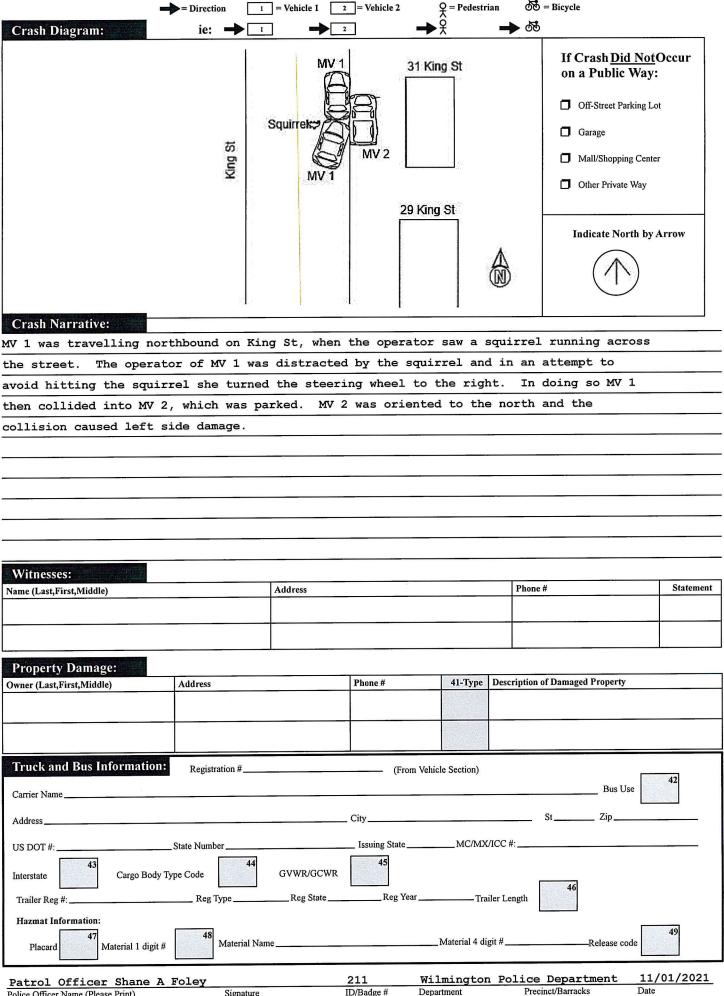
	Police Use On	ly	Com	monw	ealth	of Ma	assa	chi	use	tts			RM	V Docu	ıment Nı		
	Date of Crash Time of	The state of the s	City/Town	Moto	r Veh	icle (Cras	h		mber icles	Numbe Injured	Decc	d Limit	30	— Local	Police 🔯	
	11/01/2021 0949	W11m 24HR	ington	P	olice	Repo	rt		2		0	Lan	ude gitude			A Police	
	21111					CATION > NOT AT INTERSECTION:										1	
																	2 10
	Route# Direction		Name of Roadway/	Street		Route#	Direction		42 Addre	ss #	MAF	CIA			ay/Street		
¹ 1	Routen Breeden		At	Silver -									unio or	11000	4,750,000		1
							Feet N	SI	E W	of -	— — Mile	— Marker	• —	or _	Exit	Number	· L
	Route# Direction	Name	e of Intersecting Roa Also at Intersection			200	Feet N	(s)	K w	of			AROI	YN	14 0 24 4 5 6 6 7 6 6		6 11
			7 uso at intersection	With			Feet N				Route#				Roadway	Street	
² 1	Route# Direction	Name	e of Intersecting Roa	dway/Street		-	Treet [1.	1515	_1]	-			Ιa	ndmark	•		-
	Please Select One	1	#Occupants H		1 .		rash Rej		n., -) 1	-20	7-					1
3	of the Following:	Vehicle 11	#Occupants H	it/Run	Moped	C	rash Rej	port I	D# 2	<u>. T</u>			.AC				_
-	License # <u>S552105</u>		DOB/Ag		Reg	# 2CZX	87				_ Reg T	уре <u>Р</u> С		Re	eg State]	MA 21	12
	Sex M Lic. Class D	19 19 Lic. Re	estrictions 20	CDL Endorsement	_ Veh	Year <u>20</u>	15	Ve	eh Ma	ke <u>M:</u>	ITSU	BIS	HI	Veh	Config.	1 21	
	Operator WHITING	JOSEE	PH P	Middle	_ Own	er WHI	TING	, ,	JOS	EP.	H P			Mi	ddle		× [
⁴ 1	Address 2 TREMO	NT ST	rust	Middle	_ Addr	ess 2 1	REMO	TMC	' S'	T	rust			NII.	udic		1
	City BILLERICA	State	MA Zip 0182	21-4001	_ City	BILL	ERIC	A				State M	A 2	Zip <u>01</u>	L821	-4001	
	Insurance Company PRE	FERRED	MUTUAL IN	SURANC	Vehic	cle Action I	Prior to C	rash		L	22	Damag	ed Area	Code:	1 27	27 27	1
	Vehicle Travel Direction:	NSEX	Responding to Em	ergency? 2	_ Even	t Sequence	2 23	3 2	23	23	23	Test Sta	atus:		1 28		
5	Citation # (If Issued)		_		Most	Harmful E		2	24		2552	Type of			30		
	Viol. 1: Ch/Sec/Sub				Drive	er Contribu		- E	19	25 20	O 25	BAC To Susp. A				Orug: 2 32	2 13
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————					er Distracte		A HARDON SA	26	ACC.	(Table 12)	Towed		4	33 33	7 ug. 2	
⁶ 1			or and all occupants			1		T	34	35		7 38	39	40	± cope.	•	4
