	Police Use Only	Commo	onwealth (	of Massa	chu	setts			RMV	Docur	ment Number		
	Control of the Contro	City/Town	Motor Veh	icle Cras	h [	Number Vehicles	Numbe Injure	1 Dbeen	Limit_	35	State Police Local Police	80	
	10/17/2021   1327   Wilmi	ngton	Police 1	Report	- 1	2	0	Latitud			MBTA Police Campus Police Other:	片	
	AT INTERSECTIO	N:	< LOCA		et is		NOT	AT IN		SECT			
	AT INTERESTOR										30-40 Paris (2001)	2 10	٥
	38 N MAIN ST										10.		
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on A	ddress #		Na	me of I	Roadwa	ay/Street	_	
	62 CHURCH ST			Feet N	SE	w of		_ •	_	or _		_	
		of Intersecting Roadway/	Street				Mile	Marker			Exit Number	2 11	ī
	1	Also at Intersection with		Feet N		_	Route#	_	Interse	cting R	oadway/Street		١
2	Route# Direction Name of	of Intersecting Roadway/	Street	Feet N	SE	W of							
<sup>2</sup> 2	Route# Direction Name (	of intersecting Roadway/	Sircei						Lar	ndmark			
3	Please Select One of the Following: Vehicle 1 4	Occupants Hit/Rur	n Moped	Crash Re	port ID	<b>#21</b>	-2	77-	AC				
ر ا	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH			1 1717GRA		0	D 7	. DC			M7		
	License # <b>S17433892</b> St <b>MA</b> Sex <b>F</b> Lic Class 19 19 Lic Res	20									2.1	1 1 12	2
	Sex F Lic. Class D Lic. Res	Endor	rsement	Year 2014						_ Veh (	Config.		٦
4	Operator GILHOOLY, JANE!	I MARY	iddle	er <u>GILHOOI</u> La:	st		T M	ARY		Mid	dle	-	
<sup>4</sup> 3	Address 25 LAKE ST		Addr	ess 25 LAKI	E SI	<u> </u>						<del>_</del>	
	City WILMINGTON State N	IA Zip 01887-	3727 City	WILMINGT	ON			State MZ	<b>A</b> Z	ip <u>01</u>	887-372	7	
	Insurance Company GEICO GENER	RAL INSURAN	CE C Vehic	ele Action Prior to C	Crash	2	22	Damage	d Area	Code:	5	27	
	Vehicle Travel Direction: SEW	Responding to Emergence	cy? 2 Even	t Sequence 1	3 23	23	23	Test Stat	us:		28	į	
<sup>5</sup> 1	Citation # (If Issued)				1 2	4		Type of			30		
		1.0.01/0./0.1	- 7	er Contributing Code	95	25	25	BAC Te	г	lt:		12 <b>1</b> 13	3
	Viol. 1: Ch/Sec/Sub — Vio				0 20	SUPPLIED DO	SHELL	Susp. Al Towed fi		MARKET TO	22		╛
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub Vio			I Distracted by	SPERMAN	34 35	36	37 38	39	ene? 2	2. 图 4		
	Please fill out for operator Name (Last First Middle)	- Special Control of the Control of	dress	DOB/Age	S	eat Safety os. System	Airbag E	ject Trap ode Code	Injury Status	Transp. Code	Medical Facility		
	Operator	See A	Above		X	1 1	4 0	o	10	1			
		<del></del>	<del> </del>										
								-		$\dashv$			
								_					
<sup>7</sup> 2	Please Select One Vehicle 22 #	Occupants Non-Mo	otorist A Type	15 Action	16 Loc	ation	17 Co.	ndition	18	П	Iit/Run 🔲 Mor	oed	
2	of the Following:			CTCTT10				DC.					
	License # <b>S49163718</b> St <b>MA</b>	_ DOB/Age		# 6KGH10				уре <u>РС</u>			g State MA	T	
	Sex M Lic. Class D Lic. Res	trictions CDL	rsement	Year <b>1999</b>						_ Veh (	Config. 1		
<sup>8</sup> 1	Operator DOHERTY, DENNI	S JAMES	liddle	er <u>DOHERTY</u> La	st		First			Mid	ldle	-	
1	Address 3 LITTLES BROOK	CT APT 7	5 Addr	ess 3 LITT	LES	BRO	OK C	T A	PT	75_			aП
	City BURLINGTON State 1	1A Zip 01803-	6510 City	BURLINGT	ON					_	.803-651	으 [1	
	Insurance Company THE COMMERC	CE INSURANC	E CO Vehic	cle Action Prior to C	Crash	2	22	Damage	d Area	Code:	CONTRACTOR STATE OF S	27	
	Vehicle Travel Direction:	Responding to Emergen	cy? 2 Even	t Sequence 1 23	3 23	23	23	Test Stat			28		
	Citation # (If Issued)		Most	Harmful Event	1 2	4		Type of			30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub Vio	1 2. Ch/S/Sub	Drive	L er Contributing Cod	e 9	9 25	25	BAC Te	Г	at: 31		32	
				ī	99 2	Land Bord Co.	(6,0) (6.5)	Susp. Al Towed f	L	2224	33 2 33		
		d. 4: Ch/Sec/Sub		Jisuacieu by	<del>-  </del>	34 35		37 38	39	40			
	Please fill out for operator/non-n Name (Last First Middle)		dress	DOB/Age	S	Seat Safety Pos. System	Airbag E	ject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See A	Above		X	1 1	4 0	o	10	1			
	LINDA DOHERTY	3 LITTLES BROOK COU BURLINGTON, MA 0180			F 3	1	4 0	О	10	1			
						-		+				_	
		-					$\vdash$						

	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestrian	රීජ් = Bicycle	
Crash Diagram:	ie: 👈	1 -	2	<b>→</b> } →	> ∞	
					If Crash <u>Did N</u> on a Public W	ay:
	題				Off-Street Parkin	g Lot
. <del>-</del>		<u> </u>		_	☐ Garage	
	Rte.38/Ma	1			☐ Mall/Shopping C	enter
					Other Private Wa	ıy
⇒≬	2]Q10]	55				
· -	<b>E</b>	urch	<b>E</b>	_	Indicate North	by Arrow
	- <del></del>	Rte.62/Church st	<b>□</b> \$(	<b>2</b>	$\rightarrow$	
		器				
Crash Narrative:	•					
Oper.#1 related s	he was stopped a	t the red li	ght on rte.38	n, while doin	ng so m/v#2 struck	
her m/v#1 from be	hind			-		
		.41 £ b.b	ind /DWT/142)			Way.
Oper.#2 related t	hat he struck m/	V#1 IIOM Den	.Ina. (PWJ/142)			
						***
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
<b>D</b> • • • • • • • • • • • • • • • • • • •						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type Desc	ription of Damaged Property	
						<del></del>
Truck and Bus Infor	mation: Registration #		(From	Vehicle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #	t:	
Interstate C	argo Body Type Code	44 GVWR/GCV	₩R 45			
	Reg Type			Trailer Le	ngth 46	
Hazmat Information:					100000000000000000000000000000000000000	
Placard 47 Mater	ial 1 digit # 48 Mater	ial Name		Material 4 digit #	Release code	49
Patrol Officer Pa			142			10/17/2021 Date
Police Officer Name (Please Pri	nt) Sign	ature	ID/Badge #	Department	T ICCIIICO DAITACKS L	· · · ·

