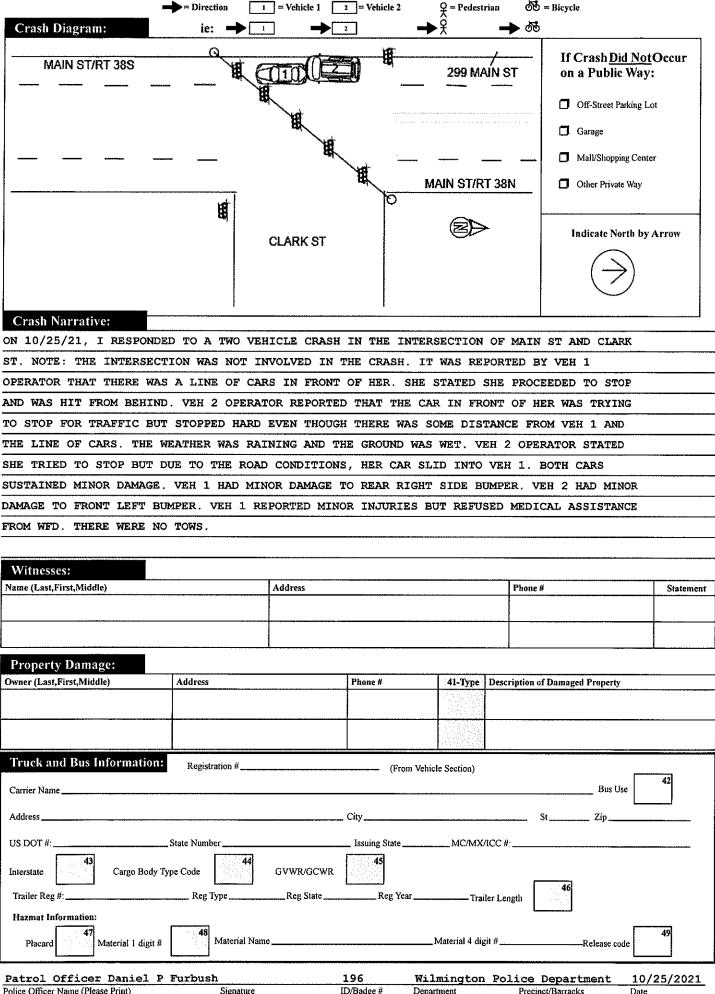
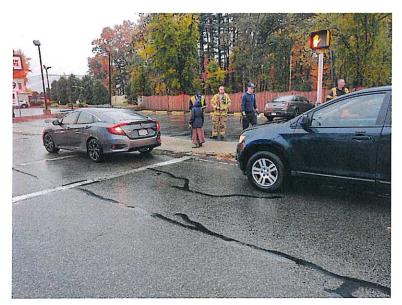
	Police Use Only	Comi	nonwealth	of Massac	husetts	8	RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police Campus Police	1
	10/25/2021 0800 Wil	mington	Police	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	3
	AT INTERSECT	ION·		TION >		NOT A	r inter			_
	ATIMERSECI	1014.				110124		550	10111	10
					298	MAIN				_ 2
¹ 1 .	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	/Street	_
1		At		Feet N	S E W of		_ • _	- or		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile M			Exit Number	11
		Also at Intersection w	rìth	Feet N	S E W of	Route#			adway/Street	. 2
				Feet N	S E W of	Route#	inters	ecting Roa	aaway/Street	
² 3	Route# Direction Na	me of Intersecting Roady	vay/Street				L	andmark		_
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Reno	rt ID# 21	-28	7-A(•		7
3	of the Pollowing:									_
	License # S98076203 St N		Reg	<u>5YT446</u>		Reg Typ	e <u>PC</u>	Reg	State MA 21	- 12
	Sex_F Lic. Class D 19 Lic.	Restrictions C	DL Veh	Year <u>2020</u>	Veh Make <u>‡</u>	IONDA		Veh Co	onfig. 1	
	Operator POTTS, TAMERA			er CATALDO,	ROBE	RT J		Middle		-
⁴ 3	Address 10 FILLMORE DI	\$		ess 10 FILL	MORE D			Middle	;	_
	City BILLERICA Stat	e MA Zip 01821	2107 City	BILLERICA		Stá	ite MA	Zio 01 8	321-2107	
	Insurance Company ALLSTATE			ele Action Prior to Cra			amaged Area	_		
					23 23	لينا	est Status:	1	28	
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emerg			24	55 F	ype of Test:		29	
	Citation # (If Issued)	_	Most	Harmful Event 1			AC Test Res	ult: 1	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 St	sp. Alcohol	2 31 S	Susp. Drug: 2 32	1 1
6	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	owed from so	ene? 2	33	
⁶ 2	<u>-</u>	ator and all occupants inv			34 35 Seat Safety		38 39 Trap Injury	40 Transp.		7
	Name (Lost First Middle)		Address	DOB/Age Sco			Code Status	Code 1	Medical Facility	\dashv
	Operator		e Above		1 1	4 0	0 9	<u> </u>		_
								 		_
			r	 		177	10	 	<u> </u>	4
⁷ 3	of the Following: Vehicle 21	_#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/	/Run Moped	<u>ا</u> ا
	License # S63141516 St M	A DOB/Ag	Regi	225ZN6		Ren Tyne	PC	Reg	State MA	1
	19 19	20	-	ear 2010	Vali Maka H				21	
		E.	dorsement	r RAMOS, E				ven co	imig.	
1	Operator TOUCHETTE, ME	First	Middle	Last		First	2.55	Middle		-
_	Address 15 PINEWOOD RI			ess <u>258 WASH</u>	IINGTO		APT			- 14
	•	MA Zip 01876	·-	CHELSEA				,	50-4219	. 4
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	le Action Prior to Cras	h 1		amaged Area	Code: 8		
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23		st Status:	1_	28	
,	Citation # (If Issued)	_	Most	Hannful Event 1	.24	•	pe of Test: AC Test Resi	<u>,, </u>	30	
2	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	5 25	25	sp. Alcohol:		Susp. Drug 2 32	
		Viol. 4: Ch/Sec/Sub —		r Distracted by	26		wed from so		33	
	Please fill out for operator/no			I I	34 35	36 37	38 39	40		-
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	e Above	><X	1 1	4 0	0 10	1		
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										_