	Name (Last First Middle)			Address		DOB	/Age	Sex	Pos.	Safety System	Airbag Ej Status C	ect Trap	Injury Status	Transp. Code	Med	ical Facility	4
	Operator			See Above		\geq	\leq	X	1	1	1 0	0	10	1			
																	1
																	1
		100			S	15		16		198	17	8	18				1
⁷ 1	Please Select One of the Following:	Vehicle 20	#Occupants N	on-Motorist A	Туре	Acti	on	Lo	ocation	1	Cor	dition		l l	Hit/Run	Moped	
	License #	St	DOB/Age		Reg	# <u>2GNE</u>	98				_ Reg T	уре <u>РС</u>	2	Re	eg State 🛚		
	Sex Lic. Class	19 19 Lic. Re	estrictions 20	CDL	_ Veh	Year 20	18	Ve	eh Mal	ke <u>C</u>]	HRYS	LER		Veh	Config.	1 21	
	Operator Driver	Less M.V	7.	Middle	_ Own	er LAM	BERT	', 1	MAF	RK	T First			NG.	ddle		
⁸ 1	Address		First	Middle	_ Addı	ess <u>42</u>	MAR	CIA	R	<u>D</u>	Fust			IVII	uale		
	City	State	Zip		City	WILM:	INGT	ON				State M	A _ 2	Zip 01	L887	-1465	1 14
	Insurance Company THE	COMMER	CE INSUR	ANCE CO	Vehi	cle Action I	Prior to C	crash		11	22	Damag	ed Area	Code:	1 27	27 27	
	Vehicle Travel Direction:	NSEW	Responding to Em			t Sequence	23	3 2	23	23	23	Test Sta			1 28		
-	Citation # (If Issued)				Mos	t Harmful E	vent	1	24			Type of		1.	30		
⁹ 2	,		Fiel 2: Ch/Sec/Sub		Driv	er Contribu	ting Code	e [:	1	25	25	BAC To Susp. A			14000	Orug: 2 32	
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —						d by	PATRICE NA	26			Towed		- Anniholis	2 33	7106.2	
			-motorist and all occ						34	35 S-C-tu		37 38	39 Injury	40	- 14,0400		┥
	Name (Last First Middle)			Address		DOB	/Age	Sex		Safety System	Airbag E Status C	ect Trap	Status	Code	Мех	lical Facility	-
	Operator/Nor	ı-Motorist		See Above			\searrow	X	1								4
																	1
	I.		i			1	- 1		- 1			- 1	1	1 1	l		_ 1

Crosh Diagrams		= Vehicle 1	2	Y = Pedestrian P		ycle	
Crash Diagram:	ie: -> 1			Marcia Ro		f Crash Did Note on a Public Way Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by	ot er
Crash Narrative:			941				
Vehicle 2 was parked,	facing west in	front of 42	Marcia Rd	. Vehicle 1	was trave	eling east	
on Marcia Rd. The opera	ator of vehicle	1 stated 1	reached over	r to the pas	senger se	eat to pick	
up his breakfast off t	he seat. When h	e did this	he took his	s attention	off the r	coadway,	
this caused him to swe	rve to the oppo	site side d	of the road	and crash h	ead on in	nto vehicle	
2.							