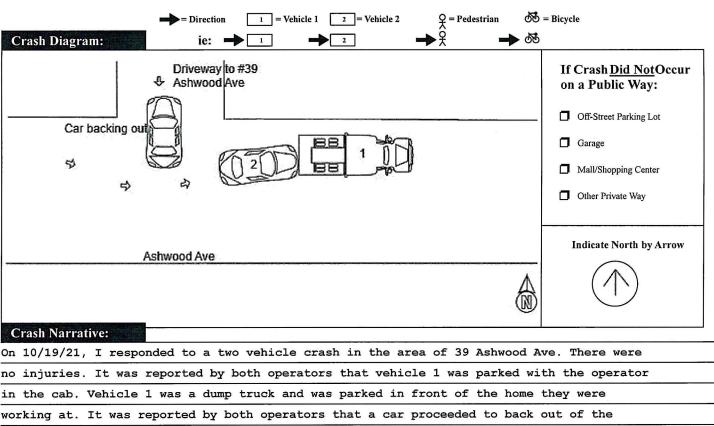
	Police Use Only	Comm	onwealth (	of Massac	husetts		RMV Do	cument Number	
	Date of Crash   Time of Crash   10/17/2021   1552   Wili	City/Town Mington		icle Crash	Number Vehicles	Turingal	peed Limit3	State Police Local Police MBTA Police Campus Police	
	24HR	airing con	Police 1	Report	1		ongitude	Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT AT	INTERSEC	CTION:	
•	Route# Direction	Name of Roadway/Street		Route# Direction	39 Address #	<u>HOPK</u>	INS ST  Name of Road	lway/Street	2 10
<sup>1</sup> 1		At		Feet N	S E W of	— — — Mile Marl	- • — or	Exit Number	11
	Route# Direction Nar	Also at Intersection with	/Street	Feet N	S E W of				71 "
100				_	S E W of	Route#	Intersecting	g Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nar	me of Intersecting Roadway	/Street			*	Landma	ark	1
3	Please Select One of the Following: Vehicle 11	#Occupants Hit/Ru			ort ID# <b>21</b>		VIIIVAII III A		
	License # St,	. DOB/Age.	_	# <u>3GJC34</u>				Reg State MA 21	1 12
	AND CONTRACT OF THE PARTY OF TH	Restrictions 1 CDL Endo	rsement	Year 2018				th Config. 1	
<sup>4</sup> <b>1</b>	Operator 1	First		er <u>JONES, C</u> ess <b>8 WILLI</b> .		First	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Middle	
	Addres	1-1				0	M7 7: 0	1821-6079	
	CityStat			BILLERICA	12/21/24		maged Area Code	an example of the same of the	
	Insurance Company FARMERS P			cle Action Prior to Cra	23 23 23	<b>建</b> 200	t Status:	1 28	
<sup>5</sup> 2	Vehicle Travel Direction: N S E	Responding to Emergen	cy? <u>2</u> Even	t Sequence 5 23			e of Test:	29	
2	Citation # (If Issued)	_	Mos	t Harmful Event 5	24		C Test Result:	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25 Sus	p. Alcohol: 2	31 Susp. Drug: 2 32	5
6 .	Viol, 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Tov	ved from scene?		
<sup>6</sup> 1	Please fill out for oper Name (Last First Middle)	ator and all occupants involved	ved dress	DOB/Age S	Seat Safety Pos. System		38 39 40 Trap Injury Trans Code Status Code	sp.	
	Operator		Above		1 1		0 10 1		1
	орегию								1
									-
									_
<sup>7</sup> <b>1</b>	Please Select One of the Following:	#Occupants Non-M	otorist A Type	15 Action 16	Location	17 Condition	on 18	Hit/Run Moped	
	License # St	DOB/Age	Reg	#		Reg Type			
			rsement	Year	_ Veh Make		Ve	eh Config.	
<sup>8</sup> 1	Operator	First N	/liddle	lerLast	-	First		Middle	1
_	Address	7.		ress		State	eZip		1 14
	City Stat				100		maged Area Cod		F
	Insurance Company			cle Action Prior to Cra	23 23		t Status:	28	
	Vehicle Travel Direction: NSEW	Responding to Emergen		it sequence	24		oe of Test:	29	
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event	E1696		.C Test Result:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25		p, rhechel.	31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		wed from scene?	A STATE OF	_
	Please fill out for operator/no		s involved	DOB/Age S	Seat Safety Pos. System		38 39 40 Trap Injury Trans Code Status Cod	sp.	
	Operator/Non-Motoris		Above	$\rightarrow \bigcirc$	1				
									_
									1

	-	= Direction	n 1	= Vehicle 1	2	= Vehicle 2	웃	= Pedestri	an C	<b>७</b> = Bicycl	e		
Crash Diagram:		ie:	1	] →	2		→ 🖁		<b>→</b> &	<b>B</b>			
			and any property of the same property of the same of t	4243	and the second second		Committee of the Commit	en maderia, et a l'implication de l'annuel de l'annuel de l'annuel de l'annuel de l'annuel de l'annuel de l'an			Crash <u>Did</u> a Public		ccur
											Off-Street Par	rking Lot	
											Garage		
										W-90	Mall/Shoppin	g Center	
MV1	MADE.	Park									Other Private		
➾			Q.E							-	Office Filvate	way	
		—	Deer						_	] ]	ndicate Nor	rth by Ar	row
	39 1	Hopkins S	Street					ė	A M		(		
Crash Narrative:		71.0											
N1 was traveli	ng Westbo	und on	Hopkin	s Street	. W	hile MV1	. was	travel	ing or	n Hopki	ns Stre	et	
deer ran in i											5.70		
ront passenger											Accordi	ng	
o the operator	the deer	had ra	an into	the woo	ods bi	ut I was	unar	ole to	Tocate	1t.	-		
							162			·			
							**************************************						
		Paris in the second sec					-						
	×												
		Photo:											
Witnesses:	W.W.												
Name (Last,First,Middle)				Address		<u> </u>			Pho	ne#			Statemen
												6.0	-
Property Damage													
Owner (Last,First,Middle)	CARROLINA AND AND AND AND AND AND AND AND AND A	Address			F	Phone #		41-Type	Description	n of Dama	ged Property		
Truck and Bus Inf	ormation:	Dagistrat	ion#			(Fee	m Vehicle	Section)					
Carrier Name		Registrat				(FIO	iii veilicie	Section)			Bus U	se	42
										C+	7in		16.6
A													
US DOT #:		State Number			-			MC/MX	ICC #:				-
Interstate 43	Cargo Body Typ	pe Code	44	GVWR/GC	WR	45					1		
Trailer Reg #:		Reg Ty	pe	Reg State	e	Reg Ye	ar	Trai	ler Length	46			
Hazmat Information:											ı		
Placard 47	nterial 1 digit #	48 N	Material Nam	ne			M	laterial 4 dig	git #		—Release co	ode	49
Patrol Officer	Daryl J (	Ceruolo			21	12	Wiln	nington					7/2021
Police Officer Name (Please			Signature		ID/	Badge #	Departr	nent	Pi	ecinct/Barra	icks	Date	

	Police Use Only	Commor	nwealth	of Massac	huset	ts		RMV	/ Docun	nent Number	
	SECURITION AND ACCUSANCE AND A		otor Veh	icle Crasl	h Num			d Limit	35	State Police Local Police MBTA Police Campus Police	
	l I	ington	Police 7	Report	Vehic 2	cles Injur	Land			MBTA Police Campus Police	
	24HR	N:	THE RESERVE OF THE PERSON NAMED IN	TION >			AT IN	itude_	SECT	Other:	-
	AT INTERSECTIO	JN:	LUCA			NOI	AIIN	IEK	SECI	ION.	10
	MAIN ST										2
1		Name of Roadway/Street		Route# Direction	n Address	s #	N	ame of	Roadwa	y/Street	
<sup>1</sup> 1		At		F . N	S E W of	Ċ		_			
L	Route# Direction RICHMOND Name	ST of Intersecting Roadway/Str		Feet [N	3 E W 0	Mil	e Marker	• —	or	Exit Number	11
		Also at Intersection with	cci	Feet N	S E W of	f					2
					S E W of	Route	#	Interse	cting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Str	eet			·		Lo	ndmark		-
_	Please Select One X Valida 11 #			1 2 22		1 0	70				
3	of the Following:	Occupants Hit/Run	Moped	Crash Rep	ort ID# 2	T-5	19-	·AC	•		
	License # <b>S37611647</b> St <b>MA</b>	DOB/Age	Reg	# <u>SP104538</u>	3	Reg	Туре <u><b>S</b></u>	3	Reg	g State MA	- 12
	Sex M Lic. Class D 19 Lic. Res	strictions 20 CDL_	Veh	Year <b>2014</b>	Veh Make	DODG	E		_ Veh C	Config. 5 21	1
	Operator BELL, MYKLE L	Endorse	ment	er NRT BUS							
<sup>4</sup> 3	Address 181 BOSTON POST F		e	ress 55 HAME		Fir	st		Midd	ile	
					SHIRE	I KD		_	01	044 1154	
	City <b>MARLBOROUGH</b> State <b>1</b>			METHUEN	N/E	22			_	844-1154 27 27 27 27	-
	Insurance Company PILGRIM INS	SURANCE COMPA	ANY Vehi	cle Action Prior to Cr	1030		_		Code: 5	28	
5	Vehicle Travel Direction:	Responding to Emergency?	2 Even	nt Sequence 23	23 2	3 23	Test Sta		1	29	
<sup>5</sup> <b>1</b>	Citation # (If Issued)	to.	Mos	t Harmful Event 1	- 24			est Resu	dr -	30	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	5 25		Jcohol:	-	Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	26			from sc		22	
<sup>6</sup> 1		r and all occupants involved			34	35 36	37 38	39	40		4
	Name (Last First Middle)	Address		DOB/Age S		afety Airbag ystem Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	4
	Operator	See Abo	ove		1 9	9 4	0 0	10	1		
							_	1			_
					_	$\dashv$	_		-		-
								<u> </u>			_
<sup>7</sup> 3	Please Select One Vehicle 2 1 #	Occupants Non-Moto	rist A Type	15 Action 1	6 Location	17 C	ondition	18	Hi	it/Run 🔲 Moped	1
3	of the Following:			75022			- DC	A CALLED		2 1/7	-
	License # <b>S17916156</b> St <b>MA</b>	DOB/Age		# <u>7FG238</u>		_	Туре <u>РС</u>			State MA 21	
	Sex_F Lic. Class D Lic. Res	strictions 1 CDL Endorse	ment	Year <b>2017</b>			ROLE	Т	_ Veh C	Config. 1	
81	Operator SANTINI, JULIE Last Fi	ELIZABETH irst Middle	Own	er <b>SANTINI</b> Last	, DER	EK H	st		Midd	ile	-
1	Address 28 KENWOOD AVE		Addi	ress 28 KENW	OOD A	VE			-10		14
	City WILMINGTON State 1	MA Zip 01887-30	<b>012</b> City	WILMINGTO	ON		_ State <u>M</u>	<b>A</b> z	ip <b>01</b>	887-3012	. 1 "
	Insurance Company SAFECO INS	URANCE COMPI	ANY Vehi	cle Action Prior to Cr	ash 1	22	Damag	ed Area	Code: 1	- N. S. C.	
	Vehicle Travel Direction: X S E W	Responding to Emergency?	2 Ever	nt Sequence 23	23 2	3 23	Test Sta	atus:	1	28	
	Citation # (If Issued)	, , ,		t Harmful Event 1	24	G ENGLISH	Type of			29	
<sup>9</sup> 2	,	1.0.01/0/2.1		er Contributing Code	24	5 25		est Resu	-	Susp Drug 2 32	
	Viol. 1: Ch/Sec/Sub — Viol.			72	20	1000000		dcohol:	110	22	
		ol. 4: Ch/Sec/Sub		er Distracted by	, 9	35 36	37 38	from sc	ene? 2	244	4
	Please fill out for operator/non-n	motorist and all occupants in Address		DOB/Age	Seat S	afety Airbag ystem Status	Eject Trap Code Cod		Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Abo	ove		1 9	9 4	0 0	10	1		
	-Karaman and Andrews		<u> </u>			+					1
		-		_		-		-	$\vdash$	0	-