Wilmington Police Department Images Associated with 21-287-AC









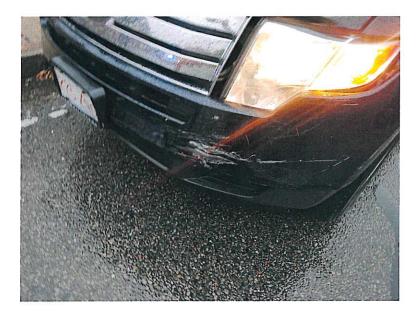




Wilmington Police Department Images Associated with 21-287-AC







	Pol	ice Use Only		C	ommon	nmonwealth of Massachusetts							RM	V Docı		Number		
	Date of Crash	Time of Crash		City/Town	Mo	tor Veh	icle Cra	ish		unber hicles			•	Limit.	35	Loca	Police II Police IA Police ID Police ID Police ID Police ID Police ID Police ID	
	10/25/2021	1343 24HR		ingtor	,	Police 3	Report		2	ancies	0		Latitud Longit				TA Police	
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									32		<u>M</u> 2	AIN						2
1	Route# Dire	ction		Name of Ros			Route# Direc	ction	Addr	ess#			Na	me of	Roadw	vay/Stree	et	-
1				,	At		Feet	N S	E W	of				·	or _			
	Route# Dire	ction	Name	of Intersection	ng Roadway/Stree	t					M	ile Ma					t Number	2 11
				Also at Inter	section with			ΝX	E W	of	Rout	e#			S!		y/Street	
[2	D		N	-£1-tongo ati	ng Roadway/Street		Feet	N S	E W	of	110111	•					,	
² 3	Route# Direc	ction	name	or intersecti	ng Roadway/Sitee	ı								La	ndmarl	k		1
3	Please Select C of the Followi		le 1 <u>3</u>	#Occupants	Hit/Run	Moped	Crash I	Report	ID#	21	-2	288	3 –.	AC	•			
			- 1/3				. 1 77 1 0.5						DC.			eg State	MA	┺
		6943423 Class D 19		DOB/Age	20		# 1JL195										21	1 12
	Sex E Lic.			strictions 1	CDL	ent	Year 2013								Veh	Config.	. 💾	
4	1	ILBAULT Last	F	aral	E P Middle		er GUILBA	Lost	-		F	irst		۲	Mi	iddle		
⁴ 1		WINTER		APT 1			_{ess} 49 WII		R S	T	AP							1
					- and												1-6919	
	Insurance Comp	ance Company ARBELLA MUTUAL IN cle Travel Direction: NXEW Responding to E				E Vehic	ele Action Prior to			3	22				Code:	6 ²⁷ .	7 27 27	
5	Vehicle Travel I	icle Travel Direction: NEW Responding to E				Even	t Sequence 1	23	23	23	23		st Stat pe of			29		
	Citation # (If Iss	ion # (If Issued)				Most Harmful Event 1. 24						•	-	rest. st Rest	elt:	30		
	Viol. I; Ch/Sec/					Drive	er Contributing Co	ode	1	25	25	1			2 31	Susp.	Drug 2 32	1 13
	Viol. 3; Ch/Sec/	ol. 1; Ch/Sec/Sub — Viol. 2; Ch/Sec/Sub — Viol. 3; Ch/Sec/Sub — Viol. 4; Ch/Sec/Sub — Viol. 4; Ch/Sec/Sub — Viol. 5; Ch/Sec/Sub — Viol. 6; Ch/Sec/Sub — Vi				Driver Distracted by								rom sc		2 33		
⁶ 2					upants involved		1		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
L	Name (Lust First M			1	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	М	ledical Facility	-
	Operate	or			See Above			Δ	1	1	4	0	0	10	1			-
				1			1		6	4	4	0	0	10	1			
				Г				t	4	4	4	0	0	10	1			
																		_
	Diama Salama ()	<u> </u>	<u> </u>	<u>-</u>		15	16	<u> </u>		17	L	Г	18		l	T-3.	1
⁷ 1	Please Select C of the Followi		e 2.1#	Occupants /	Non-Motoris	t A Type	Action]	Locatio	on	(Condit	ion		اللا	Hit/Run	Moped	
L	License # S9	0272447	St_ MA	DOB/Age		Reg #	6WB280				Re	д Туре	PC		R	eg State		
	Sex F Lic. 0	Class D	Lic. Res	strictions 1	CDL_ Endorseme	Veh '	rear 2011		Veh Ma	ake <u>T</u>	OYO	TA			_ Veh	Config.	1 21	
		NGH, SE	 EMA				er SINGH,	NZ	ARE	SH								
⁸ 1	,	GRAY ST	F	itst	Midále	Addr	ess 21 GR	Lost AY	ST		F	irst			Mi	iddle		
	City BILLE			MA Zin C	1821-142	23 City	BILLERI	CA				Stat	te M 7	4 z	ip O	1821	L-1423	1 14
	•				URANCE (_	le Action Prior to			1	22				- 1	2 27	27 27	ļJ
	·				_		Sequence 1		23	23	23	Te.	st Stat	us:		1 28		
		Tehicle Travel Direction: NXEW Responding to Eme					Harmful Event	1	24			Ту	pe of '	Test:		29		
⁹ 2	,	Citation # (If Issued)						<u> </u>		25 4	9 25			st Rest		30	_ 23	
	Viol. 1: Ch/Sec/	/iol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —					r Contributing Co		-		3	1	•	cohol:		Susp.	Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub _						r Distracted by	99	34	35	36	10	wed fi	rom sc	ene?	1 "		4
	Please fill out for operator/non-motorist and all occupants Name (Last First Middle) Addr					ved	DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	M	ledical Facility	
	Operate	or/Non-Me	otorist		See Above			X	1	1	4	0	0	10	1			
	<u> </u>		***	 				Ţ `										1
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				<u> </u>				ļ	 	<u> </u>				_	ļ			4
Ì				1														

	= Direction 1	= Vehicle 1	= Vehicle 2	웃 = Pedestria	ın ÓʻÓÖ ≕Bi	cycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	→ ₹	→ ∞		
2 >	Parking 321 Ma	Lot Entrance	48 SEALING SERVICES AND ANALYMOUS AND			If Crash <u>Did No</u> on a Public Wa Off-Street Parking	y:
						On-Street Faiking	201
			<u> </u>			☐ Garage	
		(T)				Mall/Shopping Cer	nter
		<u>U</u>)		Other Private Way	
15, p. = 1 10 10 10 10 10 10 10	and the first the state of the	ga a yana, ay ay yanan anan danan an anab A Sandad VI SVI =	and the second s	MINNSTARRANGE CONTRACTOR	***************		
		ega a consequence de Antonio Antonio de Anto				Toutions North b	A
	Main St	t				Indicate North b	y Allow
						(\rightarrow)	
Crash Narrative: ehicle 1 was traveling	on gouth on Wei-	o St Wahi-	le 2 was b	sehind vehic	le 1 alec	traveling	
outh on Main St. Veh:							
							· · · · · · · · · · · · · · · · · · ·
ehicle 2 was travelin							
he left in an attemp							
assenger side bumper	and fender into	the rear	driver sid	le bumper an	d quarter	panel of	
ehicle 1.							
NI:2							
Witnesses:		Address			Phone #		Statement
Mile (2003) 1100 (1110 Co.)							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	maged Property	
Truck and Bus Informatio	Registration #		(Fro	m Vehicle Section)		Г	42
Carrier Name						Bus Use	
Address			_ City		St _	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
03 DO1 m.			45				
Interstate Cargo Bod	y Type Code	GVWR/GCWR				- Ac	
Trailer Reg #:	Reg Type	Reg State	Reg Ye	arTrail	er Length	40	
Hazmat Information:					<u> </u>		
47 Placard Material 1 digi	48 Material Na	me		Material 4 dig	it #	Release code	49
riacatu iviactiai i digi	· ** *********************************						
Patrol Officer Michael	W Wandell		174	Wilmington	Police De	partment 1	0/25/2021
olice Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/		ate

	Police	Use Only	Com	monwealth	nwealth of Massachusetts							RM	V Docu	ment Num		
		Time of Crash	Motor Veh	icle Cra	sh		ımber hicles	Nun Inju		•	Limit	25	- Local Pol	ice 🔞		
	10/25/2021		Lmington	Police	Report		2	Incies	1	ľ	Latitud Longit			MBTA Po Campus F Other:	Police	
	1	24HR AT INTERSEC	rion.	L		>	<u> </u>		NO		<u> </u>		SEC	TION:		1
		II INTERSEC	HON.	LOCA	ITON				110	* 432		1110				10
							1		NO)RT	H S	ST				2
li .	Route# Direction	on	Name of Roadway/S	treet	Route# Direc	tion	Addr	ess#			Na	ine of	Roadw	ay/Street		_
¹ 1			At		Foot	N S	E W	of				_	05			
	Route# Direction	- N	arne of Intersecting Road	way/Street	Pect		2 [1]	01		le Mar			· -	Exit Nu	mber	1011
	Router Directo	J	Also at Intersection		Feet	N S	E W	of								10
					Feet	N S	E W	of	Route	e#		Interse	ecting F	koadway/Sti	eet	
² 2	Route# Direction	on N	ame of Intersecting Road	way/Street	,					· · · · · · -		La	ndmark			-
L	Please Select On	9 ⊠1	#Occupants His	/Run Moped	Crash R			21	^	00) _					
³ 3	of the Following:		- Hi	/Run Moped	Crasn R	report .	ID# 4	<u> </u>		. 0 :	<i>y</i> —	<u> </u>				4
L	License # <u>S81(</u>	009071 st	MA DOB/Ag	Reg	Reg # 1YKY26 Reg Type PC Reg State MA											12
	Sex F Lic. Cla	19 19 Lic		CDL Veh	Year <u>2020</u>	ν	/eh Ma	ake <u>C</u>	HEV	/RO	LE7	<u>: </u>	Veh	Config. 1	. 21	1
	Operator DOH	ERTY, KAT		Endorsement Own	er DOHERT	Υ,	KA.	TIE	A							
⁴ 1	1	ARCIA RD	First	Middle	ess 31 MAF	Last			Fi	rsl			Mi	M)e		
_			ate MA Zip 0188		WILMING					Ctat	. MZ	1 2	n1	L887-:	1 4 4 8	
						ſ		22				Code:		27 27		
		y ARBELLA		cle Action Prior to			Τ	23		st Stat			28			
⁵ 2	Vehicle Travel Dire	ection: N E W	rgency? 2 Even	t Sequence 1	23	23	23	23		pe of			29			
2	Citation # (If Issued	d)		Mos	Harmful Event	1	24				C Tes	t Resu	ılt:	30		L.,
	Viol. 1: Ch/Sec/Sub	b	_ Viol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de	1	25	25	Sus	sp. Ale	cohol:	- 31	Susp. Dru	g: 32	1 13
	Viol. 3: Ch/Sec/Sub	b	- Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by	0	26			To	wed fi	om sc	ene?	1 ³³	<u> </u>	\vdash
⁶ 2		Please fill out for ope	erator and all occupants in	volved			34 Seat	35 Safety	36 Airbag	17 Eject	38 Trap	39 Injury	40 Transp.	······································		1
	Name (Last First Middl			Address	DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical	Facility	
	Operator		\$	See Above		Δ	1	1	4	0	0	9	1			
	l		ì		,	.	3	1	4	0	0	10	1			