							11
Witnesses:	·	Address			Phone #		Statement
Name (Last,First,Middle)		Address			r none #		Statement
Property Damage:				200	-		
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Dan	aged Property	
Truck and Bus Information	Registration #		(From V	Pehicle Section)			
Carrier Name			(Bus Use	42
Address			City		St	Zip	02395351
US DOT #:	State Number		Issuing State	MC/MX/ICC	п		
Interstate Cargo Body		GVWR/GCWR			100	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	———Trailer L	ength	46	
Hazmat Information:							امر
Placard 47 Material 1 digit	# 48 Material Nam	ne		Material 4 digit #_		Release code	49
Patrol Officer Michael V	Wandell		174	Wilmington Po			/01/2021
Police Officer Name (Please Print)	Signature	-	ID/Badge #	Department	Precinct/Ba	rracks Date	

	Police Use Only	Commo	nwealth (of Massa	chus	setts			RMV	V Docu	ıment Number	
		City/Town M	lotor Veh	icle Cras	sh [Number Vehicles		-	Limit_	30	State Police Local Police	8
	11/01/2021 2209 Wilm:	ington	Police 1	Report	2		0	Latitud Longit			MBTA Police Campus Police Other:	
	AT INTERSECTION	N:	< LOCA	THE RESIDENCE OF THE PARTY OF T			NOT A			SEC'		
							50000000	1000000 10000			17	2 10
					3		KIN					
¹ 6	Route# Direction	Name of Roadway/Street At		Route# Direct	ion Ad	dress #		Na	me of	Roadw	/ay/Street	-
Ь		A		Feet	N S E	W of			_	or _		_
	Route# Direction Name	of Intersecting Roadway/St	reet				Mile M	larker			Exit Number	-4^{11}
		Also at Intersection with			N S E		Route#	-	Interse	cting F	Roadway/Street	-
2	Route# Direction Name	of Intersecting Roadway/St	reet	Feet	N S E	W of				J	aventuer soon als soo 🗣 en talent as assessed	
² 1	Route# Direction Ivanic	or intersecting readway/50	rect						Lai	ndmark	ς	
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash R	eport ID#	21	-29	8-	AC	;		
³ 97		POP/4		<u> </u> #_3YJR11			р. Т	. PC		D.	C+-+- MA	
	License # S12422434 St MA Sex F Lic, Class D 19 19 Lic, Res	20									21	1 12
	D	strictions 1 CDL_ Endorse	ement	Year 2021					<u>'</u>	_ Veh	Config.	
1	Operator ZELLA, SHAUNA Last F	LAUREN irst Midd	le	er ZELLA ,	ast		LAUR First	EN		Mi	ddle	-
⁴ 1	Address 2 BROAD ST		MC27500733	ess 2 BROA	D ST							-
	City WILMINGTON State 1	MA Zip 01887-1	945 City.	WILMING:	ON						1887-1945	- I
	Insurance Company LIBERTY MU	TUAL INSURA	NCE_ Vehic	cle Action Prior to	Crash	1	22 I	Damage	d Area	Code:		7]