Crash Diagram:						If Crash <u>Did</u> on a Public	
		76.10	AT 1922	_		_	
	Left-	V1		¢ ( ∨2		Off-Street Par	rking Lot
CALLED A COMMISSION OF THE CALLED AND THE CALLED AN						☐ Garage	
Main St						☐ Mall/Shoppin	g Center
		ľ	3			Other Private	Way
						Indicate Nor	rth by Arrow
	Richmo	ond St			<b>√</b> 3		-)
rash Narrative:	1						
and V2 were both t	raveling NB on M	ain St i	n the left t	urn lane, b	oth havi	ng the inte	ent
turn onto Richmond	St. As they app	roched tl	he intersect	ion V1 stop	ped due	to the slow	ring
d stopping of the t	raffic. V2 unawa	re of tha	at V1 had st	opped rolle	ed into t	he vehicle.	
er colliding both	vehicles pulled	into the	parking lot	of 212 Mai	n St to	await polic	e
ponse. Upon my arr	ival to the scen	e both op	perators wer	e out of th	eir vehi	cles. Neith	er
was injured and d	id not request m	edical a	ssistance. T	he damage t	to the ve	hicles was	
imal/non-existent.	Both vehicles w	ere able	to drive aw	av from the	scene w	rithout issu	ie.
				-			
Vitnesses:							
		Address			Phone #		Statem
ne (Last,First,Middle) roperty Damage:	Address				Phone #		
ne (Last,First,Middle) roperty Damage:	Address		Phone #	41-Type	Phone #		
ne (Last,First,Middle) roperty Damage:	Address				Phone #		
roperty Damage:		Address	Phone #		Phone #		
ne (Last,First,Middle)  roperty Damage: ner (Last,First,Middle)  ruck and Bus Informatio		Address	Phone #	41-Type	Phone #		Staten 42
roperty Damage: ner (Last,First,Middle) rer (Last,First,Middle) ruck and Bus Informatio		Address	Phone #	41-Type  1 Vehicle Section)	Phone #	Damaged Property	Statem
roperty Damage: ner (Last,First,Middle) ruck and Bus Informatio	Registration #	Address	Phone #	41-Type	Phone #	Damaged Property  Bus Uses	Statem Statem
roperty Damage: er (Last,First,Middle)  ruck and Bus Information	Registration #	Address	Phone #	41-Type	Phone #	Damaged Property  Bus Us  St Zip	Staten  Staten
roperty Damage: ner (Last,First,Middle)  ruck and Bus Information	Registration #  State Number  dy Type Code 44	Address  GVWR/GCW	Phone #	41-Type  A Vehicle Section)  MC/MX	Phone #  Description of	Damaged Property  Bus Uses	Staten  Staten
S DOT #:	Registration # State Number dy Type Code 44 Reg Type	Address  GVWR/GCW Reg State	Phone #	41-Type  A Vehicle Section)  MC/MX	Phone #  Description of	F Damaged Property  Bus Ust Zip	Statem  Statem

	Police Use Only	Common	wealth (	of Massa	chus	etts			RMV	Docu	ment Nu	THE PERSON AND	
			tor Veh	icle Cras	$\mathbf{h}  \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Number Injured		Limit_	25	Local P	olice 🔂	
	10/19/2021   <b>0809</b>   <b>Wilmi</b>	ington	Police 1	Report	2	cincies	0	Latitud Longit			MBTA Campu: Other:	Police  s Police	
	AT INTERSECTIO	ON:	LOCA	TION >	347		NOT A	_		SEC			1
													<b>1</b> 10
	Route# Direction	Name of Deadway/Street		Route# Directi	<u>39</u>	ress #	ASH				ay/Street		
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street  At		Route# Directi	on Add	1688#		INA	ine or r	Coauw	ау/знест		
<u> </u>				Feet	SEW	of of	— — Mile M		_	or _	Ewit N	Jumber	
		of Intersecting Roadway/Stree	t		ule le lu	7 .	Mile IV	агкег			EXILI	valioei	2 11
		Also at Intersection with		_	N S E W	_	Route#		Interse	cting R	Roadway/S	Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Stree	t	Feet	N S E W	of of							
Ľ_			1	<u> </u>				_		ndmark	<u> </u>		┨
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	port ID#	21	-28	0 –.	AC				
	License # NHL19792359 St NH	DOB/Age (	Reg	v68271			Reg Ty	e CO		Re	eg State <u>1</u>	1A	_ 12
	19 19	strictions 20 CDL	Veh '	Year 2001	Veh M	fake <b>F</b>	ORD			_ Veh	Config.	6 21	1 "
	Operator DAVY, JAY THOM	AS Endorseme	ent	er RUSSELI									
<sup>4</sup> 1	Address 5 ALEXANDER AVE	irst Middle		ess <b>154 AL</b>	ıst		First			Mie	ddle		
		NH Zip 03079		WILMINGT				ata MZ	1 7	in 01	1887-	-0000	
	Insurance Company ARBELLA PRO					11		Damageo			-	27 27	
				t Sequence 2		23		est Stat			1 28		
5		Responding to Emergency? 2		Sequence 1	24			ype of T	Test:		29		
	Citation # (If Issued)		Most	Harmful Event	4	25	25	BAC Tes	-		1 30		13
	Viol. 1: Ch/Sec/Sub — Viol	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	26	25		usp. Ald				rug: <sub>2</sub> 32	2
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			owed fr			2 33		
1	Please fill out for operator Name (Last First Middle)	r and all occupants involved		DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Ejec Status Cod	38 Trap Code	39 Injury Status	40 Transp. Code	Medie	cal Facility	
	Operator	See Above	)		$\sqrt{1}$	1	4 0	0	10	1		-	
						_		+					1
								-			11		-
													l
<sup>7</sup> 1	Please Select One Vehicle 2 1 #	Occupants Non-Motoris	st A Type	15 Action	16 Locat	ion	17 Cond	ition	18		Hit/Run	Moped	
1	of the Following:			43337060				D.C.				470	ł
	19 19	DOB/Age		4NHD60			Reg Ty <sub>l</sub>				eg State <u>1</u>	21	
	Sex <b>F</b> Lic. Class D Lic. Res	trictions CDL Endorseme	ent	Year <b>2013</b>							Config.	1	
<sup>8</sup> 1	Operator TRIVEDI, RUJU	VIVEK irst Middle		er TRIVED	ist		ANA First	NT.A.	LJA		ddle		
1	Address 48 ASHWOOD AVE			ess 48 ASH		AVE		West States					14
	City WILMINGTON State 1			WILMINGT	'ON	Series Control						27 27	1
	Insurance Company THE COMMERO	CE INSURANCE	CO Vehic	cle Action Prior to 0		_	(A)	Damageo		Code:	1 27	27 27	
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Even	t Sequence 2	3 23	23	23	est Stat			29		
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	2 24			BAC Tes		lt:	30		
2	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	le <b>13</b>	<sup>25</sup> 1	9 25	Susp. Ale	cohol:	2 31	Susp. D	rug: 2 32	
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4; Ch/Sec/Sub	Drive	er Distracted by	99 <sup>26</sup>			owed fi		-	2 33		
	Please fill out for operator/non-r		lved		34 Seat		36 37 Airbag Ejec	38 Trap Code	39 Injury	40 Transp.			
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System 1	Status Cod	c Code	Status	Code 1	Medi	eal Facility	1
	Operator/Non-Motorist	See Above	•		$X^1$	1	1 0	-	10	-			1
													1



On 10/19/21, I responded to a two vehicle crash in the area of 39 Ashwood Ave. There were no injuries. It was reported by both operators that vehicle 1 was parked with the operator in the cab. Vehicle 1 was a dump truck and was parked in front of the home they were working at. It was reported by both operators that a car proceeded to back out of the driveway of 39 Ashwood. Witness stated Veh 2 went around the backing car and stuck the back of Veh 1. Witness believed speed was factor. Damage to Veh 2 supports speeding was a possibility. Veh 2 operator reported she went around the vehicle backing out of the driveway and drove into Veh 1. She reported that sun glare obstructed her view of the truck. The sun glare was definitely a factor in crash as it would have obstructed Veh 2.