						16			ं रही		Γ.	70				4
⁷ 1	Please Select One of the Following:		#OccupantsNo	n-Motorist A Type	15 Action	16 L	ocatio.	n	17 c	Conditi	on	18	☐ I	lit/Run	Moped	
<u> </u>	Licarea # 1032	2 507963 _st_	OC DOR/An	Ren	6107B	_		_	Rec	з Туре	CO		Re	g State M	A	1
		19 19	20	_	rear 1999		7-1- N.C.	. т						Config 6	21	
	Sex M Lic. Cla	<u>D</u>	Restrictions C	Indorsement									ven	Conng.	<u>'</u> i	
⁸ 1	į.	IZ, JULIA	First	Middle	er FARMER	,asi				rst			Mic	ldle		
	Address 437	PARKER RD			ess <u>437 P</u>	RKE	SR_	RD								14
	City DRACUT	Sta	ıte MA Zip 0182	6 City.	DRACUT									826		
	Insurance Company	UNION IN	SURANCE CON	IPANY Vehic	le Action Prior to	Crash		1	22				Code:		27 27	
	Vehicle Travel Dire	ection: N E W	Responding to Eme	gency? 2 Even	t Sequence 1	23 2	23	23	23		t Stat			28		
	Citation # (If Issued	i)	·	Most	Harmful Event	1	24			٠.	oe of T			30		
⁹ 2	Viol 1: Ch/Sec/Sub)	Drive	er Contributing Co	de	10	²⁵ 1	9 ²⁵			t Resu	31		32		
				er Distracted by		26			J 54.	•	om sci	_	33 33	° []		
ļ	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub — on-motorist and all occup		2.0		3-1	35	36	37	38	39	40			-
	Name (Last First Middle		on-motorist and an occup	Address	DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical	Facility	_
	Operator	/Non-Motori	st s	ee Above		X	1	1	5	0	0	10	1			
	·															1
}		····				H						 -	-			-
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	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ Pedestrian	Ø♥ = Bicycle	
Crash Diagram:	ie: 👈	· →	2	→ ऱ -	→ ₩	
\ Pleasant Street					If Crash <u>Did</u> on a Public V	
\	\				Off-Street Park	king Lot
\	\ 403 Middle	esex			☐ Garage	
Ì	\ Ave.				☐ Mall/Shopping	; Center
MV#2	<u> </u>	MV#1	an a thair an de Marian, ag an Palair, air gheire ann air an fheir an tar an tar ann an t-		Other Private V	Way
					Indicate Nort	th by Arrow
					- $ $ $ $ $ $ $ $	
Middlesex	AVe.			€		/
Crash Narrative:						
Oper. of MV#1 and Op						er.
of MV#1 was just pas	sing 403 Middlse	sex Ave whe	n she was :	reared by Ope	r. of MV#2.	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:		<u> </u>				
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property	
Truck and Bus Informati	On: Registration#		(From	Vehicle Section)		
Carrier Name					Bus Use	42
Address			City		St Zîp	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	·····
43	44		45			
	ody Type Code	GVWR/GCWR	44 A. A. A. A.		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	ength	
Hazmat Information:	48					49
Placard Material 1 di	git # Material Na	ame		Material 4 digit #	Release cod	e
Patrol Officer Danie	l C Cadigan		178	Wilmington Pa	olice Department	10/25/2021
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks	Date

	Police Use Only	Comn	nonwealth (vealth of Massachusetts					RM'	V Docum	nent Number		
	1 1	City/Town	Motor Veh	icle Cras	sh 🛚	lumber Jehicles	Number Injured	1 *	l Limit,	35	State Police Local Police MBTA Police	0800	
	10/26/2021 0525 Wilm :	ington	Police 1	Report	2		0	Latitu Longi			Campus Police	_ 법	i
	AT INTERSECTION)N:	< LOCA	TION >	>		NOT A			SECT	ION:		
				•••									2 10
	129 E LOWELL S									w	43.		
¹ 4	Route# Direction	Name of Roadway/Stre	eet	Route# Directi	on Ado	iress#		Na 	ame of	Roadwa	y/Street		
4	129 W WEST ST	74		Feet [N S E V	of		•		ог			
		of Intersecting Roadwa	ay/Street		- 1 · · · · ·		Mile N	larker			Exit Number		8 11
		Also at Intersection wi	th		N S E V		Route#		Înterse	cting Ro	oadway/Street	— ŀ	
² 3	Route# Direction Name	of Intersecting Roadw	av/Street	Feet I	N S E V	V of							
3			,						La	ndmark			
³ 2	Please Select One of the Following:	Occupants Hit/F	Run 🔲 Moped	Crash Re	eport ID#	21	-29	0-	AC	;			
2	License # S89281746 St MA	DOR/Age	I	T11965			Ran Tu	₁₆ CO	<u> </u>	Rec	s State MA		
		20	-	Year 2017								21	1 12
	<u> </u>	En	dorsement									╛╽	
4 _	Operator BARDEN, SHAWN Last	irat	Middle	er J B M (ast		First			S LI Midd	lle	_	
⁴ 3	Address 17 GEORGE BROWN			ess <u>265 WI</u>		<u>r 7</u>	APT E					_	
	City BILLERICA State 1			BURLINGT	ON					_	803-263	_	
	Insurance Company ALLMERICA	FINANCIAL	BENEF Vehic	le Action Prior to (Crash	4				Code:	27 27	27	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Even	Sequence 1 2	3 23	23	23	Test Stat		-	29		
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 24			Type of BAC Te		_{մե} . -	30		<u></u>
	Viol, 1; Ch/Sec/Sub ———Vi	ol, 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 1 .	25	25	Susp. Al	1		Susp. Drug:	32	1 13
	Viol. 3: Ch/Sec/Sub ————Vi	ol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	0 26			owed f	ı		33		
⁶ 2	Please fill out for operato				34 Seat	35 Safety	36 37 Airbag Ejec	38 I Trap	39 Injury	40 Transp.	·		
	Name (Last First Middle)	[Address	DOB/Age	Sex Pos.	System	Status Cod	e Code	Status	Code	Medical Facility		
	Operator	Sec	e Above		X^1	1	4 0	0	10	1			
		<u> </u>		15 0	16		17	 	18		1_		
⁷ 2	of the Following: Vehicle 2.1	Occupants Non-	Motorist A Type	Action	Locat	ion	Cond	ition :		H	it/Run 🛄 Mo	ped	
	License # S85513341 St MA	DOB/Age,	Reg#	1HYL42			_ Reg Ty	e <u>PC</u>		Reg	State MA		
	Sex F Lic. Class D Lic. Res	trictions 20 CD		(ear 2015	Veh N	nake D	ODGE			Veh C	Config. 1	21	
	Operator RAGUSA, ALEXAN		dorsement BETH Owns	RAGUSA	. ALE	XAN	DRA I	ELI	ZAB	ETH			
⁸ 1	Last F Address 8 COLEMAN RD	irst .	Middle	ss 8 COLE	3\$(First			Midd	lle		l
		1A Zip 01922		BYFIELD			Si	ate MZ	A 7	in 01	922-280	1	4 14
	Insurance Company LM GENERAL	_		le Action Prior to C	~rach	1	_					27	J
				<u> </u>	3 23	23	<u> </u>	est Stat		F	28	_	
	Vehicle Travel Direction: NSEX	Responding to Emerge	•	Sequence 1	24			ype of	Test:	F	29		
⁹ 2	Citation # (If Issued)			L		25		BAC Te	st Resu	dt:	30	_	
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Clı/Sec/Sub	Drive	r Contributing Cod		25		lusp. Al	ι		Doub: Diag.	32	
	Viol. 3: Ch/Sec/SubVi	Drive	r Distracted by	99 ²⁶			owed fi		<u></u>	33		ļ	
	Please fill out for operator/non-r	-	nts involved	DOB/Age	Sex Pos.		36 37 Airbag Ejec Status Cod	38 Trop Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motorist		e Above		X 1	1	4 0	0	10	1			
						+-			 	++			
					_								