-	Vehicle Travel Direction: SEW	Responding to Emergency	? <u>2</u> Even	t Sequence 2	23 23	23	23	est Stat			1 28	
⁵ 2	Citation # (If Issued)			Harmful Event	2 24			Type of			29 30	
	Viol. 1: Ch/Sec/Sub — Vi		Drive	er Contributing Cod	2513	25 1	- 25	BAC Tes Susp. Al			1	2 2 13
				er Distracted by	7 26	ASSESSED AND	diam'r.	Towed fi		4 35 50 15	2 33	
⁶ 1	Viol. 3: Ch/Sec/SubVi	or and all occupants involved		Distracted by	34	35	36 37	38	39	40	2	
_	Name (Last First Middle)	Addres		DOB/Age	Sex Po		Airbag Ejec Status Cod	t Trap e Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	See Abo	ove	$>\!<$	$X _1$	1	4 0	0	10	1		
-												
		-										\dashv
								-	-			-
			_			<u></u>						
⁷ 1	Please Select One of the Following: Vehicle 21	Occupants Non-Mote	orist A Type	15 Action	16 Loca	tion	17 Cond	ition	18	u i	Hit/Run 🔲 Mope	ed
1	All the state of t	2024	D	# S21317		Jen	Reg Tyj	. PC		D.	eg State MA	\dashv
	19 19	DOB/Age 20	_								_ 21	
	Sex M Lic, Class D Lic. Res	strictions 1 CDL_ Endorse	ement	KOMADA SA	Veh					_ Veh	Config. 1	
⁸ 1	Operator SAUER, ERIC WI	LLIAM First Midd	lle	er ESC CO	ast		First	LC_		Mi	iddle	-
1	Address 31 KING ST	· · · · · · · · · · · · · · · · · · ·		ess 145A S	POFF	ORD				180 18		14
	City WILMINGTON State	MA Zip 01887-1	853_ City.	BOXFORD		Numerica	_				1921-1324	a I I
	Insurance Company SAFETY INS	URANCE COMP	ANY Vehic	cle Action Prior to	Crash	11		Damage		Code:	7 27 27 27	4
	Vehicle Travel Direction: SEW	Responding to Emergency	?_2 Even	t Sequence 2	23 23	23	23	Test Stat			29	l
0	Citation # (If Issued)	-	Most	Harmful Event	2 24			Type of ' BAC Te		ılt.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————Vi	iol 2: Ch/Sec/Sub ———	Drive	er Contributing Co	de 1	25	25	Susp. Al			Susp. Drug: 2 3	2
	Total	iol. 4: Ch/Sec/Sub ———		er Distracted by	0 26			Towed f		400	2 33	1
,	Viol. 3: Ch/Sec/Sub — Vi				3		36 37	38	39 Injury	40 Transp.		-
	Name (Last First Middle)	Addre		DOB/Age	Sex Po			e Code	Status	Code	Medical Facility	-
	Operator/Non-Motorist	See Ab	ove	\times	X^1	0	4 3	0	10	1		
						\top						
					-	+		+	1			-



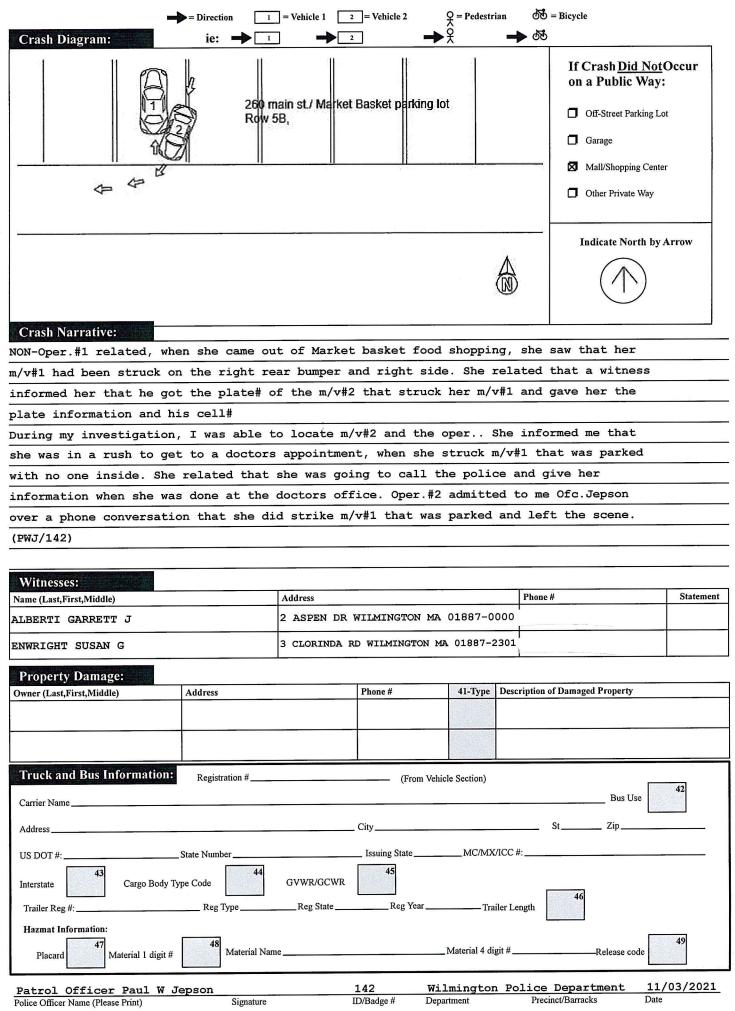
Wilmington Police Department Images Associated with 21-298-AC





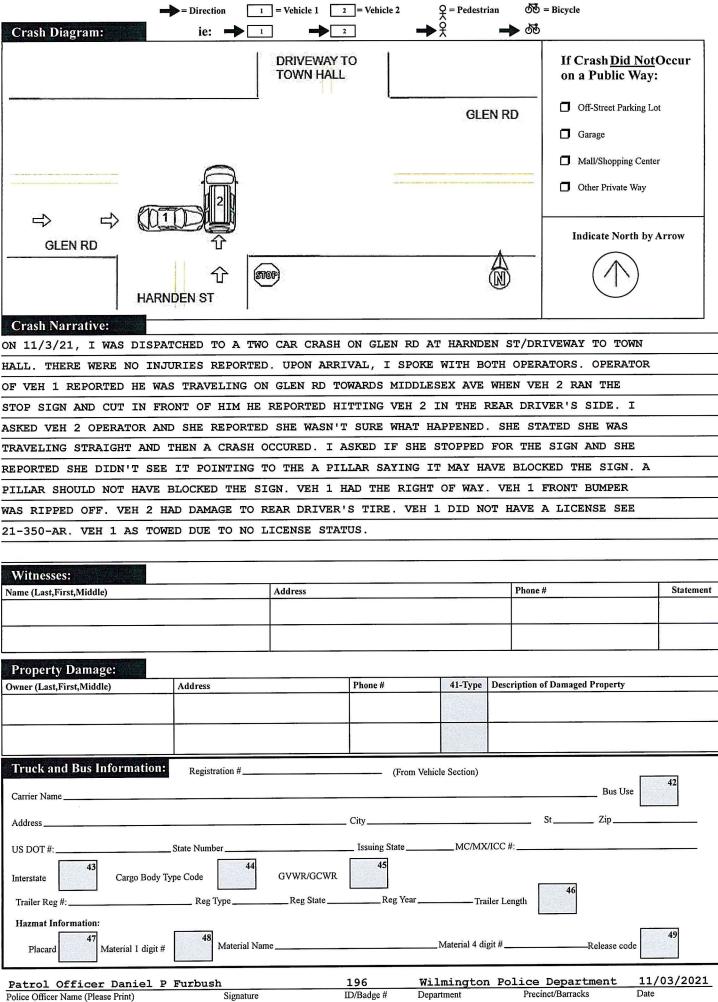


	Police Use Only	Com	monwealth	of Massa	chuse	tts		RMV	Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	iicle Cras	h Nur	nber Num		Limit_	15	State Police Local Police MBTA Police Campus Police	