Front airbag deployed in Veh 2. A&S Towing towed veh 2.

Witnesses:								
Name (Last, First, Middle)		Address			Phone #			Statement
BAKER PATRICK T		39 BURNAP ST	WILMINGTON M	A 01887-3	713			
					, A)			
Property Damage:				200				
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged P	roperty	
								(-
Truck and Bus Information:  Carrier Name  Address				icle Section)	s	it	Bus Use Zip	42
US DOT #:	pe Code	GVWR/GCWR	45			46		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Name	e		_Material 4 dig	it #	Re	elease code	49

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

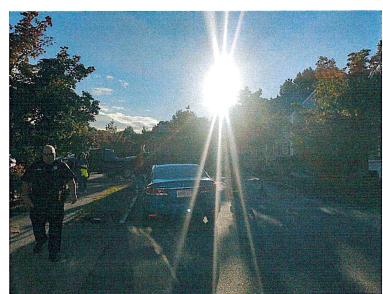
10/19/2021

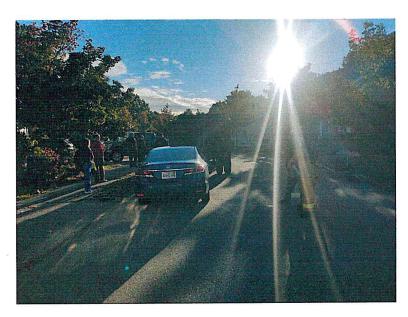
## Wilmington Police Department Images Associated with 21-280-AC













## Wilmington Police Department Images Associated with 21-280-AC



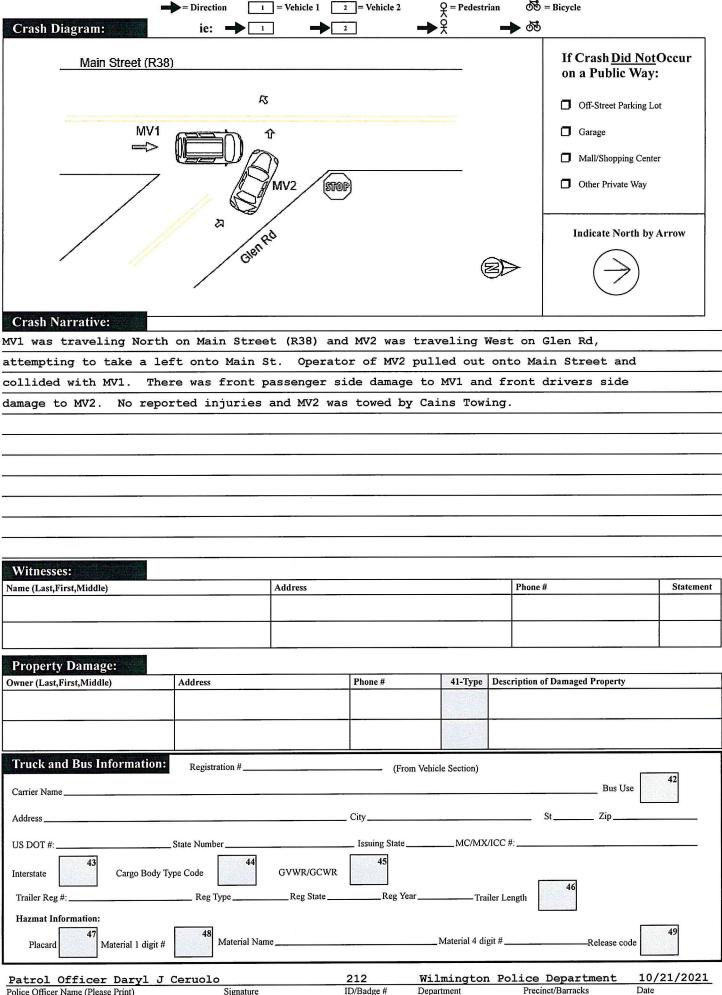




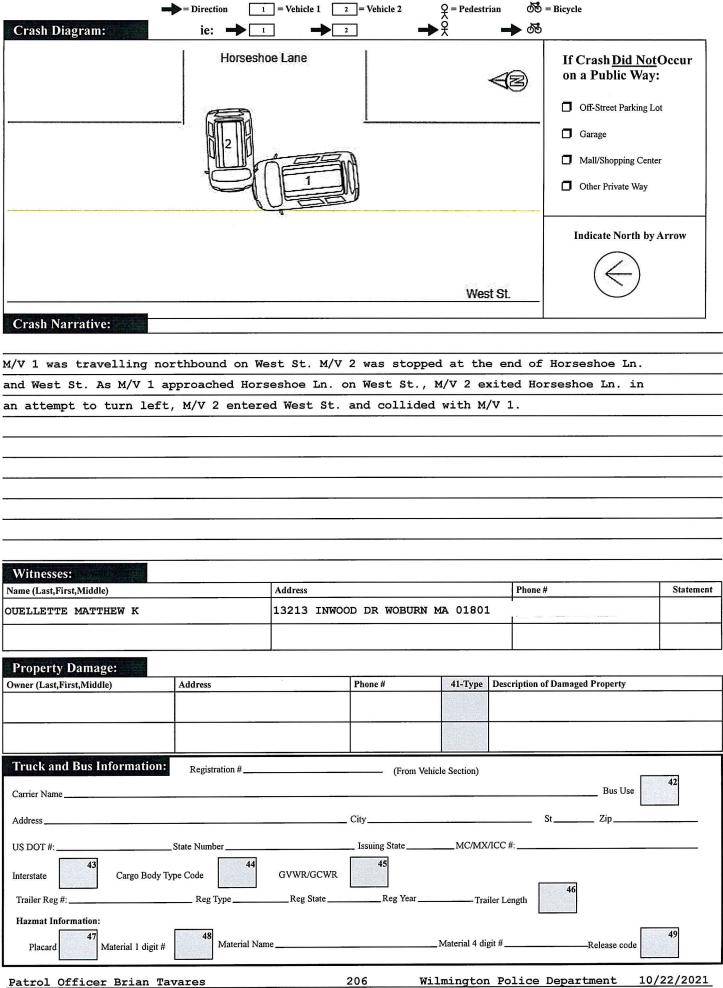
	Police Use Only	Commo	onwealth (	of Massac	chuse	tts		RM	V Docun	ment Number	
		City/Town	Motor Veh	icle Cras	h Nur	Marking Market	urad	ed Limit	25	State Police Local Police MBTA Police Campus Police	1
	10/21/2021   1537   Wilm:	ington	Police 1	Report	2	0	Lau	tude gitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA		100	NO	T AT IN		SECT		1
											2 10
					<u>357</u>		IDDLE				2
<sup>l</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Directio	n Addre	ess#	1	Name of	Roadwa	y/Street	-
		Al		Feet N	SEW				or		
	Route# Direction Name	of Intersecting Roadway/	Street	_			ile Marker	1		Exit Number	2 11
		Also at Intersection with		_	SEW	Rout	e#	Interse	ecting Ro	oadway/Street	
2	Route# Direction Name	of Intersecting Roadway/	Street	Feet N	SEW	of			J	a and a second of	
<sup>2</sup> 1	Route# Direction Name	or intersecting readways	Silect					La	ndmark		4
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Rep	ort ID# 2	21-2	281-	-AC	;		
	Single of the second	DOD/4	D.	3TMP91		De	т. В	<u> </u>	D.	g State <b>MA</b>	<u> </u>
	10 10	DOB/Age 20	, <u>-</u> ,							21	<b>1</b> 12
	Sex 44 Lic. Class D Lic. Res		rsement	Year 2020				iT	Veh C	Config.	
4	Operator SOUTO, DAVID P	irst Mi	iddle	er <u>SOUTO,</u> Last	t	F	irst		Midd	dle	
<sup>4</sup> 1	Address 18 PRESIDENTIAL			ess 18 PRES	SIDEN'	TIAL					
	City WILMINGTON State 1	MA Zip 01887-2	2867 City	WILMINGT	ОИ			<b>1A</b> z			
	Insurance Company ALLSTATE II	NSURANCE CO	MPAN Vehic	ele Action Prior to C	rash	2 22		ged Area	Code: 5	AND DESCRIPTION OF PERSONS ASSESSMENT	
5	Vehicle Travel Direction: NSWW	Responding to Emergence	cy? 2 Even	t Sequence 23	23	23 23	Test St			28	
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event	L <sup>24</sup>		Type o	r Test: Fest Resi	ıltı	30	
-	Viol. 1: Ch/Sec/Sub ———— Vio	ol. 2; Ch/Sec/Sub	Drive	er Contributing Code	1 2	25 25	5	Alcohol:	0.0	Susp. Drug: 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub Viol.			er Distracted by	26		-	from sc	Patternes Pin	22	$\vdash$
<sup>6</sup> 1		or and all occupants involv			34	35 36	37 38 Eject Tra	39	40	• 100 GOOD	1
	Name (Last First Middle)	Add		DOB/Age	Sex Pos.	Safety Airbag System Status	Eject Tra Code Cox	p Injury ie Status	Transp. Code	Medical Facility	-
	Operator	See A	bove	>>	X 1	1 4	0 0	10	1		
											1
					$\dashv$	_	$\vdash$	+			-
			serve serve	lane and the same				10			4
<sup>7</sup> 1	Please Select One of the Following:	Occupants Non-Mo	otorist A Type	Action 1	Location	n 17	Condition	18	П н	it/Run Moped	
	License # <b>S97029706</b> St <b>MA</b>	DOB/Age	Reg	2LPG75		Re	g Type P	C	Reg	State MA	1
	19 19	20		Year 2007						21	
	Operator DESROSIERS, RA	Endor	sement	er DESROSI						John G.	
<sup>8</sup> 1	Last F	irst Mi	iddle	Last	t	F	irst	1T () T	Midd	ile	
_	Address 25 FOREST ST	- 01005 (		ess 25 FORE		1			. 01	007 0057	<b>11</b> <sup>14</sup>
	City WILMINGTON State 1			WILMINGT	1	22		ged Area	_		
	Insurance Company ALLSTATE II	NSURANCE CO	MPAN Vehic	ele Action Prior to C		4	Test St		Code. 1	28	
	Vehicle Travel Direction: N S W	Responding to Emergence	cy? 2 Even	t Sequence 1 23		23 23	Type o		2	29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event 1				Test Resu	ılt:	30	
2	Viol. 1: Ch/Sec/Sub — Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19	25 25	Susp.	Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol.	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 <sup>26</sup>		Towed	l from sc	ene? 1	33	
	Please fill out for operator/non-					35 36 Safety Airbag	37 38 Eject Tra	p Injury	40 Transp.	Medical Facility	1
	Name (Last First Middle)	Add		DOB/Age		System Status  1 4	Code Co	de Status	Code 1	Medical Pacinty	1
	Operator/Non-Motorist	See A			$\langle \rangle$			-	-		-
											4
										7.	
					1 1			1			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Pedestrian	OO = Bic	ycle	
Crash Diagram:	ie: → 1	<b>→</b> _	2	<b>→</b> X •	<u>→ ₩</u>		
						f Crash <u>Did No</u> n a Public Way	
					_	Off-Street Parking I	.ot
						<b>]</b> Garage	
						Mall/Shopping Cent	er
		_				Other Private Way	
v2 6	v v	1			-	• Outer Trivate way	
<u> </u>						Indicate North by	Arrow
	357 Middlesex			٨			
	TO SEE SEE SEE SEE SEE SEE SEE SEE			Ń	Ď		
Crash Narrative:							<del></del>
The Driver of V1 had s	stopped in traff	ic, and was	rear ende	ed by V2			
V2 stated that V1 stop	oped in front of	him, and l	ne could no	t stop in ti	me, hitt:	ing v1. He	
stated that he must no	ot have been pay	ying attent:	ion.				
,						***	
Witnesses:		Tan			nt #		Statement
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Dan	aged Property	
Owner (Last,Frist,Mudic)	Address		I none ii	ii zype za	or puon or Bun	ages a reperty	9
Truck and Bus Information	Registration #		(From	Vehicle Section)			42
Carrier Name						Bus Use	
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	:#:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
	Reg Type	Reg State	Reg Year	Trailer L	Length	46	
Hazmat Information:							
Placard 47 Material 1 digi	48 Material Nan	ne		Material 4 digit #		Release code	49
Patrol Officer Brian I	Thornton		190	Wilmington P	olice Dep	artment 10	/21/2021
Police Officer Name (Please Print)	Signature			Department	Precinct/Ba		