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	oo = Bicyo	le	
Crash Diagram:	ie: →	1 -	2	Ŷ '	→ №		
						Crash <u>Did Not</u> 0 a Public Way:	
	West st		_		0	Off-Street Parking Lo	t
-	*				0	Garage	
	Rte.129/Lowell st	da CII	4			Mall/Shopping Center	
企	r r r	12			0	Other Private Way	
316 Low Mobile o Run	rell st./	West st.		Ø		Indicate North by A	Arrow
Crash Narrative:							
Oper.#1 related he was West st., m/v#2 who wa							
of his truck.	s craveling we	st on Fte.1	.29/LOWEII St.	, cribbea	the right	rear end	
Oper.#2 related that s	he was traveli	na West on	rte 129/Lowel	l st. as	she was co	ing through	
the intersection she c					go		
			, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
					·		
		<u></u>					
Witnesses:	<u></u>						
Name (Last,First,Middle)		Address			Phone #		Statement
					1		· · · · · · · · · · · · · · · · · · ·
Property Damage:			I	1 4 m ln			
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Dama	ged Property	
Truck and Bus Information	Registration #		(From Vehi	-1- 6			
Carrier Name						Bus Use	42
							j
US DOT #:	State Number			MC/MX/ICC	C#;		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer 1	Length 46		
Hazmat Information:				1101101 1			
Placard 47 Material 1 digit	# 48 Material Nar	me		Material 4 digit #		Release code	49
						<u> </u>	
Patrol Officer Paul W Police Officer Name (Please Print)	Jepson Signature			Lmington P	olice Depa Precinct/Barra		26/2021

	Poli	ice Use Only		Co	mmonv	mmonwealth of Massachusetts RMV Document Number											
	Date of Crash 10/26/2021	Time of Crash		City/Town Lngton	1		iicle Cra	ash	Nun Vehi		lumber njured	Speed	l Limit	6!	Local	Police D Police S A Police D	
	10/20/2021	24HR	LA -T- T-TEFT	Ling Con		Police	Report		1	0	-	Langi				ius Police 🔲	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>		N	OT A	r in	TER	SEC	TION		
										_	-00	17D	22				2 10
	Route# Direc	ction]	Name of Roady	way/Street		Route# Dire	ction	Addres		<u> 193</u>			Roadv	vay/Stree	t	·
¹ 1				At			East	N S	E W o	e							
	Route# Direc	ction	Name	of Intersecting	Roadway/Street		reel	1,12		1	Mile M	arker		01 -	Exit	Number	11
				Also at Intersec			Feet	N S	E W o	f	ute#		Inter-	antine 1	Roadway	/Street	4
2	Route# Direc	tion.	Nama	of Intersecting	Roadway/Street		Feet	N S	E W o	f	шсн		THEIS	ecting i	Roauway	, Sircei	
² 3	Route# Direc	snon	Name	or intersecting	Koadway/3treet	r							La	ındmar	k		
3	Please Select C of the Followin		<u>1</u> _#	Occupants	Hit/Run	Moped	Crash	Report	ID# 2	1-	29	1-	AC	3			
		7310963	St MA	DOB/Ag		Reg	# <u>380245</u>	3			eo Tvn	e PC	····································	R	eg State	NH	
		Class D			20 CDL	-	Year 2019									21	2 12
		FRANCESCO		L	Endorsemer	at	er DEFRAI									<u> </u>	
⁴ 1	1	EARL ST	Fi	rst	Middle		ess 7 PEA	Last	-		First			М	iddle		
	l				145-312		SOMERVI						A 7	Zin 0 2	2145	-3120	
		City SOMERVILLE State MA Zip 02145-31 Insurance Company					cle Action Prior to		Г	22				Code:		27 27	ĺ
	1						t Sequence 41			3 23		est Stat			1 28		
5	l	Vehicle Travel Direction: XSEW Responding to Emergency? Citation # (If Issued)					Harmful Event	24		in Physician	T	ype of	Test:		29		
	1	Sub		1 2. Cl./S/S-	ı		er Contributing C		7 2:	S diabas	25	AC Te	1		1 30	32	24 ¹³
		Sub					er Distracted by	0	26			usp. Al owed fi			22	Orug 2 32	24
⁶ 2	VIOI. 5: CIVACC/5	Please fill out fo					J Distracted by	Y		35 36	37	38	39	40	3 33]
	Nune (Last First Mi	iddle)		1	Address		DOB/Age	Sex	Pos. S	afety Airb	ag Eject us Code	Trap Code	Injury Status	Transp. Code	Med	lical Facility	
	Operato	or 			See Above		\geq	X	1 1	4	0	0	10	1			
-	Please Select O	Ne Vehicle	a #6	Decupants	Non-Motorist	A Type	15 Action	16	ocation	17	Condi		18	<u></u>	II:4M	Moped	1
⁷ 1	of the Followin	ig: Venicie			Non-Motorist						ļ	L					
	License #	19 19	St	_ DOB/Age	20	Reg #	<u> </u>			R	eg Type			R	eg State_	21	
	Sex Lic. C	Class	Lic. Rest		CDL Endorsemen	Veh Y	/ear	<u> </u>	/eh Make					Veh	Config.		
3	Operator	Last	Fin	şt	Middle	Own	er	Last			First			Mi	ddie		
3	Address					Addr	ess										14
	City	W-01-1	_ State	Zîp		City_			[· · ·	22		te			20	20 20	4
	Insurance Compa	nny				Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: 27 27 27 27 27 27 27 28							21 21				
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence Z3											
2	Citation # (If Issu	ıed)				Most	Harmful Event		24	1	В	AC Tes		ılt:	30		İ
	Viol. 1: Ch/Sec/Sub ——————————Viol. 2: Ch/Sec/Sub ————————————————————————————————————					Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 32						ວ _{ານg:} 32					
l	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved					Driver Distracted b					,	wed fr	om sce	<u></u>	33]
	Plea Name (Last First Mic	•	tor/non-m	otorist and all o	occupants involve	ed	DOB/Age	Sex	Scat St	35 36 afety Airba stem Statu	g Eject s Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	tical Facility	
ļ		Operator/Non-Motorist See Above						X	1							· · · · · · · · · · · · · · · · · · ·	
ŀ	***						\uparrow										
ŀ																	
-								\vdash			+-				· · · · · · · · · · · · · · · · · · ·		
											1						

•	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedesti	rian රම =	Bicycle	
Crash Diagram:	ie: 👈 🔟	→ [2	₩Ŷ	→ №		
						YCC I N'IN	
		GUARDA	'All			If Crash <u>Did No</u> on a Public Way	
		ঐ	r)	A POTT	3	on a 1 ubic way	·
		क्ष		Mr. Company	3	Off-Street Parking I	Lot
	命						
	а					Garage	
						Mall/Shopping Cent	ter
						Other Private Way	
						Omer i ivace way	
					<u> </u>		
						Indicate North by	Arrow
				(8		(\rightarrow)	
INTERSTATE RT 93	NB IN WILMINGTO	ON BEFORE E	XIT 33 (CONC	ORD ST)			

Crash Narrative:		**************************************					
N 10/26/21, I RESPONDE	D TO A SINGLE	CAR CRASH	IN INTERSTA	TE 93 NB 1	BEFORE EX	IT 33 IN	
ILMINGTON. STATE POLIC	E WAS UNAVAILA	BLE. NO IN	JURIES REPO	RTED. IT	WAS REPOR	TED BY	
PERATOR THAT HE WAS TR	AVELING IN THE	LANE RIGHT	OF THE FA	ST LANE W	HEN HIS V	EHICLE STARTED	
HYDROPLANE. WEATHER	CONDITIONS WAS	LIGHT RAIN	WITH INTE	RMITTENT 1	HEAVY DOW	NPOURS. ROAD	
AS WET AND HAD SOME PO	OLING OF WATER	. OPERATOR	STATED HE	HYDROPLANI	ED LEFT,	HIS VEHICLE	
ROSSED THE FAST LANE,							
AMAGE TO LEFT QUARTER							
AS DRIVEABLE BUT WAS S							
OWED OFF HIGHWAY BY AS	S TOWING .OPER	ATOR REPORT	ED TRAVELI	NG 70 MPH	WHICH UN	DER NORMAL	
ONDITIONS IS FINE. DUE	TO RAIN, SPEE	D COULD HAV	E BEEN A F	ACTOR IN I	HYDROPLAN	ING.	
Witnesses:							
lame (Last,First,Middle)		Address			Phone #		Statement