	11/03/2021 1319 Wil	mington	Police	Report	2	0	Latitu Longi			Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		TON	'AT IN'	TERS	ECT	ION:	1
											2 10
		N CD 1 /0		Route# Direction	260 Addre		IN S	r ame of R	andrugu	/Stroot	
¹ 1	Route# Direction	Name of Roadway/S	treet	Koule# Direction	on Addre	55 H	11/2	anie or ix	Oauway	7Street	1
_				Feet N	SEW	of — –	– – • e Marker	· —	or	Exit Number	
	Route# Direction Na	me of Intersecting Road		r . [N	I C E W		e iviaikei			Exit Humber	5 11
		Also at Intersection	with		SEW	Route	#	Intersect	ting Roa	adway/Street	
² 2	Route# Direction Na	me of Intersecting Road	lway/Street	Feet N	SEW	of					
						<u> </u>	~~		lmark		1
3	Please Select One of the Following: Vehicle 10	#Occupants	t/Run Moped	Crash Re	port ID# 👱	21-2	99-	AC			J
	License # St	DOB/Age	Reg	# <u>88NA23</u>		Reg	Туре РС		Reg		_ 12
	Sex Lic. Class 19 19 Lic.	Restrictions 20		Year 2015	Veh Mal	ke MERCI	EDES-I	BENZ	Veh C	onfig. 1 21	7
	Operator Driverless M.		EndorsementOwn	ner ENWRIGH	IT, DE	ENNIS	P				
⁴ 1	Address	First		ress 3 CLOR	INDA_I	RD Fir	st		Middle	e	ŀ
	CitySta	te Zip	City	WILMINGT	ON		_ State M	A Zip	018	887-2301	
	Insurance Company LIBERTY N			cle Action Prior to C	in the second	11 22	Damage		Total Control	Control of the contro	
	Vehicle Travel Direction: S E W			nt Sequence 1 23		23 23	Test Sta	tus:		28	
5				<u>-</u>	1 24		Type of	Test:	2X	29	
	Citation # (If Issued)			er Contributing Code		25 25		st Result	Sec.	Susp Drug 32	2 13
	Viol. 1: Ch/Sec/Sub			Г	0 26		Susp. Al	from scer	TEN OFFICE PERSONS	Susp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34	35 36		ł			
_	Please fill out for oper Name (Last First Middle)	rator and all occupants i	Address	DOB/Age	Seat	Safety Airbag System Status	37 38 Eject Trap Code Code	Injury T Status	Fransp. Code	Medical Facility	
	Operator		See Above	\sim	X 1	10 5	3 0	10 1	L		
					-						1
	AN ESTAMON SECTIONS			16	10	17	an an	18			1
⁷ 1	Please Select One of the Following: Vehicle 21	_#Occupants No	on-Motorist A Type	15 Action	Location	n 17 C	ondition	10	Hi	t/Run Moped	
_	License # S27205955 St 1	A DOB/Age	Reg	# <u>2PHK91</u>		Reg	Туре РС		Reg	State MA	1
		20		Year 2016	Veh Ma	ke KIA	N 1977-00-1		Veh C	onfig. 21	
	Operator COLLINS, HELE		Endorsement	ner COLLINS			HOWA	RD J	TR.		