	Police Use Only	Common	wealth (	of Massa	chuse	tts		RM	V Docui	ment Number	616 515
		City/Town Mo		icle Cras	h Nur Veh	of all and a second	urad	Speed Limi	35	State Police Local Police MBTA Police Campus Police	
	24HR	ington	Police 1	Report	2	0		ongitude		Campus Police Other:	
	AT INTERSECTIO	ON: <	LOCA	TION >		NO	TAT	INTER	SECT	TION:	<u> </u>
1	Route# Direction MAIN ST	Name of Roadway/Street		Route# Direction	on Addre	ess#		Name of	Roadwa	ay/Street	<b>2</b> 10
¹ <b>4</b>		At		T [N	SEW	. C		27			
	Route# Direction GLEN RD Name	of Intersecting Roadway/Stree	t			N	file Marl	ker	or	Exit Number	3 11
	į	Also at Intersection with			SEW	Rou	te#	Inters	ecting R	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Stree	ıt	Feet N	SEW	of			andmark		-
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	port ID# <b>2</b>	21-2	282				1
	License # <b>S93616656</b> St <b>MA</b>	DOB/Ag(	Reg	<u> </u>		Re	eg Type	PC	Re	g State <b>MA</b>	. 12
	Sex M Lic. Class D 19 Lic. Res	strictions 1 20 CDL	Veh	Year 2008	Veh Ma	ke <b>HYU</b>	NDAI	Ε	Veh (	Config. 21	1 12
	Operator MARCIL, JOSEPH	Endorseme	ent	er MARCIL,		OLLYN	ΝЈ				
<sup>4</sup> 2	Address 14 BROOK ST	irst Middle		ess 14 BRO	st		First		Mide	dle	
	City <b>TEWKSBURY</b> State 1	4A Zip 01876-241		TEWKSBUR			State	MA	Zip <b>01</b>	876-2414	
	Insurance Company THE COMMERC			ele Action Prior to C	Г	1 22		maged Area	_		
		Responding to Emergency? 2		Sequence 1 23	The state of the state of	23 23	Tes	t Status:	1	L 28	
<sup>5</sup> 2		Responding to Emergency:		Harmful Event	1 24		Тур	e of Test:	46,000	29	
	Citation # (If Issued)				HARAGE PARTY	25 2:	5	C Test Res	8	30	13
	Viol. 1: Ch/Sec/Sub — Vio			er Contributing Code	26		Sus	p. Alcohol		Susp. Drug: 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub Vio	white the same of	Drive	r Distracted by	34	35 36	10V	ved from se	ene? 2	2 55	_
	Please fill out for operator Name (Last First Middle)	r and all occupants involved  Address		DOB/Age	Seat	Safety Airbag System Status	Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator	See Above		$\sim$	1	1 4	0 0	0 10	1		
											7
									$\Box$		1
							+		++		-
									$\perp$		4
<sup>7</sup> 3	Please Select One of the Following: Vehicle 2_1#	Occupants Non-Motoris	st A Type	Action 1	Location	n 17	Conditio	on 18	Н	lit/Run 🔲 Moped	
		_ DOB/Age	Reg #	2RYC87		Re	eg Type	PC	Re	g State MA	
	Sex Lic. Class D 19 19 Lic. Res	trictions 20 CDL_Endorseme		Year 2018	Veh Mal	ke <b>SUB</b>	ARU		Veh (	Config. 1	
<sup>8</sup> 1	Operator_ Fi	irst Middle		er <u>HAYDEN ,</u> Las	it	1	First		Mide	dle	
	Address.			ess 64 LAWE		ST		Intel Names			14
	City 1 State		-	WILMINGT		22			_	887-1925	1
	Insurance Company THE COMMERC	CE INSURANCE	CO Vehic	le Action Prior to C		4 22		naged Area	Code:	3 27 27 27 28	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	Sequence 1 23	23	23 23		t Status: ne of Test:	1	29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	L <sup>24</sup>		15.5	C Test Res	ult:	30	
2	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	4	25 2:	5 Sus	p. Alcohol	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	) <sup>26</sup>		Tov	ved from se	_	33	
	Please fill out for operator/non-n	notorist and all occupants invo	lved	DOB/Age		35 36 Safety Airbag System Status	37 Eject Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)  Operator/Non-Motorist	See Above		DOBINGE		1 5		0 10	1	aious s ability	1
	operator/11010-11101011st	566715000							+		-
											4
											_