Property Damage:							
wner (Last,First,Middle)	Address		Phone #	41-Туре	Description of	Damaged Property	
ASSACHUSETTS DEPARTMENT OF TRANS	519 APPLETON ST	ARLINGTON MA		1	GUARDRA	AIL	
				(30-63-6-63-63-63-63-63-63-63-63-63-63-63-6			
Truck and Bus Information:	Designation #						
	Registration #		(From V	eliscle Section)			42
Carrier Name						Bus Use	
Address			City		St	Zip	
	State Number		Issuing State	MC/MX/	/ICC #:	· · · · · · · · · · · · · · · · · ·	
Interstate 43 Cargo Body T	ype Code	GVWR/GCWR	45				
	12.56.61.1	Dec Cies	Pac 36-			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trai	ler Length	11,70	
Hazmat Information:	10					 	40
Placard Material 1 digit #	Material Nam	e		Material 4 dig	git #	Release code	49
atrol Officer Daniel P							/26/2021
line Officer Marge (Pleace Print)	Signatura	r	D/Radge # D	enartment	Dragingt	/Barracke Data	

CDP1 11-24-00

Wilmington Police Department Images Associated with 21-291-AC













Wilmington Police Department Images Associated with 21-291-AC













Wilmington Police Department Images Associated with 21-291-AC





Po	lice Use Only	Co	ommonwealt	th of Massa	S	RM	V Documen			
Date of Crash		City/Town	Motor V	ehicle Cras	sh Numbe		Speed Limit	_ I	State Police Local Police SMBTA Police Campus Police	
10/26/2021	1808 W	Vilmington	Polic	e Report	2	o	Latitude Longitude		Campus Police	
	AT INTERSI	ECTION:	< LC	CATION >	>	NOT A	Γ INTER	SECTIO	ON:	
										2
Route# Dire	ection	Name of Road	way/Street	Route# Directi	34 ion Address #		YE 62 Name of	HWY Roadway/S	treet	-
		At								
				Feet [1	N S E W of	Mile M		or	Exit Number	
Route# Dire	ection	Name of Intersecting Also at Interse		Feet	N S E W of					2
_				1 =	N S E W of	Route#	Interse	ecting Road	way/Street	
Route# Dire	ection	Name of Intersecting	Roadway/Street				La	ndmark		-
Please Select	One XI Vehicle	11_#Occupants	Hit/Run Mor	ed Crash Re	eport ID# 2]	-29	2-AC	4	-	
of the Follow	ing:			<u></u>			_			_
		St MA_ DOB/Ag.	20	Reg # 1XGN55				_	21	1
		Lic. Restrictions	CDL Endorsement	Veh Year <u>2003</u>				Veh Con	fig. 1	F
	OUNG, KYLI	First	Middle	Owner YOUNG ,	asl	First		Middle		
Address 25	GROVES A	VE FL APT	1 1	Address 25 GRO	VES AVE					
City LOWE	LL	State MA Zip 01	1852-2629	City LOWELL					52-2629	
Insurance Com	pany GOVERNM	ENT EMPLOY	EES INSU	Vehicle Action Prior to (Crash 1	14 1 14 1	amaged Area		27 27 27	
Vehicle Travel	Direction: NS I	Responding to	Emergency? 2	Event Sequence 2	3 23 23		est Status:	1	28	
Citation # (If Is	ssued)		1	Most Harmful Event	1 ²⁴		ype of Test: AC Test Resu		30	
Viol. 1: Ch/Sec	/Sub	Viol. 2: Ch/Sec/S	ub	Driver Contributing Cod	le 99 ²⁵	35	usp, Alcohol:		sp. Drug: 2 32	1
Viol. 3: Ch/Sec	/Sub	Viol. 4: Ch/Sec/S	ub	Driver Distracted by	0 26		wed from sc	·	33	-
		r operator and all occup	ants involved		34 35 Scat Safet	y Airbag Eject	38 39 Trap Injury	40 Transp.	<u> </u>	1
Name (Last First			Address	DOB/Age	Sex Pos. Syste	nı Status Code	Code Status	Code 1	Medical Facility	1
Operat	Or		See Above		\ <u>'</u>	1	10	-		4
										_
Please Select		1 #Occupants	Non-Motorist A Type	15 Action	16 Location	17 Condi	18	Hit/R	tun Moped	
of the Follow	пидн —					. 11				┨
	19 19	St MA_ DOB/Ag	20	Reg # <u>3EHX69</u>			PC	_	21	
Sex F Lic.	Class D	Lic. Restrictions 1	Endorsement	Veh Year 2018				Veh Conf	fig. 🗘	
T	AVEN, PAT	First	Middle	Owner <u>CRAVEN</u>	ıat	CIA A		Middle		
	JORDAN RI			Address 15 JOR	DAN RD					-
City PEAB		State MA Zip 01		City PEABODY				·	50-1209 27 27 27	4
Insurance Comp		RAL INSURA		Vehicle Action Prior to C			amaged Area		18	
Vehicle Travel I	Direction: NS E	Responding to	Emergency? 2	Event Sequence 1		20	pe of Test:	2	!9	
Citation # (If Is	sued)		1	Most Harmful Event	1 24		AC Test Resu	ilt: 1 3		
Viol. 1: Ch/Sec.	/Sub	Viol. 2: Ch/Sec/Se	ub 1	Driver Contributing Cod		25 St	sp. Alcohol:		sp. Drug: 2 32	
Viol. 3: Cl ₁ /Sec.		Viol. 4; Ch/Sec/St		Oriver Distracted by	0 26		wed from sce	2	13	╛
Pl Name (Last First)	•	tor/non-motorist and all	occupants involved Address	DOB/Age	34 35 Seat Safet Sex Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	or/Non-Moto	orist	See Above		1 1	4 0	0 10	1	· · · · · · ·	1
-										1
										-
										4
				i i	}					1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestri	an 📆 =	Bicycle	
Crash Diagram:	ie: 👈	1 -	2	→ ⊱	→ ‱		
			MV1	MV2 M	\	If Crash Did on a Public V Off-Street Parl Garage Mall/Shopping	Way: king Lot
						Other Private	Way
Route 62	Ţ		93NB Ramp		1	Indicate Nor	th by Arrow
Crash Narrative:	1	t					
MV1 was traveling Wes	t on Route 62.	The operat	or of MV1	reported the	y slowed	to take a	
left to enter the 93N	B ramp. MV2 was	also trav	eling West	on Route 62	. The ope	erator of M	<i>T</i> 2
stated he observed MV	1 but was unable	e to stop	in time to	avoid conta	ct. Neitl	ner operato	c
reported injuries and	neither vehicle	e was towe	d.				
				··. · · · · · · · · · · · · · · · · · ·			
		<u></u>					
		·			.		
Witnesses							
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:			T "				
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of L	Damaged Property	
Truck and Bus Information	Registration #			om Vehicle Section)			
Carrier Name			(1)	our veincle dection)		Bus Use	42
					_		
Address							
US DOT #:				MC/MX/I	CC #:		
1.27 A.A.A.T. N.A.	y Type Code	GVWR/GCWR			<u> </u>	46	
	Reg Type	Reg State	Reg Y	earTraile	er Length		
Hazmat Information: 47 Placard Material I digit	# 48 Material Nan	ne		Material 4 digi	t#	Release code	49
<u> </u>							
Patrol Officer Meghan	Sousa		214	Wilmington	Police D	epartment	10/26/2021