⁸ 1	Last Address 16 WIGHTMAN R	First	Middle	ress 16 WIG	st	Fi			Middl	le	
	AND ALL AND	te MA Zip 018 7		TEWKSBUR		1	State M	A Zir	018	876-4441	1 14
	Insurance Company GEICO GEN			icle Action Prior to C	П	97 22			_	27 4 27 27	
				nt Sequence 2		23 23	Test Sta	itus:		28	
	Vehicle Travel Direction: NEW EW	Responding to Eme	• • •		2 24		Type of	Test:		29	
⁹ 2	Citation # (If Issued)				STATE OF STREET	²⁵ 97 ²⁵		est Result	-	Susp Drug 32	
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub —		er Contributing Cod	26	91	Susp. A	14.5	RECEIPTION AND	22	i
	1101. 0. 012 200 212	Viol. 4: Ch/Sec/Sub =		er Distracted by	5 26	35 36	37 38	from scer	ne? 2		4
	Please fill out for operator/n	on-motorist and all occu	pants involved Address	DOB/Age	Seat Pos.	Safety Airbag System Status	Eject Trap Code Code	Injury 1	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	st	See Above	\sim	\times 1	99 4	0 0	10	1		
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CDP1 11-24-00

	Police Use Only	Common	wealth	of Massa	ichu	isetts	}		RM	V Docu	ment Number	SONTAIN
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	AT INTERSECTIO	,,,,,	Loca				11011		ILI	оце	11011.	10
	HARNDEN S	ST										2
1	Route# Direction	Name of Roadway/Street		Route# Direct	ion A	Address #		Na	ame of	Roadw	ay/Street	_
¹ 4		At		Feet [NISIE	E W of		,		or		
	Route# Direction GLEN RD Name	of Intersecting Roadway/Stree	t					/larker			Exit Number	11
		Also at Intersection with		Feet [N S E	w of	- · //		7 .	·		3
				Feet	N S E	E W of	Route#		Interse	ecting F	Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Stree	t						La	ndmark		
_	Please Select One Vehicle 12 #	Occupants Hit/Run	Moped	Crash R	enart II	D# 21	-30	0-	ΔΩ	•		1
3	of the Pollowing:											4
		_ DOB/Age	Reg	# <u>965HG4</u>			Reg T	pe PC		Re	eg State MA	1 12
	Sex M Lic. Class D 19 Lic. Res	etrictions CDL CDL Endorseme		Year 2010	Ve	h Make <u>I</u>	IONDA			_ Veh	Config. 1	
	Operator OHARA, THOMAS		Own	er OHARA,	THO	OMAS	C First			Mie		
⁴ 2	Address 19 LINCOLN ST	irst Middle	Addr	ess 19 LIN	ast COL	N ST	First			Mi	ddle	1
7,	City WILMINGTON State N	MA 7in 01887-254	l8 City	WILMING	ON		9	tate M	A z	in 0 1	887-2548	
	Insurance Company GOVERNMENT			cle Action Prior to		1		Damage				
	·			Till San	23 2	end the car	23	Test Sta			1 28	
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emergency? 2		it sequence 1		24		Type of	Test:		29	
_	Citation # (If Issued)		Most	t Harmful Event	1 _			BAC Te	st Resu	ılt:	1 30	13
	Viol. 1: Ch/Sec/Sub ————Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	101	- HOUSE NAME OF THE PARTY OF TH	25	Susp. Al	lcohol:	1 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub ————Viol	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 2	Towed from scene? 2				2 33		
⁶ 1	Please fill out for operator	r and all occupants involved			1.0	34 35 Seat Safety		et Trap	39 Injury	40 Transp.	NEVA DEC SERVE BAS	1
	Name (Last First Middle)	Address		DOB/Age		Pos. System		le Code	Status	Code	Medical Facility	1
,	Operator	See Above	*		\triangle	1 1	4 0	0	10	1	(av _{ente}	4
	LIA HOLOWENCZAK	19 LINCOLN WILMINGTON, MA 01887		02/16/2006	F 3	3 1	4 0	0	10	1		
											*	1
	#W. (2011)			15	16	250	17	100	18			1
⁷ 2	Please Select One of the Following: Vehicle 21 #	Occupants Non-Motoris	t A Type	Action	Lo	cation	Con	dition	10	l l	Hit/Run Moped	
_	License # unknown St	DOB/Agt	Reg	# 1AVB71			Reg Ty	De PC	1	Re	eg State MA	1
		trictions 20 CDL		Year 2016							21	
	A STATE OF THE PARTY OF THE PAR	Endorseme	nt							_ 1011	comig.	