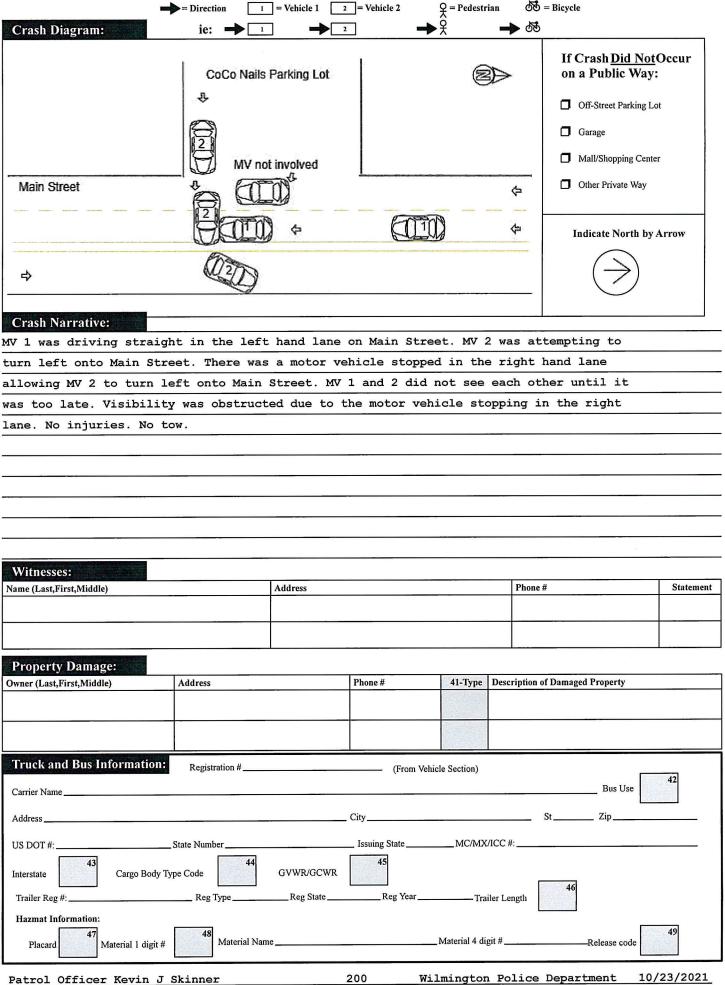
	Police Use Only	Commor	nwealth	of Massa	chus	etts			RMV	Docur	nent Number	
	AND	City/Town M	otor Veh	icle Cras	$\mathbf{h}$	lumber ehicles	Number Injured	Prod	Limit_	30	State Police Local Police MBTA Police Campus Police	7
	10/22/2021 0728 Wilm:	ington	Police 1	Report	2	cincics	1	Latitud			MBTA Police Campus Police Other:	
	AT INTERSECTION	N:			514		NOT A	_		SECT		
		COUNTY COUNTY					100 50 100 100 100	100			900 00- 800 0	2 10
	WEST ST											لــــا
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Add	lress #		Na	me of I	Roadwa	y/Street	-
	HORSESHO			Feet N	SEW	of		_ •	_	or _	7 . W . I	
	Route# Direction Name	of Intersecting Roadway/Str	eet	ī.		7	Mile	/larker			Exit Number	9 11
		Also at Intersection with			SEW	_	Route#	-	Interse	cting Ro	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/Stre	eet	Feet N	SEW	of of						
1										ıdmark		-
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash Rep	port ID#	21	-28	3-	AC	•		
	License # <b>S18427040</b> St <b>MA</b>	DOB/Age	Rega	1SZG84			Reg Tv	ne PC		Rei	State MA	<b>-</b>
	19 19	strictions 1 CDL		Year 2019							21	1 12
	Operator SMITH, DANIELL	Endorser	ment	er <u>SMITH,</u>							comig.	
<sup>4</sup> 1	Last	irst Middle	e	er <u>SMIIH,</u> ess	it		First	TUNI	DE I I	Mide	ile	
_	Address 18 FAULKNER AVE			575963 <del>4</del>		K A				01	007 2506	
	City WILMINGTON State 1	-		WILMINGT	ON	1.354000		tate <u>Mr</u> Damage		_	887-3526 27 27 27	
	Insurance Company GOVERNMENT	EMPLOYEES II	NSU Vehic	ele Action Prior to C	Tomas also			Damageo Test Stat		Code: 2	28	
5	Vehicle Travel Direction: S E W	Responding to Emergency?	2 Even	t Sequence 1 23		23	23	Type of		1	29	
	Citation # (If Issued)	r	Most	Harmful Event	1 24			BAC Tes		lt: 1	30	10
	Viol. 1: Ch/Sec/Sub Viol.	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	O <sup>26</sup>			Towed fr	rom sce	ne? 1	. 33	
<sup>6</sup> 1		r and all occupants involved			34 Seat		36 3 Airbag Eje	ct Trap		40 Transp.		7
	Name (Last First Middle)	Address See Abo	***************************************	DOB/Age	Sex Pos.	System 99	Status Co	le Code	Status 8		Medical Facility	1
	Operator	See Aoo			\ <u>\</u>			-	H	-	Mospital	-
					_							4
	Please Select One Variety 2.1 #	(Occurrents Day 25		15	16		17	dition	18	Г.,	it/Run Moped	1
<sup>7</sup> 3	of the Following: Vehicle 21	Occupants Non-Motor	rist A Type	Action	Locat	ion	Con	lition		<b>-</b>	it/Run Moped	
		DOB/Ag	Reg	6C99S0			_ Reg Ty	ре <u>РС</u>		Reg	g State TN	
	Sex M Lic. Class D D Lic. Res	strictions B 20 CDL	Veh	Year <b>2016</b>	Veh N	1ake <u>J</u>	eep			_ Veh (	Config. 1	
	Operator MCDONALD, JOSH	UA irst Middle	Own	er MCDONAL	D, J	OSH	<b>UA</b> First			Mide	n.	ε
<sup>8</sup> 1	Address 2221 HORSESHOE		-	ess <b>2221 H</b> C	ORSE	SHOE				Milde		
	City WILMINGTON State 1	MA Zip 01887	City	WILMINGT	ON			tate MZ	<b>A</b> Zi	ip <u>01</u>	887	1 14
	Insurance Company ALLSTATE PI	ROP AND CASUA	ALT_ Vehic	cle Action Prior to C	Crash	4	22	Damage	d Area	Code:	3 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency?	_	t Sequence 1 23	3 23	23	23	Test Stat	tus:	1	28	
	Citation # (If Issued)	tespenang to amargana,		Harmful Event	1 24	A District		Type of			29	
<sup>9</sup> 2	,			er Contributing Code	1243	25	25	BAC Tes		-	30	
		ol. 2: Ch/Sec/Sub ———		F	99 26			Susp. Al- Towed fi	_		Susp. Drug: 2 32	
		ol. 4: Ch/Sec/Sub		er Distracted by	34	35	36 3		39	40	•	-
	Please fill out for operator/non-i	notorist and all occupants in Address		DOB/Age	Sex Pos.		Airbag Ejo Status Co	ct Trap	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See Abo	ove	><	X	99	99 0	o	10	1		
			-									
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		1							1 I			1



	Police Use Only	Com	monwealth	of Massacl	nusetts	5	RM	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Limi	t_40	— Local Police	
	10/22/2021 1313 Wil	mington	Police	Report	2	2	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	r inter	RSECT		1
	Route# Direction	Name of Roadway/S		Route# Direction	34 Address #	ROUI	<b>!E 62</b> Name o		ay/Street	2 10
<sup>1</sup> 1		At		[]						1
	Route# Direction Na	me of Intersecting Road	way/Street		S E W of	Mile Ma	arker	- or _	Exit Number	3 11
		Also at Intersection v	with	Feet N		Route#	Inter	secting R	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Road	way/Street	Feet N	E W of				24.00	
	N. S.L.O.		T <sub>C</sub>	1	0.4			andmark		┨
3	Please Select One of the Following: Vehicle 11	#Occupants	/Run Moped	Crash Repo	rt ID# <b>21</b>	28	4 – A(	C		
	License # <b>S87863402</b> St <b>1</b>		Reg	# <u>824WF9</u>		Reg Typ	e PC	Re		12
	Sex <b>F</b> Lic. Class D 19 Lic.	Restrictions 20	CDL Veh	Year 2008	Veh Make <u>I</u>	KIA		Veh	Config. 21	1
	Operator GONZALEZ SERF		IFFER Ow	ner SERRANOE	CHEVA	RRI, C	ARME	J I	idle	
<sup>4</sup> 1	Address 27 WEST 5TH S!	rust .		iress 27 5TH	ST AP			MIO		
	City <b>LOWELL</b> Sta	te <b>MA</b> Zip <b>0185</b>	0-2403 City	LOWELL		Sta	nte <b>MA</b>	Zip <b>01</b>	850-2461	
	Insurance Company LM GENERA	L INSURANC	E COMP Veh	icle Action Prior to Cras	sh <b>1</b>	<b>22</b> D	amaged Are	a Code:	Appendix divolations in the party of	
	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Eve	nt Sequence 1 23	23 23	23	est Status:	1	28	
5	Citation # (If Issued)		Mo	st Harmful Event 1	24	α-	ype of Test: AC Test Re:		30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	ver Contributing Code	1 25	25	usp. Alcohol	Torthor and	Susp. Drug: 32	1
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	26		owed from s	242.000.00	1 33	į.
<sup>6</sup> 1		rator and all occupants in		300	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	40 Y Transp.		1
	Name (Last First Middle)		Address	DOB/Age Ser	Pos. System	n Status Code	Code Statu	s Code	Medical Facility  Lahey Clinic	
	Operator		See Above		1 1	1 0	/	2		-
<sup>7</sup> 5	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	l l	Hit/Run Moped	
	License # <b>S84988681</b> St <b>1</b>	A DOB/Ag	Reg	# 1CZB36		Reg Typ	e PC	Re	g State MA	
	Sex M Lic. Class D 19 Lic.		CDL Veh	Year 2014	. Veh Make <u>C</u>	CHEVRO	LET	Veh	Config. 2	
0	Operator COOK, MATTHEY			ner COOK, MA	TTHEW	<b>A</b> First		Mid	idle	
<sup>8</sup> 1	Address 8102 POULIOT	PL		dress 8102 POT	JLIOT			14110	vision (	<u> </u>
	City <b>WILMINGTON</b> Sta	te <b>MA</b> Zip 0188	7-6235 City	WILMINGTO	N				887-6235	1
	Insurance Company GOVERNMEN	T EMPLOYEE	S INSU Veh	icle Action Prior to Cra	sh <b>4</b>		amaged Are	a Code:	- Ballot Denicous Blockman	
	Vehicle Travel Direction: N K E W	Responding to Eme	ergency? 2 Eve	ent Sequence 23	23 23	23	est Status:	ŀ	28	
Q	Citation # (If Issued)		Mo	st Harmful Event 1	24		ype of Test: AC Test Re	sult:	30	
<sup>9</sup> 2	Viol. 1; Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Dri	ver Contributing Code	4 25	25	usp. Alcoho	- 0.1	Susp. Drug: 32	
		Viol. 4: Ch/Sec/Sub _	ъ.	Driver Distracted by 0 26 Towed from scene? 1 33					1 33	
	Please fill out for operator/n	on-motorist and all occu		200,000	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur Code Statu	y Transp.	Medical Facility	1
	Name (Last First Middle)  Operator/Non-Motoris	of C	Address See Above	DOB/Age Se	Pos. System	n Status Code	Code State	_	Lahey Clinic	1
	Operator/Ivon-Motoris	1	300 A0040		1	-				
										-
			<del></del>							

