digit #	· · · · · · · · · · · · · · · · · · ·	Release code	
rol Officer Julio	T Oviles		197 W:	ilmington E	olice Do	partment 10	0/15/2023
Officer Name (Please Print)	Signature Signature			partment			

	Pol	Police Use Only Commonwealth of Massachusetts RMV Document Number																
	Date of Crash	Time of Crash	City/		Mot	tor Veh	icle Cr	ash	N	lumber ehicles		4	Speed		3.	— Local	Palice 🔀	1
	10/16/2021	0258 V	Vilmin	gton	-	Police :	Report		1	A1110103	0	cu	Latitu Longi				Police D	
		AT INTERS	ECTION:		<	LOCA		>			NO'	ΓΑΊ			SEC	TION:		1
																		2 10
	Route# Dire	ation	Nome	o of D and wow (S)	t-a a t		David Dir		2		<u>H(</u>	)PK	INS					
4	Konte# Dire	ction	Name	e of Roadway/St	ıreet		Route# Dir	ection	Aga	ress#			Na	une or	Koady	way/Street		1
	-						Fee	t N S	E W	of	— ;		<u>.</u> •		or .	P. 5.3	Number	
	Route# Direc	ction		tersecting Road			_	1216	l n lux	7 -	M	ile Ma	rker			EXIL	Number	9911
			Also	at Intersection v	with			t N S		_	Route	e#		Inters	ecting	Roadway/	Street	
² <b>1</b>	Route# Direc	ction	Name of In	tersecting Roads	way/Street		Fee	t N S	EW	of								.]
_	DI CL				1								_		ındmar	k	· •	┨
3	Please Select C of the Followi		1 <u>2</u> #Occi	ıpants 🔲 Hit.	/Run	Moped	Crash	Repor	t ID#	21	-2	27	6 <del>-</del>	AC	-			
	License # S5	4959797	St MA De	OB/Age		Reg	7WH449	)			Re	д Туре	PC		R	eg State 1	νίΆ.	12
	Sex <b>F</b> Lic.	Class D 19 19	Lic. Restriction	ons 99 20 C	DL	Veh '	(ear 2015		Veh M	lake <b>E</b>	MW				Vel	a Config.	1 21	1 12
	]	UYEN, TR		E	indorsemen	t	er <b>VO, A</b>								_	0	L	
⁴ 1		UPSALA S	First		Middle		ess 44 HC	Last			F	rst			М	liddle		
		ESTER			0-2041		WILMIN			- H- H-		Cto	M7	<b>A</b> 7	γ:- Ω'	1887	-4527	
		any GOVERNI								1	22						27 9 27	Ì
	·						le Action Prior		23	23	23		st Stat			28	la l	
5		Direction: N S I		onding to Emer	gency?_2_		Luu	23	80 S	( 13 d )		Ту	pe of	Test:		29		
	Citation # (If Iss	ued)					Harmful Event	L		25	25		AC Tes	st Resi	ult:	30		13]
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: 0	Ch/Sec/Sub —		Drive	r Contributing (		1	25	25	Su	sp. Ale	cohol:	2 31		rug. 2 32	<b>21</b> ¹³
⁶ 1	Viol. 3: Ch/Sec/S			Ch/Sec/Sub —		Drive	r Distracted by	0	26			То	wed fr	rom sc	ene?	2 33		
<u> </u>	Name (Last First M	Please fill out fo	r operator and	all occupants in	volved Address		DOB/Age	Sex	34 Scal Pos.	35 Safety System	36 Airbag Status	37 Ejeci Code	38 Trup Code	39 Injury Status	40 Transp. Code	Medi	cal Facility	
	Operate				ee Above			X	1	99	4	0	0	10	1		- availy	1
	AN KHANG VO			HOPKINS ST				M	3	99	4	0	0	10	1			_
	AN MARIO VO	<u></u>	WIL	MINGTON, MA C	11887-4527	, 	-		ļ <u>.</u>	33	*	-	•	10				-
							ļ		ļ	ļ								
⁷ 1	Please Select C		<b></b> #Осси	pants Non	-Motorist	A Type	15 Action	16	Locatio	on	17	Conditi	on	18		Hit/Run	Moped	
1	of the Followir					100		14441							<u></u>		_ `	1
	License #	10 10	\$t DO	20							_ •						21	
	Sex Lie, C	Class 19 19	Lic, Restriction	ons C	DL_ ndorsement	Veh Y	'ear		Veh M	ake					Veh	Config.		
⁸ 2	Operator	Last	First		Middle	Own	er	Last			Fü	rst			Mi	iddle	<del></del>	
	Address					Addre	ess										<del></del>	_ 14
	City		_ State	Zip		City_				I	مما		е		-		20 20	1
	Insurance Compa	any				Vehic	le Action Prior	to Crasi	1	<u> </u>	22		-		Code:	27	27 27	
	Vehicle Travel D	irection: NSE	W Resp	onding to Emer	депсу?	Event	Sequence	23	23	23	23		st State pe of T			29		
⁹ 2	Citation # (If Issu	ued)	<del></del>			Most	Harmful Event		24				C Tes		ılt:	30		
	Viol, 1; Ch/Sec/S	Sub	Viol. 2: C	Ch/Sec/Sub		Drive	Contributing C	Code		25	25	Su	sp. Alc	:lohoc	31	Susp. D	rug: 32	
	Viol, 3; Ch/Sec/S	Sub	Viol. 4: 0	Ch/Sec/Sub		Drive	Distracted by	11.	26			To	wed fr	om sc	ene?	33	[]	
		ase fill out for opera	tor/non-motori	st and all occupa		ed .			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injuy	40 Tronsp.			
	Name (Last First Mi		wist		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medi	eal Facility	
	Operato	or/Non-Moto	11121		ee Above			$\checkmark$	1	_								