CDP1 11-24-00

	Police Use Only	Comn	onwealth of Massachusetts							RM	V Doct	ıment Numbei				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh		umber hicles			•	Limit	25	Local Police) 		
	10/27/2021 1728 Wilm	ington	Police	Report		2	incies	0	1100	Latitus Longit			MBTA Police Campus Police Other:	ce 🔲		
	AT INTERSECTION				>			J	<u>і</u> Тат			SEC'	TION:		1	
	AT INTEROCCIA	J111	, boer												10	ij
	MIDDLESE												·····		2	
¹ 3	Route# Direction	Name of Roadway/Str	eet	Route# Direc	tion	Addı	ess#	<u>-</u>		Na	me of	Roadw	/ay/Street		-	
3		At		Feet	N S	EW	of			•	_	or _				
	Route# Direction HIGH ST Name	of Intersecting Roadw	ay/Street					M	ile Ma	rker			Exit Numb	er	2 11	,
		Also at Intersection w	ith	Feet	N S	EW	of	Route	o#		Inters	ection F	Roadway/Street			
2			(6)	Feet	N S	E W	of	Rout	urr		mers	eting i	Condination	*		
² 2	Route# Direction Name	of Intersecting Roadw	/ay/Street								La	ndmarl	k]	
	Please Select One Vehicle 11	#Occupants Hit/I	Run Moped	Crash R	leport	ID#	21	-2	9:	3 –	AC	١				
³ 3	of the renewing:														ł	
	10 10	DOB/Ag	_	# 2HJP91										21	1 12	1
	Sex F Lic. Class D 19 Lic. Re		OL Veh	Year 2013		Velt M	ake <u>H</u>	ONI)A			Veh	Config. 1			J
	Operator NAMUGAYA, GLOF	RIA First	Own	er NAMUGA	ΥA	, G	LOF	IA	irst			Mi	iddle			
⁴ 3	Address 18 SCHOOL ST	ress 18 SCHOOL ST Address 18 SCHOOL ST														
	City WILMINGTON State	MA Zip 01887	-0000 City	WILMING'	TON	T			_ Sta	te M 7	.	նթ Օ :	1887-00	000		
	Insurance Company GOVERNMENT	EMPLOYEES	INSU Vehic	cle Action Prior to	Crash	ι :	2	22	Da	amageo	d Area	Code:	1 27 27	27		
	Vehicle Travel Direction: N S W	Responding to Emerg		t Sequence		23	23	23	Te	st Stat	us:		1 28			
⁵ 1				· ·	1	24	<u> </u>		Ту	pe of	Test:		29			
	Citation # (If Issued)			Hammful Event			25	25		AC Tes			1 30		13	1
	Viol. 1: Cli/Sec/Sub ————V		.	er Contributing Co		<u> </u>			Su			2 31		2 32	1	
⁶ 2	Viol. 3: Ch/Sec/SubV			er Distracted by	0	26				wed fi	·	į	2 33]	
2	Please fill out for operate Name (Last First Middle)		olved Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	lajury Status	40 Transp. Code	Medical Faci	ility		
	Operator		e Above		V	1	1	4		0	10	1			1	
						<u> </u>										
									-							
	Please Select One	Occupants Non-	Motorist A Type	15 Action	16	Locatio		17	Conditi		18	Ь.	Hit/Run 🔲 1	Moped	1	
⁷ 2	of the Following:	140n-	Motorist A Type	Action		Jocanic	<u>"L</u>	`	Jonan			'd '		vioped		
		_ DOB/A	Reg	8RL510				Re	з Туре	PC		R	eg State MA	<u></u>		
	Sex M Lic. Class D 19 Lic. Re	strictions B CI	DL Veh '	/ear <u>2018</u>	1	Veh Ma	ake N	ISS	AN			_ Velı	Config. 1	21		
	Operator KAYLOR, TODD M			er KAYLOR	,]	OD:	D M	ICI	IAE	L						
⁸ 1	Address 57 ASHWOOD AVE	rirst		ess <u>57 ASH</u>	.asi WO	OD	AVI	FI	rsi			Mı	ddle			
	City WILMINGTON State]	MA Zip 01887	-4403 City	WILMING:	FON	Ī			_ Stat	te M Z	<u>. </u>	ip 0 1	L887-44	103	1 ¹⁴	1
	Insurance Company THE HANOVE:	•	•	le Action Prior to	Crash		2	22	Da	mageo	l Area	Code:	5 27 27	27		J
	Vehicle Travel Direction: NSXW	Responding to Emerg		Sequence 1		23	23	23	Te	st Stat	us:		1 28			
		Responding to Emerg	•	· <u>L=</u>		24			Ту	pe of T	Γest:		29			
2	Citation # (If Issued)	-			1		25	25	BA	AC Tes	t Resu	ılt:	1 30			
	Viol. 1; Ch/Sec/Sub —————V	Drive	r Contributing Co	de ,	<u> </u>		23	Su	sp. Alc	cohol:	2 31		32			
	Viol. 3; Ch/Sec/SubV	Drive	r Distracted by	0	26	·····	_	То	wed fr	om sc	<u> </u>	2 33	-]		
	Please fill out for operator/non- Name (Last First Middle)	-	nts involved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Ejeoi Code	38 Trop Code	39 Injury Status	40 Transp. Code	Medical Faci	ility		
	Operator/Non-Motorist	T	e Above	Suzzinge -	Ż	1	1	4		0	10	1	2-10-2-01 10-2			
		57 ASHWOOD AVE			_											
	ALICIA KAYLOR	WILMINGTON, MA 01	1887-4403		F	3	1	4	0	0	10	1				
	1				<u></u>	6	4	4	0	0	10	1				

	→	►= Direction 1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestrias	n ØØ = Bicycle	
Crash E	Diagram:	ie: → □ →	2	→ ♀	→ 65	
		Rt. 62			on a	ash <u>Did Not</u> Occur Public Way: -Street Parking Lot
	Middleou			# #5 _ L .	_M	II/Shopping Center
	Middlsex Ave			High Street		ner Private Way
		Left Turn Only		<u> </u>	Ind	icate North by Arrow
Crash N	larrative:					
		opped at the red ligh	t. Vehicle 1	was traveli	ng behind vel	nicle 2
id thou	ight the light tur	rned green when it was	s still red. '	Vehicle 1 a	ccelerated in	ito the
ar or	vehicle 2. The ce	enter front of vehicle	e 1 contacted	the rear c	enter of vehi	.cle 2.
ere wa	as a weather tech	tow hitch attached to	o the rear of	vehicle 2.	Neither vehi	cles
rbags	were deployed and	I all parties declined	d medical atte	ention. Bot	h vehicles we	ere able
be dr	riven from the sce	ne.				
		,				
Witness	es:					
ame (Last, l	First,Middle)	Address			Phone #	Statemen
	y Damage: First,Middle)	Address	Phone #	41-Type D	escription of Damaged	Pranarty
wher (Last,	First, who die	roniess	I none #	41-13 pc D	escription of Damageo	roperty
Fruck ar	nd Bus Information:	Registration #	(From V	ehicle Section)		
Carrier Nam	e_		(2.2.3.1	,		Bus Use 42
					_	
Address			• • •			·
US DOT#:_	St	ate Number	Issuing State	MC/MX/IC	C #:	
Interstate	43 Cargo Body Type	Code 44 GVWR/GCW	/R 45			
	#:		Reg Year	Tunit-	Lanoth 46	
		Neg 13pc Reg State_	reg real_	trailer	Lengin	
Hazmat In	107 manun:	48				49
Placard	Material I digit #	Material Name		Material 4 digit	#	Release code
			015	7.7	D-14 D	
	fficer Michael R Dil Name (Please Print)	orenzo Signature	······································	Vilmington epartment	Police Depart Precinct/Barracks	nent 10/27/2021 Date