	-	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	ood = Bicycle	
Crash Diagra	m:	ie: 👈	<b>→</b>	2	<b>→</b> ĝ -	<b>→</b> №	
	2	•				If Crash Did N on a Public W	ay:
	SI CO	30	[-{	93 Off-Ramp		Garage  Mall/Shopping C	enter
			1-9	3 On-Ramp		Other Private Wa	
	Rt. 62			erredit, generale toe engeleer (* 🏴	M		
Crash Narrati	ive:						
					was crashed in		7
					right of way to	Contract Service Service	
			amp across th			erator of car 1	
	•			81.80	to Cain's tow		
			he station of	W. W. W.		ing. Operator	
		1010 00 0	50402011 02				
Witnesses:							
Name (Last,First,Mid	dle)		Address			Phone #	Statement
Property Dam	2αе•						•
Owner (Last,First,Mi		Address		Phone #	41-Type Desc	cription of Damaged Property	
			· · · · · · · · · · · · · · · · · · ·				
Truck and Bus	Information:	Registration #		(Fro	m Vehicle Section)	Г	42
Carrier Name			-		***	Bus Use	42
Address				City		St Zip	
US DOT #:		_State Number		Issuing State_	MC/MX/ICC	#:	
4:	-1		44 GVWR/GCWF	45			
Interstate						46	
Trailer Reg #:		Reg Type	Reg State	Keg Ye	arTrailer Le	ength	
Hazmat Information  4' Placard	7	48 Materia	al Name		Material 4 digit#_	Release code	49
				net occord			
Patrol Office Police Officer Name (P		Ialliday Signat	iture	205 ID/Badge #	Wilmington Po Department		.0/22/2021 ate

	Police Use Only	Commo	nwealth (	of Massac	chusetts	5	RM	IV Docun	nent Number	
	Date of Crash Time of Crash	City/Town N	<b>Iotor Veh</b>	icle Cras	h Number		Speed Limi	t35	State Police Local Police	1
		nington	Police 1	Report	Vehicles 2	Injured O	Latitude	***	MBTA Police Campus Police	
	24HR AT INTERSECTI	ON	< LOCA		2		Longitude_ FINTER		Other:	1
	AT INTERSECTI	ON:	\ LUCA	HON /		NOT A.	INIER	SECI	ION:	_ 10
					334	MAIN	ST			2
1	Route# Direction	Name of Roadway/Street		Route# Directio				f Roadwa	y/Street	
<sup>1</sup> 1		At		- N	le le lw					
	D. I. W. Division Management	e of Intersecting Roadway/S	N	Feet N	S E W of	Mile Ma	— • — arker	- or	Exit Number	11
	Route# Direction Nam	Also at Intersection with	oueet	Feet N	S E W of					73 "
					S E W of	Route#	Inters	secting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direction Nam	e of Intersecting Roadway/S	Street		01	-		andmark	- Albary N	-
	Please Select One									1
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID# <b>21</b>	28	5-A	3		
	License # S21055670 St M	A DOB/Ag	Reg	3XZJ11		Reg Typ	e PC	Reg	State MA	12
	19 19	estrictions 1 20 CDL_		Year 2021					21	1 12
		Endore	sement						comig.	
<sup>4</sup> 1	Operator BABINE, CAMERO	First Mid	idle	er BABINE,		First		Midd	lle	
1	Address 6 STATE ST			ess 6 STATE						
	City WILMINGTON State	MA Zip 01887-2	2429 City	WILMINGT	ис_			_	887-2429	
	Insurance Company THE COMMER	RCE INSURANCE	E CO Vehic	ele Action Prior to Co	ash 4	11/2/1	amaged Are	a Code: 1	SOUTH THE PARTY OF THE PARTY.	
	Vehicle Travel Direction: N S W W	Responding to Emergency	y? <u>2</u> Even	t Sequence 23	23 23	23	est Status:	1	28	
5	Citation # (If Issued)	_	Most	Harmful Event	24		ype of Test:	. 2	30	
	Viol. 1: Ch/Sec/Sub — V			r Contributing Code	1 25	25	AC Test Res		<u> </u>	1 13
				-	26		usp. Alcohol	100	Susp. Drug: 2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub V			er Distracted by	34 35	36 37	owed from s	40		1
_	Please fill out for opera  Name (Last First Middle)	tor and all occupants involve		DOB/Age	Seat Safety Sex Pos. Syster	Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator	See At	oove		1 1	4 0	0 10	1		
						1				1
			-			1	$\vdash$	1		-
	Please Select One Vehicle 21	#Occupants Day as		15 1	6	17	. 18		it/Run Moped	1
<sup>7</sup> 1	of the Following:	#Occupants Non-Mot	torist A Type	Action	Location	Condi	tion	Н	it/Run Moped	
	License # <b>S42401710</b> St <b>M</b>	A_ DOB/Age	Reg	2WGC39		Reg Type	e <u>PC</u>	Reg		
	Sex_F Lic. Class D 19 Lic. R	estrictions 1 20 CDL_		Year 2019	Veh Make_	HONDA		Veh C	Config. <b>1</b> 21	
	Operator PACKER, LISET	Endors FE ANTOINETT		er PACKER,	LISET'	re ant	OINE	TE		
81	Address 34 BURLINGTON	First Mid	ldle	ess 34 BURI		First		Midd	lle	
				WILMINGT			. MA	a:- 019	887-3903	1 14
	City <b>WILMINGTON</b> State				15550		amaged Are			
	Insurance Company ARBELLA M	UTUAL INSURA	Vehic	cle Action Prior to Ci			est Status:	a Coue. 3	28	
	Vehicle Travel Direction:	Responding to Emergency	y?_2	t Sequence 1 23	23 23	23	ype of Test:	1	29	
<sup>9</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	- 24		AC Test Res	sult:	30	
2	Viol. 1: Ch/Sec/Sub ———— \	viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	18 25	25	usp. Alcohol		Susp. Drug: 2 32	
		/iol. 4: Ch/Sec/Sub		er Distracted by	26		owed from s		22	
	Please fill out for operator/nor				34 35	36 37	38 39	40	ANY WORLD	†
	Name (Last First Middle)	Addr		DOB/Age	Seat Safety Pos. System		Trap Injury Code Statu		Medical Facility	4
	Operator/Non-Motorist	See Al	bove	$\langle \rangle \langle \rangle$	1 1	4 0	0 10	1		
						-		+++		1
						-		+		-