	= Direction	1 = Vehicle 1	2 = Vehicle 2	र् = Pedestria	n 💇 = Bicycle	
Crash Diagram:	ie: 🔫	<b>—</b>	2	→Ŷ	<b>→</b> ‱	
Wooded Area	a anderesson	and the second second			•	sh <u>Did Not</u> Occur ublic Way:
					☐ Off-S	street Parking Lot
				Parking Lot End Shawsheen Sc		ge
Sidewalk	. Althora		900 PD		1	Shopping Center
	En M				☐ Othe	r Private Way
<						
					Indic	ate North by Arrow
Hopkins St		- KASANAY	Fallen Tree	(		
Crash Narrative:						
V1 traveling W-Bound	l on Hopkins	St, Pass. he	eard noise an	d noticed pa	ass side mirro	:
issing. MV1 stopped,	ocupts exit	ed MV1 and n	oticed heavy	damage to	top/pass	
ide/windshield. This	was when I	found MV1 as	: I was trave	ling E-Bound	d. Large tree h	ad
allen onto MV1 and 1	ying across	2/3 of rdwy.	MV1 was able	e to keep mo	oving forward a	ind was
ot trapped under tre						
chicle home under ow						
Surcre nome under om	n power. ire	e removed by	Drw liee Dp	L.		
		-			<del> </del>	
****						
Witnesses:		Address			Phone #	Statement
ame (Last,First,Middle)		Address			Pilone #	Sixiement
Property Damage:						
twner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged P	operty
<u></u>						
Truck and Bus Informatio	n: Registration #	[	(From	Vehicle Section)		
Carrier Name	····					Bus Use 42
Address			City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
Interstate 43 Cargo Bod	ly Type Code	GVWR/GCV	VR 45		<u> </u>	
	Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information: 47	48	. 131			"	49
Placard Material 1 digi	t# Materi	iai Name		Material 4 digit	#Re	ease code
atrol Officer Joseph A			215		Police Departme	
olice Officer Name (Please Print)	Signa	ature	ID/Badge #	Department	Precinct/Barracks	Date

## Wilmington Police Department Images Associated with 21-276-AC





### Wilmington Police Department Images Associated with 21-276-AC