Wilmington Police Department Images Associated with 21-293-AC





	Police Us	se Only	Com	monwealth	of Massa	ichi	isetts	3	1.	RM	V Doc	ument Number		
	Date of Crash Tim 10/27/2021 18	e of Crash	City/Town nington	Motor Vel		sh	Number Vehicles			d Limit	35	MBTA Police		
	10	24HR		<u> </u>	Report		2	0		itude		Campus Police Other:		
	AT	INTERSECT	ION:	< LOCA	ATION :	>		NOT	AT IN	TER	SEC	TION:		10
							474	MAI	in s	т				2 "
4	Route# Direction		Name of Roadway/S	treet	Route# Direct		Address #				Roadv	vay/Street		
4			At		Feet	N S I	E W of			• —	ог _			
	Route# Direction	Nan	ne of Intersecting Road	way/Street				Mile	Marker			Exit Number	r	3 11
			Also at Intersection	with			E W of	Route#		Interse	ecting l	Roadway/Street		
² 3	Route# Direction	Nan	ne of Intersecting Road	way/Street	Feet	NSE	E W of							
	Please Select One		#O				- O 1	- 20) /		ndmar	K		
3	of the Following:	Vehicle 1_1_	#Occupants Hit	/Run Moped	Crash R	eport 1	D# 21	2:	14-	·AC	_			
	License #_ S3059		A DOB/Age	_	# <u>3MFA54</u>			_				-	21	1 12
	Sex_F Lic. Class		testrictions 1	Endorsement	Year 2016			_				Config. 1		_
1	Operator REED ANN-MARIE WATERMAN Last First Middle Owner REED ANN-MARIE WATERMAN Last First Middle													
1	Address 15 MY				ress 15 MYS		AVE						_	
	· ·		MA Zip 0188		WILMING'			22				1887-21	27	
	1		INSURANCE		cle Action Prior to	., .	3 23		Damage Test Sta		Code:	3 28		
2	Vehicle Travel Direction	EH	Responding to Eme		it sectation [1	23 2	3 23 24	23	Type of			29		
	Citation # (If Issued)_					<u> </u>	25	25	BAC Te			30		_ 13
			Viol. 2: Ch/Sec/Sub —		er Contributing Cod		L 23	25	Susp. A			73	32	1
2			Viol. 4: Ch/Sec/Sub — tor and all occupants in		er Distracted by	0	34 35	36	Towed 1	from sc	ene?	2 33		
	Name (Last First Middle)	ease till out for opera	ioi and an occupants n	Address	DOB/Age	Sex	Seat Safety Pos. System	Airbag E	oct Trap ode Code	Injury	Transp. Code	Medical Facilit	<u>)</u>	
	Operator	• • • • • • • • • • • • • • • • • • • •	S	See Above	\times	X	1 0	4 0	0	10	1			
	Please Select One	Vehicle 21	#Occupants No	n-Motorist A Type	15 Action	16	cation	17 CO	dition	18	X	Hit/Run 🔲 M	oned	
1	of the Following:			<u> </u>					L				орси	
	License #	19 19	DOB/Age	•	#				уре				21	
	Sex Lic. Class		estrictions C	indorsement	Year	Vel	lı Make				Veh	Config.	ᅴᅵ	
1	Operator unkno	WII.	First	Middle		ast		First			Mi	ddle	_	
	Address	P4-4-	7:		ess				State	7	·		<u> </u>	1 14
	City Insurance Company		Zīp		cle Action Prior to 0			22	Damage			27 27	27	
	Vehicle Travel Direction		Responding to Emer			2.3	3 23	23	Test Sta	tus;		28		
	Citation # (If Issued)_		Kesponding to Lines		Harmful Event		 24		Type of	Test:		29		
2	Viol. 1: Ch/Sec/Sub -		Fol 2: Ch/Sec/Sub		er Contributing Cod	ie	25	25	BAC Te	ſ	ilt: 31	30	32	
	Viol. 3: Ch/Sec/Sub -				er Distracted by		26		Susp. Al Towed f	L		Susp. Drug:		
			-motorist and all occup				34 35 Seat Safety	36 3	7 38	39	40 Transp.	_		
	Name (Last First Middle)	7 1.4		Address	DOB/Age	Sex :	Pos. System		ect Trap ide Code	Injury Status	Code	Medical Facility	у	
	Operator/N	on-Motorist	S	ee Above		\wedge	1		-	1				
										<u> </u>				
									1 -					

	= Direction	1 = Vehicle 1	2 = Vehicle 2	옷 = Pedestri	an 🐠 = Bicycle	
Crash Diagram:	ie: 🖚 🗀	→ [2	₽Ř	→ ₩	
CONTROL DE LA CONTROL DE L	С В		Mai	n St R38	If Crash D on a Public	id NotOccur c Way:
	\(Z\)				Off-Street I	Parking Lot
						arking Lot
	₽ P	PATTA	MV1 ➡>		☐ Garage	
	Ø	Made	~~		☐ Mall/Shopp	ing Center
		3	<u> </u>		Other Priva	te Way
	1 74	TIM				
474 Main St	· W	MV2	d (Dum Mahiata)		Indicate N	orth by Arrow
			d Run Vehicle)	_	_ (
		分		(2		>)
			ļ			
Crash Narrative:						
MV1 was traveling Nor	th on Main Stre	et (R38).	MV2 was exit	ing the p	arking lot of 474	Main
Street. MV2 crashed	into the rear p	assenger si	de of MV1 wh	en attemp	ting to exit the	
parking lot. Following	<u> </u>		 			
toward Woburn. A wit						
		but were un	able to loca	te MV2.	No apparent injuri	es
and minor damage to M	<i>7</i> 1.					
						
33/2						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
NICOLSON KENNETH P		32 FRANKLIN	ST N BILLERICA	MA 01862-1	442	2
						I.
Property Damage:			T., ,,		D 14 4D 1D	
Owner (Last,First,Middle)	Address		Phone #	41-1ype	Description of Damaged Propert	/
					· · · · · · · · · · · · · · · · · · ·	
Truck and Bus Information	1: Registration #		(From Ve.	hiala Castian)		
	Trogissianion ii		(FIOIII VE	incle Section)	Bust	Ise 42
Carrier Name						
Address			_ City		St Zip	
US DOT#:	State Number		Issuing State	MC/MX/I	CC #:	
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:	<u> </u>	•	· • • —	- 11410		
Placard Material 1 digi	# Material Na	me		Material 4 digi	t#Release c	ode 49
Patrol Officer Darvl	J Ceruolo		212 W:	ilmington	Police Department	10/27/2021

Department

	Police Use Only	Common	wealth	of Massacl	husett	S	R	MV Do	cument Number	
	1 1	City/Town Mo	otor Vel	icle Crash	Numbe Vehicle		Speed Lim	it_3	O State Police Local Police MBTA Police Campus Police	1
	10/29/2021 1840 Wilm	ington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:		TION >		NOT A	T INTE			1
										2 10
	David Diagram	Name of David and Other			50		CORD		<i>I</i> D. 4	_
¹ 4	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name o	of Road	way/Street	-
	İ			Feet N S	E of			- or	E'NI (1
	Route# Direction Name	of Intersecting Roadway/Stree	t	Falls	15.51	Mile M	arker		Exit Number	4 11
		Also at Intersection with		Feet N S		Route#	Inter	secting	Roadway/Street	\vdash
² 1	Route# Direction Name	of Intersecting Roadway/Stree	t	Feet N S	E W of					
<u>.</u>			T	<u> </u>				.andma	rk	4
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repor	t 1D# 21	29	5-A	C		
	License # S26616008 St MA	DOB/Ag	Reg	9NF565		Reg Туг	e PC	I	Reg State MA	
	10 10	20		Year 2011					21	1 12
	Operator BLANKENSHIP, M	Endorseme	ent	er BLANKENS		_				
⁴ 1	Address 24 ELM ST	rirst Middle		ess 24 ELM S	•	First	M.WV	V	Aiddle	
	City PEABODY State 1	M73 == 01960-446		PEABODY	,	g.	. M3	<i></i> 0	1960-4461	
	Insurance Company GEICO GENE				. [ate was Damaged Are			
				ele Action Prior to Cras	h 1 23 23		est Status:	a couc	28	
⁵ 1	Vehicle Travel Direction: N S E	Responding to Emergency? 2		t Sequence 1 23		4 T 14	ype of Test:		29	
	Citation # (If Issued)	-	Most	Harmful Event 1	24		AC Test Re	sult:	30	13
	Viol. 1: Ch/Sec/Sub ———— Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 S	usp. Alcoho	l: 2 31		1 "
§ 1	Viol, 3; Ch/Sec/SubVi		Drive	r Distracted by	26	Т	owed from s	сепе?	2 33	
1	Please fill out for operato Name (Last First Middle)	r and all occupants involved		DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injur Code State	y Transp.	Medical Facility	
	Operator	See Above		X	1 1	4 0	0 10	1	Medical Facility	1
	VICTORIA CHAMBERS	40 ELIZABETH LN		F	3 1	4 0	0 10	1		-
	VICTORIA CHAMBERS	PEABODY, MA 01960-2026		ļ <u> </u>		1 0		 		_
										-
· · ·	Please Select One Vehicle 21 #	Occupants Non-Motoris	t A Type	15 Action 16	Location	17 Condi	tion 18		Hit/Run Moped]
1	of the Following:		- 1 <u>L.</u>	ATTICAE			50	<u> </u>		-
	10 10	DOB/Age		4KW645		Reg Typ		R	eg State MA 21	
		trictions B CDL Endorsemen	nt	ear 2012		IONDA		Vel	Config.	
1	Operator WOLFE, SANDRA	irst Middle		er WOLFE, S		First		М	iddle	
	Address 89 MISHAWUM RD			ess 89 MISHA	WUM R					_ 14
	•	4A Zip 01801-255	•	WOBURN					1801-2554	1
	Insurance Company SAFETY INS	URANCE COMPAN	Y Vehic	le Action Prior to Crasl		3.4	amaged Are	a Code:	8 ²⁷ ²⁷ ²⁷ 28	
	Vehicle Travel Direction: NSE	Responding to Emergency? 2	Event	Sequence 23 1	23 23		est Status: pe of Test:		29	
2	Citation # (If Issued)		Most	Harmful Event 1	24	-	AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub Viol.	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	9 25	25 Sı	ısp. Alcohol	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol	ol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	26	To	wed from s	cene?	2 33	
1	Please fill out for operator/non-m	•	ved	DON	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury		M. 5. 2.5	1
}	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1
}	Specialist ton-motorist	See Above			+ + -		- -	-		-
								ļ		-