81	Operator SANTOS, THAYS I	irst Middle		er YIAKAS	ast		First			Mic	idle	
_	Address 12 LOWELL RD			ess 7 OLIV								14
	City NORTH READING State 1	1A Zip 01864	City.	NORTH RE	EADI	ING					864-2957	1
	Insurance Company SAFETY INS	URANCE COMPAN	1Y Vehic	cle Action Prior to	Crash	1	22	Damage		Code:	6 27 27 27 28	
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Even	t Sequence 1	23 23	3 23	23	Test Star			29	
0	Citation # (If Issued) 180488AB		Most	t Harmful Event	1 2	24		Type of BAC Te		.16.	_ 30	
⁹ 2	Viol. 1: Ch/Sec/Sub 90 10 Vio	ol 2: Ch/Sec/Sub 89	9 Drive	er Contributing Cod	de 3	3 25 1	.9 ²⁵	Susp. Al			1	
	Assertations after a property provides and a provid		er Distracted by		26		Towed f	ŗ	-	3 33	1	
		ol. 4: Ch/Sec/Sub		Districted by		34 35	36 3	38	39	40		1
	Please fill out for operator/non-n	notorist and all occupants invo	1764	DOB/Age		Seat Safety Pos. System	Airbag Ej	ct Trap	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See Above		\rightarrow	X	1 1	4 0	o	10	1		
												1
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											190	4



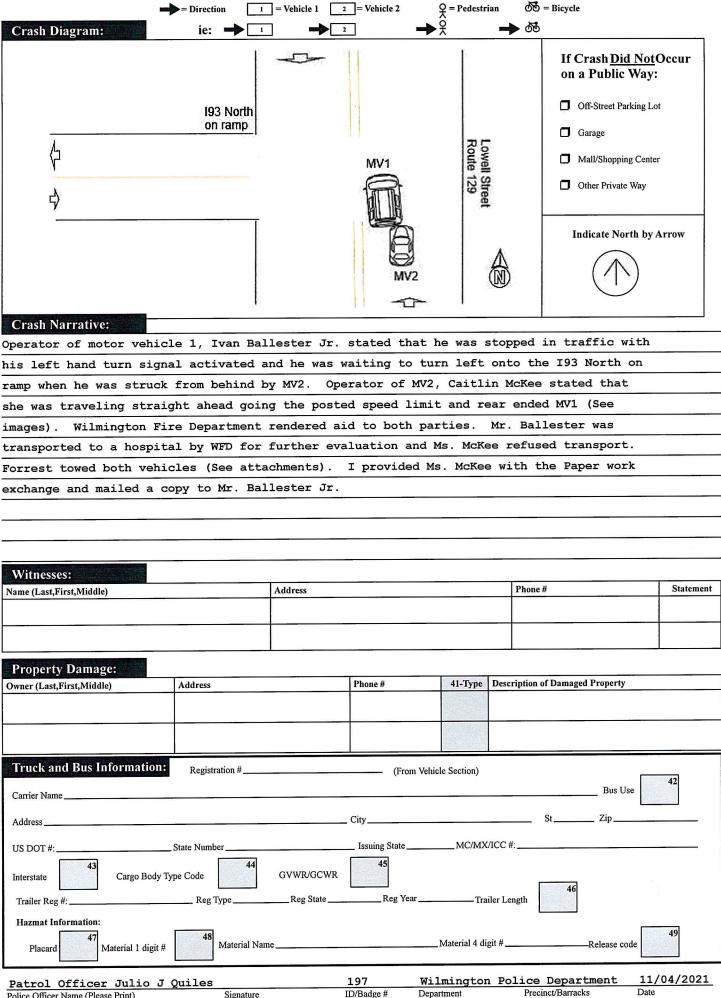
Signature

Wilmington Police Department Images Associated with 21-300-AC





	Police Use Only	Commony	wealth o	of Massa	chu	setts			RMV	/ Docu	ıment Number		
	Secure Section (Section Control of Control o		tor Veh	icle Cras	sh [Number Vehicles	Number Injured		Limit_	40	Local Police	0800	
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	AT INTERSECTIO		LOCA		>		NOT A			SEC			
													2 10
						32	LOW	ELL					
¹ 1	Route# Direction N	Name of Roadway/Street At		Route# Direct	ion A	Address #		Na	me of l	Roadw	ray/Street		ĺ
		711		Feet	N S E	w of			_	or _			
	Route# Direction Name of	of Intersecting Roadway/Street			-		Mile N	larker			Exit Numbe	r	2 11
	A	Also at Intersection with		_	N S E	_	Route#	-	Interse	cting R	Roadway/Street	-	F
2	Route# Direction Name of	of Intersecting Roadway/Street		Feet	N S E	W of					•		
² 1	Route# Direction Traine	The increase in the increase i							Lar	ndmark	(
3	Please Select One of the Following: Vehicle 1_1 #0	Occupants Hit/Run	Moped Moped	Crash R	eport ID	# 21	-30	1-	AC	;			l
		DOB/Age	Pag #	1ETW79			Pag Tu	ne PC		D	ac State MA		<u> </u>
	40 40	20		rear 2005							1000000	21	1 12
	District extensit	trictions 1 CDL Endorseme	nt								Conng.		