Department

Distriction   Time of Crash   Wilmington   Distriction	MOTOF Venice Crass
ATTINTERSECTION:	AT INTERSECTION:    Coulcil   Direction
Routed Direction Name of Roadway/Street Address Direction Name of Intersecting Roadway/Street Also at Intersection with Also at Intersection with Also at Intersection Roadway/Street Roadway/Street    Feet   N  S   W  of   Roadway/Street   Roadway/Street	Rouse   Direction   Name of Readway/Street   Route   Direction   Address   Route   Direction   Mile Marker   Cr   Exit Nember   Route   Direction   Directio
Rouse   Direction   Name of floodway/Street   Rouse   Name of floodway/Street   Name of floodway/Street	Resulted Direction Name of Roadway/Street  Al Peet NS E W of Feet
Routed 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  Feet   S   E   W   of   Roadway/Street  Feet	Route   Direction   Name of Roadway/Street   Route   Direction   Address   Freet   Name of Roadway/Street
Feet   S   E   W   of   Malte Marker   or   East Number	Rouse    Direction   Name of Intersecting Roadways/Street
Name of Intersecting Readway/Street   Set Number   Seat Number   Also at Intersection with   Feet   Set Number   Intersecting Readway/Street   Set Number   Intersecting Readway/Street	Name of Intersecting Readway/Street   Set Number   Seat Number   Also at Intersection with   Feet   Set Number   Intersecting Readway/Street   Set Number   Intersecting Readway/Street
Readed   Direction   Name of Intersecting Roadway/Street	Preses Select One   Preses   Prese
Please Solet One   Name of Intersecting Roadway/Street   Landmark	Please Silect One   Name of Intersecting Roadway/Street   Landmark
Please Solect Onc	Private Science One
Commonweight   Comm	Since   Since   Since   DoBAge   Reg   TIV766   Reg Type   PC   Reg State   PA
St.   DOB/Age   Reg # TLY7.66   Reg Type PC   Reg State MA   Personal Company Progress M. V   Personal Company M. V   Person	Reg # TLY7.66   Reg # Type PC   Reg State MA   Post   Lie. Class   19   19   Lie. Restrictions   20   CDL   Endorsement   Nation   Natio
Column   C	Veh   Year   Z015   Veh   Make   DODGE   Veh   Config   Land
Departer   Driverless   N. V.   Modife   Moderary   M	Departer   Driverless   N. V.   Modife   Moderary   M
Address	Address
State   Zip   City   MTIMINGTON   State   Zip   Damaged Area Code   7 27 27 27 27 27 27 27 27 27 27 27 27 2	State   Zip   City   MTIMINGTON   State   Zip   Damaged Area Code   7 27 27 27 27 27 27 27 27 27 27 27 27 2
PROGRESSIVE   CASUALTY INSU   Chicle Action Prior to Crash   11   22   Damaged Area Code   7   27   27   27   27   27   27   27	PROGRESSIVE   CASUALTY INSU   Chicle Action Prior to Crash   11   22   Damaged Area Code   7   27   27   27   27   27   27   27
Please Silvert One of the Following:  Please Silvert One of The Follow	Please Silvert One of the Following:  Please Silvert One of The Follow
Please Stlect One of the Fallowing   St   DOB/Age   See   Dob/Age   See   Dob/Age   See   Lic. Class   19   19   Lic. Restrictions   20   CDL   Endorsement   Color	Please Stlect One of the Fallowing   St   DOB/Age   See   Dob/Age   See   Dob/Age   See   Lic. Class   19   19   Lic. Restrictions   20   CDL   Endorsement   Color
Address   Addr	Address   Addr
Flease Select One of the Following:  Operator  See Above  Please Select One of the Following:  Step. Lic. Class  Step. DOB/Age  Reg # Reg Type Reg State  Endorsement  First Middle  Owner  Last First Middle  Owner  Last First Middle  Address  Addr	Flease Select One of the Following:  Operator  See Above  Please Select One of the Following:  Step. Lic. Class  Step. DOB/Age  Reg # Reg Type Reg State  Endorsement  First Middle  Owner  Last First Middle  Owner  Last First Middle  Address  Addr
Please Select One   Operator   See Above   Distracted by   D	Please Select One   Operator   See Above   Distracted by   D
Name (Lant First Middle)    Adders	Name (Lant First Middle)    Adders
Please Sciect One of the Following:	Please Sciect One of the Following:
Non-Motorist A   Type   Action   Location   Condition   White   Moped   Motorist   Type   Action   Location   Condition   White   Moped   Motorist   Type   Action   Location   Condition   White   Moped   Motorist   Type   T	Non-Motorist A   Type   Action   Location   Condition   White   Moped   Motorist   Type   Action   Location   Condition   White   Moped   Motorist   Type   Action   Location   Condition   White   Moped   Motorist   Type   T
Non-Motorist A   Type   Action   Location   Condition   Moped   Moped   Motorist A   Type   Action   Condition   Moped   Moped   Motorist A   Type   Action   Moped   Moped   Motorist A   Type   Action   Condition   Moped   Moped   Motorist A   Type   Action   Motorist   Motorist   Type   Test   Type   Type   Test   T	Non-Motorist A   Type   Action   Location   Condition   Moped   Moped   Motorist A   Type   Action   Location   Condition   Moped   Moped   Motorist A   Type   Action   Location   Condition   Moped   Moped   Motorist A   Type   Action   Location   Condition   Moped   Motorist A   Type   Action   Condition   Moped   Motorist A   Type   Action   Moped   Type   Typ
Non-Motorist A   Type   Action   Location   Condition   Moped   Motorist A   Type   Action   Condition   Moped   Condition   Moped   Tipe   Motorist A   Type   Tipe   Tip	Non-Motorist A   Type   Action   Location   Condition   Moped   Motorist A   Type   Action   Condition   Moped   Condition   Moped   Tipe   Motorist A   Type   Tipe   Tip
Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   White   Condition   White   White   White   Condition   White   White   White   White   Condition   Condition   White   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   Condition   White   White   White   Condition   White   White   Condition   White   White   White   Condition   Condition   White   Condition   Condition   White   Condition   Condition   Condition   Condition   Conditio	Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   White   Condition   White   White   White   Condition   White   White   White   White   Condition   Condition   White   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   Condition   White   White   White   Condition   White   White   Condition   White   White   White   Condition   Condition   White   Condition   Condition   White   Condition   Condition   Condition   Condition   Conditio
Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   White   Condition   White   White   White   Condition   White   White   White   White   Condition   Condition   White   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   Condition   White   White   White   Condition   White   White   Condition   White   White   White   Condition   Condition   White   Condition   Condition   White   Condition   Condition   Condition   Condition   Conditio	Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   Moped of the Following:   Non-Motorist A   Type   Action   Location   Condition   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   Moped of the Following:   Condition   White   White   White   Condition   White   White   White   Condition   White   White   White   White   Condition   Condition   White   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   White   Condition   White   White   White   Condition   White   White   White   Condition   White   White   Condition   White   White   White   Condition   Condition   White   Condition   Condition   White   Condition   Condition   Condition   Condition   Conditio
Company   Comp	Company   Comp
Company   Comp	Company   Comp
Endorsement   Owner   Last   First   Middle   Last   First   Middle   Address   Address   Address   State   Zip   City   State   Zip   Vehicle Action Prior to Crash   Zip   Damaged Area Code:   Zip   Zip   Vehicle Travel Direction:   N S E W   Responding to Emergency?   Event Sequence   Zi   Zip	Endorsement   Owner   Last   First   Middle   Last   First   Middle   Address   Address   Address   State   Zip   City   State   Zip   Vehicle Action Prior to Crash   Zip   Damaged Area Code:   Zip   Zip   Vehicle Travel Direction:   N S E W   Responding to Emergency?   Event Sequence   Zi   Zip
Last First Middle Address	Last First Middle Address
City State Zip City State Zip Vehicle Action Prior to Crash	City State Zip City State Zip Vehicle Action Prior to Crash
Nehicle Action Prior to Crash  Wehicle Action Prior to Crash  Event Sequence  23 23 23 23 23	Nehicle Action Prior to Crash  Wehicle Action Prior to Crash  Event Sequence  23 23 23 23 23
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Medical Facility	Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Medical Facility
Citation # (If Issued) Most Harmful Event	Citation # (If Issued) Most Harmful Event
/iol. 1: Ch/Sec/Sub	/iol. 1: Ch/Sec/Sub
Viol. 2: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Distracted by  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Viol. 4: Ch/Sec/Sub  Susp. Alcohol:  Viol. 4: Ch/Sec/Sub  Towed from scene?  33  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Driver Distracted by  Viol. 4: Ch/Sec/Sub  Seat Safety Aithag Eject Trop Injury  Transp. Code Statuta  Code Statuta  Code Statuta  Viol. 4: Ch/Sec/Sub  Medical Facility	Viol. 2: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Distracted by  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Viol. 4: Ch/Sec/Sub  Susp. Alcohol:  Viol. 4: Ch/Sec/Sub  Towed from scene?  33  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Driver Distracted by  Viol. 4: Ch/Sec/Sub  Seat Safety Aithag Eject Trop Injury  Transp. Code Statuta  Code Statuta  Code Statuta  Viol. 4: Ch/Sec/Sub  Medical Facility
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dilver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Dilver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility
Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility  Transp.  Medical Facility	Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility  Transp.  Medical Facility
Operator/Non-Motorist   See Above   X 1	Operator/Non-Motorist See Above 1

= Direction 1	= Vehicle 1 2 = Vehicle 2	ਊ = Pedestrian ੈ	🕏 = Bicycle	
Crash Diagram: ie: -> 1	2	<b>→</b> ĝ → ð	<u></u>	
			If Crash <u>Did Not</u> on a Public Way	
			☐ Off-Street Parking Lo	ot
			☐ Garage	
			☐ Mall/Shopping Center	er
			Other Private Way	
			Indicate North by	Arrow
Φ				.2
			$(\leftarrow)$	
Crash Narrative:				
The victims vehicle was parked and un				
(Pacific Grove Restaurant). Victim wa				
next to him had scrapped the side of				
left the area was described as a blac			***************************************	
vehicle sustained a scrape to the lef	t side of the vehicle	e. Vehicle is sti	ll in driveable	
condition.		i		
Witnesses:	Address	Pho	ne #	Statement
Name (Last,First,Middle)	Address	110	ne #	Statement
Property Damage:				
Owner (Last,First,Middle) Address	Phone #	41-Type Description	on of Damaged Property	
Truck and Bus Information: Registration #	(From	Vehicle Section)		
Carrier Name			Bus Use	42
Address	City		St Zip	
US DOT #:State Number	Issuing State	MC/MX/ICC #:		
43 44	CVVVP/CCVVP			
Interstate Cargo Body Type Code	GVWR/GCWR Box Voc		46	
Trailer Reg #: Reg Type	Keg state Keg tea	Irailer Length		
Hazmat Information:  47  Material 1 digit # Material Nan	ne	Material 4 digit #	Release code	49
Placard Material 1 digit # Material Nan			- Release code	
Patrol Officer Michael R DiLorenzo Police Officer Name (Please Print) Signature	217 ID/Badge #	Wilmington Police Department Pr	e Department 10, recinct/Barracks Date	/23/2021

## Wilmington Police Department Images Associated with 21-286-AC