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	an 🕳 = :	Bicycle	
Crash Diagram:	ie: 👈 🗀	_ → □	2	₽Ŷ	→ %		
•				<	3	If Crash <u>Did Not</u> on a Public Way	
-	:				,	Off-Street Parking L	ot
						☐ Garage	
						Mall/Shopping Center	er
	5	ENGLISH CONTRACTOR OF THE CONT				Other Private Way	
		Concord Street				Indicate North by	Arrow
Crash Narrative:	#1 5 #2	1:	C	Sharet of		in	
oth Motor vehicles close proximity to o							
/V #2 was traveling							
o M/V # 2 drifted i	-						
hat vehicle #2, st					**		
oth motor vehicles.							
NV.							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
		1					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of E	amaged Property	
Truck and Bus Informat	ion: Registration #		(From V	ehicle Section)			42
Carrier Name						Bus Use	
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo E	Body Type Code	GVWR/GCWR	45		[Tad	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	er Length		
Hazmat Information:	love vaol						40
Placard Material 1 d	ligit # Material Nan	ne		Material 4 digi	t#	Release code	49
Detective Christophe	er J Dindo Signature			/ilmington			/29/2021

CDP1 11-24-00

	Pol	ice Use Only		Comr	nonwealt	h c	of Massa	ach	use	etts	1		1.15 1.15	RM	V Doc	ument N		
	Date of Crash 10/30/2021	Time of Crash		ity/Town .ngton	Motor V	eh	icle Cra	sh		umber chicles			Speed Latitu	Limit	35	Loca	Police	
	10, 30, 2021	24HR		ing con	Polic	e F	Report		2		0		Longi			Cam Othe	pus Police	
		AT INTERSE	ECTIO	N:	< L0	CAT	ΓΙΟN	>			NO	ΓΑΊ	'IN	ΓER	SEC	TION	:	
		MAIN	СT															2 10
li .	Route# Direc			lame of Roadway/Str	eet		Route# Direct	tion	Add	ress#			Na	me of	Roadv	vay/Stree	et	_
13		GT 3 DV		At			Feet [N S	EW	of			•		or .			
	Route# Direc	CLARK		f Intersecting Roadw	/ay/Street						M	ie Ma	rker			Exit	Number	3 11
			A	Also at Intersection w	ith		Feet				Route	#		Interse	ecting l	Roadway	y/Street	
² 3	Route# Direc	ction	Name o	f Intersecting Roadw	ay/Street	-	Feet	NS	EW	of								-
	Please Select (One Maria	. 1 # <i>c</i>	Decuments Divers						21		0.4	<u> </u>		ndmar	K		1
3	of the Followi			Decupants Hit/	Run Mop	ed	Crash R	.eport	1D#	<u> </u>		91	o –	AL				
			St MA	DOB/Agt _		_	2KWE93									-	21	1 12
				E1	ndorsement		ear <u>2021</u>								Veli	Config.	1 2	
4	1	ERSTEAD,	SHEE	ENA MARIE	Middle		KIERST	ast	-	SHE	EN	ısı M	AR.	ſΕ	м	iddle		
⁴ 3	Address 3 W						ss 3 WEST											
	1	INGTON				City Y	VILMING:	ľOľ	<u> </u>		22						<u> -3007</u>	
	· ·	any SAFETY		JRANCE CO	MPANY	Vehicle	e Action Prior to	Crash		4	22		imaged st Stat		Code:	3 ²⁷ 4	27 27	
⁵ 2	Vehicle Travel D	Direction: N E	E W I	Responding to Emerg	ency? 2 1	Event	Sequence 1	23	23	23	23		pe of '			29		
	Citation # (If Iss	ued)			ì	Most I	Harmful Event	1	24	A-III			C Tes	st Rest	alt:	1 30		13
	Viol. 1: Ch/Sec/S	Sub	——Viol	l. 2: Ch/Sec/Sub			Contributing Co		26	25	25	Su		•	2 31		Drug: 2 32	1
⁶ 2	Viol, 3; Ch/Sec/S	Sub				Driver	Distracted by	0	34	1 52	36	To 37	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rom sc	ene?	1 33		Ţ
	Name (Last First M		operator	and all occupants inv	otved Address		DOB/Age	Sex	Seat Pos.	35 Safety System	Airbag	Eject Code	38 Trup Code	Injury Status	Transp. Code	Ме	edical Facility]
	Operate	or		Se	e Above		><	X	1	1	4	0	0	10	1			
_	Please Select C	one Vehicle 2	1 #0	Occupants Non-	Material A. There		15	16			17	onditi		18		Hit/Run		1
⁷ 2	of the Followir	ig: Venicie Z			Motorist A Type		Action	e la la	Locatio	on						·		4
	License # S73	10 10		DOB/Age 20		_	3DYG39						PC			eg State	21	
	Sex M Lic. C	Class D			dorsement		ear <u>2021</u>								Veh	Config.	1	
8 2	•	SEY, EAMO	NN M		Middle		CASEY,	.១១1		NN_	M Fir	sl s			Mi	ddie		
_		LAKE ST		n 01076			ss <u>67 LAK</u>		S.T.				3.73			1076	4400	14
	City TEWKS			A Zip <u>01876</u>		-	EWKSBUF			a :3:	22					1 27 2	27 27	
	•	any THE COM					Action Prior to		23	23	23		st Stati		C000.	1 28 1 28		
	Vehicle Travel D	Z¥I	J	Responding to Emerg			Sequence 1	1	24			Ty	pe of T	Γest:		29		
2		.ed)					ļ			25	25			t Resu		1 30		
		Sub					Contributing Coo		26				-	on sc		Susp. 33	Drug: 2 32	
	Viol. 3: Ch/Sec/S	Subase fill out for operate		. 4: Ch/Sec/Sub —— otorist and all occupa		/11VCT	Distracted by	0	34	35	36	37	38	39	40	2 -		-
	Name (Last First Mi	iddle)	· · · · · · · · · · · · · · · · · · ·	•	Address		DOB/Age	Sex	Soat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	edical Facility	-
	Operato	or/Non-Moto	rist	Se	e Above			X	1	1	4	0	0	10	1			
			<u> </u>															
	<u>—</u>					_												

-	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria	an ⊘ ∯ =	Bicycle	
Crash Diagram:	ie: 👈	□	2	₽Ŝ	→ ‱		
						If Crash Did Note on a Public Way: Off-Street Parking Lo	:
The state of the s		Status et Marie et e marie	The state of the s			Carage	
MV1		¢ ¢				☐ Mall/Shopping Cente ☐ Other Private Way	г
	MV2	- Park 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Other Private way	
	MV3 Clark Street		Main Street (I	Rt 38)		Indicate North by	Arrow
Crash Narrative:	I		*** ***********************************				
MV3 reported that she w	as stopped at	the inters	ection of Mai	n and Cla	ark. on	Main street	
south bound, waiting wi							
MV1, who was traveling							
proceed. As MV3 was tur	ning left ont	o clark tra	veling throug	h the in	tersecti	on she was	
struck on by MV2 on the	rear passenge	er side of	her vehicle.	MV3 state	ed she d	id not see MV2	
coming towards the inte	rsection. MV2	stated he	was traveling	north o	n Main S	treet	
approaching the interse	ction of Main	and Clark	when MV3 cut	in front	of him.	MV2 did not	
have enough time to stop							
were observed or report		cles sustai	ned moderate	damage ar	nd were	towed from the	
scene by Forrest Towing	-						
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
(

Property Damage:	T		Two #	Lasterna troop la			
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	МС/МХЛО	CC #:		
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45				
Trailer Reg #:	1/1/1/1/1		Reg Year	Traile	r Length	46	
Hazmat Information:							
Placard 47 Material I digit #	48 Material Nar	ne		Material 4 dìgit	#	Release code	49
Patrol Officer Scott Du	nnett		202 Wi	lminaton	Police D	epartment 10/	30/2021
Police Officer Name (Please Print)	Signature			rtment		/Barracks Date	