4	Operator BALLESTER, IVAL	rst Middle		er BALLES'	ast		First			Mi	ddle		
⁴ 1	Address 7 GRANVILLE CT			ess 7 GRAN		<u>ье с.</u>		T 2				_	
	City HAVERHILL State M			HAVERHII	LL_						L832-47	35 27	ĺ
	Insurance Company THE COMMERC	E INSURANCE (CO Vehic	le Action Prior to	Crash	2	25	Damage		Code:	4 27 3 27	21	
5	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Even	Sequence 1	23 23	3 23	23	Fest Stat			29		
,	Citation # (If Issued)		Most	Harmful Event	1 ²	24		BAC Tes		ılt:	, 30		L
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2; Ch/Sec/Sub ———	Drive	er Contributing Co	de 1	. 25	25	Susp. Ale		100000000000000000000000000000000000000	Susp. Drug: 2	32	1 13
	Viol. 3: Ch/Sec/Sub ———Vio	ol. 4: Ch/Sec/Sub —	Drive	r Distracted by	0 2	26		Towed fi			3 33		
⁶ 1		and all occupants involved				34 35 Seat Safety	36 37 Airbag Eje	38 t Trap	39 Injury	40 Transp.			
L	Name (Last First Middle)	Address		DOB/Age	Sex I	Pos. System	Status Coo		Status	Code	Medical Facili	ity	
	Operator	See Above		\sim	Δ	1 1	4 0	0	8	2			
				15	16		17		18				ĺ
⁷ 3	Please Select One of the Following: Vehicle 2 1 #0	Occupants Non-Motoris	t A Type	Action	Loc	cation	Cone	lition		-	Hit/Run L M	loped	
	License # S53407703 St MA	_ DOB/Age	Reg #	744XM5			Reg Ty	ре РС		Re	eg State MA	_	
	Sex F Lic. Class D 19 19 Lic. Rest	trictions 1 20 CDL	Veh `	Year 2007	Vel	h Make T	OYOT	A		_ Veh	Config. 1	21	
	Operator MCKEE, CAITLIN	Endorseme		er MCKEE,	CAI	TLIN							
⁸ 1	Address 35 DUNBAR RD	rst Middle	Addr	ess 35 DUN	ist BAR	RD	First			Mi	ddle		
	50 000 to 1,000 to 1	1A Zip 01867-392	City	READING			S	tate MZ	A z	ip <u>01</u>	1867-39	26	1 14
	Insurance Company CITIZENS IN			ele Action Prior to	Crash	1		Damage		1		27	
		Responding to Emergency? 2		nomine	23 23	ALCO ETTO	23	Test Stat	tus:		1 28		
		Responding to Emergency:		-0.00	1 2	24		Type of	Test:		29	-	
⁹ 2	Citation # (If Issued)					9 25	25	BAC Te	r		1 30	32	
	Viol. 1: Ch/Sec/Sub ————Viol	ol. 2: Ch/Sec/Sub ————		er Contributing Co	-	- 9 26		Susp. Al			Susp. Drug: 2	32	
	1101. 51. 612 660 616	ol. 4: Ch/Sec/Sub		er Distracted by	33	34 35	36 31	Towed fi	rom sc	ene?	1		1
	Please fill out for operator/non-m	notorist and all occupants invol Address	lved	DOB/Age	:	Seat Safety Pos. System	Airbag Eje Status Co	et Trap	Injury Status	Transp. Code	Medical Facil	ity	
	Operator/Non-Motorist	See Above			X	1 1	1 0	o	8	1			
				-			\vdash						
											,		



Wilmington Police Department Images Associated with 21-301-AC





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